

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Physician Advisory Committee		Attending: Separate list
Date: 6/1/2021	Time Started: 1308	Time Ended: 1602
Location: Online via Zoom		Presiding Officer: Dr. Steven Zils, PAC chair

Minutes

Standing EMS Committee – Physician’s Advisory Committee (PAC) (Dr. Steven Zils/Chair)

- a. Roll Call of Committee Members (Zils)
- b. Approval of previous Committee Meeting Minutes
 - i. Motion by Dr. Zemple
 - ii. Seconded by Dr. Schultz.
 - iii. Unanimous support.
- c. Public comment opportunity to Committee (2 minutes per attendee unless pre-authorized by Chair)
 - i. Jan Victorson (Bayfield Ashland Co EMS Council) – Encourage PAC to consider rural populations with limited resources and ensuring we support provision of essential, basic care
- d. Discussion, review and possible action on Community EMS and Community Paramedic Curriculum and Scope of Practice (Colella/Zils/Bates)
 - i. Recognize some urgency in this discussion with upcoming release of 110 revision.
 - ii. Working group/Tech college system plans to have draft of curriculum to EMS office by August 1.
 - iii. Dr. Colella notes that Wis 256.20.6 supports practice of community EMS being under direct supervision by local medical direction and scope may not need to be dictated by state/EMS office – thus likely does not need a scope of practice developed by PAC. Notes this does need to be reassessed with updated 110 as well as with legal clarification.
 1. Does note that wording of “duplicative” services is difficult to interpret and identify gap that community EMS providers can fulfill. Mr. Biggart noted as part of the development of this legislation – this wording was included to help CP to not be competing with current resources and ultimately should be based on local available resources.
 2. Discussion regarding how differentiation between Community EMS and Community Paramedic will occur if there is not a scope of practice and how this fits into 256. Multiple notes regarding that the local needs may make creation of a scope challenging.
 - iv. Discussion regarding financial support/billing in community EMS
 1. Dr. Colella noted common model currently is with health systems/insurance rather than direct billing.
 2. Mr. Biggart noted that there is current legislation in Wisconsin considering reimbursement for Medicaid/medicare for community EMS.
 - v. Dr. Colella discussed need for PAC/Education committee to support development of benchmarks/expectations on how the state office would approve training programs.
 1. Dr. Colella presented on Community EMS/Community Paramedicine summary of current status of training program development.

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2. Dr. Zils recommended a joint PAC/Education meeting in early July to discuss this with request for a draft/outline recommendations from Dr. Colella for this meeting.
- e. Discussion, review and possible action on Stroke, STEMI and Trauma Position transport documents (Zils/Clark)
 - i. Last reviewed in 2018. Dr. Zils requests a PAC/Systems workgroup to review.
 - ii. Dr. Zils, Dr. Zemple, and Dr. Kronenfeld volunteered to support workgroup.
 - f. Discussion, review and possible action on Advanced Practice Providers and role in assisting in medical direction (Zils)
 - i. NAEMSP developed a subcommittee last year on this topic, no known output at this point.
 - ii. Dr. Colella notes that 256 does define a medical director as a “physician” and 110 delineates that physicians provide online medical control.
 - iii. Multiple note support that an APP in role of education, quality management can be very valuable but that titles and field response is more challenging.
 - iv. Dr. Zils requests development of a “white paper” to support medical directions and EMS systems – Dr. Marquis will head up workgroup with consideration to various aspects of medical direction such as precepting/onboarding, quality management, education/training, on scene care.
 - g. Discussion, review and possible action on classification of medications (Kronenfeld)
 - i. Dr. Kronenfeld shared results from workgroup with updated scope of practice with classes of medications and pre-authorized medications.
 - ii. Request to combine pre-authorized medications into single document for clarity.
 - iii. Dr. Sean motion to approve scope of practice and pre-authorized medication list.
 - iv. Dr. Zemple seconded.
 - v. Unanimous support.
 - h. Discussion, review and possible action on State Protocols (Colella)
 - i. No new updates.
 - i. Discussion, review and possible action on TEMS Scope of Practice (Bates)
 - i. Ms. Bates requests PAC consider creating a scope of practice. Dr. Zils noted that this did exist previously but was removed as in legislation TEMS was not listed as a separate credentialing level and also noted that we currently have a scope of practice for critical care, which is a certification not a credentialing level as well. Requested EMS office to pull previous scope to review for updates.
 - j. Discussion, review and possible action on report from EMS Office regarding use of controlled substances by non-paramedic agencies (Bates)
 - i. Ms. Bates requests PAC draft a document that can be shared with EMS office legal review.
 - ii. Dr. Zemple shared gauntlet regarding benzodiazepine inclusion at AEMT level in setting of discussion of including narcotics (from national scope of practice) and recommended if PAC is voting to include narcotics in AEMT scope of practice that benzodiazepines were also included.
 - iii. Dr. Colella will reach out to other State Medical directors to determine if other states have followed national scope of practice/utilizing AEMT scope to include narcotics/benzos.
 - iv. Dr. Zils will follow up with Ms. Bates regarding consideration of controlled substances at AEMT level.
 - k. Discussion, review and possible action on EMR, EMT, AEMT, Paramedic scope of practice (Zils).
 - i. EtCO2 capnography interpretation: recommend optional if benzos/narcotics added
 - ii. Cric/surgical airway: paramedic required
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- iii. Non-Invasive Positive Pressure Ventilation: keep optional at EMT level due to equipment cost
 - iv. Oxygen Therapy – Nasal Cannula and Non-rebreather Mask: make required at EMR level
 - v. Oxygen therapy – high flow nasal cannula: keep optional at paramedic level due to equipment cost
 - vi. Suctioning – Tracheobronchial: required at AEMT level
 - vii. CPR – mechanical device: keep optional due to equipment cost
 - viii. ECG Monitor – Acquisition/Transmission: keep optional due to equipment cost, add optional at EMR level
 - ix. ECG 12, 15, or 18 Lead – Acquisition/Transmission: keep optional due to equipment cost, add optional at EMR level
 - x. Hemorrhage Control – Wound Packing: required at EMR level
 - xi. Transvenous Pacing – Maintenance and Troubleshooting: move to interfacility, make required
 - xii. Cervical Collar: keep as optional at EMR level
 - xiii. Chest Tube Insertion – move to interfacility
 - xiv. Chest Tube – Monitoring: move to interfacility, make required
 - xv. Telemetric monitoring – add optional at EMR level
 - xvi. Immunizations – keep optional
 - xvii. Acetaminophen – Part of analgesics/antipyretics oral: optional at EMT level
 - xviii. Auto-injectors/antidotes – keep optional
 - xix. Ibuprofen - Part of analgesics/antipyretics oral: optional at EMT level
 - xx. Naproxen -- Part of analgesics/antipyretics oral: optional at EMT level
 - xxi. Midazolam/Lorazepam – will defer for further conversation
 - xxii. Fentanyl/Morphine – will defer for further conversation
 - xxiii. Oxygen – require at EMR level
 - xxiv. Interfacility Medications – previous motion included change to: Additional Medication and blood products per Service Director Authorization
 - xxv. Discussion noting that lower levels can assist with higher levels skills – for example, an EMR can assist in obtaining a 12 lead or an EMT can assist in prepping the IVF and tubing to get IV started.
 - xxvi. Consider separating out Critical Care to interfacility portion from a formatting standpoint
 - xxvii. Motion to accept change as discussed by Dr. Marquis. Seconded by Dr. Schultz. Unanimous support.
 - xxviii. Request by PAC for Dr. Colella to put blood products through gauntlet for addition to 911 scope of practice.
 - xxix. Dr. Colella noted that he hopes to have an update on ultrasound request for next PAC meeting as a group is currently putting it through gauntlet.
- I. Discuss and develop future new business
 - i. Dr. Clark noted that development of workgroup in progress for critical care interfacility to develop recommendations for the state. He is working with Dr. Colella to develop objectives of this workgroup.
 - ii. Dr. Schultz asked about where management of foley catheters fits into scope discussion. Dr. Colella noted separating to management of previously placed foley catheters, foley irrigation, and continuous bladder irrigation. Request from Dr. Colella for PAC to address this. Dr. Schultz will review foley irrigation/CBI with gauntlet submission.
 - m. Adjourn Committee
 - i. Motion made by Dr. Schutz
 - ii. Seconded by Dr. Clark
 - iii. Unanimous support.
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Prepared by: Kacey Kronenfeld on 3/4/2021.

Approved by committee on 9/7/2021
