

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: EMS Board-System Management & Development Committee			Attending: Separate list compiled by DHS EMS Section.
Date: 3/5/2019	Time Started: 09:15am	Time Ended: 11:55am	
Location: 1313 John Q Hammons Drive, Madison, WI 53562			Presiding Officer: Dr. Michael Clark (Committee Chair)

Minutes

1. Welcome and committee member check-in. Meeting called to order at 9:15am.
2. Roll Call of committee members.
3. Discussion on DEA Controlled Substance Act revisions. Board and PAC, along with EMS Office, are watching progress and offering input to DEA as needed.
4. Discussion on non-emergent ambulance transports in Wisconsin. Areas of concern are low reimbursement and Medicaid broker (currently MTM). The broker contract that was to be awarded this year has been contested and is on hold. MTM will continue as the broker until further notice. Unsure of why Wisconsin went to broker model in the first place in 2011. Committee will work on a FAQ document for hospitals to explain the process of handling and billing a non-emergency ambulance transfer.
5. Discussion on statewide protocols. Dr. Colella reviewed NASEMSO guidelines to see how they align with Wisconsin's plan for statewide protocols. Unsure of timeline on implementation of statewide protocols. Even though protocol format would be standard statewide, there must be some room for local ability to customize. DHS estimates completion of this project by the end of 2019.
6. Implications of stroke system legislation. Concern with legislating stroke care is that stroke care guidelines change very frequently and legislation won't be able to keep up.
7. Patient tracking project. Pilot projects are being updated, and HERC is doing a survey of EMS and hospitals to determine current patient tracking methods. Update should be forthcoming at next board meeting. Much discussion around current triage methods and that they may not be effective. Report from Gold Cross Ambulance on the traffic crash MCI. There was some value to using the SALT triage system, but they had very little ability to actually track patients and where they were taken.
8. Update on EMTALA from DHS. Awaiting final opinion/decision from DHS Office of Legal Counsel to determine EMTALA impact on ambulance services. Issue at hand is whether a phone or radio contact with a hospital establishes an EMTALA relationship for that patient transport.
9. Discussion on recruitment and retention. Initial discussion related to the two-paramedic requirement in Wisconsin. Some concerns that one-paramedic waivers can complicate matters if the crew arrives on scene and finds a situation that still requires two paramedics. Some services have considered downgrading from ALS to Intermediate to combat paramedic retention issues. Discussion on innovation to better utilize paramedics in each system, rather than status quo. Various studies relating to one paramedic vs. two paramedics have different outcomes and different interpretations. Two paramedic services still have the option to request a waiver if they feel it is necessary to address staffing issues. Recruitment and retention is a significant issue for all providers across Wisconsin, regardless of service type or geographic area. The employment market is challenging, with more job openings available than people qualified to fill them. New competition has emerged with hospitals and even industrial sites hiring EMTs and paramedics, which further depletes the pool of available candidates.

Prepared by: Anderson, Christopher on 5/16/2019.

These minutes were approved by the committee on: 6/4/2019

