

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Physician Advisory Committee		Attending: Separate list
Date: 6/4/2024	Time Started: 1449	Time Ended: 1616
Location: Online via Zoom, in person Double Tree Madison East		Presiding Officer: Dr. Steve Zils PAC Chair

Minutes

- a) Roll Call of Committee Members & Introductions
 - a. Zemple (virtual), Clark, Schultz, Marquis (virtual), Kronenfeld, Eberlein, Zils
- b) Approval of Previous Committee Meeting Minutes
 - a. Motion by Eberlein, seconded by Zemple. All approved.
- c) Public comment opportunity to Committee (2 minutes per attendee unless pre-authorized by Chair)
 - a. None
- d) EMS Office Report (Mandler)
 - a. Head up CPR memo published last week, will be sent out to EMS directors and medical directors, also on website with other memos
 - b. Update on online scope of practice change request form – Mandler shared brief presentation including updated website and location of practice change request form submission location, walk through of form (www.dhs.wisconsin.gov/ems/licensing/scope)
 - i. Once submission is received, state medical director, PAC chair and EMS office will initially review on a rolling basis/monthly and plan to bring to PAC/EMS Board for further discussion quarterly.
 - ii. Incomplete submissions will be reviewed by EMS section staff
 - iii. Future goal is to also have place to allow public comment regarding suggested/proposed scope changes
 - iv. Suggested PAC edits to practice change form request
 - 1. Action item: Add check box for Medical Director approved submission with contact email of medical director
 - 2. Suggested for office to contact individual submitting request regarding notification of when this will be going to PAC for discussion to allow for individual to plan to be present if desired
 - 3. Action item: Add box for documenting any actual or perceived conflicts of interest regarding submission
 - c. DHS 110 opening timeline – will be deferred until later this year as office focus in next few months include large scale events occurring as well as opening of FAP funding applications
 - d. 2024 EMS scope of practice: Scope of practice update was released in March, additional resources created by Dr. Colella are awaiting final approval with hopes of being published soon
- e) State EMS Medical Director Report (Colella)
 - a. Update on EMS Medical Director Course
 - i. Reminder: national portion has an associated cost through NAEMSP, local/state portion will be on WI-Train
 - ii. Anticipated publication of online recorded course state specific should be completed in near future
 - iii. MCW will host in person FOMO course, likely September/Fall

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- iv. Action Item: Request from Dr. Zils for the EMS office to draft a letter to EMS Medical Directors and Service Directors regarding outline of the course
- f) Discussion, review and possible action on EMR, EMT, AEMT, Intermediate, Paramedic scope of practice (Zils) (standing item)
- a. Antibiotics for Open Fractures (Clark)
 - i. Reviewed discussion from March 2024 PAC meeting.
 - ii. Dr. Colella shared additional data gathered per PAC request: Sample convenience from other states included 21 responses, reviewed responses with the majority supporting use of abx in some context
 - iii. Further discussion with PAC membership
 - 1. Discussion surrounding limited data to suggest that administration of abx in the field does not necessarily impact outcomes positively, however, some of the push is to meet hospital-based quality metric of time to abx for open fractures, will likely be given in the ED anyways
 - 2. Discussed risks including cognitive load for paramedics, risk of adverse reactions
 - 3. Discussed most of the literature shared was focused on if this could be accomplished by paramedics and within time recommendations, rather than focusing on clinical outcomes and impact
 - iv. Note made that this is not really addressed in national scope
 - v. Request made to keep this on the agenda, noted additional discussion anticipated with STAC tomorrow
 - b. Finger Thoracostomy optional for PARA
 - i. Clarification made that this is being made for request to be added to the paramedic level, not critical care paramedic, as it is intended to be requested for 911 and NOT just interfacility use
 - ii. Discussion
 - 1. Clark discusses recent NAEMSP discussion pertained to literature discussing failure of needle thoracostomy and reasoning for this, and mixed evidence regarding finger thoracostomy
 - 2. Zils noted that most resources cited were from European sources and presentations consistent with physicians being involved in procedure, limited resources demonstrating paramedics in isolation evaluating and performing procedure
 - 3. Discussion pertaining to challenge of differentiating air medical vs ground resources, training, QI programs; unfortunately, given DHS 110 it is not an option to differentiate scope of practice for 911 services between air medical, TEMS, ground service, etc.
 - 4. Public comment: TEMS medics have requested this skill as well, consistent with TCCC guidelines
 - 5. Colella shares that based on review of data/evidence demonstrates a high-risk intervention with significant complication rates surrounding placement and infectious complications; as well as if this procedure is performed a chest tube will need to be placed. Comments that he believes that this likely has a place in the prehospital realm, however, in his experience that there is a high incidence of false positives from an EMS perspective regarding placement of needle thoracostomies (e.g. inappropriate placement, inappropriate location, etc). Share apprehension regarding adding this as a broad optional paramedic scope addition but poses discussion regarding as first step, can we restrict situational use (similar to ultrasound use). Notes Texas and New York or the only two states that he knows of that have this discussed or utilized at the paramedic level.
 - 6. Marquis comments agreement with Dr. Colella. Shares that the literature is mostly from prior to widespread use of lateral placement of needle decompression as well.
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- iii. Action item: Does the EMS Office have the ability to approve or deny an optional skill for an agency? If not, what would need to be done to facilitate that.
 - iv. Action item: PAC requests EMS Office to discuss what the framework is regarding developing and implementing a pilot program and research project that includes interventions that are outside scope.
 - v. Request to keep on agenda for September.
 - c. Ventilator use optional for PARA (Eberlein)
 - i. Reviewed previous discussion at previous meeting
 - ii. Motion to remove superscript for ventilator management at both the 911 and interfacility scope by Dr. Zils. Seconded by Dr. Kronenfeld. Unanimous support.
 - g) DHS 110 items identified for change (Zils)
 - a. Request for PAC members to review this in anticipation of potential issues to be addressed when EMS office is ready in the fall to do so
 - b. Action Item: Dr. Zils requests scheduling a special meeting of PAC in September and October to review DHS 110 as a group
 - h) Discussion, review and possible action on CARES (Zils)
 - a. Dr. Colella notes that funding through the Red Cross is coming to an end, the office is investigating alternative options for funding sources and are open to any public suggestions
 - i) Discussion and possible action on when items are considered under scope of practice (Zils)
 - a. No updates
 - b. Will remove as standing item
 - j) Discuss, review and possible action on State Protocols (Colella) (standing item)
 - a. No updates at this time
 - k) Discuss and develop future new business (Zils)
 - a. Dr. Kim requests input from PAC regarding future utilization/data collection regarding accuracy of prehospital estimated weight documentation
 - l) Adjourn
 - a. Motion by Eberlein, seconded by Schultz.
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Prepared by: Kacey Kronenfeld on 6/4/2024.

These were presented and approval by the governmental body on: 9/17/2024