DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN

F-01922 (11/2017)

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: WI EMS Board - System Quality and Data			Attending: Dr. Christopher Eberlein, Dustin Ridings, Matt Pinsoneault, Michael
Date: 9/13/2022	Time Started: 09:02	Time Ended: 10:05	Spigner, Jennifer Hernandez-Meier
Location: WTCS Office Building Madison, WI			Presiding Officer: Dr. Eberlein - Committee Chair
Minutes			

Minutes

- 1. Meeting called to order at 09:02 by Dr. Eberlein
- 2. Past meeting minutes approved by voice vote following motion by Jacob Schultz and second by Dustin Ridings
- 3. Public comment period: none offered
- 4. Committee Vice-Chairperson position
 - a. Currently vacant
 - b. Suggestion by EMS Board Chairperson Biggart that Dustin Ridings fill role
 - c. Ridings accepted, confirmed by Chairperson Eberlein
- 5. Presentation by Dr. Michael Kim
 - a. Pre-hospital practitioner pediatric patient weight estimate accuracy and documentation
 - b. Important that weight is documented for continued care at hospital
 - c. Estimate methods vary in accuracy
 - i. Most accurate: patient states, parent states, length-based weight estimator tool
 - ii. Practitioner "guess" generally low accuracy
 - d. Suggestion that use of Broselow or similar estimating tool become standard for pre-hospital provider use
 - i. No specific brand of tool promoted, names noted for general reference
 - e. Dr. Eberlein asked about feasibility of cots with scales
 - f. Dr. Kim noted that length-based estimators are generally easily obtained and low in cost
 - g. Dr. Clark asked if the length-based estimators were based upon ideal or actual body weight
 - h. Dr. Eberlein asked Ella R. about making patient weight a mandatory field in patient care report documents and WARDS
 - i. Noted to be in progress
 - ii. Suggested to push this skill through the education committee
- 6. State data review provided by William Koehne
 - a. Biospatial is available to all services; contact William for program set-up and usage
 - b. Covid-19 runs
 - i. Steady run volume since last quarter though higher than previous spring season
 - ii. Run volume likely to increase as winter season progresses
 - c. Alcohol related runs
 - i. Run volume spiked in July which was similar to prior year
 - d. Opioid overdose runs
 - i. Many factors affect data quality and review
 - 1. Incomplete data regarding patients who are not transported by EMS; looking for ways to improve data quality
 - e. STEMI runs data remains stable
 - f. Falls from ground level run volume
 - i. Peaked in summer this year
 - 1. Typically peaks during winter months
 - 2. Working to tease out nursing home versus non-nursing home cases
 - 3. Working to tease out injury severity data
 - g. EMS Performance data
 - i. Allows tracking of certain metrics
 - ii. Usable by service
 - iii. Must search out some data that doesn't auto-populate
 - iv. Michael Spigner noted that benchmarks not shown, may be beneficial for services to see/understand benchmarks
 - v. Dr. Eberlein suggested choosing one or two benchmarks to review at each meeting.
 - h. Overdose dashboard
 - i. Shows naloxone administration details across the state
 - ii. Useful when working with community partners to deal with overdose issues
 - i. Data work updates
 - i. Public-facing overdose dashboard
 - 1. Shows monthly data at a county level
 - 2. Overdose rates, timing of runs, trends, transport percentages, refusal percentages, etc
 - . General project updates
 - i. Spike alerts for health partners

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- ii. Connecting social data to run volumes, types, etc.
- iii. Geolocation of data and geocoding accuracy
- iv. Census track connectivity
 - 1. Would have to be developed in the Office
- k. Anyone with further data needs can reach out to Will for assistance and information
- 7. WARDS update
 - a. No report given
- 8. CARES update
 - a. CARES rep not present at meeting to deliver report
 - b. Karl from EMS Office creating CARES page to display data on EMS Office page
- 9. EMS Office work report by Ella
 - a. NEMSIS update
 - i. Changing to version 3.5
 - 1. Version 3.4 data won't be accepted after January 2023
 - ii. Changes made
 - 1. Fewer nationally required data elements
 - 2. Call dispositions reviewed
 - 3. Integration with CARES data
 - 4. Updated the defined lists
 - 5. Expanded meanings of pertinent negatives
 - 6. Increased report accuracy
 - 7. Compliance testing
 - 8. Universally unique identifiers
 - b. Gap analysis for state
 - i. Brief overview, will be discussed and reviewed further by subcommittees
 - c. Nemsis data transition
 - i. Updating of data dictionary
 - ii. Heavy workload to complete project
 - d. WARDS reporting to be updated
 - i. Field users report difficulties in using system
 - ii. Completion date goal July 1, 2023
 - e. Dr. Eberlein asked what Ella needed for subcommittee work
 - i. Gap analysis elements to be done by mid-October
 - ii. Choosing which data elements to include by year end
 - iii. Final review to be done early 2023
 - iv. Work to be done in series of meetings lasting two to three hours per each
- 10. Meeting adjourned at 10:05
 - a. Motion by Jacob Schultz, second by Michael Spigner
 - b. Motion passed by voice vote

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Prepared by: Dustin Ridings on 9/15/2022.

The minutes were presented and approved by the governmental body on: 12/6/2022