DEPARTMENT OF HEALTH SERVICES **STATE OF WISCONSIN**
F-01922 (11/2017)

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: Physician Advisory Committee			Attending: Separate list
Date: 3/4/2021	Time Started: 1300	Time Ended: 1540	
Location: Online via Zoom			Presiding Officer: Dr. Steven Zils, PAC chair

Minutes

1. 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. Marquis
        ii. Seconded by Dr. Eberlein.
        iii. Unanimous support.
    c. Public comment opportunity to Committee (2 minutes per attendee unless pre-authorized by Chair)
        i. Tom Fennell – Mayo Clinic: Discussed how Mayo Clinic has a community paramedicine program that supports care extending from hospital into the homes. Ultrasound is being requested as part of the capabilities of these community paramedics (commented on extending to bladder scans and DVT evaluations) under the live direction of physicians via telemedicine. Will defer to item e. Discussion, review, and possible action of Community EMS and Community Paramedic Scope of Practice.
    d. Discussion, review and possible action on ondansetron for AEMT scope (Zils/Colella)
        i. Defer to item i
    e. Discuss, review and possible action on pediatric equipment and skills (Kim)
        i. Defer, awaiting Dr. Kim (who is on EMSC)
    f. Discussion, review and possible action on State Protocols (Colella)
        i. Goal is to have review completed by the end of first quarter 2021 by EMS Office that are then forwarded onto the Secretary's office.
        ii. Once completed will put out for public comment/feedback as well as during monthly EMS office townhall meeting.
        iii. These protocols will be encouraged but not required, represent a guidance document. Discussed that in collaboration with regional coordinators to determine best method of pushing out editable formats and support review and approval process.
        iv. Anticipate publishing a field guide and full administrative copy.
        v. Data committee is reviewing the quality measures and nemsis codes.
        vi. Discussed value of inclusion of quality metrics and references to support evidence based practice in full administrative copy.
    g. Discussion, review and possible action on Community EMS and Community Paramedic Scope of Practice (Colella/Zils)
        i. Guest: Tim Weir: Draft created based on Minnesota model. Matrix created of program objectives, formatting will be similar to scope of practice document. Noted Act 66 refers to multiple levels of EMS providers (not just paramedics). Noted in contrast to Minnesota model, plan to incorporate clinical through curriculum rather than final module. Also assessing recertification needs and reciprocity opportunities. Draft should be to workgroup by end of week, will share with PAC by end of this month. Goal of August 2021 to be submitted for review.

   ii. *Dr. Kronenfeld asked that if the provider is a hospital/clinic/physician hired employee, are they under the oversight of DHS/EMS office? Compare/contrast to an EMT/Paramedic that is employed as a tech in an ED.*
   iii. *Dr. Colella states that according to 256, his interpretation is that there are two entities – EMS provider agency that supports a community paramedic vs hospital/clinics/physician employed providers outside of the typical EMS office oversight.*
   iv. *Discussed public comment by Tom Fennell and consideration that that specific program may not formally fit a "community" model.*
   v. *Request by Dr. Zils to Tim Weir – as they review their draft and the Minnesota Model (this is the same as the international model – noted version 4.0 just came out), can they keep track of potential scope of practice differences compared to our current scope of practice for EMS providers.*
   vi. *Discussed consideration of potentially creating a separate module scope of practice (similar to interfacility scope of practice). Noted by Dr. Zils that there was previously a TEMS Scope of Practice had been removed by the office as this was not a technical license level.*

h. Discussion, review and possible action on TEMS Scope of Practice (Colella)
   i. *Motion to request the EMS office to consider creation of Scope of practice for various endorsement levels by Dr. Kronenfeld. Seconded by Dr. Eberlein.*

i. Discussion, review and possible action on EMT, AEMT, Paramedic scope of practice (Zils)
   i. *Dr. Colella drafted a document that compares current 2021 scope of practice to national scope of practice.*
   ii. *Reviewing "Red" first – included in national scope but not in the current Wisconsin scope*
   iii. *Skills*
      1. *End Tidal CO2 capnography interpretation – Add optional for AEMT*
      2. *Cricothyrotomy – Change from optional to required at Para and CCP*
      3. *Non-invasive Positive Pressure Ventilation – Change from option to required at EMT*
      4. *Oxygen – Nasal Cannula change from optional to required for EMR*
      5. *Oxygen – Non-rebreather Mask change from optional to required for EMR*
      6. *Oxygen – High Flow Nasal Cannula – remain optional at Para level due to needs for equipment*
      7. *Suctioning – Tracheobronchial – add required for AEMT and EMT, optional to EMR to reflect scope of practice for advanced airway placement*
         a. *Change wording to Tracheobronchial suctioning of an advanced airway*
         b. *Will attempt to match to current capnometry requirements to match if skill is utilized to place advanced airway then required to have suctioning*
      8. *CPR Mechanical Devices – remain optional at all levels due to cost of equipment*
      9. *EKG Monitor and 12 lead acquisition for EMT and AEMT remain optional due to equipment requirements*
      10. *Hemorrhage Control – Wound Packing – change from optional to required*
      11. *Transvenous pacing – Maintenance and Troubleshooting (not initiation): Move to interfacility and make required for Paramedic*
      12. *Cervical Collar – change from optional to required*
      13. *Chest tube Insertion and Monitoring: move to interfacility, change optional to required for monitoring*
      14. *Move Foley insertion and ICP monitoring to interfacility.*
      15. *Immunizations – leave as optional at current levels*
      16. *Venous blood sampling – leave as optional at current levels*

iv. Medications
1. Acetaminophen – optional at EMT level
2. Auto injectors for antidotes – keep optional at current levels
3. Fentanyl – make optional at AEMT level (superscript 10 with phase in period)
a. Motion made by Dr. Kronenfeld to the EMS office to evaluate any potential barriers of addition of controlled substances to the AEMT level. Seconded by Dr. Clark.
4. Ibuprofen – optional at EMT level
5. Morphine – make optional at AEMT level (superscript 10 with phase in period)
6. Naproxen – optional at EMT level
7. Nitrous oxide – remain optional at current levels due to equipment required
8. Oxygen – change from optional to required at EMR level
9. Ondansetron – optional at AEMT level (superscript 8)
10. Blood products – remain optional at current scope
11. TPA – remain optional at current scope
v. Recommendation to review benzodiazepines at AEMT scope of practice via Gauntlet.
vi. Workgroup: Grewey, Eberlein, Kronenfeld, Clark to meet and prepare recommendations to PAC next meeting in regards to categorizing medications for scope of practice document.

j. Interfacility legacy medications (Colella): Requesting if PAC can meet prior to June meeting to formally review recommendation from EMS State Medical Director to modify scope of practice of interfacility paramedics. Will schedule a special PAC meeting to support coming to June meeting with proposal.
k. Legislative update (Zils)
i. Senate Bill 89: hearing scheduled for tomorrow
ii. Senate Bill 90: no updates
l. Discuss and develop future new business
m. Adjourn Committee
i. Motion made by Dr. Clark
ii. Seconded by Dr. Eberlein
iii. Unanimous support.

Prepared by: Kacey Kronenfeld on 3/4/2021.

These minutes were approved at the PAC meeting on 4-27-21