

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

| | | | |
|---|----------------------|--------------------|---|
| Name of Governmental Body: EMS Board-Physician Advisory Committee | | | Attending: Separate list compiled by DHS EMS Section. |
| Date: 12/3/2019 | Time Started: 1:05pm | Time Ended: 5:00pm | |
| Location: Alliant Energy Center, Madison, WI | | | Presiding Officer: Dr. Steven Zils (Committee Chair) |

Minutes

1. Welcome and committee member check-in. Meeting called to order at 1:05pm.
2. Roll Call of committee members. Dr. Sean Marquis joining via phone.
3. Motion to approve PAC minutes from October 2019 meeting made by Dr. Schultz, second by Dr. Kronenfeld. Motion passes.
4. Report from State EMS Medical Director, Dr. Riccardo Colella.
 - a. Dr. Colella believes Wisconsin Act 200 will allow EMS services to leave naloxone with a patient (for future patient use); confirmation will be sought from Office of Legal Counsel. There may be grant funding available to EMS services who wish to participate in such a program.
 - b. Interfacility transport guidelines which are being created by Systems Management and Development Committee. PAC will review again once Systems Management Committee completes revisions.
 - c. Question from EMSC regarding re-insertion of trach tube in a pediatric patient – if a child with a pre-existing trach is dislodged, can an EMS crew re-insert? PAC will consider and make a recommendation.
 - d. Dr. Colella recommends PAC create a form for scope of practice change requests, and submit it to the EMS Office to make it known and available to services.
 - e. Update on moving toward statewide protocols / patient care guidelines. PAC will consider participating in a workgroup to develop such protocols. PAC will likely be very involved in this process. Goal is to have a product completed by December 2020.
 - f. Ambulance diversion concept discussion; has been in the media recently. Dr. Colella recommends PAC add an agenda item to a future meeting to discuss concepts related to ambulance diversion.
 - g. State EMS Office is working on potential changes to required training hours for upcoming three-year license renewal period which begins July 1, 2020. Hours will not be reduced; still unsure whether they will remain the same or be increased.
5. Discussion regarding AED scope of practice at EMR level. Dr. Eberlein makes a motion to require AEDs at the EMR level, second by Dr. Lohmeier. Clarification that there must be at least one AED within the EMR service; each individual responder does not need one. All in favor, motion carries.
6. Motion by Dr. Schultz for PAC to support allowing naloxone leave-behind concept, second by Dr. Eberlein. Discussion on including pocket mask in addition to naloxone. That will be up to individual services. All in favor, motion carries.
7. PAC to consider whether an advanced practice provider (Nurse Practitioner or Physician Assistant) can terminate field resuscitation when contacted by an EMS crew. Discussion on concepts and pros/cons; confirmed that PAC will await guidance from OLC.
8. Discussion regarding large vessel occlusion and comprehensive stroke center destinations and designations, and how this affects EMS providers and their destination determination. PAC will follow updates from American Heart Association and make recommendations in the future.
9. Dr. Zemple working on restructuring Wisconsin's DNR guidelines. This is a work in progress and updates will be provided at future meeting(s).
10. Dr. Clark provided update on concept of pre-hospital ultrasound. Dr. Clark is researching evidence of changes in patient outcome when ultrasound was used. Still reviewing that data to identify any trends. It appears most services currently using pre-hospital ultrasound are either ground-based scene response physicians, or helicopter EMS services. If PAC were to suggest pre-hospital ultrasound would not be allowed in Wisconsin, what would happen to services currently using the device? It appears this would affect a very small number of services (less than 10). Dr. Schultz does not believe

pre-hospital ultrasound is pervasive enough to have any reliable patient outcome data. Its use is not widespread enough to have created any meaningful data. Dr. Grawey made a motion to allow cardiac ultrasound in cardiac arrest at the paramedic and critical care levels (this would be an optional skill at those levels), second by Dr. Eberlein. Further clarification – whether the provider is simply acquiring the image vs. interpreting the image, will be up to the local medical director. All in favor, none opposed, Dr. Kronenfeld abstains; motion carries.

11. Discussion and review of EMT, AEMT, and paramedic scopes of practice:
 - a. PAC reviewed previous changes and recommendations and further refined master working scope document, which will be submitted to EMS Office for review.
 12. Brief discussion on proposed national scope of practice document and how it may align with or differ from Wisconsin scope.
 13. Meeting adjourned at 5:00pm
-

Prepared by: Anderson, Christopher on 12/3/2019.

These minutes are in draft form. They were approved by the governmental body on: 3/3/2020
