

OPEN MEETING MINUTES

Name of Governmental Body: EMS Advisory Board			Attending: See end of minutes
Date: 12/08/21	Time Started: 9:03AM	Time Ended: 4:22 PM	
Location: Virtual - Zoom			Presiding Officer: Jerry Biggert, Chair

Minutes

1. Meeting called to order at 9:03 AM
2. All attending board members introduced themselves
3. Approval of previous EMS Board meeting(s) minutes

Motion to Accept Minutes– Eberlein

Second - Bantes

Discussion - None

Approved -Unanimously

4. Public Comment opportunity regarding Board agenda or special announcements

Jim Baker

- Concerns with new services being approved and not meeting state requirements
- Consider new services be required to have a mutual aid agreement with application

Jason Bondioli – Corning Fire & First Responders

- Concerns with how initial training is deployed
 1. Low enrollment cancellations
 2. Hybrid offerings
- Area where local services can share trainings and recruitment activities
- Do away with EMR NREMT Exam
- Need “marketing assistance”

Jan Victorson – Bayfield County

- Response area is large some ambulance areas in county equal to Kenosha & Milwaukee counties
- Have an EMS workgroup of officials – looking for education piece/resources to share the complexities of EMS

Elen Mathein – Little Rice and Willow First Responders

- 150 square mile service area - Long response times – first responders critical to system
- Recruiting and costs are difficult to manage
- Education for public officials on EMS
- Help with tuition for volunteer training

Jim Case – Wauwatosa FD

- Comments regarding 110.03 on board agenda
- Waiver language is vague – concept of hardship can be difficult to define
- Definition should be specific to situation

Mark Schwartz

- Potential changes to EMR curriculum
- Huge dramatic change going from 60 to 144 hours
- Recruitment issues and costs are concern
- Scope needs to be addressed – too large for EMR

Jeff Dethloff – President of Wauwatosa PFFW

- Patient care is critical to discussion
 1. One paramedic may not be enough
 2. No guarantee of PFR from Milwaukee
 3. Have enough paramedics now to cover load
- Issue related to burn put
- No current fiscal restraints
 1. Potential future restraints
 2. May cost more money in the long run
- At no time has the local union been in support of this waiver

Jessie Mabie – Manotowish Waters Fire

- 36 square mile response area 500 people population grows to 5000 in summer
- Call volume has tripled
- Can't get volunteers
- 3 other departments in same situation
- Concerned about rural EMS and increased EMR hours

Steve Waier – Town of Phelps Supervisor and on Fire Department

- Town boards need to know what is going on in the local area regarding EMS
- Get on local agenda and speak about EMS
- Personal reason for not renewing within time– why can't there be some accommodation
- Cost of training is high

Calvin Kesweck – Sheboygan Falls Fire

- Issue with NREMT exam at EMR level
- 600 calls a year
- Volunteering is very low
- Students pass class but can't pass NREMT exam
- Losing people because they can't pass exam
- Cost with time and travel as well

Ryan Skabroud – LTC Program Director

- Consistent fair equitable training
- EMR testing psychomotor exam issues
 1. Cannot find testing grids
- EMT Training
 1. Embedded portfolio
 2. Where is the defined list?
 3. Is it approved?

Vince Fairchild – Birchwood

- Covered four counties with 4 people
- Approved for flex staffing
- Going forward people are not coming into the profession
- Looking for local meeting with state office

Colin Curtis – Presque Isle

- EMR hours will be too many
- Long distance to training

Annie Krawze – Leona Rescue

- Initial classes are difficult to find
- Too far to travel
- Why can't we reduce hours and scope?
- EMR-AEMT never touched a patient? How does that happen?
- Grants are almost impossible to attain
- In-house education has helped with retaining people
- Flex staffing has also helped with patient outcomes

Tyler Weisnogen – Howards Grove Fire

- Proposed EMR hours are too large
- NREMT Exam is a problem at EMR level
- Scope is too large but don't want to lower standards
- AB 93 still in legislature – stalled – hard to get lobbying entities to see the plight of rural providers

Stve Zils – PAC

- Scope line by line review
- National scope was floor
- Optional skills for those that wanted to maintain level of care
- Hands were tied by legislature through the flex staffing model
 1. Had to match some EMT and EMR skills to accommodate

Danielle Zimmerman – Representative Loudenbeck's Office

- Latest bill was from asking state representative to look into issue
- Suggest asking for a meeting with your representative to start the ball and get voice heard

Dana Sechler – Strategic Management and Consulting

- ORH offers service director course that covers many issues seen by rural providers
- Working on curriculum for rural EMR's

Amanda Bates

- Thank you for all the public comments
- Read a letter regarding rural EMS
 1. Retention issues
 2. Training travel time
 3. Representation of rural EMS at "the table"
 4. Funding issues

10:20 AM Break from meeting

10:30 AM Reconvened from break

Presentation - Michael Wright – Milwaukee Overdose Response Teams

- Overview of opioids and overdoses regarding field providers and response teams
- Focus is to help the public "Connect the unconnected to resources"
- EMS is public health and can help people get to a treatment decision

5. Discussion and Review of Past-Practice, as well as possible recommendations/actions related to Chapter DHS 110.03 Admin Rule

- Focus on definition of "unreasonable hardship"

- Reviewed suggested questions to help define hardship that were previously discussed with Section Chief Newlan and submitted to office
- Amanda Bates
 1. Most waivers have been for one or two years
 2. There are 8 two-paramedic waivers based on review latest makes 9
 3. No reason to believe the office was misled by the requesters
- Suggestion the board be involved with waiver requests to help provide additional perspective...in closed session to help protect some privacy?

Motion – Biggert: Request the office go back to utilizing the questions they were used under section chief Newlan and all non-emergent waivers be brought to the board at the regular or a special called meeting.

Second – Zils

Discussion – process would help with equity and consistency

Vote – Approved - passed unanimously

6. EMS Board reaction with possible recommendation/action related to October 2021 revised and published Chapter DHS110

- Discussion regarding errors or omissions in recently enacted DHS 110
 1. Advanced EMT need ACLS? Error?
 2. Medical Director Qualifications – nothing was included
 3. Others?
- Suggest opening rule to identify specific issues
- Ask of board to review the rule and provide feedback to Dr. Zills regarding anything that may need to be addressed by January 15, 2022
- Discuss proposal for EMS to reopen and fix rule

7. Report from EMS Section Chief, DHS Representative(s), and Section Staff, with possible recommendations/action from EMS Board regarding Administration, Education, and Operations

- a. Thank you for attending and shared support for Bell Ambulance and their employees involved in the ambulance crash on 12/7/21. Provider well being is of utmost importance.
- b. Appreciation shared for the EMS Board and the EMS Office staff.
- c. EMS Office Staffing – Welcome new employees:
 - i. Suncana Pavlic, as our Graphic Designer
 - ii. Sadie Aldinger, as our License Associate, who will be providing back up the License Coordinator
 - iii. Anthony Dare as our Project Assistant
 - iv. James Westover as an LTE EMS Radio Communications Coordinator.
- d. Potential Action on EMR Competency to Obtain Licensure via Initial Education
 - i. Discussion on hours for EMR education from 60-144 hours based on competency
 - ii. Trying to balance national scope and curriculum to what WI does
 - iii. Board supported curriculum development based on required skills in September 2020
 - iv. After much discussion the board reiterated its position of a curriculum based on mandatory scope items
- e. We are in the process of hiring a Rural EMS Corps Coordinator, Community EMS Coordinator, Data Manager, and a Data Communicator.
- f. Funding assistance program
 - i. Thank you to Mark Mandler for all of his hard work during this FAP season.
 - ii. OPEC has hired a Grant Manager. Part of their duties include a role with FAP.
- g. Acknowledge Mark Mandler for his work on the license background check process.

- h. Conversations with DSPS to build a bridge “API” between our licensing systems so that MD, PA, RN will auto renew based on their primary license renewal.
- i. EMS practitioners can participate in vaccine administration/ booster clinics.
 - i. Those interested in participating can register though WEAVR. If interested, please reach out.
 - ii. Training is available for free in the TRAIN-WI system.
- j. Redesign to the EMS website.
 - i. If you have not visited the EMS Section website in a while- please do.
 - ii. The website is evolving please let us know if you have any feedback or suggestions.
- k. Memo Series will be revived for 2022
 - i. Don Kimlicka will be the point person on this project
 - ii. Please submit any ideas for memo items of service director training to Don.
- l. Operational Plan Feasibility Study is under revision.
- m. Licensing Management System (LMS)
 - i. Electronic Operational Plans
 - ii. Electronic Demographic Form
 - iii. Community EMS endorsement
 - iv. other system upgrades and revisions
- n. E-Licensing
 - i. Thank you to Helen Pullen for keeping licensing applicants updated and processed.
 - ii. WI has 19,371 providers (including RNs, DO, PA and MD).
 - iii. Our peak license traffic times are during TC courses for training center permits and then course completion/NREMT testing and renewals cycles.
- o. EMS Town Hall meetings will continue into 2022
 - i. Goals
 - 1. Open these Sessions up to a wider audience and include Practitioners.
 - 2. Determine to keep monthly or transition to quarterly.
 - 3. Develop timely topics and offer expanded insight
- p. Trans 309. Will be meeting with the DOT and other stakeholders to determine best course of action when TRANS 309 sunsets.
- q. Working with ORH to determine status of EMR Refresher project.
- r. Reminder - BioSpatial is also available to Medical Directors.
- s. Reminder – EMS Office does send out occasional Eblasts. We are trying to be mindful about information overload. Please take the time to read our emails regardless of the topic.
- t. Potential Action on EMR Competency to Obtain Licensure via Initial Education
 - i. Discussion regarding EMR curriculum
 - ii. The office supports the board decision, having the curriculum address the mandatory items within the scope of practice
 - iii. After general discussion board is supporting original motion and recommendation previously submitted
- u. Interfacility Transport Requests Originating from 911 Calls from Limited Resource Hospitals or Specialty Center Requirements and DHS 110.38/Licensure Requirements
 - i. Question of clarification of how a municipal service can manage these requests
 - 1. Is there a separate license for interfacility? No – operational plan amendment – office suggests creating a separate operational plan/license
 - 2. Can EMS office develop a resource for municipal services to respond to interfacility requests? Also, how to go about implementing this service. As stated above through operational plan request/amendment

11:55 AM Break from meeting

12:20 PM Reconvened from break

8. Reports from Standing Committee Chairs with possible recommendations/action based off of Committee Recommendations (see Committee Agendas for business items)

a. Physician's Advisory Committee (PAC) (Dr. Steven Zils/Chair)

- i. Discussion on pilot for buprenorphine

MOTION – On recommendation of PAC committee; support a request that the EMS Office support a and allow for a 9-1-1- pilot study surrounding buprenorphine.

Second – not required

Discussion – None

Vote – Approved - passed unanimously

- ii. Advanced Practice Provider (APP) as medical control

1. PAC created a white paper discussing this topic

2. Desire to forward to EMS office for posting as guidance document

3. Board asked for more time to review

4. In March PAC will review and make committee motion then bring back for board for approval

- iii. CMIH Curriculum

1. Work group on behavior health and Ketamine utilization

- iv. POLST

1. Dr. Kim & Dr. Zemple still working on POLST initiative

- v. Worked on finalizing 2022 scope of practice

- vi. Discussion on narcotic use at AEMT for parental pain medication.

- vii. In March will be looking at benzodiazepine use at AEMT level and expanding use of ultrasound

b. Education & Training (Brian Litza/Chair)

- i. Several public comments mimicking the public comments of this meeting

- ii. EMS Success program

1. EMS office personnel are interviewing unsuccessful candidates to see what they believe was their reason for failure

2. The majority of those unsuccessful indicate they were not reading their books

- iii. Education equity remains a strong focus

1. Education experience (environment, technology, staff, etc.)

c. Systems Management & Development (Dr. Clark/Chair)

- i. Discussions regarding EMS hospital diversions

1. Last year created best practice document on diversions

2. Katherine Johnson - Hospital and Health Care System Coordinate (EM Systems Coordinator) shared quarterly diversion statistics

3. Chair Clark shared updates to original document to the Board based on discussions

4. Continued communication from stakeholders on hospital diversions is requested

Motion from committee – move to approve and forward this document Katherine Johnson EM Resource Coordinator to use in her efforts on hospital diversion.

No second needed – committee recommendation

Discussion- none

Vote – Approved - passed unanimously

- ii. COVID Discussion
 - 1. Many services have been involved in vaccination process locally
 - 2. Staffing under vaccination mandates difficult but minimal impact
 - 3. Bed capacity is definitely impacting EMS
- iii. Trans 309
 - 1. Discussed next steps of managing impact of Trans 309 changes
 - 2. More discussion at the March meeting
- iv. Best practices document regarding non-emergent transports
 - 1. Clarifying the difference between emergent and non-emergent transport priorities and other issues

Motion from committee – Forward to the EMS to disseminate to stakeholders as appropriate the non-emergent transport guidance document

No second needed

Discussion - none

Vote – Approved - passed unanimously

- v. Interoperability Communications
 - 1. On-going discussions regarding technology and implementation and its effects on EMS system
- vi. DHS 110 new policy requirements
 - 1. Working on creating sample documents to add to the current library of policy samples
- vii. Received presentation from Coverdell Stroke Program regarding tele-stroke
 - 1. Discussion with Coverdell that it would be nice to see regional stroke programs that include all stakeholders including EMS

d. System Quality & Data (Dr. Eberlein/Chair)

- i. Progress delays with departure of data person from state office
- ii. Data Review
 - 1. Review STEMI and Stroke Data
 - 2. Increase in overdoses
 - 3. Focus on equity/inequity in data
- iii. Presentation by Biospatial
 - 1. Encourage local use
 - 2. Hoping to have some additional training on system
 - 3. Will Identify 10 common reports that Biospatial and WARDS can create and push to services as “standard” reports for QA/QI

e. EMS for Children (Dr. Kim/Dr. Browne/Chair)

- i. Discussed Pediatric Readiness CQI Items
 - 1. Pediatric Respiratory Assessment
 - 2. Administration of Beta Agonist for Pediatric Asthma
 - 3. Documentation of Estimated Weight in Kilograms (Safety)
 - 1. Weight documentation in Kg chosen as the initial measurement
 - 2. Next phase it to linking medications with weight measure dosing for accurate dosing
- ii. Advancing Healthier Wisconsin Pediatric Readiness Grant
 - 1. Goal to develop tool box for emergency departments (ED) to improve pediatric readiness score
 - 1. Readiness stakeholder group met 09/08/2021
 - 2. Bi-weekly meetings to develop the toolbox

3. Plan to enroll ED's early 2022
4. Will affect EMS as it may assist in better directing patients to pediatric capable facilities
- iii. EMSC State Partnership Rural Expansion Program Grant
 1. Goal to create recognition criteria for hospitals regarding pediatric capabilities
 2. Project consistent with the American College of Surgeons recommendation for pediatric capability designations
- iv. Pediatric surge plan
 1. Reviewed in light of the Waukesha parade incident
 2. Small revisions based on event but will be posted for reference
- v. Education
 1. Inaugural Midwest EMS Symposium November 3&4, 2021
 1. 65 participants – virtual attendance from many different states
 2. Good response – hope to be face-to-face next year
 2. Respiratory training module is currently off line for review/fix
- vi. Pediatric Emergency Care Coordinator (PECC) program
 1. Identified 188 PECC coordinators in the state
 2. Plan to use the PECC program to jumpstart the pediatric CQI initiatives
- vii. Emergency planning for children with special healthcare needs
 1. Children's Health Alliance of Wisconsin staff have drafted branding materials for the Children with Special healthcare needs Preparedness for Emergencies Program.
 2. Promotion efforts have been impacted by the continuing COVID-19 pandemic and demands on school nurses. Please send us any ideas or partners to assist for wide dissemination of these materials

f. EMS Human Relations Committee (Albert)

- i. Underway and have added several new members
- ii. Met in October & November
- iii. Drafted human dignity statement

Motion from committee to adopt human dignity statement

Second – brought forward from committee

Discussion - Friendly amendment to change DHS to EMS board in last paragraph

Amendment seconded by Alberts

Vote – Approved - passed unanimously

2:53 PM Break from meeting

3:00 PM Reconvened from break

9. SARS-CoV2 Updates (Board & EMS Section)
 - a. Omicron variant: Mild symptoms not a dominant strain like Delta
 - b. PPE recommendations: service/institution specific
10. Updates and Actions, as needed, related to State Overdose & Mental Health Epidemic Initiatives in Wisconsin & Role(s) that the EMS Board can serve in assisting with the Initiative (standing item) (Full Board & EMS Section/DHS)
 - a. Discussed earlier in meeting
11. Legislation Updates Report on EMS Topics (standing item) (Pluess)
 - a. Ground Emergency Medical Transport (GEMT) Update – Danielle Zimmerman on behalf of Chris Anderson
 - i. Increase in Medicaid transport reimbursement

- ii. DHS will be allowed to provide waiver for local municipalities to transport non-emergent Medicaid patients and receive reimbursement
 - iii. Includes ambulance assessment plan for private providers
 - iv. Information session planned for legislators to understand the issues
 - v. Should bring more money into the community by offsetting Medicaid loss
 - b. AB 297: signed into law – increased fines for traffic violations while responders are working in roadside responses
 - c. ACT 104: Passed – statute change to specialty response teams is protected
 - d. SB 89: Allowing EMR NREMT Exam optional
 - e. SB 242: creates new crime for reckless handling of vaccines
 - f. SB 352 & AB 357 – corrects substance control inconsistencies
 - i. Passed Senate
 - ii. Awaiting vote in Assembly
 - g. AB 740 – DHS reimbursement for epinephrine on each ambulance will also assist Department of Public Instruction in those costs as well
 - h. AB 683 & SB680 – EMS Workers Compensation Bill to add PTSD for EMS responders and EMT
 - i.
- 12. Discuss, as needed, new EMS equipment concepts with possible recommendation as applicable (standing item)
 - a. Nothing presented
- 13. Update Regarding Behavioral Health and Wellness of EMS Workers (standing item) (Pluess/Ridings)
 - a. PEER support has been deployed to recent events participants
 - b. Working with “connecting with the unconnected” in regards to critical incident stress debriefings.
 - i. Working to create an inconspicuous flyer or card
 - 1. Code Green Campaign - <https://codegreencampaign.org/>
 - 2. Other websites as appropriate
- 14. Future EMS Board & Strategic Planning Meeting Logistics for 2022, including Future Meeting Structure & Committee Assignment Updates
 - a. March 1 & 2 - Virtual
 - b. June 7 & 8 – Virtual
 - c. September 13 & 14
 - d. December 6 & 7
- 15. Discuss and Develop Future New Business
- 16. If Needed, Motion/Vote: Closed session (Board and EMS office) - to review complaints received by the WI EMS program and provide consultation per Wis. Stat. § 256.08(4). The closed session is authorized under Wis. Stat. § 19.85(1)(f). (Standing Item)

3:40 PM Motion to enter closed session – Biggert

Second – Pluess

Discussion – none

Role vote – 8/11 present and motion unanimously approved to move to closed session.

4:20 PM Returned from closed session

Motion to adjourn meeting – Pluess

Second – Bantes

Discussion – None

Vote – Approved - passed unanimously

4:22 PM Meeting adjourned

ATTENDANCE

Board Members

Jerry Biggart

Justin Pluess

Brian Litza

Greg West

Timothy Bantes

Michael Clark

Dustin Ridings

Chris Eberlein

Chris Anderson – Absent closed session

Steve Zils – Absent closed session

Laura Albert - Absent closed session

Government Representatives

Amanda Bates – WI Department of Health Services Representative

M Riccardo Colella – State EMS & Trauma Medical Director

Michael Kim – EMS For Children

Timothy Weir – Wisconsin Technical College System

Paul Schilling - WI Department of Transportation

Prepared by: Brian Litza on 02/23/2022.

These minutes were presented and approved by the governmental body on: 03/02/2022.