

Meeting Invitees:

| Χ | Jerry Biggart (Chair) | Χ | Dustin Ridings | Χ | Dr. Suzanne Martens |
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| Χ | Mark Fredrickson (Vice-Chair) | Χ | Christopher Anderson | Χ | D. Michael Kim & Dr. Lorin Browne (Co-Chairs) |
| Χ | Dr. Michael Clark | | Dr. M. Riccardo Colella | Χ | Timothy Weir-remote |
| Χ | Gregory West | Χ | Dr. Steven Zils | Χ | James Newlun |
| Χ | Gary Weiss | | Carrie Meier | Χ | William Oemichen |
| Χ | Don Kimlicka | Χ | Dr. Steve Andrews | | Committee Members, Stakeholders, & Public |

Agenda:

| Time: | Topic: | Lead: | Follow-up Items: | Notes: |
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| 9:00 | Meeting Called to Order | Biggart | | Meeting was called to order at 9:12 AM. |
| | Introductions of Board & Audience | Biggart | | Introductions were made. |
| | Public Comment Opportunity to Full EMS Board | Biggart | | None |
| | Approval of Past Minutes | Biggart | | Motion by Gary Weiss, second by Don Kimlicka to approve the minutes of the June 2017 meeting. Motion Carried. |



| 9:05 | WI EMS Office Report * Operational Plan Updates * Licensing Updates * Paramedic Waivers * Patient Tracking * Triage * 2018 State EMS Plan * Curriculum Updates * Critical Care Work-group Updates | James Newlun | James asked the PAC and the Board to come up with four positive things the EMS section is doing and four things that can be improved. This helps build on the strategic plan. | Discussed the operational plans that are being approved. James has encouraged the Regional Coordinators are approving the accuracy of the op plans. The approval letters are not sent to the services unless they are compliant in WARDS Elite. The EMS section is also starting to do some QA/QI on op plans. The training center training permits are being worked on a day each week by the Regional Coordinators. The office is getting requests for paramedic waivers from some services. James asked for a Board recommendation on this. The service requesting this is looking to just have a one paramedic crew. Discussion followed. One point was a waiver is intended for a hardship and if the waiver being requested is truly a hardship. When the rule was made, it was not based on scientific evidence or response times. The particular service requesting the waiver is a new service in a two paramedic area. There have only been about three waivers granted in the past two years and those were for renewals, not services. A point was made that with this being a new startup service, how could it be considered a hardship when they are not even running in the first place? Does their feasibility study even warrant becoming a service if they already cannot sustain a two paramedic service? Will quality of care be affected, response times, etc.? There needs to be a very clear reason why this is being requested. Reviewed the request from the service. Check with the service to see if this will really affect the response times. If the ambulance is passing through town and not closer to the rural area, is it fixing the problem? The financial hardship may be felt by everyone. If this is approved, will this put us on a slippery slope to have other departments split up too because of a financial |
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| | | hardship? Need to find out the specifics on this services response times, level of care and how they propose this waiver will remedy the problem. The intent of the waiver of administrative rule form was created to address issues with renewing a license due to military deployment, major health issues and/or FMLA. A request was made for any future waivers that the EMS section gathers information and bring it to the Board for discussion. James asked for a list of questions so this informatior can be gathered. Patient tracking will be discussed at a presentation held in Appleton. James asked for any recommendations for the 2018-2020 State EMS Plan. The curriculum is being reviewed and updated. The last time it was updated was in 2014. A recommendation was made to update it every two years. It does take quite a bit of time to review this information. A project charter has been created to lay out the timeline for this to occur. As the curriculum gets updated the starred (*) items in scope should be removed. After discussion it was agreed that a full review of curriculum would be done every four years. Some preliminary questions will be drafted for this request and future waiver requests. Jerry will put them together in a format and asked for any suggestions to be sent to him. |
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| WI Office of Preparedness & Emergency Health Care Director Report * Update on DHS 118 * Update Regarding Preparedness * Status of Declassified Hospitals | Bill Oemichen | DHS 118 update- on May 23rd the draft was sent to legal for review. It is still in review. The goal was to move to hearing this summer. This is now moved into fall. There will be a budget decrease due to new legislation and funding changes. There is a new algorithm being used to determine funding for the ASPR program. Currently Wisconsin is considered a low risk area and this would reduce the hospital preparedness funding. Bill is attending a meeting in Washington D.C. later today to provide education on this. We are not allowed to lobby, just educate. At the HCC meeting last week, the budget was discussed. The carryover funds need to be used right away. The goal is to try to use carryover funding next year too should there be cuts in funding. Most of the Wisconsin hospitals are classified as a trauma facility. There are 12 hospitals that are not classified as trauma facilities. Under Wisconsin law, once a hospital becomes unclassified, it is not part of the trauma program. The question was raised if an ambulance service would have to bypass an unclassified hospital. The department's response is that the service needs to review their protocols for their service and follow those or update as needed. Bill asked for the Boards opinion on this topic. Discussion followed. It was asked that the doctors on the Board weigh in on this. It depends on the patient's condition and the circumstances. There are facilities that lost the designation due to not having a position filled, etc. Some has just decided they don't want to meet the criteria. It takes at least 6 months to remedy a situation that would cause a facility to lose its designation. One point discussed that the patient would be taken to the ER to be stabilized and then |
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| | | | moved to a trauma facility. The map showing the unclassified facilities is updated on the DHS website quarterly. |
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| | State EMS Medical Director Report | Dr. Martens | Dr. Martens is working with Helen on some licensing advising. Discussed getting reports out of Elite and QA opportunities. When a new Medical Director is hired, would like to have an exit interview for the previous Director to gain some useful information and identify any improvement opportunities. |
| | PAC Chair Report | Dr. Andrews | Will discuss at the October meeting about the paramedic medications when the Board can advise. |
| | EMSC Report | Dr. Kim | Applied for a grant for the Childrens Health Alliance. This has passed the first phase of the approval process. The EMS survey has been sent out and is available until October. EMSC will be meeting tomorrow. Still discussing the pediatric DNR information. |
| | WTCS Report | Tim Weir | Tim was not present. |
| | EMS Board Guidelines Document Updates with Action on Updates | Biggart | Will discuss at a later date. |
| | Wisconsin Office of Rural Health EMS Advocacy Meeting | Biggart | Wisconsin Office of Rural Health has agreed to assist with keeping EMS issues in the spotlight. November 1st will be the next meeting. Jerry will share updates from this meeting at the next EMS Board meeting following the November meeting. Motion by Gary Weiss, second by Mark Fredrickson to allow Jerry to speak on behalf of the EMS Board at these meetings. Motion Carried. |
| 12:00-12:30 | Lunch | | |



| DHS 110.52 Credentialing & CQI Guidelines, Structure, and Responsibility | Biggart | Jerry asked if this agenda item should remain on the agenda because it has been on here for a while. Jerry asked if the office could have a set of guidelines available to use as a resource for investigations, revocations, suspensions, etc. Discussion followed. One point raised was to have the Medical Director remediate an employee rather than have the state revoke or suspend the license. James referenced administrative rule 110.52 and 110.49 and the responsibility to remove a license as a Medical Director. Jerry will keep this on the agenda for future discussion. |
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| EMS as a Mandatory Community Expectation & "Public Safety" | Biggart | The only entity that is required to provide EMS services is town. Jerry wanted to clarify that the terms "public safety" can be very broad and general. You should be specific when referring to public safety. |
| Training Center Approvals | West | Greg discussed some concerns. What criteria are we using to approve training centers? Classes are being cancelled at colleges because of the addition of approved training centers. |
| Tracking Flexible Refresher Content | West | The ability to complete a refresher completely using flexible content has affected the need for training centers. James discussed that the approval process follows rule and statutory requirements. A suggestion was made to have the ability to add the flexible content in E-Licensing for validation. |
| Pre-Arrival PSAP Instructions | Dr. Clark | This was discussed during the PAC meeting last week. |
| Minimum Procedures, Medications, Equipment and Quantities, if Applicable, for all EMS Delivery License Levels | Biggart Dr. Clark | This was discussed briefly. Will discuss more at a later date as needed. |



| First Aid Scope of Practice | Dr. Clark | Discussed that the use of tourniquets and epi pens are not in the scope of practice for first aid. A teacher can administer and epi pen without an EMS license. Dr. Clark mentioned that the first aid scope of practice is close to the EMR scope of practice. It was agreed by the Board that the first aid scope does serve a purpose. |
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| GEMT | Dr. Clark | Dana Sechler met with Max Cruse from the EMS office. Max is researching this and putting together a report. |
| EMR Expectations | Dr. Clark | Dr. Clark discussed EMR expectations. |
| HCC Updates & Federal Funding Concerns | Dr. Clark Biggart | This was discussed by Bill earlier. |
| Legislation Updates to Include but not Limited to: * Community EMS in the State Senate * AB310 FAP for EMR * AB311 Service Care Levels * AB356 License Renewals | Biggart | Dana spoke about the flexible staffing bill. He mentioned that they would consider amending the bill to cap the level up to the AEMT level for populations below 10,000. The license renewal was discussed amending that to a three year timeframe. Discussion followed. Nurses are allowed to renew every three years and don't have any refresher requirements. Other professions such as: cosmetologists and physicians are every two years. A suggestion was made to charge for licensure as a revenue source. This legislation is being testified on tomorrow. There will be costs of about \$60,000 to update the E-Licensing to accommodate a changed renewal cycle. |
| S&P Manual Related to NREMT Practical Testing | Biggart | Jerry mentioned that the information that is in the S&P manual should match what is on the test. |



| | Medication Expiration Dates, Narcan Rebates, and Epi Pen Cost Reduction Opportunities | Biggart | Jerry asked about opportunities to put this inform out to the public. James mentioned that the department cannot se out any information like this. The memo was sent out about the medication expiration dates. | |
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| | NEMSIS Update Specific to Progress & Provider / User Concerns | Biggart | Chuck is going to Image Trend to resolve issues mid-August. Information was provided on the state services that are Elite compliant. Steve Zils asked James to suggest that Image To not do an update then sent info on the update we later. James mentioned that this is part of why Cois going to Image Trend regarding the updates causing problems. Steve also suggested that the product (Elite) testing task not fall on the state. To their product and they should make sure it works. | rend eeks huck |
| | DHS110 Waivers and Hardships | Biggart | This was discussed earlier in the meeting. | |
| | Legislative Health Committee Correspondence | Biggart | Jerry asked the Board for suggestions on the lett Greg will draft the letter for review. | |
| | Interoperability Council – 911 Subcommittee | Fredrickson | The subcommittee meeting will be scheduled at later date. | |
| | Opioid/Narcotic Epidemic Subcommittee | Biggart | There are 142 deaths every day in the United St. due to opioids. | |
| | New Business | Biggart | Steve Andrews brought up the CARES registry. cardiac registry gathers information. | This |
| | October Meeting Time & Location | Biggart Newlun | The next EMS board meeting is October 17th an at the Great Wolf Lodge. | nd 18 th |
| | Closed Session | Board | Roll call vote to go into closed session. Motion Carried. | |
| | Transition to Open Session | | Motion by Mark Fredrickson, second by Gary Weiss to go into open session. <u>Motion Carrie</u> | ed. |
| 5:00 | Adjourn | | Motion by Greg West, second by Don Kimlick adjourn. Motion Carried. Meeting was adjourned at 3:14 PM. | ka to |



Parking Lot Items: