

**Wisconsin EMS Physician Advisory Committee
Minutes**

Tues October 6th, 2015, 15:05-17:00
Great Wolf Lodge, 1400 Great Wolf Drive, Wisconsin Dells, WI 53965

Members Present	Andrews	Colella	Eberlein	Marquis	Schultz	Zils	Medical Director
10/6/15	X	remote	X	X	X	remote	X

AGENDA TOPIC	ACTION POINTS	STATUS
Introductions and Announcements	Introductions throughout the room Introductions of new PAC members	Information
Approval of minutes	Minutes from 6/2/15	Discussion/Action

The order and priority of topics are subject to change based on conflicting meetings of interested persons.

PRIORITY TOPICS		
AGENDA TOPIC	ACTION POINTS	STATUS

PAC operations	Election of Chair and Vice-Chair	Discussion/Action
<p>Dr. Steve Andrews nominated. No other applicants. Unanimous approval. Dr. Schultz willing, Dr. Colella willing. Dr. Zils thinks the chair/vice-chair should not be Board members. This is not addressed or defined in the PAC bylaws/SOPs. Discussion and conclusion that Board status should not exclude a physician from serving in a PAC leadership position. The State Medical Director has not been included as a PAC member due to the objective that PAC advises DHS on the performance of the Medical Director. Another point was that if multiple physicians are Board members, they should not represent a majority on PAC. Dr. Schultz willing to continue as VC. Dr. Colella withdrew his nomination. Unanimous support for Dr. Schultz.</p>		

PAC operations	Review of bylaws/SOPs	Discussion/Action
<p>These bylaws/SOPs were written in 2009, may need to be updated to come back into alignment with Board proceedings. These have mostly been followed to define an active member with attendance of 60%, remote attendance inclusive. Updates: per the Board: 2 year term, no term limits, every odd year in June will be appointment, applications will be due prior in an appropriate time (2-3 wks prior). If a position vacates, look at previous applicants if still interested, to complete the term. Term duration for officers is every 2 years. Have leadership votes in October when have complete PAC membership. Biggart will provide the Board SOP document as a basis for this update.</p>		

Controlled Substances	DEA updates for EMS Certificate requirements	Information
<p>Discussion on certification (definition of office or station). Reverse distribution for expired meds, not wasted. Expect more information next year specific to EMS as the DEA recognizes that their rules often do not apply to EMS practice. For now, do not change any practices.</p>		

Operations: Due Process	Medical Director impact on credentialing with remediation versus discipline	Discussion/Action
<p>10/6/15: Recognition of Due Process as an important part of medical oversight. State case examples of withdrawal of medical oversight and challenges of these decisions. Due Process chapter by James Page will be made available to EMS medical directors. How to make this available to EMS medical directors during the process? State Office is often contacted during these decisions, and they emphasize remediation. Memo? email list? Distribute through RTACs? Consider having PAC involved in remediation as a neutral third party.</p>		

Protocol/Scope Review	Medication Assisted Advanced	Discussion/Update/Complete
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Airway

10/6/15: Martens sent to Newlun. Will send to Board now. Note that package is complete but the slides require some font and sizing editing, is not in presentation form.

James contacted other states: 6 states have 1 person RSI, no one reported problems, 3 indicated that rural areas looked more towards single staffing.

9/4/15: MAA training program and protocol example submitted to EMS Office

9/1/15: PAC email vote in support is unanimous

6/2/15: MacNeal forwarded final draft today. To reviewed. Send via email for final for vote in next 10 days.

4/9/15 email distribution of information

4/7/15: MacNeal circulated some drafts. Powerpoint, sample guideline and medical director resource. MacNeal still receiving comments and discussion via email with plan to present final draft for PAC review.

Motion: PAC to provide supporting material, educational material, and references for any sample guidelines developed by PAC from here to the future. Yes 7 No 0

3/4/15: MacNeal provided information that he gathered in querying other states' experience with RSI.

Medication Assisted Advanced Airway- with or without paralytics with two advanced airway trained providers at patient side (at least one being a paramedic) (requires continuous ETCO2 waveform capnography)**

Replaces both:

Intubation- Medication Assisted (non paralytic)*

Intubation- Medication Assisted (paralytic) (RSI)**

YES: 7 NO: 0 Motion carries

PAC will formulate a guideline on training and education. MacNeal will take charge of this. He will develop and provide to PAC for email discussion by April 15th.

12/2/14: There was considerable discussion regarding the issues: 1 vs 2 to do RSI, medication assisted intubation as a work around, ETCO2 monitoring required

Motion: Medication assisted intubation including paralytics requires continuous ETCO2 monitoring and allowed with 1 paramedic to replace the two paramedic rule regarding RSI. There was considerable discussion after motion as well. Vote: Motion was withdrawn.**

10/15/14: Board returned topic to PAC for more discussion.

10/14/14: medication assisted medication and RSI: motion: remove rule requiring two paramedics at patient side for RSI: vote: favor: 6 opposed: 1

ADDITIONAL TOPICS

AGENDA TOPIC	ACTION POINTS	STATUS
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EMS Board/Office Assignments	Requested Topics:	Standing Agenda Topic
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None

Scope of Practice	Multipurpose Ventilators	Discussion/Action
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10/6/15: Presumed done. No further feedback.
 Need to update Paramedic scope to reflect VSV with 4 settings management, approved in April.
 6/2/15: Chronic vent pts. Currently in CCP scope only due to vents used. Discussion on stable with set settings versus being able to troubleshoot the equipment. Question on standard in vent care setting: is RT always there to adjust? If so, need equal level of care.
 4/7/15: Automatic Transport Ventilator (ATV) vs Variable Setting Ventilator (VSV). Variable setting has to this point been for the critical care paramedic only. Several agencies have requested the ability to utilize the variable setting ventilator by paramedics. **Motion: allow paramedics to use a VSV in a simple manner allowing for setting of FiO₂, rate, and volume only in assist control (AC) setting. Yes 5 No 0 abstain 2**
 There was further discussion about allowing a paramedic to use a VSV to match the settings of a patient's ventilator for an

inter-facility transport. Questions: What is a “chronic vent” patient? What settings are typical?		
Protocol/Scope Review	Nitrous oxide use in EMS	Discussion/Update/Complete
<p>10/6/15: Done Difficulty uploading training package onto website due to security and firewalls process. Will be loaded onto the voc tech websites – maybe via a link. AEMT and above as advanced skill.</p> <p>6/2/15: Final version done. Andrews to send to Fred. Zils: need to emphasize the diversion with medical directors using Nitrous. [Board requested this be sent to all members for information]</p> <p>4/15/15 email distribution of information</p> <p>4/7/15: Andrews working on guideline.</p> <p>3/4/15: Further discussion about nitrous oxide. Still concern about lack of proof of safety for caretakers. It is recognized that there are agencies out there who wish to use it and it is recognized that there are services across the country that use it without any documented problems. A motion was made to approve at AEMT, intermediate, and paramedic level with ** . Yes: 6 No: 0 Abstain: 1. Recommendation will be forwarded to the office.</p> <p>It was also agreed that PAC will formulate a guideline on its use. Andrews will take lead. Others to provide info to Andrews. Andrews will share with group via email by April 15th, midnight.</p> <p>12/2/14: Further discussion about nitrous oxide. There is still a consensus that need for further data on safety for providers. NO is in the NHTSA Scope at AEMT level and taught in AEMT classes. Need to understand two separate issues: patient care and level for scope; safety for providers. There was a lot of discussion about safety. A motion was made to approve at AEMT and Intermediate level. Yes: 4, No: 3. Motion passed. 6</p> <p>6/3/14: Motion to add nitrous oxide to AEMT and Intermediate scope with **. After much discussion, there was concern that there wasn't enough time to fully discuss this issue. Motion withdrawn and will add to next agenda.</p>		
Protocol Review	Current protocol examples on website	Update/Review
<p>10/6/15 Martens needs to check all of these on the website for dates and appropriate update. A field Termination of Resuscitation was recently requested. It was thought this was done, but it is not on the website nor in Cady's folder.</p> <p>6/2/15: Ask Cady where and if updated.</p>		
Scope of Practice	CCP Refresher Requirements	Discussion/Action
<p>10/6/15: Has not been fixed yet.</p> <p>6/2/15: Remove CCP renewal specific topic hours as requirement for con ed. Still need 24 hrs. Schultz second. Approved 5. Opposed 0.</p>		
Scope of Practice Administration	State Border Limitations	Discussion/Action
<p>REPLICA updates discussed at Management and were not in support. Extensive discussion ensued. No particular solution. Watch out for new legislation if this is not settled.</p> <p>6/2/15: Legislation pending. New proposal for allowing 10 calls w/o WI license, more to come REPLICA starting to raise more problems. Intent of emergency response with law enforcement and homeland security. Now is being moved into daily ops. Look at MABAS requirements, has personnel requirements for FDs, different for EMS. Concern for oversight and quality control of out-of-state providers. Replica does require NR as part of initial training. Also a challenge to maintain licences in both states with different con ed.</p>		
Policies Updates	L&S PAC Position Statement	Update
<p>10/6/15: Jenny Ullsvik has this. Newlun checking on this status.</p> <p>6/2/15: Still waiting – Jenny to find out. Get up this month.</p> <p>3/4/15: In process with DHS for posting</p> <p>10/14/14: PAC lights and siren position still not posted on website</p> <p>Lights and siren position paper not posted. Office to post.</p> <p>10/8/13: no new updates</p>		

PAC Use of Lights and Sirens position paper. Not on website as of 10/1/13.		
Best Practices Recommendations	PAC list of discouraged medications, equipment or practices with recommended alternatives.	Active
<p>3/4/15: Waveform capnography should be standard for any service/provider that is using an advanced airway. Motion made to remove * from ETCO2 monitoring at all levels on scope of practice. No second. Motion does not stand. For all levels that perform endotracheal intubation, ETCO2 waveform is required. This will be required immediately for new services and by January 1, 2020, for all services.</p> <p>Motion: INTERMEDIATE TECHNICIAN, INTERMEDIATE, PARAMEDIC SCOPE OF PRACTICE Endotracheal Intubation requires continuous ETCO2 waveform capnography (for any new increase in service, for all services by 2021). Yes: 7 No: 0 Motion carries</p>		
6/3/14: HEMS utilization guideline: what is the status? Still in Department approval process. Fred to f/u on status.		
WI-ACEP	Shared Topics or Recommendations	Standing Agenda Topic
Attempting to enact legislation to make law enforcement requested body cavity searches by ED physicians exempt from prosecution.		
NAEMSP WI Chapter		Information
Membership to attempt quarterly meetings. Many PAC members to attend the January NAEMSP conference.		
Medical Director Report		Information
Nothing more		
EMS Board Update		Information
Nothing now, more tomorrow		
EMS Office Update		Information
<p>Newlun: Renewals starting Nov 1. 6hr mini refresher discussion. RSI/MAA. Intermediate renewal: transitional material over this biennium versus another cycle; unlikely to be accomplished this renewal. Recognized need to get out information sooner in the cycle. West: how to keep track of I-99 vs I-12; this will impact the transition into Paramedic; how to identify? There have been some delays in ops plans, missing parts, not UTD, missing contact info for questions.</p> <p>Hornby: What are the new questions on the renewal forms? Pullen: breaking down ops plans into modules so each section can be changed separately. These modules will be in E-licensing, being built. Once built then will announce this. Helen just got the questions approved, sent to Image Trend; pending open records laws opinion. Then the next service director will have access to the old plan. Expect that agencies with current op plans will be in compliance.</p>		
Public Comment		Information
None		
Next Meeting: Tues December 1st at 3:00PM, Great Wolf Lodge, WI Dells		
New Agenda Items: <input checked="" type="checkbox"/> TOR protocol <input checked="" type="checkbox"/> AHA updates at next meeting	Pending Agenda Items for Consideration: <input type="checkbox"/> NHTSA Site Visit <input type="checkbox"/> MetaStar Project: Statistics on patient transfers from rural hospitals <input type="checkbox"/> ACEP America's Emergency Care Environment Report Card: PAC input for WI-ACEP <input type="checkbox"/> Interfacility Transport Guidelines <input type="checkbox"/> Controlled Substance Document	