Wisconsin Department of Health Services
Wisconsin Division of Public Health
Emergency Medical Services Section
Physician Advisory Committee
Tuesday, June 7th, 2016
1:00PM - 5:00PM
Great Wolf Lodge-White Wolf Room
Wisconsin Dells, Wisconsin
Minutes

Meeting Invitees:

x	Steve Andrews, MD (Chair)	x	Riccardo Colella, DO		Steven Zils, MD
x	Mark Schultz, DO (Vice-Chair)	x	Christopher Eberlein, MD	x	Suzanne Martens, MD (State EMS Medical Director)
	Chuck Cady, MD		Sean Marquis, MD (Excused for June 7th)		
x	James Newlun				

Agenda:

Insert Date and Location				
Time:	**Topic:**	**Lead:**	**Follow-up Items:**	**Notes:**
13:07	Introductions & Comments/Questions from Public			
	Approval of Meeting Minutes			Approved
	Next Meetings for 2016			August ? EMS Board working meeting on August 2nd. October 4th (Change from preliminary October 11th) December 6th
August meeting pending, may be on the 2nd Newlun reports that a separate meeting room is being scheduled for PAC for each planned meeting Oct 4, Dec 6 2017 meeting dates proposed, have not all been confirmed yet; move April meeting to avoid Epic conference				
	State Medical Director report	Dr. Martens		
No recent meetings/conferences to report on. Processing protocol updates ASAP Provided input and medical information for recent investigations Review of DEA regulations and requirements Contributed to content of EMS needs and challenges survey from the Office of Rural Health Will be presenting at the AHA STEMI Conference this Friday on EMS Engagement in STEMI care Current project is to develop the training slides for the EMR use of manually drawn Epinephrine Discussion on EMR Epi Goals for launch July 1 [Nitrous, MAA, Epi]. .				

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	Communications with State EMS office	James Newlun	Operational Plan/Medical Protocol approval by state office EMS Office report	

Training modules as above [Nitrous, MAA, EMR Epi]. The information "shall" be used. Must use basic slides set or information. May add information or local details, but must at least use this information to establish a consistent baseline. Even previously trained personnel will need to do this required information again for consistency.

DEA information: Guideline on website, DEA considers this good, except for disposal:
need to list: Name of med, form (liquid/tab) and strength
If multiple agencies work together, the address on the certificate should be the central location. If not, will need some sort of addendum with distribution accountability plan. This is not apparent on the DEA application. How to add to current document so medical directors are aware of this.

PAC recommendation list from previous meetings: Scope typos to be fixed on main document. Protocol submission with medical director responsibility letter only was denied. Examples of approved protocol sets accepted, could be posted. Protocol processing is being time-stamped by EMS Office staff, regardless of who receives them. If delayed Newlun will contact service director and medical director to explain this. Newlun did get approval to hire an LTE (limited time employee) for about 6 mo/1000 hrs. Trying to reclassify a staff member to also be involved in protocol processing. Office members will also be assigned HCC and RTAC regions to attend meetings as liaisons.

Suggestion on posting FAQs or error corrections. This needs to be managed, old info removed.

Eberlein: Suggested uploading EMS training modules, has 12 that can be shared. Other PAC members have examples. Consider using WITrain to track compliance, can generate a certificate.

Listing Service Director and Medical Director for each agency on website: work in process

Newlun will use recommendation list and report on progress at future meetings.

Discussion on training documentation as well as actual report documentation. Consider adding this into the next refresher cycle. Examples of good/poor documentation. The various documentation programs are not very EMS-friendly, more for billing, and each one is different. Schultz is starting to put templated narrative into use; hope to share examples in the future. Milwaukee FD has a CQI process incorporating this also. Suggestion of building a toolbox on the EMS website for those looking for these ideas.

Documentation of flexible refresher training. Medical Director is no longer directly involved in the processing of con ed hours. Extremely variable processes of recording hours and attendance.

	Requests from other Committees or related agencies: Regional Medical Directors Online Medical Control and Resource hospital standards?			Possibly a cadre of regional EMS medical directors or a regional medical director (NHTSA recommendation H3) 6/5/16: No discussion
	State Approval for DEA license ambulance services as Mid-level Providers			http://www.deadiversion.usdoj.gov/drugreg/practioners/mlp_by_state.pdf
Confirm being in favor of each agency having their own DEA license as a mid-level provider.				
	Regional Medical Advisor outreach to Local Medical Directors		What questions should be asked of local medical directors?	
How would an area with multiple active medical directors work together to generate best practices or outcomes? What is the impact of the HRC medical advisor? Versus areas with less active oversight or involvement. How to provide/fill in holes in oversight. Part of job description of HRC Medical Advisor is to establish communication with regional EMS agencies. Recommend Regional HCC Medical Advisers to contact all EMS Medical Directors in their region to establish two way communication and report results of the effort.				
	Medication Assisted Airway training program			New Hampshire example
Comments: page 6 5 field intubations are unrealistic. Malignant Hyperthermia importance questioned. Cricoid pressure still listed. ☑ Get update from someone in NH EMS, along with the training modules if available. This document is an instructor packet. Then will be edited for WI standards.				
Scope of Practice				
15:14	Acetaminophen added to Paramedic Scope and formulary	Dr. Colella		

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Colella requested to add Acetaminophen for Sepsis Protocol, then realized it could be added with internal training, may not need this to be added to scope. Discussion on utilization. Motion: Add Acetaminophen to Paramedic formulary. Second Eberlein.: Approved x4.				
	EMR scope of practice Removal of "Spinal Immobilization **" at EMR level			Hold for next meeting. Have Cady lead discussion.
	Tactical EMS Scope of Practice Needle Decompression Junctional Tourniquet Minimum number of providers? At what service level? Non prescription (Over the counter) medications Skin closure (sutures, staples)			

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Schultz was asked to create list of TEMS scope that is in conjunction with what is being taught in the State. TEMS endorsement exists, scope does not.
Tourniquet (commercially preferred), wound care (hemostatic agents), chest seal (vented preferred), needle decomp, NPA, BLS airway management/position, recovery position, hypothermia prevention, OTC med provision. State course covers everything except OTC meds. Discussion on scope vs TEMS endorsement in application of needle decomp.
Other: skin closure device, junctional tourniquet
Discussion on chest seal not being in the EMT scope, chest occlusive dressing is not actually listed. Suggest it be added at all levels EMT and above.

1. Motion: Andrews: Define TEMS scope of practice with
   Approve adding the following to Tactical EMS Scope of Practice
   a. Airway – Nasopharyngeal
   b. Manual Airway Maneuvers
   c. Hemorrhage Control- Hemostatic agents
   d. Hemorrhage Control- Tourniquets
   e. Chest seal- vented preferred
   Second: Colella Approved x4

Motion: Andrews: Add needle decomp to TEMS scope. Lost quorum for voting, so not completed. Additional information requested.

Protocols				
16:25	Prescribed Patient's Own Emergency Medications protocol	Dr. Andrews		

Assisted Medications – Specialty
Biggart reported that the Addison's Disease Advocacy group has identified the WI template as a great example of patient support, and are sharing it with other states.
Reworked part of title
Make sure it is known that this is NOT for NTG, which is covered elsewhere. This is for emergency medications not covered in EMS scope or formulary.
Change "interhospital" to Interfacility.

16:42	Law Enforcement Narcan	Dr. Schultz		

Schultz: This has not been updated since 2014
Wanted to add mandatory transport after Narcan given by LE. Cannot give Narcan and then just hand over to EMS and leave. Discussion on required transport for evaluation.

Under "NOTE" section: only keep the 2nd sentence ….As such, if Naloxone has been administered by a LE officer, LE will assure that the pt receives a medical evaluation at a hospital, and remains at the hospital until medically cleared. A Chapter 51 hold, or arrest, can be considered based on the individual circumstances.

	Topics for next meetings			critical care protocols Spinal immob at EMR, definition Chest seals (vented preferred) at all levels Needle decompression by TEMS, all levels
4:58 PM	Adjourn			

Statutory duties

- Advise the Department on selection criteria and performance of the State Medical Director
- Advise the Medical Director on appropriate medical issues

Board-assigned duties

- Assist with development of qualifications for medical directors at the local level
- Serve as an advisory committee for all related agencies (Wisconsin Technical College System Board, Department of Transportation, etc.)
- Assist with development of medical protocols for use in Wisconsin
- Recommend Scope of Practice for each EMT level
- Other duties as assigned by the EMS Board