



# Dane County

## Minutes - Final Unless Amended by Committee

### Emergency Medical Services - Medical Advisory Subcommittee

*Consider:*

*Who benefits? Who is burdened?*

*Who does not have a voice at the table?*

*How can policymakers mitigate unintended consequences?*

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Monday, June 8, 2020

12:00 PM

Skype Meeting:

<https://meet.countyofdane.com/wassertheurer.courtney/>

QDSJLLGF

Call in Number: 1 (800) 832-0736, Room #1397433

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Call in Number: 1 (800) 832-0736, Room #1397433

#### A. Call To Order

The meeting was called to order at 12:02 PM.

**Present** 11 - SCOTT ALLAIN, CHRIS CARBON, KRISTEN DRAGER, MIKE EJERCITO, KACEY KRONENFELD, MIKE LOHMEIER, MEL PEARLMAN, LISA SCHIMELPFENIG, TINA STRANDLIE, MEGAN GUSSICK, and ERIC LANG

**Excused** 1 - DAN WILLIAMS

**Absent** 18 - GRAHAM ADSIT, WILLIAM BALLO, SHERRY CASALI, DREW DEAN, TERESA FIEDT, PAUL HICK, AMANDA KITA-YARBO, STEPHANIE LEHMANN, MIKE MANCERA, ERIN POLKINGHORN, JEFF POTHOF, ERIN RYAN, RYAN TOMBURRINI, DAVID PENA, CORY HROMOTKO, XANDY LEHMANN, SARAH CUMMINGS, and ABIGAIL DAHLBERG

*Additional Members Present: Dr. Jeff VanBendegom*

*Guests Present: Chris Dennis, Kevin Weber, Patrick Anderson*

*Staff Present: Carrie Meier, Eric Anderson, Courtney Wassertheurer*

#### B. Consideration of Minutes

[2019](#)  
[MIN-453](#)

MAS MINUTES JANUARY 2020

**Attachments:** [January Minutes](#)

The minutes were approved.

[2020](#)  
[MIN-056](#)

MAS MINUTES MARCH 2020

Attachments: [March Minutes](#)

The minutes were approved.

## C. Discussion Items

### Covid-19 Update

*The purchase of Covid-19 testing kits for public safety was approved by the county board on Thursday, June 18th. Dane County Emergency Management (DCEM) will provide staff for drive through testing sites hosted at EMS agencies for public safety personnel to get tested. Hosting agency will also provide 2-3 personnel to administer the tests. This will occur twice a week starting June 18th. After testing closes, DCEM will take test kits to Exact Science, and positive cases will be reported to Public Health for contact tracing. Kits will be provided to agencies that have requested to do this testing internally. Meier has created a draft schedule for when and where these testing sites will be. Once agencies confirm that those dates work, schedule will be sent to public safety partners.*

### Protocols

*EMS protocols have been approved by the state. Books have been printed and distributed to most agencies. Any leftover books can be picked up by contacting Wassertheurer. Meier asks for help from EMS liaisons with training hospitals on changes to the protocols. Asks for best method of making sure ERs are updated on changes. Carbon will follow up with Meriter. Lohmeier will follow up with Cory Hromatko for UW Health. Lohmeier had a request from UW to have medication cheat sheet posted for providers not as familiar with dosing. Offers it as a suggestion for other hospitals to consider utilizing. State came back with feedback for EMR book, Meier will hold off on printing books until approved by state.*

### Auto ALS

*Anderson, Meier, and Dr. Kronenfeld will continue to monitor every call. They will put together a summary by end of July to discuss data. Anderson is tracking report built in Imagetrend any time there is a 10 delta code in a non-paramedic district. Data has been entered into a spreadsheet for which cases to keep an eye on. Once a month, data is received from Kevin Fosso to look at 10 delta and ALS intercept incidents. Have been heavily focusing on non-ALS jurisdictions, but still look at any calls that stick out across county. Any 10d calls that Anderson notices aren't clean-cut are sent to Dr. Kronenfeld to follow up on, with questions of ALS skills or medications used the primary information being evaluated. Have been actively reaching out to directors to make sure they are comfortable on a call that did not receive ALS intercept. This started first week of April. May need a couple more months before getting meaningful data to evaluate.*

## HPCPR - Dane County RA

*Dr. Kronenfeld asks for any insights on how to keep the momentum for HPCPR going. Gave committee update that due to avoiding large group trainings, they have shifted to making this a 2-part training. There is a 2 hour virtual training at agencies for each of the skills on the modules. The second portion is pod-led, small group 3-5 people at a time. It is more expedited than the original. Have occasionally done multiple small group sessions. Asks for feedback from any other liaisons on how they have adapted the training. Per Dr. Gussick, MPD has not done anything throughout Covid. Dr. Lohmeier has done several small group sessions with distancing, practicing with groups of 2-3 while still maintaining distancing as much as possible. Meier is encouraged by Dr. Kronenfeld and Dr. Lohmeier trying to keep the momentum going with small groups. The cardiac arrest data Anderson is monitoring is showing positive results and metrics mentioned by the Seattle King County representatives.*

## Cardiac Arrest Summaries

*Anderson has been working to catch up on the cardiac arrest summary follow ups since June 1. Anderson is looking at monitor data uploaded to come back with concrete, actionable information. Many agencies are showing really good data in some areas, but there are areas that can be improved on. Anderson asks for people to get back to him with any questions. Has not been particularly looking at medication administered, but rather the compressions/defibrillation. Asks to make sure data is uploaded shortly after case. If there was a case between Covid starting and June 1, Anderson asks for agency to shoot him an email if they would like a follow up. Looking at compression rate/depth, ROSC obtained, 10+ second pauses, etc. Anecdotally, crews are doing a really good job. Number of pauses is probably most actionable item at this moment. Have been pushing use of metronomes to help make compressions consistent. Dr. VanBendegom asks how this data is being collected. Anderson says unless an agency uses a Phillips monitor, all of the data from monitors is collected.*

## First Watch

*The county has officially purchased First Watch. Infrastructure is just getting put into place at 911. Allows more accessible data, will help us identify if there are things to more closely work on. Will ask in the next couple months for input after getting first couple months of data. Anderson reports that we are just starting to actually build triggers we want. A "trigger" is a topic or initiative. Can build different alerts in the criteria around those alerts. Rather than waiting for ImageTrend report to go up, can look at this data in almost real time (example: if there has been 3 ODs within a 24 hour period). Have been working with First Watch to determine those triggers. Starting to go in and build these. 911 has this system already; conversing with Fosso on how to mutually benefit from this system. Hoping by July there will be more of the site to demonstrate. This group in particular may be charged with looking at this data and determining actions based off of it.*

## ESO - HOE

*ESO has a health data exchange platform that connects pre-hospital care. SSM Health went with this vendor because it had partnership with ESO already. It pulls all patient reports (pre-hospital, hospital, discharge) for EMS to access more real time. Dr. Kronenfeld is willing to answer questions for any hospital liaisons looking for more information on this platform. Non-ESO requires data transfer which is not quite real time. It is compatible with any pre-hospital record systems, but those systems don't necessarily want to cooperate since they are competitors. Manual data transfers are done through Dane County EMS office for agencies using the ImageTrend platform. Dr. Kronenfeld says there are continued challenges to overcome, but that the software offers value that makes it worth it. SSM Health has been using it with about half a dozen agencies now. ESO has mentioned that they talked to UW Health, and Dr. Lohmeier confirms he has put in a work order for it to get looked into. Carbon mentions that it may be worth having discussions with agencies in the county to change record platforms to ESO. This idea has not been sent to UnityPoint Health, Dr. Van Bendegom asks for more information to report to UnityPoint Health to start having that conversation.*

## State Updates: Protocol, Scope of Practice

*There will be a series of meetings with the state EMS office and medical directors to get push for statewide EMS protocols. Still unsure how this will look, but Dr. Kronenfeld encourages EMS directors and medical directors to be on the state calls to start getting an idea on the process. New scope of practice for EMS came out earlier this year; with Covid, it got brushed under the rug. Meier has summarized what the skill changes are and has that information available. County will reach out to see if agencies will need more education in these changes. National scope of practice also got updated, does have significant differences in non-paramedic scope. May see scope change in the next year or two as talks continue on having complete state curriculum updated (hasn't been done in 10 years).*

## D. Presentations

*None*

## E. Reports to Committee

*None*

## F. Future Meeting Items and Dates

*The next meeting will be held July 13th at 12pm.*

## G. Public Comment on Items not on the Agenda

*None*

## H. Such Other Business as Allowed by Law

*None*

## I. Adjourn

The meeting was adjourned at 12:55pm.

*Minutes respectfully submitted by Courtney Wassertheurer.*