



# 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, September 14, 2020

12:00 PM In Person: 115 W Doty St. Room 2107 (Members only)

Skype:

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

QDSJLLGF

Phone: 1 (888) 363-4734, Access Code: 5055466

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In Person: 115 W Doty St. Room 2107 (Members only)

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#### A. Call To Order

The meeting was called to order at 12:05 PM.

**Present** 14 - CHRIS CARBON, KRISTEN DRAGER, KACEY KRONENFELD, STEPHANIE LEHMANN, MIKE LOHMEIER, MIKE MANCERA, MEL PEARLMAN, LISA SCHIMELPFENIG, TINA STRANDLIE, DAN WILLIAMS, MEGAN GUSSICK, CORY HROMOTKO, ERIC LANG, and DR JOHN AGUILAR

**Excused** 2 - ERIN POLKINGHORN, and JEFF VANBENDAGOM

**Absent** 14 - GRAHAM ADSIT, SCOTT ALLAIN, WILLIAM BALLO, SHERRY CASALI, DREW DEAN, TERESA FIEDT, PAUL HICK, AMANDA KITA-YARBO, JEFF POTHOF, ERIN RYAN, DAVID PENA, XANDY LEHMANN, SARAH CUMMINGS, and ABIGAIL DAHLBERG

*Guests: Brian Goff, Casey Jesberger, Chris Dennis, David De La Cruz, Josh Ross*

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

#### B. Consideration of Minutes

None

#### C. Discussion Items

Motion to start from bottom of agenda.

The motion was approved.

## Data Update - Anderson

*Call volumes have increased again from their decrease earlier in the year. Types of calls that have increased in volume: alcohol and substance abuse (working with Public Health to monitor and address this) and GI emergencies. Cardiac arrest rates have fluctuated. Anderson noted that 12 out of 72 cardiac arrests were cases with refractory defib; it is noted that the care plan does not change after the 3rd shock and that medical direction was only contacted for calling termination. Anderson asks what feedback could be given to providers. Hromatko asks if there are trends in patients' demographics for these cases. Anderson will look into this. Dr. Kronenfeld adds that STEMI coordinators will be pulled into the conversation as well. Hromatko asks about the spike in GI cases - have these patients come into contact with someone who's Covid positive? Anderson suspects this may be the case and intends to look into this. Hromatko asks if this list can be generated and shared with Public Health to look for any commonalities. Anderson says there may be a way, and can start having those conversations.*

## Data/CQI Workgroup

*People with past data experience in the county have been asked to come together to form a group to discuss how the data that has been gathered can best be analyzed and used to elevate county's level of service. Guest speakers from the state office who are working through a data/CQI process have been invited to the next meeting. DCEMS office will be sending out survey soon to gauge interest in participation from others.*

## Covid-19

*Testing site at Madison Fire Station #14 tonight. DCEMS would like to continue to keep this available for providers, and are working on what it will look like going forward past September.*

## Proctoring

*The proctoring training is similar to the advanced skills recertifier course. There is one proctor training session later this month.*

## Quarterly Training - Physical/Chemical

*Upcoming training to be a discussion about physical/chemical restraint. DCEMS is looking to have a panel of experts for this training some time in February. Training will likely be virtual. Members are encouraged to reach out to Dr. Kacey if they know anyone who would be good to sit on the panel.*

## MEP Medical Resource

*Dr. Kronenfeld shares information on the new online medical control being offered to EMS agencies under MEP medical direction. This was originally intended to start in October, but circumstances led it to be launched earlier. Dr. Lohmeier asks if all providers are expected to call the MEP phone rather than the receiving ED. Dr. Kronenfeld clarifies that it is offered as an additional resource primarily for complex calls. Josh Russ asks about how this works with county protocols. Dr. Kronenfeld said there were direct conversations with all affected agency directors leading up to the launch; they are not required to call, the provider can determine what's best at the scene. With only 4 doctors, MEP has good understanding of protocols and wants to reduce barriers based on feedback from the field. Gussick thinks it is great to offer more resources, but is worried about how this change to online medical protocol has been pushed without going through this committee. Prior discussions have always resulted in agreement to have online medical control go through receiving ED's. Dr. Kronenfeld did not perceive that this would be a change to countywide medical protocols and overlooked the need to have it approved. Meier asks that agencies do not use this number for situations in which those personnel would typically call the receiving hospital with questions. Dr. Kronenfeld asks what the concern is for implementing this new practice. Dr. Lohmeier says that concerns are about patients going to just one facility rather than the most appropriate facility; this concern was presented about 6-7 years ago. Chief Lang speaks in support of this resource, citing instances when having direct contact with MD would have been beneficial. Meier enumerates that the concern was how it was rolled out without other hospitals' awareness and that there should continue to be consistency across the county. Chief Lang asks if all hospitals have recorded lines. He says SPEC has dedicated MD line that is recorded and been in place for 3-4 years. Dr. Lohmeier asks if this is something UW, Meriter, and VA hospitals need to fix within their systems, and asks Chief Lang what he would like to see change in the system. Chief Lang says it is beneficial to have the MD immediately available and familiar with the staff's abilities and level of practice. Carbon adds that this conversation has come up previously and that there are benefits to having this availability, but that there's an added component about what type of conversations go through this line. Because this conversation was never had on the front end with other providers to determine what type of communications were appropriate, there should be a step back to see how it can best benefit the county as a whole. Carbon emphasizes that if there is a change that will affect the system countywide that there should be a conversation had to figure out what it looks like and how to implement it as effectively as possible for all providers. Hromatko asks if this could be a responsibility given to the physician response vehicles. Meier says this conversation was previously brought up and more dialogue will be had to discuss UW and MEP response vehicles working together. Dr. Kronenfeld thanks everyone for their input and apologizes for lack of communication before rolling this out. Gussick asks what the next step will be now that these concerns have been brought up. Dr. Kronenfeld will bring this additional input back to her group to discuss. Chief Lang asks if this committee could make a movement to request that the hospitals work to have these changes looked into by a certain time. Chief Lang makes a motion that as a subcommittee we make a recommendation to the regional hospitals to establish a recorded line specific for EMS agencies to contact EMS physicians that can answer questions specific to a situation in the field. Dr. Pearlman seconded. Unanimous support to discuss this further; this topic will also be brought up with the inter-hospital group.*

**Motion to recommend that regional hospitals establish a recorded line specific for EMS agencies to contact EMS physicians that can answer questions specific to a situation in the field was approved.**

**D. Presentations**

**E. Reports to Committee**

*Region 5 SWIHERC working on getting UV light treatment units. All regional hospitals have made changes to their visitation guidelines, restricting visitors. Summary of hospital visitation guidelines to be sent out to providers.*

**F. Future Meeting Items and Dates**

*Next meeting will be October 12th.*

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

**H. Such Other Business as Allowed by Law**

**I. Adjourn**

*Minutes respectfully submitted by Courtney Wassertheurer*