



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?

Monday, June 14, 2021

12:00 PM

Virtual Zoom Meeting: See top of agenda for
instructions on how to join the webinar or call in by
phone.

Interpreters must be requested in advance; please see the bottom of the agenda for more information.

Los intérpretes deben solicitarse con anticipación; consulte el final de la agenda para obtener más información.

Yuav tsuam tau thov txog cov neeg txhais lus hau ntej; thov saib hauv qab kawg ntawm qhov txheej txheem rau cov ntaub ntawv ntxiv.

The June 14th Medical Advisory Subcommittee is being held virtually. The public can access the meeting with the Zoom application or by telephone.

To join the meeting in Zoom, click the following link (after you fill out the form, the meeting link and access information will be emailed to you):

https://us02web.zoom.us/webinar/register/WN_A8VbiyfaQJqkBhhFfLOjpg

This link will be active until the end of the meeting.

To join the meeting by phone, dial-in using one of the following three phone toll-free numbers:

1-833-548-0276

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When prompted, enter the following Webinar ID: 818 7464 7184

If you want to submit a written comment for this meeting, or send handouts for board members, please send them to: dcems@countyofdane.com

PROCESS TO PROVIDE PUBLIC COMMENT: ANY MEMBERS OF THE PUBLIC WISHING TO REGISTER TO SPEAK ON/SUPPORT/OPPOSE AN AGENDA ITEM MUST REGISTER USING THE LINK ABOVE (even if you plan to attend using your phone).

In order to testify (provide public comment), you must be in attendance at the meeting via Zoom or phone, you will then either be unmuted or promoted to a panelist and provided time to speak to the body.

Registrations to provide public comment will be accepted until 30 minutes prior to the beginning of the meeting.

A. Call To Order

Meeting was called to order at 12:06pm

- Present** 15 - SCOTT ALLAIN, CHRIS CARBON, KACEY KRONENFELD, STEPHANIE LEHMANN, MIKE LOHMEIER, MIKE MANCERA, MEL PEARLMAN, JEFF POTHOF, TINA STRANDLIE, MEGAN GUSSICK, CORY HROMOTKO, ERIC LANG, DR JOHN AGUILAR, GREG BAILEY, and AURORA LYBEK
- Excused** 5 - CHRIS CARBON, KACEY KRONENFELD, JEFF POTHOF, DR JOHN AGUILAR, and AURORA LYBEK
- Absent** 15 - SHERRY CASALI, DREW DEAN, KRISTEN DRAGER, TERESA FIEDT, PAUL HICK, ERIN POLKINGHORN, ERIN RYAN, LISA SCHIMELPFENIG, DAN WILLIAMS, DAVID PENA, ABIGAIL DAHLBERG, JEFF VANBENDAGOM, BRANDON RYAN, JOSH ROSS, and CHRIS WALTERS

Guests: Dr. Lee Faucher, Jerry McMullen

Staff Present: Carrie Meier, Eric Anderson, Courtney Morency

B. Consideration of Minutes

[2021
MIN-123](#)

MEDICAL ADVISORY SUBCOMMITTEE MAY MINUTES

Attachments: [May Minutes](#)

The minutes were approved.

C. Discussion Items

Update on Subcommittees

Was previously discussed at May meeting, will finalize plan at June EMS Commission meetings. Would like to overcome challenges like quorum and repetitive meetings for same people. Commission would like to pilot taking a "summer hiatus" from holding OPS and MAS like usual and instead have the EMS office work on projects with the necessary people. Will not be taking anything to County Board or trying to change ordinance yet. Final decision will be shared following June EMS Commission meeting. Meier emphasizes that everyone's input is valuable, but want to find a way to make our committee structure more efficient. Mancera agrees with Meier's concerns about having doctors/hospital liaisons no longer holding a chunk of time every month to meet. Will evaluate this more going forward.

Protocol Update

Have met with medical directors to discuss medication. Had town hall meetings, only a couple providers showed up. Not sure if this is because messaging wasn't there or because there aren't too many issues to address. One concern that came up was consistency for providers who work on several different agencies. A work group is meeting every other week; Meier asks for more participation from end users of the protocols in these work groups. An agenda goes out a couple days ahead of time to allow for review of protocols before the meetings. Meier shares all the methods the information has been disseminated; Lybeck suggests hanging a notice in the EMS rooms at hospitals.

Radio Reports

Meier shares that they met with two separate groups – first the hospitals and the charge nurses that take the reports to ask what they wanted to hear over the radio prior to patient arrival, then a larger group with EMS liaisons also met to discuss those recommendations. Meier shares most recent draft of proposed radio report protocol. Question is whether to change color alert codes to just "alert" rather than "red" "yellow" or "green". Meier heard feedback from hospitals that hearing someone say "red" alerted them to something high priority, but would like to see a system that allows more consistency for coding from field providers. Gussick shares she understands the reason for having the conversation, since the color alerts don't follow triage. Goff asks what the objective of this is. Meier says the point of starting these conversations is to make radio reports more efficient for hospitals and EMS providers. Emphasis will be on training providers on decided protocol. Lohmeier suggests report says "alert" twice to catch attention of ED staff. Lang asks how hospitals are going to approach radio report takers consistently, especially those who ask follow up questions after a report is given. Gussick agrees, and wants to know what questions field providers are asked that are irrelevant to pre-hospital care. Lang asks if as a training tool they can partner with the Communications Center to get good audio samples of radio reports. Meier confirms that is part of the plan. McMullen adds his initial questions when this conversation started was why are providers required to give vital signs when a patient is stable. Gussick says this is for the sake of triage, and having subjective data in vitals helps. Meier confirms this was a discussion with the work groups, but they ultimately decided to include vitals.

D. Presentations

E. Reports to Committee

F. Future Meeting Items and Dates

G. Public Comment on Items not on the Agenda

H. Such Other Business as Allowed by Law

UW Burn Team Dr. Faucher and Dr. Lacey present. Dr. Faucher discuss the UW Health Burn and Wound Center. It is the only verified burn center in state of WI. Two other hospitals take burns, including St. Mary's. Full team with a total of 21 sub-specialties. Admit over 300 patients a year, a third are 17 and younger. Also offers psychological support to patients, including access to SOAR program (Survivors Offering Assistance in Recovery). Burn team connecting with EMS partners by holding quarterly burn education, pre-burn center handouts, present at WEMSA, etc. Would like to partner with EMS and Fire chiefs to message to communities on preventative actions. Asks if anyone has any suggestions on how to strengthen partnerships and education opportunities. Can reach out to the Burn Program Manager Lori Mickelson at lmickelson@uwhealth.org. Meier adds that she know National Night Outs are starting again this year and recommends that as a method to engage the public and offers to connect them to those groups. Meier to forward contact info out. Strandlie asks if there is information they can get to campsites. Dr. Faucher says they'd like to get redacted burn patient reports as examples of cases to engage EMS Community. Wants to know what EMS wants to hear specifically instead of guessing it. Mancera suggests that because they take such great pictures, using those to demonstrate how some minor-looking burns/frostbite start small but then turns into a dangerous wound. Meier also suggests information be included on monthly newsletter.

I. Adjourn

The meeting was adjourned.

Minutes respectfully submitted by Courtney Morency.