

NCRATC OUT OF HOSPITAL COMMITTEE

28 JAN 2016

ASPIRUS WAUSAU

DRAFT

Chairperson: Bruce Gordon MD - MSTC

Attendance: Corey Smith - City of Antigo FD, Bob Kirkley – Aspirus Medivac/Marathon SWAT, Linda Vollmar – City of Antigo FD, Scott Habeck – Wausau FD, Mark Schroeder – Aspirus Medivac/Edgar EMS, Joe Gemza - Stevens Point Fire, Michael Fraley – NCRTAC, Mark Dascalos – Ministry

Duration of Meeting: 1 hour

Old Business

Discussion of outreach education for EMS Services especially BLS to be done in the Scenario format suggested initial focus on the following topics: (1) importance of medications that could impact care of trauma patient e.g. anticoagulants including the new non-coumadin types and antiplatelet meds even in ground level falls, (2) consideration of TXA and ALS intercepts and (3) immobilization especially splinting in position of comfort. Dr. Gordon will begin developing some scenarios for review by the committee.

New Business

The development of limited community paramedic programs in the area seems to be focusing on reviewing med compliance after hospital discharge to prevent readmission. However, there is no “action” component other than reporting compliance back to the hospital for the paramedic that will likely inhibit the motivation for the paramedic to be committed to the programs. A simple addition a task such as

evaluation of safety in the home might serve such a purpose. Additional education in pharmacology of common chronic care medications might also allow counseling to be done at the time of the visit.

Rather than engaging in an extensive additions to the paramedic scope of practice, it would be better to address types of skills specific to EMS in a certain geographical areas such as repair of uncomplicated lacerations. The services represented on the committee participating in limited community paramedic programs will report how their programs are functioning at next OOH meeting. In the future, a survey of services could be done to better define community needs to better define needed education. Telemedicine is evenly going to play a role in community paramedicine. Community paramedicine will be a regular agenda item at future meetings.

The national program of STOPtheBLEED was discussed as to whether the NCRTAC should consider participating in this outreach to lay persons to learn limited hemorrhage control skills. Stevens Point has been participating in including hemorrhage control equipment in AED boxes at UWSP and training their staff in using them with good responses by the staff. Expansion to other AED sites is being considered. Such sites could include Tech Schools, High Schools, Jr Highs and Middle Schools and businesses. This topic will continue to be investigated by Dr. Gordon and be on the next OOH agenda.

Meeting adjourned at 11:30.

Submitted by Bruce Gordon MD