



W e s t c h e s t e r R E M A C

General Meeting Minutes - October 19, 2009

Date: October 19, 2009
Time: 9:00 AM
Location: Westchester County Department of Emergency Services
Chairman: Dr. Nicholas DeRobertis, MD

MEMBERS

Dr. Mark Silberman
 Dr. Ron Nutovits
 Dr. Carlos Flores
 Dr. Karlene Chin
 Dr. Robert Marcus
 Dr. Emil Nigro
 Dr. Joseph Ponticiello
 Dr. Richard Marino
 Dr. Nicholas DeRobertis
 Dr. David Goldwag
 Dr. Tim Haydock

AFFILIATION:

Dobbs Ferry Community Hospital
 Hudson Valley Hospital Center
 Lawrence Hospital
 Mt. Vernon Hospital
 Northern Westchester Hospital
 Phelps Memorial Hospital Center
 Sound Shore Medical Center
 St. John's Riverside Hospital
 St. Joseph's Medical Center
 Westchester Medical Center
 White Plains Medical Center

ATTENDANCE

Absent
 Present
 Excused
 Excused
 Present
 Excused
 Present
 Present
 Present
 Present
 Present

NON-VOTING MEMBERS

VACANT
 Dr. Joli Yuknek
 Dr. Richard Gallager
 Ray Cordi
 Roland Faucher
 Chief Anthony Chiarlitti
 VACANT
 VACANT

Medical Specialty (Trauma)
 Medical Specialty (Pediatrics)/WPHC
 Medical Specialty (Psychiatry) / WMC
 EMS – Proprietary
 EMS – Voluntary / MVFAVAC
 Police / Pleasantville PD
 Fire - Career
 Fire - Volunteer

VACANT
 Present
 Absent
 Present
 Excused
 Present
 VACANT
 VACANT

GUESTS

Robert Demodna
 Joseph Bilotto
 Donald Cottle
 Dr. Michael Guttenberg
 Rich Robinson
 Jeff Casas
 Dr. Erik Larsen
 Malcolm Dixon
 Dr. David Stuhlmiller
 Michael Volk
 Daniel Olmoz

White Plains Police Department
 Harrison EMS
 Westchester EMS
 St. Joseph's Medical Center
 NYSDOH BEMS / MARO
 Port Chester Rye Rye Brook EMS
 White Plains Hospital / LNNY
 TransCare
 Westchester Medical Center / Lifenet
 WCDES
 WCDES

MEETING

The meeting was called to order at 9:16 AM by Chair Dr. Nicholas DeRobertis. It was determined that a quorum was present.

The minutes from the September meeting were disseminated to the members electronically and were approved as written.

SEMAC

Dr. Haydock reported that the next SEMAC meeting will be held in December.



SUBCOMMITTEES/TAG Reports

PARAMEDIC PROTOCOLS – D. Olmoz reported on the following: *at the request of many of the people in the room, the message has been received that the current protocols that were recently approved this past December need to be reviewed once again for some revisions and again I guess the feeling out there is that we need to go through the protocols to more or less streamline processes, equipment, medications, and the like to make sure that everything is medically necessarily and operationally practical. The regional office and the protocol committee have been working on the current version of the protocols, and we're still designing some testing materials.*

Dr. Stuhlmiller commented that a bank of 125 questions has been created and is being reviewed prior to distribution to the REMAC for approval. It is anticipated that the questions will be finalized within two weeks.

It was noted that the EMT-Intermediate protocols were last updated in 2002.

A meeting schedule needs to be discussed by the committee.

EVALUATION – Dr. Haydock indicated that there was nothing to report.

QUALITY IMPROVEMENT – D. Olmoz reported on the following: *We're trying to reestablish the quality improvement committee and what we would like to do, at least from the program agency perspective, is we'd like to have a committee where we're going to be reviewing things from a systemic standpoint. We need to determine if there is a REMAC member that would like to preside over this committee, or if Dr. Yuknek can satisfy that role as a non-voting member. Several interested EMS agency representatives have agreed to participate and Dr. Joli Yuknek is willing to Chair the committee.* It was agreed that Dr. Yuknek could Chair the committee. Dr. DeRobertis expressed that he will also participate.

STEMI TAG – Dr. Goldwag reported that there have not been any additional meetings held. D. Olmoz commented that the Regional EMS Council Chair, Dan Blum has informed him that attempts are underway to identify communication gaps around the county. Planning is very preliminary but a process of regional EKG transmission is being considered. How exactly that can be done is still being explored. It was suggested that grant opportunities be explored for needed capital to initiate such a program.

There was a brief overview given by Dr. Goldwag in regards to progress the TAG had made. Discussion has stalled in the area of EKG transmission and reception. Although draft plans called for each hospital to determine what would be needed to make the overall decision of diverting patients with possible myocardial infarction to cardiac interventional facilities, there is agreement that a more standardized approach needs to be considered. It was stressed that due to a cumbersome process to initiate an interfacility transport once the patient has been received by the local hospital, primary transport is of major importance.

Discussion ensued about focusing on other important aspects of the STEMI program such as EKG interpretation training for paramedics, quality improvement, and protocol development. It was suggested that EKG interpretation could be left up to the EKG device's diagnostic capabilities. It was also suggested that better 12-Lead EKG training for paramedics should be required in the region. It was recommended that TAG incorporate each of these important areas into any future planning discussions.

Clarification was requested by Dr. Marcus of whether or not is currently included in the ALS protocols that a paramedic could consult with medical direction to divert potential cardiac emergencies away from community hospitals. It was mentioned that this authority has been included in the current version of the protocols, for any type of emergency, and may be considered when believed to be in the patient's best interest.

The TAG was asked to put together another proposal for the REMAC to consider.



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INTERFACILITY TRANSPORT TAG – No meetings have taken place. Attempts are being made to establish a meeting schedule

SPECIAL COMMITTEES

HUDSON VALLEY / WESTCHESTER HELICOPTER COMMITTEE – Dr. Stuhlmler reported the following: *We had a meeting on Friday September 25th. We reviewed two incident reports that had been submitted by a service in the Hudson Valley region. Both incidents were surrounding the time that the service was told the helicopter would arrive and when it actually arrived. We were able to get enough information to essentially close one, and needed additional information for the second, which we're obtaining now. We have another meeting scheduled for October 30th, at which point we'll close both and report after that in the final from that.*

Second, we're going to be reviewing and redoing the operations guidelines which include more language as to what is considered the closest aircraft, and understanding that there are changes in the aircraft in this region and also some in New Jersey. So we just have to be certain that our regional Medevac dispatch center has the correct lat and long for the bases, so that the closest aircraft is dispatched to any scenes.

There was a question posed regarding the status of helicopter safety issues. It's in the federal government with two bills being introduced in the house regarding the safety of aircraft. The NTSB, National Transportation Safety Board who's responsible for reviewing all aviation accidents has published two reports in the last four years, including a recent report in September that made 19 recommendations. Some directly to the operators of aircrafts; some directly to the FAA to make rules on safety devices; some to CMS to differentially reimburse helicopters that have more safety devices, and give, reimburse them more than other aircraft that don't have safety devices. And some the Federal Committee on EMS, it's kind of like a group of every agency in the federal government that has something to do with EMS and inter-medical transport, EMS specifically, and make recommendations to them. So we'll wait for the recommendations I guess. But right now there are no changes per say - - It's the same recommendations it's been. If you either have a time sensitive condition where the air transport is faster than ground; or the patient is in an area that's inaccessible to ground services or the ground services would be depleted if they needed to bring the patient an extended distance, and therefore they would leave a portion of the world uncovered for pre-hospital care; or the paramedic and nurse, or paramedic, depending on which helicopter you're in, have a higher level of care that can be provided to that patient and that patient might benefit from it; then you use an aircraft.

HUDSON VALLEY REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) – A meeting has been scheduled for October 22, 2009.

DIVERSION REPORT D. Olmoz gave a brief presentation of hospital diversion data collected by the Department of Emergency Services. Information was provided for September 2009, July through September 2009, January through September 2009, and September of 2007, 2008, and 2009.

Chief Volk mentioned that the Department will be moving to a new version of the diversion program shortly. The new version will include bed availability based on the START Triage Program. Hospitals will need to enter their number of red patients, yellow patients, and green patients they can accept. Those will be default numbers, so in the event of a disaster in the region or in the county, the numbers of beds available could be easily accessed. New manuals will be provided to hospitals shortly.

NOTICES OF INTENT

PAD - None

APPLICATIONS FOR SPECIAL PERMISSIONS (i.e. Albuterol, Mark I, EMTD) – None.

OLD BUSINESS

No discussion



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NEW BUSINESS

Dr. DeRobertis reported on the following – *regarding H1N1 and seasonal vaccine, I'm sure everyone heard itself there was reprieve given to the hospitals, the article 28 hospitals itself on Friday. Some of the hospitals were given at a special meeting held by the county, two weeks ago I think, H1N1 live attenuated vaccine. It was noted that there was little interest in receiving this type of vaccination.*

There was a brief discussion about how to get word out of the importance of receiving the vaccines. It was mentioned by some of the REMAC members that their specific agencies had already implemented a vaccine distribution process for their affiliated personnel.

It was noted that there is currently a shortage of vaccine supply.

D. Olmoz reported that there have been some issues identified with the current ALS credentialing policy. It was noted that at least three providers have been identified as practicing in the region with expired credentials. It seems that there is some confusion regarding provider and agency responsibilities. It was noted that an updated policy was approved by the REMAC in 2005, however many ALS agencies and providers were still utilizing the previous published policy.

It was identified through the recent protocol update process that several new physicians did not receive the proper medical control credentialing exam process. An overview of the current credentialing process was given. It was suggested that a complete review of the process be undertaken. There is concern that there is a disconnect between the current credentialing/re-credentialing requirements and quality improvement process.

The Evaluation committee was asked to initiate a review of the policies and report back to the REMAC.

NEXT MEETING – Session was adjourned at 10:27am. The next meeting is scheduled for Monday, November 16, 2009 at 9:00am.

Respectfully submitted by D. Olmoz