



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

## General Meeting Minutes - December 21, 2009

**Date:** December 21, 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 Ponticello  
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

Alternate Present  
Absent  
Excused  
Excused  
Present  
Present  
Present  
Absent  
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  
Excused  
Absent  
Present  
Excused  
Present  
VACANT  
VACANT

### GUESTS

Dr. Chris Davidson  
Joseph Bilotto  
Dr. Heidi Cordi  
Jeff Casas  
Dr. Erik Larsen  
Dr. Michael Guttenberg  
Dr. David Stuhlmiller  
Daniel Olmoz

Greenwich Hospital  
Harrison EMS  
Dobbs Ferry Community Hospital  
Port Chester Rye Rye Brook EMS  
White Plains Hospital / LNNY  
St. Joseph's Medical Center  
Westchester Medical Center / LNNY  
WCDES

## MEETING

The meeting was called to order at 9:25 AM by Chair Dr. Nicholas DeRobertis. It was determined that a quorum was present.

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

## SEMAC

Dr. Haydock reported that SEMAC held a meeting on December 1<sup>st</sup> and reported on the following:

*This was the first meeting post Ed Wronski and Lee Burns is now acting Director of state EMS. Regarding the PCR shortage, although it hoped that forms will become available shortly, agencies will need to make copies if supplies run out.*

*The Ryan White bill has been signed which continues the Ryan White act, pretty much in its old original form but it has no sunset this time around.*

*Tourniquets can be used in patients where excessive bleeding of an extremity is occurring and does not respond to direct pressure. It was questioned why this change was made. It was mentioned that the state wanted to follow the PHTLS guidelines because many of the paramedic educational programs utilized the PHTLS testing format and since PHTLS went ahead and changed their training curriculum, some of the New York State paramedic programs were faced with New*



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York State curriculum differing from the PHTLS testing sheets. It was stressed by representatives of the NYSDOH, Bureau of EMS that there will be no changes to the state EMS educational curriculum until the entire educational curriculum is revised to become consistent with the new national EMS guidelines and I they envision that to occur in approximately two years.

*Vital Signs 2010 will take place in New York City in August.*

*There was some discussion about the flu, alternate sites, treatments and bypassing of ER's.*

*There was a proposed part 800 change that requires all transporting ambulances that are in service to have adult and pediatric defibrillation capabilities and epinephrine administration capabilities.*

*The New York City protocols came up for review and approval. There were some changes, one of which was they removed the issue where you have to call medical control if you're on scene for more than twenty minutes. The other interesting thing is that well they removed needle cricothyroidotomy from protocol, the thinking being that there are other better airway adjuncts out there that can be utilized. And for acute pulmonary edema, interestingly, they made Lasix as a medical control option. The thinking being that Lasix is used much too liberally in acute pulmonary edema and should not be the first drug of choice, that we should be focusing more on things like CPAP and Nitrites. Also, a new color that had been added to the triage categories for acute medical patients (orange) was found to create potential conflict with other surrounding area triage algorithms so it was removed pending further review.*

*SEMAC approved that protocols must be in the ambulances in some form or another, whether that's electronic or paper.*

*It was reiterated that hospital hypothermia protocols are demonstration projects only. At this point in time, they still haven't moved that into the standard of care for either the state or any particular region.*

*There's a demonstration project in the REMO region where they're going to be using intranasal Narcan on BLS units.*

*D. Olmoz commented on the following: the Regional EMS Office still has limited supplies of PCR forms that will be made available to EMS agencies based on monthly call volume in an effort to keep agencies supplied until new forms become available.*

*Regarding STEMI, the 405 hospital regulations were amended and now require that written agreements are in place between the community hospitals or the hospitals that don't have the ability to perform cardiac catheterization with EMS agencies to ensure that there's a transport mechanism in place to transport STEMI patients to interventional facilities. And there is also a new area within those regulations that enforce quality improvement participation for the interventional facilities with EMS. A lengthy discussion ensued regarding specific requirements and how those may be met.*

*The blood product regulations are expected to be released in the second quarter of 2010. They're in the final phases of approval.*

*There was an approval on a limited basis for Ketamine as was described as approval similar to Fentanyl.*

*One other item of note was that Monroe Livingston, Rochester area, had moved to take out intubation of pediatric patients for their critical care technicians.*

### **SUBCOMMITTEES/TAG Reports**

**PARAMEDIC PROTOCOLS** – Dr. Stuhlmeier reported on the following: *the committee had a meeting this morning and discussed three issues. First was the development of the protocol paramedic examination. We have a test bank of 119 questions that include questions on the three standard operating procedures and on all the medical protocols that we are happy with and propose that they be used to generate different electronic examinations. Secondly, the protocols need constant revision, as well as does the protocol committee so we're asking the current protocol committee members to either re-commit or excuse themselves from the committee for this upcoming year and therefore, open invite anyone else who wants to be on the protocol committee, to please raise their hands. And lastly, since we do need to revise the protocols, this last year we did not discuss the seven pages of introduction that have some more kind of operational guidelines in less medical guidelines. So we will be revising those so that will be one of the duties of the new committee is to review those and comment on changes. And therefore an open call to comments on the current protocols from everyone. Please email Dan with any comments on things you would like the committee to review.*



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*There was an issue as to when is patient contact defined. What are the responsibilities of both BLS and ALS to evaluate and treat patients? When is medical decision making capacity defined and that is in part a medical issue but it's also an operations issue, perhaps a communications issue as to who called the ambulance, why were they there in the first place, who's the official medical provider on scene? What are their duties and responsibilities to a patient or a non-patient and so that discussion is probably bigger than the protocol committee and we would like to request that a larger group which incorporates communications and operations, be generated to develop a new operating procedure for EMS and the whole region.*

Clarification was made that the protocol committee would like to encourage participation of any interested Westchester credentialed personnel. A formal request will be distributed to EMS agencies by the Regional EMS Office. The committee plans to meet prior to REMAC on Monday, January 25, 2010.

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

**QUALITY IMPROVEMENT** – D. Olmoz reported on the following: *the committee members have been asked to review the current quality improvement guidelines in an attempt to streamline the document and to simplify the reporting process so that it will hopefully increase participation from the EMS agencies.*

**STEMI TAG** – Dr. Goldwag reported the following: *we met again to revisit the STEMI proposal and I think we're all in agreement that we need to roll this out. As part of the STEMI program, we're going to deal with patients who are going to bypass the community hospitals and go right to the PCI centers - so the focus there will be the EMS agencies having a formal procedure with the receiving PCI centers so that if a patient does bypass a community hospital, there is clear procedure for what that EMS agency has to do to contact the receiving PCI center and to actually transport a patient immediately to the designated receiving location, whether that's via the emergency department or the cath lab itself. So the idea will again, as we proposed before, the decision to bypass will be left up to the medical control physician and the paramedic. And they can use any reasonable judgment, either a transmitted EKG or just a contact with you know, a description of the patient. That medical control physician will make the decision really on a case by case basis, but more importantly on a hospital EMS basis. The last piece of it is we recommended that language be used for bypassing the community hospital, that the provider go to the closest PCI center and that language is in place to deal with the issue of what is closest and it's not necessarily geographic. It's whatever gets the patient to the cath lab the fastest. Every provider should have a primary PCI center and a secondary PCI center in case there's a problem with traffic or there's some other issue. The medical directors for the paramedic agencies will have a collaborative agreement with REMAC that outlines the requirements of the program. The locally established activation procedures will be included as part of the agreement. So just to reinforce, the current protocol that's in place really allows for this with a very small change. So it won't be a major change to the management of acute MI's in the field. Medically it will stay the same, other than giving the option to bypass the community or the closest hospital and go to the closest PCI center. But before receiving approval, the REMAC will have to have written indication from the paramedic agency's medical director that they have made the contact with the PCI center and defined what the procedure is to go from the field to their cath lab.*

D. Olmoz commented as follows: *just a point of order, immediately following this STEMI meeting on December 3rd, due to the fact that there were a few members that were unable to be present at the meeting, this final proposed document was circulated back to the entire STEMI tag and there were no comments received since that point.*

After a lengthy discussion of the matter it was decided that the draft proposal will be distributed to the REMAC for review and will be considered for approval at the next REMAC meeting.

**INTERFACILITY TRANSPORT TAG** – It was reported that the TAG planned a meeting for January.

### **SPECIAL COMMITTEES**

**HUDSON VALLEY / WESTCHESTER HELICOPTER COMMITTEE** – Dr. Stuhlmiller reported on the following: *We are going through two incident reports that were received a few months ago, both were from a fire department*



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*in Ulster County and both of these revolved around the amount of time and perceived time it took for the helicopter to respond. One we closed, the medical care was appropriate. The time complaint probably stemmed from the fact that the patient was intubated and then arrested and so after intubation and being brought to the aircraft, they were turned around and brought back to the ground ambulance and then transported to a local facility and so there was a prolonged scene time but the decision making was appropriate. That one will be closed. A written response to that fire department will be generated. We'll be happy to share that with the REMAC once it's officially written out. The second one was regarding a long period of time before the aircraft arrived. It arrived upwards of 18, 19 minutes after advertised and that was a transition from one dispatch center to the other and we're still awaiting the final word on why it was delayed. Was it incomplete coordinates or was it a transcription error? Was it a wrong direction; was it a delay in liftoff? So we're waiting for that information to close that one.*

**HUDSON VALLEY REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC)** – It was reported that the committee is still exploring ways to increase participation.

**DIVERSION REPORT** - D. Olmoz reported that a report was created by Katherine O'Connor and was distributed to REMAC for review. Related questions can be directed to the Regional EMS Office.

### **NOTICES OF INTENT**

**PAD** – None

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

### **OLD BUSINESS**

Dr. DeRobertis commented on the following: *Just to remind people - - that most H1N1 vaccines are expiring anywhere from January to March I believe, so I know there's been a big push by the government to release them to everybody so if you have some available, try to redistribute those and get those out.*

*The state as you know has gone down to three meetings per year and so we have the question, do we want to drop ours down to meeting every other month? I'm just looking for comments. And two, we do have two, January and February both are conflicts. One is Martin Luther King Day in January and then President's Day in February so we have to move both those dates anyway.*

It was decided that the January REMAC meeting would be rescheduled from the 18<sup>th</sup> to the 25<sup>th</sup> at which time additional discussion will be had in regards to the number of meetings to be held in 2010.

### **NEW BUSINESS**

Dr. DeRobertis extended holiday greeting to everyone in attendance.

**NEXT MEETING** – Session was adjourned at 10:35am. The next meeting is scheduled for Monday, January 25, 2010 at 9:00am.

Respectfully submitted by D. Olmoz