



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

General Meeting Minutes - September 21, 2009

Date: September 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 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

Present
 Excused
 Present
 Present
 Present
 Present
 Excused
 Excused
 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
 Excused
 Present
 Present
 Present
 VACANT
 VACANT

GUESTS

Robert Demodna
 Joseph Bilotto
 Donald Cottle
 Dr. Michael Guttenberg
 Rich Robinson
 Jeff Casas
 Dr. Erik Larsen
 Anthony Sutton
 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
 WCDES
 WCDES

MEETING

The meeting was called to order at 9:10 AM by Chair Dr. Nicholas DeRobertis. It was determined that a quorum was present.

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

SEMAG

Dr. Haydock reported that he attended the SEMAG meeting held on September 2, 2009. *Unfortunately, there was no quorum present. However items discussed included:*

A discussion, which I think I've brought up before here to this body, but there was the issue of treating adrenocortical insufficiency in kids, which has been brought forward to the SEMAG by some of the organizations for EMSC, EMS for children. And basically, the issue is that the best drug to treat this is Solu-Cortef. And this can be a legitimate time-critical emergency for kids, who are truly deficient in adrenocorticoid levels.



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And so the SEMAC was going to make a motion that the pre-hospital agencies be allowed to use Solu-Cortef, and just add this to the state drug formulary, as opposed to using Solu-Medrol, which is not as preferred for people that are truly adrenocortical insufficient.

Now, to move onto some other issues that were discussed, one is that there was a big program put forward by New York City about organ donation after death. And they're developing a protocol in the City, where they're going to take newly dead people that meet certain criteria that don't get resuscitated to special hospitals that then can put them into the organ donation queue, such as it is or supply where they potentially use some of their organs. This is a point of interest only, but the thinking is, is that a significant number of organs can be harvested from people that die of cardiac arrest in the field, depending on the cause.

H1N1 is of course, a whole different topic that we could talk about all morning. A brief discussion ensued regarding requirements for healthcare workers to be vaccinated and how it may affect pre-hospital providers. It was mentioned that currently there is a strong recommendation for EMS personnel to receive the influenza vaccine. Questions were also posed regarding the need for N-95 mask use. Commissioner Sutton gave a brief overview of the County's influenza planning activities and advised of a conference call for EMS agencies on September 22nd. Clarification was made that anything that produces droplets in the setting of an ambulance would require use of a fit tested N95 mask. It was pointed out that fit testing is dependant upon the specific brand of mask being used. EMS agency medical directors were encouraged to go online and register now with the Web site to be a recognized person who can order H1N1 vaccine because plans include utilizing agency medical directors to assist with the distribution of vaccine to first responders. Currently, the state's position is that the first responder priority is intended for those in the confines of the back of an ambulance or up close and personal doing some kind of procedure on a patient.

There's some hypothermia protocols out there. There's one agency that's doing a project on cooling before return to spontaneous circulation.

There was information reviewed about stroke centers that are doing the hub spoke model where outlying hospitals are sending their information via tele-radiology to stroke centers, who then will recommend treatment in the field and/or transport to the hub hospital, and that's been somewhat successful with some of the outlying hospitals actually giving the thrombolytics under the direction of a neurologist at the hub hospital. So that's interesting, and it certainly doesn't apply as much to Westchester County, where we of course, have almost everybody here as a stroke center, but out in the more remote areas that's not the case.

Mr. Ed Wronksi announced he will be retiring prior to the next state EMS meetings. I always found Ed to be very responsive and nice to work with and very competent and even handed.

DIVERSION REPORT It was noted that an updated report will be distributed electronically for review. It was suggested that future reports look at a longer duration of data. It was decided that a 6-month review would be adequate.

SUBCOMMITTEES/TAG Reports

PARAMEDIC PROTOCOLS – D. Olmoz reported on the following: *since we last met, the REMAC put out the Dobutamine advisory just clarifying that Dobutamine was originally listed in the protocols as 400 milligrams in 250ccs of normal saline when in reality there is no availability of that. We were able to clarify that it should be 250mg in 250 milliliters of D5W, and again, that's premix. Now, some inquiries have come in since regarding the necessity to go with premix and I ask for that to be brought up today, if there were additional questions from the agency's perspective. One side note related to this also is that in the drug formulary, because the previous dosage was listed as 400 milligrams, the drug formulary called for a total of 800mg being carried by the unit. Should that now be changed to a total of 500mg?* A question was posed regarding the total required amount of Atropine (20mg) and Magnesium Sulfate (10g). The frequency of use in the pre-hospital setting of Dobutamine and other medications including Procainamide were also questioned. It was suggested that the Protocol Committee review the entire drug formulary for required quantities and also consider removing any medications that do not have compelling evidence based medical necessity.



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STEMI TAG – Dr. Goldwag reported that there have not been any additional meetings held. *There was some discussion over waiting to see, I think it's at REMSCO, I'm not sure, that there was a possibility of getting regional EKG transmission system, and I don't know where that's at.* A brief discussion ensued regarding the importance of meeting accepted Cath Lab arrival time standards. It was suggested that if bypassing community hospitals is problematic, a stop and go methodology should be considered so the patient can be directed to the regional center once assessed by the community hospital physician. There was also a discussion regarding Thrombolytic administration followed by catheterization. It was mentioned that the three main points that the STEMI TAG needs to work on are the issue of bypassing, 12 Lead EKG transmission, and facilitation of time critical transports. Information regarding attempts to obtain a regional EKG transmission process is needed. A recommendation was made that the entire REMAC attend the next STEMI TAG meeting.

INTERFACILITY TRANSPORT TAG – No meetings took place over the summer. Attempts will be made to establish additional meetings

QA/QI – it was again mentioned that participants are needed for the QA/QI committee. Interested parties should contact Dr. DeRobertis or the Regional EMS office.

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

SPECIAL COMMITTEES

HUDSON VALLEY / WESTCHESTER HELICOPTER COMMITTEE – Dr. Larsen reported that the committee will be meeting on September 25, 2009.

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

NOTICES OF INTENT

PAD - YWCA of White Plains and Central Westchester, St. Joseph's Church in Bronxville, Trinity Episcopal Church in Ossining and Union Church of Pocantico Hills.

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

OLD BUSINESS

PROTOCOL UPDATE COMPLIANCE – It was mentioned that the Regional office spent numerous hours contacting and re-contacting EMS agencies to make sure that documentation of paramedic protocol update compliance was submitted after it was identified that several agencies had not met the September 1st deadline. Unfortunately, there were still 21 paramedics suspended for non-compliance. Only three hospitals had provided documentation of medical control physicians receiving the protocol update materials. Hospital emergency department directors were advised to expedite the processing of the paperwork submission.

DOBBS FERRY PAVILION OF ST. JOHN'S RIVERSIDE HOSPITAL – A brief report was given by Dr. Silberman in regards to patients arriving at the ED and subsequent secondary transports since the hybrid hospital model was implemented. *We had some concern about secondary transports with the change in the hospital structure to the hybrid hospital model on April 1. And the number of secondary transports has been quite limited. Over this almost six-month period, there have been four secondary transports, both from the ED and from the in-patient service of ALS patients that arrive by ALS ambulance, and there were 18 secondary transports over that period of about six months of patients that arrived by BLS ambulance for a total of 22 secondary transports, both from the ED and the in-patient service of the hospital. That averages out to a little bit less than once a week, so it's been a limited number.*



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Just in general, some other statistics, the overall ambulances since 4/1, there were 342 ambulance arrivals, and the majority of those have been BLS. And actually, our EMR, which I had asked to be updated to specify BLS versus ALS to make the collection statistics easier, didn't happen until May. There was a delay with the IT people, but over a four-month period, we had 30 ALS ambulances arrive to the ED, so the vast majority of our ambulances are more BLS. And the medics have been a little bit selective about who they bring in, so they kind of already know who's appropriate for our facility. Generally, they're bringing in patients, who have had long-term care at the facility, and have ongoing care there. So as I said, the medics are quite good, there have only been four secondary transports of the patients that they've brought us over this pretty extensive period. There were six cases that were advised not to come to Dobbs Ferry. Four of those cases fell into trauma criteria, where the physician on the receiving end felt that the mechanism was significant enough that they should go to the trauma center. And two of them were either stroke or potential stroke.

Dr. DeRobertis commented as follows - *it would be interesting to hear more about this hybrid hospital, as this is something that the state says is going to happen in additional places, so I think if we can just continue to get some numbers on that, it'll certainly enlighten us to actually have those hybrid hospitals actually functioning, since this is going to be the wave of the future, according to the state.*

NEW BUSINESS

Dr. DeRobertis reported on the following - *And just some points of interest. There was a company called Hudson Valley Medi Coach Incorporated, which apparently is going around soliciting employees, asking for personal information. They'll indicate the company is operating from Albany to the southern border of Westchester. However the company apparently does not exist, and has no certificates. So if anybody's been approached by them, the state has sent us a letter in reference to that just to make sure everybody's aware.*

NEXT MEETING – Session was adjourned at 10:16am. The next meeting is scheduled for Monday, October 19, 2009 at 9:00am.

Respectfully submitted by D. Olmoz