



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

## General Meeting Minutes - January 25, 2010

**Date:** January 25, 2010  
**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. Paul Koltovich  
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

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

### 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  
Present  
Present  
VACANT  
VACANT

### GUESTS

Dr. Chris Davidson  
Malcolm Dixon  
Dr. Heidi Cordi  
Jeff Casas  
Jared Rosenberg  
Donald Cottle  
Dr. David Stuhlmiller  
Tony Sutton  
Rob Cinquemani  
Gary Kaplan  
Daniel Olmoz

Greenwich Hospital  
Transcare  
Dobbs Ferry Community Hospital  
Port Chester Rye Rye Brook EMS  
Greenburgh PD/EMS  
Westchester EMS  
Westchester Medical Center / LNNY  
WCDES  
Advanced Circulatory Systems  
Bound Tree Medical  
WCDES

### **MEETING**

The meeting was called to order at 9:22 AM by Chair Dr. Nicholas DeRobertis. It was determined that a quorum was present.

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

### **SEMAC**

D. Olmoz reported on behalf of Dr. Haydock: *SEMAC met in December and I think we gave a pretty lengthy report at the last meeting in December. The next meeting will be in February and I guess the highlight is that there will only be three meetings for this upcoming year.*



## SUBCOMMITTEES/TAG Reports

**PARAMEDIC PROTOCOLS** – Dr. Cordi reported that the subcommittee is scheduled to meet immediately following today's REMAC meeting.

**EVALUATION** – D. Olmoz reported on behalf of Dr. Haydock: *There were no issues brought to the attention of the Regional office. One thing that I did want to point out is not specific to the Evaluation Subcommittee but similarly many of the individuals that sit on the Evaluation Subcommittee also participate with the Credentialing committee. We are hoping to begin a major review and revision of the current CME Policies and Procedures for the region. We're asking for anybody that would have any interest and time to participate with that process.*

**QUALITY IMPROVEMENT** – D. Olmoz reported on behalf of Dr. Yuknek: *The committee is currently reviewing a draft revision of the regional quality improvement guidelines. When the committee met in November the determination was made that we definitely need to kind of scale back our regional QI Program and really take two steps back before we can move it forward. In addition, I'm currently sitting on the State QI Committee which is really trying to get awareness and acceptance of the State QI Guidelines that were implemented in 2008. But for whatever reason there seems to be some lack of collaboration, and adherence to the new QI Guidelines at the EMS Agency and Regional level. So they had asked that regions work collectively to kind of move that whole process forward. As a result, we took our QI guidelines and just basically tried to pair it up with the new State guidelines so that we can work collaboratively and focus on what needs to be taken care of at the Regional level. Again, it's currently within the Regional QI Committee for review, and hopefully we'll receive comments back shortly and we will be able to bring that forward at the next meeting.*

*Just one other related item I think it is probably very interesting to the REMAC is that the State QI Committee has been asked to participate with the State's progression towards an electronic patient care report format as well as the trend toward the NEMSIS data points. And the QI Committee is currently looking at all of the NEMSIS data points to determine what will be in existence for the next version of the New York State Patient Care Report. There were many comments and feelings heard at the last State meetings, and that information has now been pushed down to the Regional level for comment once again. Our QI Committee was asked to review that material, provide comments back to the Regional office, and then that information will be brought to the State for the February meeting. And hopefully what will result is some good information for the next Version 6 Patient Care Report.*

**STEMI TAG** – Dr. Goldwag reported the following: *So we're coming today for a vote or actually a discussion first. So again, everybody just take another quick look. We have some infrastructure we've got to put in place so the relationship between the medical directors of the agencies and the REMAC they have to plan for sign up and then disseminate the information and make sure everybody is on the same page. I think we are ready to move forward.*

Concern was voiced that the process being proposed is fragmented because it leaves the decision for 12 Lead EKG transmission vs. paramedic interpretation up to local medical control and agency medical director.

*We've been trying to come up with the perfect method for us. Again, even though we start with this, it doesn't mean we have to end with this. It's just a work in progress. So it's a question that we all know that it's actually beneficial for the patient. And obviously since we do have some STEMI centers that have been opening up within the county, within our area, we felt the need to address the issue. It's fragmented because we have a fragmented EMS system. You can't have a centralized cohesive plan and a fragmented EMS system. I think the unique aspect of this plan for Westchester is that there is this separate agreement that will have to be undertaken between the agency and medical director and the STEMI center itself, which will help outline the local procedure. And will have to take into consideration the technology that's available for the 12 Lead EKG transmissions. At this particular point until a regional process can be implemented. Outside of that, I really believe that the protocol is already in existence. There is no definition of transmission of EKGs as being required by this program. It leaves the individual hospitals and agencies to develop their own local system. So if the hospital wants to only bypass based on the transmitted EKG, then they will have to do that locally, and they will have to get the equipment supply set up and then create that between the medical director of that agency and the local hospital.*



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*If another hospital feels that their paramedics are qualified to make the decision in the field without transmission that's fine. The procedure allows for each local system to define its own basic criteria. So that I think is the only way to make this safe because if you mandate transmission, it's not going to happen. Because there are some places that just don't have the heart of the capability. So it leaves the decision locally, which is the way our system works.*

A question was posed regarding how the local hospital will know if an EMS unit is bypassing to go to a STEMI Center.

*Ideally, I think if you look at the policy in itself the intent is that the paramedic will communicate with the local medical control hospital, and collaboratively a determination will be made if a diversion is necessary to go to the STEMI center. There is significant work involved for the agencies and the medical directors. It is also imperative that the local hospital be involved with the planning process.*

D. Olmoz related some concern on behalf of Chief Volk found on page 1, section 4 of the policy. *It specifies the patient has other medical conditions and then in parenthesis it indicates trauma burns, CVA, etc. that warrants transport to the closest appropriate hospital emergency department. In reality, what probably should be indicated there is that the patient should be transported to the appropriate specialty facility or something of that nature. So, is clarification of the term needed?*

It was noted that no change would be necessary since it is already established that patients needing specialty care should be directed to an appropriately equipped hospital center.

Clarification was made that before an agency actually starts implementing procedures, all required documentation will have to be submitted to the REMAC so it can be reviewed and then kept on file.

It was suggested that the section regarding new left bundle be re-worded to left bundle branch because the patient may not know he or she has a left bundle and the paramedics will not be able to make that determination.

A motion was made to approve the advisory with the word new being removed to any left bundle branch references. A vote was taken and it was determined that the advisory was approved with 5 yea, 0 nay, 1 abstention, and 5 absent.

An introductory letter will be drafted by Dr. DeRobertis and will accompany the advisory to be distributed to all EMS agencies, Agency Medical Directors, and Medical Control Physicians. It was noted that a start date is contingent upon each agency's ability to complete the planning, training, and submission process.

**INTERFACILITY TRANSPORT TAG** – It was reported that the TAG has been unable to establish a meeting. Alternative meeting platforms are being discussed.

### SPECIAL COMMITTEES

**HUDSON VALLEY / WESTCHESTER HELICOPTER COMMITTEE** – Dr. Stuhlmiller reported on the following: *I mentioned at the last meeting there were two incident reports we had received and we were reviewing and we had closed one. The second one is also now closed. There was a case where there was a call placed for a Medevac through Lifecom which dispatches in New York but not the State Police. That was a day when the LifeNet aircraft was on a transport so it was transferred over to Mobile Life Support Services who dispatches the State Police aircraft. And there were discrepancies between the amount of time that they said the aircraft would be there and when it actually arrived. And so it ended up being that the aircraft arrived twice as long as originally said by Lifecom, and so that was the issue. There was a discrepancy in the transfer time to the other dispatch center, and then there was a little bit longer of flight time than the ground people were told for that aircraft. There was a cross wind that day that would have delayed the flight. So there were a few factors many of which cannot really be controlled, one being the weather and just the amount of time it takes to transfer dispatchers centers. So we had a discussion as to how are aircraft dispatched in the region, and how that happens. And it seems that Mobile Life is right for right now to continue dispatching the Lifeguard helicopter because they have the equipment and the tower and the signal strength and Lifecom will continue call receiving as well as dispatching. And they will just have to be quicker about turning it over from one dispatch center to the other. So we closed that as well.*



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A question was posed regarding any consequences since the helicopter in Westchester was discontinued.

*We haven't done an evaluation of the amount of time it takes for response. That would be maybe the only thing that could happen is the response time in comparing past data, historical data as to how long it took to arrive to certain locales and now without an aircraft sitting here in Westchester County how long it took to get to that location, to hospital where they're seen. We haven't done that. It's been some time now so you could do that. We know that the other aircrafts are just busier because they're picking up the transports at this moment.*

**HUDSON VALLEY REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) – No report**

**DIVERSION REPORT** - D. Olmoz reported that a report was created by Katherine O'Connor and was distributed to REMAC for review. Dr. DeRobertis asked if there were any related questions. None were voiced.

### **NOTICES OF INTENT**

**PAD** – Greenburg, Torrey LLP and the Village of Ossining

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

### **OLD BUSINESS**

A discussion ensued regarding the REMAC meeting schedule. It was noted that since the SEMSCO / SEMAC will now only be meeting three times per year, it may be beneficial for the REMAC to meet less frequently. It was suggested that meetings occur every other month instead of every month. Subcommittees were advised of the need to be more active to accomplish assigned work to ensure timely approvals and productivity. Use of technology should be explored further to increase meeting frequency and lessen the burden of travel. It was further noted that a REMAC meeting could be established in the event of urgent business.

A motion was made to change the REMAC meeting schedule to the third Monday of every other month. The motion was voted on and approved unanimously.

Notification of the revised REMAC meeting schedule will be distributed by the Regional EMS office.

### **NEW BUSINESS**

Dr. DeRobertis reminded the committee that as stipulated in the Regional Credentialing policy, the REMAC reserves the right to conduct a review of all agency credentialing and continuing education documentation. Since there have been a few issues with agency documentation lately there is a need to begin agency reviews. It was noted that agency officials will be given advanced notice of any review session.

D. Olmoz reported that notification was received by the Regional office from Hudson Valley Paramedic Services on January 8th advising that they have replaced their Executive Officer. Notification was also received from White Plains Hospital Center of NYSDOH approval of their cardiac catheterization program. A letter of enforcement received from NYSDOH was read.

At the request of the Protocol subcommittee the Regional EMS Council will be asked to establish a subcommittee to manage EMS system operational issues. There have been numerous issues that are operationally based brought to the attention of the Protocol committee that fall outside the scope of protocol development.

**NEXT MEETING** – Session was adjourned at 10:30am. The next meeting is scheduled for Monday, March 15, 2010 at 9:00am.

Respectfully submitted by D. Olmoz