



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

General Meeting Minutes - September 20, 2010

Date: September 20, 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

Present
 Excused
 Absent
 Absent
 Present
 Present
 Present
 Absent
 Present
 Present
 Present

NON-VOTING MEMBERS

VACANT
 Dr. Joli Yuknek
 Dr. Richard Gallager
 Ray Cordi
 Roland Faucher
 Chief Anthony Chiarlitti
 Eugene Kelly
 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
 Excused
 Present
 Present
 Present
 VACANT

GUESTS

Joe Bilotto
 Jeff Casas
 Dr. Erik Larsen
 Donald Cottle
 Richard Robinson
 Daniel Olmoz
 John Filangeri
 Malcolm Dixon
 Rob Cinquemani

Harrison EMS
 Port Chester-Rye-Rye Brook EMS
 White Plains Medical Center
 Westchester EMS
 NYSDOH, Bureau of EMS
 WCDES
 Hudson Valley Hospital Center
 TransCare
 Advanced Circulatory Systems

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 July meeting were disseminated to the members electronically and were approved as written.

SEMAC

Dr. Haydock mentioned that SEMAC is scheduled to meet on October 5th. This will be the 3rd of the three SEMAC meetings scheduled this year.

SUBCOMMITTEES/TAG Reports

PROTOCOLS – D. Olmoz reported that Dr. Cordi was unable to make today's meeting. The protocol committee is planning on meeting again in October.



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

General Meeting Minutes - September 20, 2010

EVALUATION –Dr. Haydock reported: *We are currently in the process of evaluating three separate incidents involving providers in this region. We're close to reaching determinations. We have a couple things we have to follow through with so there's no action being brought before this group today, but I'll just fill you in quickly on what we're looking at, interesting cases as always. Two of them actually involve an individual practicing in this region who is not credentialed as an ALS provider, who somehow managed to practice ALS skills in a couple of different instances with at least two different ALS agencies. So we have practice outside the scope of practice by an individual EMT. So those are two cases and so we're working with those. A third was an individual medic who had a couple of, I would describe them as scene issues where in one instance went to the scene of a bad motor vehicle event and appears to not have done an appropriate initial assessment nor did he render appropriate initial BLS type care. So that's being reviewed and we kind of have gotten through that. And he also, the same medic had been at the scene of a fire and it appears to have sort of withheld treatment. That's to a person who was complaining of symptoms during the event, heat and inhalation and shortness of breath type stuff with a young provider. So we're in the process. We've pretty much worked our way through. Then we have a few issues to flesh out and then we will probably be back at our next meeting with some actions, which the REMAC will need to vote on.*

QUALITY IMPROVEMENT – D. Olmoz reported on behalf of Dr. Yuknek: *We sent out a number of different policies that are either for discussion purposes here today or in this case we're hoping to get approval. The Quality Improvement Committee has worked for several months now on revising the previous quality improvement plan and really the premise of the revision process here was twofold. Really number one was that back in 2008 New York State Department of Health released a revised process and QI manual and one of the main intentions of the committee was to bring the original QI program in line with the new state process. And ideally what that means is that the state gives many of the recommendations now to the agencies and the agency QI officers as to what they really should be doing to make sure that quality improvement is in place and how the committee needs to be structured and all the items that need to be complied with regarding Article 30 of the public health law. So that being said the QI committee for the region decided to remove all of those elements ultimately from our regional plan and focus more on what the REMAC needs to have done and what the program agency needs to have done specific to a regional QI process. So ultimately the plan has been streamlined. It emphasizes the needs of regional QI process and one of the other key components is that there is now a memorandum of agreement where the agency would engage between themselves and the REMAC kind of insuring that they will live up to all of the requirements of both the state and regional QI process.*

After a brief discussion regarding the QI plan, it was decided to table the matter for the next meeting.

D. Olmoz added: *One other thing that I know Dr. Yuknek wanted to mention specific was that during our meetings she felt very strongly that the REMAC develop some sort of written application process for demonstration projects in that when we started to look back at some of the recent proposals that were made, whether it was the CPAP protocol or the implementation of rescue pod, etc., there was nothing in writing that delineated to the applicant what the quality improvement aspects of doing a demonstration process should require. And she wanted me to bring that forward for consideration by the REMAC. So it would entail developing a very brief outline of what an agency should be submitting forward to the REMAC when they consider some new treatment modalities in equipment and what not.*

Dr. DeRobertis suggested that the matter be added to the agenda for the next meeting.

STEMI TAG – Dr. Goldwag reported: *We haven't met since the last meeting, but just to reinforce that we pretty much detailed what the requirements are for an agency and a region to be able to bypass and go to a local STEMI center. And in the interim started to develop some paperwork on what that would look like, but we still need the medical directors for the individual agencies to complete the procedure for the REMAC, which is to identify their local STEMI center or centers, most likely more than one in case of traffic or, I mean the basic premise being they should know the closest STEMI centers and we thought two is not unreasonable for each agency. And the medical director for that agency should contact the STEMI center to develop a procedure for what happens if the patients are to be brought directly in. Most of them, I've talked to all the STEMI centers in the area, at least a majority of them at one time.*



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

General Meeting Minutes - September 20, 2010

Most of them all want the patients to go through the emergency department, but it's a good idea to check in with them particularly 'cause they may have some additional notifications. And then create a document so that the REMAC just knows for each local agency that has the capability to bypass that they had done their diligence on these two items. So what's going around is the medical center's version of this work on by Don from Westchester EMS where we were able to put this in sort of a more generic format so anybody can use this as an example. And then once that's completed I think the REMAC can grant the ability for that agency to bypass for appropriate patients. So that's kind of where we're at so it's really in the hands mainly of the medical directors for the ALS agencies.

A brief discussion ensued regarding transporting patients directly to a CATH Lab vs. Emergency Department. It was mentioned that such decision should be left up to the PCI center, although it is anticipated that patients in extremis will likely be seen in the ED first.

D. Olmoz commented: *Just for everybody's information we did receive the first completed application for the STEMI transport program that was developed by Dr. Goldwag's STEMI TAG. That's from Westchester EMS. So that comes forward today for approval and just as a reminder what that entailed was their agency had to develop, as was just discussed, with each of the cardiac cath labs, the policy for activation, where the patient would be dropped off, etc., so all the protocols were developed and attached to the collaborative agreement and that was signed by Dr. Marcus as well since he'll be overseeing the Westchester EMS program.*

A brief discussion ensued regarding the reporting of patient care data to REMAC. It was mentioned that reporting data such as balloon times etc. is important to the program and is allowable according to Article 30 provisions. It was requested that the QI provisions of Article 30 be distributed to REMAC.

A motion was made to approve the application from Westchester EMS and the motion was approved.

INTERFACILITY TRANSPORT TAG – Dr. Goldwag reported on behalf of Dr. Guttenberg: *we met and the first time we met we were sort of overwhelmed with the task and then so the next time we met we were just as overwhelmed. And we did think we should bite off a piece of this that's doable and not try and solve the totality of the complexity of trying to understand how you could have a critical care interfacility transport system developed. But we did think that we could take some of the work that was done and I guess New York City has a pretty comprehensive protocol, not protocol, but a policy and speaks to this, the training and specifics. So we thought we would go through that and see if we could tease out of that what was realistic and functional for us so, we started with that issue to try to find exactly what in that New York City document was worthwhile to pursue. And I think that's successful. I think we can come out of that with some clear understanding of what specialty care transport might or might not be and even the terminology of whether it's specialty care transport interfacility transport and how we can make this work. We recognize that this is a growing issue as patient care gets more sub specialized and facilities become more tertiary and certainly at the medical center it's something that the medical center deals with every day, that we get a percentage of our patients coming from other facilities and the thing is if they're going to end up at the medical center or any tertiary care center, all of us want them to get their as quick as possible because that's where the definitive care is going to be rendered. So we talked about how defining who transports those patients and could existing systems be used to generate interfacility transports and have some additional sort of standards for that so that the existing system, without having to recreate the wheel could be used to make those interfacility transports happen. So there was a lot of discussion of theoreticals and how to approach this, but we did want to not try and drink the ocean and take a piece of this that we thought we could accomplish in the short term and then bring it back to the full REMAC for discussion.*

A lengthy discussion ensued regarding modifying the current 911 system to be able to accommodate emergent interfacility transports and how doing so would impact local EMS systems. It was mentioned that the issue demands continued discussion and it was suggested that Mr. Kim from Westchester EMS be invited to the Interfacility TAG's meeting since he is believed to have done a great deal of work in regards to the issues.



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

General Meeting Minutes - September 20, 2010

SPECIAL COMMITTEES

HUDSON VALLEY / WESTCHESTER HELICOPTER COMMITTEE – D. Olmoz reported on behalf of Dr. Stuhlmiller: *Helicopter Committee met and they have basically completed a final revision of the regional helicopter guidelines, which I believe will be brought forward in November. The Hudson Valley REMAC will be voting on it I believe next week or something along those lines. In addition to that there are a couple of cases that were reviewed by the committee. One was outside of the region and involved an extended ETA versus actual time of arrival and looking at the case at first glance there appears to be some communication issues involved. There was also a case that happened in Westchester County a couple months ago in the Lewisboro area that I believe was resolved and notification will be made to the complainant and that involved again communication issues between the regional dispatch and one of the local helicopter dispatch coordination centers. And when updates were being requested from the scene, there were some difficulties with getting that information from the ship itself. Ultimately there was a slight delay in response, nothing out of the ordinary and I guess the conclusion was to recommend that contact be established as soon as possible between the responding air ship and the ground services so that continuous communication can occur and that the back and forth between these regional dispatch and local dispatch centers are kind of alleviated.*

HUDSON VALLEY REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) – It was mentioned that it is believed that there is a new trauma director at WMC and it is hoped that this will lead to the RTAC being reinvigorated.

DIVERSION REPORT - D. Olmoz reported that a report was generated and distributed to REMAC for review with the meeting materials. It was mentioned that the report indicates a significant decline in diversion hours for the month of July when compared to the two years prior.

NOTICES OF INTENT

PAD – Yorktown Athletic Club; City of Rye Recreation

APPLICATIONS FOR SPECIAL PERMISSIONS (i.e. Albuterol, Mark I, EMTD) – JCC Camp Discovery

OLD BUSINESS

D. Olmoz reported – *Again, just to reiterate what the State Department of Health has asked all REMACs and Program Agencies to do is to more or less be a clearing house with respect to information regarding any medication shortages in our regions and we will report that information as needed. Up to this date again we have received some comments regarding Epinephrine but that has kind of concluded. It was mentioned by some of the physicians that they anticipate a shortage of Lasix shortly*

NEW BUSINESS

D. Olmoz gave a brief presentation regarding a proposed EMS resource utilization policy developed by the REMSCO Operations Committee. Discussed were several points included in the policy related to modification of the EMS system needed to improve overall coordination of EMS resources including emergency medical dispatching, unit confirmation of availability procedures, and the establishment of ALS dispatching criteria. Additionally, a regional definition of when patient contact is established was discussed. It was mentioned that the policy had been brought to the REMAC Protocol Committee for input but it was determined that all REMAC members should be involved in the process.

A lengthy discussion followed in regards to implementation of the various components of the policy in addition to allowing for additional buy-in. It was agreed that the policy should be approved in principle with the understanding that final wording is necessary. It was decided that the policy be distributed for additional commentary to REMAC, REMSCO, and all EMS agency medical directors.



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

General Meeting Minutes - September 20, 2010

A discussion took place regarding organizations approved for special procedures (PAD, Epi-Pen) and what requirements exist for such organizations to keep their programs current. It was mentioned that the medical directors of such programs should be following up with their organizations since they technically acknowledge that program will remain up-to-date when they sign off on the collaborative agreements. There were concerns raised about failure of an organization to report uses of PAD or Epi-Pen. A lengthy discussion followed describing how the process is supposed to work. It was suggested that Dr. Haydock voice those concerns to SEMAC. It was also recommended that physicians place an expiration date on their authorization to insure programs are updated appropriately.

NEXT MEETING –The next meeting is scheduled for **Monday, November 15, 2010** at 9:00am.

Session was adjourned at 10:38am.

A webcast of this meeting is available at www.wremasco.org

Respectfully submitted by D. Olmoz