



W e s t c h e s t e r R E M A C
 General Meeting Minutes - **November 19, 2007**

Date: November 19, 2007
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. Lawrence Klecatsky
 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

Alt. - Dr. H. Cordi
 Excused
 Absent
 Absent
 Absent
Present
 Absent
Present
Present
Present
Present

NON-VOTING MEMBERS

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

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

VACANT
 Absent
 Absent
 VACANT
 Excused
Present

GUESTS

Ray Cordi
 Dr. Michael Canter
 Joseph Bilotto
 Beth Sanger
 Kevin Gage
 Richard Robinson
 Ashley Curren
 Dr. Michael Guttenberg
 Malcolm Dixon
 Dan Olmoz
 John Jackson
 Michael Volk
 Katherine O'Connor
 Don Cottle
 Dr. David Stuhlmiller
 Ted Tully
 Dr. Erik Larsen, MD

Empress EMS
 Greenwich Hospital
 Harrison EMS
 North Salem VAC
 NYSDOH BEMS / MARO
 NYSDOH BEMS / MARO
 Pleasantville PD
 St. Joseph's Medical Center
 TransCare
 WCDES
 WCDES
 WCDES
 WCDES / PA
 Westchester EMS
 Westchester Medical Center
 Westchester Medical Center / RRC
 White Plains Hospital

Meeting was called to order at 9:15 AM by Chair Dr. Nicholas DeRobertis. Roll call taken by Katherine O'Connor. No quorum available initially.

EMS AGENCY UPDATES

Ms. O'Connor reported on the updates being conducted by the Regional EMS Office for the REMAC:

NYS BLS Update – Aspirin - Over the past several months the Regional EMS Office has been playing catch-up with agencies in regards to their completion of the NYS Aspirin protocol update that was to be enforced by July 1st. The region still has a large number of agencies who still haven't responded to the request that they submit an



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affirmation to the REMAC, signed by their service medical director, that the update was actually completed and implemented as required. More correspondence will be sent out and all Service Medical Directors are asked to follow up with their own agencies.

Certified Agency Update – The Regional EMS Office has been complete an update of all certified agency credentialing (ALSFR and ambulance agencies). All certified agencies had been requested by REMAC to verify their current additional scope of practice approvals, more so for the BLS agencies since the ALS agencies are fairly straight forward. These updates had been due by August 31st. Again, the Regional EMS Office has experienced a large number of agencies being non-responsive to multiple requests. More correspondence will be sent out and all Service Medical Directors are asked to follow up with their own agencies.

BLS First Response Agency Update – Another update had been pushed out to all the BLS First Response (BLSFR) agencies which was to be completed and submitted by October 31st. The purpose of this update is to reconfirm the commitment of these mostly FD and PD agencies to remain in the system as a BLSFR entity. The Regional EMS Office has heard back from approximately a third of these organizations so far. More correspondence will be sent out for these agencies as well. Some physicians may get letters; however, not all these agencies have a medical director.

All of the update information will be turned over to the NYS DOH so that they can update their own records and be aware of who is operating in our system and at what level.

SEMAC

Next SEMAC meeting is December 11, 2007.

SUBCOMMITTEES

Protocols

Paramedic Protocols – AHA Changes – The committee, under the direction of Dr. Cordi, has been completing an entire review and redrafting of the paramedic protocols. However, the REMAC needs to approve the updates just pertaining to the AHA changes. The SEMAC had agreed to allow each REMAC to modify their protocols to reflect just the AHA changes without completing the normal approval process. Taking a step back from the new draft document being worked on, the current, existing Paramedic protocols impacted by the AHA update were identified and just those sections were amended to reflect the changes.

It was reported that the Protocol Committee had not been able to meet to effectuate some clean-up on the suggested changes prior to the meeting, but that Dr. Stuhlmeier had outlined the majority of them for the committee.

(Dr. Nigro arrived giving the REMAC a quorum.)

Discussion regarding how long it would take the ALS agencies to make sure that their Paramedics were following the new guidelines and were aware of the protocol changes. It was noted that most providers have already taken an ACLS and/or PALS course in the last year or so. The challenge has been that the protocols have not matched what was already being taught. The general consensus that only a couple of months would be needed to ensure that the stragglers were updated.

(Dr. DeRobertis returned to the start of the agenda to approve the minutes.)

MEETING MINUTES

Minutes of the October 15, 2007, meeting were disseminated to the members. Dr. Haydock noted that in the report from the SEMAC, the issue of capnography had been misreported. Dr. Haydock related that during the discussion at the SEMAC it was stated as a goal rather than a requirement that all ALS services move towards continuous wave-form capnography for intubated patients. The SEMAC is very sensitive that there are cost factors to having all agencies able to perform capnography.



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- **Motion to approve the minutes with the amendment noted was made by Dr. Cordi and second by Dr. Nigro. Motion approved.**

In last month's minutes there was a section regarding the new County Trunk Radio system. Discussion was held regarding the status of the County Trunk Radio system for the hospitals. Questions regarding:

- Who is paying for the equipment?
- Who is paying for the installation?
- What hospitals have had them installed?
- Who is providing the in servicing for the staff at the hospitals?
- When will the system "go-live" at the hospitals?

The REMAC members noted that they would like a follow-up with Michael Volk regarding all these questions and possibly get a memorandum out to all the hospitals as to what the anticipated time line is for implementation.

(Return to the SUBCOMMITTEES and the Protocol Committee report)

SUBCOMMITTEES

Protocols

Paramedic Protocols – AHA Changes – Dr. DeRobertis reiterated that the Paramedic Protocol drafts distributed to the members reflect only the AHA guideline changes and only those specific protocols that have been impacted. The SEMAC has indicated that it will allow each REMAC to implement just these changes with a motion from the REMAC, and be pushed through to the ALS agencies and credentialed paramedics.

It was noted that all the REMAC members should be very familiar with the new algorithms. All the changes were modeled directly from the AHA material. The only departure is the remainder of Procainamide in the treatment algorithms – the AHA appears to be phasing it out. Also discussion regarding the need to perform some "housekeeping" editing on the draft AHA protocol sections since the Protocol Committee was unable to meet before the REMAC meeting to complete these changes.

- **Motion to approve the draft changes to the Paramedic Protocol sections submitted by the Protocol Committee to reflect the 2005 AHA ACLS and PALS updates, as well as any clean-up in language required to be completed by the Protocol Committee prior to its submission to the SEMAC. Motion made by Dr. Nigro and second by Dr. Marino. Motion approved.**

Communication will be sent to all the ALS agencies regarding these changes and the expectation that they will be fully implemented no later than the end of the 1st quarter of 2008, March 31, 2008. A copy of the abbreviated version of the explanation for the changes printed up by the AHA will be distributed to all REMAC members, hospitals and the ALS agencies.

SPECIAL COMMITTEES

Hudson Valley Regional Trauma Advisory Committee (RTAC)

The committee met on November 15, 2007. Dr. David Stuhlmueller reported in the absence of Dr. Marcus.

Trauma Report Forms - The RTAC will be rolling out in the next month or so the prehospital trauma team activation report which was presented at previous meetings. It has been approved by both the Hudson Valley and Westchester REMACs. Again, the document is essentially a script for an EMS provider to follow when giving a trauma report to a hospital and will provide clarity and consistency of communication between EMS and hospital staff. On the hospital side, a companion document with check-off boxes will allow for the identification of what resources will be needed for the patient prior to arrival, i.e. what level trauma alert is needed. The EMS placards will be handed out for use in every transport vehicle for easy visual reference when a trauma patient is being transported. EMS providers will be encouraged to use the same report format even if they're not bringing the patient to the trauma center. The RTAC hopes to further reinforce trauma care practices throughout the region.



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Representatives from the RTAC will be visiting County councils and working with both Regional EMS Offices offer a short training presentation for use at all the agencies.

It was noted that materials could certainly be handed out at each training sessions. Any agency that is unable to attend the programs will need to be followed up on by the Regional EMS Office, but it is not anticipated that a large-scale mailing would be needed.

Trauma Conferences – A number of trauma conferences occur each year in the region. It was discussed that some of the hospitals that present an annual trauma conference may seek to share speakers and information, as well as perhaps speak at each other's conferences. The thought is to better develop the concept of a regional trauma system rather than just individual hospitals.

Education & Prevention Projects - It was discussed that successful trauma education and injury prevention projects developed by one hospital should be accessible so that the programs can be easily modeled and copied by other hospitals in the region. This way each hospital doesn't need to re-invent the wheel each time.

Community Hospital Representative – The RTAC needs another physician representative from a community hospital. Currently Dr. Larsen from White Plains Hospital is the only community hospital representative from Westchester. Anyone interested should contact Dr. Larsen at White Plains Hospital.

Hudson Valley / Westchester Helicopter Committee –

The committee will be meeting again on October 29, 2007. Dr. Stuhlmler reported that he had had the Hudson Valley clarify the language that was agreed to in the last version of the AMS operations guidelines. There had been discussion regarding the inclusion of language related to critical medical conditions. Although that section was removed prior to being approved by both REMACs, there is still verbiage that keeps an open door in regards to On-line Medical Control making certain determinations on appropriate hospital destinations. The committee may try to re-introduce the language that was redacted at a future meeting.

The AMS operations guidelines will be distributed with the assistance of both the Regional EMS Offices and the County Coordinators. It is the hope that this document will reach every fire and EMS agency in the entire 7-county area. Emergency Services will be using its E-learn system and presentations will probably be made out at the various council meetings.

(Chief Michael Volk arrived at the meeting.)

COUNTY TRUNK RADIO SYSTEM

Chief Volk answered questions regarding the status of the County Trunk Radio system, specifically as it relates to the hospitals.

Installations

Chief Volk reported that the county is still waiting for 3 hospitals to have their equipment installed. The installations have been challenged by the length of the antenna run needed at some facilities - some of the hospitals have over a 400-foot antenna run. Completing the installations while the emergency departments are busy can be hectic, but the installers have to be very flexible with times. It is not always easy to get them in there in the middle of the night to install antennas.

Radio System In-Servicing

The Department of Emergency Services is developing a PowerPoint presentation that can be shared with all the hospitals through a train-the-trainer program. The actual training for the system will probably only take 10 minutes. Another suggestion was the development of a "cheat sheet" for hospitals to place next to their base stations for staff to refer to as needed.

EMS Agency Use

Chief Volk reported that the EMS agencies have not been directed to use the system for calling the hospitals as yet. Actually they've been told all the hospitals are delayed due to installation and training.



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Radio Coverage

Questions were raised as to whether the trunk system might eliminate some of the dead spots along the Hudson River communities when communicating with the hospitals through the use of a site located on the Palisades. Chief Volk reported that a Palisades site was never planned for the system. So far the county has not run into many areas that are dead spots. There is a form on the department website for users to report problems with the system. If hospitals are hearing about problems from agencies, then please have them share that feedback with the county.

Project Costs

Chief Volk reported that the county is providing the equipment and the hardware. A base price was established for installations; every hospital was not assessed individually. Some hospitals are a lot cheaper as the antennas only have to go through a couple of floors. Other facilities are expensive since the antenna paths are more expensive to run. However, there is only one set price. Any additional costs over the base price will either need to be borne by the hospital or an alternative way to connect it to the system will have to be identified. There is no mechanism to have the county pick up the difference because the county's installation contract is not with a specific vendor, but with Motorola who then works with each vendor. To date only one hospital has been identified as being relatively more expensive for the installation because they will have to do core drilling into the floors.

Time-Line

Chief Volk reported that as soon as the radios are finished being installed, the system should go live. The training presentation is being worked on right now. Once it is approved by the Commissioner it can be distributed. The county would prefer to have everyone on board before opening the system fully.

NOTICES OF INTENT

PAD

The following PAD notices of intent were received by the Regional Office since the last meeting:

<u>APPLICANT</u>	<u>CITY</u>	<u>SERVICE TYPE</u>	<u>DATE</u>
Eastchester Fire District	Eastchester	Fire Dept/Dist	10/26/2007
North Castle Police Dept.	Armonk	Police Dept	10/25/2007

Epi-pen

An Epi-pen registration was received from the North Castle Police Department in Armonk. Dr. Marcus from Northern Westchester is their Medical Director.

The Regional EMS Office should be receiving more material from the BLSFR agencies completing their updates. It is anticipated that more agencies will be reported at the December meeting.

APPLICATIONS FOR SPECIAL PERMISSIONS (I.e. Albuterol, Mark I, EMTD)

No applications for special permissions were received.

OLD BUSINESS - None

NEW BUSINESS - None

NEXT MEETING

Meeting was adjourned at 10:00 am. The next meeting will be Monday, December 17, 2007 at 9:00am.

Respectfully submitted by Katherine O'Connor