



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

General Meeting Minutes - January 28, 2008

Date: January 28, 2008
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

Excused
 Present
 Absent
 Absent
 Present
 Absent
 Excused
 Absent
 Present
 Present
 Excused

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
 Excused
 Absent
 VACANT
 Present
 Present

GUESTS

John Filangeri
 Ray Cordi
 Dr. Michael Canter
 Joseph Bilotto
 Craig Castioni
 Beth Sanger
 Robert Prianti
 Kevin Gage
 Richard Robinson
 Malcolm Dixon
 Anthony Sutton
 Michael Volk
 Katherine O'Connor
 Ted Tully
 Dr. David Stuhlmiller

CRP / Hudson Valley Hospital
 Empress
 Greenwich Hospital
 Harrison EMS
 Life Net
 North Salem VAC
 NY Presbyterian Hospital
 NYSDOH BEMS / MARO
 NYSDOH BEMS / MARO
 TransCare
 WCDES
 WCDES
 WCDES / PA
 Westchester Medical Center / RRC
 WMC /Life Net

Meeting was called to order at 9:20 AM by Chair Dr. Nicholas DeRobertis. Roll call taken by Katherine O'Connor. A quorum was determined to be present.

MEETING MINUTES - Minutes of the December 17, 2007, meeting were disseminated to the members via email prior to the meeting.

- o **Motion to approve the minutes made by Dr. Chin and second by Dr. Nutovits. Motion approved.**

SEMAC - Dr. Haydock unable to make the REMAC meeting. Katherine O'Connor reported on the SEMAC meetings held on January 23, 2008.

Commissioner Meeting – State Medical Director, Dr. Henry, had a meeting with Dr. Daines, Commissioner of the NYSDOH. Dr. Henry had the opportunity to review the needs of the EMS system in the state and trends that have been seen statewide. They also discussed items such as the STEMI project, specialty care issues and shortage of critical providers, especially on the hospital side in terms of trauma.



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State Protocol Approval Process Revisions - Changes to SEMAC protocol approval process were finalized. The REMACs are now allowed to distribute the protocols locally in an electronic format, either on a disk or posted on a website, for review and comment prior to regional approval. Also when a region is submitting new protocols to the SEMAC, only 2 original copies need to be sent with a PDF or MS Word version of the document on a disk.

State-wide ALS Protocols – Four ALS protocols were brought out of the Medical Standards committee for statewide approval. The protocols addressed material related to advanced cardiac care. The protocols were approved at SEMAC but then tabled at SEMSCO. The dissent at SEMSCO was not the content of the protocols per se. The first unease was that not all the SEMSCO members who had to vote on the approval had received copies to review before the meeting. The second question was that based on a strict reading of Article 30, SEMSCO has the authority to establish standards and approve regional ALS protocols, not promulgate statewide ALS protocols. Since the discussion at Medical Standards and SEMAC had indicated that the intent was to have each region replace their local corresponding ALS protocols with the 4 proposed protocols, this also concerned many of the regions who had already had recently had protocol books printed at great expense. It was requested that the NYSDOH legal section review the matter and report back at the next SEMAC/SEMSCO meetings.

A related discussion held in regard to this topic was the disparity between how these protocols were developed in Medical Standards and pushed out for approval versus what is required in each region. It was thought that a commentary period should have been observed with the proposed protocols/standards being disseminated to each REMAC and offering them the ability to comment back directly.

Statewide PCR Data – The Evaluation Committee had a presentation completed by the SUNY Albany School of Public Health using all the PCR data now available from 2002 – 2005. During their review, some anomalies were noted, specifically to the Westchester Regional data. The SUNY review indicated that our regional call volume dropped 20% between 2002 and 2005. The anecdotal experience from the agencies is that our numbers have been increasing, not decreasing. The concern is that the state is not crediting all the calls occurring in Westchester to Westchester. Because some agencies, such as TransCare, have large operations in other areas, primarily New York City, the question to DOH was is it possible that they're missing some of our data? The Regional EMS Office will be following up with the DOH.

Air Medical Services (AMS) Survey Tool – The survey will be conducted in March, April and May.

New York State ACEP Report Card – The SEMAC Evaluation Committee met with the NYS ACEP to review the data points that had been released on the last ACEP Report Card where New York State received a "C." Some of the data points reported seemed grossly inaccurate, for instance availability of online medical control through out the state was listed as 0%, however availability of E911 was 100%. In addition to reviewing the previous data points, the new data points for the next report card were also discussed. It was determined that since the ACEP report card is national perhaps New York State should develop its own score card which can contain more state-specific data points and be updated from time to time.

Specialty Care TAG – The TAG is looking for progress in obtaining approval for advanced EMS providers to be authorized to transport patients actively being given blood products. There are still some stumbling blocks in regards to the law. As of right now, AEMT-Ps cannot by law transport these patients without a licensed provider on board. Suggestions for changes to Article 30 have been drafted to better address specialty care transports (SCT) or interfacility transports have been discussed. The scope of practice document that was previously distributed was approved and is moving ahead to Training and Education for development of an education piece that can be rolled out with it.

Safety TAG - A multi-committee TAG, this group is looking at ways to improve the culture of safety in EMS systems throughout the state. QI issues have been identified in regard to the use of reporting forms for incidents



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such as vehicle crashes, injuries to personnel and unexpected equipment failures. There are requirements that these items be reported but there is no singular communication document. The TAG would like to have standard reporting forms developed.

The TAG distributed a survey that was distributed and collected at last year's Vital Signs conference. The TAG is seeking permission to have the results published and disseminated to all the regions and agencies. Some of the information gleaned from the survey was very telling, such as the comparison of the number of providers who wear a seatbelt in the front of the ambulance versus the rear.

CAPNOGRAPHY – Katherine O'Connor reported that following the last meeting, surveys were distributed to all ALS/ILS agencies and 911 receiving hospitals to determine their ability to meet the SEMAC standard of providing wave-form capnography for all non-arrest intubated adult patients and all intubated pediatric patients. Responses had been requested by January 25th.

- For the agencies out of a total of 18, 10 responded, or 56%. All of these were ALS agencies.
- Out of the agencies who responded, 8 (80%) had the availability for availability for Waveform capnography; and out of those 6 (60%) had the availability on every unit
- A number of the agencies stated that it would be easy to meet the 1/1/09 deadline, 2 stated it would be difficult (needing an extension of less than one year), and one stated it would be difficult (needing an extension of greater than one year)
- The agencies that weren't heard from were Empress, Mohegan Lake VFA VAC, Scarsdale, TransCare, and Yorktown.
- For the hospitals, only 2 out of the 12 possible responses were received.

Discussion that more responses should be received before the data is discussed. Also discussion regarding why the SEMAC wanted continuous wave-form versus. It was recognized that additional ventilation information is relayed with wave-form that is not available with just numeric representation or the colormetric end-tidal devices. It is also not a small investment for those agencies and hospitals to have to add to their equipment caches. Will try to get the study material that the SEMAC used to push the need to implement the requirement for wave-form capnography.

SCOPE OF PRACTICE – As was reported Specialty Care Transport (SCT) TAG pre-hospital Scope of Practice document was accepted and is moving on for development of training and education materials. It is thought that a rollout may be seen before the end of the year.

HYPOTHERMIA – The AHA in their recent revisions came out solidly behind the use of induced hypothermia for post-SCA resuscitated patients. A few EMS systems have begun initiating this care in the field, however it is widely accepted that you need both the prehospital and ER working together to make this type of care successful. There are fairly easy ways to implement the process in the field by using cold packs and chilled IV fluid, but in hospital is more expensive - for instance the Artic Sun blanket costs \$25,000. There are lots of different departments that need to be coordinated and in agreement for the process to be seamless.

Discussion regarding how to put this care into the region. DES Commissioner Anthony Sutton stated that the County Executive is aware of the innovation and is very interested in supporting a program. Perhaps a pilot or research project where good research data could be developed would help the hospitals come on board. The development of a TAG to examine the issues and challenges and recommend direction will be discussed.

ATROPENS – The NYSDOH is in the process of distributing Atropens to every agency, ALS and BLS, in the state for placement on their ambulances. The Atropens are seen as a short term stop-gap until the Chem-Paks are available. The concern that the service medical directors and REMACs had been left out of the loop was communicated to the Office of Preparedness. DES is still working on finalizing county's Chem-Pak plan which is needed to roll-out this project. The NYSDOH has stated that they will wait until we are ready to roll this out locally.



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Also discussed was the concern as to whether or not the first responders and EMS agencies will actually put the Atropens into service. Equipment previously distributed by state through the county, such as the respirator kits, has remained locked up by the agencies.

SUBCOMMITTEES

Protocols – Dr. Stuhmiller reported on behalf of Dr. Cordi.

Pediatric Protocols - are being reviewed by Dr. Yuknek and will be finalized after her feedback is received. The document will be posted on the website for review once finished.

AHA Protocol Rollout – Additional provider testing/education beyond having an ACLS and PALS card will be required only if indicated by the Service Medical Director of each ALS agency. Also, an ACLS/PALS course taken before July 1, 2006, is acceptable if there is proof that it contained the new material.

SPECIAL COMMITTEES

Hudson Valley Regional Trauma Advisory Committee (RTAC) – Reported by Dr. Stuhmiller. It is hoped that the new Trauma Reporting form will be rolled out in February.

Hudson Valley / Westchester Helicopter Committee – Dr. Stuhmiller reported that the committee was meeting right after the REMAC meeting.

NOTICES OF INTENT

No applications for special permissions were received.

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

No applications for special permissions were received.

OLD BUSINESS - None

NEW BUSINESS

Trunk Radio System Training for Hospitals – Michael Volk reported that the last 2 hospitals, White Plains and Mount Vernon, should be installed soon. The agencies will be advised to begin using the system for regular ER notifications and on-line medical control once all the hospitals are complete. The training for the hospitals was held and the presentation is available on-line. Desk microphones have been ordered for all the hospitals. If there are any problems please contact DES.

Diversion – Hospitals have been struggling with diversions lately. It is hoped that a report showing the diversion rates can be shown at the next meeting. The concern is that the flu season has not really hit yet.

Airport Exercise – Mr. Volk also reported that on May 3, 2008, the Westchester County Airport will be conducting a large-scale disaster exercise. The airport wants 155 victims, as this is based on the highest capacity plane that lands there. A moulage class will be held beforehand. More information to come.

Disaster Drill – Yonkers will be holding a disaster drill on May 10th.

Westchester EMS Conference – A large EMS Conference will be held at Empire City in Yonkers on May 17th. More details to come.

MCI Trailers – In about 30 -45 days more MCI trailers will be deployed to Yonkers , Greenburgh PD, Croton FD and North Salem VAC.



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Next Meeting -Meeting was adjourned at 10:30 am. Due to the President's Day holiday observance next month, the next meeting will be moved back one week to Monday, February 25, 2008, at 9:00am.

Respectfully submitted by Katherine O'Connor