



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

## General Meeting Minutes - March 17, 2008

**Date:** March 17, 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

Alt. – Dr. H. Cordi  
Present  
Absent  
Present  
Present  
Absent  
Absent  
Present  
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  
Present  
Absent  
VACANT  
Present  
Present

### GUESTS

Ray Cordi  
Joseph Bilotto  
John Filangeri  
Craig Castioni  
Beth Sanger  
Kevin Gage  
Jeff Casas  
Daniel Olmoz  
Anthony Sutton  
Phyllis Smalley  
Don Cottle  
Dr. Erik Larsen  
Garrett Doering  
Dr. David Stuhlmiller

Empress  
Harrison EMS  
HVHC/CRP  
LNNY  
North Salem VAC  
NYSDOH BEMS / MARO  
Port Chester Rye Rye Brook EMS  
WCDES  
WCDES  
WCDES  
Westchester EMS  
White Plains Hospital Center  
WMC  
WMC

## MEETING

Meeting was called to order at 9:15 AM by Chair Dr. Nicholas DeRobertis. Initially it was determined that a quorum was not present. Dr. DeRobertis continued with the discussion of some items not requiring a vote.

**CAPNOGRAPHY** – Results of capnography survey results from the hospitals distributed. It is clear that some of the hospitals will not have capnography available in the emergency department even if EMS does.

**ATROPENS / COUNTY CHEM-PACK PROGRAM** – Dan Olmoz from DES reported regarding the creation of an educational piece for EMS regarding the county's Chem-Pack plan that would be a companion piece to the state rollout of the Atropen project. In reviewing the plan itself it was decided to make a couple of updates specifically if regard to the Communication process utilizing the new truck radio system. Also, the transportation mechanism for the materials is being revisited. It is hoped that all will be accomplished by early May so that the NYSDOH program can be rolled out. There has been no local delivery of any of the medication as yet to the EMS agencies.



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

## General Meeting Minutes - March 17, 2008

### SUBCOMMITTEES

**PARAMEDIC PROTOCOLS** – Dr. Heidi Cordi reported that she had just returned from traveling and a committee meeting was expected to be held after the REMAC one.

### SPECIAL COMMITTEES

**HUDSON VALLEY REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC)** – Next meeting April 29, 2008.

**HUDSON VALLEY / WESTCHESTER HELICOPTER COMMITTEE** – Tabled for arrival of Dr. Larsen.

**NOTICES OF INTENT** – PAD notices received since the last meeting:

APPLICANT	CITY	SERVICE TYPE	DATE
Westchester One Building	White Plains	Business	3/12/2008

**APPLICATIONS FOR SPECIAL PERMISSIONS (i.e. Albuterol, Mark I, EMTD)** - No applications for special permissions were received.

### PRESENTATION

**CPAP PRESENTATION – Empress EMS** – Ray Cordi presented an overview of the Empress's experience with CPAP. Overall the sample size was small over the 11 months: 37 patients total, 25 control and 12 patients that received CPAP. Comparing patients that received CPAP with the control group that could have used CPAP but didn't, the average length of stay was 7.5 days versus 9.2 days. Mr. Cordi reported that he would like to do a financial study to further highlight the differences between the 2 groups, but was missing hospital charges and what other resources the patients needed in the hospital (i.e. ICU).

Problems encountered included an increase in turn around times. Often the hospital ER was not ready for the unit even if notified ahead of time that CPAP was being used. The average call is 27.2 minutes turn around from the time that the ambulance reaches the hospital until it is back in service. This time was lengthened by 6.3 minutes. Empress operates 9 CPAP units and the costs per unit is about \$1,000 per with the circuits \$30 a piece depending on quantity. These costs are not reimbursed.

Discussion regarding training of personnel and ease of use pre-hospitally. Also concerns regarding the transfer of care to local hospitals. Decision to have a survey of the availability of CPAP in the ERs. Decision to allow the current pilot programs to continue and refer the data to the Protocol Committee to assist in the development of protocols for the use of CPAP system-side along with an education component that would address the issues that have been discussed pertaining to the equipment and hospital as well.

*(Noted by the Chair that a quorum was now present.)*

**MEETING MINUTES** - Minutes of the January 28, 2008, and February 25, 2008, meetings were disseminated to the members.

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



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

## General Meeting Minutes - March 17, 2008

---

**HUDSON VALLEY / WESTCHESTER HELICOPTER COMMITTEE** – Dr. Larsen reported that the SEMSCO had is asking the regions to assist with assist with the scene utilization data that the individual air medical programs across the state are supposed to report. They have forwarded their check list on every scene flight that is supposed to be submitted. In our region, LifeNet of New York and NYSP with MLSS are the two aircraft and we will be submitting data through the regions. Now LifeNet of New York already collects this exact data in its utilization review and reports it to the state. But for three-month period, March, April and May the SEMSCO asked the helicopters report through the regions so they can get a state-wide three-month review.

Also there are criteria for suspected acute stroke, unsuspected myocardial acute infarction for scene flights. The current helicopters guideline was approved by this body end of last year, but it does not include any of this language. At the Hudson Valley REMAC meeting there was a lot of interest on what to do with stroke and cardiac patient if he wound up in a helicopter so there is a sub-committee of that REMAC investigating this and its implications to patients being transported away from closer hospitals to more distant hospitals.

**HOSPITAL DIVERSION** - DES reported the rates of hospital diversion requests from NOVEMBER 1, 2007 TO THE END OF FEBRUARY 2008. Copies of reports were distributed, but the hospitals themselves were not identified. The review of the numbers shows that some hospitals use diversion quite often and others do not. The question then becomes what if anything can be done about the hospitals that are using diversion very frequently indicating that there are challenges within their own system.

Discussion regarding sending this data to the CEOs of the hospitals on a routine basis so that they have the have the capability to monitor the situation and start to work out issues within their own institutions if there are consistent over uses of diversion by a hospital. They can't begin to work on a problem that they don't know about. Discussion also with sharing the data with NORMET. Discussion also with keeping a closer eye on the patient volume at the area ERs and comparing them with previous periods.

**SEMAC REPORT** – Dr. Tim Haydock reported on the SEMAC meetings of March 4, 2008:

**Regional vs. Statewide Protocols** – Again the issue of state protocol versus regional protocols was raised. A couple of month ago the state put forward four protocols that were related to the AHA updates with the intent of having state protocols that mirrored the AHA standards. These were passed by SEMAC but then defeated at SEMSCO due to the position that creation of protocols was a REMAC function, not the SEMAC. The issue was referred to legal and it was determined that according to Article 30 REMACS have the authority to make protocols but SEMAC has the authority to make standards. The question then is: what is a standard and what is a protocol? A lot of time is spent reviewing and approving local protocols that don't differ greatly from one another other than format. There is small group trying to make all the protocols the same except in situations really needing local variation.

**Safety** – There is a lot of data available about injuries occurring to EMS. There are really only 2 major categories: minor injuries and major injuries. The majority of the serious injuries are related to motor vehicle crashes, especially to providers in the back of an ambulance at the time of the crash. The minor injuries that they are seeing are lifting, falling, and needle sticks.

**Alternate Patient Destinations** – pilot program in Rochester looking at ambulances taking patients with minor medical problems to alternate destinations, i.e., clinics, urgent care, private offices. The patient has to approve of the change and it is done under medical control. After 3 – 4 months of data, they had several hundred potential cases, but due to the cumbersome nature of the setup, there were only a handful of patients actually transported to alternative destinations. Given the preliminary data, this project does not seem to be a solution towards helping ED overcrowding issues.

### OLD BUSINESS



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

## General Meeting Minutes - March 17, 2008

---

### NEW BUSINESS

**Health Safe Community** – collaboration between the American Heart Association and facilities, the program involves programs to label facilities and businesses as heart safe. Based on the numbers of people trained in CPR and the number of AEDs available, the program recognizes organizations at one of 3 levels - bronze, silver, and gold. This program is new to Westchester County and has come from some involvement with Westchester Medical Center. There are some other programs up and running in surrounding counties. The overall essence of the program is to more or less promote organizations that are otherwise unwilling to join a public access defibrillation program on their own. The hope is to promote public access to defibrillation and some of the possible privileges and benefits of being a public access defibrillation program. Some of the programs are aimed at individual organizations and others at whole communities. The County is looking into it and if it does come to fruition, more information will be brought to the REMAC and the REMSCO.

Discussion regarding current PAD programs and the oversight to those programs. The Program Agency will follow up with the 200 odd programs in the region to determine their individual involvement with their medical oversight hospital or physician.

**Psych Hospital Transports** – Concerns raised regarding increased requests to take psychiatric patients to hospitals without medical clearance and then 911 is called to take the patient to an acute care hospital. TAG to look into the problems and need for REMAC policy for these events. Dr. Haydock, Dr. Goldwag, Dr. Cordi and Joe Bilotto to work on the project.

**Next Meeting** – Session was adjourned at 10:28 am. The next meeting is scheduled for Monday, April 21, 2008, at 9:00am.

Respectfully submitted by Katherine O'Connor