



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

General Meeting Minutes - September 15, 2008

Date: September 15, 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. 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

Absent
 Absent
 Absent
 Present
 Absent
 Present
 Alt – Dr. L. Rociunas
 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
 Excused
 Absent
 VACANT
 Present
 Present

GUESTS

Ray Cordi
 Dr. Michael Canter
 Joseph Bilotto
 Kevin Gage
 Richard Robinson
 Jeff Casas
 Dr. Michael Guttenberg
 Katherine O'Connor
 Michael Volk
 John Jackson
 Dan Olmoz
 Ted Tully

Empress EMS
 Greenwich Hospital
 Harrison EMS
 NYSDOH BEMS / MARO
 NYSDOH BEMS / MARO
 Port Chester Rye Rye Brook EMS
 St. Joseph's Medical Center
 WCDES
 WCDES
 WCDES
 WCDES
 WMC

MEETING

Meeting was called to order at 9:20 AM by Chair Dr. Nicholas DeRobertis. Minutes from the June 16, 2008, meetings were disseminated to the members. Motion made by Dr. Chin and seconded by Dr. Haydock to approve the minutes as read. Motion passed.

SEMAC

Dr. Hadock reported that the SEMAC had met last week on September 10, 2008. Among the topics discussed were the following:

Wave Form Capnography (WFC) – This issue has been discussed by the SEMAC for almost a year now. As was reported previously, at the May meeting the SEMAC had no quorum to vote on the most recent iteration of the proposed requirement that all intubated patients, except for adults in cardiac arrest, have WFC pre-hospitally by 1/1/09 or EMS agencies will not be allowed to provide endotracheal intubation. Three things happened at this most recent meeting. First, the requirement was changed to affect all intubated patients, for both prehospital placement and on-going monitoring (i.e. transports). Secondly, as part of this change, any suggestion that the requirement affect other advanced airways (i.e. LMA, King, Combitubes) was redacted. Lastly, instead of bringing the matter to a vote before the SEMSCO, the SEMAC updated a previously issued advisory regarding confirmation of ETT placement and submitted the document to the NYSDOH Commissioner for approval. The



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recommended implementation date remained 1/1/09. It was reiterated that there will not be any regional accommodation allowed for those agencies that can not meet the deadline to have WFC as it is the standard of care. This unfunded mandate is expected to be a financial impact to EMS services across the state and there is already a firm and aggressive lobby to adjust it. It is not known what modifications if any the Commissioner will make to the advisory statement; he could change the implementation date but it is expected that the medical component of this requirement will go forward. While not allowed to modify the advisory, the SEMSCO was told that it could send its concerns regarding the implementation to the Commissioner.

Discussion regarding the lack of continuity once the patients get to the hospital and the projected delay in getting WFC to the ER. The SEMSCO has no oversight regarding ER practice. A regional survey showed that the most hospitals do not have WFC 24/7 and indicated that they would need about 10 minutes to acquire the equipment from another department, usually respiratory therapy. Also discussion regarding problems with implementation expected around the state. Equipment is expensive and ongoing problems with Physio-Control may cause delays in agencies with LP12s trying to obtain the needed technology by the deadline.

Glucometers – Glucometers were officially identified as the standard of care for blood glucose monitoring in the field. Apparently in some parts of the state chemical test strips are still being used.

Defibrillators (AEDs) – During the discussions at SEMAC it came to members attention that not all ambulances carry defibrillators. It is not a state requirement and AEDs do not appear in Part 800 as a required piece of equipment. The SEMAC voted to require immediately that any ambulance in service must have the ability to provide defibrillation. At the SEMSCO meeting there was great concern for the financial impact that would be felt by EMS services, especially the commercial agencies. Arguments were made that AEDs were not needed for interfacility transports with stable patients. Ultimately the matter was tabled at SEMSCO with a request that BEMS come back at the next meeting regarding exactly how many agencies and/or vehicles would be affected by the mandate and an estimation as to what the cost would be to implement it.

Discussion regarding the financial impact to local agencies. It was pointed out that every school is required to have an AED and that some regions already require an AED be on every ambulance.

Medical Orders for Life Sustaining Treatment MOLST – The document has been approved by the DOH for use around the state. The form includes sections for do not intubate (DNI) and direction on fluid resuscitation. The document does not replace the pre-existing out-of-hospital DNR form; that document is still valid. The MOLST form can be used in conjunction with or instead of the DNR form.

Noted that there is an agenda out there to mandate all nursing homes to use the MOLST. Discussion regarding providing “comfort care” in the home and when EMS would need to transport. Determination that any questions should be passed through on-line medical control. Discussion also that purpose of the form is not clear to everyone. MOLST was discussed at the most recent NYS Certified Instructor Update and the presentation is available from the Regional EMS Office.

STEMI – It was announced that New York City has an operation STEMI diversion program using OLMC as the decision-maker. All the hospitals were queried as to the presence of 24/7 therapeutic catheterization services. Based upon this list, using patient presentation, OLMC can direct an EMS unit to the closest hospital that has been pre-identified. It is a very simple system, but expects that EMS to balloon time will be 90 minutes or less.

Discussion that across the country there is a move to have these types of patients bypass the ER and go directly from the field to the cath lab. Still concerns about implementation of a diversion system in a non-centralized OLMC system. To have a similar program in Westchester would require the cooperation of all the hospitals. An assessment to define catchment areas and transport times would also need to be worked out. Education of EMS regarding the intent of such a program would need to be stepped up and use of the option would need to be closely followed by QI to make sure that it works appropriately. Decision to move the issue to the Protocol Committee or a specialty TAG for further exploration and get a copy of the NYC protocols for review.

SPECIAL COMMITTEES

HUDSON VALLEY REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) – No report. September meeting was cancelled. Next meeting in November.



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HUDSON VALLEY / WESTCHESTER HELICOPTER COMMITTEE – No report. Next meeting date not set.

SUBCOMMITTEES

PROTOCOLS – The draft Paramedic Protocols were submitted to the DOH. It is expected that they will be reviewed at the December SEMAC meeting.

EVALUATION – An Evaluation Committee was convened in August to discuss a complaint related to paramedic care that had the potential for disciplinary actions. Following its meeting, the Committee reached a conclusion that required immediate action in addition to the recommendations it made pending this meeting. For the purposes of confidentiality, it was moved that the final decision would be discussed after the main meeting was over so as not to be web-cast.

HOSPITAL DIVERSION

Graphs representing the diversion rates of all the hospitals from January through August were disseminated. As in the past, the data was blinded so the identity of each hospital was protected. DES Commissioner Sutton had sent out a letter to all the hospital CEOs regarding the concerns related to diversion. Dr. DeRobertis has tried to get on the agenda at NORMET without success. The impression is that they are not excited to have this issue brought up at their meeting.

Noted that Massachusetts had just made hospital diversion illegal. General review of the types of diversion on the reports that are registered on the website.

NOTICES OF INTENT

The following PAD notices received since the last meeting:

Applicant	City	Service Type	Application Date
Heathcote-Overhill Corporation	Scarsdale	Other	6/18/2008
Jarden Corporation	Rye	Business	6/18/2008

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

No applications for special permissions were received.

OLD BUSINESS

CHEMPACK / ATROPENS – Katherine O'Connor reported that DES arranged to have the NYSDOH come in and roll out the information for AtroPen distribution on August 17th. Attendance was very good and only had 4 agencies were not able to attend. The NYSDOH representatives provided the Regional EMS Office with the AtroPens and information packets for those agencies so they can be in-serviced. Anyone who attended the presentation is authorized to do the in-service. The presentation included an overview of the ChemPack program as it exists in Westchester, and how that dovetails into the role of AtroPens being on all of the ambulance system in the state. The presentation also included the information that this material had to be brought back to the agencies. All agency providers who are expected to use the AtroPens must attend an in-service to be allowed to use the units in case of a need. The Service medical director must also approve of an agency's involvement. Documentation to be submitted includes a notice of intent to use and possess the atropines auto-injectors. The Regional EMS Office included a collaborative agreement that could be executed between service medical director and the agency, so that all parties are clear what the responsibility was on both sides. Completed packets are to be returned to the Regional EMS Office along with the list of the providers who have been trained.

VOIP SYSTEM / TRUNK RADIO – Chief Michael Volk reported that DES along with the Office of Emergency Management is conducting weekly tests of the hospital emergency communication system, the voice-over internet



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protocol (VOIP) phone and the radio system. The tests are going well so far and all hospital ED Directors are asked to familiarize their ED staff with the phone device and with the radio. DES now has desk microphones for the radio. Any hospital that does not have a desk microphone and would like one was directed to contact Chief Volk.

CREDENTIALING – Katherine O'Connor reported that over the summer the Regional EMS Office issued notifications to all ILS and ALS agencies regarding the status of all providers in the REMAC database, highlighting those who were listed as "Primary" with them. It included a request for each agency to diligently review their rosters to see which providers are actually in the database and what their affiliation is reported to be. If a provider does not have a "Primary Agency" on file with the Regional EMS Office, then he or she is inactive in our system. Also, if any of the OLMC physicians at the hospitals are curious as to whether or not they're in the REMAC database, a real time list is available through the website in the REMAC section under medical control physicians.

NEW BUSINESS

RYAN WHITE – NYSDOH sent out an informational packet in August outlining current provisions for sharing confidential information in cases of suspected occupational exposures to HIV. This was required in light of Congress failing to renew the emergency response provisions of the Ryan White Law in December 2006. NYSDOH wanted to assure the agencies and providers that there had always been on the books, some regulation in terms of a very specific testing involving possibility of HIV transmission. However, it does not go nearly far enough to protect health care providers. A state bill that was being supported by several SEMAC members to address these issues unfortunately failed due to strong political pressure to support a competing bill that spoke more to very specific internal hospital issues and fails to address pre-hospital/emergency concerns. The SEMSCO voted to strongly support the bill originated by Dr. Dailey and others that does address EMS concerns. A copy of the bill language will be disseminated to the REMAC.

COMMUNITY HOSPITAL AT DOBBS FERRY – Dr. Marino reported that there will be changes as to the standing of Dobbs Ferry Hospital. It will become part of the Riverside Health System after December 31st and will come under the auspices of St. John's Riverside Hospital. He stated that he and Dr. Silberman were discussing how they would work out representation on the REMAC. It is most likely that they would be sharing one seat. It was determined that further discussion regarding changes in services would be tabled until the October meeting when Dr. Silberman could be present.

NEXT MEETING – Session was adjourned at 10:30 am. The next meeting is scheduled for Monday, October 20, 2008 at 9:00am.

Respectfully submitted by Katherine O'Connor