



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

General Meeting Minutes - December 17, 2007

Date: December 17, 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
Present
Present
Absent
Present
Absent
Present
Absent
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

John Filangeri
Dr. Brian Doran
Joseph Bilotto
Beth Sanger
Robert Prianti
Kevin Gage
Richard Robinson
Dr. Michael Guttenberg
Anthony Sutton
Michael Volk
Katherine O'Connor
Ted Tully
Dr. Erik Larsen, MD

CRP / Hudson Valley Hospital
Greenwich Hospital
Harrison EMS
North Salem VAC
NY Presbyterian Hospital
NYSDOH BEMS / MARO
NYSDOH BEMS / MARO
St. Joseph's Medical Center
WCDES
WCDES
WCDES / PA
Westchester Medical Center / RRC
White Plains Hospital

Meeting was called to order at 9:13 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 November 19, 2007, meeting were disseminated to the members via email prior to the meeting.

- o **Motion to approve the minutes with the amendment noted was made by Dr. Klecatsky and second by Dr. Nutovits. Motion approved.**

EMS AGENCY UPDATES

Ms. O'Connor reported that the 3 information updates reported on previously are still being conducted by the Regional EMS Office for the REMAC. Due to other work in the office there has been a delay in sending out follow-up correspondence to those agencies who still have not responded to earlier communications.

SEMAG

Dr. Haydock reported on the SEMAG meetings held on December 11, 2007.



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

General Meeting Minutes - December 17, 2007

Capnography – Most of the discussion at SEMAC involved the issue of continuously monitoring CO₂ levels in patients that are intubated, specifically medically facilitated intubated adult patients and all intubated pediatric patients. These 2 groups were separated from patients in full cardiac or respiratory arrest.

Medical literature reviewing recent studies has indicated a problem with prehospital pediatric intubation, resulting in widespread recommendations to be conservative with airway management of pediatric patients, using BLS measures primarily for most circumstances. In addition to high failure rates in completing intubation, there is also a high rate of displacement of the endotracheal tube in pediatric patients due to the shorter length of the airway and the use of non-cuffed ETTs. At the same time there is data being presented showing that medically facilitated, or Rapid Sequence Induction (RSI), prehospital intubations also experience a high rate of failure. More importantly there appears to be a great number of misplaced ETTs that go unrecognized in the field – some of which are probably not even noted upon arrival in the ER initially.

Based upon these concerns, the SEMAC felt strongly these two groups needed to have continuous CO₂ monitoring when intubated. It was therefore recommended that a mandatory compliance date of 01-01-09 for all ALS agencies be enacted. Significant discussion was also held regarding the fact that not all regions' EMS agencies and hospitals could comply in the time allotted. It was determined that while implementation can be expensive, it still should be mandated as the medical evidence is overwhelming that failed intubations are being missed.

To give some additional help to those areas that need it, the SEMAC conceded that each REMAC would be allowed to develop a waiver for specifically identified and documented cases of hardship. The final determination by the SEMSCO when this issue was brought up was that the REMAC could consider documented hardships so long as an implementation plan was included and all extensions had to be reported back to the SEMAC.

Discussion by the REMAC regarding notifying the agencies of the SEMAC mandate and surveying current capabilities to determine how many services will need some sort of extension. Also the Regional EMS Office will clarify if the mandate was for continuous wave-form or just quantitative CO₂ monitoring. The hospitals will also need to be made aware of the new requirements.

Regional Protocol Update – The AHA changes to the regional protocols were filed with the SEMAC and simply accepted as had been directed. The full protocol review will have to go through the normal Protocol approval process.

STEMI – Discussion was held regarding the recently discovered practice in some of the rural regions of ambulances bypassing community hospitals to go to “STEMI” hospitals. The concerns there included the fact that there were significant transport time differences in some incidences, preventing the patient from getting thrombolytic care sooner, as well as the fact that there is no such thing as a “STEMI” hospital designation from the state yet to allow such by-passing of other facilities. The Cardiac Advisory Committee is expected to finally come out with their plan for designating centers and what the EMS protocol will look like in the next few months.

Scope of Practice – Dr. Deborah Funk and the Specialty Care Transport (SCT) TAG disseminated a handout outlining its draft suggestions on pre-hospital Scope of Practice. The document outlines what qualifications and training a provider should at a minimum have to complete SCTs requiring various high-end treatments, device monitoring and case management. The need to have a pre-hospital provider level above the current EMT-P is becoming more and more of an issue in all of the areas of New York, especially with the development of more specialty care centers. While SEMAC and the REMACs have historically have stayed out of interfacility transfer practices, and have focused on pre-hospital care, there is now an awareness that the focus should be on all out-of-hospital care. It is recognized that there will be more and more transports between hospitals requiring higher levels of care, especially the monitoring of advanced devices, as well as the administration of different medication and blood products. The policies have been largely silent on these issues and SEMAC has determined that this area is in their scope of authority since it relates to the fundamental certified abilities of EMS providers. Since the REMACs are responsible for credentialing ALS EMS providers, it therefore becomes an issue for REMACs as well.



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

General Meeting Minutes - December 17, 2007

Discussion regarding the distribution of the document since it is only in its draft stages. Determination that the document will be sent to the REMAC members, ALS agencies and the hospitals with the caution that this matter is still under significant review by SEMAC, but that that body is considering those descriptors to define the ceiling of the current NYS paramedic certification scope of practice in regard to specialty or critical care transports between hospitals. The concern is that hospitals are requesting EMS to handle patient care that exceeds the training of its providers. To be added to the next meeting's agenda for more discussion.

AMS Study – Dr. Funk and the Air Medical Services (AMS) Tag disseminated a survey that will be used to examine what types of patients are being flown and where they are being taken. The questionnaire is already being used in some parts of the state with the AMS agency completing it for the region. The Hudson Valley / Westchester Helicopter Committee will be handling the rollout in our area. The survey will be conducted in area from March through May of next year. Questions that still need to be resolved are who (which agency) will be completing the form and if there is additional information needed who will that come from.

The next SEMAC meeting is January 23, 2008.

SUBCOMMITTEES

Protocols –Dr. Cordi reported on the progress of the protocol revisions:

Adult Protocols - The subcommittee has completed the main section of the draft of the adult protocols. The draft will be emailed out to all the members to review.

Pediatric Protocols – The subcommittee is still working on the pediatric section. These will also be disseminated once the draft has been finished.

Hypothermia Protocol – The subcommittee would also like to review the possibility of adding a post resuscitation hypothermia protocol for the ALS agencies. This practice received a strong recommendation from the AHA. To be discussed further at a later date.

SPECIAL COMMITTEES

Hudson Valley Regional Trauma Advisory Committee (RTAC) – Dr. Marcus added a topic to the report presented at the last meeting by Dr. Stuhlmiller. The RTAC would like recommendations on what to do with EMS immobilization equipment received in the trauma centers with the patients that has become contaminated. Certain items cannot be cleaned, like foam-core C-collars and straps. The RTAC discussions indicated that disposable materials might be preferred, but it was noted that they can also become quite expensive.

Discussion regarding OSHA requirements for such items. Hudson Valley Hospital had discovered that it could bag the items and return them to the owners as is, or the hospital would need to acquire a license to decontaminate the items since they belonged to another entity. The Westchester Medical Center does not return collars, but does not know what to do with straps, cracked (compromised) head blocks, or wooden backboards. For equipment belonging to agencies that cannot come and pickup their items, the materials have to be shipped out - then the question becomes what can and cannot be put into the mail (contamination wise). The issue was determined to have larger implications than medical control. The matter will be referred to the Regional EMS Council for its consideration as well.

Hudson Valley / Westchester Helicopter Committee – Katherine O'Connor reported that the committee doesn't meet again until next month on January 28, 2008, here at DES right after REMAC. The committee will be finalizing the rollout of the AMS Guidelines and discussing the AMS study requested by the SEMAC. Again, the study is going to be conducted in March, April and May of 2008.

NOTICES OF INTENT

No applications for special permissions were received.



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

General Meeting Minutes - December 17, 2007

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

No applications for special permissions were received.

OLD BUSINESS - None

NEW BUSINESS

2008 Call Audit Schedule – Katherine O'Connor reported that the regional office will be sending out its annual request to all the hospitals to please update their ALS call audit schedule for 2008. Also, if the hospitals plan on providing CME sessions in conjunction with or separate from the call audits, please submit that schedule as well so that it can be distributed and posted online so that the providers can see them.

Trunk Radio System Training for Hospitals – Michael Volk reported that DES will be offering train-the-trainer sessions on the new trunk radio system. Two sessions will be held at DES on Monday, January 7th at 10:00 am at this facility and Tuesday, January 8th at 1:00 pm. Each hospital will be encouraged to send at least one individual who'll come in, review the PowerPoint presentation and get a hands-on session with the new base stations. Each attendee will receive a copy of the PowerPoint. It is anticipated that the training will take less than an hour. The department will be disseminating the notices to the hospitals through the ED Directors.

Airport Exercise – Mr. Volk also reported that on May 3, 2008, the Westchester County Airport will be conducting a large-scale disaster exercise. It is anticipated that the hospitals will most likely be involved, if not receiving patients than most certainly on the communications end. DES will be reaching out to the hospitals that are in the casualty-distribution area of the airport to determine what type of involvement they would like. That communication will probably come through the Regional Resource Center (RRC).

Next Meeting -Meeting was adjourned at 10:10 am. Due to the Dr. Martin Luther King, Jr., holiday observance next month, the next meeting will be moved back one week to Monday, January 28, 2008, at 9:00am.

Respectfully submitted by Katherine O'Connor