



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

General Meeting Minutes - December 15, 2008

Date: December 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 Ponticello
 Dr. Richard Marino
 Dr. Nicholas DeRobertis
 Dr. David Goldwag
 Dr. Tim Haydock

AFFILIATION:

Community Hospital at Dobbs Ferry
 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
 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
 Excused
 Absent
 VACANT
 Excused
 Present

GUESTS

Ray Cordi
 Elizabeth Dyckman
 Dr. Michael Canter
 Joseph Bilotto
 Gilbert Styles
 Craig Castioni
 Richard Robinson
 Jeff Casas
 Dr. Michael Guttenberg
 Malcolm Dixon
 Michael Volk
 Nyle Salley
 Katherine O'Connor
 Dan Blum
 Dr. David Stuhlmiller
 Dr. Erik Larsen

Empress EMS
 Empress EMS
 Greenwich Hospital
 Harrison EMS
 Hudson Valley Paramedics
 LNNY/Stat Flight
 NYSDOH BEMS / MARO
 Port Chester Rye Rye Brook EMS
 St. Joseph's Medical Center
 TransCare
 WCDES
 WCDES
 WCDES / Regional EMS Office
 Westchester REMSCO
 WMC / LNNY
 WPHC / LNNY / Stat Flight

MEETING

Meeting was called to order at 9:12 AM by Chair Dr. Nicholas DeRobertis. It was determined that a quorum was present. Minutes from the November 17, 2008, meetings were disseminated to the members. Motion made by Dr. Marcus and seconded by Dr. Nutovits to approve the minutes as read. Motion passed.

SEMAC

Dr. Haydock reported on the activities of the SEMAC at its last meeting on December 2nd:

PROTOCOLS – The draft Westchester Paramedic Protocols were approved with relatively few changes requested. The REMAC was complimented on the protocols by one of the members of the committee.



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HYPOTHERMIA – The Western REMAC (Wyoming-Erie Region, Big Lakes Region, South Western Region) brought a protocol for SEMAC approval regarding pre-hospital cooling of post-cardiac arrest patients. The protocol directs the providers to use cooled saline and ice packs. The area received grants for refrigerator units to be placed on the ambulances and there are hospitals pre-identified that will receive these patients and continue the treatment. Locally, this practice has only been seen in New York City as a pilot.

Discussion regarding the ability to put such a protocol into practice in Westchester. It is necessary to have hospitals that are able to continue the cooling process once delivered by EMS. The hospitals would need to become familiar with the process and be able to respond quickly to the notification of a patient arriving with EMS initiated cooling. Dr. Goldwag reported that Westchester Medical Center has been developing protocols for cooling, but so far it has been used only for pediatric neurology.

Discussion regarding that there is a number of very expensive devices on the market that are being pushed for cooling, but the draft protocols being circulated indicate that these devices are really not needed, that basic medical technologies (i.e. saline and ice packs) can be used to provide the treatment. Inclusion and exclusion criteria proposed in the literature are fairly restrictive; use in trauma or stroke patients is not being recommended as yet. It was noted however that training of hospital personnel would need to include multiple departments, from the ED up to the ICU/CCU, so that all levels were familiar with the process and any associated equipment. Nursing needs would also be great as the patient to nursing ratio would be at least 1:1. It is anticipated that implementation of such a program would require a good deal of internal hospital politicking, but that it should not be difficult to do. Hospitals in the New York - Presbyterian system and Greenwich Hospital are reported to be using a hypothermia protocol for post resuscitation, but data from those experiences is not available as yet. Decision that the issue would be pushed to the Protocol Committee for the possibility of developing a protocol in Westchester. EMS protocols are available from other areas in New York State to start the process. Also, a letter will be sent to all the hospitals so as to advise them that this practice is being investigated for pre-hospital use and would need to be continued on the hospital side.

WAVE FORM CAPNOGRAPHY (WFC) – According to BEMS Director Ed Wronski, following a review of the proposed advisory statement by the Legal Division before it was sent to the NYSDOH Commissioner, it was determined that the SEMAC cannot mandate the use of continuous wave-form capnography (WFC) through an advisory statement. The advisory statement, once approved by the Commissioner, will however establish a standard of care. Mr. Wronski did state that the practice could be mandated through local protocols. The advisory statement has not yet been approved and issued by the Commissioner's office so a final implementation date for the standard is not available.

Discussion regarding the placement of WFC in the recently approved Paramedic Protocols both in the protocols and on the mandatory equipment list. Once the protocols are rolled out to all the agencies the regional mandate will become effective. As was previously reported, only one paramedic-level agency, TransCare, has indicated that they will not have the ability to perform WFC by January. TransCare is in the process of purchasing the equipment and will focus on getting 911 units in compliance before transport services. Malcolm Dixon, QI Coordinator for TransCare in Westchester, reported that the hold-up is the cost of getting all the units equipped. Mr. Dixon indicated that he would try to obtain a better timetable from the purchasing department as to when they could expect to come into compliance with the requirement.

General discussion was held regarding the participation of hospitals in collection of data for QA/QI purposes, especially with all the new programs that have and are being suggested for implemented. Questions raised about whether the NYSDOH returns to inspect or evaluate the success of specialty programs. It was offered that the stroke centers should be expecting visits from NYSDOH starting in the New Year. Newer initiatives, especially hypothermia, do not have that sort of plan as yet. To have a full picture of its success, the REMAC would like feedback on how it was working in the hospitals, however the REMAC has no authority over in-hospital activities. It was suggested that the REMAC at least ask the hospitals to participate in a QA Program where the committee could receive a report back and get some survival statistics for the region. It would be a way to connect the hospitals to the EMS processes. The numbers of patients involved in these requests would be fairly small and should not cause hardship in providing the data.

COMMUNITY HOSPITAL AT DOBBS FERRY



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The Chair again reported that by the closure plan documents filed with the NYSDOH, on December 31st Community Hospital at Dobbs Ferry (CHDF) will cease to be a hospital in its own right and become a part of the Riverside Health System. It appears that 12 beds have been transferred from St. John's Riverside Hospital (SJRH) over to CHDF so that it could stay open as a short-term rehab and AmSurg center. NYSDOH is also allowing them to operate as a hybrid stand alone Emergency Room with the possibility of short-term stays in the AmSurg center. The facility was awarded monies from NYS to convert this structure over the next five years to be primarily AmSurg, focusing on breast and reconstructive surgeries. Based on these documents, it appears that there will be no availability of ICU or pediatric beds in that facility.

The Chair reported that he was concerned that even though EMS operations will be affected by these new arrangements, the region was not included in the planning. Also, he found it difficult to obtain copies of the closure plan and once he did, the contents appeared to run contrary to what was presented at the previous REMAC meeting. Considering that EMS assets are already stretched thin on a day to day basis, the potential for the transfer of patients on a regular basis from this limited facility would stress the system, especially when patients could be transported to a number of other hospitals in the vicinity.

General discussion regarding the use of free-standing emergency departments in other places in the country. This practice is seen as beneficial to rural areas, however it may not make sense in an area like Westchester with other full-service hospitals immediately available to ambulances. Questions raised regarding the volume of emergency visits, especially by ambulances, received by the facility currently. Determination that an administrative representative from the hospital is needed to address / discuss some of these specific points from the closure plan. Some of the questions that should be answered:

- Will the transition really be in effect by 1/1/09, or sometime during 2009?
- Why wasn't the REMAC /REMSCO involved in any of the planning issues that affect EMS?
- Why was the information related to the closure plan so difficult to obtain?
- How will this change in facility resources really effect EMS operations?
- What is the plan for notification to the community regarding the proposed change in resources?
- What will the new organizational and operational structure look like?
- What is the timetable for the programmatic changes?
- What is the plan for transfer of critical patients from the facility to a hospital?
- What will be the final official status of the facility?

Decision that until notified otherwise by the NYSDOH, the REMAC will continue to treat the facility as a hospital. A letter requesting clarification will be sent to CEO James Foy.

HOSPITAL DIVERSION

Graphs representing the diversion rates of all the hospitals from January through December 2008 were presented to the members by Nyle Salley from DES. Also included was a graph showing the total number of diversions in 2007. As in the past, the data was blinded so the identity of each hospital was protected. It was noted again that there are couple of outliers in the data spread, but overall it appeared that the numbers had decreased from last year. It was asked that Ms. Salley compare 2 years' data on the same graph for easy comparison. Copies of the graphs will be sent to each ED Director with an indication as to which number represents their hospital.

SUBCOMMITTEES

PROTOCOLS – Ms. O'Connor reported that as previously indicated by Dr. Haydock, the protocols were approved by SEMAC/SEMCO with some requested changes. Most of these changes were typos or slight modifications of language. Substantive changes included:



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- Removal of Intra-nasal Narcan for neonatal resuscitation
- Movement of Procainamide in a wide complex tachycardia stable patient from standing order to medical control option.
- Change of fluid bolus for non-traumatic shock in pediatric patients from 20cc/kgs to 5-10cc/kg

The Chair indicated that some of these changes should be challenged, but can wait until the rollout is completed.

The Training Education Committee Meeting on Friday revisited the previously discussed assignments as to the development of rollout materials. A follow-up meeting will be held in January to correlate all the pieces and move forward to put together the roll-out package. It is hoped that it will be ready for dissemination by March 1st. It was noted that assistance will be needed from a couple of REMAC physicians to help with the material that has to be put together for the medical patrol physicians, as well to make sure that it reviewed from the perspective of medical control.

CREDENTIALING – Ms. O'Connor reported that since the last meeting the REMAC Regional Office worked with the representatives of the Hudson Valley Paramedic Services (HVPS) and their Service Medical Director, Dr. Stuart Rasch, to complete the credentialing process for the providers who were missing Westchester credentialing. Between the new credentialed providers, plus some newly hired paramedics who were already in the system, the current paramedic staffing for HVPS Westchester credentials now sits at 14 or 15. A few more paramedics are in the process of completing the exams. Dr. Rasch submitted an affirmation that based on these numbers, the staffing of ALS units in our area will meet the credentialing requirements of the Westchester REMAC. A letter was submitted to the agency, and a notification was issued to the system, lifting the suspension of ALS operations. The Chair thanked everyone for their support of the process in completing this task.

EVALUATION – Ms. O'Connor reported that the Regional EMS Office has been in contact with 2 ALS agencies that are in the process of submitting ALS complaints to the REMAC. It appears that both will require the establishment of an Evaluation Committee to review the credentialing of paramedics in our system, because of issues found with their delivery of care. It is hoped that these committees can be set up in the next week or so.

SPECIAL COMMITTEES

HUDSON VALLEY REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) – The next meeting is expected to be held in January or February.

HUDSON VALLEY / WESTCHESTER HELICOPTER COMMITTEE – The next meeting has been scheduled for January 2, 2009.

NOTICES OF INTENT

No PAD notices were received since the last meeting.

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

MT KISCO VAC - Ms. O'Connor reported that a communication was received from the Mount Kisco Volunteer Ambulance Corps (MKVAC) regarding their special permission interventions allowed by the REMAC. Within the past few months, there was an issue of a lapse of certification with NYSDOH BEMS. In addressing the lapse, the NYSDOH representative recommended to the agency that they needed to re-communicate with the REMAC about their special practice applications (Epi Pen, Albuterol, AED) because those are privileges are provided for through the REMAC. As part of this process, the administration is requesting an official notice that the REMAC is not going to sanction the agency for the lapse and make them reapply for the authorizations. The reported basis of the problem was a misunderstanding regarding who was completing the required paperwork, and when the issue was identified, the situation was rectified very shortly by the agency.



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Determination that there were no practice issues or other problems associated with the program at MKVAC and that re-application will not be required.

OLD BUSINESS

AHA MISSION LIFELINE SURVEY – Ms. O'Connor reported that the Regional EMS Office received an update from Ms. Maria Pico regarding the status of the AHA Mission Lifeline survey. Last Friday Ms. Pico submitted a list of agencies that had not answered the survey. The Regional EMS Office will review the list and go back and re-request that those services participate in the survey. The AHA will be shutting down the survey website by this coming Friday.

STEMI – Ms. O'Connor reported she was invited to attend a meeting tomorrow in the Hudson Valley Region exploring STEMI issues. The meeting will include representatives from all their hospitals as well as several of their interested stakeholders in terms of setting up a program similar to the one currently operating in New York City where EMS units are directed by on-line medical control to pre-identified hospitals having therapeutic cardiac catheterization 24/7. The invitation was extended to include the members of the Westchester REMAC STEMI TAG. Dr. Haydock, Dr. Goldwag, and Dr. Flores will be attending that meeting.

RYAN WHITE – No new information has come available regarding the Ryan White legislation.

ACEP REPORT CARD – Dr. Michael Guttenberg reported that 2008 American College of Emergency Physicians. (ACEP) National Healthcare Report Card. The report serves as a follow-up to the evaluation done a couple of years ago, and this one doesn't hold any great surprises. The report assesses broad healthcare issues and compares NYS to other parts of the country with regards to patient safety, liability, access to emergency care and disaster preparedness. NYS actually did poorly in comparison when the numbers of Emergency Departments versus the population, occupancy, and hospital occupancy rates are considered. The general feedback was that there are not a lot of hospitals in New York and the ones that exist are very crowded. For the last item, disaster preparedness, NYS did fairly well, much better than other parts of the country. The SEMAC and the SEMSCO had an opportunity to participate in the parts of the survey with connections to EMS in terms of the data collected. The report is posted on ACEP.org for download. The SEMAC is developing a separate report card with the NYS chapter of ACEP that will address more local EMS issues.

NEW BUSINESS

EMS STUDIES – Dr. Erik Larsen commented on the many changes being recommended for EMS protocols and the use of new technologies and treatments, like hypothermia. He suggested that the REMAC should start taking a look at the results of the Ontario Prehospital Advanced Life Support (OPALS) study examining EMS practice. It should be reviewed in terms of the outcome of trauma patients and BLS versus ALS level care. It will be added to the agenda for the January meeting. Materials will be distributed electronically beforehand.

NEXT MEETING – Session was adjourned at 10:26 am. Due to the Dr. Martin Luther King, Jr, holiday, the next meeting is scheduled for Monday, January 26, 2009 at 9:00am.

Respectfully submitted by Katherine O'Connor