DRAFT Monroe Livingston **REMAC** Meeting Minutes

June 20, 2011

Standing Agenda Items

Agenda Review, Manish Shah, MD

- Sign-in sheet being passed around; please sign
- Anything else to add to agenda?

Minutes, Manish Shah, MD

- Comments re: number of individuals that haven't attended meeting in a long time, confirmation letters, will talk to secretary to clarify.
- The minutes have been posted on the website
- If no one has comments or edits, motion to approve the minutes
- Moved by Breese; Seconded by Dr. Thompson; All in favor? Ayes

- Added comments – course sponsorships, recommendation was to approve all of our course sponsors in the area so no new significant change with that action has been done.

Correspondence/Announcements, Manish Shah, MD

- Dr. Wolfe sent letter of resignation; he is no longer at Lakeside Hospital. I believe he went back to Unity. He is thanking REMAC for his time on the committee and has enjoyed his time here and we'll miss him. We'll need official confirmation from Lakeside CEO that Dr. Jack Davidoff is the new representative from Lakeside.

Program Agency Administrator's Report, *Tracy DeMarse*

- Kick off of the next budget year begins next Friday. We seem to be in good shape.

Associate Reports

Council (MLREMS), Mark Tornstrom

- The State's reimbursement for voucher payment is significantly delayed, threatening our contract for the office. Thus, we have formed a TAG committee to look at how to handle the situation in order to maintain some continuity, determine what funding opportunities exist, what would happen if the State funding went away, and how to fund it. If we don't get paid, we're in default.
- Recommendation was to approve all of our course sponsors in our area so no new significant change with that action has been done.

State Council Meetings, Jeremy Cushman, MD

- SEMAC had a number of lengthy discussion regarding protocols. The most pertinent one is that the hypothermia demonstration projects will no longer be demonstration projects
- There were also discussions regarding the new national EMS education standards.

State Actions, Tracy DeMarse

- Raymond Abbott, Mexico, NY

REMAC Sub-Committee Reports

ALS Subcommittee, Julie Jordan (Chair)

- We are meeting after this meeting, and we will continuing to list clearances, preceptors, etc., in our meeting minutes as we phase through the electronic process, even though the ALS Committee no longer needs to "approve" them. This will enable us to ensure nothing is slipping through the cracks as we transition.

Pharmacy Subcommittee, Mike Kuder (Chair)

- Pharmacy Committee has had no meeting.

Protocol Subcommittee & Advanced Practices, Jeremy Cushman, MD (Chair)

- Three action items for REMAC were distributed for public comment, starting with an update of Section 3 and 4 of the Monroe-Livingston Regional Protocols (Adult and Pediatric Advanced Cardiac Life Support), as well as an Agency Medical Director Credentialing Policy.

In the Protocols updates, one of the changes is that we are removing atropine for bradycardic arrests. There is also an emphasis on the importance of not interrupting compressions for any type of advanced airway placement. There is a request for REMAC input regarding adding Diltiazem & Procainamide back to the formulary/protocols. A lot of effort has been made in this region to assure that the standard of care is the same at every agency regardless of what you carry. If one agency has it and the other does not, could that potentially lead to an error, challenges or complications? There is also the issue of adding it, and acquiring it. Policy and Protocol Committee already agreed that if you choose to add the drugs back into the system, we would do a regional training update on those drugs. We will put together information regarding how it is provided, and make sure it's standardized so the people that are purchasing it understand.

Section 3 Protocol update: Motion made, seconded and motion passed.

Section 4 (Pediatrics) has been updated with changes similar to Section 3: not interrupting compressions to place an advanced airway, Post-conversion protocol is even easier

Motion made, seconded and motion passed.

ALS providers - You should not start carrying Dilt and procainamide until these protocols come out in the form of an advisory. Please wait until the advisory and then talk to your AMD before you do.

Per NYS, every region has to have in place a process by which agency medical directors are credentialed to perform medical director services within a region and it was identified that we did not have one. A document was forwarded to the group for review, that essentially comes from the National Association of EMS Physicians. Only 2 comments were received. The first concern was the desirable qualification of board certification of emergency medicine, which is a desired, not required. The second concern was with regards to the sentence limiting the number of providers an AMD can oversee. Per Lee Burns, physicians anywhere in NYS cannot have more than 10 agencies, 100 ALS providers, or 500 BLS Providers without REMAC's approval. This is cross-regional, meaning that if a physician has some agencies in 2 or more regions, they all need be accounted for and cannot go over the state limits without express consent from all impacted REMACs. A brief discussion took place regarding the process for determining if/when a physician should be allowed to have more than the limits imposed by NYS and it was decided that it would be dealt with on a case-by-case basis with each case being discussed at REMAC. In addition, it was clarified that with the approval of the REMAC Chair, in writing, the Agency Medical Director may exceed the maximum thresholds until the issue can be discussed at the next available/scheduled REMAC meeting.

Motion made, seconded and motion approved.

Protocol & Policy Committee, Jeremy Cushman, MD (Chair)

- Protocol and Policy is beginning to review how we can standardize our protocols with some of the surrounding regions. ACLS and PALS protocols mirror other regions. Formatting will likely change but it will be a transition period over the next year. Will look for engagement in that process as we update our protocols, specifically looking at fentanyl standing orders

Quality Assurance Subcommittee, Manish Shah, MD (Chair)

- Chart lock times – the regional requirement passed by this group was that 85% of the charts must be locked using our time system within three hours of arrival at the hospital. We are actively watching from a QA standpoint that 98% of the charts are locked within 12 hours. There is increasing concern among ED directors, physicians, and State regarding this significant lack of PCR information available when needed. Part 800 and policy 205 or 502 states that a PCR shall be left at the time the patient's care is transferred. There will likely to be increasing pressure to the State to enforce that which is already written in part 800. There a lot of factors on the hospital receiving end as well as the EMS sending. It's a system issue; we need a small working group or a tag to look at the issue - some hospital staff, some EMS personnel. Options might be open access Wi-Fi, or even PC's in the triage areas. REMAC approved and directed the QA committee to enforce the 98% locked in 12 hours and we'd look at instructing the QA

committee to enforce some of the other time frames and reopen discussions. We believe 75% of agencies already meet the 85% less than 3 hours. There is a monthly report, as well as an annual summary at the end of each calendar year. There are agencies that have 70%, 65% within 3 hours. Gathering all that information for statistical purposes has dragged down ability to provide timely information to the physician at the time of transfer. A discussion needs to take place regarding what EMS needs to give the physician or nurse at the time of patient transfer. A big concern was that the medication list and past medical history are important, and are the more time consuming aspects of the documentation. Will put a TAG together to focus on this and look at what the solutions are (Mark P, Tracy). They will also be looking for the hospital representative input.

MHA TAH, Mark Tornstrom

- Unity Group has limited funding to continue de-escalation their program ; could a TAG be able to pick up an educational component that could be replicated instead of them traveling?

Regionalization, Julie Jordan

- All current system preceptors need to complete the upgraded training and protocol test by June 30th.
- A list will be generated of those that have recertified as preceptors to all ALS chiefs that are available to them. After the June training is done, will open training up to new preceptors.

Fingerlakes Regional Trauma, Bob Breese (Official Representative)

- TAG – no meeting, no report.

Old Business

- None

New Business

- Reminder – people RSI cleared outside the MLREMS region. Despite multiple efforts, the non-MLREMS RSI providers continue to call MLREMS Medical Control for orders. Please defer them to their regional Medical Control numbers for RSI orders.
- A discussion was held regarding IO/King Airways vs. IV/ETTs and could we potentially do a regional study on the data? There is no hard/fast written rule, for example, in cardiac arrest patients. It's whatever the provider can get quickly. Anecdotally, it seems that the seasoned providers are performing IV/ETT placements and the newer providers are opting for IO/King Airways. The Program Agency can potentially pull some data on this in the future.

- At this time, we need to enter into Executive Session, and ask that all non-REMAC members please leave the room and close the door. Motion made, seconded, and motion passed
- Return to Open Session
- There were 2 QA Cases that were discussed in Executive Session that will be recapped briefly and entered into the official record:
    - Case #1 - EMT Jerry Miller – Suspended; This came to the region from one of his agencies that attempted to use their QA process for a spinal immobilization issue. Mr. Miller failed to respond to the agency QA process, so they turned it over to be addressed by the region. After several attempts to contact Mr. Miller by the Region, he again failed to respond to the Regional QA process. This comes forward as a seconded motion. Motion passed. A letter will be sent from the REMAC Chair to Mr. Miller and to NYS notifying the NYS DOH Bureau of EMS that Mr. Miller is suspended for failure to participate in the QA Process.
    - Case #2 –EMT Peter Doyle – Suspended until Educational Plan completed: the highlights are as follows: Call for motor vehicle crash, response was made, call referred to us by Honeoye Falls Ambulance. EMT had contact with the patient but documented the PCR as canceled by police. There was also a lack of understanding regarding the Duty To Act and the Region's definition of patient contact. The QA Committee, and now the REMAC are proposing Mr. Doyle be advised in writing that he needs to be engaged as a crew member, needs to familiarize himself with regional policies and the definitions of patient contact and duty to act prior to practicing EMS in the MLREMS Region. He must also take and pass a regional BLS protocol test and meet with the agency medical director to review duty to act, patient contact, and policies and procedures related to releasing patients. He must notify the Regional Program Agency of any agencies for which he is providing EMS care prior to providing patient care for the next 2 years of active EMS care, meaning if he doesn't provide care for the next 2 years, it doesn't matter, two years of actually providing patient care. He will also report back to the Regional Program Agency quarterly. If Mr. Doyle is not practicing in the region, though he is at this time, his case will be referred to NYS Bureau of EMS because we no longer have jurisdiction. We will also refer it to NYS Bureau of EMS due to the falsified documentation of the PCR that claimed no patient contact, but Mr. Doyle admitted to having a conversation with the patient. This comes forward as a seconded motion. Motion Passed.

      Tracy will draft a letter that will come from REMAC and copy to the State.

- Moved to adjourn
- Next meeting to be held Monday, August 15th.