



Monroe-Livingston Regional Emergency Medical Services

Monroe Livingston Regional Emergency Advisory Committee (REMAC) Standard Operating Procedures (2008)

Introduction:

The Monroe Livingston Regional Emergency Medical Advisory Committee serves as a standing committee of the Monroe Livingston Regional EMS Council except that the voting members of the committee will solely determine the REMAC actions and decisions regarding medical control and medical direction.

Membership:

REMAC members are required to either reside or have their primary job function which would qualify them for a position on the REMAC within the Region served by the Council.

Membership shall include the following representatives:

Voting Members: (13 total)

1. One emergency medical physician from each acute care hospital in the region - **(7)**
 - A. Members in this category are designated by the hospitals they represent and subject to approval by the MLREMS Council.
 - B. An alternate physician for each hospital may be designated by the primary member. The primary member must submit in writing the name of his /her alternate physician. The designated alternate physician may vote only in the absence of the primary member.
 - C. The nomination of a physician representative from an acute care hospital shall be submitted by the respective hospital to the MLREMSC. Each representative is subject to approval by an affirmative vote of the Council.
 - D. The appointment shall be for a period of three years, and may be renewed.
2. The Systems Medical Director – **(1)** Ex Officio Member
 - A. There will be no term of office for the Systems Medical Director who serves by virtue of his office. The Systems Medical Director will remain a member of REMAC as long as the person remains in office.

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3. At-Large physicians who have demonstrated knowledge and experience in emergency medical services or specialty service affected by EMS, i.e. Psych, Pediatrics, Geriatrics, Surgery, or Trauma- **(5)**.
 - A. Physicians in this category may represent specialties that will offer expertise from their respective fields to the REMAC.
 - B. Physicians in this category shall submit their letter of intent and curriculum vitae to the regional council for consideration as positions become available.
 - C. The term of office shall be three years and may be renewed.
4. Each physician must be licensed in New York State.

Non-Voting Members: - (13)

- 1 One hospital representative
- 2 One Basic Life Support representative
- 3 One Advanced Life Support representative - Chair of the ALS Committee or their designee.
- 4 One EMS course sponsor representative
- 5 The Livingston County EMS Coordinator - Ex Officio Member
- 6 The Monroe County EMS Administrator - Ex Officio Member
- 7 Regional QI Coordinator - Ex Officio Member
- 8 Six At-Large Members - four of these members will be certified New York State providers practicing in the region. The fifth and sixth will have no such requirements and may or may not be a provider.

Members in this category, except for the county coordinator/administrator, shall submit their letter of intent and curriculum vitae as positions become available to the regional council for consideration.

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The term of office shall be three years and may be renewed, except for the county coordinator/administrators and the Regional QI Coordinator. The county coordinator/administrator and Regional QI Coordinator serve by virtue of their office/position. The county coordinator/administrator shall remain a member on the REMAC as long as the person remains in office. A vacancy by the county coordinator/administrator is filled when the successor to the office is named. The Regional QI Coordinator is the person authorized by the MLREMS Council to oversee the compliance of the quality assessment and improvement efforts in the region both with Article 30 standards and the program agency contract requirements."

Officers:

The officers of the REMAC shall be the Chair and Vice-Chair.

Officers shall serve for a period of two years. Their term will begin on January 1st and end on December 31st of the second year in office.

Nominations for the officer positions must be received prior to the last meeting of the preceding year and elections will be held at the last scheduled meeting.

In the event of a vacancy in the office of Chair or Vice-Chair, the REMAC shall elect a Chair and/or Vice-Chair to complete the unexpired term.

Chair:

The Chair shall be elected by and from the voting members of REMAC.

The Chair shall preside at all meetings and have the right to convene emergency meetings as necessary.

In the event of a tie the Chair will cast the deciding vote.

Vice-Chair:

The Vice-Chair shall be elected by and from the non-voting members of REMAC.

The Vice-Chair shall assume the responsibilities of the Chair in the Chair's absence with the exception of the Chair's voting privileges.

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Attendance Requirement:

Members are expected to attend ALL meetings of the REMAC. Ex Officio members are exempt from this attendance requirement. Members who do not attend 2/3 of the eligible meetings in a twelve-month period will be brought to the attention of the Regional Council by the Council Secretary and to the attention of the REMAC by the REMAC Chairperson. The Council may declare the member's position vacant by the affirmation of two thirds of the members present. Members not in compliance with the attendance requirement shall be informed by the Council Secretary and asked to offer a defense prior to the vote of the Council. Physician hospital representatives shall have their hospital administration notified.

If a physician hospital representative position becomes vacant, the appropriate hospital administration shall be notified and be requested to designate another representative.

Vacancies for all positions shall be filled no later than two months after the vacancy is declared. The member elected to fill a vacancy will complete the term of office of the former member.

Meetings:

There shall be no fewer than six meetings per calendar year. Meetings shall be held on the third Monday of the month from 5:30 - 7:00 PM or as approved by the REMAC membership.

A meeting schedule will be published prior to the last meeting of the preceding year and approved by the REMAC members at the last scheduled meeting.

Conduct of Business:

A majority of the voting members of the REMAC shall constitute a quorum for conducting any business of the committee. A majority vote of the quorum shall decide all questions before the committee except in those instances in which a greater majority is required.

The members of REMAC may request to hold an executive session for personnel or legal issues. The decision to hold an executive session shall be voted on by the REMAC voting members. All voting and non-voting members may attend the executive session.

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State Medical Advisory Committee Representative:

The committee shall nominate to the New York State Commissioner of health a physician with demonstrated knowledge and experience in emergency medical services to serve on the state medical advisory committee. The nominee will require council approval.

Subcommittees:

The REMAC Chair may establish standing subcommittees as necessary with the approval of the REMAC voting members. The REMAC Chairperson appoints the committee chair. Members of these committees are not required to be REMAC members.

QA Committee: REMAC will have a standing subcommittee designed to review regional QA/QI issues and initiatives. The chair of this subcommittee shall be appointed by the REMAC Chair. The QA/QI subcommittee will work closely with the Regional Medical Director and the Program Agency as well as with the Regional QA/QI coordinator and report back to the REMAC any necessary action.

ALS Committee: REMAC will have a standing subcommittee tasked with the oversight of ALS polices, procedures and process in the region. The chair of this subcommittee shall be appointed by the REMAC Chair.

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