

ATTENDANCE

#	NAME	CATEGORY	MEMBERSHIP	TERM	2018-06	2018-08	2018-10	2018-12	2019-02	2019-04
VOTING										
1	Jeremy Cushman, MD	MLREMS Medical Director	Voting / Ex Officio	N/A	E	CXL	CXL	P	P	P
2	Maia Dorsett, MD	at Large (seat 3)	Voting	3/31/2020	P	CXL	CXL	P	A	P
3	Aaron Farney, MD	Hospital - Nicholas Noyes Hospital	Voting	3/31/2023	P	CXL	CXL	P	P	P
4	Antonios Katsetos, DO	at Large (seat 1)	Voting	3/31/2019	P	CXL	CXL	P	P	P
5	Timothy Lum, MD	Hospital - Highland Hospital	Voting	3/31/2023	P	CXL	CXL	P	A	P
6	Vacant	at Large (seat 2)	Voting		P	VACANT	VACANT	VACANT	VACANT	VACANT
7	Eran Muto, DO	Hospital - Rochester General Hospital	Voting	3/31/2023	P	CXL	CXL	P	A	P
8	Erik Rueckmann, MD	Hospital - Strong Memorial Hospital	Voting / Chair	3/31/2023	E	CXL	CXL	P	P	P
9	Bruce Thompson, MD	Hospital - Unity Hospital	Voting	3/31/2023	P	CXL	CXL	P	P	P
10	Constance Verneti, MD	at Large (seat 4)	Voting	3/31/2020	P	CXL	CXL	P	P	P
NON-VOTING										
11	William Arnold	at Large OPEN (seat 2)	Non-Voting	3/31/2020	P	CXL	CXL	P	A	P
12	Vacant	at Large NYS Certified (seat 1)	Non-Voting		Bonfiglio-P	CXL	CXL	Bonfiglio-P	Bonfiglio-A	VACANT
13	Michael Bove	at Large NYS Certified (seat 4)	Non-Voting	3/31/2019	P	CXL	CXL	P	P	P
14	Robert Breese	EMS Course Sponsor	Non-Voting / Vice Chair	3/31/2019	P	CXL	CXL	P	P	A
15	Timothy Czapranski	EMS Coordinator - Monroe County	Non-Voting / Ex Officio	N/A	P	CXL	CXL	E	A	P
16	Karen Dewar	EMS Coordinator - Livingston County	Non-Voting / Ex Officio	N/A	P	CXL	CXL	P	P	P
17	Elizabeth Darrow-Coates	at Large NYS Certified (seat 3)	Non-Voting	3/31/2019	E	CXL	CXL	E	P	A
18	Tim Frost	at Large OPEN (seat 1)	Non-Voting	3/31/2019	P	CXL	CXL	Hester-A	Hester-A	P
19	Julie Jordan	ALS Representative	Non-Voting	3/31/2020	P	CXL	CXL	E	P	A
20	James Neary	at Large NYS Certified (seat 2)	Non-Voting	3/31/2019	Philippy-E	CXL	CXL	Philippy-A	Philippy-A	P
21	Benjamin Sensenbach	Regional Patient Safety / QA Coordinator	Non-Voting / Ex Officio	N/A	P	CXL	CXL	P	P	P
22	Pauline Shaw	Hospital Representative	Non-Voting	3/31/2020	P	CXL	CXL	P	E	E
23	Eric Thomas	BLS Representative	Non-Voting	3/31/2019	E	CXL	CXL	P	P	A

LEGEND: Present = P Excused Absents = E Unexcused Absents = A

Agenda Review – Erik Rueckmann, MD

- No additions to the agenda

Minutes – Erik Rueckmann, MD

- Minutes from February were not posted, therefore we cannot vote on them.

State Actions – Ben Sensenbach

- Jose Rivera
 - Certification revoked for violations of Part 800.16(a)(4).
 - Has abused a patient, as patient abuse is defined in Section 800.3 of this part

Old Business – Erik Rueckmann, MD

- Brockport Ambulance – Application for ALS
 - Motion to approve Brockport EMS operating as an advanced life support agency in the MLREMS region by Dr. Rueckmann, seconded by Dr. Lum. One opposed, no abstentions, motion passes.
 - Discussion with Lucas Vandervort, Brockport Volunteer Ambulance Corps Director
 - The application looks to be complete. Our job is not to discuss certificate of need, but to look at their application and determine if they have the resources to provide patient care and their ability to cover calls.
 - Question as to why they were closed in the first place? This was a significant issue in that area when they closed originally. Vandervort – there has been a significant change in leadership since then. The closure reasons were both financial and staffing issues. Moving forward, we've ventured into a staff leasing agreement with COVA ambulance and will be looking at merging with them.
 - You will be clearing COVA medics at Brighton Ambulance? Yes, we have a limited amount of providers cleared in the MLREMS region, and Brighton has been gracious enough to allow for that. Are they meeting with the Medical Director for clearance? No, just through the training department.
 - Regarding the aforementioned financial issues what has changed to fix these issues? The backing of a larger agency and streamlining the positions at the agency.
 - Provider list in the application has medics listed that do not work there. Vandervort – this may be outdated. Is there anything else that may be outdated? “No – providers change much more frequently than policies.”
 - Our policy at REMAC – the agency is supposed to show proof that they've covered 80% of their calls. Brockport Ambulance has not taken a call in 17 months. How can we approve this application when they haven't operated in so long? Vandervort – ALS/BLS ambulances will be staffed 24/7, which is better than what Brockport originally had, and prior to the closure, we were covering 80% of the calls. As of April

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30th, Brockport will be operating at the BLS level, ALS will be pending the approval here as well as the Bureau of Narcotics.

- Vote: Motion passes, 8 yay, 1 nay, 0 abstain, 0 absent.

New Business – Jeremy Cushman, MD, Aaron Farney, MD, Maia Dorsett, MD

- MLREMS MSU Guidelines
 - Discussion
 - At request of Monroe County agencies, Dr. Cushman was asked to set up a set of clinical guidelines regarding the MSU. The dispatch policy was also shared with this document. The goal of this draft document is to provide general guidelines. Looking for endorsement of those guidelines from the REMAC as they are medically reasonable, understanding that this is a living document.
 - Transfer of care to the MSU in a situation where there's a disagreement in care between the primary EMS agency and the MSU. Is it only when the patient is in the MSU that they are connected with the Stroke physician and therefore supersede the primary EMS agency? No, as soon as the MSU is at the patient's side, they are connected with the Stroke physician and therefore supersede the primary ambulance decision as they are the higher level of care. If the primary ambulance still has concern, route any of those through the patient safety committee.
 - REMAC Endorsement
 - Motion to endorse the MSU guidelines by Dr. Dorsett, seconded by Dr. Farney, all in favor, no opposed, no abstentions. Motion passes.
 - Vote: Motion passes, 9 yay, 0 nay, 0 abstain, 0 absent.
- Glucometry Approval
 - Livonia Ambulance (BLS level)
 - Motion to approve by Dr. Dorsett, seconded by Dr. Farney, all in favor, no opposed, no abstentions, motion carries.
 - Vote: Motion passes, 9 yay, 0 nay, 0 abstain, 0 absent.
 - Discussion
 - Livonia is currently providing glucometry at the ALS level, this would just allow them to provide it at the BLS level as well. All of their paperwork has been completed and reviewed by Dr. Farney as their medical director.
- Naloxone Approval
 - Springwater Fire Department
 - Motion to approve by Dr. Muto, seconded by Dr. Dorsett, all in favor, no opposed, no abstentions, motion carries.
 - Vote: Motion passes, 9 yay, 0 nay, 0 abstain, 0 absent.
 - Discussion
 - No longer a transporting service, they are operating at the BLSFR level and would like to add naloxone to their level of care. Their paperwork

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and training has been complete and reviewed by Dr. Farney as their Medical Director.

- Quality Improvement Course
 - Discussion
 - We have found that although we have individuals in these Quality Improvement roles at agencies, there is no formal training for them. We would like to rectify that with this course. This course would run for 8 months and meet monthly for three hours which would include a required capstone project at their own agency to bring them through a PDSA project. Would cover Just Culture methodology, adult education theory and data collection and review. Any feedback you have on the outline or the course, let us know. The goal is to have this launch in September 2019.
 - At the State level, there is a push to revise the guidelines for quality improvement programs. This course is the core of what they are trying to do. This is another way that the MLREMS region is pushing ahead at the State level.
 - REMAC Endorsement
 - Motion to endorse the Quality Improvement Course by Dr. Katsetos, seconded by Dr. Farney. All in favor, no opposed, no abstentions, motion passes.
 - Vote: Motion passes, 9 yay, 0 nay, 0 abstain, 0 absent.
- Draft Policy for Vote: Emergency Incident Rehabilitation
 - Motion to approve by Tim Czapranski, seconded by Dr. Katsetos, all in favor, no opposed, no abstentions, motion passes.
 - Vote: Motion passes, 9 yay, 0 nay, 0 abstain, 0 absent.
 - Discussion
 - This is an update to a previous policy. There will also be a training through Cypherworx to go along with this policy as well to reinforce best practices.
 - Treatment area needs to have the CO detector on site – yes, it made it into the policy.
- Draft Policy for Vote: Patient Safety and Quality Improvement Policy & Procedure
 - Motion to approve by Tim Czapranski, seconded by Dr. Farney, no opposed, no abstentions, motion passes.
 - Vote: Motion passes, 9 yay, 0 nay, 0 abstain, 0 absent.
 - Discussion
 - Essentially three new sections have been added. Near miss reporting system – mechanism to report concerns at a system level; charge to promote education on patient safety and quality; the ability to do proactive quality improvement activities.
 - We have language that specifically restricts lawyers from this process so that we can keep this under the umbrella of QI and keep these things from being discoverable so that the provider is protected.
 - Another change was regarding membership. Historically 5 docs and 10 field providers. In the past we have had interest from folks who don't fill in these categories. We have a new category that has a maximum of 3 seats that can be healthcare providers.

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- Draft Care Bundle for Vote: Suspected Opioid Overdose, Syncope, Suspected Mechanical Fall, Orthopedic Injury Immobilization Care
 - Motion to approve by Tim Czapranski, seconded by Dr. Muto, all in favor, no opposed, no abstentions, motion passes.
 - Vote: Motion passes, 9 yay, 0 nay, 0 abstain, 0 absent.
 - Discussion
 - Ongoing effort to create documents to help guide quality improvement activities. Any agency or provider that has an idea of one we should add to our list for development, please let us know.

Medical Director Report – Jeremy Cushman, MD

- RSI SIM sessions will be forthcoming, this includes new applicants and applicants from 2018 that did not pass their SIM evaluation.
- The next round will begin in January 2020
- ET3 – Emergency Triage Treat and Transport model through CMS. How can we as a community take advantage of this. Relevance for REMAC in that it would require changes in protocols and policies. These will be brought to SEMAC – soften the language and change, transport to hospital to transport to appropriate facility. Physician feedback on changes in policy and protocol may need to happen outside of our regularly scheduled REMAC meetings. More to come. Specifically surrounding alternative destinations and telehealth.

Program Agency Report – Ben Sensenbach

- emsCharts update
- NEMSIS V3
 - Due to the changes in dataset at the State level, it has caused a lot of issues. This process is just about done, less and less providers are calling with issues. In the meantime, if you are caring for a patient and not getting the information you need, we can reach out to the EMS agencies directly to send you things in the interim.

Patient Safety Subcommittee – Aaron Farney, MD

- Policy review – covered in above report

Medical Operations Subcommittee – Connie Verneti, MD

- First meeting was April 1st, next meeting following this meeting.
- Talking about how to structure membership, looking into getting most Medical Directors in the area to participate as well as non EMS, non physician membership (nurses, pharmacists, etc).
- Stroke care on the forefront as well.

- If you are interested in being a part of this committee, let us know.

Council (MLREMS) – Mark Philippy

- Council Chair has changed hands, Mark Philippy is the new Council Chair – Reg is staying on as Chair of the Systems Operations Committee.
- NEG Committee will be looking at the REMAC by-laws review and revision as it is now out of date. There has been a recent revision of the Council by-laws and we want to make sure they both align.

State Council Meetings – Mark Philippy / Jeremy Cushman, MD

- Task groups on revising some things – Quality Improvement programs, care bundles, etc. Our region is above the curve.
- Also working on revision of part 800 that apply to what goes into the ambulance. Also 800.23 – get rid of the requirement for all equipment to be locked in separate compartments. They will also require ALS ambulances to follow regional guidelines as to what needs to be followed.

Regional Trauma Advisory Committee –Ben Sensenbach

- Trauma REACH is May 9th in Mount Morris – registration through Kessler
- Time to transfer patient from community hospital to Level 1 trauma center
 - In Monroe County, it takes a longer time to transfer these patients then it does outside of the county. One of the things that have been highlighted is that these are very different patients. Most of the time is that the trauma criteria isn't found until later (assessment at the hospital). Some will the need to be stabilized prior to transport.
- EMS Week is May 19-25th – Stop the Bleed Day has been incorporated as part of EMS week, your agencies may be reaching out to you regarding training opportunities.

Individual Hospital Reports

Rochester Regional

RGH – Eran Muto, DO

- No Report

Unity/St. Mary's – Bruce Thompson, MD

- No Report

UR Medicine

SMH/Strong West – Erik Rueckmann, MD

- No Report

Highland – Timothy Lum, MD

- No Report

Noyes – Aaron Farney, MD

- No Report

Motion to adjourn: Dr. Verneti, seconded by Dr. Dorsett, All in favor, none opposed, no abstentions, motion passes

Next Meeting is June 17, 2019 at the PSTF, 1190 Scottsville Road, Rochester NY, Room 117A, at 1700.

Link for full meeting video:

<https://www.youtube.com/watch?v=KMvNQVH7HTM&feature=youtu.be>