

REMAC - Meeting Minutes August 17, 2020

ATTENDANCE

#	NAME	CATEGORY	MEMBERSHIP	TERM	2019-10	2019-12	2020-02	2020-04	2020-06	2020-06
VOTING										
1	Jeremy Cushman, MD	MLREMS Medical Director	Voting / Ex Officio	N/A	P	P	CXL	CXL	P	P
2	Maia Dorsett, MD	at Large (seat 3)	Voting	3/31/2024	P	P	CXL	CXL	P	P
3	Aaron Farney, MD	Hospital - Nicholas Noyes Hospital	Voting	3/31/2023	E	P	CXL	CXL	P	P
4	Antonios Katsetos, DO	at Large (seat 1)	Voting	3/31/2023	P	P	CXL	CXL	P	P
5	Timothy Lum, MD	Hospital - Highland Hospital	Voting	3/31/2023	E	P	CXL	CXL	P	P
6	Vacant	at Large (seat 2)	Voting		VACANT	VACANT	VACANT	VACANT	VACANT	VACANT
7	Eran Muto, DO	Hospital - Rochester General Hospital	Voting	3/31/2023	P	A	CXL	CXL	P	P
8	Erik Rueckmann, MD	Hospital - Strong Memorial Hospital	Voting / Chair	3/31/2023	P	P	CXL	CXL	P	P
9	Bruce Thompson, MD	Hospital - Unity Hospital	Voting	3/31/2021	P	P	CXL	CXL	P	P
10	Constance Verneti, MD	at Large (seat 4)	Voting	3/31/2024	P	P	CXL	CXL	A	P
NON-VOTING										
11	William Arnold	At Large (Seat 2)	Non-Voting	3/31/2022	P	E	CXL	CXL	P	P
12	Michael Bove	At Large NYS Certified (Seat 4)	Non-Voting	3/31/2021	P	A	CXL	CXL	P	P
13	Robert Breese	EMS Course Sponsor	Non-Voting / Vice Chair	3/31/2021	P	A	CXL	CXL	P	A
14	Lee Coller	At Large NYS Certified (Seat 1)	Non-Voting	3/31/2022	VACANT	VACANT	VACANT	CXL	P	P
15	William Comella	At Large NYS Certified (Seat 3)	Non-Voting	3/31/2022	VACANT	VACANT	VACANT	CXL	P	P
16	Timothy Czapranski	EMS Coordinator - Monroe County	Non-Voting / Ex Officio	N/A	P	P	CXL	CXL	P	E
17	Karen Dewar	EMS Coordinator - Livingston County	Non-Voting / Ex Officio	N/A	P	P	CXL	CXL	P	P
18	Tim Frost	At Large (Seat 1)	Non-Voting	3/31/2021	P	A	CXL	CXL	A	A
19	Timothy Kelly	ALS Representative	Non-Voting	3/31/2020	A-Jordan	A-Jordan	CXL	CXL	P	P
20	James Neary	At Large NYS Certified (Seat 2)	Non-Voting	3/31/2021	P	E	CXL	CXL	A	A
21	Benjamin Sensenbach	Regional Patient Safety / QA Coordinator	Non-Voting / Ex Officio	N/A	P	P	CXL	CXL	P	P
22	Eric Thomas	BLS Representative	Non-Voting	3/31/2021	A	E	CXL	CXL	A	P
23	Vacant	Hospital Representative	Non-Voting		A-SHAW	P - Shaw	CXL	VACANT	VACANT	VACANT

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

Roll Call Attendance – Tim Kelly

Agenda Review – Erik Rueckmann, MD

- Additions to the agenda
 - No changes. Motion to approve the agenda by Jeremy Cushman, seconded by Antonios Katsetos. All in favor, no abstentions, motion passes.
- Minutes Review & Approval
 - No minutes to vote on. There has been a change at the Council officer level, they are using the minutes from June as a training opportunity for the new Secretary.

State Actions – Ben Sensenbach

- Roberto Pagan Velazquez
 - Certification suspended for 1 year effective 3/24/20. Assessed a civil penalty of \$2,000
 - For violations of 10 NYCRR 800.15(a), 800.16(a)(1), 800.15(b), and 800.16(a)(4)
 - Comply with prehospital practice standards, applicable for the geographic region of the State in which the individual is practicing as established by...
 - Failed to comply with the requirements of Section 800.15 of this Part
 - Maintain, at all times, the confidentiality of any and all patient information to which the certificate holder has access concerning patients alive or deceased, including but not limited to, patient names, conditions, treatments, descriptions, communications, images or other identifying features, irrespective of whether the patient's name is included, which may be transmitted by electronic or other media except...
 - Has abused a patient, as patient abuse is defined in Section 800.3 of this Part
- David Torres
 - Certification revoked effective 3/6/20. Assessed a civil penalty of \$500
 - For violations of 10 NYCRR Part 800.16(a)(4)
 - Has abused a patient, as patient abuse is defined in Section 800.3 of this Part
- Jamie Whiting (did practice in our region)
 - Certification revoked effective 6/16/20.
 - For violations of 10 NYCRR Part 800.16 (2)(3)(8) and (10)
 - Has been negligent in the performance of his/her EMS duties and practice as negligence is defined in Section 800.3 of this Part
 - Has been incompetent in the performance of his/her EMS duties and practice as incompetence is defined in Section 800.3 of this Part

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- Has responded to a call, provided patient care, or driven an ambulance or other emergency medical response vehicle while under the influence of alcohol or any other drug or substance which has affected the certificate holder's physical coordination or intellectual functions
- Has misappropriated any money or any property from any source during the course of any EMS duty and/or practice, irrespective of whether such misappropriation is prosecuted as a crime
- Christopher Chung
 - Certification suspended for one (1) year running from March 31, 2019, when the Respondent ceased to work as an EMT, to March 31, 2020.
 - May enroll in a full recertification course testing after March 31, 2020.
 - Assessed a civil penalty of \$500. The civil penalty is suspended pending two (2) years' probation without violation effective 6/22/2020.
 - For violations of 10 NYCRR Part 800.15 (a)(1)&(2) and 800.16 (a)(1), (2), and (9).
 - Every person certified at any level pursuant to this Part of Article 30 of the Public Health Law shall: comply with prehospital practice standards, applicable for the geographic region of the State in which the individual is practicing, as established by: State-approved training curricula and State-approved training standards, in accordance with section 800.20 of this Part; State-approved protocols developed by State and/or Regional Medical Advisory Committees pursuant to sections 3002-a and 3004-a of the Public Health Law
 - Has failed to comply with the requirements of Section 800.15 of this Part; or has been negligent in the performance of his/her EMS duties and practice as negligence is defined in Section 800.3 of this Part; or has falsified a patient record and/or misrepresented and/or concealed pertinent information during a patient care investigation, including but not limited to making deliberate omissions of material fact
- Thomas Dean
 - Certification revoked effective July 6, 2020.
 - Assessed a civil penalty of \$2,000.
 - For violations of 10 NYCRR Part 800.16 (a)(7), (13), and (14)
 - Any certification issued pursuant to this Part or Article 30 of the Public Health Law may be suspended for a fixed period, revoked or annulled, and the certificate holder may be censured, reprimanded, or fined in accordance with section 12 of the Public Health Law, after a hearing conducted pursuant to section 12-a of the Public Health Law, if the department finds that the certificate holder:
 - Has procured, or has attempted to procure, his/her certification or re-certification through any form of fraud or deceit, including, but not limited to, the intentional false representation or misrepresentation, either expressly or by omission, on his/her application for emergency medical services certification or re-certification, of information pertaining to prior convictions, offenses, regulatory violations and actions against other professional licenses and certification held by the certificate holder or having received certification without having completed all the specified requirements;
 - Has held him/herself out as being certified at a higher level than actually certified, or has exceeded his/her authorized scope of practice, as that term is defined in Section 800.3 of this Part;

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- Has procured certification or recertification without having met the requirements of Sections 800.6, 800.8, or 800.9 of this Part, or Article 30 of the Public Health Law, as applicable.
- Francis Feely
 - Certification voluntarily surrendered effective 2/6/20.
 - For violations of 10 NYCRR Part 800.15 (b)(1), 800.16 (a) (9&11)
 - Every person certified at any level pursuant to this Part or Article 30 of the Public Health Law shall: maintain, at all times, the confidentiality of any and all patient information to which the certificate holder has access concerning patients alive or deceased, including, but not limited to, patient names, conditions, treatments, descriptions, communications, images or other identifying features, irrespective of whether the patient's name is included, which may be transmitted by electronic or other media, except
 - When a certificate holder is acting as part of an organized prehospital emergency medical service, the certificate holder responsible for patient care shall accurately complete a prehospital care report in a department-approved format for each patient with whom the certificate holder makes patient contact, and shall provide a copy to the hospital receiving the patient and/or to the department's authorized agent for use in the State's quality assurance program.
 - Any certification issued pursuant to this Part or Article 30 of the Public Health Law may be suspended for a fixed period, revoked or annulled, and the certificate holder may be censured, reprimanded, or fined in accordance with section 12 of the Public Health Law, after a hearing conducted pursuant to section 12-a of the Public Health Law, if the department finds that the certificate holder:
 - Has falsified a patient record and/or misrepresented and/or concealed pertinent information during a patient care investigation, including, but not limited to making deliberate omissions of material fact;
 - Or has abandoned a patient, as patient abandonment is defined in Section 800.3 of this Part.
- Christina Cosentino
 - Certification voluntarily surrendered effective 7/7/20.
 - For violations of 10 NYCRR Part 800.15 (b)(1), 800.16 (a) (2&3)
 - Every person certified at any level pursuant to this Part or Article 30 of the Public Health Law shall: maintain, at all times, the confidentiality of any and all patient information to which the certificate holder has access concerning patients alive or deceased, including, but not limited to, patient names, conditions, treatments, descriptions, communications, images or other identifying features, irrespective of whether the patient's name is included, which may be transmitted by electronic or other media, except
 - When a certificate holder is acting as part of an organized prehospital emergency medical service, the certificate holder responsible for patient care shall accurately complete a prehospital care report in a department-approved format for each patient with whom the certificate holder makes patient contact, and shall provide a copy to the hospital receiving the patient and/or to the department's authorized agent for use in the State's quality assurance program.

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- Any certification issued pursuant to this Part or Article 30 of the Public Health Law may be suspended for a fixed period, revoked or annulled, and the certificate holder may be censured, reprimanded, or fined in accordance with section 12 of the Public Health Law, after a hearing conducted pursuant to section 12-a of the Public Health Law, if the department finds that the certificate holder:
 - Has been negligent in the performance of his/her EMS duties and practice, as negligence is defined in Section 800.3 of this Part; or
 - Has been incompetent in the performance of his/her EMS duties and practice, as incompetence is defined in Section 800.3 of this Part;
- Letasha Wright
 - Certification revoked effective 7/13/20.
 - For violations of 10 NYCRR 800.16(a)(2)
 - Has been negligent in the performance of his/her EMS duties and practice, as negligence is defined in Section 800.3 of this Part;

Old Business – Ben Sensenbach

- Refusal Policy Update
 - The marked version was sent out so that you can view all of the comments and the work that was completed by the Operations Committee. These changes were brought forward after gaps in the policy were identified by the patient safety committee regarding ALTE/BRUE patients. This policy addresses high risk refusals including elderly and dementia patients as well. Is there a definition of “Clinical Intoxication”? There is not a definition in the policy, as this is not something that is straightforward to define as far as intoxication versus impairment. The important thing to determine is if the patient can rationally explain and provide insight into decision making. Motion to approve the policy by Jeremy Cushman. Seconded by Connie Verneti. No further discussion. Roll Call Vote: 9 Yes, 0 No, 0 Abstain, 0 Absent, 1 Vacant.

New Business – Ben Sensenbach

- No new business.

Medical Director Report – Jeremy Cushman, MD

- EMS volumes have returned to normal although are more variable. ED volumes in the region are also back to normal.

Program Agency Report – Ben Sensenbach

- We continue to stay busy, Ben and Mindy are still mainly working from home, but are available to meet in the office as needs arise.
- Working on funding for the Program Agency and Council with the State.
- Review and approval process for care bundles. We are working to get data at the State level to see how we are doing in relation to the bundles so that we can then determine what further changes need to be made.
 - We have a Pediatric Emergency Medicine Fellow on their EMS rotation that is going to be working on a BRUE patient care bundle that we will then review at REMAC. If you identify other areas that we need to address through bundles, please let us know.

Patient Safety Subcommittee – Aaron Farney, MD

- Quality Improvement Course has had their last class. They are currently working on a revision of the Stroke rubric, LVO and destination decision. There are two groups that are working on different things – scene time and information to the hospital.
- Patient Safety Committee is working on multiple cases. One of which will likely result in recommendations on management of the LVAD patients for the next REMAC meeting.

Medical Operations Subcommittee

- Thank you Dr. Vernetti for your service. In thinking of this, we are looking at ways of retooling a bit. We would like to create a MLREMS Case Conference so that we can discuss how issues in our system effect patient care. Cases that went well, that didn't go well, etc. The goal is that the provider presents their own case with their Medical Director. We will be offering CME for folks and would like to begin in October. If you have providers/cases that you believe would be interested/appropriate for this venue, please let us know.

Council (MLREMS) – Mark Philippy

- Approval of CON: Union Hill Ambulance to Western Wayne Ambulance.
- We are working to see how to do meetings moving forward, they will most likely be via zoom or a hybrid option.

State Council Meetings –Mark Philippy / Jeremy Cushman, MD

- Protocol & Policy – there were no significant actions at SEMAC.
- EMS providers and their ability to vaccinate was discussed and is looking to be added to the Paramedic scope of practice outside of emergency situations (flu, COVID when available). More to come as things develop.
- Collaborative Protocol Group – no current changes

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- Trying to engage various committees (Patient Safety) to look at our regional policies to ensure we address any potential issues.
- Ability to do nasal and oral pharyngeal swabbing was passed by the SEMAC.
- There was an addition of trobutaline to the emergency formulary that will be available in the alternative to epinephrine. There were a number of physicians that spoke against this, you will not see that being added to our regional formulary anytime soon given the lack of data for it. Likely in October, the SEMAC and Med Standards will start to investigate what changes if any need to be made in the emergency formulary.
- IV Nitroglycerin discussion was started about a year ago and was brought up again this year. The sticking point is that it is only available in 250cc vials and there is a prohibition in NYS under Part 800 Section 23 for carrying any glass bottle more than 249cc. A discussion has been started about a waiver process to Part 800 which has been brought to the division of legal affairs. More to come as we find out what is possible.
- The equipment standard continues through the committee process. It's our hope that by October's meeting we will have a final BLS and ALS standard for minimal equipment under Part 800.
- We would encourage anyone from this group that if you are interested in getting involved at the State level, please do so! There is a need for folks to get involved at the committee levels.

Regional Trauma Advisory Committee –Ben Sensenbach

- Communications survey – EMS information and how to work through the Trauma System has gone out.
- Equipment survey – What does EMS have? Has also gone out.
- Improving MIST patient handoffs. We are still struggling in this area but are working with our new residents to continue training.
- Trauma center rural trauma training courses are getting planned.

Individual Hospital Reports

Rochester Regional

RGH – Eran Muto, DO

- No Report

Unity/St. Mary's – Tony Katsetos, MD

- No Report

UR Medicine

SMH/Strong West – Erik Rueckmann, MD

- Tent version 2.0 will be going up at Strong by October. This will be a more permanent structure with a concrete slab so it can be impermeable to the weather.

Highland – Timothy Lum, MD

- The tent is currently down, but there is a low threshold to re-raise it as needed.

Noyes – Aaron Farney, MD

- No Report

Motion to adjourn by Mike Bove. Seconded by Maia Dorsett.

Link for Video:

<https://youtu.be/jkJjZ1hvhq>

Next Meeting is October 19, 2020 via Zoom at 1700