



Monroe-Livingston REMAC Meeting Minutes

February 28, 2022 5pm

<https://urmc.zoom.us/j/219219351>

Roll Call Attendance – Ben Sensenbach

Agenda Review – Erik Rueckmann, MD

- Additions to the agenda
- Motion to approve the December 2021 minutes by Bob Breese, seconded by Dr. Connie Vernetti. All in favor, no opposed, no abstentions, motion passes.

State Actions – Ben Sensenbach

- Andrew Tyszkiewicz
 - Suspended for one year effective 12/17/21. The suspension is stayed pending satisfactory completion of probation.
 - Placed on probation for three years effective 12/17/21.
 - Assessed a civil penalty of \$2,000. The penalty is stayed pending successful completion of probation.
 - For violations of 10NYCRR Part 800.3 (am), 800.3 (as), and 800.15 (2).
 - "...Negligence means a failure to perform, on one or more EMS calls, as an ordinary, responsible, similarly situated certificate holder certified at the same level would, based upon the standard of care in the region, as delineated in controlling protocols, curricula, and policies, and as demonstrated by an ordinary, reasonable certificate holder's general standards of practice..."
 - "...Scope of practice means the psychomotor skills and knowledge necessary for the minimum competence for each level of New York State EMT certification as approved by the Commissioner..."
 - "...Comply with the prehospital practice standards, applicable for the geographic region of the State in which the individual is practicing, as established by 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..."
- Leeza Steciak
 - Revoked effective 2/10/22..
 - Assessed a civil penalty of \$5,000.
 - For violations of 10NYCRR Part 800.16(a)(1), (2), and (3).
 - "...has failed to comply with the requirements of Section 800.15 of this Part..."
 - "...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

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incompetence is defined in Section 800.3 of this Part...”

New Business - Jeremy Cushman, MD

- Ridge Culver Fire Department and Laurelton Fire Department (both BLSFRs) are merging. Both of these departments have been previously endorsed by the REMAC to administer naloxone, albuterol, EpiPens, aspirin and utilize AEDs. In the second quarter of this year, they will merge to become the Irondequoit Fire Department. Motion that the REMAC endorse the Irondequoit Fire Department’s ability to provide that same level of service to include epinephrine, check and inject, albuterol, narcan, blood glucose and aspirin administration by Bob Breese. Seconded by Dr. Aaron Farney. All in favor, no opposed, no abstentions, motion passes.

Medical Director Report – Jeremy Cushman, MD

- Bureau of EMS has issued guidance indicated that certifications are extended for an additional year effective February 1st, 2022. If you have any questions, please direct them through the Bureau.
 - It appears that everyone is updated within the Health Commerce System. For folks that have already submitted packets but haven’t been approved may be a bit more complicated. Once we hear from the Bureau with guidance, we will reach out to you. Another issue is that some of these folks are currently in refreshers and how do we move forward with them? Once we hear from the Bureau, we will share their guidance.
- Masking changes – agencies and departments are relaxing mask restrictions when driving a motor vehicle or in the base which is the prerogative of that agency. Just a reminder that while providing patient care or providing care in a healthcare setting, masking is still a mandate and an expectation. We’ll continue to reevaluate as time goes on, but all of our hospitals continue to mask as well as many of our healthcare facilities and nursing homes.
- ECMO referral program – staffing is still not sufficient at hospitals to implement. Will provide an update as things change.
- Alternative transport to the BHACC (Behavioral Access Crisis Center). Thus far, our data shows that only 3 of the 30 or so required a secondary transfer so the safety profile is really good. The volume is lower than expected – if your providers have encountered certain barriers, please let us know so that we can address them. The concern is that if we don’t use this, we will lose it. This is the only thing of it’s kind in the State currently and the office of mental health is watching it closely.
 - The State Department of Health have created a facility code for the BHACC. This will be pushed out with the next update. Once it’s released we’ll get a note out to all of our ePCR folks, this will make it easier to find them within the system.
- We also have the Geriatric Teleconsult program. This has also only been used in a very limited fashion – we’ve actually had more Fire Department use than EMS. If there are barriers to using this, please let us know about them so that we can address them.
- CARES Program (Cardiac Arrest Registry to Enhance Survival) – last year, the State decided to pay the fees for agencies to participate in the CARES registry. We are working through the process of the easiest way that our EMS agencies and healthcare systems can participate. This is a voluntary program. The goal is to collect the data and utilize it to help drive the medicine.
 - What data are they specifically looking for? They are looking for the Utstein template as well as did they get admitted, discharged and what their CPC was upon discharge.
 - There is a bit of a time investment relating to data maintenance that goes into the database. Is this something that the Program Agency office is doing or is this going to be left to the



agencies? A little bit of both. We are working with Susie Burnett (CARES Coordinator) to make this as efficient and streamlined as possible. The Program Agency office does not have the bandwidth to do the data abstraction from every single agency, but are working to try and make things as easy as possible.

- Medication Formulary Project update
 - We met and had a great discussion. We will be issuing a draft formulary to this body for review and comment over the next few months for action at the April REMAC meeting. Keep in mind that the formulary really identifies the minimum required. If an agency chooses to carry more, that's their prerogative.
 - Also adding a number of optional medications as we recognize that some agencies that cover things like mass gatherings on a regular basis, may find it helpful to carry some of those additional medications. To be clear, regarding these optional medications – it's the agency medical director's prerogative to include or not include them within the formulary.
 - The Image Trend Bridge data has not been accurate, it requires significant data cleaning, which Ben has been working on. In reviewing the data regarding these medications, we've found some great quality opportunities/quality care discussions going forward.

Program Agency Report – Benjamin Sensenbach

- Medical Directors – if you have BLSFR agencies that are interested in getting online with ePCR, let Ben know.
- Our office continues to monitor the hospital diversions. The situation seems to be improving with the COVID numbers going down.
- Preceptor class is March 21st. Have your interested providers register through Cypherworx (Collaboration).

Patient Safety Subcommittee – Aaron Farney, MD

- A few projects are going on – one regarding needle thoracostomy and another regarding drug dosing. More to come as these projects continue.
- EMS Quality Academy continues under Dr. Dorsett's leadership.
- Patient Safety Subcommittee continues to seek members if anyone's interested.

Council (MLREMS) – Mark Philippy

- Most of you are aware that the Governor's budget was released in January. There was a significant section (Part F) that deals with Emergency Medical Services. It's a lot to digest, there have been a good number of recommended changes to it that some members of the State Council made were put into the amendments. There are still vast areas of this document that will directly affect the REMAC and REMSCos. I encourage you as Medical Directors to read Part F to see how this effects EMS operations and then do as you see fit with respect to advocacy.

State Council Meetings –Mark Philippy / Jeremy Cushman, MD



- Mark met with the Bureau staff and Med Standards physician Dr. Marshall regarding some items relating to the upcoming meetings. One of which is the BLS iGel project that is currently going through the legal process. From what we understand, the commissioner has in principle agreed to support this pilot project. They are working through how to operationalize it, who is going to be responsible for the QI portion, documentation, etc.
 - This will be available to all agencies across the State to participate.
 - Is capnography required? This was a conversation, however, we are not sure where it landed. There was discussions regarding that capnography is not currently part of the EMT curricula so it becomes a larger training issue.
- At the January meeting, our local policy regarding Geriatric Teleconsult and others that were rescinded by the Bureau were found to be within the purview of the REMAC to issue local policy and was consistent with what was allowed under Article 30.

Regional Trauma Advisory Committee –Bob Breese

- There have been some personnel changes within the RTAC.
- Reviewed multiple casualty incidents that centered on the need for continuous and early communication. The Trauma folks at Strong are working with air medical regarding early notification – depending on how that goes, they will look at expanding to other agencies.

Individual Hospital Reports

Rochester Regional

RGH – Connie Verneti, MD

- Personnel changes
 - New Associate Medical Director Dr. Ryan Brita
 - New Director of Eastern Region Dr. Mike Taylor

Unity/St. Mary's – Tony Katsetos, DO

- No Report

UR Medicine

SMH/Strong West – Erik Rueckmann, MD

- No Report

Highland – Jay Schueckler, DO



- No Report

Noyes – Aaron Farney, MD

- Going live with eRecord on Saturday March 5th on the overnight. This shouldn't impact too many EMS agencies, but if you see a slight delay in the next week or two, it could be related to that.

Old Business

- RSI Program – administrative adjustment request
 - Went out for comment. The key areas are to provide wiggle room for the Program Agency to align things efficiently. Language clarification regarding education and out of region requests.
 - Motion to approve the updated RSI Policy to be in effect immediately by Bob Breese, seconded by Dr. Aaron Farney. All in favor. No opposed, no abstentions. Motion passes.

Motion to adjourn by Dr. Aaron Farney, seconded by Bob Breese.

Link to video: <https://youtu.be/cHofxqLbWjc>

Next Meeting is April 18, 2022 at 5pm