



**Monroe-Livingston REMAC Minutes
October 17, 2022 at 5pm
Public Safety Training Facility**

Roll Call Attendance – Ben Sensenbach

Agenda Review – Jeremy Cushman, MD

- Additions to the agenda – yes, new business item was distributed after the agenda was shared.
- Motion to approve the June 2022 Meeting Minutes by Bob Breese, seconded by Dr. Katsetos. All in favor, no opposed, no abstentions, motion passes.

State Actions – Ben Sensenbach

- Peter Sherman
 - Surrendered effective 7/5/22.
 - Assessed a civil penalty of \$500.
 - For multiple violations of 10 NYCRR Part 800.3(am), 800.3(al) and 800.15(a)(2).
 - “...Negligence means a failure to perform, on one or more EMS calls, as an ordinary, reasonable, similarly situated certificate holder certified at the same level would, based on 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...”
 - “...Incompetence means a lack of, or loss of, skill or knowledge to practice the profession, and/or practicing with negligence, as negligence is defined in this part, on one or more occasions while treating a patient...”
 - “...comply with 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...”
- Christopher Kitchens
 - Revoked effective 7/13/22.
 - For violations of 10 NYCRR Part 800.15(a) and 800.16(a)(1), (2) and (13).
 - “...comply with prehospital practice standards, applicable for the geographic region of the State in which the individual is practicing...”
 - “...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 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...”
- Matthew Miller

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- Surrendered effective 7/28/22.
- For violations of 10 NYCRR Part 800.16(a)(10).
 - "...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..."
- Joshua Feldman
 - Suspended for one year effective 8/9/22. The suspension is stayed.
 - Placed on probation for three years effective 8/9/22.
 - Assessed a civil penalty of \$500.
 - For violations of 10 NYCRR Part 800.15(a), 800.3(ap)(1) and 800.16(a)(2).
 - "...comply with prehospital practice standards, applicable for the geographic region of the State in which the individual is practicing, as established by..."
 - "...Patient abuse means any inappropriate and/or offensive physical, sexual or verbal contact or interaction with a patient, irrespective of whether the certificate holder is specifically acting in his/her capacity as an EMT when (s)he engages in the abuse, including but not limited to the following: Physical abuse means conduct by a certificate holder which causes, by physical contact, physical injury, or serious or protracted impairment of the physical, mental or emotional condition of a patient, or which causes the likelihood of such injury or impairment. Such conduct may include, but shall not be limited to, slapping, hitting, kicking, biting, choking, smothering, shoving, dragging, pinching, punching, shaking, sitting upon, burning, cutting, strangling, striking, using corporal punishment, or throwing objects at a patient. Physical abuse shall not include reasonable emergency interventions necessary to protect the safety of any person..."
 - "...has been negligent in the performance of his/her EMS duties and practice, as negligence is defined in Section 800.3 of this Part..."
- Michael Septoff
 - Revoked effective 9/2/22.
 - Assessed a civil penalty of \$2,000.
 - 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..."
- Will Davis
 - Surrendered effective 9/21/22.
 - 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..."
- Alyssa Calderon
 - Issued a reprimand.
 - Placed on probation for three years effective 10/7/22.
 - Assessed a civil penalty of \$2,000.
 - For violations of 10 NYCRR Part 800.3(an), 800.15(a), and 800.16(9).



- "...Non-criminal offense means findings of inappropriate conduct or misconduct not constituting a criminal offense in any jurisdiction, including, but not limited to, findings by either a designated governmental authority or a court of law of patient abuse, neglect, mistreatment, or misappropriation of patient property; Family Court findings of spousal and/or intimate partner violence; Family Court or other designated governmental entity findings of child abuse, neglect or abandonment; vehicle and traffic findings involving reckless and/or aggressive driving; findings by any governmental entity of diversion of controlled substances from any health care facility, health care provider, or pharmacy; and any governmental findings involving dishonesty and/or other unethical conduct evincing unfitness to serve the public..."
- "...comply with prehospital practice standards, applicable for the geographic region of the State in which the individual is practicing..."
- "...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..."

New Business - Jeremy Cushman, MD

- Maia's clinical practice guideline on volume-based medication administration
- Goal is to have a best practices document. One of the upcoming quality improvement initiatives for our region is to have a volume-based medication administration particularly in pediatric patients. Motion to approve the document as written by Bob Breese seconded by Dr. Farney. No additional discussion. All in favor, no opposed, no abstentions, motion carries.

Program Agency Report – Ben Sensenbach

- Two new members to REMAC – Melodie Kolmetz and Corey Youells, welcome!
- REMAC Case Review is tonight at 1830.
- CLI Course 10/22 & 10/23 0800-1700
- CIU Course 11/12 0800-1200
 - Can we offer a remote option for this? Ben will request State permission. The CLI Course has to be in person only
- Working to get ePCR vendors to get ready for NEMSIS 3.5
- Continue to provide naloxone to BLS agencies, but are unsure when the State funding will end.

Regional Medical Director Report – Jeremy Cushman, MD

- The old Collaborative Protocol App is no longer supported. The only app that the updated protocols are on is Muru.
- Our office has been fielding a significant number of complaints regarding EMS providers not masking and in one case refusing to masks. Masks are still mandated at all medical facilities.



- We are extremely fortunate to be partnering with the Bureau of EMS regarding the Handtevy process. Many of your agency leaders have received an email to confirm what your formulary is.
- CARES Update
 - Continues to get propagated. Thank you Dr. Katsetos & Dr. Verneti for your help with this project.
- FAST-ED Implementation
 - Training module is getting finishing touches, communications will be released once things get closer. This will NOT effect destinations. Discussion: Is the schematron specifically the Cincinnati Stroke Scale or is it just a Stroke Scale? Ben to confirm and reach out, although believes that it is the Cincinnati. In emsCharts you should be able to document both.
- Protocol Updates – waiting Commissioner of Health approval.
 - If we are notified that these have been updated, we will let you know, although we aren't always notified. If you notice them as having been updated, please reach out to Dr. Cushman or Ben so that we can widely distribute that.
- Regional RSI Credentialing Program
 - In January there will be opportunity to join that program. We are working on a webpage on mlrems.org to walk the provider through the process and how to be successful in the program. Strongly encourage Medical Directors at the agencies to help these providers be successful in this program.

Patient Safety Subcommittee – Aaron Farney, MD

- There was a recent case referred to the Committee that highlighted an ongoing issue in our System. Pediatric Trauma Patient that was taken to a non trauma center with life threatening injuries. There was a request for interfacility ground transfer with blood products transfusing. There are no ground services that are blood transfusion services. Some agencies have worked to try and become blood transfusion services but have had difficulty.
- Looking for endorsement from this body that there should be ground transfusion services in our region. Short answer is yes. The difficulty is navigating through the State process. This is a Wadsworth blood bank problem.
 - Perhaps look at appealing to politicians given the increase in violence in our community and the increase in data for paramedics transfusing. Motion by Dr. Farney that this body entertains a letter in support to the Commissioner of Health of the need for ground transfusion services echoing Dr. Cushman's sentiments about how it's effecting patient care. Seconded by Bob Breese. Discussion: And the demonstration that that has proven to be safe and effective in similar educational curriculums in basically the rest of the country. There's not a process outlined from Wadsworth on how to do this. Is this something we can collaborate with STAC on this? Yes, we can reach out to them as well. All in favor. No opposed, no abstentions, motion passes.



Council (MLREMS) – Mark Philippy

- No Report

State Council Meetings –Mark Philippy / Jeremy Cushman, MD

- Hospital Drop Time Discussion
- Physician fly car issue – some discussion from a number of regions as to what is the permissive or restrictive language. Who is responsible, who holds the risk? Waiting to hear from the division of legal affairs on that.
- Council approved recommendation for considerations in Part F of the Governor’s document.
 - Need for a regional comprehensive EMS Plan – a lot of this falls on the Council & REMAC. How does our region provide training and support? This is going to elected officials – helps to educate them as to what we do.
- Lots of changes at the Bureau staff. The investigations bureau is starting to be more active. Be sure that you are compliant with Part 800.
- BLS iGel project was approved by the commissioner. This is still a pilot program. In order to apply, you have to have regional approval, agency medical director approval and then through the State. We will get the pilot information and bring it to REMAC for discussion.
- Suffolk & Nassau have moved forward with the Collaboratives. Looking to get NYC on them as well. More to come as things develop.

Regional Trauma Advisory Committee –Bob Breese

- Stop the Bleed trainings continue
- National Trauma Triage guidelines are updated and will be posted.
- Issue getting crews to be able to do transports. The average time to transport a trauma patient within our region is ~4 hours which is still too long. Mostly a hospital issue. From our side, is just making sure that the hospital is able to get the resource that they need (i.e. blood product as mentioned before).

Individual Hospital Reports

Rochester Regional

RGH – Connie Vernetti, MD

- RGH tent is no more. There has been some restructuring. Reach out to Dr. Vernetti with any issues.
- Triage times continue to be a struggle. Lots of education to be done on the hospital side. The nursing team does not realize that once the patient arrives at the hospital, it is the responsibility of



the hospital to care for that patient and that the EMS team can leave. Working on updating education. Reach out with any issues.

- Has gone on diversion more than they have before, which is a decision that is above Dr. Verneti. Will continue to communicate.

Unity/St. Mary's – Tony Katsetos, DO

- No Report
- Feedback from AMR – very much appreciate the patience and friendliness of triage staff.

UR Medicine

SMH/Strong West – Jeremy Cushman, MD

- No Report

Highland – Jay Schueckler, DO

- Please go through appropriate channels if you have issues. For the beds that are open when you see them, it doesn't mean that that bed is actually open. Please do not leave a patient without giving report.

Noyes – Aaron Farney, MD

- Reach out to Dr. Farney with any concerns.

Other Comments

- Handtevy dosing models – running into quite a few issues with some of the drug concentration. Dr. Cushman – that's all part of this program. First step is to gather information and then we will go from there.

Motion to adjourn by Bob Breese. Seconded by Dr. Farney.

Next Meeting is December 19, 2022 at 5pm