



**Monroe-Livingston REMAC Meeting Minutes
December 19, 2022 at 5pm
Public Safety Training Facility**

Roll Call Attendance – Ben Sensenbach

Agenda Review – Erik Rueckmann, MD

- Additions to the agenda - None
- Minutes Review & Approval - None

State Actions – Ben Sensenbach

- Andrew Kemmerer
 - Certification has been suspended for one year effective 11/8/22. The suspension is stayed.
 - Placed on probation for three years effective 11/8/22.
 - Assessed a civil penalty of \$2,000.
 - Must provide truthful testimony at any future hearings if necessary.
 - For violations of 10 NYCRR 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 incompetence is defined in Section 800.3 of this Part..."
- Timothy Rogers
 - Certification has been suspended for one year effective 12/5/22. The suspension is stayed.
 - Must complete a full refresher within one year of 12/5/22.
 - Assessed a civil penalty of \$4,000.
 - For violations of 10 NYCRR Part 800.16(a)(1), (2), (3) and (9).
 - "...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 incompetence is defined in Section 800.3 of this Part..."
 - "...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..."
- John Kirk
 - Certification has been suspended for one year effective 12/5/22. The suspension is stayed.
 - Must complete a full refresher within one year of 12/5/22.
 - Assessed a civil penalty of \$2,000.
 - For violations of 10 NYCRR Part 800.16(a)(1), (2) and (3).

web www.mlrems.org
phone (585) 463-2900
fax (585) 473-3516

office
44 Celebration Drive, Suite 2100
Rochester, NY 14620

mailing
601 Elmwood Avenue, Box 655
Rochester, NY 14642



- "...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 incompetence is defined in Section 800.3 of this Part..."

New Business/ Regional Medical Director Report - Jeremy Cushman, MD

- iGEL Pilot
 - Distributed to the group. The ability of EMTs to participate in a pilot to learn capnography and learn how to place an iGel in places of cardiac arrest. In order for individual agencies to participate, the REMAC needs to endorse it. Some agencies have already expressed interest. Should the REMAC approve this pilot, it would be left to the Program Agency to identify agencies that want to participate (it is optional at the agency level and requires capnography). We will expand the capnography training associated with the pilot. Looking to go to live with this mid-late quarter one 2023. Is this for EMS transport agencies? Yes. Motion that the REMAC endorses Monroe-Livingston participation in the iGel pilot and delegates central administration of it to the Program Agency and Regional Medical Director. Seconded by Bob Breese. No further discussion. All in favor, no opposed, no abstentions. Motion passes.
- ET3 Telehealth Nurse Navigation: AMR
 - This is the ability of AMR EMTs to access the same nurse navigation system that is currently being used for our 911 callers. There was a policy approved by the REMAC and the Council that delegated review and approval to REMAC & Council Chair. As these folks were involved in this, the task was delegated to Dr. Dorsett and Tim Kelly for review. This was reviewed and approved, however per policy, all of the materials were sent for review to the REMAC and would like to entertain any questions or concerns. Motion to approve the submission as provisionally approved by the Regional Medical Director. Seconded by Dr. Dorsett. No further discussion. All in favor, no abstentions, no opposed. Motion passes.
 - Patient safety item brought up where a crew used a Braslow tape for medication dosing only to later realize that the medication dosing was double that allowable in the protocol. Incident shared with SEMAC, EMS for Children's are reviewing this to change the protocol.
 - De-escalation training – In addition to our protocols, EMSC is outlining some specific steps that must be taken with pediatric patients prior to medication administration. Concerns were brought forward - we do not want to put anything in protocols that folks haven't been trained on, it also creates a standard that if the EMT doesn't attempt steps 1-7, they would be at risk. This is not currently added to your protocols, but will be included as a reference. This is also an opportunity for de-escalation training to be developed. If anyone wants to be involved or know anyone that is interested, please reach out to Dr. Cushman. The initial conversational goal is that now we have



mandatory non-core for recertification (one being Mental Health), this is something the State can develop for free. Funding through EMSC that the State can leverage.

- Historically, the REMAC as part of a performance improvement plan, would suspend the credentials of a provider within the system. The REMAC does not have the authority to do so. Only credentials bestowed by the region can be suspended – in this region that would be RSI. To be clear, an individual agency medical director does have that authority.
- There is conflict as of today between the BLS portion of the ALS collaborative protocols and the state-wide BLS protocols. Those are in the process of being aligned. The state-wide BLS protocols will be aligned with the BLS portion of the ALS collaborative protocols. Nothing meaningful in the terms of scope. If there is a question, refer to the ALS collaborative protocols on Muru.

Program Agency Report – Ben Sensenbach

- Development team at Muru are trying to set up a Medical Director access level, so you may be contacted directly. Our regional medical control training has been updated to reflect Muru instead of the Collaborative protocol app.
- NYS EMS Contract – things are in a good place, should be heading toward completion soon. There may be additional funding available that Mark is currently looking into, thank you Mark.
- ePCR changes – NYS is launching their new data dictionary January 10th. They are pushing out the rules not over the holiday weekend and there is a grace period with data transition. This should be much smoother than it was previously. If your providers run into trouble, reach out to Ben Sensenbach.
- HCS – Several of you saw the policy statement regarding creating and linking profiles so folks can find their own credentials. There is an issue within HCS. Once that is truly functional and available, we will send a message out to all agency leaders so that we can use this.
- MLREMS Council Awards – we had two providers that were going to be recognized this evening, however due to illness, we will try and do this at our REMSCo meeting.
- The Bureau has been out there doing their inspections. Some documents have been created that they will share to make this process easier (a preparation for inspection document).

Patient Safety Subcommittee – Ben Sensenbach

- We will be sending out our annual solicitation looking for membership. This will come to Council, REMAC and Agency Leadership. We have received a few applications already.
- Continues to look at a potpourri of cases – we are not seeing as much of the one-off things as we are trying to start to look at trending items. We will be updating our policy that will require some reporting of certain cases. The bureau is helping us do some testing to see if we can pull State data related to our care bundles.
- Next REMAC will have more case information to discuss.



Council (MLREMS) / State Council Meetings – Mark Philippy

- Mark Philippy continues to be the SEMSCo/SEMAC representative but will not hold the Chair position.
- Communication gap with our program agencies and created a technical advisory group for them for direct communication. We have a good relationship in our region, but other regions have an issue.
- Hospital drop times were discussed – this is a state-wide issue, not an individual agency issue. Looking at ways we can measure this.
- Quality metrics have put forward their QI manual. It's been a long time coming. Asking that all regions participate in the initial rollout to beta test. Additional items need to be tweaked prior to distribution. Will send out once we receive.
- A lot of items are waiting in the Department of Legal Affairs. There is a new point person in that office, so we hope to have things move forward.
- The program agencies were able to get some good productive conversations and made some great steps last week. It was made very clear the disfunction that exists elsewhere. Whenever we have some of these between the meeting meetings, you will see a calendar invite come across for the conversation we have in order to track some of these conversations to track for the Bureau. If you spend any time outside of REMAC working on REMAC business, let Ben know so that we can keep track of this.
- Request to increase budget to the aid to localities fund went to the Governor \$15.7 million which includes a 50% increase in Program Agency funding and 80% increase in training programs. There has not been an increase in funding since 1997. We are facing some scrutiny from the Department of Finance as some of the other Program Agency and Councils have not spent their funding. Of note, we have never not spent our funds. The Division of Prehospital Medicine has to add a budget line for Program Agency overage and the Division covers this. Perhaps we can look at quality metrics as the relate to engaged Program Agencies.

Regional Trauma Advisory Committee –Bob Breese

- Slides have been shared with this group.
- RTAC was looking at state data and EMS drop times.
- Education continues – trauma training bus and stop the bleed.
- Pediatric trauma cases have increased over the summer and haven't seem to have gone down.
- Serious Pediatric and Adult patients are being dropped at outside hospitals.
- If your crews put a tourniquet on a patient, they should go to the trauma center.
- MIST reports should be short and concise. Patient handoff training on the MLREMS website was mentioned. New providers should be mandated to review this training.



Individual Hospital Reports

Rochester Regional

RGH – Connie Vernetti, MD

- EMS Community Meeting on 12/21 in person with the new RGH president and COO who are interested in hearing directly from EMS on things they can do to try and make things easier. Please attend if you are able to.

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

- On our website we have the hospital capability matrix. This document has been updated as Noyes does not have 24/7 emergent dialysis service. This document will be shared with the group to ensure it's updated. Muru presents challenges that we are working through to have this available through there as well.

Old Business – Maia Dorsett, MD, PhD, Jeremy Cushman, MD

- Handtevy update
 - Everything has been given to the State for processing. The Handtevy app will also have the collaborative protocols available within it. We are able to pull regional data through the state bridge. Most common issue is under-dosing that was found.
- CARES Update
 - Closing out 2022.
 - Thank you to the agencies that have submitted the data to CARES. Dr. Vernetti and Dr. Katsetos, thank you for your follow-up with your institutions.
 - We should have access to our regional data at the end of March/beginning of April. We also have the ability to look at it at the County level.
- FAST-ED Implementation



- Plan on working out some of the details as far as how the hospitals will handle it next quarter. More to come as things get closer.

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

Meeting Link: <https://youtu.be/TUDMmHYBMGQ>

Next Meeting is February 27, 2023 at 5pm at the PSTF 1190 Scottsville Road, Room 103, Rochester, NY.