

Monroe-Livingston REMAC Meeting

September 21, 2015

Meeting Minutes

Agenda Review – Elizabeth Murray, DO

- Additions to the agenda
 - No changes.

Minutes – Elizabeth Murray, DO

- Motion to approve. Seconded. Motion passes.

Correspondence/Announcements – Elizabeth Murray, DO

- Background check forms need to be filled out and either handed to Ben Sensenbach or turned in via email to Tom Coyle.

State Actions – Ben Sensenbach

- Richard Schwartz, Amherst, NY
- Heather Zynda, Collins, NY
- James Catalano, Troy, NY
 - Letters all reference the old part 800 for the sections that have been violated so we do not know what they are convicted of. An email has been sent to the state for clarification.

Medical Director’s Report – Jeremy Cushman

- Spinal Motion Restriction – covered under Protocol & Policy
- SEK Project
 - Moving forward, awaiting supplies.
- Stroke Legislation
 - Required education and comprehensive, primary stroke centers, and stroke ready centers. Stay tuned for updates.
- Stroke Collaboration
 - All of our stroke centers are participating. 10/14/15 at the PSTF, 7p-830p, CME will be offered.
- Upcoming Grand Rounds – Dr. Jerome Hoffman “Over Diagnosis, a worsening epidemic” on October 22, 2015 at 10am at URMC 1-9576, open to the EMS community.

Program Manager’s Report – Benjamin Sensenbach

- ALS Internship Clearance Registration Process – online form to improve credentialing process
- New Contract for BLS naloxone education
 - Deliverables are a bit more, however we’ve been working to collect the data from the agencies that do not use emsCharts and it shouldn’t be a problem. One of the biggest variables is that they are now asking for ALS naloxone uses.
 - This will allow us to bring better information back to agencies.

Patient Safety Subcommittee – Elizabeth Murray, DO /Ben Sensenbach

- No new business.

Protocol & Policy Committee – Jeremy Cushman, MD /Ben Sensenbach

- Proposed change to Nausea/Vomiting Protocol to allow Zofran in Pediatrics
 - This is already accepted on the State protocols. Motion to approve. Seconded. Motion passes.
- Addition of Spinal Motion Restriction
 - State protocol, therefore we cannot adjust. Intent is to issue an advisory this week indicating the Go Live date of October 1st. Hospitals have been notified, please feel free to forward the advisory to the institutions as well.
- **ALS Subcommittee – Julie Jordan**
 - Next meeting 9/22/15 at DPM in College Town, 9am.
 - No action items
- **Pharmacy Subcommittee –Jeremy Cushman, MD**
 - No action items
- **RSI Subcommittee –Jeremy Cushman, MD**
 - No action items
 - We are re-examining this – Drs. Cushman, Ostrovsky, Galton, Schueckler & Farney, changes will be forthcoming.
- **SCT Subcommittee –Jeremy Cushman, MD**
 - No action items
 - Draft changes to both SCT Policy and SCT Protocols to be posted for potential action in November.

Common Source TAG – Karen Dewar

- Collaborating with Pharmacy Committee, ALS Committee and Training & Ed.
- To schedule meeting with pharmacy representative to improve communication regarding substitutions. Possibly to use the website to discuss new vendors, package changes, alerts, etc.

Council (MLREMS) –Reg Allen

- Background check process has been sorted out.
- Re-wording by-laws for physicians appointed by the hospitals to REMAC will be sorted out by November.
- Elections are in November.

Training & Ed – Eric Rathfelder

- No Report

State Council Meetings – Jeremy Cushman, MD

- SEMAC/SEMSCO
 - No meetings currently, next meeting is in December

Regional Trauma Advisory Committee – Bob Breese/Jeremy Cushman, MD

- Next Meeting scheduled for October 13th
- Dr. Cushman to assist multi-hospital and multi-discipline uniform hospital report
 - Inconsistency in report. Challenge across hospital systems. We've began having a monthly meeting, representatives from Strong and Rochester Regional to come up with a standardized way to improve patient handoffs.
 - If you know of individuals interested in participating, please let us know, we would like to build our work group.

Individual Hospital Reports

RGH – Eran Muto

- No Report

SMH/Strong West –Erik Rueckmann

- Burn Center verification – visit went very well.
- Pediatric trauma verification in progress.

Highland – Timothy Lum

- No report

Noyes – Douglas Mayhle

- No report

Unity/St. Mary's – Bruce Thompson

- No report

Old Business – Ben Sensenbach

- Agencies using Naloxone – No additional agencies added.
- Through the grant running Naloxone – several times a year we will be offering free training through our office at DPM. We have a training coming up on 9/28 at 1800, especially for EMTs, Law Enforcement, etc that have missed trainings, have them contact the office.

New Business – Elizabeth Murray, DO

- Dr. Muto approved as RGH position
- November meeting will be the election meeting, no meeting in December.
- Two open physician seats on REMAC
- One EMS physician seat open on Council
 - Contact us if you know someone who is interested.




Next Meeting is Monday, November 16, 2015 at Monroe County PSTF at 1700

Link to view full meeting video:

<https://youtu.be/Ylro120lO-w>

NAME	POSITION	SIGNATURE	ALS	P & P	Pharm	Patient Safety
Jeremy Cushman, MD	Regional Medical Director		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Antonios Katsetos, DO	At Large		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Timothy Lum, MD	Highland Hospital		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Douglas Mayhile, MD	Noyes Memorial Hospital		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elizabeth Murray, DO	At Large (CHAIR)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Benjamin Ostrovsky, MD	At Large		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Erik Rueckmann, MD	Strong Memorial Hospital		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bruce Thompson, MD	Unity Hospital		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OPEN	At Large		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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OPEN	Rochester General Hospital		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPEN	St. Mary's Hospital		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NON-VOTING MEMBERS						
Thomas Bonfiglio	At Large		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robert Breese	EMS Course Sponsor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tim Czapranski	MC EMS Coordinator		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liz Darrow	At Large		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Karen Dewar	LC EMS Coordinator		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mike Bove	At Large		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lashay Harris	At Large		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Julie Jordan	ALS Representative		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mark Philippy	At Large		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amy Pollard	Hospital Representative		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benjamin Sensenbach	QI Coordinator		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Eric Thomas	BLS Representative		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
David Kluge, MD	Honorary Member					
Eric Davis, MD	Honorary Member					
OPEN	At Large		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GUESTS
September 21, 2015

NAME (PLEASE PRINT)	AGENCY	SIGNATURES
1 JOHN LENTS	HVA, BFD	
2 Isiah D. Sizemore	MFWA / NEA	
3 Ross R. Casnow	DDA	
4 George P. Glassmer	REH / NEA	
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2.20 NAUSEA / VOMITING

CRITERIA

Patient with uncontrolled nausea/vomiting and no evidence of head injury:

1. Attempt to treat cause of the nausea.

EMT STOP

2. If nausea unrelieved by other interventions:

Ondansetron (Zofran) 4 mg IV/IO/IM.

↳ Ondansetron (Zofran) 2 mg IV/IO/IM if age >2 years

OR

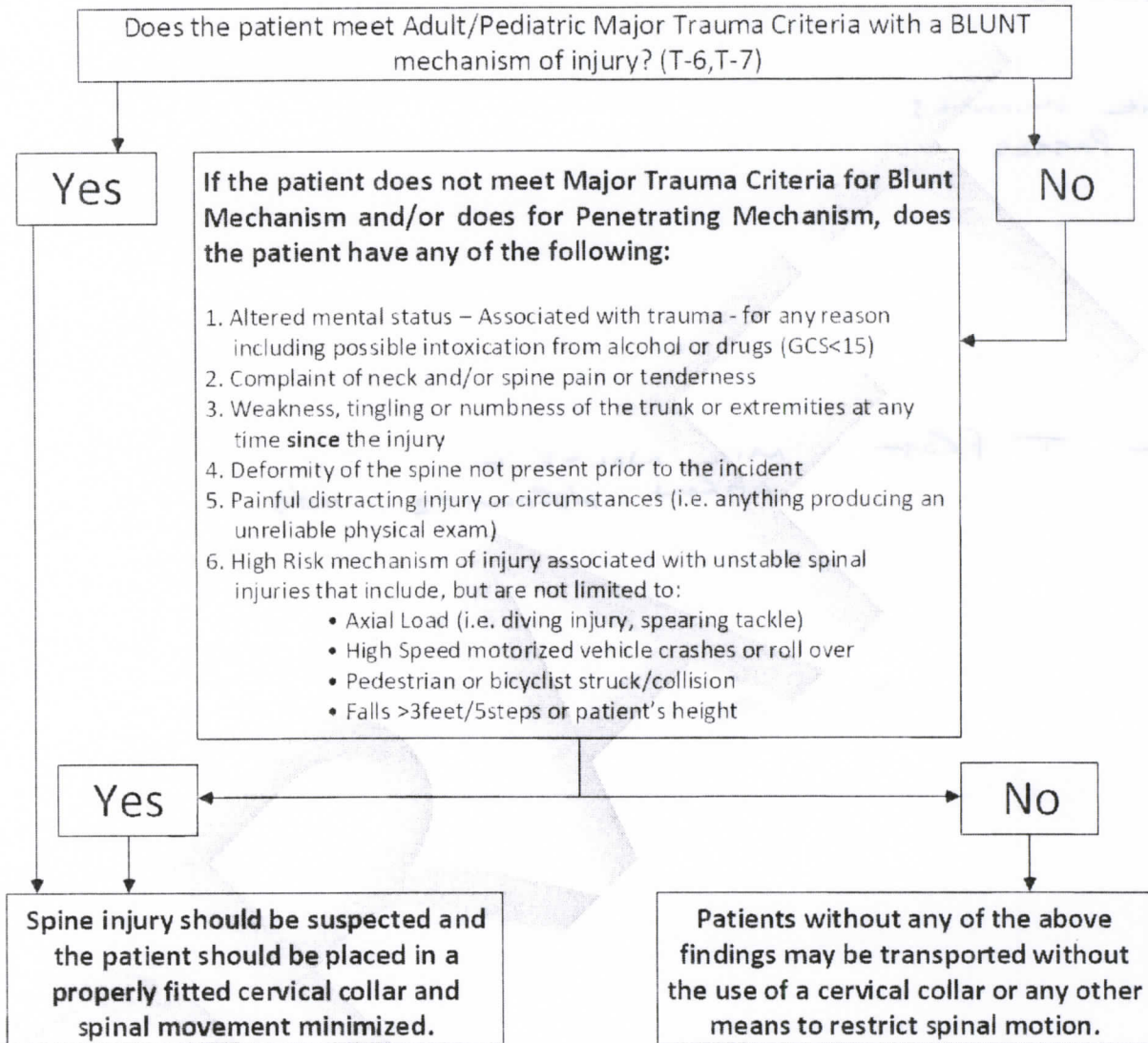
Promethazine (Phenergan) 6.25-12.5 mg IV/IO diluted in 50-100 mL NS and given over 10 minutes.

NOTE

Do not give Promethazine if age >65, and use with caution in older adults and with other potentially sedating medications (e.g. morphine).

3. If dystonic reaction after Promethazine administration (torticollis/stiff neck, back spasm, agitation) occurs, give: Diphenhydramine (Benadryl) 25 mg IM/IV (May repeat once).

2.33 SUSPECTED SPINAL INJURIES



Notes:

- Spinal movement can be minimized by application of a properly fitting rigid cervical collar and securing the patient to the EMS stretcher.
- When spinal motion restriction has been initiated and a higher level of care arrives, patients should be reassessed for spinal injury (per this protocol).
- When possible, the highest level of care on scene will determine if spinal motion restriction is to be used or discontinued (collar removed, etc.)
- A long spine board is one of multiple modalities that can be used to minimize spinal movement. Electing not to use a long spine board will not constitute a deviation from the standard of care.
- Long spine boards do not have a role in transporting patients between facilities