

REMAC meeting minutes
December 17, 2007

Standing Agenda Items

Agenda Review – Terry Fairbanks, MD

Minutes – Motion to accept – Shah, Second, Breese, passed

Correspondence/Announcements – Terry Fairbanks, MD

Letter of Support for Rochester RHIO

Supporting a New York state grant application to improve quality of care in the EMS

HEALS Grant

MOLST Support Letter

Support that MOLST becomes a statewide mandate

Mercy Flight Protocol Review

Sent the feedback on their protocols as requested

Guest - Project Director for RGH's construction project for the ED, starting Jan 3rd, 2008

Medical Director's Report

Medical Director Report - Manish Shah, MD

OPC shutting down fax servers Jan 4, 2008

MLREMS putting TAG together to work with Cardiology to improve patient care

Reminder to get PCRs in on time, if still using paper, must be left at the hospital

Program Manager Report – Sheri Adam

ePCR Compliance

Most agencies will be compliant by Jan 1, more by Feb 1.

Some agencies using the database that was created by OPC

2 hour PCR delivery requirement

Agencies need to be sure they are faxing their PCRs within the 2 hour window. Some confusion noted at some agencies about the need to fax. Everyone MUST fax PCRs to the receiving hospitals.

RHIO looking at finding a way to put EMS and Hospital paperwork together

Discussion on which hospitals have wireless in the ED for EMS providers: RGH, Unity, Highland. No for Strong

Associated Reports

Council – Mark Tornstrom

EMS Summit scheduled for January 19, 2007

ED Directors Group

No report

State Meetings – Tim Czapranski

OPC will post link to State meetings on MLREMS website

All out of hospital, noncardiac arrest patients and all pediatric patients who require tracheal intubation must have waveform capnography in place at the time of intubation and continuously thereafter starting January 1, 2009.

State Actions – Sheri Adam

Nieves Mariano – Bronx, NY

Robert Depaolo, E Northport, NY

Michael Hyatt, Jamaica, NY

Corey Samuels, Queens, NY

Kerry Miesner, Albion NY

Betania Javier, New York, NY

Michael Hollander, Nesconset, NY

James Peet, Mexico, NY

Dennis Perusko, Brooklyn, NY

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REMAC Sub-Committee Reports

Sub-committee Update

New TAG being assigned to help implement QA in the region

ALS Committee – Julie Jordan

No major changes

Chair meeting with REMAC Chair to work on getting more providers at REMAC meetings

Pharmacy Committee – Mike Kuder

No Report

Protocol Committee – Jeremy Cushman, MD

DRAFT of 2008 Protocols will be out in January for approval at February meeting. Number of small changes, but nothing big changed in this round.

Policies and Procedures being reviewed

QA Committee – Sheri Adam

Committee members re-appointed: James Capparelli, Mike Kuder, New Committee members: Ron Patchett, Dick Tripp. Chair of REMAC appointed all 4 members.

Exec meeting after regular REMAC meeting to discuss QA case

RSI Committee – Jeremy Cushman, MD

New provider class with 14 new people. Cadaver labs in the next couple months.

Providers that didn't meet the CME requirements were suspended from practice. There were a handful of providers that gave up their certification because they don't do it anymore.

Summary report at next meeting.

SCT Committee – Erik Rueckmann, MD (report given by Jeremy Cushman, MD)

Motion to accept new protocols – Breese, Second Shah - motion passed

Problems regarding changes in Medicare payments – to be discussed at another meeting.

PCRnet Future Tag – Manish Shah, MD

Nothing to add to earlier report

Old Business

SOP Changes – Mark Tornstrom

Two major changes – residency issue, created long-standing sub-committees (ALS and QA)

Listen to tape – vote?

New Business

Vote to support chair nomination timeline/procedure – Terry Fairbanks, MD

Motion by Shah, seconded Lampell- motion passed

Highland Hospital – John Hilmi, MD

Need agencies to start using 340 to give report in order to decrease triage times

Strong Hospital – Mary Comerford

In order to meet JACHO standards, Strong will be asking for med lists from EMS. Helps decrease medication errors.

Please be patient, trying out new reg procedure at bedside to decrease triage times.

Meeting Schedule – Mark Tornstrom

Vote for 3rd Monday every other month (evens) 5:30pm. Livingston County – would like to continue 2 meetings per calendar year in Mt Morris (Apr and Aug) Motion – Cushman, Second Hilmi, passed. Will look at changing meeting requirements to 2/3 of all meetings held when looking at new SOPs

Appoint QA Implementation TAG – Terry Fairbanks, MD.

Motion to accept: Rick Race (Chair), Josh Frankel (Vice-Chair), Sheri Adam, Liz Caldwell, Terry Fairbanks, LaShay Harris, Jan Lloyd, Manish Shah, Bill Sheahan, and Lucas VanDervort. Motion-Breese, Second Shah, passed.

New Therapy Applications – Sheri Adam

Epi – Springwater, notification only

Albuterol – Springwater, Brighton, Brockport - Motion to accept all – Cushman, Second Shah, passed

BG – Brighton, Pittsford, Lima – Motion to accept all – Hilmi, Second Biernbaum, passed

LeRoy Ambulance – Manish Shah, MD

Discussion regarding keeping LeRoy in Monroe-Livingston region with new program agency in their region, Sheri to contact them before next meeting to find out status.

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Elections – Mike Kuder

Open nominations from the floor

Motion to close nominations – Shah, Second Breese, passed

Motion to a claim the slate as nominated – Breese, Second Shah, passed

Congratulations to Terry Fairbanks, MD – Chair and Mark Tornstrom Vice-Chair

Executive Session

Motion to close the regular meeting – Shah, second, Cushman, passed

Motion to go to executive session – Frost, Second Breese, passed

Motion to allow Ross Zastrow from NYS DOH BEMS to stay – Hilmi, Second Joyce – passed

Review of case – final sanctions re: Mark Marchase

1. Mr. Marchase's privileges as an ALS provider are suspended pending the completion of the following requirements:
 - a. Completion of an education remedial program to be administered by the Honeoye Falls medical director. The scope of which will at minimum contain:
 - i. recognition of cardiac related emergencies, including ACS syndrome, AMI, 12 lead EKGs, and AC LS
 - ii. in depth review of the MLREMS protocol with specific concentration on cardiac related emergencies and destination authorizations
 - iii. medical legal issues and EMS
 - iv. documentation
 - b. Retrospective review of all patient care provided by Mr. Marchase from the period of 07-1-06 to 10-8-07 to be completed by the Honeoye Falls agency Medical Director. Any concerns being significant by that Medical Director will be reported to the REMAC QA committee for review.
 - c. A full re-internship of the ALS level minimum of eight ALS transports to begin following the completion of remediation program described in part 1A, under review described in part 1B.
 - d. A passing score on protocol test to be approved by the Regional QA Coordinator administered by the Honeoye Falls Agency Medical Director or his designee.
2. Mr. Marchase is not permitted to serve as a preceptor in the MLREMS region for a period of two years from the date of his re-clearance as an ALS provider.
3. Mr. Marchase is not permitted to serve as ALS chief for any agency in the MLREMS region for a period of three years from the date it is re-clearance as an ALS provider
4. For a period of at least one year after re-clearance, provide copies of all ALS level calls to MLREMS Regional QA/QI Coordinator who will review all patient care reports involving care provided by Mr. Marchase. Such reports will be completed and available to regional QA/QI Coordinator within six hours of call completion
5. A letter be sent to the Honeoye Falls Ambulance recommending more detailed quality assurance policy and procedures additionally recommend that mechanisms be put in place to ensure paperwork is completed in a fashion consistent with REMAC and State guidelines
6. A letter be sent to all emergency departments in MLREMS region reminding them of the SCT policies and procedures that are in effect an answer any questions regarding the appropriate use of EMS resources for intra-facility transports
7. Refer this case to the state for review and further action.

Motion to adjourn