

Monroe Livingston REMAC Meeting Minutes

January 16, 2012

Agenda Review – Bob Breese for Manish Shah, MD

- Anything else to add to agenda?
- We do not have a quorum yet as we're waiting on one physician to get here before we vote

Minutes – Bob Breese for Manish Shah, MD

- The minutes were posted to the website
- Dr. Kamali has arrived – we now have a quorum
- Motion to approve the December minutes, Moved. Drs. Thompson and Rueckmann
- Any discussion? All in favor? Ayes. Motion passes.

Correspondence/Announcements – Manish Shah, MD

- New policy statements that came out from NYS, not all of them are on the website yet
- A letter from NYS re: Livingston County's request to carry 400 mgs of Fentanyl was declined
- After January 14, 2014, Noyes will no longer have 24/7 ED coverage for orthopedics

Medical Director's Report – Jeremy Cushman, MD

- No report

Program Agency Administrator's Report – Tracy DeMarse

- In the process of preparing the quarterly reports to close out the third quarter Council and second quarter Program Agency
- Preparing for the State meetings that are coming up at the end of the month
- The 2012 protocols have been submitted; hopeful that they will be approved
- Our office continues to work on the educational components: the protocol and base station tests
- If they are approved, they will be rolled out February-March timeframe
- NYS sent an email re: the uploading of information to the NYS EMS Bridge (NEMESIS Data)
- The information sent from the State re: this was incorrect. Anyone using EMS Charts currently does not have to do anything on their end at the moment
- We are working with the agencies using Zoll to ensure they are able to upload their information
- EMS Charts is still planning 8-10 hours of downtime in January or February
- We do not have a specific date on that yet
- A form is being passed around re: hospital capabilities: all hospital reps please review it. Please review the form and get back to me with any changes/updates.

Council (MLREMS) – Mark Tornstrom

- The Council conducted its Annual Business Meeting, which the REMAC was a component of
- We highlighted the 2011 action items
- New Council Officers: Mark Tornstrom to remain Chair, Tim Frost as Vice Chair, Reg Allen as Treasurer, and Mark Phillipy as Secretary
- A letter went out from Council to the hospital CEO's in regards to discussion about funding
- A couple of people responded very quickly to the letter
- The intent of the letter is to explore funding options in the event that the NYS DOH significantly cuts funding to Council and REMAC
- We are up to date with our funding from NYS, but the word is to expect significant delays in reimbursement for 2012

State Council Meetings – Mark Tornstrom for Jeremy Cushman

- SEMAC & SEMSCo Meetings will be at the end of this month
- Dr. Jeremy Cushman has been nominated as the representative as Tim Czapranski has reached the end of his eligibility for renewal
- The 2012 Protocols are in front of SEMAC
- Dr. Henry, Chair of the SEMAC for the past 17 years, has stepped down from his position
- Currently, there is only one scheduled meeting at the State for 2012
- The other meetings have not received validation from the DOH
- Paul Bishop, Jeremy Cushman, Tracy DeMarse and myself will all be attending the meeting

State Actions – Tracy DeMarse

- No State Actions

ALS Subcommittee – Julie Jordan (Chair)

- No report

Pharmacy Subcommittee – Mike Bove (Chair)

- Mike Bove is the new Chair
- Due to a conflict with another meeting in Wyoming County, he was unable to make tonight's meeting

Protocol & Policy Committee – Tracy DeMarse for Jeremy Cushman, MD (Chair)

- Several documents need to be voted on. Drafts have been posted to the website for some time
- CME Course Matrix: assigns a number of hours to a CME (to the alphabet original courses).
- Motion to approve the CME Course Matrix? Moved, second. Any discussion? All in favor? Ayes. Opposed? Abstained? Motion passes.
- Two processes have been developed re: the ALS Level of Service and CONs

- The first one is re: transfer CONs – when an ambulance has previously been approved to practice at the ALS level transfers their Certificate to another entity and the new agency wishes to continue providing the same level of service. They must provide a letter to this committee indicating the approval of the CON transfer by the Council and a letter addressed to REMAC requesting approval to practice at the same level as prior.
- No changes came in re: this document. It would be approved as it reads on the website.
- ALS focal practice for CONs – motion to approve, second. Any discussion? All in favor? Ayes. Opposed? Abstained? Motion passes.
- The second speaks to agencies who at one time were providing ALS service and for whatever reason had a lapse in that service, where they notified the State that they were now practicing at the BLS level.
- Additional language will be added to this policy, stating that agencies who have not provided ALS service for greater than 90 days need to submit an explanation of why they have not provided the service and how the issue will be addressed going forward.
- The draft states that the agency provides 70% of BLS coverage; this will be changed to 80%
- Aside from these two changes, the document on the website will not change
- Motion to approve? Second. Any discussion? All in favor? Opposed? Abstained? Carries.

Quality Assurance Subcommittee – Tracy DeMarse for Manish Shah, MD (Chair)

- Nothing significant going on
- policies and procedures are being revamped; once they are marked up by the committee, they will go to NEG to be reviewed before they come back to this body for final approval

MHA TAH, Mark Tornstrom

- No report

Regionalization TAG, Julie Jordan

- No report
- TAG is on hold for now pending the RFP for Regionalization database

Fingerlakes Regional Trauma – Bob Breese (Official Representative)

- There has not been a meeting since the December meeting

ePCR Chart Lock Times TAG – Bruce Thompson, MD (Chair)

- Had our first meeting; Reviewed some of the protocols and recommendations
- A few agencies still using paper PCRs
- We discussed creating a form (long or short) regarding the information needed to be left with a patient
- The State regulation is the PCR must be complete prior to leaving the hospital
- We have several agencies who are noncompliant consistently
- The Chart Lock Times are monitored and sent to agencies monthly

- Many agencies share the report with their providers which is important
- Although the report is published monthly, no action is ever taken with the noncompliant agencies
- The QA Committee does look at agencies that are noncompliant consistently. Repeat offenders are called and must come before the QA Committee to discuss an action plan to fix the problem

Old Business

- None

New Business

- Avon ALS Service (Tracy DeMarse)
 - A few months ago, Avon Ambulance notified us that they were going down to BLS level of service for a number of internal reasons. Rick Race is now their Chief Paramedic.
 - Rick submitted a packet following the guidelines that were in the draft policy in the event it was passed. The packet is a request for REMAC to approve Avon to resume ALS service.
 - The packet looks to be complete and Rick can answer any questions you may have.
 - Rick can offer an explanation and also provide in writing to our office within the next 24 hours for the file.
 - Motion to approve Avon with the provision they fulfill the requirement of their explanation, moved, second. Discussion?
 - Yes – what are we looking for them to say?
 - They would explain why they down from ALS to the BLS level of service and corrective actions that have been put into place moving forward to mitigate that from happening again.
 - Rick Race: Avon voluntarily gave up their ALS status in February of 2011 for all kinds of issues. The management staff has changed. A new operations staff has been put together – consists of the Chief Paramedic, QA Coordinator, BLS Coordinator – all of whom report to the Chief Executive Officer (buffer between the ops staff and board). No DO at this time. I am confident in our new policies and procedures.
 - At this time we have no ALS providers. Other agencies have agreed to help us clear our providers at the ALS level. We have two full sets of ALS gear, two ambulances, one fly car, a controlled substance safe, etc.
 - Would like to get cleared first, then I will begin to hire and clear providers. Our current plan is to provide coverage from 9:00 am – 9:00 pm 7 days/week, that's 80+% of our ALS responses (looking at last year's data).
 - BLS coverage looking at last year's data is over 98%
 - Suggestion to vote on the motion that's on the table and entertain a motion for subsequent agencies that request an increase change in their service to review their status
 - Motion on the table for Avon to be granted ALS status. Any discussion? All in favor? Opposed? Abstained? Motion carries.
 - Dr. Rueckmann: suggest that agencies that increase their level of service to ALS have a six month probationary period. At the end of which, they return to REMAC to ensure all of the requirements have been met.

- Second by Mark Phillipy. Discussion?
 - This would be an amendment to the policy we just passed
 - The QA Committee should monitor new ALS agencies – friendly amendment to the policy
 - Any other discussion?
 - The six months should be changed to 180 days
 - Any further discussion? All in favor? Opposed? Abstained? Motion carries.
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- o Next meeting to be held Monday, March 19th
 - o Motion to adjourn, second, meeting adjourned