

Monroe Livingston REMAC Meeting Minutes
August 17, 2010

Standing Agenda Items

Agenda Review, Manish Shah, MD

- We don't have quorum yet, but Dr. Thompson said he was coming & he will give us quorum
- Let's hold off on voting until he gets here

Minutes, Manish Shah, MD –

- I would like to entertain a motion to approve the minutes from the last meeting – we don't have quorum, so let's move on

Correspondence / Announcements, Manish Shah, MD

- Correspondence – we have a letter from Joan Ellison, Health Director for Livingston County, notifying us of the EMS Coordinator vacancy – which is now closed
- I will pass the letter around
- We also have a letter from Dr. Fairbanks resigning and a letter from Dr. Graham, RGH, nominating Dr. Santiago to be the RGH representative to REMAC – I will pass all of these around
- The letter re: Dr. Santiago is old – disregard
- MLREMS voted on Dr. Murray as a new member to REMAC – congratulations Dr. Murray
- She is also Brighton and Spencerport's Medical Director
- Her CV is available should anyone wish to see it

Medical Directors' Report, Jeremy Cushman, MD

- There still appears to be a shortage of medications that we use to treat our patients everyday including epi, bicarb, calcium chloride, and morphine
- A special thanks to Dr. Kuder, our pharmacist, for helping us navigate through this
- We will continue to keep the region up to date and advise on changes
- I received correspondence from the State Department of Health, Bureau of EMS now requires us to send them any changes that we want to make in our protocols that relate to this shortage of epinephrine, bicarbonate, or D50
- My question back to the state was: how long is it going to take for them to let us know if it's approved or not? Whether or not it requires SEMAC action, etc. I have not received an answer.
- Code Red Trial has been ongoing within the system for almost 120 days
- Most of the ED Directors continue to support the move; they are meeting on Wednesday
- They will decide whether or not to continue without Code Red at their meeting
- Last item – I had distributed to everyone on the REMAC & Council (will be posted on the web later this week) the system performance measures
- As the system medical director, I feel it's my responsibility to identify some articles as it relates to clinical care for patients within our system
- The document that was sent to you will be posted for comment and discussion – it's a set of goals for us to start a conversation about and my hope is that after some good conversation over the next month, REMAC can engender a support to that document
- The document is designed to look at the entire system
- Your comments are welcome and can be directed to my office

Tracy DeMarse

- All subcommittee chairs should have received the meeting template I sent out
- Please use the template for your meeting minutes and send them to Nicoletta so we can get them published on the website
- This is part of the open meeting law requirements
- Most of you aware that we've had some staffing changes in the office – Jennifer Williams has resigned and is no longer working in our office; Jody Greer has come on board fulltime
- Please be patient – if you call and don't get Nicoletta. Jody is mostly supporting research but has dabbled a little in EMS
- Quarterly reports for the Program Agency and Council were sent in to the State
- They will be sent out to REMAC and Council Members tomorrow
- We have received another grant to do Pediatric podcasting from EMSC, just under \$3,000 – we hope to have these one the web by January 1st
- A CLI is scheduled for September – all of the information is on the website; applications are available
- Applications needs to be turned in by August 31st

Manish Shah

Quick announcement, we will not have quorum today as Dr. Thompson has gone to PSTF versus coming here to Livingston County for the meeting. He has offered to drive here, but by the time he gets here, we would be long gone

We cannot use speaker phone; all members must be physically present to conduct business. We will have to defer the voting for the next meeting.

Associated Reports

Council (MLREMS), Paul Bishop

- One item to mention other than Dr. Murray's, is that we did receive an initial report on the strategic planning we have been undergoing
- The Regional Council will be having a special meeting on September 20th at 4:00 and we welcome members of the REMAC to attend as well – your input will be welcome

State Council Meetings, Jeremy Cushman, MD

- No Report

SEMSCo Report, Tim Czapranski

State Actions, Jeremy Cushman, MD

- Robert Rivenburgh from Rotterdam, NY

REMAC Sub-Committee Reports

Manish Shah, MD

- The Subcommittees under Terry's time were incredibly successful and I would like to keep that direction with using the subcommittees to really drive getting things done in this body

- I hope everyone is on at least one subcommittee; please talk to either the subcommittee chair to talk to me and we can get you on one of the committees – that's where the work occurs and that's really where we need people to help out

ALS Subcommittee, Julie Jordan (Chair)

- We continue to meet
- John and I have been working on getting all agency rosters updated so they are as accurate as possible moving towards the transition starting with the preceptors and the regionalization process

Pharmacy Subcommittee, Mike Kuder (Chair)

- There has been no meeting, but a lot of communication has been happening behind the scenes
- Everybody is dealing with the issues as they arise because they are affecting different hospitals at different times

Protocol Subcommittee & Advanced Practices, Jeremy Cushman (Chair)

- One thing going back to Pharmacy – particularly with the morphine issue and even epinephrine: often we're having to dilute these drugs down
- This came from many off-line conversations with pharmacy over the last couple of weeks
- Medical Directors should take note of this as well. This is important if your agency is starting to carry a different concentration than what your providers are used to
- It's imperative that someone go to Staples, purchase some fluorescent labels and print out what the new concentration is so that we avoid medication errors
- Protocol & Policy Subcommittee continues to meet on a monthly basis
- There were three items for action, none of which we will move on
- Therapeutic hypothermia according to the state is considered to be experimental
- It is not the standard of care despite the ECC regulations dating back to 2005
- We are doing everything we can at the State Level to get some of this changed
- Currently, the State only allows for therapeutic hypothermia to be done in certain demonstration projects and they are no longer allowing any other regions to participate in these demonstrations, so we've been pushed out of that opportunity as well
- The reason for modification of the return of spontaneous circulation protocols was to allow us to use therapeutic hypothermia as it is being used in hundreds of systems outside of New York State
- Within our protocols we didn't actually have return of spontaneous circulation protocol; we actually had a VFVT post conversion protocol
- For the patient that has return of spontaneous circulation, but it wasn't VF or VT there is sometimes a vapor lock because there isn't anything to go to in terms of, okay, what am I doing with this patient that has ROSC after asystole or PEA, well I don't have a protocol to guide that
- We made a few changes to these two documents
- The 4.2 which was our post-conversion for VFVT in children, has been updated to reflect the same thing as the adults, just our dosages are different
- I really want this to pass because our next SEMAC meeting is in October and with all of the budget cuts, I'm not sure when the next meeting will be; we don't know the schedule for next year
- I ask our chair of this group that we have a meeting in September to have quorum because I personally believe that these are two very important protocols to patients in this region and the

time might be right for us finally get this through the State level to allow us to provide that, provided both voting and nonvoting members on the REMAC support the use of therapeutic hypothermia within this region and we believe this is a safe and proper practice for our patients with return of spontaneous circulation

Manish, Shah, MD

- As there is a MLREMS meeting in September to discuss strategic planning which is a major issue for us within the REMAC and we have these protocols to vote on, I personally believe going essentially two meetings without voting, being able to approve anything is really inappropriate. I would like to put out the idea of meeting in September. How do people feel? Is there any opposition? September 20th at 5:30 at PSTF
- o Another item that the Protocol & Policy Committee has been working on is an LVAD protocol
- o The goal is to have it out for public comment and act on it at the September meeting so that it can be presented to SEMAC in October

Quality Assurance Subcommittee, Manish Shah, MD (Chair)

- o Nothing significant, just two things to give people heads-up about
- o First, QA Committee is working on is an agency level best practices document in terms of doing QA; more of a practical document
- o This will be for all levels, both ALS, BLS and first response
- o We hope to have this completed within the next few months
- o Second, the QA Committee is working outside of QA cases and is looking at metrics essentially, high quality care and what the committee is trying to do is look at certain items, like BGs done and syncope, BGs and seizure, and taking a very practical approach to this so if you have EMS Charts, other than Monroe and Rural Metro
- o The idea being is to come out with a series of metrics that agencies can use to evaluate their quality of care essentially

MHA Tag, Mark Tornstrom (Chair)

- o The final part of our charge is done; We're just waiting – the podcast was completed and subtitles are just being added
- o The Tag has completed its initial mission

Regionalization TAG, Julie Jordan (Chair)

- o We picked up our meetings again
- o Currently we're working on implementation processes for the preceptor policy that we approved at the last meeting
- o We've determined that there will be no grandfathering of preceptors
- o All current preceptors will need to reapply to maintain their preceptor status until we have all the educational material done and ready to go

GRQC Committee Update, Manish Shah, MD

- o No Report

Old Business

- None

New Business

- None

Hospital & EMS Leadership Meetings

- No Report

RHIO, Jeremy Cushman, MD

- No Report

Applications –EPI & Albuterol-, Jeremy Cushman, MD

- o Xerox Ambulance Application – Notice of Intent for Epi for BLS
- o The document is complete and will be sent out to the State tomorrow

Meeting is adjourned. The next meeting will be on September 20th at 5:30 PM at PSTF