

Monroe Livingston REMAC Meeting Minutes

March 19, 2012

Agenda Review – Manish Shah, MD

- Lots of business being passed around in the correspondence folder

Minutes – Manish Shah, MD

- Motion to approve the minutes from the January meeting
- Moved – Breese and Cushman. Any discussion? All in favor? Ayes. Against? Motion passes

Correspondence/Announcements – Manish Shah, MD

- Letters from North Greece FD, Finger Lakes Regional EMS Council re: new protocols
- New policy statements from NYS: 12-02 and 12-03 re: PCRs

Medical Director's Report – Jeremy Cushman, MD

- Will speak to ALS chiefs later re: the continued drug shortages

Program Agency Administrator's Report – Tracy DeMarse

- October – December payment received from NYS for Program Agency
- Still waiting for the Council payment
- Next round of quarterly reports will begin in the next few weeks
- The BLS Protocol Exam was temporarily suspended due to a high rate of test credits being used
- Please tell your providers to review the exam material prior to taking the exam
- Also, please do not allow your new ALS providers to take the exam until they are registered with our office and interning
- The priority is to get ALS providers through the protocol test since it is required for them to have it completed by April 30th
- Currently, there is no regional requirement for BLS providers to take the test

Council (MLREMS) – Mark Tornstrom

- Going to defer to Tim Czapranski in a few minutes to allow him to update everyone on the latest news at the State Level
- MLREMS has been taking the proposed changes in the Governor's budget to Article 30 very seriously
- If the changes occur, MLREMS has some additional monies that will be set aside to support the activities – educational and credentialing
- Depending on the outcome, the intent of MLREMS is to maintain communication, ongoing support of REMAC, education, etc. with those monies
- To update everyone: the Governor's Executive Budget included language that would significantly change Article 30, which is the statute that grants us the authority to function as MLREMS
- MLREMS, which is currently a Council, would change to an Advisory Board in the proposal
- It would lose a fair amount of its statutory authority
- At the State level, your voice with SEMAC would change
- You would become an Advisory Group to the Commissioner of Health directly

- The number of regions is proposed to change from 18 to 6
- The Regional Council would become an Advisory Committee at the State level, the staff would be gone, and it would roll into one complete body
- A lot of responsibilities still remain and funding for those responsibilities remains in the budget

Tim Czapranski:

- The Senate responded to the Governor's executive budget with their own budget
- They rejected the proposed changes to Article 30 in their completeness
- The Assembly submitted their budget to the Governor – they didn't totally reject the changes to Article 30, but chose to modify the Governor's proposed changes to Article 30
- We are not against change, but it needs to be discussed and thoroughly vetted before change goes forward
- There were questions about where the changes for Article 30 came from

Mark Tornstrom:

- Award winners for our region will be announced and recognized at the STEP EMS Conference
- Dr. Santiago – Physician of Excellence; Matt Comer – ALS Provider of the Year; Matt Jarrett – BLS Provider of the Year; Amanda Schultz – Communications Specialist of the Year; Dwayne May – Professional Nurse of Excellence; Tyler Tornstrom – Youth Provider of the Year
- There are still seats available at the MLREMS table, please let Nicoletta or Tracy know if you're interested in attending
- Dr. Santiago and a few others have suggested we coordinate efforts in EMS Week
- We have tasked the PIER Committee to coordinate working with the various hospitals
- If you're interested in helping out, please contact Nicoletta

State Council Meetings – Tim Czapranski

- At the last State Council meeting, it was business as usual
- There were discussions about Article 30 changes the night before
- The next meeting will be in May

State Actions – Tracy DeMarse

- Anthony Helferty – White Haven, PA
- William Efinger – Hicksville, NY
- Albert Morelli – Troy, NY

ALS Subcommittee – Julie Jordan (Chair)

- ALS Committee did not meet in January; we will meet after this meeting

Pharmacy Subcommittee – Mike Kuder (Chair)

- No report

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

- In terms of policies/procedures, we too have taken a hiatus
- Don't want to make any major changes in case we cease to exist
- We had already revised one policy and sent it out for review

Quality Assurance Subcommittee – Manish Shah, MD (Chair)

- We have done the same thing as Protocol & Policy Committee – we are not spending a lot of time making changes in case we don't exist
- We had already revised one policy, which is being circulated at the moment
- QA Committee brings this to the REMAC
- Moved – Bob Breese; Second – Jeremy Cushman. Any discussion? All in favor? Against? Passes
- QA Committee cancelled its meeting this morning because there wasn't anything to discuss

MHA TAG, Mark Tornstrom

- No report

Chart Lock Times TAG, Mark Philippy

- Discussion in January that needs REMAC approval
- Suggestion is the QA Committee take this form for evaluation and revision as needed
- Also recommended that charts be completed in three hours as opposed to 98% in six hours
- TAGs cannot make motions – ask that you make a summary and forward it to the QA Committee
- Potentially introducing a system which has two mechanisms because of what is stated in the policy statement that came out a few weeks ago
- The policies that have been published since the Chart Lock TAG Meeting need to be discussed today
- Tracking the short form versus the full PCR – how difficult is this?

Regionalization, Julie Jordan

- No report

Old Business – Manish Shah, Chair

- The process for ALS privileges was approved at the last meeting
- Wanted to ask this group a question; not sure if there needs to be a change in the way it was written
- Agencies that are applying to REMAC for ALS service for the first time will be subject to a 180 day probation period once approved
- At the end of the period, the QA subcommittee will review something – this is where the question came in...
- They QA subcommittee will ensure they're meeting the requirements under the policy
- If an agency now providing ALS service comes back to provide ALS service again, they don't have to go through the probationary period and they don't get evaluated? Was this in the intent of this body when the process was approved?
- We will have to put this back out for 30 days for public comment
- Does anyone object the need for public comment?
- Motion: Agencies applying to REMAC to provide ALS Services will be subject to a 180 day probationary period, unless...
- Any discussion? All in favor? Opposed? Abstentions? Passes

New Business

- NOI to possess and use Epinephrine Auto-injectors for Chili Vol. Ambulance – all paperwork is completed and signed
- Motion, moved. Second. Cushman and Jordan. All in favor?
- Albuterol Application & NOI to possess and use Epi Auto-injectors for North Greece FD
- The agency has been doing this, but because they moved from ILS to a BLSFR, they needed to submit new paperwork
- Reaffirmation for Pittsford Volunteer Ambulance (they have already been approved) – NOI to possess and use Epi
- NOI to possess and use Epi and application for BLS albuterol for Clifton FD
- NOI to possess and use Epi for West Webster FD
- Application for BG for Point Pleasant FD
- Motion, moved. Cushman and Thompson. Any discussion? All in favor? Opposed?

Jeremy Cushman:

- Rumors re: BLS saline locks must – some say they've never heard of this before and other attest that they've seen it somewhere
- There is nothing written in regional policy or protocols, State policy or protocols
- No one at the state said that a saline lock cannot be transported by a BLS provider
- To alleviate future QA items, would propose that the REMAC identify that it is acceptable for certified BLS personnel in the region to transport someone with a saline lock in place
- Motion, second. Breese and Jordan. Any discussion?
- To clarify, are you referring to transports, not a paramedic starting one in the field, putting a saline lock in and then transferring care to BLS providers?
- They could do that
- This would be an advantage on a multiple patient incident or mass casualty where IV fluids are provided and ALS resources are scarce
- As long as the patient is stable enough for transport, ALS could place the saline lock and BLS could transport.
- It opens questions/concerns but the hope is that would be addressed by the agency medical director meetings and QA
- Other comments? The proposal would come out as an advisory
- All in favor? Opposed? Passes
- Move to adjourn – Second; Breese
- Next meeting to be held Monday, May 21st in Livingston County