

Meeting Minutes November 16, 2020

I. ATTENDANCE

						2020-	2020-	2020-	2020-	2020-	2020-
				OFFICER /	TERM	01	03	05	07	09	11
NAME	CATEGORY	CHAIR	COMMITTEE	CHAIR	CHAIR						
1	Allen, Reg	Monroe County At Large (Seat 2)	System Operations	3/31/2022	A	CXL	P	P	P	P	P
2	Arnold, William	Monroe County At Large (Seat 1)		3/31/2021	P	CXL	P	P	P	P	P
3	Bailey, Donna	Livingston County At Large (Seat 1)	P.I.E.R.	3/31/2021	P	CXL	P	P	P	P	P
4	Cook, Alex	Livingston County At Large (Seat 2)	Treasurer	3/31/2023	P	CXL	P	P	P	P	P
5	Coyle, Thomas	Monroe County C.O.N. (Seat 1)		3/31/2021	P	CXL	P	P	P	P	P
6	Cushman, Jeremy	Regional Medical Director		Ex-Officio	P	CXL	P	P	P	P	P
7	Czapranski, Tim	Monroe County EMS Coordinator		Ex-Officio	P	CXL	P	P	P	P	P
8	Dewar, Karen	Livingston County EMS Coordinator		Ex-Officio	P	CXL	P	P	P	P	P
9	Erbland, Edward	EMS Training / Education		3/31/2024	P-Horowitz	CXL	P	P	P	P	P
10	Farney, Aaron	REMAC Representative		3/31/2021	VACANT	CXL	P	P	P	P	P
11	Frost, Tim	At Large EMS Agency (Seat 3)	Vice Chair / N.E.G.	3/31/2021	P	CXL	P	E	P	P	P
12	Hartman, James	At Large EMS Agency (Seat 4)		3/31/2021	P	CXL	A	A	A	A	A
13	Hoskins, Michael	At Large EMS Agency (Seat 2)		3/31/2023	P	CXL	P	P	P	P	E
14	Kelly, Timothy	Livingston County At Large (Seat 3)	Secretary	3/31/2021	P	CXL	P	P	P	P	P
15	Kirchoff, Thomas	At Large EMS Agency (Seat 1)		3/31/2021	P	CXL	P	P	P	P	P
16	Klueber, Geordie	Livingston County BLSFR		3/31/2023	P	CXL	P	E	P	P	P
17	Mustafa, Ahmed	Monroe County At Large (Seat 4)		3/31/2024	VACANT	CXL	P	P	P	P	P
18	Philippy, Mark	At Large EMS Agency (Seat 1)	Chairperson	3/31/2021	P	CXL	P	P	P	P	P
19	Perez, Andrew	Monroe County C.O.N. (Seat 2)		3/31/2024	VACANT	CXL	P	P	P	P	P
20	Puls, Megan	Healthcare Representative (Seat 2)		3/31/2024	Farney-P	CXL	P	P	E	P	P
21	Rathfelder, Eric	Law Enforcement	Training & Ed	3/31/2023	P	CXL	P	P	P	P	P
22	Smith, Merideth	Community		3/31/2021	P	CXL	P	P	A	P	P
23	Tinelli, Samuel	Livingston Count C.O.N.		3/31/2023	P	CXL	A	P	P	P	P
24	Williams, John	Monroe County – BLSFR		3/31/2024	Palma-E	CXL	P	P	P	P	P
25	Vacant	Healthcare Representative (Seat 1)		N/A	VACANT	CXL	VACANT	VACANT	VACANT	VACANT	VACANT
26	Vacant	Healthcare Representative (Seat 3)		N/A	Williams, G - p	CXL	VACANT	VACANT	VACANT	VACANT	VACANT

LEGEND: Present = P Excused Absents = E Unexcused Absents = A

II. Actions

	MOTION	MADE BY	SECOND	ABSTAIN	NAY	APPROVED
1	Approval of Meeting Minutes from September 2020	Tim Kelly	Alex Cook			X
2	Approve Meeting Schedule for 2021 REMSCo and REMAC	Ahmed Mustafa	Geordie Klueber			X
3	Monroe Medi Trans TRansfer of Operating Authority	Reg Allen	Alex Cook			X
4	Motion Adjourn	Mark Philippy	Tim Frost			X

III. Meeting called to order - Ben Sensenbach

IV. Attendance – Secretary call roll - Sam Tinelli

- Confirmed quorum
 - Excused absences: Mike Hoskins
 - Unexcused absences: James Hartman

V. Approval of Meeting Minutes

- Motion to accept the minutes from the September Meeting minutes as submitted by Tim Kelly and seconded by Ahmed Mustafa.
Roll call vote – 22 yes, 0 no, 0 abstain, 2 absent, 2 vacant, 0 conflict of interest.
- **Motion 1 – Passed**

VI. Chairperson – Mark Philippy

- Formation of Joint Council/REMAC TAG to review Psychiatric Emergencies and Management of Violent Patients Policies (Dr. Cushman to report out on the progress of this project).
- Ongoing efforts within City and County stakeholders to address management of mental health crises and system response – more to come.

- Part 800.24 & 26 (regarding equipment) Revision Project nearing completion, looking to have voted on at the December 8th-9th State meetings.
 - VOTE: Meetings Schedule for 2021 (see attached). Motion to accept the 2021 MLREMS REMSCO and REMAC Meeting schedule as presented by Ahmed Mustafa. Seconded by Geordie Klueber. Discussion: two of the meetings have moved off the regular rotation due to the Martin Luther King Jr. Holiday and the President's Day holiday respectively. We will determine whether these meetings will take place in person or via zoom as we approach them. Roll Call Vote: 22 – Yes, 0 – No, 0 – Abstain, 2 – Absent, 2 – Vacant, 0 – Conflict of Interest.

Motion 2 – Passed

VII. Vice Chair / NEG Report – Tim Kelly

- No Report

VIII. Secretary – Sam Tinelli

- No report

IX. Treasurer – Alex Cook

- Finance reports have been sent, please review.

X. System Medical Director – Jeremy Cushman, MD

- Mental Health TAG progress and plans
- City and County are evaluating services. This project is still in its infancy, but there are lots of great ideas we are currently working through. There is interest in diverting some 911 calls to 211 (relatively small amount – 700/year), selective dispatching, etc. We are working on system considerations and will bring things back to Council as we continue to work on this project.
- Patient Restraint TAG – we are taking our current policy and separating it out into two policies. We are also looking at developing some Care Bundles to go out as well. All of these will be brought forward for review once they are closer to completion. If you are interested in participating in the TAG, please reach out to Dr. Cushman.

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- ALS Credentialing Policy is being reviewed and edited by a TAG put together by the REMAC. This will also be distributed for review once we work through the edits.
- Collaborative Protocols – State is finalizing the process of buying the app itself.
- There are AHA updates that are not included in the Collaborative Protocols right now. Most of these changes are operational, however one will affect the protocols. Looking at January 2021 for inclusion.
- Exploring the use of TXA in the field (most likely a regional decision)
- COVID numbers are increasing as well as hospital volumes. Our cases continue to grow. We have found there are low instances of patient to provider infection, more likely provider to provider. Please remember to wear your PPE including your eye protection. Also, as a reminder, clinical care and guidance is available on the MLREMS website, nothing has changed in it thus far, these will be updated as needed.
- Question – death rate appears lower this time around. Are we doing better with treatment or have the more vulnerable patients already succumbed? Yes, we have been doing better with treatment and currently COVID is starting to effect more of the patients without comorbidities. Unfortunately, we will likely see the death rate increase as it typically takes about three weeks for that number to accurately report out.
- Update on State funding – 80/20 issue with reimbursements (Discussion)
- The Council contracts with the University of Rochester Division of Prehospital Medicine to operate as the Program Agency. The last two reimbursements received were 80% of what they should've been. At the State level, they are withholding 20% of all current contracts. As a Council, we are asking that you examine your contract with your vendor and look at how we can work together to work through this. Although reimbursement at the State has changed, the contract deliverables have not. We cannot continue to cover 100% of the State deliverables at 80% reimbursement.
- Council Chair has sent a letter to the Director of the NYS BEMSAT inquiring about this. It is not coming from the Bureau, but from the Department of Finance. This will be a hot topic at the upcoming State meeting in December.

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- Council is putting together a Finance Committee Advisory Group to examine this issue and come up with potential solutions. If you are interested in being involved, please contact Mark Philippy, similarly, if you are not able to participate in the TAG but have ideas regarding this topic, please let Mark know.

XI. Program Agency Report – Ben Sensenbach

- State Actions
- Eva Santiago
- Certification has been suspended for 6 months effective 9/14/20.
- Assessed a civil penalty of \$2,000. The civil penalty is suspended and ultimately forgiven with no further violations for three years beginning 9/14/20.
- For violations of 10 NYCRR Part 800.16 (a)(13): “...has held him/herself out as being certified at a higher level than actually certified, or has exceeded his/her authorized scope of practice, as that term is defined in Section 800.3 of this Part...”
- Bedford-Stuyvesant Volunteer Ambulance Corps Inc.
- Certification has been suspended for 1 year effective 9/14/20.
- Placed on probation for 2 years effective 9/14/20.
- Assessed a civil penalty of \$2,000.
- For violations of PHPL Article 30 3006(1), 3053, 3012(b), 3012(d) and NYCRR Part 800.21(j)(k)(l), 800.21 (p)(1)(3)(4)(6)(7)(8)(9)(10)(11)(12)(13)(14)(15), 800.23(a), 800.24(d)(10), 800.24(f)(14) and 800.26:
- “...every ambulance service and advanced life support first response service shall establish or participate in a quality improvement program, which shall be an ongoing system to monitor and evaluate the quality and appropriateness of the medical care provided by the ambulance service or advanced life support first response service, and which shall pursue opportunities to improve patient care and to resolve identified problems. The quality improvement program may be conducted independently or in collaboration with other services, with the appropriate regional council, with an EMS program agency, with a hospital, or with another appropriate organization approved by the department. Such program shall include a committee of at least five members, at least three of whom do not participate in the provision of care by the service. At least one member shall be a physician, and the others shall be nurses, or emergency medical technicians, or advanced emergency medical technicians, or other appropriately qualified allied health personnel...”;

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- “Advance life support first response services and ambulance services registered or certified pursuant to article thirty of this chapter shall submit detailed individual call reports on a form to be provided by the department, or may submit data electronically in a format approved by the department. The state emergency medical services council, with the approval of the commissioner, may adopt rules and regulations permitting or requiring ambulance services whose volume exceeds twenty thousand calls per year to submit call report data electronically. Such rules shall define the data elements to be submitted, and may include requirements that assure availability of data to the regional emergency medical advisory committee.”
- “...has not been competent in the operation of the service or has shown inability to provide adequate ambulance services or advanced life support first response service..”
- “...has failed to file any report required by the provisions of this article or the rules and regulations promulgated thereunder...”
- “...an ambulance service shall: make available for inspection, with or without notice, to representatives of the department all vehicles, materials, equipment, personnel records, procedures and facilities; maintain current and accurate personnel files for all drivers, certified first responders, emergency medical technicians, and advanced emergency medical technicians, showing qualifications, training and certifications, and health records, including immunization status. Employee health records shall be maintained separately and in compliance with all applicable requirements. Information contained in such personnel files shall be reviewed annually and may be disclosed only to authorized individuals...; maintain a record of each ambulance call in accordance with the provisions of section 800.32 of this part...”
- “...have and enforce written policies concerning: mutual aid, including any required authorizations and agreements, to request the response of the nearest, appropriate, available EMS service(s). The written plan shall consider the incident location and access to it, location of the mutual aid agency, primary service territory, authorized level of service, staff availability and any other pertinent information when identifying the mutual aid agency; the maximal call receipt interval for all emergency calls for assistance except for MCI or disaster situations; actions to be taken if the maximum call receipt interval determined in (3) is exceeded and an ambulance has not yet started toward the incident location; minimum qualifications and job descriptions for all patient care providers, drivers and EMS dispatchers; physical, health and immunization requirements for all patient care providers and drivers, including provisions for biennial review and updating of such requirements; preventive maintenance requirements for all authorized EMS response vehicles and patient care equipment; cleaning and decontamination of authorized EMS response vehicles and equipment; equipping and inspection of all authorized EMS response vehicles; reporting by the agency of suspected: crimes, child abuse or domestic violence, including any directed toward elderly persons; responsibilities of patient care providers when: a patient cannot be located, entry cannot be gained to

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the scene of an incident, patient judged to be in need of medical assistance refused treatment and/or transportation, patients seek transportation to a hospital outside the area in which the service ordinarily transports patients, a receiving hospital requests that a patient be transported to another facility before arrival at the hospital; treating minors; treating or transporting patients with reported psychiatric problems and/or; confronted with an unattended death; infection control practices and a system for reporting, managing and tracking exposures and ensuring the confidentiality of all information that is in compliance with all applicable requirements; by July 1, 1995 have a response plan for hazardous material incidents. Participation in a county or regional plan will meet this requirement; by July 1, 1996 have a response plan for multiple casualty incidents. Participation in a county or regional MCI plan will meet this requirement...

- "...All equipment shall be clean, sanitary, and operable..."
- "...All ambulances in a certified ambulance service shall be equipped with the following unless exempted pursuant to section 800.25: Bandaging and dressing supplies consisting of: roll of plastic or aluminum foil or equivalent sterile occlusive dressing...Miscellaneous and special equipment in clean and sanitary condition consisting of: six sanitary napkins individually wrapped..."
- "...The governing authority of any ambulance service, which as part of its response system, utilizes emergency ambulance service vehicles, other than an ambulance to bring personnel and equipment to the scene, must have policies in effect for equipment, staffing individual authorization, dispatch and response criteria and appropriate insurance..."
- Nicholas Walker
- Certification has been suspended for 1 year effective 9/23/20. The suspension is stayed pending completion of a full PALS and ACLS course within 6 months.
- Placed on 3 years probation effective 9/23/20.
- Assessed a civil penalty of \$5,000.
- For violations of 10 NYCRR Part 800.15 (a)(2) and 800.3(am)
- Every person certified at any level pursuant to this Part or Article 30 of the Public Health Law shall: comply with prehospital practice standards, applicable for the geographic region of the State in which the individual is practicing, as established by: State-approved protocols developed by State and/or Regional Medical Advisory Committees pursuant to sections 3002-a and 3004-a of the Public Health Law

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- Negligence means a failure to perform, on one or more EMS calls, as an ordinary, reasonable, similarly situated certificate holder certified at the same level would, based upon the standard of care in the region, as delineated in controlling protocols, curricula, and policies, and as demonstrated by an ordinary, reasonable certificate holder's general standards of practice.
- Bensonhurst Volunteer Ambulance Service Inc.
- Certification has been suspended for 1 year effective 9/23/20. The suspension is stayed.
- Placed on probation for 2 years effective 9/23/20.
- Assessed a civil penalty of \$2,000.
- Must hire a consultant and provide regular reports to the Department.
- For violations of PHL Article 30 3006(1)(a), and NYCRR Part 800.21(a), 800.21 (p)(6)(7)(11)(12)(13) and 800.23(a):
- By January first, nineteen hundred ninety-seven, every ambulance service and advanced life support first response service shall establish or participate in a quality improvement program, which shall be an ongoing system to monitor and evaluate the quality and appropriateness of the medical care provided by the ambulance service or advanced life support first response service, and which shall pursue opportunities to improve patient care and to resolve identified problems. The quality improvement program may be conducted independently or in collaboration with other services, with the appropriate regional council, with an EMS program agency, with a hospital, or with another appropriate organization approved by the department. Such program shall include a committee of at least five members, at least three of whom do not participate in the provision of care by the service. At least one member shall be a physician, and the others shall be nurses, or emergency medical technicians, or advanced emergency medical technicians, or other appropriately qualified allied health personnel. The quality improvement committee shall have the following responsibilities: to review the care rendered by the service, as documented in prehospital care reports and other materials. The committee shall have the authority to use such information to review and to recommend to the governing body changes in administrative policies and procedures, as may be necessary, and shall notify the governing body of significant deficiencies”
- “An ambulance service shall: have a valid Department of Health certificate of inspection and Department of Motor Vehicles certificate of inspection on each vehicle at all times while it is in service.”
- “An ambulance service shall: have and enforce written policies concerning: minimum qualifications and job descriptions for all patient care providers, drivers and EMS dispatchers; physical, health and immunization requirements for all patient care providers and drivers, including provisions for biennial review and updating of such requirements; reporting by the agency of

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suspected: crimes, child abuse or domestic violence, including any directed toward elderly persons; responsibilities of patient care providers when a patient cannot be located; entry cannot be gained to the scene of an incident; patient judged to be in need of medical assistance refuses treatment and/or transportation; patients seek transportation to a hospital outside the area in which the service ordinarily transports patients; a receiving hospital requests that a patient be transported to another facility before arrival at the hospital; treating minors; treating or transporting patients with reported psychiatric problems and/or confronted with an unattended death; infection control practices and a system for reporting, managing and tracking exposures and ensuring the confidentiality of all information that is in compliance with all applicable requirements..”

- “All equipment shall be clean, sanitary, and operable”
- Diane Wagerik
- Issued a formal reprimand.
- Placed on three years probation effective 10/6/20.
- Assessed a civil penalty of \$2,000.
- For violations of 10 NYCRR Part 800.15 (b)(13): “...Every person certified at any level pursuant to this Part or Article 30 of the Public Health Law shall: maintain, at all times, the confidentiality of any and all patient information to which the certificate holder has access concerning patients alive or deceased, including, but not limited to, patient names, conditions, treatments, descriptions, communications, images or other identifying features, irrespective of whether the patient’s name is included, which may be transmitted by electronic or other media, except...”
- Neil Toomb
- Certification has been surrendered effective 10/21/20
- For violations of 10 NYCRR Part 800.15 (a)(2), 800.16 (a)(1), 800.16 (a)(9) and 800.16(a)(10)
- : “...every person certified at any level pursuant to this Part or Article 30 of the public health law shall comply with prehospital practice standards, applicable for the geographic region of the State in which the individual is practicing, as established by: State-approved protocols developed by State and/or Regional Medical Advisory Committees pursuant to sections 3002-a and 3004-a of the Public Health Law...”
- “...has failed to comply with the requirements of Section 800.15 of this Part...”
- “...has falsified a patient record and/or misrepresented and/or concealed pertinent information during a patient care investigation, including, but not limited to making deliberate omissions of material fact...”

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- "...has misappropriated any money or any property from any source during the course of any EMS duty and/or practice, irrespective of whether such misappropriation is prosecuted as a crime..."
- Nicole Mills
- Certification has been suspended for one year effective 10/26/20. The suspension is stayed.
- Placed on three years' probation effective 10/26/20.
- Assessed a civil penalty of \$2,000. Half is stayed pending no further violations.
- For violations of 10 NYCRR Part 800.16 (a)(1), (2) and (9)
- "...has failed to comply with the requirements of Section 800.15 of this Part..."
- "...has been negligent in the performance of his/her EMS duties and practice, as negligence is defined in Section 800.3 of this Part..."
- "...has falsified a patient record and/or misrepresented and/or concealed pertinent information during a patient care investigation, including, but not limited to making deliberate omissions of material fact..."
- Program Agency continues to work on ET3 changes and data dictionary updates.
- REMSCO & Program Agency contracts have been signed and are with the State.

XII. System Operations – Reg Allen

- Monroe Medi-Trans Transfer of Operating Authority. Motion to approve the Transfer of Operating Authority of Monroe Medi-Trans, Inc. d.b.a Monroe Ambulance (NYS DOH BEMSAT Agency Numbers 0377 and 2745) from the estate of Eileen Coyle to the new owners Thomas and Timothy Coyle on the basis that they have been found to be Fit and Competent by the Department of Health brought forward by the Systems Operations Committee. Seconded by Alex Cook. Conflict of Interest declared by Thomas Coyle. Discussion: Was there anything found by the Systems Committee to be concerning? No, only clarifications were needed and received. Roll Call Vote: 20 – Yes, 0 – No, 0 – Abstain, 3 – Absent, 2 – Vacant, 1 – Conflict of Interest.

Motion 3 – Passed

XIII. Training & Ed – Ed Erbland

- ALS/BLS Preceptor Course scheduled for 12/9. This session will be via zoom instead of the usual in person portion of the class. Please share with any of your interested providers.
- Training funds request from Sports Medicine Complex (attached).
- Typically, the process for training fund requests goes through the Training & Education Committee first, who then presents their recommendation to Council. This is a great program that addresses a current need, however given funding issues, we thought it might be best to bring to Council first. Motion for Council to allocate \$4,900 to in training funds to support the Sports Medicine Complex proposal for Emergency Medical Recognition and Treatment of Athletes. Seconded by Mark Philippy. Motion to table by Tim Czapranski to move back to Committee. Seconded by Sam Tinelli. Discussion – this is a waste of the Committee’s time, we don’t have the funding for this and won’t for the foreseeable future. We are not saying that we are going to allocate funding, however perhaps this could be looked at by regional partners. Proposal question – they are asking for \$4,900, but then they list \$225/person, how does that work? The \$225/person is anyone that is outside of the funded seats (\$4,900). It seems that the interest is that we should disregard this. Motion was made to table. Is anyone in favor of tabling? No. Motion defeated. Does anyone believe we should approve? No. No objections or abstentions. Motion defeated. Eric Rathfelder will reach out to them to let them know.
- Change in T&E Chair
Thank you Eric Rathfelder for all of your work with Training & Ed. He will stay on as a Committee member as well as a Council Member. New Chair will be Ed Erbland.

XIV. PIER – Ahmed Mustafa on behalf of Donna Bailey

- Two Memoranda of Understanding have been drafted, one if we are able to partner with STEP as we have in the past, and one if we do our own ceremony (depending on COVID status) as done last year. We will have this come back in January for discussion we will need a full breakdown of expenditures with both MOUs and a formal motion. This event is typically paid for with donations from our two hospital systems, but these are donations and not guaranteed funds.

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- We are looking at exploring a workshop with both boy and girl scouts for first aid. We are exploring some zoom options.
- Influenza/COVID Public Service Announcement
- We would like to put together a PSA with a few EMS providers (~30 seconds) asking the community to help us fight Influenza/COVID – wear a mask, wash your hands and keep your distance. Is this something that MLREMS would like us to do? Motion by Mark Philippy to support the PIER group’s plan to initiate a public service announcement around influenza and COVID-19 at no cost to the Council. Seconded by Tim Kelly. Discussion: Message is great, the medium will be video. Ahmed to get common script to share with other agencies, we can do our own, then have other agencies do their own should they choose to. Perhaps add the flu vaccination to the message. Opposed? No. Abstentions? No. Motion passes.

Motion 2 – Passed

XV. Livingston County – Karen Dewar

- No report.

XVI. Monroe County – Tim Czapranski

- COVID-19 1st responder Weekly Conference call is starting back up - First is this wednesday 11/18 at 1600.
- CAD Vehicle installs for testing in december
- Jon Smith put together EMS COVID Flu TAG, the final report has been released, if you have questions please reach out.

XVII. REMAC – Aaron Farney, MD

- First regional case conference was well attended and successful.
- BRUE Care Bundle was approved and will be released with an educational component forthcoming.
- ALS Credentialing TAG
- Stroke patient handoff tool forthcoming
- Medication crosscheck initiative forthcoming

XVIII. NYS DOH Dates to Remember

- SEMSCo/SEMAC to be announced December 8th and 9th via WebEx.

XIX. OLD BUSINESS

- None

XX. NEW BUSINESS

- Webster Holiday Parade of lights
 - Invitation to all EMS Agencies to participate.
 - Meeting place is Xerox parking lot, we are stationary and cars will be driving through. If you have Flyers that you would like included, please let Ahmed know ahead of time and he can include it in the bag distribution.

XXI. Adjournment

- **Motion 4 - Passed**
- **Next Meeting: Monday January 25th, 2021 Location TBD at 1600**

Link for full meeting video:

[Full November MLREMS Meeting](#)