# ATTENDANCE

| # | NAME | CATEGORY | MEMBERSHIP | TERM | 2019-12 | 2020-02 | 2020-04 | 2020-06 | 2020-08 | 2020-10 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | VOTING | | | | | | | |
| 1 | Jeremy Cushman, MD | MLREMS Medical Director | Voting / Ex Officio | N/A | P | CXL | CXL | P | P | P |
| 2 | Maia Dorsett, MD | at Large (seat 3) | Voting | 3/31/2024 | P | CXL | CXL | P | P | P |
| 3 | Aaron Farney, MD | Hospital - Nicholas Noyes Hospital | Voting | 3/31/2023 | P | CXL | CXL | P | P | P |
| 4 | Antonios Katsetos, DO | at Large (seat 1) | Voting | 3/31/2023 | P | CXL | CXL | P | P | P |
| 5 | Timothy Lum, MD | Hospital - Highland Hospital | Voting | 3/31/2023 | P | CXL | CXL | P | P | P |
| 6 | Vacant | at Large (seat 2) | Voting | | VACANT | VACANT | VACANT | VACANT | VACANT | VACANT |
| 7 | Eran Muto, DO | Hospital - Rochester General Hospital | Voting | 3/31/2023 | A | CXL | CXL | P | P | P |
| 8 | Erik Rueckmann, MD | Hospital - Strong Memorial Hospital | Voting / Chair | 3/31/2023 | P | CXL | CXL | P | P | P |
| 9 | Bruce Thompson, MD | Hospital - Unity Hospital | Voting | 3/31/2021 | P | CXL | CXL | P | P | P |
| 10 | Constance Vernetti, MD | at Large (seat 4) | Voting | 3/31/2024 | P | CXL | CXL | A | P | A |
| | | | NON-VOTING | | | | | | | |
| 11 | William Arnold | At Large (Seat 2) | Non-Voting | 3/31/2022 | E | CXL | CXL | P | P | A |
| 12 | Michael Bove | At Large NYS Certified (Seat 4) | Non-Voting | 3/31/2021 | A | CXL | CXL | P | P | P |
| 13 | Robert Breese | EMS Course Sponsor | Non-Voting / Vice Chair | 3/31/2021 | A | CXL | CXL | P | A | A |
| 14 | Lee Collar | At Large NYS Certified (Seat 1) | Non-Voting | 3/31/2022 | VACANT | VACANT | VACANT | P | P | P |
| 15 | William Comella | At Large NYS Certified (Seat 3) | Non-Voting | 3/31/2022 | VACANT | VACANT | VACANT | P | P | P |
| 16 | Timothy Czapranski | EMS Coordinator - Monroe County | Non-Voting / Ex Officio | N/A | P | CXL | CXL | P | E | P |
| 17 | Karen Dewar | EMS Coordinator - Livingston County | Non-Voting / Ex Officio | N/A | P | CXL | CXL | P | P | P |
| 18 | Tim Frost | At Large (Seat 1) | Non-Voting | 3/31/2021 | A | CXL | CXL | A | A | P |
| 19 | Timothy Kelly | ALS Representative | Non-Voting | 3/31/2022 | Jordan-A | CXL | CXL | P | P | P |
| 20 | James Neary | At Large NYS Certified (Seat 2) | Non-Voting | 3/31/2021 | E | CXL | CXL | A | A | A |
| 21 | Benjamin Sensenbach | Regional Patient Safety / QA Coordinator | Non-Voting / Ex Officio | N/A | P | CXL | CXL | P | P | P |
| 22 | Eric Thomas | BLS Representative | Non-Voting | 3/31/2021 | E | CXL | CXL | A | P | A |
| 23 | Vacant | Hospital Representative | Non-Voting | | Shaw-P | CXL | CXL | VACANT | VACANT | VACANT |

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

**Roll Call Attendance – Tim Kelly / Sam Tinelli**

**Agenda Review – Erik Rueckmann, MD**

- Additions to the agenda
- Minutes Review & Approval
    - Motion by Lee Coller to accept the June and August 2020 minutes as sent out. Seconded by Tim Czapranski. All in favor. Motion passes

**State Actions – Ben Sensenbach**

- 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…";
            - "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 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

            - 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 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…"

### Old Business – Ben Sensenbach

- Following this meeting (1830-2000), we have our first MLREMS REMAC Regional Case Review, feel free to join us via Zoom: https://urmc.zoom.us/j/95148119020. As this is covered under quality improvement for the REMAC, this will not be recorded or streamed. This also takes place of the Operations Committee. If anyone has ideas or suggestions, please let us know. Hope you can join us!

### New Business – Ben Sensenbach & Jeremy Cushman, MD

- BRUE Bundle
  - It was identified through Patient Safety that our region would benefit from a BRUE Care Bundle. The comments we received were mostly grammar and syntax changes, no clinical changes. These have been incorporated. Once approved, this will be released in conjunction with an educational component. Motion by Jeremy Cushman to accept the BRUE care bundle as presented. Seconded by Bruce Thompson. No further discussion. Roll Call Vote: Yes – 8, No – 0, Abstain – 0, Absent - 1, Vacant – 2.
- Clearance Policy
  - A leader in our system reached out to ask that we put a working group together to review this policy (predates the collaborative protocols). If you are interested, please let Ben or Jeremy know.

### Medical Director Report – Jeremy Cushman, MD

- Trauma Center Designation and Trauma Triage
  - There have been some patient safety instances where patients meeting trauma center criteria were being brought to non-trauma centers. In our system, Strong is the only Level 1 trauma center in the area (both adult and pediatric). Once patients are brought to a different facility, the transfer process is not timely and delays patient care. This is an ongoing effort with the RTAC and the REMAC to identify system interventions to avoid inappropriate triage.
- Mental Health Patients
  - Regional Medical Director is involved with both city and county mental health task forces that are examining care of mental health patients and possible interventions (i.e. 911 call diversion, mental health involvement in the field, etc). Once something actionable has been identified, it will be brought to this group. There are many groups out there, if you are involved in one and/or are interested and have ideas, please bring them to the table.
  - NAEMSP recently brought forward a policy statement for review, it will be sent to the REMAC membership. Once reviewed, we may need to look at our protocols and polices and identify if any changes need to be made.

**Program Agency Report – Ben Sensenbach**

- Program Agency staff is still working mostly remotely, however are available to you for whatever you need, so don't hesitate to reach out.
- We are very close on a newly drafted data dictionary. We will be reaching out to you as medical directors to review and share your input.
- We have been busier with individual QI cases that have been more involved due to the system changes that are being brought forward as a result of these cases.
- We continue to work with the State for funding. Currently the Governor is paying 80% of invoices that they are receiving. Depending on how this goes for our contracts, we may have to dial back on services.

**Patient Safety Sub Committee – Aaron Farney, MD**

- As a reminder, in the protocol app, there is a trauma destination decision flow chart.
- Spinal Motion Restriction issues – patients need to be transported flat with collars on.
- LVAD cardiac arrest patients – we are currently working on this and will bring more forward after review.
- Quality Improvement Course Update
  - The course is completed, however two projects have been brought forward that we are currently working on.
    - Reduction of scene time in Stroke calls
      - What contributes to extended field time? It has been identified that unnecessary procedures (12 Lead, IVs, etc) on scene is a large contributor to extended times. Currently working on releasing a revised rubric and guidance to be brought to the REMAC for review.
    - Transfer of Information Project for Stroke Patients
      - Working on a brief handoff document, similar to the Stroke sticker. More to come as things develop.
- Medication Cross Check
  - Working on the procedure and education. Hoping to release in the next few months.

**Council (MLREMS) – Mark Philippy**

- Regional efforts in mental Health in our community are ongoing
- CON matter to be voted on in November – Monroe Medi-Trans has a change in their operations.

**State Council Meetings – Mark Philippy / Jeremy Cushman, MD**

- State meetings are December 9th – SEMAC in the morning and SEMSCO in the afternoon.
- If there is anything you can do in support of our Council and Program Agency – we have the most functional and robust Program Agency in the State. Support for them would mean a lot.
- As far as contracts, we are asking for a 20% increase (as we have in previous years). There has not been an increase in either contract in the past 20 years.
- Part 800 changes are moving forward. We are looking to put the ALS supply standards in now, the BLS ones are complete.

**Regional Trauma Advisory Committee –Ben Sensenbach**

- In order to help facilitate regional goals, members of the Trauma Staff and the Program Agency staff meet in between the RTAC meetings to discuss cases.

## Individual Hospital Reports

**Rochester Regional**

**RGH – Eran Muto, DO**

- Policy change in respect to aggressive psych patients. We would like EMS to call ahead if they have an aggressive patient so staff at the hospital can be ready with medication, security, and additional staff to handle the patient.
- New building is set to be open soon. Currently working on a schedule for walk throughs specifically for EMS. If you haven't received emails concerning these walk throughs, please reach out to Dr. Muto so she can add you.

**Unity/St. Mary's – Tony Katsetos, DO**

- There have been a few instances where EMS has allowed visitors to enter through the EMS entrance. Please have any visitors you have enter through the main ED entrance so they can be screened prior to entry.

**UR Medicine**

**SMH/Strong West – Erik Rueckmann, MD**

- There is a new tent at Strong that is currently up and running, this does not impede on EMS flow.
- Reminder – ALL patients, including critical patients, entering the ED need to be masked.

**Highland – Timothy Lum, MD**

- There will be a semi-permanent structure in the EMS entrance bay going up shortly. They are going to work around EMS flow and shouldn't be in the way. More to come as we get closer.

**Noyes – Aaron Farney, MD**

- No Report

**Motion to adjourn: Mike Bove, Seconded by Lee Collar**

**Next Meeting is December 21, 2020, to be determined either in person or Zoom.**

**Link for full meeting video:**

https://youtu.be/AF65DGHMu1w