



REMAC - Meeting Minutes December 21st, 2020

ATTENDANCE

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

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

Agenda Review – Erik Rueckmann, MD

- Minutes Review & Approval
- Motion to approve the October meeting minutes as submitted by Bob Breese, seconded by Bruce Thompson. Motion passes.

Old Business – Ben Sensenbach

- ALS Credentialing Policy has been submitted for public comment (comments due by January 15th). For action at the February REMAC.
- June 2016 – REMAC Passed Regional SCT Policy which required SCT Paramedics to obtain either CCP-C or FP-C by 12-31-2020. Due to the current situation with COVID-19, the SCT sub-committee has discussed a six month waiver in obtaining one of these certifications.
 - Motion: to extend the deadline for SCT Paramedics to obtain their CCP-C or FP-C until 6-30-2021 by Jeremy Cushman, seconded by Bob Breese. All in favor – 0 opposed, 0 abstentions, 0 conflict of interest, motion passes.
 - The SCT sub-committee will reexamine this issue and late spring and will make a recommendation to the full REMAC about the possibility of an additional six month

New Business - Jeremy Cushman, MD & Erik Rueckmann, MD

- Care and Restraint of Agitated or Combative Patients Update
- Care of the mentally ill or EDP Update
 - These two policies replace the singular policy we had originally had. Both are out for public comment, looking to vote on at the February meeting.
 - In parallel, the TAG and the MLREMS Training & Education Committee are working on identifying good training for EMS on de-escalation.
 - Is there consideration for psych workings going along on these calls for these patients? Both the County and the City of Rochester are having active conversations about that but everything is still in process. We will keep everyone apprised on these initiatives and changes as they happen.
- The vaccine is coming, more information to follow. As a REMAC, we all support and encourage the vaccine and hope that EMS can achieve high vaccination rates.

Individual Hospital Reports**Rochester Regional****RGH – Bruce Thompson, MD**

- About a third of their case-load is COVID, they're doing their best to distribute patients to other hospital, but mothering new for EMS at this point.

Unity/St. Mary's – Bruce Thompson, MD

- No report

UR Medicine

SMH/Strong West – Erik Rueckmann, MD

- No report

Highland – Timothy Lum, MD

- We have a trailer – the supplemental treatment area. This may impede some of the ingress and egress for EMS, but this treatment needs to be there to accommodate the influx. Hopefully this will only be for a few more months.

Noyes – Aaron Farney, MD

- Noyes has still not received the vaccine, more to come as things become available.

General Hospital Updates

- We've been hearing from the EMS side that triage has been an ongoing issue at all of the hospitals due to multiple inpatient boarders and a large influx of ED patients. There's been a lot of movement working toward lowering turn around times and assisting with EMS and triage. Thank you everyone.

New Business – Erik Rueckmann, MD

- Thank you Dr. Thompson for all of the service you've provided the Monroe-Livingston Region. We're lucky to have had your input and you've done so much for our region. Dr. Thompson has been working with us for 32 years and has officially retired as of December 12th.

Roll Call Attendance – Ben Sensenbach

State Actions (as distributed electronically) – Ben Sensenbach

- 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)

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- : “...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...”
- “...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...”
- Brian McIntyre
 - Certification surrendered effective 11/3/20
 - For violations of 10 NYCRR Part 800.16(a)(8).
 - “...has responded to a call, provided patient care, or driven an ambulance or other emergency medical response vehicle while under the influence of alcohol or any other drug or substance which has affected the certificate holder’s physical coordination or intellectual functions..”
- Karel Delgado
 - Certification voluntarily surrendered effective 11/24/20
 - Agreed not to seek recertification at any time in the future
 - Assessed a civil penalty of \$2,000. The penalty is suspended for three years.
 - For violations of 10 NYCRR Part 800.15(a), 800.3(am), and 800.3(ap).
 - “...comply with prehospital practice standards, applicable for the geographic region of the State in which the individual is practicing...”
 - “...Negligence which 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.”
 - “...Patient abuse means any inappropriate and/or offensive physical, sexual or verbal contact or interaction with a patient, irrespective of whether the certificate holder is specifically acting in his/her capacity as an EMT when (s)he engages in the abuse including but not limited to the following...”
- Hartfield Volunteer Fire Company
 - Certification has been suspended for one year effective 12/8/20. The suspension is stayed pending no new violations for two years.
 - Assessed a civil penalty of \$2,000.
 - For violations of PHL A 30 3012(d), PHL A30 3006 and 10 NYCRR Part 800.15

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- "...has failed to file any report required by the provisions of this article or the rules and regulations promulgated thereunder..."
- "...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..."
- "...comply with prehospital practice standards, applicable for the geographic region of the State in which the individual is practicing...maintain at all times, the confidentiality of any and all patient information which the certificate holder has access concerning patient 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...comply with the terms of a Medical Order of Life Sustaining Treatment (MOLST), as defined by Article 29-CC of the Public Health Law, form or a nonhospital Do Not Resuscitate (DNR) form, when the patient, family, or other caretaker or person on the scene provides such an order issued on a standard department issued form, or, when the patient is wearing on his/her person a department developed DNR bracelet or necklace identifying the patient as one for whom a nonhospital DNR order has been issued...not be subjected to criminal prosecution or civil liability, or be deemed to have engaged in unprofessional conduct, for honoring reasonably and in good faith pursuant to subdivision (c) of this section, a non-hospital order not to resuscitate (non-hospital DNR), for disregarding such order pursuant to paragraph (1) or (2) of subdivision (c) of this section, or for other actions reasonably taken in good faith pursuant to subdivision (c) of this section..."

Adjournment

Next meeting is February 22, 2021 (4th Monday due to President's Day) via Zoom.

Link for full meeting video:

<https://youtu.be/ivrfKEOliFw>