



Monroe-Livingston REMAC Minutes
April 15, 2024 at 5pm
Public Safety Training Facility Room 103

Roll Call Attendance – Ben Sensenbach

Agenda Review – Erik Rueckmann, MD

- Additions to the agenda - none
- Minutes Review & Approval
 - December 2023
 - February 2024
 - Move to approve the December 2023 and February 2024 minutes as distributed by Dr. Cushman. Seconded by Dr. Vernetti. All in favor, no abstentions, no opposed. Motion passes.

State Actions – Ben Sensenbach

- Mackenzie Nicol
 - Certification has been suspended for three years effective 3/4/24. The suspension is stayed pending successful completion of three years probation.
 - Assessed a civil penalty of \$12,000. \$10,000 is stayed pending successful completion of probation.
 - For violations of 10 NYCRR Part 800.16(a)(1), 800.16(a)(2), 800.16(a)(3), 800.16(a)(9), 800.16(a)(11) and 800.15(b)(1).
 - "...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 been incompetent in the performance of his/her EMS duties and practice, as incompetence 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..."
 - "...has abandoned a patient, as patient abandonment is defined in Section 800.3 of this Part ..."
 - "...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: when a certificate holder is acting as part of an organized pre-hospital emergency medical service, the certificate holder responsible for patient care shall accurately complete a pre-hospital care report in

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a department-approved format for each patient with whom the certificate holder makes patient contact, and shall provide a copy to the hospital receiving the patient and/or to the department's authorized agent for use in the State's quality assurance program..."

New Business – Jeremy Cushman, MD

- ECLS Algorithm Update
 - A few changes: Ages: 18-75, language to expect that vector change has been done prior to mechanical compression use, rest of the medicine remains unchanged. Confirmed with RRHS and UR Medicine to provide these services. There may be times of the day when these services are not available, but the consensus that these patients would be better going to one of these facilities which is why the time frame has been removed.
 - Motion to approve the updated prehospital algorithm for refractory VF/VT by Dr. Dorsett, seconded by Dr. Farney. All in favor, no opposed, no abstentions, motion passed.
- Specialty Care Transport Paramedic Credentialing Policy
 - Will replace the previous policy. A few non substantive comments. Why not maintain the MICP or CCEMTP. The consensus was FPC and CCPC are the best industry standards so that we can rely on that externally validated tool. We will also have a competency based program related to this similar to the RSI program utilizing simulation.
 - Motion to approve the Specialty Care Transport Paramedic Credentialing Policy as written to replace the same policy of the same name. Motion by Dr. Verneti, seconded by Dr. Farney. All in favor, no opposed, no abstentions, motion passed.
- Advanced Practice Paramedic Credentialing Policy
 - To recognize that there are certain skills and training that exceed the current standard Paramedic curricula that can be taught and maintained at the agency level to be able to provide (i.e. infusion management, chronic vent care, etc). Goal of this is to outline the scope of practice and the credentialing process.
 - Motion to approve the Advanced Practice Paramedic Credentialing Policy as written. Motion by Dr. Katsetos, seconded by Dr. Rueckmann. Discussion – concern that it seems to permit transport of vented acute ICU patients by the advanced practice paramedic. It seems that an SCT provider is only required if more than one vasoactive medication is running or if advanced mechanical ventilation management is required. We acknowledge that it is impossible for us to identify a policy that will be able to put every interfacility transport patient clinical scenario in a specific box of APP vs SCT. The intent is that the agencies and the Medical Directors associated with those agencies are making sure that patients that have acute vent needs that meet the level of SCT are handled by SCT providers. Ultimately the decisions lie with the agencies and the agency medical directors. As a reminder, the FPC and CCPC has been required of all SCT providers for a long time. Very few agencies have met those expectations. There were some well intentioned goals of this, yet agencies were not meeting that standard. In the end, the group landed on the continuance of RSI is



desirable but a significant barrier to individuals operating at the SCT level. All in favor, no opposed, no abstentions, motion passed.

■ **Regional Formulary**

- Updated protocols are soon to be released and with that there's a medication formulary that's incorporated into that. The way that this discussion went with SEMAC was to identify a few different things. Optional medications (not expected, does required additional training and being equipped to carry that medication) as well as the alternatives. This is a proposal that the use of any of the medications identified as optional in the Collaborative ALS protocols requires a request to the Regional Medical Director as delegated by the REMAC prior to the agency procuring and deploying. Recommendation is for the REMAC to delegate that to the Regional Medical Director to avoid delays. If something is not on the list, it can't be approved, it would need to go through State and regional approvals.
- Motion that the use of any medications identified as optional in the Collaborative ALS Protocols require a request to the Regional Medical Director as delegated by the REMAC to approve the agency's use prior to procuring and deploying and that the use of any medication identified as a REMAC alternative similarly requires that request to the Regional Medical Director as delegated by the REMAC prior to procuring and deploying with the exceptions of duoneb and levalbuterol by Dr. Cushman, seconded by Dr. Dorsett. All in favor, no abstentions, no opposed. Motion passes.

Old Business – Jeremy Cushman, MD

- Given epinephrine 1:10,000 (0.1 mg/ml) shortages, and limited data on the benefit beyond three doses, what is the ML REMAC position on Epinephrine dosing in cardiac arrest? Is administering a maximum of three doses and then stopping within the standard of care and does the REMAC endorse this as an appropriate option?
- Table for now. This came from the discussion of if we have medication shortages, how can we protect our providers, agencies and physicians while continuing to care for our patients. We can discuss this further with the collaborative group.

Program Agency Report – Ben Sensenbach

- RSI cycle has been completed for this year. The list of providers are always available on the website.

Regional Medical Director Report – Jeremy Cushman, MD

- Protocols will be released soon. The advisory is drafted and ready to go once that has been released.
- We are going to be able to maintain Handtevy in the region thanks to the Monroe County Chiefs Association in identifying a means to fund it. The Division will continue to underwrite all of the



administrative end of things. Once the protocols have been updated, these will also be updated within Handtevy.

- Thanks to Chairman Tinelli – letters sent to assembly and senate related to complimentary bills that would enable ground EMS to carry blood.

Associate Regional Medical Director for Patient Safety– Aaron Farney, MD

- No Report

Associate Regional Medical Director for Education & Quality – Maia Dorsett, MD, PhD

- Prehospital Pediatric Readiness Project (PPRP)
 - In May, they are launching voluntary participation in assessment (how ready is your agency to take care of sick children?)
 - Some of the components on the checklist is something we've taken care of at the regional level. We identified that we have an opportunity for collaboration to leverage local expertise to solve some of these items on the list.
- MLREMS Pediatric Advisory Council
 - We would like this to be a subcommittee of the REMAC to also engage outside participation.
 - Motion that the REMAC establishes a Pediatric Advisory Committee with membership that can include individuals outside of the REMAC and Council by Dr. Cushman. Seconded by Dr. Farney. Discussion: we have PECCs within hospitals and some agencies, we can work to bring this group together as part of this. All in favor, no opposed, no abstentions, motion passes. This checklist will be sent to agency leadership for you to review.

Council (MLREMS) – Sam Tinelli

- May 20th 2024 is the MLREMS Council Awards at 4pm at the PSTF. Please join us if you are able to.
- Thank you to both Rochester Regional Health and UR Medicine Departments of Emergency Medicine (Dr. Grams & Dr. Kamali) for their financial support for the EMS Council Awards.

State Council Meetings – Jeremy Cushman, MD

- Next meeting is May 7-8
- Good discussion regarding Olanzapine within our protocols – ongoing discussion.

Regional Trauma Advisory Committee – Ben Sensenbach for Adam Oplinger

- Frank Manzo is now the regional representative for the State Trauma Committee
- Guthrie Portland has been credentialed by the State, is provisionally a level III trauma center
- Nothing done for by-laws revisions in a long time. We shared our MLREMS by-laws so that they can look at how they are doing things administratively as they are a similar entity to us.



- Next RTAC meeting is June 26th at 1130 (hybrid).

Individual Hospital Reports

Rochester Regional

RGH – Connie Vernetti, MD

- Senior leadership at RGH are showing significant interest in EMS and hearing from you. There is a scheduled meet and greet with RGH president and CMO. It would be great if EMS participated to be heard. Representatives of cardiology and neurology will also be there. Additional information to be sent.

Unity/St. Mary's – Tony Katsetos, DO

- No Report

UR Medicine

SMH/Strong West – Erik Rueckmann, MD

- No Report

Highland – Erik Rueckmann, MD for Jay Schueckler, DO

- No Report

Noyes – Aaron Farney, MD

- Replacing their punch code to get into the ED. They've reached out to agencies that commonly transport to get them issued. If you were missed, reach out to Dr. Farney.

Motion to adjourn by Dr. Rueckmann, seconded by Dr. Dorsett.

Next Meeting is June 17, 2024 at 5pm at the PSTF 1190 Scottsville Road, Rochester, NY.

Meeting Link: <https://youtu.be/ii5iullpXpg>