**Monroe Livingston REMAC Meeting Minutes**

**September 15, 2014**

Agenda Review – Jeremy Cushman, MD

* Thank you to Karen for hosting us this month
* Nothing added to the agenda, agenda finalized.

Minutes – Jeremy Cushman, MD

* The minutes were distributed prior to this. Can I have a motion to approve? And a second, okay. And Dr. Thompson seconds. Any discussion on the minutes? Hearing none, all in favor? Any opposed? The motion passes.

Correspondence/State Actions – Ben Sensenbach

* Nicholas Barbu, Dix Hills, New York; Joseph Baldwin, North Babylon, New York; Gaby Day, Brooklyn New York, Edward Kasperek, Fulton, New York, none of those providers are practicing in our region.
* We got a letter from the State saying that State actions will no longer be sent by US Post, that we will get them in an email format that will go to the REMAC chair.

Medical Director’s Report – Jeremy Cushman, MD

* Providing intranasal naloxone at the BLS level was approved in New York State.
* Our office continues to provide the education for that, primarily to BLS/FR agencies around the region so that is standard. A number of law enforcement agencies in both Monroe and Livingston Counties are doing that. A lot of that is being coordinated through my office so we’re getting agencies that are questioning how to do it, how to participate, what the requirements are; I can help them navigate that quagmire.

Program Manager’s Report – Benjamin Sensenbach

* We’ve spent a tremendous amount of time over the last few months working on EPCR stuff.
* All of the necessary deliverables have been taken care of.
* The 2013-14 quality assurance project was submitted to the State.

Council (MLREMS) – Mark Tornstrom

* We found a vendor who is willing to transition our 48 agencies in the Monroe-Livingston region that currently are on EMS Charts platform that may need to transition to another platform: Image Trend.
	+ They currently are the vendor that takes the data and manipulates it for the reports necessary for the State of New York Department of Health. They’ve offered to do a very similar bridge for us at the regional level to include the data from other vendors including the Zoll, which would allow for integration of consistent data from all agencies to cover all patient population in a useable format for the decisions that you all make here in terms of protocols.
	+ We don’t know at this point though the access is not the same that you currently use now for EMS Charts so we will find out how that works in terms of the hospitals getting information that should be better than it currently is.
* EPCR TAG
	+ This has the potential for the first time ever for us to have data that we can pull system wide, so that we can hopefully make some better evidence-based decisions. This will become extraordinarily important for our hospitals as stroke accreditation, cardiac center accreditation, trauma accreditation and so forth are requiring a number of data elements from the Prehospital Care Report and so those are the other things that we are looking at in terms of making sure the data fields are standardized not only within the bridge output, but making sure that other vendors are populating this bridge can have all of the information there.
* An open seat will be available on REMAC, a physician seat as one of our members have resigned his position. It will be made available around the first of the year.

State Council Meetings – Jeremy Cushman, MD (for Tim Czapranski)

* Community Paramedicine TAG report was put together and accepted by both SEMAC and the Council to help inform legislative regulatory modifications that need to be made in order to empower and technically allow community paramedicine programs to occur within the state.
* Regional Optional Protocols Approved:
	+ BLS Naloxone
		- Not required of every single agency nor is it required in the region.
	+ CPAP for BLS providers
		- The educational platform will be coming out in the coming months along with whatever policy for the state and then we will look at a few protocol policies as to is there a need in our region to provide that jurisdictional optional protocol and if so, how will that be implemented or if we determine that there really isn’t any at all within our region and therefore not engage it.
	+ Technical Advisory Group within SEMAC was appointed to evaluate policy, protocol and education for spinal motion restriction to specifically decrease the use of backboards through a number of different protocol and policy changes.
		- Will report at January meeting
	+ Blood regs are posted in the record, and we expect approval and implementation of those within the next month or so. That will allow paramedics to transport a patient while running blood products generally in an interfacility fashion.
		- Is that going to be relegated to the specialty care transport or all paramedics?
			* We will need to determine as a region what scope of practice that is.

ALS Subcommittee – Julie Jordan (Chair)

* Drug Shortage
* Meeting to follow

Pharmacy Subcommittee – Mike Bove (Chair)

* We have not had a meeting, although the issues are coming back, saline looks like it is going to be coming back because there’s a huge push now for stockpiling, shortages, I mean, not coming back, but there looks like there is a huge issue for that. There is a naloxone shortage as well, partly because of the increase in fire department and law enforcement demand.
* We have allowed some emergent replacements, medication replacements. There are a couple of agencies that have no D50 any more so they are using D10 instead. There’s a lot of benefit actually using D10 and right now it is available, until it’s not then we’ll be doing D5 and after that I have no idea what we’ll be going to.

Common Source TAG – Karen Dewar

* Common Source TAG is going to be on a monthly meeting schedule: The first Thursday of the month, making October 2nd at 10am the next meeting.
* One of the main charges of TAG is to identify both packaging and concentration consistencies to decrease our medication errors and therefore, improve our patient safety within the region.

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

* No action items
* They continue to actively participate in revisions of the collaborative protocols which we hope to move to in mid 2015, that was pushed back from around the first of the year because we want to see what happens with the HA2015 guidelines.
* There are larger numbers of interfacility transport patients and there have been a number of causes for concern in terms of both the level of care provided and/or untoward, either expected or unexpected events during those interfacility transports.
* Protocol & Policy subcommittees pulled together a smaller work group to look at what things we can do, likely not from a policy perspective, but more from a best practice perspective.

Quality Assurance Subcommittee – Ben Sensenbach

* We’re processing more cases as sentinel events rather than individual occurrences.
	+ i.e. We received a concern regarding a narrow complex tachycardia and the amount of medications that the patient received. So we then used as much regional data as we could come up with to look at narrow complex tachycardias as a whole and do we see that we’re just hurling gambits of medications at these patients to try and diagnose what’s going on or are we actually treating them appropriately, and we were able to see, no , this was an isolated occurrence, this particular patient received care via protocol and we don’t see this trend of adenosine being used as a diagnostic tool versus a treatment.
* We will start keeping this body up to date on what the numbers are and not necessarily – not just dispositions of cases, we won’t move into executive session for sentinel events, but just what we found and that way we can talk to the physicians in the room and say, do you see things, are there other things that we should be aware of?
* The QA Committee has been working on the concept of Just Culture into the region.
	+ In the spring, Henrietta Ambulance is going to host at their facility a Just Culture training, they’re going to open up seats for other folks. More information will be coming with that.
* I would encourage, particularly the physicians and the physician representatives for your institution to continue to forward to me or better yet Ben any cases that are unique or concerning or what not so that we can put them through this process.

Regional Trauma Advisory Committee – Ben Sensenbach

* None of us were at the last RTAC meeting, but the minutes were reviewed: Every time they meet their percentage capture of EMS PCRs is even higher. So people are getting their charts done, they’re getting them done on time and they are actually accompanying the patients to the trauma center if they’re paper or they’re being done electronically and submitted to that end facility.

Medical Director Sub-Committee (*Individual Hospital Reports*)

* RGH – Mike Santiago
* No report
* SMH –Mike Kamali
* No report
* Highland – Dr. Lum
* No report
* Noyes – Dr. Mayhle
* We are in the process of opening our new ED.
* Unity – Dr. Thompson
* Merger with RGH

Old Business

* Dr. Jeremy Cushman
	+ Strong West Update
		- I still don’t believe that we need to make any protocol changes or what have you. They’ve had codes come in because it was appropriate because it was the nearest facility. So we’ll continue to watch that from a sentinel event perspective as to what information is needed, but right now I’m very happy with EMS’s judgment.
	+ CME Recert Policy
		- We’ve worked through all of those issues with the State, all of which do not change the intent of what we wrote so I didn’t bring it back for REMAC to reapprove because a lot of it was quite frankly semantics. For those of you that provide agency medical direction certainly let us know, that updated policy is on the website if you care to use it and if for some reason it gets rejected by the State again because they want language change, please let me know so that we can work through those issues with the individual that oversees this.
* Mark Tornstrom
	+ Background Checks
		- So you have all been solicited to have background checks, that was a decision made at Council. Eight of twenty three have responded to that request so far so we need folks to really do that.
		- If you need that resent to you, please get a hold of Ben who is the easiest one to send that form back out. Everybody needs to take time to do a background check form.

New Business

* Dr. Elizabeth Murray
	+ Update on Enterovirus
		- We believe that now the enterovirus is in our community
		- Children are incredibly albuterol responsive and actually albuterol dependent. More albuterol is better. Do not worry so much about the tachycardia unless they have another reason that you have to worry about it. Please ensure that you’re asking your EMS transport teams to continue with albuterol as they transport into us because they’re getting behind the eight ball.
	+ A fellow is in the process of developing an educational program for anybody about child abuse clinic here. It’s not the mandated reported, of course, it’s the different things, educational, outreach, makes sure everybody is aware of what we can do and what things providers need to look for so I would be the front person on that if any of your agencies are interested or hospitals, let us know.

Motion to adjourn, Seconded by Ostrovsky. Next Meeting November 17th

Voting Members Present:

* Jeremy Cushman, MD
* Antonios Katsetos, DO
* Douglas Mayhle, MD
* Elizabeth Murray, DO
* Benjamin Ostrovsky, MD
* Erik Rueckmann, MD
* Mike Santiago, DO
* Bruce Thompson, MD

Voting Members Absent:

* Michael Kamali, MD
* Timothy Lum, MD
* Manish Shah, MD

Non-Voting Members Present:

* Thomas Bonfiglio
* Karen Dewar
* Mike Bove
* Julie Jordan
* Mark Philippy
* Amy Pollard
* Ben Sensenbach
* Mark Tornstrom

Non-Voting Members Absent:

* Robert Breese
* Tim Czapranski
* Liz Darrow
* Lashay Harris