

Monroe-Livingston REMAC Meeting

March 21, 2016

Meeting Minutes

Agenda Review – Elizabeth Murray, DO

- Additions to the agenda
 - No changes.

Minutes – Elizabeth Murray, DO

- Motion to approve – Bob Breese. Seconded by Dr. Rueckmann. All in favor, no opposed, no abstentions. Motion passes.

Correspondence/Announcements – Elizabeth Murray, DO

- EMS Week save the date posters distributed for the EMS week event.

State Actions – Ben Sensenbach

- None

Medical Director's Report – Jeremy Cushman

- Common Source TAG follow up
 - We had a meeting last week with some interested parties on how to move forward and work on fixing the issues brought up in the report. More to come in the future as we work through these things. No action items at this point, but this is continuing to be worked on. If you are interested in participating, please let Ben Sensenbach know.
- Coverdell Stroke Initiative June 9, 2016
 - NYS was awarded a grant to evaluate stroke care throughout NYS. This conference/working meeting will be here in Rochester. In a Prehospital setting how do we triage differently and get our patients to the right place in a timely fashion? This could bring about a change in where patients are transported depending on guidelines that come out.
 - Another meeting will take place down state in the Fall. Hopefully these meetings will result in some new guidelines for best practices.
- EMS Week
 - In addition to the activities on Sunday that is being supported by all of our health systems and MLREMS, we are also coordinating all of the hospitals for a different event each day at different hospitals so there is more of a chance of our EMS providers being able to attend.

Program Manager's Report – Benjamin Sensenbach

- Uniform patient handoff rollout
 - We are utilizing and adapting the MIST tool that we want to use for every handoff, not just trauma. We have filmed the Trauma handoff video to be used as training (to be presented at STEP Conference). After it's been presented, we will continue to record different patient handoffs at our other hospital systems.

Patient Safety Subcommittee – Elizabeth Murray, DO /Ben Sensenbach

- Reviewed one new referral since last REMAC
- Based on previous cases, reviewed 15 Pediatric Cardiac Arrests
 - Pediatric education is being developed
 - Trends found: when the arrests didn't go well, we did get those referrals, which is what we want to see.
 - Committee requested that teaching points identified be shared with the REMAC and agency EMS Medical Directors.
 - Making sure waveform capnography lines up with the readings that you see.
 - IO placement should be considered early in treatment.
 - Some of these may be a result in poor documentation (i.e. intubation). We are about 50/50 with agencies that carry pediatric bougies.
 - Retrain on the weight based measurement devices.
 - The resident that reviewed these charts is working on the educational content.
 - This is only about half of the data. We still need to review the other cases.
- Now that the patient safety committee has moved into the Just Culture model, a lot of the angst providers have had in the past has seemed to have dissipated.

ALS Subcommittee – Julie Jordan

- No action items.

Protocol & Policy Subcommittee – Jeremy Cushman, MD

- Collaborative Protocol discussions increasing with goal of changeover June 2016. Removal of operationalization of medicine to allow regional flexibility.
- Document should be prepared for public comment next week sometime. Your comments are valuable, just realize that this document is out for comment across multiple regions. There are still some items that will be decided at the regional level.

Pharmacy Subcommittee –Mike Bove

- No action items.

RSI Subcommittee –Jeremy Cushman, MD

- No action items.

SCT Subcommittee –Jay Schueckler, MD

- SCT Protocol – additional recommendations have been incorporated.
- Vote to approve by Bob Breese, Seconded by Eric Rueckmann, no discussion, all in favor, no opposed, no abstentions. Motion passes.

Council (MLREMS) –Reg Allen

- No Report.

Training & Ed – Elizabeth Murray, DO

- BLS Preceptor document is out and approved, the advisory has gone out.
- Second DPM newsletter has been out and distributed.

- If there are things you would like to see covered or done differently please let Eric Rathfelder know.

State Council Meetings – Jeremy Cushman, MD

- SEMAC/SEMSCO representation to be reappointed.
- Jeremy Cushman had a conflict so couldn't attend, but there were no substantial issues that were discussed. Next meeting is in May, this will be a large meeting as this will be where we will bring forward the Collaborative Protocols.
- Lee brought forth – Agencies participating in the Check & Inject NY project, this is a demonstration project, and just know that this may not be approved, depending on the results of the projects. She asks that agencies keep the epi pens on the vehicles, we do NOT want you to do this. If you want to keep your epi pens with good expiration dates, keep them locked up, do not keep them on the vehicles.

Regional Trauma Advisory Committee – Bob Breese/Ben Sensenbach

- Meeting in February
 - Review of PCR completion for trauma registry 97.1%
 - Efforts to improve the receipt of ePCRs.
 - Review of spinal program – roll out seems to be going well.
 - Bleeding control program for non EMS providers
- Dr. Cushman to assist multi-hospital and multi-discipline uniform hospital report
- RTAC to improved patient handoff to STAC
 - MIST patient handoff statewide initiative to standardize the patient handoff.
 - Importance of pre-notification
- Upcoming education
 - Saratoga – NYSCEMA April 7-8
 - Rochester - STEP Conference April 8-9
 - Binghamton – April 15-16
 - Mercy Flight Training day at race track– May 20th
- Average transport time in Rochester is high for traumas, make sure they are being taken to the right facility. People go to the closest hospital, which sometimes is not the best choice. Average is well under three hours everywhere else in NYS, however for Rochester we are above four hours. It's difficult to equate what some of these barriers are. Trauma Triage guidelines only pick up about 20% of the trauma cases. They are very accurate predictors, however, it's the other 80% that we haven't quite figured out how to pull out.
- New Pediatric Trauma Coordinator – Bob Dorman

Individual Hospital Reports

RGH – Eran Muto

- No Report.

SMH/Strong West –Erik Rueckmann

- No Report.

Highland – Timothy Lum

- No Report.

Noyes – Amy Pollard

- Still in the process of construction for the cancer center. (9-10 months for completion)

Unity/St. Mary's – Bruce Thompson

- No Report.

Old Business – Ben Sensenbach

- Agencies using Naloxone – No additional agencies added

New Business – Jeremy Cushman, MD

- D10
 - Being used in place of D50 for (hypoglycemia) shortages originally by some agencies, however it is a better choice for a few other reasons as well. It is less caustic on the vessels, clearly more harm with an amp of D50. Our collaborative protocols say D50. It is my opinion that if you have a hypoglycemic patient you need Dextrose.
 - Breese – move to clarify protocols to state Dextrose. Liz Darrow Seconded. Discussion? Is there a lot of cost to the agency? D10 is actually cheaper. Prefilled D10? Preferably prefilled, if shortage, then mix. I would prefer avoid missing in the field. Concerns about space in med box? No. For right now, suggest to use Dextrose, have a phase out, phase in as we get rid of things. All in favor? No opposed or abstentions. Motion passes.
- Duel Sequential Defibrillation for refractory VF
 - We've had 2 cases in the last ten days for agencies. There is enough literature to suggest that there isn't harm in using it. This is also included in the draft of the collaborative protocols. Usually seem to be in the extremes of age (20s or 70s). Once you have gotten to five defibrillations, it is reasonable to engage this. This seems to be falling into the Medical Control world in the collaborative protocols draft. My question to the group is are you all comfortable with this currently as well as going forward in the collaborative protocols.
 - Synthesizing the availability as well as training. Logistically could be a problem as you need two units. If you are going to be doing this, you have to practice this.
 - This is not in place of high quality CPR. Pad placement is also imperative. Never do this with an AED and a monitor as you cannot line them up. There will be a big training component to this with a simulation.
 - Rollout time? If there are agencies that are already up to speed, they can do so now, if they aren't and it will be implemented in the collaborative protocols, however long it takes.
 - No objections.

Motion to adjourn – Bob Breese, Seconded by Liz Darrow.

Next Meeting is Monday, May 16, 2016 at Livingston County EMS 3360 Gypsy Lane, Mt. Morris, NY at 1700

Link to view full meeting video:

https://youtu.be/l_l4yUA4cb4