



Monroe-Livingston REMAC Meeting Minutes

June 21, 2021 5pm

Public Safety Training Facility: 1190 Scottsville Road, Rochester, NY Room 117

Roll Call Attendance – Tim Kelly

Agenda Review – Erik Rueckmann, MD

- Thank you to everyone for all of your work during this unprecedented year.
- Additions to the agenda
 - Four more State actions have been added since it's been distributed
- Minutes Review & Approval: Motion by Bob Breese, seconded by Tim Czapranski. All in favor? No abstentions, no opposed. Motion passes.
 - October 19, 2020
 - December 21, 2020
 - February 22, 2021
 - April 19, 2021

State Actions – Jeremy Cushman, MD

- Brendan Boose
 - Certification suspended for one year effective 4/4/2021. The suspension is stayed.
 - Placed on probation for three years effective 4/4/2021.
 - Assessed a civil penalty of \$2,000.
 - For violations of 10NYCRR Part 800.16(a)(4)
 - "...has abused a patient, as patient abuse is defined in Section 800.3 of this Part..."
- Joseph Oakes
 - Certification suspended for one year effective 2/3/2021. The suspension is stayed.
 - Placed on probation for three years effective 2/3/21.
 - Assessed a \$2,000 civil penalty.
 - For violations of 10 NYCRR 800.16(a)(2), (9) and (11).
 - "...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..."
 - "...has abandoned a patient, as patient abandonment is defined in Section 800.3 of this Part..."
- Keisha Brockington
 - Certification revoked effective 5/21/2021.
 - Assessed a civil penalty of \$2,000.
 - For violations of 10NYCRR Part 800.16(a)(2)

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- "...has been negligent in the performance of his/her EMS duties and practice, as negligence is defined in Section 800.3 of this Part..."
- Sybil Frost
 - Certification suspended for one year effective 6/1/2021. The suspension is stayed.
 - Assessed a civil penalty of \$2,000.
 - For violations of 10NYCRR Part 800.16(a)(7)
 - "...has procured, or has attempted to procure, his/her certification or recertification through any form of fraud or deceit, including, but not limited to, the intentional false representation or misrepresentation, either expressly or by omission, on his/her application for emergency medical services certification or recertification, of information pertaining to prior convictions, offenses, regulatory violations and actions against other professional licenses and certification held by the certificate holder or having received certification without having completed all the specified requirements..."
- Robert Lukens
 - Certification surrendered for revocation upon consent effective 6/1/2021.
 - For violations of 10NYCRR Part 800.16(a)(7)
 - "...has procured, or has attempted to procure, his/her certification or recertification through any form of fraud or deceit, including, but not limited to, the intentional false representation or misrepresentation, either expressly or by omission, on his/her application for emergency medical services certification or recertification, of information pertaining to prior convictions, offenses, regulatory violations and actions against other professional licenses and certification held by the certificate holder or having received certification without having completed all the specified requirements..."
- Maneisha Atkinson
 - Certification revoked effective 6/3/2021.
 - For violations of 10NYCRR Part 800.16(a)(5) and Part 800.16(a)(7)
 - "...has been convicted of one or more criminal offenses, as that term is defined in section 800.3(ak) of this Part, unless, in accordance with Article 23-A of the Corrections Law, the department determines, that (i) there is not a direct relationship between one or more of the criminal offenses and the duties required of this certificate or (ii) allowing the certificate holder to retain his/her certificate would not involve an unreasonable risk to the property or the safety or welfare of a specific individual or the general public. In determining these questions, the agency will look at the eight factors listed under New York Correctional Law Section 753..."
 - "...has procured, or has attempted to procure, his/her certification or recertification through any form of fraud or deceit, including, but not limited to, the intentional false representation or misrepresentation, either expressly or by omission, on his/her application for emergency medical services certification or recertification, of information pertaining to prior convictions, offenses, regulatory violations and actions against other professional licenses and



certification held by the certificate holder or having received certification without having completed all the specified requirements...”

- James Schofield
 - Certification suspended for six months effective 6/9/2021. The suspension is stayed.
 - Placed on probation for three years effective 6/9/2021.
 - Required to take an ACLS refresher.
 - For violations of 10NYCRR Part 800.15(a)(1) and (2)
 - “...comply with prehospital practice standards, applicable for the geographic region of the State in which the individual is practicing as established by: State-approved training curricula and State-approved training standards, in accordance with section 800.20 of this Part; 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...”
- Richard Harold Jr.
 - Issued reprimand.
 - Assessed a civil penalty of (\$2,000) dollars. One thousand (\$1,000) dollars stayed.
 - Placed on probation for three years effective 6/10/2021.
 - For violations of 10NYCRR Part 800.3(ao)
 - “...Patient Abandonment means a certificate holder’s willful termination of patient contact prior to delivering the patient for medical evaluation and/or treatment, or securing a proper refusal of medical attention in accordance with applicable protocol. Patient abandonment may be effected through means including, but not limited to, leaving a patient unattended after establishing patient contact, leaving a patient to the care of an EMT certified at a lower level when the certificate holder knew or should have known that the patient required a higher level of care, and/or encouraging the patient and/or bystanders to reject transport to a hospital by ambulance unless it occurs within an organized multi patient/agency response...”
- Nassau County Police Department
 - Issued a formal reprimand effective 6/14/21.
 - Assessed a civil penalty of \$2,000.
 - For violations of PHL A30 3006(a)(c) and 10NYCRR Part 800.21
 - “...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...”
 - “...to periodically review information concerning compliance with standard of care procedures and protocols, grievances filed with the service by patients or their families, and the occurrence of incidents injurious or potentially injurious to patients. A quality improvement program shall also include participation in the department’s prehospital care reporting system and the provision of continuing education programs to address areas in



which compliance with procedures and protocols is most deficient and to inform personnel of changes in procedures and protocols. Continuing education programs may be provided by the service itself or by other organizations...”

- “...Certified Ambulance Services General Requirements...”
- Mountindale Fire Department First Aid Squad
 - Assessed a civil penalty of \$2,000.
 - Suspended for one (1) year effective 6/4/21. The suspension is stayed.
 - For violations of PHL A30 3012(b), 3006 and 10NYCRR Part 800.21.
 - “...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...”
 - “...Certified Ambulance Services General Requirements...”

Old Business – Mike Bove & Jay Schueckler, DO

- Monroe and UCM Telemedicine Policy & Procedure
- These are related to patient refusals and the offer of telemedicine. Adjustments have been made based on REMAC comments. Motion to permit Monroe Ambulance to use telemedicine service for patients that are refusing care by Jeremy Cushman, seconded by Bob Breese. All in favor? No abstentions, no opposed. Motion passes.

New Business – Jeremy Cushman, MD

- MLREMS and FLREMS Stroke Care change Request
 - Great collaboration for UR Medicine and RRHS on this project. This expands the prenotification window to 24 hours of last known well. How the Eds handle this is up to those individual Eds. We would like approval from the REMAC for this to implement concurrently with the FLREMS. FAST-ED implements a stroke severity score. Implementation on this component is pending. We are still working on where this would be documented in the electronic medical record. This would not be used in destination decisions. Motion to expand the EMS prenotification window to 24 hours of last known well and for the Monroe-Livingston Region to adopt the use of the FAST-ED as a stroke severity scoring tool with implementation at the discretion of the Regional Medical Director based on all the previously stated factors by Jeremy Cushman, seconded by Bob Breese. Discussion: Will this be released as an advisory? Yes, once we coordinate with the FLREMS, we will have an advisory for each of these, the one regarding the FAST-ED will also have a training component outlined in the advisory. We will also need to update the Stroke Bundle as each component is implemented. All in favor? No abstentions, no opposed. Motion passes.
- Mental Health Alternative Destination Protocol
 - The goal of this is to allow designated protocol to transfer patients to an alternative destination (specifically the RRHS Behavioral Health Access and Crisis Center). This would be contingent on the Office of Mental Health approval. Reimbursement will be figured out at the agency level. Ask for the approval of the alternative destination protocol with the



- provision that the Regional Medical Director can modify as long as it doesn't change the intent of the protocol. Seconded by Maia Dorsett. Discussion: the likely change will be if the 9.41 is allowed or not depending on the Office of Mental Health. All in favor? No abstentions, no opposed. Motion passes.
- MURU smartphone app
 - There will be controls at the regional level. Phone numbers are included, however some of them shouldn't be included in there, so some work to be done there. This is a big lift at the regional level to ensure which protocols, policies and advisories will be included. As of right now use the regional hospital capabilities that we have published, not those included in the MURU app.
 - The dose calculator is NOT based on ideal body weight, all done by actual, so this needs to be adjusted.
 - One of the features allows for providers to enter equipment carried by the agency, so this is not locked to managers, but allowable for all end users, so please be aware.
 - In the future, there will be a charge for premier access. The very basic will always be free of charge, but the more detailed (i.e. dose calculator etc.) will be behind a pay wall.
 - The Collaborative Protocol app will eventually be going away, it's not sustainable for the Program Agencies to continue to fund this, so the State is working on the MURU app as the replacement.

Medical Director & Program Agency Report – Jeremy Cushman, MD

- Lots of time has been spent working through the issues on NEMSIS updates and State reporting requirements as it relates to ePCRs. Ben has been passionately advocating for changes on your behalf. The use of NPAs and OPAs requires a reason for use (State required field, not NEMSIS) – once we figure this out we will push out the solution. If anyone has issues closing a chart, let Ben know what the error is and we can look at addressing this.
- The Council is working on looking at the website for changes and some options moving forward. More to come as we investigate.
- COVID – unwound a fair amount. We have not rescinded clinical care guidelines on purpose as should remain in effect. We did pull off some occupational health guidelines. Plea – as EMS Providers on clinical calls – a mask needs to be worn always regardless of vaccination Status.

Patient Safety Subcommittee – Aaron Farney, MD & Maia Dorsett, MD

- Offload Checklist has been developed. This was developed based on some patient safety cases. This is a very simple bulletized checklist that can be posted on the back doors of the ambulance. Motion to endorse.
- QI Academy is September 17th and 24th full day sessions and then follow up zoom meetings throughout the year. There is room for more students, please encourage your agency providers to attend. Any level of provider can attend. The result of last year's QI Academy resulted in the creation of a Stroke handoff post it with patient contact info and other pertinent information. Brighton and Perinton are currently piloting to gain feedback.

Council (MLREMS) – Mark Philippy / Tim Kelly



- The SCT Committee doesn't fall under REMAC or REMSCO, we would like to offer help to this committee, needs to return to the agenda under REMAC in the future.

SCT Committee – Aaron Farney, MD

- Looking at transporting patients with chest tubes and what requirements go along with that. There has been an increase in critical care transports and a decrease in providers that can take them.
- Consistency in education standards are also being looked at.

State Council Meetings –Mark Philippy / Jeremy Cushman, MD

- Tentative State Meeting in October – looking to be in person. No dates have been identified yet.
- Vital Signs Conference is in Saratoga Springs this year
- There are two new State subcommittees: Quality Metric Committee that will include Peter Brodie to look at care bundle and the EMS Innovation Committee.

Regional Trauma Advisory Committee –Bob Breese

- No Report

Individual Hospital Reports

Rochester Regional

RGH – Connie Verneti, MD

- The EMS Community Meeting is scheduled for Wednesday 6/23.

Unity/St. Mary's – Tony Katsetos, DO

- No Report

UR Medicine

SMH/Strong West – Erik Rueckmann, MD

- No Report

Highland – Jay Schueckler, DO

- No Report

Noyes – Aaron Farney, MD



- No Report

Motion to adjourn by Mike Bove, seconded by Bob Breese.

Meeting Video Link:

<https://youtu.be/ci1bXsnpXuU>

Next Meeting is August 16, 2021