

December 12, 2007 SEMSCO

Albany

- REMAC, as a medical advisory sub committee of REMSCO is charged with developing and approving pre-hospital protocols and policies for implementation and distribution by the REMSCO after confirmation and approval at the SEMSCO level.
- SEMAC is the State Emergency Medical Advisory Committee responsible for state wide medical review of policies and protocols submitted for revision and adoption from the Regional Councils. The SEMSCO is the final governing authority providing oversight to the SEMAC.

SAFETY

- There is a suggestion that guidelines suggest that when returning to the hall, two responders should be seat belted in the front to assure that 1st, they are seat belted and 2nd that they may keep each other awake. Another suggestion about seatbelts is that they be worn at all times when not providing patient care that demands movement in the back of the ambulance. Possibly utilizing automatic patient BP monitoring equipment for example.
- The other area of safety discussed was that of exhaustion. The fatality and serious injury of recently of EMS responders again pointed to the need for tracing on/off hours of responders Bottom line is common sense and think safety.
- Remind responders that gloves are still one of the most effective methods of protecting themselves.
- A review of lights and sirens usage shows that there continues to be an excess. The exchange of 1 minute reduction time during a 20 minute transport does not equal the risk of life for responders and patients traveling 10 plus miles over the speed limit. Light and sirens on the scene and during transport are actually known to increase the stress levels to patients.
- Report from Blood and Tissue council TAG discussing the granting of permission allowing blood to run during transport. There is a need to adjust language and work on preparing a training plan and documents for protocols. The goal is to approve level 3 and 4 to personnel to transport rather than the current requirement of an RN or Dr. There will be a need for QA/QI regarding blood handling. This will not be intended for the start of a new line but for the continuation of orders in effect.

- There was a discussion regarding ED overcrowding. The DOH is gathering information from hospitals 3X per week in hopes of identifying trends for admittance and discharge along with types of presenting problems represented in those trends. There has been a concern that staffing numbers in EDs are down and that delays are sometimes the result of EMS responders covering for nursing staff in EDs.
- Vital Signs was another success this year with 2100 registered attend. Next year in Buffalo Oct 2-5. FASNY-EMS weekend is Feb 29 in Montour Falls. Friday's session does offer 8 hours of core CME for recertification as well as approximately 15 hours of additional training toward recertification.
- The Berger Commission is statute... gotta work with it. PCRs will be utilized to recognize locations. The results are on the state DOH website.
- REMAC meetings will require webcasting because at anytime a vote can be taken.
- Currently there is NO STEMI designation in NYS. NYC has begun identifying facilities that are voluntarily manning 24hour catheterization labs in the absence of STEMI centers.
- STEMI designation was discussed. Agreement that a statewide standardization is needed. Cardiac advisory is reviewing regulations statewide for language, geographical impact and travel times. The 90 minute window referred to for STEMI designation utilization is based on the time elevated ST levels are identified until balloon in place, not travel time. Further research is underway to define designation requirements and usages.
- Clarification of Stroke designations was discussed. The presence of telemedicine may determine a facility to be a HUB that may assist with diagnosis of a stroke, but if there is not a letter designating a facility as a stroke center, they are not one.
- Transport to trauma centers outside the state was discussed and noted by the state that the DOH has no authority to review credentials or inspect quality of care for any designation outside NYS.
- MOLST pilot program currently in place in Onondaga and Monroe Counties will expire in July of 2008. After a presentation by Dr. Bomba to the Council, the Council recommended to forward to the Commissioner of Health the request to roll out the option statewide as a permanent choice. The MOLST was developed to address DNR and DNI in patients typically in the last year of life. This is not intended as a mandate, but as an option. Because the completed form addresses the patient's wishes, it is intended to travel with

the patient throughout their care. The form is 2 pages and when/if approved will be accompanied by training to roll out to healthcare and the community.

Education and Training

- Proposal to consolidate testing sites due to low numbers and the high cost of prompters.
- CLI candidates will be allowed to retest on skill set onsite with a different examiner and be provided with the skill sheets at the time of registration so that they may review them prior to testing. The curriculum is being reviewed and there has been discussion of internet based CMEs for BASIC level.
- SPARCS is being linked to PCR data by the last 4 digits of the Social Security number, so it is critical that it be included on PCRs. At September's meeting a letter from the Council supporting the compliance with NEMSIS. NYS is only state of 50 not yet in compliance.
- There is a goal of being able to link databases so QA/QI can identify transfers, repeat transports and trauma/stroke/burn utilization.
- There will be a statewide Request for Proposal issued in 2008 for electronic PCR reporting.
- Air medical transport continues to be a concern with increasing numbers from patients not requiring that level of transport.

Finance

- Cost analysis by TAG that provided data on average by level. Reimbursements have not increased in the past 8 years. A further survey of other states and their rates is in process.

Medical Standards

- All out of hospital non arrest adult patients and all pediatric intubations must use wave form capnography with endotracheal intubations continuously throughout treatment and transport to be implemented in January 2009. Regional REMACS, with/cooperation of the REMSCO would have the authority to grant waivers based on financial hardships for implantation dates after demonstrating a hardship providing a plan for future implementation is planned and that this information is then forwarded to the SEMSCO/SEMASC.
- Motion to support the availability of health insurance on the states plan to underinsured and uninsured emergency responders.

- PAD signage doesn't have to be fancy, just state that AED is on site per NYS regulation.
- Senator Schumer proposed increases to Medicare reimbursement rates of 5% for 2008-2009. Statistics show transports are comprised of roughly 40% Medicare patients so they are losing money on transport billings.

Respectfully submitted

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