

Regional Emergency Medical Advisory Committee

The WREMAC met on January 17th, 3:00 p.m. at Chef's Restaurant, Buffalo, NY.

Amendment to the November meeting minutes, page 3 – paragraph 3, should read “...initial Conditions of Participation for a 2-bed hospital and will be accepting patients by ambulance in the near future.”

A motion was passed accepting the minutes from the November 16th 2006 meeting.

Kenyon / Cooley

Approved

Attendance: See enclosure

Correspondence: J. Takats

- Flyer from Dr. Patel inviting everyone to a CME program.
- Letter from Michael Maak, elected new chairman of the Big Lakes Regional EMS Council. Thank you to Robert Yungfleisch, for his service to the council.
- Letter from Dr. Blum on behalf of Conewango VFD supporting upgrade from EMT to AEMT-CC. (Due to the absence of a program agency, there are no official forms as far as new applications, changes in status, etc. As an employee of the WEREMSC, A. Major will be helping with the REMAC, and she will have these forms for agency status changes.) With the exception of the official form for Dr. Blum's application, everything looks good. We will get him the official application and hopefully vote on it at the next REMAC meeting.
- Letter from Frontier VFC notifying the REMAC that they have surrendered their CON and will no longer be transporting, they will be first response only. Tri-Community will be their transport company.
- Newton Abbot VFC notifying of the decrease in level of care from Paramedic to Intermediate. Also in need of requisite form from the WREMAC.
- SEMAC / SEMSCO report from November, there are some bulleted items pertaining to our region:
 1. W. Reisner discussed his activity towards requiring squads to be responsible for their own QI. Hospitals are reminded of their responsibility to provide QA with the agencies. Doctors should be meeting at least once a quarter with their agencies, to do QA. Discussion ensued regarding the QI/QA issue. Another important issue approved was the recommendation to add the 911 contact time and first responder arrival on the new version of the PCR.

2. Ongoing discussion regarding need for culture change to insure everything done considers patient / provider safety, cost & risk benefit ratios.
3. W. Reisner discussed his concern with patient parking due to the closing commission. The remaining hospitals will significantly need to adjust to these changes.

Chairman’s Report: Takats

- The RFP for a Program Agency has been distributed. Concern that it appears that there will not be any official “face to face” between the panel and the 3 respondents.
- The three regions are each recognized (Big Lakes, Southwest, and Wyoming Erie). Concern over some council’s past discussions of breaking away from the region.
- “What if” concern if one or more of the regions pulls out of the region and the REMAC is divided.
- The REMAC would like to send the message to own regional councils to try to relay the apprehensions of the REMAC that they would like to keep a single group.
- RFP applicants should be given the opportunity to give a presentation.
- W. Reisner reviewed the RFP process. There are 3 representatives from each of the 3 councils that sit on the RFP Review committee. They are reviewing the submissions and will meet as a full, 9 person panel to make a decision and take it back to their full council, who will then decide whether a presentation will be made and or vote on the recommendation.

Committees:

Nurse Advisory- A. Hedges, RN

No Report

Prehospital Advisory- G. Gill

The pre hospital care committee remains in a state of reorganization.

Disaster-No Report

ALS Protocol- S. Lakomy / C. McCloud

Cindy McCloud had a copy of the new official version of the ALS Protocol, they are complete, and no further changes may be made. Hoping that within a week they will be done printing.

Quality Assurance – Dr. Takats for Dr. Martin

Recommend that the committee needs a Co-Chair, someone to work with Dr. Martin in her absence. There are several new QI issues coming up, and she will need some assistance.

As there were no volunteers, Dr. Takats will assign someone.

Equipment- Cooley / Kenyon

2004 revision of AED guidelines are currently under review.

The committee is planning to meet at 2:00 before the REMAC meetings at Chef's.

Building an e-mail list to make announcements.

ILS / ALS Equipment list is set for the next meeting as well as discussion regarding recommendations for jump bags.

If anyone would like to be put on the e-mail list, please contact Dr. Kenyon.

Research and Education- Needs Chairman

No Report

Ad Hoc Committees:

Selective Spinal Immobilization Protocol (SSI)- Teuscher

Would like to see the education piece that the state just approved so that she can compare it to ours.

12-Lead EKG-

Decided to select a date, to have one officially set. January 1, 2007 was when all of this was supposed to start. There are a lot of agencies that for different reasons are not able to have started on 1/1. A good time to see where some of the roadblocks with non-compliance are. Possibly survey some of the agencies and medical directors to see what some of issues are.

As it stands now, within 30 minutes of a call going out for cardiac chest pain, it is expected and hoped that the patient will be able to get a pre-hospital EKG either by their first responder or by mutual aid. If the 12 Lead suggests that they have an ST Elevation MI it would be transmitted or delivered to the expected receiving hospital.

Propose that the REMAC contact the agencies to see how many were able to comply and or what issues they have run into as far as not being able to comply at this time.

Dr. Takats will compose a letter / questionnaire to each of the ALS agencies to return to us stating who is presently able to, who is not able to, who has a mutual aid or intercept agreement with another agency that does have 12 Lead and any other questions that may

be necessary. BLS agencies will be omitted at this point in time, as the REMAC only requires the ALS agencies to comply. During our 3 month break in period until March 31, 2007 we will analyze the responses for further action.

C. McCloud offered the Department of Health to gather the required information and mail out the letters.

Dr. Young mentioned the Policy / Procedure that had been developed. The original policy read 20 minutes by 2007, 30 minutes by 2006. The dates were never approved.

Should these dates be modified?

With the letter that Dr. Takats sends out, the policy will be included.

Unfinished Business:

At the end of the last meeting, Dr. Cooley's BLS Glucometry for Forestville Fire application was discussed.

The entire procedure, including the CLIA application, maintenance of records, and education of EMTs is time consuming and fairly complex. The model, which Dr. Cooley submitted, appears excellent. Dr. Takats proposed studying the model to use for our region and temporarily tabling discussion or voting on it at this meeting (see new business).

New Business:

With the exception of the City of Niagara Falls Fire Department Medical Director change, which needs further documentation, Dr. Takats requests a motion to accept change of Medical Directors of Shawnee VFC from Dr. Klementowski to Dr. Lloyd Brown, City of Niagara Falls PAD and Epi Program and City of Niagara Falls Fire Department changes upon completion of paperwork.

Motion made Teuscher / Kenyon

All approved

Issues from the Floor:

- Dr. Teuscher presented on behalf of Dr. Myers regarding the SEMAC minutes, bullet # 8. They have a standing order protocol for narcotics. He is proposing to review and develop a protocol for this region. Jeff will present this at the next protocol meeting. Discussion ensued. Protocols include time, route of administration, pain scale and post administration.

Motion: Borton / Cooley

All approved

- G. Collins – Issues with Air Medical / stroke dispatch for counties. Frequent calls for stroke patients. They will be setting up a Tele Stroke program with Millard Fillmore Gates.
- J. Borton – Looking for guidance from the floor, he has received several calls from agencies regarding re-programming their AEDs, how to set shocks. Scott Wander replied that these issues have been addressed and a letter will be coming out from the NYS DOH.
- W. Reisner
Would like for the REMAC to vote to support the opposition of the Medicare rule reporting dual licensure in across the border pick – ups.

Motion: Teuscher / Kenyon

Approved

- W. Reisner – (Informational) The BEA Group took over EMS at Olean General Hospital. Buckley is still there, phasing out. Dr. John Carter will be the new representative.

J. Adolph – Erie County posts the hospital status on their website. It would be helpful to post the REMAC Diversion Policy as well. Would like permission to do this.

Motion: Cooley / Teuscher

Approved

Introduction of guests: Tom Luka stated that as part of their education paramedic students must attend a REMAC meeting so at each meeting there will be some students in attendance from the Paramedic Program at ECC.

Dr. Young gave the State’s report:

Telestroke Initiative just took off, open to neurologists and physicians in other hospitals as well. With the exception of 2 hospitals, all are on board.

Next module is the ST Cardiac Module. Need a new Commissioner.

Kaleida and ECMC are “talking again”.

Commission’s closing plans are orders from Albany, nothing that they can do about it.

They are hitting nursing homes as well, not just acute care.

If closing of St. Joes, Gates, and DeGraff occurs, this will be a huge impact on EMS.

Anything done must be done through the legislature, it is beyond the scope of the REMAC.

New Business

Motion to set up for BLS Glucometry protocol in the area based on Dr. Cooley's model.

Borton / Teuscher

Approved

Training materials will be made available shortly.

Motion to adjourn at 4:25

Kenyon / Cooley

Approved

The next meeting is on March 21, 2007 at 3:00pm at Chef's.

Respectfully submitted,

Joseph R. Takats III, D.O., Chairman