

Regional Emergency Medical Advisory Committee

The WREMAC met on May 16, 2007 3:00 p.m. at Chef's Restaurant, Buffalo, NY.

Minutes from the March 17th meeting were previously distributed via e-mail and hard copy.

Motion to accept minutes: Kenyon

Second: Myers

Approved

Attendance: See enclosure

Correspondence: J. Takats

- Second letter from Dr. Takats to ALS agencies requesting completion of their 12 Lead questionnaires.
- Letter from NYS Department of Health to Empire EMS regarding the yellow research copies of the Prehospital Care Reports.
- Two letters from Dr. Takats regarding Protocol Rollout. First to Advanced providers, and second to Medical Directors and agency EMS Captains. (ALS Protocol Committee)
- Letter from W. Reisner to County EMS Coordinators and REMSCO Chairs regarding rollout
- Via e-mail from Dr. Myers regarding date for Base Station Course. Scheduled for 6/28 from 9a-4p at the Erie County Fire Training Academy.
- Via e-mail from J. Myers regarding lack of representation at the SEMAC / SEMSCO meeting from our area.
- Correspondence from R. Patel looking for local candidates for the NYS EMS Awards.
- Via E-mail from W. Reisner regarding a new appointment for the SEMAC representing the Southwest Council.

SEMAC / SEMSCO REPORT: J. Myers

- Meeting notes were distributed, and highlights were reviewed.
- Discussed the lack of representation to the SEMAC from our region. We have three representatives from our region, and we need to be sure that either an appointed representative or their alternate is in attendance.
- W. Reisner then stated that the Southwest Regional EMS Council recently voted to have Dr. Cooley as their representative to the SEMAC for their council. There had been a misunderstanding concerning the terms of representatives for the SEMAC,

which has left them with two representatives. They have asked the two physicians to discuss this with each other and come to a resolution. The SWREMSC has reviewed the ByLaws of the SEMAC/SEMSCO and it does state that there are attendance requirements and provisions for alternates. Much discussion followed.

- Discussed the law that will go into effect on September 13, 2007 which requires AEDs in public facilities with a capacity of 1,000 + people.

WREMAC Chair Report: J. Takats

- The Protocol Rollout is near completion. The Chair thanked all those individuals who have helped put it together. Extensive work has been put into this project. Letters should arrive by the end of the week.
- Question had been brought to the Chair regarding groups viewing this tutorial on line. All that is needed for this to be accomplished is a laptop and a screen to view it on.
- 12 Lead – More responses have been submitted. There are only about 55 more agencies remaining that need to send theirs in. Implementation date may not be as originally set (7/1/07), but should not be too far off.
- Discussion followed regarding the lawsuit between the State and WREMS.

Nurse Advisory Committee – A. Hedges

No Report

Prehospital Advisory Committee – G. Gill

No Report

Disaster Committee – J. Teuscher

Committee has not met.

With the regions now split into 3 areas, it is more difficult to get a region wide disaster drill in place. If anyone is interested in developing anything, please contact Dr. Teuscher.

ALS Protocol Committee – S. Lakomy (W. Reisner for S. Lakomy)

- The web address for the Protocol Rollout is: <http://sthcs-wremac.com>
- If a provider chooses to not do the Protocol Rollout on line, then a face-to-face component is necessary, and the WREMAC needs to decide how this will be done. Ideally this would be in the form of a Train the Trainer program.
- If the WREMAC requested some funding from the State, then they could offer a stipend to the Physicians who are performing the training.
- S. Wander questioned whether this is something that is covered within the deliverables for a Program Agency, then the State should have some responsibility toward funding this project. Discussion ensued. Dr. Takats and W. Reisner will co-write a letter to the State.

QI / QA – R. Martin - Chair

- Dr. Takats requested at the end of the last meeting for a volunteer to assist Dr. Martin with the QI/QA Committee, and none were offered. Requests an Assistant Chair for the Committee in the absence of the chair.
- Digression followed regarding the membership of the WREMAC, based on the last WREMS publication. It was stated that it is difficult to get a list of who is representing which hospital. Dr. Takats offered the WREMAC attendance list for their use. This document has been recently updated.
- Also, the SWREMSC noted that once they got the web page up and running, that the WREMAC needs to eventually take over the site. Dr. Takats stated that the WREMAC needs to submit a budget to the State.
- Discussion resumed on the QI/QA Committee. Dr. Kenyon requested information as to what is involved with the QI / QA Committee. Dr. Takats referred to the QI Plan. Dr. Myers stated that the Committee looks at overall QI measures, and the second is to review individual complaints that cannot be handled at an agency level, then the committee takes it and reviews it. Also, there were topics that were reviewed. M. Kenyon and C. Cooley volunteered to be QI / QA Committee Co-Chairs. Thank you to Drs. Kenyon and Cooley for taking on this Committee.

Equipment Committee – C. Cooley

Quik Clot presentation at today's meeting.

Next they will be reviewing the ALS Equipment requirements.

CPAP Manufacturers will present at the 6/20/07 meeting.

Research and Education – J. Myers

Base Station Course is scheduled for June 28, 2007 at the Erie County Fire Training Academy.

SSI – J. Teuscher

Still awaiting SEMAC action and new NYS Protocol.

12 Lead – J. Teuscher

Unfinished Business:

No Report

New Business:

The committee voted collectively on the following presented agency changes:

- N. Java VFC: Upgrade from BLS to ALS-Intermediate

- Conewango VFC: Upgrade from EMT-D to ALS-CC
- Gasport VFC: Upgrade from ALS First Responder to ALS-Intermediate. Approved on 11/16/06 contingent on state inspection. Paperwork is now complete
- Darien Lake Fire Company: Basic to ALS-Intermediate. Lacking the WREMAC form. Vote pending completed paperwork.
- Fredonia Fire Company Medical Director change: DeFrancesco to Cooley
- WCA Services Medical Director change: DeFrancesco to Cooley
- Dr. Myers reviewed his protocol changes for the medical director substitution of either metoprolol 5mg IV over 2 minutes or amiodarone for stable narrow complex tachycardia. Motion to change the MD option.

Motion to approve: J. Myers

Second: C. Cooley

Approved

A letter needs to be sent to the SEMAC to show the WREMAC's approval of this change.

Dr. Meyers then reviewed the Analgesia changes (see enclosure). Several regions have already moved towards this revision. He would like to bring this forward to the committee for consideration and discussion.

IV dose is much more cost effective. Zofran is a plus with pediatrics for nausea.

Question as to whether to have this as the sole choice.

Strongly recommends Odansatron (Zofran) for easier reading.

Discussion as to whether to wait for the next Protocol revision or to do it as a sticker add on. Dr. Takats suggests implementing it into the books now.

Motion to accept as written, include with the rollout, make it available online for downloading on the website.

Motion: J. Teuscher

Second: Meyers

Approved.

Mark this revision so that it is easily recognized as a change. This will need to go to the State for approval. Dr. Lakomy also needs to be notified of this.

Final discussion was to make the suggested revisions and bring it up to the next meeting for the official vote to move forward to the SEMAC.

- Dr. Takats announced that the Big Lakes Regional EMS Council has announced that Lake Plain Community Care will be their new Program Agency for the Big Lakes region, pending approval from the NYS Department of Health

Issues from the floor:

- The Wyoming Erie Council has an Administrative Assistant, who is also secretary for the WREMAC. In order to comply with NYS Executive Order No. 3 (webcasting the meetings), the council is looking into a web site. Question if the WREMAC would like the council to include them on the site as well, in order to help them to comply with the Executive Order? Discussion continued.
- Discussion evolved regarding the lack of funding for the WREMAC. W. Reisner suggested that because there will apparently be three separate program agencies, that representatives from the three councils get together to determine what services are needed from the WREMAC to run effectively. The council's will need an itemized list of what the WREMAC will need from them, as far as funding is concerned. Dr. Takats will have a list developed by the next WREMAC meeting of services the WREMAC will need funding and assistance with.
- W. Reisner reported that at the last SWREMSC meeting, it was brought up that there were no provisions for elections of the WREMAC officers. Since the WREMAC is a subcommittee of the regional councils, operating independently – who approves the ByLaws, and who approves the members of the WREMAC. As per Article 30, the members of the WREMAC are selected by the hospitals or the WREMAC. The regional council may submit candidates to the WREMAC, then the WREMAC will vote to approve the candidate. The Bylaws of the WREMAC are created and approved by the WREMAC, the Regional Councils may make recommendations.
- J. Teuscher raised a question regarding Interfacility Transfer Protocol, Thrombolytics are currently not to be running unless there is an RN on board. However, patients are released for transfer right after Retavase, which is effectively the same situation. Now that we have Stroke Centers, and Retavase is basically the same thing as iv TPA, with the only difference is that it can be interrupted, is the WREMAC going to change it's position on this? After much discussion, it was decided to table this topic until the June meeting. Is this not a hospital position also?

State Report – G. Young

Stroke Centers are all coming on board; most facilities have all been in serviced. Noted that patients cannot be transferred to a SPOKE facility. A SPOKE facility only means that they have some relationship with a neurologist or surgeon. It does not mean that they have available a rapid 24 hour CT scan. This does not equal being a Stroke Center. Wants to make sure it is known that providers cannot divert transport to a SPOKE facility if it is not a designated Stroke Center. Much more discussion continued regarding this concern.

Dr. Young has been appointed to the Cardiac Advisory Committee at the state level.

*The next meeting is scheduled for June 20, 2007 at 3:00pm at Chef's.
Equipment Meeting will precede the WREMAC meeting at 2:00pm.*

Respectfully submitted,

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