

Regional Emergency Medical Advisory Committee

Minutes September 20, 2006

The WREMAC met September 20, 2006 at Chef's Restaurant, Buffalo, NY.

Attendance: See enclosure

Approval of minutes from the June 14, 2006 meeting

Correspondence: J. Takats

- 7/16 Letter from the Allegany Fire District regarding the CON transfer from the Allegany Engine Company to the Allegany Fire District as a name change and to include the town of Humphrey. They are requesting permission to continue under the new operating certificate as a paramedic level agency. They are presently operating as paramedics. This was discussed and a motion made and passed to allow them to continue at the paramedic level. Motion/Kenyon/2nd Martin
- 8/8 An application from the Forestville Fire Department was received requesting permission for Basic EMTs to perform glucometry testing. REMAC is required to develop a protocol to address all aspects of glucometry for Basic EMT's including a tutorial.
- 6/14 Letter from Lancaster Volunteer Ambulance advising the REMAC that they are no longer carrying narcotics. This was briefly discussed and Dr. Myers stated that the situation has been rectified and they are carrying narcotics again.
- 7/25 Letter from Roger Lander as Chair of WREMS to Robert Youngfliesh, Big Lakes Chair returning the \$5,000 that WREMS was holding for the REMAC Chair. Since it was not paid out WREMS returned it to the Council.

Committees: Dr. Billittier

SEMAM and SEMSCO Report: Dr. Billittier

- See report attached
- SEMAM will need to work with new governor to ensure support and funding is continued for EMS.
- SEMAM now has a selective spinal immobilization protocol; it is for all certification levels.
- On going discussion about creating one ALS Protocol for the State. This will probably be a lengthy process.
- Proposal to make 12 lead EKG's mandatory for BLS services, many services are not interested in doing this due to the associated costs and training.

Committee Reports:

Prehospital Advisory Committee: Greg Gill - No report

Nurse Advisory Committee: A.C. Hedges - No report

Subcommittee Reports:

Disaster Committee: Dr. Teuscher - No Report

QI Committee: R. Martin – No Report

Equipment Committee: J. Borton – Absent - No Report

Research & Education Committee: J. Borton – Absent – No Report

Ad Hoc: 12 Lead Program: J. Teuscher

- Our regions 12 lead initiative to roll out 12 lead capability or access, as an ALS requirement by January 1, 2007 remains unchanged. If an agency is unable to obtain the necessary equipment or make arrangements for an intercept within the 30-minute time frame, they may apply to the WREMAC for a hardship waiver. Discussion continued about SEMAC's approval of permitting but not requiring BLS agencies to perform 12 lead EKGs. This will be discussed at a later meeting as SEMAC and SEMSCO refine a policy.

Ad Hoc: Selective Spinal Immobilization -J. Teuscher

- The REMAC Chair distributed the protocol from Nassau County for BLS providers. There was discussion regarding whether this protocol should be for ALS only or both ALS and BLS. The SEMAC has adopted their protocol for BLS providers. The protocol excludes patients with Downs Syndrome and patients over 65 years old. Our WREMAC SSI subcommittee had intended the protocol to be used by ALS only.

ALS Protocols: S. Lakomy

- There was a delay in getting the protocols to print as they were submitted in "publisher?" and the DOH was not able to open them on their computers. The protocols had to be printed in color and submitted to the DOH so bids could be solicited for the print job. The DOH will meet with their printing department as required prior to getting bids. Once that is completed there must be at least 3 bids and the DOH must select the lowest bidder to do the job. Hopefully the protocols will be printed and available by January 1, 2007.
- An addendum will be added on use of the Glucometer, Epi Pen and Albuteral.
- There was a lengthy discussion regarding when and how the protocols will be rolled out. Walt Reisner requested that the Medical Control physicians and Agency Medical Directors be involved with the training. The roll out was always done by WREMS in the past by way of a presentation with a written test at the end. Upon successful completion the participant was issued a protocol book. Walt Reisner stated that the new standards are being taught in the ACLS courses and providers want to use the new standards. Dr. Takats stated that the REMAC cannot roll out the protocols without money and staff and that it was the DOH's responsibility through the REMSCOs. Cindy McCloud stated that the DOH may be able to assist but only if the REMAC could identify exactly what they want done and suggested that they make a request in writing to the DOH. Dr. Takats said that if there was a Program Agency they could do the roll out as part of the deliverable and to visit every agency several times a year. He stated that the DOH has \$361,000 that was not spent on WREMS that should be used in part to finance a formal roll out for the ALS Protocols. Dr. Takats said it was important to let Albany know about the needs of the REMAC and that the DOH needs to realize that the REMAC cannot function without resources and staff to accommodate the minimum requirements. Eventually quality of care will suffer if this situation is not rectified. Walt Reisner said that the REMAC should develop a roll out plan for all three regional councils to participate in and there should be physicians involved in the process even if it required them to be

paid for it. He also stated that Southwestern developed a presentation on CD to be used by a quality presenter. He said that the other councils could use it as well if they wanted to. He agreed to share the CD with anyone that was interested. Dr. Takats will review the CD and discuss it with the Regional Councils to develop an acceptable way to roll out the protocols. There was continued discussion as to whether or not physicians would be willing to participate in the training.

- Several options were discussed as listed below:
 - Conduct train the trainer sessions and allow agency officers to train their members
 - Have the Regional Councils contract with instructors to provide the roll outs.
 - Conduct sessions similar to WREMS with local instructors
 - Adopt the presentation that was developed by the Southwest Council for roll out.

Prehospital Blood Draws

- Dr. Teuscher stated that there have been issues with pre hospital blood samples. Several hospitals have reported that blood samples are not being labeled with the patient name, date and time of the draw. Without this information the sample is of little or no value. Additionally pre hospital providers are shaking the sample vigorously, which causing the blood sample to hemolyze. Dr. Takats will draft a letter for ALS agencies in the REMAC jurisdiction advising them on how to handle the samples and remind them to label all samples. Cindy McCloud will send the letter to the ALS agencies.

Unfinished Business:

Request for Proposal (RFP) for Program Agency

- The REMAC Chair discussed the status of the RFP stating hat he had an opportunity to attend several meetings where this was discussed, both conference calls and face to face meetings. The REMAC is mentioned several times and should be provided with the resources and finances to conduct our necessary business. The RFP has expanded upon the old WREMS deliverables. Article 30, which broadly defines program agency and REMAC deliverables, contains very little on how a REMAC obtains resources to conduct its necessary business. The RFP improves the language, which describes how the REMAC is provided resources and monetary assistance from the program agency in order to provide medical direction, oversight and planning for EMS. Under Article 30 the REMAC is unfunded.

New Business

- There was discussion regarding update of the minimum standards for equipment ALS vehicles. It was agreed that they should be updated as necessary. Dr. Myers and Dr. Kenyon agreed to co chair a committee to review and update minimum standards for equipment on ALS vehicles.
- As a result of the application from Forestville the Glucometry Protocol for BLS was discussed. The REMAC is required to determine the type and level of record keeping required by the agency and develop/adopt a protocol to allow a Basic EMT to draw blood with a lancet device and test in a commercially available glucometer. It was agreed that the protocol needs to include several items:
 - Letter of approval from Wadsworth Lab for a CLIA Certificate

- A written QA Plan (should be standard throughout the region)

The REMAC will review 3 or 4 protocols that are in use in other regions and then develop a protocol. This item was tabled until the next meeting.

- Dr. Teuscher asked to discuss needle chest decompression at the EMT-Intermediate level. Scott Wander said that students learn this skill in their training but then are not allowed to use it in the field. Tom Luka confirmed that this skill is part of the Intermediate curriculum. Dr. Myers stated that the rest of state has been allowing chest decompression for Intermediates. Dr. Teuscher said that the skill was fairly easy and is part of the trauma section of the Intermediate curriculum. There was discussion as to why this was never addressed before and it was decided that it was added to the curriculum within the last few years and just hasn't come up for discussion. A motion was made for the REMAC to approve needle chest decompression for intermediates as outlined in the protocols. The motion passed unanimously. Motion Teuscher/ 2nd Myers
- Dr. Teuscher brought up on-site EMT scoring stating that NYS had only 3 sites, one in Rochester, Albany and New York City. Apparently Buffalo had a site at one time. Dr. Teuscher stated the need for a site in Buffalo and asked the REMAC to support her in writing a letter to the DOH to request on site scoring in Buffalo which they agreed to.

Motion to adjourn. Teuscher/Myers

The next meeting will be on November 15, 2006 at Chef's restaurant at 3:00pm.

Respectfully Submitted,

Joseph R. Takats III, DO
Chairman