

Western Regional Emergency Medical Advisory Committee
Meeting Minutes
 June 17, 2009

Chair: *Dr. Craig Cooley called the meeting to order at 7:10 p.m.*

Attendance:

Voting Membership on location; Drs.; Cooley (Chair), Myers (Vice Chair),

Non-Voting: W. Major, S. Wander, J. Adolf, C. Smith, and B. Clemency

Via tele-conference: C. Peters, W. Reisner, E. Mager, **Voting:** J. Teuscher, R. Martin, J. Borton, J. Ellie

Excused:

****PLEASE NOTE – ATTACHED IS A TABLE OF MOTIONS. THIS WILL BE USED FROM NOW ON TO REGISTER ALL MOTIONS MADE DURING MEETINGS. MOTIONS WILL NOT BE SHOWN IN THE REGULAR MINUTES. PLEASE REFER TO THIS NEW TABLE WHEN LOOKING FOR A SPECIFIC MOTION.****

TOPIC	DISCUSSION	ACTION
APPROVAL OF PREVIOUS MINUTES	Approval of previous minutes May 20, 2009	MOTION
CORRESPONDENCE	Please see attached correspondence log	
SEMAC/SEMSCO DRS. COOLEY & MYERS	Dr. Cooley has been vetted and is now a voting member of the SEMAC.	
REMAC CHAIR REPORT	Reminds everyone to please be careful when sharing information.	
NURSE ADVISORY COMMITTEE CHAIR: VACANT	N/R Next meeting is scheduled for June 23, 2009	
PREHOSPITAL COMMITTEE G. GILL	The WEREMSC voted that they would like to have one representative from each county on the Prehospital Committee. Waiting for confirmation from the other councils as to what they would like to do as well. The next meeting will be right before the next WREMAC meeting, so that they will be able to provide updated information for the WREMAC.	
PROGRAM AGENCY REPORTS A. BIG LAKES B. SOUTHWESTERN C. WYOMING-ERIE	A. Biggest issue happening in the region currently is the transition of the City of Batavia's ambulance service. Mercy Flight Ambulance has been awarded the RFP and the CON hearing is being conducted tonight. This is an ongoing process and there will be more information forthcoming. B. Many projects currently underway. Planning for numerous events; EMS Leadership Academy, most likely a CLI class possibly in February. Waveform Capnography survey was just conducted and 73 out of 80 agencies responded. Almost all of them already have	

	<p>Waveform Capnography in place. Those that do not already have it in place do have plans to have it either by the end of the year, or they already have other equipment in place that they're going to use permanently.</p> <p>C. CIC scheduled for October 23, 24 & 31. CLI is on hold pending Big Lakes desire to conduct one at the same time.</p> <p>Waveform Capnography study just about ready to be conducted.</p>	
<p>DISASTER COMMITTEE J. TEUSCHER</p>	<p>Disaster drills are a bit more difficult to run now with the current WREMAC set up. Dr. Teuscher is seeking guidance as far as how the Disaster Subcommittee should continue. Not much currently happening.</p> <p>In the past, the biggest mission of this subcommittee would be to conduct disaster drills. The subcommittee should be re-designed. Much of the education is done on more local levels rather than region wide.</p>	
<p>ALS PROTOCOL S.LAKOMY / J.MYERS</p>	N/R	
<p>QUALITY IMPROVEMENT R. MARTIN/M.KENYON/C.COOLEY</p>	<ul style="list-style-type: none"> • Committee met a couple of months ago and worked on how to continue with the committee. One of the ideas that came from it was the letter that was sent out to all agency medical directors, in an attempt to establish a thorough database that includes which quality improvement plans are in use. Several medical directors have submitted their lists. • We have also received a list from the DOH with the current list of MDs that they have on file. • The plan is to continue and develop a program that can be used for those that may wish to utilize a QI program. • S. Wander reported that the SWREMS program agency has been conducting a Waveform Capnography survey, and the WEREMSC program agency has also developed one, with the help of Dr. Brian Clemency. Would like to know if the WREMAC QI Committee would like to utilize this survey as a QI project as well. The WREMAC also has a QI deliverable. If SWREMS has already conducted a survey similar to this, it may not work for their area. <p>The survey that UEMS has developed is geared towards Intermediate and Paramedic agencies, asking if they will be compliant by June 1, and if so which equipment they will be using, as well as numerous other questions as well. It would be a web based survey that could be linked to the WREMAC's website. Dr. Cooley agreed that it would be a useful survey for the WREMAC to have. UEMS will forge ahead with the Waveform Capnography survey.</p>	
<p>EQUIPMENT COMMITTEE</p>	<p>Medication list: W. Reisner had previously commented on a couple of</p>	<p>MOTION</p>

<p>C.COOLEY/M.KENYON</p>	<p>volume related issues. Everything that Dr. Kenyon has in the medication list is based on protocols or med control options. Dr. Cooley requests that the WREMAC accept the current ALS Medication list and then proceed with specific exceptions from there.</p> <p>W. Reisner would like to have exceptions; they do not have room in their bags for all of the required drugs.</p> <p>Dr. Myers / Cooley verified that these are requirements for the ambulance / fly cars, not bags.</p> <p>Dr. Teuscher asked if Metropol had previously been added to the list, as it's not on it currently. Dr. Cooley requested that the Medication List be approved based on adding Metropol.</p> <p>Any sort of statements with basics and their protocols. The state does not speak specifically with amounts for basics in regards to epi-pens and similar. State level, it is the intent of the medical director to determine how much should be carried (basic level). How many Epi-Pens should be carried adult / child? Suggestion of the WREMAC that it should be 2 each adult / child.</p> <p>BLS and Intermediate specific, and only to agencies that have been approved to provide / perform Epi / Albuterol. E. Mager commented that at the State level, they are considering requiring Epi-pens for every ambulance across the state. It has not been approved yet, and is only in discussion. For now we will operate in the current program.</p> <p>Epi Pens will be based on the BLS protocols, specific to that level of provider. The Albuterol and aspirin will be the same as is currently listed for ALS.</p> <p>Equipment List – C. Peters reported on R. Hasson's concerns: 12 Lead with transmitting capability. Currently still working on getting 12 Lead on all ambulances at ALSTAR and definitely do not have transmitting capability on all of them. Concerned with the possible mandate / cost time. Request that transmitting removed from 12 Lead and made to only optional. Many agencies in SWREMS area are currently working on that and having difficulty completing. Discussion continued regarding the 12 Lead transmissions between ambulance and ED. Drs. Cooley & Myers reaffirmed that it was only mandated that the equipment simply be capable.</p>	
<p>RESEARCH / EDUCATION J. MYERS</p>	<p>Remind everyone that the Base Station Course is July 9th. Registration forms have been sent out. Couple of dates that are being considered for the fall and those will be sent out over the summer.</p>	
<p>BYLAWS C. COOLEY</p>	<p>Latest version was distributed today. Reviewed the revisions. Not looking for much discussion tonight, as they will be posted on the WREMAC website over the summer and acted on beginning with the September WREMAC</p>	<p>MOTION 09-17</p>

meeting. The Ad-Hoc committee will meet in late August / early September. Article II essentially cut & pasted out of the Article 30 statement.

Couple of changes with relationships, particularly to the last two sections (2-4) addressing the fact that the WREMAC does not have an actual budget or funding source themselves. Anything they need has to come through the regional councils as well as the program agencies. Because of that, based on their budget cycle was where Section III came from as far as the chair and other entities will meet in order to establish a budget for the coming year, and everything that is done needs to be brought to the regional councils for their information.

Membership was revised a bit. Basic model the same, one change (number II) that was brought forth by the Prehospital Committee and mimics other WREMACs across the state, is that each Regional Council would nominate one of their current sitting council members to sit on the WREMAC as a voting member. Does not have to be a physician. At any time when that member does not hold a seat on the council, that council may submit another standing member. In addition, each regional council may nominate 2 At Large physicians that do not necessarily have to represent specific hospitals to operate on the WREMAC as voting members. They should practice in that region, and have an interest in EMS. Section II addresses that all voting member *physicians* must be a licensed NYS Physician and must meet the Service Medical Director criteria as listed in Policy 95-01 and the WREMAC's policies.

Section V discusses alternates. Section VI was left a bit open on purpose, as traditionally attendance has not been discussed much, but as time goes on, would like to discuss and address that more.

Officers – sort of changed the structure a bit as far as Chair and Chair Elect. Went to Vice-Chair with the idea that elections will be held in even years. Current standing of officers are grandfathered under old Bylaws. The idea behind this concept is to create a revolving chair position, in order to have involvement from multiple members. Once the cycle begins, the chair-elect will automatically assume the position of chair at the end of the chair's term. If the chair would like to run for chair-elect, then the positions could flip flop.

Meetings – took away specific months, kept to every other month meetings.

Rules of Operations and Guidance – majority vote of the full voting membership but could be done via absentee ballot, and that was spelled out in more detail.

Any comments welcome now, but would prefer to have them reviewed over

	<p>the summer, and acted on beginning in September. Noted that Article 11 is missing – it was merged with Article 10 and simply needs to be re-numbered.</p> <p>Will discuss how it will be posted on the WREMAC website.</p>	
<p>POLICIES & PROCEDURES J. MYERS</p>	<p>Currently still working on revisions and they will be put up onto the website sometime over the summer. A notice will be put out to the members to please review the policies, with hopes for possibly November to have the vote on policy revisions.</p> <p>Hypothermia – still working on the presentation, will post that and other resources once finished.</p> <p>One of the doctors out of ECMC was able to secure a grant for 15 coolers and 15 thermometers. Apparently the drugstore thermometers do not work well enough and are not rugged enough to withstand the field use. If there are agencies interested in piloting this Hypothermia protocol, please contact Dr. Myers and he will figure out an appropriate way to distribute.</p>	
<p>UNFINISHED BUSINESS</p>	<ul style="list-style-type: none"> • Hospice Protocol – Dr. Teuscher has received a good amount of input regarding this, and many want to get the message to Hospice that they need to get on board with MOLST. Since we are talking about such a large area, this may be something to take back to SEMAC in order to get back to NYS Hospice. Dr. Teuscher will work over the summer on putting together some letters in order to broach this topic. • Would be nice if the regional councils / WREMACs would work with their local hospice organizations, rather than wait for the state level to get on board. • E.Mager found clarification regarding the signatures on birth certificates through the city clerk’s office – Rural Metro discovered the form. Basically a certificate of live birth form. EMTs can deliver babies and sign the form as well. The attendant is the person that delivered the baby, it can be basically anyone. • Blood Glucose Monitoring protocol – all in the packet that was to be sent out to everyone earlier today (A. Major forwarded it to the WREMAC members during the meeting). A turn-key packet was developed by the WEREMSC program agency with input from the SWREMS agency. It is simply a starting point, which can be amended to best suit each individual agency. The packet will be circulated, and any comments or questions please submit to the WREMAC. Because it is a policy / procedure item, it does need to be brought to a full vote. Motion 09-18 <p>Intubation Study - Brian Clemency reported that an intubation study has</p>	<p>MOTION 09-18</p>

	<p>been developed with UB to study whether Paramedic position and patient position effect outcomes. Fresh cadavers are being utilized. Paramedics or CCs that are interested can contact them at opc@ecmc.edu in order to enroll. Students and Intermediates can not be used. It can not be used for quarterly skills, or to de-credential anyone either. The letter has previously been distributed.</p>	
<p>ISSUES FROM THE FLOOR</p>	<p>W. Reisner – previously, the issue of ePCR clogging up ED fax machines had been discussed. Since the Nurse Advisory Committee has not met since the last WREMAC meeting, they have not been able to further discuss this issue. It has also come up to the SEMAC, so it is not simply a local issue. This will begin at the agency level, to try to determine if it’s something that can be fixed beginning there. The State already has a policy on this, which states that you are supposed to leave the PCR at hospital before departing, which is not possible with the ePCRs as it stands right now due to many factors. If there is something that hospitals can do to help (e.g. docking stations) would be beneficial. Also making sure that the ePCRs are being appropriately taken care of in the EDs before moving on to the next patient. W. Reisner discussed the idea of having the WREMAC establish a window on ePCRs. Dr. Myers would like to determine where the delays are and what can be done to minimize them, before putting up a standard. There is a lot of important information that is reviewed on the PCRs by the ED or other staff, therefore too much opportunity for information to be missed.</p> <p>E. Mager discussed the policy statement 08-01 that states the “<i>patient records have to be provided to the receiving hospital at the time the patient care is transferred or a pre-determined written plan with the hospital must be in place</i>”. This is all in place before an agency gets approved to use ePCRs, but that is one bullet point in a 4 page policy statement pertaining to electronic PCRs. It’s a 2-way streak between the hospital and the agency, the ownership is not on one entity or the other. It would be good to get data back from all interested parties, to better determine where the issues & concerns are.</p> <p>Much discussion continued.</p> <p>J. Borton – concerning the Blood Glucose Monitoring protocol. Would like to approve the document (the members received it during the meeting). J. Teuscher and R. Martin agreed as well. Motion 09-19</p> <p>E. Mager asked whether the agency themselves would be applying for the CLIA license themselves – answer is yes.</p> <ul style="list-style-type: none"> • J. Borton asked about a new doctor that they have in regards to the Base 	<p>MOTION 09-19</p>

	<p>Station Course. The doctor in question may not be in town in order to attend the Base Station Course, and Dr. Borton is inquiring about Medical Direction. Historically there has been a 6-month grace period.</p> <ul style="list-style-type: none"> • J. Ellie – where to get information stating that the Base Station Course is a requirement, not an option. It is a WREMAC policy and can be found on their website. • Also asked whether the whole policy of Medical Director’s responsibilities can be looked at and perhaps amended. Not as easy to be a MD out in the rural areas. J. Myers stated that there are 2 policies – 1 is a state policy, and the other is a WREMAC policy. Historically, there has been a standard template of a medical director agreement that both the service and agency medical director had to sign off on. That document has fallen to the wayside, but it may be necessary to bring that “boiler-plate” back to the forefront, if it would be beneficial to the members. • W. Reisner noted that at the SEMSCO, the finance committee reported that due to budget constraints, the state subsidy for ALS classes (Intermediate, CC’s and Paramedics) is in jeopardy because they need all of the dedicated funds to cover the BLS training. They are asking for input from everybody before they finalize the budget request at the September SEMSCO meeting. This will really hurt if there is no money flowing into the ALS pools. They will continue to support the refreshers, but there will be no more subsidies on the original classes. This is a very serious issue. C. Peters commented that Intermediate refresher will be cut as well. State funding is what reimburses the course sponsor for the individuals that pass. It offsets tuition. Much discussion continued on this, as reports of different interpretations were realized. W. Reisners suggested that everyone brainstorm and come up with a plan. Send in recommendations to the finance committee. The solution is to expand the dedicated funds and cover this, which will take legislation and a lot of lobbying. S. Wander needs asked for clarification on what is proposing. W. Reisner will send a fax of the draft to Scott, but it basically reads as Intermediate original & refresher, CC original, and Paramedic originals are all zeroed out on the draft. 	
NEW BUSINESS	Motion 09-20	MOTION 09-20
ADJOURNMENT	8:40	MOTION 09-21

NEXT MEETING SEPTEMBER 16, 2009
THE ERIE COUNTY TRAINING ACADEMY,
3359 BROADWAY, CHEEKTOWAGA
HAVE A GREAT SUMMER!