

**Western Regional Emergency Medical Advisory Committee  
Meeting Minutes  
May 20, 2009**

**Chair:** *Dr. Craig Cooley called the meeting to order at 7:07 p.m.*

**Voting Membership;** Drs.; Cooley (Chair), Myers (Vice Chair), Teuscher, Borton

**Voting Membership in attendance via conference call:** Ellie, Kenyon, Notebart

**Via telephone conference:** R. Hasson, C. Peters, E. Mager, J. Mihalko

**Excused:** R. Martin

**\*\*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
<b>APPROVAL OF PREVIOUS MINUTES</b>	The meeting was called to order at 7:08 by Dr. Cooley Minutes from the March meeting were approved.	<b>MOTION #09-13</b>
<b>CORRESPONDENCE</b>	Please see attached correspondence log. Correspondence was reviewed. The Change of Medical Director packet from Wilson VFC was not received in time to be reviewed in time for the May WREMAC meeting. It will be followed up on, as there were a couple of questions.	
<b>SEMAC/SEMSCO DR. MARTIN</b>	N/R	
<b>WREMAC CHAIR REPORT</b>	The Chair would like to make special acknowledgement of EMS Week.	
<b>NURSE ADVISORY COMMITTEE CHAIR: D. ODDO</b>	<ul style="list-style-type: none"> <li>• The NAC met for the first time in several years on April 7<sup>th</sup>, attended by about 10 Nurse Managers from various hospitals in the area. It was a well attended, successful meeting. Minutes were previously e-mailed out to the WREMAC.</li> <li>• Much of the discussion at the meeting concerned the issue of ePCRs being faxed into the hospitals, and the quality of care is not legible. In the PCR manual it states that a copy of the PCR is supposed to be left at the hospitals before the crews leave.</li> <li>• S. Wander stated that it's an issue across the board, with all agencies that utilize the ePCR.</li> <li>• W. Reisner questioned whether or not it would be possible to have a secure line, as well as a regional policy for submissions. Also stated that they generally fax their PCRs within approximately 2 hours. The Rochester region has a 2 hour rule that has been established regionally.</li> <li>• R. Hasson stated that there is already a statement that has been generated regarding leaving PCRS at the hospitals. J. Adolf questioned whether or</li> </ul>	

	<p>not there is an exemption with ePCRS at the State level.</p> <ul style="list-style-type: none"> <li>• The committee also discussed the Hypothermia Protocol and their willingness to work with the WREMAC.</li> <li>• Discussed blood tubes drawn by prehospital personnel, and that if they are not labeled, then they cannot use them. At the very least, they need the patient's name &amp; date. Dr. Cooley questioned whether or not the hospitals would be able to create labels that would be used in the field. JHECO stated that each individual tube needs to be labeled. Dr. Cooley stated that this is something that the prehospital providers already do above and beyond their "duties". As long as they were dated and initialed by the provider that drew the blood, the hospitals would be able to provide labels.</li> <li>• The NAC will meet every other month, on the opposite months as the WREMAC, except in June when the WREMAC meets out of order.</li> </ul>	
<p><b>PREHOSPITAL COMMITTEE</b> <b>G. GILL</b></p>	<p>Reviewed the discussions of the PHAC meeting. The PHAC had requested recommendations on how to structure the PHAC, and the Wyoming Erie Regional EMSC requested that sitting members of the council are the representatives on the PHAC. Greg is reaching out to the other two councils to see what their preferences may be. Please respond to: <a href="mailto:shockemx3@aol.com">shockemx3@aol.com</a></p>	
<p><b>DISASTER COMMITTEE</b> <b>J. TEUSCHER</b></p>	N/R	
<p><b>ALS PROTOCOL</b> <b>S.LAKOMY / J.MYERS</b></p>	N/R	
<p><b>RESEARCH &amp; EDUCATION</b> <b>J. MYERS</b></p>	<p>A Base Station Course has been scheduled for Thursday, July 9, 2009 from 9am-4pm at the Erie County Fire Training Academy. Will get flyers announcements out shortly. Dr. Myers is hoping to do the SWREMSC are in the fall. He has not yet heard from the Big Lakes region as to what their needs may be for a Base Station Course.</p>	
<p><b>AD – HOC</b> <b>BYLAWS</b> <b>C. COOLEY</b></p>	<ul style="list-style-type: none"> <li>• Minutes were previously e-mailed to the WREMAC members.</li> <li>• All ByLaws have been reviewed e.g. quorum, membership, meetings, etc. The committee will meet again before the next meeting to make the changes to be reviewed with the WREMAC at the June meeting. Changes will be posted for review by the public on the website for the summer, with the idea of compiling any final comments / changes to be reviewed again by the WREMAC at the September meeting and hopefully voted on at the November meeting.</li> <li>• Would like the ByLaws to take effect for next year.</li> <li>• Anyone interested in working on this, please contact Dr. Cooley, Myers</li> </ul>	

	or Amy.	
<b>AD-HOC POLICIES REVIEW</b>	<ul style="list-style-type: none"> <li>• Minutes were previously e-mailed to the WREMAC members.</li> <li>• Three meetings have been held since the March meeting.</li> <li>• Finished reviewing the current policies as of the May 18<sup>th</sup> meeting. As with the ByLaws, the changes will be made and then posted on the website for membership review and comment. This will be out by June, so that we have the summer for review. Updated changes will be presented at the September meeting.</li> <li>• A small handful of policies that will have issues and will need to be addressed by other entities. That will be noted as well.</li> <li>• The committee has completed its' task and will be removed from the agenda.</li> </ul>	
<b>AD HOC HYPOTHERMIA</b>	<ul style="list-style-type: none"> <li>• Minutes were previously e-mailed to the WREMAC members.</li> <li>• Going to be posting on the website a resource for both the area hospitals and the EMS agencies that are interested in implementing programs. Happy to hear that the Nurse Advisory Committee has members interested in starting programs.</li> <li>• Able to collect hospital based pathways for 3 of the hospitals in the region, and 1 out of the region that are accepting patients that are in Therapeutic Hypothermia arrest.</li> <li>• Couple of issues that are still open include developing a brief educational in-service for the EMS providers. Will work on getting that onto the website.</li> <li>• Technology is currently not there to resolve the issue with Inter-Facility Transfer of a pt. Where the induction has begun or they may be at target temperature. Currently there is no EMS friendly device for the prehospital transport.</li> <li>• Please refer to previously distributed Hypothermia Committee meeting minutes for more in depth explanation.</li> <li>• The committee has completed its' task and will be removed from the agenda.</li> </ul>	
<b>QUALITY IMPROVEMENT R. MARTIN/M.KENYON</b>	N/R	
<b>EQUIPMENT COMMITTEE C.COOLEY/M.KENYON</b>	<ul style="list-style-type: none"> <li>• More suggestions were received regarding the Equipment Policy. Some minor changes, some things to add. Hoping to have additional on-line conversations next week.</li> <li>• W. Reisner commented on how many of each medication that is needed</li> </ul>	

	<p>to carry. Would like it to read that it's the recommendations of the WREMAC but that the Medical Director has the final say on what is needed to carry. Dr. Cooley requested that Walt e-mail the information to him and Dr. Myers / Dr. Kenyon that he has questions about.</p> <ul style="list-style-type: none"> <li>• Waveform Capnography is only a requirement if you are an agency that currently does ET Tubes.</li> </ul>	
<b>SPECIALTY CARE INTERFACILITY TRANSPORT COMMITTEE</b>	<p>Among devices being added, mostly of interest to those that do interfacilities. All things added are not items that paramedics are supposed to be using, but an awareness that's included in the protocols in order to help to make sense when picking up a patient. Added: BIPAP machines, Cardiovascular monitoring, which includes art-lines and Swan ganz catheters. ICP monitors, vascular access devices.</p>	
<b>UNFINISHED BUSINESS</b>	N/R	
<b>NEW BUSINESS</b>	<ol style="list-style-type: none"> <li>1. Reminder to all providers / agencies that starting June 1, 2009 is the deadline for Waveform Capnography. Protocol violations will be dealt with internally by their medical director and if need be, by the QI Committee and then eventually by the State DOH. Dr. Kenyon asked whether there was funding available to conduct a postcard survey or not? S. Wander stated that UEMS / WEREMS have developed a survey which will be their QI project for the year. It is a 4<sup>th</sup> Quarter deliverable for the program agency which is due by June 1<sup>st</sup>. Intent is to find out which agencies in their region will be practicing this, what their current certification is, how many providers they have how many intubations they do in the course of a year, if they plan to purchase equipment and if so, will they have it by June 1<sup>st</sup> and if not, when will they expect to have it by. It would be great to have this information for the WREMAC on a regional level, but that is up to the QI Committee and the WREMAC. The WEREMSC will have that information for their region to work with. From the WREMAC's standpoint, it would be invaluable information to share with the other two program agencies / regions, to be used as a region wide survey. Encourage this to move forward. Will forward to Dr. Martin as Chair of the QI Committee.</li> <li>2. Reviewed the process of meeting in June as well, and then taking the summer off, picking meetings back up in September, giving the WREMAC Chair the ability to give blanket approval of some issues over the summer. Agreed to keep things as they are, keeping the June meeting set for <b>June 17, 2009 at 7:00PM.</b></li> </ol>	
<b>PROGRAM AGENCY REPORTS:</b>	<b>BLREMSC:</b> Will be having a CON process going through shortly once they choose the agency that they will use, for the City of Batavia's ambulance	

	<p>service.</p> <p><b>SWREMSC:</b> Holding several bloodborne pathogen classes around the region, and are currently working on recruitment and retention program and planning the first sessions of a STEMS UEMS Leadership Academy for the fall.</p> <p><b>WEREMSC:</b> Working with their council to get the 2008 WREMAC protocols onto CDs to distribute to all of the Intermediate and ALS providers.</p> <p>Hosting a CLI &amp; CIC course this fall.</p>	
<p><b>ISSUES FROM THE FLOOR</b></p>	<ol style="list-style-type: none"> <li>1. Dr. Teuscher also presented an issue regarding Hospice and the lack of policies for these transports. Many of these patients are not going to be taken to the hospital, although the family members often call 911. She will be putting this draft policy into the Inter-Facility Transport Protocols. This was discussed in length amongst those present, with <i>kudos given to Dr. Teuscher for her work on this</i>. It is based on the American Hospice Association guidelines for ambulance transport for their patients. Dr. Teuscher adjusted it to better fit our region. Discussed the issue of Article 28 facilities and the families that are present on these calls, and how the crews interact and handle these issues. Amy will e-mail this to the entire committee for review.</li> <li>2. Discussed the issue of MOLST, as well as the issue of if a patient is being transported back home, but passes away on the ambulance, where should the patient be returned to? The law says the hospital. Referred back to the DNR policy also. E. Mager will check on MOLST and take the issue to the state.</li> <li>3. Question was raised as to whom signs the birth certificate if a providers delivers a baby in the ambulance, en route to the hospital. Is prehospital able to sign these? E. Mager will research this and get back to the committee. More discussion developed concerning this issue.</li> <li>4. W. Reisner asked regarding the transport to Stroke Centers, which is more important in deciding where a pt. will go – The family’s wishes, or the closest facility? Discussion regarding the hospital’s decisions and comments that may have been made regarding where to take stroke patients. In NYS, one stroke center is as good as the next. Taking a pt. to any designated Stroke Center will be as good as taking it to any other one.</li> </ol>	
<p><b>ADJOURNMENT</b></p>	<p><b><u>NEXT MEETING JUNE 17, 2009 AT 7:00 PM</u></b>  <b>THE ERIE COUNTY TRAINING ACADEMY,</b>  <b>3359 BROADWAY, CHEEKTOWAGA</b></p>	<p><b>MOTION: 09-14</b></p>

