

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

Regional Emergency Medical Advisory Committee

Minutes

September 27, 2016

The Regional Emergency Medical Advisory Committee (REMAC) of New York City met on Tuesday, September 27, 2016 at the FDNY EMS Training Academy, Fort Totten, Bldg. 405, Room 100, Queens, New York City. This meeting can be viewed via webcast at www.nycremsco.org.

<i>Members</i>		<i>Present</i>	<i>Absent</i>
Burn Surgeon (1)	Robert J. Winchell, MD		√
Downstate New York Ambulance Association			
Ambulance Service Medical Director (1)	Josef Schenker, MD, Chair	√	
Emergency Medical Technicians (Basic/Paramedic) (2)	Michael Vatch, EMTP Robert Ackerman, Alt	√	
	Vacant vacant, alt		√
EMS Community Emergency Department			
Medical Directors (3)	Nikolaos Alexandrou, MD	√	
	Allen Cherson, DO		√
	Christopher Graziano, MD	√	
Nurses (2)	Eric Cohen, RN		√
	Mimi Langsam, RN		√
Administrators (2)	Kevin Munjal, MD	√	
	Cindy Baseluos, MD		√
FDNY EMS			
Commissioner or Non-Physician Designee	Vacant		√
Medical Director (3)	Dario Gonzalez, MD	√	
	Glenn Asaeda, MD	√	
	Bradley Kaufman, MD, 2 nd Vice Chair	√	
Online Medical Control Physicians (2)	Doug Isaacs, MD	√	
	Vacant		√
Emergency Medical Technicians (Basic/Paramedic) (2)	Telina Lloyd, EMTP	√	
	Samuel Jimenez, EMTP	√	
Greater New York Hospital Association			
President or Non-Physician Designee (1)	Alison Burke		√
Emergency Physician (1)	Jeffrey Rabrich, MD, 1 st Vice Chair	√	
Ambulance Service Medical Director (1)	Heidi Cordi, MD		√
On Line Medical Control Physicians (2)	Lewis Marshall, JD, MD	√	
	Michael Redlener, MD	√	

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

Emergency Department Administrator (2)	Michael Guttenberg, DO	√	
	Pamela Lai, MD	√	
Emergency Medical Technicians (Basic/Paramedic) (2)	Dominick Battinelli, EMTP		√
	Scott Chiang, EMTP	√	
Medical Society of New York Physician (1)	Peter Wyer, MD		√
Medical Standards Committee			
ALS Physician (1)	Paul Barbara, MD	√	
BLS Physician (1)	David Ben-Eli, MD	√	
New York City Department of Health & Mental Hygiene- Emergency Preparedness Program Physician (1)	Celia Quinn, MD, MPH		√
New York City Health & Hospitals Corporation Physician (1)	Vacant		√
New York City Police Department Physician (1)	Charles Martinez, MD	√	
NYS Volunteer Ambulance & Rescue Association/District 4 & 18			
Ambulance Service Medical Director (1)	Joseph Bove, MD	√	
Emergency Medical Technicians (Basic/Paramedic) (2)	Martin Grillo, EMTP	√	
	Vacant		√
Pediatric Emergency Medicine Physician (1)	Vacant		
	Stephen Blumberg, MD, alternate		√
Psychiatric Emergency Medicine Physician (1)	William Fisher, MD		√
Regional EMS Council NYC Physician (1)	Robert Crupi, MD	√	
Training & Education Committee Physician (1)	Jessica van Voorhees, MD	√	
Trauma Surgeon (1)	Arthur Cooper, MD		√
	Gary Marshall, MD, alternate		
Non-Voting Members			
At Large	Yedidyah Langsam, PhD, EMTP	√	
At Large	Vacant		
Public	Christopher Sorrentino, RN		√

STAFF: Nancy Benedetto, Executive Director Administration
 Marie Diglio, Executive Director Operations
 Joseph Raneri, Disaster Preparedness Coordinator

GUESTS: Nathan Reisman, MD
 James Downey, NYSVA&RA

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

Matt Friedman, MD, RCA/MMC
Tony Shallash, MD, Hunter EMS
Jack Quigley, EMTP, FDNY
Jason Zimmerman, DO, Maimonides Medical Center / InstaCare

Dr. Josef Schenker, Chair, called the meeting to order. For the purposes of web casting, a roll call was performed. A quorum was present. The Minutes of the June 21, 2016 REMAC Meeting were unanimously approved.

Voting Requirements. A quorum is based on the number of voting seats – whether they are filled or vacant. Currently, REMAC has 30 voting seats, so when voting, a majority of members must vote in the affirmative to pass any motion. That means, 16 votes in the affirmative are needed to pass any motion.

CORRESPONDENCE REPORT

➤ **Membership:**

- From FDNY:
 - Remove Carolina Pereira and Nathan Reisman. The new fellows are:
 - Rich Menaik (Rich.Menaik@fdny.nyc.gov)
 - Meredith Masters (meredith.masters@fdny.nyc.gov)

(a) Nominations will be referred to REMSCO for final approval. According to Article 30, REMAC members must be approved by REMSCO.

➤ **From NYS DOH:**

- **Public Notice from New York State Department of Health, Bureau of EMS, Operations Unit, to be read into the REMAC Minutes of the following enforcement actions:**

Provider /Agency Name	EMT / Agency #	Penalty	Violation	County of Residence
Ziph Hedrington	168767	Suspended for one (1) year. Two (2) months deemed to have been served concurrently with his period in restricted status with his employer. The remaining ten (10) months are stayed pending no further violations for three (3) years. Assessed a civil penalty of \$2000. \$1500 shall be suspended pending no further violations for three (3) years.	10 NYCRR Part 880.16(a)(13)	Bronx
Jean Fontus	418170	Certification Censured. Assessed a civil penalty of \$2000. Entire amount suspended pending no further violations for a period of three (3) years.	10 NYCRR Part 880.16(a)(11)	Brooklyn
Michael Schwertfeger	237696	Certification Suspended. The suspension is deemed to have been served concurrent with his last day of employment on 10/11/13 and ending on 07/05/16. Assessed a civil penalty of \$1000. The penalty is stayed pending a period of probation. Placed on probation for two (2) years effective 7/5/16.	10 NYCRR Part 800.16(e)	Fredonia

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

- **FDNY EMS:**
 - PCR inventory and non-compliance reports.
- **Epi-Pen Auto Injector Applications received from:**
 - Johns Hopkins Center for Talented Youth Academic Program, NYC, Michael Yaker, MD
 - The Lowell School, Flushing, NY, Karl Friedman
- **Other:**
 - Copy of GNYHA New EMS – to – Hospital Protocols, effective August 1, 2016.
 - These are new Mass Casualty Incident (MCI) protocols developed by an FDNY-GNYHA work group. The protocols are meant to improve communications between FDNY and 911-receiving hospitals during MCIs.
 - Letter from Michael Guttenberg to Josef Schenker affirming Paramedic Eugene Nicholas (088115) has met cme requirements for the NYC REMAC Paramedic exam.
 - Final, all-signatures present, Inter-Regional Protocol Agreement (Renewal).
 - ‘Any agency that normally operates in another region is permitted and authorized to operate in this region while utilizing their parent region’s protocols so long as the transport either originates or terminates in their parent region or when operating on a bona fide mutual aid response to another region.’
 - Email from Mary Ellen Zimmermann, RN, NY Presbyterian Queens, stating the implementation of an initiative for prehospital providers on trauma alerts and MIST (Mechanism of Injury or Medical Complaint/Injury or Signs and symptoms/treatment).

The Office of the Council sent the following correspondence:

- Agendas, Minutes and associated attachments for the meeting.
- Memo for Dr. Guttenberg affirming his participation on REMAC and Medical Standards Committee.
- Letter to Allen Cherson thanking him for serving as chair of Certification and Credentialing Committee.

SUBCOMMITTEE REPORTS

Medical Standards Committee (David Ben-Eli, MD, Chair, Paul Barbara, MD, Vice-Chair)

Dr. Ben-Eli presented the following seconded motions for discussion and vote:

Motion #1: It was recommended that naloxone dosing be made consistent in protocols 550 Pediatric Respiratory Arrest and 556 Pediatric AMS. This includes IN administration. Proposed revisions are below:

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

550: PEDIATRIC RESPIRATORY ARREST

#1. Administer Naloxone, titrate in increments of 0.5 mg, IN/IM, up to response, up to 2 mg, in patients two (2) years of age or older. In patients less than two (2) years of age, titrate up to 1 mg. (Refer to Length Based Dosing Device).

556: PEDIATRIC ALTERED MENTAL STATUS

#6. If the patient's mental status fails to improve significantly, administer Naloxone, titrate in increments of 0.5 mg, IV/IO/IN/IM up to response, up to 2 mg, ~~IV/Saline Lock or IO bolus in patients two (2) years of age or older. In patients less than two (2) years of age, titrate up to 1 mg. (Refer to Length Based Dosing Device).~~ **If IV/Saline Lock/IO access has not been established, administer Naloxone 0.5 mg up to response, up to 2 mg, IM or IN.**

REMAC conducted a roll-call vote, as follows: 18 in favor, 1 abstention, 0 opposed. Motion #1 was approved.

Motion # 2: It was recommended that BLS 404 Suspected MI protocol be revised to eliminate age restrictions for administration of aspirin. The revised protocol is attached:

REMAC conducted a roll-call vote, as follows: 18 in favor, 1 abstention, 0 opposed. Motion # 2 was approved.

Motion # 3: It was recommended that Regional Modified START Triage be revised to triage asymptomatic Infants as Orange Tags. This will discontinue the practice of Red Tagging Infants based on age only. A copy of the requested changes is attached.

REMAC conducted a roll-call vote, as follows: 19 in favor, 0 abstention, 0 opposed. Motion # 3 was approved.

The next meeting of the Medical Standards Committee is scheduled for October 18, 2016.

REGIONAL COUNCIL UPDATE

The Regional Emergency Medical Services Council of New York City met on September 20, 2016. The following is a meeting summary:

Program Agency and Regional Council contracts have been approved.

The following transfer of ambulance operating authority applications were approved:

- TCBA Ambulance, Inc. (0574) to Mount Sinai Hospital
- TransCare New York, Inc. (0164) to NYU Hospitals Center
- TC Ambulance Corp (0510) to American Medical Response of NY, LLC
- TC Ambulance North (0509) to Instacare I, LLC
- Century Ambulance Service, Inc. (7342) to Ambulnz NY, LLC

The next meeting will be held on October 25, 2016.

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

JOINT REMSCO/REMAC QA COMMITTEE UPDATE (*JOSEPH SCHENKER, MD, CHAIR*)

The Joint Regional Emergency Medical Services Council/Regional Emergency Medical Advisory Committee (REMAC) Quality Improvement Committee met on September 21, 2016. The following is a summary:

- The QA Committee membership was reviewed and vacant seats filled.
- The new Chair, Michael Redlener, MD, stated that NYC REMAC/REMSCO will be taking a lead in regional research.
- The assignment of Continuing Medical Education credit is being reviewed. The Certification and Credentialing Committee is developing a process.
- The REMAC Paramedic Exam is being reviewed by an expert team from Brooklyn College.
- The On Line Medical Control Physician Exam is being revised. This TAG will report to QA.
- Patient Care Restrictions (PCR) were discussed. All EMS Agencies will again be sent the current PCR Policy. Only those paramedics restricted in excess of 30-days, should be referred to QA. At that point, those paramedics are regionally restricted, and informed of the appeal process. ALS Agency medical directors are advised of regional restrictions.
- Active Study: Trauma Notification Times continues to collect data.

The next QA Meeting is scheduled for Wednesday, October 26, 2016, at 3pm.

STATE EMS COUNCIL/SEMASC UPDATE (*Yedidiah Langsam, PhD*)

The State EMS Council (SEMSCO) and State Emergency Medical Advisory Committee (SEMASC) met on September 13 & 14, 2016. The following is a summary:

Trauma & Stroke Report:

- NYS BEMSAT staff will be reaching out to REMASCs regarding needed data for hospitals.
- STAC continues to complain of lack of notifications for Trauma patients. Forms and policies being developed.
- Hospital staff being educated on how to accept report from EMS.

Epinephrine Check & Inject Demonstration Project

- Epi demo project report was presented:
 - All regions participated in this study. Identification of anaphylaxis continues to be a problem. Providers are not differentiating between allergic reactions and anaphylaxis. Pediatric signs/symptoms must also be clarified. Preferred administration site is the upper thigh. Many agencies still have not submitted pre- and post-tests. Some problems with State Bridge Data. There are double reporting issues.

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

- The following Motions were approved:

Motion 1: Move that the scope of practice and training of EMTs in NYS be amended to include the drawing up and administration of intramuscular epinephrine to patients in anaphylaxis.

(There was discussion that skill not be limited to anaphylaxis.)

Motion 2: Move that syringe epinephrine kits as approved by the NYS BEMSAT are an acceptable alternative to epinephrine auto-injectors as specified in Policies 10-01 and 14-02.

Motion 3: Move that this Demonstration Project continue until approval is granted by the NYS Commissioner of Health, and the BEMSAT has in place the necessary educational; component for original and refreshing EMTs, and the Department of Health issues requisite policy statements and updates to reflect the change in scope of practice of EMTs.

- Alternative formulary discussion regarding medication shortages (13-04 policy). Regions should follow current procedure.
- Bureau of Narcotics has agreed to increase amount of fentanyl allowed on ambulance. A revised reporting form for narcotic use has been developed. Now there are electronic versions. ALS agencies must have narcotic licenses. Some agencies are lowering to Advanced EMT status in order not to carry narcotics.

Education & Training

- The expansion of the scope of practice and training of EMTs to include the drawing up and administration of intramuscular epinephrine to patients in anaphylaxis should be added to curriculum, hopefully by spring 2017 (protocol rollout). Information should be available at January 2017 meeting. This is pending Commissioner's approval.
- EMT-CC tag is reviewing this level of provider in order to decide whether to maintain or eliminate this level of provider. If kept, the curriculum must be updated.
- The loss of Paramedic programs is a problem statewide. There are not enough CICs for these courses.
- Regional faculty will be updated. They will be paid to participate.

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

- The new Instructor level exams have been held. The last exam tested 66 CLIs (75% pass-rate) and 88 CICs (50% pass-rate). There are online remedial training sessions.
- Testing update:
 - There is now one (1) vendor (PSI bought out PES)
 - 2016 Exams: CFRs: 2455 (92% pass-rate), EMT: 9523, (88.59% pass-rate), AEMT: 66, 89% (pass-rate), EMTCC: 241 (93% pass-rate), EMTP: 1109 (88.9% pass-rate).
- ADA issues: How does reasonable accommodation connect with official EMT job description? According to Feds, this is a guide. At State Exams - no tests are read to students. What is a reasonable accommodation?
- Active shooter courses are available.
- Disaster management regulations require annual hospitals conduct full scale disaster drills. EMS Agencies should participate.

End of life Protocols being developed.

- Electronic MOLST being distributed. Need to begin training EMS providers on how to use it.

Steve Kroll, Chair of SEMSCO:

- Conducting a series of conference calls. Start getting EMS Community talking. Get information on state of EMS in NYS. Possibly write a paper or presentation. Financial sustainability, and recruitment and retention to be discussed.
- Question...are we self exterminating our system. Reduction of reimbursement, over burdening of education, etc.)

Systems

- CON requirements discussed. Councils are not to share/post personal information (resumes, home addresses, etc.).

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

- Multi county certificates can have operation in one section of their certificate and remain active. Certificate covers entire territory, even if not all counties are actively served.
- Must revise definition of public need. Article 30 must change.
- June 11 TOA draft was distributed. Comments requested. Additional comments will be requested.

SEMSCO will next meet on January 10 & 11, 2017. The meetings will remain at the Hilton Garden Inn in Troy.

UNFINISHED BUSINESS

NY Presbyterian Hospital Stroke Unit

Support for this alternatively staffed ambulance was discussed. The NYS DOH has stated that this was not a demonstration project as identified in Article 30 of the PHL. The REMAC Executive Committee granted support for this proposed unit last May 2016, but it was not brought up for discussion at the June 2016 meeting. The Executive Committee did review critical information and referred operational integration to FDNY and NYPH. REMAC members brought this up for discussion at the full committee meeting. At this time, support for the Stroke Ambulance has not been withdrawn.

NYPH representatives were present to answer questions and brought the ambulance so that REMAC members could inspect it. Dr. Fink gave a history of where this type of response unit has been successfully used. A grant was received specifically to create this Stroke ambulance.

NYPH and the FDNY have been working together to develop a method of operationalizing this unit. Dr. Asaeda stated that currently Stroke is a BLS call-type. BLS will be dispatched and will notify dispatch if a Stroke is suspected.

REMAC members asked to review protocols, and NYPH responded with the following:

- The standard of care is exactly the same as care provided in-hospital. There are no new protocols.
- The neurologist on scene will mix and administer medications.
- Patients will be brought to the nearest appropriate hospital.
- The ambulance has been inspected and approved by the NYSDOH.

There was lengthy discussion and multiple failed motions. The Final motion regarding this discussion is as follows: To support the implementation of this Stroke Unit as a pilot project, inclusive of: (1) as outlined in the FDNY OMA Medical Advisory Directive, (2) Stroke Unit Physician completes an appropriate OLMC course, and a REMAC approved quality assurance component is added. The vote was as follows: 14 in favor, 6 opposed, 0 abstentions. The NYS DOH will be queried regarding voting requirements to clarify if this vote has carried or not.

NEW BUSINESS

Due to time constraints, no New Business was discussed. No further discussion, the meeting adjourned at 8:00 pm. **The next meeting of the REMAC is scheduled for October 19, 2016.**