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HUDSON VALLEY REGIONAL EMS COUNCIL

CORPORATE MEETING
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MINUTES OF MEETING, held at Hudson
Valley Regional EMS Council, 33 Airport Center
Drive, New Windsor, New York, on Wednesday,
February 17, 2016, at 7:00 p.m.

Yvette Arnold,

Court Reporter

ROCKLAND & ORANGE REPORTING

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A P P E A R A N C E S :

RICHARD PARRISH, NREMT-P
President

ROBERT CUOMO, EMT-P
Vice-President

DESIREE LEONE-STOLL, EMT
Secretary

MARK PAPISH, M.D.,
Medical Director

WILLIAM HUGHES, EMT
Executive Director

OFFICE STAFF

JEFFREY CRUTCHER, QI Coordinator
KAREN DELAUNAY, Administrative Assistant

DUTCHESS COUNTY

DAVE VIOLANTE
JOAN SIEBERT

ORANGE COUNTY

JOANN CHENEY
ISRAEL KNOBLOCH
DAWN MARSHALL
EILEEN MANCUSO

PUTNAM COUNTY

ROBERT CUOMO
DAVID JACOBSEN

1 A P P E A R A N C E S : (Continued)

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ROCKLAND COUNTY

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KIM LIPPES
MICHAEL MURPHY
DESIREE LEONE-STOLL
GLENN ALBIN
BJ LEIDNER

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7 SULLIVAN COUNTY

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GREG TAVORMINA
NEIL MEDDAUGH

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10 ULSTER COUNTY

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RICHARD PARRISH
DOROTHY BALIN
RICHARD MUELLERLEILE

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MR. PARRISH: I call this to order.
Let's start right off with roll call.
MS. LEONE-STOLL: Dutchess County.
Nicholas Trio?
Dave Violante?
MR. VIOLANTE: Here.
MS. LEONE-STOLL: Joan Siebert?
MS. SIEBERT: Here.
MS. LEONE-STOLL: Tim Murphy?
Jennifer Manzi?
Pete Schinella?
Dee Sagendorph?
Orange County.
Joann Cheney?
MS. CHENEY: Here.
MS. LEONE-STOLL: Ben Conques?
Teri Barbee?
Andy LaMarca?
Israel Knobloch?
MR. KNOBLOCH: Here.
MS. LEONE-STOLL: Frank Cassanite?
Dawn Marshall?
MS. MARSHALL: Here.
MS. LEONE-STOLL: Putnam County.

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Robert Cuomo?

MR. CUOMO: Here.

Dave Jacobsen?

MR. JACOBSEN: Here.

Matthew Bondi?

Albert Jacobs?

Rockland County.

Kim Lippes?

MS. LIPPES: Here.

MS. LEONE-STOLL: Nick Rusiecki?

Michael Murphy?

MS. LEONE-STOLL: Desiree Leone? Here.

Glen Albin?

MR. ALBIN: Here.

MS. LEONE-STOLL: Neil Dahan?

Bernice Garatti?

BJ Leidner?

MR. LEIDNER: Here.

MS. LEONE-STOLL: Sullivan County.

Albee Bockman?

Greg Tavormina?

MR. TAVORMINA: Here.

MS. LEONE-STOLL: Neil Meddaugh?

MR. MEDDAUGH: Here.

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MS. LEONE-STOLL: Heidi Stack?

Karri Jara?

Matt Goldsmith?

Ulster County.

Rich Parrish?

MR. PARRISH: Here.

MS. LEONE-STOLL: Kelly Nelson?

Dorothy Balin?

MS. BALIN: Here.

MS. LEONE-STOLL: Richard Muellerleile?

MR. MUELLERLEILE: Here.

MS. LEONE-STOLL: Was I close?

MR. MUELLERLEILE: Close, it never gets
old.

MS. LEONE-STOLL: One, two, three, four,
five, six --

MR. HUGHES: So we are good.

MR. PARRISH: Very good, thank you.

All right, introductions, we have Dan
Clayton, Deputy Director of Operations and
Emergency Preparedness. He wanted to see how
Hudson Valley runs.

All right, minutes have been distributed
electronically. Any additions or corrections

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to the minutes as distributed?

If not, a motion is in order.

MS. SIEBERT: Motion.

MS. LIPPES: Second.

MR. PARRISH: Joan Siebert and Kim Lippes.

All in favor?

Opposed? None.

All right, President's report. Only thing I have is a letter from Orange County.

Dear William Hughes, due to the resignation of Kelly Makuen on December 25th at the regular scheduled meeting of Orange County Emergency Service Council, Inc., on November 24, 2015 I was elected chairperson and also elected to the position of delegate to the Hudson Valley REMSCO. This term is scheduled to expire June 2016. I'm looking forward to working with all of you. Eileen Mancuso.

Eileen, welcome.

MS. MANCUSO: Thank you.

MR. PARRISH: Treasurer's report.

MR. HUGHES: Nick is not here, but I do

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have a report from him.

We wrote 31 checks -- since our last meeting we wrote 31 checks worth \$44,000.00. Most of the payments went to rent and health benefits. Our details are available if anyone wants to review them.

We did move \$30,000.00 into payroll so that's why it's so much money, the rest of seven bills are about 14,000.

As far as deposits, we were paid on the 12/31 voucher from New York State, 62,500, and the Council voucher for 5,700. So that means that there's no outstanding vouchers at all from New York State.

We also received payment for a class that we did, a CIU class, that was billed on 12/1, we received payment. And that is also -- so that means everything is paid up.

This week the auditors were in the office, so they started the audit and it will probably be a couple of weeks before we get back the results of the audit, but there was nothing significant that they mentioned to me while they were here.

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Program agency balance is \$147,661.00, conference and education \$47,872.00 and payroll is at \$14,000.00. And that's it.

Any questions?

MR. PARRISH: No questions.

And just walking into the room is our new Medical Director Dr. Mark Papish. Welcome --

DR. PAPISH: Sorry, I'm late.

MR. PARRISH: Office report?

MR. HUGHES: Okay. A few things that have been going -- that have gone on. The hemorrhage control -- hemorrhage control protocol came out, it was listed as a draft, but it's actually the final version of it. So if anybody hasn't gotten it let me know I can send you a copy of it. If you look at the format it's in now, these are the type of formats most of the BLS protocols will be coming out in.

The big change on this one is applied tourniquet placement. Should be -- tourniquet placement should be high and tight, all right? So it should be high on

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the appendage.

The second thing is a letter that came -- went to the emergency rooms and the staff in the emergency room should be aware of it, it's our spinal -- suspected spinal injury protocol. And it's there so that the ER should be aware of what should be coming into them and how we are not necessarily boarding everybody that comes in or collaring them, all right? So it's for their guidelines. If anybody has issues with hospitals or is aware of a problem with a hospital, let us know. We will get in touch with them and send out another version of that.

The awards for the State are due in the State on May 1st. Today we sent out letters to everybody on sending them into the Council here. We hope to have them back by April 8th. It's a way of recognizing the people in EMS. If we get them back by April 8th we will be able to turn them around and get them up to the State by May 1st, all right? So you should have all that paperwork with you guys today.

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If you remember, the check and inject program, which is the BLS injectable epi, just to give you a little bit of update on it, there is 16 regional endorsements so 16 regions that are participating. There is 196 BLS agencies participating in it and as of 2/8 they have not had any uses of it yet with that group. In our region at this point they have eight agencies that are active in the program. So if anybody is interested and needs information, we have it on our website or you can give us a call. Or if you know Ben, the gentleman from Syracuse, will be updating us on what the usage is and see how the program is moving along.

The next thing I want to talk about is the collaborative protocols. And we are going to have a release of the collaborative protocols in 2016. The release is going to be a little bit different because the collaborative protocol group has been working together to pullout policies and procedures and just keep the protocols segment as protocols and clinical procedures. So there

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is a bunch of stuff that we are pulling out. The group is going to be working on putting together templates and educational material so that the templates will be the suggested way that we should handle those policies and procedures and then the education will be so that the entire group gets a similar education package that will be distributed to everybody so they will be aware of what is going on on the updates.

Any questions on that? Okay.

One other thing on the protocols we are looking at this point, the timeline is -- the 5/24 SEMAC meeting is when we would hope to have these protocols up there -- up to Albany and at the SEMAC meeting. We have been meeting a couple times a week on the conference calls, get it together. We have a meeting in March, the first of March is a state meeting. We are going to be meeting that night to finalize a lot of the changes that we are doing on the protocols. We will keep you updated on that.

We renewed our delegates to both the

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SEMAC and REMSCO, we kept them the same. We are still waiting back for clarification from them -- from the State that they have accepted the delegates we have had --

MR. PARRISH: And they are?

MR. HUGHES: Dr. Murphy, as REMAC, and Kim Lippes and Andy LaMarca, delegates from the Council.

MS. LIPPES: I believe we were accepted because I received a request for personal information again for the annual. And I didn't inquire as to whether or not I was appointed because I was less than reluctant to give my W-2 away should I not have been appointed. And the young lady I spoke to confirmed she believed I was appointed, though I have not received an official letter yet.

MR. HUGHES: Right, we have not either.

Any questions about anything with the office? Okay.

MR. PARRISH: Okay. QA/QI?

MR. CRUTCHER: Out on the table there was a four page report, first page was a

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Narcan summary for 2015 and that comprises both the BLS and ALS administrations. A little over a thousand administrations throughout the year. The next three pages comprise -- it's a canned report from the State bridge, so I'm not 100 percent sure of the data quality, but that represents the primary impression as given by the provider as to the call type and pretty much everything from soup to nuts is listed in there with totals.

The one kind of stand out on that is Orange County, which appears to be significantly high in some areas. So I'm going to take another look at that and run a couple of comparable reports to see if those numbers are indeed accurate. It's a -- it is what the data says it is. But a lot of it is dependant on how that data is actually mined. I don't know how that report was written so I'm not sure of the algorithm that was employed. The other thing too is, you have a tiered system so you have multiple agencies responding to the same call. If they are on

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EPCRs you are going to get that data two or three different times. So it's more or less not paring it down into just the one call, it's going to show it two or three different calls depending how many agencies ended up there.

With the release of the Elite bridge coming in the summer I would anticipate that some of the reporting tools will be a little bit more precise as compared to what we have right now. We are looking at the new data dictionary coming out from the State probably by the end of the month. Image Trend says that their bridge will be up in the summer so we will be transitioning the current agencies on to the Elite program and we will go from there.

MS. LIPPES: Jeff, just a quick question. When Mike Taylor was here he said that there was a possibly with the bridge -- and I don't know which transition -- there was supposed to be -- the coordinators would have access to read only to get some basic data. Has there been any discussion that,

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you know, I'm --

MR. CRUTCHER: This is the first I've heard about it, but I'll find out an answer for you.

MS. LIPPES: Yeah, it's just a matter of the region approved the coordinator having the access --

MR. CRUTCHER: Right, it makes sense for the agencies within their county, sure.

MR. HUGHES: In the meantime if you need something you can call --

MS. LIPPES: I know we can ask. But again, he said it was going to come out any day when the next rollout came out and I think that has passed and we are on another rollout --

MR. HUGHES: Yeah. One of the things that I find very interesting and exciting about this, is this is current data. If you've dealt with data that we used to have from our PCR's it was years old, sometimes as much as five years behind. And this is just what happened up until December and we can run up until today if we had to. So it

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really gives you a lot of trends and information to see what's happening --

MR. ALBIN: It's only a portion of your call because not all your people are on PCRs --

MR. HUGHES: Right. You can actually look and see which counties have --

MR. ALBIN: No, I understand that, but I'm saying because there are people not on PCRs we are not capturing the full picture, we are capturing a sample that --

MR. HUGHES: Correct. The paper PCRs are still being handled the same way. They are being submitted and we mail them to New York --

MR. ALBIN: How fast are they doing that --

MR. HUGHES: Not as quick --

MR. ALBIN: -- the old trauma data, was you know, six years old and you are like, what is that --

MR. HUGHES: Right. And that is where this makes a big difference to everybody.

MR. PARRISH: Okay. Anything else?

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MR. CRUTCHER: Not tonight.

MR. PARRISH: Not tonight. Okay.

Dr. Papish, Medical Director's report?

DR. PAPISH: This being my first month, I apologize, I didn't prepare a report. I guess I can talk about the REMAC meeting --

MR. HUGHES: Sure.

DR. PAPISH: The last REMAC meeting we had, I think it was we voted for our memorandum of understanding with the collaborative protocols so we are officially bound and tied into them.

And it seems like the one up side of that is what I've discovered is there is not that many people making protocols in the State. It sounded like it was a huge body that was coming up with the protocols, but really the people discussing the issues are pretty small so we have the potential to have a lot more of a voice than I thought we would.

Would you agree?

So that's one thing going forward.

How about the rest of the REMAC meeting,

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do you have any big points?

MR. HUGHES: No, there was nothing.

DR. PAPISH: That was really the biggest thing and that's all I have to say.

MR. PARRISH: Okay. Welcome.

(Michael Murphy entered the meeting.)

MR. PARRISH: All right, committees. Training, Dave?

MR. VIOLANTE: Good evening. So from the training committee some of the things that we are working on end up being more regional approaches to what we do and involvement of BLS components of the collaborative protocols for BLS agencies and squads at the regional level. So that's a direction that we are looking to move in terms of rollout or anything like that.

The new State BLS protocols are up on the website and the Region is looking to put the BLS components of the collaborative protocols up on the website to make it easier for BLS agencies to see exactly what they are following under the collaborative protocols, not mired all in with the ALS stuff as well.

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So in that more involvement, idea and frame of reference we are looking at implementation of in-services to help BLS agencies with the things like Narcan, epinephrine, albuterol, CPAP, and all those other things that are there. So stay tuned and hear more about that happening in a county near you.

There is a protocol monthly TAG meeting where we are working on some of this that Bill had alluded to. And one of the ideas that came out of that TAG to also help with training education and for -- you know -- BLS folks was to -- and as -- I'm sorry to throw this out into your realm there -- but include the public information committee and develop a regional newsletter that we could publish quarterly as an active way of putting information out to all of the people in the region. There is stuff available on Facebook and Twitter and Instagram and any other social media and that stuff works, but people have to actively look for it. The information is on the regional website as well, but if we can push something out to

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everybody that maybe a reminder that, hey, the region is here and we are here to help. That's not a very government, we are here to help --

(Everyone is speaking at once.)

MR. VIOLANTE: -- but things that could be in that would be a clearinghouse for training courses so everybody's training courses goes to one thing that goes out and it's published, CME's, research happenings, different things like that. That could help to bring a lot of the BLS folk into the fold as well and make things available for them so we are all working together as a region, not just disparate agencies within the region.

We are looking at a CIU in the fall. We have a successful CIU class, thanks again to Mike Murphy for running that.

We are currently polling for the need for a CIC or CLI to come up. And as soon as we have the results of that and set something up we will put that out to the rest of the body as well.

And I don't have anything else unless

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anyone has questions for me?

MR. PARRISH: And we covered Dr. Papish.
Transportation committee?

MS. LIPPES: Nothing tonight to report.

MR. PARRISH: Nothing. That's good.
Public information?

MS. LEONE-STOLL: Not this meeting, but
apparently next meeting I will.

MR. CUOMO: You might want to form a
committee too.

MS. LEONE-STOLL: Yeah, I actually just
deleted a template from the last newsletter.

MR. VIOLANTE: I'll work with that with
you.

MS. LEONE-STOLL: Yeah --

MR. PARRISH: And on that, everybody
should be --

MS. LEONE-STOLL: -- that is the
problem. We used to do it and we didn't get
any input so it was me and -- who was the
Executive Director at the time?

MR. PARRISH: Ray --

MS. LEONE-STOLL: -- so it got smaller
and smaller and went away.

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MR. PARRISH: Each county should be looking to feed something to them and keep it going and what is going on in your area, classes coming up, changes, you know. Everybody should be feeding something to Desiree.

Policy and procedures? Greg?

MR. TAVORMINA: We had to put two policies together for our deliverables. One was record retention policy and -- Bill, I forgot what the other was. Record retention and -- sorry to put you on the spot --

MR. HUGHES: It's a weird name. I do have it --

MR. PARRISH: Is that the support of the --

MR. HUGHES: Support something policy.

MR. PARRISH: Support of the program agency, how the Region will support them because the way we are combined with funding --

MR. HUGHES: Administrative support policy.

MR. TAVORMINA: Bill drafted up the

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policies and submitted them and they look good. I think we are set for now until somebody has a question up at the State.

MR. PARRISH: Any questions on that?

If not, legislation and bylaws? Albee is not here. Anybody got any updates on legislation?

If not, he has a proposed bylaw amendment and we read it tonight and vote it at the next meeting?

MR. HUGHES: Yes, that's correct.

MR. PARRISH: Okay. And it's proposed bylaw amendment Section 3, standing committees. Add Section 3J as follows:

Personnel committee. The personnel committee shall draft and/or revise personal policies for Board approval, review job descriptions, establish a salary structure and review staff salaries annually, review the benefits package. Additionally, the personal committee shall ensure that staff evaluations are completed annually, the committee shall also act as a grievance board for employee complaints, all formal

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complaints are to be in written form.

Members of the committee shall consist of:

The President, Vice-President, Secretary and
Treasurer.

Submitted by legislative and bylaws
committee, Albee Bockman, Chair.

Review that and then discussion at the
next meeting.

EPCR committee?

MR. CUOMO: Well, we actually had some
activity this past month. We had our first
meeting by conference call. And we are
trying to figure out ways to bring EPCRs to
more agencies in the region and get, you
know, as many people on board as possible --
as many agencies on board as possible.

One of the first things we want to do is
come out with a survey to try and poll the
agencies and get information that we can then
use to help figure out how to fit them into
the right solution and what -- you know,
hopefully lead them to the correct vendors.
We are going to give them what they need so
we are putting -- we are circulating around

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right now, Jeff started it and we have done some additions to it. So we will get the survey out and collect those results and then we are going to use that to, you know, point us in the right direction.

And if anybody else wants to participate on the TAG feel free to speak up. I know Matt Bondi said that he wanted to be on it too so we will include him.

And that's it unless anybody has any questions? Okay.

MR. PARRISH: All right. Murph, committee para medicine?

MR. MURPHY: Well, I want to defer any further action until after the next State Council meeting simply because of the fact that with the next legislative session that's the whole push to amend Article 30. It's a simple verbiage change that almost made it through -- that made it through the Assembly, almost through the Senate, but what happened was there was push back from State Nurse's Association and home health care organizations. I know that there is going to

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be -- or has been discussions with those entities. And after the next State Council meeting based on how the -- whether there is optimism whether this will move forward, we will have further discussion of the TAG.

MR. PARRISH: All right, thanks.

Kim, anything on State?

MS. LIPPES: Next council is March 1st and 2nd. The only thing is the memorial will be May 17th, 11:00 o'clock, up in Albany. And there is six new names going up on it, four were 9/11 related. So put it on your calendar to share with your agencies.

MR. TAVORMINA: May 17th?

MS. LIPPES: Yes, May 17th. It's a Tuesday, at 11:00 a.m.

MR. PARRISH: Old business? And Albee is not here, but did he give anybody a report for the mutual aid TAG? I guess that's deferred. All right --

MS. DELAUNAY: You got the e-mail? I gave it to you. It says he's been communicating regularly with Andy LaMarca --

MR. PARRISH: Sorry, I missed that part.

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Yeah, Andy and I have been communicating regularly regarding the mutual aid TAG. We have not been able to coordinate our schedules for a full meeting. After speaking with him today I agreed to meet him after my return. Please let those who volunteered to sit on the committee know we will be reaching out to them this month.

All right, I thought the e-mail just pertained to the bylaws.

All right, under new business.

Awards. We have to have an awards committee. If you are interested in that, let us know, all right? We'd like to have at least one from each county to participate in it. And I don't think we have anybody -- awards we have nobody from Orange County and nobody from Sullivan County. So if anybody is interested --

MR. TAVORMINA: I'll volunteer, Rich.

MR. PARRISH: And from Orange County, if somebody is interested, let us know, all right?

And same thing with any of the

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committees, that as a delegate you should participate in at least one committee. So if you are interested, kind of like Bob said with the EPCR or any of the committees, let us know. I'm sure Desiree could use some help, I think she is a committee of one --

MS. LEONE-STOLL: Newsletter --

MR. PARRISH: -- and transportation, you are a committee of one according to this REMAC. Finance, policy and procedures is Greg. Nominating is Greg.

Conference committee, that's by the wayside, but if anybody has an interest in the region getting involved in a conference or working with other counties with their conference we can do that. All right?

So there are openings, if you are interested, let us know.

MS. LIPPES: Anybody wants to chair the transportation I have no problem stepping down --

MR. PARRISH: Nominating committee, chair and members and the chair right now is -- no chair. Greg is the only person on

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there. Again, we are looking --

MS. CHENEY: Orange County --

(The speaker cannot be heard.)

MR. PARRISH: Joanne is going to volunteer for nominating.

MR. TAVORMINA: Thank you, Joanne.

MR. PARRISH: Bill just reminded, the slate has to be presented at the next committee -- at the next council meeting is it?

MS. LIPPES: We have been spoiled because Kitty always did it, so we are spoiled. So whoever is taking it --

(Everyone is speaking at once.)

MS. CHENEY: Greg, you have more experience --

MR. TAVORMINA: Um, thanks.

MR. PARRISH: Recruitment and retention?

MR. CRUTCHER: Okay, this Saturday at the Dutchess County 9-1-1 Center there is going to be an eight hour seminar for recruitment and retention. It's actually being funded by a safer grant by the New York State Fire Chiefs Association. There are

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still two or three openings if anyone is interested. It's posted prominently on our Facebook page.

With that, I'm going to kind of dovetail into what Dave said a few minutes ago about we are the region and we are here to help. At the end of last year I sent a survey to agencies to kind of get an idea of what their needs were, education, whatever. And the biggest thing that came up was staffing, which kind of tells me that recruitment and retention probably isn't getting the attention that it could.

So I'm attending this seminar on Saturday, hopefully be able to bring back some information and start moving forward with a unified strategy for recruiting new members that will probably eventually lead to a TAG. So keep that in the back of your minds so we will probably have more work for people to do.

MR. PARRISH: All right. Last thing is something that is one of the things I have an interest in and I would like to see the

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Region think about, you know, getting more involved in emergency preparedness, not so much as responding, but as a resource to other agencies. So think about it what we can do as a Region. Hopefully at the next meeting I'll have a gentleman here from Office of Hospital Emergency Preparedness. A meeting I was at with them a couple months ago they talked about how EMS was going to be transporting burn patients and all kinds of stuff, but we are not involved in any of their planning and we don't get any of their grant money. So, you know, is there some way we can get involved in that? So think about that. And, again, not as a responding agency, but, you know, can we be a resource to agencies and to counties.

At this time I would like to introduce Anthony Sutton, who is the Commissioner of Emergency Services in Putnam County. Welcome.

(The speaker cannot be heard.)

MR. SUTTON: Thank you, I see nobody in the Hudson Valley discovered the fountain of

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youth. I haven't been to a Hudson Valley meeting in many many many years. I didn't find the fountain of youth either so I'm a lot heavier, a lot balder and a lot older -- and I would hope a lot wiser. Anyway I appreciate the opportunity to talk.

I think you received copies of our application. We are pursuing a county wide CON due to the unfortunate circumstances that have befallen Trans Care in its continued operation. We are very very concerned about its ability to sustain operations in Putnam County. I want to put a footnote in because I do realize we are on the record. We have absolutely no concerns about the quality of care or delivery of the service in the county. They continue to do an excellent job on a daily basis and continue to work with us step by step.

We submitted an application, I believe it was a month ago today. And I did receive a rapid response from Lee Burns, saying that, you know, obviously she is extremely aware of what is going on and thought it was a prudent

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step on our part to go ahead and pursue this. And she's given me good counsel throughout this whole ordeal. Unfortunately -- or fortunately -- we do have, as everyone has, staffing difficulties on the part of the transporting volunteer agencies and it's putting a burden on the system. So we were looking to do something anyway in terms of filling the gaps, particularly during the daytime, for services in the county. We are fortunate because Trans -- although Trans Care services us, if they did stop we would lose the ALS component in the county immediately. We also have a BLS bus that kind of floats around and picks up the work in the county and they are doing more and more work every day. So it would be -- you know, it's -- what I lose sleep overnight about is waking up to find out at 8:00 o'clock in the morning that there has been another crisis -- I think everyone is aware and I don't know want to go into it in detail. Where we are at the moment is we submitted the application and the application

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form we couldn't really identify the vendor that we intend to use because we don't have a firm answer about the future of the current vendor. We have asked for a meeting with the county and between the county exec and the senior management of Trans Care and we hope that will happen in the very near future, including maybe somebody from the capital firm that owns Trans Care. We are looking for assurances about their ability to operate. And we do know that they were -- they had contracted with a company to come in and do an assessment of their entire organization and look at their profit centers. And I'm concerned that maybe we may not be one of their best profit centers and we maybe so far away from their core business that -- you know, I've seen this before and they may shrinking and that shrinking may pull them back away from us. We would hope we would have enough information going forward -- we do have a number of planned contingencies in place that we would hope to be able to go for at most a very small amount

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of time without an ALS provider in the county once that meeting happens, or if it fails to happen we are going to probably institute a plan B and put out an RFP and see, you know, just on a very short turnaround who we could lineup as the next vendor in the county.

So that is really where we are, obviously I'll be back here in a lot less than two years time to complete the municipal CON process. And I think that, you know, we are trying to do as much as we can to plug the gaps, if you will, in what is going on.

I'll be willing to entertain any questions. And, you know, Bob has worked very closely on all of this and it's been a bit of a challenge, but I think we are going to emerge on the other side with a better model than we have so --

MR. PARRISH: Any questions?

MR. SUTTON: Come on, somebody's got to have questions? Okay. And thank you. And in the application packs that I copied the region on, all my contact information is in there. And if anybody has any questions, or

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concerns, or comments, or suggestions I would be happy to hear them. Thank you.

MR. PARRISH: Dan? Do you got anything?

MR. CLAYTON: Dan Clayton, New York State Health Department, Bureau of EMS.

Just that it's a pleasure to be here and meet all of you. I'll stay for a little bit after the meeting. It's basically a social visit to say hi. Many of you I know from State Council, or from my days when I worked in Delaware County. You know, because obviously this region borders around Delaware County so I work with some of the folks from the Northern County, like Greg. Basically I am here to listen or answer any questions you have about -- specifically about operations of emergency preparedness with the State Bureau of EMS. Because I've been so far removed from education and certification that I'm not up-to-date on what is going on on that side of the shop, if I can't answer the question I'll certainly get the answer back to you via e-mail or through Bill or Rich in the next couple days if you have questions

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about education, certification.

That's all. Thank you for having me.
It's a pleasure to be here.

MR. PARRISH: Dan, do you have any suggestions with the emergency preparedness, anything we should be looking at?

MR. CLAYTON: I think one of the big initiatives from the State Health Department perspective and not specifically just the Bureau of EMS, but the whole State Health Department as a whole, they are still working on Ebola. I realize it's gone for now. It could come back. But what we are trying to do is maybe redirect the thoughts of our counterparts in other bureaus and programs of the Health Department to think about emerging infectious diseases as a whole. I think it's important from the emergency preparedness, not so much response, but the mitigation perspective, that you be thinking about how you would handle personnel, staffing, continuity of operations planning. COOP is a big thing whether it's directly related to emergency preparedness and response or not,

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it's daily activities, daily routine operations. You are going to hear some things -- in fact, some of the regional -- what we call the regional Ebola transport agencies that we put together over a year ago when the commissioner's order first came out, i.e., the Mobile Life Support, the Trans Care, they will be receiving a survey in the next couple of weeks. It's very similar to the one hospitals receive statewide that are Ebola treatment centers to find out a little bit what the agencies are prepared to do at this point. And it's going to be specific to Ebola, but the Bureau of EMS is also trying to get the Health Department to think more along the line of emerging infectious diseases, it's not just going to be Ebola, now we have --

MR. ALBIN: Zika --

MR. CLAYTON: Exactly. So we have other diseases coming out that we need to be aware of. So I would be looking for that. It's really critical we keep good contact information for county EMS coordinators and

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ultimate points of contact like Mr. Sutton, Commissioner Sutton, he is one of our alternate points of contact for Putnam County if we can't get ahold of Bob in order to deploy ambulances. So it's important we have good contact information for county coordinators and a good liaison into the bureau so we have good contact. I guess that's the answer to the question now.

MR. PARRISH: Thank you.

MR. CLAYTON: Any other questions?

MR. HUGHES: In the title of Bureau of EMS they added the trauma services?

MR. CLAYTON: Trauma systems.

MR. HUGHES: Trauma systems, what does that mean to us as region in general?

MR. CLAYTON: As long as I have within the Bureau, which is 14 years now, has always had the trauma program attached to it. Linda Tripoli is the trauma program manager right now, she is one of the -- basically a unit manager within the Bureau like myself, but she's specifically responsible for the trauma program and everybody to do with trauma

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designated hospitals and trauma related data, informatics. So that's really in a nutshell what they do so -- and we also link into the national Nemesis as well for trauma data. And I bet Jeff could answer questions on that too, probably more eloquently than me, about the trauma program and trauma statistics.

So Linda Tripoli, T-R-I-O-P -- I'm sorry, T-R-I-P-O-L-I, is the trauma program manager within the Bureau.

DR. PAPISH: Does the RTAC ever report here, or do any --

MR. HUGHES: We go to -- we are represented on the RTAC, sometimes Dr. Murphy goes, sometime I will go. And we do bring back the information, but there is nobody from the council itself that does go to the RTAC. That's the regional trauma advisory committee, it's similar to our REMAC.

MR. CLAYTON: I think there are a couple other things that I might add that I forgot. Don't forget about vital signs coming up in October. You should be start to see some brochures coming out. So we have that in

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about eight months, it will be here before you know it.

And let's see -- you've spoken about the memorial, so that's out of the way.

You know, if you have any interest in bringing your service -- bringing an ambulance up to the memorial, get a hold of Donna Johnson. She will want to know that ahead of time so we can prepare for putting your service's ambulance on the plaza.

Anything else? Be safe out there. Thank for you all of your service that you provide.

MR. PARRISH: Thanks, Dan. Anything else?

Any new business?

Anything to be brought forward?

If not, then the motion is in order.

MR. TAVORMINA: So moved.

MR. PARRISH: That was Greg Tavormina.

MR. TAVORMINA: Um, um.

MR. MUELLERLEILE: Second.

MR. PARRISH: And Richard Muellerleile -- a lot of consonants there --

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seconded that. Drive safe guys, thanks for
coming.

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THE FOREGOING IS CERTIFIED to be a true
and correct transcription of the original
Stenographic minutes to the best of my ability.



Yvette Arnold

