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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, May 18,
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

MARK PAPISH, M.D.,
Medical Director

WILLIAM HUGHES, EMT
Executive Director

OFFICE STAFF

JEFFREY CRUTCHER, QI Coordinator
KAREN DELAUNAY, Administrative Assistant

DUTCHESS COUNTY

NICHOLAS TRIO
DAVE VIOLANTE
TIM MURPHY

ORANGE COUNTY

BEN CONQUES
DAWN MARSHALL
EILEEN MANCUSO

PUTNAM COUNTY

ROBERT CUOMO
DAVID JACOBSEN
MATTHEW BONDI

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
GLENN ALBIN
BJ LEIDNER

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SULLIVAN COUNTY

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GREG TAVORMINA
NEIL MEDDAUGH

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ULSTER COUNTY

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RICHARD PARRISH
DOROTHY BALIN
KELLY NELSON

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MR. PARRISH: I call this to order.

And roll call?

MR. HUGHES: Do you have it?

MR. PARRISH: I don't have it. You got
it, don't you? You are giving it to me?

MR. HUGHES: Yeah.

MR. PARRISH: Dutchess County.

Nicholas Trio?

MR. TRIO: Here.

MR. PARRISH: Dave Violante?

MR. VIOLANTE: Here.

MR. PARRISH: Joan Siebert?

Tim Murphy?

MR. TIM MURPHY: Here.

MR. PARRISH: Matthew Nolan?

Pete Schinella?

Dee Sagendorph?

Guy Carpico?

Orange County.

Joann Cheney?

Ben Conques?

MR. CONQUES: Here.

MR. PARRISH: Teri Barbee?

Andrew LaMarca?

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Israel Knobloch?

Eileen Mancuso?

MS. MANCUSO: Here.

MR. PARRISH: Frank Cassanite?

Dawn Marshall?

MS. MARSHALL: Here.

MR. PARRISH: Putnam.

Bob Cuomo?

MR. CUOMO: Here.

MR. PARRISH: David Jacobsen?

MR. JACOBSEN: Here.

MR. PARRISH: Matt Bondi?

MR. BONDI: Here.

MR. PARRISH: Albert Jacobs?

Rockland.

Kim Lippes?

MS. LIPPES: Here.

MR. PARRISH: Nick Rusiecki?

Mike Murphy?

MR. MIKE MURPHY: Here.

MR. PARRISH: Desiree Leone?

Glen Albin?

MR. ALBIN: Here.

MR. PARRISH: Neil Dahan?

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Bernice Garatti?

BJ Leidner?

MR. LEIDNER: Here.

MR. PARRISH: Sullivan.

Albee?

Greg?

MR. TAVORMINA: Here.

MR. PARRISH: Neil?

MR. MEDDAUGH: Yes.

MR. PARRISH: Heidi Stack?

Karri Jara?

Matt Goldsmith?

Ulster County.

Rich Parrish.

Kelly Nelson?

MS. NELSON: Here.

MR. PARRISH: Dot Balin?

MS. BALIN: Here.

MR. PARRISH: Richard Muellerleile?

Any other updates haven't been put on
here until we call them in --

MR. HUGHES: Until we vote --

MR. PARRISH: Very good. How many are
we supposed to have?

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MR. HUGHES: Thirteen.

MR. TAVORMINA: You have 18.

MR. PARRISH: You were counting?

MR. TAVORMINA: Yeah.

MR. PARRISH: Okay. So we got enough
for a quorum.

Okay, minutes were distributed. Any
additions, or corrections to the minutes as
distributed?

That's going to be fun --

MR. HUGHES: We can turn it off.

MR. PARRISH: All right, motion is in
order.

MR. TAVORMINA: Motion to accept.

MR. PARRISH: Second?

MR. ALBIN: Second.

MR. PARRISH: All in favor?

ALL: Aye.

MR. PARRISH: Motion passed.

President's report.

The award winners for the region:

BLS Provider of the Year, John
Rushkoski; Communication Specialist of the
Year, Robin Vanderley; Physician of

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excellence, Dr. Amy Gutman; Youth Provider of the Year, Allison Wargo; ALS Provider of the Year, Kevin McGrath; Registered Nurse of Excellence, Rondine Cattell; Harriet Weber EMS Leadership Award, Matthew Molinaro; EMS Educator of Excellence, Sal Mauro; EMS Agency of the Year, Town of Wallkill VAC; Excellence in EMS Quality and Safety, Rockland Paramedic Services Behavioral Response Team.

Proposed bylaw, we will get to that in the new business.

All right, Dutchess County EMS Council.

At the February 24, 2016 meeting of the Dutchess County EMS Council the following changes were made to our REMSCO delegates and alternates:

Jennifer Manzi was removed as a delegate.

Matthew Nolan was appointed as a delegate.

Guy Carpico was appointed to fill a vacant alternate position.

If you have any questions please contact me at 518-378-5660.

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And we have to vote to accept these.

MR. HUGHES: I think they have already been accepted.

MR. PARRISH: Karen, have they been accepted?

MS. DELAUNAY: You just have to read those in.

MR. PARRISH: Okay.

All right, this is from the Ulster County EMS Council.

The following were appointed as delegates/alternates from Ulster County EMS to Hudson Valley Regional EMS Council:

Rich Parrish, expiration 6/20; Dot Balin, expiration 6/20 as an alternate; Chad Burkhart, expiration 6/18 as an alternate.

Putnam County.

To Whom It May Concern, at our April 17th meeting we reappointed Mr. Matt Bondi as delegate to the Hudson Valley REMSCO. If you require information, please do not hesitate to contact me. Michael Mocuiski -- interesting tongue twisters.

Woodbourne Fire Company No. 1.

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Attention Chair of the Board of Fire Commissioners, Department of Health is sending this letter to advise you that according to the Public Health Law, the Woodbourne Fire Department no longer holds a valid EMS operating certificate. The Woodbourne Fire Department authority to operate a New York State certified EMS agency expired 2/29/16.

Further, until such time as the Department receives the complete renewal application and attachments, the negative impact on Woodbourne Fire Department may include, but not be limited to the following:

Obtaining reimbursement funding for EMS certification training.

Participation in the CME recertification program.

Suspension of the agency's controlled substance license.

Discontinuance of all REMAC issued approvals, including advanced level of care.

Cause the EMS agency to default on existing contracts for service.

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Should the agency collect fees for services, this lapse in the operating certificate will preclude the agency from legally filing claims for services or accepting payment from Medicaid, Medicare, No-Fault and/or private insurance providers and may constitute wrongful and/or fraudulent billing.

Be advised that this notice will be shared with other regulatory agencies as appropriate.

I guess that's us.

MR. TAVORMINA: If I may? That has been rectified, the State has received all the renewal paperwork.

MR. PARRISH: Are they back on-line then?

MR. TAVORMINA: Yeah.

MR. PARRISH: Do we have to do anything on that?

MR. HUGHES: Just the adjuncts have to be sent back in and processed. I think that's being done as we speak.

MR. TAVORMINA: Yes.

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MR. PARRISH: Okay, Rockland Community College.

William Hughes, Executive Director.

Dear Mr. Hughes, Rockland Community College has done a thorough investigation into the emergency medical services program offered at the college. After review of the past five years the college administration has determined that continued low enrollments and rising costs prohibit the continuation of the program.

Therefore, effective August 31, 2016, Rockland Community College will no longer offer courses in emergency medical services/paramedics and emergency medical technician. This decision by the President of the college and his senior administrative staff was very difficult, but necessary. We are confident that there are adequate training providers within the county to provide EMS education to the community.

I would like to thank you and your staff for your support of this program and the college.

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Sincerely, Dr. Susan Deer, Provost and Vice-President of Academic Affairs and Student Services.

Rockland County EMS. Rich Parrish, President, Kim Lippes, EMS coordinator, renewal and appointment of delegates.

Please let this letter serve as the confirmation of renewal of Michael Murphy for his current REMSCO seat. In addition, Neil Dahan's position will be replaced by Debra Stewart. Debra's contract info is as follows: Deb Stewart, cell phone, e-mail and address.

The meeting dates, they are -- next meeting will be September 21st.

This is a TAG report, legislation --

MR. HUGHES: Those are Albee's reports --

MR. PARRISH: Yeah. And that's it. Okay. Any questions?

If not, treasurer's report?

MR. HUGHES: Since Nick is not here I'll be doing the treasurer's report.

Since our last meeting on February 17th

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we wrote 41 checks worth \$44,161.00. Rent and health was as normal, and we also paid our accountant \$5,450.00. All the details I have here if anybody is interested in them.

The deposits that we made, New York State voucher deposit for third quarter for the program agency was \$53,731.00, we billed it and it was paid on 4/14. The fourth quarter council ending 3/31/16, we billed \$9,950.36 and it was paid on 4/14. And we also received \$7,500.00 from amFAR for the payment of our participation in the Narcan program for the first half of the year.

We have also transferred \$30,000.00 from our program agency account into payroll.

The audit was done. They were in the office 2/12, they finished the audit, it was completed and forwarded to Bureau of EMS on 4/4/16 as per our requirements in the contract. I do have copies available in the office if anybody wants to review it. It will be reviewed by the Executive Committee.

Our current account balances: Program agency, we have \$134,616.00, in the

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conference and education account, \$48,822.00, payroll we have \$27,284.00. So a total of \$210,722.00. And I have all of his backup documentation if anybody wants to take a look. Any questions?

MR. PARRISH: Comments?

MR. TAVORMINA: Motion to accept.

MR. PARRISH: Motion.

MR. TAVORMINA: Motion.

MR. PARRISH: Greg. Second and --

MR. BONDI: Second.

MR. PARRISH: Okay, all in favor?

ALL: Aye.

MR. PARRISH: Office staff?

MR. HUGHES: I just collected a bunch of stuff that we have, notices and notifications and I'm not sure if everybody is aware so I want to go over some of them.

Orange Regional Medical Center is a level two provisional, effective 3/10, it's been a long time since the last meeting.

Trans Care of New York is no longer doing business, which I'm sure we are all aware of.

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I have a note from Beacon VAC that says, it's the professional opinion of the Board of Directors of Beacon Volunteer Ambulance Corp. that we must reluctantly discontinue advance life support services effective April 1, 2016.

As far as other things going on in the office, the ALS provider porthole should be coming up. Hopefully all agencies should be getting their notification e-mailed sometime between today and tomorrow. And they will be able to sign on and take a look at all of their providers to make sure that they understand what the number of medical control contact hours they have and where they stand on the renewal of their certifications.

And we have been getting a substantial amount of inquiries on transfers of ownerships, CONs, ALS upgrades and stuff like that. We probably have about 15 different agencies that are looking, talking, and no one has really taken any action as of yet. But I think we might be pretty busy in the near future.

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And that's really it -- oh, I have one more.

We did submit the trading budget for the region. If you are not familiar with it what happens is I have to project what we are going to do in education. This budget is for April 1, 2017 to April -- to March 31, 2018, and it's how much money that this region is go to be reimbursed out of the New York State budget for training. And I -- we increased it a little, it's \$734,000.00. Nothing significant except for the paramedic side the original we thought we would be doing more than we have been in the past, but it's all based on history we have come through. The actual cost that we have is from 2015 and it was \$670,225.00 so it's in comparison to that. I also have that if anybody wants to take a look.

DR. PAPISH: That goes to subsidize the paramedic program?

MR. HUGHES: It's all of EMS education, it includes CFR's, DMTs, paramedics, recertification, everything.

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MR. PARRISH: Any questions of Bill?
Jeff, anything?

MR. CRUTCHER: Under QA/QI probably the most pressing thing we have is the Image Trends upgrade to the State bridge. They are looking at the summer to release the Elite platform. Part of the holdup has been with mapping issues with Nemesis and the release of the New York State data dictionary. We have been promised by Mike Taylor that that is forthcoming. And that's about it.

MR. PARRISH: The minutes from the last meeting, you were looking at some Narcan bubble with Orange County, you said you had outliers. Did you get a chance to relook at that?

MR. CRUTCHER: I did not.

MR. PARRISH: Okay, and you attended a recruitment and retention seminar --

MR. CRUTCHER: Yes, I did --

MR. PARRISH: Any updates on that?

MR. CRUTCHER: I'm working on some -- actually some stuff to put on the website that will hopefully assist the volunteer

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agencies in not only retaining what they have, but in recruiting new members. I got a substantial amount of stuff out of there, including policies on the use of social media, which does have a fairly big impact on what the public sees and there is always the potential for HIPAA violation with that. So it's something that if an agency does not have a social media policy, they should probably write one.

MR. PARRISH: All right. Any questions of Jeff?

All right, medical director?

DR. PAPIH: So at the last REMAC meeting there were a number of things we discussed. Just to give a quick summary, the big issue, the main thing that was discussed was the pending protocols. So you guys know there was the open commentary period I believe that ended --

MR. CRUTCHER: On the 11th.

DR. PAPIH: -- the 11th, without much noise raised or much commentary. The protocols are, I think they go to SEMAC next

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week to get reviewed.

Some of the highlights, there are a few things changed from ALS, kind of interesting, patellar dislocation protocol, which is new, there has been a shift from solumedrol to decadron, it will probably end up being a shortage if it isn't already.

That leads to the next item. We had advisory that agencies that couldn't get vecuronium that were doing RSI could utilize rocuronium instead, it's an alternative agent for intubation and ost intubation indication.

Another area that we discussed, we were talking how to enhance training in the region. And one of the items that we were discussing was web based training, which we haven't done a lot of overall in the area or region. We had a vote that as long as the web based training was interactive -- when I say web based I'm probably not using the right IT wording -- I meant more like webinars, things actually not on-line so much as they would be posted on-line afterwards. But live where one agency was doing a CME

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event or medical control contact hours event and other agencies could use whatever software they could to interact in a live format. As long as we could verify attendance then medical control contact hours would be approved for the agencies, the people watching remotely. I think the plan was when we set this up it wouldn't be people watching from home, but they would be watching from other agencies where we could verify attendance. We don't want to make it free-rein, but at the same time there is no reason in this age that we shouldn't be able to do this and enhance the amount of CME that is available for providers. So that was one thing that was discussed.

There was -- we decided to have a monthly -- or every meeting have a report from the RTAC so they would have more involvement with regional trauma advisory counsel along with presenting to the REMAC.

And I think there was just -- oh, there was two other things that were discussed. One was, there was an issue that came up in

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the way some agencies were being called to help administer medications, I think, to inmates? Is that -- and we just decided that that was not really within the scope of practice and shouldn't be something EMS agencies should be doing routinely.

And the last item was we talked about pediatric trauma diversions. Currently whenever pediatric major trauma patients are transported to local facilities and then they end up getting redirected to the pediatric trauma center, which in our case is Westchester, the transfer times are pretty bad overall. The amount of time from the accident until they arrived at a pediatric trauma center tends to be about five plus hours. Yeah. Everything takes time, when you get to a hospital, there is the workup involved and subsequent transfer. So the RTAC and actually the State -- it's really an edict from the State -- is that pediatric major traumas should really be transported primarily to a pediatric trauma center ideally unless obviously there is something

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eminent that has to go to a local hospital. They want to steer away from going to other adult trauma centers and primarily going to pediatric trauma centers. So that puts obviously sort of operational issue in the works when you think about driving from Sullivan County to a local pediatric trauma center. So I imagine there is probably what they are expecting is utilizing the helicopter more or doing whatever needs to be done to get those patients to it. So that's an ongoing discussion that's going on.

And then the last thing that we discussed was talking about impotence threshold devices and peak devices, whether there was anything BLS protocol other than BLS CPAP that was available. And it was just bought up you can use nasal cannula for a CMF patient, which --

(The speaker cannot be heard.)

DR. PAPISH: -- five centimeters which is beneficial is pulmonary edema patients, something that anybody can do. So that's what was talked about.

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MR. PARRISH: Any questions? If not, all right.

Committee -- training committee, Dave?

MR. VIOLANTE: The DOH is moving away from their typical instructor program of having an instructor take the State exam and achieving a decent score on it and getting blessed to be an instructor. And they are now actually testing on instructor kinds of issues, like how do you teach different methodologies and theory and things like that. So CLI and CICs in the near future will be taking different kind of courses that you have to pass to be instructors, so more information coming out from the State about that. There is on-line videos about that which can be found at the State Department of Health website.

Other than that we haven't had any changes to CIL CIR courses, anything coming down the line, we will give you --

MR. PARRISH: Didn't they just come out with an update that CIUs had to have all the policies, didn't they change that --

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MR. VIOLANTE: There has to be a component with state policy.

MR. HUGHES: It's one hour dedicated to new state procedures. Along with what you are saying, Dave, the new instructor test started as of May so anybody that has to recertify now has to take the test rather than take the EMS test. So --

MR. PARRISH: When you are up for renewal you are required, it's a 50 question quiz exam, all right?

MR. CUOMO: One thing I want to add to that, whereas when you had to score an 85 on the State exam, you had to do it every three years to maintain instructor certification, with the new instructor level exam it's one time test. You take it once, you pass it, and that's it. So it's not going to be every three years.

MS. NELSON: So it's a written test not skill-based?

MR. CUOMO: All written, written test --

MR. PARRISH: There is 50 questions --

MR. BURKHART: So ICs and LI going

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through the regular process every three years
it's renewed --

(The speaker cannot be heard.)

MR. CUOMO: As far as I know you go
through the renewal like you do now, but you
don't have to show you got an 85 on the State
exam.

MR. BURKHART: So you do your regular
CME hours over the three-year period?

MR. CUOMO: Right.

MR. PARRISH: You have to do the six
hours.

MR. CUOMO: Six hours of the instructor
--

MR. PARRISH: Yeah. And the exam is
taken from the NAEMSE instructor course. So
if you haven't read through that book and you
are getting due, I recommend you read through
the book. I haven't heard anybody that has
taken it yet so --

MR. BURKHART: I've taken both level one
and level two, Rich.

MR. PARRISH: I meant the 50 question --

MR. BURKHART: Oh, the State, I'm sure

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it's like any other state test.

MR. PARRISH: Nothing else, Dave? All right.

And REMAC you gave that, right?

MR. VIOLANTE: Do you want to go over the new protocol exam?

DR. PAPISH: Oh, you want to talk about it or you want me to talk about it?

We made it -- it's open book, the protocol exam. We decided that making it open book, the focus of the protocol exam is to make sure you know the protocols, we wanted it to be a learning experience as well. And having people take it, fail, and retest very shortly thereafter, it seemed making it open book exam in which the people that failed, if you failed the open book exam -- which interestingly some people have done subsequently -- provided more of an opportunity for us to further their education. And then the -- I think we voted to have them retake it after two weeks, right?

MR. HUGHES: Yes.

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DR. PAPISH: There is a two-week minimum time period in which the person has the option to go over the material before they can retake the test and we are recording and monitoring the performance and evaluating how that seems to work. And so far the end the number of people that have taken it, everything -- is too small to really say anything definitive about the new plan. Comments?

MR. PARRISH: Nothing? Anything else? That's it.

Transportation committee, Kim?

MS. LIPPES: I guess it will be the last one I'm giving because I tried to step down six months ago, but -- do you have the paperwork?

MR. ALBIN: I don't have it.

MS. LIPPES: One BLS application, Chasdei Devorah doing business as Ezras Nashim. It's an order, I believe we just need to write a letter of support. I did speak to Greg Tavormina as Sullivan County Coordinator to make sure there were no hidden

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agenda items or issues. And he said they went through the process and have been communicating and have everything in order.

MR. TAVORMINA: It's a group to serve the female summer residents specifically.

MR. PARRISH: It's an all female BLS first response agency aimed at the Hasidic community?

MR. HUGHES: Yes.

MR. PARRISH: And right now they do have an operation in the city and they are moving up into Sullivan. They have worked with Greg and with Albee, all right? And everybody is supportive of it. There was one political entity that didn't support it, but everybody else and direction from the State was, you know, that's not an impact.

MR. TAVORMINA: Not at all.

MR. PARRISH: All right. Is that a roll call vote, or do we just vote to --

MR. MURPHY: To grant them a certificate.

MR. HUGHES: It's not a certificate, it's an agency code that we are -- just an

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acknowledgment of an agency code, so there is not really a certificate associated to it.

MR. MIKE MURPHY: Roll call doesn't hurt.

MR. PARRISH: Yep.

MR. HUGHES: You gave it to me?

MR. PARRISH: I gave it back to you.

And Dot because you are alternate and there is only two from Ulster you can vote.

Does anybody have any conflict of interest or any financial?

Do I have to read that statement?

MR. TAVORMINA: No.

MR. HUGHES: I don't think so.

MR. PARRISH: No, okay. It's just been brought up.

Nick Trio?

MR. TRIO: Yes.

MR. PARRISH: Dave Violante?

MR. VIOLANTE: Yes.

MR. PARRISH: Tim Murphy?

MR. TIM MURPHY: Yes.

MR. PARRISH: Ben?

MR. CONQUES: Yes.

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MR. PARRISH: Eileen?
MS. MANCUSO: Yes.
MR. PARRISH: Frank -- no, not Frank.
Dawn Marshall?
MS. MARSHALL: Yes.
MR. PARRISH: Bob?
MR. CUOMO: Yes.
MR. PARRISH: Dave Jacobsen?
MR. JACOBSEN: Yes.
MR. PARRISH: Matt?
MR. BONDI: Yes.
MR. PARRISH: Kim?
MS. LIPPES: Yes.
MR. PARRISH: Mike Murphy?
MR. MIKE MURPHY: Yes.
MR. PARRISH: Glen?
MR. ALBIN: Yes.
MR. PARRISH: BJ?
MR. LEIDNER: Yes.
MR. PARRISH: Greg?
MR. TAVORMINA: Yes.
MR. PARRISH: Neil?
MR. MEDDAUGH: Yes.
MR. PARRISH: Rich -- yes.

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Kelly?

MS. NELSON: Yes.

MR. PARRISH: And Dot?

MS. BALIN: Yes.

MR. PARRISH: Unanimous, passed. Thank
you.

Glen, are you stepping up as the chair
for that committee?

MR. ALBIN: I was going to try and get a
little training from Kim before I can --

MR. PARRISH: I think Kim is going to
runaway, but --

MR. ALBIN: We will talk.

MS. LIPPES: Here is your BLS first
response -- I only said that because I'll be
missing for the next week, two weeks so.

MR. ALBIN: That's what they have to do.

MS. LIPPES: Yeah, they have to verify
and there is one for the agency also. We'll
have to get a copy of that.

MR. HUGHES: I can do that.

MS. LIPPES: Yeah.

MR. PARRISH: All right, public
information. Anything from Desiree?

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Nothing?

Legislative and bylaws. We have one proposal and it's section 3, Standing Committees. Add Section 3J as follows:

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

Second reading. Motion in order?

Motion to accept the change?

MR. TAVORMINA: Sure, I'll make the motion.

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MR. PARRISH: Second?

MR. BONDI: Second.

MR. PARRISH: That has to be a roll call
vote, bylaws.

MR. CUOMO: Yeah, I think it's a two
third vote or something.

MR. PARRISH: Okay, here would go again.
Nick?

MR. TRIO: Yes.

MR. PARRISH: Dave?

MR. VIOLANTE: Yep.

MR. PARRISH: Tim?

MR. TIM MURPHY: Yes.

MR. PARRISH: Ben?

MR. CONQUES: Yes.

MR. PARRISH: Eileen?

MS. MANCUSO: Yes.

MR. PARRISH: Dawn?

MS. MARSHALL: Yes.

MR. PARRISH: Robert?

MR. CUOMO: Yes.

MR. PARRISH: David?

MR. JACOBSEN: Yes.

MR. PARRISH: Matt?

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MR. BONDI: Yes.

MR. PARRISH: Kim?

MS. LIPPES: Yes.

MR. PARRISH: Mike Murphy?

MR. MURPHY: Yes.

MR. PARRISH: Glen?

MR. ALBIN: Yes.

MR. PARRISH: BJ?

MR. LEIDNER: Yes.

MR. PARRISH: Greg?

MR. TAVORMINA: Yes.

MR. PARRISH: Neil?

MR. MEDDAUGH: Yes.

MR. PARRISH: Rich -- yes.

Kelly?

MS. NELSON: Yes.

MR. PARRISH: Dot?

MS. BALIN: Yes.

MR. PARRISH: Thank you, unanimous.

Skipped over policy and procedures.

MR. TAVORMINA: Nothing to report this
month.

MR. PARRISH: Nothing? I was under
orders to get this over fast, somebody wants

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to go to bed.

EPCR committee, Robert?

MR. CUOMO: I'm done -- just kidding.

As we may have talked about at the last meeting, we were going to send out a survey to the agencies and, you know, to ask them about their -- you know, some information relative to EPCRs, with the help of Jeff that went out. And we did get results back, we didn't get a tremendous response, did we?

MR. CRUTCHER: No, not at all.

MR. CUOMO: So you have to understand that this was not a big response. But anyway -- forgive me, it's microscopic so I have to bring it in close to see it.

Some of the questions that were asked were how many calls does the agency do every month? Let's see, 50 percent were under 25 a month, 21 percent was 25 to 100, and 28 and a half percent over 100.

Another question was, do you have internet capability in your station? Because we felt that is important for EPCR. 86 percent said yes and 14 percent said no.

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Do you have consistent cell service in your response area? Because that's also important. So 71 percent said yes, 29 percent said no.

Does your agency do third-party billing? 88 percent said yes, 12 percent, no. That's obviously important because the EPCRs obviously up the billing aspect also.

Sixty-four percent of the agencies that responded are municipally funded, twenty-nine percent were direct patient billing and seven percent were self-fund.

Another question that was asked was, does your agency have funding available for EPCR system? 31 percent said yes and 69 percent said no.

Has your agency reviewed or tested any EPCR software in the past 12 to 18 months? 29 percent said yes, 71 percent, no.

Is your agency dispatched by county 9-1-1 system? 86 percent said yes, 14 percent said no.

There was another important question that was asked, which is what, if any,

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barrier do you see to implementing EPCRs in your agency? Most of them said cost was a problem. One of them -- one of the agencies said they viewed this as an unfunded mandate. It's not really a mandate yet, but probably heading there, but technically not a mandate yet.

One of the agencies cited that they were losing volunteers due to the time it takes to do the EPCRs.

Has anybody here been able to actually do an EPCR faster than they did a paper PCR? You have? Good, I hope I can get there --

MR. BURKHART: Especially from the ALS side, when you become proficient it's faster.

MR. CUOMO: I just started doing EPCR in the agency I work for, but I haven't gotten there yet. I can see there a lot of fields that have to be -- although I'm getting quicker. I can see it would be intimidating to some, especially if you are not somebody that is into doing stuff on the computer. But this is something -- we're heading for this. This is not like it's something that

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is -- you know -- it's coming.

DR. PAPISH: We are in the world of big data and the reality of the situation is, you know, we haven't really been able to crunch good numbers because everything is on paper and no one at the State level -- I mean they are tabulating some stuff, but it's impossible to get good prehospital clinical data and unless things are kind of standardized it's frustrating. You are sort of an exception, most people say it's painful to go to EPCR versus clinical. If you look at the medical correlate to this, in medicine everything is electronic now pretty much for emergency medicine charting and we lost about 25 percent efficiency, so it's a huge hit. The upside is that you can point out clinical information that is useful. You can say, wait a minute, our intubation success rate is terrible here, great here. What are they doing? You can know these things so there is a value even though it's painful.

MR. ALBIN: It's value, I believe, in the fact that once you get the data maybe you

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can ask for funding for certain things. What is unknown you can't articulate we need funding. Well, show me the numbers. And if you don't have that, you are screwed.

DR. PAPISH: And it does improve collections financially.

MR. CUOMO: It does in every way. I mean there is so many pluses to doing EPCR and that's why we have this TAG is to try and bring it to more agencies in the region. Because this is the future and for data collection you can't beat it for QA and QI, it's a dream to be able to utilize this media.

MR. ALBIN: The other side of the coin is integration into the ER chart. If we can just seamlessly put that into ER or hospital medical record that would help for continuity of care.

DR. PAPISH: And it's seamless when it's setup right. The report just goes in, no one has to rip it off -- those always get lost -- not always, but --

MR. PARRISH: The smaller agencies like

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mine, we do 600 jobs a year, it's added over an hour to the call to get it done. And the problem is how often do those people get a call where they become proficient with it, right? I don't know how you improve the training, it's hands on, but they didn't get the hands on experience --

(Everyone is speaking at once.)

MR. VIOLANTE: Make it look like Facebook --

MR. CUOMO: There you go, that's the answer. Yeah, I mean, there is -- those low volume systems it's going to take forever to get the learning curve up.

(The speaker cannot be heard.)

MR. BURKHART: -- it's the same thing, it's the same thing, no one taught you in EMS school how to write a paper chart, you had to learn as you were going. It's the same thing, there is a learning curve no matter what you do.

MR. CUOMO: There is definitely growing pains with this. But like I said, it's a worthwhile endeavour. It's not something we

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can, oh, we need to do. It's the future of EMS documentation so we need to be on top of it.

Just a couple of other responses, one service said that they thought that a barrier would be managing the hardware and software and having to deal with broken equipment, but equipment breaks. I mean BP cups break and other things break.

And one agency that thought it would mean that there would be too much equipment for the people to carry. Okay --

MR. ALBIN: What I was interested in in the numbers is the fact -- amount of people didn't have internet in their stations, that was kind of interesting that that came back. And the cell phone coverage, obviously I know Sullivan is --

DR. PAPISH: What percentage?

MR. CUOMO: Fourteen percent.

DR. PAPISH: What percent responded overall?

MR. CUOMO: It was pretty low.

MR. CRUTCHER: We got probably

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20 percent back from what I sent out.

MS. MARSHALL: Did you send it on paper, or do like a surveys?

MR. CRUTCHER: On-line survey that should have taken at the most five minutes to complete.

MR. PARRISH: And who did it go to?

MS. NELSON: Is there discussion it will be mandated? I know in our department, which is fire based ambulance, they don't want to pursue purchases and they have the funding until there is a date --

MR. CUOMO: I'm not aware of any --

MR. CRUTCHER: New York State has absolutely no plan to mandate this. They are waiting for the Feds to mandate it and then New York State will mandate it. And it is coming probably sooner than later. One thing we are pursuing is the availability of grant money to put the rest of the agencies that are not on-line on-line. I've gotten a couple of contacts out of Suffolk County that did just that. I don't know the particulars yet, we are still gathering the information.

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But my hope is that we can obtain some funds, submit an RFP and have one vendor cover everything.

MR. CUOMO: Right. And, you know, along those lines one of the things that we are doing is a TAG is going to be meeting with --

MR. CRUTCHER: Image Trend.

MR. CUOMO: Yeah -- the first one is Image Trend. We are doing that on June 15th, hopefully, and -- you know, so we can hopefully work on something like that.

MR. PARRISH: Is the TAG looking at the interface that goes from the EMS PCR to the hospital EMR? Right now they are two different languages and they do -- I think Image Trend has the conversion language.

MR. VIOLANTE: ESO has that also --

MR. ALBIN: Yeah, the HL 7, it's all being -- all of the vendors have HL 7 capability.

MR. PARRISH: They do --

MR. ALBIN: Yeah.

MR. CUOMO: That definitely would be something that would be brought up,

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apparently we already know the answer so --

MR. PARRISH: Yeah. The thing is I approached it at my hospital because an agency asked about it and my IT shop is not very warm about doing it. So if we came out with it here, something out of the region that is the way to go.

MR. VIOLANTE: We have been working on that for years. We swapped to this in 2011 and we have been trying to work with Mid Hudson Regional and Vassar to do this and that was part of the IT section of the hospitals getting it -- it's a little cost perspective from the hospital, it's also operational. How do you move it over? Where does it go? The legality of the access. And most of the vendors now have a hospital access point where they can just go into anybody's PCR that came in to them and look it up from the inside as well so --

DR. PAPIISH: It's an issue of necessity with IT departments because those guys are generally swamped with lots of stuff. So when things get on the roster to get done is

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when they are necessary so Mid Hudson, the ACS mandates we have the PCRs. That's what drove it, at least that's what I was told, so there is something to be said for mandate.

MR. PARRISH: Anything else, Bob?

MR. CUOMO: I'm done.

MR. PARRISH: Any questions? Good discussion.

Mr. Murphy, community para medicine?

MR. MIKE MURPHY: We are going to have discussions at the State Council meeting next week regarding how the progress of the legislation is moving forward. Right now the para medicine in the State of New York is being held up right now from the Nurse's Association and the Home Health Care Association, but there is some discussions with the Health Care Association group to enable the changes in Article 28, and more so, Article 30, that need to be implemented so that they can be implemented. So we will see next week.

MR. PARRISH: All right, with that, Kim, anything for State Council?

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MS. LIPPES: No. It's next Tuesday and Wednesday.

MR. PARRISH: Next week.

MS. LIPPES: Let me guess into the future --

MR. PARRISH: And the State meeting is Tuesday, Wednesday in Troy. So Tuesday is usually committee and Wednesday is when they rehash everything the committee did and vote on it and move forward. So if you are interested, that's when it is.

All right, old business.

We have the TAG mutual aid.

Albee gave a report.

Anybody else on that committee? Tim?
You want to --

MR. TIM MURPHY: You can answer -- we met last week and we basically went over some of the problems and we decided that we really need to try and get some data from the 9-1-1 dispatch centers and look at it. So we decided over the summer to try and obtain that information and meet probably in the fall.

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MR. PARRISH: Okay, any questions?

And we did the bylaws -- did that out of order, but that's okay. I stole Kim's thunder.

MS. LIPPES: No problem with me because I didn't know I was doing it until I walked in.

MR. PARRISH: All right, it was in my stack so it was right on top.

MS. LIPPES: All good.

MR. PARRISH: Do you have anything you want to address or you want to get into new business, nomination of officers?

MR. HUGHES: I have a couple of things we have to just go over.

The New York State Policy 1601 is basic live support acquisition and transmission of 12 lead ECGs. That's a policy that came out, but there is one thing in there that says it's a regional option and EMS providers must have the regional approval. So the next REMAC meeting is not until June 6th, it's on the agenda for June 6th, so nothing can be done previous to that. And then if it's

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approved at the REMAC then they will put together the parameters that we have to -- for the agencies that want to do BLS acquisition and transmission of 12 lead. If you have any questions, just let me know.

You want to bring this up, the Tappan Zee Bridge?

MR. PARRISH: Yep.

MR. HUGHES: Okay. I have emergency medical services automatic aid agreement between Nyack Community Hospital, Rockland Paramedic Service, Tarrytown Ambulance and Greenburgh Police Department, who supplies the ALS --

MR. MURPHY: Clarification, it's not Nyack Community Hospital, it's Nyack Community Ambulance.

MR. HUGHES: Right, it's the ambulance service -- these are the four parties that service the Tappan Zee Bridge. And there has been changes during the construction on the bridge and what they would like to do in their agreement is that Nyack Community Ambulance will service everything going

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eastbound or southbound on 287 and the bridge and everything coming northbound would be serviced by Tarrytown. The actual break right now is in the middle of the river, or the middle of the bridge. So what happens, if Nyack has a need on their side of the bridge in the northbound side they have to go down and there used to be a service road at the toll booth, you can go under the bridge, come backup on the other side. That doesn't exist anymore so you have to go down to the first exit, you have to navigate the surface roads of Tarrytown, go back onto the bridge and fight the traffic all the way back. So what they are going to do during the construction is take the opposite ends of the bridge. So it's -- everything looks good, they have a special communication, everything is setup and ready to go. I spoke with the State and they said it's good. All we have to do is endorse it at the Council level to come under mutual aid. When the bridge is constructed if they want to do it permanently then they would have to apply for expansion

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of territory into that area is the way it was put to me.

MR. MIKE MURPHY: No pun intended, we will cross that bridge when we come to it.

MR. HUGHES: I don't know if you have anything else you want to add to that?

MR. MURPHY: No. It's a matter of practicality, you can't turnaround. And so we met and decided, you know, you'll go this way, you'll come this way. And, you know, what was in the best interest of the patient to get the services there expeditiously.

MS. LIPPES: There were multiple agencies in the conversation and working it through and trying to do it for a number of years and just kept coming up to the road block so this is more safety --

MR. CUOMO: What was the road block?

MS. LIPPES: It would get so far and somebody would standstill and there was communication issues, they worked through the issue and everyone was cooperative and they did invite everyone to the table, so I support it.

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MR. PARRISH: Need a motion.

MR. VIOLANTE: I'll move.

MR. PARRISH: Dave and --

MR. TRIO: Second.

MR. PARRISH: All in favor?

ALL: Aye.

MR. PARRISH: Opposed? Abstain?

Carried.

All right, Bill has been looking at the computers and it's not in the budget, but we do have sufficient funds to cover it and the proposal is to upgrade the computers. And total cost is \$6,000.00?

MR. HUGHES: Yeah, no more than that. I'm working on getting that down. That's for three computers, docking station and everything else, software associated with it.

MR. PARRISH: Any questions?

MR. BONDI: When is the last time it was upgraded?

MR. HUGHES: 2009.

MR. TAVORMINA: Motion to approve the upgrade.

MR. PARRISH: Greg, motion.

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MR. MIKE MURPHY: I'll second.

MR. PARRISH: Murph. In favor?

ALL: Aye.

MR. PARRISH: Opposed? Abstained?

Carried.

MR. HUGHES: One other point, I don't know if everybody is aware of the new BLS protocols out on the website? They were updated in January for all the new BLS stuff and they were actually updated in February and now they are updated in March again. So the latest version is 16 3, it does have everything included in here, very accurate and they actually include the 12 lead acquisition if allowed by the REMAC. You can find it on the website and it looks like they are updating as they make changes.

MR. TRIO: You don't happen to have extra hard copies, do you?

MR. HUGHES: No.

MR. PARRISH: It's all on-line.

MR. ALBIN: I'm assuming they are in correspondence with the apps out there, you know the app we use, the collaborative

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protocols app.

MR. HUGHES: No, these are not collaborative protocols, these are BLS state protocols. The collaborative protocols adds to that.

MR. CUOMO: So these don't necessarily incorporate the items in the collaborative protocols?

MR. HUGHES: They do not incorporate them, obviously they leave them out. This is just everything for statewide --

MR. VIOLANTE: Can you download this for information to take the State exam and then use the collaborative protocols for practice in the field?

MR. MURPHY: Correct.

MR. HUGHES: Yep.

MR. MIKE MURPHY: Which is what paramedics have been doing for 30 years.

MR. PARRISH: All right.

MS. LIPPES: Just one thing, if I can? I'm debating whether -- what do to, but I wanted to share with the people here. I've had a few e-mails from some people of

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authority today warning of an issue that occurred in Pine Bush area. Apparently there was, I believe, an MVA and apparently Pine Bush wasn't available, whether they were on another call or whatever. Another agency was dispatched and two gentleman approached the scene, stated they were officers with Pine Bush Ambulance, one in full uniform, and attempted to gain information from the victim, name and address. Somebody on the fire department happened to -- who happened to be a member of Pine Bush realized they weren't officers with Pine Bush. They took them off the scene, police were involved, police are a doing full investigation. They have pictures of the people and plates, so if you'll pass that around. If anybody knows these people and they belong to your organization, this is being circulated fairly significantly. Because I received it from three different sources. Pass that down, it's their pictures and the plate of the vehicle.

MR. CUOMO: Are they in custody, or on

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the --

MS. LIPPES: It doesn't say. It just says they were taken away from the patient and police were investigating. But they have very clear shots of both individuals, they have their names, their addresses, license plates, vehicles, all in pictures. So I just figured I would print it and share it. I got it at 4:00 o'clock this afternoon.

MR. PARRISH: Along those lines, Marbletown First Aid had a motor vehicle -- a steam roller ran into a paver and did a multiple compound fracture of a gentleman's leg. And they used the tourniquet that is the ratchet, they had a catastrophic failure, then we got it. They couldn't stop the bleeding and they cranked it little more, it catastrophically failed. Luckily the ALS unit had theirs, but if you have them, revisit that one. It's the one, that ratchet type --

MS. LIPPES: There is a few that ratchet, if you find a name --

MR. PARRISH: I'll get a picture from

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the gentleman that shared it with me.

The collaborative protocols, they have been out, our next meeting -- let's see, what -- if accepted by REMAC on June 6th -- do we have to accept them now so they can be presented next week?

MR. HUGHES: If the REMAC accepts them on June 6th our next meeting isn't until September. So the question is can we accept them now on the prescience the REMAC will accept them next week? They have been out on 30 day comment, we have not gotten any comment or feedback whatsoever. We have certified receipts to all the ALS agencies, all the hospitals, all the county coordinators, everybody has gotten copies of them. And have gotten the letter that it will be coming to a vote. The question is could we do it concurrently now?

MR. PARRISH: Dave? Dr. Papish?

DR. PAPISH: I'm in favor of it.

MR. PARRISH: Okay.

DR. PAPISH: I can't imagine --

MR. VIOLANTE: I can't imagine it's not

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going to move forward, the comment period ended. You know, the sort of -- most we can do now is continue the dialogue process with the collaborative group for the next set of changes that come down the line so --

DR. PAPISH: I don't know whether you want to discuss this, there is sort of a shift in the paradigm among the protocols in that they are more -- they seem much less mother may I, and much more open to interpretation for the provider, which is an upside to our providers that are skilled and, you know, able to diligently look at what protocol or what condition applies and how to apply them. But there is a down side in that they are not very -- they don't say you have to do this when this is here and this when this is here and this when this is here. So marginal providers might sort of fall into a sort of an area where at least their care could be subject to QA. I don't know if we really need to hash it out now, but it's something that will evolve over time with the protocols. But I think the REMAC will be

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very supportive of them.

MR. PARRISH: A motion to accept the collaborative protocols pending approval of the REMAC, is that appropriate?

MR. ALBIN: I'm make the motion.

MR. PARRISH: Glen. Second?

MR. CUOMO: I'll second it.

MR. PARRISH: All in favor?

ALL: Aye.

MR. PARRISH: Opposed? Abstain? Okay. That's that.

Before we get into nominations committees -- every member needs to be on a committee. That's one of the requirements of being a delegate to the region.

Glen will be taking over the transportation committee. He needs some support with that. There is a whole list of committees that need it, need people on it. We definitely should be looking at some way of getting a newsletter out. If you got any writing ability and thoughts on that get with Desiree, she needs help getting that done.

Everybody, every delegate needs to be

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involved in a committee, that's one of the requirements of being a delegate.

All right, last thing, nomination of officers. Greg?

MR. TAVORMINA: Oh, nominating committee met. Erin did a statement and contacted all the current officers and all the current officers are willing to retain their positions as they are now.

So I'll open up nominations from the floor?

MR. PARRISH: You are running the meeting, go for it.

MR. TAVORMINA: Okay, you didn't tell me that -- sorry.

Are there any nominations from the floor for any of the officers? Don't everybody jump at once.

MR. CUOMO: Don't be shy.

MR. TAVORMINA: Can I have a motion from the floor for the Secretary to cast one ballot for the existing slate of officers to be the new slate of officers?

MR. TRIO: So moved.

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MR. BONDI: Second.

MR. TAVORMINA: All in favor?

ALL: Aye.

MR. TAVORMINA: Any opposed?

Congratulations, gentleman, you are at
it again.

MR. PARRISH: Is that a good thing?
Thank you for your support.

Young lady that just came in in the
back, you want to introduce yourself?

MS. FREIER: Rachel Freier. I'm the
director of the --

(The speaker cannot be heard.)

MS. FREIER: So my name is Rachel
Freier, the Director for the woman's EMS
group located out of Brooklyn. We were
submitting to expand out here, particularly
to South Fallsburg. I believe it was on the
agenda for tonight. I don't know if it was
discussed or what happened because I was
delayed in traffic. I want to introduce
myself and thank you for considering my
application. As a trained paramedic --

(The speaker cannot be heard.)

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MS. FREIER: We are looking forward to expanding and looking forward to the opportunity. If anybody has any questions I'll --

MR. PARRISH: That was presented and passed.

MS. FREIER: Let me say thank you all and tell you what it means to us and tell you how many women are so happy and grateful for the opportunity. This dream, I'm actually --

(The speaker cannot be heard.)

MS. FREIER: -- has been a dream for three decades. Thank you all for being a part of this and making it happen. Thank you very much.

MS. NELSON: Good luck.

MR. PARRISH: Any new business to be brought? Mike?

MR. MIKE MURPHY: Just one point with regard to the RCC issue. They have been somewhat disrespectful, in my opinion, towards emergency medical service. And the fact that it took so long for them to do this decision, they stopped teaching classes in

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August, we met with them. They said they would -- the curriculum committee would review and render a decision by December. Obviously, it's now May and we finally got that decision.

I do not think that they have notified the Department of Health of their decision. I'm not sure if that letter was cc'ed to Andy Johnson also --

MR. PARRISH: No.

MR. MURPHY: I know he has not had any contact with RCC. They have been operating well outside the envelope of what is required of a course sponsorship. There is demobilization strategy that course sponsors have to use when they do close up shop. I don't know that RCC is going to abide by that. The issue that we have in the county is the equipment that RCC currently has -- the equipment RCC currently has was purchased with DOH funds and/or DHS funds, Department of Homeland Security funds. When we were sitting at the training committee talking about the big consortium they were going to

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be doing with all the DHS funds, et cetera. So DOH funds are earmarked for EMS training, DHS are earmarked for public safety. My concern -- and I think my colleague shares the same -- we don't want that equipment to go to the nursing program. We would like that equipment sent to the County EMS office.

Now, I'm just putting this in the record as a point of information. We are going to go through that avenue to secure that equipment from the college through the County. However, if that doesn't occur at least you ladies and gentlemen understand and if this becomes as an issue in the future it maybe an issue that the Regional Council has to jump on also.

MR. HUGHES: In response to that, Andy Johnson was not cc'ed on that letter, it was just sent to me. I did forward it to him and he said this is the first he had heard of it. I did respond to dr. Deer with an inclusion saying that there is a policy manual and I had created a pdf of how to handle this. It's a four-page segment of that policy. I

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sent her that four-page segment as a separate pdf and the entire policy telling her that she needed to notify the people, inventory the equipment and have to keep track of the records. So she is aware, I do not know --

MR. MIKE MURPHY: I appreciate that because we have had -- literally it's been like pulling teeth to try and get information out from them and all of sudden the letter appeared so --

MR. HUGHES: I had written her a letter earlier after one of the training committees and that's when she did, I guess -- but that was several months ago also.

MR. PARRISH: People on copy are Dr. Cliff Wood, the President, Kathy Hopkins, Division Chair --

MR. MIKE MURPHY: It's internal --

MR. PARRISH: And Donna Stilley, Associate Vice-President, those are all, nobody else.

Any other new business to be brought before the Council?

MR. TAVORMINA: Motion for adjournment.

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MR. MIKE MURPHY: Second.

MS. LIPPES: Second.

MR. MIKE MURPHY: Third.

MR. PARRISH: Thanks.

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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

