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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,
November 29, 2017, 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

NICHOLAS RUSIECKI, EMT
Treasurer

NICHOLAS TRIO, EMT
Secretary

DR. MARK PAPISH, M.D.,
Medical Director

WILLIAM HUGHES, EMT
Executive Director

OFFICE STAFF

JEFFREY CRUTCHER, QI Coordinator
KAREN DELAUNAY, Office Manager

DUTCHESS COUNTY

NICHOLAS TRIO
DAVE VIOLANTE
JOAN SIEBERT

ORANGE COUNTY

ISRAEL KNOBLOCH

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
NICK RUSIECKI
MICHAEL MURPHY
GLEN ALBIN
BJ LEIDNER

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SULLIVAN COUNTY

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ALBEE BOCKMAN
GREG TAVORMINA
MARC STRAUSS

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ULSTER COUNTY

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RICHARD PARRISH
DOROTHY BALIN
LISA SERVINO

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MR. PARRISH: I would like to call the meeting to order.

Roll call?

MR. TRIO: Dutchess County.

Nicholas Trio -- here.

Dave Violante?

MR. VIOLANTE: Here.

MR. TRIO: Joan Siebert?

Tim Murphy?

Matthew Nolan?

Pete Schinella?

Dee Sagendorph?

Guy Carpico?

Orange County.

Joann Cheney?

Ben Conques?

Eileen Mancuso?

Andrew LaMarca?

Israel Knobloch?

MR. KNOBLOCH: Here.

MR. TRIO: Teri Barbee?

Frank Cassanite?

Michael Bigg?

Putnam County.

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Robert Cuomo?

MR. CUOMO: Here.

MR. TRIO: David Jacobsen?

MR. JACOBSEN: Here.

MR. TRIO: Matthew Bondi?

MR. BONDI: Here.

MR. TRIO: Albert Jacobs?

Rockland County.

Kim Lippes?

MS. LIPPES: Here.

MR. TRIO: Nick Rusiecki?

MR. RUSIECKI: Here.

MR. TRIO: Michael Murphy?

MR. MURPHY: Here.

MR. TRIO: Desiree Leone?

Glen Albin?

MR. ALBIN: Here.

MR. TRIO: Debra Stewart?

Bernice Garatti?

B.J. Leidner?

MR. LEIDNER: Here.

MR. TRIO: Sullivan County.

Albee Bockman?

MR. BOCKMAN: Here.

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MR. TRIO: Greg Tavormina?

MR. TAVORMINA: Here.

MR. TRIO: Neil Meddaugh?

Heidi Stack?

Mike Bruce?

Marc Strauss?

MR. STRAUSS: Here.

MR. TRIO: Ulster County. Rich Parrish?

MR. PARRISH: Here.

MR. TRIO: Kelly Nelson?

Rich Muellerleile?

Dorothy Balin?

MS. BALIN: Here.

MR. TRIO: Lisa Servino?

MS. SERVINO: Here.

MR. TRIO: We have 16 in attendance.

MR. PARRISH: Okay, that's a quorum.

MS. SIEBERT: I just came in.

MR. TRIO: Okay, then that's 17.

MR. PARRISH: All right, minutes. I

have one correction on page 43, line 14. It
says the district program, it's the DSRIP,
D-S-R-I-P program, and that's the State
health care program.

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Any other additions or corrections to the minutes? If not, motion is in order.

MR. ALBIN: Motion to accept the minutes.

MR. CUOMO: Second.

MR. PARRISH: Okay, President's report.

Letters, new alternates for Sullivan County EMS Council are Mike Bruce and Marc Strauss. Please send any future correspondence to my e-mail. Thank you, Neil Meddaugh. There is a -- did I butcher that?

MR. BOCKMAN: Meddaugh, like a meadow.

MR. PARRISH: Meddaugh, like a meadow.

All right, 2018 meeting dates are listed.

MR. HUGHES: We have two in question on that. September 19th which you have listed there is --

MR. PARRISH: Okay, two in question. September 19th is Yom Kippur so we need to revisit that. I think in the minutes we discussed that we would hold off until we saw when the State meeting was going to be so we could discuss things following the State

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meeting because that messed up our last meeting, we had it before the State because of that. So I remember reading in the minutes that to hold off on that schedule until we got the State schedule.

MR. HUGHES: My concern is that we have to put in a schedule for the room --

MR. PARRISH: For the room.

MR. HUGHES: -- so if we had a potential date we could change it if it's available or not. But usually even the last one if the State meeting is that day it would be over that Wednesday.

MR. PARRISH: And we'd come rushing back from it?

MR. HUGHES: Yeah, we have done that before.

MR. PARRISH: All right, so for Wednesday the 19th --

MR. HUGHES: September 19th.

MR. PARRISH: Any recommendations for a different date in September?

MS. DELAUNAY: September 26th.

MR. PARRISH: What is that Karen?

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MS. DELAUNAY: September 26th. Is that a holiday?

MR. KNOBLOCH: I'm checking.

MS. DELAUNAY: Yeah, you guys can check it.

MR. KNOBLOCH: That's fine.

MR. CUOMO: That's okay.

MR. PARRISH: Okay, the 26th is okay. And then Wednesday the 21st is the day before Thanksgiving.

MR. CUOMO: That has to be changed.

MR. RUSIECKI: That's going to be a hard one, there maybe traffic getting here.

MS. BALIN: I'll be cooking so --

MR. PARRISH: I wouldn't be.

MR. BOCKMAN: That's a tough day.

MR. ALBIN: What about the 28th?

MR. PARRISH: Go to the 28th, okay --

MR. CUOMO: Right, that's what we did this time around, the 28th.

MR. PARRISH: Okay, that's that. We have a note from Dee Sagendorph. Karen, unfortunately, I will not be able to attend this evening's meeting. Hopefully you have

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been notified that Tim Murphy's son, Michael, passed away suddenly on Sunday. He was 28 years old. He was involved in EMS from an early age, following in his dad's footsteps. I'll be going to the calling hours this evening. Please pass this information on to your office staff in case they are not aware. Sorry to cancel out, but I've known Tim for many years. Best wishes to all for the upcoming holidays.

And our sympathies to Tim -- Tim is at member of the council -- on the loss of his son.

MR. VIOLANTE: Tim has been very involved in Dutchess County EMS Task Force and a lot of things so that's why a lot of members are not here tonight.

MR. PARRISH: All right, we have a letter from the State.

To Rich Parrish, Hudson Valley REMSCO. This is to inform you that your representative to the New York State Emergency Medical Services Council, Kim Lippes, 4th term will be expired on December

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31, 2017 and a new delegate must be chosen.

We just had an Executive Committee meeting and discussed this with Kim and Kim seems to think that she just got a letter extending her appointment. So we are going to hold off and Kim is going to check on the dates on the letter before we do anything. But if we have to reappoint somebody, anybody that is interested in this, let myself or Bill know because the process takes at least six months to get started. So if Kim is sunsetting then we need to be working on it, but hopefully she is not. So as soon as we hear from Kim we will proceed with this.

Any other -- well, that's it for the President's report.

Treasurer's report?

MR. RUSIECKI: So for the -- since the last meeting we wrote 27 checks totaling about \$11,000.00. Rent and health care is our top expense. Details are here if anyone wants to see them.

We deposited our New York State voucher for 5,200. There is a quarterly council for

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\$3,756.00 was billed and paid. We have \$126.00 refund from the U.S. Treasury for overpayment of payroll taxes. Transferred 36,000 last quarter to payroll. And we got paid for CLI, education class, \$1,620.00. That's about it.

Our program agency currently is at -- our total account balance is \$228,366.00.

MR. PARRISH: Any questions on the treasurer?

Motion is in order accept his report.

MS. SIEBERT: Motion.

MS. BALIN: Second.

MR. PARRISH: All in favor?

ALL: Aye.

MR. PARRISH: Abstained? Nays?

Carried.

All right, regional staff?

MR. HUGHES: Okay, we are back at full staff. Karen is back. She was out on surgery for couple of weeks.

Our naloxone shipments are coming regularly, we seem to have a decent amount of supply. The only thing is the new shipment

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is a four milligram dose rather than two milligram that we have and it's not the one you have to assemble. So it's a single unit and you just hit the plunger and it issues the naloxone. So if you do get that as a replacement do do an in-service on it so your people are not trying it out to see if it works, okay?

MR. CUOMO: Bill, are there trainers?

MR. HUGHES: No, no trainers available that we have seen as of yet.

MR. PARRISH: Mr. Murphy?

MR. MURPHY: You can order duds from Adapt Pharmaceuticals, they will send trainers. You go to the website and contact them directly. It's the four milligram in the point one ml. It's much easier to use for anybody, it's like a bottle of Afrin. And since what we see most of the time now is that it's taking four milligrams to get people to even start perspiring. The question of initially using a four milligram dose is moot right now so that's why it got pushed out. Finally got approved by New York

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State, we were trying to get it for the past two years. It's just so much easier for public safety personnel to use so I'm glad that it's finally making its way to the pipeline. They do make -- the company will send out duds, trainers.

MR. ALBIN: What website?

MR. MURPHY: www.adaptpharma.com.

MR. PARRISH: Adapt?

MR. MURPHY: Adapt pharma,
A-D-A-P-T-P-H-A-R-M-A --

MR. ALBIN: Dot com.

MR. CUOMO: We will get on that right away and do a Narcan training next week --

MR. MURPHY: They are nice folks. They are out of Trexlertown, Pennsylvania.

MR. PARRISH: Thanks, Mike. Go ahead.

MR. HUGHES: Collaborative rollout. All the providers have been completed. The physicians, we still have a few stragglers. Our biggest opponent right now is Vassar Hospital, we are trying to get those people up-to-date.

There has been no update that I've

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gotten on the BLS protocols. I know they went out to EMS For Children and trauma to come back. And hopefully they will be available to be voted on in the January SEMSCO meeting.

Mission Lifeline put out a couple things from AHA. One of the things is they lowered the hypertension threshold for blood pressure to 130 over 80 from 140 over 90. And they also put out an app that you can access on AHA guidelines for your mobile device that will download all your AHA guidelines and you can use the app if you were interested in that. And they are still working to decrease the first medical contact to balloon time, that's what they are trying to track at this point.

The REMAC has issued an advisory. I'm sure Dr. Papish will go over that.

The New York State vital signs conference was held in Rochester in October. I did not attend it so if anybody wants to do an update on it, that would be good. The only thing I know came out of it is they are

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supposedly going to reduce the CME recertification requirements for all levels of EMS.

Do you have an update on this?

MR. PARRISH: I did not attend that. I know Dave Grass from Mobile Life did. I don't know if he gave -- yeah, but it's they are reducing the hours but I don't have the specifics.

MR. HUGHES: Yeah, I haven't seen anything --

MS. SIEBERT: I have them, let me just see here --

MR. VIOLANTE: I went up for that. The State is reducing the hours. The EMS hours are going down as well as paramedic hours, but not as much as EMT hours. It's not all confirmed yet. The information will come out in the spring including new sheets. They are also going to change the actual physical skills that need to be done as well for the skills checklist. But nothing is written in stone yet, that stuff will come out in the spring and when it comes out we will know and

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disseminate it to everybody.

MR. PARRISH: I think the big change that Dave mentioned to me that they have concerns about is it used to the training coordinator could sign off on the skills and now it has to be the medical physician.

MR. VIOLANTE: Some of that is sort of still up in the air, so as soon as that stuff comes out for sure then we will disseminate appropriately.

MR. TRIO: Did they give a reason why they reduced them?

MR. MURPHY: I believe it's to mirror the national standards that were changed. What the State is trying to do and it has been since the past curriculum is align itself more with National Registry.

MR. TRIO: Thank you.

MR. HUGHES: At the beginning of November we had our annual audit. We haven't gotten anything back from it, but we should have a draft document shortly.

And for some reason the IRS has chosen to do an examination of our compliance with

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our 401K for the three of us in the office so we are working on that with them.

The federal grant for the EMS For Children is coming due again. And they have sent out a survey and I think we have about 40 agencies in our area that were asked to answer questions on the survey. So if you are contacted for the survey, please respond. That is a separate grant that we get from the federal government that goes to the Bureau of EMS and that's what they fund their children's program with up there. So if you are one of the agencies please respond to the grant request.

And that's all I have.

MR. PARRISH: Any questions of Bill?

All right. Okay, QA/QI. Jeff?

MR. CRUTCHER: We have been actually busy with the EPCR system. The New York State supplemental data dictionary was pushed out to the vendors for the State requested changes, those changes are been made. They are in the process of creating the 3.40 bridge for New York State. Theoretically 60

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days, so probably sometime in the first quarter of 2018 and they are working on a plan to pull the new data. There are vendors that have been 3.40 compliant for quite sometime and a lot of regions in the state have their own regional bridge. So it's going to be an issue as far as uploading the data that New York State hasn't been seeing so it's going to be a rollout. We have had a regional bridge for the last year and a half that has seen little activity simply because we didn't want to move anybody over there until they worked all the bugs out. Recently we did move Olive First Aid into that simply because it's 20 calls a month give or take so it's much easier to check the rules, make sure everything validates the way it's supposed to rather than taking an agency that runs hundreds of calls a month and have to debug that. So far we have seen no issues with that so we are hopeful that the rules actually work the way they are supposed to and we will see how well it maps end of the first quarter.

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Narcan shipments. The requests for replacement Narcan has actually dropped in the last quarter, not nearly the requests that we had been getting.

And that's about it since last time.

MR. PARRISH: Okay. Can we get a report by county of Narcan usage?

MR. CRUTCHER: Yeah.

MR. PARRISH: Okay.

MR. CRUTCHER: Sure.

MR. PARRISH: And then also, coordinators at one point were supposed to be able to get access --

MR. CRUTCHER: No.

MR. PARRISH: -- to the Nemesis bridge?

MR. CRUTCHER: No.

MR. PARRISH: I thought that that was supposed to --

MS. LIPPES: That's what Mike Taylor said when he came here for the EPCR meeting.

MR. CRUTCHER: That is what Mike said, but he had to retract that.

MR. PARRISH: Okay, how can we get reports on EPCRs out to the counties?

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MR. CRUTCHER: What would you like?
Give me the list of reports you would like
and we will generate them and send them.

MR. PARRISH: Okay. We will have the
coordinators look at that and come up with
that request. All right.

Any other questions of Jeff?
If not, medical director?

DR. PAPIH: So the last REMAC there
were a bunch of things that we discussed.
And also -- well, actually the most important
thing was we sent out an advisory -- when did
it go out, three weeks ago?

MR. HUGHES: Yeah.

DR. PAPIH: About diversion within the
Hudson Valley. Probably most of you read it
maybe? Hopefully? I don't know. But
effectively we got rid of general diversion
in the Hudson Valley. There is really very
little medical evidence or studies that shows
that it makes a big difference. Number one,
it certainly inconveniences the EMS
community. And usually those patients that
get diverted end up getting transferred at a

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later point to where they get the care that they were trying to go to to begin with. So it's sort of an inefficient policy that was designed to help hospitals when they were overloaded, but the problem is most of the hospitals are overloaded because they are not doing effective measures within their facility to handle the volume that they are dealing with from the emergency department. And the hospitals that have actually done stuff have made significant changes and frequently can overcome their internal problems that caused them to go on general diversion. An example, I guess, actually in our system was Orange Regional, who last year was having diversion issues. They made some significant changes within their department and within the hospital and their diversion problems went away. So general diversion is essentially over.

That being said, there still is specialty diversion or equipment failure. I mean, every once in a while hospitals have stuff that breaks and it makes no sense to

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bring patients there. That is going into effect December 1st.

The important thing about -- the other sort of thing that we attached to that is, there is a web-based server -- I think we discussed this the last REMSCO, maybe? I don't remember. But there is a web-based server based in Westchester County that includes all the hospitals within the Hudson Valley region. The only one -- the question was whether Sharon was on there, right? And we could probably get them added. That lists everybody's diversion status. And hopefully, we will get compliance, we don't really have a lot of teeth in the issue. But if the hospitals are going on specialty diversion that would be a very effective way for everyone to know at once instantly and you can log in from your phone and PSAPs can log in so it would be very easy for everyone to know who is on diversion when and it serves as a tracking tool. That's why it was designed way back when in Westchester. So we are hoping the hospitals will sign on to it

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when they go on diversion it would be an effective means of general communication.

The other benefit is in the event of MCI i serves as an easy way to list your availability, how many beds your have, on a web-based server that everyone can see. That being said, some of the hospitals haven't logged in since 2003. So we are hopeful we will be able to get everybody to start using that as a means to communicate. So that was the advisory. At the --

MR. PARRISH: Dr. Papish, on the advisory are the PSAPs logging on, the 9-1-1 centers?

DR. PAPISH: So I don't have -- there is a general log in that anybody can access with a general WCMS. WCMS is their sign on and password -- I think that's it, don't quote me. And so I don't know if there is a way to track whether the PSAPs are logging on. I mean, it's a perfect, easy system --

MR. PARRISH: Because once you've logged on, like I log on for my facility I get an e-mail every time a hospital goes on

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diversion. If their CAT scan is down, they can't do strokes, that type of -- so I know that all the time. So if they were signed on they would be getting that --

DR. PAPISH: If they were -- I think you need an account though. You log in through your account, right?

MR. PARRISH: Yep.

DR. PAPISH: Yeah. For some reason I was at -- Catskill Regional, whenever they had problems I'd get an e-mail. So it's not a perfect system. But, yeah, I don't know. We could talk to Mike Volk (phonetic) about generating accounts for them so that they would get notifications because there is an enhanced ability to get notifications within the system.

MR. ALBIN: Dr. Papish, with regards to that, if it's going to be the whole region, like Rockland County PSAP doesn't really need to know if Vassar is going on diversion. Is there a way that if let's say Nyack or Good Sam, something like that, is to go on CAT scan diversion for the CAT scan would it send

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out an e-mail --

DR. PAPISH: It would send them an e-mail --

MR. ALBIN: In other words so it's selective to the county if that hospital is responding and saying up front, hey, we are out on CAT scan. Now that can go to like 44 control or the various police departments, that dispatch agency --

DR. PAPISH: It's all on one screen. Have you logged into it ever --

MR. ALBIN: No.

DR. PAPISH: -- it's really -- I mean, literally all the hospitals are on one page. We don't have enough hospitals for it to go off, you don't even have to scroll down, you see every hospital in the system and it lists their status. So they can just leave the page open on their computer. I don't know what the log out time is, but you can just instantly -- you know, if you are ever curious you can just pop open a page and it lists everything right there. I don't know -- it doesn't send out like pages or

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texts, it doesn't have that capability, but it does send out e-mails. So what we were talking about is it would be nice if all the PSAPs, the individual PSAPs were -- had accounts, which I don't know if this is feasible, but it probably is, just the same as what we get, they could get an e-mail when their local hospital is out. Of course e-mail is like -- I'm hopeful if they have their e-mail logged in at the same time it's not really an efficient way of notification. The reality is if you just have the screen or web page open you can see all the hospitals' status instantly.

Any other questions about it?

So what we have to do starting December 1st is look at it, see who is not logging in, find out who the resource is at whatever hospital it is and let them know that this is going on if they didn't get the advisory. I mean, the reality is those advisories get mailed out to the hospitals, but do they filter down to the people that are actually the ones clicking the mouse. So that was the

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advisory.

The other things that we discussed at the last REMAC meeting, there is a PI project that is going on via the RTAC to look at oxygen use in trauma patients. Well, there is a general trend, everybody -- if you are reading the literature and it's sort of a trend in general, to use less oxygen because we realize a lot of patients don't need it. There was a big study that came out that MIs don't really benefit from extra oxygen if they are not hypoxic to begin with. And there is obviously a long-standing trend to decrease oxygen utilization in COPD patients. So there seems to be a trend in medical patients decreasing oxygen when not necessary. However, that doesn't seem to apply to the trauma patient to the knowledge we have at this point. Patients that are in early shock still benefit to the best we know from extra supplemental oxygen. I guess it was noticed by some of the trauma surgeons that there is an abundance of people that are brought in as trauma patients to the trauma

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centers that are not on oxygen and they had concerns about that. So they started to do a study and specifically in patients with head injuries, because head injuries, hypoxia an during episode of head injury doubles mortality. So they are starting a PI project based on that. So something to bring back to your squads, trauma patients, head injury patients, make sure they're on oxygen so you don't glaringly show up in the study.

The last thing, let's see -- the universal hospital notification tool. Are you going to talk about that Dave?

MR. VIOLANTE: Um, I can, sure.

DR. PAPISH: Notification? We can talk about it later.

The last thing from the REMAC meeting, there was a big talk about coming up with a uniform notification -- means of notifying hospitals. It's one of the things that is frustrating I think for EMS providers is every hospital that has a trauma center has got sort of a notification that they expect, I guess -- or they want. Westchester is

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always pushing the MVI, TTT method of notification and other hospitals have other requests. And so we will talk about it later on, but coming up with a universal notification that would make it easier for providers that need a tool to adequately and efficiently relay what they are bringing in would be beneficial.

And the last thing that we talked about is just that DMAT teams, Dr. Larsen made a plea that anybody that is interested in being a DMAT member go look on the USA Jobs website. I guess the DMAT teams are losing members, or have lost a lot of members and haven't replaced them so that's significant --

MS. LIPPES: The hiring has just opened. The only thing currently is team leader and deputy team leader that is open for the areas. Hopefully physicians and medics will come next. It will be on USA Jobs, anybody that is interested reach out to the team closest to them. What I do for the team from Rockland, I take the name and the resumé for

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the person and as soon as I see it posted -- because it's limited posting -- I'll send it out to prompt them. If you are interested you can go on usajobs.gov, you can setup your own account and profile. I would not tell you to put your resumé or CV in until you get the description. Make sure you're hitting all the points because the people that are evaluating it don't know anything about medicine and they just check off the boxes so if you don't say the word they are saying you are not going to get on the cert list.

It's a critical fail -- I just came back from Puerto Rico and I was in Texas for two weeks also. There is a shortage. The hiring process is crazy. I think the last person we hired on our team is three years ago and we have major shortages.

DR. PAPISH: Something to bring back to your crews. That's all I got.

MR. PARRISH: Any questions of Dr. Papish?

If not, okay, committee training? Dave?

MR. VIOLANTE: I'll just go right off of

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what Dr. Papish was talking about with the radio reporting. We are looking at a standardized report across the region for the call in for the radio report and, additionally, the bedside report. And so we have come up with a standardized version, at the moment it's gone out for review to the REMAC. We sent it out to number of individuals, one of the local conferences in Dutchess, got some feedback. Dr. Berkowitz looked at it with his group. And so Dr. Berkowitz, Dr. Papish, myself, Dr. Arshad and a couple others on a committee to review that to come up with a standardized approach at the regional level that the region agrees with. The impetus of this was not only from different trauma centers requiring different reports by cardiac centers and stroke centers, and every individual hospital wants their own report. We wanted a standardized one for the region that we can use to say this is sort of a good model to use. This is not the bedside report, that's a whole different thing. Dr. Berkowitz is also

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looking at the MIST report for that. And so we are going to end up making a recommendation to the region for a radio report and a bedside report that the region endorses. That will be coming up.

The CME program hours maybe changing. Thanks again, Mike, for the clarification with that and what those are. As soon as it comes out we will let the group know what those are.

Also, the change in age for EMT to be able to certify is moving from 18 to 17, when that happens we will also let the group know.

And the training committee is also looking at having a regional approach to NRSI standardized training program from the region at the regional level versus at the agency level. And as that rolls out we will provide that as well.

MR. PARRISH: Any update on the CLI program and results?

MR. VIOLANTE: So we did hold that, I think I had relayed it at the last meeting. It went really well --

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MR. PARRISH: They just took the test --

MR. VIOLANTE: Yeah, I don't know the results. Most of the people had taken the test, but there a few taking the test in December. And as far as I know that was a success. And we are going to, you know, look at changing that a little bit in the future to accommodate changes in education that come about with flipped classrooms and training in millennials and just the difference in training as it's moving forward.

MR. PARRISH: Any questions of Dave?

REMAC? You already gave that.

Transportation committee? Glen, anything?

MR. ALBIN: No report.

MR. PARRISH: All right. Public information? Nothing.

Albee?

MR. BOCKMAN: The most interesting committee in this organization.

All right, for your interest we have some bills that are in the Assembly, nothing going to the Senate yet, but these are

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interesting. At the Assembly they are pushing to have insurance protocols for ambulance services, that there must be a minimum amount of medical malpractice insurance for any service that applies for a CON or possesses a CON. And we basically now have those minimums in place anyway, a minimum of one million per occurrence and three million for all occurrences per policy year.

Next, a bill number A05626 out of the Assembly, nothing yet going to the Senate, that authorizes the Commissioner of Health to extend the certification of any emergency medical technician, advanced emergency medical technician, or certified first responder who cannot be become recertified due to illness or medical condition. So if one is unable to do it because they are either home ill, in a hospital, and it includes even their recovery, no matter how much time it takes to recovery it protects that person if they are unable to recert. We will see about that, that was referred to

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public health committee.

Not legislative, but of interest. The FDA extends expiration dates for EMS drugs that were in short supply. We probably already know that, but this came down. If you need to know that list I have some copies here for you.

Of further interest, out of Sullivan County, you know, that's the one county in the southern part of our region, if you don't know, people forget about us down there --

MR. PARRISH: Wait a minute, Sullivan is southern?

MR. BOCKMAN: -- our legislature has taken upon themselves to pass a resolution that has gone up to the State level to have the Governor's office push to find ways to recruit, retain and protect the EMTs that are out in the field, the volunteers. Looking at possible tax benefits, so they actually passed a resolution that went upstairs and it looks like that one particular administrator in our county is pushing to have other counties do that as well.

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If you recall at the last meeting we touched upon us being designated as an essential service, that at the State level they are looking at doing something about it. Slow to come. We have had discussion about doing it from the bottom and working our way up. I did meet with Mr. Depew who is our Deputy county manager -- very progressive, the name is known here in Orange County, he was a Legislator and also Supervisor for the Town of Wallkill -- very EMS minded. And he was very interested in that discussion I had with him about doing it through a resolution at the county level to declare us an essential service. And that I would go ahead to the County Association of the State of New York and present it there and get other counties to also make that resolution and take it up to the State level.

I mentioned last time also, but an article came out on the exposure of carfentanil among our first responders. Pennsylvania seems to be having their share of that exposure. Just a reminder that we

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must protect ourselves when we do overdose to make sure that we wear our gloves and possible mask.

And also in the State of Pennsylvania, a county in the State approved tax rebate for volunteer EMT and firefighters. So yes, they recognize that we are important out there. It maybe slow coming, but at least people are starting to listen to the benefits of having EMTs and paramedics in our country.

Thank you very much.

MR. PARRISH: Okay, any questions of Albee?

Albee, at the last meeting you mentioned that you are waiting for a mutual aid legal opinion?

MR. BOCKMAN: Yes. I was waiting for that. Since you brought it up, there will be no report from the mutual aid TAG committee until that legal opinion from house counsel comes down from the DOH.

MR. PARRISH: Also, I think you touched on it, you also mentioned going to the Association of Counties, doing an essential

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service presentation and it sounds like you are working on that?

MR. BOCKMAN: Yeah. As I just mentioned now, speaking to Mr. Depew, he liked it and we are going to meet again to make that resolution and he will bring it up at our Sullivan County Legislature.

MR. PARRISH: Very good, thanks.

Okay, EPCR? No report. We may have to change that I still have Mr. Cuomo down as --

MR. CUOMO: I was prepared that you were going to ask me for the report, but you were good.

MR. PARRISH: Yes. Community paramedicine, Mike?

MR. MURPHY: Funny you should mention that. Nyack Hospital and Rockland Paramedic Services received a grant from Montefiore Medical Center. We will be starting a community paramedic program probably the 1st of February. It's designed to identify high end utilization patients that are frequently coming into the ER and also at risk patients who have been discharged from the hospital.

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The work around that we worked through with regard to Article 30 is that Nyack will have a patient navigator, which is going to be a mid-level provider, an MP or PA that is medical control qualified. And instead of community paramedics going around with a route list, let's say, to visit this patient, this patient, this patient and do that, they will get the call in from the patient if there is an individual problem and if the navigator decides that they want to send the paramedic out to look at the patient they will send that person out. So in essence the paramedic is being dispatched to check on a patient just like we would be dispatched to evaluate a prisoner, or dispatched to evaluate whoever. And it's being done so by a medical control person. With regard to this, the reason why the subcommittee was started here in the region is that there is in -- some motions to change Article 30 to include out of the emergency arena, that stalled last year. There seems to be some headway this year on the home care agencies.

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And the nurses association originally objected, there has been negotiations with NYUN (phonetic) and NYSVARA and State Chiefs and HANYS to try and push that -- overcome those burdens and get the legislature actually changed. But in the meantime this work around seems to be what we call the Article 30 work around for now.

One of the problems that community paramedic programs are facing is the ones that are being very successful and have -- are preventing patients from going to the emergency department and being readmitted are actually having great patient satisfaction, great physician satisfaction, great patient satisfaction, but are being shutdown because the hospitals are losing the revenue. And the reason for that is that when the Affordable Care Act was first designed along with all this DSRIP money that's been out there the design was there would be bundle payment. So in other words, a hospital or person -- physician would get paid X amount of dollars to manage this patient, that

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didn't occur, everybody is still on fees for service. So if you don't see the patient you don't make any money so if you are going to not send the patient to the emergency room, emergency department is going to lose money so it's a double edged sword right now. The patients and health care providers are very happy, the bean counters don't like it.

MR. PARRISH: But also Medicare and Medicaid both have -- if you get readmitted with the same diagnosis within 30 days --

MR. MURPHY: A penalty reduction, yeah, that's one of the funding aspects of --

DR. PAPISH: Yeah, if you utilize EMS to see the patients that have been discharged from the hospital is a real win win financially for both services. I don't know -- there is definitely revenue lost from not getting those patients coming back to the ER for like -- you know, I'm not doing so well checks. But if you -- a huge percentage of the time they end up getting admitted and when they get admitted everybody loses money -- the ambulance doesn't, but I would

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lose money. And so I think it's -- this is going to go forward. It's just going to take time because there is union opposition.

MR. PARRISH: Any questions of Mike?

Thanks, Mike.

All right, State EMS, the next meeting is January so no update on that. Right, Kim?

MS. LIPPES: No.

MR. PARRISH: All right, and we had the mutual aid update from Albee.

And the collaborative protocols roll out update?

MR. HUGHES: Yeah, I did it.

MR. PARRISH: There isn't any discussion on that, is there?

MR. HUGHES: There is nothing new --

MR. PARRISH: Nothing. The regional EMS task force, that has fell flat. The coordinators are not really doing anything with it. I think we really need to look at it, where we are going in this region and if nothing else it will have to fall on the Executive Committee. We need to start looking at things. How do we work together?

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How do we collaborate? It's a dirty word, but consolidation of services, the units are not getting out so we need to do something with that.

Any expiring delegates or alternates?

MR. HUGHES: No. We are in good shape with that.

MR. PARRISH: Yes, Nick?

MR. RUSIECKI: Did we hit 8E, the policy and procedures committee? Greg is --

MR. PARRISH: I'm sorry, I skipped right over it. Greg, policy and procedures?

MR. TAVORMINA: Nothing to report.

MR. PARRISH: All right --

MR. TAVORMINA: I didn't feel left out, don't worry.

MR. PARRISH: I'm sorry, I am -- I've got a check along everything but that, but I did miss that.

Under new business, we talked about the meeting --

MR. RUSIECKI: I have new business.

MR. PARRISH: All right, we talked about the meeting dates so that is resolved. For

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new business, I would like to schedule the Lower Hudson Valley Hospital Mutual Aid coordinating entity for a presentation here in February. And what it is is a group of all 31 hospitals in the region have signed onto provide mutual aid. It did get activated for the New Windsor incident to the point where I was at the command center -- working at the command center. St. Luke's felt that they didn't need any other assistance because at the time they only got 12 patients. And we sat there and for two hours and nothing. As I left there they got eight walk-ins and by the end of the 24 hour tour they ended up with 125 walk-ins. All right, so --

MR. RUSIECKI: That's a lot of lost revenue for EMS.

MR. PARRISH: Yeah. This group -- and we have actively assisted with mutual aid requests, we have staffed the air show for that. We are right now working with Westchester EMS at Westchester Airport to do a big exercise in May, that will be a region

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wide exercise. So it's a resource for the hospitals and we have actively used it in a couple areas. It's a way for EMS to get more involved in disaster emergency management. And Dr. Papish and I had some discussions about this because there was some concerns some hospitals didn't get notified. So --

DR. PAPISH: We thought you guys didn't know that we were -- I mean, we communicated with Orange County Emergency Services, I think, and they were on the radio with us, yep, okay, good. But we didn't think you knew that we were all ready.

MR. ALBIN: Nyack put out a HICS level one to basically alert staff there is a potential.

MR. PARRISH: Yeah, you know, Mid Hudson Regional, their rep got transferred. And talking with Sharon, their rep got transferred so we don't have a rep from them so when we sent out the blast e-mail, hey, guys, there is something potential happening Mid Hudson didn't get it, Vassar got it. They couldn't take it because they were on

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generator power. Nyack got that, we are ready. St. Anthony's, we are ready. Orange Regional wasn't taking patients because Catskill Regional was without power and they were having generator issues so --

DR. PAPISH: Really? All the same -- Vassar was on generator --

MR. PARRISH: Yep. Yeah Vassar was on generator. So we are going to schedule that for February. Bill and I talked about it and we will bring that forward and let you know what that organization is about and what we can do as EMS. Dr. Larsen is a strong proponent of it, he sits on our advisory committee and he is setting the same meeting up with Westchester Med for that.

Any other new business? Nick?

MR. RUSIECKI: I have a motion or seconded motion from the Executive Committee and the personnel committee for a COLA raise for the staff increase to two percent starting January 1st.

MR. PARRISH: That's a seconded motion. Any other discussion on that motion?

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All in favor?

ALL: Aye.

MR. PARRISH: Opposed? Abstained?

Motion carried. All right.

MR. ALBIN: Motion to adjourn --

MR. BOCKMAN: One piece of new
business --

MR. PARRISH: Wait a minute, give me a
break. I know you want out of here. Yes,
Albee?

MR. BOCKMAN: There's been thought of
doing what we once did years ago called
legislative breakfast.

MR. PARRISH: That's in my notes, thank
you.

MR. BOCKMAN: Would you like to --

MR. PARRISH: No. We need to
reinstitute the legislators. We've got to
get the ears of the Legislature. When Vic
Work was here he did a great job on it. We
need somebody to take that and we need to do
that.

MR. BOCKMAN: Since the last one we had
many new issues in EMS have come about and I

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think it's time that we do speak to them and let them know the challenges that EMS and the country is facing, let alone our own region. So I just thought I would raise the issue.

MR. PARRISH: For the folks that don't know what it was, we did it at a local hotel and we had breakfast and opened it to everybody. And we got all the county legislature -- not county legislators, but state and county reps at this meeting. And we did presentations and, you know, community paramedicine, we can talk to that and we can talk about the need for central services. And we had their ear for an hour and a half, two hours and good things came out of it. And, yeah, we really need to get back doing that and -- yeah. I would like to have somebody step forward as the chair and get a committee to go on that.

It's awful quiet all of a sudden --

MR. CUOMO: I can hear the crickets outside.

MR. BOCKMAN: I have no problem participating and perhaps formulating an

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agenda with the assistance of whoever chairs the committee.

That was pretty good wasn't it?

MR. PARRISH: Yes, Dave?

MR. VIOLANTE: I'm not interested in chairing the committee. I'm chairing enough committees at the moment. But I think this is a great idea and I think what we need to do as a group and as a profession is to circle around and be cohesive around one or two ideas and bringing those forward versus a variety or disparate number of ideas because that ends up being confusing at the end of the day. So we need to have some collectivism and be focused on what we want to bring forward as an agenda item or two to the people.

MR. PARRISH: I agree. It should not be a laundry list, it should be hey, what is our priority. I know NYSVARA, they put out their priority list and yeah -- you know, we need to -- yeah, come up with specifics. But guys again --

MR. MURPHY: I think we should mirror

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those. NYSVARA there is a document that comes out issues and concerns that comes out from State Fire Chiefs, VASNY, NYSVARA and NYUN (phonetic), and there is -- a couple of specific bullet points on that. And I think that if we are going to make a contribution -- if we come up with a separate bunch of bullet points it will confuse the issue. Because we will talk down here about A, B C and they will go to Albany and lobby on X, Y, Z. And they are be like, what are you guys talking about?

MR. ALBIN: We have to speak with one voice.

MR. MURPHY: And my suggestion would be -- we can get from NYSVARA, from Mastrioni (phonetic) and NYUN (phonetic), we have to see what their top bullet points are and if we have a legislative breakfast identify these are the bullets points from the union associations that represent all of us. And these are the ones that -- and we can talk on it, talk on those bullets points from local level so they can understand what does this

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bullet point mean to the people in my district.

MR. BOCKMAN: NYUN meets on the 6th, the delegates of NYUN, I will raise this point. How many bullet points do you want them to address? Should we come up with a number and say three and --

MR. MURPHY: My suggestion would be whatever --

MR. BOCKMAN: -- because there will be different ideas. If we have more to choose from then we can all agree, if we just come up with two, I don't know.

MR. RUSIECKI: I think that depends on the bullet points. It will depend a lot on the list and what the issues are that even make a list.

MR. PARRISH: Right. Good discussion. We need a committee and, again, I'm not looking to Dave. I chair a lot of the committees, I teach a lot of the stuff here. Come on, guys, this is the council. You need to get involved.

MR. BOCKMAN: Since the TAG committee

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will be on hold -- and I'll tell you it will probably take several months before we get that opinion -- I'll offer my services on this committee -- but I better have help.

MR. RUSIECKI: You are going to work with the chair --

MR. PARRISH: Come on, guys.

MS. DELAUNAY: How about the people that aren't on committees? Why don't they step up?

MR. BOCKMAN: Now, that is a novel idea.

MR. KNOBLOCH: I'll help, but not chair.

MR. CUOMO: That's good.

MR. PARRISH: All right, I'm not going to put you on the hot spot, but somebody please bubble up. And I'll work on it, but again -- it's time, guys, that you guys start bubbling up. I don't plan on being here forever.

MR. BOCKMAN: Our industry is in trouble, if nobody is going to step up we are going to fade away. And I don't know what to tell you, it bothers me. It bothers me a lot, a lot of things going on. I'll it

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going.

MR. PARRISH: And I'll work with you.

MR. BOCKMAN: Thank you, sir.

MR. PARRISH: Maybe reach out to Vic --

MS. LIPPES: Put an e-mail out to everybody because obviously everybody is not here. Remind them they have an obligation to participate in something, maybe somebody would step forward. It would be great if we had somebody from each county.

MR. PARRISH: Yep. Okay, any other new business?

MS. LIPPES: Rich, going back to one thing, when -- you talked about asking Jeff for a report for the coordinator and try and meet as coordinators, maybe Jeff, you can give us an idea what type of reports and what type of data we can ask for. We could sit here and shoot the moon, if you give us some bullet points so when we meet we say this is what we need and included in it --

MR. CRUTCHER: If you want call type, scene times, on scene times, destinations. Pretty much anything you put on PCR that

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isn't redacted via HIPAA we can run a report on it.

MR. PARRISH: Would it be worthwhile that you put a presentation together as to what we can get out of this data because --

MR. CRUTCHER: That would probably be the easiest approach.

MR. PARRISH: Okay.

MR. CRUTCHER: Yeah.

MR. PARRISH: That would be great. Any other suggestions on that? Okay, thanks.

MR. RUSIECKI: Just if you make it a power point so anyone of the coordinators can look at it and they don't have to come here physically that would be helpful.

MR. PARRISH: I would like to see -- give it to this council so we know what we can ask for --

MR. RUSIECKI: Yes, I'm saying make it so we don't have to come to a room and can do it at our own leisure.

MR. CRUTCHER: That's easy.

MR. PARRISH: One last note I have here is Gardner, did you ever get your fire

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district issue resolved?

MS. BALIN: It's still being worked on. We have issues. It's not going to just sit there, it's being resolved at some point.

MR. PARRISH: All right, Bill?

MR. HUGHES: It would --

MR. PARRISH: I'm sorry, go ahead.

MS. BALIN: Oh, probably close to -- let's see, I've been in the department for over 40 years, okay? We have been under an umbrella of the fire department, the rescue squad, that's how it was initially started out. Somehow or another the membership of the squad was less than the membership of the fire department and the fire department decided to pull some more responsibility and apparently the rules have changed that a fire department cannot have an extension part of their corporation be an ambulance service. So, therefore, Gardener Rescue Squad has been Gardener Rescue Squad at least as long as I've been there, and for me it's 39 years. They were there years before me. So now because there is a rule that the fire

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department or whatever the organization is has to have their name on all their vehicles, one being the ambulance, has to be all under one umbrella. So now they want to suck the rescue squad under the umbrella of the fire department and therein lies the problem. Because now we are opening a can of worms. For so many years we have been operating under and being approved and state came and did their inspections, certifications, everything else, and nothing got changed. And now there is lawyers involved who have different ideas on how things should be done and therein lies the dilemma --

MR. PARRISH: Lawyers.

MS. BALIN: I advised them years ago, don't open up the can of worms. We have been going all these years, everything is fine. And somebody decided to change the rules and the ambulance has to have fire department on it instead of rescue squad, so therein lies the dilemma. We -- for years had our own -- as it was explained to us by the original attorney, we were a fire department and our

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fire department decided to have a rescue squad back in 1912, okay? That we should have a rescue squad and it could be an extension of the fire department and that's how it's been for 40 some odd years. And now all of a sudden we have to change the rules and regulations. And the reason I held onto it, keep it as a rescue squad, was I was hoping to be able -- to be able to bill patients as a rescue squad. And that's how we were told, listen, hang on to the Rescue Squad Inc. because you will be able to eventually bill patients and have some kind of income coming in. We are still doing everything volunteer. It has to do with which lawyer wants to do what.

It will get resolved. We are not going anywhere. We are still taking patients to the hospital and still functioning and the State still sends us information and letters to the rescue squad. Other than that I don't know what the legal dilemma is behind it.

MR. PARRISH: All right, thanks for the update.

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MR. BONDI: One question?

MR. PARRISH: Yes?

MR. BONDI: It was mentioned earlier the Council member from Dutchess County, he lost his son? I was going to ask if it would be appropriate that I made a motion that the council send a gift basket or flowers to Mr. Murphy and his family?

MR. PARRISH: I defer to --

MR. CUOMO: I don't think we have ever done that.

MR. HUGHES: We have never done that that I'm aware of. I don't know. I know --

MR. PARRISH: I don't have an objection to it, but -- what is your pleasure?

MR. BONDI: I make a motion to send a gift basket or arrangement, whatever the staff feels appropriate, to Tim Murphy and his family.

MS. SIEBERT: They have a place -- they have Union Rescue Squad, Union Vale rather, and a couple others for donations to go to in lieu of flowers. I'm trying to remember --

MR. BONDI: Maybe like a gift basket

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then to Tim's house?

MS. SIEBERT: Tim would appreciate that.

MR. BONDI: I make the motion then.

MR. PARRISH: Motion on the floor.

Second?

MS. SIEBERT: Second.

MR. PARRISH: Any discussion on the motion? No further discussion --

MR. CUOMO: I don't have a problem with it.

MR. PARRISH: No problems. No further discussion?

All in favor?

ALL: Aye.

MR. PARRISH: Opposed? Abstained? Okay.

Any other new business -- I didn't let you up, Albee, sit down.

MR. HUGHES: One other thing, the protocol committee that meets, we have been using a product called Zoom that is available to have conferences or communications among all the members of the committee from their desk on their commuter and it works very

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well. It gives you a picture of who you are talking to so you are kind of like in the room. We do have the software here so if any of the committees want to use it for a meeting or get-together, that way it might make things easier, we'd be more than happy to host those types of meetings. And you can show forms and pictures, or -- you know, power points, whatever you want through the technology. So it is available to us. That's it.

MR. TAVORMINA: Motion to adjourn.

MR. PARRISH: Motion on the floor to adjourn.

MS. SIEBERT: Second.

MR. PARRISH: You can now leave, Albee. Thanks, folks.

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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

