

-----x
HUDSON VALLEY REGIONAL EMERGENCY

MEDICAL ADVISORY COMMITTEE
-----x

MINUTES OF MEETING, held at the offices
of Hudson Valley Regional EMS, 33 Airport Center
Drive, New Windsor, New York, on Monday,
January 28, 2019, at 9:31 a.m.

Yvette Arnold,

Court Reporter

ROCKLAND & ORANGE REPORTING

2 Congers Road

New City, New York 10956

(845) 634-4200

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

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

DR. PAMELA MURPHY,
Committee Chair

DR. MARK PAPISH,
HVREMSCO Medical Director

DR. ARSHAD,
Evaluation Subcommittee Chair

DR. ERIK LARSEN,
Helicopter Subcommittee Chair

WILLIAM HUGHES, EMT
HVREMSCO Executive Director

OFFICE STAFF

JEFFREY CRUTCHER, QI Coordinator
KAREN DELAUNAY, Office Manager

GOOD SAMARITAN HOSPITAL

DR. DENNIS MAO,
Director

HUDSON VALLEY HOSPITAL

DR. JAMES CHUNG,
Director

HEALTH ALLIANCE OF THE HUDSON VALLEY

DR. MADORE,
Physician Representative

NORTHERN DUTCHESS HOSPITAL

DR. WILSON,
Director

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

NYACK HOSPITAL

DR. RABRICH,
Director

ORANGE REGIONAL MEDICAL CENTER

DR. VOHRA,
Director

PUTNAM HOSPITAL CENTER

DR. BUTTERFASS,
Director

MID HUDSON REGIONAL HOSPITAL OF WMC

DR. PAPISH,
Director

VASSAR BROTHERS MEDICAL CENTER

DR. ARSHAD,
Physician Representative

WESTCHESTER REMAC LIAISON

DR. ERIK LARSEN,
Physician Representative

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

ALSO PRESENT :

- MICHAEL BENENATI
- DAVID GRASS
- JAMES JENSEN
- ANDREW TARASOFF
- RICHARD PARRISH
- JOHN MAHONEY
- KIM LIPPES
- KEVIN GAGE
- DAVID VIOLANTE
- SHARON FRAZIER
- DESIREE LEONE-STOLL
- FRANK CASSANITE
- NELSON MACHADO
- DAVID BREUER
- JACOB GOLDMUNZER
- FRANK FAZIO
- JOSEPH SOLDA
- TONY PERUGINO
- SAL MAURO
- ED MURRAY
- AIDAN O'CONNOR
- BRIAN BATES
- YITZCHOCK STEINBERG

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. MURPHY: Good morning. Let's call the meeting to order. Thank you all for showing up on this nice bright sunny cold morning.

We have a couple of votes we have to do today so I want to make sure we do a roll call and make sure we have everyone down for attendance.

I have myself, Dr. Papish, Dr. Arshad -- it's Chung, right?

DR. CHUNG: Yes.

DR. MURPHY: And Dr. Vohra.

And you are -- is it Deitrich?

DR. RABRICH: Rabrich.

DR. MURPHY: Goodness, how could I screw that up? Sorry about that.

Dennis. And nobody is hiding behind -- I already have you down. And that's it.

So how many do we have here? So eight so we have a quorum. Okay so we have a quorum.

DR. PAPISH: Kingston --

DR. MURPHY: I'm so sorry.

DR. MADORE: I just arrived.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

(Discussion held off the record.)

DR. MURPHY: So I would like to be able to have the minutes reviewed and any acceptance, deletions, corrections, revisions, please let me know.

Can I get a motion to accept them?

DR. VOHRA: Yes.

DR. RABRICH: Second.

DR. MURPHY: Dr. Vorha, yes, Dr. Rabrich, second. Thank you, guys.

So starting this morning we have got a bunch of things so I'm going to roll right into the old business as our agenda is set.

The BLS protocols were approved at the SEMAC and SEMSCO level. So they are going to go forward.

Has everyone seen them? Does anyone need a copy sent to them? We can send out an e-mail copy for people if you need to see them. It's the first time in probably -- I don't know, what did we decide --

DR. RABRICH: Seventeen --

DR. MURPHY: Eleven years?

DR. RABRICH: No, seventeen years.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. ARSHAD: A really long time.

DR. MURPHY: Yeah, in the State of New York and kudos to the TAG committee who did that. It was a pretty tumultuous amount of work, thank you to everybody. And I know he hates it when I say it, but a special thanks to Dr. Fullagar.

So that will be rolling out, the one thing we will have to work on is a protocol committee. And for our region is to decide how we disseminate all the information and make sure everyone is on the same page. And we will do, you know, probably similar to what we did a long time ago when BLS was added to the collaborative protocols, do some round robin kind of visits with some educational sessions. So if anybody is interested in doing any of those -- because I know everybody likes that.

DR. ARSHAD: I'm interested.

DR. MURPHY: Okay, cool. Please let me know. I think it's a process that's, you know, so important. And I think that, you know, for a very long time -- I guess 17

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

years -- BLS has not been upgraded in the State so it's really important that we bring them along. I will talk a lot more about them when we go into the SEMAC report because it took up most of SEMAC what we discussed with the BLS protocols. I think that we just need to make sure we get the information out there disseminated and have everybody working towards the same goal and having the collaborative protocols means that across New York State, with the only exception of New York City, we will be on the same protocols.

All right, service upgrades. So the this morning we have two ALS upgrades that are here to be voted on. And as members of the committee we had two TAGs review the applications and all the accompanying documents to make sure everything was in order.

MR. HUGHES: Andrew has a --

DR. MURPHY: Okay. So without further ado Andrew was the first TAG that was setup to do one of the ALS upgrades, go ahead.

Oh, everybody that stands up to speak,

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

please introduce yourself so she can add it to the minutes and that we all --

MR. TARASOFF: Hi, my name is Andrew Tarasoff. I was the chairperson for the Village of New Square's ALS upgrade.

I'm actually going to move over this way, I do apologize. I apologize more for you because --

DR. MURPHY: But you said that nice and slowly so you are getting it.

MR. TARASOFF: -- I'm kind of loud in the morning.

If there is anybody that was on the TAG would you like to raise your hand and claim acknowledgment? No? Perfect, okay --

DR. MURPHY: So you guys are not claiming acknowledgment that's the --

MR. TARASOFF: That's great, that's fine.

So just to go through some of these -- for those that are not aware, the Village of New Square is in Rockland County. They are currently a BLS agency looking for ALS upgrade. Their ALS is currently supplied by

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

Chevra Hatzolah of Rockland County under the medical direction of Jeff Rabrich.

According to the U.S. Census Bureau information the Village of New Square is approximately .4 square miles, 256 acres. They currently have, according to the Village of New Square, ALS upgrade application, approximately 8,300 residents. They run between 1,200 to 1,400 calls per year and they do actually service for nonhospital care centers.

Our TAG meeting we were very lucky, we -- this is a very straightforward process. We all agree that there was really no major issues.

The only concern that was voiced was on the initial application there was a type of service, which had both volunteer/independent and volunteer/municipal, which we really didn't feel was an issue going forward, it was just something I needed clarification on the paperwork, which everybody agreed, including Mr. Hughes, that it was going to be a nonissue moving forward.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

We also did not feel that there was a need to have an agency meeting. Everything that we had was very straightforward, the application was in complete so we really didn't have any concerns and feel there was a need for clarification in an agency meeting.

We had our public meeting on December 17th at 1:00 o'clock in the afternoon. There were no public comments or concerns voiced regarding the ALS upgrade. To the best of my knowledge and we can feel free to correct me, during the 30 day comment period, again no public comments or concerns were voiced regarding the upgrade.

Based on the upgrade TAG we found that the agency meets the requirements for HV REMAC for a paramedic level service and it's the official recommendation of the technical advisory committee to approve the agency application for ALS upgrade.

DR. MURPHY: Okay, thank you.

Wow, that's the first time we ever had a Power Point presentation after -- that's pretty impressive. Thank you for all the

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

work.

MR. TARASOFF: Off the record.

(Discussion held off the record.)

DR. MURPHY: Okay, back on the record.

So what we need to do then is move this forward so we don't need to vote? I thought we had to vote.

MR. HUGHES: Well, we do have to vote --

DR. MURPHY: Oh, it doesn't have to be a roll call vote --

MR. HUGHES: Right not a roll call vote, just a yea/nay vote --

DR. MURPHY: Okay, so with all the proper paperwork and everything in order the TAG's approval and recommendations I would like to -- can you make a motion for me? I am not supposed to.

DR. PAPISH: Motion to approve --

(The speaker cannot be understood.)

DR. PAPISH: -- Village of New Square's application for ALS upgrade.

DR. MURPHY: He was doing a little --

DR. PAPISH: I was abbreviating -- reading the abbreviation.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. ARSHAD: I want to second that.

DR. MURPHY: Okay. All those in favor?
We have unanimous, thank you.

All right, so moving on. So now the
second upgrade we had formed a TAG for was
the Alamo certificate, doing business as
Vassar EMS.

Nelson, you want to come up?

MR. MACHADO: Yep. Andrew is setting up
my presentation right now.

MR. TARASOFF: Working on it.

MR. MACHADO: I have people for that.

DR. MURPHY: Come on in.

DR. WILSON: Thanks.

(Dr. Wilson entered the meeting.)

(Discussion held off the record.)

MR. MACHADO: Okay, so I'm going to move
forward contemporaneously as Andrew figures
out the technology.

DR. MURPHY: He wants to win the
competition so he's probably not going to
bring up your presentation. So just go ahead
you can tell us what the TAG did.

MR. MACHADO: So we received a TAG for

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

an upgrade for paramedic level service from Alamo Ambulance Service.

The certificate has been in use through contracts basically through TransCare and then Mobile Life Support doing one BLS transfer per month. When the application was received the ALS TAG met. We discussed the content of the application and raised a couple of concerns.

Chief among them was that the applicant was requesting an ambulance transportation certificate basically. They want to do interfacility critical care transport only, the plan was to start with one ambulance. Our concern was, all well and good that you only do critical care transport, but you still need to meet the requirements of the 9-1-1 truck too in our system, you know, reviewing the medical control plan. We raised that point with them.

Other points that we raised included -- help me out here -- what else did we include? We included MOUs --

MR. TARASOFF: You were on the TAG --

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

MR. MACHADO: We were concerned about MOUs. We were concerned about staffing, recruitment and retention of other agencies. We were concerned that they were going to continue with another contract to maintain this -- the certificate. In other words, Alamo Ambulance Service is owned by Vassar Brothers Medical Center, they were contracting with Northern Dutchess Paramedics to run this critical care truck. So the concern was, is the certificate basically at risk for hijacking. In other words, can Northern Dutchess Paramedics now start doing transport work and 9-1-1 work in the other counties using the certificate?

Then the last part of this was, because they were entering into contract with Northern Dutchess Paramedics we were concerned that policies and procedures in place for NDP would simply be used for Alamo and we needed to stress to the applicant that because they are a separate entity that that entity itself is required to meet all the statutory and regulatory requirements of an

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

ambulance service in New York State and in the Hudson Valley Region.

Applicant responded -- thank you --

MR. TARASOFF: I lied, let's try it again.

MR. MACHADO: Here we go.

The purpose of the application was to, again, provide a streamlined patient transfer mechanism for patients requiring urgent interventions and services not available at the sending facility.

The governance, again the certificate is maintained by Vassar Brothers Medical Center, it does have a d/b/a of Vassar EMS. The CEO is the CEO of Health Quest systems and Dr. Arshad is going to be -- or is the medical director of the service.

Again, it's one critical care ambulance. The plan is to either staff this ambulance out of Vassar Brothers Medical Center or Ellenville Rescue -- or Ellenville Regional Hospital.

They were specific in stating in their application that they are not intent on

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

pursuing 9-1-1 work. Again, our concern from the medical control plan perspective is what happens when the crew goes out to lunch and they get flagged down? So we wanted to make sure that they were going to meet the requirements within medical control for paramedic level service. And, again, they did respond saying that would be the case.

As stated previously, NDP will be providing the staffing of the unit. And NDP is currently an authorized paramedic level service within the region.

We met on December 3 and then the concerns raised were the need for mutual aid MOUs. Currently there is no mutual aid MOU in place. Although the applicant did respond that they would enter into MOUs. And the purpose for this, one of the concerns -- and I think it was chiefly my concern -- was what happens when the ambulance is transporting a critical care patient and there is a breakdown somewhere on the mountain? We are talking one ambulance and NDP's primary response area is Rhinebeck, Northern Dutchess

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

Columbia County, how long would it take for them to send an ambulance down to complete that transfer? With MOUs they would be able to handle that a little more time quickly or time sensitive using local services.

Conflicting call information was listed in the application, it was kind of an error. Again, they are doing one BLS transfer right now and then at some point in the application it said they weren't doing anything. It turns out they are doing those 12 calls.

Available for disaster versus limited critical care transport. In the application they stated that the ambulance would be available in the event that there was a disaster within the region for response, but, again, you are limited to critical care. Are you going to have the equipment to do the 9-1-1 stuff? So that as addressed as well.

The policy and procedures and the impact on recruitment and retention. On the recruitment and retention component, we were kind of concerned that the ALS provider pool was going to be more diluted than it already

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

was by adding another ALS service. And the applicant responded appropriately, basically that shortage has preexisted and their intent is not only to use EMS staff to do the transfer, but also Allied Healthcare professionals and licensed providers.

So these are the points that they responded to. Any questions about that?

DR. MURPHY: So when you say they are using dedicated critical care staff, that means like a nurse practitioner or PA from the intensive care unit?

MR. MACHADO: My understanding was more respiratory therapist, a nurse if necessary, but I don't believe they are going to be sending PAs or NPs. Dr. Arshad?

DR. ARSHAD: Correct, yeah. So paramedic EMT basic staff with flex up to respiratory therapy if needed or critical care nurse if needed.

DR. MURPHY: And what was the answer for -- is it okay if I ask questions now?

MR. MACHADO: Absolutely.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. MURPHY: Okay, what was the question -- or what was the answer to the question of -- because our -- our, you know, way that we have always done it is everyone is a full service EMS agency. And under our -- well, not really bylaws -- but our -- what the heck is that protocol?

MR. HUGHES: Medical control plan.

DR. MURPHY: Thank you -- medical control plan, we have people in that capacity, that is kind of a deviation from that, right?

MR. MACHADO: It is in the operation model. However, they will also meet the requirements of 9-1-1 ambulance. So they wouldn't necessarily be responding to a 9-1-1 call if made --

DR. MURPHY: But they are going to make sure that they uphold the standards that we expect every 9-1-1 agency to do, but --

MR. MACHADO: Correct --

DR. RABRICH: They have to comply with Part 800 anyway --

MR. MACHADO: Correct --

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. MURPHY: Right, we just need to make sure that we do everything the same. We can't have special things for anyone else because you know that will come back to bit us --

DR. RABRICH: I believe our understanding on this when we checked with the State on this, that they could decide to do -- they are an ALS agency and if they decide they are only going to do interfacility transports, that's an option, but as far as the State's concerned they're certificated as ambulance service --

(Everyone is speaking at once.)

DR. MURPHY: Yeah, that's what --

MR. MACHADO: Correct, yeah. Thank you.

Public meeting was held on December 27th -- again, thank you to Karen for providing me with the date. I couldn't remember.

Concerns raised were -- the two primary concerns raised in the public meeting were the 400 calls and sustainability. In other words, how do you sustain the unit for 400

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

calls and does that meet -- 400 calls per year and maintain the skills of the providers on the truck? Dr. Arshad responded to that appropriately as it was listed in the application as well. Health Quest is going to be subsidizing the unit and will absorb the losses as a corporate entity in order to provide better care in the region, that was number one.

Number two, as far as skills maintenance, quality improvement, quality assurance, they'll make sure their staff is trained and will be evaluated routinely.

Patient transportation. The other concern was raised was, what is to stop Vassar from grabbing all the patients and bringing them back to Vassar directly with this unit? And Dr. Arshad's response was that the units would be held to both protocol but also in the interest of the patient they will be transporting the patient to the most appropriate facility.

Here are the responses.

Any questions?

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. MURPHY: Any questions from the body of the --

MR. MACHADO: No? At the end the TAG felt that they are willing to meet the requirements, they are willing to integrate within the EMS system as it stands as an ALS service, again with directed care for interfacility critical care transport.

MS. FRAZIER: Sharon Frazier from Mid Hudson Region. One of the locations that were indicated were interfacility transports from Ellenville Hospital. What is the numbers that are expected of transfers from there? Is it a high volume, low volume --

MR. MACHADO: They didn't give us any specific transport from Ellenville directly. They spoke globally within the system that they were expecting 400 patients to be transported.

DR. RABRICH: Roughly one a day.

DR. ARSHAD: Yeah, roughly 1.8 transfers per day.

DR. MURPHY: Any other questions? So the TAG's final recommendation was that they

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

met all the requirements and that they will uphold to the standards that we have for all 9-1-1 agencies and your recommendation was to approve it?

MR. MACHADO: Based on the fact that they are meeting the requirements of the REMAC's medical control plan.

DR. MURPHY: Okay, so I need a motion to move it forward.

DR. RABRICH: I move we approve it as recommended by the TAG.

DR. MURPHY: And second?

DR. WILSON: I'll second.

DR. MURPHY: Okay. All those in favor?

DR. PAPISH: I'll abstain --

(The speaker cannot be heard.)

DR. MURPHY: Okay. Okay, so the motion passes and one abstention -- or you can recuse yourself.

DR. PAPISH: (Cannot be heard.)

DR. MURPHY: Okay, thank you, everyone. And, again, I appreciate you guys and all the help with the TAG committees and such.

Okay, moving right along, evaluation

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

subcommittee report. Dr. Arshad?

DR. ARSHAD: Yes, flurry of activity at the end of the Q4 2018.

So there were two cases brought to review for the evaluation subcommittee based on the recommendation actually of the Department of Health and the State Bureau of EMS.

So case number one had to do with a concern to an ALS provider's skill sets and qualifications to provide ALS care, this was regarding a paramedic in Ulster County. The call type which generated the complaint was an elderly patient with dyspnea, who also had significant cardiac comorbidity.

The paramedic responded. There were multiple components to the complaint, but did not bring into the home the monitor, or oxygen, requested the patient to walk approximately 80 to 125 feet from the back of the home to the ambulance, no twelve lead EKG was performed in the home, did not upload the EKG to the PCR. In addition, the patient was not brought to the hospital that they had

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

requested.

The reason this was brought to our attention from the Bureau of EMS is because they were pursuing action against the paramedic and thought that this met qualifications for review at the evaluation subcommittee level as well.

Once the patient arrived at the hospital the EM physician reviewed the PCR and showed that -- or found rather that the patient actually had multiple episodes of VT, or ventricular tachycardia, that went unrecognized by the paramedic.

We offered an opportunity to the paramedic to come and speak to the evaluation subcommittee and the paramedic did not respond to that request.

Also, in addition, the medic had been involved in a previous case in which there was an eighteen year old overdose, that was essentially terminated with minimal intervention and minimal assessment, just coloring the flavor of the paramedic.

As a board we voted to restrict ALS

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

privileges for a period of six months pending review by the agency's QA and QI director, as well as EMS medical director for that agency and the medic was to complete a remediation program and to be checked on multiple points on whether he was capable of providing ALS care within the region. We additionally sent a letter to the neighboring regions informing them of our conclusion for this paramedic.

Any questions regarding that case?

DR. MURPHY: Who is the medical director again?

DR. ARSHAD: It was Dr. --

MR. HUGHES: Stutt.

DR. ARSHAD: -- Stutt.

DR. MURPHY: Eric, right?

DR. ARSHAD: And he's been informed and acknowledged.

A second case that was also brought to us by the Bureau of EMS is a Sullivan County case. The social dynamics are complex, I'm going to try and keep it simple.

It was a trauma response and initial ALS ambulance as well as law enforcement were

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

dispatched to the scene, there ended up being two patients. The first ambulance which arrived transported the primary patient and there was a call made for a second ambulance. The request was for a BLS ambulance at that point in time based on the dispatch records. Given that it is more of a rural agency responders who were volunteering and at home at the time took the call and the paramedic in question drove to her station to pickup her ambulance and then subsequently drove to the scene. She did not, although, pickup her ALS equipment and gear at that station because the call was a BLS call type.

Upon arrival to the scene they assessed the second patient, brought him to the back of the ambulance, the patient was handcuffed. The complaint was regarding potential patient abandonment because the ALS provider elected to drive the ambulance and relegated the responsibility to -- technical operation to the BLS provider. The patient had a drop in mental status.

We felt ultimately reviewing the case

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

best practice was not followed. Even if the ALS provider had had insufficient equipment it would have been appropriate for her to be in the back of the ambulance with the patient for a higher level assessment, medical decision making and intervention with basic BLS skills like airway support and ventilation.

The paramedic acknowledged that in hindsight she should have been in the back of the ambulance, was responsive to our admonishment, and promised that she would try better, especially in the volunteer setting when responding to a call from home to remember that she would uphold her level of skill should she be called so -- for so in the future.

DR. MURPHY: So it's a little peculiar to me. The guy is handcuffed still in the back of the ambulance?

DR. ARSHAD: Correct. And there was a sheriff -- there was a law enforcement officer in the back of the ambulance --

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. MURPHY: So they accompanied --

DR. RABRICH: -- he was in custody.

DR. ARSHAD: Correct.

DR. MURPHY: So yeah, okay. I thought they were -- so then I was like maybe the woman didn't feel comfortable being in the back of the --

DR. ARSHAD: Thanks for clarifying. So it was law enforcement, the patient was in relative control, not superexcited delirium or anything --

DR. MURPHY: Okay. Yeah, that's kind of a snafu of issues, you know --

DR. ARSHAD: -- had a depressed GCS and ultimately needed supported ventilations and an advanced airway in the emergency room.

DR. MURPHY: Okay, it was Catskill? They went to Catskill?

DR. ARSHAD: Jeff, remind me?

MR. CRUTCHER: Initially they went to Catskill, patient was then subsequently transferred to Westchester.

DR. LARSEN: This was a trauma?

DR. ARSHAD: Correct.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. LARSEN: So this person had traumatic injury?

DR. ARSHAD: Correct.

DR. LARSEN: What was nature of the traumatic injury?

DR. ARSHAD: We attempted to get the emergency department records to see and verify all the potential injuries, but there was a reported head trauma and injury with some exam findings notable for so and a depressed Glasgow Coma scale.

DR. CHUNG: And got intubated.

DR. ARSHAD: And got intubated in the emergency department at Catskill Regional and was ultimately transferred to a level one trauma center.

DR. RABRICH: Right so GCS less than thirteen with a head injury is a level one criteria to begin with.

DR. ARSHAD: Correct, yeah.

DR. WILSON: What prompted the reporting of this case, was it somebody from the health care system, or was the patient's family, or --

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. ARSHAD: So this is -- you know, for what the Bureau of EMS informed to us and brought to our attention there was a concern for patient abandonment by another first respond public safety individual that prompted the complaint and initial investigate at the State DOH level. And they thought it was relevant for us to review and forwarded us to the case as well.

DR. MURPHY: Okay --

DR. ARSHAD: Additional cases next semester as well.

DR. MURPHY: Okay, so your follow-up you will just make sure that this woman, you know follows --

DR. ARSHAD: She was very responsive and I think the tenor of the conversation was she was apologetic, she appreciated that she could have done better. We emphasized additionally that the situation was complex, she was responding off hours as a volunteer from her home --

DR. MURPHY: Yeah, what was the transport time, do you know?

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. ARSHAD: Less than -- just around 30 minutes or so. And there was, in fact -- a pertinent detail -- there was an ALS intercept about two-thirds of the way through on the ambulance as well.

DR. RABRICH: So I mean I would just comment off-duty volunteer is irrelevant information, there is a duty to act there, right? You are still professional whether you are paid or volunteer. Is there a plan or monitoring or -- that is going to go into place to ensure --

DR. ARSHAD: Yeah. So the QI -- QA/QI director for the agency was also present for the conversation and there was an action plan developed to both increase the awareness of responding off hours and the duty and, you know, the proclivity and the need to act as needed.

And, additionally, they are going to be working on their documentation, which was another point that we felt was underwhelming. PCR documentation at both the BLS and ALS level we felt their agency needed to

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

increase the bar at which they were operating.

MR. HUGHES: One another thing, they are going to change their procedure so that whenever there is a paramedic on board that the second set of equipment would be on board.

DR. ARSHAD: Correct. As best practice we recommended that if you are responding and there is an ALS provider on the truck make sure you have the right equipment to do the job.

DR. PAPISH: So she called for ALS though, she rode in the front but then called for ALS backup?

DR. ARSHAD: So the initial crew on scene determined there was a second patient and made a call for BLS dispatch for the second patient.

DR. MURPHY: But she en route called for an ALS intercept or it just happened?

DR. ARSHAD: The EMT in the back of the truck called for the ALS intercept.

DR. RABRICH: So clearly an issue.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. PAPISH: Interesting.

DR. ARSHAD: Complex.

DR. MURPHY: It's always Sullivan County. Thank you, Dr. Arshad.

Any questions, concerns, any other comments or we can move on?

Okay, New York State Department of Health enforcement notifications. I only have one this morning. It's for City Wide Mobile Response Corporation out of Bronx, New York, assessed a civil penalty of \$70,000.00 for violations of Part 800.

Dr. Larsen, helicopter committee?

DR. LARSEN: I made an outreach to Air Methods. There is -- we don't have a medical director coming from Air Methods to the program and so we are requesting to reconstitute the committee and try to hold some type of regular meetings throughout the year. And that's basically where we stand. I don't know if there is a representative of Air Methods here?

MR. O'CONNOR: Hi --

DR. LARSEN: Introduce yourself --

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. MURPHY: Introduce yourself.

MR. O'CONNOR: Aidan O'Connor with Air Methods. I'm the regional business development manager for the southern tier, which encompass both the Wallkill base and the Harris base.

DR. LARSEN: So who is currently medical director?

MR. O'CONNOR: Dr. Berkowitz still remains our medical director for the purpose of narcotics and we are currently in the transition of gathering a new medical director. We do have other medical directors from Albany or out west that we could certainly utilize in the meantime, but we were hoping to have a conclusion probably the end of this month, early March.

DR. LARSEN: Okay, so as soon as we get that person into place we will convene a meeting of the helicopter committee and certainly that will be open to anyone that wants to participate. And we will try to reestablish a regular probably quarterly meeting.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. MURPHY: Okay.

MR. HUGHES: Can I have a minute?

DR. MURPHY: Yeah.

MR. HUGHES: I've also been dealing with Aidan and next to him is Joe Solda -- did you think you were going to get away with this?

MR. SOLDA: Yeah, I'm trying --

DR. MURPHY: Do you want to stand up and introduce yourself?

MR. SOLDA: Joe Solda, chief flight nurse for Hackensack Paramedics. We are the New Jersey partners, also New York licensed, came through the committee about six years ago. We are now a hospital based affiliated with Air Methods so you'll be seeing us in Rockland & Orange as you already have.

MR. HUGHES: And I've been working with them and we've been getting some reports on them. And just to give you some idea on the numbers that are coming in, in December Hackensack had two completed missions, which was two adults, and one came out of Orange and one came out of Rockland. And Lifenet had 58 requests and 11 transports and they

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

were all adult transports and they came out of all of our counties. So we will be able to do that and we will work with you on the committee.

DR. MURPHY: All right.

MR. HUGHES: Do you want -- can you just go into some of your program? Do you want to talk about the advocate program?

MR. O'CONNOR: Certainly, I have a few programs I'm not sure if you want to do it now or in committee.

One of them though is probably the most prevalent as you might hear especially in our health care setting that air medical transport is very expensive. Something that we realized two years ago is CNN, MS NBC, all those different places talked about the cost of air medical services.

So Air Methods -- I was a flight paramedic -- used to be a flight paramedic out of the Albany base and it got to the point so badly that when you get to the patient's bedside the family and/or patient was terrified to go by air medical transport

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

because of the potential cost.

Something that Air Methods has done and we are the first to do, is what is called a patient advocacy program. And that's the ability to when a patient get transported we no longer send them a bill, we send them a letter. The letter states that we are so sorry for your injury or illness and then we connect you with a person that is going to advocate on your behalf to the insurance company. We know just like ambulances they often get denied the first or second time. So we work with our medical directors, we work with the flight teams to, you know, write letters of appeal. And since doing so we used to get two to three complaints in the Hudson Valley and southern tier region per month about bills, now we have had zero in 2018 because we are taking the proactive step to make sure we are working on their behalf. No one will go to collections unless they decide not to work with the patient advocate and/or if the bill gets sent directly to them and they decide not to cash it. So we have

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

had those circumstances where people have been flown once or twice and they said, well, I'm buying a boat. Why would I give it back to you? And we are like that's not how this billing, you know, works. You have to send the bill back to Air Methods --

DR. MURPHY: You mean check?

MR. O'CONNOR: The check --

(Everyone is speaking at once.)

DR. MURPHY: You were saying bill, and I thought, no, you meant check.

MR. O'CONNOR: Check, my apologies.

So ultimately it's a fantastic program. Certainly when the committee forms we will be able to send a lot of information through there. We have patient excellence that we just recently did an RSI checklist that we've done in HEAVEN criteria, you may have heard about it.

And so today I do have information and magnets before I leave here today I'll make sure you all have them. But we would be happy to take a few minutes of every single REMAC and if you have the opportunity to

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

update you on some of the exciting things that are happening in the air medical world.

DR. PAPISH: We met last year sometime and you had some statistics as to the percentage of patients that had a bill of over about \$250.00 or something. And it was -- I don't know if you have those available, but it was pretty impressive. Because really almost everybody basically that choose to work with you guys ended up having an out-of-pocket bill that was under 200 -- under \$500.00, 250, significantly lower than the sort of rumor mill.

MR. O'CONNOR: It's absolutely incredible. And what I can do is I can give you my business cards upon departure toady. Certainly if your hospital is interested in seeing what your out-of-pocket expense has been for your patients, please reach out to us we can give you that information particular to your hospital itself. But like I mentioned, once it's out there it's pretty spectacular to see how much comparison -- little money they pay out-of-pocket.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. MURPHY: Thank you. RTAC? Any --

MR. HUGHES: We had no meeting.

DR. MURPHY: No meeting.

MR. HUGHES: No.

DR. MURPHY: Quality improvement report,
Jeff?

MR. CRUTCHER: Work progresses on the
new Nemesis 3.4 bridge. Added Health EMS and
Zoll Beta, along with Image Trend and EMS
Charts.

We do keep finding some validation rules
that are problematic and we convene a --
usually like a web seminar to fix those
rules. They are still cropping up, we fix
them as they come.

And that's really been about it for the
past six weeks.

DR. MURPHY: Okay. Thank you.

Protocol committee, Michael?

MR. BENENATI: Well, I was hoping that
you were going to do SEMSCO first and I could
say no report because you covered all the
materials --

DR. MURPHY: So why don't we just put it

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

altogether because I have so much to do --

MR. BENENATI: -- I think the majority of the information is from the SEMSCO so I'll just defer to you.

DR. MURPHY: Yeah. Okay, so basically on January 15th we had our meeting. And, you know, as I mentioned before all the BLS protocols were moved through and improved.

We did have a lot of conversation from the committee from pediatrics and Dr. Cooper, EMSC, and those issues were addressed, discussion about some of the pediatric arrest issues and pediatric assisted technology devices, some verbiage correction, some discussion about the pediatric transport, especially with respect to trauma.

And one of the things that was really important that we will emphasize with the new BLS protocols is the fact that as an entity, we -- besides the collaborative committee the entire SEMAC was in approval of that we really work cardiac arrest at the scene. And we are going to push forward and try to disseminate that information. It's kind of

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

like almost coming full circle again just like with CPR. But we found that trying to do CPR in the back of an ambulance does not work and that definitely hands-on CPR is better than machines. And for the purposes of ROSC that working the cases at the scene, taking that time with a very high quality CPR and integrated system is more efficacious than scooping and running. So we are as a group and from the collaborative protocols put forward that we want to really disseminate and emphasis this information.

Any comments?

DR. ARSHAD: Yeah, I was going to wait until the end.

DR. MURPHY: Okay, I could see you. Yeah, so you know we did go through all of that and again it was approved.

We talked a bit about Ryan Greenberg from the State, talked a bit about some of the things he's looking into in this near future, looking at the mutual aid policy and how it goes through each REMSCO. Still discussion about the transfusion services,

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

which we didn't do much on because we discussed it at the last meeting and it didn't -- it is still in the working stages. And that the DOH is totally transitioning to electronic form so when the DOH comes and does inspections they will be electronic forms. There were some staffing changes at the Bureau. One of the new things coming out is it was approved and drafted that EMTs can now start to work at the age of 17, which is a new entity which is -- brings up a whole other load of people to try to prosper and get interested in the whole career path so they are hoping for that to restart a new flow of providers. Trauma was discussed with both -- he's talking about meeting with all the directors and managers, program coordinators and going forward. The process of -- he is developing pilot programs for databases and the PCRs coming into a data base so that all the materials can be utilized and retrieved in a positive way. They asked us to fill out a SurveyMonkey to decide what we wanted to see as our QA

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

metrics going forward into 2019.

And the EMS memorial this year -- as you know EMS week is in May, there are 1,800 agencies in the State of New York. The EMS memorial this year though will be dedicating a memorial to nine deaths all related to 9/11 exposure. So it's the first time that's really, I guess been the focus of -- we have found a clear cut nidus for each one of these deaths was related to exposure at the site.

Transfer policies and handoffs, we are going to be talking about and looking at the regulation of agencies and how we transfer care. And going forward, you know, just make sure we have best practice policies in place.

They did discuss that New York State will sign off on the stroke designation centers. They will be as, you know, a primary stroke center, a thrombectomy capable center, and a comprehensive stroke center. The designation will be for two years after that they are turning over the designation and the accreditation to whomever you use from the government as a crediting agency.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

If you use, you know, JCHO, if you use DNV, it will be turned over to them in the future. So many people are trying to get through the State to get a freebie now to get the designation before it goes to that form, but that's how it will go forward in two years.

DR. LARSEN: Do they have an exact date?

DR. MURPHY: He didn't say a date --

DR. RABRICH: Just like trauma when they switched to ACS there is going to be a changeover period where as long as you put your application in there will be a two to three year process --

DR. MURPHY: Yeah. He said that he felt that towards the end of March they should be able to put the process out there, but he didn't specifically say a date.

DR. RABRICH: They plan to mirror what they did with trauma with stroke using AHA or joint admission.

DR. MURPHY: And then we talked about a bunch of collaborative protocol processes at medical standards. And some of the changes were seizure protocol, allowing two doses of

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

Versed, organophosphate exposure having a dose of Versed with adults, Bradyarrhythmia not utilizing an ionotropic agent. And coming forward is a fever protocol which have the addition of Motrin and Tylenol for peds patients and it will be weight-based. And one of the suggestions was to also make more of a unified approach for having intranasal in every protocol that we could to utilize its ability for quick administration.

And I think that's it.

DR. LARSEN: Wait -- clarification. So intranasal administration of what?

DR. RABRICH: Spelling out the word intranasal instead of using I-N -- they are going to spell out the word intranasal wherever I-N appears in the protocol.

DR. MURPHY: Makes it more uniform.

DR. LARSEN: Okay. Now, did they talk about how prehospital care is going to measure these fevers?

DR. RABRICH: Yes. Thermometer if available and equipped is how it will read just like the other protocols. So if they

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

have a thermometer, many agencies do, and they record a fever, they can give Tylenol or Motrin.

DR. MURPHY: We are trying not to make anyone have extra monetary expenditures so each on of these things added on say if available and equipped.

DR. RABRICH: The other issue that came up is, I believe it's 122 is the bill number on essential services, making EMS an essential service in New York State. Which in theory, one, it's hard -- if you look at the list of what already is an essential service it's hard to believe that EMS is not on that list. However, this bill has its financial implications, it's essential service -- I'm trying to go slow -- for the purpose of applying for state money and aid and grants. So it kind of got tabled because it's unclear what the impact would be regarding other fire-based services that are providing EMS and other agencies so it was mentioned, but tabled until May's meeting.

DR. MURPHY: But it was pretty

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

interesting that it isn't under that list of essential services --

DR. RABRICH: Yeah, which includes public utilities and all kinds of --

DR. MURPHY: Yes?

MR. BENENATI: So, Pam, just to make it clear for everybody, the collaborative protocol updates were also approved at the SEMSCO meeting. And so there is now a process which the region needs to follow that I'll defer to Bill about to move that process along.

MR. HUGHES: Right. We will put them out for 30 day comment and it will go to the people that are required by New York State, which is all the hospitals, all the providing agencies, we will wait for those comments and if there is any comments come back we will address them. If there is not then we will be able to implement those protocols.

DR. RABRICH: I think we established in August one sunset date for the current --

MR. BENENATI: For BLS --

(Everyone is speaking at once.)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. RABRICH: -- ALS was left open.

MR. BENENATI: Yeah, people could really move out the ALS much faster.

MR. HUGHES: With that in mind, since we -- everybody -- all the regions except for New York City area are on the collaborative protocols the State has asked us to take a look at that from the program agency point of view. And we have put together a committee that's going to be looking at a suggested process that would eliminate the -- not the comment period and not necessarily everybody being able to voice their opinion on them, but some of the process, which involves a lot of certified mail and things like that, just absorb a lot of time and money and that probably no one reads. So that whole process will be put into a structure that will give us dates as to when the protocols will be coming out and scheduled it around the year so you should know what time they are coming out and match up with both the RTAC, the EMC for kids and the STAC meetings.

DR. MURPHY: EMSC --

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

MR. HUGHES: Yes -- EMSC.

DR. MURPHY: The other thing was because one of the steps is to send out certified return receipt mail, so you know they need to be upgraded because everything we do now is electronic. So it's just those protocol procedural things need to be looked at.

MR. BENENATI: So also with regards to the implementation of the BLS and ALS protocol -- actually I'm going to yield to Dr. Arshad, him and Dr. Fullagar are working to develop a statewide training programs will be a part of that process and then see what gaps need to be filled in. But it will be very similar to the last roll out so maybe Dr. Arshad can give us a brief status on where that's going from here.

DR. ARSHAD: So this is really exciting, similar to the ALS collaborative protocols roll out where we were able to record videos, training podcasts to really help augment the medical decision making and bring the 3D upgrades to life for our providers. We have already secured another \$25,000.00 grant and

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

the Hudson Valley will be leading, along with the Syracuse region, the BLS collaborative protocol updates where we will be similarly recording podcasts, recording training videos in 4K and that really highlighting -- the theme will be, Evidence Based Medicine Meets Best Practice, Be the Best BLS You Can Be. And focusing in on all the interventions that you can really perform as a BLS provider to bring that advanced medical decision making and life-saving scope of practice to your patients.

If you guys have excellent EMTs within your organization that you would like to nominate to be part of this training video process, please do forward those to me. The dates are already scheduled, March 13th, 14th, and 15th, where we will be recording those training videos. And, again, last year we were focusing on amazing paramedics in the region to be part of the videos. If each agency were say okay, I have a great EMT I would like to bring forward and help represent the State on this collaborative

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

rollout, we'd love to hear from you guys.

DR. MURPHY: It's amazing the dates you pick. I'm in Haiti for a medical mission. Thank you. Last year was the same -- thank you.

I think that one of the things that will be exciting is collaborating together and bringing all of this to the forefront. One of the things I learned is there is a lot of things in the BLS protocol that they have been allowed to do now that I never knew before. So with this new roll out it will be very exciting with the upgrade.

Any other comments?

MR. BENENATI: Yes. So at the protocol meeting this last week -- Bill, did you want to report on this?

MR. HUGHES. No. I wanted to make a comment on the adjuncts. Any of the physicians here that are medical directors for BLS services, we have a lot of BLS services that are not utilizing those adjuncts. So if you could be instrumental in the training and maybe putting forth that

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

they can use those adjuncts and how to use them and that they should be using them. We actually have a quite a few that aren't using -- that do not carry Naloxone at all on their rigs, which is kind of -- confuses me because it's an easy training process and it's supplied by the State through us. So there is no cost, there is nothing that the agencies have to do. But we have a fair amount of them, I mean we are probably at maybe 35 percent that do not carry Naloxone. And there is a lot that don't carry the CPAP that is available and the 12 lead acquisition. I understand that one is a little bit more expensive, but some of the others that are available to BLS services, they really should be carrying most of the them.

MR. BENENATI: So there was a very lengthy discussion also at SEMSCO with regards to the -- and I'll use the words that they used -- the EMS crisis that exists in New York State. We began to discuss this at the protocol committee meeting last week and

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

decided that we needed to move this process forward in this region. There certainly is a call for additional data to substantiate the crisis that we are in at a state level. However, obtaining that data will take a very long period of time and those of us that participated last week felt that we really did not have that time to look at that data. While the data certainly is critical, we need to begin the process now and augment that conversation as the data becomes available.

Collecting the data, as you can imagine, is a huge task when you look at across the State because there are some counties that reported that they have about 50 primary safety public answering points so that's pretty significant.

So what we have decided to do is to ask Bill to form a systems subcommittee TAG to pull together key leaders in the region, including EMS coordinators and physicians, and to hold an EMS summit in this room within the next 30 days sometime and just begin to throw ideas up on the wall and look at all of

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

the opportunities that we have to make a positive impact on this crisis that we are in. This crisis goes from personnel to agencies not being able to get out, to reimbursement, to education, to everything. And so we want to hold a session where we can all just take any discussion which is outside of the box and throw it up on the wall and see if we can come up with a solution.

So I'll turn it over to Bill to finish that conversation -- or just -- we are working on a date, he's working on a list of people who are going to get this, certainly we do want physicians from around this table to participate in that process. But this is -- this is a crisis and we don't think we can wait 30 days to begin it.

MR. HUGHES: As Michael said, we are out trying to solicit the people, trying to get contact information that we need to put that altogether. And hopefully in a very short period of time, I would say hopefully by the end of this week everybody -- we should have invitations out and hopefully everybody will

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

respond and maybe the room will be too small. If it is, we will find another location we can use. But we want to move forward with that to understand what is going on so everybody has an idea, or at least can voice an opinion on what they see is the problem. And it might be stuff we haven't even seen yet so it's very critical to the region.

MR. VIOLANTE: So I think Mike and Bill and Dr. Rabrich, and Pam for sure, are really being very nice about this process. I don't want to be fire and brimstone about this -- so I won't -- but I will say that there truly is a crisis. People today are not getting ambulances, organizations are closing their doors, fire companies are deciding to get out of EMS, and 9-1-1 centers are not able to send units to places. Like this actually happening. We are having this issue in Dutchess County where we have formed a group that is trying to look at other solutions, much like we have here at the region.

And the idea of essential services being something that we should participate in and

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

we should be recognized as, is true. The concern from the group up at the State was that if it became an essential service would we be able to, in fact, cover those calls? Because we cannot. There are no people, there are no providers, the agencies are not getting the funding that they need. I believe that the budget, the federal budget and perhaps the State budget, has just reduced funding for EMS. And the reimbursement rates are still back into the area of -- what was it -- the 90s or so for what the cost of a service would be, which is just impractical at all.

And so I really don't want this to be an underestimated bullet point of the meeting. This is something that truly we are going to have to work on or there will be no us to work on it. And so I think this is amazing and great work by this region. Again, we are stepping forward and doing what needs to be done, I think that's fantastic. I think we are all able to be a huge part of this. Because there will have to be some kind of

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

change coming down the road and we may not even know what that change is or looks like, I think we should get some millennials involved because they the ones that can really foresee things and change things and move things forward, but --

DR. MURPHY: They might use holograms.

MR. VIOLANTE: That's okay. That's fine, totally fine.

But I think the EMS system will not look like it used to, but I think we have to move in that direction. And I think we really need to be a part of it because it's truly truly in crisis.

Just a couple of other points we had talked about, Part 800 changes to go along with the BLS protocols. I don't know when the last Part 800 changes were, probably -- I don't know, when the EMS system began. But they are taking a bunch of stuff out, they are making it little bit more appropriate for what is required for the ambulances.

The PECC program, pediatric emergency care coordinators, is something the State got

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

a grant on and it's to develop pediatric equipment training and recognition in particular areas. And our region, we signed up to be coordinators to help disseminate information and help agencies to get pediatric care and programs underway.

And the Hospital Hub system that we've talked about quite a bit here and there is a free system to be able to go in and look at PCRs from any providers, agency that come into your system, but it's an active process, the providers have to put it in there and you have to go search for it, that's through Image Trend. We talked about ESO a bunch of times, they have a similar program where you can look at stuff. ESO is working now with the State to work on a program statewide that is automated and so you don't have to go search for data it just automatically gets there and back to the providers. So that's something I know we are looking at on a statewide level too. So if you hear any of those things I'm happy to talk about the PCR stuff specifically if you need.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. MURPHY: Okay, thank you.

One of the issues from the pediatric standpoint is people going out and now training and teaching about proper immobilization of the child for transport. That is now being -- you know -- Dr. Dailey has been going around, there's been a bunch of educational opportunities for it. Thank you, everyone.

Any other comments about --

MR. HUGHES: I have just one more quick one.

DR. MURPHY: Okay.

MR. HUGHES: Every time there is a SEMAC and a SEMSCO meeting there is a program agency meeting, which is the one that I go to the day before. And this time they had a county coordinators meeting that -- the evening after our program agency meeting there was a county coordinators meeting. And actually I think both county coordinators are here that were at that meeting, but the other four county coordinators within our region weren't at the meeting. So if you guys talk

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

with them and work with them, if we can push them to attend those meetings and see what else is going on in the State I think it would be a real big advantage. They had an organization and then it was kind of dissolved and now they are trying to re up that organization to the county coordinators to get involved in it and help on some of these issues.

DR. MURPHY: Okay --

DR. LARSEN: The one thing I can't quite understand is this essential service thing. And I don't think we need to have that discussion here, we should probably have it in that emergency meeting. But that sounds just crazy. I mean, I don't -- you know maybe there is some repercussions. Yeah, the repercussions are that someone is going to have to come up with some money. And money is what is going to make things roll here and get EMS the kind of funding that they need, just like police and fire and all the other services they consider. So I think this is something that we really have to push. I

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

mean, you know, I don't know what the roadblocks are there, there maybe some repercussions. Yeah there definitely are going to be repercussions. But it's like, okay, so what? But I think that's one of the things we really have to go advocate and go to Albany with. This is craziness, that this is not essential service. I mean, it's one of the reasons why the paramedic services and EMS services have been reduced to the position it's been in all these years and why paramedics are not getting paid decently. You know, it's crazy and I think we really have to push this thing.

MR. VIOLANTE: Erik, that's fantastic and you are absolutely right, 100 percent. One of the roadblocks that we will get to -- and I agree, I think we should push this forward because it does come down to money at the end of the day. One of the things we'll have to fight against because this a home rule state, that means that every city, town, village is really in charge of their own things and if they have unfunded mandate,

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

they will rail against it, you'll never see that happen. I don't want to say you'll never see it happen -- that will be one of the roadblocks we are going to have to fight.

MS. LIPPES: We have a -- Hudson Valley has unusual -- actually I shouldn't say the whole Hudson Valley because this has been -- I have been pushing this for 10 years, I have been preaching it at State Council every year. The problem is we don't realize, especially like in Rockland County, the agencies are independent with the exception of New Square and Piermont are municipal, so that brings a whole other thing because they are independent agencies. They believe they are municipality because that's what everyone thinks them to be, when you go upstate it's a lot of fire-based and also in our region. It's money. There was legislation to do something for essential service, but if you read the fine print on it, it was only to the give the municipalities the ability to get some money, it had nothing to do the agencies.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

I can tell you in 23 years as a coordinator every time I bring it up because some things are available to the fire service, like the RCC education piece wasn't available to EMS because they are independent agency and not municipal, they are contract based to the towns.

So it is -- it's critical that we make it essential. The fear is and the push back was from the government end then it would be something they would have to pay for. And I can tell you everything that I tried to get over the years I get push back because it's not essential, including my own position. Had it not been for Dr. Purcell a few years ago the county decided it's not essential, we don't have to have it, we are getting rid of it. She tucked it under the admin office and the Health Department and that's the only reason we still exist in Rockland.

So it's money, you're right. But essential, the day we all dry up and disappear -- on a positive note, we had a full EMS class that just started, which was

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

positive thing for a number of years. But we need to push it and we need to get it out there and we need to make sure it covers the way we are structured, not just municipality, not just government, it has to cover the agencies and it has to prove the agencies.

DR. RABRICH: Right. And this current bill the way it's written is essential service means it requires the municipality to provide that service to its citizens. They can choose to do it however they want, they can keep the money, give it to other agency, but it does not say anything goes to the agency, it says the municipality is required to provide the service.

MS. LIPPES: It's all for them.

DR. MURPHY: That might be a big problem. Okay, thanks, Kim.

MS. LIPPES: I can tell you from the coordinators meeting, I was on the conference end of it because I wasn't able to travel up, that was one of the deliverables or the priorities they are setting is to push essential services.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. PAPISH: Not to -- I was going to change the topic.

DR. RABRICH: I was going to too, so go ahead.

MR. BENENATI: Before you change the topic, EMS -- I want to say that the EMS coordinators are pivotal to our opportunity to move this information from this environment out to the field. We need them and they need us and we need to form a strong partnership with them. And that's why we are asking them to be a part of this summit as well, because we both need each other in this process.

DR. RABRICH: And we need EMS providers to show up in Albany on lobby day to tell their legislators.

DR. MURPHY: Well I think the EMS coordinator is an integral link in the dissemination of that information so I agree totally.

DR. LARSEN: So when is lobby day?

DR. RABRICH: I think it's in March, sometime late February, early March. I don't

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

know the date.

DR. LARSEN: We should put that out, I mean, if we have some advance people are willing to go.

DR. MURPHY: Are you done?

MR. HUGHES: I'm done.

DR. MURPHY: Okay, thank you, everybody.

So --

DR. ARSHAD: So another thing that we can improve upon is mass casualty training. I just wanted to pass the baton to my two colleagues, Sharon and John, who are planning quite a mass casualty exercise. It's going to be focused for Dutchess county, but really we all know in a disaster situation we will be calling on mutual aid from our surrounding counties so encourage everyone to please distribute this amongst your provider staff.

But, Sharon and John, please tell us more and the dates and the specifics.

MR. MAHONEY: That's on you.

MS. FRAZIER: Oh, no. Well, actually there is a couple of different stages of the whole process. We previously had an EMS

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

training day at the Dutchess County Department of Emergency Response Center two previous years. So we will have another one this May and that will be all based on the theme of what our full scale drill will be in 2020, and it's a hazmat training incident type of scenario. So we have many different players involved, obviously the MetroNorth, EMS, P.D., we have the hospitals, Dutchess Community College -- am I forgetting somebody?

MR. MAHONEY: Fire departments.

MS. FRAZIER: Fire departments, yes -- sorry. So we had a couple of different meetings already planning this and May 4th will be our EMS training day this year, that will be at the Dutchess County Department of Emergency Response Center on Creek Road in Poughkeepsie.

How many people did we have last time?

MR. MAHONEY: Sixty-eight, seventy, somewheres in there.

MS. FRAZIER: Somewhere in that -- so we had pretty good response with the EMS

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

providers. We are definitely looking forward to it, there is some good collaborative going, and full scale drill will be very exciting.

MR. MAHONEY: And after our meeting last week we noticed that it's great to have the training on May 4th, but for the drill to be in October of 2020 what is going to happen in-between, we decided in-between that to have multiple training opportunities and tabletop exercises for each agency so they can come in and go over what their role will be in this actual drill. So in technicality it will be three separate drills happening at the same time; fire department dealing with a rescue out of a train car; hazmat doing decon; and EMS doing treatment and transport.

DR. ARSHAD: And, Sharon, in her perpetual humility failed to the highlight the best part of this exercise and that is of course the date. It is going to have -- the entire training day is going to have a heavy Star Wars theme, may the fourth be with you all.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

DR. MURPHY: Oh, my goodness. Okay, excellent. Thank you, Sharon and John.

Open forum? Anything else?

DR. RABRICH: I just wanted to comment on part of your report that you mentioned that this year all the people adding to the EMS memorial will be victims of 9/11 and one of those names will be Dr. Michael Guttenberg, who many of us know and have worked with, so if you are available that day and able to attend it would be great.

DR. MURPHY: Yeah. They -- Ryan, you know, kind of emphasized that the participation would be really important because just to show solidarity, to show that this is still going on, if you think about it, from 17 -- 18 years ago so --

DR. RABRICH: And, unfortunately, this trend is it likely to continue for several years.

DR. MURPHY: Exactly.

Anything else under open forum?

DR. LARSEN: Yeah. There is going to be a meeting of the RTAC, that is going to be

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

February 7th, that is Thursday. And it's from -- I believe from 10:00 to 12:00 and it's going to be at Orange Regional, so that's coming up very soon. February -- Thursday, February 7th.

DR. MURPHY: Okay, can I have a motion to adjourn?

DR. ARSHAD: Motion to adjourn.

DR. MURPHY: Second?

DR. RABRICH: Second.

DR. MURPHY: Thank you everybody for coming. I appreciate your help.

(Time noted: 10:49 a.m.)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Proceedings

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



Yvette Arnold

