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HUDSON VALLEY REGIONAL EMS COUNCIL

CORPORATE MEETING
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MINUTES OF MEETING, held at Hudson
Valley Regional EMS Council, 33 Airport Center
Drive, New Windsor, New York, on Wednesday,
February 15, 2017, at 7:00 p.m.

Yvette Arnold,

Court Reporter

ROCKLAND & ORANGE REPORTING

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New City, New York 10956

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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

NICK RUSIECKI, EMT
Treasurer

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

WILLIAM HUGHES, EMT
Executive Director

OFFICE STAFF

JEFFREY CRUTCHER, QI Coordinator

DUTCHESS COUNTY

NICHOLAS TRIO
JOAN SIEBERT
TIM MURPHY
DEE SAGENDORPH

ORANGE COUNTY

BEN CONQUES
EILEEN MANCUSO
ANDREW LAMARCA
ISRAEL KNOBLOCH
DAWN MARSHALL

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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NICK RUSIECKI
4 GLEN ALBIN
BERNICE GARATTI
5 BJ LEIDNER

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SULLIVAN COUNTY

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GREG TAVORMINA
8 NEIL MEDDAUGH

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ULSTER COUNTY

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RICHARD PARRISH
11 KELLY NELSON
RICHARD MUELLERLEILE

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13 ALSO PRESENT

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JOHN MAHONEY
GARRETT DOERING

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MR. PARRISH: I'll call the meeting to order.

Bob, do the roll call.

MR. CUOMO: Okay. Dutchess County. Nicholas Trio? Going once.

Drum roll? I never had a drum roll before.

Dave Violante?

Joan Siebert?

MS. SIEBERT: Here.

MR. CUOMO: Tim Murphy?

MR. MURPHY: Here.

MR. CUOMO: Matt Nolan?

Pete Schinella?

Dee Sagendorph?

Guy Carpico?

Orange County.

Joann Cheney?

Ben Conques?

MR. CONQUES: Here.

MR. CUOMO: Eileen Mancuso?

Andy LaMarca?

MR. LAMARCA: Here.

MR. CUOMO: Israel Knobloch?

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Teri Barbee?

Albee Bockman?

Frank Cassanite?

Dawn Marshall?

MS. MARSHALL: Here.

MR. CUOMO: Putnam County. Bob Cuomo --
I'm here.

David Jacobsen?

MR. JACOBSEN: Here.

MR. CUOMO: Matt Bondi?

MR. BONDI: Here.

MR. CUOMO: Albert Jacobs?

Rockland County.

Kim Lippes?

Nick Rusiecki?

MR. RUSIECKI: Here.

MR. CUOMO: Mike Murphy?

Desiree Leone?

Glen Albin?

Debra Stewart?

Bernice Garatti?

B.J. Leidner?

MR. LEIDNER: Here.

MR. CUOMO: Sullivan County.

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Albee Bockman?

Greg Tavormina?

MR. TAVORMINA: Here.

MR. CUOMO: Neil Meddaugh?

Heidi Stack?

Karri Jara?

Matt Goldsmith?

Ulster County.

Rich Parrish?

MR. PARRISH: Here.

MR. CUOMO: Kelly Nelson?

MS. NELSON: Here.

MR. CUOMO: Richard --

MR. MUELLERLEILE: Here.

Mr. CUOMO: I'm not even going to touch that. You know, just it is what it is. I'll never pronounce it right.

Dorothy Balin?

Chad Burkhart?

MR. PARRISH: So Dee Sagendorph and Nicholas Trio are here.

MR. HUGHES: I did get a few phone calls of people saying they would be coming late.

MR. CUOMO: We have a quorum.

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MR. PARRISH: Very good. The minutes were distributed. Any additions, corrections to the minutes as distributed?

MR. TAVORMINA: Motion.

MR. PARRISH: Motion, Greg.

MS. SIEBERT: Second.

MR. PARRISH: Seconded. Okay.

Couple of communications. I got this e-mail. The Regional Council needs to address the Mutual Aid TAG pressuring the coordinators to hastily produce the updated mutual aid plans on their terms and timeline. It's situations like this, the inability for the end users to weigh in on the documents in the accepted forum; i.e. local EMS Council meetings, that contributed to the inability of these documents to be hastily produced and ultimately could result in a document that may not work or reflect operations for all involved parties.

I would like to reiterate that it's hardly the REMSCO's job or a TAG for that matter to put timelines on production of policy that could produce liability to county

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PSAPS, emergency management and higher authorities. All policy must be properly vetted by the county attorney, which still must act upon policy that was brought to them about a year ago from this office, it's not a two month process.

The proper vetting and incorporation of these plans within the comprehensive emergency management plan is not only essential, but could potentially impact federal funding to the county as well.

I would request that the REMSCO go on record with what their stance is on the subject, as at the last meeting there was no actual direction as to the standpoint of the region on the subject, just the TAG's exclamation of dissatisfaction.

Furthermore, I feel that if this is an issue with just one county then the TAG or concerned individuals should just concentrate on that county as opposed to putting out blanket statements inferring that we as coordinators are not doing our jobs.

I would hope that the REMSCO would not

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allow viewpoints biases, or personal vendettas influence decisions that undoubtedly impact the delivery of care to the people that rely on us in the region. Please make sure this holds true.

And I responded back to that --

MR. LAMARCA: Who is that from?

MR. PARRISH: That was from Richard Muellerleile.

And my response back was -- yeah, somewhere in here.

Rich, thanks for the input. The region is not asking the EMS coordinators to hastily produce an updated mutual aid plan. There are New York State DOH BEMSAT mutual aid policies going back to 1989, 89-02, 95-04, 95-09, 01-02, 01-04, the Public Health Law Article 30 and Part 800.

The region has been discussing this for many years, some say at least 10. It's time to move it forward and get it off our plate.

The chair of the mutual aid committee wants to get this done and by setting dates he is trying to close this.

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REMSCOs have a responsibility to participate in the development, review and authorization of mutual aid plans of all types. By virtue of their statutory authority, REMSCOs, with assistance from EMS program agencies, are expected to initiate efforts with 911 communication centers, county EMS coordinators and all EMS agencies to develop, review and authorize EMS mutual aid plans that reflect the needs and resources of their particular region of the State.

Part 800.21(p) requires every EMS service to have a written mutual aid plan.

EMS coordinators are charged with education and implementation of the mutual aid plan.

The history of mutual aid plans to the region are thus: Dutchess mutual aid, we got a copy in '95 '97 '05 and '10; Orange County, 1999, '03, '09; Putnam, 2002, 2015, 2016; Rockland, 2013 in the new format; Sullivan in 1998; Ulster, no plans on record.

And that was Rich Parrish, President.

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The other interesting issue that we had this past period is somehow our bank changed their process, nobody got notified on it, and after many many phone calls back and forth we thought we had it resolved. And it finally took an hour sitting with a clerk in a branch that got everything squared away again. So hopefully we can write checks and look at stuff.

All right? Any questions?

Treasurer's report?

MR. RUSIECKI: Well, we wrote 33 checks for \$49,072.00. Largest payments represent health care benefits. Just under 4,000 to the auditors. Details are available for anyone that wants to review them.

We did transfer \$30,000.00 for the quarterly payroll transfer.

And for deposits, New York State vouchers for second quarter program agency ending 12/31/16 has been billed and paid. Third quarter council ending December 31st, \$7,000.00 billed and paid.

We got our -- two refunds from Staples.

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That's about it.

Our total balances are about
\$222,000.00.

MR. TAVORMINA: Motion to accept the
report --

MR. PARRISH: Any questions of the
treasurer? If not, motion in order.

MR. TAVORMINA: Motion.

MR. LAMARCA: Second.

MR. PARRISH: Andy, thank you.

MR. RUSIECKI: I would like to thank
Rich for spending physical hours going in
while I spent hours on the phone arguing.

MR. PARRISH: Staff report?

MR. HUGHES: Okay. As most of you know
Karen had surgery on her elbow and she's been
out of the office about a month now and she
will be out probably another month. She was
in yesterday, stopped in to say hello and
drop off some stuff. But she is feel okay,
still having some pain and tingling in the
right arm, but hopefully through the physical
therapy it will work-out.

At the last meeting we talked about

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Arlington Fire Department changing the status from transporting to ALS FR. In the interim they have become ALS FR, but they have retained their CON as an ALS transporting service. That's the only change in there.

The Town of Patterson did -- we talked about it again last meeting -- was issued a MUNICON, but I haven't seen anything past that so I don't know if they have done anything with that MUNICON. It was still pending at the last state report.

MR. CUOMO: I can -- if you are looking for information I can give it to you.

MR. HUGHES: Sure --

MR. CUOMO: I'll blurt it out now.

MR. HUGHES: You can.

MR. PARRISH: You got the floor, go.

MR. CUOMO: As far as I know they are procuring an ambulance, which should be delivered shortly. And they have hired an administrator, who is going to develop all the policy, et cetera, et cetera. And I believe they started the hiring process for the EMTs. I don't know a start date for them

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so probably within the next couple months.

MR. HUGHES: They are working towards it.

MR. CUOMO: Yes.

MS. SAGENDORPH: Which ambulance service was this?

MR. CUOMO: The Town of Patterson.

MR. HUGHES: It's a new --

MR. LAMARCA: Municipal CON --

MR. HUGHES: With the municipal CON they are issued the CON and then they have two years to act on it and make it viable. And then they have to go through the regular CON process, so we will be talking about it in a couple years.

Ambulance New York 2, the last time we talked they had some medical director paperwork that wasn't done. They have filled that out, it's completed and we have got one PCR filed from them. But we have no operational plan from them submitted as of yet.

MR. LAMARCA: That's just a BLS service?

MR. HUGHES: At this point, yes. They

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did tell me they had intent on doing ALS, but they haven't filed paperwork on the ALS side.

We still do not have any naloxone. Every time i talk to the amFAR organization they say that we will have it next week. So I repeat, we will have it next week hopefully. They are catching up so I think we should have it.

All of our December deliverables were done and submitted to the State, submitted on time. And as you heard from Nick we already received our payment on that. The next set of deliverables are due March 31st. The State asked us to voucher them early, so they want us to voucher in the beginning of March instead of the end because the State goes through a close out period in the mid March until sometime in April, where they can't cut any checks. So in order for us to get reimbursed timely they asked us to do it early.

So the office has been working with the protocol committee to define dispatch centers for all the agencies within the region. All

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information has been consolidated into a spread sheet and we are discussing what questions to send to them. So we know a contact information on everybody that is dispatched.

So there is some questions that the protocol committee particularly were looking at on hospital diversion that we want to discuss with the dispatch centers so we know how they disseminate the information if the hospital is on diversion. Once we get a report, there will probably be other questions we will be asking.

We did get our audit back, the final draft has been received. It's been submitted to the Bureau of EMS and to the grants gateway. We have it available if anybody is interested in looking at it.

The rollout of the 2017 protocols are getting near. I'm not exactly sure of the date. We are meeting on Friday, but we should be coming up pretty soon. We do have a final version of all of the training documents that are available that were put

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together by the collaborative group. So we will be working with them on Friday and hopefully have a plan setup as to implementation date.

The only thing I wanted to mention, that on March 1st the application on people's phones, the Apple phone and the Android application will update automatically to the new protocols. We can't control that because there are so many regions -- right now there are 15 regions using the collaborative protocols. The six initial regions will be updated on March 1st on your phone. That doesn't mean you can use them as of yet because our region hasn't approved them. So we will get information out as to when we are going to try and get in close to that date, but we will see and let you know if there is a problem. But the application is only an update, it's not a new application. That's why it's going to affect the phone, it's automatic update so once you sign on it will automatically update.

I would like to thank everybody for

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actually responding to knowing who was coming, we had a really good response. I know last month I was kind of complaining a little bit because we didn't know if we would have a quorum and when everybody responding, it was easy. We had a couple people that called and asked if we had a quorum, I appreciate that.

The Health Commissioner has signed the check and inject change scope of practice for the New York State EMT. Although he signed it we still have to have a few things that have to get done through the Bureau of EMS before we can actually use it on all the EMTs -- or all EMTs can be trained on the scope of practice so you'll see the paperwork work coming up for that.

New York State Department of Health has expanded the availability of epinephrine autoinjector to everyone. The law lists all the people from before, plus sports, entertainment, education, government, daycare retail institutions, educational institutions, youth organizations, sports

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leagues and any establishments that serve food can now have Epi-pens as they do AEDs. And they have also allowed health care practitioners to issue nonpatient specific prescriptions for those autoinjectors.

There is another law that will go into effect on March 14th, it requires chief officers of ambulance agencies to check the sex offender registry of New York. And agencies must make their membership determinations based on Article 23A. And a copy of 23A must be presented to the applicant.

The law says you have to do -- you have to check on the sex offender registry, but 23A says you can't be prejudiced against somebody who has a previous criminal record.

So it's going to be a responsibility of the chiefs of all of these agencies so it's kind of important that you guys, if you are running an agency, that you start doing that and figuring out how you are going to do that. And the second part is to get your legal people involved so that your policy

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when you are dealing with somebody that does appear on the registry, how your policy is going to handle them for membership.

MS. SAGENDORPH: A lot of sheriff departments will run that for you on new applicants.

MR. HUGHES: Um, um. And a lot of the -- some of the sheriff departments will and they do it for the fire departments because there is somewhere in the law it's mandatory in the fire department, but not mandatory for EMS so they are not required to do it for EMS so --

MS. SAGENDORPH: If EMS is a part of the fire department it puts them in, but those that are independent are not.

MR. HUGHES: Right, I don't know. You might be able to get them to do it, or you might have to do something else.

MS. NELSON: You are also not privy to anything else except for that question. You don't get a report, you just get a yea or nay. You don't get to see any other criminal record.

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MS. SAGENDORPH: And the other thing is what they do that for is arson, the fire department, arson background and also the sexual offender thing.

MR. HUGHES: This is probably written very similar to that.

MR. RUSIECKI: Isn't there another section in Article 30 about past convictions?

MR. HUGHES: That's for the State to take care for EMTs. This includes anybody that is on the ambulance that is going to come into patient contact, including drivers and stuff. On the EMT when you initially fill out the application for the EMT if you have a criminal record you can't sign it. It gets submitted to the State unsigned and then the State looks it up, you know, makes a decision and gets back to you on it.

MR. RUSIECKI: I thought it said member of an agency in that section.

MR. HUGHES: I'm really not aware of that if it does.

DR. PAPISH: I'm just trying to understand, you have to check it, but you

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can't use that -- the fact that they are on it? You can't be prejudice against them?

MR. HUGHES: Yes. And I don't know, most of you --

DR. PAPISH: You would think it would influence your decision somewhat.

MR. HUGHES: Well, most of the people here know Mike McAvoy, he was at the meeting, and it was discussed. One of his examples was, he has a member that was on the list because of some misconduct with a 17 year old girl so he became on that offender list. He married her and they have been living with three kids now and they have been happy for the last five years or seven years -- whatever it is -- and wants to now become an EMT or wants to join the ambulance service. He is on the list, but you know, the whole situation is not really how it's reflected on the registry. So that was the example he used, it was pretty good. So if you find anything different on that Nick, let me know.

The practical skills manual that's on the New York State Bureau of EMS website has

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been updated to reflect the new -- well, the new improved version, the pulling out of station number five and changing 1A and 1B to 1 and 2 and there is a few other things in there.

The Tree of Life Memorial will be held on May 23rd at 11:00 a.m. at Empire State Plaza. Three names are being added to the Tree of Life in line of duty death.

The New York State EMS awards are due in Albany on May 1st. The Hudson Valley Regional package from us will be posted on Friday on our website. And I think it's due back April 1st?

MR. CRUTCHER: I believe.

MR. HUGHES: It's due back at the beginning of April so we can go through it and make our decisions and then --

MR. BONDI: Bill, are there any changes from last year?

MR. HUGHES: Not that I saw, very insignificant if there are and I don't believe there was any.

MR. PARRISH: The big change is the date

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and that will --

MR. BONDI: April 1st, it got pushed up.

MR. PARRISH: -- so they have to be here by April 1st, that means at your counties they should be there by mid March.

MR. BONDI: Okay.

MR. PARRISH: Yeah.

MS. SAGENDORPH: That's really early.

MR. HUGHES: I think the purpose of that is so they can submit some of the winners to the national, which happens, you know, right after that. So they are trying to get the timelines in.

MS. SAGENDORPH: We should have them to here by what date?

MR. HUGHES: They will be posted on our website Friday.

MS. SAGENDORPH: By next week, by Friday?

MR. HUGHES: Yes, um, um.

I also received the regional training plan budget, which I'll do the compilations on. And what it is is how much the State is going to give Hudson Valley towards education

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and towards -- well, mostly the budgets don't change as far as the program agency and the council, but it's what they will allocate out of the full budget towards education for us. We have been pretty good with that so we will use the same method and I'll submit that back in May.

And that's all I have.

MR. PARRISH: Okay, any questions of Bill?

Jeff, QA/QI?

MR. CRUTCHER: I'm also going to roll in the EPCR TAG committee report basically it's altogether.

As you may recall Image Trend was supposed to be here about a month ago. Dean Rice had to cancel due to illness and with the trade shows that are starting we have rescheduled for the week of March 20th, which is going to give us a little bit more time to work-out some of the other details as far as pricing for agencies that want to come on board with Image Trend.

What he is looking for is to get anybody

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from the agencies that are interested in moving towards electronic to come to either one of two meetings that we will hold. And he can answer questions, provide you with whatever guidance he can. If you are interested in changing vendors, or just interested in what the upcoming Elite version of the bridge will do for you and if you have an interest in changing your input screens, that would be a good time to show up.

We are also going to go out to the hospitals, discuss the movement of data back and forth between the hospitals and the region on the regional bridge that we have, which would give us pretty much immediate feedback with any calls that are going on. So if we want to query chest pains for tomorrow, we would get not just the Nemesis data, but the whole narrative, as well as what the ED found and what they did for the patient. So it would give us a much better handle on the overall QA/QI picture.

DR. PAPISH: He's anticipating a big push back from the hospitals?

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MR. CRUTCHER: He already has. Mostly from the lawyers involved with the IT department.

DR. PAPISH: And corporate compliance.

MR. PARRISH: And the corporate compliance folks --

MR. CRUTCHER: And corporate compliance, yes. He is well aware and apparently has some ways to move around that.

MR. HUGHES: Can I do one more?

MR. PARRISH: Yeah. Bill has something else -- sorry, Jeff, are you done?

MR. CRUTCHER: Yes, that's it.

MR. HUGHES: There is new pediatric cards out. It's from EMS for kids for children, came out of the Bureau of EMS and has some -- all the new information for pediatrics. Either stop and see Jeff or myself and we will give you how many you need for each ambulance so you have some. It's updated -- get rid of the old ones, it's not to augment them, it's to replace them.

MR. PARRISH: Okay, do you have anything else now?

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MR. HUGHES: No.

MR. PARRISH: Dr. Papish?

DR. PAPISH: I'll confine mine in the REMAC -- a report of what happened at REMAC.

So the January meeting of the REMAC -- actually, Bill, you talked about pretty much everything.

Couple of things, so those videos, the training videos that they completed over at the -- what is the training -- Laerdal training center are going to be out shortly. They are -- once the app is actually -- the app is finished on March 1st, when it rolls out there will be links to all the training videos. It's impressive what they have made and they are making more, so that will be useful.

Narcan -- we talked about Narcan for a little bit. Obviously you said we still don't have delivery of it, but when we talked about it at REMAC one of the things that came up it sounds like only 60 percent of agencies are on board with Narcan. There is really no reason not to have it if everybody else in

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the world can get it. It doesn't cost anything, the training is minimal and easy and we will do it. We just -- we should really be at 100 percent, there is no really reason if you have an ambulance in New York you shouldn't carry Narcan. I guess one of the arguments people said is, well, everybody else has it, why do we need it? I guess you could make that argument, but would you want the policeman to be the medical expert on the call regarding the medication being administered? So I would think that if there is anyway we can drive that up from 60 percent to 100 percent it would be of benefit to the region.

If anybody has any questions about the training, I did a Narcan training program for one of the local fire departments, it's easy, quick, you can do it at the monthly meeting and when the drugs do come, they are free. So let's do that.

The other issue, EPCR we were just talking about, that also is really cheap. Image Trend, we talked the quotes for BLS

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agency were \$0.75 per call. So an agency doing a thousand calls, \$750.00 a year is operating cost. You can do it on iPhone, iPad, you can do it on any device you log in, so there is really no financial reason anymore. I'm assuming most running ambulance services can afford 750 and that's when you are doing a thousand calls. Many of the agencies that we have that are not on EPCR are much lower. Even ALS it's \$1.00 to \$1.50. As I said at the last meeting, big data, this is how we figure out what is happening to people, what is being done for people and whether we were providing good care is by running studies on these numbers. We can't get these numbers unless they are digital.

So I'm going to -- I guess we talked about that EPCR committee report.

But the last thing from the REMAC, there was a very long discussion about diversion in the region. We really didn't recognize it until very recently that it was sort of a big problem at some facilities. One of the

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things we realize is some of the hospitals have very high diversion rates. It's a difficult problem -- well, it shouldn't be a difficult problem for an EMS agency because if a patient wants to go somewhere, even if they are on diversion you can take them there. It's not an absolute no. You just have to deal with the nurses yelling at you, but it's really their problem, not yours. That being said, diversion is a big problem that hospitals are sort of not able to make enough room during certain times to accommodate new patients.

One of the things that we talked about is how to track and study this a little better and what we can use as a resource to sort of manage it. And Westchester already has -- I don't know if you are aware, Westchester has a program that's been up and running for years. It actually included when they created it, the entire Hudson Valley Region and all the hospitals were on it and I think all the EMS agencies have an account too --

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MR. PARRISH: No --

MR. CRUTCHER: It's possible --

DR. PAPISH: All the hospitals have accounts, but in the Hudson Valley Region most of the hospitals are not using it right now. And our goal is to reach out and try to make -- to accommodate -- they are willing to let us use -- it's not letting us use it, we already have access to the system. And the system they are using produces diversion reports so you can track how long everybody is on diversion and it would be an excellent way to define the problem a little more. And the next goal is to get the hospitals in the region to use it. Everybody is already assigned a login. It's a matter of when they go on diversion, logging in, and that would provide a central resource for all the dispatch centers in the Hudson Valley to know who so on diversion and who is not. It's another thing without cost.

MR. CUOMO: And the system sends out e-mails when the hospital is on diversion so you are getting up to the minute information.

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DR. PAPISH: There is a web link, a web page you can click it on on your phone and see. So those were the major issues we talked about at REMAC.

MR. PARRISH: Any questions of -- Greg?

MR. TAVORMINA: It would be helpful to the coordinators if the office staff would send us a list of who has Narcan and who does not so we can address the agencies that don't.

MR. CRUTCHER: We can do that.

MR. TAVORMINA: We'd appreciate it.

MS. NELSON: I was going to ask the same thing. Are we talking ambulance based departments or fire rescue that are not --

MR. HUGHES: Both --

MR. PARRISH: Well, right now in Ulster County it was Hurley, West Hurley and Watchtower. And I just did West Hurley --

MS. NELSON: Could we send updated letters to those people specifically to say, we'd like to get you on board? I don't know how much work you are talking about --

MR. HUGHES: We can send them from here

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if we want, but we have been trying to do it through EMS coordinator. If they want assistance, that's fine, I'm more than happy to --

MR. TAVORMINA: I think just a list of who does and doesn't would be good.

MR. LAMARCA: I think we also had discussion about corps selectively choosing what they want to do and they will pass on this and go for something else. I am -- I think we are talking about getting the medical director involved as well because some of the corps are not acting or practicing at standard of care. The services around them have all the tools and they don't, they are not at standard of care. And they could be liable for that too if somebody dies in your hands because you don't offer current contemporary care as your surrounding services do. Maybe those corps have to start being aware and I don't think they are. I think they selectively choose what they have difficulties with or not and pass on some and take the other. We have had discussions that

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say unless you do the full enchilada you shouldn't be allowed to pick and choose.

MR. PARRISH: Along those lines, Andy, I know in discussion with the one of the agencies the physician is the one that wouldn't sign off, it's not the squad. The squad wants to move forward, but the physician said no.

MS. SAGENDORPH: Medical director is not signing off --

(Everyone is speaking at once.)

MR. LAMARCA: Find another doctor --

DR. PAPIH: Yeah.

MS. SAGENDORPH: I have a question, I don't know if anybody else has this around the region, but where we come from the cops can drive 90 miles an hour to get there, we can't. So most of the time we get to the overdose and they have already administered and they are already taken care of and we get there and basically it's load and go. I'm not sure if anybody else has that around the region or not, the police officers are responding, they can get there a lot

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faster --

MS. NELSON: Makes no difference, with the aspirin 9-1-1 tells them to take the aspirin, I don't --

DR. PAPISH: The truth is, that's great --

(Everyone is speaking at once.)

MS. SAGENDORPH: I don't know if anybody else has that problem, but that's what we have in our area.

MR. CUOMO: I was just going to say, police cars carry AED too, but you wouldn't not carry it in your ambulance --

MS. SAGENDORPH: I know, but it's always there. The thing is so many times we are getting there and it's not --

MR. CUOMO: I still think it's good to have it.

MS. SAGENDORPH: You never know when they are not going to be there.

MR. CUOMO: Maybe if it wasn't required that you had to have a collaborative agreement to do it, it was just part of the normal scope of practice then everybody would

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have to have it.

DR. PAPISH: There is some benefit of having the Narcan training anyway and that's occasionally they give Narcan for pulmonary edema and you wouldn't be aware that that was going on. So there is some benefit to just knowing everything there is to know about a drug even if you end up just dealing with side effects or benefits without actually getting to put it in the nose.

MR. HUGHES: If a patient is being transported, they get picked up, the police give the Narcan and he is being transported and the transport time is 30 minutes, is it possible that the Narcan can wear off?

DR. PAPISH: It is actually. I mean, it's not very common if it was heroin that the person ingested and not a massive dose of something else, but there are a lot of newer agents out there. I think we were talking about carfentanil, some of those agents certainly Narcan will wear off or if someone had massive ingestion of something, occasionally they need more. It's a valid

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point. Of course, you can manage that with a BVM, but who wants to do that?

MR. PARRISH: Okay, committee reports.

Training committee? Dave cannot be here and the training committee was supposed to meet, but they got cancelled so their next meeting will be in March. And because of that we have an issue that we have to address because it will go outside of the 45 day window. So I'm going to bring that up and this will actually be training committee and we will move it forward as such.

Hatzolah EMS Rockland, proposal for EMS course sponsorship. Hatzolah's EMS rapidly rising population and expanded coverage area have resulted in increased call volume. This increase, based on projects, will continue over the next few years.

Hatzolah EMS has developed a plan to meet the needs of our community for now and in the future.

Our goal is to train several of our EMTs to the AEMT level of care. By having AEMTs the first level of ALS care spread out

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through the community, ALS care and assessment can be initiated prior to the arrival of the paramedics. Additionally, this allows our volunteers, who hold down full-time jobs, the opportunity to climb the ladder to become full paramedics in steps.

At the November REMAC meeting Hatzolah EMS requested that the nationally and state recognized AEMT level of care be included in the REMSCO -- Hudson Valley REMSCO medical control plan. It was approved unanimously.

Rockland County has only one agency approved to be an AEMT course sponsor. RPS does not have an interest at the current time to start such a program. Additionally, another course sponsor at the BLS and ALS level, RCC, has given up their course sponsorship. This leaves a void for BLS courses too.

We also need more flexibility in running EMT programs at our agency's schedule and pace. Being a course sponsor will allow us to meet these needs.

We have two EMT-CC CICs in house that

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can run the EMT level program.

Mike Murphy, RN, EMT-P CIC, has agreed to become the program director for the AEMT program.

Our training facility has been used in the past to conduct the EMT-I and EMT-CC programs as well as EMT programs.

We currently intubation mannequins, IV arms, humeral IO chest and all the ALS equipment needed to run the AEMT program.

Hatzolah EMS has the need, resources, staff and equipment to become a course sponsor for the EMT and AEMT levels of care. We respectfully request that the council recommend Hatzolah EMS be approved as a course sponsor.

Discussion? Do we have a --

MR. LAMARCA: Do we approve BLS only or ALS and BLS?

MR. PARRISH: We approve and send it to the State and they take the final step --

MR. CUOMO: It's a recommendation --

MR. PARRISH: What happens is once it gets approved here it goes to the State, the

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State will send out an impact survey, but we need to move it forward.

MR. CUOMO: My question is, did they actually submit the application.

MR. LEIDNER: Yes. The application has gone to the region and to the State and the State office in the City.

MR. PARRISH: Okay.

MR. CUOMO: Great.

MR. PARRISH: Any other questions?
Andy?

MR. LAMARCA: Motion to approve.

MS. SAGENDORPH: Second.

MR. PARRISH: Do you have something?

MR. HUGHES: Just a quick question, right now emergency care is doing some of your training?

MR. LEIDNER: Correct.

MR. HUGHES: Are they still going to be an active course sponsor in the region?

MR. LEIDNER: I believe they will still have interest in staying a course sponsor, I haven't heard otherwise.

MR. PARRISH: Andy, your motion?

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MR. LAMARCA: Motion to approve the application.

MS. SAGENDORPH: (Indicating.)

MR. PARRISH: Seconded by Dee.

Any further decision?

If there is no further discussion, all in favor by saying aye?

ALL: Aye.

MR. PARRISH: Opposed? Motion carried.

There is nothing else from the training and ed. Like I said, their meeting is rescheduled for March.

Transportation committee, Glen?

MR. ALBIN: I came in the back way -- as far as I know nothing to report unless Bill has --

MR. HUGHES: Nope, no activity.

MR. PARRISH: Okay. Desiree -- nothing on public information that you know of?

MR. HUGHES: No.

MR. PARRISH: Greg, policy and procedures?

MR. TAVORMINA: Nothing to report.

MR. PARRISH: Albee is on vacation. He

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didn't send me any report.

EPCR. Dr. Papish, do you want to expand on anything?

DR. PAPISH: No.

MR. PARRISH: Moving right along. Mike is not here for community paramedicine.

And State EMS Council -- pretty much covered most of it, didn't you?

MR. HUGHES: Briefly.

MR. PARRISH: A couple things talked about at the State was during the council meeting they talked a lot about stroke. You really need to stress to your staff that that last known well is really key when they call in their report.

The CFR course, again, is limited to 51 hours and that does not include CPR --

MR. LAMARCA: New York State --

MR. PARRISH: -- you pull CPR out of that. Mast is out, you need to look at alternatives for your pelvic wraps.

New protocols, they plan on releasing them once a year, usually in the late spring you'll see new protocols.

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Bill talked about the epi autoinjector.

There is an infectious disease exercise in this region on February 28th.

There was a discussion on what EMS role is going to be. And right now the EMS role is going to be from the State. They will roll it out to the county, EMS coordinators, county OEM and county OEM may elect to do a survey, but no boots on the ground, no ambulances rolling, or anything like that.

BLS first response have to be actively involved in the system and they are coming out with another survey. And if you remember four or five years ago when they did this survey a lot of BLS first responders lost their sponsorship because they did not respond in a timely fashion and that's based on they don't keep their addresses updated. It goes to whoever the past chief or President's mailbox and he forgets to pass it on to the next one.

We lost 22 services last year. And like Bill mentioned, station five is out of the exam. But you must continually -- continue

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to teach KED and back boarding. One of the things that was talked about at training and ed, they are looking at possibly putting a pediatric station into the practical exam.

MS. SAGENDORPH: I think that's a good idea.

MR. PARRISH: All right, so that's the State.

Anything else? Andy? Okay.

TAG mutual aid update. Respond to that -- like I said, Albee is out of town. No update on that.

Hospital diversion, did we already address that?

MR. HUGHES: Yeah.

MR. PARRISH: Collaborative protocols -- we addressed that. The awards we addressed.

Moving right along here --

MR. HUGHES: Whoa, whoa, whoa -- nominating committee and awards committee.

MR. PARRISH: Okay, I didn't get there yet, that's the next one.

We need a nominating committee. Greg -- anybody else? Not interested, Kelly?

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MS. NELSON: No -- did that, done that.

MS. SAGENDORPH: I'll do it.

MR. PARRISH: Dee. Anybody else interested? Okay.

MR. TAVORMINA: I'll rope some people into it.

MR. PARRISH: You'll pull some more in there.

The regional EMS task force. I sent out an e-mail to the EMS coordinator -- a little late on my part. I did get feedback from John from Dutchess County. They expect a rollout from their county exec about their task force and he will gladly share that with us.

What they did is somehow it got to the county exec. And the county exec said -- this is last year -- that EMS is in trouble and he put the task force together. So hopefully there will be some good things coming out of that and hopefully we can look at it and see what we can do for the other counties. Again, a lot of agencies are in trouble.

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What I asked in the e-mail I sent out to coordinators is to look at your agencies and give us a report on, you know, the number of dispatches they are getting and how many times they are responding and who is the backup and what are plans in the county to address this? And how are you getting people to the table to talk? I know in Ulster County we can't get them to come there. If you got any hints let us know. Many --

MR. MAHONEY: The county exec last year in the State of the County addressed the issue of EMS. We are lucky enough to have Marist sitting dead smack in the middle of our county. And thanks to Dr. David Gavin and Marist we were able to give them five years, which was one million call reports. And he did all the data for us so when this comes out and Marcus Mall (phonetic) will discuss it tomorrow night in his State of County address -- so if you are bored you can go on Poughkeepsie Journal and listen. He is going to address it and the report is supposed to be released, we believe sometime

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next week. And it will list every department in the county, their number of calls they have done over the last five years, and the biggest part of it, the inability to respond. How many times they were dispatched and the ambulance never rolled. So this is going to be rather interesting --

MS. SAGENDORPH: Eye opening experience.

MR. MAHONEY: To say the least. We have one agency that was 74 percent they did not respond for their calls in the five year period.

MR. TIM MURPHY: That's not just unable to crew, that's for any reason, could be seventh call in your district. In other words, you were dispatched to a call and for whatever reason, the ambulance broke down --

MR. MAHONEY: They don't get --

MR. TIM MURPHY: -- regardless, it's not they just -- they couldn't get a crew together, it's any reason.

MR. MUELLERLEILE: What you said about Ulster, we started last month down in the southern area of the county sitting down with

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coordinators from other counties and leaders from departments that have been dealing exactly with that and overuse or over reliance of neighboring agencies and tapping their resources.

So what we are trying to move towards is taking that regional approach almost by battalion and sitting everyone down at the table and starting without any, you know, political involvement or anything, just the people. Again, I'm going to say again, with the boots on the ground saying, here are the issues we are running into and, you know, working through to solutions where, you know, just -- for instance down in the Walker Valley area they have come up with a shared manpower arrangement.

So, you know, in the short term things like that work, in the long-term I think they are looking at doing different things. But we will see. But the first meeting was certainly a success and it's something that is going to be going to other areas of the county.

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MR. HUGHES: If we can as an office help as a region help in participating in that, or maybe coming in with some ideas for you, or doing research on certain things -- there are some things that have been done that can be done when an agency finally admits that they are having a problem. And the most important part of that is admitting and then saying, we are going to do something about it. Because they might recognize it, but there is a lot of autonomy and they don't want to share that with anybody.

MR. MUELLERLEILE: I agree and I feel -- to even expound on that and maybe put out some sort of white paper or some sort of educational -- whether it be like -- not like a policy statement, but like a policy statement, something that says if you are failing, you know, if you recognize that there is an issue with responses in your area here are some things you can do, or people -- because people feel as much as we as the coordinators and REMAC and, you know, REMSCO --

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(The speaker cannot be heard.)

MR. MUELLERLEILE: -- people feel they are making themselves vulnerable when they come to us, we are punitive. They see us as punitive, that's a problem. People are apprehensive getting anybody -- even the State, the State could be a very good resource, but a lot of people have stigma attached to the State if they say we have an issue all of a sudden they will be shutdown in a week.

So maybe something that just says, it's okay, you know, from the region, or from a consortium of people, like regional task force, it says, here are some things you can do. And blast it to everybody, people that don't have the issues, absolutely everybody in the region, all the agencies. And say if you are having issues here are some things to do, some solutions, here are some success stories. And maybe it will stimulate a little bit of forward progressive because right now things are bad everywhere.

MR. HUGHES: Not just in our region or

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our county, it's throughout the State. When Director Burns was here last meeting she spoke about it so they are aware of it. They have stepped in in a few places and helped agencies consolidate or create, you know, a different environment to make it work a little better. So I think everybody is looking to help, it's just a tough one to start. So if there is agencies that want to talk and see what options are, we are more than willing to work with them and talk with them and host a meeting, or go to a meeting, or whatever.

MR. PARRISH: All right. Any of the guests in the back have anything they want to say? If not --

MR. DOERING: Garrett Doering, Westchester Medical Center. The ED asked me to relay two minor things. With notifications coming into the ED we have designated 493-7311 as the EMS number and that's the one we guarantee someone will answer right away. For whatever reason, people are calling a wide variety of ER

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numbers so if we could refocus people calling that number, that's the designated --

MR. PARRISH: Say it slower.

MR. DOERING: (914) 493-7311.

MR. MAHONEY: There actually is a nurse sitting by the phone all the time.

(Everyone is speaking at once.)

MR. DOERING: And the second item related to notification is, occasionally due to location communication to the hospital is indirect and it comes through a third-party and the information is sketchy, we understand that. If we could just get a really bad, or not so bad, you know, through that third-party, that would be great too. We understand we are not getting detailed report communications, you know -- that's it.

MR. PARRISH: Thank you. Anybody else?

If not, a motion is in order.

MR. TAVORMINA: So moved.

MS. SAGENDORPH: Second.

MR. CUOMO: Maybe we should note that since the meeting started -- I want it in the record that Eileen Mancuso, Glen Albin and

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Bernice Garatti are present, whereas they weren't here in the beginning. And Israel -- I missed you so I'm glad I said something.

MR. PARRISH: John is blocking him.

All right, motion was Greg -- who seconded?

MS. SIEBERT: Second.

MR. PARRISH: Joan.

All in favor?

ALL: Aye.

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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

