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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 21, 2018, at 7:00 p.m.

Yvette Arnold,

Court Reporter

ROCKLAND & ORANGE REPORTING

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

- RICHARD PARRISH, NREMT-P
President
- ROBERT CUOMO, EMT-P
Vice-President
- NICHOLAS RUSIECKI, EMT
Treasurer
- NICHOLAS TRIO, EMT
Secretary
- WILLIAM HUGHES, EMT
Executive Director

OFFICE STAFF

- JEFFREY CRUTCHER, QI Coordinator
- KAREN DELAUNAY, Office Manager

DUTCHESS COUNTY

- NICHOLAS TRIO
- DAVE VIOLANTE
- JOAN SIEBERT
- TIM MURPHY
- DEE SAGENDORPH

ORANGE COUNTY

- BEN CONQUES
- ISRAEL KNOBLOCH

PUTNAM COUNTY

- ROBERT CUOMO
- DAVID JACOBSEN
- MATTHEW BONDI

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

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ROCKLAND COUNTY

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KIM LIPPES
NICK RUSIECKI
DESIREE LEONE-STOLL
BERNICE GARATTI
BJ LEIDNER

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SULLIVAN COUNTY

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ALBEE BOCKMAN
GREG TAVORMINA
NEAL MEDDAUGH

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10 ULSTER COUNTY

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RICHARD PARRISH
KELLY NELSON
DOROTHY BALIN

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ALSO PRESENT

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J. DAVID JENSEN
JOHN MAHONEY
DAVE GRASS

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MR. PARRISH: We are going to get started. Roll call?

MR. TRIO: Yes, sir. Nicholas Trio -- Dutchess County -- present.

Dave Violante?

MR. VIOLANTE: Here.

MR. TRIO: Joan Siebert?

MS. SIEBERT: Here.

MS. TRIO: Tim Murphy?

MR. MURPHY: Here.

MR. TRIO: Matthew Nolan?

Pete Schinella?

Dee Sagendorph?

MS. SAGENDORPH: I'm here.

MR. TRIO: Guy Carpico?

Orange County.

Joann Cheney?

Ben Conques?

MR. CONQUES: Here.

MR. TRIO: Eileen Mancuso?

Andrew LaMarca?

Israel Knobloch?

MR. KNOBLOCH: Here.

MR. TRIO: Teri Barbee?

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Frank Cassanite?
Michael Bigg?
Putnam County.
Robert Cuomo?
MR. CUOMO: Here.
MR. TRIO: David Jacobsen?
MR. JACOBSEN: Here.
MR. TRIO: Matthew Bondi?
MR. BONDI: Here.
MR. TRIO: Albert Jacobs?
Rockland County.
Kim Lippes?
MS. LIPPES: Here.
MR. TRIO: Nick Rusiecki?
MR. RUSIECKI: Here.
MR. TRIO: Michael Murphy?
Desiree Leone?
MS. LEONE-STOLL: Here.
MR. TRIO: Glen Albin?
Debra Stewart?
Bernice Garatti?
B.J. Leidner?
MR. LEIDNER: Here.
MR. TRIO: Sullivan County.

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Albee Bockman?

MR. BOCKMAN: Albee Bockman -- here.

MR. TRIO: Greg Tavormina?

MR. TAVORMINA: Here.

MR. TRIO: Neil Meddaugh?

MR. MEDDAUGH: Here.

MR. TRIO: Heidi Stack?

Mike Bruce?

Marc Strauss?

Ulster County.

Rich Parrish?

MR. PARRISH: Here.

MR. TRIO: Kelly Nelson?

MS. NELSON: Here.

Dorothy Balin?

MS. BALIN: Here.

MR. TRIO: Richard Muellerleile --

MR. CUOMO: Don't try, I still can't get
it.

MR. VIOLANTE: Muellerleile.

MR. TRIO: Is he here?

MR. VIOLANTE: No.

MR. TRIO: Lisa Servino?

Nineteen present.

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MR. PARRISH: Do we have a quorum?

MR. HUGHES: Should be on the bottom of the page.

MR. TRIO: Yes, 13 is the quorum. We have a quorum.

MR. PARRISH: All right, minutes were distributed. Any additions or corrections to the minutes?

MR. TAVORMINA: Motion to accept.

MR. PARRISH: Motion to accept.

MS. SIEBERT: Second.

MR. PARRISH: All in favor?

ALL: Aye.

MR. PARRISH: And I have nothing unusual to report. I'll go through things as the meeting goes along.

Treasury report, Nick?

MR. RUSIECKI: So for the last quarter or since the report we wrote 48 checks totaling just under \$30,000.00, biggest has been rent, health insurance and our audit I guess is the big ones. Details are available if anyone wants it.

We have gotten our second quarter

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program agency ending December 31st, billed and paid. And the third quarter council for the same date is billed and paid. The refund I think I brought up last month that we were getting a refund for overpayment of \$126.00 for U.S. Treasury. And that's about it.

Total money in all the accounts is \$233,414.

MR. PARRISH: Any questions of the treasurer?

MR. TAVORMINA: Motion to accept.

MR. PARRISH: Motion to accept.

MR. CUOMO: Second.

MR. PARRISH: All in favor?

ALL: Aye.

MR. PARRISH: Regional office report.

MR. HUGHES: Okay. We have been at full staff most of the time, we had some vacation and time off, but that was it --

MS. BALIN: What?

MR. HUGHES: We are entitled to it once in a while.

Since our last meeting we have attended 20 mandatory meetings that we had to go to,

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we had 14 MAC exams and we have gone through IRS audit on our 401K plan.

Our grants gateway document vault was expired so we had to upload and get all the information they needed, which is all our financial information so that we can be preapproved for our grants so that they come quickly when we get paid.

We had the RTAC meeting, which was kind of an interesting meeting -- I would like to spend a few minutes. The RTAC had been a study where they completed prehospital transportation with O2 administration. The survey was completed by each hospital and detailed number of patients arriving at the hospital without O2 from EMS -- and we are talking trauma patients, RTAC is the Regional Trauma Advisory Committee. They found interesting results, each hospital was charted and there was a graph and number of patients arriving without oxygen. The number of the trauma patients presenting in the ER without oxygen that satisfied the ISS for trauma, which is their index for severity of

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the trauma, and when they did that they came out with 85 percent of the patients coming into the hospital were noncompliance and only 15 percent of the trauma patients arrived at the ER with oxygen that they should have. That was kind of interesting, I don't know how scientific the study was or if they went into a lot of detail, but they showed us the charts and went through it. I think it's something we need to look at the providers in the region. I think the big thing is we have been talking about oxygenation and not really relating to the difference between medical and trauma and that's what I think they are trying to point out here.

There was Dr. Lombardi, who was the representative from Westchester Medical Center was asked to discuss some of this with Michael Dailey. Dr. Dailey had a REMO so that they could get into the collaborative protocols and look at them and see if we had the right information in the protocol itself for oxygenation.

I don't know if anybody else wants to

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discuss any of that about, you know, issues or what they have seen, but it was all the hospitals within the region did participate. I do have the graph and it tells you how many patients were transported into each hospital.

MR. PARRISH: A lot of the classes they are teaching, you know, using the pulse ox and oh, 94, you don't have to put oxygen on, but when it comes to trauma that pulse ox has nothing to do with it. And you got to treat the patient and, again, getting it down to the cell level and the pulse ox isn't measuring that.

MR. MAHONEY: And the big push is, especially for head trauma patients, they said one hypoxic event, even if you don't pick it up, increases the mortality of the head trauma patient.

MR. HUGHES: The other thing that was discussed at the RTAC meeting was reporting, a regional reporting system to -- for EMS providers to report to the ER what is going on with their patient. And there is a couple out there, but the RTAC is looking at the

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MIST one, which is mechanism in medical complaint, injury and illness, signs and symptoms and treatments. And they would like everybody to report in that way. Now, our REMAC has also put together a TAG to discuss that. So we have the RTAC wanted to vote on this at the last meeting, we asked them to wait until we hear back from the TAG at the REMAC. So hopefully they will come up with a common way of reporting to the ER so everybody can use it.

MR. JENSEN: It was a lively discussion.

MR. HUGHES: Yes, it was. I have been going to RTAC for quite a while, it was the first one that was mostly all EMS.

The other thing was EMS For Kids, a lot of you guys heard from me about that. EMS For Kids was a federal survey to give New York State a grant. In New York State 388 total agencies were requested to fill out the survey and send it in, 378 did. In our region 41 agencies were requested and 38 did return it. The other seven that didn't return it were from Nassau.

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In our area we are also introducing the AEMT -- by the way, with the survey we still have to the end of the month get, it in, we want 100 percent.

MR. RUSIECKI: Can you reach out and touch some of the representatives from those counties --

MR. HUGHES: They know.

MR. RUSIECKI: -- like they chased our guys around?

MR. HUGHES: In fact, I think the last message went out this morning -- or was it yesterday morning?

MR. TAVORMINA: Yesterday.

MR. HUGHES: I do have the chart here if anybody wants to see it.

MR. PARRISH: Anybody from Ulster.

MR. HUGHES: No, two counties.

We are introducing the AEMT level of care back into the Hudson Valley Region. The first class was tested in Rockland County last Thursday. We are working on creating a MAC test for them. They can't take the test until they get their card so it will be a

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couple weeks. Just a reminder that all AEMTs must respond with the two-tiered system defined in our medical control plan where a paramedic has to be on his way there.

The other important thing is Governor Cuomo's State of the State message is the first time that EMS has been mentioned and that a lot of people have at least commented on. And there was a proposal -- there is a proposal in the State of the State message for rural EMS emergency service systems. DOH will launch a campaign to heighten the awareness of EMS opportunities and the Department of Health will propose legislation to authorize community paramedicine. So that should be an interesting one, that's one of the three kind of approach that they have.

The second one was increasing availability of EMS training. The DOH is supposedly working closely with BOCES and community colleges to promote that. And they are going to add management education to enhance existing supervisory for EMS professionals.

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The SEMAC and SEMSCO meeting was held January 9, 2018, the committee will go over that. Our office sent out a survey for course sponsorship to express the need for CIC, CLI and CIU classes. If anybody needs those classes or wants to get involved in EMS education contact your course sponsorship that are in your areas. If you don't know who your course sponsorship is see Karen or I at the end of the meeting we will be able to tell you which one it is.

We have planned a legislative breakfast for May 11, 2018, which might have changed a little bit after the executive committee meeting, we will see, but Albee will update us on that.

An interesting thing that happened and -- was that our Narcan usage in our region has dropped by 55 percent since January 2017, but I think by no means is this a reflection of the lack of use of opioids in the Hudson Valley Region. I think there is just more people out there with Narcan and EMS is playing later in the game. So -- but

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it's an interesting number.

Now, all of you who are paramedics and have dealt with our portal know there have been a lot of problems with it and those are being addressed. Hopefully we will get it fixed very shortly. And that's my report.

MR. PARRISH: Okay, couple of questions, the audit, everything went okay on that, the update?

MR. HUGHES: What do you mean the update?

MR. PARRISH: Our audit, anything we should be focusing on?

MR. RUSIECKI: We had a few points, one is we have to write a procedure on transferring funds within our account. So we have three accounts, generally when we need a procedure when we transfer from one to like payroll. They want a procedure for it so --

MR. PARRISH: Okay, are you --

MR. RUSIECKI: We will have that done.

MR. PARRISH: And what triggered the 401K compliance audit?

MR. HUGHES: They have no idea. I spoke

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with the guy he said, I can't believe I'm auditing you guys, there is only three people in the office, there is no money in the 401K. He said, I have no idea, but I need the paperwork. So I sent it, got everything together from ADP who was the management of our 401K, sent it to them. He called me like three or four times, he was going to come visit, but he decided he didn't need to do that. And I got a letter from him last week saying everything is fine, keeping working the way you are.

MR. PARRISH: Very good, good job.

All right, Jeff, on the Narcan you were going to do a report based on county?

MR. CRUTCHER: And that was distributed to all the county coordinators a couple weeks ago.

MR. PARRISH: I would like to see a copy of that.

MR. CRUTCHER: Okay.

MR. PARRISH: Any questions of the regional staff?

MR. RUSIECKI: Actually, last meeting we

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discussed getting the -- I guess getting a document together, a presentation for the coordinators of what information they can get?

MR. CRUTCHER: Yep, I'm working on that. It is unfortunately taking a lower priority right now.

MR. RUSIECKI: Okay.

MR. PARRISH: Anything on QA/QI?

MR. CRUTCHER: The State bridge is having some issues. The new state bridge is supposed to be done by the end of the first quarter, but the current one is not able to validate the data the way it had been. This was a problem that actually we pointed out about eight months ago and it took multiple conversations with the agency that was involved, their vendor and finally, the State. The issue was their validation scores were zero and if you complete an electronic PCR and submit it your score can't be zero. So they have found an issue and it's not with all the data, it's with some of the data so they have had to go back for however many

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months and spin all this data through again. So the validation scores are changing, they're fixing the problem and process on an average day about 10,000 to 14,000 documents to catch backup.

One other nice thing is ESO finally came through and gave us a regional bridge so any agency on ESO we can see all of their data. And it's a fairly robust system, it's got a lot of built in reports and a lot of reports that we can create, which is going to help us take a look and see what kind of trends are out there at the ALS level, BLS level. It's a much easier system to go through and review the entire document because I can see everything on data shipped up to the State bridge. The narrative has been redacted, there is lot of stuff redacted so you can see the important pieces of the call, but you can't see everything. So if we need a document then we have to have a reason to ask the agency for it, that takes time and effort on both sides, with ESO I can just pull it up. So along with the paper chart reviews

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that we still do we are doing 400 to 500 reviews per month with documentation in general and not looking necessarily for specific issues, but to see trends.

MR. PARRISH: Questions? Okay, thanks.

All right, did the medical director leave a report?

MR. HUGHES: No.

MR. PARRISH: Nope? Okay.

Committee reports. Training, Dave?

MR. VIOLANTE: He left a report, it said I'm on vacation.

MR. HUGHES: Don't call me again.

MR. VIOLANTE: We had a training committee meeting yesterday and went through a number of things, Bill touched on quite a few of those.

I would like to update everyone on the regional faculty nominations. There are several nominations for regional faculty and program coordinators, those are at the State. The State is still -- well, they are down a lot of people and they have a lot of work so they haven't had the ability to look at them

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and go through and decide which people they want from all the ones they received to fill those positions so that's still ongoing, but the State has the information. We were just waiting on that.

Bill talked about the CLI and CIC request that went out. We are still waiting for some data from some agencies to determine what kind of course we need to come up with in the near future here. As soon as we get that information then we will put that course together and put it out.

In terms of CIU and instructor update, we are changing a little bit of how we are going to do that. The State has increased the number of required hours to eight and so we are looking at potentially doing something every quarter and doing like a two hour or three hour stint once a quarter around the region so that instructors can actually meet what they need throughout the course of several years and getting that if they can't attend a whole eight hour session, or two four hours, or however it is. We are

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continuing to work on that. The CME program, as many people have probably heard, is under review and there is a new draft document out for what people may need at different levels. I'm not going to go into what those numbers are because it is completely and only a draft at this point and some people are confused and sending in their CMEs based on a proposed program and they are getting rejected because that's not approved. So it's -- and to send it in the way you have been over the last number of years, don't go with any new numbers whatsoever. As soon as that is out we will be notified from the State and can start working that program that way.

I believe that's all I have.

MR. PARRISH: Okay, questions of Dave? If not, thanks Dave.

REMAC, I guess?

MR. HUGHES: Yes, I have --

MR. PARRISH: You have a note for that one, all right.

MR. HUGHES: REMAC did discuss the BLS protocols. At the State level they were sent

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to EMS For Kids and for the STAC for review. They did get the reviews returned, there were several issues in there they said they wanted them to look into. So they did not make the last REMAC meeting as far as a vote so what happened is they hopefully were put on the agenda for the next meeting on the vote.

The department of EMS named Andy Johnson as the Acting Director of the Bureau of EMS.

Evaluation Committee, which is the committee that sits on the REMAC that looks at and addresses issues that they have had with patients or complaints, they did have a case that was referred to them by Dr. Stutt. The case was a communication -- had some communication issues and some medical management issues. The paramedic admitted to being a little flustered throughout and thought there was a DNR. The medic was reeducated in several areas including bradycardiac rhythms, pulseless electric activity and decompensated shocks. The discussion with that was probably about eight pages of discussion from the REMAC in the

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minutes so I kind of made that pretty brief.

There was a short discussion on morphine shortages. And the Governor's State of the State proposal was reviewed.

That's it on that, pretty short meeting.

MR. PARRISH: All right, Glen is not with us tonight. Did he leave anything for the transportation committee, or does the transportation have anything they are looking at?

MR. HUGHES: Not as of yet, but I think the transportation committee will be busy for the next meeting. I know we have at least one Article 30 action that is pending to hit my desk probably the 1st of March.

MS. LIPPES: One thing you may want to remind Glen is to reach out and get a representative from each county to sit on that before it starts up.

MR. HUGHES: We do have a committee that has a few people on it.

MS. LIPPES: I'm saying refresh it because I know when I was doing it to get everybody, it wasn't working.

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MR. HUGHES: Okay, we will make sure.

MS. LIPPES: There might be time to swap some people out if they aren't interested.

MR. PARRISH: All right. Desiree, anything on public information education?

MS. LEONE: Nothing.

MR. PARRISH: Policy and procedures?

MR. TAVORMINA: Same report as Desiree.

MR. PARRISH: And, Mr. Bockman, you are up, legislative and bylaws?

MR. BOCKMAN: Legislative and bylaws, most interesting committee we have here. As our President just alluded, we have a legislative breakfast as scheduled tentatively for May 11th. That date may change because we learned during our executive meeting a short time ago that it is graduation time in the State of New York. And my daughter graduates that same day so we have to work something out.

I'll be making contact with the two state legislators that gave me that date though that date was chosen because the legislature is not in session. So I will

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 speak to them again tomorrow and see if another day would be more conducive.

 At the last meeting we spoke about the talking points and it was going to be limited to two talking points, but after reviewing there are some other matters that are very important to both the volunteer and commercial sector of the region so it looks like there are five talking points at this particular time. That will be solidified and when that is done then the Executive Committee will review the program for their approval.

 There is nothing that I have to report on as far as new legislation, they are out of session so nothing has moved.

 But there is one thing I would like to talk to the body about, it is very important and it affects us as Upstate EMS providers. And that is there is real energy in Long Island for fire departments to be able to bill for EMS services. It sounds good on its face and the organizations of UNYAN, the United New York Ambulance Network and

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NYSVARA, New York State Volunteer Ambulance and First Aid Association -- rescue or whatever the name is -- jointly oppose a change to General Municipal Law 209B. The change in the law is by one word, right now it presently says, prohibited to bill and the word that will be changed prohibited to the word authorized.

Should that happen it will remove the provision that was given to us by Medicare Part B to allow us to bill Medicare directly when we do paramedic intercepts with volunteer fire department ambulances. This change of law affects only the State of New York.

What will happen is if the fire departments are permitted to bill then we will not be able to bill Medicare directly when we do ALS intercepts for our senior citizens or those that receive Medicare and we will have to bill those patients directly. This will affect both the volunteer and commercial sector. There are ways to change the law and that we will discuss when we have

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our legislative breakfast and discuss that directly with the legislators and give them those ways to do that.

So we oppose any change to the General Municipal Law 209B for those reasons, lives will be in jeopardy, many people will not want to have paramedics come to their door because they cannot afford a 900, 1,200 or whatever that bill maybe, charge for those services. There is tremendous energy by all of the fire organizations, FASNY, New York State Fire Chiefs Association, Volunteer Firefighters Association and numerous others to have this done.

For the past several years we have been able to hold off a change to that legislation for the reasons I just stated. However, the energy is now flowing once again and there is tremendous support. And we are here as delegates, it's very important we take our responsibility seriously, you are to speak to your legislators about this problem. We have been able to be successful so far for several years now holding this off, but as delegates

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need to speak to the legislators that you are familiar with and have a rapport to educate them what the change in 209B will do to the senior citizens in Upstate New York.

Thank you, sir.

MR. PARRISH: Thank you. Are there any comments --

MS. LIPPES: I believe you figured out it was Sullivan and Orange are currently active with the committee so to get the other counties to make sure everybody's voice is represented, we are doing the work, but --

MR. BOCKMAN: Kim is referring to the legislative breakfast, right? And it's just two of us, myself and Israel from Orange County and we would like to see one or two more committee men and women if possible. Thank you.

MR. PARRISH: Yeah. I sent out an e-mail to everybody and the -- all the committees need representatives. This committee right now, you have two people putting it together, at least one person from each county should be working with them. All

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right? So we get the uniform message out representing the whole region. They have an agenda, it's a viable agenda, but it just can't be two people.

And that's -- I was going to say this later, that's the problem with the council, folks, there is a core group doing the work for this council. Everybody -- and it's in our bylaws, all right? That all council members must -- and it's highlighted -- must sit on at least one committee or TAG of their region. No council member should be on more than two, excluding executive council and the council itself. So pick a subject, get on it, all right? The core group can't solve the problems for this region. You folks are the region. You folks are the ones that are going to move EMS forward, not a core group. If we do it's going to be our opinions and what we want.

MS. SAGENDORPH: I have a question for Albee.

MR. BOCKMAN: Yes, ma'am?

MS. SAGENDORPH: What counties do you

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feel will be affected by this?

MR. BOCKMAN: The entire Upstate New York, above New York City --

MR. CUOMO: Anyplace deemed rural --

MR. BOCKMAN: Yes.

MR. CUOMO: -- there is two definitions of rural, you know, the proximity to a metropolitan statistical area and there is a State definition of rural, either one is acceptable.

MS. LIPPES: Rich, I just want to go back in history. When I first got involved with the council it was very focused on one or two areas, certain agencies or counties kind of controlled the region when we came on board, Bob and I, as President and Vice-President. We made it deliberate that each committee is to be chaired by someone from a different county. Because if you are not aware -- and it's very important that we not go back to the old days where one or two agencies control the council, everybody has to put up. We have enough seats -- and I'm not reaching as Rich is saying -- but like he

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said, if we don't put in, we are not getting out. And everybody is complaining about all the things that happen throughout the State, how they make changes and force stuff down our throats, there is lot of meetings nobody is represented. So, please, go back, if you are not on a committee, find a committee. We actually made it -- back in the beginning we made -- when we were doing the conferences we made the committee two chairs, cochairs, to make sure everybody county had a voice on the Executive Committee. Again, if you are here and interested and people that are here are more the target --

MR. PARRISH: A lot of people come and it was like yesterday at the training committee we had a full room at the training committee, but during the whole thing I think four people really controlled that meeting. And it gives you a lot of information to take back, but, you know, it's not a one-way street. We need your input. We need your involvement if we are going to move EMS forward.

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MS. SAGENDORPH: Do you really feel that some of the counties are going to have an issue with this?

MR. BOCKMAN: To give you an idea how it will affect the State of New York, excluding the counties of New York this will affect one third of the counties in State of New York and there are 61 counties -- 62 over one third of the counties will be affected by the change in this statute and it's all Upstate, those that have the rural designation. It's over a third of the counties in the State of New York.

MR. RUSIECKI: It's basically where fire departments are the provider of ambulance services. The ambulance is associated as part of the fire, so Rockland there is only one agency, it's really not going for that one agency, yeah. But as you go further Upstate where almost all of them are fire based or in certain counties they are just all fire based, those are the ones that get hit the hardest.

MR. BOCKMAN: Unlike the opportunities

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we have with independent squads where we can enter into billing arrangements the change in this law eliminates our ability to bill -- have a billing arrangement with that fire district. We cannot bill, nor can the fire department ambulance bill for us like we can with the independent squads we enter the billing arrangements with. Also, we enter into the billing arrangements with fire districts now, but there is no cost to the fire district by the permission of that Medicare ruling that happened almost three decades ago, three decades ago. The change this it statute will eliminate that ability --

MS. SAGENDORPH: So you are saying the volunteer fire companies are going to want to start billing for ambulance services?

MR. BOCKMAN: Correct. And all the energy is coming from Long Island, should that happen it affects all of the State of New York and this is the only state in the union that this change in law will affect.

MR. PARRISH: Kelly?

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MS. NELSON: As delegates to the region what do we say to the fire based ambulances when they want the support to be able to bill? When you say they have never been able to do it before, it's because they have never been given the opportunity. So as a fire based department, when my department is now pushing forward to do billing how are we going to divide our committee region here in saying which way are we going to support?

MR. BOCKMAN: You need to educate yourself about the change and what that change will do. I have before me -- and I think what I'll do is give it to you Karen to make copies for everybody of the press release that was put together by the United New York Ambulance Network and the New York State First Aid --

MR. PARRISH: Volunteer --

MR. BOCKMAN: -- Volunteer Ambulance and Rescue Association to understand the two organizations we are part of have joined forces and opposed the change to the statute. So you can reach out to your volunteer

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association, Mike Mustriani (phonetic) and speak to him and get guidance from him as well. But this is serious matter and will affect all the --

MS. NELSON: But our department may want --

MR. BOCKMAN: They may --

(Everyone is speaking at once.)

MR. BOCKMAN: -- the affect it will have and not see only the dollars and cents before their eyes, but what it may do, the mothers, fathers, grandfathers and grandmothers it may affect.

MS. BALIN: Can I suggest perhaps there should be a change in that law?

MR. BOCKMAN: You may suggest that.

MS. BALIN: I'm only going to speak for the ones I absolutely know. I do teach fire personnel, police and EMS personnel and the agencies are not informed as to what the change is going to do. All they are seeing is their budgets are getting tighter and tighter and they need the support the same as being able to bill. Okay? But they don't

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see the other side that you are talking about. So you go -- it's never been explained to any of them. You want us to go back to our agencies and explain to them -- I'll tell you one thing, I don't know enough about it to be able to do that.

MR. BOCKMAN: Exactly. So what I'm hoping the council will do is make copies maybe before we leave and those fire related agencies that are here may take a copy with them, that's the press release being put out so you can educate your departments.

MS. SAGENDORPH: I'll say this, having worked in billing, okay, for an ambulance company, I'll tell you something, Medicare is getting tighter and tighter and paying less and less. So what is left on the bill after Medicare made their payment is going to be just as much of a strain unless they have a good secondary insurance and the possibility -- because now your fire based -- if they are going to be billing -- it's a whole new ball of wax when you start with billing, the thing of it is, it's not all cut and dried. I

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mean, you sit in front of a computer and you process claims and if you don't process it correctly it's going to come back, it doesn't matter what insurance company it's going to, if you don't have the right code, if you don't have the right modifier, if you don't have any of the information. It's going to cost the fire companies money to have these claims billed because they are not going to be able to do it themselves without having somebody with the knowledge and billers get paid. They get paid. And that's going to be a big chunk of money that will come out.

MS. BALIN: I think the understanding of that because their neighbors are -- that are strictly rescue organizations are doing it. They are having someone else do their billing for them --

MS. SAGENDORPH: And there is a percentage --

MS. BALIN: -- fire agencies are looking and saying we can do the same thing.

MS. SAGENDORPH: They will have to pay a percent --

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MS. BALIN: That's no different than EPCR, you are still paying somebody to do the recordkeeping. It's there, things can be changed. It just seems that it's this rock people can't get past. And I cannot honestly say to my department we shouldn't try to bill. I mean, I'm not going to be a hypocrite and say, look, I'm right on EMS and let's beat this thing df own. I can't do that. I don't agree with it.

MR. BOCKMAN: That's the sole reason to put out the press release that's been done by the two organizations that we are members of that we must educate our legislators on what the effect of that change will do. We are losing sight of the issue. Yes, it's about the money, but it's also about the thousands of upon thousands of people that are going to get big bills when they receive the necessary paramedic services that are required.

MS. BALIN: I understand that portion of it, but there was a point in time where any billing, wherever there was a volunteer agency rescue could not bill because it had

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to be the paramedic ALS units that actually picked up the patient, actually made the transport and then that type of billing was allowed the BLS volunteers could not bill. Now they can. What made the change? It's not in concrete, people can talk to each other and work it out.

MR. BOCKMAN: That's why we are having the legislative breakfast.

MR. PARRISH: Bob?

MR. CUOMO: I don't know -- I can understand, you know, the fire department's position with, you know, budgetary constraints and everything and needing to supplement that and having another source of revenue is certainly something they would want it look at, but to have this law written in such a way that the ALS provider cannot enter into a billing agreement with them makes absolutely no sense. I don't know why it would be written that way and that's the thing that has to change.

MS. BALIN: I think the term kickback came out.

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MR. CUOMO: But this is done with all the volunteer ambulance corps, why should it be different with the fire department? Again, we are creating this division which there shouldn't be and I think that's what we need to get behind.

MR. PARRISH: Kim?

MS. LIPPES: One thing we all need to do is research before that and make sure what our priorities are as a group. It's not one agenda and pick our items, which Albee said he will bring to the Executive Committee. Because the last thing is to be in that room, have everybody on a different agenda, both ends will lose. They are going to walk away from it --

(Everyone is speaking at once.)

MS. LIPPES: -- it was discussed briefly, but EMS is an essential service -- which I've been preaching for five to ten years now, because that would help everybody. It would help everybody providing EMS service, it will make it a mandatory or essential service. Again, that's why it's

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important each county have a representative to talk to the people in the county to figure out what the agenda items are for Albee to put it together and the Executive Committee to review and this is the our agenda. But to limit it because if you start going more than five -- and that's stretching -- you are going to lose it because you are not going to be able to push the key points that the majority want pushed.

MR. PARRISH: Greg?

MR. TAVORMINA: This is just some quick statistics about fire -- of course the State statistics are 10 years old. Out of 1,107 total ambulance services 507 are fire based so it's anything -- anything that is going to bump heads with fire is a real uphill battle.

MR. PARRISH: Okay, good discussion. And get involved in the committee, all right?

EPCR? No update. Mike is not --

MR. CUOMO: Wait a minute, even though I'm not chair I happen to know somebody has something to say -- Dave?

MR. PARRISH: Okay, and I tweaked him

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and he goes no.

MR. CUOMO: I didn't know you were going to go right by it.

MR. VIOLANTE: So everybody knows that the State is pushing towards electronic prehospital care reports and that's a good thing to sort of move into the 20th Century for a lot of good reasons. And so we have been working with some of the local hospitals to integrate the electronic PCR data into the hospital system. And so one of the things that we are working with with the company ESO from this committee is to bring in something called a health data exchange. And so what this exchange does is it takes any PCR platform and puts it into the hospital HL7 code form that the hospital needs. Hospitals are required to integrate electronic data or some kind of data from agencies that come in into their system and they are just not getting it, paper or otherwise, because there are so many different platforms, et cetera. And when we looked at this we wanted to look at any platform, it didn't matter which one

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it was, that would integrate everybody's prehospital care report into the hospital. This is one that does that, that's why we sort of pushed that.

We have got two hospitals in Dutchess interested in doing this, one is signing off on it. And so we are going to look at broadening that out so this organization can then get all the electronic data into the hospitals. A nice part about what we will get out of this is patient outcome data and potentially the -- what we have traditionally called a face sheet information of demographics of --

(Inaudible.)

MR. VIOLANTE: This exchange is important because as prehospital care providers, you guys know, you have been on those calls, where we bring a patient in and we don't know what happens at the end of the day. We thought maybe it was back pain, it ends up being a STEMI. We just don't know. And because we don't know the outcome we think we are doing something well or right

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because we don't know any differently. So this will be help tremendously in education. This will help tremendously in quality improvement and assurance. And it will help to bring down the individual silos in the health system so that the health system is actually a coordinated care system.

So more will be coming on this, but at the moment it's looking very positive and we will try and expand this out to the regional level as this continues on and report further. Thank you.

MR. HUGHES: David, have you had any problems with HIPAA requirements? Have there been any resistance with that?

MR. VIOLANTE: So a majority of the resistance comes from people in the hospital fastidiously doing their job to protect the hospital to say the information can't flow outwards. And that's great that they are doing that and we completely appreciate that work. On the other hand, we are organizations that are in the health care system, that are certified with medical

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directors and have the ability to get that data and so HIPAA is not a compliancy issue with the hospitals that we just have to workout with these groups. There are a number of places, mostly to the south and to the west, once you get away from the old New England, that have been doing this for the better part of 18 years already. And it's actually sharing data across the entire system whereby providers come in with data, they can actually see patient data out in the field from hospitals and physicians because it's centered around the patient, not centered around the agency.

MR. PARRISH: I had to educate my corporate compliance folks, they didn't want any information going back and they came after me looking for my job. Saying what is your job? My job is this. And as soon as I told them that State Code 405.19 says in there that hospitals are to provide quality assurance information to EMS and then I mention Article 30, where we are supposed to be also doing it, they shut up. And then

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they want to see what are you providing them so I had to show them the sterile stuff and what I do provide them. And you know, HIPAA, everybody is using HIPAA as the barrier. And HIPAA says that you can share information for quality purposes.

MR. VIOLANTE: Correct.

MR. CUOMO: You can share information for patient care, billing, or health care operations and QA comes under health care operations.

MR. JENSEN: And Article 30 very eloquently states that in its paragraphing. And to dovetail on Dave, I'm from Vassar from Health Quest, we have four hospital systems. When Arlington's chart hits our medical record that chart is now visible by all four systems, all four medical systems. They can pull the chart up in the -- in our electronic health care record and you can actually see the chart at the nursing station rather than having to go search for it in medical records, which is a nice feature for ESO.

MR. PARRISH: How fast does it get

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there? My biggest problem is they don't show up in my organization --

MR. JENSEN: You still have to hit finish on the end of your chart. If you send it as a draft it takes about 10 minutes from my playing with the system because I'm a user of ESO with NDP so I'm able to see my own chart so when I sent a chart last Thursday I was able to see it in about 10 minutes as an administrator at Sharon Hospital so.

MR. PARRISH: Great. Any other updates?

MR. VIOLANTE: No, more information will come as we progress with this.

MR. PARRISH: Thank you. Anything from Murph on community paramedicine? Nope.

State EMS?

MS. LIPPES: No quorum.

MR. PARRISH: They didn't, but at the different committees different things were talked about. Bill talked about the BLS protocols, they are looking into expanding them to the CFR, certified first responder level, there was extensive discussion on what the pediatric definition, what is a

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pediatric, all right? And one of the ages they came up with was 15. They recommended the use of --

(Inaudible.)

MR. PARRISH: -- tapes for meds.

Mentioned Andy Johnson. The new CME program that is draft and people are sending stuff into the State already. And what they are trying to do is follow what national registry is doing so along those lines.

The age change from 18 to 17, folks, that is not in the law yet. And State is getting phone calls from parents saying, oh, the law says it's now 17 and arguing -- it is not. It is out there for public opinion, public comment and it closes on March 26th before it can be voted into law. So it is not out there, the law is still 18. Talked about the CME program -- not CME -- CIU program, the EMS For Children, the proper peds equipment, they are going to be coming out with recommendations. We should be doing prehospital education for peds biannually. There is recommendations coming down that

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hospitals have a pediatric emergency care coordinator, we will see where that goes. We talked about the acting director and stuff like that. That's pretty much it, right?

MS. LIPPES: Yep.

MR. PARRISH: That's what happened at the State. There is old business, we have the TAG, mutual aid, anything on that?

MR. BOCKMAN: To refresh everyone's recollection I reported at the last meeting that I would not get a report on the mutual aid TAG committee until I received a legal opinion from counsel. Since the last meeting I have made contact with house counsel, James Tardy is his name. And we have had several discussions over the last couple of months. I have received verbal opinion. He is referring this matter to the EMS Legal Division of the DOH and both of those agencies will be doing that written opinion, that may take months to come.

I at this time request that I not share that legal opinion and await that written opinion from those divisions.

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MR. PARRISH: Okay, any questions?

MR. BOCKMAN: And I'll share that, of course, with the executive board if you require that.

MR. PARRISH: Thank you. And something that's been ongoing, regional EMS task force, that just died of lack of interest.

Under new business, awards committee. Kim has agreed to chair it. Again, we need somebody from each region -- each county. They have to be to the State by May 1st so if you haven't been beating the bushes on EMS awards nominations, now is the time to get going. They will have to be here -- what did we decide, April 15th?

MR. HUGHES: 10th.

MR. PARRISH: They have to be in the region by the 10th so the committee can pick the region award winners and forward them to the State. They have to be on the State nomination form, there is copies on the table. If it's on any other form it gets automatically rejected, they don't even read them. It's got to be on that form and

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limited to that. I think it's 12 font type stuff. That's it, all right?

MR. HUGHES: Also when you submit to the office here there is a section for Regional Council approval or recommendation, leave that blank.

MS. SAGENDORPH: We are not going to fill that in, we will let you guys hangout --

MR. TAVORMINA: Just so you know Neal has offered to --

MS. LIPPES: For the counties I don't have represented I'll be reaching out to coordinators to let them give me a name. It's important we have every county represented to be fair.

MR. PARRISH: Okay. This comes as a seconded motion from the Executive Committee. We need to appoint a delegate and an alternate to the State EMS Council and it's a nomination to the State. They have to go through a vetting process and all and then the Governor makes his selection and appoints them.

But the Executive Committee is

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nominating Dave Violante to be the delegate and Dave Grass to be the alternate. And that's a seconded motion.

All in favor?

ALL: Aye.

MR. PARRISH: Opposed?

MR. VIOLANTE: Do I get to raise my hand for that? No?

MS. SAGENDORPH: I don't think it will do any good, Dave.

MR. PARRISH: Also on the table out there are the meeting dates for 2018, February 21st is tonight. May 16th, September 26th and November 28th, all right?

MR. TAVORMINA: One other thing, Rich, going back to the legislative breakfast --

MR. CUOMO: I think Bill just got him --

MR. PARRISH: He just got my attention. The legislative breakfast, the proposed budget is \$2,400.00 for the facility and right now we are looking at Orange County Choppers. They have a nice venue and we thought it would be a nice place to have it. And \$600.00 for administrative paperwork and

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stuff like that for estimated budget of \$3,000.00.

I need a motion for that.

MR. TAVORMINA: Motion.

MS. SIEBERT: Second.

MR. PARRISH: Seconded. All in -- any discussion on the motion? No discussion.

And all in favor?

ALL: Aye.

MR. PARRISH: Opposed? Thank you.

That's all my notes. Anyone else have anything to come forward under new business?

MS. SAGENDORPH: I'm not sure if it's new or old. I had a conversation with our Senator Sue Serino regarding -- I think I brought it up a meeting or so ago about AEDs in nursing homes. She is very interested. I have contacted the owner of two nursing homes in Hyde Park and we will be having a meeting with this gentleman and Sue Serino. They have an AED in their one nursing home so they have a lack of training so I kind of volunteered my services if they needed a CPR class. We have gone in there several times,

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Proceedings

it's just different things that should have worked better than they did. But the thing is, it's not a requirement so it's research and there is not a requirement in the health law they have to have AEDs in nursing homes, everything else is in the health law, that's not in there. So just to let you know, I'll keep you advised how we progress, okay, with this.

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

If nothing else --

MR. TAVORMINA: Motion for adjournment.

MR. SAGENDORPH: Second.

MR. PARRISH: Thanks.

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



Yvette Arnold

