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HUDSON VALLEY REGIONAL EMERGENCY

MEDICAL ADVISORY COMMITTEE
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MINUTES OF MEETING, held at the offices
of Hudson Valley Regional EMS, 33 Airport Center
Drive, New Windsor, New York, on Monday,
March 4, 2019, at 9:33 a.m.

Yvette Arnold,

Court Reporter

ROCKLAND & ORANGE REPORTING

2 Congers Road

New City, New York 10956

(845) 634-4200

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

DR. PAMELA MURPHY,
Committee Chair

DR. MARK PAPISH,
HVREMSCO Medical Director

WILLIAM HUGHES, EMT
HVREMSCO Executive Director

OFFICE STAFF

JEFFREY CRUTCHER, QI Coordinator
KAREN DELAUNAY, Office Manager

GOOD SAMARITAN HOSPITAL

DR. DENNIS MAO,
Physician Representative

HEALTH ALLIANCE OF THE HUDSON VALLEY

DR. MADORE,
Director

PUTNAM HOSPITAL CENTER

DR. BUTTERFASS,
Director

MID HUDSON REGIONAL HOSPITAL OF WMC

DR. PAPISH,
Director

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ALSO PRESENT :

MICHAEL BENENATI
DAVID GRASS
ANDREW TARASOFF
KIM LIPPES
KEVIN GAGE
DAVID VIOLANTE
DESIREE LEONE-STOLL
MICHAEL BIGG
STEPHEN PELUSE
ISRAEL KNOBLOCH

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DR. MURPHY: Thank you all for coming. We won't approve the minutes because there is not enough of us for a quorum. But if anybody has any additions, deletions, corrections, please let us know and Karen will be right on it --

MR. VIOLANTE: True that.

DR. MURPHY: So one of the things -- since this is kind of like a smaller meeting one of the things I wanted to bring up was the EMS summit that just occurred from the protocol committee and the office here. And I just want to have it on record and I -- can you go into the e-mail and read a few of the points that we -- perfect -- because I would like to get it into the minutes.

Mike, why don't you explain what the format was, what was the idea behind it and how we set it up -- how you guys set it up. I just showed up.

MR. BENENATI: So at the protocol committee, we discussed the imminent needs that we had in the region. And so we brought forward to the region the concept of having

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an EMS summit where we could just throw out lots of different ideas and try to formulate some action to recognize and then move this process along.

So the region sent out letters, the responses to phenomenal. I think initially we receive about 88 people that said that they would be in attendance. It was a wide variation of providers from fire departments, to first response agencies, to community based, to commercial providers, to county EMS coordinators, to physicians, to other folks that have expertise in the area. So it was really well done --

DR. MURPHY: And a few politicians.

MR. BENENATI: And a few politicians, who have dual roles. That wasn't the initial focus, we wanted to bring those of us in the region together first and as we moved forward. And so then the concept was is that after that we would push it forward either with a steering committee or a TAG of some sort to move it along.

So it was an outstanding session --

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actually I'm going to turn the floor over to Dave -- Dave facilitated the meeting, it went exceptionally well. You know, we broke the attendees into different disciplines, had them identify problems and some solutions. And Dave has got some -- you did a great job and has some phenomenal notes here as well.

MR. VIOLANTE: So I really have to say kudos to all the agencies that came from around the region we had representation --

DR. MURPHY: Yeah, it was amazing the representation --

MR. VIOLANTE: Yeah --

DR. MURPHY: -- the room was filled.

MR. VIOLANTE: Yeah. Oh, yeah. Was it 80 some odd --

MR. HUGHES: Eighty-one.

MR. VIOLANTE: Eight-one people there so that's fantastic.

As Mike said, we broke them into their disciplines and had them talk amongst themselves for a while and discussed what some of the issues and problems were. We had them rank those issues and problems and then

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meet again and talk about some solutions and sort of come up with what is next.

So among the top issues and problems were staffing and competition for staffing among agencies, agencies stretched too thin in their own areas, let alone to mutual aid areas, costs increasing and reimbursement decreasing, for a number of reasons, including tax cap, budgeting, funding issues, insurance reimbursement, all of those sorts of things. Those are some of the top issues and problems.

Next was the misuse of EMS by the community, EMS not being considered an essential service, and a lack of advocacy for EMS professionals and agencies, and that there needs to be education and leadership training among EMS agencies and providers.

And sort of in a third area there was transparency among agencies in communities, communications issues, internal and external, and then too much dependency on ALS.

So these were all some of the primary issues and problems that all of these groups

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identified. And so I'm really just summarizing, you know, what came out of the table of information that we got.

For solutions among all the groups we have, better communication with the public and lobbying officials, using data and analytics to improve funding and staffing needs, better agency collaboration, transparency among agencies, working as a system, and employing economy of scale among agencies. So that is sort of one of the top areas there.

By far the next biggest one across the Board was finance, finance, finance. Where EMS is not being considered as an essential service, even the view of it from -- example, the Mayor of New York City saying, well, EMS is just different. It's not the same as the other uniformed agencies and so it's considered a different service --

DR. MURPHY: It's okay, he wants to run for President.

MR. VIOLANTE: Yeah, perfect --

SPEAKER: So do 45 other --

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MR. VIOLANTE: So it's also not considered, you know, as a solution to have a preferred provider status so funding reimbursement comes directly to the agencies instead of to individuals that then have to pay the agencies -- because that rarely happens. Specific funding districts so that it would increase or improve the ability for a tax base or for paying for ambulance services. Changing Medicare and Medicaid rates, as everybody knows the Medicaid rates have changed and largely been reduced and/or eliminated for EMS agencies, PAC funding and changing pay wages. All of these things would improve a lot of areas of EMS.

The third largest area for solutions had the following things in it: Education of agencies, including succession planning and educating communities; using PSAP to filter calls better and not utilize ALS as often, so sending the right resources for the right calls; better unity in the system; making EMS a career; and EMS authority, which would be another sort of district -- political

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district whereby agencies could collaborate within that authority area; utilize shared services and that sort of thing. And having an EMS academy whereby EMS would be -- EMT and/or paramedic would be technical training versus an associates, or bachelors, or anything along those lines, and so an academy style type of education.

So out of all that what is next is that we garnered some support for a committee from the people present to do this kind of work in the solutions that they presented. I think we had somewhere around 22 some odd people that said they wanted to be a part of that committee. We recognize that in EMS we have to be accountable and responsible, we have to make some of the changes, people aren't going to make the changes for us. We have to do a SWAT analysis, a little bit sort of a deeper true look at things from a county or from a regional perspective, much like Dutchess County had done where it's looking at the strengths, weaknesses, opportunities and threats. Come up with a TAG. Come up with

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bullet points and to bring back for local input. And then we need to garner support at the legislative breakfast, which is coming up at the regional level. And also go to Legislative Day in Albany as a collective group.

And so that was sort of what is next out of all of this. We are continuing to take the input from the variety of reports, put them into our table, and then we will come up with more of a defined problems and solutions list that that particular TAG is going to work on.

DR. MURPHY: Has anybody taken on the role where Mr. Work was? You know, he was really at the legislative breakfast he was the one that kept us all informed. He was our --

MR. VIOLANTE: Albee is really doing a lot of that, Albee Bockman --

DR. MURPHY: Okay, Albee?

MR. VIOLANTE: Yep.

DR. MURPHY: Okay. Because maybe that's another thing to do besides just the

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Legislative breakfast, maybe we can petition or somehow get some infomercials out there.

MR. BENENATI: You know there is -- I believe, Kim, isn't there a day in the spring people go up?

MS. LIPPES: NYSVARA puts together a Legislative Day and I asked the other day and they don't have a date --

MR. BENENATI: Oh, they don't have a date --

(The speaker cannot be heard.)

MS. LIPPES: But they usually do, they go up in May, early May.

MR. VIOLANTE: This is just a huge complex issue with a variety of moving parts. And I think everybody wants to make it work and does their best to fill all the little niches but then that ends up being a problem at the end of the day when you can't fill those niches anymore.

DR. MURPHY: Now, what's the place in Maspeth? I had to go to the place in Maspeth. I thought that was an EMS academy.

MR. VIOLANTE: There is a number of

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places around that have been academy style
whereby you can just --

DR. MURPHY: During my training I had to
go there.

MR. VIOLANTE: Right, yeah, you can just
do the components of the national standard
curriculum. A number of colleges for
accreditation purposes do the whole college
sort of view at the basic level, which
includes the maths and Englishes and phys ed
and those kind of things and have to follow a
sort of more structured plan in terms of
semesters and that sort of thing. So this
idea would say okay, we are just doing the
straight up curriculum, you know, without all
of that extra added stuff. And that's
another way of doing it to get people on
board. And the problem is the funding is
just terrible --

DR. PAPISH: At the end of the day we
have 30 issues but it's just money. There
needs to be some kind of --

(The speaker cannot be heard.)

MR. VIOLANTE: Right, also --

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MR. BENENATI: What is also interesting -- in fact, as I was sitting in the parking lot I heard a commercial --

DR. MURPHY: What time did you get here -- never mind go ahead.

MR. BENENATI: About 9:20 --

DR. MURPHY: 8:00 o'clock last night?

MR. BENENATI: No -- really. So I heard a commercial from -- it was a union that was discussing the financial implications of the governor's budget on hospitals and emergency departments. And so what struck me is the important piece of that is, here they are out there doing this outreach, EMS does not have any opportunities to do that outreach. Also, you know, there is one group does a legislative session then there is UNYAN and then there is nothing else. We need a calming voice and certainly because it's through the Bureau we can't use that because it's a state agency. Maybe what we need to do is figure out a way to get all of the regions to collaborate into a spinoff group to be one group with one voice. I think

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that's our biggest opportunity for making an impact across the State. We can't let the State council and the subcommittees of that run that for us. Maybe we spin off of the regional offices somehow.

MR. HUGHES: But we do have to be a little bit careful with that because the regional offices are not allowed to do any lobbying as per the contract with the State. So it would have be an informative type thing and it would have to be separate and not use the council names --

MR. BENENATI: So that's very interesting and that is one of our opportunities so maybe we need to form a separate group somehow or maybe see if we can use an existing group like on UNYAN. We never participated in UNYAN before, it was always a commercial group, but maybe we use an existing format to be our voice.

MR. VIOLANTE: The problem we are going to have in all of this is there is only so much pie and UNYAN wants their piece to be as big as it can be, and NYSVARA wants their

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piece to be as big as it can be and the unions want their piece to be as big as it can be. And the commercials, the fire service, the ALS hybrids, the BLS hybrids, we all really came together for the voice of EMS we just have to have that same voice that is EMS centric for equality among all those services in some way, shape, or form to be a voice. And so that's what is going to have to happen.

DR. MURPHY: Kim?

MS. LIPPES: You actually on the State Council have a peer committee. Every time we tried to ramp up a project people would change, that might be something you suggest up there that they reactivate because what they did was kind of disappear, they stopped having meetings for them, but they are responsible for the awards, responsible for vital signs and stuff so there is a task for them. But, again, over the years -- I'm trying to remember his name -- Mike is the first name -- he did a video that was -- they tried to put out. He did some posters they

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tried to put out to just drew attention to EMS and get some energy. And now that I'm no longer on, I don't go up obviously, but I sat on peer and it was the same six people. But to maybe restrengthen that because that's a voice for all services. UNYAN and NYSVARA have cooperatively done stuff together because they know the importance, but you are right, they are two different things. But peer maybe the venue you are looking for and it exists, it just needs to be -- some life breathed into it.

MR. VIOLANTE: Okay, that's a good idea.

DR. MURPHY: All right, thanks. So in that same line I'll pass around a notice from Dr. Arshad and Dr. Fullagar. It's a casting call for people to work on when we roll out the protocols you know how we did the little videos and programs to, you know, bring up the new protocols, the new procedures and format it so that we can distribute throughout the region whoever wants to utilize the resource. He doesn't have the dates on that piece of paper, but we think

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it's March 11th through -- March 12th, 13th and 14th.

MR. HUGHES: March 13th, 14th, 15th right --

MR. VIOLANTE: Yeah, I think that's right --

MR. HUGHES: 13th, 14th and 15th because it's Wednesday, Thursday, Friday.

MR. VIOLANTE: That went really well the last time for the ALS updates. There aren't so many ALS updates this time, there is a lot of BLS --

DR. MURPHY: Yeah. Well, it's also a thing of really making sure everybody is aware of all that is in there. Because it's such a ginormous policy and procedure and just going through all the protocols you can just -- you know so it would just be a nice way to get this all organized and out.

MR. HUGHES: There was some e-mails over the weekend saying they were going to do the ALS side also, they are probably do both.

DR. MURPHY: They will probably tie it because there is not so many new things like

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you said on the ALS portion. We did a lot of cleaning up of the protocols and making sure all of the formatting, the dosages and the way we apply everything was uniform across the board because you know you always find things.

So the goal still is to have it up and running by August, right? August 1st?

MR. BENENATI: We haven't heard anything from the State.

Kevin, have you heard anything with regards to has it even been signed by the commissioner yet, the BLS protocols?

MR. GAGE: I don't think it has.

MR. BENENATI: Because that's what we were really waiting for it to be signed by the commissioner before the final documentation --

MR. HUGHES: Right. At our last meeting with Ryan, our conference call, it wasn't signed. They expect to have a date it should be signed by the next meeting, so early next month we should know.

We did put our regular protocols out for

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comment. We did not get any comments on the protocols so, you know, they are on the 30 day comment period.

DR. MURPHY: Okay. I have no service upgrades and no enforcement notifications so we can skip over those.

Evaluation subcommittee? I don't think we had any cases, right? Arshad didn't bring anything to me.

MR. CRUTCHER: We have a couple we are working on, but not ready to present yet.

DR. MURPHY: Okay. And Jeff, quality improvement report?

MR. CRUTCHER: Actually, the spreadsheet you have in front of you are PAD upgrades and a couple Narcan and couple CPAP, but we are obviously not going to be able to vote on those today.

DR. MURPHY: Well, we don't really have to vote. We really just make sure everything is in order and that they have the proper procedures in place and that a medical director and all the training and such and they will process the QA and then we move it

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on to the State.

MR. CRUTCHER: All paperwork is complete.

DR. MURPHY: Yeah. And it's a thing where we just have to make sure they have everything in order in that sense. Wow -- that's a pretty -- and what -- over what time of frame?

MR. CRUTCHER: A month.

DR. MURPHY: What? Really?

MR. HUGHES: One is an organization that has a lot of people, a lot of pads involved in it.

DR. MURPHY: That's pretty impressive. I have never had that many at once --

DR. PAPISH: Like one or two.

DR. MURPHY: I was going to ask you guys was this was, was it just an organizational thing of what was happening or -- anything else, Jeffery?

MR. CRUTCHER: We are continuing to work on Nemesis 3.4. We've gotten most of the validation rules fixed. Rockland Paramedics is going to be coming on-line electronic in

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the May/June time frame. And at that point that will give us 30 some agencies that are not electronic, which represents 2.5 percent of the data that will still be paper, so almost 98 percent of our data will be electronic after they come on board.

DR. MURPHY: That's really good.

MR. CRUTCHER: It is really good. So we should continue to encourage the other smaller agencies to find a way to become electronic and that's really about it in the last month.

MR. HUGHES: We also have two interns that will be working with us from Touro --

MR. CRUTCHER: Touro College.

MR. HUGHES: Touro College.

DR. MURPHY: Medical college?

MR. HUGHES: Medical college, yes. Both are very interested in EMS and we have some QA/QI projects they can work on and if there is anything the MAC would like --

DR. MURPHY: They should come to the MAC. What year are they? There was a delay in school today --

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MR. HUGHES: They're second --

DR. MURPHY: Fourth year --

MR. CRUTCHER: I believe 3rd or 4th.

DR. MURPHY: They are probably 3rd year because 4th year you go off and do everything --

MR. HUGHES: Right, she said next year they are going off.

DR. MURPHY: Okay, so they are probably 3rd year. Great.

MR. VIOLANTE: That new Nemesis data will be a tremendous asset to doing regional analytics and agency analytics, that a little bit deeper than what we can do now --

MR. CRUTCHER: A whole lot deeper.

MR. VIOLANTE: That will be a tremendous help to some these things that the committee can look at also.

DR. MURPHY: Well, it's also a thing where you don't have to do it manually anymore, you can get the data.

MS. LEONE-STOLL: For anyone looking for funding to expand the electronic PCR projects in your counties, we -- the County Department

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of Health, which Kim and I fall under, we were able to secure money for the opioid grant that came out. So we had three agencies that were not on-line with EPCRs so we currently are in the process of purchasing the hardware and software for each of those agencies so we will be 100 percent in Rockland. But that opioid grant covers EPCRs I guess as a point of data collection, but it worked. We got a significant amount of money from it.

DR. MURPHY: That's interesting.

MS. LIPPES: The problem is that's due in June so if your local health departments haven't earmarked it for something else and a lot of them are having problems with what they earmarked it for, they are not using the money. So it got kind of crazy with us because they are like, take more, take more and we are like -- uhhhh. So actually we are helping RPS, we are buying the hardware for them because they already purchased their software license so we couldn't do that. And then Sloatsburg and Piermont were the two

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agencies, they are low volume agencies, we are setting them up for the first year and they have to pick up from there.

DR. MURPHY: Wow, fantastic, so maybe it's something we can look at.

DR. PAPISH: Agencies in our -- I know two percent overall, but how about the number of agencies within the Hudson -- our EMS council that are still BLS -- I mean --

MR. CRUTCHER: Still paper? Once RPS comes on board it will be 32 agencies with a varying call volume of less than 100 a year to 500, 600 a year so very small volume.

MR. HUGHES: We will have one ALS agency that is still paper.

MR. CRUTCHER: That's it.

DR. MURPHY: All right, thanks.

New business? Anything anybody wants to bring up?

So everybody that showed up to today gets extra credit, never has to stay after school and -- seriously, thank you, guys, all for coming --

MR. HUGHES: We had an RTAC meeting.

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DR. MURPHY: Oh, that's right. Sorry. I skipped right over RTAC. You want to talk about it?

MR. HUGHES: No.

MR. BENENATI: You are looking this way? Is that -- were you looking this way?

MR. HUGHES: I was if, you want --

MR. BENENATI: I can't do it from memory, but I'll look quickly here and see.

DR. MURPHY: You do have his name next to it.

MR. HUGHES: I know.

MR. BENENATI: Let's see if I can -- so one of the things we did talk about, there was again more discussion with regards to MIST. And you know we did not do a good job in getting that information out, it was never -- that format was never really formalized. And so the region should absolutely get that out on regional letterhead and let's get that distributed. That seems to be still an issue. And, you know, that has to do with prehospital notification. And, also, they are still

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working on interfacility transfer forms. They had a great presentation and I've asked them for the Power Point of that. And when I get it I can share that, but just the trauma data in the region where these, you know, the patient is being transported to the appropriate facilities and there is still a lot of opportunity for improvement especially with pediatric patients.

Talk about they want to do some additional education on appropriate transfers.

Big discussion with regards to disaster preparedness for the region, seems to be another significant opportunity for some improvement --

MR. HUGHES: I just want to add to that. They talked about the MACE team -- I don't know if you guys are familiar with MACE. It's the mutual aid -- mutual aid something entity -- coordinating entity and it's for hospitals. And from what I understand most of the hospitals in the region are involved in it. And the people at RTAC were not

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familiar with it so Rich Parrish, who is the President of the council, is on the MACE team and does the presentation. So he -- I had set it up for him to do a presentation at the RTAC. And I think at our next REMAC meeting I think we should probably do that too. Because they do a lot of bed -- if there is any kind of emergency they will get beds. They'll get any kind of resources that you need and ship it from one hospital to the other. I'm not exactly sure how it works and what the agreements are, but he said there is a lot of the hospitals in the region involved in it.

MR. BIGG: Bill, regarding that team, we use them at the air show every year at the airport here. And if they are there they are a great help, the problem sometimes is getting them to that disaster location --

(The speaker cannot be understood.)

MR. BIGG: -- but a preplanned lower scale event it's very helpful. And we treat 300 patients in two days at the air show, if we just send out five they tell us where to

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send it out to and we can track patients --

(The speaker cannot be understood.)

MR. BIGG: -- plane crash drills here once a year. They are helpful by telling us where to bring patients to, where not to bring patients to. Kind of gives us a better idea what we can utilize. But it's helpful in a preplanned type incident like the air show.

MR. HUGHES: Yeah, I know they also do the Westchester Airport Disaster Plan or drill. And they do other drills with other hospitals also and I know they have been pretty active this year. So I think it would be nice to have a presentation here.

MR. BENENATI: Yes, it would be good to learn and have them come to the RTAC as well.

MR. HUGHES: Yeah, I'm working on that. Rich happens to be away right now, but when he gets back he is going to be working with them --

MR. BENENATI: And the next meeting is June 28th, 10:00 a.m. at St. Luke's Hospital.

DR. MURPHY: Okay, thanks. So since

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that was the one I skipped I don't think there is anything else on the agenda. This is the shortest meeting on record.

MR. HUGHES: The SEMAC?

DR. MURPHY: We didn't have one since the last meeting. We haven't had one.

MR. HUGHES: We had one in June -- January, I mean.

MR. BENENATI: Yeah we had one -- SEMAC was just before the last REMAC.

DR. MURPHY: So we talked about it so we haven't had anything since.

MR. HUGHES: Okay, I just have a couple of things. One is the Hudson Valley Regional EMS council is sponsoring a Legislative breakfast Friday, March 22, 2019, 10:00 a.m. to 1:00 p.m. it's going to be down here at the Homewood Suites at the bottom of the hill at the airport. We are trying to get all the representatives from the district throughout the region, so we'll have Congressmen, Senators and some other people. We have a committee that is working on that now. I would like to invite everybody and if at all

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possible come and voice some of your opinions and there will be an agenda posted very shortly. Albee Bockman is the Chair and he will be posting the agenda hopefully this week. So you can see what is on the agenda and we will either add to it, or subtract from it, or we can just discuss those items at the meeting.

There was also another policy put out by New York State, it's policy 1804, but it came out in 2019 about provisional trauma center designations. And it gives the -- some of the structure as to trauma center designations if anyone is interested in that. It's on their website. If you can't find it I can give you a connection to those.

David, do you want to talk about the peck program.

MR. VIOLANTE: Say again?

MR. HUGHES: PEC, do you want to mention that?

MR. VIOLANTE: Yeah. The pediatric emergency care coordinator program is going strong throughout the State and they are

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looking for individuals and agencies to be PEC coordinators for the agency. It does not mean you have to do the training, it does not mean you have to, you know -- yourself buy the resources and do all the stuff around. It's being a point of contact and being a point to give other people information and bring training in and coordinate and improve presence of EMS providers in the pediatric milieu. And so that's the point, if anyone is interested please get in touch with us, we will send out a -- there is a PEC presentation that they just sent out that gives some information. And, again, it's just increasing the awareness of pediatric programs, equipment, different things like that.

MR. BENENATI: So, Bill, should we not create a regional PEC coordinator under the arm of the regional office? That would make the most sense.

MR. HUGHES: Sure.

MR. BENENATI: No.

MR. VIOLANTE: At the moment the last

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meeting I signed up for that.

MR. BENENATI: At the regional level?

MR. VIOLANTE: Yes.

MR. BENENATI: Oh, terrific. So there you have it, Dave's got it. You are a good man -- you have to say no.

MR. VIOLANTE: Because -- well, we wanted to have our region represented and be a part of something and that's an important facet you know of what is out there --

MR. BENENATI: No, it's important that we have a regional voice for it. I mean, unless you absolutely want it we should find other people who need to do these jobs. We spoke about that last week, the need to spread some of this stuff. There are a few of us doing a lot of the stuff and it needs to stop.

MR. VIOLANTE: Yeah.

DR. MURPHY: I still recommend you doing it -- sorry.

MR. BENENATI: She hasn't learned, has she?

DR. PAPISH: You like results.

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DR. MURPHY: What is that word that begins with S?

MR. HUGHES: The other thing is during EMS week --

DR. MURPHY: Were you like hiding all these things on me over here? He has all this stuff I never knew about.

MR. HUGHES: The EMS memorial dedication where they put the Tree of Life, where they put members of EMS that have died in the line of duty on a monument in the Empire State Plaza, there will be seven people going this year being -- I forgot how they call it --

DR. MURPHY: Memorialized?

MR. HUGHES: Memorialized, yes -- including Dr. Guttenberg from Northwell Health Systems.

The other thing that is going on with EMS as far as EMS week, the -- Ryan Greenberg, the director of EMS, wants to take the first day for all EMS people to go out into the community and start to make a public image of what is going on and -- what goes on with EMS and who they are and try to get some

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more exposure. And he is trying to do it statewide on that particular day to try and get every service out. So I don't know if that is going to work, but it's an effort he is putting forward, there will be some stuff coming out through his office to try and promote this.

There is pulse check which is coming up, which is NYSVARA's EMS conference and that's going to be in Rockland County. And that's coming up in September 12th through the 15th.

And, also, vital signs coming up and that will be in Buffalo this year. I don't have the dates on that one -- I thought I did.

DR. MURPHY: Yeah, she sent out that one --

MR. HUGHES: Yeah, I thought I had it in this pile.

And the next state SEMAC and SEMSCO meeting will be May 7th and 8th 2019 in Troy.

That's it, that's all I have.

DR. MURPHY: Okay, that was a lot.

Anything else anybody?

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Okay, can I have a motion to adjourn?

DR. BUTTERFASS: Motion to adjourn.

DR. MURPHY: And second?

DR. MADORE: (Gesturing.)

DR. MURPHY: Thanks, guys.

(Time noted 10:08 a.m.)

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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

