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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,  
March 13, 2019, 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 TRIO, EMT  
Secretary
- DR. MARK PAPISH,  
Medical Director
- WILLIAM HUGHES, EMT  
Executive Director

OFFICE STAFF

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

DUTCHESS COUNTY

- NICHOLAS TRIO
- DAVE VIOLANTE
- DEE SAGENDORPH
- GUY CARPICO

ORANGE COUNTY

- BEN CONQUES
- DAVID GRASS
- ISRAEL KNOBLOCH

PUTNAM COUNTY

- ROBERT CUOMO

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  
4 TIM EGAN  
GLEN ALBIN  
5 BJ LEIDNER  
THERESA HAMILTON

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7 SULLIVAN COUNTY

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ALBEE BOCKMAN  
NEAL MEDDAUGH

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10 ULSTER COUNTY

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RICHARD PARRISH  
KELLY NELSON  
12 TIMOTHY MITZEL

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ALSO PRESENT:

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DONNA LYONS  
MATTHEW GOODNOW  
LUKE LYONS  
18 JOHN MAHONEY  
DAVID BREUER  
19 JEFF PITTONZA

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MR. PARRISH: I call this to order.  
Secretary, roll call?  
MR. TRIO: Dutchess County.  
Nick -- Nicholas Trio? Present.  
Dave Violante?  
MR. VIOLANTE: Here.  
MR. TRIO: Joan Siebert?  
Tim Murphy?  
Dee Sagendorph?  
MS. SAGENDORPH: Here.  
MR. TRIO: Guy Carpico?  
MR. CARPICO: Yes.  
MR. TRIO: Orange County.  
Joann Cheney?  
Ben Conques?  
MR. CONQUES: Here.  
MR. TRIO: David Grass?  
MR. GRASS: Here.  
MR. TRIO: Israel Knobloch?  
MR. KNOBLOCH: Here.  
MR. TRIO: Teri Barbee?  
Frank Cassanite?  
Michael Bigg?  
Putnam County.

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Robert Cuomo?

MR. CUOMO: Here.

MR. TRIO: David Jacobsen?

Matthew Bondi?

Rockland County.

Kim Lippes?

MS. LIPPES: Here.

MR. TRIO: Nick Rusiecki?

Tim Eagan?

MR. EAGAN: Here.

MR. TRIO: Desiree Leone?

Glen Albin?

MR. ALBIN: Here.

MR. TRIO: Theresa Hamilton?

MS. HAMILTON: Present.

MR. TRIO: Neil Dahan?

B.J. Leidner?

MR. LEIDNER: Here.

MR. TRIO: Sullivan County.

Albee Bockman?

MR. BOCKMAN: Here.

MR. TRIO: Greg Tavormina?

Neil Meddaugh?

MR. MEDDAUGH: Here.

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MR. TRIO: Heidi Stack?

Mike Bruce?

Marc Strauss?

Ulster County.

Richard Parrish?

MR. PARRISH: Here.

MR. TRIO: Kelly Nelson?

MS. NELSON: Here.

MR. TRIO: Dorothy Balin?

Timothy Mitzel?

MR. MITZEL: Here.

MR. TRIO: Lisa Servino?

Mr. President, we have 18.

MR. PARRISH: That's a quorum?

MR. TRIO: Yes, sir.

MR. PARRISH: Thank you.

Minutes were distributed. Any additions or corrections to the minutes as distributed? If not -- oh, I do -- somewhere in this stack.

On page 12, line 16 I think has been added to the marrow -- it's MARO, M-A-R-O, not like bone marrow. All right? The initials. And we will be working with Rich

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Robinson so it's MARO office. Otherwise that's the only thing I picked up.

I need a motion to accept the minutes.

MR. CARPICO: Motion to accept the minutes.

MS. SAGENDORPH: Second.

MR. PARRISH: President's report. I got one notification of an agency that had a narcotics diversion, they addressed it appropriately and right now that is all that will be said about that. Okay?

Treasurer report, Nick or --

MR. HUGHES: I have his report. Since our last meeting, which was November 28th, we wrote 53 checks for a total of \$23,281.00. Two of the largest ones were for our insurance for which was \$4,500.00 and for our audit which was 6,300. We have done a few transfers on payroll, two of them, 30,000 each, one in December and one in February. And we transferred \$990.00 from the program agency account to the educational account for the CLI class. And we have \$240.00 in the program agency account that will be

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transferred very shortly for the CIU class. We have vouchers in -- second quarter voucher for program agency was billed on the 31st and paid in early January. And third quarter council was billed on the 31st and also paid in January.

The conference and education account, which is where we pay the instructors for our classes, we wrote 10 checks and we transferred in the money, the \$990.00 and we are going to do the 240 so that will offset the \$1,102.00 we paid on the instructors.

And the annual audit is completed and can be viewed in the REMSCO office if anybody is interested. That's the treasurer's report.

MR. PARRISH: On the audit were there any recommendations or anything on that?

MR. HUGHES: Some of the policies, they wanted us to do internal funds transfer policy that should be written. It's on here, I haven't heard anything with that. I don't think there was anything that was really outstanding.



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MR. PARRISH: I didn't see anything.  
Okay, thank you. Might as well keep going.  
Regional staff?

MR. HUGHES: Okay, there were two ALS  
upgrades that were submitted to the office,  
we processed them and went through the REMAC,  
it was for Village of New Square in Rockland  
County and Alamo doing business as Vassar EMS  
in Dutchess County.

And update on the New Windsor expansion  
of territory into Cornwall, as you know the  
CON was appealed. It has been submitted to  
the New York State ALJ's office and there has  
been an ALJ assigned to it. So from what I  
understand that means it's moving along in  
the channels --

MR. VIOLANTE: Appropriate manner.

MR. HUGHES: Yeah, appropriate manner.  
And hopefully when I was talking with them  
they said we might be able to see some  
results at September SEMSCO meeting, there  
was no promise on that, but a possibility.

Transportation committee was tasked with  
Gardiner Rescue Squad transfer of ownership

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to the Gardiner Fire District. This was an action that will be coming in for a vote later on.

Program agency was asked to submit vouchers for January and February. Instead of doing January, February and March they want us to do January and February and March separately for both the program agency and for the council. So instead of doing it four times a year they are asking us to do it five time a year. I did do it, it's a little more work and a little more complicated, but the whole intent is for them to get the money they paid back to the council and program agency in the proper physical fiscal year so that we can get the proper money for the Bureau of EMS so that everything falls in properly. So they are going to try that this year and we will see how that comes out.

The office has agreed with Touro College in Middletown to accept two interns that will be working with us and doing some research with us. It will probably be on a weekly basis, one day a week they will do a lot of

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work remotely.

Every month I have a call with Ryan Greenberg, a call with all the program agencies and I have a summary of some of the stuff that was here. Some we will talk about later, but some I want to touch on.

The Bureau of EMS did note that the law that lowered the EMT age to 17 has been passed and is a valid law so you can be 17 years old and be an EMT.

The Bureau of EMS is starting to move all their forms to electronic base and they are going to setup e-mails where you e-mail those particular forms in.

All the field reps that are doing inspections will be working on laptops and the results will be mailed to the organization.

And the first day of EMS week the Bureau of EMS is asking everybody to participate in the community outreach. And they are asking all agencies to plan events that get you out in the community trying to educate the community about EMS. And now supposedly they

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have an intern that is working on that and will be sending out some information, including banners and other things we might be able to use in that aspect.

In the February meeting we talked about pediatric emergency care coordinators throughout the State, there is a grant they received for that. I think maybe later someone else will speak a little bit on that.

The collaborative protocols and BLS protocols have not been signed as of yet by the commissioner. They are ready to go, they have been approved by SEMSCO and REMAC, they have just not been signed by the commissioner. They expect that to happen within the month.

I don't know if any of you people know Michael Taylor, he worked with Bureau of EMS for a while and moved onto a different organization and now is back at the Bureau.

All course sponsor renewals have been sent out.

And I guess that's all I have.

MS. LIPPES: The age 17 for the EMT have

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they come out with anything in writing or is that still all verbal?

MR. HUGHES: It's all verbal, but it is the law. We did speak to him about it and he said he will come up with something and distribute it. I don't know if --

MS. LIPPES: It's up to the agencies in developing their policies for the State so it's better to have something in writing to develop from than verbal. Because when I called they said the 9th -- January 9th was the official date --

MR. HUGHES: Right, that's when the law was signed in --

MS. LIPPES: We need something in writing, it's big chance --

MR. HUGHES: Um, um, a lot of people are asking for it and we did bring that up at the last meeting. And he did say he would put something out, but I have not seen it as of yet --

MS. LIPPES: I was just curious if something came up.

MR. HUGHES: I'll mention it at the next

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meeting if we don't have something.

MR. PARRISH: Yes, sir?

MR. EGAN: Bill, you said mail the special reports, I think you meant e-mailed, right?

MR. HUGHES: Yes, they'll be e-mailed --

MR. EGAN: And second thing, you said Mike Taylor is back with the Bureau, do you know what he doing over at the Bureau now?

MR. HUGHES: Yeah. He is working in the administrate office with Lynn, who took Tom B. Hannon's (phonetic) position. The only reason I know that is because he recently sent me the request for budgets. He's been back probably about a week maybe a little bit more.

MR. PARRISH: Thank you. QA/QI?

MR. CRUTCHER: Work progresses fairly well on the transition to Nemesis 3.4. We had a conference call today with the State and all of the New York State approved vendors. And the agreement is, all current agencies will be on the 3.4 platform at the close of business 12/31/19. And then on

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1/1/20 we start the transition work for 3.5. The move to 3.5 is not really going to be anything dramatic. It will be a lot of deprecation of some of the fields that are out there, not a real reduction as far as what we see from the field user doing the input. Just way to breakup some of the information to make it a little bit more usable. We have been working diligently on all the validation rules and there are a couple of rules that we have spent more hours than I really want to think about to make them work and we still have not gotten a real tight solution. And they all go back to vital signs and stroke score and the number of vital signs that are required.

One of the issues that we have is we need to make sure that the program is working within the parameters of the protocols. So we can't limit it to just one set of vital signs because what does it say in the protocols? And if we do a scan on that then we are going to have a lot of protocol deviations and for collecting good hard data

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that is something not acceptable. So we are working on a solution that is going to fit the BLS, ALS, FR people that are out there, the transition to another form of care. We also have to look at how long it takes for a provider to get to the side of the patient. So if you are entering a facility sometimes it's going to take you three, four, five minutes to get into the facility and then to the patient's side. So there are other parameters that we have to take into consideration to make these rules work. Once they work it's going to be, I think, an exceptional system with a lot of usable data. Once Rockland Paramedics comes on board with EPCRs, which shouldn't be too terribly long now, we will be at the point where we have 32 agencies that are not using electronic, which will represent only 2.5 percent of the data that we collect. And that will be about 5,000 to 6,000 paper PCR's per year, which is down significantly from what we used to collect, which was in the hundreds of thousands. That's where my time has been.



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MR. EGAN: Question for Jeff? I read recently there are 330 rules in the 3.4 rule set, correct?

MR. CRUTCHER: Actually, if you roll in the State and local, there is more.

MR. EGAN: Yeah. Do you know where we are right now offhand? I used to know, but I don't remember.

MR. CRUTCHER: We are at around 500 total rules.

MR. EGAN: No, I mean with Nemesis 2 --

MR. CRUTCHER: Oh, with Nemesis 2? I think there is like 150 rules.

MR. EAGAN: I thought it was a little more, okay.

MR. CRUTCHER: Yeah. The number of data points in 3.4 is substantial. And what we have been working at doing is eliminating the null fields so that you can't move through a field without putting something in there.

MR. EGAN: We have a substantial rule set with RNC right now and we are collecting that patient bedside time for years now and I can assure you there is going to be a lot of

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useful information --

MR. CRUTCHER: It's going to be extraordinary once it's done. But, yes, and the robust QA/QI that an agency can do, it's going to move beyond the, did you get the patient's name, address, date of birth, and social? Into usable data so you can actually look for trends and you can time it over a matter of weeks, months and see where things are shifting and see where education needs to be added.

DR. PAPISH: This is where medicine is going, you know, from top to bottom. I mean, big data, you read about Google involving billions of dollars into looking for trends in care and outcomes. And the only way to do it is by having big data, it's great, 98 percent, 98 --

MR. CRUTCHER: 98 percent.

DR. PAPISH: So it almost there.

MS. SAGENDORPH: How important is that Social Security number, because we go --

MR. CRUTCHER: It's important for billing, but that's not an Nemesis required

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field, it's not a state required field and we don't make it a local rule so --

MS. SAGENDORPH: -- a lot of people say I'm not giving you my social security number.

MR. CRUTCHER: If you are a billing agency, you have ways around that --

MS. SAGENDORPH: Well, I'm not billing --

DR. PAPISH: I mean for billing it's important, but for medical research, which is, you know, the real interest -- it's just the big data, it's a body with an identifier. The fact you don't have a Social Security number doesn't matter.

MS. LIPPES: If any counties have agencies that need assistance getting the EPCR there is an opioid grant that came through the Health Departments. And one of the slides was to enhance the EPCR completed. So for Rockland we are working with the last three agencies to assist them in getting on board. There is a significant amount of money and the way it has to be spent is so convoluted this is an easy target for the

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funds. I'm not saying it's open right now, because I believe it's towards the end of the cycle, it ends in June, but I believe the next cycle will also have that. But the problem is a lot of people don't communicate with health departments and health departments aren't aware of EMS needs so it was kind of a good blend for us.

MR. PARRISH: That's the County Health Departments?

MS. LIPPES: County Health Department gets it through the domestic preparedness grant, their emergency preparedness grant, it was called an opioid grant. And I was sitting there and one of the slides popped up and it said EMS EPCR, you know enhancing it or increasing it so that was kind of easy and then you had to get approved. There is a lot of steps to it, but it's not really that hard, there is a lot of minutiae. But we were able to get the last two agencies which were small volume agencies that didn't have the funding to do it and enhance -- you know, increase what is going on.

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MR. ALBIN: Just as an aside, I went to the Eagles conference in Dallas, Texas, top medical directors throughout the country, and they're using electronic data for flu surveillance, narcotic opioid overdose to target where they may need to start outreaches to the community. So if the data is there we can use it to be proactive, we can target, you know, people that are opioid abusers, repeat customers for lack of a better word, and flu surveillance. So it's really important that we get data so we can make good health care decisions.

MR. CRUTCHER: And to tag onto what Glen said about the opioids, we have been doing that with the counter drug task force for the past almost four years now. And that is stretching into Catholic Charities and other support agencies and they have been targeting Newburgh -- for whatever reason -- could have something to do with the usage there. But they have noticed from last year to the current year a smaller number of opioid deaths reported by St. Luke's, as well as a

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smaller population that has been admitted for that. So apparently there is some forward progression at least there, but it's all from the data.

DR. PAPISH: Yeah, I mean, not to -- perhaps I'm saying too much about this and you are sick of hearing it -- but there is, you know, in the last couple of years the last 10 years there is an EMS fellowship that got approved as a fellowship from an emergency medicine residency. So in the last 10 years there's been an explosion in the number of fellowship programs across the country, as a result of that you have tons more people doing active research in EMS like there never was in the last 10 years. And now you are seeing, if you look at the EMS journals there is a lot more research coming out and this is all like, you know, basically a huge data mine for them to pull from. So I think we are going to see tons and tons more research because there is lots more people doing research then ever were before and now we have big data for them to utilize. So

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it's all great.

MR. EGAN: To tag onto what Glen was saying, got to be a dozen and a half years ago that's what First Watch started out doing. They aggregated data from CAD systems from larger CAD systems and they provide --

(The speaker cannot be understood.)

MR. EGAN: -- so you could target whether it be bioterrorism, flu outbreaks, opioid overdose, outbreak, something like that. And they can get the dispatch center the information before they even realize what is happening. That's what they started with they're into a whole lot of other stuff now, it's all about the data.

MR. PARRISH: Medical director's report? Mark?

DR. PAPIH: So to the REMAC EPCR medical director -- EPCR I think we just did. I was going to -- I had written down just what Kim said -- so the last REMAC unfortunately got hit by the weather, we didn't is a quorum. It was largely a discussion. There wasn't too much discussion

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about medicine itself, but as far as the -- we were talking about the EMS summit that many of you were at and what -- what we discussed there, that was about half the meeting.

The other main points was what Kim said about the opioid. And I think Arshad is currently taking applicants for auditions for the next set of BLS videos that he is going to be making, so if anybody is interested in participating with that the ALS videos were great. When is he starting that?

MR. VIOLANTE: They are doing that actually as of today --

MR. CARPICO: Today, tomorrow and Friday, right?

DR. PAPISH: So you can -- the next one you can be in. That's great so we are going to get more videos.

The only other thing I remember from the REMAC I made note of was the RTAC report. We still have room for improvement according to the RTAC regarding destinations for pediatric trauma patients. I don't know the hard data,



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but the report was that while there has been improvement over time we still have a lot of pediatric trauma patients not going to the pediatric trauma center right away. So that's an area to bring back to your people. That's all I got.

MR. PARRISH: Okay, the committee reports. Dave, training?

MR. VIOLANTE: So we had a CLI and CLU complete. Thanks to everything that assisted with those classes. We were planning on just having straight CIU's every quarter and then having a CLI in the spring and CIC in the fall, sort of OUR thought of doing that. So it's on a typical schedule and everybody knows when it is and you can get personnel into those classes.

So the next thing that will happen is CIC in the fall and we are scheduling the next CIU. So, again, thanks to everybody that assisted with those.

And I'm going to just interject some stuff from the State related to training. The CME program update should happen by the

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May SEMAC SEMSCO meeting. Do not send anything in following that new program forms, or tallies, or anything like that. Keep doing it the way that you have been doing it, so don't send anything in that is on new forms, it will be sent back.

The State is accepting regional faculty applications directly as opposed to going through regional offices. If you are interested, please contact Liz Donnelly at the New York State Department of Health, leave a phone message for her. You'll need to submit a resumé and letter of intent.

There will now be two levels of CIC instructor status, a BLS instructor and ALS instructor. The reason is many places just want to have a BLS CIC and they don't have the ability or option to do the extra hours at an ALS internship site, wherever. And so they are getting their BLS status and at some other point doing like another seven hour update or something on what that is and doing the extra ALS hours for the classes. So that more stuff will come out on that as the State

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releases it. And I think that was it for training and ed. Thanks.

MR. PARRISH: Thank you.

Dr. Papish, anything on REMAC protocol or you just covered all that? Okay.

Transportation committee, Glen?

MR. ALBIN: Under new business we will have a seconded motion coming up for the transfer of authority/ownership of Gardiner Rescue Squad, Inc. to Gardiner Fire District. As I was told that this is considered a nunc pro tunc action, which is correcting a past action. I don't know what the technical term is, but I was told I had to say that -- so I did it. That will be under new business.

MR. PARRISH: Okay. Public information? Anything -- nothing from Desiree?

Policies and procedures, Greg is -- nothing on that? Nothing?

All right, Albee? Legislative and bylaws.

MR. BOCKMAN: Big stuff going on, boss.

MR. PARRISH: Big stuff.

MR. BOCKMAN: As a reminder, everybody,

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on March 22nd, which is Friday, the hours of 8:30 until we are not sure when, we are having our 2019 legislative breakfast. As you recall you approved having the breakfast and the Legislative committee as well as the region's administrative staff have been working most diligently to put this on.

The committee has met and we have come up with four talking points. They were several, we know we have many many issues facing EMS, not only in our region, but in the State of New York. But we narrowed it down to four issues that we feel very important to hopefully get our legislators to listen to. At this point, we have six of our legislative offices that will be represented and attending our breakfast. And, hopefully, over the next week or so we will be able to get more in attendance.

The four taking points basically will be the state of EMS in our region and the State. The infamous proposal -- or the proposal of our infamous Governor dealing with the crossover payments that will be affecting not

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only commercial services, but all volunteer services that bill. That is going be one of the talking point.

Secondly, the state of EMS, we will dealing with many things under that topic. Number one, declaring us as an essential service, which we are not at this time, dealing with the inequities of pay among our first responders, losing services and losing personnel in the ranks of EMTs and paramedics and the troubles that we are facing as we move forward. Also, the continued fight in the legislature on the changes of general municipal law 209B, that will be discussed. We will be discussing also the supplemental payments to -- which is related to the crossover payments. For those of that you that don't really understand what that is, how it affects you, I urge you all to support the committee's efforts and the council's administrative efforts and attend this legislative breakfast. It's going be to informative and, again, touches topics that affect everybody in this room.

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MR. CARPICO: Where is that held?

MR. ALBIN: Right here --

MR. BOCKMAN: Homewood Suites, registration is between 8:30 and 9:00 and then we will have breakfast and then we open it up to the legislators. There is an agenda, introductions, and there will be rules to follow. It's a nonpolitical event, we are not going to talk politics. It's here to enlighten our legislators.

You do know that this year the Democrats have taken control of both the Assembly and the Senate so all of the legislators that have been familiar with our EMS issues that we have been fighting with here through our region and the State and with our UNYAN brothers, it's a whole new ball of wax and we need to educate these legislators on the problems facing EMS.

And, ladies and gentlemen, it's serious. And if we don't educate them and educate ourselves and get energy flowing from this body too, EMS in the very near future in this region is going to be in a decline. We know

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it, we see it, but it takes the leaders in this room to address it.

So I urge you, please, to support us and attend the breakfast and any other people that are in your respective squads and agencies, please attend. It will be very informative.

MR. PARRISH: Along those lines, you guys were elected by your counties, appointed by your counties to be the delegates here. You are the leaders, you need to go back to your counties and push this meeting, get your county legislators, your town supervisors involved. We've got to get the message out, not just to the State folks. This is a town, county, region, state problem. Everybody here, you know, Albee and his committee has done a good job about it, but you know we need representatives from townships and counties there too, not just the State folks. If you've got any influence with, you know, local elected officials, invite them to it. Let the office know so we can make sure we have the right accommodations for them, but

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you are the EMS leaders in this region, it's up to you guys.

MR. BOCKMAN: Although it's the Assembly and Senate that changes rules and makes law it's your local town boards, it's your supervisors that are facing these problems within their townships. And there is no reason why you cannot invite them to this legislative breakfast because not only will it help them, but they too have the avenue to talk to the State and the State representatives. So if you have it, this is your responsibility as delegates, reach out to your community and reach out to our legislators and local town officials and village officials and let them know what is going on in EMS. You are elected to be here, it's your responsibility and we urge you to take that responsibility seriously. Thank you.

MR. PARRISH: Anything else? Sorry, Tim?

MR. EGAN: To Albee and to the group, I have been told within the past 24 hours by



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Assemblyman Schmidt and by Senator Skoufis that each of the one house bills have the crossovers reinstated. Those are just one house bills, they have to be negotiated with the Governor. So that's a step in the right direction, we are not there yet, but through the efforts of the Legislative committee here, and this board and SEMSCO and UNYAN and NYSVARA and everybody that has been testifying and speaking with legislators over the past month and a half or so we are really making some progress. However, nothing has been said yet about the supplements and nothing has been said yet about the Medicaid rate either. So I'm always -- I like to be glass is half full kind of guy, but I don't know what is going to happen with those other issues.

MR. BOCKMAN: And although the State Legislature, Assembly and Senate has passed the bill, the Governor I'll tell you is going to be a fight between the Governor and our State Legislature on this. And that's why it's important that we as delegates reach

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out, write letters, call the office, have your town officials call, write letters. It has to be done now. The budget is being met the first of April. Rumor has it, it might be extended because of the fight. But it has to be in by the first of April, it's not like it's pushed down the road. Reach out and get people to start calling your legislators before the first of April.

MR. HUGHES: Just as a housekeeping item, if anybody is planning on going to the legislative breakfast and hasn't signed up yet, please do that so we can keep track of the head counts. Okay? We want to have enough food for everybody.

MR. BOCKMAN: Mr. President, may I take this opportunity as the legislative guy to talk about mutual aid, or would you like it under old business?

MR. PARRISH: No, go for it. Mutual aid is -- just keep going.

MR. BOCKMAN: To refresh everybody's recollection we have a TAG committee here addressing the issue of mutual aid as it

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relates to policy number 12-06 that came down from State EMS.

Several meetings ago I told the body that it will be the last report that I make until I get some resolve from somebody. I have dealt with Council Tardy (phonetic) at the State level on the mutual aid and the effects that 12-06 should have. I have dealt with Mr. Greenberg and dealt with him as recently as say a month ago on mutual aid. And with our state representative, Mr. Went, who was also involved dealing with Mr. Greenberg.

At the last SEMSCO meeting mutual aid was brought up on the floor. The answer that I got from Mr. Greenberg and from Mr. Went is that REMSCO, our body, has the authority to address mutual aid. We have the authority and the responsibility to address mutual aid. This body approves mutual aid plans that are given to us from the county coordinators. 12-06 is a policy that comes down to explain Article 30, it's like an amendment to any constitution. I'm told that this body has

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the authority to approve mutual aid and it has the authority to follow the policies that are brought down from the State level under Article 30.

So if 12-06 is clear, I would ask that administration review 12-06, make sure that the counties have submitted their mutual aid plans as they are supposed to here and as they are supposed to be approved by our body. Once that is done, I'm sure that 12-06 will be followed.

Until then, I'm exhausted over this subject and I'm now leaning on administration to move forward on doing what our responsibility is.

If anyone needs a copy of 12-06 I have it with me, we can run copies and you can take with it. It's clear as a bell.

MS. LIPPES: 12-06, if you actually open it up there's an attachment to it. It's like a worksheet in the back, it's a matter of filling it out. We did it in Rockland a few years ago, once a year we ask if they want to make any modifications to the region, so we

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went through the whole channel. But a side bar to that is when Hurricane Sandy hit one of my agencies that didn't participate at the time almost got caught by the Feds when they received FEMA money because the people from FEMA wanted to see that mutual aid plan. They weren't participating in it. I helped them out and got them through the hump so they didn't have to return the money that they had received from receiving shelter and some of the damages that occurred.

But don't wait for the disaster to find out how important it is. I preached it up and I was afraid of it too, but open up the policy statement, scan to the bottom four pages, it's a matter a sheet that gets filled out by the agency with things naming who is authorized to operate, what the response time is -- their expected response time is. That then gets turned into the coordinator, the coordinator reviews to make sure it's valid, they sign off on it, they submit it to the region. It's a stepladder approach, it's really not that hard. I did most of the

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typing myself. I verified who had authorization to operate in the area, we named all the different agencies, and understanding like in Rockland we have five agencies that are commercial that can operate in our county, it's not practical for them to respond because they are not located in the county so a notation was made, but they were listed. So don't be afraid of it, it's not really that hard. It just takes somebody with a little patience.

MR. PARRISH: And yours is a countywide, not an individual organization?

MS. LIPPES: All agencies signed off on it, for one plan --

MR. PARRISH: So county -- it could be county it doesn't have --

MS. LIPPES: -- we did the whole thing and I filled it out for each agency based upon the information I had. I got copies of the certificates to make sure I had the right response area listed and everything and I gave it to the agency. I didn't put down what I expected their response time to be,

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because it's kind of like a generic thing, so I didn't tell anybody what their time was. I gave it to them, said fill in the blanks, or change what you need if you don't agree with what I put down. But I went by straight by that. I went and got copies of their certificates that they were operating under to make sure I had the right verbiage down --

MR. ALBIN: Kim, correct me if I'm wrong, you also got an affirmation from each agency to participate in this plan so you know --

MS. LIPPES: But they have to sign it to bring it forward. So again it wasn't that hard, but it saved one of the agencies a whole lot of money and a whole lot of headache.

MR. TRIO: Which counties do we have mutual aid plans for and which ones do we not? And what are the dates?

MR. HUGHES: We have mutual aid plans for all the counties. Some of them are very very old, as much as 15 years old, but I do have a copy of it. Rockland County is the

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only county I have that has the new format of the 0606.

MR. ALBIN: Question regarding -- he just made a point -- what about counties doing mutual aid to other counties? Meaning if there was a situation that -- I don't know -- whatever tornado comes to Orange County, wrecks a bunch of agencies and they can't respond, we now call that --

MS. LIPPES: Once we get into that we go to state mutual aid, which there is a whole policy for that. So we would make the request through Albany and they would allocate what resources come down when we go outside the county. Because we have the unique piece of having Jersey on the border, bur Jersey doesn't want to play nice. So, I mean, again, it's not that hard. It's a little time consuming, but if you have somebody with some patience that can do the research and fill it out for people it's really not that hard and to be safe just to make sure we are covered.

MR. PARRISH: Yeah. Albee?



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MR. BOCKMAN: The original TAG committee for mutual aid was Mr. LaMarca and myself, Andy has since retired. I would ask that we expand the mutual aid TAG committee of the council so that we can work with administration on how we move forward with updating the mutual aid plans and also to follow 12-06 in its legal entirety.

MR. PARRISH: Do I have any volunteers interested in working with Albee?

MR. BOCKMAN: I love you too.

MR. GRASS: I'll help.

MR. EGAN: I was going to say of course you can always count on me --

MS. LIPPES: Didn't we originally have somebody from each county --

MR. PARRISH: -- each coordinator as supposed to be --

MS. LIPPES: Well, the coordinator or designee because Nick was doing it for Rockland --

MR. BOCKMAN: The way it was setup it was Andy and myself and in our first mutual aid TAG committee meeting we had the EMS

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coordinators from the six counties, the 9-1-1 coordinators from most of the counties, our staff, I think that was it. And we did discuss all of these things. And as a result we needed to get more legal involvement and that's how I reached out to Council Tardy at the State level to get things moving, which did not move quickly enough, and to -- finalization until now.

So I ask we expand ourselves here and get a couple of people to help, I would like to have three or four --

MR. PARRISH: Tim, did you --

MR. EGAN: Sure.

MR. BOCKMAN: -- we can help you administrators move this along.

MR. PARRISH: I have Dave and Tim, anybody else?

MR. KNOBLOCH: You can put me on.

MS. LIPPES: Nick was -- he isn't here to speak for himself.

MS. DELAUNAY: Who said that?

MR. EAGAN: Israel Knobloch.

MR. BOCKMAN: Tim, Israel and who else?

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MR. PARRISH: I have Dave, Tim, Israel  
and --

MR. VIOLANTE: And just to clarify  
that's Dave Grass.

MR. PARRISH: No, I put Dave V -- yes, I  
got day of G, thank you.

MS. SAGENDORPH: You don't have enough  
to do?

MR. PARRISH: Again, it's not all of the  
counties and -- but at least we will get it  
started and see if we can get the  
coordinators and 9-1-1 folks back involved.  
Thanks for your work on that.

MR. BOCKMAN: Yes, sir.

MR. PARRISH: Community para medicine we  
have that on the agenda. Should we keep  
carrying that or -- Tim?

MR. EGAN: I see Bill and Rich both  
staring right at me --

MR. PARRISH: You are the one doing  
this, that's why I looked a you.

MR. EGAN: I mean, I don't know how you  
want to handle from it a committee  
perspective, but we are running a -- we just

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finished our first year of our first program. We got funded for a second year for that program and we are starting another program mirroring the first program on the other side of the county. We are going to be presenting on that program along with our medical director, Dr. Rabrich, down at the community para medicine conference at Mount Sinai on, I believe on the 29th. So community para medicine conference at Mount Sinai and I can send the link to Karen so she can send it to everybody if you like, we will be presenting the results of our program there, but it was quite successful.

MR. PARRISH: Where is it at the State level?

MR. EAGAN: That's all --

MR. PARRISH: I think that's where Mike was when he was presenting the State --

MR. EAGAN: I see. Honestly, in my legislative and personal opinion I think we have taken a step or two backwards simply because health committee chair changed in the Senate, Assemblywoman Gotfried has gotten

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nowhere, it has not made it out of the committee in the Assembly and it doesn't look like it's going to anytime soon. The Governor keeps putting in his budget, but with the swing in the Senate this year I just don't think it's on anybody's radar this year.

MR. PARRISH: So we should be continuing to follow it?

MR. EGAN: I think we should, I think it's the future --

DR. PAPISH: Health systems are very interested --

MR. EGAN: Absolutely. I honestly I think we should continue to talk about it because if we let it go away it will become a nonissue and it will be very isolated in different parts of the State. I can tell you that I presented on our program at the State district conference in Saratoga Springs last month, a few weeks ago at the population health summit up in Albany, presenting it at the CP conference down in Mount Sinai at the end of the month. So we talk about it all

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the time, we are always willing to talk to different programs, I get a lot of questions from across the State, so we are very active in it. And we are keeping it within the confines of Article 30, of course, but obviously we are interested in expanding it beyond Article 30 once it's legislatively approved, as is everyone else. Because treatment and release is the future of EMS that's what is going to be happening, folks, and we need to figure out how to get this done.

MR. PARRISH: Any questions on that?

Thanks for your input, Tim.

MR. EGAN: My pleasure.

MR. PARRISH: All right, EMS Council. You got anything else, Dave?

MR. VIOLANTE: Yes. There is a good amount of stuff here. State is looking at a statewide QA/QI process that will include specific metrics and key performance indicators. They've developed a committee to rewrite the QA manual for agencies, so that's being rolled out.

For anybody that had a check and inject

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device recall, it wasn't -- other than a syringe component of the delivery system where there was a problem, that was corrected and those things were recalled and resent out to correct information and components.

They had a large discussion about the transfer of care process among providers to any other provider. They are looking at a specific statewide process that could include the MIST format, which of course we currently use, and they will develop something along those lines.

They did talk about the BLS protocols a lot. And they are looking for implementation date around August 1st and, of course, the information that Bill had provided on those, of course. This is the first time I think they have been changed in something like 17 years so this is some amazing stuff coming through there, it's great.

A couple of notes are that the BLS protocols match exactly the BLS portion of the collaborative protocols so there is no longer any difference for the BLS components.

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They are not considered operational documents, they are considered clinical guidelines. So to that end wherever in the protocols you see the words if equipped and trained that means these items are regional option, so it's not something you have to do, if you are equipped for it, fantastic.

There is a few other things in there. They did talk a lot about the transport of pediatric traumas to pediatric trauma centers if trauma center is less than 60 minutes away as a component of that. So a lot of good stuff in there.

Stroke centers will have new designations in the next two to three years based on accreditation by a variety of accrediting bodies, that will be rolled out by the State. Those new designations will be primary stroke center, a thrombectomy center and stroke capability center.

We talked about the 17 years of age, CME program, electronic stuff.

There is a new pediatric care coordinator committee that is working on



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improving pediatric training equipment use, et cetera. I ended up being the rep for the Hudson Valley Region, that doesn't mean I'm putting on all the training, or providing all the equipment, that means that I get to help coordinate agencies to have a pediatric care coordinator in their agency. So we already have a couple of agencies in the region come on board with a pediatric care coordinator, that person doesn't have to do the training and all that stuff, they have to just coordinate pediatric activities such that training comes in, that they advocate for pediatric equipment, that they follow pediatric guidelines, things like that. So please have somebody at your agencies be a pediatric care coordinator. You can e-mail the region, you can e-mail me, we will get the information out to you. Signing up is really easy and there is a lot of resources coming out from this program.

If you don't have one, I'll keep talking about this until everybody does, so -- at.

MR. ALBIN: Dave, can it be shared

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between agencies?

MR. VIOLANTE: It can. Absolutely, it can. Yep. I will also have the option of e-mailing and calling people so if you don't want to hear from me let me know you are going to be the pediatric care coordinator for you or your surrounding agencies, that will be fantastic.

Okay, vital signs conference is in Buffalo this year, October 24th to 27th. EMS week is May 19th and the EMS memorial is May 21st.

The DOH is going to be sending out a quarterly newsletter, it now has a Facebook group called the New York State Health Department EMS Community.

Not to be out done by the protocol group, the systems committee has been revising Part 800 requirements to modernize them. And they are definitely looking at throwing out a lot of things that we don't need, modernizing some of the nomenclature so that we have appropriate equipment in the ambulances so more to come on that.

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MR. PARRISH: As an example, Part 800 still calls for sandbags.

DR. PAPIISH: I was going to --  
(The speaker cannot be heard.)

MR. VIOLANTE: Those were some of the first things to fall off of the cart.

If you haven't looked at AT&T's First Net system, take a look. It gives first responders priority communications on cell towers, they give responders reduced rates as well. So take a look at that system, it's called First Net. You have to go to an office, bring your ID with you, signing up is fairly easy and you'll have priority communications.

There is a ton of discussion about EMS being an essential service. What that would mean. What it would look like. And some of the constraints that are happening, mostly on the federal side, huge issue that we have talked about here I'll talk about a little later with the EMS summit. And they are continuing those discussions up at the State level and, again, thank you tons to Albee and

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Kim about the mutual aid policies in place and that the REMSCO most definitely has the ability to review those by law and should. So there was a lot of discussion about that as well.

I believe that's the nuts and bolts of the SEMAC SEMSCO report, the next one is in May.

MR. PARRISH: Any questions of Dave? If not, let's see -- okay, old business. Transfer of internal funds policy. Do we have that for review?

MR. HUGHES: Uh-uh.

MR. PARRISH: Nothing?

Awards committee, written policy and procedure, anything on that?

MS. LIPPES: Karen just handed me some stuff we are drawing up. I'll be on a phone call tomorrow and get some more information to make it a state policy. But if anybody hadn't done or submitted awards yet, just a reminder each county is allowed to submit one for each nine categories, awards categories. The information is on the regional website,

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it's due to the region April 1st. There is a form that has to be used and it should be submitted digitally because it has to go on from there to save some time and clarification on it.

I have been doing this for a lot of years and I can tell you on the regional or county level it's embarrassing how few applications come in. And on a regional level not every county submits anybody. It doesn't mean you have to submit for your organization. If you were working well with another organization, you know, the doctors and nurses obviously aren't EMS agencies for the most part, they can be in the hospital. It's one page or two pages with the cover sheet. It's not a lot of information and it's embarrassing because again on a county level it's poor. I have to -- that's what I'm focusing my energy on right now, the regional level it's poor, on the State level it's poor for as many regions are out there.

So in the past I know in this region we had stuff handed in on cocktail napkins,

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scribbled out, just take the time to do it, do it right, the form is there. It's supposed to be twelve point font, you don't have to write a lot, it's like two paragraphs fills the block. And again the deadline, correct me if I'm wrong, April 1st for the region because it has to come from us and the winners from our area are submitted to the State and we have been very fortunate over the years in getting a lot of awards. So it's free, it doesn't cost anybody anything but a little time. I know we are all busy, but that's why we can delegate and have people do it for us. April 1st is still a few weeks away. I'm working on Rockland's and our deadline was already two weeks ago. Please, because we have to recognize our own. Half our problem with the essential service is we don't take care of ourselves.

MR. ALBIN: We have to blow our own horn. We really do. We have to blow our own horn. Nobody is going to give us anything, we have to make it --

MS. LIPPES: This is how we get

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recognition, we draw people in. So that's my rant for the -- for the day.

On May 19th the day you were speaking that Ryan wants us to do something, that happens to be every year the start of EMS week, we do is youth competition. We have 10 teams now. We are lucky to get sponsors so it's no cost to the kids. And the winners can go up to Pulse Check and compete on a level. And then we give out the results of the competition and then the awards. And one thing that we did and it doesn't cost a whole lot of money, it's like \$5.00 a plaque, I don't know what it is right now, I haven't looked at the price of it. But I ask each agency to give me a member of the year. I don't ask them to write anything up, I don't care what this person did. I don't care if it's a neighbor that swept the front of their building. It could be drivers or people that don't qualify for the other ones, but it could be an EMT, but just give me the person's name and e-mail or way to contact them for the awards. Then we give them a

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plaque saying Rockland County and Haverstraw Ambulance recognize as member of the year. It's a \$5.00 plaque, it's not a lot. But it means something to people, but it brings people in. Typically before if people didn't win any awards or their agency didn't have any awards, they didn't want to show up. But it brings people in. So again toot our own horn, let's get some information out there, some recognition out there for us and do it right.

MR. PARRISH: Have you put together the review committee for the awards yet?

MS. LIPPES: We usually get somebody from each county, we ask. I'm not saying everybody participates.

MR. PARRISH: Okay.

MS. LIPPES: What I'm going to do is Karen had given me some guidance here, I'm not going to bore you with it all, but I'll summarize it all. But the State has a certain way of grading them because I also evaluate them on the State level so I'll try and use that and mimic that. Because every



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year we kind of go over it and make sure we doing the right thing, so let's be consistent. How I do it on the county level is I give them to somebody, I redact the names and give them to somebody who has no idea who these people are and doesn't know EMS. And say here's the description, here is the write-up, tell me how you rank them.

MR. PARRISH: Anything else? That's it.

All right, new business. EMS summit.

Dave, you want to hit the highlights of that?

MR. VIOLANTE: Sure, I would be happy to.

A couple of weeks ago we had an EMS summit, a lot of you were there, thank you for that. And the point of it was to get our group together to come up with what our main issues and problems in EMS were among agency types and then what our potential solutions were, and then sort of a what is next. So we had 80 some odd people that attended from all around the region, so kudos and thanks to all the agencies. We had every single county

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represented and we had every agency type within those counties represented as well. So -- and kudos seriously to Albee who was there because it sounds like from the legislative breakfast component their top pieces are things we talked about as issues from a larger body in a larger group, which was really truly great to see us pulling together for something for ourselves.

So top issues, problems, A, staffing and competition for staffing among agencies, agencies stretched too thin in their own areas, let alone mutual aid, and cost increasing and reimbursement decreasing.

B, misuse of EMS, EMS not seen as an essential service, and lack of advocacy, and there need to be education and leadership training within agencies.

C, transparency among agencies and their communities, communications internally and externally, and too much dependency on ALS.

Those were the top three areas in issues and problems.

So solutions -- and this was a

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summarization, there is a huge whole table and chart we did outlining every group's pros and cons and things.

Solutions. A, communication with the public and lobbying of officials. To quote a person at the meeting there, who is here tonight, go to meetings. Go to meetings. Go to your county meetings. Go to your regional meetings. Go to your town board meetings. Not when you have a problem, just go all the time. Let them know who you are, that you are there, what you are doing, how many calls you did. Whatever. So that when they know you and see you, can ask questions, all that stuff comes out and that helps with the transparency. And then when you do have an issue and go and say, hey, we need X, Y, Z. They don't look at you and say who are you again? They know what is going on. They are informed and can help you. So go to your local meetings, it's really important to interface with officials ahead of time.

Using data and analytics as a solution to providing funding and staffing needs and

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then agency collaboration and transparency,  
so working as a system in an economy of  
scale.

Part B to solutions, finance, finance,  
finance. We are not an essential service, we  
are considered a different service if you ask  
the mayor of New York City. We should have  
preferred provider status and specific  
funding districts and things like that and we  
need to change Medicare and Medicaid rates  
and PAC funding and pay wages. So it really  
does come down to money. If we don't have  
money, we don't have people and if we don't  
have people we are not doing the community  
any service whatsoever.

Part C for solutions was education  
within agencies, including succession  
planning and educating communities to what is  
going on, using PSAPs to filter calls better  
and not utilizing ALS as often, using the  
right resources for the right calls, better  
unity in the system, making EMS a career.  
There was discussion of EMS authorities in  
areas and EMS academies in areas. So those

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that were all the solutions.

So what is next? We did form a committee to start working on these solutions. We all need to be accountable and responsible. We have to make the change for us, someone else isn't going to do it. So if we don't do it, someone else will and we may not like the changes that they make. We need to continue to do analyses and then, of course, work at the legislative breakfast and up at legislative day in Albany and continue to work on this as a larger group, not just individual little pockets here and there with our own little ideas of what we want as individual agencies, we are not going to get anywhere.

It was very very successful. We did get feedback from a large contingency that said we should have some in the evenings as well, I agree with that. But there was a large group of volunteers there for a daytime program that we did and it was just -- it was really nice to see everybody working together at this summit. So thanks to everybody

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involved in putting this on and doing it.

MR. TRIO: Dave, how many people signed up for the committee, the following committee?

MR. VIOLANTE: Twenty some odd people.

MR. TRIO: Okay, so when will we be hearing --

MR. VIOLANTE: As soon as we get the final points in from the groups as to what their top numbers were we can get the spreadsheet done, sent out, we can send stuff out to the committee.

MR. BOCKMAN: This was perhaps one of the finest forums I think I ever attended regarding EMS. Dave organized it and presented it so professionally, it was such a success.

I commend you, Dave.

MR. VIOLANTE: Thank you so much.

(Applause.)

MR. VIOLANTE: It was truly a lot of work by a lot of people, so thank you to everybody involved.

MR. PARRISH: Okay, that is what I have

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left on the agenda --

MR. ALBIN: We just have my motion.

MR. PARRISH: Thank you, that is not on here.

MR. ALBIN: You just did the Hudson Valley EMS summit, it's in new business --

MR. PARRISH: Yes, but it's not under mine -- go.

MR. ALBIN: So we have a seconded motion regarding the transfer from the Gardiner Rescue Squad Inc. to the Gardiner Fire District, apparently they have been working with Dana Jonas at the Health Department regarding this transfer.

We met through a phone or an e-mail poll and we feel that their fitness and competency is okay. We believe it's a nunc pro tunc action, correcting a past action. Essentially it's being transferred to a municipal governmental agency, a fire district, and therefore, its considered nunc, N-U-N-C, pro tunc action.

MR. HUGHES: There are very specific rules on how that can be used and we had to

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sit down with the State and go over that to make sure this particular TOA fell into that. And two people in the back of the room who are responsible for that and spent a lot of time working on getting that paperwork that they needed in order. They have probably been working on this over 18 months to get it just to change over the ownership, or the name on the certificate for the service that has been -- they have been performing for the last 25 years.

So I don't know if there is questions or anything, but if not we can move to a vote. It's a seconded motion coming from the transportation committee.

MR. PARRISH: We have a seconded motion on the floor. Any additional comments, discussion on it?

If not, it's a seconded motion.

All in favor -- does this have to be roll call vote?

MR. HUGHES: I believe it does.

MR. ALBIN: I believe it does.

MR. PARRISH: Okay, Tim as the third you



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can vote. Okay?

MR. MILLER: I can sit at the big boy table?

MR. PARRISH: You could have sat up there if you want.

MR. TRIO: Nicholas Trio? Yes.  
Dave Violante?

MR. VIOLANTE: Yes.

MR. TRIO: Dee Sagendorph?

MS. SAGENDORPH: Yes.

MR. TRIO: Guy Carpico?

MR. CARPICO: Yes.

MR. TRIO: Ben Conques?

MR. CONQUES: Yes.

MR. TRIO: David Grass?

MR. GRASS: Yes.

MR. TRIO: Israel Knobloch?

MR. KNOBLOCH: Yes.

MR. TRIO: Robert Cuomo?

MR. CUOMO: Yes.

MR. TRIO: Kim Lippes?

MS. LIPPES: Yes.

MR. TRIO: Tim Egan?

MR. EGAN: Yes.

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MR. TRIO: Glen Albin?

MR. ALBIN: Yes.

MR. TRIO: Theresa Hamilton?

MS. HAMILTON: Yes.

MR. TRIO: B.J. Leidner?

MR. LEIDNER: Yes.

MR. TRIO: Albee Bockman?

MR. BOCKMAN: Yes.

MR. TRIO: Neil Meddaugh?

MR. MEDDAUGH: Yes.

MR. TRIO: Richard Parrish?

MR. PARRISH: Yes.

MR. TRIO: Kelly Nelson?

MS. NELSON: Yes.

MR. TRIO: Timothy Mitzel?

MR. MITZEL: Yes.

MR. TRIO: Did I miss anyone?

We have a unanimous yes, Mr. President.

MR. PARRISH: Thank you. Any other new business? If not the last --

MR. HUGHES: Just a few quick reminders. We mentioned the EMS Memorial before, it's on the Empire State Plaza on May 21st at 11:00 a.m. If you are going to bring a vehicle you

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have to register the vehicle first with the State and the vehicle has to be in place by 10:00 o'clock in the morning if anybody will be doing that. Just so you are aware.

The other thing is Pulse Check is coming up shortly, just so that you know. It is September 12th through the 15th in the Crown Plaza in Suffern if you are interested in that.

I think that's all I had, everything else was covered.

MR. PARRISH: Yes, Teri?

MS. HAMILTON: New York State Volunteer Ambulance and Rescue Association's legislative day will be May 6th, obviously in an Albany. Please fell free to reach out to our legislative committee at legislation@NYSVARA.org or myself. Then I can guide you and lead you where you need to be.

MS. LIPPES: It's a worthwhile day, there is not that many people that actually go up, but again that's our presence. If there is only 10 people going up they think

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there is not an issue. We do get appointments with each of the different representatives that are willing to sit down and they go to the table with them and can discuss issues.

MS. HAMILTON: If there is anyone you guys want us to make appointments to go and see we will be more than happy to have the committee reach out and make the appointment, or you can make the appointment and let us know when it is and what time.

MR. PARRISH: Anything else? If not, I need a --

MR. ALBIN: Motion to adjourn.

MR. PARRISH: No, I said wait a minute. I need a nominating committee.

MR. VIOLANTE: That looks like two people that signed up for the nominating committee --

MR. PARRISH: Yeah, right. We will take those two --

MS. SAGENDORPH: I think I was on it last year.

MR. PARRISH: Okay, are you going to do

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it again?

MS. SAGENDORPH: Yeah.

MR. PARRISH: It should be one from each county.

MR. HUGHES: It's required to be one from each county from our bylaws so we need a representative from every county.

MR. PARRISH: Come on, guys, one from each county.

MR. VIOLANTE: Dee is representing Dutchess.

MR. ALBIN: I'll do Rockland.

MR. MEDDAUGH: I'll do it.

MR. HUGHES: Need one from Sullivan.

MR. BOCKMAN: Neil Meddaugh, Sullivan County.

MR. CUOMO: I'm the only one from Putnam here?

MR. HUGHES: It happens to workout that way.

MS. LIPPES: It's either you or you can delegate somebody. Just remember that, it doesn't have to be you, delegate.

MR. VIOLANTE: Who is not here, Bob?

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MR. CUOMO: Yeah, I nominate them -- no.

MR. HUGHES: So you will do it, Bob?

MR. CUOMO: Sure, why not.

MR. PARRISH: Anybody else from Ulster  
and Orange?

MS. NELSON: I'll do it for Ulster.

MR. PARRISH: Okay.

MS. SAGENDORPH: Was that Kelly?

MR. PARRISH: Kelly. So we just need  
somebody from Orange? Nobody from Orange?

MR. GRASS: All right. You are killing  
me.

MS. SAGENDORPH: That's David Grass --

MR. BOCKMAN: For the record, it's David  
Grass.

(Everyone is speaking at once.)

MR. PARRISH: All right, six.

MS. SAGENDORPH: Who is the 6th one?

MR. PARRISH: I've got Dee, Glen, Neal,  
Bob Cuomo, Kelly and Dave Grass. All right?

MS. SAGENDORPH: Okay, I didn't hear Bob  
jump up and down.

MR. CARPICO: He wasn't jumping up and  
down.

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MR. ALBIN: And the answer is  
teleconference.

MR. HUGHES: Yeah, we can do that.

MR. PARRISH: Dee, do you want to be the  
chair of that?

MS. SAGENDORPH: No. No, not this year.  
Let somebody else do it this year.

MR. PARRISH: Okay, you chaired it last  
year, right?

MS. SAGENDORPH: Yep.

MR. PARRISH: Okay, anybody -- do I have  
to appoint somebody out of the six? Does  
somebody want to be the chair?

MR. CUOMO: I'm looking that way.

MR. PARRISH: Yeah, you know what is  
going on. Why don't you do it?

MR. CUOMO: Is this my way of making  
sure I don't get nominated for Vice-President  
again?

MR. PARRISH: That's your call.

MS. SAGENDORPH: You are going to be the  
chair, Bob?

MR. CUOMO: Sure.

MR. PARRISH: All right, thank you.

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Now a motion to --

MR. ALBIN: Motion to adjourn.

MR. CARPICO: Second.

(Time noted: 8:20 p.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.

  
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Yvette Arnold

