



New York State
Volunteer Ambulance
& Rescue Association Inc.



THE BLANKET Special Edition SEMSCO & SEMAC Meetings – May 2018

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THE BLANKET

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NYS DOH
State Emergency Medical Services Council
(SEMSCO)
and
State Emergency Medical Advisory Committee
(SEMAC)
Meeting Notes – 5/15/18 & 5/16/18
Prepared by James Downey, Editor, BLANKET
Newsletter from attending the meetings and
viewing webcasts.
(Official minutes of the meetings will be
released later by NYS DOH)

Teresa “Teri” Hamilton, Executive Vice President, is the NYS Volunteer Ambulance & Rescue Association’s representative to SEMSCO and SEMAC. Teri is a voting member of SEMSCO and a non-voting member of SEMAC.



STATE EMERGENCY MEDICAL SERVICES COUNCIL (SEMSCO) – PATTY BASHAW, CHAIRPERSON

Stephen Kroll opened the meeting with the Pledge of Allegiance and roll call of members attending.
Election of Officers

Nominations for 2018-2019 officers - the following were nominated and elected without opposition:

- Chair - Patty Bashaw, Mountain Lakes REMSCO
- 1st Vice Chair - Mark Philippy, Monroe-Livingston REMSCO
- 2nd Vice Chair - Stephen Cady, Susquehanna REMSCO

New or returning members:

- Michael McEvoy, NYS Fire Chiefs
- Dr. Dylan Kellogg, Southern Tier REMSCO

Retiring members:

- James Deavers, North Country REMSCO

Ms. Bashaw gave brief background information on her joining her local VFD in Essex County in 1982 and providing care in the back of a Cadillac ambulance. She also commented on current issues in EMS including the governor's inclusion of EMS objectives in his budget message as well as local government and agency concerns with funding, consolidation, leadership and staffing issues.

Minutes of the September 2017 meeting were approved.

Committees vacancies will be looked at to ensure there is energized membership.

By-laws will be looked at. There was a quorum issue at the last meeting. Mark Philippy will chair a committee.

BEMS&TS Director's Introduction - Ryan P. Greenberg

Mr. Greenberg attended a number of meetings on 5/15/18 and 5/16/18, introduced himself and briefly reviewed his 25 year career in EMS. He started as a on Long Island with his local fire department as a junior firefighter, thinking it would be a great hobby, went to undergraduate school and practiced as a paramedic in NYC. Most recently he has been working with hospital based EMS systems from Delaware in the south to others in the northeast. He mentioned his membership National EMS Management Association and chairing a committee that led a leadership project that developed the a document on the *7 Pillars of EMS Officer Competency*. He also advised he believes in collaboration and innovation and is data driven and loves to review spreadsheets. In a "listening tour" around the state the last few weeks he is asking 2 questions:

- What 1 thing in EMS would you like to change?
- What would it take to keep you in EMS for another 10 years?

Answers can be sent to ryan.greenberg@health.ny.us A compilation of responses on sticky note is posted on a wall in the BEMS&TS offices.



Linkedin provides the following information:

Age 41 & Residence: Hewlett, NY

Experience:

MedSpan Integrated Health, Garden City, NY, Executive Director, 2012-Present
Pinnacle Points Health Systems, Garden City, NY, Executive Director, 2012-Present
Hackensack University Medical Center, New Jersey, Director of Ambulance Services & EMS Division Chief, 2004-2015

Vanguard Health Systems, Chief of EMS Operations, 2003-2015

American Red Cross, Instructor, 1994-2015

Woodmere VFD, Nassau County, Firefighter/Paramedic, 1995-Present

Beach Club & Day Camp, Medical Director & Training Coordinator, 1994-Present

Atlantic Beach Rescue, Nassau County, Paramedic Coordinator, 1993-Present

Education:

Columbia University, Certificate in Biomedical Infomatics

Seton Hall University, MBA, Business Administration

Babson College, Bachelor of Science

Associations:

National EMS Management Association, Corporate Secretary, Board of Directors, 2012-Present

American College of Healthcare Professionals, Member

International Association of Fire Chiefs, Member
National Academy of Emergency Dispatch, Member
National Association of Emergency Medical Technicians, Member
National Association of Emergency Medical Services Educators, Member

Staffing

- Deputy Director position remains vacant. Interviews with applicants have been/are being conducted.
- Catherine Burns, RN has been appointed to the Trauma Coordinator position as an internal DOH promotion.
- Thomas Behanna, former Deputy Director has returned from the NYS Comptroller's Office to BEMS&TS as Deputy Director, Administration, Contracts & Purchasing.
- James Mihalko, Health Specialist 1 in the Buffalo office will retire 5/31/18 after 31 years with the DOH.
- Valerie Ozga serves as the Secretary for SEMSCO & SEMAC.

Regulations governing trauma systems are presently in Section 708 and are still in the process of being changed over to Section 405.

EMS Memorial ceremony will be held at the capitol plaza in Albany on May 23, 2018.

VITAL SIGNS conference will be held in Syracuse in October 2018.

National EMS Memorial Bike Ride is in progress. The northeast segment with 100 riders started in Boston, MA on 5/11/18, went from Yonkers, NY passing through NYC and stopping at Toms River, NJ on 5/15/18 and will end in Maryland on 5/18/18. They are riding in memory of 79 EMS personnel including 6 from NY.

Recruitment Tool Kit will be posted on BEMS&TS website within the next couple weeks. Its not just for the volunteer side but also the career side.

Reports of standing committees & sub-committees were received (see separate reports for more information)

Protocol/Medical Standards/SEMAC

- Seconded motion from January 9, 2018 to approve Mercy Flight Protocols were approved by a roll call vote of Y-20, N-0 and A-0.
- Seconded motion to approve the NYC Stroke Protocol was approved by a roll call vote of Y-20, N-0 and A-0.
- Seconded motion to approve AEMT Collaborative Protocols on administration of certain drugs was approved by a roll call vote of Y-20, N-0 and A-0.
- Seconded motion to approve AEMT Collaborative Protocol on bi-lateral need decompression for chest trauma was approved by a roll call vote of Y-20, N-0 and A-0.

Education & Training Sub-committee

Finance Committee

EMS Systems Committee

Legislative Committee

Motion to support A00908 relative to reimbursement for ambulance services was approved.

Motion to support A2733A relative to Community Paramedicine were approved.

Motion to oppose A7505A relative to ambulance driver requirements was approved.

Safety Committee

After meeting with the Director earlier in the morning it was decided that the Safety Committee's seconded motion on draft changes to 10NYCRR Regulations Part 800.22 Requirements for Certified Ambulance Vehicle Construction was being deferred for further discussions on language and specifics and was not brought forth for SEMSCO discussion and/or approval.

EMS for Children (EMSC)

State Trauma Advisory Committee (STAC)

NEW BUSINESS

EMS Workforce Survey

Steve Kroll presented the outline of a voluntary survey on to gather data on the shortage of certified EMS providers and gauge its impact on agencies' ability to serve their communities. The survey is on SurveyMonkey at:

<https://www.surveymonkey.com/r/NYSEMSWorkforce> Questions can be directed to Steve Kroll at steven.kroll@delmarems.org

Public Service Announcements (PSAs) were developed with the support of the governor's office and BEMS&TS and were filmed across the state. There was an attempt to run several at the meeting but technical difficulties got in the way. 2 are on the BEMS&TS website at <https://www.health.ny.gov/professionals/ems/> . They were filmed at Lake Placid VAC and AMR.

STATE EMERGENCY MEDICAL ADVISORY COMMITTEE (SEMAC) - DONALD DOYNER, MD, CHAIRPERSON

Dr. Doyner opened the meeting with the Pledge of Allegiance, roll call of members attending, introduction of Ryan P. Greenberg, Director, BEMS&TS and approval of the January 2018 meeting minutes.

Reports of standing committees were received (see separate reports for more information)

Education & Training

Medical Standards

- NYC Stroke Protocol was received as a seconded motion from the Protocol/Medical Standards Sub-Committee. Motion to approve the protocol was approved with a roll call vote of Y-16, N-0 and A-0.
- AEMT Protocol changes were received as a seconded motion was received from the Protocol/Medical Standards Sub-Committee. These were presented as updates to collaborative protocols consistent with the AEMT scope of practice. After discussion a motion was made and approved to vote independently on the chest trauma change.
 - Changes involving AEMT drug administration were approved by SEMAC with a roll call vote of: Y-16, N-0 and A-0.
 - Change involving trained, equipped and regionally approved AEMT personnel performing bi-lateral needle decompression for suspected tension pneumothorax in traumatic cardiac arrest and Medical Control option in non-cardiac arrest penetrating chest trauma was discussed and approved by SEMAC with a roll call vote of: Y-15, N-1 and A-0.
- Dr. Marshall commented that there was a suggestion for SEMAC to put together a workgroup to redo the current pre-collaborative era protocol review and approval process to make it more efficient.

EMS for Children Committee

Dr. Arthur Cooper, Chair of EMSC, commented at the SEMAC meeting on several items:

- Draft BLS protocols were reviewed and information was forwarded to work group.
- Issue of gun violence as it effects schools should be reviewed by the Commissioners of Health and Education to see what can be done on that initiative.
- Pediatric data project information will be presented at next SEMAC meeting after high level review by DOH.

BEMS&TS Staff Report

Part 800.6 Initial Certification Requirements - EMT certification age change to 17 from 18 was posting in the NYS Register for a comment period of 1/24/18 through 3/26/18. Comments both positive and negative were received and are being reviewed and addressed by DOH legal staff. If finally approved a DOH EMS Policy Statement will be issued.

OLD BUSINESS

ALS Services, Inc. suspension by Nassau Regional Emergency Medical Advisory Committee (REMAC) is again before SEMAC because of issues related to compliance with regional QA requirements. Nassau REMAC issued on 4/11/18 another suspension notice to ALS Services, Inc. due to its QA compliance.

History from SEMAC meeting in January 2018:

ALS Services, Inc., DOH Agency #7199, represented by Nixon Peabody, LLP, filed an appeal to a Nassau REMAC decision to suspend its ALS operating authority in the region due to non-compliance with several ALS level requirements. ALS Services, Inc. is a paramedic level First Responder service with operating authority for Bronx, Kings, New York, Queens, Richmond, Nassau, Orange, Rockland, Sullivan and Ulster Counties. Its transporting agency is normally BLS level Chevra Hatzalah Volunteer Ambulance, DOH Agency #7191, which has operating authority for the 5 boros of NYC.

As per Article 30 Section 3004-A(4) a Special Appeal Committee was convened consisting of Doctor Joseph Bart as Chair and Doctors Jeremy Cushman, Michael Dailey, Lewis Marshall and Pamela Murphy. ALS Services was allowed to continue to operate in Nassau pending a decision from SEMAC/SEMSCO.

The original requirements that Nassau REMAC raised involved:

- Regionally credentialed ALS providers.
- Regionally credentialed Medical Control physician.
- Participation in regional QA/QI program.

The appeal committee found that ALS Services, Inc. met requirements for credentialed providers and a Medical Director, which is different than a Medical Control physician, and there was an expectation that the agency would satisfy QA/QI requirements. The committee voted to recommend the suspension be lifted. After an extended discussion, mainly on QA/QI requirements, SEMAC voted to accept the recommendation contingent on QA/QI requirements being met by 2/10/18. The actual motion reads:

The SEMAC accept the report and recommendations of the Special Appeal Committee in the matter of ALS Services, Inc. and Nassau REMAC suspension of advance life support services and that the suspension be lifted contingent upon compliance with the recommendations and its expectations and submission of quality improvement data by February 10, 2018.

The motion passed by roll call vote.

Present Issue:

About mid-March 14 call reports were hand delivered to a QA committee representative. The QA Committee reviewed the materials and found:

- Call reports were not on NYS DOH version 5 but rather on an agency call report. It had been believed that ALS Services, Inc. was using E-PCR software from Creative EMS Solutions but now this does not seem to be the case. It is not known if NYS DOH approved the paper call report version.
- Heading on form was for ALS Services and Hatzalah but DOH agency code for the specific agency involved (7199 for ALS Services, Inc. or 7191 for Chevra Hatzalah, Inc.) was not shown.
- Transports were to a number of hospitals but not all destinations were specified.
- Information in a number of places was missing due to being redacted, omitted, illegible or crossed out. Items involved on various sheets included DOH issued provider number, provider level of training, patient pick up point, GEO code, vehicle ID, etc.
- Original date for submission of QA/QI data to Nassau REMAC was 2/8/18 but was extended to March 2018.

Discussion at REMAC's 4/4/18 meeting was that information provided by ALS Services, Inc. did not meet requirements as it could not be determined from information submitted if proper ALS level care was being provided to patients. Motion was made and seconded and passed to suspend ALS Services, Inc. from providing ALS level care in Nassau County.

Dr. David Kugler, Chair of Nassau REMAC provided information on communications between REMAC and ALS Services, Inc. including meetings, phone calls and written notices including return of an unsigned for certified receipt request letter.

No one from ALS Services, Inc. came forward at SEMAC in January or at this meeting to speak for the agency. A 5/11/18 letter to the DOH from attorneys for the agency seems to question whether or not proper notice was sent to the agency.

SEMAC first decided that the present issue was actually a continuation of the original suspension rather than a new suspension. The roll call vote was Y-13, N-0 and A-1.

A question was raised about patients being served by ALS Services, Inc. and it was pointed out the agency is not a 911 agency and there are sufficient other ALS resources in the county.

Question was raised about potential deficiencies in other aspects of ALS Services, Inc. compliance with DOH polices and regulations such as equipment, carrying controlled substances, adherence to protocols, etc. but SEMAC decided to keep to the QA participation issue. Dr. Kugler said Nassau REMAC hopes to eventually get information on the agency's adherence to other requirements.

SEMAC voted to approve the following motion by a roll call vote of Y-13, N-0 and A-1.

Due to insufficient quality assurance data being provided to Nassau REMAC and as directed through the SEMAC appeal decision, dated January 9, 2018, ALS Services, Inc. advanced life support services suspension will be upheld, effective upon receipt of a certified letter to ALS Services, delivered through their attorney, until they are in adequate compliance with Nassau REMAC in which Nassau REMAC may vote to reinstate them.

PROTOCOL / MEDICAL STANDARDS SUBCOMMITTEE - DR. LOUIS MARSHALL, CHAIRPERSON

NYC Stroke Protocol was presented for approval. It involved transport, hospital destination, replacement of Cincinnati Stroke Scale with Los Angeles Motor Scale and a speech factor and Medical Control decisions. After discussion involving comments on lack of a high sensitivity screen tool, the algorithm having a fair amount of science, best guess involved and regional variations vs. NYC, the motion to approve passed unanimously.

DOH Policy Statement 09-11 *EMS Response to School Incidents* is being reviewed in cooperation with the NYS Department of Education.

Dr. Michael Dailey, Committee Chairperson

BLS Protocol Update was discussed. Comments were received from EMS For Children and State Trauma Advisory Committee. 1999 format and protocols are being brought up to 2018 standards. Committee is open to additional input till July 2018 and the revised protocols are expected to be presented to SEMAC in September 2018. It was noted that good clinical judgement is still expected from providers in applying protocols.

Some specific protocols were mentioned and/or discussed:

- Pediatric patient age definition - AHA, ACS and other organizations have varied age parameters. Consensus is to define pediatric as not yet having reached age 15.
- General approach to transport - Inclusion of when to request ALS in a specific protocol was discussed.
- Witnessed cardiac arrest - Comments were made about 20 minutes of on-scene resuscitation, calling Medical Control, obvious death and outcomes after long distance CPR.
- Anaphylaxis - Comments were made about belly pain in some literature being less life threatening, definers and epinephrine by CFRs in NYC.
- Behavioral emergencies - Autism not being included with other disorders was discussed.
- Carbon monoxide poisoning - No commercial endorsement were implied. There is no mandate to carry any supplies or equipment.
- Chest pain - Comments were made on 12 lead transports, aspirin dispensing and call receiving operator advise.
- Childbirth - CFR guidance talks only about normal delivery and personnel can call Medical Control if presented with unusual situation. Wording on guidance to support head coming out does not imply pushing back and suggestion was made to explore different wording.
- Cold emergencies - Pediatric & geriatric patients should be protected against heat loss by covering the head.
- Seizures - Epileptic seizures need to be brought under control within 20 minutes of onset. There was discussing of timely calling for ALS and pre-arrival notification to a hospital.
- Heat emergencies
- Opioid/Narcotic OD - Comment made that hypoventilation rate is too broad to define a number. There was discussion of decreased ventilation effort, low respiration rate/shallow respirations and inefficient respiratory effort.
- Stroke - Comments were made about Cincinnati scale vs. regional stroke scales, last known well time under 3.5 hours, stroke ready hospitals, pediatric strokes and the Mobile Stroke Treatment Unit in use in NYC and similar units being financially viable in other parts of the state.
- Septic shock - Oxygenation was discussed.
- Pediatric respiratory emergencies - mentioned were cardiac arrest, anaphylaxis, altered mental state, cardiac conditions. Septic shock and oxygenation was discussed including CFRs administering oxygen but not having pulse oxygen meters.
- Avulsed tooth - There was initial consensus to remove it but an attendee who works at a large summer camp made a plea to keep it in as it is a frequent condition encountered and the camp.
- Hemorrhage control
- Burns - whole hand is unit measured not just a patient's palm.
- Muscular/skeletal trauma
- Patella reduction - There have been 30 pre hospital utilizations and most successfully reduced pain.
- Suspected spinal fracture - no change in expected format.
- Oxygen & airway - comments made that infants rate may be too high. There have been many cases of significant trauma without oxygen being administered. Altered mental state, head injury and solid organ injury are indicators of need for supplemental oxygen.
- Prescribed medication administration assistance - CFR administration and emergency medicine vs. other medications was mentioned.
- Refusal of medical care/transport - Comments made that age needs to be considered and below 2 years and above age 65 was mentioned as well as what age 18 implies.. All children with a BP below 90 are high risk patients and general rule should be to call On-line Medical Control for consultation.

AEMT Protocols

These were presented as updated to collaborative protocols consistent with the AEMT scope of practice. The changes involve:

- Allow up to 3 albuterol 2.5/3ml doses with administration of epinephrine 1:1000
- Standing order for nitroglycerine
- Pulmonary edema - physician option for administration of nitroglycerine.
- Anaphylaxis - add albuterol administration if patient wheezing
- Epinephrine administration moved up in protocol.

- Bi-lateral needle decompression for chest trauma
- Committee approved the protocol changes with 1 abstention.

EDUCATION AND TRAINING COMMITTEE - ROBERT DELAGI, CHAIRPERSON

Mr. Delagi announced this would be his last meeting as he was leaving Suffolk County government service in January. He has been involved in EMS for 41 years and on the SEMSCO for 20 years and SEMAC for 12 years. He wanted to let the incoming SEMSCO Chair select a new E&T Committee Chair now and appoint a non-voting SEMAC member to represent the EMS provider community.

Andrew Johnson, Deputy Director, Education & Certification Services advised:

- Course Sponsor short form and long form renewal notices went out electronically on 4/20/18 and can be submitted online.
- Gene Myers, Health Systems Specialist I is out on sick leave and his duties are being handled by others in the office.
- Computer Based Testing survey was sent to 58 people and 16 have completed the survey. The contractor is working on better directions for test takers. It is felt on-line testing provides much better security.
- EMT-CC to EMT-P bridge is still being worked on by Northwell Health Center for Learning & Innovation. A meeting between BEMS&TS and Northwell took place 5/16/18. Fall of 2018 may see the on-line course released. There will be talks with Course Sponsors on local skills testing. A comment by a meeting attendee was that a number of EMT-CCs were trying to decide to renew or upgrade and the lack of information was hampering their decision.
- CME based refresher program update changes rollout are now expected in 1 to 2 months. Rollout has been delayed several times from the 1st date announced at Vital Signs in October 2017. There are no changes from the hours previously announced which are to be reduced from the current 72 hours for all levels to: EMT - 40 hours; AEMT - 50 hours; EMT-CC - 60 hours and EMT-P - 60 hours.
- Agency coordinator oversight of CME of paperwork at the local level is lacking. BEMS&TS staff report receiving renewal packages with 20-30 documents with no hours indicated and in some cases patient information has not been redacted.
- Certified Instructor Updates for CICs and CLIs are to be done in 3 hour segments. If an update session is 6 hours then paperwork has to be submitted for 2 separate update segments.
- Certified courses must be taught by a Certified Instructor Coordinator. There have been about 12 instances of a course being started by a CIC but that person's certification expired during the course resulting in a deficiency being issued to the sponsor and putting the students' certification in jeopardy. While sponsors have been apologetic it is considered a serious deficiency. Filing a false government instrument is not taken lightly.
- There are currently 811 CICs and 582 CLIs in the state.
- Instructor policy statement is being revised and should be released soon.
- NASEMSE exam has been taken by about 80% of current instructors. CIC pass rate on 1st try is 55% to 70% while CLIs are at 90% pass rate. Remediation process for those in need is ongoing.
- Certified Instructor Coordinator numbers are down due in part to lack of instructor development courses being offered.
- Fast Track CIC instructor courses have enrolled 360 students with 193 completing the course. CIC Fast Track completion does not result in automatic CLI certification. Crediting of an individual's experience is up to the course sponsor and Medical Director.
- Regional Faculty process update is on hold but there is hope to get it back on track over the summer.

BLS Protocol update release now has a September 2018 goal. Training for providers is planned to be done online on the Moodle Learning Platform course management system during the period September 2018 through December 2018 with protocol changes effective 1/1/19. There will a need to do workshops to review test questions, answers and references.

AEMT course reimbursement was brought up and Courses Sponsors were reminded that they can charge students over the DOH voucher reimbursement rate.

FINANCE COMMITTEE - PATTY BASHAW, CHAIRPERSON

- Steve Kroll will be joining the committee.
- It was recommended that the timing of the BEMS&TS budget presentation be changed to allow it to be adequately considered in the proposed statewide budget presented by the governor in January. It was suggested that SEMSCO send its recommendation on the proposed budget to DOH in September rather than January.

- Discussion of DOH Bureau of EMS & Trauma Systems budget. The “cash ceiling” for EMS expenditures remains at \$15.5 million. A fact sheet on the budget process will be provided in September.

EMS SYSTEMS COMMITTEE - YEDIDYAH LANGSAM, CHAIRPERSON

1 statutory appeal is in progress at the Administrative Law Judge level and is expected to be brought before the next meeting in September.

BUREAU OF EMS & TRAUMA SYSTEMS (BEMS&TS) reports:

Daniel Clayton, Deputy Director, Operations & Emergency Preparedness advised:

- Renewals for Ambulance Operating Certificates and narcotics licenses are coming in from some agencies at the last minute.
- DOH Policy Statement 06-06 *EMS Operating Certificate Application Process (CON)* covers the Municipal CON process. The initial Municipal CON is for a period of 2 years and it is suggested that 6 months before the expiration of the period a transition from a municipal declaration to permanent operating certificate be applied for to allow for an uninterrupted rollover.
- Epinephrine auto-injector use by eligible entities and the lay public requires suitable training by a nationally recognized organization. The American Red Cross has such a training program. DOH Policy Statement 17-02 *Epinephrine Auto-Injectors (EpiPen®)* is the reference for the program.

Dana Jonas, Operations & Emergency Preparedness advised:

- Written BEMS&TS report was distributed. Information on CON actions in the various categories can be provided to anyone interested. There are 60 CON actions including transfer of fire department entities, stock transfers, new municipal CON declarations and enforcements since the beginning of the year.
- Limited Laboratory License for a Blood Glucometer on an ambulance normally has a \$200 fee but is waived for wholly volunteer non-profit organizations.
- License Event Notification Service (LENS) is provided by the NYS department of Motor Vehicles to allow organizations to keep track on their drivers. Fees are waived for wholly volunteer non-profit organizations.
- Municipal EMS ambulance services that charge a fee must bill under their own identity.
- Agencies that contract out for staff on ambulances should provide a copy of the contract to the local BEMS&TS field representative.
- Office of Health Insurance Programs can provide help on Medicaid billing issues. The phone number is (518) 473-2160.
- Update of DOH Policy Statement 06-06 *EMS Operating Certificate Application Process (CON)* is still expected.
- 155.340MHz is an national recognized EMS legacy frequency established for interagency communications. In communications overhauls provision should be made to retain the frequency as it is considered a critical frequency in case other systems fail.

Michael Taylor, Informatics, Data & PCRs advised:

- National EMS Information System (NEMSIS) was updated to Version 3.4.0 in 2017. Version 3.5 is expected in 2019 after tweaking of data elements.
- AMR on 5/15/18 started feeding NEMSIS 3 ePCR data to the software bridge.
- 50% of EMS agencies in NYS submit EPCR data and they represent 75% statewide of patient call reports.
- Data Exchange Incentive Program (DEIP) is a federal program to help fund participation in statewide health information networks. Presently in NYS funding is provided to connect physician offices and hospitals. It is now open to funding other health care providers.
- Coverdell program has made grant funds available to several regions to help fund regional data bridges EMS agency's start-up costs of switching to e-PCRs
- FirstNet is a federal project whose mission is to deploy, operate, maintain and improve the first high-speed, nationwide wireless broadband network dedicated to public safety. AT&T was awarded the contract, all 50 states have bought-in and build-out of the systems is continuing. 1 county in western NY is operational on the system. Meetings with local providers are being conducted around the state. A show of hands indicated almost everyone present at the Systems Committee meeting was aware of the program.
- EMS Compass is a National Highway Transportation Safety Administration Office of EMS project to develop comprehensive performance measures. Standards will cover helicopter medivacs.
- County EMS Coordinators are provided information for distribution to local EMS agencies.
- EMSPROD is a software suite used by the BEMS&TS for many of its operational needs. It is 20 years old and new software platforms are being evaluated to automate tasks and allow for more information sharing.

LEGISLATIVE COMMITTEE - LESTER FREMANTLE, CHAIRPERSON

Discussions on pending 2018 EMS legislation covered the following bills:

- A00908 (S02524) - Relates to reimbursement for ambulance services; requires insurers to submit payments directly to ambulance providers who are in-network or, for out-of-network ambulance providers, requires the issuance of a joint check to the insured specifying both the insured and the ambulance provider as payees.
- A01414 (S00760) - Relates to the provision of municipal advanced life support first responder service or municipal ambulance service.
- A02733A (S05588) - Authorizes collaborative programs for Community Paramedicine services as part of the hospital-home care-physician collaboration program. Senate is OK with idea but Assembly is not. Home Care Association has bought in to a compromise but NYS Nurses Association is firmly opposed.
- A7505A (S05643A) - Directs the commissioner of Health, in consultation with the Commissioner of Transportation and the New York State Emergency Medical Services Council, to promulgate rules and regulations for the operation of ambulances. A number of organizations including SEMSCO's Safety Committee are currently working to develop recommendations, guidelines and best practices to address fatigue, working hours and training.
- A9589 (S07443) - Relates to the establishment of special districts for general ambulance services and requires a report on issues of volunteer firefighter and ambulance services staffing.

Committee voted to recommend to SEMSCO that A00908 and A02733A be supported and A7505A be opposed.

SAFETY COMMITTEE - MARK PHILIPPY, CHAIRPERSON

10 NYCRR Regulations Part 800.22 *Requirements for Certified Ambulance Vehicle Construction* draft revisions have been worked on for 2 years. They were sent to Lee Burns before her retirement but the committee has heard nothing back. Seconded motion was made and passed in January to send the draft revisions to SEMSCO but the motion was not acted upon then due to lack of quorum and will be resubmitted.

Policy Statement 00-13 Operation of EMS Vehicles revisions are still being considered. Fatigue is a rising issue in EMS and will be addressed in a separate document. Research is being conducted on available information. National Association of State EMS Officials (NASEMO) study is in final stages of evaluation.

Ballistic vest issues for daily wear are still being reviewed. These include:

- Gathering of available research on types of under/over carriers, plate armor and continuous wear vs. active incident use.
- Development of best practices document such as proper storage, maintenance and how moisture effects materials.
- Training for use including bullet resistant limitations.
- Cost and grant resources. Walmart Public Service Grant Program was mentioned.

Provider Fitness issues being discussed/considered include resilience, retention, burn-out, fitness-for-duty, job specific workouts for PD, FD & EMS and union concerns.

Safety Committee discussions are scheduled for weeks of 6/28/18 and 9/3/18.

EMS FOR CHILDREN (EMSC) - MARTHA GOHIKE, EXECUTIVE SECRETARY & PROGRAM MANAGER

- Draft BLS protocols were reviewed with a fine tooth comb and comments provided to the TAG.
- Pediatric ED readiness analysis. Meeting with Commissioner is being scheduled.
- EMSC program grant was renewed for another 4 years.
- Federal Health Resources and Services Administration (HRSA) is refocusing its deliverable requirements and annual \$130,000 grants to states from providers having appropriate pediatric equipment to providers knowing how to use the equipment. To get a baseline on what is already being done www.emscsurveys.org had a short 5 minute survey earlier this year sampling 388 EMS agencies in NYS. The goal was 80% response but NYS came in at 97.7% responses from 379 agencies. The initiative involved 2 questions:
 - Does your EMS agency or region have a designated Pediatric Emergency Care Coordinator (PECC)? In hospital EDs this was found to have a positive effect on patient outcomes. The survey revealed 11.8% of EMS agencies have a designated PECC.
 - Is documented hands-on training simulations and/or skills check on pediatric equipment for EMS providers required?. Survey results indicate 22.5% of EMS agencies do such training. 6 month intervals are preferred but no longer than 2 year intervals.
- The 2018 National EMS for Children Performance Measure Survey for Hospitals has been distributed to determine if hospitals have guidelines inclusive of pediatric patients for inter-facility transfer agreements. 192 hospitals are included in the survey and as of 5/9/18 a total of 14 (7.3%) have responded to the quick 8 questions. Response goal is 80%.

PUBLIC INFORMATION, EDUCATION & RELATIONS (PIER) COMMITTEE - CHAIRPERSON

Position is Vacant

- Meeting was cancelled.
- Nominations for statewide EMS awards have been received. Selections will be made and awards presented at the Vital Signs conference in October 2018.

Next SEMAC meeting – Tuesday 9/25/18
Next SEMSCO meeting – Wednesday 9/26/18
Location is the Hilton Garden Inn, Troy, NY

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Nassau REMAC Reinstates ALS Services, Inc.

Subsequent to the SEMAC meeting, Nassau REMAC met on 6/6/18. Under New Business Dr. David Kugler reported:

ALS Services, Inc. suspension of advanced life support services in Nassau County was upheld by the State Emergency Medical Advisory Committee at its 5/15/16 meeting in Troy, NY. The suspension was based on inadequate QI data being supplied. Nassau REMAC and SEMAC were to send letters to ALS Services, Inc. and its attorney advising off the decision. Nassau REMAC's letter went out 5/17/18 but SEMAC did not send its letter.

A conference call was held on 5/30/18 involving Ryan Greenberg, Director, Bureau of EMS & Trauma Services; Donald Doyner, Chair, SEMAC; David Kugler, Chair, REMAC; Abraham Wurzberger, ALS Services, Inc. and others in an attempt to broker a solution to the issue. Dr. Kugler reported it was agreed that ALS Services, Inc. would:

- Utilize DOH-3283 NYS Prehospital Care Report, Version 5 in lieu of its in-house form.
- Transition to ePCR use utilizing Creative EMS software.
- Provide Nassau REMAC QI Subcommittee members Dr. John Zaso and Frank Chester with PINs and passwords to access e-PCR data.

Mr. Greenberg indicated the agreement on PCRs, ePCRs and QI access by REMAC covered all regions where ALS Services, Inc. operates.

Motion to reinstate ALS Services, Inc. as an advanced life support provider in Nassau was approved unanimously.