



New York State
Volunteer Ambulance
& Rescue Association Inc.



THE BLANKET Special Edition – May 2017

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THE BLANKET

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NYS DOH
Emergency Medical Services Council
(SEMSCO)
and
State Emergency Medical Advisory Committee
(SEMAC)
Meeting Notes - 5/9/17 & 5/10/17
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)

Michael J. Mastrianni, Jr, Director of Legislative Affairs is the NYS Volunteer Ambulance & Rescue Association's representative to SEMAC/SEMSCO. Michael is a voting member of SEMSCO, is a member of the Legislative and Systems Committees and has a non-voting seat on SEMAC.

SEMSCO OFFICER ELECTIONS

Election for 2nd Vice Chair position was carried over from January meeting where there were 2 candidates advanced by the Nominating Committee: Stephen Cady (Chenango County) and Mark Philippy (Monroe County). Subsequently Stephen Cady withdrew and Mark Philippy was elected 2nd Vice Chair at this meeting.

Minutes of 1/10/17 & 1/11/17 meetings were approved

No correspondence to report.

CHAIRPERSON'S REPORT – Steven Kroll

- National EMS Week 2017 will be May 21 to 27. This year's theme is "EMS STRONG: Always in Service"
- EMS Memorial Ceremony will be held in Albany on the Plaza on 5/23/17 starting at 11:00 AM. 3 EMS providers to be remembered: Stephanie B. Potter, Moira Volunteer Fire & Rescue, Norman Valle, FDNY EMS and Larry Fuller, Hunter Ambulance.
- VITAL SIGNS Conference in Rochester 10/25/17 to 10/29/17.
- Changing Face of EMS report from series of conference calls in 2016 is still available.
- Workforce survey of about 15 questions to be distributed. Responses can be made online. Staffing shortages appear to exist in all sectors of EMS – municipal, commercial, volunteer, industrial and 20 agencies closed in 2016. Survey would ask questions such as:
 - Where do you think you will be in 5 years?
 - How much overtime used in 2016?
 - Current staffing – optimum staffing?
 - Personnel increasing or decreasing?
 - Call volume increasing or decreasing?
- Data on Medicaid ambulance cost indicates revenue to services exceed costs of providing the service. \$31.4 million for additional Medicaid funding did not make it into the final NYS 2017-2018 budget.

BUREAU OF EMS AND TRAUMA SYSTEMS REPORT – Lee Burns, Director

- Unable to fill all vacant positions. There have been no waivers for even critical vacancies.
- Finance Law requires 50% of EMS funding go to direct provision of training. Aid to Localities provides funds for EMS Training with \$10.6 appropriated for 2016-2017 and unchanged for 2017-2018. State Operations funding goes to BEMS&TS operations, testing, PCR vendor, Regional Councils, REMSCOs and other contracts as well as SEMSCO/SEMAC meetings. The Bureau's appropriated cash ceiling went from \$6.3 million in 2016-2017 to \$5.7 million in 2017-2018 and is currently \$4.9 million.
- Lee Burns has been attending Regional EMS Council meetings around the state. It has been a positive experience meeting with providers.
- Hudson Valley Region Council is working on collecting data on local services.
- 17 services statewide shuttered in 2017 so far with operating certificates transferred or turned in. 26 services shuttered in 2016.
- Regional Health Emergency Preparedness Coalitions exist and need EMS involvement. Hospitals and nursing homes have been involved. Regional EMS Councils and Program Agencies were asked to suggest EMS members for the coalitions. Federal grant money is available to the coalitions to cover EMS agency costs of participation in drills.
- Trauma Center verifications by the American College of Surgeons Committee on Trauma continue. 30 hospitals at various trauma levels have been verified in NYS and 3 have been re-verified – Strong, Upstate and NYP-Queens. New verifications include Lincoln Medical Center in the Bronx as a Level 1 and Mid Hudson Regional Hospital of WMC. Provisional designations for hospitals that have not been trauma centers in the past are in the process at Peconic Bay Medical Center, Southampton, Maimonides and Canton Potsdam. 1 hospital is awaiting results of the verification visit. There are 5 verification visits scheduled and a Level 2 hospital is on Long Island is seeking Level 1 designation.
- Lee asked for as much participation as possible at the 5/23/17 EMS Memorial. It will impress legislators and their staffs who can look out their office windows at the assembled EMS vehicles and personnel. There may be a flyover by medivac helicopter(s).

SEMAC – Dr. Donald Doynow, Chairperson & MEDICAL STANDARDS SUBCOMMITTEE - & Dr. Lewis Marshall, Chairperson

- 2 seconded motions were brought forward to SEMAC by Medical Standards Subcommittee, passed and subsequently approved by SEMSCO:
 - Mercy Flight Central protocol changes involving analgesics, sedation, surgical airway and hypotension.
 - SEMAC Advisory 97-03 - Hyperventilation in Severe Traumatic Brain Injury was sunset/removed.
- Presentation was made on Coverdell Stroke Hospital Data Collection Program and the Central NY Stroke QI Program. Both programs show EMS participation in stroke care improves hospital stroke care and time to treatment.
- Statewide BLS protocols will be reviewed by both the Medical Standards Subcommittee and Education & Training Subcommittee and several people have already volunteered to participate.
- Death of a patient on way from nursing home to a hospital was discussed. Policies and protocols will be researched.
- Dental replantation was mentioned.
- Current EMT course is 160 to 180 hours. There have been queries from high places about reducing the length of the course by 60 to 80 hours. What to take out – CPR, anaphylaxis, difficult breathing, etc. – then becomes the sticking point.
- Stroke Protocol was extensively discussed. There are Primary Stroke Centers and Comprehensive Stroke Centers. Suggestion was made of changing 3.5 hours for transport destination decision to 6 hours. Mention was made that even longer times since “last known well” may be appropriate in the future. Motion was made and passed to up last known well time to 6 hours and allow regional decisions and contact with On-Line Medical Control to be factored in to guidance to EMS personnel.
- Check & Inject demonstration project ended with 635 agencies participating. There were 77 uses for asthma or anaphylaxis with no problems.
- EMT-CC Tag Report discussion was in progress when quorum was lost and the meeting ended before consensus on recommendations was reached. During a public comment period a total of 9 people from around the state spoke on the report and recommendations. Subjects included cost and travel time to training sites, EMT-CC courses already being planned in next few months and suggestions to increase specific time spans.

EDUCATION & TRAINING COMMITTEE – Robert Delagi, Chairperson

- Certification cards were mailed out on 5/8/17 to people who took the 4/20/17 tests.
- On-site testing will no longer result in provisional certification for those who pass allowing them to work and/or volunteer as EMS personnel till the actual certification card is issued. This is based on legal advice from a Bureau attorney. In some instances it has been found that a student had not actually finished all course requirements including completion of skills testing.
- Course Sponsor renewal packages have been sent out and are due back by the end of June.
- Instructor renewal packages will no longer be mailed to CICs and CLIs effective 9/1/17. It will be up to Course Sponsors and individuals to keep track of pending expirations and renew on time.
- Fast Track enrollment has been tapering off. 292 people completed to date. Fast Track will remain on the “moodle” web site and be offered at upcoming VITAL SIGNS.
- Pass rate for CLIs on new NYS written exam ranges between 80% to 100%. CIC pass rate is lower but trending upward.
- New testing contractor, PSI, took over with April tests and things went well. Course Sponsors can set up account to access data on course results.
- Epinephrine syringe course for instructors is on-line through “moodle” platform. 150 CICs/CLIs have taken course in last 2 weeks.
- Both Epinephrine syringe and vial system and Epinephrine auto-injector is required to be taught in all EMT original and refresher courses. Use to be covered on written test but no practical skills testing. EMTs can use same 1ml syringe with 23 gauge safety needle as ALS providers. Policy Statement to be issued soon.
- Check & Inject Demonstration Project trained EMTs to inject in lateral thigh which is most effective location to give Epinephrine for hypotensive patients in anaphylaxis. Educational materials subsequently issued by the DOH to instructors based on national paramedic training guidelines indicate injections are to be made in deltoid. Physicians who developed the original demonstration project were not consulted and object to the modification. Upcoming NYS DOH Policy Statement will advise agency Medical Director and or REMAC to make decision on injection site.

PUBLIC INFORMATION, EDUCATION AND RELATIONS (PIER) COMMITTEE – James Deavers, Chairperson

- 11 Regions submitted nominations.
- Committee members will have a conference call on 5/19/17 to discuss nominees and select awardees.

FINANCE SUBCOMMITTEE – Patty Bashaw, Chairperson

- 4 Program Agencies have not yet returned budget template and due date has passed.
- 30% of BEMS&TS staff is eligible for retirement. If people leave they cannot be replaced.

SYSTEMS SUBCOMMITTEE – Yediyah Langsam, Chairperson

- 3 appeals are pending at the DOH Bureau of Adjudication.
- Policy Statement 06-06 EMS Operating Certificate Application Process (CON) remains in effect until revised.
- 6 ALS agencies are not in compliance with Controlled Substance Regulations. In addition to facing NYS DOH action they also have a Federal Law noncompliance issue. REMACs need to take action on these agencies.
- Statewide EMS Mobilization Plan need review and possible updating.
- REMSCO/REMACs need to notify the BEMS&TS of EMS agency adjunct approvals such as for BLS 12 Lead Transmission, CPAP, Naloxone, Albuterol and Epi.
- Systems Subcommittee would like to be involved in TAGs that have a potential effect on EMS systems around the state. It was acknowledged that this could be cumbersome as just about anything being considered by another committee or subcommittee could affect an EMS system.
- Stroke EMS Pilot was discussed. 160,000 PCR's turned over to Coverdell Project. There are 2 regional data repositories established with \$30,000 in grant funding. One covers Erie/Wyoming-Big Lakes-Southwestern-Monroe/Livingston collaborative and the other covers Central NY-Susquehanna-Mid State-North Country collaborative.
- E-PCR's are being submitted by over 50% of 1,100 EMS agencies. These account for 90% of EMS calls.

LEGISLATIVE COMMITTEE – Lester Freemantle, Chairperson

- 2 seconded motions for support were brought forward to SEMSCO and were passed:
 - A03978A-S02528 - Amend Social Services Law in relation to better Medicaid reimbursement of transportation costs for emergency care.
 - A04213-S00230 - Amend the Executive Law in relation to designating the month of September as firefighter, police officer and emergency medical technician appreciation month.
- Bills being watched:
 - A02733A-S05588 - Community Paramedicine services. Would enable EMS personnel in collaborative programs to serve in other than emergency and transport services. After discussion a motion was made and passed to support the legislation currently being refined.
 - A07505-S05643 - Would enable oversight by Commissioner of Transportation on hours of work by EMS personnel driving an ambulance.
 - S4384 - Would allow RNs and LPNs to serve alongside BLS and ALS personnel on volunteer ambulances and BLSFR services without having EMS certifications. Currently noncertified personnel can be on an ambulance and serving in positions such as driver or attendant.
 - S1315 - Concerns Municipal CONs and removal of 2 year initial temporary requirement.
 - S2770 - Would classify EMS as an Essential Service along with police and fire. As such there would be access to Homeland Security grants.
- Worker's Compensation will allow stress as a compensation claim.

EMS FOR CHILDREN – Martha Gohlke, Coordinator

- Reviewing BLS protocols from pediatric perspective and will provide input to joint Medical Standards and Education & Training group looking at BLS protocols.
- Looking at NYS Regulations and nationally recognized guidelines as regard to care of children in Emergency Departments. Pediatric Intensive Care Units (PICU) now exist in regulation.
- Data indicates better prepared EDs have better patient outcomes. Suggestion may be made for DOH recognition of pediatric capabilities of hospitals and EMS may have to take this into consideration in making transport destination decisions.

SAFETY COMMITTEE - Mark Philippy, Chairperson

- Continuing to reviewing the 3 national ambulance construction standards issued by the National Fire Protection Association (NFPA) 1917, Commission on Accreditation of Ambulance Services (CAAS) and US General Services Administration KKK-A-1822 vs. NYS Regulation Part 800.22. Not looking to tell how to construct ambulances but rather what things we would like to see inside ambulances concerning patient and provider safety. Came up with 8 action items committee would like to codify and a draft document is expected to be available for September meetings.
- Policy Statement 00-13 Emergency Vehicle Operations continues to be reviewed. There is a need to conform to the Vehicle & Traffic Law along with "best practices" to ensure provider and patient safety. Format of policy to be reviewed and wording shortened to allow use as guideline to conform to Regulation 800.21.
- Looking at scene safety awareness for providers, de-escalation, evasion and defense.
- There needs to be discussion on use of ballistic vests for EMS providers. Is there a role, what grant money is available, etc. Mention was made of flash resistant vests.

NEW BUSINESS

EMT-CC TAG REPORT

- See separate 85 page attachment that covers TAG membership, statistical data, narrative information and the 4 recommendations.
- Statistical data indicates: There are over 58,000 certified EMS providers in NYS. The number of EMTs, AEMTs and EMT-PPs are increasing each year. The number of EMT-CCs are decreasing and was down to 2.78% in 2016. The number of EMT-CC original and refresher courses are decreasing each year. Some regions have a higher % of and higher reliance on EMT-CCs than others.
- The EMT-CC course materials need to be updated and the test validated, both involving significant costs. Reciprocity and mutual aid between states are hampered by the lack of equivalent certifications in other states. In NY the EMT-CC level is not utilized in NYC.
- The EMT-CC program was created to assure delivery of ALS to rural and underserved areas but it is also currently used by some suburban regions. The National EMS Educational Standards suggest that the AEMT level of care exists to fulfil that same purpose and an analysis of the scope of practice of the AEMT suggests this skill set may be a suitable replacement for EMT-CC level care in some locales.
- During the public comment period at SEMSCO meeting there were 9 individuals that offered comments. Some had also made comments at the SEMAC meeting. These individuals included agency director, course sponsors, several instructors and Regional officials. There were several comments on how specific regions heavily rely on EMT-CCs for ALS level care. Travel time and costs for EMS personnel to acquire training is a big issue in some areas. Time frames in the recommendations were felt by some to be too short.

After discussion and a defeated motion to table action on the report, the 4 recommendations in the TAG report were modified as follows:

1. Continue the CC CME refresher program.

This item changed from #3 to #1 in the list of recommendations.

2. DOH no longer approve original CC courses starting after September 1, 2017.

Changed to January 1, 2018

3. DOH no longer approve CC refresher or CC rapid refresher courses starting 18 months from item #1 above.

Reference is now to #2 above since the initial recommendations were reordered.

4. DOH create an automatic advanced standing CC to Paramedic bridge program open to any currently on-line NYS CC *. Such a bridge program should include on-line didactic content with availability of skills and testing a local course sponsors. **

*** ADD: with 3 years of continuous practice**

**** ADD: DOH will operate this bridge program for a minimum of 10 years from January 1, 2018.**

The final SEMSCO vote was 17 YES, 3 NO and 0 Abstentions

Next SEMAC meeting – Tuesday 9/26/17

Next SEMSCO meeting – Wednesday 9/27/17