Michael J. Mastrianni, Jr, President of the NYS Volunteer Ambulance & Rescue Association and Steve Dziura, Vice President are the Association’s representatives to SEMAC/SEMSCO. Michael has a seat on SEMAC and is a member of the Legislative and Systems Sub-Committees and is a voting member of SEMSCO. Steve is the Alternate Representative to SEMSCO and a member of the Education and Training and Legislative Sub-Committees.

CHECK & INJECT DEMONSTRATION PILOT
1050 ambulance services with 4615 ambulances
450 BLS First Responder Services with 1533 vehicles
NYS records indicate there are 175 to 180 uses of epinephrine autoinjectors annually, or 1 use for every 6,500 EMS calls.
Estimate that NYS services spend $6 to 10 million annually on unused epinephrine autoinjectors which expire and are discarded.
476 agencies are enrolled in the Check & Inject Demonstration Project
All 18 regions have authorized agencies to participate
5262 kits distributed
3250 training kits distributed
32 documented uses of Check & Inject
Average age of patient – 36 years old with a range of 17 months to 88 years old, 68% female
70% administered to thigh and 30% administered to deltoid area – all EMT levels considered.
No dosing errors, no adverse events and administration appropriate in all cases including asthma patient administered EPI by EMT under regional protocol Medical Control order.
Pre and post tests were administered to over 5,000 EMTs who went through training and results of from 3,804 have been evaluated. There were 3 of the 12 questions where results indicated more training and understanding of anaphylaxis may be needed.

There were 3 motions submitted by Medical Standards Committee that were approved by SEMAC and SEMSCO:
- Move that the scope of practice and training of EMTs in New York be amended to include the drawing up and administration of intramuscular epinephrine with an approved syringe.
- Move that syringes as approved by the SEMAC are an acceptable alternative to epinephrine autoinjectors as specified in policies 10-01 and 14-02
- Move that this Demonstration Project continue until a decision is made by the New York State Commissioner of Health, the BEMS&TS has in place the necessary educational component for original and refreshing EMTs, and the Department of Health issues requisite policy statements and updates to reflect the change in training and scope of practice of EMTs.
PROVIDERS REMEMBERED
At the start of the SEMSCO meeting there was a moment of silence to remember 2 well
known EMS providers. Rich Beebe from the Capitol area was an EMS Educator of the
highest caliber and a major contributor to NYSVA&RA’s PULSE CHECK conference
including the “Three Wise Men” presentations. Tom Lateulere from Suffolk County was
also an EMS Educator who served on SEMSCO and touched many lives as chief of
Education and Training for the county’s Regional EMS Council.

STATEWIDE PHONE DISCUSSIONS – THE CHANGING FACE OF EMS IN NYS
Steve Kroll, Chair of SEMSCO, has been hosting a series of statewide phone
discussions on the changing face of EMS in NYS looking at both the strengths and
weaknesses, with the goal of accumulating information that can inform the EMS
community, policymakers, and the general public about the vulnerabilities that need to
be addressed before the cracks in the system lead to community-wide failures. These
conversations are meant to elicit feedback on the strengths, weaknesses, opportunities,
and threats impacting EMS in discrete topic areas.

Calls are open to anyone who considers themselves a “leader” in EMS. You are
welcome to just listen or participate with comments.

Steve commented that there has been a good number of people that dialed in. There
was a good amount of discussion on Fiscal Sustainability, Workforce Recruitment and
Retention and Rural EMS. There was much less robust discussion on the subjects of
Integration of EMS into the Health Care System and Patient Centered EMS.

Schedule of calls and subjects:
- June 17 – Business Model and Financial Sustainability
- July 7 – Workforce Recruitment and Retention
- July 26 – Integration of EMS into the Health Care System
- August 15 – Rural EMS
- September 6 - Patient-Centered EMS
- October 6 – Quality, Value and Outcomes (call (518) 549-0500 or (844) 633-
  8697. Meeting profile number is 19290245#)
- November 9 - Regulatory Barriers
- December (TBD) – Use of Data

An online survey of 10 to 12 questions on staffing shortages is planned. There may
also be a “White paper” on the State of EMS in NYS” published.

LEE BURNS, DIRECTOR, BUREAU OF EMS & TRAUMA SYSTEMS
- Staff shortages continue in central office and the regions. Trauma Coordinator
  position is still vacant.
- Agencies need to establish official e-mail addresses that are not those of
  individual members. Too often there are officer changes but e-mails are going to
  old or inactive addresses. The Health Commerce System was suggested as a
  good way of getting reliable contact information.
- State Trauma Advisory Council still complaining about lack of Trauma
  Notifications from incoming ambulances. There are also complaints about crews
not leaving or timely transmitting PCR information. However, it may be more of a problem with communications within the hospitals. Stroke Centers are echoing complaints about notifications and also missing essential information on when patient was last seen well.

- Hospitals are complaining they are not receiving copies of REMSCO/REMAC Advisories issued by the regions.
- Controlled substances applications are coming in at a trickle rate. BEMS&TS will be working with REMACs/REMSCOs in 2017 to move ALS services that do not have narcotics licenses into applying or going to another care level. Some agencies have gone from EMT-CC to AEMT level. BEMS&TS considers AEMT to be a robust level for rural and suburban volunteer agencies.
- NYS Bureau of Narcotics Enforcement is moving to raise Fentanyl limits at agencies. Currently, only two (2) 2ml vials or ampules containing 50mcg/ml - totaling 200 mcg may be carried in each sub-stock. The BNE is considering raising the limit of each sub-stock to 400mcg. BNE can give exemptions to services that need a higher limit.
- New agency semi-annual reporting form is in draft stage.
- Commissioner of DOH is pushing distribution of a “File of Life” home record much like the refrigerator pouch or “Vial-of-Life” that had been distributed by agencies in the past. There will be an online fillable PDF they will be hopefully used to ensure readability and make it easier for patient and caregivers to keep current.
- Question was raised from floor about protocol directives on “Call for ALS” and whether it can be satisfied by an AEMT responder. Reply from Burns was that protocols were written before AEMT level was established and SEMAC needs to look at issue.
- Vetting has been completed on 2 SEMSCO members and they were voted in for their seats: Robert Delagi, Suffolk REMSCO and Allison Burke, Greater NY Hospital Association, for At-large seat.
- DHSES State Preparedness Training Center in Oriskany will be offering more EMS related courses. The facility has an indoor street façade used for active shooter and other courses.
- New Regulations on Narcotics and Reciprocity went into effect 7/27/16. Reciprocity meets pending federal regulations on former military personnel.
- American College of Surgeons hospital trauma Level verifications have been completed for 19 hospitals in the state with 11 on site visits scheduled for the fall.

EMS SYSTEMS SUBCOMMITTEE

- 3 Certificate of Need (CON) appeals are at the Administrative Law Judge (ALJ) level. There are a number of services in distress across the state. Problems include staffing and finances.
- Dormant ambulance operating certificates and their transfer are an issue being reviewed. Some agencies have not served parts of their authorized operating area for many years. Unserved area can be village(s), town(s) or as large as a whole county. DOH position has been that if any part of an authorized operating area is served the entire authorized operating area remains valid.
- Transfer of Operating Authority draft revision was issued and 3 of 18 regions have made comments.
EDUCATION & TRAINING SUBCOMMITTEE

- Robert Delagi, Suffolk County Department of Health, is the new Chair of the Committee.
- EMT-CC provider level is being reviewed by a 20 person Working Group that will be doing fact finding. All regions are represented. Group is drilling down through data to course sponsor information including age of providers and instructors and regions that rely heavily on the CC level – everything is on the table. A decision about the CC level and where system should be in 10, 20, 30 years down the road is expected to be made in Spring 2017.
- 13,548 EMS providers at all levels have been tested so far this year.
- Instructor exams continue and a remediation course has been implemented for those in need of assistance.
- It is taking about 12 business days to issue results and cards to those tested.
- One EMT-P Course Sponsor had to end a course when the sole EMT-P program director became unavailable.

LEGISLATIVE SUBCOMMITTEE

- Sex offender screening and suitability decisions by volunteer and private agencies will be required by pending legislation S05542B/A03590B if signed by the governor. There is concern about the additional liability agencies will be exposed to.
- NYS Division of Criminal Justice Services’ online Sex Offender Registry is at http://www.criminaljustice.ny.gov/nsor/
- S01990/A05287 If passed would require any municipality which receives and responds to 4 or more calls for emergency medical service in a 30 day period for an individual to report the circumstances of such calls to the local social services district and the office of the Medicaid Inspector General. SEMSCO voted not to support the proposed legislation.
- To search a bill’s text, legislative history, votes and current status go to http://nyassembly.gov/leg/

EMS FOR CHILDREN

- Policies that allow pediatric patients to be transported in ambulances in parent’s arms or on parent’s lap are being reviewed. Suggestions on revisions will be made to SEMAC/SEMSCO.
- Committee has openings for MDs and RNs with interest in pediatrics.
- Looking at hospital standards for care of pediatric patients.

PUBLIC INFORMATION, EDUCATION AND RELATIONS (PIER) SUBCOMMITTEE

- DOH Award winners will be announced at Vital Signs Conference.
- Initial response for award nominations came from only 8 of the 18 regions. Eventually additional nominations came in.
- Deadline for next year is 5/1/17.
- Basis for award should be substantial. If criteria is not met the Committee may not make an award in a category.
SAFETY SUBCOMMITTEE
- Regulation 800.22 is being reviewed. It involves industry standards issued by NFPS, CAAS and the NHTSA. There may be consideration of a NYS standard.
- Policy Statement 00-13 involving Emergency Vehicle Operations is being reviewed. Committee is looking at training and best practices.
- Committee is working on 3 initiatives:
  - Culture of Safety including situations/scene awareness and use of EMS Safety Officer position.
  - Defensive tactics
  - Realm of EMS in active shooter and sudden violent encounters.

COVERDELL ACUTE STROKE QUALITY IMPROVEMENT AND REGISTRY PROGRAM and effort to improve stroke care and outcomes through better data collection. It is funded by the federal CDC. 50 of 120 stroke hospitals in NYS are participating. Protocols to be reviewed to as they are all over the map on what info is needed and to be communicated to hospitals.

FEDERAL FINAL RULE ON DISASTER PREPAREDNESS has been issued requiring hospitals to do an annual full scale drill involving local EMS, fire and police agencies.

MEDICAL ORDERS OF LIFE SUSTAINING TREATMENT (MOLST) form belongs to the patient and should accompany patient on any ambulance transfers. An electronic EMOLST is coming.

DELIVERY SYSTEM REFORM INCENTIVE PAYMENT
Subsequent to the SEMSCO meeting there was a very informative presentation on the NYS Delivery System Reform Incentive Payment (DSRIP) program by Denise Young, Executive Director of the Fort Drum Region Health Planning Organization located in Watertown, NY. DSRIP’s purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to $6.42 billion dollars are allocated to this program with payouts based upon achieving predefined results in system transformation, clinical management and population health. EMS will be effected by the program but has not been adequately represented on panels around the state.

Next SEMAC meeting – Tuesday, 1/10/17
Next SEMSCO meeting – Wednesday, 1/11/17