NYS DOH Bureau of EMS & Trauma Services
Briefing for EMS Agency Leadership and Providers
Thursday 6/3/21, 4:00 PM to 4:53 PM

Unofficial Notes
This is not a verbatim transcript of the call. Notes were typed during the call and reviewed and added to afterward. There was no prepared agenda distributed before the call. Questions and/or comments from providers were submitted before and during the call.
“This meeting is being recorded” announcement was played. Some of the past briefings have been posted to the Archived Webcasts section of the NYS DOH website.

Panelists:
Ryan Greenberg, Director, Bureau of EMS & Trauma Services
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Peter Brodie, Deputy Chief, Data and Informatics (Host)
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Valerie Ozga, Vital Signs Academy and Executive Secretary to SEMSCO and SEMAC
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Samantha Garske, Lead Account Advisor, ImageTrend
Gabe Shults, Account Advisor, ImageTrend
Steven Blocker, CEO, MURU

Valerie Ozga
• Vital Signs Academy is cut back to 3 days a week: Mondays at 11:00 AM, Tuesdays at 6:00 PM and Thursdays at 6:30 PM. Thursdays are geared to ALS.
• 6/11/21 will be a virtual EMS Education Day. There are 6 presenters. Credits will go towards Certified Instructor Update (CIU) requirements. Fee is $49.00. Flyer has been sent out.
• 6/18/21 will be a virtual EMS Leadership Day. Fee is $49.00. Flyer has been sent out.
- Vital Signs Conference housing is open. Rooms are going. Conference will run 11/11/21 through 11/14/21 at Saratoga Springs. Registration is expected to be up and running by 7/1/21.
- EMS Award nominations are due to BEMS&TS by 7/1/21. These nominations need to go through local REMSCOs first. They decide which ones are forwarded to BEMS&TS for consideration.
- Innovation Award nominations should be sent directly to Valerie Ozga.
- EMS Memorial Service was moved from May to Thursday 9/30/21 at 11:00 AM. 17 names are going on the memorial this year.

Jean Taylor
- Slowly getting CIC & CLI certifications and re-certifications processed.
- Testing is going well. People are testing every day.
- Cards will go out in today’s mail for those who tested in the last 7 or 8 days.
- Test as soon as possible after completion of class. The longer a student waits the more chance there is to fail the exam. Statistically, when out of a course 30 days there is a loss of 27% to 28% of the knowledge. It gets worse the longer out a student goes.
- Some students who tried to test in March and again in May found they couldn’t because their 1 year after class completion to take the state written exam had expired.
- CME recertification portal is being diligently worked on. There were some last minute changes. Gene Myers will be piloting it with a couple of agencies to ensure everything is working before being rolled out across the state on a regional basis.

Daniel Clayton
- Nothing to report

Richard Robinson
- Metropolitan Area Regional Office (MARO) staff are still operating at various COVID-19 POD sites.
- Beginning to do some spot checks.
- Mail should be sent to the office’s new address: 145 Huguenot Street, Room 603, New Rochelle, New York 10801.
- The office’s main phone number remains (212) 417-4455 but there have been roll over glitches. Calls to District Chiefs/Investigators do roll over.
- Michael Linehan, Emergency Preparedness & Response was out at a POD today.
- Donald Trzepacz, Emergency Preparedness & Response is still monitoring activities and vendors at PODs.

Edward Mager
- Buffalo office’s move to 295 Main Street has been postponed from 7/1/21 until the 3rd week in July.
- Significant number of Part 18 applications are coming in. Working to get them processed with appropriate COVID-19 plan. Will be doing focused inspections on those.
- Field staff is in the process of reprioritizing work they were not able to get to due to COVID-19 activities.
- 1 staff member who had been deployed to Corning is back in Rochester.

Peter Brodie
- New documentation standard was implemented on Tuesday at midnight. Information has been shared many months in advance but as expected with any significant change there were some issues encountered and are being addressed software vendor by software vendor. If there are questions send e-mail to EMSdata@health.ny.gov
- There was a very productive discussion with ZOLL on 6/2/21 and their EMS agency clients.
- Today there was a very productive discussion with ESO and some of their clients.
• Have been in touch with other software programs. Most of them do not have as significant volumes of EMS agencies.
• Have been helping Education Branch with the CME portal.
• Staff changes: Justin Hsu left for a different position. Sam Bellenchia, Data and Reporting Specialist joined team. 1st intern reported today and a 2nd intern reports Monday.
• Send issues to EMSdata@health.ny.gov
• Question: Will these sessions be recorded and uploaded like they have been in the past? Very helpful when I am unable to attend due to work. Answer: We are working out the details on that and how they can be posted. This is NYS and there are all sorts of regulations on that. Will see if we can have an answer for that in 2 weeks.
• Comment: We are still having issues with EMS Charts. In page 1 it will not take non-medical volunteer drivers. Answer: Send e-mail to your Regional EMS Program Agency with a copy to EMSdata@health.ny.gov We are working out those details with EMS Charts.
• Comment: On EMS Charts you request Country. It is filled in United States and still cannot advance. Answer: That is an interesting problem. Send e-mail and we can screen share and escalate that problem to EMS Charts.

Ryan Greenberg

• 4 different Policy Statements have been issued since the new year. They covered Community Paramedicine, Ebola, 2n Interim Guidance for EMS Education Courses and Submission of PCRs
• Community Paramedicine is currently just over 50 programs in just over 40 counties in the state. ALS agencies can sign up.
• PSE for BLS is still using old standards.
• Last batch of EMS Week awards to go out tomorrow. There were lots of great stories on the work being done related to COVID-19, Community Paramedicine, home initiatives, etc.
• There are 2 new SEMSCO committees.

Quality Metrics has 6 metrics including stroke and cardiac completed with the 7th on pediatrics in the final draft version. They have already been sent out to Regional EMS Program Agencies and can be shared. These are benchmarks for agencies and not standards. For a benchmark we want you to get there, achieve that, to improve as an agency. How to get from 82% to 84% or 84% to 88%. An agency at 20% should work first to getting to 30% not necessarily 90%. Clinical Coordinator in an organization can help raise the bar in a positive productive way. What is agency Quality Committee doing to move things forward? How are agencies correlating education around that?

Some information and visuals on metrics for PERFORMING A 12-LEAD ECG WITHIN 10 MINUTES OF PATIENT CONTACT is shown below. There were other screens shared.
New York State Department of Health
Bureau of Emergency Medical Services and Trauma Systems
New York State Quality Standards

Standard 2020 DQS 01 Percentage of EMS responses from 911 requests for patients to receive a 12-Lead ECG within 10 minutes of patient contact

Methodology: the EMS Data Coordinator requested data from NEMSIS 3.4.0 to establish the baseline standard for assessing the standard. The following limitations should be noted:

NEMSIS 3.4.0 New York State first accepted NEMSIS 3.4.0 data in May 2018 as both historical and current. Historical data was not documented compliant with the NYS Schematron (Validation Rules) and some data had different levels of care assigned that have been corrected to the NYS Standard with current data. The procedures queried represent the procedures available in this documentation standard. Additionally, as of January 2020, 98% of care is documented at NEMSIS 3.4.0.

Percentage of total 911 response chest pain incidents with 12-lead ECG performed within 10 minutes time of patient contact by NYS region
12/1/2019 - 10/31/2020

[Bar chart showing percentage of total 911 response chest pain incidents with 12-lead ECG performed within 10 minutes time of patient contact by NYS region from 12/1/2019 to 10/31/2020]
EMS Innovations Committee will be looking at ET3, Community Paramedicine and Treatment-in-Place. It may expand to look at how we respond to mental health patients as there are of number of really great initiatives going on in NYC related to response teams responding to mental health emergencies. Committee will look at the entire state for best practices. Half of the committee membership are SEMSCO members and the other half are subject matter experts. If interested in serving on a SEMSCO committee send resume to Valerie Ozga and Ryan Greenberg.

- Working on a schedule on when these briefings will occur. They have been moved to bi-weekly right now. Will be trying to put together a pathway of when they are occurring. It would be subject to change and a briefing could be cancelled. We want to stay in communication with providers. These communications have been extremely helpful for BEMS&TS to know what is going on out in the community with EMS providers and leadership. Will try and get meetings onto a calendar and show up as a calendar invite. Will also be trying to do that for calls on education updates but that would be once a month or as needed on special occasions.

**QUESTIONS AND/OR COMMENTS DIRECTED TO RYAN GREENBERG**

- Question: Still having issues with my EMT-B students getting scheduled for their written tests with PSI. Any tips or tricks to get this done quicker? Answer: Want to know more information about that. Send e-mail to Ryan Greenberg for Jean Taylor to look into. There should not be an issue with scheduling anybody at this point. It does not happen on a regular basis and may be a one-off issue.
- Question: Have the new basic life support practical skills evaluations sheets been officially released? If so, is there a link to them? Answer: They have not been finalized yet. Question: CDC guidance adopted by NYS does address healthcare providers in non-patient settings. Does this apply to EMS or do we require specific DOH guidance to remove masks from vaccinated providers in non-patient environments? Answer: We are working on this one in relation to non-patient non-healthcare environment. EMS building is not a healthcare environment. You are not seeing patients. If providers are confirmed vaccinated and are in a small group it should be OK to take off mask. It is still
recommended that if doing a meeting or training with a larger group where people will be close to each other that best practice is keep a mask on. This would prevent wiping out a whole team in one shot. The overwhelming question is what happens in the front of an ambulance with no patient on board. Hoping to have a definitive answer by next week.

- Question: I have a provider that tested back in March and still has not received his card in the mail. We have sent in the lost card form via fax and mail with nothing yet. Is there any way you can help with this? Answer: Send e-mail to Ryan Greenberg with provider name and address and it will be looked into. Sometimes addresses in the system are not correct or person moved.

- Question: Should we expect an updated PPE guidance or do you have a feel on how long the wait-and-see period will last? Answer: We are trying to work on an updated Policy Statement related to that. Don’t know how long it will take to get out.

- Question: Is there any change on the horizon to rescind the mask mandate in crew cabs for vaccinated individuals? Answer: Yes, in the front cab there is. This issue is being pushed by BEMS&TS as well when there is no patient on board. Mask mandate will continue for the patient compartment. This includes if riding 3 that provider is technically in a patient area and must remain with a mask on even if there is no patient there.

- Question: Is there a hospital metric/benchmark for turnaround times? Turnaround times definitely affect chart times. Answer: There is not a specific metric for hospital turnaround time. It is something we are starting to look at going forward. If times are particularly long and is not a one-off for maybe a computer upgrade and the entire ER bay is full feel free to call local BEMS&TS District Chief or Deputy Chief to make them aware. Sometimes it is something we can look into.

- Question: Do the metrics apply to BLSFR? Answer: Absolutely. If providing care we are looking to measure it and improve care for everyone out there.

- Question: Can a 17 year old EMT take an RMA? Also, is there a curfew when they have to stop riding? For example, can they ride past midnight on a school night? Answer: Response hours is an agency decision...consult with your legal counsel on the 17 year old's activities. For 17 year olds obtaining an RMA consult with agency legal counsel. That would be the same answer as to when they can ride. There is no state restriction on anyone of any age as to when they can ride or not ride. They are fully a certified EMS provider with the state as an EMT.

- The virtual EMS Leadership Day on 6/18/21 is designed for new leaders. Will talk about diversity this month being National Pride Month, teams, what is happening in the workplace, Human Resources, compliance vulnerabilities, conflict resolution and de-escalation, NYS regulatory system, Article 30, Policy Statements and the 7 pillars of EMS leadership competencies. There will be a panel discussion on sustainability. There is a 2 day presentation in development.

- Question: Do we have to sign up in advance to attend the EMS Memorial Service event? Answer: 9/30/21 event will depend on what happens as we get closer and how many people we can have. There are 17 names to be added this year. There may be restriction on how many family members and others. If there are no restrictions there will be no need for sign up especially since it is outside.

**MURU – NEW-OFFICIAL-STATEWIDE-FREE PROTOCOL APP FOR SMARTPHONES**

https://www.murumed.com/

- Question: Can you clarify whether the MURU app will remain free? There appears to be an $8.00 charge monthly beginning at the end of June. Answer: The MURU app through its partnership with NYS will always remain free. The upgraded version has a charge to it. Protocols, hospitals, Policy Statements are in the free version. Enhanced features such as drug calculations, certain searches or medications in depth are in the part with an additional charge that can be paid for by an individual, agency or region. Steven Blocker added that those wanting more information can go to the website and ask questions through the chat box or use messaging through the app.

- Question: How to switch from paid version to free version for those who inadvertently signed up for that. Answer: Contact MURU directly through its web site. Steven Blocker
advised that the premium version is being given to everyone free due to COVID-19 till 12/31/21 as that is the right thing to do. After that in 2022 there will be a charge for the premium version. There is no auto billing on the upgrade. Everyone will get a message in October with a notice for an opt-in option to enter credit card information manually for staying on the premium version.

- Question: Is MURU replacing the NYS protocol app? Answer: Yes. There is a Collaborative app but not sure what the regions will do with that. MURU is statewide and includes all regional protocols – upstate, downstate, NYC, BLS and ALS.
- Question: Has MURU been rolled out as the NYS DOH approved protocol app? Answer: Yes.
- Question: Is MURU available on tablets? Answer: Steven Blocker replied it is available for iOS (Apple) and android systems and any platform, iPad, iPhone, Samsung, etc. that runs either one. Working on adding Windows tablets.

Next briefing is in 2 weeks.