1. If you care to see archived video footage of SEMAC and SEMSCO meetings, surf to www.health.state.ny.us/events/webcasts/archive/. FASNY representative Mike Quinn received the December nomination for a SEMSCO academy award. Quinn questioned the costs per user for web casting State Public meetings, suggesting it might be cheaper to pay expenses for the sparse audience of viewers to personally attend future meetings rather than foot the bill for web casting.

2. Central New York became a classic victim of proposing a ‘small change’ in their ALS protocols that caused an explosion on the floor of Medical Standards. A suggestion that there was, “not much on the agenda” might have provided license for a harrowing analysis of the Central NY ALS protocols which were ultimately approved in a somewhat filleted fashion.

3. Med Standards hopes to implement a new protocol approval process. A draft proposal is expected in January 2008 which may allow provision for – don’t say it’s so – electronic submission of protocols. Stay tuned for this one...there’s potential not only to save countless forests of trees but also knock an hour or two off every Med Standards Committee meeting. Hey, this could create a golden opportunity to crank out a complete set of statewide ALS protocols. Whodda thunk it?

4. Vital Signs 2007 in Syracuse proved to be one of the largest ever, with over 2,100 attendees and 130 vendors. Mark your calendars for October 2-5 in 2008 when Vital Signs 2008 will take over Buffalo.

5. Perhaps you took part in a safety survey conducted at Vital Signs 2007. In all, 468 providers participated. Responses closely mirror national studies, despite having a slightly rural slant (returns from rural St. Lawrence County exceeded those from New York City). 46% reported sustaining a minor injury during their EMS career (< 24 hour hospital stay) of which lifts/moves and slips/falls accounted for 70% of injuries. 17 respondents reported sustaining severe injuries (> 24 hour hospital stay) most commonly from motor vehicle crashes. 86% of providers report they always wear seat belts when riding in an ambulance cab. 55% report never or rarely wearing seat belts in the back of an ambulance while not providing patient care. 50% reported responding to calls they believed were not emergencies with red lights and sirens. The Safety TAG is conducting further analysis of these data; a more comprehensive report should be forthcoming. Many thanks to everyone who took time to complete the survey – the response was truly impressive!

6. Another conference to consider attending is Pulse Check 2008. Run by NYSVARA, the New York State Volunteer Ambulance and Rescue Association, the conference features a variety of state and nationally known speakers. Surf to www.nysvara.org for details.

7. If sweet visions of spinal immobilizations are dancing with sugarplums in your head, you’ll be sadly disappointed on Christmas morning. Work on a Bureau Power Point presentation detailing the new protocol continues. Eventually it will be distributed to agencies. Paul Bishop, a member of the original spinal immobilization TAG, notes that his three year old daughter was only a twinkle in he and his wife’s eyes at the time work on the protocol began. Hopefully, she won’t make Regional Faculty before the spinal immobilization protocol hits the streets, ‘nuff said.

8. You might have thought this was a previously done deal, but apparent confusion over a SEMAC requirement for continuous waveform capnography resulted in a motion
passing SEMAC and again at SEMSCO stating that, “all out of hospital adult non-arrest patients and all pediatric patients who require endotracheal intubation MUST have waveform capnography in place at time of intubation and continuously thereafter, effective January 1, 2009. REMACs have authority to extend this deadline on demonstrated hardship with an implementation plan and report to SEMAC.” Done deal. Like déjà vu all over again.

9. The State Cardiac Advisory Committee (CAC) realized at their October 2007 meeting that implementing EMS triage to designated STEMI centers will require regulatory change. To meet the 90 minute goal (from MI recognition to opening a blocked artery in a cardiac cath lab), the CAC hopes to have revised regulatory language ready by summer 2008. On a side note, several rural groups have expressed concern over implications for their EMS systems should STEMI center designation come to fruition (which it will). DOH is working to address these concerns.

10. At the behest of the Specialty Care TAG, DOH met with representatives from the Human Blood and Tissue Council to determine what might pave the legal road for EMS providers to monitor blood transfusions during interfacility transports. Right now, it’s outside the New York EMS scope of practice. Regulatory change is needed and the Council will work with DOH to develop (1) a statewide transfusion protocol and policies, (2) a training curriculum (likely based on one previously developed for LPNs), and (3) a data collection system to closely monitor outcomes and need for changes. That’s bloody progress.

11. PES was the successful bidder on the EMS testing contract and will take over the written examination program in January 2008. The only noticeable change will be larger answer sheets, sure to be appreciated by our aging EMS provider population!

12. The Training and Education Committee tackled prescreening CLI (Certified Lab Instructors) by adopting a proposal from the Regional Faculty meeting held during Vital Signs. Changes (also approved by SEMSCO) will allow CLI prescreening candidates to retest one skills station without remediation by a second examiner. Candidates will also be provided with copies of the skills examination sheets upon registering for the CLI prescreening test. During 2008, the committee will appoint a TAG to review the CLI course curriculum with an eye to reintroducing practical skills into the course.

13. FDNY recently implemented a “redirect” around Emergency Departments that back up their 911 system. If a hospital holds 3 or more buses for more than 30 minutes, FDNY redirects transports to hospitals that can accommodate patients more expeditiously. Too bad the rest of us don’t have 70 hospitals to choose from; the FDNY system has quickly resulted in better turn around times.

14. February 2008 ends the comment period for draft 2.0 of the National Educational Standards for EMS. Check ‘em out at www.nemsed.org and if you can’t find the draft 2.0 link, try www.nemsed.org/draft_standards/index.cfm. There will most likely be a draft 3.0 in March and here’s how it will fall out from there: the final document is due into the Feds (NHTSA) in October 2008. Normally it takes NHTSA about a year to approve and publish the final document but they seem to think they can turn this baby around in about 6 months which puts us into spring 2009. Book publishers (who are charged with translating the standards into curriculum and teaching aids) say it will take them 12 to 15 months to roll out new a material which brings us out to
summer of 2010. With the CPR guidelines are scheduled for revision in 2010, you can bet your bipee that no publisher in their right mind will roll new books off their presses immediately before the December 2010 release of the updated guidelines. Bottom line: expect to see new EMS Courses and textbooks by summertime 2011. Maybe. In the meanwhile, it behooves you to check out the draft standards and weigh in with your comments.

15. If you follow National Registry happenings, here’s a news flash: beginning in 2012, the Registry will only test paramedic graduates from accredited medic programs. Presently there are about 250 such programs in the US. More than 500 others need to become accredited.

16. The PIER Committee presented the Annual NYS EMS Council Awards at the Vital Signs banquet October 20th, 2007 in Syracuse. Awardees were BLS Provider of the Year: Jason Welton (Hudson Valley), EMS Agency of the Year: Stewart Manor Fire Dept. (Nassau), ALS Provider of the Year: Kim Bracey (Mountain Lakes), EMS Educator of Excellence: Bob Elling (Hudson Mohawk), EMS Communication Specialist of the Year: Catherine Reardon (Nassau), Harriet C. Weber EMS Leadership Award: Donna Spink (Finger Lakes), Registered Professional Nurse of Excellence: Karen McMahon (Westchester), and Physician of Excellence: Michael Dailey (Hudson Mohawk). The infrequently presented Commissioner of Health Award for Excellence in EMS Activity was not awarded this year.

17. DOH has a nifty new little booklet for Certified Instructor Coordinators called the, “CIC Quick Reference Guide.” It holds a wealth of information on DOH paperwork, course scheduling, testing, and tidbits of information near and dear to every CIC.

18. A Finance Committee Course Sponsor survey revealed significant disparities between current reimbursement and sponsors costs to conduct certain courses. The Committee plans to further quantify these data, seek national average cost data, review present expenditure allocations, and run several model adjustments in funding to examine their impact on the training budget.

19. The Air Medical TAG continues to be flummoxed by a recently approved trauma triage protocol that contradicts their usual destination selection practices. More to follow on that. The Specialty Care Transport TAG continues work on interfacility transport scopes of practice and skills for all levels of EMS providers. Changes to Article 30 will probably be needed to effect these definitions.

20. The MOLST folks asked SEMAC to support taking their Monroe and Onondaga County pilot statewide. Medical Orders for Life Sustaining Treatment are advanced directives that allow the terminally ill to specify what interventions they do or don’t want including CPR, intubation, nutrition, etc. For EMS, MOLST has allowed providers in the pilot counties to honor DNI (Do Not Intubate) instructions. The pilot will expire in August 2008 and SEMAC approved a motion requesting the NYS Legislature extend MOLST statewide. For more information, visit www.compassionandsupport.org.

21. For trivia buffs, some recent stats on currently certified EMS providers in NYS: total = 66,058 which breaks down into 12,512 CFR, 43,065 EMT-Basic, 1,222 EMT-Intermediate, 2,426 EMT-Critical Care, and 6,833 EMT-Paramedic.

22. In order to allow more time for SEMSCO Committees to accomplish their ever increasing workloads, a new meeting schedule was approved for 2008. Day 1 will
begin at 8:00 am with Med Standards followed by other committees and SEMAC in
the afternoon. Day 2 will now start at 8:00 am with Finance followed by Executive.
SEMSCO is pushed back ‘til 10:30 am, ending at 1:30 pm instead of noontime.
23. SEMAC and SEMSCO meetings in 2008 are scheduled for January 23 and 24, March
4 and 5, May 28 and 29, September 10 and 11, and December 2 and 3, to be held at
the Best Western Sovereign, 1228 Western Avenue in Albany, NY 12203. Note that
three of the meetings fall on Wednesday and Thursday instead of the time honored
Tuesday-Wednesday tradition.

These notes respectfully prepared by Mike McEvoy, PhD, RN, CCRN, REMT-P who
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and click on the “NYS EMS News” tab (at the top of the page – or you can simply click
here to be taken directly to the source: www.saratogaems.org/NYS_EMS_Council.htm).
There, you’ll find a list server dedicated exclusively to circulating these notes. Past
copies of NYS EMS News are parked there as well.

DISCLAIMER: These notes are a personal interpretation of events, information, meaning, and relevance by
the author, Mike McEvoy. All attempts at humor are intentional.