

## News from the State EMS Council (SEMSCO) – February 2004

1. All EMS providers and their emergency services colleagues are invited May 19<sup>th</sup>, 2004 at 11:00 AM to dedicate the EMS Memorial at the Empire State Plaza in Albany. Governor George Pataki will join EMS providers from across the State for this momentous (and long overdue) occasion that promises to be a high point of EMS week in New York State.
2. The NYS Museum in Albany will present a History of EMS exhibit from November 2004 through May 2005. The Museum is interested in obsolete emergency equipment and historical photos of EMS crews at work to include in the exhibit. They'll provide shipping and insurance for borrowed items and recognize lenders in exhibit signage. If you have something to contribute, contact Geoffrey N. Stein at the Museum (518-473-3810, or email: [gstein@mail.nysed.gov](mailto:gstein@mail.nysed.gov)) or Sr. EMS Rep. Tom Fortune at [tmf03@health.state.ny.us](mailto:tmf03@health.state.ny.us).
3. DOH policy statement # 04-xx, "Maintenance of IV's by EMT-Basics" should actually be followed by the word "not" since the only IV's allowed in BLS buses according to this new policy statement are ones that are capped. Policy statement # 04-01 is an updated SARS Advisory that is worthwhile reading as protection against any respiratory disease outbreak, natural or deliberate. You can access DOH policy statements on line by surfing to their website at: <http://www.health.state.ny.us/nysdoh/ems/policy/policy.htm>.
4. Those long awaited CFR protocols are purportedly now at the print shop. They'll be mailed out and posted on the Bureau web site, uhhmm...soon. Some interesting CFR trivia: of New York's approximately 11,357 CFRs, only 93 are younger than 18 years old. Maybe some of them will get new protocol manuals for their 18<sup>th</sup> birthdays (sure beats a car).
5. Both SEMAC (State Physicians Council) and SEMSCO (State EMS Council) finally approved the Trauma Triage protocol in February. The revision will replace BLS Protocol T-6, Page 1, and refines the Physical Findings and Mechanisms of Injury to reflect actual trauma data in NY. A new list of High Risk Patients is added for special consideration. Keep in mind, as always, that even protocols refined by research (such as this) cannot replace good clinical judgment.
6. Word went out on February 11, 2004 from DOH to Regional Program Agencies that Version 4 PCRs should no longer be used. Version 5 (the new, scanable form) is the PCR of choice for those agencies submitting to DOH (through their Regional Program Agency). In case you're not sure what version you're using, the first digit of the PCR serial number tells you what version it is. If you have a stash of version 4 PCRs, DOH wants them returned to Regional Program Agencies for storage in case something goes awry with version 5 supplies. Not like there's ever been a PCR shortage before, but you never know...
7. You may not have to wait for the lights to go out again for a peek at the Statewide EMS Mobilization Plan. EMS Bureau Director Ed Wronski told the State Council in February that the plan, tested during the Northeast blackout in August 2003, will be introduced statewide this spring. Expect a March or April mailing to EMS agencies with Regional level rollouts to follow.

8. The Specialty Care Transport (SCT) TAG released their final report and recommendations at the February 2004 State Council meetings. Incredibly, there were no hostile words much less the fisticuffs that some expected. The 21 page report issued by Dr. Deb Funk of Albany Medical Center (TAG chair) summarized current practices on interfacility transports (IFT), recommended statewide minimum IFT protocols and training, and suggested that Regional Medical Control should exercise the same oversight on protocols, training, and credentialing they currently have over ALS providers and agencies. A Medicare Ambulance Fee Schedule created the big brouhaha over SCT by referring to “paramedics with additional training.” This report paves the way for DOH to define just what training will be needed for agencies to bill Medicare for SCT. Stay tuned for implementation of the TAG’s suggestions. That may be where you see the sparks fly.
9. Not to beat this topic to death, but one last mention of the Statewide QI study on position of ET tubes on ED arrival. The QI Committee took a stab at some statistical analysis of the study data, which made it more confusing (go figure). The bottom line is this: no one knows how successful NYS providers are at wheeling intubated people into EDs with properly placed ET tubes. But we do know that 16% of pre-hospital intubators and 43% of hospital receiving docs reported not using a secondary confirmation device to verify placement of ET tubes. Not using a secondary device to confirm endotracheal intubation is malpractice, if you haven’t been reading the literature lately. DOH plans to pen a (more politely worded) letter outlining these findings.
10. The Bureau asked Course Sponsors last fall to consider vouchering for both Practical Skills Exam and EMS Training monies on a single voucher to reduce workload. Now the Bureau reports that as much as one million dollars in EMS training monies has never been vouchered for at all! This includes a significant number of Practical Skills Exams as well as whole courses worth of EMS training reimbursement. Who knows where the Course Sponsors are getting the money to run these programs, but leaving these dollars in the State coffers is injurious to the health and vitality of the EMS training budget. Encourage your local Course Sponsors to get their vouchers in!
11. Speaking of dollars, you’ll be happy to know that the Governor’s Proposed Budget for 2004-5 did not further axe the dedicated fund for EMS. The Governor requested \$20.7 million of which \$10.35 million are for training courses and instructor development. If you’re savvy at reading state budgets, you’ll note this includes a reappropriation of \$2 million dollars unspent from the 2003-4 training monies. The Governor, Senate, and Assembly seem to think that we might actually see a budget by April fools day.
12. Continuing on the financial vein, SEMSCO’s Finance Committee held discussions on shortages of EMS Instructors across NYS to determine if Instructor Course Funding levels might be a culprit. Overwhelmingly, Training Programs across the State cited lack of Regional Faculty willing to conduct Instructor Courses as their greatest obstacle. Hopefully, this will be remedied by the cadre of Regional Faculty DOH plans to add this spring. Funding issues in Western New York and New York City stem from very small and very large numbers of students, respectively. To address this, the Finance Committee recommended, and SEMSCO approved, asking the Bureau to change the reimbursement methodology for CLI and CLI screening from a

per course to per student rate. The proposed rates would allow reimbursement for a minimum of 3 students up to a maximum of 24 students per CLI course. The Bureau has been receptive to past suggestions from the Finance Committee and will hopefully adopt these funding recommendations as well.

13. Bring your Halloween costume to Vital Signs 2004 at the Buffalo Convention Center October 29-31. No word yet on what costumes Bureau staff will be sporting at this year's event that coincides with Halloween weekend.
14. A series of Regional Faculty courses will launch March 28<sup>th</sup>, beginning with an update for existing Regional Faculty in Albany preceded by a May 1<sup>st</sup> and 2<sup>nd</sup> class for newly accepted Faculty, also in Albany. Two additional courses will follow, one in Rochester and another somewhere downstate.
15. The next heated debate at State Council promises to be development of a selective cervical spinal immobilization protocol. The Medical Standards committee has appointed a joint TAG with the Education and Training committee for a look at the issue. Rumor has it that battle lines are being drawn; so don't expect to see a protocol any time soon. Of course, continue to expect boarded and collared patients to have their spines selectively cleared immediately on arrival at the local ED.
16. The pilot project in New York City to determine whether the Health Commissioner should designate specialty stroke hospitals should be reporting soon. The 411 from the folks involved is just what we guessed: stroke centers are gonna be designated. No word yet on how, where, or when. Stay tuned for the results of the New York City study.
17. SEMAC and the NYS Cardiac Advisory Committee have agreed to study designation of centers for treatment of acute MI. Three regions will be chosen to use triage protocols for acute MI that would funnel patients directly to a cath lab with 24/7 capability of primary angioplasty (that's roto-rooter capability in layman's terms). This ought to be interesting given all the players involved. Since the overwhelming preponderance of medical and scientific evidence points to better outcomes from cath lab treatment versus clot dissolving drugs given in Emergency Departments, I wouldn't be surprised to see progressive systems jump the gun and implement protocols before the research is over. Oh, wait a minute; the Southern Tier Regional EMS Council under the leadership of Dr. Bill Huffner has already set their wheels in motion to do just that.
18. Two short years after February 2002 when EMTs were added to the list of New York's Mandated Reporters for Child Abuse and Neglect, the first case of threatened criminal charges against an EMT has surfaced. The Cortland County District Attorney's Office notified a local (unnamed) EMT that she had failed to contact the State Central Registry to report child neglect witnessed on an EMS call, noting they, "will not look kindly on any second violation of the law." In case you need a brush up on your duty to report child abuse or neglect, see the DOH policy # 02-01, "Requirements to report instances of suspected child abuse or maltreatment" as well as the subsequent guidance letter issued by the Bureau. You can find both at <http://www.health.state.ny.us/nysdoh/ems/policy/policy.htm>.
19. New York State and City both have laws prohibiting excessive idling of trucks and buses with diesel engines. State law (6 NYCRR 217-3.2) limits idling to 5 consecutive minutes and includes an exception for fire, police, utility, and other

vehicles but only when performing emergency services. New York City law (NYC Admin Code 24-163) prohibits trucks and buses with any kind of engine from idling for more than 3 consecutive minutes but exempts all legally authorized emergency vehicles, regardless of whether they are engaged in emergency operations or not. Since DOH requires drugs be kept warm, they were surprised to learn that a Metro Care ambulance crew had been cited for excessive idling last year. To discuss potential solutions to this apparent conflict between State Law and DOH policy, Director Wronski will meet with officials from the Department of Environmental Conservation who are tasked with enforcing the State idling law. Stay tuned – EMS might be in need of some really long electrical cords.

20. No doubt, the sheer thrill you experience from reading these minutes probably gives you a full appreciation for numerous requests the Bureau received to increase the frequency of State Council meetings from 4 to 6 meetings annually. Budget cuts in prior years reduced Council meetings from 6 to 5 to the present 4 per year. No word on whether DOH can afford more meetings.
21. If your not aware, multiple ambulance services close their doors each year and many more teeter on the brink of closure. The vast majority of these are volunteer services that no longer have the personnel and/or financial resources to continue operations. The SEMSCO Systems Committee has convened a TAG to examine the issues involved and pull together best practices from around the State in hopes that sharing success stories might help some services avoid closure.
22. Lastly, and with somewhat of a yawn, I'll mention yet another CON (Certificate of Need) appeal heard before SEMSCO. An appeal objecting to the Central NY REMSCO approval of application for expansion of Dryden Ambulance operating territory is so complex that I can't even begin to find a way to summarize it here. Of note, however, is the fact that Dryden Ambulance for years serviced an area that was not on their DOH Operating Certificate. While this did not seem malicious on the part of Dryden Ambulance, they should have recognized something was missing when they regularly filled out DOH certification renewal paperwork. Not having done that ended up costing them thousands of dollars and killed umpteen trees when DOH mailed out the 300 plus page appeal packets to every member of the State Council. This could be you! Take a look at your DOH operating certificate and make sure your operating territory includes the places you actually service. If it doesn't, the time to fix it is before someone else finds reason to challenge you.

These notes respectfully prepared by Mike McEvoy, PhD, RN, CCRN, REMT-P who is the 1<sup>st</sup> Vice Chair of the State EMS Council where he represents the NYS Association of Fire Chiefs. Mike is EMS Coordinator for Saratoga County, a paramedic for Clifton Park-Halfmoon Ambulance Corps, a firefighter and chief medical officer for West Crescent Fire Department. At Albany Medical Center, Mike works as a clinical specialist in the Cardiac Surgical ICUs, Chair of the Resuscitation Committee, and teaches pulmonary and critical care medicine at Albany Medical College. Contact Mike at [McEvoyMike@aol.com](mailto:McEvoyMike@aol.com).