

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

1. Hundreds of EMS providers and their emergency services colleagues were joined by Governor George Pataki, Senate Majority Leader Joe Bruno, Assembly Speaker Sheldon Silver, Health Commissioner Antonio Novello, and OGS Commissioner Kenneth Ringler to dedicate the new EMS Memorial at the Empire State Plaza in Albany on May 19<sup>th</sup>, 2004. State EMS Council Warren Darby, speaking for New York's EMS providers, captured the moment by noting that finally, "EMS, fire, and police heroes will be remembered together, just as they worked together." Twenty-five EMS providers who lost their lives in the line of duty are remembered on the monument, configured as a Tree of Life.
2. If you've been chomping at the bit to submit data electronically, DOH policy statement # 04-05, "Electronic PCR Data Submission" is for you. It delineates a procedure for agencies interested in electronic data transmission to the Department. DOH policy statements are accessible on line at:  
<http://www.health.state.ny.us/nysdoh/ems/policy/policy.htm>.
3. In theory, the new CFR protocols are available from the DOH print warehouse. While my recent attempt to order them returned a polite "Out of Stock" message, persistence will eventually pay. DOH does intend to mail a copy to each Regional Program Agency and every Course Sponsor this summer. They'll also appear on the Bureau web site at <http://www.health.state.ny.us/nysdoh/ems/main.htm>, probably before Christmas... Agencies that want copies for their members need to order them from DOH or download the on-line document.
4. The Statewide EMS Mobilization Plan finally came out of the closet on May 14<sup>th</sup>, 2004. The public version is eight pages long, accompanied by two additional pages of definitions. Be sure to get a look at it before your next big one.
5. On the subject of money, the Finance Committee is feverishly working on a 2005-6 Budget for the State EMS Council to propose to the legislature. This year's process prompted them to make particular note of the sad plight of Regional EMS Councils and Program Agencies. Having not seen an increase in their funding for more than six years, many are on the verge of financial ruin and some face extinction. At the behest of the Finance Committee, the State Council wrote the Health Commissioner calling her attention to a much needed increase in this State Health budget line.
6. In February 2004, SEMSCO asked the Bureau to adjust funding for instructor level courses. The Bureau promptly responded, proposing a one-year trial of increased rates accompanied by greater flexibility in minimum and maximum students per course. SEMSCO gladly supported this proposal, and the Bureau expects to implement the proposed rate trial once approved by their budget gurus.
7. Vital Signs 2004 will happen October 29-31 at the Buffalo Convention Center. Ghosts and ghouls celebrating the Halloween weekend will most likely ply their tricks for treats from the attendees.
8. Regional Faculty courses were successfully launched throughout the State. Word on the street says your troubles finding Regional Faculty are soon to be over. As more courses roll out, there may soon be more Regional Faculty than EMT-Intermediates in New York State. Only kidding.

9. I predicted a heated debate on development of a selective cervical spinal immobilization protocol, and heated it was. At issue seems to be disagreement on whether the protocol should be a selective spinal immobilization piece or a cervical spinal clearance protocol (ie: should it say when to immobilize or should it say when not to?). Hmmm, that's a tough one. No, really. What's most amusing was a SEMAC document with 5 pages of references essentially concluding that spines can be cleared in the field using appropriate clinical (not MOI) criteria. An accompanying document then tried to link spinal immobilization to the State Trauma Triage Guidelines that happen to be almost entirely mechanism of injury (MOI) based. Get out your old Ouija Board if you want to predict when this protocol will make it out of draft...
10. June 2004 should see the designation of stroke centers in New York based on results of a pilot project in New York City. The only glimpse we have into the designation process is a likely mandate that centers will need to be ready 24/7. Changes to State and Regional Protocols that direct transport to designated stroke centers will probably follow. Stay tuned, and learn about Cincinnati.
11. SEMAC and the NYS Cardiac Advisory Committee are finalizing plans for their pilot study designating centers for treatment of acute MI. At least three regions will be chosen to trial triage protocols that direct a certain subset of acute MI patients directly into cath labs with 24/7 capability of primary angioplasty (roto-rooter capability). If you sensed tension over selective spinal immobilization protocol development, body armor was required to get within earshot of this debate. One way or another, the study will go forward. It may not be politically popular, but it's good patient care nonetheless.
12. In February, EMS Bureau Director Ed Wronski met with Department of Environmental Conservation (DEC) officials about their enforcement of the State idling law with diesel ambulances (State law prohibits excessive idling of trucks and buses with diesel engines). DOH will release a policy on idling to help agencies smooth potential conflicts between the DEC law and policies requiring drugs and patient compartments be kept warm. DEC made it clear they have no intention to cite ambulances; both DEC and DOH believe a policy will help reduce excessive idling complaints. Not everyone is convinced that this gentleman's agreement will suffice. EMS advocates like the New York State Association of Fire Chiefs are actively seeking a legislative remedy to avoid future troubles.
13. The Finger Lakes and Monroe/Livingston Regional EMS Councils asked the State Council to consider revising the prehospital DNR form. They submitted a recommended revision in the form of a Medical Orders for Life Sustaining Treatment form (MOLST, which quite ironically seems readily mispronounced as "molest"). Since Public Health Law Article 29-B requires prehospital orders not to resuscitate be written on a "standard form prescribed by the [health] commissioner," it will probably be a long time before you see a change. Arguments favoring a revised form include need to expand current "no CPR" orders to include choices for DNI (Do Not Intubate) as well as other present and future EMS treatments like drugs and fluids that patients might not want.
14. Hold onto your hats. An aeromedical task force will reconvene this summer to continue examining airborne EMS in New York.

15. Director Wronski announced that the Bureau is rapidly losing confidence in EMS written exam security and will move over the next two years to open regional test centers. One center is planned per county, located away from EMS course sponsor premises, in places like schools, libraries, or other public facilities. Students will need to travel to their local test center for State written exams.
16. The Bureau has seen an increased number of complaints regarding EMS instructor competence. Since Instructors are certified providers subject to the provisions of Part 800 of the State Emergency Medical Services Code, the Bureau intends to step up enforcement of required conduct outlined in Part 800 with EMS Instructors.
17. The EMS Testing contract covering written exams was rejected by the State finance folks and is now out for rebidding. More news on this to follow.
18. Instructor internship requirements have been finalized. New CIC's will need 50 hours of internship at the EMT-Basic level or above; CLI's will need 33 hours.
19. Municipal CON (Certificate of Need) determinations are an old monster raising new mayhem at both the Regional and State levels. A TAG is presently drafting guidelines to assist regional councils to properly handle these.
20. Delmar Publishers presented their new on-line EMT refresher program designed to meet the 24-hour core section of the pilot EMT refresher. The New York State Association of Fire Chiefs was denied permission by DOH to offer the Delmar program on-line due to the State's 12-hour cap on computer based core training. The State Chiefs will work with the Education and Training Committee to address the computer training cap as well as several other questions raised about the Delmar program. The Chiefs hope to gain State approval to offer the on-line core to pilot participant fire and EMS agencies in the near future.
21. The Bureau of EMS will participate on a State Interagency Incident Management Team being organized under the auspices of SEMO (the State Emergency Management Office) available at the request of any locality overwhelmed with an incident. The team would be available to provide service on scene when requested through SEMO.

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, Chairs the Resuscitation Committee, and teaches pulmonary and critical care medicine at Albany Medical College. Contact Mike at [McEvoyMike@aol.com](mailto:McEvoyMike@aol.com).