

1. Our condolences and prayers go out to the families and EMS agencies of EMT Heidi Behr and Paramedic William Stone who were killed in a Suffolk County ambulance crash on May 3, 2005. EMT Behr, aged 23, proudly served the Riverhead Town VAC and came from a family of volunteers including her father, Ex-Captain of Riverhead FD. Paramedic Stone, aged 30, proudly served the Central Islip-Hauppauge VAC, was a former member of Stony Brook VFD and a faithful employee of Riverhead Town VAC and North Shore-Long Island Jewish Health System EMS Division.
2. The New York State EMS Memorial Service was held on Wednesday, May 18th, 2005 at the Empire State Plaza in Albany. Four names were added to the EMS Memorial Tree of Life in the Plaza. Families and colleagues of William Chapin (Bangs Ambulance), Robin M. Daniels (American Legion Ambulance), Duane K. Hinkel (KODAK Office MERT Team), and Gerald C. Stalker (Castleton VAC) were presented with replicas of their loved one's Memorial Leaves. Governor Pataki, Senate Majority Leader Bruno, Assembly Speaker Silver, Health Commissioner Novello, and EMS Council Chair Mike McEvoy addressed the gathering. Many thanks to the numerous services, providers, and colleagues who came to pay their respects to these heroes, their families, and their departments. The FDNY EMS unions graciously hosted a luncheon for families and attendees. Next year's Memorial service is scheduled for May 17th, 2006.
3. Vital Signs 2005 is getting closer. Check out www.vitalsignsconference.com for the low down on the October 14-16, 2005 conference in Rochester.
4. Speaking of Vital Signs, the NYS 2005 EMS Council Awards will be presented at the Vital Signs banquet. Award applications are out and need to be returned with a Regional Council signature postmarked no later than August 1, 2005. The PIER Committee will meet in August to select award recipients. Categories include BLS and ALS Provider of the Year, Agency of the Year, Leadership, Educator, Communicator, Nurse, and Physician of Excellence amongst others. Surf to www.health.state.ny.us/nysdoh/ems/emsawards.htm for details and a nomination form that you can send to your Regional Council.
5. The devil is most certainly in the details of the revised head injury and spinal immobilization protocol. The Education and Training (E&T) committee has worked feverishly designing educational materials and new state exam questions for statewide implementation. No word on when the protocol will actually hit the streets – much depends on the ability of a very busy Bureau of EMS Education staff to review, revise, and implement materials drafted by the E&T folks.
6. Nassau County apparently concluding the revised spinal immobilization protocol was a pain in their necks, submitted their own extremely simplified selective spinal immobilization protocol. Essentially, any patient without LOC, neck pain, AMS (altered mental status), neuro symptoms, or distracting injuries could be transported without immobilization. Nice try, but Medical Standards kiboshed it.
7. The Suffolk County appeal of a dispatch crew confirmation and mutual aid protocol continued in hearings before a SEMAC appeals committee. The committee will obtain additional written testimony from appellants and plans to render an opinion on the appeal to SEMAC at their September meeting.

8. While we're on the topic, two appeals of a New York City REMAC decision that would allow FDNY to reduce ALS FR units staffing from 2 medics to an EMT and single medic have been received, and deemed properly filed. SEMAC has appointed an appeals committee to meet over the summer in hopes of delivering an opinion to SEMAC by September. You may hear this concept called the "Mensa Medic" appeal, a street term picked up several years back (guess why...). Transition from two medic to single medic units has long been debated in FDNY. Stay tuned.
9. Many of you still need a plane ticket for travel to the nearest DOH designated stroke center, but more approvals are anticipated this summer. The recently revised BLS stroke protocol recommends transport of suspected strokes to the closest NYS DOH designated Stroke Center (if the time from symptom onset to ED arrival is less than 2 hours). The Bureau lists Stroke Center designations on their web site at: www.health.state.ny.us/nysdoh/ems/stroke.htm. The first mailing of promised stroke educational CDs went out in early May. Subsequent mailings will deliver these to all EMS agencies, an early Christmas present from the Bureau.
10. "Grueling" would not begin to describe the uphill battle REMO encountered submitting their newest ALS protocols for approval by Medical Standards and SEMAC. A host of variants flagged attention beginning with the inclusion of EMT level skills and stop lines all the way to standing order morphine for pain management. Ultimately, the protocols passed with some concessions. It will now be up to the REMO docs to develop educational programs that assure competency of their ALS providers in pain management and procedural sedation. What's refreshing about these protocols is the consolidation of all provider levels into one protocol set (no more secrets about who can do what) and the virtual elimination of common sense instruction. Let's face it: if you have to look up how much oxygen to give a patient, you need some refresher training, not a protocol manual. The strife elicited by the REMO protocols probably speaks to their cutting edge. The 19 members of the REMO protocol committee clearly put boo coo time and energy into this project.
11. STEMI (ST Elevation Myocardial Infarction) continues to rankle both EMS and hospital folks statewide. After a series of regional information sessions held about the state, the DOH Cardiac Advisory Committee (CAC) gave the green light to launch one (or more) regional pilot programs that would divert STEMI patients to DOH designated STEMI centers. SEMAC and the Bureau will need to collaborate with CAC to launch the pilot(s), and there was a boatload of discussion at SEMAC, SEMSCO, in halls, pubs, and no doubt bathrooms everywhere on all the pros and cons of such a pilot study. Anyhoo, SEMSCO did vote to encourage the Bureau to move ahead with the pilot(s) as expeditiously as possible. As yet, the Bureau has made no move to pick pilot Region(s) or decide when it might kick off.
12. In a very convoluted series of motions, countermotions, and friendly amendments, SEMAC proposed and SEMSCO revised a motion that essentially reads, "All ALS systems will have 12 lead capability and waveform ETCO₂ monitoring capability within 18 months with the necessary provider education. 12 lead capability is the recognized standard of care for patients with non-traumatic chest pain." Not a bad statement, but certainly a bark without a bite. It will be fascinating to see how this recommendation is conveyed to ALS provider agencies, the majority of which

- probably have 12 lead capability already. Who knows? SEMAC may decide to mail out 12 lead units for Christmas. Puh-leez!
13. They say times are a changin' and the stylish ink colors the Bureau now finds on Student Applications are mucking up the scanners used to acquire information. Rather than pink, green, mauve, or blue, the Bureau requests that Student Apps for EMS Training Courses be completed in BLACK ink. Students can feel free to express themselves somewhere other than on DOH forms.
 14. Version 2.0 of the national EMS scope of practice came out with comments due back by June 1, 2005. A workgroup held during E&T meetings collated comments from around the state and presented a summary to Bureau Director Ed Wronski for his use in formulating a DOH response. Overall, the workgroup found the Version 2 document to lack cohesiveness, often contradicting itself from paragraph to paragraph. The boilerplate design does not appear to allow the flexibility in training and practice levels required by the many and diverse EMS delivery models that exist in NYS, much less the nation. A modular approach to skills that would allow progression through training levels and interchange of skills between levels to meet local needs was recommended. While Version 2 added back a level between EMT and Paramedic, the workgroup believes this level would be extremely difficult to apply in NYS – whether it represents a “super powerful” AEMT-Intermediate or a “declawed” EMT-CC would need to be hashed out if NY were to use the “AEMT” level defined in Version 2. Many more specific comments were forwarded directly through provider associations and educational programs. The URL for the Scope of Practice website is www.emsscopeofpractice.org.
 15. The Finance Committee collected Training Plans and Budget templates from each Regional Council and Program Agency in the State and held a working dinner meeting to sort through the numbers. The Committee expects to present a 2006/7 budget to SEMSCO for approval at the September meeting. Preliminary numbers indicate that the budget will be similar to the \$23,820,422 requested for 2005/6.
 16. June 2006 is the scheduled sunset date for the Pilot Program. DOH has hired a student (Joseph Gave) from the School of Public Health to prepare a report to the Legislature on the Pilot Program that will assist them in deciding whether to extend it. If you hear from Mr. Gave, that's what he's up to.
 17. The State Hospital Preparedness committee is concerned for the capability of New York's health care system to deal with large numbers of burned patients. Not a bad worry since worldwide, nearly all terrorist activity to date involves explosives, which produce significant numbers of burn injuries. They have allocated \$1.2 million dollars to purchase burn kits for every ambulance in NYS. Coincidentally, Lee Burns from DOH is coordinating the effort.
 18. FYI – a Commission on Health Care Facilities in the 21st Century will soon be formed by the Governor and Legislature to conduct 'rightsizing' of hospitals and health care facilities throughout the state (rightsizing = hospital closures). Mr. Wronski strongly encouraged EMS providers and services to keep a watchful eye on the process and assure participation and input from EMS services at the local and regional level hearings to be conducted by this soon to be created body.
 19. You might remember the Finger Lakes and Monroe/Livingston Regional EMS Councils request to trial a revised prehospital DNR form called the Medical Orders

for Life Sustaining Treatment form (MOLST). One year later, a letter from DOH has declared MOLST cannot be used in the field. Apparently, neither the Commissioner of Health, the Pope, nor Jesus himself has authority to trial a different form without legislative amendments. So much for a good idea. Hopefully, it won't mean a return to "throw down" DNR bracelets while awaiting a legislative fix.

20. By now, you've heard the word that the Adult Major Trauma Protocols were revised last summer (2004). If not, you'd better visit www.health.state.ny.us/nysdoh/ems/protocolsnew.htm and check 'em out. The Bureau did an April 2005 mailing to all Program Agencies and Regional Councils reminding them that the revisions are out there.
21. Keypunching of PCR data has moved from an oh-so-slow to a fast-and-furious pace. The Bureau reports data through 2004 will be completed by Fall 2005 with reports ready for each Region shortly thereafter. Kewl!
22. If you've been religiously taking your Alzheimer's meds, you will no doubt recall the Chair being directed to write a letter to the Health Commissioner highlighting the need to include PCRs in electronic medical record initiatives currently underway in NY. Like the Nextel motto – DONE. A polite response came back saying there is no money at present to implement electronic prehospital records but as soon as funds appear, they'll get right on over to talk with us.
23. The Legislative committee reported on several bills of interest – one of note was a proposal to formalize the State Trauma Advisory Committee (STAC) and Regional Trauma Advisory Committees (ReTACs) in statute. SEMSCO voted to support this legislation. Implementation would be contingent on the feds coughing up \$3 million to fund New York's Trauma system.
24. The MCI Pack Train the Trainer sessions are proceeding throughout the State, having presented in 24 counties thus far. Jim Soto and his staff will not rest until the entire state is trained and every ambulance has a SMART MCI kit aboard.
25. Here's some factoids for any info geeks out there: as of May 2005, NYS had 1216 certified EMS services including 1103 ambulance agencies and 113 ALS FR services. 591 of these provided ALS level care. There are 3986 ambulances, 2683 ALSFR vehicles, and 1119 EASVs out there. Wow!
26. SEMSCO heard a presentation by the Statewide Wireless Network folks giving an update on progress to date with the Statewide Public Safety radio system. The developments are vast and mighty ambitious. See for yourself at: <https://www3.oft.state.ny.us/swn/index.cfm>.
27. Tom Creamer, who will head up a new brick and mortar Homeland Defense Training Academy to be built in the Utica-Rome area, gave a spirited presentation to SEMSCO on New York's efforts to coordinate Homeland Defense Training throughout the State. More information on these efforts will certainly follow – there is no mention of Creamer or the Academy as yet on the Agency's web site because, uhhh...maybe it's a secret. The cat did get let out of the bag, though, on Katherine O'Connor, SEMSCO alternate and Director of the Westchester Regional Program Agency. When Creamer attempted to put her WMD knowledge to the test, Director O'Connor fired back answers so fast that the entire audience knew right there and then who to call on if we need an EMS expert on WMD. Chants of "you go, girl!" were heard from the back of the room. Brilliant!

28. Next SEMAC and SEMSCO meetings are scheduled for September 20 and 21, 2005. Several committees including Finance and PIER will meet during the summer.

These notes respectfully prepared by Mike McEvoy, PhD, RN, CCRN, REMT-P who is the 2005 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. If you want a personal copy of these “unofficial” SEMSCO minutes delivered directly to your email account, surf to the Saratoga County EMS Council at www.saratogaems.org and click on the “NYS EMS News” tab (at the top of the page). There, you’ll find a list server dedicated exclusively to circulating these notes. Past copies of NYS EMS News are posted there as well.