

1. Does Governor Spitzer's Executive Order # 3 requiring Internet broadcasting of government and regulatory meetings apply to Regional Councils? No one knows for sure quite yet, although some clearly have their hopes set on becoming future pod cast stars. Contracts sent to Program Agencies by DOH instruct them to move ahead with efforts to comply. The State Office for Technology (OFT) website contains helpful guidance, links to state contractors, and details about the requirements. Surf to www.oft.state.ny.us/oft/eo3.htm. Who knows? Academy awards for best SEMSCO performances may be yet to come.
2. CDC is floating a new trauma triage protocol amongst prehospital and emergency medicine groups. Data from New York weighed heavily in validating the recommendations. Scope it out at [www.cdc.gov/ncipc/dir/FLD TRIAGE.doc](http://www.cdc.gov/ncipc/dir/FLD_TRIAGE.doc). The STAC (State Trauma Advisory Committee) is reviewing it as well.
3. ALS protocols from Monroe-Livingston and REMO were both approved with little fanfare. Of note, REMO added fentanyl to their formulary as a physician option for analgesia. If you think the horse is out of the gate for your region to use fentanyl, here's a big whoa: the REMO protocol required extensive negotiation with DOH and the Bureau of Narcotic Enforcement and will be watched by hawks galore. Right now, whether you ever see fentanyl in your hands rests in REMO's hands.
4. The Medical Standards committee gnawed on a Monroe-Livingston REMSCO proposed protocol for transporting certain low priority patients to non emergency department destinations such as walk-in clinics and urgent care centers. Agreeable patients would be evaluated by on-line medical control. The proposal is expected to ease ED overcrowding and improve turn around time for ambulances. After a gnarling debate including allegations of steering patients away from Emergency Departments, and suspicions about the "real" reasons behind the protocol, it was approved. Phew!
5. Manufacturer discontinuation of the powder form of diltiazem commonly carried in ALS units prompted a lively discussion on alternatives. Long story short, it was noted that diltiazem vials (liquid) remain on the market but have a one month unrefrigerated shelf life. The roughly \$3-5 monthly cost per vial may be affordable for services wishing to continue using diltiazem. For patient safety reasons, SEMAC does not approve using the (still available) more concentrated powder diltiazem formulations. Other alternatives, to be decided at the regional level are to use beta blockers (metoprolol) and/or amiodarone.
6. Some State Council members lull themselves to sleep with visions of spinal immobilization dancing in their heads. Considerable discussion was held about the best way to roll this new protocol out. When Maine rolled out a similar protocol using snail mail to agency training officers and PowerPoint presentations posted on the internet, it fell flat on its face from inconsistent interpretation. To assure every provider gets the same message, the Training and Education Committee recommended the Bureau prepare a DVD and consider web casting an educational presentation. Regional Faculty and Course Sponsors were recommended as the most appropriate conduit for delivering the new material to services and providers. No firm decision yet on when, where, or how this will actually happen.

7. A brand spanking new QI Manual rolled out at a train the trainer session in smAlbany on April 30th. Stay tuned for details on additional sessions. The manual is in the process of being fancied up for printing by DOH graphics gurus.
8. Wondering how many minutes a receiving hospital has to accept your patient before they run amok of a potential EMTALA violation from the Feds? CMS Memo #07-20 issued April 27, 2007 addresses this subject, but lacks clear cut definitions. Click to www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=3&sortOrder=descending&itemID=CMS1198926&intNumPerPage=10. You know a link that long must lead to the feds...
9. In the category of kewl trivia to impress your friends, did you know that New York State spent \$29 million last year and again this year to stockpile antiviral medications for a pandemic flu outbreak? When completed, New York's stash coupled with the federal Strategic National Stockpile (SNS) will contain enough antivirals to treat 25% of the state population.
10. Believe it or not, it's been three years since the Bureau awarded their EMS testing contract. The contract expires this December and a new RFP has been issued. Initial interest appears high. If you would like to scope out the RFP, it's parked on the Bureau website at: www.health.state.ny.us/funding/rfp/0612180236/.
11. Speaking of testing, a study on the effectiveness of the CME recertification program led the Bureau to randomly select 250 certified providers participating in the CME recertification program for testing. 50 providers from each certification level in the 3 year program, and an additional 50 participants in the 5 year program have been notified to sit for the June 2007 written certification exam. Test scores are for study purposes only and will not affect certifications. Individuals were chosen randomly by zip code. Practical Skills Examinations will be conducted at a future date. Participants in the CME recertification program agree to undergo written and practical skills testing as a condition of their enrollment. Data from the testing are needed for an evaluation of the CME program which the State Legislature recently extended until June 30, 2011.
12. On the subject of testing, there was lively discussion on prescreening CLI (Certified Lab Instructors). The equity of the practical skills test and whether or not there should be a retest option are under fire and will be examine by the Training and Education Committee. Stay tuned...
13. During EMS week (May 20-26, 2007), a memorial service honoring providers who made the ultimate sacrifice will be held at the Empire State Plaza EMS Memorial Tree of Life starting at 11 am on May 23rd.
14. Vital Signs 2007 returns to Syracuse October 18-21, 2007. Scope out www.vitalsignsconference.com for particulars. Rumor has it the new Health Commish may make an appearance. Training and Education Safety TAG members plan to deliver a Scene Safety Tactics seminar and additional workshops on lifting and moving patients.
15. The PIER Committee is seeking nominations for Annual NYS EMS Council Awards presented at the Vital Signs banquet October 20th, 2007. Consider honoring one of your peers by nominating them for an award. Categories and criteria are posted at www.health.state.ny.us/nysdoh/ems/emsawards.htm along with application forms.

Applications go to your Regional Council for approval and are due in to the State Council by August 1st.

16. The psychic hotline suggests a memo may soon arrive from the Bureau regarding transport of patients to specialty care hospitals. Apparently some services have taken it upon themselves to decide that designated trauma centers are too far from their service area or place an excessive burden on their communities to backfill or cover units out of town. While trauma triage and transport is mandated, the concept extends to stroke, high risk obstetrics, and perhaps STEMI. The carefully worded message (say psychics) will warn services that deliberately avoiding transport to an obviously appropriate specialty hospital poses considerable liability to the service and its governing body should a patient have an adverse outcome and claim damages.
17. The New York City REMSCO wrote the Training and Ed Committee and the Bureau seeking clarification on the regional council process for weighing in on new and renewal course sponsorships. Additionally, they seek enlightenment on the process for course sponsors to add training sites and locations. The REMSCO requests pass/fail rates for course sponsors be reported to their respective regions to help in assessing comparable effectiveness. The Bureau plans to respond...
18. Here's a sobering tale: The Western Regional EMS Program Agency (affectionately known as WREMS) was the subject of a scathing audit by the State Controller issued in June 2006 (see: www.osc.state.ny.us/audits/allaudits/093006/05s65.htm). Apparently some of the folks at the WREMS helm were less than cooperative with DOH trying to resolve the matter. This landed the mess in recently elected Attorney General Andrew Cuomo's lap. In March 2007, the AG filed suit against all 28 current and former WREMS board members to recover \$159,475 plus interest and costs of litigation. This is not likely to end on a good note. Before accelerating into panic mode, members of boards and councils should heed some advice from EMS attorney Paul Gillan (co-author of numerous EMS articles with McEvoy): 1. Stay calm. Boards often react to news of their neighbors' troubles by adopting Draconian oversight measures (for example, the entire membership must approve every check no matter how small). These simply cannot be sustained in the long term and are almost always bad, because the board eventually gives up and abandons all oversight. The key to oversight is striking a balance between burden and effectiveness. Truthfully, few organizations get it right – a great reason to keep trying. 2. Get smart. Board members have assumed a position of trust relative to their organizations. Learn what makes a board good by reading publications like "Right From the Start" - A guide for board members of not-for-profit corporations, published by New York's AG www.oag.state.ny.us/charities/not_for_profit_booklet.pdf. Spend some time at GreatBoards, a consultant website for not-for-profit healthcare organization boards, loaded with free and useful materials: www.greatboards.org/. 3. Cover your patootie. First, find out whether your entity's insurance coverage includes director and officers' liability and employee fidelity insurance. Second, check whether your homeowners' insurance covers community activities. Some do, some don't, and some do but only under umbrella coverage. Third, review your corporation's bylaws to see if they provide for indemnification. If not, get a competent attorney to amend them. 4. Use professionals smartly. Firstly, lawyers who claim they can provide objective advice to an organization while sitting on the board are usually doing so. Everyone

else disagrees. It's not unethical, but it's stupid. Counsel should be independent. Secondly, if your organization has a budget over \$100,000, get an independent auditor. By the way, your compliance committee should have its own counsel, separate from whoever provides regular advice. If you don't have a compliance committee, you are about 4 years behind the curve (see #2 above). 5. Don't be an idiot. Telling DOH (or any oversight agency) to pound salt is almost always the wrong answer, and can get you from "review" to "audit" to "lawsuit" in fairly short order, as WREMS found out. This is precisely why lawyers sitting on boards cannot objectively advise those boards. There is an old adage that, "A lawyer who represents himself has a fool for a client." A board member providing legal advice is, in effect, representing himself. Do the math.

19. Remaining 2007 SEMAC and SEMSCO meetings are scheduled for September 25 and 26, and December 11 and 12, 2007. All will be held at the Best Western Sovereign, 1228 Western Avenue in Albany, NY 12203.

These notes respectfully prepared by Mike McEvoy, PhD, RN, CCRN, REMT-P who was the 2005 Chair of the State EMS Council where he represents the NYS Association of Fire Chiefs. Mike remains on the Council as a wise old past-chair, kinda like an old Fire Chief. 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 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 – 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.