

1. Thanks to Governor Spitzer, undocumented immigrants will get drivers licenses and now you can watch and listen to SEMSO and SEMAC meetings on a brand spanking new DOH web cast site. Surf to [www.health.state.ny.us/events/webcasts/archive/](http://www.health.state.ny.us/events/webcasts/archive/) for the real McCoy. At future meetings, if you prefer not to travel to the scintillating Best Western Sovereign host hotel, park yourself at your favorite PC and watch the meetings live. Rumor has it that you're probably about to see a lot less written and email accounts of State Council happenings – who needs someone else's account when the whole world can watch the meetings up close and personal? But fear not – this author has no intent of folding up shop.
2. Executive Order # 3 requiring Internet broadcasting of government and regulatory meetings also applies to your local REMAC and REMSCO. Details are at [www.oft.state.ny.us/oft/eo3.htm](http://www.oft.state.ny.us/oft/eo3.htm). The requirement has a few Regional Councils with their panties in a bunch. Unfunded costs of web casting Regional meetings range from several hundred to several thousand dollars, as reported to DOH. Bureau Director Ed Wronski is unsure whether the State intends to ante up any additional monies although if past history is any indicator, pigs will fly first.
3. Vital Signs 2007 in Syracuse this October 18-21 is shaping up to be the largest conference ever, giving new meaning to the term, "HUGE." For info, visit [www.vitalsignsconference.com](http://www.vitalsignsconference.com).
4. If you do attend Vital Signs, you might see history in the making. Gossip has it that the EMS Educational update may include the new spinal immobilization protocol. The Bureau is putting finishing touches on a Power Point presentation for distribution to agencies. When and how this will be circulated is still up in the air but Vital Signs may well be the official kick off.
5. DOH has issued a couple new policy statements: # 07-01 on Service Animals and # 07-02 on Fentanyl for Prehospital EMS Services. You can get your very own copy of either or both at [www.health.state.ny.us/nysdoh/ems/policy/policy.htm](http://www.health.state.ny.us/nysdoh/ems/policy/policy.htm).
6. Medical Standards and SEMAC approved several ALS protocol changes including Nassau, Finger Lakes, Mountain Lakes and New York City, all without a lot of nit picking. Of note: any protocol using medication facilitated intubation must include airway monitoring with continuous waveform capnography. No ifs, ands, or buts about it.
7. Being that protocol review went so smoothly, SEMAC sunk their teeth into a trauma triage protocol with the ferocity of a pit bull. You might recall the CDC trauma triage protocol circulated a while ago ([www.cdc.gov/ncipc/dir/FLD\\_TRIAGE.doc](http://www.cdc.gov/ncipc/dir/FLD_TRIAGE.doc)) – it was heavily influenced by New York State Trauma data. This same protocol went to the STAC (State Trauma Advisory Committee) for comment and approval. Their comment was to add heart rate < 50 or > 120 to the Step One criteria. SEMAC seemed okay with that. Where the brouhaha broke out was over wording. Step Four was modified to allow providers to "Consider contacting medical control and consider transport..." so that every patient over 55 or every patient on blood thinners doesn't automatically generate a call to medical control. There was also considerable discussion on what trauma center patient should be taken to (i.e.: Level I, Level II, Regional, etc). That remains unclear and will apparently conflict with New York State Air Medical transport protocols that take patients to the closest accepting trauma

- center without regard for Level I or Level II status. After considerable discussion, the draft was approved as amended. You can bet there will be more discussion to come.
8. SEMAC and STAC issued a series of nine Disaster Preparedness recommendations which are on their way to the Commissioner of Health. These include (1) EMS scope of practice needs capacity for expansion during disasters (2) ambulances should be authorized to transport to alternative destinations in disasters (3) EMS should be authorized to use alternative means of transport when faced with large numbers of patients during disasters (i.e.: buses, trains, trucks...) (4) EMS providers should be authorized to practice in health care settings when required in disasters (5) NYS EMS educational program should include education on disaster response (6) Regional trauma systems should be integrated into disaster planning and drills (7) A unified and integrated hospital disaster response plan should be developed (8) DOH should address liability and immunity issues that arise during disasters (9) County emergency managers should be empowered to implement alternative response, transport, and care plans during declared disasters.
  9. Apparently the State Cardiac Advisory Committee (CAC, as if you couldn't have guessed that one) is bypassing plans to conduct a series of demonstration projects for EMS transport of suspected STEMI (ST Elevation Myocardial Infarction) patients directly to centers with PCI (Percutaneous Coronary Intervention, which means cardiac roto roter capable). In October 2007, CAC intends to develop criteria for designation of STEMI centers, an application process, reporting requirements, and a monitoring plan. EMS can probably call CAC late for dinner on this one, given their years of foot dragging. Most REMACs already have informal mechanisms to make sure STEMI patients get to the appropriate facility. Where they don't, EMS providers certainly do. Duh.
  10. A widely disseminated letter from a Nassau County Medic whose request to speak with an on-line medical control physician was denied by medical control went to SEMAC for discussion. At issue is a conflict between Bureau Policy Statement #95-1 requiring direct communication with a doc and Article 30, Section 3001.15 which defines medical control as by a doc or under the direction of a doc. New York ACEP (American College of Emergency Physicians) weighed in with a letter supporting direct communication between EMS providers and physicians noting that it, "removed the potential for lost or misinterpreted language when it matters most." SEMAC and the Bureau will take the opinions under advisement. Change in Article 30 by the legislature might be necessary to make the problem go away, although each Region is fully capable of deciding how to operate their on-line medical control.
  11. The new QI Manual will be available on the DOH website shortly. Rollout sessions around the State are nearly completed. Gobs of printed copies will also hit the street soon. In case you lost the DOH web address, try [www.health.state.ny.us/nysdoh/ems/main.htm](http://www.health.state.ny.us/nysdoh/ems/main.htm).
  12. With the revised QI Manual behind them, the Evaluations Committee plans to move on, working with the Air Medical folks to evaluate helicopter appropriateness and improved utilization review for air medical services in New York State. They also plan a review of the IOM (Institute of Medicine) recommendations pertaining to EMS data collection and analysis (see: [www.iom.edu/CMS/3809/16107.aspx](http://www.iom.edu/CMS/3809/16107.aspx)).

13. The time has arrived for New York to get on board the NEMESIS train. The National EMS Information System ([www.nemesis.org/](http://www.nemesis.org/)) is a project to collect and standardize EMS data on a national level. New York, American Samoa and the Virgin Islands are the only remaining holdouts to sign a memorandum of understanding recognizing the need for EMS data collection at the national level. SEMSCO approved an Evaluation Committee motion recommending an electronic PCR data system in New York State and inclusion of all required NEMESIS data elements in that system. The Bureau plans to issue an RFI to begin investigating electronic data options for New York. Presently, there are approximately 2.6 million EMS calls statewide each year. 800,000 to 1 million of those are in NYC. Roughly 1/3 of PCR data is already being collected and submitted electronically to DOH.
14. On the topic of PCRs, the School of Public Health is now matching PCR data to SPARCS (hospital) data. Some interesting reports are likely to come of this. Remind your peers to consistently record at minimum the last 4 Social Security Number digits on every PCR to enable successful matching.
15. The EMS testing contract expiring this December (2007) went out for bid. Education staff reviewed proposals and submitted their recommendation to the Division of Budget. In January 2008, the new contractor might be PES ([www.proexam.org/](http://www.proexam.org/)), the vendor who held the contract for some 30 years prior to the present contractor. But you didn't read that here.
16. Once a new testing contract is in place, the Bureau expects to add a fourth on-site scoring location to the written exam testing schedule. A new site was trialed in Nassau County earlier this year to accommodate overflow from the LaGuardia site. Stay tuned for further details...
17. The Bureau is implementing a new tracking system for course funding reimbursements. As a component of this oversight, up front vouchering of 50% reimbursement will no longer be available effective January 2008. The Bureau anticipates only a few Course Sponsors will be affected.
18. Some preliminary data were reported following Bureau "invitations" to randomly selected participants in the CME recertification program for written and practical skills testing. Providers chosen have recertified 2-3 times and on average, their written test scores fell 3-5 points since the last written exam taken (6-9 years ago). Practical skill testing is planned for November. Further analysis will compare scores to conventional refresher students. A full report will eventually be submitted to the legislature to consider making the CME based program permanent. Recent legislation extended the CME program until June 30, 2011 although, given the astronomical numbers of participants, it certainly is not going away anytime soon.
19. Remember the motion approved last year mandating EMTs be trained and equipped to acquire 12-leads? Later in the year, folks couldn't quite recall whether they mandated it or just plain old thought it was a fine idea. Anyhow, the Evaluations Committee put together a nifty summary of the input from each of the SEMSCO Committees who looked at the concept from their respective points of view. Bottom line: BLS providers should not acquire or transmit 12 lead EKGs in New York. At this juncture, it appears that forward moving energy would best be directed at getting 12-lead capability into every ALS unit before moving it into a whole new realm. Words of wisdom, indeed. SEMSCO gave it an Amen.

20. A spirited debate was held at the Training and Education Committee on prescreening CLI (Certified Lab Instructors). Suggestions ranging from kyboshing prescreening altogether to allowing retests (presently, there is no retest option) were proposed. In December, the committee will review the CLI course curriculum to examine how practical skills might be included during the course. Such a change might eliminate the need for prescreening skills. Stay tuned...
21. Draft 2.0 of the National Educational Standards for EMS has been posted for comment. The working group web site is: [www.nemsed.org/](http://www.nemsed.org/). In case you can't find the draft 2.0 link, try [www.nemsed.org/draft\\_standards/index.cfm](http://www.nemsed.org/draft_standards/index.cfm). Now, a big whoa if your about to breeze by this one! These guidelines establish training requirements for all levels of EMS providers. Some include HUGE changes. You might want to weigh in now instead of being pee'd off when they get approved next year.
22. Several Safety TAGs have been consolidated into one. The consolidated group will be co-chaired by Warren Darby and Paul Bishop. Don't look for culture of safety seminars at Vital Signs – those plans fell through. The TAGs have an impressive line up of resources and speakers available for Regional EMS Conferences, also highly recommended as well for CIU (Certified Instructor Update) sessions. To access this wealth of expertise, email Paul Bishop at [pbishop@monroecc.edu](mailto:pbishop@monroecc.edu).
23. The PIER Committee reviewed nominations for the Annual NYS EMS Council Awards to be presented at the Vital Signs banquet October 20<sup>th</sup>, 2007. Three Regions made no nominations: Big Lakes, Southern Tier, and Susquehanna. We won't spill the beans and reveal the recipients until after Vital Signs. Of course, if you're dying to know...it's all on the web cast.
24. Christmas is coming and you might be getting another stocking stuffer from the State Hospital folks. In their never ending paranoia about terrorism – particularly nerve agents, they've latched onto distributing large quantities of atropine auto injectors. The plan is to (somehow) get them into every ambulance in New York State. If their distribution mechanism works like previous gift dispersals, they'll probably show up on the doorsteps of County EMS Coordinator offices some weekend day when least expected. From there, they'll get into every ambulance in the State. Maybe.
25. The Paramedic Licensure TAG issued their final report to SEMSCO. Included (and approved) were five recommendations: (1) survey paramedics and employers interest in licensure (2) create a joint DOH and NYSED (Education Department) workgroup to examine feasibility and practical steps needed for licensure (3) CME should be included in licensure (4) develop a transitional plan (5) include members of SEMSCO and this TAG in future steps towards licensure. Direct questions, comments, or requests for the entire report to the TAG chair, Mark Zeek at [mczeek@hotmail.com](mailto:mczeek@hotmail.com).
26. Here's a little ditty to keep your eye on: already in effect is a new law requiring Fire and EMS training courses in New York State be made available by on-line and video to the maximum extent possible. Wow! What a unique idea. The Office of Fire Prevention and Control has placed part of at least one of their firefighter courses into an on-line format. DOH is reviewing their options. OFPC reports the on-line delivery costs roughly 400% more than traditional classroom courses. Hmmm. Maybe we'll be able to actually spend all the money budgeted for EMS training, instead of turning a couple million buckaroos back to the State coffers every year.

27. Speaking of finances, the Finance Committee produced their 2008/2009 Budget Estimate for EMS in New York State in the amount of \$23,576,592. Of that, \$12.3 million is for training with the remainder split between Bureau Operations, Program Agencies and Regional Council and SEMSCO meeting costs.
28. A summertime survey of Course Sponsors conducted by the Finance Committee is still open for data entry by sponsors who missed out. Program Agencies were asked to distribute the internet-based survey in their respective Regions. Data will be tallied this fall with an eye to recommending adjustments in course funding rates.
29. Work continues on a Statewide ALS protocol set, albeit slowly. Docs were hoping the Bureau might throw some moolah at a contractor to consolidate the multiple regional protocol sets currently in existence. No dice.
30. The last 2007 SEMAC and SEMSCO meetings are scheduled for December 11 and 12, 2007, to 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](mailto: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](http://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](http://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.