

1. Quick reminder for all the legal eagles out there: access the stenographic records of State Council at www.health.state.ny.us/nysdoh/ems/meetings_and_events.htm. They're yours for the taking. Knock yourself out. Cold.
2. Expired atropine? Help is on the way from DOH. Replacement atropine pens are enroute to services that took advantage of the original DOH distribution last year. If you don't see yours soon, check with your County EMS Coordinator. Didn't participate in the initial distribution? Too bad, you're S.O.L.
3. Brochures for Vital Signs 2009 have hit the streets. See www.vitalsignsconference.com for the scoop on the October 15 – 18 EMS conference. Rochester will be the host city this year. Don't miss it.
4. Time is running out for submission of 2009 EMS Award nominees. Presented annually at the Vital Signs Conference Banquet, award criteria and application forms can be found at www.health.state.ny.us/nysdoh/ems/emsawards.htm. Snooze and you'll lose a valuable chance to recognize an EMS colleague.
5. The NYS EMS Memorial Service was held on Wednesday, May 20th at the Empire State Plaza in Albany. Sadly, two names were added to the Memorial: Edward P. Mueller of West Islip Volunteer Fire Department who died in the line of duty February 2, 2008 and Norman H. Haines of Laurens Fire District Emergency Squad who died in the line of duty July 19, 2007.
6. SEMSCO heard an appeal (forwarded through the Systems Committee) on behalf of Paramedic Richard Quigley, age 46, who stopped at a crash scene on the Taconic State Parkway while his way home from a shift at TransCare Hudson Valley Ambulance in Wappingers Falls on January 10th, 2009. Paramedic Quigley collapsed on scene and died, leaving behind two sons, ages 18 and 13. He was also a medic for Alamo Ambulance, a Corrections Officer for the Dutchess County Sheriff's Department, and a volunteer firefighter. Multiple parties requested SEMSCO consider Paramedic Quigley a line of duty death; both Systems and SEMSCO agreed. Richard Quigley's life of service will be honored permanently on the EMS Memorial during EMS week in 2010.
7. Here's a little diddy for you: free on-line mandated reported training, courtesy of NYS Office of Children and Family Services. Surf to www.nysmandatedreporter.org.
8. Congratulations (and condolences) to Lee Burns who was named Acting Deputy Director of the Bureau of EMS. Lee will fill the opening left when Marjorie Geiger was named by the Governor as Director the Office of Patient Safety. Those who know Lee think she will act well.
9. The Finance Committee held a budget workshop to finalize their 2010-2011 budget proposal. Work will continue during the summer. The Committee spent additional time reallocating course funding using data compiled (and intricately analyzed) over the past 6 months. To produce a balanced budget and meet statutory requirements to fund BLS training before (using remaining monies for) ALS, some very tough decisions were needed. A DRAFT was presented for comment to both Training & Education and Systems Committees. Feedback is sought from both committees on the most significant reimbursement reductions which include eliminating reimbursement for EMT-I original and refresher, EMT-CC original and Paramedic original courses. If you are dying to see the exact figures, a chart of the present and proposed funding levels is appended to the end of these notes. Comments, suicide notes and death threats should go to your State Council or Training Committee rep.

10. Ah, the wheels of justice turn so slowly. Appeals from the City of Utica, North Area Volunteer Ambulance Corps (NAVAC) and Niagara Memorial Hospital are somewhere in the Bureau of Adjudication awaiting issuance of ALJ (Administrative Law Judge) findings. They will then come to SEMSCO for decisions. If you think television is exciting, these appeals promise to vie for Academy Awards! Some expect CNN to carry the State Council web casts this fall...
11. A DOH Stroke Conference held May 28th (2009) in White Plains reviewed the state of stroke care in New York. Of note, less than half of stroke patients get to a designated stroke center. Of stroke patients eligible for clot busting drugs (TPA), only 4.5% received them at designated stroke centers, and only 2.7% get 'em at non-stroke centers. The national average, FYI, is 4%. Jeepers! The take away points are multiple. For EMS, improving provider awareness of stroke screening, timely transport and pre-notification to a stroke center would be helpful. Keep this in mind when dreaming up drill topics.
12. Training and Education (affectionately known at T&E) has a couple notes for you educators out there. Firstly, Course Sponsors are not consistently vouchering for PSE (Practical Skills Exams). Even though a student may not be eligible for NYS funding, ALL students are eligible for PSE reimbursement as these monies are a cost of testing, not a tuition expense. Secondly, the Bureau will shortly bring up software that connects students to vouchers. Yup, you read that right: this will put the kibosh on both course sponsors and agencies vouchering for course monies. Say it isn't so!
13. And here it is: the hot tamale of the month. T&E (after considerable discussion, a little bit of chair tossing, and removal of a couple members for throwing temper tantrums) moved to allow 100% of core content requirements in continuing education recerts to be completed using on-line content and T&E will (prior to implementing this motion) establish a TAG to create standards and an approval process (for the aforementioned on-line content). Phew! If you thought the discussion was hot at T&E, you should've seen the brouhaha at SEMSCO. Oh wait; you can watch the web cast and see the whole meeting at (www.health.state.ny.us/events/webcasts/archive)! So, was it approved? Kinda, sorta. Both SEMSCO and the Bureau issued a little whoa: they want more detail on implementation. T&E will flesh out the devil in the details (with their newly created TAG) and report back. For now, nothing is official.
14. New policy statements are hot off the presses and available for taking at the Bureau website: 09-06 on Course Funding and 09-05 on Certification for Individuals with Criminal Convictions. Surf to www.health.state.ny.us/nysdoh/ems/policy/policy.htm to get your hot little hands on 'em. Not much new in either. Course funding rates have not changed; the revised policy statement offers additional guidance on how DOH course monies can be utilized. The Criminal Convictions policy includes a reminder that persons unable to sign the student application cannot take challenge practical skills exams until cleared by the Bureau.
15. Swine flu or, uhhh, the more politically correct H1N1 influenza has been a hot topic since May with HUGE implications for EMS statewide. Considerable discussion was held at SEMAC and SEMSCO regarding lessons learned from this outbreak. If you didn't notice, or for some reason had a lame County EMS Coordinator, the Bureau of EMS really showed their stuff during the height of the Swine Flu hyperactivity. Wish that was true for the rest of DOH, but sending out every little picayune detail is just too way too much. The Bureau took the time to sort through voluminous piles of "stuff" to pass along just

- what EMSers needed to know. Scope out their Swine Flu, oops...H1N1 page at www.health.state.ny.us/nysdoh/ems/communicable_disease/h1n1_swine/index.htm.
16. Monroe County gave a presentation on their alternative destination demonstration project undertaken in attempt to decrease 911 use (or abuse, as some would say) for primary care needs. This one year study sent a paramedic to low priority 911 EMS calls and, in consultation with medical control, referred patients to urgent care centers or community clinics instead of hospital emergency departments. The project was incredibly complex and ran full speed into multiple roadblocks. The community was resistant, medics were reluctant to participate (they had to work harder seeing more patients), clinics did not want to take Medicaid reimbursement, patients often expected to go to an ED and were not amenable to alternatives. Overall, valuable lessons were learned, and the problems targeted remain. Oh well...
 17. Medical standards approved several protocols with little fanfare. These included Nassau County diversion, ambulance redirection, adult and pedi nerve agent/organophosphate poisoning protocols; a Mercy Flight Central request to add ketamine to the State ALS formulary; a request from the EMSC program to add glucocorticoids for congenital adrenal hyperplasia to State ALS protocols; a recommendation to require every ambulance and ALSFR vehicle to carry a copy of State and Regional protocols; and, hold onto your hat for this one: a draft set of ALS Statewide Protocols incorporating Regional options.
 18. Did you know that Autism and Autism Spectrum Disorders (ASD) are the fastest growing developmental disabilities in the United States? The OMR/DD (Office of Mental Retardation and Developmental Disabilities) has a new publication for First Responders on Autism. Scope it out at and pick up some other valuable resources at www.omr.state.ny.us/document/hp_brochures_firstresponse_autism.jsp.
 19. Here's a shocker: Med Standards is split on who should be providing on line medical control (OLMC). A survey of actual practices reveals that it's not always a doc (as required in DOH Policy Statement). Discussion continues, focused on who should be allowed to provide OLMC, how close a doc needs to be (like within slapping distance or available by phone or telepathy...) and what the educational requirements should be. Stay tuned...
 20. So what's the Safety TAG up to, you wonder. Well – safety, of course, and they're planning to make a White Paper out of it. Work is well on the way to drafting a best practices document that will put safety right in your hands. Stay tuned...and, in case you were wondering where that Reportable Incident Form is, it's a comin' – real soon. A final version of the form (secretly named DOH-4461, but don't tell anyone), got a final blessing.
 21. The Bureau reports that meetings with Medicaid continue. The latest buzz: BLS ambulance services may NOT bill for ALS and assign the ALS buckaroos to a non-transporting service that does not hold a Medicaid provider number. Gadzooks! What will it be next? Expect these communications to continue and, ultimately, if you think your service is doing something fishy or on the edge, better think about getting someone who really knows what they're doing (read: health care law firm) to give you some advice before the insurance police come a knockin'.
 22. For you trivia buffs, here some stats hot off the press as of June 1, 2009: total certified EMS providers statewide = 58,438 broken down into 11, 316 CFRs; 37,154 EMTs; 1,076 EMT-Is; 2,138 EMT-CCs; and 6,754 EMT-Ps. Seems like the I's are fading fast...

23. So, you remember the decision by the National Registry to change their bleeding control practical skills station to go directly to application of a tourniquet when direct pressure fails to control external extremity bleeding? Well, a certain SEMAC member just took his recert paramedic practical skills exam and noticed, lo and behold, that NYS uses the Registry Skill sheets at the medic level. Uh oh. Apparently EMT-Ps in NY control bleeding in an entirely different way than any other EMS provider. Yikes! Next meeting, SEMAC will take a look at the evidence and try to draw some conclusions to standardize our educational and testing objectives in NYS. Sweet!
24. Medical Standards still has a grid of skills and procedures done in the back of a moving ambulance by unbelted EMS providers and has not yet had time to categorize what should, should not, and what could be done with caution. They'll get to it. Eventually.
25. Just when everyone thought the meeting was over: shazam! The AED issue reared its ugly head. The Chair moved for SEMSCO to ask the Department to amend Part 800 requiring every ambulance have an AED (or defibrillator) on board. And then the flood gates opened. Should they also be required in EASVs (Emergency Ambulance Service Vehicles, the acronym for "First Response" units)? Would there be a phase in? Could waivers be issued? Blah, blah, blah. Ultimately, the motion was tabled. Shockingly, this one will be back on the table soon.
26. 2009 SEMAC and SEMSCO meetings are scheduled for September 2 and 3, and December 1 and 2, to be held at the Crowne Plaza Hotel, State & Lodge Streets, Albany, NY 12207. Note the September meetings had previously been reported as scheduled for Sept. 8 and 9. Fail. They are really scheduled for the 2nd and 3rd.

These notes respectfully prepared by Mike McEvoy who represents the NYS Association of Fire Chiefs on SEMSCO. Contact Mike at McEvoyMike@aol.com or visit www.mikemcevoy.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.

DRAFT (repeat, *Draft*) Course Funding Proposed Adjustments:

(Scroll to next page...)

Category	cost per	new cost	%change
CFR-O Tng	220	260	18.2
CFR-O PSE	40	40	0.0
CFR-Ref Tng	100	115	15.0
CFR-Ref PSE	45	45	0.0
EMT-O Tng	700	825	17.9
EMT-O PSE	75	100	33.3
EMT-Ref TNG	335	375	11.9
EMT-Ref PSE	90	120	33.3
I-O Tng	530	0	-100.0
I-O PSE	75	125	66.7
I-Ref Tng	400	0	-100.0
I-Ref PSE	90	140	55.6
CC-O Tng	1200	0	-100.0
CC-O PSE	100	160	60.0
CC-Ref Tng	700	405	-42.1
CC-Ref PSE	125	185	48.0
P-O Tng	1500	0	-100.0
P-O PSE	150	175	16.7
P-Ref Tng	700	405	-42.1
P-Ref PSE	180	205	13.9
CME BLS	300	300	0.0
CME ALS (avg)	420	405	-3.6

Tng = Tuition

PSE = Practical Skills Exam