

1. A somber memorial ceremony at the Empire State Plaza in Albany during EMS week 2010 celebrated the lives of three New York heroes: Louis J. Flury (1987), Mark B. Davis (2009) and Richard F. Quigley (2009). The three were added to the State EMS “Tree of Life” commemorating providers who died in the line of duty. Danny Burstein filmed the service; his video is posted at <http://vimeo.com/11997958>. Thanks to the many brother and sister EMS providers and colleagues who turned out to pay respects to the families of these heroes and honor their sacrifices.
2. Snooze and you’ll lose a chance to get a hotel room for Vital Signs 2010 at the New York City Sheraton Hotel and Towers August 26 – 29, 2010. Rooms are going quickly; surf to [www.vitalsignsconference.com](http://www.vitalsignsconference.com) for the low down.
3. Wonder of wonders! The BNE (Bureau of Narcotics Enforcement) and DOH approved ketamine for prehospital use. Policy statement #10-04, now up on the Bureau website at [www.health.state.ny.us/nysdoh/ems/policy/policy.htm](http://www.health.state.ny.us/nysdoh/ems/policy/policy.htm) outlines the requirements.
4. St. Vincent’s Hospital in Greenwich Village (NYC) did not survive their fiscal woes and is now in the final stages of closure. Vinny’s is the largest NYC hospital ever to shutter its doors, operating more community clinics than any hospital in New York State. DOH has been working closely with Vinny’s and neighboring hospitals to assure a smooth transition. Some two months into the closure of their ED and Trauma Center, ambulance availability and ED turn-around times appear to have stabilized.
5. In some brighter NYC news, long term SEMAC member and former SEMSCO Chair Dr. Art Cooper was awarded the EMS-C Lifetime Achievement Award in Washington, DC this month. This EMS for Children National Hero Award is presented to individuals who make outstanding contributions to EMS. That might begin to describe Dr. Cooper, a pediatric surgeon from Harlem Hospital in New York whose list of accomplishments and contributions would fill an entire Kindle™. Congratulations!
6. Medical Standards ran into double overtime only to be reversed by SEMAC on at least one decision. Protocols from Central NY and Nassau were approved, with CNY initially taking a beating over use of propofol (the stuff that killed Michael Jackson, also referred to as “milk of amnesia”). This agent, the most commonly used sedative during interfacility transports, was believed by Med Standards to fall outside the scope of paramedic practice so they removed it from the CNY interfacility protocol. SEMAC, while sympathetic to the whole Michael Jackson thing, disagreed and put propofol back in the CNY interfacility protocol. Really, if you think about it, ketamine is equally if not more dangerous than propofol so why take away the most commonly used interfacility sedative? North Country submitted a policy on TASER® removal which spurred a 30 minute debate on the pros and cons of Conducted Energy Weapon (CEW) use. Ultimately, Med Standards suggested No. Country redraft the policy into a protocol. Stay tuned for another lively debate when that appears (maybe they can bring a TASER in for a live demo). In a déjà vu all over again situation, New York has apparently been accused on the Internet (go figure) of failing to endorse the CDC Trauma Triage guidelines which we actually DID approve in September 2007. Many specifically remember this because NY added pulse rate to the CDC criteria. To be sure, Med Standards, SEMAC, and SEMSCO approved them once again, with the addition of pulse rate. So, whoever’s pointing the finger at NY, put that in your pipe and smoke it! Finally, it looks like the FDNY chilling of cardiac arrest patients may be on ice for awhile. Somewhere in the bowels of DOH, questions were raised about the experimental nature of this protocol.

That topic opened a can of worms that could easily be good for another 10 hours of discussion. At issue is what constitutes a protocol change versus a demonstration project versus a research study involving human subjects versus a quality improvement analysis. Now, before I drone on about this infinitesimally, make note that if SEMAC and DOH figure this out with any degree of clarity, they'll likely get a Nobel Prize. Hospitals and medical schools worldwide debate this issue day in and day out. Good luck. By the time FDNY gets a nod to start icing cardiac arrests, it will be a standard of care (if it isn't already)...

7. SEMAC picked up some additional business beyond the Med Standard items including approval of a Mercy Flight facilitated extrication protocol using ketamine, the previously mentioned removing of the removal of propofol from CNY interfacility protocols, and a new list of pediatric equipment for transport ambulances recommended by the EMS-C program. Of note, this list which includes some not so cheap items garnered a good deal of grumbling at SEMSCO for failure to include cost impact analysis. It did nonetheless pass both bodies and will initially appear as a DOH Policy Statement with eventual addition to the Part 800 equipment list (which, as part of the regulatory process, would require cost impact data). Items that services would be required to add include 1 flexible suction catheter 12-16 Fr, 1 neonatal BVM mask, 1 each NPA sized between 16-24 and 26-34, 1 pulse oximeter with a pediatric and an adult probe, 1 AED with both adult and pedi pads, 1 child lower extremity traction splint, 1 head cover to accompany the OB kit, and 1 length based or appropriate reference guide for peds equipment and drug dosing based on estimated weight. You can certainly run the numbers, budget for future purchase, and watch for the Policy Statement but until the list makes it through the regulatory comment process, compliance is unenforceable.
8. If you thought Med Standards was grueling, try Mutual Aid TAG on for size. Administrators and EMS Coordinators get chest pain when they hear these words thanks to a wake of misinterpretations and confusion left following a February 1, 2010 OHIP (Office of Health Insurance Programs) letter to EMS agencies implying that services operating outside their primary DOH operating territory could not bill and could be subject to prosecution if they did bill patients or insurers for responses outside their primary territory. Ramifications have ranged from services refusing all MA to others filing for large expansions of their territory. An MA TAG has been meeting frequently in attempts to get this issue resolved. A few items of note, and some hope for a reprieve: (1) statute clearly allows response outside of primary operating territory when done under an approved MA plan (2) while OHIP fired the shot that sent services running for cover, it may have been premised on incorrect information about statute allowing mutual aid response. To that end, SEMSCO requested that DOH EMS in conjunction with OHIP send a letter to EMS agencies clarifying and encouraging the use of Mutual Aid response. We'll see how far that gets. In the meanwhile, moments before these notes were about to blast out, the TAG got somewhat surprising info from OHIP that not only confirms the legality of MA responses (and ability to bill for these) but also advises the impetus for their February letter came from the Bureau of EMS who originated the language that MA responses were not consistent with their interpretation of the regulations and are, "out of control." HmMMM.
9. DOH Attorney Jon Karmel gave a succinct but extremely informative presentation to SEMAC on the Family Health Care Decisions Act (FHCDA) that takes effect in New

York on June 1, 2010. Much if not all of the earlier DNR and MOLST (Medical Orders for Life Sustaining Treatment) have been moved under the FHCDA. The prehospital DNR form will not change except that hospitals and home care agencies will now be required to honor them. The MOLST criteria have changed and that form is under revision. In addition to greater clarity and more simplicity, MOLST will also be available electronically with capability for providers to call up a patient's MOLST form on the internet. Surrogates (different from Health Care Proxies) are empowered under FHCDA to make health care decisions for a patient. Potential surrogates must come from a prioritized list starting with a guardian appointed under Article 81 of the Mental Hygiene Law, a spouse (if not legally separated) or domestic partner, a child over the age of 18, a parent, a sibling over the age of 18, and (lastly) a close friend. Of note, surrogates can consent to the issuance of a non-hospital DNR order. Two items of interest for EMS: firstly, a recent court case seems to imply that a Health Care Proxy does indeed have authority to direct EMS not to resuscitate a patient when the patient lacks capacity (i.e., is unconscious) and secondly, OMH and OMRDD patients were carved out of the new FHCDA legislation, meaning that responders to their group homes and facilities will still see the older forms (requiring 60 day renewals). You might want to fast forward the SEMAC meeting webcast at [www.health.state.ny.us/events/webcasts/archive/](http://www.health.state.ny.us/events/webcasts/archive/) (go to May 25, 2010 SEMAC meeting) to view this very informative FHCDA presentation.

10. Now for a few notes from T&E (Training and Education). May 2010 was a banner month for testing with some 5,000 students sitting for the May 20<sup>th</sup> exam. Warning from the Bureau to Course Sponsors: no ticky, no testy: numerous students showed up for tests without an exam ticket. This despite course rosters being sent to sponsors months prior and exam tickets being mailed directly to CICs weeks before the scheduled test date. If a student does not have a ticket, they cannot test AND if they somehow finagle their way into taking the exam, it won't count. Contact the Bureau prior to the night of the exam. Through an oversight, the May date fell not only during EMS week but also on a Jewish holiday. Sponsors are reminded that exam dates are set 1 year in advance. When selecting dates to test your courses, consider possible conflicts. EMT students must be 18 by the end of the month in which their course is scheduled to test. The Bureau has been flexible working with course sponsors allowing separate course applications that include students who may not turn 18 until a month or two after the traditional end of semester. Yet some sponsors continue to invent unorthodox work arounds which ultimately end up penalizing the student(s). Rumor may travel faster than these SEMSCO notes, so you probably should be aware that a little brouhaha has erupted in the Hudson Valley Region over the legality of nurses precepting EMS students in a hospital setting. Before you get your panties all in a bunch, DOH is cautiously working with the State Education folks in hopes of avoiding an all out war over the age old turf battle "nurses versus paramedics." More to follow... Finally, work continues on translating the new educational standards into New York lingo, well sorta. The group working on the paramedic curriculum posed three significant questions to the Bureau: (1) National recommendations suggest each state use a scope of practice rather than a state curriculum. Does it make sense to develop a statewide scope of practice for each level of certification? (2) It appears curriculum writing has been delegated (nationally) to textbook publishers. Will the Bureau continue to push for a statewide curriculum? (3) What is the feasibility of tying NYS Exam questions to a scope of practice rather than a statewide curriculum? The Bureau will take

these questions under advisement and get back to T&E with answers over the summer. Stay tuned...

11. Oozing might best describe the proposed Part 53 amendments to allow prehospital administration of blood and blood products by appropriately trained EMS providers. They sit now in the Governor's Office of Regulatory Reform from whence they will next head for publication in the State Register opening a 60 day comment period after which they can be enacted by the Health Commish. Keep that Quick Clot on the wound.
12. A new law A01726b pertaining to Physician Assistant practice may inadvertently resolve the long open question of whether PAs can legitimately provide OLMC (On Line Medical Control). SEMAC is reviewing the law with an eye towards wrapping up the loose ends.
13. The most recent report on New York State's Trauma System is out. Get your hands on it at [www.health.state.ny.us/nysdoh/ems/pdf/03-06\\_trauma\\_report.pdf](http://www.health.state.ny.us/nysdoh/ems/pdf/03-06_trauma_report.pdf).
14. Much to everyone's surprise, NFPA appears on track to issue draft ambulance design standards. Officially assigned the title NFPA 1917, a draft document should be issued July 9, 2010 ([www.nfpa.org](http://www.nfpa.org)) for public comment, closing November 23, 2010. Responses to comments will then be published June 24, 2011 opening an additional comment on the comments period ending August 30, 2011. A final draft will then be published February 24, 2012 and, depending whether any official objections are filed, would take effect in either July or August 2012. Representing New York State on the NFPA Committee is Mike McEvoy (illustrious writer of these notes) with his newly endorsed SEMSCO alternate Ken Beers, Chief of Canandaigua EMS. Of note as this grueling process continues, the feds intend to drop the current KKK ambulance specification hence, you might want to look for the draft when considering new ambulance purchases.
15. The Finance Committee compiled templates from the 18 Regional Councils and their Program Agencies in concert with the Bureau and Training Course Sponsors to assemble a proposed \$23,332,091 EMS budget for 2011-12, coming in 0.88% less than the proposed 2010-11 request. Not to be sarcastic or diminish the work of the many folks involved in this process, but the statutory requirement to submit a budget is a relative exercise in futility. The legislature sets the EMS budget well ahead of, and millions of dollars less than, any request proposed. Kinda like when you used to ask Mom and Dad for more allowance. Forget it.
16. On the topic of productivity, the three State EMS Advisory Councils were provided with a set of "Project Management Forms" designed to track the work of each Committee, TAG, and subgroup. This effort related back to efficiency and justification of State buckaroos. Unless you are running one of these Committees, you're probably not interested.
17. Ah ha! As speculated previously in these notes, the Bureau is now worried about their paper PCR supply. In an April 13, 2010 memo, the Bureau instructed Program Agencies to cease supplying paper PCRs to any agency approved for electronic PCR submission, citing potential future shortages of the paper PCR supply.
18. New Federal Regs expanded requirement for States (effective March 1, 2010) to report any adverse actions taken against a physician or dentist to ALL health care practitioners AND health care facilities or agencies within 30 days of when the action happened. Reports are filed in the National Practitioner Data Bank ([www.npdb-hipdb.hrsa.gov/](http://www.npdb-hipdb.hrsa.gov/)), accessible to employers, state licensing boards, and others but not to the public. The Bureau plans to comply with reporting actions taken against certified EMS providers.

19. In what might be a record, and perhaps a permanent item on these notes, the City of Utica Appeal remains in the Bureau of Adjudication awaiting issuance of ALJ (Administrative Law Judge) findings. Nuf said.
20. Watch for an upcoming Policy Statement on Clarification of Operating Territory (COT, as though we need another acronym). This newly designed process facilitates Regions helping Services clarify vague descriptions of operating territories such as “parts of the Town of Anywhere” that currently exist on many agency certificates.
21. While out and about, Bureau staff have recently been citing unattended and unsecured ambulances, typically in parking lots of hospital EDs. Policy Statement #09-07, Security and Safety of EMS Response Vehicles, requires agencies develop and properly enforce policies properly securing vehicles and ALS equipment. Next time you’re out for a donut, lock the bus!
22. Saving not the best, but perhaps the most interesting, for last – FDNY presented some troubling QI data on their first 90 days using the ResQPOD. The device ([www.advancedcirculatory.com](http://www.advancedcirculatory.com)) is an ITD or Impedance Threshold Device, thought to improve blood flow during cardiac arrest and low perfusion states. Starting 1/5/2010, NYC used the ResQPOD on 744 cardiac arrests and managed 541 arrests without the device during a 90 day period. Sustained ROSC (Return Of Spontaneous Circulation) was 18.28% in the ResQPOD group versus 25.14% without the ResQPOD for an effect (if you’re a stats geek) of -6.6%. Comparing all arrests to the same period in 2009 (one year earlier), there was a net decrease in ROSC of 1.98%. When the ITDs were removed from service, ROSC increased to pre-ResQPOD levels. FDNY docs are crunching the numbers by type of arrest, bystander versus no bystander CPR, and checking for statistical significance before they make definitive pronouncements. One thing is certain: in a City that sees over 1,200 cardiac arrests every 90 days and has the capability to carefully study every event, trends will become obvious way more quickly than any of our puny little services. Our thanks to FDNY for taking the time to share this troubling QI trend with the rest of us. And BTW, NYC has pulled ITDs off their busses.
23. Proposed officers to lead SEMSCO in 2011 were announced: Chair Tim Czpransky (Monroe-Livingston REMSCO), First Vice Chair Mark Zeek (Adirondack-Appalachian REMSCO) and Second Vice Chair Rich Brandt (Hudson-Mohawk REMSCO). Elections will be held in October. Lawn signs supporting the candidates can be posted immediately.
24. Of the three total SEMAC and SEMSCO meetings in 2010, one lone gathering remains: Tuesday and Wednesday, October 5 and 6. Meetings are at the Crowne Plaza Hotel, State & Lodge Streets in Albany, NY 12207.

These notes respectfully prepared by Mike McEvoy who previously represented the NYS Association of Fire Chiefs on SEMSCO before (finally) being replaced by Mike Murphy. Contact Mike at [McEvoyMike@aol.com](mailto:McEvoyMike@aol.com) or visit [www.mikemcevoy.com](http://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](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.