

1. I know its July, and you've been waiting with baited breath for these May 2012 SEMSCO notes. No good excuse; just busy, busy, busy. In the interim, I've been able to incorporate several new developments into these notes. Hopefully the wait was beneficial.
2. Doom and gloom predictions from the January 2012 SEMSCO meetings were nixed when the Governor's proposed Article 30 changes got chopped from his budget legislation. Interestingly, his allocation of monies to EMS remained at previous years' levels. For the time being, Regional Councils, Program Agencies, and the State Council (SEMSCO) will all continue to exist unchanged. No word on whether the Governor will resurrect his proposals to streamline the State and Regional EMS Council maze looking forward, but despite inquiries by multiple EMS organizations and lobby groups, no legislators have expressed interest in discussing change. Now, this may be pure paranoia, but there are no future SEMSCO meeting dates. If intentional, it would not be the first time the Governor eliminated an advisory council by having his budget cronies withhold approval for meetings. Coincidence?
3. Most scintillating and somewhat unrivaled this meeting was a passionate discussion at Medical Standards on how to distinguish a child from an adult. You might think, "well duh," but not so fast there, Sparky. It seems that determining puberty with underarm hair in males and growth of breasts in females has tremendous potential for overly thorough patient exam by less than scrupulous providers. What, what, what? Well, the Med Standards discussion on the subject rapidly deteriorated just like it would amongst your EMS buds over a couple brews. And since Med Standards is not webcast, what was discussed there will stay there. Nuf said.
4. Puberty aside, Med Standards developed, and both SEMAC and SEMSCO approved a drug shortage schematic that would provide a standardized approach to alternative meds. While this is not yet finalized, it goes something like this:
 - Zofran → promethazine → Reglan → Benadryl
 - Etomidate → Versed → Ativan → Brevitol → Propofol
 - morphine → fentanyl → buprenorphine → butorphanol
 - fentanyl → morphine → dilaudid → butorphanol → Toradol
 - Versed → Ativan → Valium
 - Valium → Ativan → Versed
 - Toradol → morphine
 - ketamine → Versed → Ativan → Valium

It all depends on what you can get and what your first line agents are. The idea is that you would consecutively move down the list (once finalized) and settle in on something you actually can keep in stock. Depending on the supply chain, you would then back out of the list once your original drug (or another agent earlier in the sequence) once again becomes available. The plan is to circulate this through the DOH Health Commerce System web site. If you have recently renewed your controlled substances authorization with BNE (Bureau of Narcotics Enforcement), you may have noticed that they expanded the allowed Schedules you are permitted to use. This, owing to drug shortages, will facilitate use of alternative medications without a lengthy reapplication process. Nice to see someone thinking ahead! Stay tuned for release of this substitution list. It will likely filter through REMACs at least initially. Note that some substitutions require BNE approval.

5. In other business, Med Standards approved Susquehanna joining the Consolidated Adirondack Appalachian – Mountain Lakes – REMO protocols (like a virus, but a good virus, these are slowing spreading throughout NYS). Intravenous epi was added to the cardiac arrest protocols at the AEMT level (soon to replace the EMT-I level). Statewide minimum ALS pediatric guidelines were also approved (lending to the fascinating, albeit morose discussion mentioned in item 3 earlier).
6. The EMS Memorial Dedication held May 23rd, 2012 at the Empire State Plaza was well attended and included some 40 ambulance and EMS vehicles. No names were added to the EMS Tree of Life this year.
7. Vital Signs 2012 is in Syracuse this October 18 – 21; www.vitalsignsconference.com now features on-line registration. Hotel registration has also opened on-line. In Suffern, October 11 – 13 (the weekend before Vital Signs), you might want to attend Pulse Check 2012; www.nysvara.org. You don't have to leave NY to find great CE. Giddyap!
8. A bunch of new policy statements are posted to the Bureau web site: Mutual Aid (12-06, Yipee!), Provider Certification and ID (12-05), Patient Care in a Moving Ambulance (12-04, the work of the Safety TAG), Electronic and paper PCRs (12-03 and 12-02), and Glucometry and Nebulized Albuterol (12-01). Get your personal copy of one or all at: www.health.ny.gov/nysdoh/ems/policy/policy.htm.
9. The new national EMS Educational Standards begin with the December 2012 CFR (now called EMR) and EMT exams in New York State. Workgroups at each certification level developed objectives to accompany the national instructional guidelines and forwarded them to DOH. Written exams are being modified (anyone testing recently has probably seen some of the new questions piloted). A few items of note: there are no additional monies allocated for training. DOH is working with the SEMSCO Finance Committee to optimize course funding levels; any changes will not happen overnight (shockingly). DOH has established a transition page on their website for Course Sponsors and Educators: www.health.ny.gov/nysdoh/ems/national_education_standards_transition/. There, you will find estimated hours, instructional guidelines, and transition schedules for each level, amongst other resources. Transition courses will be required at each level for recertification (both Con ED recert and conventional refresher courses). Expect confusion; be careful who you ask for answers; take a look at the DOH web site.
10. The EMS Educational Standards have set a drop dead date of January 1, 2013 after which, paramedic students beginning their paramedic education who wish to sit for the National Registry exam must be enrolled in a Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited program. The Registry policy, with exceptions is at www.nremt.org/nremt/about/para_accred_implementation_policy.asp and you can look up a program to see if it's accredited at www.caahep.org.
11. Looked at any on-line EMS certification courses lately? If not, they are out there in increasing numbers. It seems some providers in NY are completing on-line paramedic courses, gaining certification in other States and then applying for NYS reciprocity. DOH is a tad, umm, “suspicious” of these programs, but has yet to take any action limiting eligibility for reciprocity. Of course, this raises the ugly head of NYS imposed restrictions on total allowable “distributive” time (i.e., on-line, video, webcast, etc) in EMS courses and CEU recertification. The Governor's proposed Article 30 changes would have widely opened the door to all forms of distributive education for EMS but, alas, the bill was shot down. “Too bad,” I say – the current DOH administration is

- extremely supportive of expanding course delivery options, including recertification content. Their hands are tied by sadly archaic laws and regulations. “That stinks,” you say? Yesiree. I can smell it, too.
12. Speaking of DOH, their Central Office moved from beautiful, flood-prone downtown Troy to a Central Avenue, Albany suite of offices. Their new address is: NYS DOH Bureau of EMS, 875 Central Avenue, Albany, NY 12206-1388. Phone number remains unchanged: 518-402-0996 as does the fax: 518-402-0985. Since their new office is highly unlikely to be underwater, rubber ducks and rafts are not good housewarming gifts.
 13. Its official: Lee Burns is no longer acting Director of the Bureau of EMS; she’s the real thing. Congratulations to Lee and shame on the Governor’s office for delaying an appointment for more than two years. Also, DOH welcomes Tom Behanna as a new Associate Director. Tom will be working with contracts and already impressed the Finance Committee with his budgeting savvy. On a sad note, Jim Soto has departed DOH for SEMO (seems like a popular destination, eh?). After 25 years of service, Jim will be the SEMO Regional Director for the Hudson Valley.
 14. The BLS-FR (First Responder) survey is done. 805 BLS-FR services replied. To date, 64% (491) had their BLS-FR agency code renewed and 23% (102) were deactivated. Some interesting data were collected in the process. Firstly, only 2 BLS-FR services do not carry AEDs (impressive). Secondly, you might guess that BLS-FRs are CFRs. Not. Members of BLS-FR services comprise just under 5,000 EMTs and only 1,085 CFRs. FDNY adds 8,638 CFRs to the total statewide CFR pool.
 15. The Image Trend bridge has been loading PCR records from electronic vendors. Each EMS agency will soon have access through Image Trend (the NYS PCR data consolidator contractor) to their data and each region will have access to regional data. Yahoo! Version 6 of the written PCR (described here previously) will be available soon. On the paper PCR side of the house (where they have minimum wage grandmothers keypunching PCRs in the basement of some DOH contracted sweatshop located somewhere only known to Lee Burns and one other person), 2008 data has been completed and discs containing those data have been distributed to the Regional Councils. So if you are hot to trot for contemporary (4-year old) data, contact your Regional Council.
 16. The Evaluation Committee, besides fussing over PCR data, reviewed a draft patient care restriction policy. This should eventually be released as a Policy Statement to provide a standard approach to QA/QI mitigation integrating protection of the public from some of the most egregious issues discovered in QA/QI but also incorporating protection of providers, due process, civil service protections and progressive discipline. Keep an eye out for this baby.
 17. Speaking of PCRs, any EMSer would read this news story with a totally different perspective than John Q Public: <http://chicago.cbslocal.com/2012/06/08/did-paramedic-falsify-report-about-man-who-later-died/>. Think about it, though – do you sufficiently document your public assist calls? Every patient you leave on scene is potentially a news story. Make sure your PCR tells the right tale!
 18. Evaluation also reported work in progress on a QI plan checklist that would standardize QI reporting by regions across the state. What a unique idea: make everyone report the same information. Whodathunkit?
 19. SEMAC heard results of an interesting study conducted by Mohawk Ambulance (Albany-Schenectady-Troy) of patients transported last fall. 62% were not vaccinated for flu and

- 10% were unsure, suggesting a significant unvaccinated population in these somewhat urban medically underserved areas. This led into a discussion on asking the Health Commissioner to allow paramedics to provide flu vaccines and the conceptual model of community paramedics. Several legal questions were forwarded to DOH counsel.
20. NFPA 1917 (Standard for Automotive Ambulances) is getting some pushback from NASEMSO (the National Association of State EMS Officials) based on their premise that it will add an extra \$8 to 20,000 cost to the purchase price of a new ambulance. Now, having personally served on the NFPA 1917 Committee, I cannot fathom where they got their numbers from. The expected additional cost, from a reputable manufacturer, should not exceed \$6,000 and in most cases, should be considerably less. But if NASEMSO says so, that's what people hear. Regardless, NFPA 1917 was finalized at the June 14th (2012) NFPA Annual Meeting and will be published shortly. It becomes effective January 1, 2013 and, as noted earlier, will replace the federal KKK specifications as the feds plan to cease revising and publishing that document.
 21. The Safety Committee is developing a model job description for an EMS Health and Safety Officer. Included will be OSHA, PESH, DOL, NFPA, rehab, Haz-Mat, accident investigation, and the role of an agency safety committee. This should be kewl!
 22. The NYS Thruway Authority advised that effective June 1, 2012, fire and EMS agencies are entitled to refunds for tolls incurred during emergency operations on the Thruway system. A Request for Emergency Services Toll Reimbursement Form is available at www.thruway.ny.gov/commercial/forms/. Vehicles should proceed through an EZ-Pass only lane or pay the toll and get a receipt (are ya kiddin me?) then file the form for reimbursement or waiver of the EZ-Pass lane violation notice.
 23. Also in progress, in conjunction with the Bureau, are development of weather advisory templates, specifically dealing with snow emergencies (of the sort that jammed up FDNY*EMS) and wind related issues of the sort discussed on national blogs of late (blowing ambulances and EMS providers off the roads, etc). More to come...
 24. One exciting piece of safety news is that ACEP (American College of Emergency Physicians) was awarded a contract from NHTSA to develop a culture of safety guidance document for EMS organizations. Nice!
 25. Until now, DOH designated and audited trauma centers in NYS. The Health Commissioner recently decided to switch to the American College of Surgeons (ACS) Committee on Trauma (COT) verification process. The ACS COT process includes a hospital self-study, consultation visits by ACS, and a final review. It is time consuming (3 – 5 years) and expensive for hospitals. Why do you care? For starters, ACS has a 4th trauma designation (Level 4), also known as a field station. Several community hospitals have expressed interest in Level 4 trauma designation. This has potential to impact NYS trauma triage protocols. Stay tuned...
 26. Speaking of trauma, the State Trauma Advisory Council (STAC) noted recently that local EMS agencies often fail to follow the State Trauma Triage Protocol. Translation: EMS takes trauma patients to the wrong facilities. They plan better data collection to get a handle on where, why, when, and how this happens. Interesting.
 27. Dr. John P. Pryor, Trauma Program Director for the Hospital of the University of Pennsylvania in Philadelphia was killed by an enemy mortar in Iraq on Christmas morning 2008. John was a born and bred New Yorker who got his start in EMS and never forgot his roots. His brother Richard, an emergency medicine physician, has just published a

- poignant and moving story of John's life and death. The book, "Alright, Let's Call it a Draw," is well worth reading for anyone on this list and is available on Amazon.com as a paperback or Kindle book: www.drjohnpryor.com.
28. Aaahh, the saga of Utica! Well, a judicial decision has been rendered, annulling the SEMSCO decision in the matter of the City of Utica. In an interesting discussion, which became very heated at times (but did not involve any chair tossing or require bouncers be summoned), SEMSCO voted 22-2 in favor of requesting the Health Commissioner appeal the judicial decision. No, you're not imagining anything; SEMSCO wants the Commish to appeal the decision of the appeal of the decision of the appeal of the decision of the appeal of the decision of the appeal of the decision. Jeepers.
 29. Do you sleep with a DOH issued atropine pen for fear of terrorism? Well, it may have just expired and DOH has announced there are no plans to replenish these freebies. Unless your agency cares to purchase new atropine autoinjectors, you may have to fend for yourself.
 30. If SEMSCO has a future, the nominating committee submitted candidates for office in 2013: Chair – Mark Zeek (Adirondack-Appalachian REMSCO), 1st Vice Chair– Dan Blum (Westchester REMSCO), 2nd Vice Chair– Steve Kroll (Healthcare Association of NY). Elections will be held at the meeting closest to December 2012.
 31. SEMAC and SEMSCO will not meet again until a future meeting is approved. Keep an eye on www.health.state.ny.us/nysdoh/ems/meetings_and_events.htm, the Bureau meeting page for any sign or suggestion that SEMSCO might meet again.

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 or visit www.mikemcevoy.com. If you want a personal copy of these "unofficial" SEMSCO minutes delivered directly to your email account, go to <http://eepurl.com/iaXHY> to put yourself on the list (or adjust your delivery settings) or go to the Saratoga County EMS Council NYS EMS News page at www.saratogaems.org/NYS_EMS_Council.htm. There, you'll find a link to the list server dedicated exclusively to circulating these notes and all the past copies of NYS EMS News parked at the bottom of the page. Feel free to download any notes you missed.