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chair Philippy CHAIR PHILIPPY: OK, we call the meeting of April 13, 2022 of the New York State EMS Council to order We can all rise, please and face the flag. If you join me in the Pledge of Allegiance, please, I pledge allegiance to the flag of the United States of America and to the Republic for which it stands one nation under God, indivisible with liberty and justice for all. Please remain standing for a moment. You take a moment of silence for our fallen brothers and sisters in the service of EMS.

Unidentified Thank you. Be seated.

chair Philippy CHAIR PHILIPPY All right. Welcome, and I'm glad to see so many happy shining faces here today. Msgr. If you could please call the roll.

Speaker 2 MS. OZGA: OK, good afternoon, everyone, and thanks for being with us today, Dr. Alexandrou, here; Alison Burke. Steve Cady,

Speaker 3 Steve cady present;

Speaker 2 Dr Crupi. Mark Deavers, present; Don Doynow. Mickey Forness, Mickey forness here; Carl Gandolfo,

Speaker 4 Carl Gandolfo present;

Speaker 2 Greg Gill had to leave, so he's not with us this afternoon. Jason Haag, Jason Haag present; Terry Hamilton. Donald Hudson, Donald Hudson here; Steve Kroll, Steven Kroll present; Andrew Knoell, Andrew Knoell here; Jared Kutzin, Jared Kutzin present; Al Lewis, Michael Masterton

Speaker 5 Masterton present;

Speaker 2 Mike McEvoy.

Speaker 6 Mike McEvoy, Present; Tom Pasquarelli

Speaker 2 Tom Pasquarelli present; Mark Philippy,.

chair Philippy Mark Philippy present; Mary Ann Portoro.

Speaker 2 Mary Ann Portoro present; Dr. Rabrich, dr. Redlener,

Speaker 7 Dr. redlener is here;

Speaker 2 David Simmons. Carly Simpson, Carla Simpson present; Christopher Smith, Christopher Smith, Present; Jeffrey VanBeveren, David Violante.

Speaker 5 Dave Violante here;

chair Philippy and I see Greg Gill is on the screen, Mr Gill. Are you able to call out your presence,

Speaker 3 the fact that Greg

Speaker 5 was present? Thank you, sir.

Speaker 2 OK, I will mark the attendance as him being present and we have met quorum so we can conduct business today.

Speaker 5 Well, Don Duvall is present as well.

Speaker 2 OK, thank you, Don.

chair Philippy CHAIR PHILIPPY: OK, great, we have Guam and thanks everyone for joining us. A couple of quick ground rules for everyone here. Do the new webcasting system if you are to speak. Unfortunately, there are no just open mics in the room and these mics are very sensitive and noise cancelling, so you need to actually be in front of a microphone if you're going to address the council today. Then we we ask that you try to make an effort to kind of get right up to the microphone and speak into it. For those of you who are on the call, I do have the Zoom app up on my board and I know Val does as well. But if for some reason we're not acknowledging you, please throw the electronic hand up so that we can recognize you. And one more laugh as you can see the little signs around the room here on the table as you are recognized, please state your name , particularly if it's the first time you're addressing a group. So the stenographer can give you the correct attribution. So that being said, speaking of stenographer, I'd like to entertain a motion to accept the minutes of it, says the January meeting. But looking back at our January meeting minutes, we also did not have the October meeting minutes at that time. So I need two separate motions one to accept the October 21 minutes and a second to accept the January minutes. So first motion for October. Made by Teresa Hamilton and seconded by Mr. Violante. Any discussion on the October 20 21 minutes of the council or SEMAC? All right. Seeing none, we'll go with our traditional format at this time if there are any objections to accepting the minutes. Any abstentions? So move the October minutes are accepted. Now in the January minutes, I have motion. I've got Mr. Masterson and Mr. Knowles seconded. Any discussion on the January minutes? All right, seeing and hearing none, are there any objections to passing the minutes? Any abstentions? Very well. The meeting minutes for Jan 2022 were also accepted. Any correspondence to bring before the council was asked to.

Speaker 2 Letter no correspondence,

chair Philippy CHAIR PHILIPPY: no correspondence, thank you. All right, that leads me to my report and I've got a couple of items. I know this comes as a surprise to you. Bear with me here. I actually have it written down this time, which is a first of so first and foremost is listed here on the agenda. We did have a meeting of the bylaws tag. It's been well overdue and I want to thank Dr.Langstom, Steve Kroll, Carl Gandolfo for coming in and meeting both virtually and in-person and taking a review of this. Andrew Knoell volunteered to take a second look at this as well, and I'm certainly welcome to have anyone else would like to have eyes on this first draft who's got a few changes to it, most notably to one of the things that we want to investigate. And we've asked the bureau staff through Director Greenberg and Deputy Director Dziura, to bring him to the Division of Legal Affairs for an opinion is whether we can or cannot have alternatives to counsel, vetted and vote. So that is, I know something that has been brought up numerous times. We're looking to get some final authority on that from the DLA. So that's that's pending as well. We're looking to codify a few things in the bylaws that have been kind of lore over the years as terms in terms of term limits and how the officer positions. That's probably one of

the major changes we're looking to kind of reclassify the officer positions. One of the ideas that we had was currently we have a chair, vice chair and a second vice chair that doesn't really comport with many other boards and commissions like this. So we're going to go to a more traditional set up of a chair, vice chair and secretary. And the secretary's role would be to assist the executive secretary, who is the bureau representative to the council and doing some of the day to day things such as helping out with motions, keeping track of matters that have passed before the council, helping with membership and so on. So kind of take a little bit of the burden off of the bureau staff, but also to kind of keep ourselves accountable because after all, we are on our own entity. So that was kind of the mindset behind that. We are also going to look to see if we can send this up through the EDCT process, so it will be available for at least first reading with comments at the July meeting. As Dr. Leon Sommers points out, our requirement is that we read the bylaws changes three times before we can act on them formally. So we'll hopefully be able to begin that process in July. All right. So that's the bylaws. Any questions for me of that before I move on? OK. Hearing none, the other item here is we have had a bunch of motions over the past three years and quite frankly, with all that's gone on and all of the things that all of us have been doing. I'm quite sure that neither one of us can remember every single motion that was passed without going back in detail and looking through all of the minutes of meetings. So what I asked Ms Ozga to do is to dump all of those nice Microsoft Word documents that she creates during each meeting with our emotions on them into a file. And I'm going to take it upon myself with the assistance of Theresa, the new bureau assistant, to go through and catalog all of those motions for the last three years so we can kind of track through to see what motions we passed, what motions we defeated and what took, what action took place after that. So that's my personal goal. I'm hoping to have that done by the July meeting as well and then have that posted on boardable for everyone to review. So I think that's going to be a valuable tool for us to kind of keep a little bit of track of what we do here and make sure we're not letting anything slip behind are between the cracks. That said, I know there's a lot of interest in some of the changes that we have pushed forward. I'll let our subsequent reporters today committees and directors report from Director Greenburg address some of that. For the assembled members to part of what we've dealt with in the last several months is the proposed governor's budget. And as the director and I have said a number of occasions, this has really been an interesting time because this one matter has seemed to bring EMS together in ways that many others haven't. But it's a good thing because it allows us an opportunity. So each of the subcommittees over the last two days has been given a charge to take those sections of the governor's proposed budget, as well as any of the other materials that have come up either through direct recommendations and suggestions, things coming out of committee or, more importantly, things coming from our our sustainability tag to see how we incorporate those into our our comprehensive plan. So suffice to say, there were many good things. In Part F, I think we recognize that there are some opportunities here and we need to strike while the iron is hot. So I have charged each of the subcommittees with certain specific tasks. The chairs were given those both verbally during the meetings and by me in writing today. It is. It's a sizable task, but I think we're up to it. I think we have to be because as we've been ringing that bell for the last three years of how much EMS is in crisis, we are, we are the captains of the ship and we have to start steering it in the right direction. So that said, I ask all of you on this call and all of you by extension along the the gallery to the sides, please become involved, continue to be involved and help us to make this work. So that is my charge to the subcommittees. Along with that kind of goes kind of a kind of a difficult thing for me to get into. And quite frankly, it disturbs me that I should have to go down this road, but I understand the genesis of it. For three years, we've had a combination of in-person and hybrid meetings, both sometimes fully remote meetings because of the COVID pandemic. It's amazing to me that we see all of these folks here

unmasked, sitting amongst ourselves less than six feet in some cases. Mostly not. But, but we were able to make this opportunity work for us. That by itself presupposes that the purpose of getting together is to leverage our being here together. And part of that is things that have happened just today. We had a safety committee meeting this morning and for twenty twenty five minutes after the meeting, we probably got done more than we'd have been able to do in the last two years because of remote meetings. The fact that we're able to stand and have a conversation among three people and not worry about is or interrupting whom or who's petting their dog or who's trying to take care of the cat and have that real one on one confirmation of communication. It cannot be understated. So if we're to continue to succeed, if we have hybrid meetings and we will now then continue, then certainly we expect that people are going to be attentive and put their, their two cents in. But if we're here and we have the opportunity to have an in-person meeting and you're available to do so, I'd ask that you come to the in-person meeting. Your presence here is more than just filling a seat. Your presence here is important. It shows support. It builds morale, it builds esprit de corps. And more importantly, it gives us the opportunity to have real time person in-person communication. The cannot be validated any other way. It's it's troubling that we had our med standards meeting where the room was practically standing room only and to the point where we had to bring in extra tables and chairs. But then when finance met, the room was practically barren. That committee is no less important and legislative was the same, and we met with legislative. There's important things that are going on in that committee. And the fact is that we didn't have nearly as many members here as we should. So I ask you all as members, I ask you all as people who are interested in the process of EMS. Please become involved, stay involved and come to the meetings. That's the end of my rant. And I actually I know I'll add one extra bit to that. Don't come to a meeting virtually or in person and not be prepared. That's this is this is a meeting of a professional organization and we try to get information out as timely as we can. And I understand there's been challenges. Believe me, I understand we've been working very, very closely with the bureau, with boardable app and with a number of different ways to try and mitigate that. I get it, believe me. But when we do have the data available, we do have the information posted. It's up to us members to read it, to understand it and act on it. So that's my that's my final bit of rant right there. All right. The last bit I've got here is, as you probably know and Dr. Doynow, I will speak a little bit more shortly about we had our meeting with Commissioner Bassett, three of the deputy commissioners director Greenberg and deputy director Dziura It was a half hours jam packed. In fact, we went right up to the very last second when the commissioner had to drop drop off. It was very nice meeting Commissioner Bassett. She was very gracious, gave us her full attention for that whole 30 minutes. I won't spoil Dr. Doynow thunder here, so I'll let him speak to the first five minutes, which I thought were excellent. I will admit that the next twenty five minutes we did end up going down a bit of a rabbit hole, and that's that's that's my fault. I had probably about 12 pounds of stuff to put into a five pound bag. And the unfortunate part is I only got about two pounds out, so I want to thank the commissioner and her, her deputies for allowing us the opportunity. I'm hoping it's going to open some doors. Some of the things we did talk about that we did manage to get out. We spoke about the staffing crisis. We talked about training programs and efforts to try and train more EMTs and paramedics across the state. We talk pretty much had an emphasis on what the council is here to do for, for her and for the Department of Health and for the people of the State of New York. So I did spend a little bit of time talking about how this is. This is her group of subject matter experts and we are here to help her to steer, to steer the course of EMS in the state. And I did speak a little bit about the program agencies and some of the things that program agencies do more and most that I talked about the funding and the fact the funding for the program agencies has not changed since 1999 and that that's a problem and that we need to address that. And now I got some attention on

that. It did end up going down, like I said, the trees in the white rabbit for a little bit, but I think the bottom line is that we put that on the radar. It didn't get addressed in this budget, but I am confident that if we continue to work toward pounding on that, we will have some change, some substantive change next year. Additionally, it's opened up some avenues to look for other funding streams, which may be coming to fruition as well. And I'll let Mr. Kroll speak of that when we get to the finance report. Other than that, I don't have a whole lot. I do want to mention is for those of you were not aware as Patty Bashaw, who was the chair of this council for two years and also the chair of our systems committee, had to resign for personal reasons. And I would just once again like to commend Miss Bashaw for her years of service, dedication, the knowledge which with she is shared with this agency and this organization, the accomplishments she's had here and within Essex County, and thank her for her for all of her service. So if she will be missed temporarily and in thanks for his acceptance graciously as Mark Deavers will be taking the helm of the systems committee. And he's definitely not looking at me because he wants to make sure he doesn't get another assignment by making eye contact as he keeps looking down. OK, how I got him, I got him. I got him. All right. All right. I think that's about it. I do have a couple of other mentions, but I'll leave it to later because I think there's probably people better suited to to discuss these. As you all know, our. Friend Dana Jonas, this will be his last meeting with us. We'll we'll circle back to that, fear not. And Dr. Greg Young, as many of you may know, he's retired and we we recognized him at a ceremony yesterday with the deputy commissioners and a word that Dr. Doynow will speak of in a few minutes. So that's all I have for the chair report. Anyone have anything for me. OK. Nothing. Dr McEvoy.

Mike McEvoy DR. MCEVOY: So Mike McEvoy, the first vice chair, the only thing I want to mention if you haven't already done this, this is National Emergency Telecommunicators Week. And as a county coordinator, I have the utmost respect for those folks. I think that they saved many, many lives before you and I ever get there. And I would reach out to your 9-1-1 folks and give them a big thanks for everything that they do. I know the governor and our state last September recognise them as official first responders, making them eligible for some of the same benefits we have. And I think that was long overdue. So happy National Telecommunications Week to all the folks who have our backs. 24-7. Seven. OK.

chair Philippy CHAIR PHILIPPY: Thanks, Mike. Anybody have anything for Dr. Michael Wayne? All right. Mr. Haag Second Vice Chair, No report. All right. I'll report anything for Mr. Haag. All right. Hearing nothing. We go back to my agenda, which of course, every time I bring this up, it seems to want to go to another page. So bear with me for a second. Uh, yeah, that's it. OK, thanks. Director. Greenberg, thank you.

DIRECTOR GREENBERG DIRECTOR GREENBERG: It's work stuff. All right. So good afternoon, everybody. Thank you for being here. So a couple of things going on from the staff report in your report. Covert operations are still continue within the bureau, however, significantly, thank God decreased. But what many people don't realize is up until about two weeks ago, we still had federal and state resources operating in the system. In total, during the Omicron variant, we had about 130 EMS resources throughout the state. Those were coming in from federal resources or contracted state resources. They helped facilitate load balancing and help the local support systems. And a shout out to District Chief Lenihan, District Chief Brucato and all the regional staff for the work that they did in helping mobilize and keep those things going. Some people did. After I got some questions on, you know, what was the difference between the federal and the state resources? The biggest difference is critical care. So the federal resources don't have the ability to do the same critical care transports and things that the that the state resources

can to the state resources. We're really handling a lot of the critical care transfers, and many of those load balancing and transfers were upwards of four to five hour trips just to find an ICU bed and a place where those patients were able to be placed on the operation side in the operations section. We are getting back to some sense of normalcy, so we're working on our agency inspections and the ambulance inspections. We continue to monitor diversion throughout the state, particularly in the central region. We are working on rolling out right now. We're beta testing a statewide diversion platform that will become available for free to all the regions once it does roll out. Currently, it is up. Like I said, it's in beta testing, so it's up. It's live at the point that does truly go live. There will be a website that any provider would be able to go on and see any hospital and what's on diversion, not on diversion, what might be open or not open and the administration side of the of the bureau. Lynn Farrugia has transitioned to a new position in the Department of Health, and we really appreciate all the service that she gave to the bureau over the past couple of years. And we're excited at the same time to welcome several new staff into the administration, including Todd, Shannon, Tony and two additional positions that are out for recruitment right now for this group. We're really excited to welcome back to the bureau. Teresa, who is with the bureau for several years prior to she left, went to another role in Department Health and now is coming back. She will be working with the REMSCO and the SEMSCO about half of her time will be dedicated to facilitating and assisting the SEMAC in the SEMSCO in different projects and functions that they're doing. You know, from complex to some simple stuff and even simple things like what Mr. Chair was talking about, which was, you know, coordinating past actions and motions and putting them in one centralized place. So really happy to have her back. You'll see her, hopefully at the next council meeting. So Community Para Medicine is able to occur right now through executive order. However, due to partap not passing in the definition of changing, those will come to an end in the near future. Whenever the executive orders end is when community para medicine would end, as well as EMS providers being able to vaccinate EMS providers being able to work in nontraditional environments. All the things that we have through executive orders. So please keep your eyes open for that one as well. We do still have just about 50, just over 50 community paramedicine programs, and we are currently servicing 40 counties. We will also make sure to communicate with those community paramedicine programs once the executive order has come to an end on the education side. We are very excited through a long process to welcome Drew Chesney or George Chesney if you get an email from him to the bureau. He is our newest member of the education team. He will be working on reciprocity and several other things. So if you start to see an email and some communications from him, please know that that is the new hire. Be patient. Our regional faculty training program is in the final stages of development. So I think you'll be seeing more about that one. If you are interested in more information on the regional faculty, both the selection and the training process and what's happening with that one. I encourage you to join the third Wednesday of the month for the education call, where Chief McMillan would be happy to talk about that one. Our CLI class, we know that there's a shortage of supplies. We've heard this. We are moving the Seelye didactic portion online. It will be available via WebEx that will probably teach a certain number of times a year, as well as a recorded Learning on Vital Signs academy. So that will be happening and as well as for current instructors who are looking for training. We will be putting up eight hours of education, including the required time for mandatory updates from the bureau that will also be available on vital signs and that will meet your educational requirements for renewal of your instructor certification. On the data side, the paper PCR portal is going very well, as well as the image trained free portal. We have just about 500 agencies on the free EMS Portal. So between that and the paper portal, we are extremely excited to see how quick data is coming in and the information that's being shared a little later today. You're going to have a presentation on bio spatial. This is a new analytic

platform that the department is getting in order to be able to best use our data. Our Quality Assurance Committee has already seen a presentation on it. We're going to give a brief overall today on it and then anybody in this room, councilmember or non council member who is interested in learning a little bit more about it. We're going to do a more extended one hour presentation on it at a later time. So please keep that one in mind if you are interested. Reach out to Peter Brody. EMS for children recently had a meeting or worked on some new protocols that are going to be come up later on for approval. We also have anybody who's interested in the PEC program. Please reach out to Amy Eisenhower directly, and there's many updates to the EMST web page on the bureau webpage. So please feel free to look at that one on our trauma side. The next meeting is the first week in May for vital signs. If you like this room, you're going to love vital signs this year because we'll be right here. So October 27 to the 30th here in the tower, and we are trying to plan some other unique things for being here, like access to the capital and museum, things like that. So please, we encourage you to come on up for vital signs this year. It will still be a hybrid, so there is another opportunity. If you need your hours, you'll be able to get that via a hybrid as well. The memorial has moved from September to from sorry from May to September. I want to give a a thank you to our memorial committee. About seven of us who worked with OGS to work on the expansion of the memorial. There's been a number of things that had to go back and forth on what OGS and the the people who work on the memorial said told us basically what we'll be able to do when we're not able to do and different ideas. And it really has. I think it's going to be very, very nice. Nice tribute. There's 10 honorees who will be going up and that will happen on Tuesday, September 20th at 11 a.m. And I think there's a flyer outside and there's a flyer outside from the director's office from Steven myself. EMS Week is coming up and as well as the EMS Award submission. So there's a link that will be going out to all the programme agencies who will share with direct with agencies. But if you know someone who you feel deserves recognition, this is an excellent opportunity to give them that opportunity and are given that recognition. The big thing, which is been about a two year project, is in about two weeks or by May 1st, we will be going live with digital cards. We will still have the printed card, so you'll still get that. But you will also have the option to get your digital card, both your EMS card, as well as your instructor certification from the health commerce account. And so very excited about that one. You will need to have a health commerce coordinator with your agency, and you will need to be a part of an agency in order to access your digital card on the health commerce account. The program agencies are here to help and facilitate the agencies. They're not here to facilitate every single provider. So the program agencies, I'll say, is one more time are here to help facilitate the agencies. Make sure that the agency is on health commerce, make sure the agency has a health commerce coordinator, but the individuals should go to their health commerce coordinator within their own agency. The sustainability tag, I believe they'll be reporting out, but I just want to say thank you, and the work has truly been absolutely amazing. We continue to run the Surge Operation Center with some pretty incredible numbers going on. From September, we've done just under 6000 cases. We've handled just over 2700 diversion notifications. We've handled just about just under 4000 transport. Requests, we've done about 350 bed matching requests, and we have responded to just about ninety five hundred 911 emergency calls. So a lot going on there. Want to give a big thank you to the head of the SoC, the deputy director deserved? Thank you for everything that you do. Many, many late nights and random phone calls at odd hours, as well as the district chief Mary Ramo and District Chief Genna VanCort, who really are the team leaders of that of the teams that are working in that center. So from a regulation point of view, so before COVID, our time before COVID, there were two things that were on a plate for regulatory changes. One was related to safety and equipment and one was related to 12 points from the Education Committee. I believe it's 12. Maybe it was 10 for Dr. McEvoy will correct me that were

basically pending regulatory updates in order to do a number of things. So now that that we are in a better place, we are going to be working on that between now and the next meeting. The goal is to hopefully be out into public comment between now and the next meeting, I don't think will be through public comment. It will depend on when the next meeting date actually ends. So excited to to see that process that we have outlined that with the Division of Legal Affairs, what that process will look like, how it will happen. So we will take these first two steps in updating those the equipment. One is obviously really important from, you know, just modernizing our equipment standards and all the work that the safety committee has done. But the education one is also pretty critical because the education one is what will allow us to continue on the pathway of what we're doing today with executive order. And so we're hoping that that timing that there's not too much of a gap and that these things will go into place as if the executive orders end on or about or around or before then with the executive orders, they are still in effect. Um, currently they they run on about a 30 day period with renewals. So just keep in mind, you know, a number of things that are in place with that with the executive orders, a rural health task force. I know Al Lewis has asked for an update on this one. So just an update to this entire group where it is moving forward, it is treated in some senses like another council. So it does go through the vetting office. So I've been working directly with the vetting office on receiving and working and vetting the individuals who were brought in for as recommendations for each of the seats the seats are designated. So it's, uh, you know, two pretty assembly and two from the Senate and two per seat fire and two from the Department of Labor and two from Bureau of EMS and so forth. And so we're working with them. My guess is it will take about another four to six weeks to get through the vetting process. And then once that is completed, then we'll be able to have that group move forward. I'm hoping that the sustainability tag will, you know, timing of the sustainability tag coming out with their white paper will somewhat align with the timing of the Rural Health Task Force starting, and they'll be able to, you know, kind of work in synergy to be able to build and kind of move forward. We did have a very exciting EMT pilot program that occurred in February and in March. So we had about 650 students who entered the program. They didn't necessarily have to be tied to an agency. 400 of those were National Guard members, 250 of those were civilians. And we are excited to report that over 450 are already certified providers. We have a number of them who are still pending testing or getting ready to test or so on and so forth, waiting for clearance of tests. But I want to do a shout out to all those agencies who helped make that come to fruition. BMCC and and upstate medical and the list, there's 19 of them. I don't have time to go through all of them right now, but really it was a collaborative effort as well as a shout out to you and Chief MacMillan and Deputy Chief Taylor for, you know, the work that went with that one. So thank you to everybody for making that. Lot of lessons learned, as well as a lot of great things and also a great proof of concept. This is something that when we did go to start, we were told, Nope, that won't work, you know, too fast. You can't do it this way. And we were pleasantly surprised to see the outcome. And I think, you know, we can even see a better outcome, you know, with some tweaks and some things and and some feedback from, you know, different groups. There was some question related to National Guard members and you know, how many of them you think would work in EMS or things like that? Happy to report that we've already gotten a lot of reports of National Guard members who either have a weekend job already. So I guess the reverse because right now they're on active orders and interest in different agencies around the state. So excited to see that one. Jason Haag said, shaking his head as he was one of the lead instructors going to classes up there. So again, thank you for that one. Just a reminder is COVID is looking better. It's not great, but it's looking better. A lot of the innovation and the things that we figured out during COVID. I encourage everybody, please, to move forward with and don't stop, don't slow down. If there's a barrier or something out there from a regulatory

compliance point of view that you're facing as an executive order, enter something else. Please bring it forward. Don't assume that we know about that barrier so that we can work to hopefully find a solution to that barrier that is particularly important to the bureau. With that, we do have one last thing that I wanted to bring up and caught us a little bit by surprise this morning as he announced his retirement, uh, after forty two years of service to the department. And so on behalf of the entire Bureau of EMS and myself and Steve, we would like to present a state EMS meritorious service award to Dana Jonas for his 42 years of service to EMS in the EMS community. I would like to introduce Chief Clayton to talk a little bit about his time as Chief, Clinton has worked the longest. With Dana, thank you.

Speaker 4 CHIEF CLAYTON: I want to just mention that, you know? Yeah, OK, so I'm going to have to sit down and lots of talk. Dana has been with the bureau virtually all of his state career nearing 40 years, over 40 years. He came into the bureau specializing in radio communications. At that time, he was not a certified EMT, but was offered an opportunity to become an EMT, as he

Speaker 3 did back in the 80s, and

Speaker 4 subsequently moved up from a lower grade to a grade 18. What was then called senior EMC representative and over his tenure with the bureau has. Well, most, if not all, of you know that he's been most recently dealing with certificate of need, you know, ambulance operating authority certificates, ALS safers, et cetera. But over his career, some of you may not know that he used to deal with testing and proctors back in the 80s. He did that for a while. He's also been actively involved in years past with inspections agency inspections, not his. His career has been with central office, but on multiple occasions he's been called out in the field to do agency inspections. He's also worked many a late hour and long hour at the State Emergency Operations Center over his tenure for such tragedies as 911, as well as flooding ice storms, if you all recall, back in 97 98 with the bad ice storms up north. And you know, he's also been involved over the years with controlled substances. So I just wanted to, you know, note Dana's long career with the bureau and thank him for his service, and I'll give it back to Director Greenberg.

DIRECTOR GREENBERG DIRECTOR GREENBERG: So with that come up here, it's a little bit easier. I'll pick up the microphone and sitting down for this one. So state EMS meritory service award is presented to unit chief Dana Jonas in recognition of your forty two years of service to New York State Bureau EMS and trauma systems. Thank you for your dedication to EMS operations and the advancement of the New York state EMS system. Thank you, sir.

Speaker 5 DANA JONAS: I left my prepared speech at home, thank you very much. However, I intend to stay active in supporting EMS and as soon as it was learned in my county that I was retiring about an hour ago, they contacted me and said, We've got a class running and you're going to come help us. And I said, yes. So I look forward to continuing to support this organization as the premier guidance entity that serves the commissioner and the Department of Health. I think the SEMSCO has done. Awesome work, and I wish you the very best going forward. And I'm impressed with the impressed with the vision that Ryan and our new administration has for where Ms. Can go. And I encourage you all to support him in that mission. So thank you very much. If I talk any more than Leigh Burns is going to call me on the phone and tell me, you talk too much. And those of you who have talked to me know that's true. One last thing for all the program

agencies that will miss me for all my CON expertise. You can call my personal number. The first hour is free. Thank you.

chair Philippy CHAIR PHILIPPY: And as Dana goes down the receiving line, there is there is there is a poignant moment there that I that I couldn't resist. Dana says yes. Dana, thank you for your service. We appreciate you. All of us are going to miss you. And we cannot imagine how we got to this point without you. So thank you for your service. I can work. Back home. All right, doctor, anything further,

DIRECTOR GREENBERG I am done

chair Philippy very well. Anyone have anything for the director, Greenberg? All right. Moving on then with the SEMAC report, Dr. Doynow.

Speaker 4 DR. DOYNOW: Okay, thank you, Mark. Why don't we let Dr. Marshall go first and he can talk about the motions that need to come forward to the committee? DR MARSHALL: Thank you, and good

Speaker 7 afternoon, everyone. Medical standards and SEMAC met yesterday,

Speaker 3 and we bring forward to you three

Speaker 7 seconded motions from SEMAC. The first motion. Has to do with the EMF pediatric viral pandemic triage protocol.

Speaker 3 We asked EMS-C to

Speaker 7 look at our adult protocol and developed one for our pediatric patients, and they did a yeoman's job of putting together this protocol. After some discussion, protocol was approved, with the changes noted on your screen. So above the box bird box with the vital sign parameters, the statement will read vital science consistently outside these normal parameters. Word outside will be bolded and we inserted normal parameters. In addition to that, the systolic blood pressure column will be removed. Because the discussion was that much blood pressure in children, especially in neonates and very young children, may not be as accurate

Speaker 5 and doesn't

Speaker 7 really. Help that much when you're talking about distress, kids and the other items on that. Round table will give the providers reason to feel that the kid is really sick. We also are removed from the bottom red box COVID 19, so

Speaker 3 it will just say contact

Speaker 7 the New York State Department of Health hotline number. And the reason we did that was because we want this to be a more generic viral pandemic. Protocol changes, we have to use it again. You don't need to change the words. And also, in the end, the vital sign parameter box, the last line adolescence. We adjusted the age from 13 to 14 to be consistent with adolescence being up to their 15th birthday. And that comes forward. It has the seconded motion.

Speaker 4 So we'd like to have you have everybody vote on that specific seconded motion. We need a vocal Roll-call vote. Well.

Speaker 2 MS OZGA: Right. Okay. Dr. AlexandroU, yes. Steve Cady,

Speaker 3 Steve, Cady, yes;

Speaker 2 Mark Devears, Mark Deavears yes; Don DuVall, yes; Mickey Forness, Mickey Forness, yes. Carl Gandolfo

Speaker 4 carl Gandolfo. Yes;

Speaker 2 Greg Gill Yes. Jason haag Jason.

Speaker 3 Haag yes; Terry Hamilton?

Speaker 2 Terry Hamilton? Yes. Don Hudson Hudson. Yes. Steve Kroll.

Speaker 5 Steve Kroll. Yes.

Speaker 2 Andrew Knoell, Andrew Knoel yes; jared kutzin, Jared kutzin yes; Al Lewis.

Speaker 5 Al Lewis. Yes;

Speaker 2 William Masterton.

Speaker 5 William Masterton yes.

Speaker 2 Mike McEvoy.

Mike McEvoy McEvoy Yes.

Speaker 2 Tom Pasquarelli, Pasquarelli Yes. Mark Philippy,

chair Philippy Mark Philippy yes;

Speaker 2 Maryanne Portoro, Maryanne Portoro Yes. Dr. Redlener Redlener Yes. David Simmons.

Speaker 4 David Simmons. Yes.

Speaker 2 Carla Simpson. Carla Simpson yes. Christopher Smith.

Speaker 5 Chris Smith, Yes.

Speaker 2 And David Violante, Violante Yes. Motion passes.

Speaker 4 OK, thank you, Vall. Thank you. The next one,

Speaker 5 you know, so the second motion to just be consistent with

Speaker 7 the pediatric viral pandemic protocol and the adult protocol, the bottom red box? Again, we're going to remove COVID 19 to make the statement more generic than New York State Department of Health. Call the hotline that comes forward in a seconded motion.

Speaker 4 So Val second the motion if we can have a Roll-call vote as well.

Speaker 2 OK, Dr. Alexandrou Alexandrou Yes. Steve Cady,

Speaker 3 Steve Cady, Yes.

Speaker 2 Mark Deavers, Mark Deavers Yes; Don DuVall, Yes; mickey Forness, Forness yes; carl Gandolfo,

Speaker 4 Carl Gandolfo, yes.

Speaker 2 Greg Gill. Greg Gill yes; Jason Haag.

Speaker 3 Jason Haag yes;

Speaker 2 Terry Hamilton, Terry Hamilton, yes. Don Hudson,

Mike McEvoy Hudson, yes.

Speaker 2 Steve Kroll,

chair Philippy Steve Kroll yes;

Speaker 2 Andrew Knoell, Andrew Knoell yes; Jared Kutzin, Jared Kutzin yes; Al Lewis and Al Lewis. Yes. William William Masterton.

Speaker 5 William Masterton Yes.

Speaker 2 Mike cEvoy.

Mike McEvoy McEvoy, McEvoy. Yes.

Speaker 2 Thomas Pasquarelli, Thomas Pasquarelli Yes; mark Philippy

chair Philippy Philippy yes;

Speaker 2 Maryanne Portoro, Maryanne Portoro yes; dr. Redlener Redlener Yes. David Simmons

Speaker 4 Simmons Yes.

Speaker 2 Carla Simpson, Carla Simpson yes. Christopher Smith. Chris Smith, yes. And David Violante, Violante yes, motion passes,

Speaker 4 Dr. Marshall, if you would do the third place. Yes.

Speaker 3 DR MARSHALL: So if you recall the last

Speaker 7 SEMAC AND SEMSCO meeting, we approved the pilot protocol to use buprenorphine and buprenorphine naloxone, or Suboxone, which is a combination medication for opioid use disorder to treat patients who are in acute opioid withdrawal. And we did approve that, and we're waiting for some information and more approvals from BNE and DEA. And we think that once that happens, they'll be able to implement this pilot project in moving toward that end goal. We had a motion to add the buprenorphine slash naloxone combination medication to the state EMS formulary. That's the seconded motion.

Speaker 4 CHAIR PHILIPPY: Val, we'll need a Roll-call vote with.

Speaker 2 OK. Dr. Alexandrou, Alexandrou, yes, Steve Cady.

Speaker 3 Steve, Cady, yes.

Speaker 2 Mark Deavers. Mark deavers yes; Don DuVall, Yes; Mickey Forness, Mickey Forness yes; Carl Gandolfo,

Speaker 4 Carl Gandolfo, yes.

Speaker 2 Greg Gill, yes. Jason Haag,

Speaker 3 Jason Haag, yes.

Speaker 2 Terry Hamilton, Terry Hamilton, yes. Don Hudson, Hudson Yeah. Steve Kroll

Speaker 3 Yes.

Speaker 2 Andrew Knoel, Andrew Knoel yes; Jared Kutzin

Speaker 5 Jared Kutzin and yes.

Speaker 2 Al Lewis, Al Lewis, did I lose my mic?

Speaker 5 Al Lewis yes.

Speaker 2 William Masterton,

Speaker 5 William Masterton, yes,

Speaker 2 I lost my mic, can everybody hear me? Michael McEvoy,

Mike McEvoy McEvoy, yes. And they call that a timeout timer, Valerie. It's on our radios too talk too long and it goes off like that.

Speaker 2 Tom, Pasquarelli, Tom Pasquarelli yes. Mark Philippy,

chair Philippy Philippy yes

Speaker 2 Maryanne Portoro, Maryanne Portoro yes. Dr. Redlener Redlener Yes. David Simmons.

Speaker 5 Simmons, yes.

Speaker 2 Carla Simpson, Carla Simpson, yes. Christopher Smith, Smith, yes. And David Violante

Speaker 5 Violante yes

Speaker 2 motion passes.

Speaker 4 CHAIR PHILIPPY: Thank you, Val. Dr. Marshall, anything else? No, I will

Speaker 3 turn it back over to you. Thank you very much.

Speaker 4 DR DOYNOW: Thank you, Dr. Marshall. So other information from SEMAC, the club protocols that were previously voted on and accepted actually have been released. They should be in the Meru and available to everyone. The collaborative protocol process, which is a time frame for yearly development and release of protocols, was reviewed. Essentially, protocols will be released once a year to avoid confusion unless there is some emergent reason that a protocol needs to be changed. Scope of practice was discussed and tabled until the well, I shouldn't say table, I think that would be the wrong word, said . basically was postponed until the next meeting. I-GEL Pilot study has been accepted as a statewide pilot program, assuming there was no major change. Question of crossing protocol lines for our downstate folks, since it really only occurs in New York City, Nassau County, Suffolk, thanking Dr. Barton Dr. Krugler, who from a historical standpoint, there was a thematic decision in 2018 that basically stated if an agency were to pick up a patient in their home protocol area and cross to another protocol area to deliver that patient to a hospital, they would remain on their home protocol. If anybody has any further questions, I have that decision and I'll be happy to share it. Uh, let's see. We did meet with the commissioner. She is very nice. It was a very good meeting. Mr. Philippy and myself and Ryan via Zoom. My five minutes that I had with her before I turned it over to probably was very productive. She was very interested in having a statewide EMS medical director asked us to put a job description together and submitted to the department so they would act on it. What we have done is set up a group of five physicians to look at a job description and what was expected of the state medical director. I like to thank Dr. Dailey's EMS fellow and the EMS well from Buffalo, who actually looked at every state medical director job description in the United States and put together a very nice Excel program with all those descriptions. So we'll be using that to put something together for the next thematic meeting and then we'll release it to the department and then hopefully start looking for a statewide EMS medical director. Lastly, it was very sad to say goodbye to Dr. Young after 30 years in the department. He's been very helpful to me as SEMAC chair. He received the New York State Lifetime Achievement Award by the department yesterday. He received a standing ovation. I wish him luck in his future endeavors. He states he has a very large honey do list, which will keep him busy for years to come, and that is the end of the SEMAC report.

chair Philippy Thank you, Dr. Doynow director.

DIRECTOR GREENBERG DIRECTOR GREENBERG: So I just want to echo the Dr Young, and I wanted to wait for, uh, Dr. Donald to to mention a few words, but uh, for those of you who didn't know, Dr Young has been with the department since 2002, but also has been a member either of a committee or a member of the SEMAC, uh, since 1986 No, 1987 and in 1986 he was actually a founding member of the Western REMAC.

So I just want to give a round of applause and say thank you for all his service and everything that he's done.

chair Philippy CHAIR PHILIPPY: Thank you, director, and I'll echo those comments as well as we did yesterday to honor Dr. Dr. Young, thank you. I'm having a Swiss cheese today. Dr Young and his long service with us is amazing some of the accomplishments that he was involved in and how he has pushed forward, EMS. It's really quite amazing the number of people who have been involved in this process, and you really don't come to understand the length and breadth of the work that they've done until it kind of comes toward the end of their career. So I hope we recognize that and the folks that we have here, but definitely want to praise and commend those folks who have done that work for us up to this point. So thank you all. All right. Moving on with our agenda, get on to our committee reports and the executive committee met briefly before this meeting. We're looking at our schedule of meetings for the foreseeable future. One of the things that we've been trying very hard to do is get back to having in-person meetings, trying to dodge around the issues of COVID, but more importantly, trying to work with people's schedules as well as we try to foresee a little bit what the future holds. Now that we have something of a future that we can look toward to having more in-person meetings, we're trying to find a more regular cadence to those and to find a venue that's going to be appropriate. So that in mind this year, maybe a little bit special. And the last two years we were kind of limited to three meetings a year because of a lot of different factors of this year in order to put us on a proper cadence for four meetings a year, which I believe we all agree is our goal. We may have to have five meetings this year, but that's not set in stone, but that may have to happen. What that will do is, in a certain case, our present course appears to go as it will. We'll have a meeting in late July, probably the last week of July. We're working to confirm that now and the director informs you we'll have an answer for that by mid-May at the latest so people can plan for that. The next meeting will probably be early October, and then we will have a late December meeting that will then push our first 2023 meeting into late February, but allow us to get to a three month cadence. So we'll have four meetings a year, roughly three three months apart. So that's the ultimate goal. We're trying to keep in mind the executive deputy commissioner clearance process, which takes 30 days. So we make sure that we get all of our postable public publishable documents out to that process 30 days ahead. That said, and this was mentioned also at Executive today, the boardable app is, I think, at a point now where we can really start to depend on it. We're working through just a couple of small glitches, one of which being where are things when they are posted to the app? We did discover that there's a little bit of a challenge today. Some things end up in the individual committee meetings folders, some go to the individual document folders. So we're going to work on some conventions there. But the bottom line is that we can, as committee chairs and individuals, post information to boardable to be shared within our committees so that we can work on those items. The only restriction that really does come up through that EDCC process is anything that needs to be published publicly or to the full council is that correct director. So as we're working through our subcommittees, there's nothing stopping the committee chairs or members to post things in your own committee, audible counts so that you can share information and get working on it. Those working documents can then be used during the course of a regular council meeting. And of course, as I mentioned earlier, we really encourage the folks to meet between formal council meetings. If you're individual, committees have work to do. So there's nothing stopping you from having a WebEx meeting between now and July. In fact, I kind of expect that you would so that we can get some of the work that you have done between now and July. So that pretty much sums up the executive meeting. Any questions? OK, we've read the Med standards that brings us to education and training, Dr. McEvoy.

Mike McEvoy DR MCEVOY: Thank you, Mike McEvoy, chair, education and training, and we have no seconded motions to bring forward. We had a very long and predictably contentious meeting yesterday. And I'll put the last two contentious items at the end of my report. So we started out with Chief Taylor giving our rundown of staff information from the bureau. She's ecstatic that Drew Chesney has joined the staff and he currently is working on reciprocity. Getting that caught up and then he'll work with some of the other areas that they're a little bit backlogged from being understaffed for quite a while. Gene is also finishing up with some regional faculty training programs, and she clarified for people out in the program agencies that regional faculty who have been appointed already and the program agencies have the list of those individuals can be used to perform functions like audits and that sort of thing. So you don't have to wait until they're fully on board. And their plan is to put a onboarding program for the Vital Signs Academy that will get the regional faculty fully up and on speed with what they need to be doing. And that also will allow those folks to get some continuing ED credit. There is about to be introduced, probably ready for the fall. EMT courses a new practical skills exam at the BLS level. It will basically be three out of hospital scenarios that will consolidate all the current skills that are tested and will get some information out about that. Once the policy statement is approved and all the forms are prepared, but it's expected that that will be ready for courses that are starting this fall. So stay tuned for that to come out. Couple other things CIC, CLI, CIU. Ryan alluded to this a little bit. There are no more CIC courses being offered in New York state. Anyone who wants to be a CIC needs to take the NAEMSE course and then do their internship at an appropriate course, sponsor in an appropriate paramedic course or EMT course. There is a slight tweak in the training of CLIs. They're going to be putting a Seelye training course on Vital Signs Academy, and people will be able to take that virtually and do their internship at an appropriate course sponsor. There are still in-person CLI courses, and I know the remote folks are running one this month and there are some around the state and other places. But because we have such a shortage of close, the vital signs academy course will probably be a way to increase that attendance. Slight tweak in that program, there was a change made in policy so that a person who takes the NAEMSE course in order to be a CIC and then doesn't finish their internship rather than totally lose that person as an instructor, they could now use that training as CLI Training and do a CLI internship and become a seelye. So that way we don't totally lose that individual, and that was a little bit of rethinking of the process. Certified Instructor Update Classes I know personally there's a demand for those because I just ran one that filled up with 100 people virtually. We had to record it and run it again, and it filled up with another 100 people from all across the state. So the bureau is going to be taking last year's vital sign academy educator day and putting that, excuse me, vital signs conference educator day and putting that onto the Vital Signs Academy so that people can get the entire kit and caboodle of hours that they need for their instructor recertification. They'll do that each year, so every year there will be a new one on there, and that will give people a virtual opportunity to be able to get their certified instructor update hours done. Full spectrum both the three hours that are required from the state and the additional six hours. Couple of things that the Training and Education Committee took a look at. One was the I-GEL program and that packet came in that included a plan for disseminating it across the state and educational plan, quality improvement plan. And all of those pieces look like they answered completely all of the questions. Training and Ed had had previously about it, so we pass that on to SEMAC. And as you heard, that's going to be implemented once the commissioner approves it. So that's a statewide protocol, and we had had some concerns about how it was going to move from one region to statewide. Those all appear to be answered in in the packet. Educational standards. The NHTSA folks released a whole new set of educational standards for all levels from CFR up to paramedic. About a year or so ago. We sent them

out to our committee for some pleasant Christmas reading and had a discussion yesterday about some of the concerns that that raises in New York state. One thing you will see is in the CME re-cert program. Those are the additional hours that are required for New York state. That got added on to the program with the last revision. They fit into the categories that you see those hours. They do, however, have to be added into original curricula so that people taking original courses get the new material. We took that and decided to appoint a subcommittee that is already filled up with seven volunteers. I didn't even have the ball and told anyone and Drew Chesney from the staff is going to work with that committee and come up with some ways of incorporating that into our curricula. One of the concerns is that our exams in New York state, the state exams are all predicated on objectives that are written by the feds when this educational standard was published. It has in the preamble to it that the feds are no longer publishing objectives. They're no longer publishing curriculum. They're just publishing the standards. And that causes us to not be floating in space trying to find them. But having to come up with some way of memorializing that into our curriculum for New York, what the feds are doing is letting the publishers, textbook publishers, write those objectives, write the curricula, write the textbooks, etc. so that no one's reinventing the wheel in that process. So this committee will deal with those questions as well and give some advice to the bureau on how to proceed with revising exams. OK, let's a couple of other things that the bureau wanted to highlight on, and then I'll tell you about the two controversial topics. The first is anyone who is submitting CME paperwork should be sending that in through the CME portal. It's up and running. It can be used in all regions. You should not send the paperwork in by mail, by carrier, pigeon, by fax or by any other means than the portal. So we'll make sure that that's widely published. It's available by getting a hold of anyone over your program agencies who can tell you what the website for that is some pearls that have come up on training and ED calls pertinent to the CME re-cert program. One is that if a person belongs to an agency, the agency should be submitting their CME. There is an option on the portal for an individual to put the paperwork in themselves. However, if a provider puts their own paperwork in on the site, the agency loses eligibility for funding for that individual. So if the bottom line here is if the agency CME coordinator signed the re-cert application, then the agency should be submitting it if they want to get paid. The only time that you use the individual tab on there to submit it yourself is if you do not belong to an agency with an approved CME re-cert program. There was a controversy that came up on a couple of the education calls about the length of time that you can go backwards to carry ours into your CME re-cert period, and the controversy has been settled. People have been extended once, some people twice, and that concept is that from when your card was issued, whether that's three years ago, four years ago or five years ago, you can use hours that you accumulated from then until you expire. So it's it's not just a four four year limit or a three year limit you can go back to when the card was originally issued and use hours for your CME re-cert. So that controversy has been settled and I believe will soon be in writing so that anyone who doesn't believe they can find it on the bureau website. The other thing to keep in mind with the extensions is that this nine month rule is wise to follow, which means when you're submitting paperwork and I had a couple of my folks who were just about ready to submit their re-cert paperwork and they got extended for a year, it is wise to wait to submit that paperwork until you're within the nine month period of when that card expires. And I don't think it's wise to wait until another year goes by before you do your re-cert work. But the CME coordinators would be smart to hold on to the completed packet, put it in at some window nine months before the person expires, so that they get the full number of years three years added on to their recertification card. It's tricky for the bureau to manually catch those things as they come through. So something just to let your CME coordinators know about, and I think that's the last one is in the most recent re-cert instructors were not included as a one year extension. So when the bureau did their last

extension of cards, they extended provider cards. They did not extend instructor cards. So people looking on the health commerce website will notice that a couple of weeks ago, instructor certifications popped up on that site. So you got to look at somebody EMS certification, you will also see their instructor certification. There have been a rare couple instances where the instructor dates were incorrect, but it seems to be a very limited number of people, if that appears to be the case. Someone should who has a question about their instructor card should get a hold of the bureau just to verify when it really expires. I think really what happened was people thought that instructors also got another year added on, and that was not the case in this last revision. So controversial topics. The first is in the fall of next year. The national registry will be eliminating the practical skills exam from the paramedic courses, and that's scheduled to take place in November of 2023. In lieu of that, they are adding additional questions onto the exam. The students take that test, critical thinking, they're also asking the paramedic programs, which they have been required to do all along to credential people in their skills during the class. And so there isn't a need, really, if they're credentialed in each one of the skills during the class to be examined by a practical skills exam. I sit on the board of the national registry at our meetings. Last week, the board instructed the staff to try to accelerate that process and have it happen a little bit sooner than November of twenty twenty three. New York State's regulations require a practical skills exam at all levels, and so the registry recognizing that there are a number of states like us will continue to publish the practical skills exam stations and continue to train practical skills examiners so that states like us who have to have a practical skills exam can continue to do that. That doesn't mean that we will always have a practical skills exam, and we'll start some discussions once this is underway to see if we want to modify our requirements in New York state to mirror what's getting done across the country. And I think it's probably going to be wise for us to use a wait and see approach to those regards so that that discussion will continue at training and ED. But it certainly raises a lot of eyebrows when people saw that the exam was going away at the paramedic level. Second, controversy a little bit more controversial and almost led to some fisticuffs, but no one was ejected from the room is an opinion that was issued by the Division of Legal Affairs about a year or so ago to a course sponsor that noted that the bureau really doesn't have a statutory authority to define geographic territories for core sponsors. And this has led, in some cases, especially in a downstate area, to core sponsors running courses in multiple places outside of the original area that they had been constrained to. In fact, there's a firehouse down in one of the southern counties in New York, where on two nights of the week, there's an EMT course. On two other nights of the week, there's another EMT course being run by a different course sponsor. Both of those sponsors didn't know that the other was there running the class until they saw two sets of equipment, which in police work was a clue. The solution to that is complex, and one of the things that the bureau is trying to do is to go back to getting comprehensive training plans from each region so that they understand what the needs are for courses. And they're going to as a first step here, try to notify regions by sending them an Excel spreadsheet of every course that's being run in their region. So as a sponsor, you have to list the location of the course where you're running it and you are supposed to notify the region where the course is going to be run that you're running a course in their region. Hybrid courses create some problems for that because they could be run in multiple places and require multiple notifications. So the bureau is going to start to work a little bit more closely with notifying program agencies about that. They're going to encourage course sponsors to communicate with each other a little bit more so that there's not overlap. And ultimately, the goal would be for the creation of a web page where any person in New York could type in their address and find out where all the courses near them are. And that would give everyone the ability to see on broad scale what's going on, where it's going on and hopefully not dilute the pool. Of course, sponsors so much that it becomes difficult to have

an adequate student count to fund the course. So that's the solution for it. Presently there, I don't ever see there being an ability again to restrict geographic area, so we're going to have to learn to work within what the Division of Legal Affairs says can and cannot be done by the Bureau. There has been a couple of train the trainer classes that were put on that took one or two people from each region around the state and ran leadership training and a second one that was mental health training. Those have contractors that are preparing the final curricula, and the expectation is that within this year's time frame before the end of December, we'll see those courses come out as a package product and run some more training the trainer classes and ultimately be able to launch those around the state so works in progress to finalize both of those. Ryan mentioned the digital cards so people will be able to get their cards digitally through the health commerce system, though already I'll also be able to print their instructor certificates on the digital commerce health commerce system. That's probably going to be limited to just the individual, so you won't be able to go print somebody else's card or somebody else's certificate that's going to be to the individual. The question came up well. The bureau still issue those certificates and cards, and the answer is yes. They're going to continue to issue paper or whatever that that washable card is. I think Ryan can wash it like five times before it disintegrates. And they'll also continue to send PDFs of instructor certificates to instructors who renew their instructor certification. So it'll be on the health commerce system more for a replacement if somebody needs a replacement or for verification when someone wants to verify a provider or instructor status. I think that is everything that we talked about in the O last thing Muru, so I'm going to be meeting with the Muru folks and talking to them a little bit about some application that they have. We're getting somewhere in the range now, about 10000 users of the app per month. And one of the most common things that gets done with the app is people type in things that are questions like when can I give nitroglycerin or what's the cut off blood pressure for a baby? And Muru is going to start aggregating some of those and work with training and had to say, here are the most common questions that people type in. And maybe those are areas where we could improve our education. And maybe those are areas where the protocol itself is not so clear. And it would be help us to work a little bit more with the collaborative group on refining the way that the protocols spelled out. So that's something that's coming up in the future. I'll entertain any questions, but those are all the items that we talked about.

chair Philipppy CHAIR PHILIPPY: Anyone have any questions for Dr McEvoy?

Speaker 5 AL LEWIS: Mr Chairman, one question from Al Lewis. Mr Lewis, the new NHTSA educational training programme for the is initial training. Do you have any idea how much that will extend the hours of their training programme?

Mike McEvoy MIKE MCEVOY: It wasn't accompanied by a number of hours. It was accompanied by objectives that they want to achieve. And they made it clear that that could vary from course to course, depending on the method of delivery and what actually was being taught in that program. So I don't see any one of the four levels that it's going to be a significant difference in hours. And in fact, even the state now is looking at more in a course application, whether you covered the objectives than how many hours you actually ran the course for. So I wouldn't anticipate unless this group goes crazy writing objectives and things, that is going to change the timeframes at all.

Speaker 5 So you're thinking that with the all levels of the training, probably will stay close to the same hours? Yes, I do.

Mike McEvoy One suggestion that the committee had was to take a look at progression of an EMT into an AEMT curriculum. And in fact, that was the original design of AEMT was that you would take your EMT class and you would come back for your recertification and take a AEMT. That's something that we're going to be taking a look at because it was intended to be that way. And it may make sense in some areas of the state as as a better method of training a AEMT. So.

chair Philippy Any other questions? Director Greenberg.

DIRECTOR GREENBERG DIRECTOR GREENBERG: So just two things, one related to program agencies and regions, there was a number of questions on knowing what classes are approved within a region. We have been working on that solution. It does look like we, we we have to test it, but we've come to one to not create duplicate work for ourselves or for our core sponsors to where, when you submit via the Drupal, your course information for approval from Chief MacMillan that you would check the region that it is operating within and a copy of that same application would go to the region to the region would know, Hey, there's an application coming in to this class. So hopefully that will help in that communication. Again, we'll continue to work on improving that and see if that works to resolve some of the issues. We also are going to work on a template for an educational plan. Forgive me, Dr. McEvoy. I don't know if you mentioned that one. So I do think that's important for the REMSCOs to know is that will be a workload that will be coming to them to complete in order for us to follow. And just in regards to digital card, you could see some changes, nothing in the immediate future. But when the digital cards do roll out to our onsite testing and the immediate card that you get, we might switch it to where you don't get an immediate card, but you wait and you would get your card via the health commerce system. So I will take that. We do uploads almost daily. So Monday through Friday, we do daily. And so if you were to take the test at three o'clock in the afternoon today, you would log on to health commerce the next day and be able to have that digital card. And you would practice what with that digital card opposed to today, where you practice with the piece of paper. And again, we just think that, you know, in an effort to improve and continuously move forward again, we'd still print cards and everything else. But it would be the way that you would get your card faster and not faster. But you know, in that point,

Mike McEvoy MIKE MCEVOY: there was some question too about when the form for course, applications is going to be revised. And Gene Taylor mentioned that you can currently lists to IC's on a course application one 60 percent of the class, one 40 percent of the class. And that's not something that you have to wait until there's a new form to do. That process has been approved. It can be used.

DIRECTOR GREENBERG DIRECTOR GREENBERG: And the last part, I would say is very excited that Drew has joined the department as we continue to catch up and as we continue to have a little bit of a, you know, some room to do some other things, of course, monitors be ready work coming out into the field. So you will see us often unscheduled, appear to do toilette and look over paperwork and things of that nature. So please keep that one in mind to.

chair Philippy CHAIR PHILIPPY: Director, a quick question on a matter of training, it just occurred to me as you were talking. Is there any now that we're starting to see the light at the end of the proverbial tunnel here, any any movement toward opening up some more testing sites in New York, particularly as we're trying to get more tease out?

Speaker 3 DIRECTOR GREENBERG: Yes.

DIRECTOR GREENBERG So there's definitely some things. So, for starters, one of the most convenient ways to test in New York is if you're for the bliss level is to test at home, test on your own. You can test on your laptop. It's called remote proctoring. Part of the reason why we're looking to the digital card you moving that forward is it would also allow us to standardize that. So that person who tested it at home at three o'clock on Monday, at noon on Tuesday would have a digital card and would be able to have that card practice immediately, and they wouldn't have to go to a testing center. Second to that, we are actually working with PCI and we are going to do an audit of every testing center. We have gotten listed testing centers and then we'll hear from people like you or others. Well, that testing centers, clothes are not letting outside people in or things like that. So between now and the next meeting, we will actually be doing an audit of every testing site that they say is a testing site and confirming how many seats they have, confirming the location that open to our population and working with them to add in areas that do not have a testing site. I believe it's where x percentage of the state within an hour driving distance. So but but I would say that the strongest one, the easiest one is test at home and the digital card will give you that card to practice the next day.

chair Philippy CHAIR PHILIPPY: that test at home process available currently or is that perspective?

DIRECTOR GREENBERG DIRECTOR GREENBERG: No, it's available today. The only downside to the test at home is you don't get a card to practice right away. And so the digital card will then close that gap as well.

chair Philippy Thank you. Yep. Dr. Langsam

Speaker 3 DR LANGSUM: Let me just bring my experience as an academic to this point. Let me point out that there's not been a single rule testing site at home. There's been found not have been to be able to treat them, not a single site. And we have tremendous experience over the pandemic of the amount of cheating plus that there are commercial places. Many of you may be familiar with a company called Chegg that you can send them questions in real time and they will give you the answers or write the essays or write whatever you need to do. So be careful because we basically destroyed two years worth of academic work when we found that our convicted cheating OK, doing that during that period rose by one hundred and seventy percent. And that's just something to be very careful about, and especially the computer science majors wanting to become employees. They'll hack the system so quickly the company won't know what hit them.

DIRECTOR GREENBERG DIRECTOR GREENBERG: Sure. So I mean, we do, you know, we work with a national company. It's not a small one. Our product, our home proctoring is actually proctored by a person on camera. I can tell you the shut down often with people, because those are the people who normally call us to complain. My exam just stopped. They will stop an exam. If your eyes go in the wrong direction, they stop an exam. If you talk out loud, which I read questions myself. You can't on a self-exam. These are one of the reasons that you might need to go to a testing center. I don't think anything is perfect, you know, including paper based exams. But, you know, I will say our partnership with our current contractor and also in talking to some others, you know, national registry and theirs and consider, you know, issues that happen. Um, you know, we believe that this is, you know, one of the best paths to take on a national standard. And I will say also in our testing centers, I mean, we've had people try and test in our testing centers. I will say our testing centers, you know, when when someone tries to cheat there,

it's like eight cameras you get, you know, visions of. But. So, you know, I definitely understand it. It's also why we have a fairly large bank and a continuing growing bank of questions. Of course, Dr. McEvoy now made that a little bit more complicated, so he'll be chairing that tag. So, you know, but but I do agree and things that we do continue to watch and and, you know, kind of where where things are. So. Yeah. So I would say first talking to MIC. But the question the question that he said, is what happens when your hands are on table, your hands actually aren't allowed to go out of view for that exam, then not only that, but if you take if you get a chance. As Deputy Chief Taylor, she was one of the BETA people who had to take it as she came back and said that was a really big pain in the butt on the blank because they make you take your laptop, turn it all around the room, put it underneath, you bring it back up. You can't have a device near you. You can't have anything else in your hand. I don't believe you're allowed to have a pen because you're not allowed to write down anything. So these are all the things that they have in place for for our exams, whether they do that for every exam or not, I don't know. And it's a live person that's watching you. So it's not a situation where it's, oh, this exams can turn on. And, you know, in an hour from now, it turns off. There's literally a person watching you who will either pause or stop at your exam. If they feel there's anything that's inappropriate activity

Speaker 3 or a

DIRECTOR GREENBERG microphone, please take this microphone is a microphone. I know the microphone is right here.

Speaker 3 I'll give you some students and let me see how

DIRECTOR GREENBERG quickly they crack the system.

Speaker 3 Just, yeah, there's all kinds of things that you're not even

chair Philippy thinking

DIRECTOR GREENBERG about 100 percent.

Speaker 5 So it's OK to do it. Yeah, but well, walk

Speaker 3 into it with eyes wide

chair Philippy CHAIR PHILIPPY: open. Yeah. And unfortunately, this is a system that's in place, so we'll have to do that in a retrospective at this point. Anybody else have anything for training? All right. Very well. Thank you. Let's move along to finance Mr. Kroll.

Speaker 3 MR. KROLL: Thank you. We don't bring any motions forward for approval today, but a number of things to report on. First, the course sponsor survey that will help us look at the cost compared to reimbursement is finalized, and I believe the bureau will be sending it out to sponsors within days. We signed off on it today. It's an electronic survey. Secondly, the workforce survey as of today is completed and ready to go out, and all I have to do is provide the Ryan the link to the survey monkey and it will be distributed to EMS agencies around the state, to the program agencies and to SEMAC and SEMSCO. We are hoping to get we got 900 responses to the Twenty Eighteen Workforce Survey and we hope that every single agency in the state will take the survey and give us information on their recruitment and retention so that we can produce a report that will basically update

the report that Ryan has referred to a few times that talks about the workforce shortage. We're pretty confident that the results will show that the

chair Philippy sort of survey the share of survey results will

Speaker 3 show that the shortage has worsened. And so what will be able to do is compare the world in 2018 to the world in 2021. And I think that will be a document we can use in our advocacy as a field to show that we really need to work and we need the support of others to work on recruitment and retention in order to maintain the services that our communities deserve. So I ask everybody when you see that link to make sure that a leader from every agency in your region fills it out, or if you're the leader at your agency, you make sure your agency completes it as well. Two other things we we did continue working, we did finalize the the mission or charge for the Finance Committee that the chair had asked us to do, and so it's two sentences. We voted into boardable and I assume as we we compile them all, it'll be there. And the last thing we talked about is something that is a potential new funding opportunity for us. I serve on the board directors of the National Association of EMTs, and at our last meeting we met with the director for EMS of the National Highway Traffic Safety Administration. And he was talking with us about funding opportunities in EMS. One of the things that he brought to us was something called Section 402 State and Community Highway Traffic Safety Grants. This is a federal program inside the National Highway Traffic Safety Administration that funds projects that go into states highways safety plans. The state fills out a highway safety plan with specific projects they forwarded on to the federal government, and the federal government then gives grants to the states for that. That program under the OK, there's too many acronyms here. Under the bipartisan infrastructure law that was passed by Congress and signed into law last year, known as the bipartisan infrastructure bill, they included a 50 percent increase in monies for the state highway safety plans for each of the next five years. So now states can apply for even more money for specifically highway safety. The thing that we learned is that in the views of the National Highway Traffic Safety Administration, there is a direct linkage between EMS and interventions that impact crash outcomes. In other words, that money is game for EMS programs. So the National Highway Traffic Safety Administration was encouraging us to spread the message in the EMS communities in our states that you should be working with your governors. Traffic safety boards and your county traffic safety boards to find ways to access this new pot of money for EMS purposes because. Virtually every EMS agency responds to motor vehicle crashes, virtually every EMS agency can be better prepared for motor vehicle trauma, so we improve outcomes. So the discussion here is to first make everybody aware of this because you can work on this locally. I know that Mr. Philippy is involved with his local county traffic safety initiatives. We can all do this locally and see if there's any funding opportunities for us that the county program could forward to the state that could be approved by the feds, but also for the opportunity for us to reach out here at the statewide level, whether it be through a representative of SEMSCO, whether it be for a representative bureau, whether it be through the trade groups, clearly reaching out to the governors, to traffic safety program here in New York and talking about how through the use of this funding, we can improve motor vehicle trauma outcomes and more. And. There are certainly criteria, but we can be creative and ideas about that criteria. If we're experiencing dramatic workforce shortages that we were shorthanded in the number of crews that are available, perhaps there could be sponsorship for more EMT training for newly entry EMTs through this program. Perhaps it can better fund car seat safety initiatives or pediatric equipment for children, so I encourage everybody to look at this on a local basis. And I just bring before this body that I would leave it to the director and the chair. If there are any ideas about how this body could insert itself at the statewide level,

whether it's right, going to see the head of the traffic safety program and advancing ourselves as interested in when the state writes its annual traffic safety plan for EMS to be included? Thank you.

chair Philippy CHAIR PHILIPPY: Thank you, Mr. Crowley, on that matter, as you mentioned, had many of you may know or may not, if you don't certainly come talk with me after the meeting or send me an email. But every county in the state of New York has a traffic safety board. Traffic safety boards are generally made up, as is this one of volunteers from the community, as well as traffic safety partners from county government. And they are responsible for assessing and to put it bluntly, doling out these governors traffic safety funds from 402 grants. In my previous career in law enforcement, we dealt with this from the recipient side, as law enforcement is very, very adept at obtaining grants for these traffic safety programs. Many of them are very unique, and some of them you probably seen on the street signs that hang up with flashing lights and I'm telling you your speed. That Speed Sentry device is a traffic safety programs grant. So a lot of those grant monies go to things that they ordinarily would not be able to afford. For us. Traditionally, many EMS programs have appeared before their traffic safety boards for things like child safety seat programs, getting child safety seats donated to them or paid for through the TSB grant helmets, bicycle helmets, bike rodeos, things of that sort, and consortiums with their local fire departments and EMS and police departments. I have had the opportunity to send a message to my regional governors Traffic Safety Committee liaison with the requests that I meet with him and start discussing ways that EMS can better assist them. And by way of that and get some funding, so I will hopefully be able to report back to this body in July. I also know, speaking with director Greenberg, that they're BC before COVID. We're annual meetings, which GTSC reported out to various stakeholders, including the bureau, the Fire, State Fire and the state police. They haven't had those meetings in a couple of years. So I asked the director if there's a chance that we, if we get invited to that and perhaps we could have a conversation with them so we can potentially reopen that channel. So. Steve, thanks very much for bringing that forward. I think that's fantastic.

Speaker 3 MR KROLL: Mark, I prepared a one pager on this that I wrote it into the finance section of Abordable. I don't know if there's a way for that to be moved from the finance section into the general section. And I think this would be something that county coordinators and um, you know, the program agencies and the REMSCOs would want to see. So if there's a way to disseminate that because right now on the Finance Committee side, it's just open to the members of the Finance Committee.

chair Philippy We're going to ask about sending that up through EDCC, director.

Speaker 5 Mr.

chair Philippy Mr Kroll put together a one pager on the forehead to grants. He's put it up on the Finance Committee, but we'd like to be able to disseminate that through the broader council. So if we could potentially so that the EDCC for approval for publication? Terrific. Thank you. And Steve, to your point, it's really great one. I was appointed to my Traffic Safety Board by our county legislature through our EMS coordinator because there was no EMC representative on the TSB. So to those of you in the room who are active in your local county? Talk to your county EMS coordinator. Talk to your county leg. reps. See if you've got any EMS wrap on your traffic safety board. And if not, and then there's your opportunity. So all right. Anything else for finance, Mr Kroll? All right, Mark, do you want to report out? I.

Speaker 3 I can report out.

chair Philipppy Oh, OK. Mr. Deavers.

Speaker 4 Mr. Deavers: Thank you. Fortunately, we have no motions.

chair Philipppy These things need to be more sensitive.

Speaker 4 Unfortunately, we have no motions. There was some questions, fly cars and physicians.

Speaker 5 The first issue

Speaker 3 was that they're not really employees.

chair Philipppy There's some

Speaker 4 marking issues. Who owns the vehicles? And then there became

chair Philipppy a whole bunch of other issues that need to be looked at, including some DMV laws,

Speaker 5 how they operate.

Speaker 4 And that morphed into law enforcement and fire

Speaker 3 chiefs responding as first responders.

Speaker 4 So we created a work group to look into that. There's plenty of participation from including some of the SEMAC physicians.

Speaker 3 And we were also tasked by the chairperson

chair Philipppy to take a look at Part F

Speaker 3 and probably much of Article 30 law

Speaker 4 and look at statewide plan metrics to CON in other

chair Philipppy system related issues.

Speaker 3 And the only other thing that I would comment is that if you're not part of SEMSCO and you volunteer to be on a

chair Philipppy committee, if you could see me so I can get your email address

Speaker 3 and if anybody has any questions, I'll be happy to answer them.

chair Philipppy Anybody have anything, Mr. Kroll.

Speaker 3 MR KROLL: I just would like to comment on the part F, I know that your committee has now been tasked with taking a look at what we can do for the future on this.

There's a lot of different topics that are in there, and I think that we shouldn't limit our thinking about. Reforms to Article 32, just the topics that were in the proposed state budget legislation. I think we probably need to address all of those, but there may be other topics that are important, or maybe we split them up in a different way. They were basically bucketed into a couple of buckets in the state budget. We may think that the buckets should be slightly different and relate to each other differently. The other thing I would like to emphasize is that. We should be thinking about not only how they put it together in one, but how we might be able to divide it up. It may be a very monumental task for us to do all of this at once as a committee or as a SEMSCO. This could be a multi multi meeting multi-year process. But there are certain things in there that perhaps will be easier than others, for example. All of us heard today that with the expiration of the order or when the order for the COVID order emergency orders expire will lose the community paramedicine in enabling that's in there because the definition or redefinition of EMS didn't go through. We might be able to, as committees or as a body, work on something that there was a broad consensus on before, which is the definition of EMS needs to be expanded into what we really do as opposed to this narrow thing we were pigeon in two years ago. Maybe that one gets broken out and done first as opposed to we wait to get consensus on every single issue from CON and education and training and, you know, an on down the line. So appreciate that you looked at you. You're taking this on, and I hope we can all help you get it. Get it moving forward.

chair Philippy CHAIR PHILIPPY: Thank you, Mr Kroll. And I want to have anything else for Mr DBRS or systems. All right. As everyone should recall, part of the systems committee had a technical advisory group that has become known as the EMS Sustainability Tag. That group has like the HYDRA grown many heads, and we had a report out on that yesterday by their chairs. I see Chief benenatii is on the call and chief. If you'd like to say a few words and update the council, I would very much appreciate it.

Speaker 7 CHIEF BENENATI: Good morning or good afternoon. I hope I can keep it to a few words. First of all, I want to congratulate that date on his retirement. And second of all, to Chief McEvoy, I'm glad to see that you disabled your time out time or because I think I'm gonna have to disable mine as well. So I just, you know, and I think it's critical that I report out on some of these issues, certainly because we have not had the opportunity to do that yet. And you know, I think it's important for the record that where we're at today is reflected in where we've been so far. So it was back on October 20th, 2021 that I made a presentation before the the systems and the Innovation Committee regarding my perspective on the state of EMS in New York state. At that meeting, then I was asked to chair the EMS Sustainability Tag. Our first order of business certainly was to to organize that tag. I felt it was really critical that we incorporate all of the different disciplines that represent EMS in New York state. I do want to list those so that everybody again understands and we have that transparency. We included the commercial propriety, proprietary ambulance and United New York Ambulance Network. We looked at hospital based county based ambulance and our fly car, county based and emergency management, fire based municipal city and Fire District municipal, not for profit, independent, collaborative, merged or municipal or multiple municipalities. State Bureau of EMS Staff, State EMS Council, State Office of Fire Prevention and Control. Dishes of the regional offices and program agencies. County EMS coordinators, county fire coordinators, NYSVERA County 9-1-1 centers, religious and faith based college based, a student representative from college based EMS EMS Education, Fire Association said in New York. And the Hospital Association of New York State initially worked with Mark Philippy, Patti Bashaw and Jason Haag to discuss the future of the project. That meeting occurred on November 10th of Twenty Twenty One. We began to solicit names based on the above

information, and today the EMS Sustainability Tag has 38 members. Al Lewis stepped up to serve as our vice chairman, and we held our first meeting on December 10th of 2021. We adopted a mission statement which again, for the record, I want to just read and that is the New York State Department of Health. Emergency Services and Trauma Systems and New York State Emergency Medical Services Council have established an EMS Sustainability, a technical advisory group, to discuss and determine actions to improve the EMS system in New York state. EMS in New York state is in crisis. The EMS system is suffering from staffing shortages, the decline of volunteerism, stagnant reimbursement, inadequate funding responsibility, providing EMS hospital overcrowding, inadequate coverage, EMS calls being passed from agency to agency. A desperate attempt to find agency respond lengthening response times. Reduce levels of care, use of mutual aid, pay disparities, absence of consistency in the EMS model and lack of EMS educational opportunities. So the EMS Sustainability Tag will bring together a diverse group of EMS representatives from all disciplines across New York state EMS Community to discuss and study the issues analyzed, qualify and quantify the challenges facing the EMS and document the collective challenges facing EMT and evaluate opportunities for system improvements. So a white paper will be presented to the SEMSCO by the end of the second quarter of 2020. Two. And the purpose of that is to inform the readers concisely about the complex issues facing EMS in New York state and present the tags philosophy on the matter. Help me to understand this issue and bring public attention and policy attention as as a movement to solve the the challenges. We then formed a subgroups to do an in-depth analysis of the issues and to formulate plans for success development. We have those subgroups are agency that is being led by David Violante. Education initially was being led by Ryan Aiello. He has since had to resign due to work commitments that's been taken over by the co chairperson's. Sarah McCarten and Shivam Barrett. The government support and public is Mark Deavers Hospital Doug Sanbrook identifying the problem ray with operations, Jason Haag and staffing John Washko. So the EMS group is looking at EMS leadership agency performance, benefits of bless adjuncts agency transparency and working on a qualitative quantitative surveys survey questions our collection of questions from all of the subgroups. The qualitative is currently underway and watch for the quantitative survey to be out in the next few weeks, Education's looking at original recertification, statewide, access to training, non-traditional educational opportunities, high school technical schools and colleges and universities. They've worked with the agency subgroup to submit their questions to that target audience as well, but they'll have their own survey out. They'll be looking at the survey and course sponsors and program agencies and looking at different types of CMS, seeing the opportunities and the cost of those programs, as well as access to tough free programs. And then they're going to do an analysis on the many standards that are set in New York state regarding education, certification, licensure, accreditation, credit based colleges and universities, as well as government support and public how to organize EMS at the state level. A marketing of EMS, a New York State Bureau EMS, where it belongs its size and scope county role in providing and overseeing EMS. The role of a county EMS coordinator elected official education possible. Even a fact sheet for that. The challenges posed by home rule, public education, reimbursement, cost recovery and taxable agencies need for a new cost study to be completed and certainly providing support for the New York state EMS medical director. The Hospital Group is looking at any facility transport and discharge planning, turnover and turnaround delays, EMS working in nontraditional environments, time on task, transport to an appropriate facility and the need for a liaison positions to have communications between hospitals, regions, regions and EMS agencies. Mobile integrated health care. And expanding the role of the EMS providers in the system. And then working with the New York State Nurses Association. And on some of the topics as well. Identifying the problem is working on data collection analysis. How and what data do we need, and

the CAD data is just not there across the state. So looking at other methods to collect the data when agencies are dispatched and don't respond, looking at what counties have already addressed the EMS issues, they're conducting an analysis of those reports. If you have a report that was done either for a town, a county or a region, please make sure that the EMS Sustainability Tag gets a copy of that report so that it can be included. We've had a lot of communications with regards to system fragmentation, the need for EMS to be an essential service, EMS being a safety net provider. More look at EMS agencies closing too many non-emergency calls. There are some great systems starting up at Central New York that we're beginning to look at and monitor and share as part of the report to possibly take some of the pressure off of the system and the complexities of the EMS system right now. Really, it's a Bottom-Up system versus a top down system that we should have. What's the value of EMS and you know, the need to pay for system readiness and then also looking at dependency operations is looking at the use of mutual aid and about the inability to respond versus when there was excessive call volume. EMS leadership training issues offloading delays are causing some operational challenges, expectations and metrics for leadership, education, community paramedics and the CEO and process system design. One of the new ones certainly was in their charge from the beginning. That's coming to light more is three and telehealth and and so certainly also adjacent. Before you leave Albany, make sure you speak to Al, please. Al is working on an ET3 for our next meeting. Staffing has had a lot of great work done in it. You'll look at the funding of that, the diversity, the workforce shortage of Steve Kroll's report and the updates are all a part of that. The smaller agencies are hiring. What are those economies of scale and what are the challenges that we were facing there? And what are the employment issues? Some of the EMS stars of of rights that that would be essential, that it be funded equitable, excellent, desirable and organized stuff that we're looking at competitive wages and retirement. How can we do Medicare cost analysis if we're not paying our staff a competitive wage today? So that's posing a number of challenges? You know, certainly this is not just a state issue, but a national workforce shortage and then recruitment and retention. So the. Ms Sustainability Tag meets every other week, this allows the subgroups to meet on the opposite week and then, you know, where do we go from here? We need to begin discussing the deliverables of each of subgroups and form a framework for that. We plan on completing our work by July one of this year. From there, the report will need to be formalized or formalized and we are planning for a fall 2022 release. Certainly, I need to take time to thank all 38 members of the need to stay and build a tag for the outstanding contributions. Truly, there's been an outstanding collaborative effort. We've made a lot of significant progress. Lots of great work is being done. Many of those that are working on this project already have full plates and certainly want to extend a special thanks to Al Lewis for serving as vice chair and closing. Also, I'd be remiss if I failed to mention the support of the chairman, Mark Philippy. Without his support, we would not have gotten this far. And these are tough topics as one of our members, that tag said. You know, of the 100 issues facing EMS. We probably disagree on six of those issues and we can probably compromise on those. So, Mark, thank you very much. Another supporter of our tag, certainly as our as our director, Ryan Greenberg, Ryan's completely supported this tag and daily provides the support and facilitates the needs of this group. And and certainly we we appreciate that. And one final thank you, certainly to Valerie Ozga. Valerie role is invaluable and we can't thank her enough. And so after the the next committee report comes on, I'm going to sign off and ask if anybody else has anything for the tag that you would contact Al Lewis, who will communicate with me. Thank you, Mr. Chair.

chair Philippy Thank you, chief. Does anyone have anything for Chief Benenati before we allow him to go back to his vacation and whatever warm climb he seems to be in? Very

well, chief, thank you again for you and the team, outstanding work and well-deserved vacation, sir. I hope you enjoy the rest of it.

Speaker 7 Thank you very much. Have a safe meeting, a safe trip home.

chair Philippy Thank you. All right. That brings us to legislative, Mr Lewis.

Speaker 5 AL LEWIS: Thank you, Mr. Chairman. Five things I want to go through in reference to legislation beginning with the New York state executive budget and the discussions around that budget after two years of COVID and several years of staffing shortages. I believe I believe the Legislature is our friend, and I think I'd like to discuss Part F and thoughts that we need to act sooner than later to make some great changes to it and try to submit something to our Legislature. Well, they are concerned about the future of EMS. So Part F had a tremendous amount of good things in it. It missed a few things, but let's just talk about the things that were in part F that I really believe are really important to EMS. Across New York state. First of all, there's no doubt that we need to develop a statewide EMS plan. We probably should have done that 10 years ago, but here we are today. It's time to do it and get it done and involve as many people as we need to accomplish this effectively involving all stakeholders. One of the things that's so important that may have been left out of the language was stakeholder involvement. We should never try to put together or change EMS without stakeholder involvement. So I'm I'm really supportive of everybody being engaged. I think we need to modernize the EMS. It's time. I think I was around when Article 30 was born and it's had some updates. But boy, it really needs changing. So we modernize EMS and change Article three. At the same time, I think we need to embrace quality metrics. And, of course, Mike Benenati, he needed to support EMS. Sustainability Tag makes a great chair. I am really very fortunate to be able to work with him. We need to in enhanced communications between SEMSCO and BEMSAT and the commissioner helps. That only helps us. We need to be comprehensive. I said the EMS plan, We need to support statewide quality assurance plan, very important for our future. We do do support extensive attention across the state to remove barriers to quality training and distance learning programs. The more training programs we can put out into the field, the more we can fill our ambulances that some sit idle right now. We need to finally support changes to seal in. It's been a long time and we need to get there. And our organization totally supports updating the sealing process. We do support expanding the definition of EMS and community paramedicine, and that's one of the things we really I wish we'd had left in the budget. And lastly, as I said just a few minutes ago, I hope we work on all of these programs through BEMSAT, REMSCOs, REMACS, SEMSCO and the DOH commisioner. I'll move on to a couple of other things that I believe need to be said as we know fire districts, the bill has passed that Fire Districts Canal bill for Ambulance Transport. Other business that budget the budget had passed, it is there's a \$5 million for counties to look at EMS pilots. I don't think Director Greenberg talked about that, but I'd appreciate if you would for a couple of minutes after I'm done. There are a couple of initiatives that our group has in reference to Part F, where we're charged with crafting a message to the public and our elected officials regarding the value and importance of quality EMS that's expanded greater than that, but that's the short version of it. And the second part is evaluate part F for future legislative development. And I think Steve Kroll was talking about that. So we have a job to do. I think there was a ton of interest in Part F, but it needed some tweaking to move through the Legislature into the governor. I'll answer any questions you may have. Thank you so very much.

chair Philippy CHAIR PHILIPPY: Anyone have anything for Mr. Lewis, finance director, Director Greenberg?

DIRECTOR GREENBERG DIRECTOR GREENBERG: For starters, I'll start and say I'm excited to hear even just around the room on the breaks, the collaboration that's been happening, the many parts of Part F that people see the vision and understand it. I know there were definitely some discussions early on when part F came out of what is the vision? And, you know, kind of how does it get us to the finish line, including, like, you know, a meeting that we had with NYSAC, which is the at their conference related to it. And so the one thing you did ask about counties. So we are still waiting for confirmation that that funding is in there. We've made of If Al Lewis promises. It's done. It must be there. I'm not disagreeing. So there is if it is in there, which Al Lewis just confirmed with me, it is. If it is in there, there is a \$5 million additional funding in there that is designed to be several grants to go to counties to help determine best, perhaps best practices for their county system to develop in the future. So it is not really designed in a way to turn and say, Oh, you know, here every county should get a second in. Every county should go buy an ambulance or fly car. It is designed in such a way that is a small amount of money to look at your EMS system to. Maybe I mean, good, bad or indifferent. I know we all get frustrated with the studies, but the studies sometimes help to confirm to other elected or things pathways that need to take. And so it would work to maybe work to implement the study, work to take part of a study and bring it to the next level. Work to strengthen an e-mail system in some shape, way or form. So I don't really have a lot more information from that, because that is really it was very broad in a way that was put in, maybe in part because we didn't know if it was actually going to go through. We were told last minute, Hey, this was put in for this and said, OK. So you know, that is part of what that's there. I'm sure there'll be more guidance on that by those who chose to to put that in there, and we will kind of move forward from that front. The last bit I will leave you with is just a reminder. Part F is some great key points, but there are, you know, other things that are there other concepts or things that maybe the sustainability group is looking at, you know, don't really think about what part F said, but possible other things that are there as well.

Speaker 5 One more quick thing, Mr. Greenberg, I'll bet you a cup of coffee that's in there.

DIRECTOR GREENBERG I think I have to buy the coffee for you. I think if they think I'm allowed that way. So there.

chair Philippy CHAIR PHILIPPY: All right, thank you, gentlemen. Anyone else, ever anything for legislative? Mr. Lewis. All right. I'm going to take a point of executive privilege. I'm going to ask everyone in the room to stand up for a second. I don't know about you, but my sciatica is killing me.

Speaker 2 All right.

chair Philippy Call it the seventh inning stretch. Hey, whenever, you're ready.

DIRECTOR GREENBERG Future meetings, we're going to get standing desks. You'll be able to stand and sit and then that's it. The budget doesn't allow for it. Maybe with the five million, we'll let you know.

Speaker 3 All right.

chair Philippy Thank you, folks. Safety, Mr. Cady. Steve, Cady,

Speaker 4 try that again. All right.

Speaker 5 MR. CADY: With safety, we do have some

Speaker 3 old business that we still need to bring up and discuss. That's our emergency vehicle operations, which would be policy statement zero zero 13. We all know that that's obviously a zero. So that makes it 22 years old

Speaker 5 and we'll need to update that.

Speaker 3 Then we're going to be working on that. Hopefully have something for the next meeting. Also, we are going to be working on the other old business that's still outstanding

Speaker 5 and

Speaker 3 that's going to be provider resiliency

Speaker 5 project that we have started a while ago

Speaker 3 and that is going to be also worked on. Obviously looking at mental health, fatigue, PTSD, peer help on stuff like that for our resiliency, trying to keep our providers working.

Speaker 5 So we're going to

Speaker 3 do a lot of that discussion offline.

Speaker 4 Some of our new business will

Speaker 3 still be finishing up on our mission statement and what our deliverables are. So we're going to be working on that and finishing that up for the next meeting

Speaker 5 and hopefully we'll get that all done before the next meetings. That's all I have. All right. Very good.

chair Philippy CHAIR PHILIPPY: As I mentioned earlier, one of the the side conversations that that really advanced a couple of things was between members of the safety committee and members of the bureau staff and some other folks, literally four or five people standing in a circle. We're able to advance their project more than in that twenty five minutes than we have in the last two years or so. Thank you, Mr. Cady, and thanks to the team for bringing moving that forward. And whenever anything for Steve

Speaker 3 and Mr. Chair, thank you very much for the eye contact in the chair position

Speaker 5 and

chair Philippy it's working. So all right, I think Dave Violante fell victim to that at one point or another. All right. Moving on quality metrics, Mr. Violante.

Speaker 5 MR VIOLANTE: Thank you so much. Our committee has been meeting regularly to meet the three ideas that we initially came up with of working on a data dashboard via image trend in bio spatial. I think we're supposed to see a bio spatial demonstration here a little bit later. We've been working to try and get that information out

to program agencies, REMSCOs, and finally down to agencies at some point our seis to work on QA manualcond point is to work on current state measures our third is to work on QA manual and its almost fianlized in draft form

Speaker 3 hopefully bring forward

DIRECTOR GREENBERG for our next meeting.

Speaker 5 We also discussed the items from Part F that are related to quality metrics, and we have posted our vision and mission statement up to boardable. It's available for anybody to take a look at. Outside of that, we have no other seconded motions to come forward and I'll try and be as brief as possible. So this doesn't cut out. I'll take any questions.

chair Philippy CHAIR PHILIPPY: Anybody have anything for Mr. Violante? Mickey, I don't know what's going on in your house, but you were having one heck of a time there. All right. Just keep looking up at you're just having a grand old time, so God bless you. All right. Moving along, EMS Innovation's Mr. Haag.

Speaker 3 MR HAAG: Thank you, Mr. Chair, EMS Innovation's met this morning, and we're currently working on

DIRECTOR GREENBERG our

Speaker 3 four identified deliverables, which are to provide SEMAC AND SEMSCO with best practices for the delivery of evidence based alternative care models, provide agency leadership with information for financially sustaining alternative care models, establish a framework for innovative care models and to identify means through stakeholders for collaboration. To deliver innovative care models and make recommendations on how to accomplish this. We're going to be breaking down each one of these working through them and should have more to report back on at our meeting in July.

chair Philippy And that's all I have. OK. That was really quick

Speaker 3 my my cut off button did not engage,

chair Philippy so I get like an award for that or something. Does anyone have anything for Mr Haag EMS innovation? All right, hearing nothing. EMSC Chief Eisenhouer.

Speaker 2 CHIEF EISENHOUER: Thank you, Dr. Cooper is not here, so I will be providing the report with our last meeting was March 23rd and we discussed some of the motions that you saw today, the pediatric pandemic triage protocol that was voted on. So we worked on that and finalized it. We also worked on some updates to the pediatric agitation protocol and that has been forwarded to Dr. Dialely and the Protocols Group. So they will be looking at that and working on it, bringing it forward. Also, the PEC program is now in the bureau office again. So if you have any questions about that, you can email me directly or email ems.pecc@HealthDot.org. And our next meeting, we're hoping to be prior to see my concerns go again, so any work that we do can be forwarded to you guys. So hopefully that'll be June July, depending on when the dates here are formalized. That's the end of my report. Any questions?

chair Philippy All right, anything for your chief Eisenhower on EMS for children. All right. Anything on the stack, director Greenberg, sorry to catch it in a moment here. Anything for the stack report, sir.

DIRECTOR GREENBERG We'll be having a stacked meeting the first week in May.

chair Philippy Outstanding. So State Trauma Committee meeting first week of May. Excellent. Then going on to old business, I believe that's still in your belly works are the EMS memorial update.

DIRECTOR GREENBERG **DIRECTOR GREENBERG:** Yeah, happy to give an update on that one. So as you know or as we've reported earlier, it is moved from May to September. Part of the reason that it is moved from May to September is because we are working to expand the memorial. Again, a shout out to Terry and Carl and a number of people here who gave some give a lot of time actually a good amount of time to help us work with OGS and Jason to redesign that based on what OGS basically said we are allowed to do. So they did have their constrictions on things. Terry tried to take over half of the plaza, but we wouldn't let her do that. So that's in the works on the memorial side. It is hopefully, like I said, we moved to September in order to give time for the new granite to come in or the extensions. We are hoping with, you know, some other concerns going on right now that that is enough time and that will work. We will keep everybody in the loop if that doesn't work. But um, the goal is that we will be there September. There's ten honorees and that's where we're at. I don't know if Terry or Jason or Karl or anybody else want to give any did i miss anything. Oh, describe it. Oh, Terry wants me to scrub it or describe it quickly. So, um, and actually, I'm going to defer to Jason in regards to it because he came up with this part of what's going to happen with our current memorial. It does look like we'll have to replace the whole stone because of the way that it was put together. We will be better prepared for the future. So we will be replacing the whole stone and the tree will be replaced. But there's a kind of a meaning that the group had come up with in relation to the stars and Jason, if you want to talk about that for a second.

Speaker 3 Sure. So as you, as you as well as you all know, the current Tree of Life was filled with all 99 leaves, and we want to keep the whole Tree of Life ID with the leaves, but also put some wings on the side of the current memorial, where those ninety nine names that are currently on the tree of Life will be etched in permanently. So with a whole new stone, a whole new tree of life, there's going to be about what Ryan, 60,

DIRECTOR GREENBERG leaves up there. Yeah, and we're going to

Speaker 3 add 10 new leaves this year, and as that tree starts to fill up much like a tree. Much like the circle of life, much like the changing of seasons as that tree fills, those leaves will fall off and those names will go into the engraving on the side for eternity. And the tree will start to grow new leaves, so much like the Tree of life, if you will, there will be new leaves coming and going on the Tree of life, but the names will be permanently etched. On the wings of that memorial, so that's kind of what we came up with, and OGS. said we could at least do that. I wanted to take over the whole plaza with Terry, but they wouldn't let us.

DIRECTOR GREENBERG **DIRECTOR GREENBERG:** So what we do one day a year with a lot of ambulances and the other just thing I just want to point out is that it's edge on the side, similar to the fire memorial. And I do believe we'll be edging it on the same year that they do go on so they'll both be on a leaf and on the side. And the reason for that is

the family members, the loved ones of friends who come up will be able to get a piece of paper and will be able to etch their name that's been engraved on the wall. So it will be, you know, something they can take with them as well in the future to the stars will be put up in such a way that, you know, in that time period that they'll be up there, that they'll be able to come down as well or come off without damaging the stone. The current problem today is they were designed to be up there for a very, very long time and in the process of trying to take some of them off to see if we can expand without having to redo. Unfortunately, the stars are very secure and are getting damaged in the process. So if you do see a couple of missing stars, that is why is part of that process. So this will both allow for the stars, for the leaves to go on, for them to fall appropriately without damaging the stone and for them hopefully to be able to be given to either the agency or the family member at the point that they do for.

chair Philippy CHAIR PHILIPPY: Thank you, director. And any other questions on the memorial. Obviously, when it comes up in September, I would encourage as many of you as possible to attend. It is a very poignant and very important event and it was very well attended last year. So I appreciate if you could make it out this year and join us. Moving on before I continue on with the next report out, I have a request from Mr Gandolfo of the Safety Committee to talk about his project, which is the EMS provider resiliency.

Speaker 4 CARL GANDOLFO: Carl, thank you, Mr. Chairman. Carl Gandolfo this was a project that I believe we had mentioned that we were going to start in 2019. Obviously, COVID came in and kind of put these plans on hold as the collaboration between myself and Chairman Philippy was a little bit hampered by the pandemic. I'm happy that we were able to gather in person today. We did have a very productive meeting after the meeting, which is an important part of meeting in person of the council, I feel, is that you get the face time with the with the with the people that are involved in setting the policy for the state going forward. The provider resiliency and suicide prevention, I think, was the other part of it. I am looking for any members of the council or any members sitting in the wings that have any ideas, expertise, any experiences in the field of providing, you know, any sort of. Guidance on mental health, physical health, personal care. Meditation, yoga, whatever it might be, so that we can kind of look at the ideas of where we're going to go with this. You know, I really feel that this is an important project that needs to be almost instituted like we had discussed very early on in your initial training class that you take, whether it is to become an EMT or then later on to become a paramedic. It's something that I think that we need to be getting in on the bottom level for. So. With that being said, you can reach out to me. I'm going to try to post a meeting via Zoom next week or the week. After all, I'll get the information up on portable for those you may want to join or if you have somebody in your agency that already deals with this and you like to lend them to us for some ideas on this collaboration of greatly appreciate it. Thank you.

chair Philippy Thank you, Carl. Anyone else that wants to help out with this, I would encourage you to speak to Mr. Gandolfo personally here tonight or certainly email and reach him through boardable. If you're not a member of council when you can't go through boardable. Feel free to get a hold of myself or the committee chair, Mr. Cady, and we'll get that message over to Carl. Thank you. All right. Moving on and the category of old business, we have our diversity, equity and inclusion tag. Mr. Hudson, would you have any report out for us?

Speaker 5 MR HUDSON: Just real briefly, I have had a couple of meetings with various members to get some historical perspective on this, and

DIRECTOR GREENBERG Deputy Chief Brody myself and Dr.

Speaker 5 Rabrich are have put together a survey that the bureau is putting into a format. So we'll will be able to share that at our next meeting of SEMSCO. That's a survey that we are hopeful we'll be able to be sent to currently certified providers and a separate one for four agencies. The lack of

DIRECTOR GREENBERG data at the moment is something that we think we need to get our arms around. So that's the

Speaker 5 purpose of the surveys, is to collect some data

Mike McEvoy to

DIRECTOR GREENBERG have a better understanding.

chair Philippy CHAIR PHILIPPY: Excellent, and I know there are a number of surveys coming out. I would really like to encourage folks to to be diligent about checking your email agency, email program agencies as they're assessing and assisting us getting the word out. I know that one of the challenges that's faced the bureau over the years is the inconsistency of email addresses, particularly for agency leadership. So anything that you can do to help spread the word on these as they come out. Each one of these surveys, and certainly this one among them, are very important to help the growth of our industry, and it's absolutely eminently important that we increase the diversity and inclusion of our profession. And it starts at the ramaco level, it starts at the agency level. Jared, I thank you and Dr. Rabrich and your team for working on this and look forward to seeing what you get back. Thank you. Anything for Jared and The DI Team? All right. That moves us on to new business deputy chief Brody.

Speaker 3 DEPUTY CHIEF BRODY: Well, yesterday I was told I didn't talk loud enough into the microphone, so I'm hoping this works for you. And then second, I was told I talked entirely too long. So we'll try to win. This may make it a little faster for you. Some of you heard this yesterday. Right now, we're just waiting for it. There it is, the PowerPoint to come up. There we go. All right. EMS data is is the intention of MS data is that it be actionable, especially when it comes from EPCRs. I'm going to give you a high level overview of where we are and what we've done to bring you to this point. And then at the if there's anybody interested in having a more in-depth presentation on the program, we're going to be discussing by all means, reach out to our unit EMS data help that NY dot gov and we'll be happy to set that up for you. Next slide, please. Historically, EPCR data was submitted either quarterly, monthly, daily or only upon insistence by our office, and that made reporting on certain items a significant challenge. We want to move closer towards, you know, annual reporting as we do better quarterly and annual reporting as we do for the opioid project, and we've always had the issue of wanting to develop a dashboard. So we're moving in that direction. The data feed As the EPCRs data come in, there is the. According to New York State Department of Health Policy, 21 04 supposed to come through within four hours of completion of the incident. That allows us to send that data to biospace spatial and allow that data to be fairly, actually actionable fairly quickly. So we want to be able to use that to engage with local health department working on syndromic surveillance and be able to engage it for research and reporting. We loosely translated, we want to bring EMS data into the 21st century. Next slide, please. This is just a snippet of what's on the bio spatial dashboard. The opportunities that are out there for us. We sign the contract with Biospace Show last June. We're going to talk a little bit about how it was

deployed initially and what we're doing to build it. We have a great working relationship with Biospatial. We're going to talk about how we're going to extend that down to working with regional program agency, public health departments and EMS agencies themselves. Next slide, please. The history here for you. You all have access to this PowerPoint or you already do. We started the conversation in 2019. The virus came along and we finally signed the contract in late mid-2021 and we deployed it for the first time with some with after we had made sure the data was flowing. We did a test launch and pilot work with a great New York State Fair and we were monitoring the activity, the EMS and the health activity, both at the fair and in Onondaga County to make sure that the fare was not significantly impacting long wait times at hospitals or impacting EMS agencies ability to meet the needs within their respective jurisdictions. So as we prepare for this year's fair and other larger events, we're going to be looking at how we can continue to do that from a statistical and data standpoint as the data continues to flow in. Next slide, please. And can you have the next plane, so perhaps down? Thank you. So we did. We talked a little bit about the history from State Fair in 2020 and planning staff here in 20 21, I met with the Onondaga County EMS directors, met with the staff who lead the clinic or the infirmary on site at the state fairgrounds. And we talked about daily reporting. We pulled down from a variety of different sources and where you were able to prepare daily reports to assess our impact on the system. And that was just the intro to using bio space with the graphic you show there is the area that we were evaluating and shared. Very immense volumes were heavier. And what we were able to do with that, we were able to produce a variety of reports that demonstrated the potential impact or the actual impact on the EMS system in the hospital turn over time the one time that Mr. Kroll spoke about earlier. So we were able to look at all of that. So we did daily monitoring and surveys of the data in the Greater Onondaga area, and we now know a whole lot more. Next slide, please. So key issue in many regions of the state, most specifically in Onondaga County, as it's been going on there for quite some time or hospital, oftentimes each volume on this chart on this graphic representation demonstrates the average hold real time for a particular hospital. Each hospital is a different color. If we decide we want to remove our hospital from that, we can. These are we're done only on nine one one transports, which is where the documentation standard was implemented that allows allowed us to be able to more accurately document and report on that. Next slide, please. This is just a different representation of that same demonstrates the mean the median, the 74th percentile in the 90th percentile over the course of the reporting period in the hour of the day. This was one day the average of all days between August 20 and September 6th. So is a look at which hours of the day have the greatest issues and problems. And this provided us with a great deal of background information for us to be able to assess the system. So again, we're looking at data and making it actionable and reviewable and then using it as an as a tool to be able to determine if additional resources or changes need to be implemented or deployed. Next slide, please. So bio spatial the 2A and some of you may know I was hired on a grant. I'm still working on that grant. I work on the overdose two action grant where we want. We as a grant program, want to take action one to be able to take EMS data, as well as other data programs and make them actionable. So we made some data submission changes where we're receiving many more EPCRs from BLS first response agencies. We made some adjustments to first ALS first responders, helicopter, EMS and ambulance, how their episodes are arriving at hospitals in New York state. Those EPCRs. We made changes to allow those episodes from all of those names and agencies to be able to be received at local hospitals. And we've worked very intensely with a couple of our hospitals who are very responsive to this and supportive and interactive on this. But we've made it so that all of the charts, from soup to nuts are available for the hospital, which helps with trauma, stroke and STEMI reporting. So as part of that, we are implementing, as Director Greenberg mentioned earlier. We also implemented the free available statewide platform

for both BLS, first responders, as well as ambulances and ALS first responders. And as we mentioned earlier, we are at nearly 500 EMS agencies reporting on those platforms and using that who many of whom were not previously documenting electronically the turnaround time on a paper PCR estimated in 2019 was anywhere from seven months to 18 months being available. With that data being available now, that data is available on the average between four and six hours. So we're actually able to act on that. Some regions of the state are served by a hospital, have the remainder of the state, as is available by elite viewer. Special thanks to our intern last summer and Bernard. Bernard did a phenomenal job putting the viewer program together. Jacob does an amazing job maintaining it and making presentations to hospital leadership virtually and demonstrating how a viewer works and hospitals are coming on board once they realize one that it's free. All they need our computers, they have tons of those and that the state works with them to help maintain the program and surveillance side. We're looking at actionable data and what we can do with it and to be able to do that and we do data. We're working on EMS data sharing. There's some steps we need to do with the Division of Legal Affairs and our Office of Health Information Management to be able to get there. Our initial targeted response approach is with local health departments and regional program agencies will expand beyond that into. We will be spending spending on that to EMS agencies at a later point in time. Soon as those processes are developed. Next slide, please. They'd action next steps, this presentation was prepared for your last truncated meeting, so complete submission of 2021 data that is complete. You still need to initiate the submission of 2020 data in a couple of steps we needed to do to be able to get to that, we need to replay working with the Quality Measures Committee very led, very well by David Violante and I work very work intimately with that committee as we take steps forward in evaluating and establishing any New York state syndromes we want implemented into this program. Biospace will develop them for them and develop and implement data sharing plans for as agencies, original regional program agencies. So we're taking steps in the right direction to be able to make EMS data, how we make decisions in the state of New York or contribute to decisions made in the state of New York. Next slide, please. And I finished that about twenty five minutes faster than yesterday, any questions. You're welcome Ryan, they're

DIRECTOR GREENBERG clapping because it was so good.

chair Philippy CHAIR PHILIPPY: Are there any questions? Chief Brody has done a great job with showing the capabilities of bio spatial. My agency uses a version of this and I tell you that the capabilities of data informatics to drive and change the direction of your activities can't be understated. And I think I mentioned this earlier, but my department hired a data analyst back in November. And in the few short months that he's been working with us, we've made just leaps and bounds changes of things that have not been able to do because we did not have the data to do it. So I repeat the the chief's ongoing comment and statement and call to action. The data drives decisions, and I appreciate the opportunity to look at this. There are any other questions. Then we'll move on any other new business to bring forward council. Any other new business to bring before the council? All right. I don't see any at this particular time. I guess at this point then I would motion to ajourn, Cady so moved

chair Philippy a motion by Mr. Cady seconded by Mr. Deavers

Speaker 2 here,

chair Philippy and thank you, everyone.

DIRECTOR GREENBERG And Chief Jonas, congratulations on your retirement. Thank you,

chair Philippy chief.

DIRECTOR GREENBERG Bureau staff and chief journalists, if you don't mind if you can meet up at the front and take a picture.