

1 10/11/2023 - STAC - Albany, New York

2 NEW YORK STATE

3 DEPARTMENT OF HEALTH

4 STATE TRAUMA ADVISORY COMMITTEE

5  
6 DATE: October 11, 2023

7 TIME: 1:31 p.m. to 2:51 p.m.

8 CHAIR: MATTHEW BANK

9 LOCATION: Empire State Plaza

10 Concourse Level

11 The Egg Conference Room 6

12 Albany, New York

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2 APPEARANCES:

3 ABENAMAR ARRILLAYA

AMY EISENHAUER

4 ARIEL GOLDMAN

ARTHUR COOPER

5 CHERISSE BERRY

CRISTY MEYER

6 DANIEL CLAYTON

DONALD DOYNOW

7 GEORGE AGRIANTONIS

GEORGE ANGUS

8

JAMES MCDONALD

JAMES VASSWINKEL

9

JAMIE ULLMAN

10 JEROME MORRISON

KARTIK PRAHHAKARAN

11 KATE MAGUIRE

KERRIE SNYDER

12 KIM WALLENSTEIN

KURT EDWARDS

13 MARK GESTRING

MARY IVES

14 MATTHEW CONN

MEGHAN MULLEN

15

MICHAEL DAILEY

MICHAEL VELLA

16

PATRICIA RILEY

ROBERT CURRALL

17

ROBERT WINCHELL

18 ROSEANNA GUZMAN-CURTIS

RYAN GREENBERG

19 SHELDON TEPERMAN

SLOAN YOSELOWITZ

20 SRINIVAS REDDY

WILLIAM FLYNN, JR.

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2                           (The meeting commenced at 1:31 p.m.)  
3           MR. BANK: Hello everybody, want to  
4           call the meeting to order. We will proceed with the  
5           roll call. Patty, you good with the roll call?  
6           MR. CLAYTON: I got that, Dr. Bank.  
7           MR. BANK: Sorry, Dan.  
8           MR. CLAYTON: Dr. Bank?  
9           MR. BANK: Here.  
10          MR. CLAYTON: Dr. Wallenstein?  
11          MS. WALLENSTEIN: Here.  
12          MR. CLAYTON: Dr. Guzman-Curtis?  
13          MS. GUZMAN-CURTIS: Here.  
14          MR. CLAYTON: Dr. Gestring?  
15          MR. GESTRING: Here.  
16          MR. CLAYTON: Dr. Prabhakaran?  
17          MR. PRABRHAKARAN: Here.  
18          MR. CLAYTON: Kate Maguire?  
19          MS. MAGUIRE: Here.  
20          MR. CLAYTON: Dr. Angus.  
21          MR. ANGUS: Ready.  
22          MR. CLAYTON: Dr. Reddy?  
23          MR. REDDY: Present.  
24          MR. CLAYTON: Dr. Agriantonis?  
25          MR. AGRIANTONIS: Here.

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2 MR. CLAYTON: Mr. Kahn?  
3 MR. KHAN: Present.  
4 MR. CLAYTON: Dr. Teperman?  
5 MR. TEPERMAN: Here.  
6 MR. CLAYTON: Ms. Snyder?  
7 MS. SNYDER: Here.  
8 MR. CLAYTON: Dr. Edwards?  
9 MR. EDWARDS: Here.  
10 MR. CLAYTON: Dr. Arrillaga?  
11 MR. ARRILLAGA: Present.  
12 MR. CLAYTON: Dr. Vosswinkel?  
13 MR. VOSSWINKEL: Here.  
14 MR. CLAYTON: Dr. Flynn?  
15 MR. CLAYTON: Ms. Mullen?  
16 MS. MULLEN: Here.  
17 MR. CLAYTON: Dr. Ullman?  
18 MS. ULLMAN: Here -- here -- here.  
19 MR. CLAYTON: Thank you, so noted.  
20 Dr. Winchell.  
21 MR. WINCHELL: Here.  
22 MR. CLAYTON: Tammy Sykes. Dr.  
23 Dailey?  
24 MR. DALLEY: Here.  
25 MR. CLAYTON: Dr. Doynow?

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2 MR. DOYNOW: Here.

3 MR. CLAYTON: Dr. Goldman?

4 MR. GOLDMAN: Here.

5 MR. CLAYTON: And Dr. Cooper?

6 MR. COOPER: Here.

7 MR. CLAYTON: Dr. Chair, we have

8 quorum.

9 MR. BANK: Did we send out the minutes  
10 on the Listserv?

11 MR. CLAYTON: We can. We haven't, but  
12 we can.

13 MR. BANK: So I am going to -- the  
14 minutes will be sent out on the Listserv. After we  
15 send them out, we could ask for approval, I'm  
16 guessing?

17 MR. CLAYTON: They are also on our  
18 website and have been since they were posted just  
19 after the meeting in May. So I -- I can make that  
20 available to you.

21 MR. BANK: So I read the minutes. Can  
22 I have a motion for approval of the minutes?

23 MR. GREENBERG: I'll make the motion.

24 MR. BANK: We have one motion; do I  
25 have a second?

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2 MR. AGRIANTONIS: I second.

3 MR. BANK: Second, okay. Anyone  
4 saying no? Okay. We have approved the minutes. We  
5 are then going to go to Bureau of E.M.S. and Trauma  
6 Systems Report.

7 MR. GREENBERG: Thank you very much,  
8 Mr. Chair. I am going to defer to -- it is my honor  
9 to introduce Commissioner McDonald who's joining us  
10 today as the Commissioner of Health for the  
11 Department of Health.

12 MR. MCDONALD: Thank you, Ryan. And  
13 it really is good to be with everybody today. I want  
14 to -- I want to thank Dr. Gestring for inviting me,  
15 by the way. I was at Strong Memorial Hospital's  
16 event for opening at the new Emergency Department at  
17 least breaking ground -- ground, I should say. And  
18 he invited me, and I was really glad to take him up  
19 on the offer. It is good to meet you all. You know,  
20 it -- it dawns me, most of you have not met me.  
21 There's about twenty million people in this state; I  
22 literally am trying to meet everybody. So, you know,  
23 this is me happy to get to know you a little bit. I  
24 -- you know, one, thank you for coming to Albany. I  
25 -- I know it's no small feat anymore to actually

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2           physically come to Albany. I don't know if you  
3           notice just the life that's here now in the  
4           concourse, and quite frankly, I think that's a  
5           celebration of some pandemic success, which I'm very  
6           thankful for. I -- I quite frankly, never take for  
7           granted getting in a room anymore with a bunch of  
8           people. And just very thankful that we can do that.  
9           I'm going to tell you a little bit about me. I'm  
10          going to be really brief. I'm originally from this  
11          area.

12                           When I moved away in June of 1986 in  
13          my little Plymouth Horizon, as I graduated from Siena  
14          College, I really did not know I wasn't coming back  
15          for good till June of 2022. However, being a  
16          pediatrician in the Navy and working in rural  
17          Pennsylvania, then working in the Navajo Nation, then  
18          working in rural Tennessee, and then working in, you  
19          know, Rhode Island for the last fourteen years, I,  
20          you know, just really finally got back here. And it  
21          really was a move for me to be back closer to family.  
22          And I -- it's really the first time I moved in my  
23          career for family and not for career. And -- and I  
24          underscore that by saying like, I really didn't seek  
25          to be the Commissioner of Health. It really was last

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2           thing on my mind, and -- and I think sometimes the  
3           best person for the job is the last person who's  
4           looking for it.

5                        Going to give you a little bit about  
6           my priorities, just so you know, like, what is it  
7           that I'm looking for? It's no secret I'm trying to  
8           rebuild my Department. We lost a lot of people  
9           during the pandemic, but I'm very thankful to see  
10          that we are getting bigger and stronger. And so I'm  
11          not replacing those who have left because they are  
12          irreplaceable, but I'm thrilled that we have new  
13          talent coming to the Department. In 2023, we're  
14          really seeing positive growth in the Department  
15          staff, so very happy about that.

16                      One of my other big priorities is  
17          rebuilding partnerships. You know, it's important to  
18          me that our local health departments feel they're  
19          strong partners for the Department of Health, but  
20          quite frankly, everyone feeling like there's a  
21          partnership with the Department of Health, because  
22          quite frankly, everybody has a role in public health.  
23          And we need all folks to help us. And I've built a  
24          lot of partnerships with other state agencies. I was  
25          chatting with some colleagues earlier. We have a



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2           wonderful relationship with the State Education  
3           Department. A lot of other state agencies really  
4           focusing on building those partnerships.

5                       My third priority, and the last one  
6           I'll mention to you really quickly, is my boldest,  
7           and I think the most important is, you know, I've  
8           said this to the Department many times, I'm committed  
9           to doing what we can to eliminate health disparities  
10          in New York. It may sound a little bit bold, but if  
11          the State Health Commissioner isn't willing to commit  
12          to do everything possible to eliminate health  
13          disparities, I really don't know who else will. And  
14          -- and I want to be clear, I'm not talking about  
15          reducing health disparities, because I think  
16          tolerating a little bit of evil isn't quite good  
17          enough. And when I talk about health disparities,  
18          sometimes I -- I think people think we're talking  
19          about race and ethnicity, and oh, those -- those  
20          disparities are rich and important, but I'm concerned  
21          about disparities that affect people as well based on  
22          gender, based on orientation, based on ability, based  
23          on age.

24                       There's all kinds of health  
25          disparities. And my job, you know, really as I see

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2           it, as the Commissioner of the New York State  
3           Department of Health, we are one of the largest  
4           health departments on the planet, by the way, because  
5           we have Medicaid. So since we're the largest payer  
6           in the state, I look at my job as we're the largest  
7           payer in the state. We have a large regulatory role,  
8           and we also have this large public health product  
9           line.

10                           Those big three things my job is to  
11           align all of that so we can eliminate health  
12           disparities and try to make all of New York much  
13           healthier. So I, again, thank you very much for  
14           letting me come to visit you. Thank you, Dr.  
15           Gestring, again, for the invitation. I did read your  
16           last agenda. I did not read your last hundred- and  
17           twelve-page minutes. I really, quite frankly, thank  
18           you that those are taken here. And I did read your  
19           agenda for today. I know the last time we met, I  
20           believe, was in May, if I'm not mistaken. So, you  
21           know, looking forward to being here.

22                           I do want to thank Ryan Greenberg  
23           who's here. I want to thank Pat Riley who's here and  
24           Dan Clayton and Dr. Morley, I'm sure will be here  
25           later, but I do want to thank the Department of

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2           Health staff who come and -- and come to the meeting  
3           and then brief me. I won't be here for your entire  
4           meeting because I have another meeting soon after I  
5           get done speaking, but I do count on the people in  
6           the Department to brief me, which they do often. So  
7           thank you so much and I'll turn it back to you.

8                       MR. GREENBERG: Thank you,  
9           Commissioner. And Dr. Bank, I think if you have a  
10          few minutes to talk about some of the work that  
11          STAC's doing for the Commissioner to -- to hear  
12          about, and --.

13                     MR. BANK: So, Dr. McDonald's a -- is  
14          a busy guy, so I'm just going to spend a couple of  
15          minutes stating how great we are. But -- but it is  
16          true. I -- I just want to -- in this morning we went  
17          over some of the data that we have for our trauma  
18          outcomes, and this is data that we sent to American  
19          College of Surgeons, so it's not us. We have a third  
20          party that actually looks at the data and then looks  
21          at our outcomes in terms of hospital complications,  
22          mortality. And this morning was -- it was almost  
23          shocking, I have to say. Some of our outcomes are --  
24          are the best, if not the best, in -- in the United  
25          States. And that is because of a lot of the work

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2           that people in this room are doing, and I have to  
3           say, if you look around this room, we have a hundred,  
4           two hundred people in this room that come here every  
5           four months, leave their families and everything. So  
6           it's -- it's my privilege to be the chair of this,  
7           but -- of this committee, but also the fact that  
8           there are literally thousands of New Yorkers that are  
9           still alive today because of the work of a lot of  
10          people in this room. And we have the data to support  
11          that, and it's just great being part of this  
12          community. And thank you very much for coming.

13                       MR. MCDONALD: Yeah, I -- I do want to  
14          thank you for that. But I also want to just pick up  
15          on something you said to me when I first got here.  
16          You know, I want to underscore like, you know, people  
17          who work in Emergency Medicine Trauma, you know,  
18          there's a selflessness to your work that often goes  
19          unnoticed. Oh, I know it's televised sometimes in  
20          T.V., but it's like the anonymity of what you do and  
21          how you take care of patients so thoroughly, so  
22          effectively at their most darkest moments of life, is  
23          just not lost on me, and I really appreciate  
24          everything people do. You know, the direct patient  
25          ca -- care experience is so sacred, so important, and

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2           I want to do everything possible to really support  
3           that. But again, very thankful for what you do.  
4           Very thankful to be here today. And with that, I'm  
5           going to leave you in Ryan's hands, and I'm going to  
6           head upstairs to my next meeting. Thank you.

7                       MR. GREENBERG: So I'm going to keep  
8           the bureau report pretty short today is -- I don't  
9           think we're going to get better than having the  
10          Commissioner be able to talk a little bit about the  
11          Department. But you know, I -- I will say, and I'll  
12          echo his support, you know, as a -- as a New York  
13          Commissioner for growing the Department, for adding  
14          more staff, for building our team in -- in trauma  
15          services, and -- and our data team as well is really  
16          starting to have -- see progress going forward, so  
17          that's really exciting. The other big front that  
18          we've seen movement on, which I think from earlier  
19          conversations today, is we've seen movement on  
20          regulatory change. And so we had a major  
21          accomplishment in the trauma community in, you know,  
22          the past couple of months or the last month, really,  
23          where we approved emergency regs to change, to keep  
24          up with, you know, what's happening nationally and  
25          the gray book.

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2 And so for those who, you know, aren't  
3 very familiar with the entire regulatory process in  
4 changing things and moving things forward, it has a  
5 lot of process to it. I'll just leave it at that.  
6 And so, you know, there -- there was a, you know, a  
7 big team including Gina who's not here today, but our  
8 trauma team and everything to help move those things  
9 forward, to move it through all the processes through  
10 the chamber and everything else, to get approval to  
11 have those emergency regs happen. And so, you know,  
12 this is really, you know -- it's all because of this  
13 committee and because of the work that you're doing,  
14 and so on behalf of the Department, I appreciate, you  
15 know, everything that you're doing to help make that  
16 happen.

17 Some updates on that, you know, the --  
18 although the emergency regs did pass, they pass for a  
19 ninety-day period, and then they either have to be  
20 renewed or they expire. So hopefully they won't  
21 expire. We'll hopefully move to renew them or  
22 they'll be completed. They're -- we believe they're  
23 out for public comment period today. If they're not  
24 out, then they will be shortly. Public comment  
25 period is a period of sixty-days where anybody can

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2           comment on those changes, and we encourage both  
3           positive comments if you believe that they're right  
4           things or suggestions for changes if you feel there's  
5           something different. Just a reminder that that  
6           public comment period is related to what's ever in  
7           there and what was actually changed. So it's not  
8           about, you know, maybe there's another section or  
9           something that you want to talk about. You know,  
10          that public comment period is normally about those  
11          things that are changed. So if you hadn't had a  
12          chance to take a look and to -- to go for that public  
13          comment, I think we're going to work on getting it  
14          out on a Listserv as well so that everybody can find  
15          it.

16                       MR. CLAYTON: Yeah, director also the  
17          -- the -- I have an email here from Gina Wierzbowski  
18          (phonetic spelling) of our staff who is a regulatory  
19          policy affairs person for us or was. She just became  
20          a State employee, but public comment expires 11/27/23  
21          on the 405.45s.

22                       MR. GREENBERG: Great. So if you get  
23          an opportunity, and again, we'll send out the link on  
24          where that public comment period is, this is your  
25          opportunity to speak on that. There was, you know,

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2           just a situational awareness on that one.  If you do  
3           go looking at it and you know -- you know, some of  
4           the changes that we've discussed in the past, you may  
5           not see there, those may be future changes that are  
6           coming in with regulatory changes.  This was specific  
7           for what we needed to get done in an emergency, which  
8           was changing from the orange book to the gray book.  
9           That was really the -- the biggest thing that we had  
10          to focus on -- on that one.  Question?

11                       MR. GESTRING:  Oh, just a quick  
12          question.  Maybe you -- maybe you already covered it,  
13          but the nurse reviewer question that we've been  
14          kicking around for a while, is that part of this, or  
15          no?

16                      MR. GREENBERG:  So the nurse reviewer,  
17          I don't believe is part of the emergency reg change.  
18          So it's going through the -- the regular regulatory  
19          process, but it's not in this particular change.  So  
20          my bet is we'll see that come up in the next four to  
21          six months.  The -- the bigger push when you go for  
22          that emergency reg is, the least amount of what  
23          really is critical and the next important.

24                      MR. GESTRING:  But as a -- as a STAC,  
25          we don't need to do anything further, right?  That's



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2           moving forward on its own?

3                       MR. GREENBERG:   Yep.   So they -- they  
4           basically had to be separated out into two packets,  
5           so one was the emergency change and one was the  
6           regular.   And so the other one's just moving through.

7                       MR. GESTRING:   Thank you.

8                       MR. GREENBERG:   Absolutely.   And you  
9           know, again, always continue to ask questions.   This  
10          is what we're here for, to make sure, you know, it  
11          stays in line and -- and keeps moving forward and  
12          nothing falls off the track in the process.   So, you  
13          know, we spoke about partnerships -- or should I say  
14          the Commissioner spoke about partnerships, and I just  
15          want to, you know, touch on that one as well for a  
16          minute.   I was, you know, sitting in a committee  
17          meeting today and for as big as STAC is, and for the  
18          large health systems that are a part of this, it  
19          still amazes me on a daily basis that literally  
20          during the meeting this morning, you know, the  
21          comment was, don't try and take a lot of notes.   I'll  
22          just share all my policies with you.   And so on  
23          behalf of the Department, I just want to say thank  
24          you to that; that we're not trying to recreate the  
25          wheel every time.   I mean, I -- I know I watched

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2           Chrissy Meyer on a regular basis try and not recreate  
3           the wheel and share the knowledge and everything  
4           that's out there, but again, two other times in  
5           committee meetings this morning, to watch that  
6           collaboration, even when we know that there is  
7           competition in healthcare, that -- that is part of  
8           what, you know, comes with things. But the  
9           collaboration of this group and the work that you do  
10          together to not recreate the wheel, on behalf of the  
11          Department, just, you know, really means a lot.

12                        The other big thing that's out there  
13          is the new provisional designation policy. So if  
14          you're interested in becoming a new Level III Trauma  
15          Center, there is a new policy statement that's out  
16          there on a process with an update. And that new  
17          update includes a -- a -- a pretty big change where  
18          the needs assessment committee will become an active  
19          part of that approval process and -- and giving a  
20          recommendation to the Department on should that occur  
21          and what that would look like -- and -- and having  
22          that active role. So we're excited about kind of  
23          that new front and -- and what that will mean and  
24          what that will mean moving forward. So again, you  
25          know, just kind of a big thing on that front.

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2 From the Department side, again, big  
3 things is, you know, we have had some staff changes.  
4 We've had some promotions; we've had some people  
5 leave the Department for great new opportunities in  
6 other ho -- local hospitals. So sad to see them  
7 leave, but excited to see them take on new  
8 opportunities. And, you know, we are working through  
9 that. So you'll hear some new names, some new faces  
10 that are coming, but again excited to be able to say  
11 that, you know, we're able to hire. We're hiring  
12 people and moving forward on that. And, you know,  
13 with that, I'm going to pass to Dan Clayton or Patty  
14 to give any other reports that they have.

15 MR. CLAYTON: So Dan Clayton from the  
16 Bureau, just wanted to thank Patty for all that she's  
17 done with regard to the policy statement that the  
18 director was just referring to. She's really the one  
19 that in conjunction with the -- with Dr. Winchell and  
20 Dr. Barry from Trauma Needs Assessment, put that  
21 policy together as a revision to 18-04. So thank you  
22 Patty Riley for all the hard work that you put into  
23 that, really unparalleled. I'd also like to just  
24 highlight that Patty continues to be active with  
25 attending the virtual reverification visits for your

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2           Trauma Centers through the ACS.  She's only one  
3           person.  It is difficult; sometimes there are  
4           occasionally a couple of Trauma Centers being re-  
5           verified at the same time, in which case I try to  
6           step in for at least a good portion of the visit.  
7           But I want to thank Patty for the role that she's  
8           played in -- in being present with your Trauma  
9           Centers and being responsive to your asks, your  
10          requests for, you know, updating the trauma Listserv  
11          or image trend issues when a password is expired, or  
12          if you find that you've been suspended in some cases.  
13          Patty is a good point of contact for that.  She'll  
14          help you with the image trend access, she'll help you  
15          with Listserv issues.  Not that you can't email me,  
16          but if you keep both of us copied, you're almost  
17          guaranteed that one of us will get to take care of  
18          the issue for you at hand.

19                        So I do want to just remind everyone  
20          that, you know, for a while before Patty came on  
21          board in late '21, she came on board in late '21 and  
22          then almost immediately got signed -- assigned to the  
23          Surge Operation Center a hundred percent.  So while  
24          she came into work for trauma, she got reassigned and  
25          only last June, maybe, middle of 2022, started her

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2           work in trauma.  And that was only part-time because  
3           she's still working the Surge Operations Center above  
4           and beyond her trauma hours.  But what I would like  
5           to say is that please try to keep her in the loop  
6           with your questions, your asks, your concerns.  I am  
7           there for you, but I'm also going to be taking on  
8           some additional roles above and beyond trauma in the  
9           next few months, specific to agency licensure with  
10          ambulance operating certificates and authorities.  So  
11          granted, I'm -- I'm fortunate that the director has  
12          added some staff in agency licensure underneath me.  
13          In fact, one of the staff members that I'd like to  
14          introduce is David Bowers over in the corner over  
15          here.  David is new on the agency licensure section  
16          and works under me.  So -- and we will also be,  
17          hopefully down the road, having some additional staff  
18          in the trauma section as well underneath Patty.

19                        So I think things are moving  
20          positively forward and, you know, if you have  
21          questions or concerns, keep Patty and me in the loop  
22          and we will do our best to help you out.  We do have  
23          a couple of new Trauma Centers that I'd like to make  
24          sure that everyone's aware of, on the record.  The  
25          Corning Hospital, which is part of the Guthrie

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2           Network was recently, like this year, designated  
3           provisionally as a Level III.  Also, Health Alliance,  
4           which is in Kingston as part of the W.M.C. network  
5           has also been provisionally designated as a Level  
6           III.  So that's -- that's updated.  We'll make sure  
7           that if it's not already taken place, that the  
8           website is updated with that information as well.  
9           And thank you.  Are there any questions for me?  Ms.  
10          Snyder?

11                           MS. SNYDER:  So we talked about this  
12          briefly last night, and you're talking about Patty  
13          going to a lot of the new very -- a lot of the  
14          verifications.  It would be possible for her to  
15          report out at the next STAC if she is -- what trends  
16          she is identifying as people verify against the new  
17          standards, you know, pitfalls, things that they're  
18          looking for -- for specifically clarifications for  
19          all of us, so that we can have some idea of how it's  
20          going on the -- on the new standards.

21                           MR. CLAYTON:  Can we do that, Patty?

22                           MS. RILEY:  Yeah, I'll definitely do  
23          that.  We've done about three so far, so there hasn't  
24          been any major, you know, other than PI program, but  
25          other than that, I will do that for you.  Sure.

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2 MS. SNYDER: Okay. Thank you.

3 MR. CLAYTON: Thank you, Ms. Snyder.

4 Are there any other questions? Director Greenberg?

5 MR. GREENBERG: Nope, but I think  
6 Patty, what we'll do is maybe add some -- add a  
7 bullet to the agenda going forward and you can either  
8 do that -- and would you prefer that at the full STAC  
9 or maybe at one of the committee levels?

10 MS. RILEY: I mean, probably where the  
11 most people are present, so probably at the new STAC,  
12 but I think it just -- I think everybody's going to  
13 be, you know, working on these new standards,  
14 everybody's going to be verifying for the first time  
15 on them. And I think that the more knowledge we have  
16 about how verification is going and things that they  
17 may be specifically looking for that -- or  
18 misinterpretation of some of the standards, I think  
19 it would benefit us all.

20 MR. GREENBERG: Sure. I think it's a  
21 great -- great feedback. Thanks.

22 MR. BANK: Okay. Remind everybody  
23 this is being transcribed, so please, if you have  
24 anything to say, say it into the microphone. Please  
25 state your name. A few other issues. The new bylaws

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2           to STAC are currently in the E.D.C.C. process, which  
3           stands for the Executive Deputy Commissioner  
4           Clearance. I never thought I would know that, but --  
5           but I do know that now. So they are in the E.D.C.C.  
6           process. Today when we were reviewing them in the  
7           executive committee, there was some contradictions  
8           that we did notice. So we are going to pull back a  
9           little bit, review the bylaws. Dr. Simon, who was  
10          instrumental in writing the bylaws, unfortunately  
11          he's not here today because Maimonides has their ACS,  
12          rever -- reverification visit today. So I'm just  
13          going to talk with them and just make sure that what  
14          we noticed is -- is okay. If not, we may have to  
15          bring that back to the STAC, just to -- to go over  
16          those bylaws one more time.

17                        I wanted to announce that we have five  
18          empty seats in the STAC. The way that we count seats  
19          is a little different from the old bylaws to the new  
20          bylaws. So the five empty seats are considering that  
21          the new bylaws will be in effect soon, so we just  
22          wanted to announce that to the entire STAC. If  
23          anybody is interested to just a -- a statement of  
24          interest, if anybody in the room is interested, if  
25          anybody knows anybody who's interested, if anybody



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2           wants to send us a name of somebody who's interested,  
3           that's great. Send it to Patty. The five seats that  
4           are empty, according to the new bylaws that are not  
5           currently in effect, is the Nassau County R.T.A.C.,  
6           which typically will be filled at the -- at the  
7           pleasure of the Nassau County R.T.A.C.. A hospital  
8           professional from a Level III center, the STAC Vice  
9           Chair, a public health professional with knowledge  
10          and experience in trauma care and epidemiology. And  
11          lastly, a burn surgeon. I also wanted just to  
12          mention that we have two seats that were just  
13          recently filled. So we have two new vetted STAC  
14          members. We have Kurt Edwards, who is the new STAC  
15          representative from the Northeastern R.T.A.C.,  
16          correct? I get that right? Northeastern R.T.A.C..  
17          I wrote down Northwestern, but in my mind I just,  
18          yeah -- you're Northeastern. Okay, Albany is  
19          northeast. Okay, I get that. And Matt Conn, who was  
20          previously on STAC, but now you are from the New York  
21          City R.T.A.C.. Okay. We just discussed the  
22          provisionally designated Level III centers.

23                       MR. GREENBERG: Just to go back on  
24                       that one for a second. So the open seats so that  
25                       everybody understands, those nominations that come

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2           meet in -- so we have open seats, you know,  
3           recommendations or nominations can be sent in. We  
4           will share that -- the Department will share that  
5           with the chair, have some additional conversations.  
6           If you know someone who's active, someone either in  
7           the room or not in the room, you can make a  
8           recommendation. There's nothing too formal that's  
9           needed. We don't need a resume and a letter and  
10          everything else at this point. Right now, it's  
11          really just names from those names and, you know,  
12          maybe where they work and a little bit of, you know,  
13          what R.T.A.C. they're in or something else. From  
14          there, then -- then we'll work on funneling that one,  
15          but we're really looking to fill the seats to have  
16          active, you know, participants on -- on the STAC who  
17          will attend the meetings and obviously help make  
18          quorum and things of that nature and, you know, to  
19          move those things forward. So thank you on that one.  
20          For the Nassau one, if you are interested, please  
21          bring that back to the Nassau R.T.A.C., and then they  
22          would bring the recommendation forward to us.

23                       MR. BANK:   So just wanted to repeat  
24                       the STAC Vice Chair is -- is available, so any  
25                       statements of interest we will -- we'll bring to

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2           Patty.  That has to be a physician and has to have at  
3           least two years of active membership in this STAC.  I  
4           said active -- active membership just means that you  
5           are coming to STAC and are actively participating in  
6           STAC.  So far from the bylaws, it does not need to be  
7           a vetted STAC member.

8                       MR. DAILEY:  And the public health  
9           one, can you repeat that again?

10                      MR. BANK:  Public health professional,  
11           I'll read it exactly from the new -- new bylaws.  
12           One, hold on.  One, public health professional with  
13           knowledge and experience in trauma care and  
14           epidemiology.  And this is straight from the new  
15           bylaws, preferably somebody from the data management  
16           analysis and research group, or someone with similar  
17           skills and knowledge.

18                      MR. GREENBERG:  And so just to  
19           understand also why we're going off the new bylaws,  
20           we understand how long it takes for the vetting  
21           process, as many of you know, around the table.  And  
22           we firmly believe that by the time the person would  
23           get vetted, that we would have our new bylaws in  
24           place.  So rather than go off of seats that aren't,  
25           we made the determination to -- to do these searches

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2           and move forward on that based on the new positions.  
3           So that is another thing, just to keep in mind, if  
4           you'd like. We can send out the new bylaws  
5           descriptions on each of these just so that the group  
6           as you're -- as you're looking at that, you have a  
7           copy of those.

8                       MR. BANK: Okay. So no vetted  
9           members, so we talked -- we talked about the  
10          provisionally designated -- the two provisionally  
11          designated Level III centers. We talked about that  
12          the new policy for provisional centers has gone out  
13          on the Listserv. That is not quite -- I don't think  
14          it's quite on the DOH website yet, but we will get  
15          that policy up on the DOH website soon.

16                      MR. CLAYTON: It is.

17                      MR. BANK: It is? Very quickly --  
18          very quickly. It's been up on the DOH website since  
19          we discussed it an hour ago, Dan has put it on the  
20          DOH website. So we are also asking for letters of  
21          interest and anybody interested in working in a burn  
22          group. We had a burn group at STAC a few years ago.  
23          It kind of petered out probably because we don't have  
24          a burn surgeon who's organizing on STAC, but if you  
25          are interested in working on a burn working group,

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2           we're -- we're trying to see if we have enough  
3           interest to try to set this up. We don't have a burn  
4           surgeon yet. We did not want to wait until we had a  
5           burn surgeon to seeing how much interest there was in  
6           setting up a new working group. Sheldon?

7                       MR. TEPERMAN: Yeah, Teperman, N.Y.C.  
8           So I -- I didn't hear you say, maybe I just missed  
9           it. Haven't had my coffee post lunch. That -- that  
10          -- so we used to have a burn surgeon that was a  
11          sitting member of STAC. I didn't hear you say that  
12          it's open. Is it open?

13                      MR. BANK: It -- it is open.

14                      MR. TEPERMAN: It is open. So -- and  
15          that would be any burn surgeon? It would be helpful  
16          if the burn surgeon had some knowledge of trauma.

17                      MR. BANK: It just says one burn  
18          surgeon, one -- it actually says one burn trauma  
19          surgeon. Sorry, that would be the qualifications.

20                      MR. TEPERMAN: So, well, so they're  
21          not always the same, but, so a burn surgeon,  
22          knowledgeable about trauma, can we say that that  
23          works?

24                      MR. BANK: Yes. Yes. I think that,  
25          you know, anybody who's interested, should -- should

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2           send their name in and -- and eventually we're going  
3           to make a nominations committee. We'll nominate that  
4           person. There'll be a discussion in STAC, but yes,  
5           the -- the exact description is one burn trauma  
6           surgeon. I also want to mention for the Burn Working  
7           Group, you do not need to be a vetted member of STAC,  
8           just anybody in the New York trauma community or burn  
9           community that wants to be part of the group. Okay,  
10          lastly this meeting is tentatively for January 24th.  
11          We do not presently have a venue for the 24th, but we  
12          are likely -- I'm going to use the word likely, going  
13          to have a -- a venue for January 24th. Coming soon  
14          on the Listserv will be the dates for all of 2024,  
15          but right now, it's most likely going to be on  
16          January 24th.

17                   MR. TEPERMAN: Matt -- is it --  
18                   Teperman again. Dan, is it likely to be here?

19                   MR. CLAYTON: It will be in the  
20                   Albany, Saratoga region.

21                   MR. TEPERMAN: Thank you.

22                   MR. BANK: It will be within a hundred  
23                   miles -- it will be --.

24                   MR. TEPERMAN: And I thought here -- I  
25                   thought it was going to be in the Bronx.

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2 MR. BANK: It will be within a hundred  
3 miles of the Albany region, which might include the  
4 Bronx. Okay. I think that's it for the executive  
5 report. I think so. We're going to go a little out  
6 of order, as Dr. Gestring has a -- a meeting a little  
7 later today, so we're just going to throw it to him.  
8 He -- Dr. Gestring was the acting chair for the  
9 systems committee because Dr. Simon was not here.

10 MR. GESTRING: Thank you. We only had  
11 one -- one topic on our agenda, and we had the  
12 opportunity for Doug Sambrook to present the training  
13 materials for the new -- for the implementation of  
14 the new Trauma Triage guidelines. Many of you know  
15 Doug was the -- the chair of a -- of a TAC group from  
16 the systems committee that looked at best way to  
17 implement the Field Triage Guidelines throughout the  
18 state. He made a presentation orienting people to  
19 the materials that are available online, and the fact  
20 that New York State fully -- fully supports the  
21 material that was provided by the American College of  
22 Surgeons. For anybody who's interested in looking at  
23 that material, the source material is online under  
24 the American College of Surgeons website. If you  
25 type in Field Triage Guidelines, it'll come to the

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2 section on training and education materials.

3 There's also the New York State  
4 guidance on how to personalize that such that you can  
5 use it in your R.T.A.C.. There was some concern  
6 about the issue of patient destination. We made the  
7 point that nothing changed with the new guidelines.  
8 Each region will define what its highest-level Trauma  
9 Center and how the flow of trauma patients goes. It  
10 doesn't -- none of that changed from the last  
11 iteration of the guidelines. So just from the  
12 systems point -- systems committee point of view,  
13 we'd like to than -- than -- thank Doug Sambrook for  
14 all the work that he did and for all the people who  
15 participated in that process. And I presume we will  
16 -- we will be able to share both his slide set and  
17 the ACS website for anybody who's interested in  
18 seeing that. The -- the only other thing was already  
19 covered by Dan, was the update about the provisional  
20 Trauma Center approval process. I think Dan covered  
21 that in his report, so I don't need to talk about  
22 that here. Thank -- thank you.

23 MR. TEPERMAN: So -- Teperman, New  
24 York City. So just to comment a dovetail on what Dr.  
25 Gestring said, comment I made this morning, I -- I --



1           10/11/2023   -   STAC   -   Albany, New York  
2           as I was listening to the presentation on new Trauma  
3           Guidelines, and -- and I think there is some -- some  
4           work, some agency for the R.T.A.C.s to weigh in on  
5           this. So Dr. Agriantonis is here. He leads New York  
6           City R.T.A.C., and -- and in engendered a very good  
7           presentation from New York City F.D.N.Y. E.M.S., and  
8           the work they're -- they're doing to bring on the new  
9           guidelines. And -- and, you know, I think the  
10          general tenor was that -- that it's going to take a  
11          lot of work and it's a little late; that was from  
12          this morning. So again, my -- my comment here is I  
13          think that we the RTA -- the R.T.A.C.s, have a role  
14          to play here in helping our E.M.S. colleagues roll  
15          this out since it did -- it came from a combination  
16          of -- of trauma and the E.M.S. world.

17                   MR. BANK: Any other questions for Dr.  
18                   Gestring? Okay. So moving on, we have the registry  
19                   subcommittee of Cristy Meyer.

20                   MS. MEYER: Good afternoon. So Cristy  
21                   Meyer, I'll be reporting for the registry  
22                   subcommittee. And I -- I just want to say that  
23                   there's been a good deal of work done in between the  
24                   meetings. Thanks to Dan Clayton, Patty Riley and  
25                   Peter Brody, and some of our work group members who

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2           have tried to work on moving the 2024 data dictionary  
3           changes to that kind of final stage with our registry  
4           vendors and also working on the data dictionary  
5           document. This year's work group is a very robust  
6           team that will be helping to finalize that data  
7           dictionary document for everyone but also look to  
8           changes for 2025. You know, it's an ongoing process  
9           to support data, so it really requires many hands,  
10          but continuous work. So I do appreciate the  
11          partnership we've had and the ability to work with  
12          the vendors and our D.M.A.T. team, in addition with  
13          Director Greenberg's support. So that's ongoing.

14                       We'll look to see -- this group is  
15          working every two weeks to look at data dictionary  
16          definitions and fields for the 2025 data dictionary  
17          as well. So a lot of work being done. The  
18          additional thing we'll be looking at is the dead on  
19          arrival definition and how people are using that  
20          definition to abstract data and look at processes in  
21          their emergency department. So more to come on that.  
22          In addition, the D.M.A.T. team has been looking at  
23          the Sparks Reconciliation process. That was a  
24          recommendation at the May STAC meeting. They're  
25          still working on looking at data and how that Sparks

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2           Reconciliation can be maybe shortened or optimized or  
3           eliminated. So that's ongoing. Patty Riley will be  
4           giving us some support on some ACS registry, standard  
5           changes about registry training and some of the  
6           certification regulations in the language in the new  
7           gray book.

8                         There are some things to follow up on  
9           such as clarifications around the registry classes  
10          and who really in your center needs to take those.  
11          And the C.A.I.S.S. certification for new registrars  
12          in centers where people just don't have a long  
13          breadth of experience, but that -- that training and  
14          that certification would be very difficult. So those  
15          are just a couple samples of things that we'll get  
16          some clarification on. I just want to highlight the  
17          exemplar registry validation plan that Kerrie Snyder  
18          from Albany and her entire Registry Team really  
19          shared a wonderful process. Kerrie has gotten great  
20          feedback from many of the members that attended our  
21          meeting this morning on trying to implement that in  
22          their center, so thank you for that, and we look  
23          forward to seeing more of that kind of practice. And  
24          I just want to recognize that we had a few brand new  
25          C.A.I.S.S., so coding experts certified registrars in

1           10/11/2023   -   STAC   -   Albany, New York  
2           our midst today. So that work is ongoing to really  
3           support the new standards, and that ends my report.

4                   MR. GREENBERG: If you don't mind, can  
5           you explain a little bit about what it means and what  
6           the ban -- what -- what needs to happen in order to  
7           become one of those certified providers?

8                   MS. MEYER: So, like many of the  
9           certifications, whether it be an -- a board  
10          certification for physicians, nurses, registries'  
11          teams, there are recommendations for practice and  
12          years of practice and experience that kind of go into  
13          that before you can take and sit for those tests.  
14          The C.A.I.S.S. is an international certification for  
15          injury severity scoring. You really become an  
16          expert, and every center is now required to have one  
17          of those experts on their team. And that really  
18          takes a lot of studying. The individuals I know  
19          personally who have gone through the class and, you  
20          know, prep classes, it's hours and hours of work, but  
21          it's also a standardized test that you take, like  
22          many of the other board certifications. And it --  
23          it's -- it's a very intense and very difficult test.  
24          So it -- it's -- it's not something that, you know, a  
25          brand-new registrar, it can probably do. It really

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2           takes probably one to two years' experience, where  
3           you're really coding a breadth of injury, and a lot  
4           of experience in severity coding.

5                   MR. CLAYTON:  And because it directly  
6           relates to registry, I -- I do want to point out that  
7           just this morning, within the last couple of hours,  
8           the New York State Trauma Registry statistical report  
9           for 2016 through the end of 2020, was approved by the  
10          Department.  And it is not yet on the website, this  
11          one, but I did email it out on the trauma Listserv.  
12          So you should, if you open up your emails, find that  
13          there, the 2016 to 2020 report.  Thank you.

14                   MR. GREENBERG:  And -- sorry.  Just  
15          on, in regards to that report, so that people  
16          understand kind of where that report is and why it  
17          takes so long.  So that --that takes your trauma data  
18          that you're bringing into the registry and it aligns  
19          it with the Sparks data, which is coming in from the  
20          hospitals, and there's a lag time on Sparks data and  
21          then reconciliation and a number of other things.  
22          And so that's part of what drives, you know, kind of  
23          that delay in -- in why some of this comes out.  
24          Obviously, this one is, you know, longer than -- than  
25          in a perfect world, and we're working on speeding

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2           that up and catching up with things. And we're also  
3           working with the executive committee to see what the  
4           future of that report looks like. Is it as in depth,  
5           and then if it is, you know, it may take longer or is  
6           it reduced, but has more key components to it and it  
7           would be able to possibly come out quicker? So those  
8           are all things that we're looking at right now as we  
9           look at it. But that report, even on its best day,  
10          would be anywhere from eighteen to twenty-four months  
11          behind just to get, by the time you get the data and  
12          reconciliation and everything else that comes along  
13          with it.

14                        So, you know, just to give you a  
15          framework on kind of where things are and you know,  
16          how long it takes for data to come in and see  
17          Cristy's shaking her head a little bit. I don't know  
18          if you want to talk anything more on that one or not,  
19          for an understanding of it.

20                        MS. MEYER: You know, when we think  
21          about data, certainly TQIP is going to be you know,  
22          twelve t eighteen months behind also. So it does  
23          take time. You know, we get that sixty day window  
24          post discharge. There's a submission process. We do  
25          have some challenges still to get the submission

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2           process done, and that relies on every hospital in  
3           the state to submit their Sparks data. And then that  
4           the D.M.A.T. team takes detailed reports from that  
5           and compares it to what our Trauma Centers have put  
6           in, to find if there's gaps in that. So that's --  
7           that really takes a good twelve months. I -- I have  
8           to say that 2022 data looks to be complete for  
9           submission from centers in the state, which is a  
10          great place to be in October of '23. And we  
11          certainly have some really great data from the  
12          beginning of this year as well. So submission  
13          processes are -- are speeding up. When I took this  
14          on a few years ago, we were certainly much, much more  
15          behind. So we're gaining some speed and hopefully  
16          we'll work with the D.M.A.T. team to optimize  
17          whatever we can.

18                       MR. GREENBERG: Terrific. And yeah,  
19           you know, I think that's a perfect example of it. So  
20           if we look at that 2022 data, and we're just  
21           completing getting the data in for that initial  
22           comparison in October. So nine months after the year  
23           ends is now when the data is finally all in, now we  
24           start matching, making sure it is, making sure Sparks  
25           data, is there. You can see how it quickly gets to

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2           that eighteen month mark on certain things. So just  
3           kind of pushing forward, but we are in a much better  
4           place than where we were, and I think we'll continue  
5           to improve on that front. Thanks.

6                       MR. BANK: Okay. Just moving down our  
7           agenda, the Trauma Center Needs Assessment, Dr.  
8           Winchell.

9                       MR. WINCHELL: Yeah, thanks Matt.  
10          Robert Winchell, The Chair of the Needs Assessment  
11          Committee. We have no action items today. This did  
12          represent sort of the culmination of the last  
13          eighteen to twenty-four months' worth of work on the  
14          needs assessment portion of the provisional Trauma  
15          Center designation piece. We'll continue to work on  
16          both the implementation with any new Trauma Centers  
17          that apply, and in working on further refining the  
18          metrics that underlie the needs assessment component.  
19          The side job of my committee has been looking into  
20          bringing the American College of Surgeons Committee  
21          on Trauma -- Trauma Systems Committee out for a  
22          system analysis or system consultation in New York.  
23          We had some budgetary issues that set that back from  
24          the more optimistic position we had about a year ago.  
25          So we're still working on that at some point in the



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2 indefinite future. Thanks.

3 MR. GESTRING: Just a question, is  
4 there something the STAC needs to do to help that  
5 Systems Committee happen or the -- I know we took a  
6 vote and we said it should happen and now it's moving  
7 forward. It's just a matter of how and when.

8 MR. WINCHELL: So I think we actually  
9 had identified the funds and were pretty close to  
10 actually working on the contractual details. And the  
11 college, in its infinite wisdom, essentially doubled  
12 the price, which is a whole nother set of budgetary  
13 challenges that we now have to overcome in -- in  
14 order to get them to get here. And it literally went  
15 from about seventy-five-ish to about a hundred and  
16 fifty-ish overnight.

17 MR. GESTRING: But we as a group don't  
18 have to do anything further. It's the -- the --

19 MR. WINCHELL: No, I think that's the  
20 main -- I think yeah, the decision is still there,  
21 the question now is where we look or where the  
22 funding might come from. We did discuss somewhat  
23 whether this would bring new life to our own attempts  
24 to do some internal consulting work in the interim,  
25 while we're looking for that -- that solution. Thank

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2 you.

3 MR. BANK: Any other --

4 MR. GREENBERG: Sorry. Just on that  
5 same note, yeah, so it was a little bit of a sticker  
6 -- sticker shock when -- when we had the phone call  
7 and they turned and doubled it, particularly because  
8 it takes us almost a year to get funding into place.  
9 And then, so to be able to -- to all of a sudden not  
10 have it aligned, becomes challenging. One of the  
11 things that we are looking at though, and -- and we  
12 had actually at a state E.M.S. Directors' Annual  
13 Meeting for the nationally spoke about some different  
14 grant opportunities, so we're going to be looking  
15 into a couple of things that directly relate to, you  
16 know crash data and trauma and pa -- you know,  
17 positive patient outcomes and looking to see if  
18 possibly one of those projects will help us in  
19 funding the cost of this particular study.

20 One of the things that -- that we are  
21 just on that note though, and I think Dr. Winchell,  
22 this is, you know, kind of where we're coming from  
23 is, to not delay one for the other, not knowing if  
24 it'll go through. So I think we're going to start  
25 moving forward on some sort of state assessment and

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2           things of that nature, particularly, because even if  
3           that needed some support and funding, we have some  
4           funding there.  So maybe it's not by the ACS, but we  
5           have kind of funding that's allocated for that.  And  
6           then to, at the same time in parallel, try and work  
7           on grant funding for some of the other initiatives  
8           for -- or should I say, for the ACS initiative.

9                       MR. BANK:  Any other questions for Dr.  
10          Winchell?  Okay.  We'll move along.  Injury  
11          Prevention and Education, Robert Currall.

12                      MR. CURRALL:  Hey, good afternoon.  
13          Excuse me.  There's -- there's no action items to  
14          report.  This morning's meeting was highlighted by a  
15          presentation from Dr. Maya Dorsett from the  
16          University of Rochester who discussed her research  
17          involving lift assists in E.M.S., and the underlying  
18          issues that she found with missed medical assessments  
19          and missed trauma with sepsis, congestive heart  
20          failure and kidney failure in these patients, that  
21          it's not a routine call.  And to underline that and -  
22          - and lots of people left with some great ideas and -  
23          - and to look into their own systems.  With -- with  
24          looking at this, also identifying and pry --  
25          prioritizing our false prevention outreach into which

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2 patients should get which.

3 In addition, we've -- Injury  
4 Prevention has sent out a newsletter which will be  
5 either in your mailboxes this eve -- this evening or  
6 tomorrow, highlighting events over the past six  
7 months or so since May, which included Stop The Bleed  
8 Month in May, all of the summer activities from  
9 throughout the State Falls Prevention month in  
10 September. And now we're looking forward to events  
11 for National Injury Prevention Day, which will be  
12 Saturday, November 18th, which is put forth by Injury  
13 Free Kids Coalition, injury Free Coalition for Kids.  
14 So we'll be trying to light up some structures  
15 throughout New York State. And this is a national  
16 event and trying to do different injury prevention  
17 events statewide. Thank you. Any questions?

18 MR. BANK: Any questions for Injury  
19 Prevention? No? So we'll move on to Regional PI.  
20 That's me. We had two very good presentations this  
21 morning, one from Jay McCormick that looked at the  
22 data for isolated hit fractures, for the four Level  
23 III Centers on Long Island, and we compared it to the  
24 TQIP data for New York, as well as the TQIP data for  
25 the United States, showing that the care given in the

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2           Level III Centers was pretty much equal to the care  
3           given at Level I and Level II centers in the United  
4           States, as well as the Level I and Level II centers  
5           in New York.  So that was -- that was very impress --  
6           impressive and very reassuring that the Level III  
7           centers are -- are really able to give great care in  
8           a somewhat sick population of patients.  We then  
9           looked at the TQIP collaborative data.  The TQIP  
10          collaborative data is probably the -- the best data  
11          that we've had since the collaborative got together  
12          in 2017.  So for the last six years, the spring 20 --  
13          the Spring 2023 Report, we don't have the Fall 2023  
14          Report yet, but the Spring 2023 Report showed that we  
15          were statistically better outcomes in multiple areas,  
16          but just to highlight one in all patients for  
17          hospital complications and mortality, we were  
18          statistically better than the rest of the country.  
19          So it -- it really does go to validate some of the  
20          great care that we are giving in New York State.  Any  
21          questions about PI?

22                           MR. TEPERMAN:  Just to repeat, Dr.  
23           Gestring was encouraging me, I was encouraging him  
24           just to repeat our comments.  This is Teperman, New  
25           York City, comments this morning.  Matt, as I -- as I

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2           sat back and -- and looked at the incredible work  
3           that you led along with our Program Directors and our  
4           Registry, and, you know, there's this slide from  
5           2017, which shows a lot of red, which was something  
6           that needed improvement and -- and to this date you  
7           know, a -- a lot of excellence. So my observation --  
8           our observation is that your work has raised the  
9           professionalness of our registries to such a high --  
10          to such a high quality. I think it's raised the --  
11          the quality of the work that all of our Trauma  
12          Centers do. And I just want, you know, on -- on  
13          behalf of no power I have at all. You know, my  
14          colleagues here at the STAC, I want to thank you and  
15          everybody that worked so hard on that. It was, it  
16          continues to work so hard and its fantastic work.

17                   MR. BANK: Thank you very much  
18           Sheldon. Can -- can I give you the cell phone of my  
19           wife? I have it. She -- she doesn't think I do any  
20           actual work. She thinks I just go to Albany and  
21           basically she thinks it's a big party and I come  
22           back, she asks me how my vacation was. I said, no,  
23           we do real work there.

24                   MR. TEPERMAN: I'll come over for  
25           dinner and tell her all about it.

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2 MR. BANK: Absolutely. You're --  
3 you're invited anytime. Okay, so we -- we went  
4 through systems. Pediatric Trauma, Dr. Wallenstein.

5 MS. WALLENSTEIN: Hi, Kim Wallenstein.  
6 So no action items from our committee today. We  
7 talked about two main things; the first was our TQIP  
8 collaborative data. Our data actually looks really  
9 good on most fronts. We did note that we are the  
10 high outliers on one category, and that was the  
11 mortality for severe T.B.I. in the age group of  
12 fifteen to eighteen. That led into a discussion that  
13 we had about that age group. As you know, there's a  
14 lot of heterogeneity in centers throughout New York  
15 State, and who takes care of the older teenagers, and  
16 we don't actually have a good idea of where those  
17 kids go, who takes care of them at the centers that  
18 they go to, what kind of units they're admitted to.  
19 And so we're going to be doing a little bit of a  
20 project to look into that and see if we can find out  
21 any data to explain these findings and also drill  
22 down into our data to take a look at those  
23 mortalities.

24 The second thing that we talked about  
25 was pediatric readiness. Everybody knows about the





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2           Pediatric Work Group? Okay, so now --  
3                       MR. GOLDMAN: Matt, sorry. I -- I --  
4           I thank you Ariel Goldman, Orthopedist. I -- I -- I  
5           think this is an important piece of work that you're  
6           -- you're starting to embark on. Most -- from my  
7           experience, most of our pediatric centers and adult  
8           centers have strict age cutoffs. And it, I -- I  
9           think it's -- it's important that, you know, age and  
10          development through -- through puberty, in  
11          particular, in the adolescent population, like you  
12          were mentioning, winding up at the wrong center can -  
13          - can have problematic outcomes for these -- for  
14          these patients. And, you know, a two hundred and  
15          fifty pound sixteen-year-old, it may not be  
16          appropriate for that patient to be at a pediatric  
17          center. So I think being able to make judgments on  
18          the fly from allowing our E.M.S. colleagues to make  
19          judgements on the fly, regarding the criticalness of  
20          the patient, knowing what their local hospital  
21          resources are, is very important to providing the  
22          highest level of trauma care to this population that  
23          is involved in, you know, high -- high involvement of  
24          accidental trauma.

25                       MR. BANK: Any other questions for Dr.

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2           Wallenstein? Okay. Going to the New York State  
3           Chapter of the American Trauma Society, Jerry  
4           Morrison.

5                           MR. MORRISON: Good afternoon. On  
6           behalf of the New York State Trauma community, I'd  
7           like to extend our gratitude and thanks to our  
8           emergency nurses during this Emergency Nurses Week.  
9           In addition to -- no, I think you're right.

10                           In addition to many of the reports  
11           we've heard already, some other additional  
12           information, in regards to trauma education there  
13           will be an AIS fifteen Course being held in  
14           conjunction with the TQIP conference. Also, the New  
15           York State Division of the ATS is having discussions  
16           about potentially offering one of the courses in  
17           conjunction with a future ATS and STAC meeting  
18           possibly in May. In regards to our legislative  
19           committee, there was discussion that there's an  
20           ongoing issue where school nurses are not able to use  
21           hemostatic gauze without a physician's specific  
22           order. And we were advised that the Department of  
23           Health is working with the Commissioner to try to  
24           work through this concern. We also heard about  
25           Donate Life New York and some more novel ways that

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2           are being utilized to try to increase the number of  
3           people signing up to be organ donors.  An example was  
4           increased ease of signing up when obtaining fishing  
5           licenses and other such things.

6                       We've heard our Department of Health  
7           updates and we've heard our -- from the TQIP  
8           Collaborative, unique to the New York State Division.  
9           We do annual grants, so we've appropriated fifteen  
10          thousand dollars for grants for this year.  Our  
11          nomination -- our applications will be released in  
12          November with the deadline of December 15th, and  
13          those awards will be -- the grant awards will be  
14          discussed in our January annual meeting.  We also  
15          appropriated three thousand dollars to be used for  
16          educational programming to be held in conjunction  
17          with our STAC and ATS meetings.  An example of where  
18          we've partnered with other organizations such as the  
19          Greater New York COT, was we provided some support  
20          for the recent D.M.A.T. course and New York State ATS  
21          was able to fund the books for that class.  Also,  
22          it's time for our annual Distinction Awards.  So our  
23          nomination process will start in November and will  
24          close out December 15th.  And our Distinction Awards,  
25          again, will be presented in January as part of our

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2           annual meeting. All the information about the  
3           applications and those processes will be shared  
4           through our base camp server. And also it's time for  
5           our biannual elections. This will be my last meeting  
6           as the President of the New York State Division of  
7           the ATS. Kerry Garcia will ascend from her -- her  
8           current position of -- and I'm losing my words. So  
9           she has been -- she's our president elect and she'll  
10          be ascending to the presidency. We are also -- we'll  
11          be electing a treasurer, a secretary, and a new  
12          president elect. That is my report. Are there any  
13          questions? Thank you.

14                       MR. DAILEY: Sorry, I just have one  
15          area of clarification. The Department does continue  
16          to work on the school nurse concern with hemostatic  
17          dressings. The discussions have been initiated  
18          between State Ed and Dr. Morley in the Commissioner's  
19          office, and hopefully that will continue to proceed.  
20          Dr. Gestring and I will remain involved in that.

21                       MR. BANK: Any other questions for  
22          Jerry? Okay. Thank you very much. And thank you  
23          Jerry for your two or three years of service at the  
24          ATS too. Moving right along to State Emergency  
25          Medicine Services Council, Dr. Dailey.

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2                           MR. DOYNOW:  Actually, it'll be Dr.  
3           Doynow giving a report, and Dr. Dailey will probably  
4           correct me at the end, but I'll try and be brief.  At  
5           SEMAC, a number of issues came up.  There were minor  
6           protocol con -- conflicting issues that were resolved  
7           with the medication shortage that we're seeing.  A  
8           substitution list has been generated, as well as a  
9           procedure for agencies to be able to use those  
10          substitutions.  There's a protocol update procedure,  
11          so protocols will only come out once a year, which  
12          resolves some of the issue with trying to push out  
13          multiple protocols throughout the year and getting  
14          them out to E.M.S. providers.  We reviewed mark one  
15          kits.  There was a great presentation by Dr. Goldman  
16          on crisis stabilization centers that the department  
17          is starting, so patients with mental health issues  
18          could go to these centers rather than coming to the  
19          emergency department.

20                        Actually, Dr. Goldman will be the  
21          first psychiatrist ever to join SEMAC and perhaps  
22          SEMAC needs a psychiatrist.  We are looking for a new  
23          representative from STAC to be the representative to  
24          SEMAC.  The current representative is very busy, has  
25          multiple other responsibilities, has been unable to

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2           attend.  So if anybody's interested in coming to our  
3           meetings, please see me after the meeting and we'll  
4           be happy to start the procedure to get you -- get you  
5           onto SEMAC.  The last was a discussion on pre-  
6           hospital data collection.  At this point, the pre-  
7           hospital record does not in a timely matter, present  
8           to the emergency department.  And what we'd like to  
9           see is the electronic pre-hospital record, just  
10          basically connect with the hospital E.M.R., so it's  
11          in real time available for ED care.  That's my end of  
12          my report.  Dr. Dailey, you have anything to add?

13                       MR. DAILEY:  I think I just clarified  
14          our interest in what we'd like to see happen with the  
15          pre-hospital data.  I certainly don't have to talk to  
16          any of the people here that work with data to know  
17          that there are significant holes and missing  
18          opportunities, particularly for centers that take  
19          transfers.  We miss chapter one of most of those  
20          stories, and then if we decide that we want to do any  
21          in-depth robust work with that pre-hospital  
22          information, it's all stored inside our record  
23          systems as flat files.  The opportunity exists now  
24          for that information to be integrated directly as  
25          real live object -- objective data.  And what I'm

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2           hoping to get a group started discussing with the  
3           P.H.H.P.C., with the SEMAC, and with the Department  
4           is opportunities that we ag -- that we have as  
5           advisors to the Department and leaders throughout the  
6           state to advise our hospitals at -- in terms of  
7           advancing their information technology structure to -  
8           - to be able to consume this data in a usable  
9           fashion.

10                           Our example that we used for this was  
11           actually a study that was done at Rochester by Campta  
12           (phonetic spelling) et al, and part of the et al  
13           included Dr. Dorsett, who presented this morning for  
14           injury prevention, of a study where they looked at  
15           dexamethasone dosing for patients who presented their  
16           emergency department. The patients presented the  
17           emergency department about thirty percent of the  
18           time, they received a second dose of dexamethasone,  
19           even though it was not medically indicated. So they  
20           went through a plan, do study act cycle to try to  
21           change the process of getting information from E.M.S.  
22           putting into their existing record. And after doing  
23           that process twice, they had the exact same result  
24           that they were still re-dosing dexamethasone thirty  
25           to thirty-five percent of the time.

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2 All of our electronic systems have the  
3 ability to reduce re-dosing. And this is just a  
4 really simple example of why we need to use the  
5 electronic data that already exists in its optimal  
6 fashion to make sure we're protecting our patients.  
7 And then once we protected our individual patients,  
8 we can look at all of the additional opportunities  
9 that present in terms of research, public health  
10 intervention, and ultimately increasing the quality  
11 of life for New Yorkers. Mark?

12 MR. BANK: So I was going to ask a  
13 question related to something that came up this  
14 morning at a different meeting. Patients who are  
15 transferred to a Trauma Center frequently do the --  
16 PCR is frequently lost or not available. The kind of  
17 information you're talking about, could that be real  
18 time PCR information that could go to a Trauma Center  
19 that's looking for it if we can't get it back through  
20 the original agency? Because that might actually be  
21 a very useful tool for our registry subcommittee to  
22 think about.

23 MR. DAILEY: And I agree, and I think  
24 there are a lot of different levels to this, right?  
25 There's the ability of any center; stroke, trauma,



1           10/11/2023   -   STAC   -   Albany, New York  
2           you know, stroke center, trauma center, pediatric  
3           center, doesn't -- doesn't matter; any -- any center,  
4           to be able to consume that data real time. The next  
5           step is then to see how we can create pathways to  
6           allow that data to flow from an initial treating  
7           agency through the hospital that ultimately transfers  
8           that patient to the destination facility. There's  
9           obviously a lot of regulatory issues and legal --  
10          legal hurdles to overcome with that. But I think it  
11          ultimately would be the goal, basically that the  
12          patient's medical record is the patient's medical  
13          record, and we have access to the entire thing.

14                   MR. GESTRING: So -- so maybe the --  
15          the registry conversation from this morning could pay  
16          attention to that. Maybe that's a -- a backdoor into  
17          what we were talking about is a problem getting that  
18          information.

19                   MS. SNYDER: So I think -- Kerrie  
20          Snyder from Albany Med, so I think to -- I think what  
21          Dr. Dailey is saying is that this should be a  
22          committee all in itself to look at this. We've been  
23          bringing this issue up with -- I'm specifically  
24          talking about the scene PCRs to outside hospital,  
25          right? That -- the fact that we had a -- we had an

1           10/11/2023   -   STAC   -   Albany, New York  
2           Upstate New York email group going, and nobody was  
3           getting more than ten percent of those PCRs. I think  
4           that this is -- this is a requirement in the gray  
5           book. It's an audit filter. It is an expectation of  
6           the college that we assess for field triage criteria.  
7           Much less like to Dr. Dailey's point patient care,  
8           just to see what even happened to them at the scene.  
9           We can't even meet the ACS expectation to review  
10          these triage criteria. I think this is mentioned  
11          wherever somebody can fit it in, whatever -- whenever  
12          somebody's a committee -- in a committee, they bring  
13          up, let's talk about the PCR, and then it -- it just  
14          kind of drifts off. I actually had this down as new  
15          business to make sure that this got -- this needs to  
16          be its own committee, this own driving force. The  
17          data is out there and it's just -- it is not  
18          acceptable that we can't use it for patient care. We  
19          can't use it for complete registries, we can't use it  
20          for an ACS requirement, which we're being held to the  
21          standard for.

22                           MR. BANK: Cristy from the registry  
23                           committee, I'm sure, is going to have a comment on  
24                           that.

25                           MS. MEYER: So, I -- you know, I think

1           10/11/2023   -   STAC   -   Albany, New York  
2           I want to stop at patient safety.  If anyone went to  
3           TQIP last year and heard the terrible story from a  
4           physician who talked about the fact that a patient  
5           passed away because they didn't have that vital pre-  
6           hospital information, and when they did finally get  
7           it, it was kind of too late.  I suspect that that may  
8           be other people's story, and certainly that as -- as  
9           stewards of safety, when you think about our number  
10          one priority, we're missing that information.  So one  
11          of the things that the registry committee really  
12          wanted to do for '24 was to start to quantify the  
13          missing first PCR, and I -- I get the difficulty in  
14          trying to track those down.  I think there is not a  
15          clear process, but there's a whole lot of technology  
16          out there, and how do we match that up in a way that  
17          really makes that -- that data available to not only  
18          the first center, but the second center so that we  
19          can give the -- the -- the adequate story to maintain  
20          safety.  So I -- it's -- I understand the -- the  
21          difficulty of the paperwork and getting the  
22          information, but we're actually really talking at the  
23          core here about the best outcomes for the patients  
24          across the state.  So I do think it needs a lot more  
25          work.  There are a lot of gaps and challenges to

1           10/11/2023   -   STAC   -   Albany, New York  
2           this, and we've talked about some of the, what we  
3           thought to be maybe easy fixes, and there's -- it's -  
4           - it's very complex. So I do think that getting the  
5           right stakeholders in the room and really kind of  
6           talking about what we can accomplish is a really  
7           great idea. So thank you for continuing to push it  
8           forward. I -- I think it's really important.

9                       MR. BANK: Okay. Any other questions  
10           for SEMSCO?

11                      MS. SNYDER: Can we -- can we talk  
12           about making a motion to actually get a committee to  
13           look at this? I think we're talking about it, and if  
14           we -- if we don't take a step today, we're going to  
15           bring this back again in January and be where we are  
16           today.

17                      MR. BANK: Would -- would this be part  
18           of the registry committee? I mean, the --.

19                      MS. SNYDER: I -- I mean, what makes  
20           sense? Is this a systems issue? Is this a registry  
21           issue?

22                      MR. DAILEY: I would suggest it's a  
23           little different than that. I don't think it's a  
24           trauma issue. I think it's an entire Department of  
25           Health issue. I think it's a healthcare system was

1           10/11/2023   -   STAC   -   Albany, New York  
2           in New York issue. I think that if there are one or  
3           two people at this table that are interested in -- in  
4           joining that initial set of discussions I think that  
5           would be extremely helpful. I think that if we were  
6           to take it on separately as a STAC, that would be a  
7           mistake and it would lose opportunities and potential  
8           constituents across other areas. So let's get more  
9           interested people in the room and as part of the --  
10          the initial discussions that we're going to have the  
11          department start, and then we'll see where we can go  
12          from there. The most -- honestly, the most important  
13          component of this are going to be the attorneys. Not  
14          those of us that want the information, the people  
15          that actually protect the information.

16                       MR. CONN: That might very well be --  
17          that might very well -- Matthew Conn from New York  
18          City R.T.A.C.. So I agree with Kerrie, I agree with  
19          -- with Dr. Dailey. Dr. Dailey brings up an  
20          interesting point that this might be an inter  
21          advisory committee task force, the SEMAC, the SEMSCO  
22          and the R.T.A.C., or the SEMAC, the -- the yeah --  
23          yeah, the SEMSCO.

24                       SEMAC, SEMSCO and -- and R.T.A.C.,  
25          STAC, pardon me. I knew I got something wrong. But

1           10/11/2023   -   STAC   -   Albany, New York  
2           that it -- that might very well be the direction that  
3           this needs to head and inter-advisory committee task  
4           force to -- to look at this and see how we can close  
5           down some of these gaps. I can tell you that I  
6           reached out to Trauma Centers across the country with  
7           this very question, and the overwhelming feedback  
8           that I got from the rest of them was that we are all  
9           in the same boat. Everybody has access to Hospital  
10          Hub and their statewide PCR repositories for those  
11          that are being marked as coming to their facility  
12          from the scene. And we don't -- none of us across  
13          the country have -- have a -- a global access to --  
14          to fix this individually. But my recommend -- I --  
15          yeah, I'm new here, but here's my recommendation is  
16          that we put in an inter-advisory committee task force  
17          together to look specifically at this and be  
18          responsible and accountable to all three.

19                   MR. TEPERMAN: Just to telling with  
20                   that -- it's Teperman, New York. Dr. Dailey and Mr.  
21                   Conn said, may -- you know, Ryan's pretty good at  
22                   this stuff. Maybe -- maybe we ask Director Greenberg  
23                   what the best approach would be here before we try to  
24                   figure out our own. I mean, he may -- he may say --  
25                   you know, it's this person, it's this committee and

1           10/11/2023   -   STAC   -   Albany, New York  
2           that committee, and -- and yes, we should do it from  
3           the STAC.  So maybe -- maybe we need to seek his  
4           counsel or even perhaps, you know, one of our  
5           Commissioners could put us in the right direction,  
6           Dr. Morley, perhaps, or certainly Ryan.

7                         MR. DAILEY:  Dr. Teperman, thank you.  
8           So this is already touching on the public health and  
9           healthcare planning council, which the P.H.H.P.C. --  
10          who ultimately will be the body that -- that probably  
11          needs to host this.  I definitely believe that this  
12          remains an open agenda item for this group with just  
13          a, hey, what's happening?  Where's this going?  To  
14          make sure that it doesn't fall -- fall by the  
15          wayside.  But as of right now we have a number of  
16          different councils that are already engaged.  I --  
17          but I think its home is going to ultimately be  
18          healthcare planning.

19                        MR. BANK:  So, Dr. Dailey, I just want  
20          to -- to -- to volunteer if any of those councils  
21          need some additional help, I'm sure we can find  
22          someone in the STAC that'll be more than interested.  
23          We have a lot of people here who have a lot of  
24          registry type of E.M.R. skills.  And -- and please  
25          just -- just call on me or -- and -- and -- or

1           10/11/2023   -   STAC   -   Albany, New York  
2           anybody in the STAC, and we'll be happy to you know,  
3           to -- to really do whatever we need to do to push  
4           this forward. Okay, lastly, for Emergency Medical  
5           Services for Children, we have Dr. Cooper.

6                       MR. COOPER: Thank you, Dr. Bank. As  
7           the E.M.S.C advisory committee met Tuesday after  
8           Labor Day, in Troy, and we briefly discussed a few  
9           items of -- of -- of interest to the trauma  
10          community. I'll mention that our work in assisting  
11          and developing educational programs for pediatric  
12          agitation continues, that we continue to participate  
13          with Doug Sambrook's group and looking at trauma  
14          triage education. You heard about that during an  
15          earlier report, so I won't repeat it here. The  
16          pediatric assessment card that is issued to all  
17          ambulances in New York State is in the process of  
18          being updated and a final approval is expected at our  
19          December meeting.

20                      And last but not least, the issue of  
21          Always Ready for Children was discussed at some  
22          length, and that's already been discussed by Kim  
23          Wallenstein, so I won't belabor the point here. And  
24          thank you for your attention. I'll be happy to  
25          answer any questions you may have, and of course, as



1           10/11/2023   -   STAC   -   Albany, New York  
2           always, invite Amy Eisenhauer to add anything she  
3           feels needs to be added, our outstanding A.M.S.C.  
4           program manager. Amy?

5                       MS. EISENHAUER: Hi. So Amy  
6           Eisenhauer, E.M.S.C Program Manager, thank you. So I  
7           believe that Dr. Cooper hit all the hot points. We  
8           also have been working on pediatric stroke, kind of  
9           reviewing the data for that. And we've been working  
10          on an education component for pediatric agitation  
11          based on the updated protocols, collaborative  
12          protocols from this year to include information on  
13          pediatric mental health and de-escalation for  
14          children and adolescents. And I think that was the  
15          only two other things.

16                     MR. COOPER: Thank you. Dr. Bank?

17                     MR. BANK: Any other questions for Dr.  
18          Cooper? Okay. Any old business anyone wants to  
19          bring up? One thing for me, at the last STAC  
20          meeting, we -- we had the DMAR course, which happened  
21          at the last STAC meeting. I can say that we have  
22          received a tremendous amount of positive feedback for  
23          giving course offerings. So we are going to -- we  
24          haven't had a course at this STAC. We're going to  
25          try to work with the new leadership of ATS and with

1           10/11/2023   -   STAC   -   Albany, New York  
2           some financial backing, hopefully, from the local COT  
3           chapters to offer more courses, AIS course would be  
4           great, or even another D.M.A.T. course. And I think  
5           it's very helpful. We had overwhelmingly positive  
6           response to the D.M.A.T. course and really maxed out  
7           at the level of students. So trying to get some  
8           other courses. If -- if you want other courses other  
9           than D.M.A.T. and AIS, please email any suggestions  
10          to me and we'll see if we can arrange it. Anyone  
11          want to bring up any new business? Cristy?

12                   MS. MEYER: So Cristy Meyer, just  
13          wanted to bring up that as part of the regulatory  
14          changes, there's a lot more attendance records  
15          needed, and I know we've talked about the sign-in  
16          sheets but, you know, Trauma Centers need to show  
17          participation in state, national, and regional  
18          meetings. We, you know -- there's a lot of effort to  
19          come here, but certainly we want to have a pathway to  
20          record that. So I know we talked about it, but is  
21          there a process to formally move that forward and get  
22          that back to the Trauma Centers?

23                   MR. CLAYTON: So I know that since our  
24          May meeting, we've had -- Patty and I have had  
25          several requests from Trauma Centers -- Trauma Center

1           10/11/2023   -   STAC   -   Albany, New York  
2           staff to send them the attendance sheets where there  
3           were sign-ins.  And I believe that we've done that,  
4           correct?  Am I right?  So the process should be that  
5           if -- if you're a Trauma Center, and I would prefer  
6           that just one person make the contact, preferably the  
7           Trauma Program Manager or the trauma medical  
8           director, contact Patty, and we will send you via  
9           email, the scanned attendance sheets.  But I think --  
10          is that the way that we want to do that, Patty, or  
11          did you have another -- yeah, for now, that's the  
12          process for now.  We may be able to come up with  
13          another option later, but that's what it is now.  Mr.  
14          Conn?

15                       MR. CONN:  Thank you.  Mr. Clayton.  
16          Matt Conn from New York City.  Is there any  
17          particular reason why they can't be distributed on  
18          the STAC Listserv with the rest of the documents?

19                       MR. CLAYTON:  I can ask the Director  
20          that question.  Did -- I -- I think we can ask the  
21          Director that question.  I do not have the answer  
22          whether that's a division of legal affairs question  
23          or -- I don't know why it would be a problem but let  
24          me ask that question to the Director.

25                       MR. CONN:  Because these are -- these

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2 are held under the open meetings laws, and therefore  
3 everything --

4 MR. CLAYTON: Correct --.

5 MR. CONN: -- is matter of public  
6 record.

7 MR. TEPERMAN: So just a -- just a  
8 second. I mean, that really would be KISS principle,  
9 right? As opposed to you guys having to go through a  
10 process --

11 MR. CONN: That's right --.

12 MR. TEPERMAN: -- it's there and that  
13 -- that's a fair amount of work for you to address it  
14 to an individual Trauma Center. This way the -- the  
15 Trauma Centers can pull it down. It's a good idea.

16 MR. CLAYTON: Frankly, I -- I -- that  
17 is -- that is -- would make it less work for us as  
18 well, so I would be in support of that. I will -- I  
19 will ask the question whether it can be distributed  
20 via the Listserv.

21 MR. CONN: Thank you, sir.

22 MR. CLAYTON: Thank you. Dr. Cooper?

23 MR. COOPER: Isn't the attendance  
24 listed at the beginning of the minutes, which are  
25 distributed after the meeting?

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2 MR. CLAYTON: It is, but only for STAC  
3 vetting voted members. So when the roll call is  
4 complete, obviously yes, the -- the STAC members are  
5 noted, but the attendees from the Trauma Centers in  
6 the audience are not.

7 MR. COOPER: Thank you.

8 MR. BANK: Any other new business?  
9 Okay. Just to go to Dr. Ullman.

10 MS. ULLMAN: I just want to let  
11 everybody know that I sent out the brand-new  
12 published Brain Trauma Foundation guidelines for the  
13 pre-hospital management of traumatic brain injury.  
14 So, it's -- it's there, it's new addition, I think  
15 it's the third edition of that guideline, and it  
16 includes a new chapter on T.X.A. So it's an  
17 executive summary published in neurosurgery. So for  
18 anyone who's interested in those recommendations.

19 MR. BANK: So Dr. Ullman sent out the  
20 article on our Listserv. I can say that I enjoyed my  
21 time on Amtrak reading that article. And I am -- I  
22 have many questions and I'm going to -- I'm going to  
23 pigeonhole Dr. Ullman with, about questions about the  
24 evidence behind that. But it was -- it was very  
25 interesting reading. So I suggest everybody read

1           10/11/2023   -   STAC   -   Albany, New York  
2           that article. Okay, just so announcements, I know we  
3           mentioned this already, but January 24th, 2024 will  
4           most likely be the next STAC. Before that happens,  
5           we will have the dates for the rest of STAC for 2024.  
6           Can I have a motion to adjourn?

7                           MR. CONN: So moved.

8                           MR. BANK: Can I have a second?

9           Kerrie? Okay. We are adjourned. Thank you very  
10          much.

11                           (The meeting concluded at 2:51 p.m.)

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1 10/11/2023 - STAC - Albany, New York

2 STATE OF NEW YORK

3 I, DANIELLE CHRISTIAN, do hereby certify that the  
4 foregoing was reported by me, in the cause, at the time  
5 and place, as stated in the caption hereto, at Page  
6 hereof; that the foregoing typewritten transcription  
7 consisting of pages 1 through 70, is a true record of all  
8 proceedings had at the hearing.

9 IN WITNESS WHEREOF, I have hereunto subscribed  
10 my name, this the 19th day of October, 2023.

11 DANIELLE CHRISTIAN, Reporter  
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