

Deputy Director Andrew Johnson has been named as the Acting Bureau Director, replacing Lee Burns, whose retirement became effective December 28, 2017. This has been reported to be a temporary position while the Bureau of EMS seeks to fill the Director and Deputy Director positions. Other vacancies to be filled include the Vital Signs Coordinator/Executive Secretary to the SEMSCO (Donna Johnson), and the Statewide Trauma Advisory Committee Coordinator (Linda Tripoli).

Progress continues on the upgrade of the NY State Image Trend data repository, currently operating on the NEMESIS 2.1.1 Platform. Validation rules are near complete. Additional work being done through the NY State Data Exchange Incentive Program (DEIP) in effort to link pre-hospital and in-patient electronic medical records. This initiative is in very early stages, more information to follow. The NY State Supplement to NEMESIS Version 3 was complete (November, 2017) and released to all twenty (20) ePCR vendors doing business in NY State, with expected full migration to NEMESIS 3 expected in May, 2018.

Regarding ePCR Approval Form 5136's option to "provide paper summary" at time of transfer, pending formal transmission of complete ePCR record, the Bureau's expectation is that region's decide on what critical clinical information is necessary at time of transfer, and design a form to meet that requirement, along with the time frame deadline to transmit the full electronic version to the hospital.

NY State has signed onto the "First Net" System, a 7 billion dollar federal contract/wireless data initiative. Under four (4) year development, is a comprehensive, hardened, ATT-based broadband network. This purports to be a more robust communication and data transfer system for emergency services, that will encompass voice, data, and biotelemetry, including telemedicine.

The Governor's State-of-the-State address included encouraging word about strengthening rural EMS systems, creating employment opportunities in EMS, allowing community paramedicine, increasing availability of EMS Training Programs and enhancing EMS Supervisory Training; all aimed at ensuring a growth platform for the EMS profession in NY State.

The BLS Protocol Tag reports significant progress made on revisions to the statewide BLS protocols, in terms of both content and format. TAG now working on amendments suggested by the EMS for Children Committee (EMSC) to ensure that there is consistency across the spectrum of healthcare system, regarding the assessment and care of children.

Bureau staff once again asked regional representatives to carry home the message that it is imperative for ambulance services to ensure that the name of the service on bi-annual operating authority and controlled substances licenses appear exactly as it does on the current ambulance service certificate issued by the Department of Health. In order to ensure timely processing of applications, the Bureau sends the renewal applications out about three (3) months before expiration date and that the completed applications should be returned to the Bureau within thirty to forty five (30-45) days prior to expiration date in order to allow for processing time.

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Dr. Jeanne Alicandro, former Suffolk County EMS Medical Director, was introduced as the new Medical Director of the NY State DOH Office of Quality & Patient Safety. Dr. Alicandro and her colleague provided an overview presentation of the DOH's efforts to coordinate reclassification of stroke centers in NY State, which will be based on hospital's ability to provide primary stroke care (tPA) or Comprehensive Stroke Care (tPA plus mechanical thrombectomy and other procedures). This is a multi-year initiative that requires regulatory change, development of eligibility criteria, and accreditation process, and protocol revisions to link patients with the appropriate hospital.

Draft changes to the CME Program were released. The changes include a revision to the total amount of hours required to recertify at all levels, along with a redistribution of hours by category. The new format is expected to streamline the CME recertification process. The Bureau of EMS expects the new guidelines to be released in final form in May, 2018. Reminder that despite this draft being initially released at the Vital Signs Conference in October, 2017, this remains a draft and is not yet in effect.

The proposed change in minimum age needed for EMS certification from age eighteen (18) to age seventeen (17) is progressing through the rule-making regulatory process. The next step is the draft regulation appearing for public comment in the NY State Register, to be posted January 24 through March 26, 2018.

Transition to the National Association of EMS Educators (NAEMSE) standards is progressing as expected. The Bureau of EMS reports ongoing steady progress and success with upgrading CICs and CLIs, with the highest percentages of passing on the 1<sup>st</sup> or 2<sup>nd</sup> attempt. The Bureau continues working with instructors through a very successful remedial process as needed, to promote success.

The number of hours needed for Certified Instructor Update (CIU) has been increased from six (6) to eight (8), and along with that, a modification to the way hours can be earned. Only three (3) hours must be done through a formal Regional CIU Course with NY State-issued Course Number, while five (5) hours of any formal educator content can be applied, within the renewal period. Instructor Update Application Forms have been updated to reflect this change.

Regarding the EMT-CC to EMT-P Bridge, the Bureau of EMS remains silent on the actual transition and bridge process. The On-Line Distance Learning Didactic Platform is progressing and is 80% complete, with expectation that the final version will be ready by May, 2018. In recognition of the didactic material that is already contained in the EMT-CC Curriculum, the On-Line Bridge contains the only the gap material, found in the Paramedic curriculum, but not in the CC curriculum. The testing and validation process to progress through the material is comprehensive and complex. There is no clinical time associated with this bridge program, and that skills verification process at the local level remains a work-in-progress. There is no new information to report on the bridge process, costs, or length of time needed to complete, or eligibility for national registry or out-of-state reciprocity for those completing the bridge program.

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EMSC reported that the annual federal survey, sent to select ambulance services across NY State is underway. At current time, only 60% of the agencies have responded, falling well short of federal granting authority expectations. Regional representatives were asked for their assistance in assuring agencies in their respective regions complete the five (5) minute survey.

SEMAC voted to accept the recommendations of its appointed Appeals Committee in the matter of Nassau REMSCO v. ALS Services, Inc.: That the suspension is stayed contingent upon compliance with the recommendations, and its expectations, by February 10, 2018.

Safety TAG reported that its suggested revisions to 800.22 Requirements for Ambulance Construction have been submitted to the Bureau for submission into the regulatory approval process. TAG now focusing on projects that address EMS provider mental health, longevity and fitness for duty guidance, along with addressing need for ongoing training in scene safety, de-escalation techniques and defensive techniques.

NFPA 3000 Standard for Preparedness and Response to Active Shooter and/or Hostile Events is currently open for public comment.

The EMS Memorial will be held on May 23, 2018, commencing at 11:00 AM in Albany. This year, eight (8) EMS providers who died in the Line of Duty in 2017 will be enshrined.

NY State EMS Vital Signs Conference will be held in Syracuse, October 10-14, 2018.

There was no NY State EMS Council meeting, due to failure to achieve a legal meeting quorum. All information in this report is official and was collected from Program Agency Directors, Working Committee and SEMAC Meetings.

END OF REPORT