

Director Burns announced her retirement, effective December 28, 2017. She spoke of other staffing changes that include Donna Johnson, departing within the next few weeks, and Frances Lopes and Tom Behanna, each of whom already left the Bureau. No information available regarding replacements. Director Burns also spoke of a NY State EMS System that is under-funded and under-recognized as an essential service. There is a trickle down affect that negatively impacts State both EMS Operating and Aid to Localities funding streams, decreased by 25% over the last ten (10) years, of which this steadily decreasing funding stream for EMS initiatives does indeed impact work at the regional levels. The financial position does not look good, with many wondering where we are headed as a profession here in NY State.

At the Bureau's request, SEMSCO passed a motion to change regulation to lower the minimum age for State Certification as an EMT-B from age 18 to age 17. There was much discussion about the legal impact of an EMT-B initiating RMA and obtaining informed consent when they are not of "legal age" to do so themselves, and the emotional capacity/stability of a 17 year old exposed to illness, injury and death. At the foundation of the request was the need to provide high school graduates with a career or volunteer path to grow the EMS profession. While there are many college bound high school graduates, it cannot be ignored there that there many who stay in the community, or are looking for a career path to sustain the profession, and in the face of an aging workforce. Also discussed was the need for a policy change to allow Course Sponsors to seek reimbursement for training individuals not associated with an agency code. State DOH stated that no Course Sponsor is expected to train individuals for free, so a policy change is forthcoming. This must complete the regulatory change process before it becomes operational.

Discussions underway throughout the State DOH regarding the future designation select hospitals as Comprehensive Stroke Centers and / or Endovascular Capable Centers (ECC), which may ultimately result in transport guidance that stratifies stroke patients to either a primary stroke center or comprehensive/ECC stroke center.

There will be a new survey forthcoming from the CDC, facilitated through the EMS for Children (EMSC) Grant Manager, seeking information in EMS Providers' ability to use pediatric equipment. Readers will recall previous surveys to collect information about presence / absence of specific equipment sized for pediatric patients.

A combined SEMAC / SEMSCO Technical Advisory Group (TAG) has been convened to revise the NY State BLS Protocols. First draft was presented, was well received, with some comments for modification. Goal is to present a final document at the January 2018 meeting, after receiving feedback from EMSC and STAC. Once approved, much work needs to be done to align PSE and written exam testing to the new protocols before the protocols are released.

There is no new information to report on the EMT-CC to EMT-P bridge. State DOH has been working on the cognitive portion of the transition, therefore there is no new information on the psychomotor portions that include clinical time or skills verification. There is no new information to report on costs to upgrade or reimbursement to Course Sponsors. This remains a work-in-progress. State DOH hopes to have a descriptive time line ready for release at the January 2018 meeting.

State DOH is reviewing and revising the entire CME Program for all levels. We are likely to see a change in required hours, and are expecting an easier process for providers, agencies, and CME Coordinators. The initial rollout of the new format will occur at the Vital Signs Conference in Rochester, October, 2017.

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Several members of the SEMAC and SEMSCO met with the State Health Commissioner and senior leadership of the DOH to begin addressing a variety of issues that affect sustainment of EMS in NY State. Among them are: workforce concerns; reimbursement for ambulance care; increasing costs to manage EMS; linkages between EMS and the rest of the health care system; and the appointment of a NY State EMS Medical Director. The foundation of the discussion resides in an initiative called EMS 3.0, which is an EMS industry initiative to help EMS agencies and practitioners understand the changes that are needed in EMS to fully support the transformation of our nation's healthcare system, and to provide tools and resources to help implement these changes. This is a long-term work-in-progress.

Transition of EMS Educators to the National Association of EMS Educators (NAEMSE) continues with CIC level first pass rates climbing to 69% and CLI first pass rates remaining consistent at about 85%.

State DOH announced a plan to increase the number of Specialty Course Sponsors across the state. This action based on a thirteen (13) year review of CLI, CIC, and Instructor Update courses being held by existing sponsors. The goal is to increase the number of course offerings, opportunities and education.

Survey results soliciting feedback from providers across the state regarding their feelings on computer-based written certification exams is ongoing.

Statewide trauma system improvements continue to be made, as several more hospitals have achieved American College of Surgeons-Committee on Trauma (ACS-COT) verification. These standards are much more rigorous to achieve and maintain, which translates into improvements in patient care and recovery. To date, 39 of the 44 trauma centers recognized under the older system have transitioned to the ACS-COT standards. Plan going forward is to repeal trauma centers from the current 708 Regulations, moving them to the 405 regulations, with a 45 day comment period in the federal register announced at the appropriate time.

Medical Standards and SEMAC held lively discussion occurred with the NY State DOH Opioid Overdose Prevention Program's transition for layperson naloxone from the traditional 2 mg / 2 ml to the newer 4 mg / 0.1 ml single unit dose Narcan™ device. Discussion included the growing trend of requiring more naloxone to reverse contemporary overdoses as a result of combinations of heroin that is much purer than in the past, mixed with powerful fentanyl or its analogs. Consensus was to administer as much medication as necessary to reverse the overdose (stimulate breathing) without worrying about potential adverse effects or a maximum individual dose.

Safety Committee continues working on Regulation 800.22 focusing on safety features and new ambulance construction and Policy Statement 00-13, safe emergency vehicle operations.

Safety Committee completed its research of twenty eight (28) studies done between 1997 and 2017 demonstrating that fatigue caused by working multiple shifts / multiple hours does indeed lead to cognitive impairment equivalent to DUI / DWI. This, in turn, has emerged as a significant safety concern in our profession as EMS providers are often forced to work multiple shifts for multiple agencies to make a living.

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EMS Systems Committee addressed two (2) appeals of proceedings occurring in Niagara County and NY City, concluding for each to uphold the decision of the respective Regional EMS Council, and the findings and recommendations of the Administrative Law Judge (ALJ).

State EMS Awards Process is complete, and award winners announced. Presentations will be made at the opening general session of the Vital Signs Conference on Saturday, October 28, 2017. Congratulations to all the award winners and nominees recognized by their peers, and especially to Dr. James Vosswinkel from the Suffolk Region, who will receive the Physician of Excellence Award.

Nominations Committee for the 2018 SEMSCO Officers has been convened, with the following slate: Chair – Patty Bashaw; 1st Vice Chair – Mark Philippy; and 2nd Vice Chair – Steve Cady.

Vital Signs Educational Conference and Trade Show will be held October 25-29, 2017 in Rochester NY. Registration well underway.

Next SEMAC / SEMSCO meetings will be held January 8-10, 2018

End of Delegate's Report