

Meetings were opened with a moment of silent reflection honoring the loss of two major contributors and respected professionals in NY State EMS, Richard Beebe and Thomas Lateulere. Each was well known throughout NY State EMS for their many contributions to Education & Training, and furthering the EMS profession statewide.

Bureau staff reported that the Controlled Substances Regulation went into effect in July, and that any ALS agency without a Class 3C dispensing license is operating outside the regulation. The plan is that Bureau staff, in conjunction with Program Agencies, will be working with all deficient ALS agencies to generate a pathway towards compliance. While the Bureau maintains a position of assisting agencies towards compliance, sometime after January 2017, where Statements of Deficiency (SOD) will be issued and agencies will have to make a decision to downgrade their level of service to BLS if they are unable / unwilling to obtain the Class 3C license.

The Medical Director Affirmation Form (DOH-4362) is being updated to reflect the newer ancillary treatment options, such as Narcan, CPAP, BLS 12 lead, etc.

Dr. Cushman/University of Rochester gave an informative update on the Check & Inject (Syringe Epinephrine Kit – SEK) Pilot Demonstration Project. Among the highlights: all 18 REMAC's across NY State endorse the project; 5,262 kits distributed; 32 administrations on patients with no dosing errors or untoward events; postulated saving between 6-10 million dollars in unused epinephrine auto injectors. It was highlighted that many ambulance services have not fully complied with program requirements, and lack of compliance by ambulance services can jeopardize projects like this. The following motions were approved by SEMAC: Scope of Practice and Training for EMT-Bs in NY State be amended to include drawing up and administering IM epinephrine with an approved syringe; Syringes approved by SEMAC are an acceptable alternative to the epinephrine auto injector as specified in Policy Statements 10-01 and 14-02; and the project continue until the NY State Commissioner of Health makes his formal decision.

The Education & Training Committee's EMT-CC TAG has convened. The focus of the TAG is to undertake a fact finding mission to review the utilization of EMT-CCs across the state, and to cross-walk national standard AEMT with NY State EMT-CC in terms of curricula, protocols and financing training.

The transition to National Association of EMS Educators (NAEMSE) certification testing for CICs and CLIs is underway. Thus far, sixty six (66) CLIs have taken the exam with a 75% pass rate and 88 CICs have taken the exam with a 56% pass rate. These numbers are simple trends thus far, and given the low numbers of instructors, not statistically significant or relevant at this juncture. There are training opportunities and remedial opportunities available as this new process is introduced.

Continued.

The Bureau is reporting consistency with getting certifications cards out in the mail approximately 12 business days after a written exam or CME Package is received. This is due to a new procedure where certification cards are printed in-house by the Bureau staff.

CY 2016, the following statewide exam results were released: 2,455 CFR students with a pass rate of 97.72%; 9,523 EMT-B students with a pass rate of 88.59%; 66 AEMT students with a pass rate of 85.29%; 241 EMT-CC students with a pass rate of 93.96%; and 1,109 EMT-P students with a pass rate of 88.98%.

Course Sponsors were informed that there was a printing error on approximately 9,000 Course Applications, where there may be a red font serial number in the course number boxes. If this happens, simply overwrite the printed number with the course number.

The Bureau of EMS is establishing an email distribution list of all ambulance and first response services, where they are looking for an agency email address, not the email address of the current chief, officer, or designee. Communicating to personal emails that change frequently is problematic, the goal is to establish and maintain an email address linked to the agency, not an individual.

EMSC is reviewing several current BLS Protocols that allows a pediatric patient to be transported in the arms of their parents as a significant safety concern. Draft language will be circulated soon.

Federal Final Rule for Hospitals Disaster Preparedness has been promulgated. This will impact EMS as hospitals will have more stringent requirements to participate with EMS in functional and full scale exercises.

The MOLST form is going electronic. *New York eMOLST* is now available as a secure website to allow end users to complete the form detailing end of life and palliative care wishes on line. SEMSCO's Education & Training Committee will be reviewing the information and providing suggested guidance to the Bureau for release to the system in the near future.

S5543B / A3590B passed both the senate and Assembly. This bill, if signed by the Governor, would require volunteer and commercial ambulance services to do a Sex Offender background check on any new applicant and further requires that the ambulance service determine the applicant's threat level and if he / she should be admitted into the ambulance service for membership. No action was taken on this bill.

SEMSCO voted to oppose S01990 / A05287 which if passed requires any municipality which receives and responds to four (4) or more calls for emergency medical service within a thirty (30) day period for an individual to report the circumstances of such calls to the local social services district and the office of the Medicaid inspector general.

EMS Systems Committee and its Safety TAG are working on revisions to Policy Statement 00-13, Operation of Emergency Services Vehicles, to ensure that appropriate patient care can be performed in an environment that is safe for patient and EMS provider.

SEMSCO Chair reported robust participation on recent conference calls being held to address “the state of EMS in NY State.” The goal is to get people thinking, get people talking, and sharing ideas to ensure our ongoing existence, in a health care environment that is rapidly changing.

Bureau of Narcotics Enforcement (BNE) is considering raising the par levels of fentanyl allowed to be carried in sub-stock, and changing from a quarterly report format to a semi-annual report format. Information to follow when decisions are made.

The Bureau announced that multiple stroke centers in NY State were participating in an AHS / CDC / Coverdell Initiative for federal funding attached to stroke care and outcomes. This is linked to data elements previously known and understood by EMS and EMS reporting and documenting key patient findings to receiving stroke center. More information to follow as participating hospitals are identified.

State Award winners for the 2015 Annual EMS Awards Program will receive their awards at the Saturday morning (10/15/16) general session at the Vital Signs Conference. Much discussion centered on the fact that 8 of 18 regions in the state submitted applications, with several regions forced into submitting applications at the last minute. This type of activity dilutes the award process, and reminders were passed along that we must position ourselves to acknowledge the fine work done throughout the EMS community. Committee leaning towards a policy change where awards will not be granted unless the application documents something “extraordinary” or “above and beyond” as opposed to simply giving an award because an application was received (these typically document routine and regular EMS activities).

The next SEMAC / SEMSCO meeting dates are January 9-11, 2017 at the Hilton Garden Inn.

END OF REPORT