

### **SEMAC and Protocol/Medical Standards Subcommittee –**

Medical Standards approved several items, NYC Protocol Changes. Addition of tetracaine to the Unified Eye Injury Protocol to match the Collaboratives and align BLS Protocol and Collaborative Protocol to Unified. Protocol Approval update process. Data request and discussion:

- Number of patients three (3) years old and younger treated by EMS;
- Percent of patients three (3) years old and younger that did not have weight documented, or % that did have weight documented;
- Number and percent of patients three (3) years old and younger that received any medication in the pre-hospital setting; and
- Top 5 medications received by patients three (3) years old and younger.

Length-based pediatric resuscitation tape and conflict with protocols – case study of pediatric patient who properly received the Broslow dose of Benzo for seizure, which is double that currently in protocol. EMS for Children tasked with reviewing protocol versus different length based / wheel / quick guides for consistency.

Defibrillation strategies for Refractory Ventricular Fibrillation article discussion. Pediatric CPAP and Pediatric High Flow Nasal Cannula / Respiratory Surge – EMSC to review. New ACS Trauma Triage guidelines – passed – education material on the ACS website for use.

<https://www.facs.org/quality-programs/trauma/systems/field-triage-guidelines/>

Telemedicine Policy – further work to be done by the committee. Proposed NY Statewide SEMAC Protocol Development Process – discussion about why there are two (2) sets of BLS protocols in NYS – “NYS version” and the BLS in the Collaborative, which do differ. As Suffolk County is moving towards the collaboratives, now is an opportune time to have one set of Statewide ALS Protocols. A comparison of both will be done – motion to make one set of protocols tabled for next SEMAC meeting!

### **SEMAC –**

Chair, Dr. Doynow, welcomed two (2) new members: Douglas Isaacs, MD, FDNY EMS Office of Medical Affairs; and Jason Winslow, MD, Suffolk County EMS System Medical Director.

Medical Standards / Protocol – seconded motion to approve NYC Tetracaine / BLS protocol revisions – passed. State EMS Medical Director – Specs written off to Civil Service for review and analysis. EMS Hospital Wait Times and Diversions – regions should be coordinating their EMS services and hospital systems for a holistic approach to this issue as it encompasses the full range of healthcare. Example – hold ups in patient discharges trickle back to the ER holding admitted patients which then causes EMS turnaround time increase. New ACS Trauma Triage guidelines – passed – education material on the ACS website for use.

Motion was made by Michael McEvoy that SEMAC work with BEMS&TS to issue an advisory or policy that agency medical directors would have the ability to approve specific medical devices for use by their EMS providers. Ryan Greenberg and Michael McEvoy clarified that SEMAC would not endorse or approve specific devices but it would be up to an agency Medical Director to approve use after the appropriate training was done and competency shown. Jason Winslow, MD mentioned Article 30 Section 3002-A(2) covers SEMAC developing standards for EMS use of regulated medical devices and how issue is handled in his region. Vote was taken by a show of hands and the motion carried unanimously. McEvoy and group will have a document for the next meeting.

### **EMS Staff Report –**

Ryan Greenberg advised – Metropolitan Area Regional Office (MARO) is continuing with full service inspections in Suffolk County, Nassau County and the Hudson Valley. Going through the hiring process for two (2) new District Chiefs for MARO. Western Region had a snowstorm recently. Shout out to the Western BEMS&TS team and Gregory Gill, Deputy Commissioner, Erie County Division of EMS and the phenomenal job done and collaboration with the storm. We were within a couple of hours of a deployment on that through the state mobilization plan but things went in a good direction. It was a good test of a system that we've improved through COVID.

Program Agency contracts are continuing to be executed. There are regular discussions with the agencies over missing documents and what is needed. Currently eight (8) contracts have been executed. REMSCO contracts are continuing to be executed. Currently there are nine (9) contracts that have been executed.

PSI Testing – review of successes and challenges – new email address for testing issues: [EMS.Testingissues@Health.NY.Gov](mailto:EMS.Testingissues@Health.NY.Gov)

Agency Service Inspections continue. Review of ePCR vendor issues – agencies should review their vendors' compliance with requirements and assure they are getting what they are paying for. EMS Memorial construction will be delayed due to supply chain issues. More information to hopefully come at next meeting.

MOLST update is up on Vital Signs Academy. Submitted changes to Education and Operation regulations are progressing through the change process. Deputy Chief, Edward Mager stated “We were making significant progress and the form was in the final approval process, actually nearly approved by DOH and then additional feedback came in from the NYS Office for People with Developmental Disabilities (OPWDD) that set the process back. We’ve been trying to push it forward and finalized and released but there is no actual timeline. There is a session on MOLST on the Vital Signs Academy website as there are things that are changing. Training and education will come once the form is approved.”

Working on update to Policy Statement 22-02 EMS Instructor Training Requirements & Certification Process. Update on “CLI AND CIU INSTRUCTION ON VITAL SIGNS ACADEMY.” Currently BEMS&TS is working on didactic elements for CLI on the VSA as well as the hands on portion and how that will work. There was a CIU from the Vital Signs Conference that was shut down and another new one will be coming in March. New Practical Skills Exam (PSE) scenario pilot went well at Cobleskill. John MacMillan, Unit Chief, stated “Some issues were identified and some changes are needed. Will be doing additional pilots with a western Course Sponsor and a down state Course Sponsor. Suffolk will be one of these pilots. He stated that we will probably not be rolling this out till 2024 when all parts will be ready.”

### **State Trauma Advisory Committee (STAC) Update –**

STATE TRAUMA ADVISORY COMMITTEE CONCERNS WITH TRANEXAMIC ACID (TXA) ADMINISTRATION BY EMS – At the October 12, 2022 STAC meeting two (2) NYC trauma physicians, Sheldon Teperman, MD, Jacobi Medical Center and Ronald J. Simon, MD, Maimonides Medical Center, expressed, per Dr. Doynow, harsh comments about SEMAC’s approval of EMS, with their REMAC’s approval, being able to administer TXA in the field. In NYC TXA administration is limited to FDNY EMS Rescue Medics and the NYPD ESU Medics and it is in the Collaborative ALS Protocols. Virtual meetings were suggested for an educated discussion on concerns including trauma community input, dosage and Medical Control. Chair Doynow indicated both physicians, or their representatives, were invited to attend this SEMAC meeting but neither physician, nor a representative, is in attendance so his assumption is that after further review they found their concerns were unfounded and put that to rest. Next State Trauma Advisory Committee meeting is January 25, 2023 at the Hilton Garden Inn, Troy, NY.

### **EMSC –**

EMS for Children (EMSC) team is growing. Jacob DeMay is now a Pediatric Data Specialist funded by an EMS for Children grant. He will be working on the hospital portion of the Pediatric Emergency Care Coordinator (PECC) program. EMSC grant application has been submitted and hopefully we’ll hear back shortly. EMSC survey for agencies will go out in January 2023.

**SEMSCO –**

**SEMSCO Chair Report** – Bylaws TAG – submitted to Bureau / DLA for review. Program Agency TAG formed for technical expertise and to give them a voice as their work drives regional involvement. Robert McCartin, Director, Wyoming-Erie Regional Program Agency will be chair for this group. Will be adding a “regional report out” to agenda to give each region two (2) minutes to highlight ongoing projects / problems – this to foster knowledge sharing / collaboration. “NYS Public Health Council” is the sister council of SEMSCO for hospitals. We are opening dialogue with them to collaborate in addressing turn-around time / staffing shortages / healthcare being overwhelmed.

**1<sup>st</sup> Vice Chair** – Jeffrey Rabrich, MD was presented with the Richard Bebee Exemplary Educator Award from the NYS Volunteer Ambulance & Rescue Association. Report on SEMSCO 2023 Election results: SEMSCO Chair Mike McEvoy; 1<sup>st</sup> Vice-Chair Jason Haag; and 2<sup>nd</sup> Vice-Chair David Violante.

**Education and Training** – no seconded motions. A report was given on 2022 year in review: About 1,000 EMS Students completed classes (Originals and Refreshers) 1,000 CFR; 9,000 EMT; 300 AEMT; and 800 Paramedic. List of the following EMS Policies that were released in 2022: 22-14 Health Advisory; Outbreak of Ebola Virus Disease (Sudan Ebolavirus) in Central Uganda (PDF); 22-13 EMS Passenger Restraining Devices (PDF); 22-12 Polio EMS Vaccinator Guidance Policy (PDF); 22-11 2022 Health Commerce System EMS Provider Search and EMS Provider Online Certification (PDF) – Step 1, Step 2, Step 3, Step 4 (PDF); 22-10 Health Advisory – Guidance for EMS Professionals on Suspected Cases of Monkeypox (PDF); 22-09 2022 Extension of Certification for Military Personnel (PDF); 22-08 2022 Required CPR Education for EMS Providers (PDF); 22-07 2022 Paramedic Practical Skill Exam (PSE) (PDF); 22-06 2022 CME Recertification for Extended Certifications (PDF); 22-05 2022 Extensions of EMS Provider Certification Under EO #4 (PDF); 22-04 Viral Pandemic Triage Protocol V1.1 (Updated 04.12.22) (PDF); 22-03 ADA Accommodations Requests for NY State EMS Certifying Exam (PDF); and 22-02 EMS Instructor Training Requirements & Certification Process (PDF).

AEMT Scope of Practice – National Alignment – January, 2023 – NYS AEMT PSE Exam to remove “ventilatory management.” Also a review of NYS Written Exam reveals no intubation questions on AEMT Exam.

PSE Manual Draft – test of new process and stations being piloted around the State to see about operational and financial feasibility. Student education will need to change to prepare students to apply skills and knowledge in scenario settings versus just passing individual stations. Course funding – continued discussion. CIU Update (Specialty versus all Course Sponsors) – who should be able to make instructors / give instructor updates... more to follow. SEMAC referral on medical device use – forwarded to SEMAC for action / oversight. PSI Testing – review of successes and challenges – new email address for testing issues: [EMS.Testingissues@Health.NY.Gov](mailto:EMS.Testingissues@Health.NY.Gov)

Training plan template – begin work on template for regional use to fulfill one of the Council deliverables – more to follow. HCS – provider digital cards – NYS EMS Policy 22-11 – platform is still not entirely set up to allow full adherence to the policy. Funding discussion about payment upon course completion versus certification. Increasingly, students take EMT classes and do not become certified. The current reimbursement is only when someone passes the State exam. Course sponsors are losing money running classes. Also discussed – textbook / LMS costs. Internships versus earn while you learn models. Possible developing a fellowships program.

### **Finance –**

Update on EMS Course Sponsor Survey – Currently only forty-four (44) Course Sponsors replies to date and most were from the BLS level. The answers will be moved over for analysis and determinations and will go on from there. State Fiscal Year 2023-2024 EMS budget – Aid to Localities – This encompasses: Training Reimbursement; Regional Councils; and Program agencies. Currently, the 2023 NYS EMS Aid to Locality budget is: Total budget – \$10,570,000; Training reimbursement – \$6,756,248; Program agencies – \$3,600,000; and REMSCOs – \$450,000. There was discussion and recommendations for increase to be brought up at SEMSCO. Discussion followed about course funding rates vs. reality, instructor salaries being out paced, different delivery models – Course sponsors versus State Instructors, etc.

### **Legislative –**

Executive Order 4 was just extended allowing EMS providers to continue to work within hospitals. This is the only Executive Order that is still in effect. There was a robust discussion about moving forward with Community Paramedicine / Mobile Integrated Health in 2023. The Committee decided we will work to define what this is as well as set framework for a certification for a MIH / CP Practitioner. Will be working closely with other committees and BEMS&TS staff as we move forward with Community Paramedicine/Mobile Integrated Health.

### **Safety –**

There was discussion on the possibility of EMS providers doing RSV testing. This would have to be approved and added to CLIA waivers.

### **Systems –**

Seconded motions – Article 30 SEMSCO can only amend, modify or reverse a REMSCO decision and seconded motions coming from the Systems Committee that do not meet that criteria are out of order and new motions need to be properly worded.

**CON Appeals –**

- Motion to reverse the REMSCO decision for the Bay Community CON Appeal was made by Jeffrey Rabrich, MD and seconded by Carl Gandolfo. Roll call vote was held with YES=2 (Gandolfo and Rabrich), NO=23 and ABSTAIN=3 (Crupi, Hudson and Isaacs). Motion did not pass and, therefore, the NYC REMSCO decision and the ALJ recommendation denying the Bay Community VAC expansion stands.
- Motion to reverse the REMSCO decision on the Glen Oaks VAC expansion was made by Carl Gandolfo and seconded by Stephen Cady. Roll call vote was held with YES=2 (Cady and Gandolfo), NO=24 and ABSTAIN=2 (Crupi and Hudson). Motion did not pass and, therefore, the NYC REMSCO approval decision and the ALJ recommendation on the Glen Oaks VAC expansion stands.
- Seconded motion from the Systems Committee is “to amend the REMSCO decision for the Forest Hills REMSCO decision based on the stipulations of both parties.” Roll call vote was held with YES=26, NO=0 and ABSTAIN=2 (Crupi and Hudson). Motion passed.
- Seconded motion from the Systems Committee is “to amend the REMSCO decision for the Ridgewood REMSCO decision based on the stipulations of both parties.” Roll call vote was held with YES=26, NO=0 and ABSTAIN=2 (Crupi and Hudson). Motion passed. On CON / Operating Certificate / 06-06 / regulatory update; TAG Reviewing current statues and policies to submit updates – work continues. Physician Fly Car Policy – Division of Legal Affairs is working with the Bureau in crafting policy / law changes to address this issue – it applies only to Hospital Based Fly Cars. Noted that “non-certified responders” (CPR, Stop the Bleed, Narcan, O2, AED, EpiPen, etc.) responding with EMS agencies as part of a response system policy – Division of Legal Affairs is working with the Bureau in crafting policy / law changes to address this issue. New ACS Trauma Triage guidelines to be implemented in 2023. Training material by ACS:

<https://www.facs.org/quality-programs/trauma/systems/field-triage-guidelines/>

**EMS Sustainability TAG Subcommittee Chairs** – no seconded motions. Discussion forty (40) EMS professional have been working on project for about a year. White paper outlining the state of the EMS System is pending.

**EMS Safety** – no seconded motions. Policy 00-13 Revision – Operation of Emergency Vehicles. Provider Resiliency Project – ongoing project through grant funding within the Bureau – more classes to follow.

**Quality Metrics** – no seconded motions. Quality Metrics Sub-Committee – discussed ongoing work on quality metrics and that the QI Manual – draft with supporting quick-guide presented for review and comments. Quick Start Guide – Presentation for SEMSCO. The Metrics moving forward: engage all providers; agencies; and Medical Directors to determine what metrics should be codified for future.

There are challenges getting ePCR vendors to follow the rules leading to fragmented and unreliable data. Down to sixteen (16) current authorized vendors from twenty-two (22)... maybe more will drop out as they acknowledge their shortcomings. Discussion that many ePCR vendors are not making their customers aware of failures. Many have acknowledged that they will not be ready for the NEMSIS 3.5 deadline. Stay tuned as this date draws closer for what will happen. There was discussion about required ePCR fields versus optional – Quality metric working group cleaning up presenting problem lists and such. Many vendors do not have the rules applied correctly, leading to failure that neither the provider nor agency are aware of. “Race” requirement was used as the example for the discussion – while acknowledging the current social climate about race classification and such – medically, race is a factor in many conditions and outcomes. Also being tracked for equality and equity of care to underserved populations, drugs, mental health, etc.

Next SEMAC & SEMSCO Meetings proposed to be held in Troy, NY on Tuesday, February 7, 2023 and Wednesday, February 8, 2023. Meetings will be in-person. Dates for the 2023 meetings in Troy are May 9, 2023 & May 10, 2023, September 12, 2023 & September 9, 2023 and December 5, 2023 & December 6, 2023.

*The preceding information was compiled from the attendance at, and the collaboration of, other individuals present at these meetings.*