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2 NEW YORK STATE  
3 EMERGENCY MEDICAL SERVICES COUNCIL  
4 (SEMSCO)  
5 Systems Committee Meeting  
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9  
10 DATE: February 24, 2010  
11  
12 TIME: 12:45 p.m. to 1:45 p.m.  
13  
14 LOCATION: Crowne Plaza Hotel - City Center  
15 Ballroom C  
16 Lodge Street  
17 Albany, New York  
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2 APPEARANCES:  
3 Vincent Faraone, Chair  
4 Daniel Blum  
5 Richard Brendt  
6 Lee Burns  
7 Paul Cousins  
8 Timothy Czapranski  
9 Warren R. Darby  
10 Donald Faeth  
11 Thomas Fortune  
12 Lester Freemantle  
13 Martha Gohlke  
14 John Hasset  
15 Robert Hasson  
16 Dana Jonas  
17 Andrew LaMarca  
18 Alan Lewis, Sr.  
19 Kim Lippes  
20 Michael Mastrianni, Jr.  
21 Michael Mastrianni  
22 Walt L. Reisner, II  
23 Raymond Serowik  
24 Mark Zeek

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2 (The meeting commenced at 12:45  
3 p.m.)  
4 MR. FARAONE: Let's call the  
5 meeting to order. What I would like to start off  
6 with -- we're going to go a little bit out of  
7 the -- off the agenda. I'd like to start with the  
8 Systems -- the D.O.H.'s Systems Committee report,  
9 because I think that's pertinent to everything else  
10 we're going to do today.  
11 Do you guys all have copies, or  
12 did --?  
13 MR. JONAS: No.  
14 FROM THE FLOOR: No.  
15 MR. JONAS: Pass that around that  
16 way, pass this around this way. There's additional  
17 copies that might go partway into our general  
18 attendees. Those can go to the general attendees.  
19 (Off-the-record discussion)  
20 MR. FARAONE: Just to remind  
21 everybody we have an hour, so we'll have to kind of  
22 be somewhat brief.  
23 MR. JONAS: I promise this part  
24 will be brief. As opposed to last time. You can

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2 read what's in here. I'll just hit the front page  
3 real quickly. We have not yet heard from the city  
4 of Utica appeal from D.L.A. although it's fairly  
5 well anticipated that we might be dealing with that  
6 at our next meeting. There were no additional new  
7 appeal actions.  
8 There is a new municipal C.O.N.  
9 declaration that is fairly interesting. The county  
10 of Columbia has made a municipal declaration for  
11 the entire county. And if they're successful in  
12 doing what they want to do, it will be very unique  
13 in that the county is going to hold the certificate  
14 but contract out the certificate to all of the  
15 independent services in its county. The purpose  
16 being to find a mechanism to override the territory  
17 issues that are prevailing a lot of our system  
18 performance issues.  
19 The Department is working closely  
20 with Columbia County to make the available  
21 technology and-- and regulatory compliance issues  
22 all -- all line up. And some of them have been a  
23 challenge, not the least of which is they want to  
24 be able to bill for services. We're working with

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2 Medicaid to figure out how you have seven different  
3 contractors all doing billing, and then referring  
4 that back to a central license. So, it -- it -- it  
5 will prove interesting, but in the end, if they're  
6 successful, we will end up with something that  
7 levels the playing field for territory issues, so  
8 that an entire county can be served under a single  
9 license even though it's multiple providers.

10 So, stay tuned. We'll have more  
11 information on this. And we are interested in  
12 making this work correctly because if this works we  
13 have like as many as four or five other counties  
14 that will probably immediately adopt a similar  
15 model in order to overcome their -- their territory  
16 issues and system performance.

17 Other C.O.N. stuff. Right now,  
18 frankly, we're swamped. We have got like sixteen  
19 plus C.O.N.s in action in the Bureau right now, and  
20 we're trying to keep our head above water. So far,  
21 we've been mostly successful. The majority of  
22 these are actually transfers of operating  
23 authority. Entities that couldn't bill that are  
24 trying to transfer into something that can bill.

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2 Entities that couldn't stay afloat and need to  
3 transfer themselves into a municipality in order to  
4 have long-term stability.

5 A popular item that just went out  
6 that went statewide was the letter from the Office  
7 of Health Insurance Programs. Gregory Allen, the  
8 director of the division of finance and planning  
9 and policy for OHIP actually penned that letter.

10 This was the letter that Lee  
11 Burns and I told you about a year ago that we  
12 thought would come out in a couple months. Well,  
13 here we are a year later, it's now out. Read the  
14 letter. There's a copy attached here. You will  
15 see why I am getting thirty-plus phone calls a day.

16 Expedited territory expansions.  
17 The Department has processed the first batch of the  
18 Westchester Regional Councils expedited process,  
19 which -- which was designed to be a technical  
20 amendment to territories for people who were  
21 actually serving something and figured out, "oops,  
22 it's not on my certificate." I want to commend  
23 Westchester County REMSCO for doing a very thorough  
24 job trying to make this process be compliant with

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2 0606, no putting anybody in trouble, and yet serve  
3 the interests of both their region and their  
4 constituent services. They did an outstanding job  
5 and worked endlessly with us to try to make this  
6 work. And we still have our fingers crossed,  
7 because some of these approvals are still in the  
8 administrative appeal period, which by the way is a  
9 hundred and twenty days, not thirty days, for  
10 particular legal reasons. But so far so good, and  
11 it's looking good.

12 P.C.R. shortage. I think by now  
13 everybody should have received their pallet and a  
14 half to last them for the next ten years. The rest  
15 of the people are -- have already all migrated to  
16 E.P.C.R.s so that they are basically doing this to  
17 the state.

18 Muni C.O.N. rollovers. We have a  
19 couple of those that are in process. Not including  
20 the muni rollover for Utica, which, of course, is  
21 in appeal.

22 And last there is an item in here  
23 on a defib product alert from Physio. Basically  
24 what it is, is the manufacturer is saying, "you

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2 know, if you are going to use our defibrillator use  
3 our pads, because some of the after market stuff  
4 doesn't interface well." They found problems,  
5 there's a warning in here.

6 Not included on page one, but in  
7 information is -- Mr. Fortune has provided us with  
8 a hit list of where the Department's been active in  
9 complaints and criminal investigations, and just  
10 some raw data on all the stuff the Department is  
11 doing along with everything else. There is again  
12 there a copy of that letter from OHIP. A couple of  
13 items of newsworthy stuff that we stuck in there  
14 for your entertainment.

15 And I'd like to bring your  
16 attention to the letter that's in here from  
17 Ogdensburg Volunteer Rescue Squad. I sort of  
18 oscillated between trying to decide to give this to  
19 you all or not. You know, essentially once -- once  
20 the Department receives any letter it's a matter of  
21 public record anyway. And we thought this letter  
22 was very well constructed and pretty much addresses  
23 the issue from the consumer side, or all of our  
24 constituents' side, of these issues, which Andy

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2 LaMarca is chairing the TAG that's dealing with  
3 response mutual aid A.L.S. assists. This letter is  
4 like from the -- our user side of this, saying,  
5 "here is what we think is wrong," and -- and -- and  
6 it really does focus on some of the issues. So,  
7 we've shared that letter with you.

8 And Lee Burns asked me to include  
9 this last page of -- of news item about why  
10 ambulances aren't free. It's a -- it's a good  
11 thought-provoking document.

12 If anybody has any detailed  
13 questions on these things I'd ask you to get ahold  
14 of me later because we do have a short meeting  
15 today. Thank you.

16 MR. FARAONE: Does anybody have  
17 any questions for Dana?

18 MR. CZAPRANSKI: Yes, I have a  
19 question about this -- about the OHIG -- the OMIG  
20 (sic) letter there. We -- we have received  
21 correspondence from the Bureau saying to, you know,  
22 work on the process to fix it, but we have  
23 commercial services that are very, very nervous  
24 about operating with this letter in hand. Is there

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2 any possibility that the Bureau and the -- and the  
3 Medicaid people would coauthor a letter to  
4 encourage the agencies to continue to move forward  
5 with correcting the problem, but continue to do the  
6 calls? Because that would --.

7 MR. JONAS: It is -- it is likely  
8 that there will be a follow-up to this letter.  
9 There is already a collaboration conference call  
10 that has been scheduled between OHIP and the Bureau  
11 as a result of this letter. The follow-up  
12 information, the concerns that were raised.

13 I do know that the OHIP people  
14 got flooded with questions from billing entities  
15 asking specific questions, and one of those billing  
16 companies that works with a number of our ambulance  
17 services then turned around and contacted me  
18 directly and said, "wow, we were surprised. This  
19 is helpful because it gives us guidance." But our  
20 take-home message still continues to be anybody who  
21 is doing fees for services, essentially conducting  
22 billing, we highly recommend that they put that  
23 task in the hands of qualified professionals that  
24 understand the process, because there are too many

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2 risks for our constituents to do billing wrong --

3 MR. CZAPRANSKI: Uh-huh.

4 MR. JONAS: -- and then suffer  
5 the consequences of that.

6 MR. CZAPRANSKI: Yeah.

7 MR. JONAS: And there are now  
8 financial issues that the Bureau has never had to  
9 get dragged through before, that we're now engaged  
10 in. And -- and this is just a little piece --  
11 piece of the puzzle.

12 MR. CZAPRANSKI: Thank you.

13 MR FARAONE: Anybody else have  
14 questions for Mr. Jonas?

15 Let's go to our TAGs. The first  
16 one is Ray with the communications TAG.

17 MR. SEROWIK: Thank you, Mr.  
18 Chairman.

19 MR. FARAONE: Any -- anything  
20 from Ray?

21 MR. JONAS: Yes.

22 MR. SEROWIK: Yes.

23 MR. JONAS: We have -- pass that  
24 that way.

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2 MR. SEROWIK: On the table is a  
3 draft of a letter we wrote that would go out to the  
4 C.E.O.s of hospitals across the state. We  
5 discussed this at the -- at the December meeting,  
6 of focusing their attention on the impending narrow  
7 banding deadline. We have good reason to believe  
8 that there are a substantial number of hospitals  
9 throughout the state that are either completely  
10 unaware of this phenomenon, or it's dropped out of  
11 their immediate attention, and we're under two  
12 years until that's -- that's going to be effective.

13 And of course, the even larger  
14 issue is that the changeover to narrow banding of  
15 radio systems is going to have to be coordinated  
16 with the prehospital community, because of the  
17 compatibility issues between the equipment. So,  
18 we'll accept any suggestions with respect to this  
19 letter, and we would move --

20 MR. FARAONE: This --

21 MR. SEROWIK: -- that the  
22 Committee adopt it.

23 MR. FARAONE: -- this letter  
24 would go out under what heading?

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2 MR. SEROWIK: The Bureau.

3 MR. JONAS: The Bureau.

4 MR. FARAONE: The Bureau?

5 MR. SEROWIK: Yes.

6 MR. JONAS: Once approved by the

7 Commissioner as a document that SEMSCO Committee

8 wants sent out, unless they find something to tweak

9 a little bit --

10 MR. FARAONE: Sure.

11 MR. JONAS: -- this will go out

12 on letterhead --

13 MR. FARAONE: Right.

14 MR. JONAS: -- and it will not be

15 sent by the Bureau. Because it's going to the

16 hospital C.E.O.s it is going to be sent by the

17 Office of Health Systems.

18 MR. FARAONE: The O.T.D.A.

19 people.

20 MR. JONAS: The hospital people.

21 Yes.

22 MR. FARAONE: Which makes perfect

23 sense.

24 MR. SEROWIK: You know, I call

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2 your attention to the fact that the -- that

3 hospital C.E.O.s are -- are directed, or it is

4 suggested, that they contact the Regional E.M.S.

5 Councils as their -- their point of contact to --

6 to deal with this situation. We provide them a

7 link to the APCO site for whatever technical

8 clarifications they might need on this, and that

9 information is pretty -- pretty comprehensive and

10 pretty concise there.

11 But we're -- we're suggesting

12 that the regional councils be the -- the focus of

13 assistance for coordinating this changeover between

14 the hospital and the prehospital sides.

15 MR. JONAS: And yeah, it needs a

16 couple of spell-checks. That should be

17 redistributed.

18 MR. FARAONE: So, are you looking

19 for a thumb's up from this group to --

20 MR. SEROWIK: Yeah.

21 MR. FARAONE: -- move forward

22 from here?

23 MR. SEROWIK: We are.

24 MR. FARAONE: Does -- does

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2 anybody -- I mean we just got this letter. Does

3 anybody have any issue with the fact that it's new

4 material and we're just looking at it now? I mean

5 I have -- I have a lot of confidence in these guys,

6 and I --.

7 MR. CZAPRANSKI: Who should the

8 comments go to? I mean I agree with the concept

9 that the letter needs to go out, but --.

10 MR. FARAONE: Do you want to --

11 do you want to give it a comment period, and -- and

12 send --?

13 MR. CZAPRANSKI: Yeah.

14 MR. FARAONE: I'm all for that.

15 Send them either to Ray or Dana, or what -- what do

16 you guys want?

17 Ray, you're the chair. So --

18 MR. SEROWIK: I'll take them.

19 MR. FARAONE: -- your call.

20 MR. SEROWIK: Yeah.

21 MR. JONAS: I have a -- I have a

22 related comment that there is one county in this

23 state that has proactively moved toward narrow

24 banding all of it's public safety. Tim knows who

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2 that is. And they're -- I again, just as I

3 commended Westchester earlier, Monroe County Office

4 of Public Safety and Emergency Services they are

5 really on the cutting edge to realize the

6 importance and significance of interoperability.

7 And they have made numerous steps to do so. The

8 fact that they have such strong collaboration

9 amongst their providers, they -- they should be

10 commended.

11 MR. DARBY: Onondaga turned the

12 switch the 2nd of February, and the --

13 MR. JONAS: You're close behind

14 them in -- in structural activities.

15 MR. DARBY: -- through the same

16 process.

17 MR. JONAS: Yes. So, there's --

18 there are a few counties that are stepping up.

19 MR. FARAONE: Okay. So, to move

20 forward on this, I -- I guess let's -- we want to

21 do this pretty quickly, so I would -- I would

22 suggest we give a comment period of two weeks?

23 FROM THE FLOOR: Yeah.

24 MR. FARAONE: Thirty days? Is

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2 two weeks enough?

3 MR. CZAPRANSKI: Two weeks is

4 plenty.

5 MR. SEROWIK: Two weeks at the

6 most, yeah.

7 MR. MASTRIANNI: And then, I

8 would move that following the comment period --

9 MR. FARAONE: That Mike --.

10 MR. MASTRIANNI: -- that we go

11 ahead and -- and have this letter put through the

12 process.

13 MR. FARAONE: Absolutely, I -- I

14 would leave -- I would defer to the --.

15 MR. MASTRIANNI: And then defer

16 it to their judgment, and I would recommend we

17 allow it. Two weeks is enough time following that,

18 that they do not have to come back. We should just

19 put it through the process.

20 MR. FARAONE: Absolutely. Do we

21 need to vote on that?

22 MR. CZAPRANSKI: All comments by

23 the 10th.

24 MR. FARAONE: All comments by the

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2 10th. Mike I take that as a motion?

3 MR. MASTRIANNI: That's -- yes.

4 MR. DARBY: Second.

5 MR. FARAONE: And Warren seconds

6 it.

7 And all in favor of giving them

8 the flexibility to use the comments and send the

9 letter out?

10 FROM THE FLOOR: Aye.

11 MR. FARAONE: Any opposed?

12 Abstentions?

13 (The motion carried.)

14 MR. FARAONE: Motion passes.

15 MR. BLUM: Can you just give us

16 an e-mail address to send comments to?

17 MR. FARAONE: Yeah, Ray, would

18 you do that?

19 MR. SEROWIK: Sure. Would you

20 like me to give that to you now?

21 MR. FARAONE: Yes. Give it to

22 all of us right now, we got it.

23 MR. SEROWIK: It is

24 R-S-E-R-O-W-I-K at C-O dot Broome B-R-O-O-M-E dot

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2 N-Y dot U-S.

3 MR. FARAONE: Thank you.

4 MR. BLUM: Thank you.

5 MR. FARAONE: All right. How

6 about Safety TAG?

7 MR. DARBY: Safety is not meeting

8 today, because of the readjusted schedule. However

9 we had put together a document and sent it to

10 medical standards. They dealt with that document

11 today, as to what can be done safely re

12 unrestrained persons restrained in our prehospital

13 care patients. And I believe that that's going to

14 be coming to SEMAC right following this meeting,

15 and we may see it at SEMSCO at the end of the day.

16 We will be doing a conference

17 call to catch up on some of the stuff that we were

18 going to do in the safety TAG meeting today that

19 will -- will not occur not that the schedule has

20 been changed.

21 MR. FARAONE: Do you -- do you

22 intend to take, after today's SEMAC anything to

23 the -- to the SEMSCO tonight?

24 MR. DARBY: I don't believe do.

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2 FROM THE FLOOR: No.

3 MR. FARAONE: And just to remind

4 everybody SEMSCO is tonight not tomorrow. I was

5 directed to mention that several times.

6 MR. JONAS: Four-thirty.

7 MR. FARAONE: Four-thirty.

8 MR. JONAS: Four-thirty.

9 Four-thirty tonight so everybody can --

10 MR. JONAS: Don't show up

11 tomorrow.

12 MR. FARAONE: -- get out of here

13 first thing tomorrow.

14 MR. JONAS: They'll put you to

15 shoveling snow.

16 MR. FARAONE: Yeah. So, okay.

17 Thanks, Warren.

18 MR. DARBY: Sure.

19 MR. FARAONE: A.L.S. meet-up.

20 I'm sure Andy's got a lot of stuff to bring us up

21 on.

22 MR. LAMARCA: That's the mutual

23 aid TAG?

24 MR. FARAONE: Pardon me?

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2 MR. LAMARCA: That's our mutual

3 aid TAG?

4 MR. FARAONE: Mutual aid TAG.

5 What did I call it?

6 MR. LAMARCA: I was wondering

7 when you said A.L.S. meet-up. I thought I knew

8 where I going. I said, "uh-oh, I might have -- I

9 might have done the wrong issue."

10 MR. FARAONE: Well, that was part

11 of that, it was A.L.S. meet-up, it was the mutual

12 aid.

13 MR. LAMARCA: But I -- I think

14 that we've had two conference calls. The most

15 recent one was Monday of this past week. A very

16 active committee and -- or TAG. And we have looked

17 at a number of issues, and the first that's come to

18 light is that the current definition of mutual aid

19 is not that far off. It may need some tweaking,

20 but you know, it stands pretty much pat. It's how

21 it's being employed or used that seems to be the

22 problem.

23 And we keep getting more and more

24 towards the discussion of how do we look at

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2 everyday operations, because that seems to be where

3 if a misuse is taking place of mutual aid that

4 seems to be it's origin.

5 So, we've had a lot of

6 conversation about that one. We're going to work

7 with the Department on some thoughts here, but we

8 do want to probably reach out to the E.M.S.

9 coordinators -- the county E.M.S. coordinators who

10 actually have a regulatory duty there to oversee

11 the use of all aspects of E.M.S. and work with them

12 and the communication centers to try to figure out

13 how, you know, we would bolster or improve, you

14 know, everyday responses to the point where mutual

15 aid is not being used inappropriately.

16 There's a lot more work to be

17 done, you know, we're not tackling anything else

18 other than that -- that in the first phase. But

19 we're hoping that we will get to the point where we

20 can come up with some suggestions for everyday

21 coverage, you know, and tweak, you know, a little

22 bit of the mutual aid policy into something -- a

23 new document an provides better guidance.

24 MR. SEROWIK: Andy, the --

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2 Article 30 provides that mutual aid plans that are

3 going to be valid have to be approved by regional

4 councils. Do you have a sense for how many

5 regional councils actually have written standards

6 for mutual aid plans.

7 MR. LAMARCA: We don't have a

8 sense of that. We -- we do have anecdotal

9 information that a lot of them that have it, they

10 are outmoded, they have been from years ago. And

11 many did not take a look at, for instance, the

12 actual operating -- you know, approved operating

13 territories of some of the people that are written

14 into the plan.

15 So, part of this will be working

16 with the regional councils, but in the -- the few

17 people that we have on the -- the TAG that

18 represent regional councils, it's pretty readily

19 apparent that they can't really deal with this on

20 an everyday basis, the oversight. So, we're trying

21 to work from the least common denominator up and

22 see working with the service, working with the

23 E.M.S. coordinator, and then getting it ready for

24 the regional council to look at it and approve.

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2 MR. SEROWIK: The -- the concern

3 here seems to be primarily that the -- the request

4 for A.L.S. intercepts are being directed

5 appropriately first to agencies that possesses

6 operating authority for the area served. But is --

7 is there any thought or -- given to making an

8 absolute assurance that the patient is getting the

9 care that they need --

10 MR. LAMARCA: Yes.

11 MR. SEROWIK: -- ultimately,

12 regardless of where it is coming from?

13 MR. LAMARCA: Actually, we're

14 not -- we're not dealing with the A.L.S. component,

15 first and foremost. We're going back to B.L.S.,

16 and just taking a look at basic service operations,

17 and that is part of the discussion right now. We

18 understand that the first call in a mutual aid

19 situation should be from a service that's licensed

20 to operate in that area. But we all know that

21 that's not always going to happen, so we want to

22 have a -- you know, a documentable sort of plan

23 that would say, okay, if the service that is the

24 closest that has a permit is not in position to

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2 respond or does not want to respond, in that case  
3 we have to use a service that is not a  
4 permitholder. And it's by design, it's by plan,  
5 and we want to provide whatever documentation is  
6 necessary, so that if they are a billing service  
7 they're not going to run afoul of OMIG and things  
8 like that.

9 So, yes, I mean we've -- and what  
10 we've -- we've also wanted to include in, is if  
11 somebody says -- someone says, "I have a permit for  
12 that area, and I can also cover it if they're not  
13 there," and in practice they do not cover it, you  
14 know, when they're called upon to do it, that we  
15 have a methodology to correct that.

16 I mean, but calling somebody that  
17 doesn't have a permit when the permitholder is well  
18 within their usual response time, you know, we want  
19 to make sure that that's correct.

20 A lot of what we're looking at in  
21 mutual aid also applies to the everyday coverage  
22 issue, but we feel that -- we almost feel that  
23 mutual aid is within our grasp. It's the -- the  
24 issue of the everyday problems that lead to this

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2 misuse or abuse of mutual aid that we're  
3 considering, that we need to spend some time with  
4 it. And to give some direction.

5 For us to say everybody has to  
6 operate twenty-four hours a day, you know, and you  
7 have to cover all your calls, that's not realistic.  
8 I mean, some services will and some services can't,  
9 but they could have a coverage plan. And our goal  
10 would be that when it's all said and done, when a  
11 region approves this, a dispatch center, whoever it  
12 is responsible for dispatching the 9-1-1 call,  
13 knows that they dispatched this one unit, and if  
14 they are busy they will cover the -- the next one.  
15 But they're not surprised.

16 And what we have happening right  
17 now is mutual aid is being used when a service is  
18 toned out, toned out again four or five minutes  
19 later no answer, and then it's rolling to the next  
20 neighboring corps who may or may not have a crew.

21 And we want to make sure that the  
22 9-1-1 caller has a reasonable expectation that a  
23 dispatch center would be able to dispatch the most  
24 appropriate unit, the most appropriate asset, at

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2 the right level, in a timely manner.

3 How we get there from here, I  
4 don't know.

5 MR. SEROWIK: I just want to ask  
6 you about potential abuse. And what we discussed  
7 was that the mutual aid should go to the most  
8 appropriate unit. And the one that is the most  
9 appropriate is the one that can respond in a timely  
10 fashion with the correct personnel and equipment.

11 So, that's just to echo what Andy  
12 says. So, in other words, you may have the --  
13 the -- the first mutual aid entity might be the  
14 secondary certificateholder, but if they're not  
15 appropriate to respond because they're domiciled,  
16 let's say, you know, you know, twenty minutes away,  
17 then the mutual aid should go to -- to the next  
18 appropriate. So, we're -- we're looking at the  
19 most appropriate in the best interest of the  
20 patient, based on time of response and on accurate  
21 equipment. So, you know, if I'm asking for an  
22 ambulance because there's an A.L.S. unit on the  
23 scene, then don't send me a B.L.S. fly car, because  
24 that would serve me no purpose. So, that's what

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2 we're looking for.

3 MR. MASTRIANNI: And I think the  
4 other thing too is that, as Andy said initially,  
5 taking -- we take mutual aid and we've looked at  
6 it, and I think we all pretty much agree that  
7 mutual aid, as it stands now with some minor  
8 tweaking, that it needs to kind of go on a shelf,  
9 and we need to come up with some other -- whether  
10 it's a term, whatever, to -- to call this  
11 interaction in day-to-day operations, or whatever  
12 we're going to come up with, because in the true  
13 sense it's really not mutual aid, because it's  
14 happening more frequently than the -- what mutual  
15 aid in its --.

16 MR. LAMARCA: And it -- and I  
17 think the other thing we would point out is that it  
18 is to the point in certain communities it is a  
19 hardship to the unit that's covering.

20 The unit covering is only crewed  
21 for or only has enough revenue to do a certain  
22 amount of work, if they're being called out of  
23 their area so often, and also put at risk that they  
24 might be violated because they're operating outside

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2 their area, that's not fair. I mean because when  
3 you say mutual aid I think we all have the basic  
4 understanding, "I'll drop whatever I can and I'll  
5 come and help you." You know, "I will, you know,  
6 protect the people I have to protect, but anything  
7 else I have I'm going to go and help you because  
8 you need help."

9 If you're asking me to do that  
10 every day it, that's wrong, and it has some  
11 ramifications that, you know, could still medically  
12 affect patient care. You're calling me in and --  
13 and I'm stuck, you know, on jobs, you know, for  
14 hours in a day, I don't have those crews to cover  
15 my assignment.

16 So, I think when we're done with  
17 it, at least conceptually, I think that we're going  
18 to hopefully try to put a handle on it. Everyday  
19 issues, all the parties that are related to  
20 delivery, the agency, the county coordinator, the  
21 regional council, the Department of Health. All  
22 working to make sure that, you know, we improve  
23 day-to-day performance where possible or have a  
24 plan.

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2 And like I said, I don't think  
3 anybody is sitting in our Committee that says, "we  
4 know every service, because we mandate it, will  
5 provide twenty-four-hour-a-day/seven-day-a-week  
6 coverage." It's not going to happen. We need to  
7 give them the tools to say, "okay, we understand  
8 that, here is what we want to do. We want to make  
9 sure there's a coverage plan. And then, if  
10 necessary, even in spite of all that, we might need  
11 to use mutual aid, but we don't need to go there as  
12 the default, because you can't cover today."

13 MR. FARAONE: So, tomorrow if you  
14 would just give a brief synopsis of that.

15 FROM THE FLOOR: Tomorrow?  
16 (Off-the-record discussion)

17 MR. FARAONE: All right. John.

18 MR. HASSETT: Vinnie, just on  
19 that one, before we get mired down in the same  
20 issue of -- that SEMAC had with regards to protocol  
21 versus standards, call the -- the TAG to take a  
22 real hard look at Section 3010 of the -- of Article  
23 30, because there are certain -- certain  
24 responsibilities and authorities granted to the

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2 regional council --

3 MR. JONAS: Yes.

4 MR. HASSETT: -- that this body  
5 cannot usurp. And that's specified right in there,  
6 so before we get mired down in something that will  
7 take us five years to unravel.

8 MR. FARAONE: Okay.

9 (Off-the-record discussion)

10 MR. FARAONE: Anything else?

11 Anything for Andy? Anything else?

12 So, you will give a brief report  
13 this afternoon at four-thirty.

14 What's the buzzword? Repetitive  
15 and predictable? Is that --?

16 FROM THE FLOOR: I didn't say  
17 anything.

18 MR. FARAONE: That's the new  
19 buzzword, that's the new buzzword.

20 MR. JONAS: Actually repetitive  
21 and predictable, and if you look at that letter  
22 from Ogdensburg, they -- they ask the question,  
23 "where did it come from and where is it specified  
24 in law?"

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2 Actually, at the last TAG  
3 conference call that we had, I answered that  
4 question, and I will answer it again so that you  
5 people who are reading this will know the  
6 Department's position on where that came from.

7 No it is not specified in law.

8 However, getting back to Mr. Hassett's comment the  
9 Department for a very long time has promoted that  
10 regional council's have a large oversight  
11 responsibility, and we expect some level of system  
12 monitoring and oversight. And when there's a  
13 critical flaw in the system the region should be  
14 able to recognize that flaw - or have it brought to  
15 their attention, sometimes they're not looking -  
16 and address the issues.

17 One of those issues, from the  
18 Department's perspective, has been, and we have  
19 used this phrase to categorize it, when a  
20 particular service, in a repetitious and  
21 predictable manner is not providing emergency  
22 medicine may be it's time for the council to look  
23 at what the needs of that service are. Whether it  
24 is an adjustment of territory, an augmentation of

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2 personnel, a realignment of its dispatch system, a  
3 reconsideration of a level of care it's trying to  
4 maintain that it actually just can't do. There's  
5 a -- there's a myriad of -- of little issues.

6 And as early as several years ago  
7 this phrase was used as a descriptor to sort of  
8 embody how councils can start to look at when  
9 there's -- when's there's a problem area.

10 So, no, it's not written in the  
11 law. It's -- it's a definition that seemed to fit  
12 how to capture this idea of -- that there's a  
13 council need. So -- and thank you for reminding us  
14 about 3010, John.

15 MR. FARAONE: Okay. Martha, you  
16 had --

17 MS. GOHLKE: Yeah.

18 MR. FARAONE: -- not children,  
19 but the other one.

20 MS. GOHLKE: Yeah, I have no  
21 report for E.M.S. for Children at this time, but I  
22 have the pleasure of working on another grant that  
23 the Bureau has. For lack of a better title it's  
24 the NEMESIS project. Lee calls it the "NEMESIS"

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2 project. As you know, as we have been telling you  
3 for quite a while now we have received funding to  
4 start transmitting our e-P.C.R. data to the  
5 national level, NEMESIS. So, we finally have a  
6 vendor on board with the software that's going to  
7 build our state bridge to do that with, and that is  
8 ImageTrend. So, ImageTrend is building our state  
9 bridge, and they will be able to accept the data  
10 from any e-P.C.R. vendor that you guys are working  
11 with, or will be working with, and transmit it to  
12 the national level. That's our goal.

13 We're furiously moving ahead with  
14 this. We recently got ImageTrend on board. And  
15 one thing that we're doing right now is defining  
16 what the minimum dataset will be at the state  
17 level. And we have the Evaluation Committee also  
18 giving us input as to the minimum dataset.

19 So, once we get the state bridge  
20 developed, then we'll pilot test it this year with  
21 one or two regions that are already collecting  
22 e-P.C.R.s and make sure the system is working  
23 properly and tweak it as such. And we'll start  
24 transmitting, on a limited basis, the data to the

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2 national level.

3 Our hope is to roll this out  
4 statewide within a year or so. We'll go to the  
5 regions, and we'll do a train the trainer-type  
6 format and the system is still going to be set up  
7 the same; that the E.M.S. agency, you know, works  
8 under the region, and the region reports to the  
9 state, and it works in that -- that process. So,  
10 nothing's going to change with that.

11 So, the train the trainer format  
12 will be rolled out to the regions. There will be  
13 administrators to the ImageTrend system at the  
14 regional level, and then they'll roll it out to the  
15 regions as we get to that point.

16 So, that's ultimately where we  
17 are with that. We have a lot on our plate for year  
18 one, and we'll have more information as each  
19 meeting comes along. Especially with the roll-out.  
20 We will have information for you about those at the  
21 next meeting, but we'll see. We have to see how  
22 this process goes.

23 Yes?

24 FROM THE FLOOR: Is there any

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2 thought about like county coordinators get into  
3 that data?

4 MS. GOHLKE: Get into the data?  
5 FROM THE FLOOR: Yeah. She's  
6 going to think that was continuous. You got to  
7 tell her --.

8 (Off-the-record discussion)  
9 FROM THE FLOOR: Like -- like  
10 regions, would you -- the counties be able to?

11 MS. GOHLKE: Good question.  
12 Lee is nodding yes.

13 FROM THE FLOOR: I -- I would  
14 suggest that. Sometimes, I -- I know that county  
15 coordinators in their own mind, find this  
16 surprising, but they sometimes have difficulty  
17 getting data from the regions.

18 MS. GOHLKE: Okay. Thanks.

19 (Off-the-record discussion)

20 MS. GOHLKE: That's it, thanks.

21 MR. FARAONE: Thanks, Martha.

22 Any questions for Martha? I  
23 think one of the interesting things that she  
24 mentioned at the Q.I./Q.A. meeting this morning is

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 2 that this bridge will work with any of the vendors.  
 3 MS. GOHLKE: Yes.  
 4 MR. FARAONE: So, there shouldn't  
 5 be any concern with people holding off and waiting  
 6 to go to a specific vendor because the bridge will  
 7 work with any of the vendors.  
 8 MS. GOHLKE: Correct.  
 9 MR. FARAONE: The programs will  
 10 be able to see the data. And we -- and we -- also  
 11 we won't lose the ability to use the old back door  
 12 method that we have in place now, where we're  
 13 members of -- E.M.S. charts, for example, we -- we  
 14 could look at the data. We won't lose that  
 15 ability, so we can still go in the back door and  
 16 look at E.M.S. charts for our region, the agencies  
 17 that gave us permission, plus then we will have the  
 18 bridge.  
 19 Thank you.  
 20 Yes?  
 21 MR. BLUM: Yeah, a couple of  
 22 questions, if I could. One is, do you know if this  
 23 is going to participate in any of the regional  
 24 health information exchange programs?

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 2 MS. GOHLKE: I think that's the  
 3 long-term --  
 4 MR. BLUM: Or statewide?  
 5 MS. GOHLKE: -- yeah, I think  
 6 that's the long-term. I don't know how -- I think  
 7 you're talking years down the road, but --.  
 8 MR. BLUM: Okay.  
 9 MS. GOHLKE: Yeah.  
 10 MR. BLUM: And is there a  
 11 specific standard or format -- compatibility format  
 12 that is required for this thing?  
 13 MS. GOHLKE: Just .xml --  
 14 MR. BLUM: .Xml.  
 15 MS. GOHLKE: -- is that you mean?  
 16 Yes.  
 17 MR. BLUM: Okay.  
 18 MS. GOHLKE: Yeah.  
 19 MR. BLUM: And then, the extent  
 20 to which some data might be considered to be  
 21 proprietary by agencies, how is that being  
 22 considered in the context of -- of this platform?  
 23 MS. GOHLKE: If I understand your  
 24 question, I mean regions can still collect whatever

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 2 data they want to collect. We're just going to  
 3 collect what we feel, on the state level -- and  
 4 basically, to be honest it is the NEMESIS-compliant  
 5 data. There's not much else. We don't want to  
 6 make this burdensome on everybody, where you have  
 7 to fill out four hundred and seventy-nine data  
 8 points. So, we're trying to keep it very, very,  
 9 very minimal. So, I -- I don't think -- I don't  
 10 think -- I don't perceive any issues as such, but I  
 11 don't know if you -- you have an example to -- that  
 12 I should go with.  
 13 MR. BLUM: Well, the -- the most  
 14 obvious is what -- what one might call protected  
 15 health information, P.H.I.  
 16 MS. GOHLKE: Right.  
 17 MR. BLUM: And I don't know if  
 18 that will go into this system.  
 19 MS. GOHLKE: Well, believe me the  
 20 Health Department is all over about protecting  
 21 patient-specific information. And we're making  
 22 ImageTrend jump through many, many hoops to  
 23 guarantee that the information is secure.  
 24 And what's probably going to have

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 2 is they're not going to collect any  
 3 patient-specific identifiers, because we don't want  
 4 to get into the risk that that poses.  
 5 MR. BLUM: Because as -- as an  
 6 example to Mike's point, an E.M.S. coordinator  
 7 might not be privy --  
 8 MS. GOHLKE: Right.  
 9 MR. BLUM: -- necessarily to  
 10 P.H.I.  
 11 MS. GOHLKE: Yes.  
 12 MR. BLUM: Another example --.  
 13 MS. GOHLKE: And we want to  
 14 keep -- we want to -- well, okay, go ahead.  
 15 MR. BLUM: Another example might  
 16 be on behalf of some agencies they -- they guard  
 17 their response time data. And I know that there's  
 18 a continuous debate as to --  
 19 MS. GOHLKE: Uh-huh.  
 20 MR. BLUM: -- whether or not that  
 21 should be publicly available or not.  
 22 FROM THE FLOOR: That's going to  
 23 be publicly available.  
 24 MS. GOHLKE: Right.

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2 MR. BLUM: But I could just --.

3 MR. FARAONE: Those days are

4 gone.

5 MR. JONAS: Those days are gone.

6 That's gone. Write that one off, I can assure you.

7 MR. BLUM: I mean I can't -- I

8 can't predict what everybody's objections might be.

9 MS. GOHLKE: Right. Right.

10 MR. BLUM: I personally think

11 it's a good thing.

12 MS. GOHLKE: Right.

13 MR. BLUM: I'm not -- I'm not

14 trying to pooh-pooh it, I -- I think we have to go

15 electronically.

16 MS. GOHLKE: Yes.

17 MR. BLUM: Just try to figure out

18 what the consequences could be.

19 MS. GOHLKE: I mean a lot of this

20 stuff is just -- we're -- we're going to find out

21 as we go along, but I can tell you the patient --

22 patient -- patient identifying information is a

23 huge concern that the Health Department has, that

24 it's working very closely on, and -- but response

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2 times and things like that, as these guys said, I

3 think is a non-issue anymore.

4 MR. BLUM: Well, as one member

5 I'm supportive --

6 MS. GOHLKE: Yeah.

7 MR. BLUM: -- of your efforts,

8 so -- that's good.

9 MR. FARAONE: Thanks, Martha.

10 Anybody else have anything else

11 for Martha?

12 That's the end of our TAGs.

13 As -- as all of you know, last night we -- we had a

14 well-attended Systems Committee meeting solely to

15 discuss two issues, two appeals, C.O.N. application

16 appeals. And so, that's -- that was a done deal.

17 Dana will read for this group the

18 two -- or actually three seconded motions that came

19 out of the Systems Committee last night that will

20 be presented at four-thirty this afternoon.

21 I'm trainable.

22 MR. JONAS: You're getting

23 better.

24 MR. FARAONE: I'm trainable.

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2 And to be voted on. So, I don't

3 anticipate -- and we're pretty close to the end of

4 our time anyway, so I don't anticipate much

5 discussion, or any discussion, with these issues,

6 because I think we beat them up pretty well last

7 night.

8 MR. JONAS: It's already

9 processed, I mean --.

10 MR. FARAONE: It is already done,

11 they're already seconded motions, so --.

12 MR. JONAS: There were related

13 issues that were -- that might end up being new

14 business discussion items, but not these.

15 MR. FARAONE: Not those; correct.

16 MR. JONAS: Right.

17 MR. FARAONE: They're -- they're

18 seconded motions. So go ahead.

19 MR. JONAS: I'll read them --

20 I'll read them for you.

21 MR. FARAONE: Yes, please.

22 MR. JONAS: In the matter with

23 Niagara Memorial Medical Center Hospital, the first

24 motion was to uphold the decision of the Big Lakes

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2 Regional Council to approve the application of the

3 Niagara Medical Center Hospital for an ambulance

4 service. The motion was made by Mike Mastrianni

5 and seconded by Tim. The vote was five for, eight

6 against, and that motion failed.

7 We promptly had a new motion on

8 the floor. The motion was made by Warren Darby and

9 seconded by John Hassett, to reverse the decision

10 of the Big Lakes Regional Council to approve the

11 application of the Niagara Medical Center Hospital

12 for an ambulance service. That motion, when voted,

13 was ten for, three against, and the motion did

14 carry.

15 The other matter we looked at was

16 the NAVAC appeal. And in that matter a motion was

17 made by Mike Mastrianni and seconded by Michael

18 Read to amend the decision of the Central New York

19 Regional E.M.S. Council so as to approve the

20 following two described geographies applied for by

21 North Area Volunteer Ambulance Corps, as an

22 expansion of its ambulance service authorized

23 operating territory. Area one was East Taft Road

24 area in the town of Cicero, and area two was the

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2 Hinsdale and Mattydale Fire Districts. Upon vote  
3 there were fifteen for, none against, no  
4 abstentions, and the motion carried unanimously.

5 MR. FARAONE: Thank you.  
6 MR. JONAS: And these are now in  
7 your possession to turn over at four --  
8 four-thirty.

9 MR. FARAONE: Four-thirty today.  
10 Be there.

11 Now, the only thing I had under  
12 old business was just last -- last month we had a  
13 discussion about the timeliness of A.L.J.s  
14 returning information to -- to the -- the Bureau.

15 MS. JONAS: Ms. Burns would speak  
16 on that issue.

17 MR. FARAONE: And -- and I -- and  
18 I get -- yes, if -- if you would, please.

19 MS. BURNS: I -- based on that  
20 discussion, I met with the A.L.J. -- the Bureau  
21 director of A.L.J.s, and he was very gracious and I  
22 managed -- it's just a office joke, I got out  
23 alive. I usually pack stuff up and send it with  
24 Dana, and say leave it with, Erin, run as fast as

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2 you can. But he tells me he's getting older and  
3 he's not sure he can get out fast enough.

4 But I have met with Judge Horan,  
5 who is the director, and he appreciated our  
6 circumstance, and he is comfortable with us  
7 suggesting a deadline.

8 I did explain to him that -- that  
9 the Council, you all, had decided you were going to  
10 impose deadlines. He was gracious about that as  
11 well, but we don't have the authority to actually  
12 do that, which is fine. So, it is -- it is our --  
13 it's our plan, should this happen again - we're  
14 hoping it does not - that when we provide them with  
15 the appeal documentation, we will place a deadline  
16 on it, so that -- for -- as a guideline for him.  
17 So, that he can assign it to a judge who has -- he  
18 knows what their workload and expectation is.

19 With regard to both the NAVAC and  
20 Utica C.O.N.s, he -- he didn't realize that -- that  
21 there -- there -- you know, there's, I -- I guess,  
22 time element, you know -- he didn't realize that,  
23 A, he had them that long and he was pretty  
24 horrified about that, so he renewed efforts to get

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2 his judges moving. He was successful with NAVAC,  
3 so it only took like a year.

4 He's work -- still working with  
5 the judge to get Utica out. And our fingers are  
6 crossed for the next meeting. Otherwise, there's a  
7 high probability that he's going to kill me.

8 But we have -- we have stressed  
9 to him the importance of getting these. So, again,  
10 they were very, very gracious, and they will work  
11 with us. So, it's our intention to give them a  
12 reasonable time frame with which to do their  
13 reviews and they are interested in complying.

14 MR. FARAONE: Does anybody have a  
15 comment? Anything?

16 Bob (sic)?

17 MR. HASSON: Just a quickie  
18 comment. When we had our organization meeting this  
19 year in terms of prioritizing SEMSCO's work items  
20 and -- and making sure we proceed with things  
21 that -- in manageable bites, one of the things we  
22 actually talked about for our own efficiencies,  
23 were making sure that once we get those returned  
24 from the A.L.J. that we get them distributed out to

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2 the members in a timely fashion, so we're not  
3 asking folks to review hundreds and hundreds of  
4 pages of testimony a week before a meeting. So, to  
5 the -- so, to the degree that we can, we're trying  
6 to -- to work together to maximize our  
7 efficiencies.

8 MS. BURNS: I think we've been  
9 pretty successful at that. I mean we've looked  
10 at -- what we have -- we've set for you -- we  
11 assign you when we sent that stuff out, we were  
12 very concerned that you really do need minimally  
13 thirty days, and we shoot for forty-five. And I  
14 think we have held pretty well in the last bunch of  
15 them.

16 And I know it's harder for you  
17 with the electronic format, but for us quite  
18 honestly, it gives us the opportunity to get this  
19 stuff out to you faster, and -- and the other  
20 honestly is that it's significantly less expensive.

21 MR. FARAONE: I -- I think  
22 Dana -- and I just want to complement Dana because  
23 he did a real nice job. The index was very, very  
24 helpful on that last one.

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2 MR. JONAS: That's -- that was my

3 question. The last time we did one of these

4 everybody said, "what the hell is this?" So we

5 made an effort to index it, and my question was,

6 number one, was that helpful?

7 FROM THE FLOOR: Yes.

8 MR. JONAS: Number two, any

9 suggestions on how we structure and format that?

10 At one point it just became

11 impossible, and we ended up putting up a lot of

12 separate records. But if -- if that helped a lot

13 we will try to do that for future ones.

14 And actually, Lee and I have

15 already started compiling the -- what about this

16 much of Utica?

17 MS. BURNS: Yeah. We --.

18 MR. JONAS: So, I'm not sure we

19 will be able to fit it on one C.D.

20 MS. BURNS: What we do, as a

21 matter of practice, is we -- when we compile the --

22 the appeal documentation, we make a copy of -- that

23 we provide to the A.L.J., then we make a copy that

24 we make of the copy we gave to the A.L.J.

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2 Because invariably lawyers,

3 sorry, present company excluded --

4 MR. JONAS: Present company

5 excepted.

6 MS. BURNS: -- I mean, the

7 A.L.J., they rifle through it, and they brutalize

8 it. And it's very difficult to get it back to any

9 kind of working order for us. So, having -- having

10 a working copy is very useful. So, what we have

11 been doing with Utica, because it will be the next

12 one to be released, is we have been in the process

13 of going through the documentation, putting it into

14 .pdfs, and then -- and indexing it, so that at the

15 point that it's released, we will be this far away

16 from being able to mail it, and it will be less

17 traumatic for us in the office. It's purely

18 selfish.

19 MR. FARAONE: All right. Well,

20 we are through our agenda and we have ten more

21 minutes left to our meeting. Does anybody have

22 anything else to bring to the good of the order?

23 MS. BURNS: Just a reminder in

24 case it didn't get on the record, and I know it

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2 did, four-thirty today.

3 (Off-the-record discussion)

4 MR. QUINN: Would it -- would it

5 be possible to request the administration that a

6 room of larger size be provided for this committee

7 meeting?

8 FROM THE FLOOR: Like yesterday's

9 was a good size.

10 MR. FARAONE: I -- I think -- I

11 think we've -- we've always had that problem with

12 the Systems. It is always the most well-attended

13 meeting of any. The room downstairs last night was

14 a good size.

15 Who does that? Does Donna do

16 that?

17 MR. JONAS: Donna is in charge of

18 that.

19 MR. FARAONE: We -- we will

20 certainly bring that to Donna's attention if it's

21 possible.

22 Right; I think that is

23 reasonable?

24 MS. BURNS: Yeah.

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2 MR. FARAONE: She'll do what she

3 can.

4 MR. JONAS: If there were any

5 guests that arrived after the sign-in sheet went

6 around, see me before you leave the room and sign

7 in. If you so wish to be recognized.

8 MR. FREEMANTLE: Did the sign-in

9 sheet go along this side of the table?

10 MR. JONAS: Yes.

11 MR. FARAONE: All right.

12 Somebody's going to adjourn? Hey, we've got to

13 adjourn.

14 Warren?

15 MR. JONAS: Warren motioned.

16 MR. FARAONE: Mike seconded.

17 All in favor?

18 FROM THE FLOOR: Aye.

19 MR. FARAONE: Thank you.

20 (The meeting adjourned at 1:45

21 p.m.)

22

23

24

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2 I, Patrick O'Brien, do hereby certify that the

3 foregoing was taken by me, in the cause, at the time

4 and place, as stated in the caption hereto, at Page 1

5 hereof; that the foregoing typewritten transcription,

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10 \_\_\_\_\_

11 Patrick O'Brien, Reporter

12 \_\_\_\_\_ Date,

13 rpo/tpo/pllm

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