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1/24/2024 - STAC - Albany, New York

NEW YORK STATE

DEPARTMENT OF HEALTH

STATE TRAUMA ADVISORY COMMITTEE

DATE: January 24, 2024

TIME: 1:32 p.m. to 2:43 p.m.

CHAIR: MATTHEW BANK

LOCATION: Hilton Garden Inn
235 Hoosick Street
Troy, New York

1 1/24/2024 - STAC - Albany, New York

2 APPEARANCES:

3 ABENAMAR ARRILLAYA

ARIEL GOLDMAN

4 ARTHUR COOPER

CARRIE GARCIA

5 CHERISSE BERRY

CRISTY MEYER

6 DANIEL CLAYTON

DEREK WAKEMAN

7 DONALD DOYNOW

ERIC COHEN

8

GEORGE AGRIANTONIS

GEORGE ANGUS

9

JAMIE ULLMAN

10 KARTIK PRABHAKARAN

KATE MAGUIRE

11 KERRIE SNYDER

KIM WALLENSTEIN

12 KURT EDWARDS

MARK GESTRING

13 MARY IVES

MATTHEW CONN

14 MEGHAN MULLEN

MICHAEL DAILEY

15

MICHAEL VELLA

PATRICIA RILEY

16

PETER BRODIE

ROBERT WINCHELL

17

RONALD SIMON

18 ROSEANNA GUZMAN-CURTIS

RYAN GREENBERG

19 SLOAN YOSELOWITZ

SRINIVAS REDDY

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2 (The meeting commenced at 1:32 p.m.)

3 CHAIRMAN BANK: Okay. I think we are
4 supposed to start the meetings now with the Pledge of
5 Allegiance. So if you'll stand, please. I pledge
6 allegiance to the flag of the United States of
7 America and to the Republic for which it stands, one
8 nation, indivisible, visible, with liberty and
9 justice for all.

10 Thank you. Okay. Hold on one
11 second. So really quick, I want -- sorry -- so I
12 wanted to do the attendance roll call.

13 SECRETARY CLAYTON: Dr. Bank?

14 CHAIRMAN BANK: Here.

15 SECRETARY CLAYTON: Dr. Wallenstein?

16 DR. WALLENSTEIN: Here.

17 SECRETARY CLAYTON: Please use your
18 mics. Dr. Guzman-Curtis?

19 CHAIRMAN BANK: She's here.

20 DR. GUZMAN-CURTIS: Here.

21 SECRETARY CLAYTON: Dr. Gestring?

22 DR. GESTRING: Here.

23 SECRETARY CLAYTON: Dr. Prabhakaran?

24 DR. PRABHAKARAN: Here.

25 SECRETARY CLAYTON: Kate Maguire?

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2 MS. MAGUIRE: Here.

3 SECRETARY CLAYTON: Dr. Angus?

4 DR. ANGUS: Here.

5 SECRETARY CLAYTON: Dr. Riley.

6 DR. RILEY: Here.

7 SECRETARY CLAYTON: Dr. Agriantonis?

8 DR. AGRIANTONIS: Here.

9 SECRETARY CLAYTON: Matt Conn?

10 MR. CONN: Here.

11 SECRETARY CLAYTON: Carrie Snyder.

12 MS. SNYDER: Here.

13 SECRETARY CLAYTON: Dr. Edwards?

14 DR. EDWARDS: Here.

15 SECRETARY CLAYTON: Sheldon Teperman

16 is excused. Dr. Arrillaga?

17 DR. ARRILLAGA: Present.

18 SECRETARY CLAYTON: Dr. Vaswinkle is

19 excused. Dr. Flynn is excused. Meghan Mullen?

20 MS. MULLEN: Here.

21 SECRETARY CLAYTON: Dr. Ullman?

22 DR. ULLMAN: Here.

23 SECRETARY CLAYTON: Dr. Winchell?

24 DR. WINCHELL: Here.

25 SECRETARY CLAYTON: Tammy Sykes. Dr.

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2 Dailey?

3 DR. DAILEY: Here.

4 SECRETARY CLAYTON: Dr. Doynow.

5 MR. DOYNOW: Here.

6 SECRETARY CLAYTON: Dr. Goldman? And

7 Dr. Cooper?

8 DR. COOPER: Here.

9 SECRETARY CLAYTON: We have nineteen.

10 We're quorum plus four.

11 CHAIRMAN BANK: Okay. Thank you very
12 much. Just a -- a -- a new regulatory issue that I
13 have to read at the beginning of the meeting. I am
14 Matthew Bank and I have the privilege to call to
15 order the meeting of the New York State Trauma
16 Advisory Committee and welcome all members,
17 participants, and observers.

18 As a reminder, this meeting is subject
19 to the Open Meeting Law, and it's being broadcast
20 over the internet. For your information, these
21 webcasts can be as -- accessed at the Department of
22 Health's website at, www dot health dot ny dot gov.
23 The webcast will be available no later than seven
24 days after the meeting for a minimum of thirty days,
25 and a copy will re -- will be retained by the

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2 department for four months.

3 There are some ground rules. The
4 first time you speak, please indicate who you are and
5 identify yourself as a council member or DOH staff,
6 or in the case of the public, please introduce
7 yourself when you come up to the microphones.
8 Microphones are hot, meaning they will pick up every
9 sound, therefore, ask you to refrain from rough --
10 ruffling papers in your open microphones, and be
11 sensitive to personal conversations. Thank you in
12 advance for your cooperation and for helping us
13 fulfill the duties as described by law. And that is
14 it. Can I have a -- a motion to approve the minutes
15 of the previous meeting?

16 DR. DAILEY: So moved.

17 CHAIRMAN BANK: Can we have a second?

18 SECRETARY CLAYTON: Second.

19 CHAIRMAN BANK: Okay. Thank you very
20 much. We're going to go a little bit out of order,
21 just to -- to help people have to go to other
22 meetings. Dr. Cooper, do you -- can you please go
23 out of order and give us your report for E.M.S.C.?

24 DR. COOPER: Thank you. Thank you,
25 Mr. Chairman. The E.M.S.C. Committee met in

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2 December. It's meeting again next week, and there
3 are several items on its agenda at the moment that I
4 want to bring to your attention.

5 First of course, the Always Ready for
6 Children program is hot among us. Amy Eisenhower has
7 been getting the word out to everyone. So far there
8 are seven emergency departments that have
9 participated or joined -- joined in participation in
10 this -- in this project. And we look forward to
11 every emergency department in the state to indicate
12 their readiness for children. But particularly, we
13 want all of those pediatric trauma emergency
14 departments associated with pediatric trauma centers
15 to -- to hop on board as quickly as possible. Please
16 contact Amy if you need any further information on
17 this.

18 The -- the National Association of
19 State E.M.S. officials is working on testing
20 standards for pediatric transport devices. Our very
21 own, Amy Eisenhower is deeply involved in this
22 project, and I'm sure she'll have more to come -- or
23 -- or more information to come to us in the near
24 future. The -- the Pediatric Agitation -- Edu --
25 Education Work Group of the E.M.S.C and SEMAC

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2 continues to work on development of scenario scripts
3 prior to moving on to actual recording. The
4 pediatric Emergency Care Applied Research -- Research
5 Network project entitled Treating Respiratory
6 Emergencies in Children, is studying bundles of care
7 for asthma. The program is being coordinated in
8 Buffalo by the Oishei Children's Hospital Group. So
9 more to come on that as well.

10 Dr. Brooke Lerner sadly left us late
11 last year after a long-standing battle with a
12 terrible disease. I would ask for a moment of
13 silence in her -- in her honor, reminding us, of
14 course, that Dr. Brian Clemency is taking over the
15 responsibilities as P.I. for that group. Matt, can
16 we just do a brief moment of silence for Brooke?

17 CHAIRMAN BANK: Absolutely.

18 DR. COOPER: Thank you. And finally,
19 the -- a letter from E.M.S.C. to the world at large
20 here in New York State, regarding pediatric pads for
21 pediatric defibrillators, will be going out. It
22 turns out that there's an incompatibility between
23 certain pads and certain defibrillators which we are
24 concerned may not be common knowledge around the
25 state. And so we are reaching out to all emergency

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2 departments and ambulance agencies to remind them of
3 this problem so that the appropriate pediatric pads
4 are used with the appropriate defibrillators. And
5 that concludes my report. I'll be happy to answer
6 any questions.

7 CHAIRMAN BANK: Any questions for Dr.
8 Cooper?

9 DR. DAILEY: Dr. Cooper, if I could
10 suggest that that information goes out to the regions
11 and then disseminated from the regions as such
12 notifications usually do. So we make sure we don't
13 miss any of those agencies because the mis-
14 compatibility of the automatic defibrillation
15 capabilities for pediatrics with the LIFEPAK 12 and
16 LIFEPAK 15, did indeed greet most people who heard
17 it, as a surprise.

18 THE REPORTER: And if I could just get
19 your name, please?

20 DR. COOPER: I'm sure that's the way
21 it will -- it will --

22 MR. DAILEY: Dr. Dailey.

23 DR. COOPER: -- be distributed, Dr.
24 Dailey. As you point out, that's the usual mechanism
25 for distribution, and I -- I know that Amy Eisenhower

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2 will make -- see that that happens. Thank you.

3 CHAIRMAN BANK: Any other any other
4 questions for Dr. Cooper?

5 DR. COOPER: Again, we're meeting
6 again on February 1st of this year. Just about ten
7 days. Thank you.

8 MS. MAGUIRE: WebEx?

9 DR. COOPER: WebEx, yes.

10 CHAIRMAN BANK: Okay. Again, going a
11 little out of order. Eric, who was going to present
12 for Ron Simon at the -- for the Systems Committee.

13 MR. COHEN: Hi. Thank you, Eric Cohen
14 presenting for Ronald Simon on behalf of the Systems
15 Subcommittee. So the Systems Subcommittee met this
16 morning. We talked about three different items
17 specifically. One was regarding the 405 Regulations
18 and the current status of them right now. And
19 Director Greenberg, and correct me if I'm wrong, but
20 the 405s are under emergency status and are being
21 reviewed, they'll be going out for public comment.
22 And the other part of the 405 Regs regarding the
23 nurse reviewer and the removal of that requirement
24 for visits, is not under emergency status and is also
25 out for current review. And both will eventually

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2 come back to the department to go through the fifth
3 process.

4 DIRECTOR GREENBERG: The fifth project
5 -- process. Yes. So the related -- I was going to
6 start singing -- the current, the -- the Orange Book
7 to the Gray Book -- see, they really want me to sing.
8 The Orange Book to the Gray Book that is out. So
9 that's in emergency regs. It's in effect today.
10 That's why we're able to go by the new book.

11 In that process, it did go out for
12 public comment, actually, and that comment period was
13 closed. It goes to FIPIC, I believe, either this
14 month or next -- next month, for the February meeting
15 for final sign off on it. And then it will go into
16 permanent regulation. If for some reason there's a
17 delay in that permanent regulation or something along
18 with that, then they would extend that emergency
19 regulation period for another ninety days.

20 The other regs related to nurse
21 reviewer is going through the traditional process.
22 That's the one that is in their discussion period
23 right now. Then that will go out for public comment
24 period. When it does, we will make sure to share
25 that with this group so that they can make any

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2 comments that they wish. And then once that's
3 concluded, it goes out for a public comment for sixty
4 days. Once that comes back, it determines if there's
5 any significant changes that needs to occur. If
6 there's no significant changes that needs to occur,
7 then it will move forward to FIPIC for final
8 adoption.

9 MR. COHEN: Thank you for the
10 clarification. We also discussed the New York State
11 Trauma Registry Report. This is something that we
12 just started discussing at the last STAC, and what do
13 we actually want to see coming out of the New York
14 State Trauma Registry. And specifically what impacts
15 Sparks Data is actually having on the New York State
16 Trauma Registry and is Sparks Data necessary to get a
17 quality report from the New York State Trauma
18 Registry. So there's going to be a subgroup form to
19 take a look at that between Dr. Simon and Christie
20 Meyer, and will be addressed between both the systems
21 committee as well as the registry committee. It's
22 sort of going to overlap.

23 And then the third topic that we
24 discussed was, how are we getting non-trauma center
25 data back, so that we can utilize that as part of the

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2 New York State Report? Dan Clayton advised us that
3 the requirement is in the current regulations, but we
4 have no mechanism for those centers to feed back the
5 data to either the state or to another trauma center.
6 So, again, that's another topic that the Systems
7 subcommittee is going to undertake. In addition to
8 those three topics, we had three presentations
9 regarding the recent changes from Orange to Gray
10 Book, and from three centers that have undergone
11 reverifications already. And that was Jean Roxum,
12 from New York Presbyterian Morgan Stanley Children's
13 Hospital, myself from Maimonides and Chris Gaverno,
14 and Esther Cohen from Staten Island University
15 Hospital. And that concludes my report.

16 CHAIRMAN BANK: Thank you very much,
17 Eric. So we're just going to go back into our normal
18 order of things. First is the bureau update, right?

19 DIRECTOR GREENBERG: So I'm going to
20 keep it short. The big thing is just the regs,
21 again, the emergency regs that are in place right
22 now, as well as the other regs and changes moving
23 along. When the other regs do come out, so the --
24 the nurses -- nurse reviewer, when that does come out
25 for public comment period, which happens on in the

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2 registry, we'll share it as permitted. We -- we are
3 aware of it, and it is equally as important to get
4 positive or feedback about that one as if -- much as
5 getting feedback that says, hey, you know, we think
6 this should be changed, or something else.

7 So just keep that one in mind if you
8 are there and have that opportunity to provide some
9 positive feedback as well. If you believe that is
10 the change that should occur, it's also your
11 opportunity, if you believe that that change
12 shouldn't occur or it should look differently, that's
13 your opportunity to move that forward as well. So
14 please keep that one in mind.

15 So the bureau is moving along and like
16 I said, just keeping it short today, there's a lot of
17 really good things going on, particularly in the
18 E.M.S. world. The governor's budget has a number of
19 initiatives in the world of E.M.S. and -- and we are
20 working along with the governor's office to
21 facilitate any assistance that we can provide to them
22 related to the budget and the budget initiatives.
23 And we continue to work with FIPIC and the E.M.S.
24 community related to offload times. We know that
25 that is an ongoing problem within the E.R.s, and that

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2 is trickling into our Trauma communities as well in
3 understanding, you know, to make sure there's the
4 availability for our Trauma community to be able to
5 do what they need to do on a regular basis.

6 So there's a working group between the
7 SEMSCO and the -- the FIPIC committee, which handles
8 the hospital regulations, to see what they can do to
9 identify and work forward on that one, to help with
10 offloading times. We absolutely have regions that
11 have in regular occasions, two-to-three-hour offload
12 times for patients when the E.R. arrives, when the
13 ambulance arrives. And so we're trying to work
14 through that one so we can do for solutions.

15 There's been a number of staff
16 movements within the department. Really happy to see
17 a lot of positions being filled in the Department of
18 Health, including some new positions coming into the
19 Bureau of E.M.S. I think by May, you'll see some of
20 those new positions filled. We've filled a number of
21 them in the past couple of weeks. But with that, we
22 also are sad to say that our own Patty Riley has
23 accepted a promotion with another part of the
24 Department of Health. So we're happy that she's
25 staying in the Department of Health. But -- so our

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2 Trauma Program Manager will be leaving us and
3 hopefully we'll go out for recruitment with that, you
4 know, shortly after. But I just want to say and
5 extend my extreme gratitude to Patty for her past two
6 years as a Trauma Program Manager, the work she's
7 done, the site visits we've done together with many
8 of you and just everything you've done to help move
9 Trauma forward. So, thank you, Patty.

10 With that, I'm going to end my report,
11 but I'm just going to see if Patty wanted to say
12 anything.

13 MS. RILEY: No, thank you.

14 DIRECTOR GREENBERG: You got to
15 say something.

16 MS. RILEY: No. No.

17 DIRECTOR GREENBERG: Nope. All
18 right. She says nothing. First time for everything.

19 CHAIRMAN BANK: Okay. Going to the
20 promo program update, Dan?

21 SECRETARY CLAYTON: So that -- that
22 was the largest update was that we're -- we're losing
23 staff to a well-deserved promotion. We continue to
24 receive applications for level III trauma centers.
25 We're working with a couple right now to get

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2 designations out. So particularly upstate, we're
3 also hearing from some trauma centers more downstate
4 that are looking to move from level III to level II.
5 And that may be something that comes up during trauma
6 needs assessment, perhaps a little bit later. But
7 obviously the -- we're -- we have a lot on our plate,
8 and with Patty leaving, fewer staff, but Director
9 Greenberg and Deputy Director Dziura are trying to
10 create some new positions that would be dedicated
11 full-time equivalents, more than just one for full-
12 time equivalent for the Trauma program. So -- and
13 they would also additionally be in nursing titles.
14 So applaud the department executives for making the
15 decision to try to push forward some -- some new
16 positions to support the Trauma program.

17 Other than that, you know, I'm -- I'm
18 also working in agency licensure now, so I'm
19 overseeing another bureau -- another section in the
20 bureau. And we're hiring staff under that -- under
21 me for that. We're also training a new staff member
22 in that area, so it's just a lot on the plate, and we
23 appreciate your patience. Please continue to stay in
24 touch with me. If you have changes to your Trauma
25 program, staffing changes, please keep me advised and

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2 Patty, until she leaves, February 14th, of -- of
3 changes to your Trauma program, staffing locally. I
4 think with that in mind, unless there are any
5 questions that completes my report. Thank you.

6 CHAIRMAN BANK: Thank you very much.
7 So, moving into the Executive Committee, a few
8 things. So first of all, the next STAC will be May
9 29th at this hotel. So the next STAC will be May
10 29th at the Hilton Garden Inn Troy. So number two, I
11 want you to take a -- a quick just interest poll, as
12 was discussed, at the Registry Committee. Every
13 registry is going to have to start moving to a
14 A.I.S.15. So we were thinking of trying to offer a
15 A.I.S.15 training course with the next STAC. The
16 next STAC is May 29th. That's a Wednesday. It
17 A.I.S. is a two-day course. That Monday is Labor
18 Day, it's a holiday. So it would be the Thursday and
19 Friday after STAC. It would be May 30th and 31st.
20 The course would be about nine hundred dollars per
21 person for a two-day course. Just so you guys know,
22 seven hundred and fifty dollars of that goes directly
23 to the -- to the people who are teaching the course.
24 And it'll be about hundred and fifty dollars for us
25 to get the hotel for two days per person.

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2 So, just real quick, is anyone
3 interested or have their staff be interested in
4 taking an A.I.S.15 course with, in conjunction with
5 the next STAC?

6 So, bunch of people. We have to have
7 a minimum of fifteen people to guarantee them. And
8 George is going to come twice. Okay, very good. So,
9 we'll -- we'll send that out. Again, it's going to
10 be -- if -- if we can get the hotel, and it's a big,
11 if it would be about nine hundred dollars per person,
12 it would be the Thursday and Friday directly
13 following the STAC.

14 Separately than that, there are seven
15 STAC positions that are open. We talked about this,
16 at the last STAC. Some of the delay in filling these
17 positions has been -- we have old bylaws and we've
18 actually submitted new bylaws to be -- to be vetted.
19 Some of the positions are not the same. Out the
20 seven positions, there are six of those seven
21 positions are still on the STAC on the new bylaws.
22 And three of those six are described differently than
23 the old bylaws.

24 There are three positions that are the
25 same, and they're new bylaws. The old bylaws, that's

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2 the vice chair position, the burn surgeon position,
3 and the Nassau County RTAC position. The Nassau
4 County RTAC, their leadership resigned, so the Nassau
5 County RTAC will have to figure out who to nominate
6 for. They have two seats, and one of their seats are
7 empty. So they will figure out who to nominate,
8 hopefully by the May STAC.

9 We have several nominations and
10 self-nominations, for the burn surgeon and the vice
11 chair. As per our bylaws, what we have to do is they
12 have to go through a nomination committee. The
13 nomination committee will then vet them to make them
14 -- to make sure that they are appropriate candidates
15 as per our bylaws. So, for example, the vice chair
16 has to be a physician, so they'll go through the
17 different qualifications and make sure that the --
18 that the people all vet correctly.

19 So we actually had made up a -- the
20 nomination committee has to be made up of vetted STAC
21 members, can -- obviously cannot be any STAC member
22 that is nominated for this position. So Roseanna
23 Guzman, George Angus, Kerrie Snyder, all agree to
24 serve on the committee. And they're just going to
25 vet the -- anyone who wants to be considered for

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2 these positions, they're just going to vet the --
3 that they meet the qualifications for the position.
4 The vice chair will be a election at the next STAC in
5 May.

6 Any questions about this? Okay. If
7 we could then go to the Registry Committee, Cristy?

8 MS. MEYER: Cristy Meyer, co-chair of
9 the Registry Committee. We had a robust meeting this
10 morning and happy to share some updates. And then we
11 do have some business to do. There are a few motions
12 coming out of the subcommittee for us to discuss. So
13 first -- first of all, we have a new data dictionary
14 that comes out each January. We're a bit delayed
15 this year because we had added collecting the first
16 P.C.R. into the referring hospital as a whole new set
17 of fields. So in addition to the P.C.R. coming into
18 your building as the final trauma center, we want to
19 collect the first P.C.R.

20 There are some limitations with that,
21 but the vendor and mapping updates are quite
22 significant. So that will be delayed until January
23 1st, 2025. It will also allow us a little extra time
24 to help get that record, maybe coming more frequently
25 to the referring -- the receiving hospitals.

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2 In addition, we in following up on
3 some action from STAC last year, the Sparks process
4 for reconciliation and really getting the data ready
5 for final report. The DMAR Team from the Department
6 of Health did a formal review. We will review the
7 report from them with the new DMAR Director and make
8 some recommendations at the upcoming STAC meeting, of
9 whether we need to continue that validation process,
10 or we feel that we have good enough data to just go
11 forward with the reports from the Department of
12 Health.

13 The 2023 Trauma Registry work group
14 proposed the following edits for 2025; dead-on-
15 arrival and dead in the emergency department,
16 definitions were not standardized throughout the
17 state and certainly throughout the nation. There was
18 a lot of variability. So we also looked at the E.D.
19 discharge date and time to revise the data
20 dictionary. So this is just the highlight of things
21 that are coming in May when we make final formal
22 recommendations on how to revise those definitions.
23 We do have a motion about the D.O.A. and D.I.E. which
24 we'll talk about in just a moment.

25 We also had a presentation by Carrie

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2 Garcia, the trauma program director from H.H.C.
3 Jacoby. She gave a nice presentation about
4 validating TQIP data and really shared that with the
5 team. One of the biggest things are certainly top of
6 mind for many of us, is that in January 1st, 2025, we
7 would be required to report A.I.S. codes throughout
8 the state and the nation in version 2015.

9 There was a recent notification that
10 some of the vendors have contacted end users in the
11 state, potentially about maybe two thirds of vendors.
12 End users in the state may be impacted by a vendor
13 that is not going to upgrade to meet that standard,
14 and will require a full transition to a new product
15 or a transition to another product. So this really
16 is a huge transition, takes a long time. And the
17 Registry Committee suggests that we follow-up with a
18 few actions, but certainly a potentially a vendor
19 showcase and a town hall for Registry members and
20 Trauma Program leadership, to see what's out there
21 and to hear how the transition's going for other
22 people so they can plan their transition.

23 At the current state, about seventeen
24 Trauma centers potentially have a -- a timeline
25 that's not clear to meet that standard in January,

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2 which is required by the A.C.S. for data submission.
3 In addition to that, we have just a call for
4 volunteers for our next STAC meeting to do a
5 presentation, but also the next data dictionary work
6 group to look at where data's moving in the State.
7 Which brings us to a few motions that are coming out
8 of the subcommittee today. I know they'll bring them
9 up on the screen so we can look at them and have some
10 discussion.

11 So, motion one is a motion from the
12 Registry Subcommittee to immediately implement and
13 include the new standardization of Dead-on-arrival
14 and Dead in the Emergency Department, definition to
15 the 2024 New York State Trauma Registry Data
16 Dictionary. I can read to you the definitions; the
17 Dead-on-arrival will be standardized to be a patient
18 who arrived without a pulse or vital signs, and
19 despite any resuscitation, did not regain a pulse.
20 That patient would be considered a D.O.A. D.I.E.,
21 would be a patient that arrived without a pulse,
22 regained a pulse, and then ultimately lost a pulse to
23 expire in the emergency room, or arrived with a pulse
24 and -- and lost the pulse and never regained it. So
25 that would be the standardization. It would go in

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2 the forward of the dictionary to give some inclusion
3 and some data use information to end users. That was
4 motion number one.

5 CHAIRMAN BANK: So everybody, any
6 questions about motion number one? Okay. Can we --
7 you want to vote on motion number one? Everybody who
8 feels yes, on motion number one, please raise their
9 hand. I apologize, who had a comment?

10 MR. DAILEY: Well, I'm trying, but my
11 microphone won't work. Sorry. I just wanted to
12 clarify. So if I've got a patient that comes into
13 the Emergency Department without a pulse, but we do a
14 full cord press, including massive transfusion on
15 this person, crack their chest and then they remain
16 pulseless, that person is a D.O.A.?

17 MS. MEYER: Correct. And that is a
18 change from some practice. Any procedures, people
19 would consider that died in the Emergency Department,
20 but the patient came in without vital signs and a
21 pulse, never regained vital signs and a pulse. So
22 that is a person who is dead.

23 MR. DAILEY: Have we confirmed whether
24 or not this will ultimately end up leading to any
25 billing concerns, because if we define somebody as

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2 dead-on-arrival, yet they get billed for an hour of
3 critical care time, is that a potential conflict?

4 CHAIRMAN BANK: So the -- the
5 definition goes to the Registry, the State Registry,
6 but it's not going to go to Blue Cross, Blue Shield
7 or Medicare or Medicaid or anything like that. So
8 this is for our registry, the definition. And the
9 New York State Registry does not line up with a lot
10 of things with C.M.S. and Blue Cross, Blue Shield and
11 G.H.I. So we're not saying that we're changing the
12 definition for insurance or Medicare and Medicaid.
13 We're saying we change the definition for the Trauma
14 Registry in New York State.

15 MR. DAILEY: So, Matt, can I follow-up
16 with a different question? I'm sorry.

17 CHAIRMAN BANK: Matt?

18 MR. CONN: So just for clarification
19 for everybody, this was a standardization for years.
20 Different facilities, different programs have been
21 collecting things different ways. And this is to
22 provide guidance on standardization on what the
23 definition of dead-on-arrival arrival versus dead in
24 the E.D. is. Some people used to thoracotomize,
25 master transfusion, did all the things thirty, forty-

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2 five minutes an hour, trying to get somebody back,
3 came in without vital signs or signs of life. They
4 did all those things. They never got them back no
5 matter what. That patient did in fact show up dead-
6 on-arrival, and they remained dead despite anything
7 that you did.

8 We, each, over time, all the
9 different programs have had different conversations
10 about what does this look like for you? What does
11 that look like for you? And even doing research
12 online, there is no standard definition that is
13 widely accepted amongst the Trauma community. So
14 this is our attempt of standardizing what we're
15 saying was a D.O.A. even though the -- the N.T.D.S.
16 pick list for E.D. discharges deceased expired, we
17 are further clarifying our registries going to
18 N.T.D.S. the N.T.D.B. as a deceased expired. What
19 type of a deceased expired does that look like for
20 us?

21 MR. DAILEY: No, I certainly
22 appreciate that. And -- and really like the idea of
23 standardization, I'm just worried whether or not
24 we're creating any additional exposure anywhere else
25 down the line. And I -- I know the registry doesn't

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2 and billing are -- are separate, but at some point,
3 the billing folks are going to turn around and look
4 at the way it was coded somewhere else, you know,
5 just --

6 CHAIRMAN BANK: No they're not --

7 DIRECTOR GREENBERG: Let me -- let me
8 ask a question here. Cristy, this will be to you.
9 Does it have to be that short of a term or could it
10 be longer? Meaning if we were to add a few words
11 into that, that said, dead in the E.R. post care --
12 or dead-on-arrival, post critical care, and you
13 mentioned some other things, Dr. Dailey or something
14 else, but that would help to clarify it. Still
15 giving what you're looking for, but also not possibly
16 raising concern.

17 CHAIRMAN BANK: Just so -- so your
18 hospital will handle this, however, they already
19 handle it. If they admit these patients, they don't
20 admit these patients. They send bills, they don't
21 send bills. I -- I don't see your hospital at all,
22 ever looking at the New York State Trauma Registry,
23 and right now the definition of complications in New
24 York State Trauma Registry are different than the
25 definitions that your hospital uses for VAP and

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2 (unintelligible). And so -- so those -- so again, we
3 -- we control the New York, lack of a better word,
4 control the New York State Trauma Registry. We're
5 trying to figure out our risk adjustment for
6 mortality as fair as possible. So it will affect
7 that, but it will not affect whether this patient is
8 currently admitted or not admitted at your
9 institution, whatever your institution does in terms
10 of their -- their billing practices.

11 MS. MEYER: I just want to add one
12 piece that this is what piqued the group's interest
13 in talking about this, is that we had a longstanding
14 include -- exclusion in New York State, that if you
15 came in and you were pronounced dead within three
16 minutes of arrival, you would be a D.O.A. Then if you
17 did an I.V. it wouldn't count as a procedure or any
18 of the resuscitative measures, but if you did a
19 thoracotomy, it would be marked as a D.I.E. And what
20 sets what -- one procedure aside from another one.
21 And that -- that was what some of the confusion was.
22 What we're trying to get to is -- is this person
23 salvageable? If you never had vital signs and you
24 never get any -- it's very different than someone who
25 maybe came in with a pulse, lost the pulse, despite

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2 maximum resuscitation, expired in the emergency room,
3 and never really got out of the room.

4 So I think that's the intent here.
5 It's certainly not to guide any of the billing, any
6 of the documentation practice that anyone's doing.
7 It's more on the kind of backend of P.I. that these
8 patients should be included in the Trauma Registry to
9 tell the story. This is why things like vital
10 statistics are important, like who doesn't even make
11 it to us. So I think that's the intent here. If
12 there's a language revision, I'm -- I'm happy to
13 bring it back if that's what we think.

14 MR. DAILEY: I just want to be
15 perfectly clear. I -- I absolutely like the idea of
16 clarification. I like the idea of -- of some -- some
17 guide rails that really help make sure that the --
18 the data's the same. All I was worried about was the
19 potential for exposure by having two very different
20 things going on. That's all.

21 CHAIRMAN BANK: Mark?

22 DR. GESTRING: It's -- so, yeah. So
23 I'm just representing a question, which I don't know
24 if we have a chat, but this is Dr. Flynn texting,
25 asking why is a pulse needed? P.E.A. can be

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2 resuscitated. So a patient who has electrical
3 activity, when they come in, they don't have a pulse,
4 but we're going to do different things than for
5 somebody who doesn't have electrical activity, would
6 that fall under your D.O.A. category also because
7 they didn't technically have a pulse?

8 MS. MEYER: Again, you never -- you
9 never had any vital signs and never named any --

10 DR. GESTRING: Well, it's -- it's
11 P.E.A. -- do we consider that? I mean, in a trauma
12 center, we would -- we do procedures based on that.
13 So it's not a palpable pulse, but it's a finding that
14 we -- you know, we have electrical activity, we use
15 an ultrasound, we see that the heart is trying to do
16 something, we will go on and do procedures. So I --
17 you know, I'm just concerned that a -- a patient who
18 comes in dead and stays dead is different than a
19 patient who comes in dead and spends an hour getting
20 procedures and certainly not an I.V. but like you
21 said, revo -- thoracotomy, you know, bilateral chest
22 tubes. I think the Registry would get awfully
23 confused or confusing by figuring out which patients
24 get all those things and which ones don't, I think.
25 And that was my understanding of this earlier

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2 definition, and I have no problem with clarifying the
3 earlier definition, but you're making the term died
4 in E.D. go away, right?

5 MS. MEYER: No, that's --

6 CHAIRMAN BANK: No -- no -- no --

7 MS. MEYER: -- actually going to s --

8 DR. GESTRING: So they're the same?

9 MS. MEYER: Yeah --

10 CHAIRMAN BANK: No. So if you --
11 that's if you come in with a -- with a pulse and you
12 die before you get out of the E.D.?

13 DR. GESTRING: Right.

14 CHAIRMAN BANK: Or if you come in
15 without a pulse, you're resuscitated, you gain a
16 pulse, and then you die before you leave the E.D.
17 then you'll be dead in the E.D.

18 DR. GESTRING: So I guess
19 (unintelligible) never gets a pulse that's the
20 question.

21 CHAIRMAN BANK: Because if you're --
22 if you're in P.A. and you never get a pulse back and
23 the entire time or whatever you do, that will be
24 D.O.A. The -- the issue here, which a lot of
25 T.M.D.s, myself included, were uncomfortable with, is

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2 that it felt like some people were making decisions
3 affecting the medical judgment of -- of what this
4 patient is going to be classified as. So if in your
5 medical opinion, we should do a thoracotomy or
6 (unintelligible) on every single patient that comes
7 in without a pulse, that -- that -- that's up to you.
8 But there's still in the same class, there's still
9 the same risk for mortality for all the other
10 patients who come in without a pulse that we don't do
11 these procedures on.

12 MS. MEYER: You know, and if you look
13 at TQIP and other measures where we standardize,
14 P.E.A. is not a measure that they're recording or
15 using as a sign of life. So although we have
16 algorithms in our centers, this is -- the intent is
17 not to record an algorithm. This is really an
18 outcome measure, and we want to be looking at it the
19 same way, I think is really the comment here. Rather
20 than, you know, if you have that in your algorithm
21 that P.E.A. will get, you know, these interventions,
22 this is -- this is not intended to supplant that at
23 all, if that makes sense.

24 MR. DAILEY: I guess the other thing,
25 Mark, would be, you know, in -- in terms of how --

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2 what you -- when you look at a P.E.A. right, a -- a
3 sinus of a hundred and forty, is very, very different
4 than a wide complex P.E.A. at twenty. And if I drop
5 an ultrasound probe on somebody's chest and they've
6 got a sinus rhythm, and I'm seeing squeeze at that
7 rate, that means I'm not feeling a pulse, but there
8 could very well be a pulse, you know, and that one is
9 probably going to be someone who ultimately dies in
10 the E.D. if -- if we do resuscitative measures rather
11 than someone who came in as a D.O.A. Does it have to
12 be a palpable pulse or can it be a dopplerable pulse
13 or an ultrasound evidence of a pulse, right?

14 MS. MEYER: So it's -- it's very
15 interesting you bring that up because that was in the
16 literature. When we looked at probably, I want to
17 say like ten resources, the cardiac echo, you know,
18 that you're doing, that imaging that you're doing in
19 the Trauma bay, was an endpoint for people to
20 determine if there's some kind of vital sign or sign
21 of life. So if that's a clarification that -- that
22 we'd want to add, that that would be considered,
23 you'd have to have that very clearly documented in
24 the record that -- that was present. But I'm not
25 sure that changes the answer. I don't -- you know,

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2 whether that's perfusing or not. And --

3 CHAIRMAN BANK: So do you want just
4 restate the motion and then we could -- we could vote
5 unless there's any other discussion.

6 DR. WINCHELL: So I would argue that
7 we are trying to find out how many angels can dance
8 on the head of a pen, and that all we need to do is
9 come up with a standard definition. It isn't
10 perfect. There won't be perfect, and it's always
11 something you can start a fight in the bar over.

12 THE REPORTER: And what's your name?

13 DIRECTOR GREENBERG: But if you do
14 know the answer to that question, I would like to
15 know it.

16 THE REPORTER: Name for the gentleman
17 that was speaking prior to --

18 CHAIRMAN BANK: Yeah. Last -- lastly,
19 Jamie, before we before we go to this. The -- the
20 last -- the last gentleman was Dr. Robert Winchell.

21 THE REPORTER: Robert Winchell, yeah.

22 MS. ULLMAN: Yeah. Hi, it's s --

23 DR. WINCHELL: Sorry about that. I
24 thought I had more notoriety than that.

25 MS. ULLMAN: Yeah. Hi, it's Jamie

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2 Ullman from -- so I -- yeah, I would have to say that
3 if you were to define concussion, it's like forty
4 different definitions of a disease process. If you
5 can define cardiac you know dead-on-arrival versus
6 dead in the E.R. then it's -- it's going to be a lot
7 of contention about those definitions as well. In
8 fact, I was going to mention P.E.A and I should have
9 -- I would've looked like a smart person, but I would
10 say that if -- if we come to some agreement that if a
11 person has -- I don't know if -- if electrical
12 activity is really considered significant in this
13 definition, but yeah, I mean, if we could come to
14 some sort of definition, I think that would probably
15 be better for the Registry.

16 CHAIRMAN BANK: So the -- the -- the
17 point of all this was to standardize the definition.
18 So everybody's risk adjusted mortality looks the
19 same. If, you know -- if -- if you don't standardize
20 it, and people using D.I.E. instead of D.O.A. will
21 affect their risk adjusted mortality. Okay. Last
22 comment, Dr. Cooper, before we have to move on.

23 DR. COOPER: The proposal is simple,
24 it's reasonable. Let's approve that.

25 CHAIRMAN BANK: Okay. So, Cristy, can

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2 you restate the motion one more time and then we'll
3 just vote?

4 MS. MEYER: Okay. And the motion from
5 the Registry Committee to immediately implement and
6 include the new standardization of dead-on-arrival
7 and dead in the emergency department definitions that
8 the 2024 New York State Trauma Registry Data
9 Dictionary.

10 MS. ULLMAN: I second the motion.

11 CHAIRMAN BANK: Okay. All in favor,
12 please raise your hand. Okay. All opposed? Motion
13 passes. Thank you.

14 MS. MEYER: That clarification will be
15 added to the 2024 Data Dictionary that will be going
16 through the approval process probably next week.
17 Thank you. The second motion is a motion from the
18 Registry Committee to immediately implement and
19 include the removal of exclusion reason number five,
20 related to D.O.A. or dead-on-arrival, in the 2024 New
21 York State Trauma Registry Data Dictionary. So
22 again, this is that kind of legacy feel where the
23 dead-on-arrival, if you pronounce the patient within
24 three minutes of arrival. We're removing that
25 exclusion, it actually is contradictory to N.T.D.S.

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2 inclusion criteria.

3 CHAIRMAN BANK: Anyone to second the
4 motion? Second -- everybody who -- any -- any
5 discussion? Good? Anybody -- everybody raise your
6 hand for -- for yes. Okay. One, two, three, four,
7 five, six, seven, eight, nine, ten, eleven, twelve,
8 thirteen, fourteen, fifteen, sixteen, seventeen,
9 eighteen, nineteen. We have about twenty people
10 raising their hands, so the motion carries.

11 DIRECTOR GREENBERG: So only the
12 people who are vetted members, going one more time.
13 Thank you.

14 CHAIRMAN BANK: One, two, three, four,
15 five, six, seven, eight, nine, ten, eleven, twelve,
16 thirteen, fourteen, fifteen, sixteen, seventeen.
17 Seventeen. So the motion carries. Next motion?

18 MS. MEYER: Okay. Two more action
19 items. So, motion number three is a motion from the
20 Registry Committee for the STAC and the Department of
21 Health Bureau of E.M.S. to write a letter to the
22 A.C.S. about the New York State impacts of gaps in
23 vendor updates related to the A.I.S. 2015 data
24 collection and submission.

25 CHAIRMAN BANK: Can anyone second the

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2 motion? There you go. Discussion.

3 MS. SNYDER: No, I just want to state
4 the importance of this, that we cannot just sit by.
5 A week has gone by since E.S.O. has sent us a letter
6 saying that we have eleven months to have two thirds
7 of us transition to a new registry, and that's just
8 in New York State. There are forty-nine other states
9 that are impacted by this.

10 We -- I think we have to have a very
11 -- very strongly worded letter to the college of the
12 impact that this is going to have on our ability to
13 remain compliant with the American College of
14 Surgeons, because anybody who's going to be in a
15 reporting year, is going to be trying to report out
16 first out of two registries, but more importantly,
17 there's just literally no way that it is possible for
18 all of us to transition and remain compliant by
19 December 31st.

20 THE REPORTER: And your name, please?

21 MS. SNYDER: Kerrie Snyder.

22 THE REPORTER: Thank you.

23 CHAIRMAN BANK: Any other discussion?

24 Okay. So Cristy, to just restate one more time --

25 MR. CONN: Well, I -- I -- I'm sorry,

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2 Matthew --

3 CHAIRMAN BANK: Oh, there's Matt, go
4 ahead.

5 MR. CONN: New York City RTAC. Do we
6 have a sign -- I -- I -- understand the spirit of the
7 letter and I -- I agree that it -- it is necessary.
8 Do we have a recommendation on what that language
9 would look like?

10 MS. SYNDER: Four letter word.

11 CHAIRMAN BANK: No four little words.

12 MS. MEYER: Just -- so Cristy Meyer
13 from the Registry Committee. we did a very small poll
14 to understand that about seventeen Trauma centers
15 have already suggested that this timeline is unclear
16 for them. So, to meet the standard by January 1st,
17 2025, it really is very impactful to many centers
18 across -- across the state. And I'm not sure where
19 these timelines are going to be. So, just to give
20 you a -- just a snapshot, that was -- I think there
21 were over thirty responses is about seventeen centers
22 that suggested, and then maybe a couple others that
23 really weren't aware. In a typical fashion, the
24 vendors will update to, you know, the incoming new
25 fields and definitions and even, you know, larger

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2 changes like this by the deadline of when you're
3 collecting data.

4 This was a notification really about
5 ten days ago, that many of us would be impacted by
6 non-compliance because they would -- they did not
7 intend to update the product we're currently on. So
8 that was you know, a bit of short notice when you
9 think about the timeline of executing this kind of
10 transition.

11 MS. SNYDER: I -- I mean, you're --
12 Kerrie Snyder, again. You're looking at -- so anybody
13 starting January next year, you can't enter charts,
14 right? Because you can't do you're A.I.S. codes
15 because you don't have the fifteen codes. So your
16 registries are dead. After December 31st, your
17 registries are dead. So if you don't transition
18 until -- I mean, it took us going from Trauma I
19 server base to web base, eighteen months with the
20 same company, right? Similar fields. It took us
21 eighteen months.

22 Starting January, 1 of next year, if
23 it -- if you don't get your transition done for
24 fifteen or sixteen months, you're going to literally
25 have five or six months, you are not going to be

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2 entering data. What are you going to do? You're
3 going to have reporting periods come up. You're
4 going to have requirements to submit to TQIP, which
5 is now a standard in the Grey Book of compliant. You
6 have to be compliant per quarter.

7 So there's a lot of impacts to one
8 company deciding that we all had eleven months to
9 transition to new registries, and none of it is going
10 to benefit New York State. None of it's going to
11 benefit any hospitals in the country, but people need
12 to really understand, really think about what this
13 means for you. Are you -- are your registrars able
14 to be five or six months behind before they start
15 catching up again? When's your next reporting
16 period? How far behind are you going to be? Are you
17 -- do you have a reporting period starting in July?
18 You're going to have six months in, and then you're
19 not going to be able to collect data. What's going
20 to happen to your verification? So that's the kind
21 of letter we need to send to the college. It's the
22 kind of letter we need to send to E.S.O. which I
23 think was our -- was that our second motion or --
24 MS. MEYER: That's the -- the fourth
25 motion.

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2 MS. SNYDER: That they need to really
3 understand this. This is -- this is not a -- a
4 sustainable situation for us to maintain A.C.S.
5 verification status, giving eleven months to
6 transition to a new registry.

7 MS. MEYER: I just want to add that
8 there's a -- a New York statewide impact to this,
9 because this transition will affect our upload to New
10 York State. So it's taken us a -- a few years,
11 certainly to get that back up and running, and we've
12 been consistently submitting data. And again, this -
13 - every time there's a transition like this, it
14 impacts that upload also. So it's national and it's
15 state upload and all the resources that go along with
16 implementing a new registry and up training people.
17 So it's -- it's -- it's pretty massive.

18 MR. AGRIANTONIS: So, this -- this
19 George Agriantonis, New York City RTAC. So we
20 consent -- I support sending a letter to the A.C.S.
21 to inform them of the -- what is impending crisis
22 here, but what are we even expecting them to do about
23 it? Like, there's nothing they could really do.
24 This is a -- a problem initiated by the vendor, and I
25 don't know what the -- what we would even ask from

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2 the A.C.S.

3 MS. SNYDER: So the E.S.O. had told us
4 that they had spoken to the A.C.S. and the A.C.S.
5 said that they would take it into consideration for
6 verifications. Do we really believe that?

7 MR. AGRIANTONIS: Well, if you have no
8 data in your registry, how are they going to take
9 that into consideration?

10 MS. SNYDER: This is -- it's -- this
11 is just a giant, giant, giant, massive problem. And
12 it's not just -- it is every state. I don't -- they
13 weren't -- they did not answer. I asked -- E.S.O.
14 was actually -- they came this morning. He did not
15 answer. We asked them like, how many Trauma centers
16 they had, we did not get an answer to that because
17 their workforce has to do this work as well. Right?
18 Do they have enough people to transition the entire
19 country in eleven months?

20 CHAIRMAN BANK: So, what -- so let's
21 just restate the -- we have a representative from
22 E.S.O. here, but let's just restate the motion and --
23 and we can just vote real quick. Cristy?

24 MS. MEYER: The motion from the
25 Registry Subcommittee is for the STAC and the

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2 Department of Health Bureau of E.M.S. and Trauma
3 Systems to write a letter to the A.C.S. about New
4 York State impacts of gaps in vendor updates related
5 to A.I.S. 2015 data collection and submission.

6 CHAIRMAN BANK: Okay. Anybody for the
7 motion? Yay. Raise their hand. One, two, three,
8 four, five, six, seven, eight, nine, ten, eleven,
9 twelve, thirteen, fourteen, fifteen, sixteen. So
10 sixteen, so the motion passes. Your next motion,
11 Cristy?

12 MS. MEYER: The final motion from the
13 Registry Subcommittee is for a motion from the
14 Registry Subcommittee for the STAC and Department of
15 Health, Bureau of E.M.S. and Trauma Systems to write
16 a letter to the Trauma vendors requesting --
17 requesting end user contact, providing a clear
18 timeline for conversion to A.I.S. 2015 and the
19 resources available to each center.

20 The spirit of this is that some end
21 users have not been contacted either way, whether
22 their registry is impacted yet. And in addition to
23 that, some of us who have been contacted, we don't
24 have a clear vision of what resources will be
25 available to us to make that upgrade in the expected

1 1/24/2024 - STAC - Albany, New York
2 timeline.

3 CHAIRMAN BANK: Any discussion? So
4 everybody who is for the motion, please raise your
5 hand. One, two, three, four, five, six, seven,
6 eight, nine, ten, eleven, twelve, thirteen, fourteen,
7 fifteen, sixteen, seventeen. So seventeen for the
8 motion. Any abstentions? Any noes? Motion passes.
9 Cristy, is this the last motion?

10 MS. MEYER: This concludes the
11 Registry Committee report. Thank you.

12 CHAIRMAN BANK: Thank you. So now
13 we're going to move to the Trauma Center Needs
14 Assessment, Dr. Winchell.

15 DR. WINCHELL: Good afternoon. Robert
16 Winchell, Chair of the Trauma Center Needs Assessment
17 Committee. So we have one action item from the
18 committee. We were again, going through the process
19 -- recently established process for a needs
20 assessment for all new Trauma center verify -- or
21 designation applications. As previously noted, we
22 have three in the pipeline, which have not yet
23 completed the paperwork. So we haven't actually
24 started on the assessment, two of which are Level III
25 applications, I think one of which is a Level II to

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2 Level II upgrade application.

3 In the process of that discussion, it
4 was felt that the current regulatory framework may or
5 may not be robust enough to actually allow the
6 Department of Health to say no to a designation
7 request, if that was the recommendation or the
8 feeling of the STAC and the D.O.H. And so we plan to
9 -- or we propose to use the document that we created
10 for the current needs assessment as a framework to
11 create a regulation, if that will work, or if we have
12 to work up to a bigger statutory change. But to
13 create the language that would enable the Department
14 of Health to make the designation decision,
15 regardless of whether or not the hospital passes
16 verification by the college. So do we have the text
17 of the motion that we're bringing forward to the
18 committee?

19 CHAIRMAN BANK: So, Rob, can you just
20 read the motion and then we'll --

21 DR. WINCHELL: I -- I can't read it
22 from here. Somebody who's a little closer might be
23 able to.

24 CHAIRMAN BANK: Dan -- Dan, can you
25 please read the motion?

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2 SECRETARY CLAYTON: The motion -- I'm
3 trying to figure out how to increase the font.
4 Propose that the Department of Health use the
5 existing needs assessment tool be used as a -- as the
6 groundwork for a regulation to make decision of
7 Trauma Center Designation regardless of the American
8 College of Surgeons, A.C.S. verification. A.C.S.
9 verification is a necessary condition, but the final
10 decision of designation will be determined by the
11 Department of Health.

12 MR. WINCHELL: All right, thank you.
13 So that -- that's the motion that we would put
14 forward to the larger committee.

15 CHAIRMAN BANK: Any discussion on the
16 motion? Everybody who's for the motion, please raise
17 your hand. Ten, eleven, twelve, thirteen, fourteen,
18 fifteen, yes. Any abstentions? Anyone voting, no?
19 So the motion would carry. Dr. Winchell, any other -
20 -

21 DR. WINCHELL: No. I think the only
22 other informational piece we had is that we are
23 continuing discussions around how and where we might
24 look to find funding for Trauma Systems Consultation
25 from the American College of Surgeons. And that's an

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2 ongoing -- ongoing process. Thanks very much.

3 CHAIRMAN BANK: I am being told that
4 we only had fifteen votes, but we need -- can we do
5 one more time? We need one more vote. Just to vote
6 on Dr. Winchell's motion, which is still on the
7 screen. Just raise your hand one more time. I
8 apologize.

9 DIRECTOR GREENBERG: Just to -- just
10 to understand, you need sixteen to pass a motion
11 because that is the number for -- total number.

12 CHAIRMAN BANK: One, two, three, four,
13 five, six, seven --nine, ten, eleven, twelve,
14 thirteen, fourteen, fifteen, sixteen, seventeen --

15 DR. WINCHELL: Did somebody disappear
16 between our last --

17 CHAIRMAN BANK: Yeah. Seventeen
18 people are yes.

19 DIRECTOR GREENBERG: Yes, but not that
20 many.

21 CHAIRMAN BANK: Any abstentions, any
22 noes? We have seventeen, so the motion does pass. I
23 hate to go back in time, but Ryan's mentioned we have
24 a representative from E.S.O. here. Any comments on
25 the -- the previous motions?

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2 DIRECTOR GREENBERG: Did you want to
3 talk at all or speak? It's up to you.

4 CHAIRMAN BANK: Any additional
5 questions for our E.S.O. representative that were not
6 asked this morning in the Registry Subcommittee?

7 DIRECTOR GREENBERG: That works. That
8 saves everybody some time. And I'm sure we can work
9 on setting up some additional meetings or things in
10 order to coordinate any other questions of people who
11 weren't able to attend today. Would that work?
12 Wonderful. Thank you so much.

13 CHAIRMAN BANK: So moving on to the
14 injury prevention.

15 DIRECTOR GREENBERG: I apologize. The
16 first motion that you have --

17 CHAIRMAN BANK: Okay. For the first
18 motion from -- from Cristy, do you want to just state
19 it again? Apparently, we did not get on the record
20 of seventeen votes.

21 MS. MEYER: Cristy Meyer from the
22 Registry Committee. Motion one is from the Registry
23 Subcommittee to immediately implement and include
24 dead-on-arrival and dead in the Emergency
25 Department's standard def -- definitions to the New

1 1/24/2024 - STAC - Albany, New York
2 York -- 2024 New York State Trauma Registry Data
3 Dictionary.

4 CHAIRMAN BANK: So, one more time, I
5 apologize. Everybody who agrees with the emotion may
6 please raise their hand. So, One, two, three, four,
7 five, six, seven, eight, nine, ten, eleven, twelve,
8 thirteen, fourteen, fifteen, sixteen. So we have
9 sixteen people raising hand. Any abstentions? any
10 noes? The motion carries with sixteen.

11 One more. So, Injury Prevention. Rob
12 Karn is not here. So, Dr. Angus had agreed to give
13 the Injury Prevention Report. Is that true?

14 DR. ANGUS: That is correct, Mr.
15 Chairman. The Injury Prevention Education Committee
16 met this morning. There was a guest speaker from
17 Jamaica Hospital who gave a PowerPoint presentation
18 on the success of their Violence Elimination and
19 Trauma Outreach program, better known as VETO. And
20 it was very well received by the subcommittee. The
21 second issue that was discussed was the National
22 Injury Prevention Day, which was on November 18th,
23 2023, where many landmarks and buildings were lit up
24 in green to promote awareness for injury prevention.
25 The subcommittee also wants to publicize -- publicize

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2 the fact that there are two websites that exist to
3 promote injury prevention initiatives for the state.
4 They include the New York City, the trauma-nyc.com,
5 and the longislandfallsfree.com, where any of those
6 sites can be used. Any trauma center can advertise
7 their upcoming injury programs. And that concludes
8 my report.

9 CHAIRMAN BANK: Any questions for Dr.
10 Angus? As there are no motions, we'll move on to
11 next Regional Performance Improvement. That is me.
12 So we had a really great presentation by the Nassau
13 University Medical Center of Staff and Dr. Angus on a
14 very powerful geospatial analysis of where trauma
15 care is provided in New York State. It was very,
16 very interesting. We also went over the risk
17 adjusted mortality and complication data from the
18 collaborative. Any questions for the P.I.
19 Subcommittee? Okay, moving on. Pediatric Trauma,
20 Dr. Wallenstein?

21 DR. WALLENSTEIN: Hi, Kim Wallenstein.
22 The Pediatric Subcommittee met this morning. We have
23 no motions to present to -- to STAC. We did talk
24 about three main topics. The first was our Pediatric
25 TQIP collaborative. There are twelve centers in our

1 1/24/2024 - STAC - Albany, New York
2 collaborative right now. We tend to do very well in
3 most of our metrics. The high outlier that we've
4 identified recently has been the T.B.I. mortality in
5 the ages fifteen to eighteen. In looking at that, we
6 saw that while we're very high outliers in that one
7 category, each of our individual centers seems to be
8 of a reasonable index. So we were not sure how that
9 mathematically correlates. We do understand that
10 there -- it is calculated differently when you look
11 at the collaborative versus individual institutions.
12 We're just going to reach out to TQIP to clarify that
13 data and see if we're truly high outliers for that.

14 We also talked about the Pediatric
15 Readiness Initiative. The Always Ready For Children.
16 Dr. Cooper spoke a little bit about that earlier.
17 We're excited that, I believe there's somewhere like
18 six or seven centers that have signed up on that
19 site. Most of them are A.C.S. verified centers, but
20 there's at least one that's not, which is exciting.
21 Our goal, our quest is to make all of the centers in
22 New York register and become more pediatric-ready
23 because we know that that improves outcomes and we
24 will work closely with them to help with this. We're
25 also continuing to look at our transfer patterns of

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2 children to our Pediatric Trauma centers to see if we
3 can help with those processes.

4 And the last thing we discussed
5 briefly was some E.M.S. apps that can be used for
6 pediatric care including one that used to be
7 supported by the Department of Health, but is rather
8 expensive at this point, but there is a free one
9 that's also available. And we discussed those
10 options briefly. And that's all I have.

11 CHAIRMAN BANK: Any questions for Dr.
12 Wallenstein? Okay. So moving right along the New
13 York State Chapter of the A.T.S. Carrie Garcia?

14 MS. GARCIA: Hi, good afternoon. I'm
15 Carrie Garcia, the President of the New York State
16 American Trauma Society. So no major updates were
17 reported at the committee report outs. Association
18 updates were limited to our upcoming -- not our, but
19 the upcoming events which have been announced for
20 2024 from E.N.A. S.T.N. T.N.C.C. -- oh, sorry,
21 T.C.A.A. as well as in the Education Committee, there
22 was a discussion, well short announcement about the
23 updated edition of T.N.C.C. which is out now. The
24 treasury report was reviewed with updated balances
25 shared with the committee. We also had reviewed the

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2 election of the new officers with myself moving into
3 the president position, Kate Maguire as the
4 president-elect. Melania, I'm totally forgetting
5 your last name, I apologize, as secretary, and Julia
6 remaining on as treasurer.

7 Grant recipients were announced. We
8 were able to give out close to nine thousand in grant
9 funding. And then finally the meeting was rounded
10 out with distinction awards for all areas of the
11 Trauma program. That is all.

12 CHAIRMAN BANK: Any questions for
13 Carrie? Okay. Then lastly, we have Dr. Doynow from
14 SEMAC and SEMSCO.

15 MR. DOYNOW: Actually SEMAC.
16 Unfortunately, we did meet in December, but we did
17 not have a quorum, so no business was discussed. So
18 nothing to bring forward from that meeting. Our next
19 meeting is in two weeks here. Same place probably
20 right in this room. We are missing a surgeon to
21 represent us at SEMAC, so I'm looking for volunteers.
22 We need one volunteer to join the SEMAC Committee. I
23 don't know if anybody's interested. My suggestion is
24 if you're interested, remain seated. Excellent. So
25 it looks like everybody's interested.

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2 Anyway, see me -- see me afterwards
3 or see Dr. Bank, and we'll try and get you vetted
4 onto the committee. We meet four times a year.
5 You'll have my company and, and Dr. Dailey's company.
6 So it's a good time.

7 CHAIRMAN BANK: And the -- the
8 requirements were to -- would be to come to the
9 meeting in person in Albany four times a year.

10 MR. DOYNOW: That is correct.

11 CHAIRMAN BANK: Any questions for Dr.
12 Doynow? Mark?

13 DR. GESTRING: Just -- Mark Gestring.
14 Just a generic SEMAC question. I know that there --
15 at the P.I. committee this morning, and in the past
16 we've talked about issues related to critical care
17 transport in the state. I know that's kind of on the
18 back burner with SEMAC. I know people are talking
19 about that. But to be -- the ability to transport an
20 intubated, ventilated patient getting a blood
21 transfusion, for instance, in a ground ambulance. I
22 don't -- I don't know where that stands, but I think
23 the STAC would be very interested in -- in watching
24 that progress.

25 MR. DOYNOW: All that is fine, except

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2 for the blood transport at the moment, unfortunately.
3 I don't know, Mike, if you want to add into that.
4 We've certainly been working on it. As you all know,
5 it's -- it's going through for helicopters, but not
6 for ground transport.

7 DR. GESTRING: Well, it was less about
8 the blood, more about, like on a ventilator. I think
9 in order to transport a patient on a ventilator, you
10 would have to disconnect the ventilator and squeeze a
11 bag for the period of ground transport, no?

12 DR. DOYNOW: That's not true. Many
13 ambulances do have ventilators now and they can
14 transport patients on a ventilator.

15 DR. GESTRING: So I don't -- I wasn't
16 sure if there's policy related to why we're having
17 trouble in Upstate New York, finding that service --

18 DR. DOYNOW: That I don't know --

19 DR. GESTRING: Transporting, you know,
20 those kind of patients from hospitals to Trauma
21 centers.

22 DR. DOYNOW: It may be your transport
23 agency per se.

24 DIRECTOR GREENBERG: A geographic area
25 may have an issue where they -- the agency doesn't

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2 feel like they have critical care, trained paramedics
3 or they choose not to purchase that equipment because
4 they're primarily a 911 operation that doesn't use
5 the vent. But we have ground transport agencies
6 throughout New York State that regulate transporting
7 patients on -- on vents, both long-term vent
8 patients, critical care patients. Anything of that -
9 - that nature.

10 DR. DAILEY: Actually, I'll just bring
11 -- bring blood into that. You -- you will see that
12 there will be growing discussions about blood going
13 through the SEMAC and other committees around --
14 around E.M.S. in -- in New York. There are two
15 different scenarios that we've discussed here,
16 certainly before. One is Dr. Gestring is talking
17 about, is the interfacility transport of blood
18 products which requires an agency to currently have
19 an ambulance transfusion certificate. In spite of
20 the fact that the regulations actually say that in an
21 emergency, any agency can do that. We have policy
22 statements that actually speak against that. So
23 that's still something that we've talked about before
24 that needs some clarification.

25 The second is whether or not New York

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2 State will join what is a growing move across the
3 country, including extremely successful programs in
4 Connecticut as our closest example, of blood
5 transfusions being initiated for acute trauma
6 patients in the field. I visited some of these
7 programs. The programs in San Antonio and Austin are
8 profoundly different in terms of how they're
9 structured. But both is -- both have been extremely
10 successful at providing early whole blood
11 transfusions to acutely injured trauma patients, with
12 significant success at reduction of mortality. So
13 hopefully those things will have the opportunity to
14 grow in New York, now that we have the example of
15 helicopter blood transfusions out there regularly.

16 DIRECTOR GREENBERG: Yeah, I would go
17 as far as saying, I think the framework is there. It
18 would just take a change in wording and statute, but
19 the framework is now there for blood to -- to be on
20 aircraft and so they -- they can carry now. The
21 regulation is in development related to the statutes
22 that are -- allow for air medical to carry it. And I
23 wouldn't recreate the wheel, I guess you would say, that
24 if it has the opportunity to expand from air to
25 ground, that would be a positive change in a system

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2 that's already created and running. For those
3 agencies that choose to carry blood, I think that'd
4 be a big one, if equipped and trained.

5 CHAIRMAN BANK: Any further discussion
6 for Dr. Doynow? Okay. Moving down. I don't have
7 any old business that we have not discussed already.
8 Any new business anyone wants to bring in front of
9 the committee that we have not discussed already?
10 Okay. Just going over again the announcements. The
11 next STAC will be here. We'll be at the Hilton
12 Garden Inn, on May 29th. And hopefully with some
13 interest from around the state, we'll see if we can
14 arrange for a A.I.S.15 course, that Thursday and
15 Friday directly following the STAC meeting.

16 MS. SNYDER: Matt? Kerrie Snyder. I
17 just want to for the programs out there where their
18 surgeons still need to take the A -- is it DMAP? Is
19 that the course that the surgeons -- It is now
20 available on -- online, that you can take it online
21 so you don't have to go and take it in person
22 anymore. It's on the E.C.S. website. So if
23 anybody's looking for that course it's now available.
24 And we did confirm with the college that it is valid
25 for verification.

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2 CHAIRMAN BANK: So the DMAP course and
3 the A.I.S.15 courses are both available online. If
4 you want to do it in person, the A.I.S. course is two
5 eight-hour days. If you want to do it online, it is
6 four -- four-hour days. Okay. Any other discussion?

7 MS. SNYDER: Doesn't matter. A.I.S.
8 is two days online. We just did them a -- a couple
9 months ago.

10 CHAIRMAN BANK: Okay. Do I have a
11 motion to adjourn? Motion to second? Okay. We're
12 adjourned. Thank you very much.

13 (The meeting concluded at 2:43 p.m.)

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2 STATE OF NEW YORK

3 I, MONIQUE HINES, do hereby certify that the foregoing
4 was reported by me, in the cause, at the time and place,
5 as stated in the caption hereto, at Page hereof; that
6 the foregoing typewritten transcription consisting of
7 pages 1 through 61, is a true record of all proceedings
8 had at the hearing.

9 IN WITNESS WHEREOF, I have hereunto subscribed
10 my name, this the 7th day of February, 2024.

11 MONIQUE HINES, Reporter
12

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