

# Westchester County EMS Advisory Board (EAB)

## November 18, 2014 Meeting Minutes

**Location: Westchester County Department of Emergency Services  
4 Dana Road, Valhalla, NY**

Daniel Blum	A
Cullen, John	E
Dawson, David	X
Dewey, Stephen	E
Faucher, Roland	X
Kalish, Chris	X
Maddalo, Anthony, MD	X
Marello, Steven	X
Nigro, Emil, MD	E
Ochs, Adam	X
Volk, Michael	X
Wacha, Jennifer	X

### Legend

X = attended  
A = absent  
E = excused  
G = Guest

18:37 – Chairman Faucher called the meeting to order. The May 27, 2014 minutes were unanimously approved.

18:39 – Meeting dates for 2015 were circulated to the board. Upcoming dates for 2015 are as follows:

- Feb 10, 2015
- May 12, 2015
- Sep 8, 2015
- Nov 10, 2015

18:39 – There was a quick debrief on the radio system presentation given to the EMS And Fire Advisory Boards by Tom Raffaelli from the County's Radio Group on September 25, 2014.

([PowerPoint Presentation Posted to the EMS Advisory Board webpage](#))

18:42 – General discussion

There was extensive discussion on the Ebola situation, including how agencies should prepare, where additional resources exist within the region, and the disparity between response standards in New York City vs. CDC guidelines – of which Westchester complies (and the care and media implications related to those differences).

## 19:20 – EAB Mandate

Ideas were discussed for concentration areas of the EMS Advisory Board, as well as our authority and mandate in the region.

Some discussion was held regarding brainstorming notes distributed last year by Chris Kalish. It was recommended that those notes be distributed again to the board and that a baseline data collection instrument be developed to assess “state of the region” for EMS in Westchester. Draft of the survey is available at:



## Notes from prior brainstorming sessions below:

*Standard of care:* I think a full inventory of the EMS system in Westchester would be helpful - i.e., Where are we now: Who runs a tiered BLS / ALS system? Who runs a full level 4 system? Who has no ALS at all? Which agencies run as AEMT-I? Are there any EMS pilot programs in place in the region? Which agencies are on a State remediation plan? What were the results of all of the State audits done over the past few years? How do agencies dispatch? How do they respond (e.g., "come as you may", set crews, call-ins, etc.)? How many rigs do agencies run per populous / geographic area? What do agencies consider a “crew” (one EMT, one uncertified driver / two EMTs / EMT, Aid, Driver / ...)? Do agencies certify drivers in EVOC or the like? What kind of best practices exist for driver training? Some of this stuff may be difficult to get our hands on, some of it was summarized in the Fitch Report, and agencies may be reluctant to supply some of this info, but having a detailed picture of what exists in the county may give us insight into where we can begin to help agencies.

*Response times:* I know that this is a sore topic of seemingly infinite duration and there is work in progress in this area, but I think that response-time is a strong driver of standard of care in our region, since there is variability and volatility in this measure across the region. Maybe we can focus on how to help organizations that have difficulty managing responses (i.e., the next step after formally collecting the data).

*Recruitment and retention:* Again, overall - this may speak to standard of care (at least in the long-term), since established agencies (especially in the volunteer sector) may suffer from natural attrition, a depressed economy, scandal, apathy, aging demographics, or other events that impact membership. In the career services, understanding compensation structures, impact of insurance infrastructure, medicare / caid, what are the complications of recruiting medical professionals or establishing career paths?

*Agency Programs:* Who runs a Junior Corps? What is a Junior Corps? What are the legal / moral implications of putting a (for example) 16 year-old into the worst-case type of call. What other tangential programs exist? How do they potentially impact standard of care?

*Agency Policies / Procedures:* What is our county-wide standard for onboarding members (drug screening for drivers, criminal background checks, etc.)? What impact does Americans with Disabilities have on membership (i.e., what are the requisite physical characteristics for an EMS responder, where can we not discriminate between healthy/fit and the alternatives)? What are the key elements of an agency “by-law”? Are Standard Operating Procedures consistent with state guidelines? Can we establish libraries of materials that can be shared across agencies?

*Organizational infrastructure: There seems to be no clear delineation of responsibilities between the EAB, REMAC, DES, and the REMSCO. We all play nicely together (in fact, we share constituents pretty liberally between the organizations), but we should (at the very least) document the workflow of tasks and responsibilities between the organizations.*

*Regional protocols: Where should we be looking to lead in EMS? Should we be developing pilot programs / how aggressive should we be in applying new equipment, techniques and treatment modalities in the field?*

*Training: How do we accelerate training / CME into the agencies? We are not great at this today (good examples are dissemination of the county mutual aid plan and protocols and WMD awareness / operations courses).*

*If we could all brainstorm a bit to get ideas on the table, it might help frame where we focus efforts and produce deliverables. (just starting a list of ideas should help build a starting point ... we don't have to answer any of these questions, but as Adam mentioned and as is done in Fire [and most companies], getting ideas can help build a strategy).*

*Just throwing it out there ... if you don't want to go this route, I'm definitely amenable to other ideas (I put it out there because we tend to be great at generating smart ideas and discussing things, but in the 12+ years I've been on the board, we haven't been great at producing deliverables).*

The next scheduled EAB meeting will be February 10, 2015

Chairman Faucher wished all the EAB members a healthy and happy holiday season.

19:49 – Meeting adjourned