EMSTF October 25, 2017

Present: Ed K., Dan K., Doug K., Irene W., Brian W., Lee S., Casey P., George T., R. Sparks., Patrick B., Brad P., Bill Gilligan, Liam B., Stephen M., Marcia L.   
  
Meeting began at 5:08 pm

Introductions were made to guests Cindy Wilcox, Human Service Coalition, and Beverly Chin, Director of Health Planning Council.

Irene-Health Community Council Meeting with Lee Burns from the State- What are impressions and/or ideas we took away from the meeting?

* Lee-Opportunities on educational side and new levels of training-
* George Tamborelle-Making training easier- Did not realize the State was working on this. Vital Signs (EMS) Conference, Patrick Brunner will be attending and will keep us updated – Invitation from State to enter a Pilot program- Continuing education re-certification rather than a refresher course, not online right now- Phone call to EmStar -EMS training center in Elmira. They have instructors that will come and teach in the core hours in your fire department, there is a cost to it. George will keep us updated on costs, etc. We could get someone in Lee’s office as a County wide trainer.
* Ed Kokkelenburg-Lee Evans was saying that she’s lost staff and resources and did not see a state-wide solution. They didn’t want to impose a state-wide solution. Every unit has its own resources, skill set, etc. Leaves it to the first responder units to come up with their own solution. Pilot program, can get funding.
* Dan Kline-Where things should go in the future-7 things: cooperation, collaboration, consolidation; expansion of municipal, county, and local responsibility of EMS delivery; centralization regionalization of provision of advanced support; educational subsidies; aid to localities for the provision of ems response and specific deliverables; ems management and support; contract with health systems, such as hospitals and nursing homes.

**General Discussion-**

Beverly- 16% EMS calls related to falls- 3-year project on fall prevention that received funding in West and Central New York. Policy or Regulation? Long term care meeting Friday November 3rd. Will be looking at the data on Nursing home falls. DYSRIP, Medicaid redesign, to decrease unnecessary emergency room utilization of the Medicaid population- Funding for a 9-county area that is working on project Medicaid redesign. Something to look in to, community para medics, partnering with hospitals etc.   
Irene-per Beth Harrington from Caroline- since Caroline ambulance service has gone out of business, non-emergency calls have dropped substantially. Several calls could be addressed by some other net. Maybe that could be a pilot.   
Lee-Lansing had same experience when they went out of business. There is a lack of community support.

Brian- Caroline they didn’t think they could do a Rescue team reliably.   
Lee- just can’t count on some of these providers to get out the door; not able to have service 24/7.  
Patrick- Etna has same issue. EMT’s are working in town so they aren’t around to go on calls.   
George- Slaterville-No first response – ambulance responding from the city (Ithaca), which is a long wait.  
Liam- If there was a first response in Slaterville, two or three volunteers to have a schedule, would it help Bangs?  
George-Bangs must go to transport anyway, but it would help the patient.   
Doug- Slaterville is a Fire District in the town of Caroline fire department is contracted by the district to provide fire, it doesn’t say they must provide EMS, who’s responsible to protect the people.  
Lee -relied on ambulance service running 24 hrs. a day, and it didn’t matter if rescue squads responded. Now rescue not able to respond. 8 people can’t do it 24/7 maybe if you can expand it out in a broader area and then you could schedule people and back fill when there is a problem.  
Liam-allowing dispatch to be aware of people or assets available at a specific time.  
Lee-Forced it to happen with ambulances about 10 years ago where you have to call in a status and there will be an automatic response of someone else if you can’t show that there is someone scheduled. It could be employed in Fire and First response rescue, but there needs to be a political will to go that way. Or a hammer from DOER to say this is what you’re going do, because we are responsible for making sure someone is going to respond when a call comes in to 911.

**CIPA Update-**  
Liam- The team is at the stage where they are making sure the goals of the system align with the possibilities. Looking at goals, turning them into functions, and then find structure options. Defining the problem through literature review and data collection. They will be looking at demographics, existing regulations, recertification process for EMTs, best practices, call volume reduction, recruiting and retention. The team has constructed a survey for volunteers (current and former). Then, CIPA will give us a list of possible structures to meet our needs. Need to nail down what EMSTF needs out of this project. Need input of the task force goals, etc. Liam and Stephen had asked members of the task force to give feedback from their presentation at the last meeting and the did not receive any responses. They are struggling with a time-line. This is the time to bring up any needs or wants. **Please send ideas.** If you know of any current or former volunteers that would be willing to fill out the survey, please send a list to the students.

**Brian Wilbur- presentation-Battalions Terminology**  
  
Engine 99 is not a new concept. It has been used in Onondaga County, the Southern Tier has variations, and Southern states  
Adjourned at 6:30 pm  
Next meeting November 14th, 2017