Meeting Summary

TCCOG Rural Medical First Response and Transport Services Task Force

Department of Emergency Response Conference Room

December 13th, 2016

Present: Irene Weiser, Lisa Holmes, Joe Mareane, Autumn Edwards, Patrick Brunner, Doug Keefe, George Tamborelle, Edward Kokkelenberg, Greg Towner, Brad Perkins, Michelle Wright, Bill Goodman, Lee Shurtleff, Dan Klein

Absent: Brian Wilbur recovering from surgery for pancreatic cancer. Irene said very kind words about Brian and an “encouragement” card was passed around for signing, and we may collect money for flowers.

5:08 Irene Weiser opened meeting and introductions were made.

Irene wants to make everyone aware this is a TCCOG thing and that there are folks in attendance from the County who are only here to listen and provide support, and they are not here to tell us what to do or to oversee us.

Irene says she is chairing meetings and has no attachment to doing so. She has no background in Emergency medicine, but she is a trained veterinarian. She has no attachment to leading this task force, if someone else would like to take leadership of the meetings.

Irene asked members how they would prefer to have minutes and agendas distributed; Members agree to have minutes sent electronically and agenda’s will be printed out for each meeting.

www.Tompkinscountyny.gov/tccog/EMS\_Task\_Force

Resolution will be posted on the web, along with reports and minutes, etc.

Agenda reviewed- no changes

Approval of minutes- no changes- Move to accept- Doug Keefe was first to accept and Frank Towner seconded. All in Favor- unanimous voice vote.

Irene states that tonight’s meeting is being held to come up with agenda’s, topics, objectives, and drawing in expertise and insight.

Irene introduced an exercise for the group-She had members find a partner to spend time with to come up with some ideas, problems, and/or solutions and then write them out on the post-it notes. She also passed out a copy of the Resolution (NO. 004-2016) to give the group ideas of the main focus. The group spent 15 minutes on this exercise. Irene collected post it comments and ideas for discussion.

**Expanded scope of services & emerging models-**

* Video facilitated care- University of Rochester has this, and every county around us is using this, but not Tompkins, we need to find out why.
* Research of the best practices and strategies already in existence
* National and international research on structure of providing services
* What are the public’s expectations?
* Explore strategies to meet needs and expectations.

C**onsolidation-**

* County wide services
* Provide services promptly, efficiently and affordably

**Training-**

* Allowing training to happen- training leads to positive attitude
* Training availability
* Needs for outreach training
* Getting qualified instruction
* Variety of locations
* Safety
* Costs of training
* Understanding training requirements

**Being Paid vs. Volunteer Service Providers -**

* Are there other incentives that can be offered besides money?
* Billing recipients for services- What are the legal structures? Non- profits, districts, etc.
* Associated costs
* Financing- Billing for EMS services provided by Fire Department-how can this be done?

**Inventory-**

Ed says people come and go, equipment gets replaced; what happens with inventory may change from month to month.

* Existing equipment-staff
* Mandated costs- lifespan of a suit is 10 years (used or not), suit is usually around $3500 (boots, jacket, gloves, hats, hoods)
* Vehicles
* Infrastructure
* EMS calls-level of calls

**Recruitment-**

* Volunteer focus/ recruitment campaigning
* Improving intra-departmental relationships (build healthy relationships - involvement)- George came out of a study- People join the fire department and then don’t feel like they are part of the organization-( “cliques”, women,) For instance, the Ladies Auxiliary is now Support Staff- now everyone can be part of that. Training is also a big part of feeling comfortable and confident.

**Retention-**

* Improving intra-departmental relationships (build healthy relationships – involvement)

**Processes-**

* Post traumatic incident debriefing - the toll disasters take on Emergency Responders- Support Groups- Doug states that Patrick was second on the scene at accident in Freeville last week and people don’t realize the toll it takes on responders. Ongoing support was also mentioned. After the call we had to call in a crisis team from Cortland County (Tompkins county was not available) to help ambulance crew, EMT’s, fire police and a state trooper were affected by the accident.

George says that 60% of the time, we have the same people rolling on the calls; it is amazing there isn’t a level of mental health problems within the fire and ambulance communities. Michelle says that it may be an unknown problem. There should be a centralized support group.

* Community Para-medicine- Lisa describes community para- medicine and says she doesn’t know if it is practical or a regulatory environment in New York. Emergency responders can care for individuals in their home and be reimbursed for their services. It may eliminate a need for transport to the hospital. The success rate has been great in other states, particularly for the frail elder population, by reducing ER visits and transportation problems. This comes within the new Medicaid changes (Medicaid redesign- DSRIP), where hospitals are being forced to work with community based agencies to make plans and change the way they deliver care. (inpatient stays, unnecessary readmissions, ER visits) In five years Medicaid is going to be paid for a whole lot differently. This will create funding opportunities for projects to strengthen the home and community based services. She sees this as an opportunity to push for, if not community para-medicine, at least some enhanced services through ambulance\first responders.

Lee says it’s done in other areas of the country and has great success rates. It takes an effort like this to get the State to change some of its regulations. Benefits for the hospitals is the provisions of the 30 day readmissions- frequent flyers- those who are unable to care for themselves and continually use services and it will now cost hospitals.

Lisa says it will take some lobbying to get the reimbursements from Medicare and Medicaid to the providers that are going into the home. George says from the street level the system is so busy already, by the time you spend an hour or two hours at someone’s home, the system starts crashing around you. First responders would be doing stitches, consulting, talking to the doctor. Mental health was also discussed and would be handled differently.

* Blue Sky- brainstorming- Unlimited resources, what would we do if we could do anything? Brainstorming process. Collect information from people who may not be able to get to a meeting, but have experience and can give ideas.
* Open meetings – invite speakers and experts? Irene would like to start a list-serve and send meeting minutes and agendas to share with AHJ’s and fire commissioners, etc. and invite people to come to meetings once- Agenda’s are set. – We will have privilege of the floor, we want to involve and engage all levels of service providers. We would also like to invite special populations for information on their service needs.

**How can we reduce demands on system?-**

* There was a discussion regarding the different levels of care needed for different population:Elderly, Mental Health, Heroin/drugs, “Frequent Flyers”
* There was a discussion on the number of calls in the Town of Caroline went down 1/3 since ambulance garage closed.
* There was a discussion of ambulance rides to hospital being used for scammers to catch a bus down town. There isn’t anything we can do about this because EMS cannot refuse to transport someone. Bangs cannot transport to secondary care facilities.

**Is current system sustainable, in the terms of cost and in terms of people power?**

The task force decided not to have a meeting between Christmas and New Years.

Irene says in the next meeting we will revisit the post it problems/solutions and she hopes to come up with a year-long agenda. She would like everyone to gather resources, data, and articles on their ideas to share at the next meeting. We may be able to plan through the information gathering.

2017 - Meetings will be held on the 2nd Tuesday and 4th Wednesday of each month

Meeting adjourned at 6:30 pm

Next meeting January 10, 2017