

Ambulance District Meeting Minutes 4/19/18

7:00 PM, Hoch Center, Phelps Hospital, Sleepy Hollow NY

Vice Chair Richard Wishnie, Ossining Town Supervisor Dana Levenberg, OVAC Chief Nick Franzoso, Ossining Town Councilwoman Liz Feldman, Dr. Emil Nigro and Dr. Barry Geller of Phelps Northwell, and Ossining Village Trustee Omar Herrera were present. Village of Croton EMS President Bill McCabe, President and CEO of Phelps Hospital Dan Blum, and OVAC Board Member and member at large Dan Leavitt were also present.

Chair Robert Seebacher, Ossining Village Manager Deborah McDonnell, , OVAC Treasurer Alex Beck, New Castle Town Administrator Jill Shapiro, Village of Croton Manager Janine King, Croton Chief of Police Anthony Tramaglini, Village of Ossining Mayor Victoria Gearity, Village of Sleepy Hollow Village Administrator Anthony Giaccio, Village of Ossining Citizen Representative Sue Donnelly, and Director of Croton Department of Emergency Management Dick Nagel were absent.

Vice Chair Wishnie calls the meeting to order at 7:09PM—Supervisor Levenberg motions and Dr. Nigro seconds the motion.

Mr. Blum welcomes everyone to the Hoch Center and is excited to have the pleasure and privilege of extending the James House site for the OVAC recognition event. A discussion of the event pan ensues, including dates for availability, discussion of who will be recognized, and who will be invited. Vice Chair Wishnie suggests the possibility of creating a Souvenir Coin for the event, which is a recognized collector's item popular in the EMS and military world that can be traded. It is discussed that MHAD needs a logo, which would lend itself well to the Challenge Coin idea and would be a great thing to unveil at the event. There is also a suggestion of featuring former patients whose lives have been affected and improved by their interactions with OVAC, perhaps tapping Greater Ossining TV to film some interviews. Supervisor Levenberg suggests that several of the people who helped bring the District together (Dr. Seebacher, Mr. Wishnie, Chief Franzoso, Dr. Nigro) should be honored and the group agrees. Mr. Wishnie goes on to say that the District would not have come together and served the public so well without Phelps, and Supervisor Levenberg adds that the story of Phelps and MHAD is one of mutual growth, support and evolution. Dr. Nigro commends OVAC on bring the services of the ER into the field.

The first official order of business is to adopt the minutes from the meeting of January 18th, 2018, reviewing the 2017 year. Supervisor Levenberg moved and Dr. Nigro seconded. All voted in favor.

The Chief starts by discussing the Q1 stats, noting that he has changed some of the layouts of the charts and pages to reflect the material requested. For 2018, he has added a percentage of where the calls come from, as opposed to just a number. Q1 saw 651 calls, 76.7% of which came from the Village of Ossining, and there were 20 calls for Mutual Aid. The 2nd page shows the District call volume over the past 12 years, and the Chief notes that this quarter was lighter than most, although it does ebb and flow. Several of the persons who made daily or regular calls to OVAC no longer live in the District.

Pages 3, 4, 5 and 6 show the disposition of calls starting in 2018 (YTD) and going back to 2015. As usual, there are approximately 2 BLS calls for every ALS call, and the volume shows more patients being transported than not. Supervisor Levenberg inquires about “No Treatment No Transport” and the Chief says that is a common occurrence in motor vehicle accidents where 911 is called but no one wishes to go to the ER. Page 7 breaks down the 20 outgoing mutual aid calls- 9 went to Briarcliff, 9 to Croton, and 1 each to Chappaqua and Yorktown. As for incoming mutual aid for Q1, there were 3 each from Briarcliff, Croton and Cortlandt ALS, which is a smaller number than usual but has dropped along with the rest of call volume in Q1 (Page 8). Page 9 shows charts all 9 incoming mutual aid calls with location. 1 was a 3rd call in District, which is somewhat unusual. There is now also a Response Time listed, as per Dr. Seebacher’s request, which shows when the call comes in to when the first unit arrives on scene.

Page 10 shows the 2nd call in District, which accounted for 200 calls in Q1 (30.7% of all calls in District), and Page 11 shows an hour-by-hour charting of calls, which demonstrates the usual call drop off overnight and then pickup around 7AM and through the daylight hours. The next two pages show Response Times without (Page 12) and with (Page 13) exclusions. With no exclusions, 90.4% of calls have response times of 9 minutes or less, 94.4% with exclusions. Response times must be 90% under 9 minutes as per the contract, and exclusions allowed under the contract include Mutual Aid, Non-Emergency Transport and Standby calls. Page 14 is a map of all response times in excess of 7 minutes, and it is noted that there is no pattern to the location of these calls, they are scattered. The next 4 pages (15-18) list locations and stats for the calls over 7 minutes, and pages 19-20 show the same for calls with response times greater than 9 minutes. The Chief mentions that there were several issues during snowstorms, as would be expected in winter, with downed trees and wires obstructing the route. The group continues to converse about how to make it faster for OVAC to provide mutual aid to Sing Sing Prison and discusses how to improve communication.

Page 21 shows a comparison of response times from 2013 to the present. The Chief mentions that the 9 minute plus response time calls have been at a fairly consistent level over the past year and a quarter, and that they are pleased to be getting very accurate data and times through 60 Command dispatch. In other instances, someone’s watch could be a minute off from the clock in the ambulance, for example— with 60 Control the time cannot be changed once entered and is calibrated. The Chief has been very happy with the increased accuracy. Pages 22 and 23 show the Clinical Impression breakdown (traumatic injuries tend to always come first), but the Chief reports seeing a slight uptick in opioid use on the Croton and Briarcliff flycar. For the Patient Age Breakdown, 17% of patients are between 80 and 90 years of age, which the Chief explains is in great part due to our large nursing home population in the District, there are 7 assisted living facilities in this catchment area. Phelps is where most patients are brought when they are transported. Finally, upon request, the Chief added a section showing more information on the calls from the New Castle portion of the District with detailed information for all 30 calls from 2017, several of which were storm related, which caused a higher average overall.

The next meeting is not scheduled and the group adjourns to go on a tour of the facility.

Supervisor Levenberg made a motion to adjourn at 7:51PM, seconded by Dr. Geller. All vote in favor.