

## **Ambulance District Meeting Minutes 1/29/14**

### **7:00 PM, 16 Croton Avenue, Conference Room**

Ossining Town Supervisor Sue Donnelly, Chair Robert Seebacher, OVAC Chief Sam Lubin, OVAC Captain Nick Franzoso, Richard Wishnie, Village of Ossining Mayor Bill Hanauer, Village of Ossining Village Manager Richard Leins, Town of Ossining Councilman Geoffrey Harter, Town of Ossining Attorney Wayne Spector, and Village of Croton EMS Captain Bill McCabe were present. OVAC 1<sup>st</sup> Lieutenant Gary Conklin was also present. Village of Ossining Trustee Bob Daraio, Dr. Emil Nigro, Ronald Dornau, William Hamilton, Director of Croton Department of Emergency Management Dick Nagel, Croton Chief of Police Anthony Tramaglino, and Town of New Castle Administrator Jill Shapiro were absent.

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Chair Seebacher calls the meeting to order at 7:05PM. The first order of business is to approve the minutes from the prior meeting held on October 16th, 2013; the group reviews the minutes, Mr. Wishnie moves to receive, seconded by Supervisor Donnelly; the minutes are accepted.

Chief Lubin presents his report for the 2013 year (usually a 4<sup>th</sup> quarter report would accompany, but both were lumped together, as the 4<sup>th</sup> quarter was slower than anticipated). The 1<sup>st</sup> page shows the breakdown of call locations, which is consistent with past trends in terms of allocations to each municipality; the Village of Ossining showing the majority of calls answered (1854 of 2516 for the year)- this number does not include the flycar. The 2nd page shows a breakdown of the types of responses needed for all 2516 calls in 2013, including ALS, BLS, DOA, lift assist, etc. Nearly half of all calls fall in the Basic Life Support category, with the second highest portion due to Advanced Life Support calls, followed by RMA, or Refusal of Medical Aid. Some questions come up from the group about the RMA calls, which Chief Lubin explains are often calls for diabetic patients- the paramedic on scene stabilizes their blood sugar levels and then the patient does not wish to go to the hospital. Another time this is common is during a situation of "criminality", or if the ambulance is called to the scene of a fight. Dr. Seebacher commented that calls such as these can get expensive for OVAC, and wondered if a more intensive study of the causes of RMA was warranted. Although the group agreed that the calls cost the District money, the overwhelming consensus was that RMA calls are a cost of doing business, and that one call a day, on average, of this type does not require significant resources. There was also a discussion that it tends to be elderly residents that refuse transport to the hospital. Town Attorney Spector pointed out that you can never be sure who you're speaking to on a call, and taking anyone's word that the situation is under control without a unit on scene is a potential liability. Captain Franzoso also mentioned that, in the case of accidents in snowy weather, most motorists refused the help as well.

The 3<sup>rd</sup> page details the mutual aid responses in terms of where OVAC goes to help out neighboring communities- the most mutual aid assists in 2013 totaled 100, and the vast majority were with Briarcliff Manor and with Croton. He also explains that these "mutual aid" calls tend to balance out- OVAC helps other corps with similar frequency to how often OVAC receives help from those same groups.

The 4<sup>th</sup> page is a line graph of the 7 Year Volume OVAC has handled, measuring 2007 through 2013. The amount of calls in 2013 went down by 1%, but Chief Lubin explains that this is probably due to a variety of factors that inflated the number in 2012, namely Hurricane Sandy. In 2012, call volume increased

11.5% over 2011, many of which were attributed to Sandy. Chief Lubin made the argument that, keeping that inflated number in mind, the volume of everyday calls has probably continued to increase from 2012 to 2013. Additionally, the volume of calls in 2013 (2516) is up 51.5% from 2007. The 5<sup>th</sup> page shows a bar graph for the 2<sup>nd</sup> Call in District Within 30 Minutes numbers for 2013, which makes up 490, or 19% of the calls in 2013. The secondary calls would have required mutual aid from other communities if not for the availability of the 2<sup>nd</sup> ambulance. Chief Lubin goes on to say that, as in the past, the majority of these calls happen between 8AM and midnight, so that's when the 2<sup>nd</sup> ambulance is on call. The 6<sup>th</sup> page shows this same data, but over the same 7 year period (2007-2013)- these sorts of calls made up 19% of all calls in 2013, making the 2<sup>nd</sup> ambulance a mainstay and someplace to look at for future allocation of resources. The 7<sup>th</sup> page is a bar graph showing an hour-by-hour accounting of when calls come in, again showing the peak times between 8AM and midnight.

The 8<sup>th</sup> page measures response times for 2013. At October's meeting, the Chief was asked for an accounting of the percentage of calls responded to in under 6 minutes as opposed to 9 minutes. The graph shows 68.79% of 2013 calls responded to in 6 minutes or less, with 96.88% of calls responded to in 9 minutes or less. Chief Lubin shares that these numbers have OVAC beating the average time in New York City, and says that the fast response times are thanks to the OVAC crew.

The final 4 pages detail the exclusionary criteria by quarter. Dr. Seebacher brings up the question, for purposes of self evaluation, what response times would look like if the exclusionary criteria were still included in the averages. Adding them back in, the Chief reports that OVAC would have a response time of under 9 minutes 90.2% of the time. Dr. Seebacher asks for the industry standards and guidelines as to what defines an excluded call, to which Chief Lubin responds that, once you hit surge capacity, the call is not able to be counted, as there are no resources that can be allocated to serve it. Mr. Wishnie says that, at some point, the district will require another ambulance to keep up with demand. Some of the criteria Dr. Seebacher questions are "Coming from PMH" (Phelps), "Heavy Traffic", "Blizzard, Weather", and "Both Ambulances on Jobs"; the Chief and Captain will look into it.

The Board moves onto New Business. Captain and Chief report that things are going well, as far as they know, in Croton and Sleepy Hollow. OVAC is expecting a 3% increase in Workers Compensation for February, and Chief Lubin shares that they are working on a template for longer term (3 year) contracts going forward. Captain Franzoso also speaks about the various awards and commendations that OVAC and its members have received in the past year, and that they are still doing fundraising to offset some of their cost. In 2014, they have started an upgrade to an electronic patient care report to lesson human error on records and make less work for the ALS on scene. The program is being used on Toughbook computers, and Phelps is working on syncing up their technology with OVAC's. As for right now, the ALS can send the report from the Toughbook to Phelps via fax. The Captain goes on to say that the program will pay for itself within 2 years of use, and Dr. Seebacher stresses that the ALS can instantly go back to paper if there is any kind of failure. OVAC is also looking at some new medical technologies, but that they are expensive per use. For example, Phelps, through their Bethasia Fund, is helping fund a video laryngoscope, which allows the paramedic to actually see the vocal cords and get better aim during procedures. There has also been talk about procuring some Lucas CPR machines, that can do the compressions for you, and show very good outcomes.

The next meeting is scheduled for Thursday, April 10th at 7PM, where the 1<sup>st</sup> Quarter of 2014 will be discussed and statistics will be presented.

Meeting adjourned at 7:45PM.