

Ambulance District Meeting Minutes 1/21/2016

7:00 PM, 16 Croton Avenue, Conference Room

Chair Dr. Robert Seebacher, Vice Chair Richard Wishnie, Ossining Town Supervisor Dana Levenberg, OVAC Chief Nick Franzoso, New Castle Town Administrator Jill Shapiro, Village of Croton Manager Janine King, OVAC Chairman and Treasurer Alex Beck, Village of Ossining Manager Abe Zambrano and Dr. Emil Nigro were present. Village of Ossining Trustee John Codman, Village of Ossining Citizen Representative Sue Donnelly and Village of Croton EMS Captain Bill McCabe were also present.

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 William Hamilton, Director of Croton Department of Emergency Management Dick Nagel were absent.

Dr. Seebacher calls the meeting to order at 7:05PM. The first order of business is to approve three sets of minutes from the prior meetings held on July 30th, 2015 (Q2) September 9th, 2015 (the budget meeting), and October 22nd, 2015. Sue Donnelly made a motion to accept, seconded by Bill McCabe. There was no discussion. Supervisor Levenberg and Trustee Codman abstained.

Chief Franzoso begins discussion of the statistics for the entirety of 2015, which he reported has been the busiest year yet. OVAC answered a total of 2907 calls in the District: 544 in the Town of Ossining, 2185 in the Village of Ossining, 51 in New Castle and 127 Mutual Aid requests. The 4th Quarter of 2015 was the slowest of the year, and one of the slowest quarters since Q1 2014. The 2nd page shows Dispositions, which do not demonstrate any significant trends. Nearly 60% of calls are for BLS (basic life support). The 3rd page maps 9 years of call volume statistics- the line graph demonstrates that call volume continues to rise steadily, and that calls were up 4.72% (130 calls) over 2014. The Chief attributes this to an aging population, and Mr. Wishnie suggests that the drop seen in the 4th quarter of 2015 may have also been a result of conversations with Phelps about some of their procedures. Dr. Seebacher agrees, and describes his recommendations to Phelps that protocol be enacted under which physicians may not let messages wait longer than 2 hours, which prevents medical situations from becoming desperate enough to require an ambulance call. He also mentions that Atria continues to help with lift assists, which has also helped to hold down numbers.

The 4th page measures outgoing mutual aid, with Briarcliff Manor making the most requests (67), with Croton (36), Yorktown (6) and Sleepy Hollow (17) and Mt. Kisco (1) encompassing the rest, consistent with past quarters. As for incoming calls, Briarcliff Manor took 36 calls, and Croton took 38, which the Captain mentions are usually the calls on the North side of the District. The Chief mentions that mutual aid calls from Briarcliff does outweigh the mutual aid they provide to the District (67 v. 36). The next 2 pages breaks down the calls for which OVAC requested Mutual Aid, including addresses, call type and call time. Chief Franzoso also mentions that when the Village of Ossining first took over call dispatching, there was some confusion over the North State Road neighborhood, but the general rule is that anywhere that the Ossining Police go, OVAC goes.

The 7th page details the 2nd call in District, which accounted for 31.3% of all calls in 2015. The typical turnaround time for an ambulance is one hour, and the Chief says that there is a good system in the emergency room restocking supplies and for PCRs (Pre-Hospital Care Reports), which helps the ambulances turn around as quickly as possible. The 8th page shows a bar graph of call volume by hour, which, as usual, shows a slowdown between midnight and 6AM. The 9th page breaks down response times during 2015, with 94.6% of calls answered in under 9 minutes, and 80.7% of calls were answered in under 6 minutes of calls. The Chief mentions that there are no longer any exclusions used in calculating these times (certain factors would, at one time, cause a call to be excluded from this average), and that makes him especially proud of these numbers. The next several pages detail calls with a 7+ minute response time, including address, date and time, and whether the call was the 2nd or 3rd in District, with a color coded map to demonstrate the dispersion of calls. These are broken out by quarter. The group notes that the call times in excess of 9 minutes are not concentrated, and do not seem to only be in the outlying areas of the district.

Following the maps and logs, the statistics turn to a comparison of response times, by quarter, over the past 2 years. 94.5% of calls over that time have been under 9 minutes.

When asked how these times compare to those of our neighbors who contract out to private companies, Dr. Nigro points out that some of these communities have difficulty managing their “chute” times. They are primarily staffed by volunteers, many of whom respond from home, which means a longer time goes by before they can respond to the call.

The Captain also reports on the “Clinical Impression Breakdown”, which was an addition to the statistics starting in 2014. He displays all 6 quarters during which OVAC has used the system. The category that is most often cited is “Traumatic Injury, followed closely by “Other” and “Generalized Weakness”, a complaint which the Captain explains leads to many lift assists.

As far as patient age breakdown, roughly 17.7% calls are for patients between 80 and 90 years old, with patients between 50 and 60 at 14%, which is up from prior stats. The final page of the report breaks down OVAC Hospital Destinations- Phelps is the closest and most often visited, but some hospitals have specific specialties (ex: Westchester Medical for heart trauma), so sometimes, the destination depends on the medical issue.

There is a conversation about changing billing methods, which are aimed towards getting patients out of the hospital faster and implementing an elaborate system for home care, which is expected to produce fewer re-admissions. Mr. Wishnie suggests that some communities’ failure to take advantage of third party billing is costing them hundreds of thousands of dollars.

Chief Franzoso reminds everyone of EMS Week, which runs from May 15th through May 22nd. OVAC will offer continuing education classes through Phelps, as well as have a community event at the Clinton Avenue building.

The Chief also notes that he has already discussed the new rates for 2016-17 with Croton, but still needs to do so with Sleepy Hollow. He also mentioned that new contract between OVAC and the District should be signed at the end of this meeting.

The next meeting is scheduled for Thursday, April 21st, 2016 at 7PM, where the 1st quarter statistics will be presented. Mr. Wishnie made a motion to adjourn at 8:25PM, seconded by Sue Donnelly.