

Ambulance District Meeting Minutes 1/24/19

7:30 PM, 16 Croton Avenue, Ossining NY 10562

Chair Robert Seebacher, Ossining Town Supervisor Dana Levenberg, OVAC Chief Nick Franzoso, Dr. Emil Nigro and Dr. Barry Geller of Phelps Northwell, Ossining Village Manager Deborah McDonnell, Ossining Town Councilwoman Liz Feldman, Village of Ossining Citizen Representative Sue Donnelly, and Village of Croton EMS President Bill McCabe were present.

Vice Chair Richard Wishnie, 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, Ossining Village Trustee Manuel Quezada, and Director of Croton Department of Emergency Management Dick Nagel were absent.

Chair Seebacher calls the meeting to order at 7:39PM—Supervisor Levenberg motions and Sue Donnelly seconds the motion. Chair Seebacher calls for a motion to accept the meeting minutes from April 19th, 2018 and October 18th, 2018—Sue Donnelly motions to accept, Dr. Geller seconds.

Chief Franzoso begins discussion of the statistics for all of 2018; the year ended with 2815 calls, slightly lower than 2017, although the overall volume is still on the rise. Distribution of call locations is consistent with past quarters and years—roughly 74% came from the Village of Ossining (2078), while the fewest (108) came from the Town of New Castle. There were also 121 calls that went Mutual Aid (4.3%). Q4 2018 was one call short of being the busiest quarter ever for the District. The next 3 pages look at 2017, 2016 and 2015, which shows that most quarters over the years have a similar percentage coming from each segment of the District. The 5th page shows the all volume going back to 2007 (one quarter of stats are missing but it shows a steep upward trend., Page 6 shows the dispositions of all calls in 2018—most calls are BLS, which do not require a paramedic, which is also very consistent with past quarters. The next 3 pages compare 2017, 2016 and 2015 dispositions, which are all composed very similarly in terms of the nature of the calls.

As far as outgoing Mutual Aid, the Chief repeats that the stats coming out of 60 Control are better than they've been because of the consistency of times, which leads to better accountability. In 2018, they went out 121 times, which is slightly lower than usual—Briarcliff is usually the majority of outgoing mutual aid, which is also demonstrated on the next page looking at the composition of Mutual Aid Outgoing calls from 2017, 2016 and 2015. For incoming Mutual Aid calls, there were 45 requests in 2018, which the Chief says is a strong sign that the District's resources are being properly allocated. Furthermore, 16 of the calls ended up being handled by OVAC after—an example given is when a paramedic was needed but used an OVAC ambulance, etc. Incoming Mutual Aid is broken down on the next page with reasons for why the call went MA, with the main reason being that there were no resources available. On the following page, the composition of Incoming Mutual Aid calls over 2017, 2016 and 2015 is displayed—there was a higher volume over these years, but mutual aid was less, which suggests that people are calling farther apart, or that it might be a 3rd or 4th call in district.

The 15th page reflects how often during 2018 there was a second call in the District while one call was being responded to, which was 35.2% of the time this year, which is slightly higher than in years past (usually right around 30%- page 16)). The Chief notes that many of these calls are to Atria or to Sing Sing Prison, where OVAC responds solely for emergencies. Times at the gate are better but still slow, and the Chief believes it may be time to have another meeting with Supervisor Levenberg and prison officials to expedite the process. Mr. Wishnie states, and the group agrees, that the paying public has a right to know what the direct link between mutual aid and Sing Sing calls, because it's slowing down the delivery of service residents pay for. Dr. Geller asks if there is a formula that informs what degree of increase in calls requires what level of added personnel, to which the Chief replies that if they see response times creeping up, another truck or team would be considered. There are 2 ambulances up 24/7, but a different level of staffing could potentially be implemented.

The next page shows an hour-by-hour accounting of calls, which also remains largely unchanged—the volume peaks between 1 and 2PM and dwindles into the overnight hours. There is a full staffed ambulance in the building beginning at 8AM. Page 18 shows response times with no exclusions, which brings 91.9% of the calls for service in under 9 minutes and 59.6% under 6 minutes, both slightly lower than in 2017 (page 19). Page 20 shows 2018 calls with exclusions (96.8% under 9 minutes and 63.9% under 6 minutes), which are very close to 2017's numbers (page 21). Ms. McDonnell asks the Chief what he believes are the biggest challenges to responding, to which he replies that there isn't much—the drivers know what intersections to avoid and at what times. Mr. Wishnie discusses the maps that the Chief produces where you can see if the far edges of the District see substantially higher response times, and there does not appear to be any indication that there is correlation, service is outstanding throughout the District.

Page 22 shows a comparison of response times by quarter going back to 2013. Although there is a lot of consistency, the Chief repeats that he has better confidence in the numbers now that they are using 60 Control for dispatch. Chair Seebacher mentions that, thanks in large part to Drs. Nigro and Geller, that the turnaround time at the hospital has been much better (paperwork, restocking ambulances, etc,) which helps keep the times low. The next 2 pages show the reasons for 9+ minute response times, and the Chief says they are working harder to have ambulance staff always provide a reason in these cases. Pages 25 & 26 show Clinical Impression breakdown for patients since the start of the electronic PCR system—although we are seeing an increase in behavioral/ psych disorders, traumatic injuries are still the most common reason people call for service. Dr. Seebacher discusses the need for better record keeping about patient falls and the link to bone density testing, and how that may lend itself to more patients being seen for balance care and restoration. The next 3 pages show the Patient Age Breakdown over the years, and the Chief mentions that OVAC is treating more folks on the high end of the age spectrum than ever before, which is directly correlated with the swell in baby boomers, as well as advances in modern medicine allowing people to live past 100 more frequently. There is then a chart showing patient transport destinations—most calls go to Phelps, but most trauma-related cases go to Westchester Medical Center. The final 3 pages are a chart of calls in the New Castle section of the District to explore whether services times were different there, and nothing appears to stand out. The Chief mentions that many of these calls came from cars on the Taconic.

There are no updates on Croton or Sleepy Hollow.

The Chief mentions that OVAC is now staffing Peekskill as of November. They are a private not-for-profit being staffed by OVAC with 1 EMT 18 hours per day 7 days per week.

The 10th anniversary celebration for MHAD will be May 23d and will feature commemorative coins. Phelps paid for the logo design and there will have to be some consensus on which of several to choose.

The Chief also mentions that OVAC made a down payment of a new ambulance to replace one that is 17 years old.

The next meeting is scheduled for April 18th, 2019 at 7PM to discuss Q1 2019.

Supervisor Levenberg made a motion to adjourn at 8:51PM, seconded by Sue Donnelly.