

## **Ambulance District Meeting Minutes 4/21/2016**

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

Vice Chair Richard Wishnie, Ossining Town Supervisor Dana Levenberg, OVAC Chief Nick Franzoso, Village of Ossining Manager Abe Zambrano and Dr. Emil Nigro were present. Village of Ossining Trustee John Codman and Village of Ossining Citizen Representative Sue Donnelly were also present.

Chair Dr. Robert Seebacher, New Castle Town Administrator Jill Shapiro, OVAC Chairman and Treasurer Alex Beck, Village of Croton Manager Janine King, Croton Chief of Police Anthony Tramaglini, Village of Croton EMS Captain Bill McCabe, 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.

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Vice Chair Wishnie calls the meeting to order at 7:08PM. The first order of business is to approve the minutes from the prior meeting held on January 21<sup>st</sup>, 2016. Sue Donnelly made a motion to accept, seconded by Manager Zambrano. There was no discussion.

Chief Franzoso begins discussion of the statistics for the first quarter of 2016, which he reported was down slightly from Q1 of 2016 with 710 calls, primarily from the Village of Ossining (503), with similar proportions in other municipalities as in past quarters (157 in the Town of Ossining, 14 in the Town of New Castle, and 36 Mutual Aid). Chief Franzoso reminds the group that Q1 in 2015 had very heavy winter weather, which caused what he believes were many more calls than usual for that time of year. The 2<sup>nd</sup> page shows Dispositions, which do not demonstrate any significant trends. 60% of calls are for BLS (basic life support), which is roughly double the amount of ALS calls (advanced life support). The 3<sup>rd</sup> page maps 10 years of call volume statistics- the line graph demonstrates that call volume continues to rise steadily, and that Q1 calls were down in the first quarter of 2016 from Q1 2015 by 7.9%.

The 4<sup>th</sup> page measures outgoing mutual aid (36 calls in total), with Briarcliff Manor making the most requests (17), with Croton (9), Yorktown (4), Sleepy Hollow (4), Tarrytown (1) and Cortlandt (1) encompassing the rest, consistent with past quarters. Chief Franzoso explains that since TransCare is no longer working in Briarcliff and they have ebbs and flows of volunteerism, that OVAC has been providing Briarcliff with service for 3 days and one overnight per week as of now, and that a contract for billing has been proposed through Proclaim but the Board of Trustees in Briarcliff has not yet approved the contract. As for incoming calls, Briarcliff Manor took 5 calls, and Croton took 6 for a total of only 11 mutual aid calls coming from the District, which the Chief remarks is a very encouraging sign that we are staffing properly. He also mentions that 3 of these 11 calls were cancelled due to a miscommunication at dispatch. The next 2 pages breaks down the calls for which OVAC requested Mutual Aid, including addresses, call type and call time. There does not seem to be any trend in where the Mutual Aid was deemed necessary.

The 7<sup>th</sup> page details the 2<sup>nd</sup> call in District, which accounted for 29.2% of all calls during Q1, which is why having a 2<sup>nd</sup> ambulance on the 8AM-midnight shift is important. The 8<sup>th</sup> page shows a bar graph of call volume by hour, which, as usual, shows a slowdown between midnight and 6AM, also demonstrating the timing assigned to the second ambulance. The 9<sup>th</sup> page breaks down response times during Q1, with 94.8% of calls answered in under 9 minutes, and 79.7% of calls were answered in under 6 minutes of calls, which is down slightly. The next several pages map and detail calls with a 7+ minute response time and a 9+ minute response time, including address, date and time, and whether the call was the 2<sup>nd</sup> or 3<sup>rd</sup> in District, with a color coded map to demonstrate the dispersion of calls. The calls are then detailed individually by month, organized by descending response time. Manager Zambrano inquires as to whether the rush hour traffic in the Village seems to have any impact, to which the Chief responds that there seems not to be, judging by the fact that there aren't a disproportionate number of mutual aid calls sent out during that time. However, he does share that during rush hour, drivers are instructed to use back roads as much as possible to avoid traffic. Manager Zambrano asks about any patterns within the 9+ minute calls, to which the Chief responds that, looking at the maps, there is no rhyme or reason to the dispersion, and that some of the logs include specific reasons and some do not. Vice Chair Wishnie asks if any thought has been given to installing GPS devices in the vehicles so they can be tracked at all times, to which the Chief responds that it appears the cost would outweigh the benefit, especially since most of the 9+ minute calls only require basic life support, but that OVAC is exploring technology options system-wide, including on the dispatch end.

Following the maps and logs, the statistics turn to a comparison of response times, by quarter, since Q1 of 2013. 94.5% of calls over that time have been under 9 minutes, and 86.1% under 7 minutes. The Chief re-emphasizes that, in 2013, the District was still excluding certain calls in their figures, and that all 4 quarters in 2013 do include these figures added back in.

The Chief also reports on the "Clinical Impression Breakdown", which was an addition to the statistics starting in 2014. He displays all 8 quarters during which OVAC has used the system. The category that is most often cited is "Generalized Weakness", followed closely by "Traumatic Injury", "Other", and "Abdominal Pain/Problems".

As far as patient age breakdown, roughly 18.9% calls are for patients between 80 and 90 years old, with patients between 50 and 60 at 16.9%, both of which are an increase over prior quarterly 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.

There are no updates on Sleepy Hollow or Croton—new contracts have gone out for the 2016-17 year.

The only new business discussed is the change from Phelps to Northwell. Since the changeover, the Phelps campus has seen many physical changes, including a brand new MRI machine, new elevators, and a Black Cow Coffee Shop in the lobby.

The next meeting is scheduled for Thursday, July 21<sup>st</sup>, 2016 at 7PM, where the 2<sup>nd</sup> quarter statistics will be presented. Sue Donnelly made a motion to adjourn at 7:39PM, seconded by Trustee Codman.