

## **Ambulance District Meeting Minutes 10/16/13**

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

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

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Chair Seebacher calls the meeting to order at 7:02PM. The first order of business is to approve the minutes from the prior meeting held on June 26th, 2013; the group takes several minutes to review and then accepts the minutes.

Chief Lubin presents his report for the 3<sup>rd</sup> quarter through September 30th. 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 (381 of 599). The 2nd page shows a breakdown of the types of responses needed of the quarter's 599 calls, including ALS, BLS, DOA, lift assist, etc. The vast majority of calls fall in the Basic Life Support (47%) and Advanced Life Support (33%) categories. 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 the 3<sup>rd</sup> quarter were with Briarcliff Manor (44%) and with Croton (23%). 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. Dr. Seebacher asks if any progress has been made in terms of measuring what mutual aid is provided to the District, to which Chief Lubin replies that a system is in the works (thanks to the Village of Ossining Police) but that it is still a work in progress. Dr. Seebacher also asks if there is a way to break out which of OVAC's 43 mutual aid calls for the quarter are for ALS, BLS, etc., to which the Chief replies that he can certainly measure that going forward.

The 4<sup>th</sup> page is an hour-by-hour accounting of when calls come in, and Chief Lubin has noticed a trend here that should be noted: historically, there are few calls between 12AM-6AM, but more calls have been coming in during those hours. While the Board is presented quarterly numbers, the Chief runs these numbers monthly and his statistics note that August 2013, specifically, is where this trend originated. There does not seem to be any justification for this, so it may have been an anomaly, but he will watch these numbers in Quarter 4 to be sure. Dr. Seebacher asks about breaking these calls down into ALB/BLS etc. as well, and offers a guess as to the cause: he speculates that perhaps patients are having trouble reaching their physicians, and calls that are meant to be carried over to the next day sometimes just can't wait. Dr. Nigro agrees and says that Phelps Emergency has noted more patients in the ER at night, coming in for a diverse set of reasons, nothing specific. Chief Lubin speaks about a project in progress wherein more specific data is taken for each patient to be able to measure the

causes for calls more accurately (ex: symptom most bothersome, as opposed to 3 symptoms of concern), along with gender, age, and insurance information. This program kicked off on September 1<sup>st</sup> 2013, and is expected to run until September 1<sup>st</sup>, 2014. Chief Lubin will bring some of this information to the 4<sup>th</sup> Quarter District meeting to demonstrate the program.

The 5<sup>th</sup> page demonstrates the justification for the 2<sup>nd</sup> ambulance on call- 20% of all calls during the 3<sup>rd</sup> Quarter came while the first ambulance was out on a call- the secondary calls would have required mutual aid if not for the use of the 2<sup>nd</sup> ambulance.

The 6<sup>th</sup> page measures the response times from calls. 96.29% of calls in the 3<sup>rd</sup> quarter were responded to in under 9 minutes, which Chief Lubin says rivals New York City and is where we need to be. Dr. Seebacher congratulates OVAC and mentions that it would be helpful to have this data from other corps to compare, although he predicts OVAC would still be superior in terms of response times. Dr. Nigro comments that there is an ongoing study that collects "CHUTE" data (out of the chute, referring to the time the ambulance leaves the corps building) and that it will be widely available and published when the study is completed, and based on internal monitoring, it looks as though OVAC will be the "cream of the crop" in this regard, and these findings will be very transparent to the public. He also mentions that the response times of Croton and Sleepy Hollow have improved significantly since they brought in paid staff.

Dick Nagel questions why the standard used is 9 minutes and below, as brain death starts at 6 minutes. Croton strives for 5 minute response time within one mile of Main Street. He would like the numbers to be presented as an "under/over 6 minute" ratio. Chief Lubin says he will do this for the 4<sup>th</sup> quarter. Dr. Seebacher discusses how, 2 years ago, a map was created to depict where calls came from that took 7+ minutes for a response, and it was found that there was no direct correlation between response time and location; the single biggest factor was where the ambulance was located when the call came in (on the road from Phelps, at the headquarters, etc.). Chief Lubin goes on to say that some of the calls with the longest response time were near to the station, but both crews were coming back from Phelps. Dr. Seebacher mentions that all involved do everything possible to turn the ambulances around as quickly as possible, including the techs at Phelps who will help restock the ambulance, because everyone recognizes that this is the most important data and most crucial part of OVAC's job.

The 7<sup>th</sup> page notes the exclusionary criteria for the 3<sup>rd</sup> quarter, and lists the instances that are not covered in the prior statistics. They are also all coded with a PCR# so that these instances can be traced back to OVAC records for future reference. Dr. Seebacher mentions that these district meetings were, at one point years ago, well attended and controversial, but among all the issues brought up in these meetings, response time was never a concern. The Mid Hudson Ambulance District and OVAC have developed a model in which professionals and volunteers can co-exist and do so successfully, and he predicts it will soon be a model for other communities in New York State.

The 8<sup>th</sup> and final page shows trends over the 3<sup>rd</sup> quarter for the past 7 years, and shows a 16.6% call increase over that time. This has been OVAC's quietest quarter of 2013, specifically August.

Chair Seebacher opens the floor for discussion on Croton and Sleepy Hollow. Chief Lubin mentions that there have been some changes in Sleepy Hollow leadership, but that everyone is working together for a smooth transition. He also mentions that all staffing changes are cleared with Croton ahead of time, to keep consistency in the operation. Abe Zambrano mentions that their contract with the District is coming to an end shortly, and their only concern with renewal was if Chief Lubin would be staying on as Chief. Now that they've learned he has been offered an open ended contract and will stay on, they have no hesitation about going forward, and Mr. Zambrano and Mr. Nagel thank Chief Lubin for his commitment, saying he is the "link" that is necessary for this arrangement to work for the Village of Croton. Dr. Seebacher states that while OVAC has made a ton of progress in terms of leadership after a few years of struggling as an organization, he expects even better things from them in the future.

Dr. Seebacher turns the conversation towards the District budget for 2014. Chief Lubin mentions that, in part due to the Affordable Care Act, there has been some difficulty getting solid numbers on medical insurance. However, being mindful of the 1.66% tax cap for 2014, OVAC has managed to stay within that number for the year and will make up any differences due to medical insurance internally. This new budget also includes a \$0.50/hour raise for paramedics, who have seen no increase in the past 6 years. Some money is able to be saved by the fact that OVAC employees now pay 10% of their premium, which is a new practice. In the event that the rates come in higher than expected, the plans available to the staff can be revisited. There is also some discussion about whether having OVAC join Phelps (self-insured) would be a possibility. The 2014 budget is set at \$617,430, up from \$607,348 in 2013, after a motion is brought and accepted.

The next meeting is scheduled for Wednesday, January 22nd at 7PM, where the 4<sup>th</sup> Quarter of 2013, along with 2013 in its entirety, will be discussed and statistics will be presented.

Meeting adjourned at 7:44PM.