

Ambulance District Meeting Minutes 4/10/14

7:00 PM, 16 Croton Avenue, Conference Room

Ossining Town Supervisor Sue Donnelly, Chair Robert Seebacher, OVAC Captain Nick Franzoso, Richard Wishnie, Village of Ossining Village Manager Richard Leins, Town of Ossining Councilman Geoffrey Harter, Dr. Emil Nigro, Ronald Dornau, Town of New Castle Administrator Jill Shapiro, and Village of Croton Mayor Abe Zambrano were present. Town Councilwoman Kim Jeffrey and Croton Chief of Police Anthony Tramaglini were also present. OVAC Chief Sam Lubin, Village of Ossining Trustee Bob Daraio, Village of Ossining Mayor Bill Hanauer, William Hamilton, Director of Croton Department of Emergency Management Dick Nagel, Village of Croton EMS Captain Bill McCabe, and Town of Ossining Attorney Wayne Spector were absent.

Chair Seebacher calls the meeting to order at 7PM. The first order of business is to approve the minutes from the prior meeting held on January 29th, 2014: the group reviews and then accepts the minutes.

Due to the tragic accident involving Chief Lubin, Captain Franzoso has taken over explaining the statistics for the time being, and presents OVAC's report for the first quarter of 2014. The 1st 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 at 477 of a total 623, not including the fly car. The 2nd page shows a line graph of the first quarter call volume over the past 8 years- the District had slightly fewer calls than in 2013, but it's still a 22.4% rise over the period studied.

The 3rd page details dispersion of mutual aid for the 1st quarter- of a total of 31 calls, 18 went to Briarcliff Manor, 8 to Croton, 2 to Yorktown and 3 to Sleepy Hollow. OVAC is able to measure where their people go for mutual aid, but are still working with the other communities to measure how often they come to us, although traditionally it's about even. Captain Franzoso discusses the new software that will help to measure the nature of calls better, including a drop-down menu for dispatchers, which should cut down on administrative error in the data recording process. Richard Wishnie inquires as to who is the first call for backup, to which the Captain responds that it is usually Croton to the North and Briarcliff to the South.

The 4th page demonstrates a breakdown of the types of responses required for the 1st quarter's calls, including ALS, BLS, DOA, lift assist, etc. As in past quarters, more than half of all calls fall in the Basic Life Support category, with the second highest portion due to Advanced Life Support calls (these categories are further split by "Lights/Siren, No Lights/Siren, and No Treatment No Transport" as of February). We continue to see a considerable amount of RMAs (Refusal of Medical Aid), 38 of 625 calls in Q1.

The 5th page shows a bar graph for the 2nd Call in District Within 30 Minutes numbers for 2014 Q1, , which totaled 111 of the 623 calls for the quarter. The secondary calls would have required mutual aid from other communities if not for the availability of the 2nd ambulance. After the discussions at the last district meeting about exclusionary criteria, a new block will be added for the 30-45 minute block, although the trend has stayed fairly consistent with past quarters.

The 6th 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 with fewer calls overnight.

The 7th page is a line graph measuring response times for Q1, with 95.7% of calls responded to within 9 minutes. Again, this chart has changed a bit since the last meeting because of the conversation regarding a change in exclusionary criteria used by the District. “Coming from PMH” (Phelps), “Heavy Traffic”, “Blizzard, Weather”, and “Both Ambulances on Jobs” have all been discontinued. Dr. Seebacher suggests that, going forward, the Captain concentrate on the 8 Minutes + area, as the total calls over 8 minutes were around 50 in the first quarter, which is higher than in the past because of the elimination of certain exclusions used in past statistics. Projecting forward, this makes around 200 calls a year at the 8+ mark, and deserves a closer look. Captain Franzoso reminds the group that this new software, which is more user-friendly, will help to code these better in the future and that may make a difference as well. The conversation circles back to the 10% of calls classified as RMAs and if there could be a better way to handle these calls. Dr. Seebacher reminds the group of the prior meeting, where this was discussed at length, the conclusion being that there is no way to be certain of the call’s nature and so the ambulance must go, that these expenses are a “cost of doing business”. The Captain mentions, however, that based on the nature of the call, the appropriate resources are sent out (basic ambulance, ALS/ paramedic for major injuries), which helps to control the expense while providing appropriate service.

The 8th and final chart goes through the calls excluded from the Q1 Response Times, totaling 11 calls over the 3 months, almost all of which are excluded because ALS was already at the scene. The locations vary greatly- Dr. Seebacher suggests that perhaps they be recorded on a map of the district to see if there are any areas that come up consistently, but that it’s clear from the addresses that no community or neighborhood is getting the short straw. Jill Shapiro asks if they are always dispatched from the same location; Captain Franzoso says that as of now, they are, but that could change in the future if it appears like it could be helpful.

There is no update on the structure of OVAC at this time, Captain Franzoso has been working under the same management structure that was in place when Chief Lubin was active, consisting of 3 supervisors (2 of which are fly car medics) with additional hours and payroll, who check in with Croton and Sleepy Hollow regularly. They have also been supplementing with volunteer officers and lieutenants who are retired and around quite a bit. OVAC also has a full-time volunteer who does scheduling. There are very few changes at this time. Chief Lubin’s salary is still being paid, but after that point, more supervision will be added. Chief Lubin has been through several surgeries and procedures which have been successful- he is walking with help from the PT staff, and speaking quietly in small sentences. The group wishes Sam continued improvement, and gives appreciation for Captain Franzoso for his commitment and increased participation in this time of need for OVAC.

The Board moves onto New Business, including updates on the new Sleepy Hollow and Croton contracts for June 2014- May 2015. Both municipalities plan to stay with their current service (24/7 in Croton, 12/7 in Sleepy Hollow), and both have agreed to an increase in price to provide a \$1/hour raise to staff, which is important to retain good employees in the Corp. Having consistent employees serves the

municipalities and residents better in crisis situations. Village Manager Zambrano says Croton is very happy with the service they receive from OVAC, and that they've also been working hard to recruit and retain volunteers, and that their campaign to do so has been successful and netted almost 20 new volunteers. They also have a new set of officers, which is also shaping up nicely. Captain Franzoso also mentions that Croton has been the only municipality to take OVAC up on their offer to train staff. OVAC offers 2 classes per month, plus some additional specialty courses, such as Water Rescue, Active Shooter, Crisis Management, etc. This training can also earn continuing education credits for people with certain certifications. Supervisor Donnelly also shares that OVAC recently did a class for Town of Ossining employees to learn CPR.

There is no representative from Sleepy Hollow, but the Captain says things are also going well there. Dr. Nigro discusses the importance of having Sleepy Hollow at the table, especially since they are working with a new Captain. Dr. Seebacher asks if Briarcliff has made moves to join the District, but there has been no news thus far. Richard Wishnie states that the model we have in MHAD should be copied all over, as it is a fine example of keeping costs down via shared service, much like the Town's contract with the County for police service. He goes on to say that it's hard to believe that this structure has only been in place since 2009 and so much has been accomplished. Mr. Wishnie goes on to say that Phelps has donated 2 fly cars to OVAC, from "soup to nuts", and that their support makes this relationship work, and that the working relationship between Dr. Seebacher, Dr. Nigro and Phelps President and CEO Mr. Keith Safien has strengthened an already great organization. Dr. Seebacher explains that the model is one built on respect for catchment areas long in existence, not a "poaching" strategy in terms of territory, and the District has only crossed these lines when asked to do so.

Mr. Zambrano asks about the possibility of Croton buying supplies directly from Phelps, to which Dr. Nigro replies that it's been examined before, but that there are many legal tie-ups with such a plan, and that the attorneys for both parties should discuss it. Mr. Wishnie adds that the hospital doesn't want to be put in a position where it looks like they're giving an incentive to bring patients to Phelps. Mr. Zambrano also asks how the Affordable Care Act has been impacting the hospital and its services. Dr. Nigro explains that the reimbursement rate is not going up, but volume is, and references a study out of the State of Oregon that claims that ERS visits increase 40% when people got enrolled in Medicaid- when people get the health insurance, they're going to use it! He also mentions the "2 midnight" rule, wherein patients are on the hook for co-pays and deductibles that they wouldn't be without a full admission, which has caused people to leave against medical advice. However, Phelps does have an office in the back of the ER waiting room where patients can get administrative help on applying for medical insurance. Dr. Seebacher asks if any conversations have happened with Open Door about their provisions for emergency medical services, to which the general consensus is that patients come to Phelps when Open Door is closed.

Captain Franzoso announces that OVAC will be holding their annual EMS Day on Saturday, May 18th, between 11Am-3PM at the OVAC headquarters at 8 Clinton Avenue.

The next meeting is scheduled for Thursday, July 10th at 7PM, where the 2nd Quarter of 2014 will be discussed and statistics will be presented. Meeting adjourned at 7:54PM.