

PUBLIC SAFETY COMMITTEE

Of the

Suffolk County Legislature

A regular meeting of the Public Safety Committee was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on January 31, 2008.

Members Present:

Legislator Jack Eddington - Chairman
Legislator Kate Browning - Vice-Chair
Legislator Wayne Horsley
Legislator Daniel Losquadro
Legislator Lynne Nowick

Also in Attendance:

Presiding Officer William Lindsay - District #8
George Nolan - Counsel to the Legislature
Ian Barry - Assistant Counsel to the Legislature
Robert Calarco - Aide to Legislator Eddington
Linda Bay - Aide to Minority Leader Losquadro
Paul Perillie - Aide to Majority Leader Cooper
Greg Moran - Aide to Legislator Nowick
James Montalto - Aide to Legislator Losquadro
Michael Cavanaugh - Aide to Presiding Officer Lindsay
Kara Hahn - Director of Communications/P.O. Lindsay's Office
Jim Maggio - Senior Budget Analyst/Budget Review Office
Diane Dono - Senior Budget Analyst/Budget Review Office
Ben Zwirn - Deputy County Executive
Brendan Chamberlain - County Executive Assistant
James Dahroug - County Executive Assistant
Dennis Brown - County Attorney's Office
Joe Williams - Commissioner/Fire, Rescue & Emergency Services
Edward Stapleton - Chairman/REMSCO - Regional EMS Council
Edward Boyd - Vice-Chairman/REMSCO - Regional EMS Council
Guy Cassara - Treasurer/REMSCO - Regional EMS Council
John Desmond - Director/Suffolk County Probation Department
Laura Ahearn - Executive Director/Parents for Megan's Law
Aristedes Mojica - Inspector/Suffolk County Police Department
John Scharf - Lieutenant/Suffolk County Police Department
Jerry Gilmore - President/Superior Officer's Association
Henry Mulligan - 2nd Vice-President/Superior Officer's Association
Noel DeGerolomo - 2nd Vice-President/Police Benevolent Association
Michael Sharkey - President/Suffolk County Sheriff's Office
Matthew Mullins - Deputy Sheriff Police Benevolent Association
Matt Bogert - 1st Vice-President/Correction Officer's Association
Debra Alloncius - Legislative Director/AME
Deborah McKee - 3rd Vice-President/AME
Colleen Ansanelli - Criminal Justice Coordinating Council

Minutes Taken By:

Alison Mahoney - Court Stenographer

*(*The meeting was called to order at 9:38 A.M. *)*

CHAIRMAN EDDINGTON:

If I could ask everyone to stand for the pledge that will be led by Legislator Horsley.

Salutation

Please remain standing for a moment of silence for all those that defend our country domestically and foreign.

Moment of Silence Observed

Okay, thank you. I'll start with public portion. I have no cards.

Is there anybody that would like to address the committee? Seeing none, I'll go right to the presentation. If I could get Mr. Stapleton to come forward?

MR. STAPLETON:

I cannot sit and speak, I'm incapable of it. My name is Edward Stapleton, I'm the Chair of the Regional EMS Council of Suffolk County and I'm also an Associate Professor at Stony Brook University & Emergency Medicine. I'd like to thank the committee for inviting us here today.

Our main -- we have two main purposes today; one, to familiarize you with REMSCO. We've actually spoken to this committee before, but I don't think the committee has a full understanding of REMSCO as a resource because we believe we are a great resource for you and we hope you can be a resource for us in what we're trying to do.

REMSCO is a very diverse organization, and we'll talk more about that in a little while. And by the way, I'll be very brief, I don't want to take a lot of your time today. But it's a very diverse organization and a very sophisticated organization which is charged by the State Department of Health essentially to oversee EMS in Suffolk County and in every region of the State. And we are the best kept secret in EMS. I know when you guys have a problem with EMS, you don't think, "Gee, let me get on the phone and call REMSCO," you say, "I'm going to get on the phone and call Joe Williams," or maybe you think, "I'll get on the phone and call the Health Department or call Bob Delagi," who's the Chief of EMS under the Health Department currently, but REMSCO actually is a very good resource and this just explains what REMSCO is.

REMSCO is charged under Article 30 of the Public Health Law and the things I'm listing there are outtakes of exact language of what our responsibility is in Suffolk County. One is to evaluate public need. You may be familiar with the controversy that occurred last year where the Police Department was trying to recertify their ambulances, it was highly controversial. Well, we were charged with the responsibility of approving that, you know, for Suffolk County, and we had public hearings and, you know, actually worked all that out. And in fact, they did get approved to run an ambulance specifically for their needs in the Police Department.

We also, as the language says, is coordinate regional EMS. We are responsible for looking at the EMS system as a whole and, in fact, in a way, we're the only organization that can do that because we are the objective representative organization of all the entities related to EMS in Suffolk County.

LEG. NOWICK:

Excuse me just one moment?

MR. STAPLETON:

Yes.

LEG. NOWICK:

Can you just -- R-E-M-S-C-O, could you just tell us?

MR. STAPLETON:

Yes, the Regional EMS Council, the Regional EMS Council. We also provide focus technical assistant, meaning on issues such as I'll describe today, we have entities in REMSCO who provide ambulance corps and five departments with information on medical care or whatever the case may be, we evaluate and approve training programs.

There are three major educational entities in Suffolk County; there's Suffolk Community College, there's Suffolk County EMS and there's also Stony Brook University that provides paramedic training, EMT training, that kind of thing. So if somebody wanted to, say, open up a training program in Suffolk County tomorrow, we have to look at the need and say is there really a need for further training, as an example, is there a need for more ambulances, those kinds of things. So that's our major charge.

This is our structure. So the Regional EMS Council has an Executive Committee of which you're looking at three members, and I'd like to introduce Ed Boyd who is the Vice-Chair of the Regional EMS Council. Ed is a very interesting person, he's a Southold EMS provider, he's a fireman and he's also a lawyer, and he was a Judge; it just goes to show the kind of people that are on REMSCO. Next, the man on my left is the immediate past Chair of REMSCO, Guy Cassaro who's also -- I don't know if you know the controversy between Physicians Assistant and Nurse Practitioners; he solved it, he's both, he's a Physician's Assistant and a Nurse Practitioner. He's employed at Stony Brook, as it turns out, and he's also an EMS provider in Lindenhurst.

So this is our structure. Our Executive Committee consists of our chairs, these are our committees; I won't bore you, you all have a sense of what committees do and what the respective roles are. We also get to charge a program agency, there are monies that come from the State that go into training and regional EMS that the State gives us and we get to select a program agency who actually receives those monies and runs the training programs and those kinds of things and also is our staff for running REMSCO, and that happens to be currently the Suffolk County EMS Division of the Health Department, that is our program agency.

We also have a major subcommittee called a Regional Medical Advisory Committee. This is the most important committee, in my opinion, in that it is consisting of doctors from every hospital in Suffolk County. The Chair right now is Mitch Pollack who's Director of the ER at Mather and, you know, they take turns being Chair. And basically, what they do is design the health care system in EMS that you are the beneficiary of and that our residents are the beneficiary of. Very specifically, I'm going to discuss one of those health care issues today that are of great importance to you.

So the Regional Medical Advisory Committee is a core committee that really provides the medical aspects of EMS on really the holder of the gold. On that committee is the other person, key person, the Medical Director of EMS who, of course, is in the Health Department now who serves on the Regional Medical Advisory Committee, she is also a member of REMSCO.

So who is REMSCO; who are we? And I've listed a list of things, these are actual professions of the people who serve on REMSCO; doctors, nurses, physician's assistants, paramedics, EMT's, professors, lawyers, judges, teachers, accountants, program directors, administrators, EMS directors, Fire Chiefs, public health leaders, Deputy Commissioners, Legislative representatives. And by the way, Rob Calarco, who is Legislator Eddington's assistant, is on our Council now and has already in one meeting become a tremendous resource for us related to by-laws, we're very happy. He's also the one who facilitated this meeting through the Legislator.

So who do we represent? You cannot find an organization related to EMS that is a County-wide

organization or even a regional organization that's not represented on the Council. We were heralded by the New York State Department of Health as the most represented of REMSCO. So when it comes to any dimension of EMS, whether it's fire service, EMS, Police Department, whatever, we have representatives. I'm actually providing this whole presentation to you through Rob Calarco, so don't feel you have to list any of these things, you'll have them in your possession. So these are all of the people that are represented on REMSCO that provide a great dimension to each issue. There's hardly an issue that can come up, disasters, medicine, strategic response, vehicles, you name it, that we don't have an expert sitting on REMSCO to address.

Now, that's just giving you an idea of REMSCO. And I thought if I came here today and just talked about REMSCO, you know, that's great, you know who we are. And I'm going to give a focused presentation now, a very short one on one of the issues we're addressing now that are of great importance to you that you should be educated to as a Legislator and that you may even see a dimension of helping in, whether it be encouraging corps to get involved in this or maybe possibly financial support; although I'm not getting into any beg for money here today, I know what a fiscal difficulty we're having in Suffolk County, I'm not about to stand up and say, "Give us a million dollars," or anything.

So what is this 12 EKG issue about? Ten years ago if I talked about heart disease I'd say, "Give me a name of a heart disease," you'd say to me, "Oh, heart attack," or you'd say, "Oh, angina." Well, about seven or eight years ago, the Heart Association got into changing the nomenclature of heart disease and they called it Acute Coronary Syndromes which is a group of symptomatic heart diseases that people can get that are identified by different means, and they're really the diagnosing groups. You know, what we call STEMI or ST Elevation MI's, the diagnostic group where an educated provider can look at an EKG and say, "Oh, your ST elevation" -- if you look at the EKG example, I'm not teaching you ST elevation -- "you have an ST elevation in your EKG lead and, therefore, you're having a heart attack." That's great information, it's quick, it's there, the EMS provider can look at an EKG and say, "Oh boy, you have an ST elevation MI," contact medical control who in turns contacts the receiving hospital and has a team waiting for you when you come in to quickly give you Coronary Angioplasty or whatever you need to solve your problem. And everybody in this room knows time is muscle with heart attacks and that's what that's all about and that's the strategy that's being put on the table now through the State Department of Health, is to have an ST Elevation Response Team.

Now, the cat's meow in Coronary Heart Disease now is Percutaneous Coronary Interventions, as you would know as Angioplasty or Balloon Angioplasty, that kind of thing. That is it, that's where they see the most benefit. When you're having a heart attack, basically you have a blocked artery and they can rechannel that artery, reprofuse your heart and save heart tissue, that's the key to saving people with heart attacks, but it's very time dependent. You can imagine, if your artery is blocked in your heart and minutes and hours of passing, eventually all your heart tissue will die and, in fact, you may die and, in fact, heart disease is one of the number one killers in the United States.

I had the occasion to speak to Legislator Eddington before the meeting and we, interestingly, we came up with the same concept -- him as a social worker, me as an EMS provider -- is that people don't think about this stuff. You don't see the headline in Newsday, "Joe Blow had a heart attack. Mary had a stroke," you see murders, fires, these are the kinds of things you see in the newspaper. The truth is we're much more likely to die of a heart attack or much more likely to die of a stroke or much more likely to die of diabetes, chronic obstructive pulmonary disease, all of the things that are managed by EMS, that's important for us to understand. EMS holds the key to saving people in these conditions.

So what is -- how is this done? Well, what happens is EMS providers have 12 lead EKG's. And a 12 lead EKG is the thing you -- if you've had a stress test yet where they put all the leads on your chest, on your extremities, and basically what a 12 lead EKG does that a current EKG that an EMS provider might have is it diagnosis MR's, it diagnoses myocardia infarctions, heart attacks. Most corps -- about half of the corps do not have this technology, so depending on where you're living,

you may be fortunate enough or unfortunate enough to not benefit from this time-benefitting strategy. That's important for you to understand.

So they have these 12 lead EKG's and it improves diagnosis in the field. Does it make a difference? So we put 12 lead on ambulance and they have 12 leads and they attach it to the patient, does it make a difference? While this is a prospective, randomized human trial by Lee May published in the American Journal of Cardiology, it basically looked at 12 lead identification by paramedics in the field versus a control which had no 12 lead identification and looked at the outcome from heart disease. And as you can see by the slide, the mortality rate for the 12 lead group was significantly lower than that of the people who did not get 12 lead. So this particular intervention has been proven in prospective, randomized human trials to really make a difference in the outcome of people with Cardio Vascular Disease.

How does it work? Well, the EMS providers, they go to your house, you're having chest pain, they throw a 12 lead on you and in real-time they send that 12 lead to Medical Control at Stony Brook where a physician confirms, in fact, that the person is, in fact, having a heart attack, notifies the respective hospital that the patient is going to, talks to the cardiologist. You may say, "Well, what's the difference?" If they walk in and they take your 12 lead in the hospital, you'll see in a second what the difference is, but it makes a big difference. It's like a trauma, if you're in a car accident, what happens with the EMS provider, they call the trauma center and they say, "They're coming in," and the person has a severe head injury and the trauma team is literally standing at the stretcher waiting to take care of you. Instead of going to some triage sequence when you get to the ER, that may take another half-hour.

LEG. LOSQUADRO:

Use the mike.

MR. STAPLETON:

Oh, I'm sorry. So the Coronary Intervention Team is organized and the time to care is reduced.

This is a study we conducted in Stony Brook, we're very innovative in this area, ten years ago where we gave EMS providers in Suffolk County 12 lead EKG machines and we looked at the effect of 12 lead EKG machines on care. The first question you ask, "Well, we're going to have paramedics now taking 12 leads, they're going to be spending time in my house. This is going to kill more time, it's actually going to hurt the patient." Well, the truth is it was four minutes difference between the paramedics who took 12 lead versus the paramedics who didn't. And the time in Medical Control was only a minute -- 1.1 minutes longer, so that time was a little longer for the 12 lead group. However, in those days it was not coronary intervention strategies that was the key, it was thrombolytics. And in the meantime, for people who got 12 leads, it was 20.1 minutes who got thrombolytics, whereas the person who -- the people who did not get 12 lead took 54.3 minutes. Remember, time is muscle, that's a key thing to understand.

So in our own study here in Suffolk County with statistical significance, we showed that having a 12 lead significantly improves care by EMS. It also reduced the time to the average other treatments. There's a lot of treatments when you're having a heart attack, aspirin, nitroglycerin, manic sulfate, heparin, beta blockers, thrombolytics, these are all the treatments, so it significantly reduced the time to the first treatment as well.

So what are we asking you, the Legislature? First, from a REMSCO standpoint, we want to be a resource for you. We also want to be a person you call. When you hear, "Oh", you read an article, "Oh, the education of the public is not good enough," we can be very helpful to that, we can work with you. I have, in fact, worked with several Legislators in the past, we've done things on CPR in the schools, we've done other projects with the Legislature, some were funded, some were promotional by the Legislature. So we're asking for your help. It's interesting, today I walked in and I thought today was be the red for heart attack day, I saw the Legislators with their red on, I said, "Uh-oh, I forgot. Here I am talking about heart attack and I'm coming here in green," but it's

actually tomorrow.

LEG. NOWICK:

We got a jump on it.

MR. STAPLETON:

So go red, so I'll wear red tomorrow. But at any rate, we can help with those kinds of things, we can be a resource for you. So from a REMSCO standpoint, we want to be a resource to you that you call when you -- when you think of the word EMS, that you call us.

We also want you to encourage -- I have provided you with a list of all the corps in the regions of Suffolk that Rob Calarco will give you that says what corps do and don't have 12 lead. So you know now in your own areas who doesn't so you can encourage this. You can meet with your corps and say, "You know, this is an important strategy. Why aren't you doing it?" So you can encourage this and maybe, although I don't know that's the purview of the Legislature, support it. You know, maybe there's a funding issue that's an obstacle to these corps getting 12 lead EKG. It's not a cheap strategy, it probably cost around 20 -- 15 to \$20,000 for each corps, on average. So that may be an area to get into.

But in essence, we want to -- here we are giving you information, we want to be a source of information for you on many areas. There are many other areas we're involved in such as Response. You may be aware that we've talked to this body about response before, how important that is. We're also involved in education of EMS providers and education of the public.

So that's what we're really here to do today and I hope you find this information useful. And if you have any questions of myself or Ed Boyd or Guy Cassara, I would appreciate taking those questions. Thank you.

LEG. LOSQUADRO:

Question.

CHAIRMAN EDDINGTON:

I'd like to start with a question. You -- these units are not mandated, then, because they don't all have them. Are you working towards trying to get that done? And if so, would it be through the State that we would get funding or are you saying that then we have to have a bake sale.

MR. STAPLETON:

The answer is the State is actually working -- it will be ultimately a State mediated protocol that requires corps to do ST Elevation MI. And I really didn't give credence to the strategy, there are some hospitals that don't have angioplasty capabilities. Like now, for example, people who have strokes go to stroke centers, and I don't know if you know, in Suffolk County when you have a stroke and you get picked up by EMS, you get taken to a specific hospital, not necessarily the closest hospital. In the future, that will also be true for heart attack. You know, you will have -- now, mandates are a funny thing because some corps, for example, are BLS corps and don't have the capacities to have 12 lead EKG's. So when you get into mandates it gets a little difficult. But the answer to your last question is I'm almost 99% certain that the State will give absolutely nothing to support this, they will expect the corps and their respective communities to fund this. And from the State's point of view, that's realistic; you have 15 million people, if you try to fund every 12 lead program, it would be an enormous State funding project. So I don't think that will happen.

CHAIRMAN EDDINGTON:

Okay, thank you. Legislator Losquadro.

LEG. LOSQUADRO:

Thank you. Interesting presentation. I have one question that sort of relates to this, but then I

have -- any time I get the opportunity to speak with you guys, it always jogs my memory on a couple of things from the past.

On the one issue with this, I saw that you had an increased response time, because obviously the equipment has to be hooked up -- not response time, on-scene time, because the equipment has to be hooked up, but ultimately you're providing a level of care, increased care.

MR. STAPLETON:

Right.

LEG. LOSQUADRO:

How do you factor that in to your current protocols? Because I know right now you have certain protocols for time guidelines in which you want response, in which you want the person transported to the hospital. How does that factor in?

MR. STAPLETON:

Well, you know, the response time protocol is literally getting ambulances there, that's the first thing. What you're talking about is scene time.

LEG. LOSQUADRO:

Right.

MR. STAPLETON:

So scene time, it's sort of the risk benefit of scene time, the longer you spend at a scene, maybe you're at greater risk of dying. You know, the shorter time you spend -- but if you saw on the statistic, the overall time from the time from heart attack to care was significantly reduced where the scene time was only incrementally reduced. So that's the answer to your question. Obviously time -- I would say, if you want to think about EMS and simplify it, time is the most important intervention in EMS, period. It's the most important in trauma, it's the most important in stroke, it's the most important in heart attack, it's most important in every disease. But sometimes the EMS provider --

MS. MAHONEY:

Excuse me. Can you speak into the microphone, please?

MR. STAPLETON:

I'm sorry. Sometimes the EMS provider can be the intervention. For example, you're all familiar with defibrillation, there they have the definitive intervention, they come with a defibrillator, they shock you and hopefully save your life. Other times, such as in trauma, he's the intervention, he's in the trauma service at Stony Brook where you get taken to Stony Brook or similar places and surgical care is the key intervention, not the paramedic. The paramedic is just sort of keeping you alive briefly while you can get to the intervention site. Did you want to say anything?

MR. BOYD:

No.

LEG. LOSQUADRO:

On that same line of thought with the response times, I know for myself, my -- portions of my district are situated geographically that it's very difficult, you either have to go east or west. I represent from Shoreham to Mt. Sinai, Port Jeff Station, and the eastern portion of my district, Shoreham, Rocky Point, Ridge, even into Middle Island, those areas you either have to go west up to Port Jefferson or east out to -- I always want to say Central-Suffolk -- Peconic Bay Medical Center or Brookhaven Memorial. And I know that it's been very difficult for them to comply, even with very good response times, with the transport times because of their geographic distance from medical centers. Have you factored -- have you looked at geographic location? I mean, I know it's even worst east, to the districts east of me, but I see it on the eastern portion of the district that I

represent. Have you done any analysis of geographical location and how it plays into your times?

MR. STAPLETON:

Well, I have two answers to that that are very important answers to that. First is we've -- REMSCO has never imposed a response time on corps, understand that, never. You know, we recognize that just what you're saying, some corps have long geographic distances to travel. The only thing we've dealt with on REMSCO is what we call 24 times where corps were called but they had nobody to send, and the time it took to get the next corps to send somebody, and there was a very complex issue which we've dealt with. So we've dealt with that on the level of if you didn't have an ambulance to send, all we said is, "Don't waste time, send the next ambulance," that's the essence of what we've done in the area of response time.

We recognize that the response time in Wading River is a hell of a lot different than in Babylon, you know, we realize that. We would never impose that except to say, "Gee, if Wading River can think of a good idea for shortening that response time, they should definitely do it." So those are issues we'd like to get involved in, more as a facilitating entity than, you know, saying you have to get there faster, but how can you get there faster? You know, that kind of thing. So, you know, that has been an issue for us.

Am I forgetting a dimension of this? Was there another aspect to your question?

LEG. LOSQUADRO:

No, I just wanted to know if there was something that you had -- obviously it's something that you're aware of and that you're factoring into your decision making process.

MR. STAPLETON:

Oh, one other thing. The important answer I wanted to give you is we don't have -- and this is something maybe you can help with, is data. If you ask me what the average response time for an ambulance in Suffolk County is, I can't tell you, I don't know.

LEG. LOSQUADRO:

Well, that actually leads me to my next question because it's something that I was part of lengthy discussions on as a member of this committee and we discussed it in the full body of the Legislature. What progress have we made in instituting the electronic PCR in terms of getting -- because I know the State, getting this data back, you know, these forms go up into, you know, the abyss and getting that information back and having current data that we can mind and do analysis on is obviously something that is a shortcoming and it would be a great benefit to us in planning our strategy, especially with such a geographically diverse County. So what progress have we made?

You know, I see tremendous potential for efficiencies in implementing, you know, computerization and standardization of these type of programs for the departments, and especially because we're so reliant on a volunteer base. Anything to make the process easier and get the information back to the overseeing agency is, I think, going to help everyone. So what progress have we made?

MR. STAPLETON:

Well, the electronic PCR's in a sort of prototype phase, they actually have engaged in doing it, they're going to distribute it and test it and it's one solution to this, electronic PCR's in terms of a document. If we're going to try and rely on the State Department of Health as a source of data for our response times, forget about it, they're like five years behind the curve; we send data to them, we don't get it for five years.

The source of data we're talking about resides here in Suffolk County in the PSAPS, the dispatch agencies who actually dispatche the ambulances, know when they leave, know when they get to the scene, know how long they're on the scene, know how to get back. And our request in the past to this issue has been, "Well, the individual corps have to approve the release of this data," which we

find a little funny in that sense because how can you look at the whole system in the absence of data? How can we tell you -- if you asked me, "Oh, is Wading River as good as Shirley?" I couldn't tell you, we don't know. And that's one of the frustrations for us, because we're trying to do improvements on the system and affect the system, but we don't know if we approved it. We did a protocol that tried to reduce response times, we don't know if it worked. So these are issues that are very frustrating to us and we're trying to be politically sensitive to these issues because it does become a matter of who's in charge and whose responsibility and, "This is my area," and all of those issues that we're faced with, but at the same time, commonsense tells you. And there's always a risk. I think when you talk to a corps, "Why don't you want to release data," "Well, the Newsday thing, you know, they said how bad we are," you know, they're very paranoid about -- you know, and I understand that, but we're the quality assurance agency that is supposed to look for strategies to improve it and we can't do it without data. So that's one of the things in a sensitive way I hope we can resolve where we can actually get data to look at these issues and have an impact on it.

LEG. LOSQUADRO:

Just back to the PC -- electronic PCR for a moment, you said it's in the prototype phase. It's going to be distributed or do certain departments already have this? I mean, I know we discussed this quite a while ago, so I'm just sort of looking to get a feel of where this is in terms of even a prototype roll-out, any feedback on what's been distributed.

MR. STAPLETON:

Unfortunately, Bob Delagi is not here who's actually in charge of that and he can tell you the exact timetable, but it's been discussed at every REMSCO meeting where they've engaged with a vendor and they're getting electronic PCR's and they're going to give it to some corps, and I don't know the exact timetable is the answer.

LEG. LOSQUADRO:

I'm not sure which members were here when that was discussed and which weren't, because I know it was a while ago now. So Mr. Chairman, I think that would be something that would be beneficial to perhaps be distributed to the entire committee, because I would like to request an update on that.

MR. STAPLETON:

I will follow up on that --

LEG. LOSQUADRO:

If you could, please.

MR. STAPLETON:

-- and give you an exact answer today.

LEG. LOSQUADRO:

Thank you.

MR. STAPLETON:

I will call Bob Delagi and have him send you an e-mail indicating where it is in the process.

CHAIRMAN EDDINGTON:

You know, I love the acronyms we use; could you define PCR?

MR. STAPLETON:

Oh, I'm sorry; Prehospital Care Report, it's the actual document such as a medical chart that the paramedics and EMS providers use when they treat the patient.

CHAIRMAN EDDINGTON:

Thank you. Legislator Browning, you had a question.

LEG. BROWNING:

Yeah, real quick. My district, when you were certifying the Police Ambulance.

MR. STAPLETON:

Right.

LEG. BROWNING:

I was getting a lot of flack on it and a lot of --

MR. STAPLETON:

You're in Patchogue. Shirley; what is your Legislative area?

LEG. BROWNING:

I have South Country.

MR. STAPLETON:

Oh, okay, there you go; say no more.

LEG. BROWNING:

Yeah, say no more, and I'm still hearing it.

MR. STAPLETON:

Right.

LEG. BROWNING:

That we're going to be taking over, Suffolk County is going to take over the ambulance service. Can you please speak to that; the contract has been signed, correct?

MR. STAPLETON:

Yes. The Police Department requested essentially a renewal; they have been running an ambulance for years. Cops are trained as EMT's. They've never made a move to take over EMS, and the hearing basically tried to flush out those issues. Because there was concern that, gee, you know, here we are putting all of these services out and the Police Department is going to come along and take over EMS. But really, the Police application just asked for a very, very narrow control. For example, let's say you have a hostage situation; do they want to send a provider from your district into a hostage?

LEG. BROWNING:

Actually --

MR. STAPLETON:

I know the provider for you district wants to go --

LEG. BROWNING:

Yes.

MR. STAPLETON:

-- into a hostage situation, but that's another issue. Do they really want in general to have public people going into hostage situations? No. They want cops who are EMT's, trained in that to go in and intervene as EMT's in that situation. Furthermore, when cops who are injured, need to be transferred or those kinds of things, so it's very focused, very specific. I would bet my oldest child, the Police are not in some conspiracy to take over EMS. And furthermore, the Legislature has absolute control over that. I mean, you know, if the County Executive said tomorrow, "I'm going to

put the Police in charge of EMS," you would have an opportunity, obviously, to deal with that as an issue, which is not going to happen. You know, that's my opinion.

LEG. BROWNING:

Yeah. Okay, thank you.

CHAIRMAN EDDINGTON:

Legislator Horsley.

MR. STAPLETON:

And there was a Memorandum of Understanding written and it very specifically outlines what the limits of their EMS activities are.

CHAIRMAN EDDINGTON:

Legislator Horsley?

LEG. HORSLEY:

Good morning. Just a quick question. First of all, I appreciate your comments about the sensitivity relating to our fire departments and our timeliness of the ambulance and whatever; I come from Babylon.

MR. STAPLETON:

Yes; so do I.

LEG. HORSLEY:

I know you do, so you know that there's always a concern about that issue, but that's not the reason -- that's not my question. My question is you're talking then that we're now going to have hospitals that are stroke hospitals and there will be heart attack hospitals. How is it geographically working out, are places underserved or how does it look to REMSCO as far as if someone has a stroke in Shirley, I mean, is that person covered properly?

MR. STAPLETON:

Actually --

LEG. HORSLEY:

How does it look?

MR. STAPLETON:

-- if you asked me that two months ago I'd say not good if you lived on the east end, but that was just resolved in that Peconic Bay and Southampton became stroke centers; they were not.

LEG. HORSLEY:

Okay.

MR. STAPLETON:

Now it's pretty well spread out, as good as it can be in Suffolk County, obviously. If you happen to live in Montauk --

LEG. HORSLEY:

So you take the array of problems, they're pretty well -- you're drawing little circles on the map and stuff like that, knowing that everyone is going to be taken care of?

MR. STAPLETON:

Well, the truth is hospitals had to step up to the plate. In the case of Peconic Bay, they didn't have the resources to treat stroke patients as is defined by these protocols, now they stepped up to the

plate and put in the resources necessary to take well care of a stroke patient. It may be that they're not suited for heart attack patients and that may become an issue when the STEMI Program --

LEG. HORSLEY:

Yeah, that was where I was going.

MR. STAPLETON:

The STEMI Program --

LEG. HORSLEY:

You know, are all the onus' on you? Are you monitoring that issue?

MR. STAPLETON:

Well, we've monitored it to the best of our capabilities; obviously we can't designate STEMI centers because that's a huge undertaking to give Angioplasty and bypass and all of those issues that are associated with the program. But, you know, we're certainly -- and these strategies, what happens is let's say you're having a heart attack and you're not -- let's say you're on the north fork and let's say Peconic Bay is not a STEMI Center, let's just take those things; what they'll do is if you're stable they'll, you know, endure the trip to Mather or wherever you end up as the closest STEMI Center, or they will take you to Peconic Bay and make sure you're stable and then helicopter you to a STEMI Center or some other strategy like that. So all of these strategies have fail-safes. You know, for every hospital --

LEG. HORSLEY:

However, we're dealing with -- time is of the essence and all of that, what you just went through.

MR. STAPLETON:

Exactly, yeah. I mean, honestly, if you live in Montauk, that's one of the prices you pay. If you get hit by a car in Montauk, it's going to take you longer to get to a trauma center, that's the truth of it.

LEG. HORSLEY:

It's not a good deal, huh?

MR. STAPLETON:

But on the other hand, the system is trying to do everything they can to make that the shortest possible time it can, and should you suffer a complication that you are indeed taken to the closest hospital and not transported to a designated center. So that becomes more of a State Department of Health issue and designation of hospitals and hospitals wanting to be designated in these ways, because it means having doctors get there 24/7, it means having Cat-Scans, it means having certain things that the hospital might otherwise not have.

LEG. HORSLEY:

You would -- would REMSCO advise this Legislature when you see a disparity that, you know, is obvious that, "We've got to do something about this," you know, set up the flags so that we would know about that; would that be your responsibility?

MR. STAPLETON:

I'd basically beg for the opportunity today to do that on a regular basis with you and to keep you informed. And in fact, you'll have Rob Calarco who will be sitting on REMSCO when these issues emerge who will be a direct link to Legislator Eddington. But aside from that, we want the opportunity to have a voice with you and to keep you updated on things we consider important such as 12 lead EKG.

LEG. HORSLEY:

Right. Okay, thank you.

CHAIRMAN EDDINGTON:

Could you elaborate on the aviation part, with the helicopter?

MR. STAPLETON:

Well, the aviation helicopter, of which we staff from Stony Brook with paramedics, has been a great resource and it, in fact, has reduced -- has improved survival mainly with trauma. The helicopter has largely been a single resource strategy for trauma, it hasn't been used for heart attack much, it hasn't been used for stroke and those kinds of things. It maybe, as these things emerge, become more of a resource, for example, a heart attack. So if somebody in Montauk were to have an ST Elevation MI and they say, "Oh, we've got to get this person," as you say, to a hospital, it could be used for that kind of resource. Currently, it's used on a very limited basis for that kind of resource, it's mainly an instrument for trauma which of all the things -- by the way, we talk about time sensitives -- there's nothing more sensitive than trauma; trauma is the ultimate time.

CHAIRMAN EDDINGTON:

Are you saying that Stony Brook has their own helicopter? It's ours, it's our Police.

MR. STAPLETON:

No, we staff, we staff the Police helicopter.

CHAIRMAN EDDINGTON:

Okay, all right.

MR. STAPLETON:

When you get -- the paramedic on the helicopter is a Stony Brook employee, okay. So we staff -- they obviously have the pilots who are cops, so that's the way it works with the helicopter. And that's good because we have doctors who train the paramedics and interface and provide medical direction and the paramedics on the helicopter are particularly aggressive paramedics, they do enormously complicated things that you'd be surprised at, including paralyzing people for the purposes of putting tubes in them and that kind of thing.

CHAIRMAN EDDINGTON:

Do you have the 12 --

MR. STAPLETON:

Oh, yeah; yeah, we have 12 lead.

CHAIRMAN EDDINGTON:

Oh, you do? Okay. All right, Legislator Nowick.

LEG. NOWICK:

Yes, thank you for your presentation. My district is the Smithtown, St. James, Kings Park, Fort Salonga area. And I'm interested, and I bet everybody else is, in what hospitals are for heart, stroke. Do you have a list of the hospitals in Suffolk County that specialize --

MR. STAPLETON:

I will have Bob Delagi send you a list of all the hospitals in Suffolk County that are stroke centers or STEMI centers.

LEG. NOWICK:

Whether it's a stroke center or a heart.

MR. STAPLETON:

I'll do that today, okay, I'll have that sent to you. But aside from that, like St. Charles is a stroke center, for example.

LEG. LOSQUADRO:

Mather.

MR. STAPLETON:

Mather, Stony Brook.

LEG. NOWICK:

What about -- and I'll zero right in on St. Catherine's of Sienna because it's right in the middle of my district; is that a specialty of any sort?

MR. STAPLETON:

I'm not sure of the exact qualification in terms of STEMI, I don't know. Right now, understand, when we talk about STEMI, or ST Elevation MI, there are no designations yet.

LEG. NOWICK:

Okay.

MR. STAPLETON:

Okay? So we're not transporting people to different hospitals on the basis of STEMI yet, because that's a State Department of Health issue that will come down from high to do that; at that time it will become important, obviously, whether St. Catherine's is. And

LEG. NOWICK:

But so right now you're not doing that yet.

MR. STAPLETON:

No.

LEG. NOWICK:

Okay.

MR. STAPLETON:

But we do we have -- we are doing the 12 lead which still has a benefit. We're doing the 12 lead with notification of the receiving hospital so that the team can be prepared, we are doing that.

LEG. NOWICK:

Yeah, a list would be great.

MR. STAPLETON:

What we don't have now is the capability of bypassing hospitals and doing those kinds of things as yet, because that hasn't come down from the State Department of Health. It's obviously controversial because hospitals say, "Gee, I want those patients," you know, so when you start bypassing hospitals, hospitals get involved and say, "Gee, we think our resources are enough," or whatever. So there's a lot of complicated issues associated with it.

LEG. NOWICK:

Right. And a part of me would say is it more important to get to a hospital quickly or go out of your way to another hospital; and I don't know that because I'm not in the medical profession.

MR. STAPLETON:

Well, my short answer to that is if I have a heart attack, I want to be at a place that has Angioplasty capabilities.

LEG. NOWICK:

Immediately.

MR. STAPLETON:

Immediately; as soon as I can, let's put it that way. I think that's the -- that's the medical scientific answer to that question. That's, you know, the position now of the American Heart Association, for example.

LEG. NOWICK:

Okay, so we can get the list. Thank you.

MR. STAPLETON:

Right, you'll get the list.

CHAIRMAN EDDINGTON:

Legislator Browning.

LEG. BROWNING:

Yeah, getting back to the helicopter. It's my understanding that say you have a major car accident and you have to -- you send a helicopter in to do a Medevac; it's my understanding that it only goes to Stony Brook.

MR. STAPLETON:

That's not totally true. More times than not it does go to Stony Brook, because Stony Brook is the only Level I Trauma Center in Suffolk County. So naturally, if you're geographically anywhere in the County, you know, and you're in a helicopter where the difference between, say, going to Brookhaven or going to Good Sam or going to Stony Brook, you know, Stony Brook is the Level I Trauma Center, so the helicopter would preferentially go to Stony Brook. However, there's many instances where the helicopter will bring them to Brookhaven or bring them to other hospitals as well. For example, with the barrier beaches, you know, where they have a call out there and, you know, they maybe bring it to them, or depending on the status of the patient, you know, how unstable the patient is. But the truth is Stony Brook is the Level I Trauma Center and there's an advantage, you know, resource wise for certain types of patients to go to Stony Brook. But it's not a matter of just bringing Stony Brook preferentially, it's a matter of what is wrong with you, do you have a major head trauma going on and we're only seven minutes away from Stony Brook and five minutes away from Brookhaven, where do you want to go, and the answer is, you know, they would take you to Stony Brook, that's the answer. It's a Level I Trauma Center.

CHAIRMAN EDDINGTON:

I would just say then, to add to the list that you're going to send us, define what Level I is, Level II; I don't know if it goes any further than that.

MR. STAPLETON:

Okay, we will do.

CHAIRMAN EDDINGTON:

But so we'll have a clear understanding of what everybody does and where are they going to go and why.

MR. STAPLETON:

Excellent; we will do that.

LEG. HORSLEY:

One more question.

CHAIRMAN EDDINGTON:

Okay, one more question, Legislator Horsley.

LEG. HORSLEY:

Yeah, again, thank you. One of the questions that I've been asked by volunteers about REMSCO is that they question how many people are being -- are professional career health specialists on REMSCO versus the volunteers. I guess sometimes they feel like they're -- they don't have fair representation and that question comes up, so I was just wondering how you would respond to that.

MR. STAPLETON:

The answer is the three people you're looking at here have had 75 years experience in EMS for one thing, okay. I worked as an EMS provider for 25 years in New York City, I've been at Stony Brook for 15 years. I don't work clinically as a paramedic now, but I write books on it, I'm very involved with EMS. These two guys are active EMS providers. This is the leadership -- go ahead.

MR. BOYD:

I'll speak for myself on this. I'm 27 years as an Emergency Medical Technician, Ex-Chief of the Southold Fire Department and I've been involved in this for a long period of time. I represent the Suffolk County Fire Chiefs Association on REMSCO and do everything we possibly can to bring the views of that organization back to REMSCO and to actively participate on behalf --

LEG. HORSLEY:

So you feel that the volleys are fairly represented.

MR. BOYD:

I'm looking at the make-up of REMSCO at the present time and both the volunteer fire departments and the volunteer ambulance services are well represented, no question about that. We have representatives from the East End Ambulance Coalition, on the south side from Southampton Town Ambulance, North Fork Rescue Squad Association, Suffolk County Fire Chiefs Association, Suffolk County Volunteer Fireman's Association. We're very -- we're very well covered. You can always have more people, a particular constituency you would think they would have to be better represented, but we do have certain requirements as to what we must have as part of the REMSCO make-up. Presently, I think we're doing a very good job of spreading our constituencies out so that all of these different areas are covered.

*(*Presiding Officer Lindsay entered the meeting at 10:27 A.M. *)*

LEG. HORSLEY:

Okay, so what you're basically saying then is that even though some of the people are career health specialists, that they also wear a second hat, that they feel comfortable that they can represent the volunteers as well.

MR. BOYD:

Well, we're mandated to have certain representation and that would include some of the career people just because of where they come from and they perform a very valuable service to REMSCO.

LEG. HORSLEY:

Yeah, I'm not being critical, guys. I'm just questioning because I know these questions come up to me.

MR. BOYD:

No, but while I have your ear here, I'd like to speak to something that you, Legislator Horsley, Browning, Eddington mentioned about the helicopter transport and the availability of services.

Coming from Southold, I'm on the far east end. We have a hospital, Eastern Long Island which is our primary hospital, which is not a stroke center. We have to, on almost a daily basis, make determinations as to transport decisions; what are we going to do with a potential stroke case? Are we going to go to Eastern Long Island, have stabilization done there and have the patient transport on, or are we going to call for the helicopter and have the patient go directly to Stony Brook?

When the STEMI Centers become operational, we will have the same transport decisions that we will have to make, and it is because of these transport decisions that the use of a 12 lead as a diagnostic tool is so vitally important to us. Right now we have certain diagnostic tools that we can use to differentiate between a stroke and a hypoglycemic episode, low blood sugar. That is an important transport decision for us to make; are we going to go to Eastern Long Island and have them taken care of or is this a stroke that is in the process right now which requires immediate treatment? If so, we call the helicopter.

We use the helicopter quite extensively on the north fork. It's a very, very important thing for us. And when we extended the helicopter service to the east end, we put a helicopter at Gabreski Airport which is now there from seven in the morning until eleven o'clock at night, it helped us dramatically. Suffolk County, as you're all aware, is not a uniform area, it is geographically diverse, it is culturally and it is certainly diverse in terms of the age and the medical requirements of the population.

On the east end, we have the oldest population anywhere in the County. We are serious experts in geriatric medicine and we must be aware of this and we must tailor our response to that. But we also have to take care of the traumas that we get, and thankfully we have the ability to use that helicopter and to use it on a very regular basis. We are employing it for medical cases, we're employing it for trauma cases and we anticipate that the use of the helicopter for medical cases is going to increase dramatically as the STEMI Centers become available to us.

LEG. HORSLEY:

And do you feel that the helicopter service that the County provides is adequate at this point, are we keeping up with these numbers that you're talking about?

MR. BOYD:

I would certainly prefer to see 24-hour helicopter service from Gabreski Airport. Right now we're from 11 to 7 where we have to rely on a helicopter coming from McArthur, there's a long response time there and that, of course, impacts on our decision as to exactly what we're going to do with the transport.

We have Central-Suffolk, or Peconic Bay Medical Center as a stroke center now and each time that we have a potential stroke we have to make that decision, what is the response time of the helicopter? Are we going to be able to use a 20 minute response time with a helicopter to take 20 minutes driving time to go to Peconic Bay as opposed to waiting for the helicopter? It's a case-by-case determination, we're dealing with a two hour window on strokes, that is two hours from the on-set of the systems to the definitive care in the hospital.

LEG. HORSLEY:

Boy, I don't envy you of making that decision; that's a life or death decision sometimes.

MR. BOYD:

And it's one that we have to make because of the geographical area we're in, and I'm sure our friends in Amagansett and Montauk, Springs, they make the same decision on a daily basis.

CHAIRMAN EDDINGTON:

Okay, thank you very much for that informative presentation, gentlemen. And we'll be in touch. Thank you.

MR. STAPLETON:

Thank you very much for the opportunity..

CHAIRMAN EDDINGTON:

Okay, let's get to the rest of the agenda.

Introductory Resolutions

IR 1009-08 - Accepting and appropriating a grant in the amount of \$21,600 from the New York State Governor's Traffic Safety Committee Grant (GTSC FFY2008) Selective Traffic Enforcement Program (STEP) with 100% support for the Sheriff's Traffic Safety Initiative (County Executive).

LEG. LOSQUADRO:

Motion to approve and place on the Consent Calendar.

LEG. NOWICK:

Second.

CHAIRMAN EDDINGTON:

Motion to approve and put on the Consent Calendar by Legislator Losquadro.

LEG. NOWICK:

Second.

CHAIRMAN EDDINGTON:

Seconded by Legislator Nowick. All those in favor? Opposed? Abstentions? ***Approved and placed on the Consent Calendar (VOTE: 5-0-0-0).***

IR 1034-08 - Establishing a Sex Offender Alert Program (Browning).

LEG. BROWNING:

Okay, I --

CHAIRMAN EDDINGTON:

Legislator Browning?

LEG. BROWNING:

I am going to withdraw this bill at this time. I've had some conversation with Laura Ahearn from Megan's Law this week and we are looking to take a different route with this, so I don't think we're going to need it.

CHAIRMAN EDDINGTON:

Okay, we'll take that off.

All right, then, if there's no other business, I will take a motion to adjourn.

LEG. LOSQUADRO:

So moved.

CHAIRMAN EDDINGTON:

Okay, motion to adjourn. I'll second that. Thank you for participating in the committee today.

(*The meeting was adjourned at 10:26 A.M*)