5-2-2023 - EMS for Children Meeting May 2023
STATE OF NEW YORK
E.M.S. FOR CHILDREN ADVISORY
COMMITTEE MEETING MAY 2023

Tuesday, May 2, 2023
1:03 p.m. until 3:38 p.m.
WebEx

1 5-2-2023 - EMS for Children Meeting May 2023
2 (On the record 1:03 p.m.)
3 **MR. COOPER:** Hi, Amy. Can you hear
4 me?
5 **MS. EISENHAUER:** I can hear you, Dr.
6 Cooper.
7 **MR. COOPER:** Okay. I can only see Ed
8 Conway, you and me on the screen.
9 **MS. EISENHAUER:** I think people --
10 some people are sharing and some people are not.
11 **MR. COOPER:** I see. Okay.
12 **MS. EISENHAUER:** Alright. I just want
13 to make sure. Alright, you are not seeing what --
14 hang on one second. The multiple monitors always
15 mixes up all the things. Alright. So if you want to
16 start Dr. Cooper?
17 **MR. COOPER:** Sure. Do we have a -- do
18 we have a quorum? Do you need to take that?
19 **MS. EISENHAUER:** You have a quorum? I
20 can take attendance, yes. Let me do that.
21 **MR. COOPER:** Let's do that.
22 **MS. EISENHAUER:** Alright.
23 **MR. COOPER:** Okay. Let's welcome
24 everybody to the meeting today, Tuesday, May 2,
25 Emergency Medical Services for Children Advisory

1 5-2-2023 - EMS for Children Meeting May 2023
2 Committee via Zoom. Amy, can you please take
3 attendance?
4 **MS. EISENHAUER:** Yes. When I call
5 your name, please state your name and say yes, so
6 that the court reporter can record it. Dr. Cooper?
7 **MR. COOPER:** Here.
8 **MR. CLAYTON:** Amy, before you start --
9 **MR. COOPER:** Dr. Cooper here.
10 **MR. CLAYTON:** Hit record.
11 **MS. EISENHAUER:** I did hit record.
12 **MR. CLAYTON:** Okay. Thank you.
13 **MS. EISENHAUER:** Yeah.
14 **MR. COOPER:** Dr. Cooper is here.
15 **MS. EISENHAUER:** Excellent. Dr.
16 VanderJagt? Dr. Albert?
17 **MR. ALBERT:** Present.
18 **MS. EISENHAUER:** Bruce Barry?
19 **MR. BARRY:** Bruce Barry is here.
20 **MS. EISENHAUER:** Sharon Chiumento?
21 **MS. CHIUMENTO:** Sharon Chiumento is
22 here.
23 **MS. EISENHAUER:** Dr. Conway?
24 MR. Conway: Ed Conway. I'm here.
25 **MS. EISENHAUER:** Dr. Pamela Feuer?

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MR. FEUER:** Present.
3 **MS. EISENHAUER:** Dr. Vincent Coyle?
4 He did e-mail me that he was going to have a
5 conference and might not be able to attend.
6 Douglas Hexel?
7 **MR. CLAYTON:** Dr. Cooper, can you go
8 on mute please if you're not talking.
9 **MR. HEXEL:** Douglas Hexel, I'm here.
10 **MS. EISENHAUER:** Thank you. Nickol
11 O'Toole? Dr. Bombard?
12 **MR. BOMBARD:** Dr. Bombard here, sorry.
13 **MS. EISENHAUER:** That's okay. Thank
14 you. Dr. Harris?
15 **MR. HARRIS:** Dr. Harris, I'm here.
16 **MS. EISENHAUER:** Excellent. Chief
17 Pataky?
18 **MR. PATAKY:** Joe Pataky here.
19 **MS. EISENHAUER:** Thank you. Jason
20 Haag?
21 **MR. HAAG:** Jason Haag is here.
22 **MS. EISENHAUER:** Excellent. Ben
23 Kasper?
24 **MR. KASPER:** Ben Kasper here.
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MS. EISENHAUER:** Great. So that is
3 the attendance. We do have a quorum. I did want to
4 note that Dr. Haggins sent in her resignation. She
5 got a promotion and would not be able to meet all the
6 requirements. We are in the process. She suggested
7 Dr. Vera Feuer, which many of you are familiar with,
8 as she has helped us and has also done some work with
9 the E.I.I.C. at the federal level. So she is -- we
10 have started the vetting process and then also Dr.
11 Prince is going to take a step back. And Dr. Kim
12 Wallenstein is going to be vetted as his replacement
13 as she's done extensive work with the Ped Sub-
14 Committee at STAC and worked with us on a variety of
15 projects. So they are both entering the vetting
16 process. And I'll turn it back over to you, Dr.
17 Cooper.
18 **MR. COOPER:** Thank you so much. So
19 welcome again, and we have a full agenda. We're
20 going to hear from Ryan Greenberg, from Amy
21 Eisenhauer. And then, as you can see, we have all
22 business to cover regarding pediatric agitation, the
23 PET program, pediatric triage recommendations, and
24 the length-based measuring tape issue. And then of
25 course, we're going to hear from our other things on

1 5-2-2023 - EMS for Children Meeting May 2023
2 system committee. And so hopefully we'll keep you
3 all busy for the next two hours. Ryan, would you
4 lead it off, please?
5 **MR. GREENBERG:** I have to get off
6 mute. I'm going to try and make it fairly brief
7 today; in case it works. And then obviously have you
8 take any comments or questions. So, a lot going on
9 the Bureau most notably is that I've actually been
10 hiring a number of new staff members, so we're
11 excited to see that one in a number of different
12 categories. In relation to E.M.S for children,
13 operations continued down in all of our field
14 operations and doing investigations and full-service
15 inspections. One of the things that we are looking
16 at is a revamp of our full-service inspections. And
17 one of the things, my peak consideration is more
18 focused also on our pediatrics. We know that they're
19 both regulatory changes that are in the process right
20 now for updated equipment standards as well as
21 educational standards.
22 Educational standards don't change
23 much related to pediatrics; however, the equipment
24 standards do. And that will, open the door for our
25 field investigators to be looking for more of the

1 5-2-2023 - EMS for Children Meeting May 2023
2 pediatric things as well as to make sure that people
3 know how to use the pediatric equipment that's out
4 there and make sure that they are well treated and
5 have the equipment that they need in order to kind of
6 move things forward. Our program agencies and our
7 REMSCO continue to execute their contracts and
8 perform their regional responsibilities. Our
9 education unit has had some changes in it. The
10 branch chief operations, Mike Bagozzi is now the
11 acting educational branch chief. And he is working
12 with the unit chiefs within the education department
13 to keep things moving over on that side of things.
14 We're also moving to a new way of
15 testing for our E.M.T.s on the skills that they have
16 and the skills that they learn. And we're moving
17 from a specific skill-based exam to a scenario based
18 exam that we take a series of scenarios and have to
19 treat the patient from the time that they walk in
20 until till the end and transferring care to
21 essentially you're treating the patient in the
22 ambulance. We say this on our paramedic exams right
23 now, but it's now from -- side. So we are working on
24 having more of that real life scenario moving
25 forward. So we're very excited about that one,

1 5-2-2023 - EMS for Children Meeting May 2023
2 seeing that come forward. We've had our second beta
3 run of that and we're just tweaking what that process
4 will be, but that most likely will be north of twelve
5 to eighteen months out before you actually see that
6 implemented. Our data and informatics unit is
7 remaining busy.
8 We continue to collect data. That's a
9 big thing, particularly for E.M.S. for children is
10 our biospatial agreements and being able to collect
11 data and put it into an analytical form for our
12 agencies. Some of those data points that we'll be
13 looking at is directly related to pediatrics. The
14 top part that comes for some of our smaller agencies,
15 which we have a thousand agencies, many of them have
16 a fairly small subset of patient population or
17 incidents in a given year. And so when they start to
18 look at pediatric patients, regardless of, if you
19 consider that's under the age of eighteen, or under
20 the age of fourteen, there are many of our agencies
21 that just don't have a large pediatric population
22 that they treat. And so then looking at
23 statistically how they're doing on certain things
24 become a little bit more challenging. So that's one
25 of the things that we've noticed in trying to collect

1 5-2-2023 - EMS for Children Meeting May 2023
2 some of the data and looking for ways that we'll be
3 addressing that one. And as for children, obviously,
4 now that Amy talk about all her key points as well as
5 her growth in the team, and but I'm going put a shout
6 out the congratulations on the extension of the
7 contract for several more years. I'm very excited
8 about that one. And absolutely do the hard work and
9 commitment of all of you here, as well as, -- going
10 to come back on the camera for that one. But your
11 work here as well is but everything that Amy's doing
12 behind the scenes and in front to make things happen,
13 Vital Signs next year is October 17 to 22. Again, I
14 bring that up as we finalize the schedule for things,
15 we are making sure that we have a focus on our
16 pediatric components and pediatric courses.
17 Everybody taught there. Our annual memorial, our
18 E.M.S. memorial is May 23. That's right around the
19 corner at the State Plaza, our next council
20 operations, our next council meeting, our SEMSCO and
21 C.A.C. meeting are and actually STAC is also next
22 week. So Tuesday, Wednesday, Thursday is all of
23 those meetings. So Art will be spending the entire
24 week up in the Albany area. Thanks. And we are
25 trying to align these meetings to happen in the

1 5-2-2023 - EMS for Children Meeting May 2023
2 future, right before or very close to, in order to
3 bring any information forward. So just keeping in
4 mind of what that future looks like. But some of
5 those, and you wonder why we're on certain dates.
6 It's normally to align with those.
7 We spoke about the regulations. They
8 are moving through. We were hoping to have them out
9 by public -- for public comment, by the SEMSCO
10 meetings. You don't see that happening, but they are
11 moving through the process upwards as we go, so I'm
12 hoping in the next probably four to the six weeks,
13 maybe eight weeks, we'll see those out. And we'd
14 encourage everybody here to provide some public
15 comments, including positive public comments. So
16 it's always something that some people kind of
17 sometimes stay quiet on, but positive feedback on
18 regulations is also a good thing. So when you see
19 the pediatric standards and things coming out, if you
20 are supportive of those putting a public comment in
21 related to that is always a wonderful thing to hear
22 as well.
23 Executive orders, safe mapping ... is
24 still in place at this moment. The Rural Health Task
25 Force has their next meeting tomorrow. And just a

1 5-2-2023 - EMS for Children Meeting May 2023
2 reminder to everybody here, we have moved the bulk of
3 our forms and things, including the PET program,
4 which truly has been since the beginning, all the one
5 page on our homepage, which is the forms page, and
6 it's a dropdown. So if you do need any forms or any
7 -- or agencies need any forms we've made almost
8 everything electronic. A few things are still
9 P.D.F., but they're still submitted electronically.
10 We do not accept mail for the most part. And
11 actually, you've even gotten to the point of certain
12 things. We will start to return the mail to you
13 until you submit it electronically, just to make sure
14 that people are following that process.
15 It helps us process things faster, it
16 helps make sure nothing gets lost and really is a
17 positive thing and moving forward. Last but not
18 least, really have some great collaboration amongst
19 different councils. We know this council works with
20 our SEMSCO Council on a very regular basis, but we're
21 also now working with the council on a pretty regular
22 basis, in particular related to offload times. And
23 so just seeing that synergy and working through
24 allows us really to put a positive step forward and
25 some great things especially as we start moving

1 5-2-2023 - EMS for Children Meeting May 2023
2 forward on some of the new federal expectations for
3 E.M.S. for children grant and now moving into
4 hospitals even more, so I think this partnership and
5 working with other councils will become more and more
6 apparent is something we're going to need to even
7 further stand.
8 So outside of that, the last thing,
9 the biggest thing's probably been going on the past
10 couple of months is, is the budget, there's a
11 proposal in the budget for E.M.S. and to advance
12 different things in E.M.S. and different
13 opportunities to help lead the E.M.S. sustainability
14 study. The E.M.S. sustainability study, E.M.S.
15 agenda for the future was released back in January if
16 you haven't seen it. If you just Google New York
17 State E.M.S. agenda for the future, E.M.S.
18 sustainability should be one of the top Google that
19 pops up there. And if not, you can go to our webpage
20 and find it there. But very excited about that, that
21 was a year and a half in the making with ... who
22 really led that team, they came up with twenty-five
23 recommendations in order to create E.M.S.
24 sustainability around the state.
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 Nineteen of those twenty-five
3 recommendations were, have solutions to them either
4 in full or in part in this year's submission with the
5 Part F proposal that this is a budget. We're still
6 waiting for the final side of where the budget kind
7 of does fall and what's included or not included with
8 that one. But very excited to see things move
9 forward on every front in E.M.S., including our
10 pediatric patients, and making sure that we do our
11 best as we can, that's all that I got. Happy to take
12 any comments, questions, or concerns?
13 **MR. COOPER:** Thank you so much, Ryan
14 Greenberg. Do we have any questions for Ryan or
15 issues regarding the report that he's given us?
16 Well, hearing none. Ryan, it sounds like it's all
17 good, so what could be better than that? So at this
18 point, we are aware that Jeremy Cushman is unable to
19 be with us after two o'clock. So I'm hoping that
20 Jeremy is able at this point to deal with the
21 protocol updates, which are currently listed under
22 the new business. Jeremy, does that work for you?
23 **MR. CUSHMAN:** It does Dr. Cooper.
24 **MS. EISENHAUER:** Give me one second
25 just to get on the screen.

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MR. COOPER:** What? Did you say it
3 does? Thank you.
4 **MR. CUSHMAN:** Yep. Can you hear me
5 okay?
6 **MR. COOPER:** Yeah, maybe a little
7 closer to microphone if you can.
8 **MR. CUSHMAN:** [Crosstalk] -- getting
9 the right one up.
10 **MS. EISENHAUER:** I will get the
11 seizure one up first.
12 **MR. CUSHMAN:** Okay. Let me take a
13 quick second to kind of summarize those if you will
14 the substantive changes to the seizure revisions. On
15 the PEDs end of things it is primarily to clarify and
16 address the dosing regimen to reflect zero point two
17 milligrams per kilo I.M. or intranasal to a max dose
18 of ten milligrams.
19 And then if I.V., the zero point one
20 milligrams per kilo I.V. to be consistent with most
21 practices, as well as the National Model E.M.S.
22 guidelines. The remainder of the protocol itself is
23 pretty much unchanged. So Amy, if you just scroll
24 down to the PED section so the group can see those
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 recommended changes. Any questions, concerns related
3 to that recommendation for change?
4 **MR. COOPER:** Amy, perhaps we could
5 slide down just a bit more so we can see the
6 paramedic level as well. Thank you.
7 **MR. CUSHMAN:** There you go. So,
8 again, at the C.C. level they're only giving it I.M.
9 or intranasal at the paramedic level, they do have
10 the option for I.V., and again, consistent with the
11 National Model EMS guidelines having the zero point
12 two mg/kg I.M. or intranasal and then the zero point
13 one mg/kg if an I.V. is established.
14 As always, best practice remains. The
15 first line is really intramuscular administration for
16 your first round, and not to delay obtaining vascular
17 access, particularly in a child who is typically a
18 little bit more challenging for most of our
19 practitioners. And then again, the remainder of the
20 protocol remains pretty much unchanged.
21 **MR. COOPER:** Any questions for Jeremy
22 about this? Okay, next protocol, then. Thank you,
23 Jeremy.
24 **MR. CUSHMAN:** Alright. So the next
25 protocol looks like, so this is a pain management

1 5-2-2023 - EMS for Children Meeting May 2023
2 protocol, looks like, holy cow, there's a lot of red.
3 Hopefully, we won't have that one. But what we did
4 in pediatric is frankly cleaned up a lot of stuff
5 because a lot of things has been injected in many of
6 the revisions during that time.
7 What we also did was really try to
8 simplify some of the -- not the dosing regimens, but
9 simplify the language on it, so the protocol frankly,
10 was not as busy. So to that end, really when we look
11 at -- at it we are clarifying the concentration.
12 We're making sure that the -- if equipped and trained
13 asterisks are in the right location and then
14 providing some standardization as you -- so again,
15 these are the same dosing tables that you had before,
16 but before there was a whole another column within
17 the concentration. And so we just move that
18 concentration to where it says acetaminophen and so
19 forth.
20 Amy, just scroll down to the C.C.
21 level in terms of pain management, again, this is all
22 aligning things with the adult in terms of how we're
23 organizing things in terms of may choose one of these
24 two, your dosing regimens have not changed at all.
25 And then as you get into pediatrics, again it is

1 5-2-2023 - EMS for Children Meeting May 2023
2 simply clarifying and simplifying the language
3 between the adult and pediatric protocols.
4 Amy, if you can scroll down into the
5 paramedic section. Again, your dosing regimens are
6 unchanged. It is just cleaning up the language to
7 prevent confusion. The last part is in the key
8 points and considerations. If you look at these sets
9 of ... compared to the previous, we just simply
10 reorganized all of the key points so that it is far
11 more standard and is related to the class of
12 medications that are being administered. Before it
13 was so many bullet points, you had difficulty in
14 reading it and figuring out what bullet point was
15 applying to the medication that you were
16 administering. We simply clean that up accordingly.
17 So those are really the changes, so no
18 new additions to this. Something that I would like
19 E.M.S.C. not necessarily at this time, but to
20 consider in the future is what are our options for
21 two things? Number one, ketorolac were E.M.S.C.
22 feels strongly that ketorolac should not be included
23 in any way within the pediatric pain management
24 protocol and secondly, acetaminophen in the I.V.
25 route.

1 5-2-2023 - EMS for Children Meeting May 2023
2 So acetaminophen is being added --
3 recommended for addition into the adult formulary.
4 And ultimately something for E.M.S.C., perhaps at a
5 future meeting is to have that discussion when you're
6 prepared to again, specifically speak to ketorolac
7 and whether or not you would want it included in here
8 as a non-narcotic analgesic, as well as
9 acetaminophen. Happy to take any questions.
10 **MR. COOPER:** All right. Amy let's if
11 we can plan on putting those two issues on the agenda
12 for next time. But in the meantime, let's you and I
13 get together and we'll form a small working group to
14 focus on these issues, review the literature and so
15 on, have a conference call in the interim to make
16 sure that E.M.S.C. is up to date with this. I see
17 Ryan Greenberg has his hand up. Ryan, of course,
18 you're always invited to speak on anything at any
19 time.
20 **MR. GREENBERG:** I just want to say, I
21 have a question. I think you mentioned you were
22 going to bring it up before, but while we had Jeremy
23 here, before he goes out. Any of these changes when
24 we talk about Broselow tape or other things align or
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 differ anything with that sizes when you were looking
3 at these or I just haven't done comparison.
4 **MR. CUSHMAN:** Yeah. The only -- one
5 of the reasons that this came up is, is what we
6 discussed at med standards, and I believe you've been
7 seen that as well, right, which was that to the best
8 of our knowledge reviewing the Broselow tape
9 specifically the only conflict lied in the dosing of
10 Diazepam at zero point two milligrams, the Broselow
11 tape does not include dosing for Midazolam.
12 But that has caused confusion in a
13 fair amount of consternation amongst providers
14 because of that. By making at least this change
15 regarding your first dose, because in the Broselow
16 tape, it actually does not specify the route, it just
17 simply specifies the dose. And given that our first
18 dose would be preferably I.M., this will allow the
19 alignment of our protocols with the Broselow tape.
20 For the Handtevy project, which Amy is
21 probably going to talk about a little bit later on,
22 it's obviously moot because for the Handtevy, we
23 program in it what the protocols are, and then it
24 calculates the volume for us.
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 But we did check all of the other
3 things that are within our scope. Obviously there's
4 a bunch of things in on a Broselow that we don't do.
5 But there are no other conflicts with the New York
6 State of Department.
7 **MR. CONWAY:** So by way I have one
8 question just concerning the oral dosing that the
9 table lists both pounds and kilos from a patient's
10 safety issue all the other medications are listed per
11 kilo. I just bring it up because we still continue
12 to see med errors as most electronic systems getting
13 rid of the pounds and kilos. So I just bring that
14 up.
15 **MR. CUSHMAN:** Yeah, to speak to that,
16 I think that's a phenomenal point. In the area of
17 struggle that I and some of -- kind of -- the
18 protocol working group has, is that because we have
19 not yet quite normalized this information, that it is
20 more likely that a parent is going to say, oh, well,
21 yeah, they're fifteen pounds. And so what we did not
22 want to have is the provider then have to try to
23 figure out what the conversion from fifteen pounds is
24 to kilos, and then look at this table to do that.
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 And so, I agree, and I think we could
3 go either way, but just -- you know the thought
4 process was that more often than not, parents or
5 caregivers are going to give pounds. And if they're
6 using the protocol as a reference tool, then instead
7 of having them reference two different things,
8 meaning a conversion table and then a medication
9 administration table, we would keep it all in the
10 same spot. But you are absolutely spot on, and I
11 don't know how to reconcile it.
12 **MR. COOPER:** Any thoughts about that?
13 You know, Ed is entirely right that we've moved
14 toward all drug dosing per kilogram, but Jeremy and
15 the protocol group have made a very good point that
16 parents are still thinking in terms of pounds. Ed,
17 since you brought the issue up, do you have response
18 to that?
19 **MR. CONWAY:** I don't have a simple
20 answer. My concern is more, I don't worry as much
21 making a mistake perhaps with this as with morphine
22 or fentanyl, somebody making a miscalculation, my kid
23 is fifteen pounds, and then somebody doses that. I
24 mean, perhaps this is helpful just as a reminder that
25 people would look at it or do we put some sort of a

1 5-2-2023 - EMS for Children Meeting May 2023
2 memo up there, or like a bullet point or a red point,
3 like please ensure that dosing is in -- or something
4 like that. I don't know.
5 So many of us have electronic records
6 now that kind of prevent this, but I can see this
7 mistake, kids seizing, the parents think the kid's
8 dying in front of their eyes, mistakes get made.
9 They happen in the hospital unit. I've seen kids
10 that overdosed inadvertently.
11 **MR. CUSHMAN:** Yeah. And obviously, we
12 don't have the luxury of being able to weigh our
13 patients in the field. And actually I know what I
14 will do is, I got to go back to our management of
15 pediatric patients section of the protocols. I
16 believe that we speak of utilizing the length-based
17 tape which is, and I think we just need to reinforce,
18 because ultimately that's in the field, our safest
19 option to get an estimated weight based upon their
20 ideal body weight, i.e. their length.
21 **MS. EISENHAUER:** I'd also mention to
22 reiterate everybody's comments. One of the main
23 components of the future performance measures, which
24 I'll get into in a few minutes for this grant cycle,
25 for E.R.s, one of the requirements is that all

1 5-2-2023 - EMS for Children Meeting May 2023
2 patients be weighed in kilograms. They did not
3 mention that with E.M.S., but I would imagine that
4 they would hope that that's also the case, but I
5 understand the limitations of working in the field.
6 **MR. HEXEL:** So speaking from the field
7 provider perspective here.
8 **MR. COOPER:** Any other comments?
9 **MR. HEXEL:** Yeah, Dr. Cooper, Doug
10 Hexel. Just speaking as a field provider, if I flip
11 to that or in reality, I'm opening my phone and going
12 to the app and looking and that table pops up, if the
13 weight in pounds is red or highlighted or bold or
14 something, I'm going to look at that again. And why
15 is that different than the red? Oh, okay, because
16 that's the pounds, I'm converting to kilos and this
17 is my dose. So I think we do need to adjust that
18 table somehow.
19 **MS. FEUER:** Hello, this is Pamela
20 Feuer. I actually agree. I was going to say
21 something about the visual that if we have to keep
22 pounds in there that it needs to be something that
23 makes the eye not look at the same color table,
24 something that highlights it to be there. But -- and
25 also I think it is a little risky that the next line

1 5-2-2023 - EMS for Children Meeting May 2023
2 says something, milligrams per kilo, and right above
3 you can easily look and look at one column weight and
4 pounds and think that was the kilo weight. I don’t
5 know.
6 **MR. CUSHMAN:** Yeah, honestly, the more
7 that this conversation is going, the more that I
8 think we just need to remove that column period. You
9 know, we -- we state already within -- within the --
10 the protocols under the pediatric definition of
11 discussion. Protocols requiring weight-based dosing
12 guidelines, pediatric dosing is calculated on a per
13 kilogram basis and strongly recommended length-based
14 resuscitation tapes. So what I -- I'm, yeah, even
15 now I'm starting to change my opinion on this based
16 on this conversation. I – I -- yeah, let me, I'm not
17 sure that I'm going to be able to make anything look
18 different in a meaningful enough way to be able to
19 even assuage my concerns now that you've made them.
20 So I -- I hear that. Let me see if I can change
21 something. If not it -- it may -- it may be safer to
22 remove it, sorry. Remove pounds entirely and -- and
23 continue to force the issue of -- of weight-based
24 dosing utilizing a length-based tape. So, which will
25 be in kilos by definition.

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MR. CONWAY:** So just one more. So if
3 push absolutely comes to shove and you decide and has
4 to stay in there, I would just sort of like the
5 highlight the kilograms, the middle column. Because
6 the eye is going to go to where that color is.
7 Somebody will say, oh yeah, we can, because again,
8 when you, the next line is morphine point one mgs per
9 kg. So at least get people thinking in the right
10 way. I understand the limitation because we're going
11 to get into the discussion. I mean, I work at an
12 institution where the E.D. doesn't believe in length-
13 based tapes for a myriad of reasons. And I love
14 them. I mean, I walk around, I'm on service with ...
15 in my pocket, because no one can remember that amount
16 of material when you're in -- crisis.
17 **MR. VANDERJAGT:** I'm sorry, and this
18 is Elise VanderJagt. I'm sorry, I -- I had a hard
19 time coming on wrong -- wrong password. And maybe
20 you discussed this already. I agree with what has
21 just been said about making your eyes go to the
22 weight and kilograms. I'm also wondering if you
23 eliminate the pound column if you could put up there
24 at least that, you know one kilogram is two point two
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 pounds, you know, so you'd have at least some
3 guidance. Hey, it's a matter of time to come.
4 **MR. HARRIS:** Please. I wonder if this
5 is meant to be more an educational point and forgive
6 me, I can't see the entire document, but is there a
7 portion at the bottom, sort of like the way we have
8 art in New York City protocols of key points where we
9 put the strike down below, right? So it's not in the
10 middle of the protocol. People aren't going to jump
11 to those weights and use the pounds for kilo flows,
12 but if there is a parent who reports that their kid
13 weighs, you know, thirty pounds, then there's a
14 conversion table on the bottom as an educational
15 point because almost no one is going to break out of
16 just practically speaking. So I wonder if using that
17 just as a reference in a key point section might be
18 more worthwhile.
19 **MR. COOPER:** Yeah. From my point of
20 view — this is Art Cooper, from my point of view, I
21 think the point that parents are frankly and not
22 something I had really thought of at -- at great
23 lengths prior to this conversation, I think the fact
24 that parents are thinking in terms of pounds is a --
25 is really a point that we really need to you know,

1 5-2-2023 - EMS for Children Meeting May 2023
2 really spend some time thinking about. So that we
3 have some way of you know, reconciling pounds, this
4 is kilograms. I totally agree with the approach Matt
5 is suggesting. I think the -- the data is going be
6 in the details in terms of coming up with the right
7 wording and coming up with a -- with a table that,
8 you know, that looks you know that guides the field
9 provider more in -- in the -- in the direction of
10 kilograms rather than pounds, but allowing the pounds
11 piece to be part of it, if that makes sense. Thank
12 you. Any other comments? Matt, are you –Matt
13 Harris, are you still, did you have another comment
14 or is your hand up? Elise, do you have another
15 comment?
16 **MR. VANDERJAGT:** I do actually on --
17 on that table. And I don't -- I don't know what --
18 **MS. EISENHAUER:** -- interrupt for just
19 one moment. I have a question from the court
20 reporter, who is the calling user, starting 607-732?
21 **MS. O'TOOLE:** Amy, I think that's me,
22 Nickol O'Toole.
23 **MS. EISENHAUER:** Okay. Thanks,
24 Nicole.
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 MS. O'TOOLE: 6694. Yep, you're
3 welcome. Sorry --
4 **MS. EISENHAUER:** Oh, that's okay. I
5 don't have the end. Annette, that's Nickol O'Toole.
6 I'm sorry.
7 **MR. CUSHMAN:** Elise. Yeah, please go
8 ahead. You had a comment.
9 **MR. VANDERJAGT:** Yeah, and I -- and
10 I'm sorry that I had been late and I don't know what
11 you have all discussed with this protocol here. I,
12 first of all, I -- I do agree with Dr. Cooper that
13 parents will say pounds, you know, for sure. And --
14 and some of the -- the things that have been said are
15 correct, I think, and I do think it might be helpful
16 to have maybe the table lower down as an educational
17 thing. The other question I had about this, and I
18 don't know if you've discussed the medications
19 already, could I just ask that, have you just started
20 discussing that? Or was it all about weight?
21 **MR. COOPER:** Mostly about weight, but
22 what's your concern?
23 **MR. VANDERJAGT:** My concern is that we
24 don't use Motrin -- ibuprofen not to brand, but
25 ibuprofen for kids that are less than six months of

8eeefc94-668f-4385-8d82-16e739007d08

age. And there's no, there's nothing about that in this protocol. That's number one. And then the second thing relates more to fentanyl. I'm concerned about the one point five microgram per kilogram I.V. is a starting dose. You give that to a small kid, especially, I -- I'm concerned that that's something that's too high of a dose.

MR. CUSHMAN: Just to be clear, all of the dosing is already existing and have been previously approved by both this group and CMAP. So any dosing changes are going to go back on what has already been approved. I -- I'm indifferent. I just want to be clear that I didn't change any of the dosing. I just cleaned up the protocol to reflect things for consistency.

MR. VANDERJAGT: Yeah, I do understand that Jeremy, I just think that however we have an opportunity to look at this again, right? So, I think there is that part of it that I just wanted to -- to say, because fentanyl is like a hundred to hundred and fifty times as powerful, as potent as morphine. And in this case it's one point five is more than that.

MR. HARRIS: May -- may I ask a question, just a data question to Amy?

MS. EISENHAUER: Sure.

MR. HARRIS: And -- and this -- this could be something we can come back to at the end. Amy narcotics, as I'm aware, we have to report to the state, all narcotic administrations. Is there a way, maybe Ryan knows this, if I -- I would think that intravenous to Lisa's point, intravenous fentanyl is probably never given to kids in New York state, I'm going to say they're either -- either not getting treated, you're getting, I.M. morphine, you're getting intranasal, fentanyl. So just, but just in general, the bigger -- the bigger question is, if we do want to reapproach dosing at some point down the line perhaps the data driven approach would be to look at the state registry and see how often these different narcotic options and routes of delivery are actually being used in a given calendar year. So I wasn't sure what access we have as an advisory committee to that data.

MS. EISENHAUER: You give me a data request and I request it from the data informatics unit. So if you give me the specifics of what you

are looking for, so what medications, what routes of administration I can submit that to the data informatics unit and request the information. They may have some questions just so that they pull the correct information. But we can obtain that from.

MR. HARRIS: Okay, I'll reach out to you off -- I'll reach out to you. I have a couple questions about that, but I don't want to take up your committee's time. I'll reach out to you after this.

MS. EISENHAUER: But I -- I do like your points.

MR. HARRIS: Great.

MR. COOPER: Yeah, Matt, I think that's a great, just a great idea. So Amy, let's follow up on that. I think Ryan Greenberg had a -- had his hand up a little while ago, but Ryan, do you still have a -- a word to say here?

MR. GREENBERG: Yeah, so Jeremy, I don't know, it's just taking a look at the collaborative, interestingly enough, there's a lot of resources and stuff in the back of the collaborative, but there's actually nothing for convergence, for weight convergence. So count six kilograms, this

might be the perfect -- if someone else said it, I apologize, but I'm just like.

MR. CUSHMAN: No, I said it, and then I started scrolling through and I'm like, wait a second. It isn't there. It was in a previous version, and I don't think ever made it into these updated versions. You're absolutely right, Ryan. So we'll -- we'll bring that back to the group and figure out where it's best to live --

MR. GREENBERG: But I think something, you know, in that resource area and just, you know, weight, kilograms depend, like, I think that's a quick, you know -- tap on it, bring it down and like you did. Look, most of us are probably going to open up some electronic device and work on that, but if it's not available and this is what's in the truck, it's, you know, a big one to have.

MR. COOPER: Thank you, Ryan, and Jeremy, thank you very much for your willingness to reconsider that that issue and the location in the -- in the document is where it will most likely or most appropriately set. I think Sharon Chiumento has her hand up as well.

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MS. CHIUMENTO:** Just one other
3 potential option, and if you remove that pound column
4 and instead in the kilogram column, put in
5 parenthesis afterwards what the pound conversion
6 would be. So maybe parenthesis is equal six pounds
7 or whatever -- whatever it might be. So this way the
8 kilograms is going to be the first thing they're
9 going to see. That's what they're going to base
10 their weight on to their diagnosis on, but they got
11 the conversion right there for themselves without
12 giving an extra column, which I think is very
13 confusing.
14 **MR. COOPER:** That's -- that's helpful.
15 Jeremy, I guess we'll leave it in your hands and your
16 -- and the protocol group to it again, figure out how
17 best to handle this issue and we'll hear from you
18 next time.
19 **MR. CUSHMAN:** Yeah, honestly, I -- I,
20 right now temporarily I'm kind of utilizing Matt's
21 idea, I think it was mess. And I just removed it
22 from those, the pounds from the -- from the table.
23 It looks much clearer, simpler, and then right now
24 it's still within the protocol, but under the -- the
25 key points as a reference. And then we got to make

1 5-2-2023 - EMS for Children Meeting May 2023
2 sure we know how all of these different apps are
3 utilizing and referencing these because if you can't
4 move quickly from -- from one protocol to another
5 then that's going to disincentivize utilizing a table
6 that is elsewhere within the protocols. So we'll
7 take care of it, but great feedback. I appreciate
8 it.
9 **MR. COOPER:** Thank you, Jeremy. Any
10 other comments on this particular protocol? Okay,
11 can we have another -- oh, Elise, I'm sorry, go
12 ahead.
13 **MR. VANDERJAGT:** No, that's okay. I
14 think Kevin Albert had His hand up as well, but I do
15 have some comments But Kevin, you go first.
16 **MR. ALBERT:** No, you can you can go
17 first, Elise, it's fine.
18 **MR. VANDERJAGT:** So, again, this, I
19 know these things were already approved, it sounds
20 like Jeremy -- but the question I had was this
21 cardiac monitor, is it understood that that's a
22 cardio respiratory monitor because they really, the
23 issues here with these narcotics is respiratory, and
24 I don't take pulse oximetry in there. So I just
25 wondered the emphasis on cardiac, cardiac is not the

1 5-2-2023 - EMS for Children Meeting May 2023
2 issue with these kinds of drugs. And so what are we
3 doing with that?
4 **MR. CUSHMAN:** Again, that's historical
5 language that has been included in consistent
6 throughout the entire protocols. So if it needs to
7 be revisited, it needs to be revisited everywhere.
8 We do not have established as a requirement, the
9 administration -- sorry, the utilization of
10 capnography for individuals that are receiving a
11 narcotic analgesic that would arguably be the -- the
12 best practice. I think we would probably both agree
13 that, that pulse oximetry is insufficient as a -- as
14 a respiratory monitor. And so that I think would
15 need to be a much larger discussion because there are
16 significant implications in terms of any type of
17 requirement for capnography as part of any type of
18 analgesic administration and in some cases, quite
19 frankly reduce the ability to properly manage folks
20 experiencing acute pain. When I think the question
21 earlier was, you know, we really need to see what the
22 data is and do we really have a massive problem here
23 or not?
24 **MR. HARRIS:** Yeah, and practicality, I
25 think you pointed out its Matt, Jeremy, that our

1 5-2-2023 - EMS for Children Meeting May 2023
2 practicality no one who's using in title one
3 pediatrics for. I mean, unless --
4 **MR. CUSHMAN:** I'd be careful about no
5 one. There -- there are medical directors and
6 systems that make it an expectation. So --
7 **MR. VANDERJAGT:** Yeah, I -- I would
8 say, yeah, I would say that I'd say, but I would say,
9 -- that's probably, I would, I would argue for what
10 it's worth that you're probably in a minority. I'm -
11 - I have not screen services.
12 **MR. CUSHMAN:** But not -- but not a bad
13 practice. And kudos too, don't know how many people
14 are doing there.
15 **MR. VANDERJAGT:** Yeah, I was not. I
16 would just put the chat box. I did not recommend a
17 capnography for the reasons you mentioned. I was
18 concerned about that. It says cardiac and there's
19 nothing about respiratory, anything respiratory,
20 including oximetry and certain is a delay with
21 oximetry. I do understand that.
22 **MR. CUSHMAN:** So, so Elise, very
23 specific. What's your recommendation there? What's
24 your –
25

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MR. VANDERJAGT:** There needs to be
3 something in there. I think maybe it's the educational
4 piece of it or a bullet point at the top is that it's
5 the respiratory aspects of this that I'm most concerned
6 about. Cardiorespiratory monitor. We have gone away
7 certainly from that with the same cardiac monitor,
8 because if the respiratory issues are very significant.
9 Then you gave morphine to a three-month-old, that is a
10 problem. So that's all, I don't know, -- I would say
11 cardiorespiratory monitor, but that's a bigger
12 discussion as you said. Oximetry, I don't know if
13 that's something that could be at least used, but
14 somewhere in there that, to indicate that the side
15 effects of these are predominantly respiratory. And
16 this doesn't seem to imply that.
17 **MR. COOPER:** Amy, in the interest of
18 time let's add this particular issue to the group of
19 considerations that our protocol task force is going
20 to be focusing on during our upcoming conference call.
21 I think Elise raised a good point, but at the same
22 time, we all understand that the -- that the gold
23 standard in terms of respiratory monitoring is
24 entitled. But of course, we also understand that
25 relatively few services are using that particularly in

1 5-2-2023 - EMS for Children Meeting May 2023
2 kids. Is a certain level of you know, of deterioration
3 in oxygen saturation. Something that should be
4 considered as part of, a cardiorespiratory monitoring.
5 I think that's a -- that's a very good point for
6 discussion is Jeremy's indicated. So why don't we add
7 that to the list of things that the protocol task force
8 is going to be looking at. Kevin Albert, you've got
9 a, you've got your hand up.
10 **MR. ALBERT:** Yes. Thank you. I am
11 referring back to the Tylenol Dosing Chart. I was just
12 wondering if the term APAP and the top of the right-
13 hand column would be something that confused field
14 providers as an abbreviation for acetaminophen, or if
15 that was commonly known to them. That was it.
16 **MR. CUSHMAN:** I think that's a very
17 important point.
18 **MR. VANDERJAGT:** It is --
19 **MR. ALBERT:** I can add the parenthetical
20 reference or take it out entirely.
21 **MR. HARRIS:** I'd take it out.
22 **MR. COOPER:** -- just spell out, I see
23 in a minute. But of course, either way.
24 **MR. CUSHMAN:** Again, no problem. I'm
25 glad that we're catching these. That is exactly how

1 5-2-2023 - EMS for Children Meeting May 2023
2 it's been written for the last five to seven years. So
3 we'll change it, but that's how it's been and we'll
4 adjust it and move on.
5 **MR. COOPER:** Understood, Jeremy, this
6 is no hit on you protocol group. It's just that, that
7 people are catching stuff and that's good for kids.
8 Anything else? Okay. Amy, do we have another protocol
9 to consider?
10 **MS. EISENHAUER:** No, that was both of
11 them.
12 **MR. COOPER:** Okay. Jeremy, thank you
13 so much. I know you have to leave at 2:00. I deeply
14 appreciate your work and that of the protocol group on
15 these issues. And we'll all stay tuned. Okay. Thank
16 you so much. Okay. Amy, I think it's you're up.
17 **MS. EISENHAUER:** All right. So since
18 Dr. Cushman has to leave in nine minutes and he did
19 mention the ... hands heavy project I will let him give
20 a quick update at the top of my report and then I'll
21 take care of the rest.
22 **MR. CUSHMAN:** Great. Moving along
23 working there's just a few final tweaks to the report
24 from Data Informatics and allowing us to access it at
25 the regional level, including one medication that was

1 5-2-2023 - EMS for Children Meeting May 2023
2 left out that we're just we're waiting on, from that
3 team, so that we can monitor any hopeful progress, in
4 our dosing. The entire training has been developed
5 and the trainers start this week. Related to that,
6 we're utilizing a -- the trainer model. The app
7 configuration is all complete. Amy was kind enough to
8 spend hours painfully reviewing all of that and how we
9 were configuring things to make sure that they reflect
10 protocol and so forth. So a lot of it was actually
11 more, more backend preparatory work than I think we
12 had bargained for.
13 But it is set and agencies will actually
14 start participating in that as early as mid-month that
15 are being trained up on that. And we'll track its
16 progress. And more importantly, we've identified
17 processes for addressing any medication concentration
18 changes, which seem like they happen every day. And
19 making sure that we don't have errors related to that.
20 So hopefully the next time this group meets will have
21 how many folks have downloaded and utilized the app as
22 well as what our initial experiences are with it. And
23 with any luck, even a little bit of data.
24 **MR. COOPER:** That'd be great. Amy,
25 anything to add?

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MS. EISENHAUER:** Not to this, but I do
3 have some other things to discuss.
4 **MR. COOPER:** Sure. Any comments on
5 Jeremy's recent brief remarks? Okay. Well, again,
6 Jeremy, thank you so, so much for your time today and
7 we'll look forward to ongoing conversations with you
8 in the Protocol group. Thank you again, Amy. Go ahead.
9 **MS. EISENHAUER:** Thanks Dr. Cushman,
10 and thank you, Dr. Cooper. So back to the rest of my
11 report. So the E.M.S. grant award, as Ryan had
12 mentioned, was renewed V.A. So the end of March, they
13 gave us the notice of awards sadly across the board,
14 not just New York but across the board they were not
15 able to award the full amount, but it is more than it
16 used to be. So we were awarded one hundred and ninety
17 thousand dollars for this year. And currently for the
18 subsequent three years, each year is one hundred
19 seventy five dollars. So there will be some budgetary
20 review to see you know, obviously what has to go and
21 what can stay, because thirty thousand dollars is not
22 a small amount of money. So that work is ongoing.
23 Hopefully soon they will be sending out the performance
24 measures that we will be measured against.
25

800.523.7887 5-2-2023 ,E.M.S. FOR CHILDREN ADVISORY MEETING Associated Reporters Int'l., Inc.

1 5-2-2023 - EMS for Children Meeting May 2023
2 I know that E.M.S.C. Federal is hard at
3 work at finishing those up. And I will share those
4 with you, as soon as I get them. I know that in the
5 notice of funding opportunity much of the work, some
6 of it is the same. So we're keeping the pediatric
7 emergency care coordinators for both E.D.s and E.M.S.
8 Pediatric recognition programs for both emergency
9 departments and E.M.S. Disaster management is a key
10 component and happily Kate Butler as a party and Matt
11 Wiley from our office were able to help us include some
12 pediatric specifics within some of their work. And I
13 hope that Kate will talk about that during her report.
14 So great stuff happening moving forward. And I'm going
15 to talk more about the E.D. type program and E.D.
16 recognition program during old business. So I won't
17 get into that now in the effort of saving a little
18 time. Let's see.
19 So the all grantee meeting for E.M.S.
20 for Children is in September. It is sadly the same
21 week as SEMAC and SEMSCO. So it is going to be Jacob
22 and I going and we will bringing back information from
23 that during the December meeting. Some of the things
24 that they're featuring are pediatric recognition
25 programs, how to engage hospitals, how to engage other

800.523.7887 5-2-2023 ,E.M.S. FOR CHILDREN ADVISORY MEETING Associated Reporters Int'l., Inc.

1 5-2-2023 - EMS for Children Meeting May 2023
2 stakeholders to participate. So I am looking forward
3 to that because as I mentioned, that's part of our
4 expectations over the next four years. So it'll be
5 great to see what other states are doing outside of
6 the Northeast. I know that Maine, New Jersey,
7 Pennsylvania, and New Hampshire have similar programs
8 to ours. And they were great, helps with references,
9 and things, but it'll be great to see what other states
10 are doing as well, especially the larger states similar
11 to ours like Florida, Texas and California.
12 So Ryan also mentioned Vital Signs
13 Conference. I know that -- that was in the process of
14 finalizing everything, but some of the topics that we
15 were able to have are pediatric disaster. I know that
16 there was also a class on penetrating injuries that is
17 related to PED's and adults. So we were able to fit
18 that in elsewhere in the conference, which is great.
19 We are going to have Sarah Gruber part of our group do
20 her de-escalation talk for, it's for everyone, but
21 highlighting PEDs. And then also oldies, but goodies
22 pediatric assessment which is always important. And
23 one other medical talk, I believe PEDs respiratory, so
24 important things that need to be reviewed and reminded
25

800.523.7887 5-2-2023 ,E.M.S. FOR CHILDREN ADVISORY MEETING Associated Reporters Int'l., Inc.

1 5-2-2023 - EMS for Children Meeting May 2023
2 of because that's the bread and butter of pediatrics.
3 But then also some new topics that are up and coming.
4 Also I believe I announced at last
5 meeting that the PAT document had been updated. Thank
6 you, Dr. VanderJagt and Sharon Chiumento for working
7 on that. It was in printing; I believe last time we
8 talked but I now have the documents on my hand where
9 you can access it on our resource page. So that's
10 available. The badge buddies are available and the
11 E.D. or the E.M.S. tech application all of those we
12 have forms for. And you can order those documents that
13 way, or you can apply to be that way. And if you have
14 any questions on that, obviously you can always contact
15 me or Jacob and we'll get you to the right place.
16 Just want to make sure that I did not
17 forget anything. There is an initiative on pediatric
18 readiness for emergency departments at the federal
19 level. They've been doing webinars on it. We'd love
20 to have many, many hospitals participate. Really EMSC
21 Federal does a lot of the work in guiding the
22 initiatives, putting things together. So yes, there
23 will be some work on the hospital side to do the work
24 at their facility. But it is really supported by
25 E.M.S.C. and E.I.I.C. So if you're interested in that,

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 I'll be happy to share that information as well. Next
3 meetings. So the next E.M.S.C. and E.I.I.C. meetings
4 will be in person at the Troy Hilton Garden Inn in
5 Troy, New York. And those will be on September 5th
6 and December 4th.
7 As Ryan mentioned, trying to keep them
8 in line before CMAC and ... so that if we have anything
9 that needs to be suggested or processed through those
10 meetings. We can have our meeting and then it doesn't
11 have to wait another three or four months till the next
12 set of meetings which was very important in deciding
13 some of these dates. So the meeting will still be from
14 1:00 p.m. to 4:00 p.m. And they will be in-person in
15 the effort to start transitioning back to seeing people
16 in-person. And actually, many of us include myself
17 who are new getting to see each other. I didn't realize
18 that I had never met Dr. VanderJagt in-person until a
19 few months ago when I was out in Rochester. And it
20 felt like I had known him in-person, but then I was
21 like, man, I've never really met you in-person before.
22 So I think it'll be great to meet
23 everyone in-person, for all of us to meet each other
24 because we did have a lot of new members join. And
25 for all the other providers that attend the meeting to

1 5-2-2023 - EMS for Children Meeting May 2023
2 join us and get to be in the room where it happens, as
3 it were. So, I will be sending out more information
4 on that, how to make reservations, all the details on
5 all of that soon. Also, if you don't have an ID number,
6 I know I've been working with Tara to get them, or if
7 you don't know it please email me and we'll work with
8 Tara to make sure you're squared away for the meetings.
9 Let's see.
10 **MR. COOPER:** Okay. Any questions for
11 Amy?
12 **MS. EISENHAUER:** I have one more thing.
13 Sure. Okay. But actually maybe this is better. I'll
14 do the safe transport of pediatric patients update
15 after anybody has any questions on these topics.
16 **MR COOPER:** Hearing none. Go ahead,
17 Amy.
18 **MS. EISENHAUER:** Alright. So at the
19 last ... meetings Dr. Daly had asked me to bring some
20 of the safe transport pediatric patients, the newer
21 devices related to newly born patients. So being
22 able to safely secure patients that are just born,
23 whether it was in the house or in your ambulance, how
24 do we really secure our newest patients with mom and
25 safely get everybody to the hospital. So he asked me

1 5-2-2023 - EMS for Children Meeting May 2023
2 to bring some of those devices and my trustee ... at
3 Birmingham to the meeting to demonstrate some of
4 those items. And Ryan was kind enough to assist me
5 in my demonstration and really got a lot of great
6 questions and interests. And Dr. Cooper had asked me
7 to give an update on our work with safe transfer of
8 pediatric patients that have really been started with
9 my predecessor, Mark Bohlke. And I know that she had
10 done training programs for child passenger safety
11 technicians, who were also first responders,
12 paramedics, E.M.T.s, who worked on the ambulance. I
13 believe it's the University of Indiana and I want to
14 say 2010 or 2011, had put together a program
15 detailing using car seats in ambulances, using the
16 devices that had been developed at that time of which
17 there was only a handful that were designed for
18 ambulances when it's appropriate, how to do that et
19 cetera. And I know that there have been several
20 classes here in New York related to those who would
21 train the trainer. Since then, a multitude of
22 devices have been developed. I know that A.C.R.
23 four, the new emergency pediatric restraint, which is
24 the new A.C.R. four, the P.D.M.A., now has a P.D.M.A.
25 Plus, which is a larger version. Ferno has invented

1 5-2-2023 - EMS for Children Meeting May 2023
2 the KangooFix, which is one of the newly born patient
3 devices, AEGIS' maternity safety belt has come out,
4 which originally was developed for O.P. units and
5 hospitals, but they did some crash testing and
6 adapted some things. And it's also good for use in
7 newly born patient situations in ambulances. And
8 those are just a few of the devices. NASEMSO has an
9 entire list on their website under the Safe Transport
10 of Pediatric Patients header. And if you need that
11 as a reference and you can't find it, again please
12 email me, I'm happy to help and get that information
13 to you. In light of these new advances and learning
14 more about car seats and the cells being updated over
15 the last thirteen or so years, there are new
16 developments in using pediatric restraint devices. I
17 know that we had discussed that as part of the
18 updates for ambulances. So I know that as Ryan
19 mentioned in his report, that there is some public
20 comments coming up. So we'll learn more then.
21 However, as far as training, I know that Linda
22 Efferen just jumped off too. She is on the way to
23 the Child Passenger Safety Technician Conference as
24 well as I will be after this meeting. Many people on
25 this call are either there or going there and are

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 going to teach there. So several of the injury
3 prevention coordinators and a variety of the
4 pediatric and trauma centers, who also are C.P.S.T.s
5 and paramedics and have been trained how to use
6 devices in the ambulance under that initial program
7 kind of have gotten together to develop an update for
8 New York State. And I know that's been underway and
9 I need to follow up with that group. But it looked
10 like promising work on including some of the new
11 devices and how to use or not newer safety seats in
12 the ambulance. Related to newly born patients, I've
13 been doing education across the state on how to use
14 the newly born patient devices and sharing that
15 information and bringing devices to different
16 educational opportunities and discussing right best
17 medical practices and how that needs to be considered
18 as more considering transport and how we transport.
19 And in that vein, I will be talking tomorrow at the
20 Child Passenger Safety Technician Conference on that
21 issue. So those are some of the updates. There is
22 some movement as far as the education to keep
23 providers up to date. I did see some great pictures
24 on Instagram from, I believe Ryan Beckfire, who has
25 some very proactive pediatric emergency care

1 5-2-2023 - EMS for Children Meeting May 2023
2 coordinators. They did some training with real
3 children, not mine, creepy mannequins from Amazon,
4 but real children of different sizes over the
5 weekend. So from the photos, it looked like a really
6 successful event and that everybody had enjoyed it.
7 And any education that I go to where we do the hands-
8 on skills component everybody loves it. They're
9 always, you know, oh, this is so much easier than I
10 thought. So I think just the contraption of the
11 devices, which is a necessity, concerns people or
12 makes them feel uncomfortable. But after they see
13 them used, I think it makes providers feel much more
14 comfortable using that for patients. Any comments on
15 the safe transport of pediatric patients' portion?
16 **MR. COOPER:** No, this is really a
17 tremendous amount of work in the evening and really
18 look forward to more on this particularly after the
19 conference that you're attending right after this
20 meeting. It is a very hot topic for us all and has
21 been for some years. And it's gratifying to, seems
22 that it lasts on progress -- in cases in this area.
23 That seems to be a little worthwhile. So because
24 it's really been a difficult, today unsolved problem,
25 and we really appreciate all your work on this and of

1 5-2-2023 - EMS for Children Meeting May 2023
2 course markets before you. Any other questions for
3 Amy? Okay. Well, I guess, we're up to old business.
4 Let's speak about the pediatric education protocol
5 and check the educational component. Amy, do you have
6 any information on that for us?
7 **MS. EISENHAUER:** So I had several
8 training classes forwarded to me. I know Chief
9 Pataky sent me some of their information from We
10 Heard. Sara Gruver sent me her de-escalation work.
11 Also, the E.M.S. E.I.I.C. has some information and
12 documents, reminder documents. So the collection of
13 items has occurred. And I know that we need to
14 schedule another meeting to review them and discuss
15 them and see how to move forward.
16 **MR. COOPER:** Yeah. And then ideally,
17 we want to do that sooner rather than later, but to
18 show some of the videos and so on, it might not be so
19 easy to do it online. If it must need -- we could
20 consider, hey, put it off this long, but we could
21 consider doing it as a pre-meeting prior to our
22 September meeting. But I'd like to see if we can't
23 get something done before then if we can.
24 **MS. EISENHAUER:** Okay.
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MR. COOPER:** Do we have a way through
3 the system of doing videos online that's reliable? I
4 know sometimes over the Internet the videos can be
5 difficult.
6 **MS. EISENHAUER:** I will check the
7 content. I think they're PowerPoint. So it might
8 not be -- we might not have the video issue.
9 **MR. COOPER:** Yeah, I think -- I think
10 the E.I.I.C. at least has some videos on their
11 website or dot com.
12 **MS. EISENHAUER:** Okay. I will do some
13 research and see how we can make that happen without
14 having to wait till September.
15 **MR. COOPER:** Thank you. Anything else
16 on the -- station protocol? It's gratifying that
17 we've collected a number of items to review, but now
18 we just have to get the pedal of the metal and get
19 that done. Got it. Okay. So the PET program.
20 **MS. EISENHAUER:** Okay. That is me.
21 Okay. I need your guys' presentation. Okay. So, as
22 I mentioned earlier during my report, this is going
23 to be a combination pediatric recognition program for
24 emergency departments and a PET program within that
25 pediatric recognition program. So in many of the

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 other Northeastern states, it's called Always Ready
3 for Children. We kept -- we kept that vein because
4 we do want to be always ready for children. And
5 that's a huge initiative of E.M.S. at large. Let me
6 see what you guys can see. I have two screens and
7 I'm trying to see which screen is actually doing
8 things. So why have a pediatric recognition program
9 or a PET coordinator at all? Sorry for my technical
10 issues. So it's been demonstrated through a variety
11 of research championed by Dr. Gausche-Hill, so
12 National Assessment of Pediatric Readiness of
13 Emergency Departments and that was in JAMA PEDs in
14 2015, Emergency Department Pediatric Readiness and
15 Mortality, and critically ill children, which is --
16 which was in pediatric patients in 2019. And then Dr.
17 Remick in 2019, also Pediatric Emergency Department
18 Readiness among U.S. Trauma hospitals and that was in
19 the Journal of Trauma and Acute Care Surgery. So
20 these research found that the presence of a pediatric
21 care coordinator within an E.M.S. agency, E.D. or
22 hospital, is one of the strongest drivers of improved
23 quality of emergency care for children. And the
24 results from the 2003 and 2013 National Pediatric
25 Readiness Assessments also indicate that the presence

1 5-2-2023 - EMS for Children Meeting May 2023
2 of PET is strongly correlated with enhanced pediatric
3 readiness. So having the right pediatric supplies,
4 having policies already be written, having processes
5 and procedures in place, all of those things
6 associated with readiness is one of the driving
7 factors of excellent care for children. So benefits
8 of having a pediatric emergency care coordinator, and
9 you all may have heard this before, is an improved
10 pediatric readiness score on that National Pediatric
11 Readiness Assessment. Increased staff awareness and
12 competencies in pediatric best practices, right? So
13 making sure that many hospitals the PEDs is your
14 thing, if trauma is your thing, you may have more
15 exposure to pediatrics. But for hospitals and E.M.S.
16 agencies at large, we don't always see a lot of
17 pediatric patients. And I want to say for E.M.S. in
18 2021, five percent of all of our calls were for
19 pediatric patients. So some people that have lower
20 call volumes may not see a pediatric patient all
21 year. Benefits of having impact is safer, better
22 equipped emergency department for pediatric
23 emergencies, so they will have the right equipment on
24 hand, and easily reached. And sustainable pediatric
25 education and improvement program that ensures kids

1 5-2-2023 - EMS for Children Meeting May 2023
2 always present to a safe E.R. receiving the best
3 care, which I think all of us agree is why we're here
4 doing this work. So what is an emergency department
5 PED, a pediatric champion can be a physician who's a
6 specialist in emergency medicine or pediatric
7 emergency medicine, can be a registered nurse with an
8 interest or training in emergency care of children.
9 And this could be a full-time role if you are blessed
10 like that at your hospital or it could be in addition
11 to other responsibilities as many of us do. And
12 these suggestions come from E.M.S.C. federal and
13 E.I.I.C. related to pediatric readiness in the
14 emergency department, which was a joint policy
15 statement from ACEP, E.N.A. and A.A.P. And then the
16 institute -- the Institute of Medicine's report
17 growing pains from 2006. So some of those
18 responsibilities for the PET would be to promote and
19 verify adequate skill and knowledge of E.D.
20 physicians, E.D. healthcare providers, and other
21 staff. And obviously taught by similar provider
22 level, right? So physicians would be training
23 physicians, nurses would be training the nurses.
24 Other ancillary staff would be trained as appropriate
25 by leader, participating in E.D., pediatric

1 5-2-2023 - EMS for Children Meeting May 2023
2 Q.I./P.I., patient safety, injury and illness
3 prevention and clinical care activities. And some of
4 these -- I know that many hospitals do this because
5 they do this. It's part of their work, especially
6 the education hospitals. But for the smaller
7 facilities, E.M.S.C. Federal does a variety of Q.I.
8 projects. Currently, there is a suicide program in
9 the E.R. or suicide of pediatric patients for
10 emergency department's Q.I. program going on. And I
11 know that they have another one for pediatric
12 readiness upcoming, I believe it's in the fall. So
13 also assist with development and review of E.D.
14 policies and procedures, standards for meds, much
15 like we just did, making sure that all the equipment
16 is up to date, and supplies are accessible for
17 pediatric patients. And ensure pediatric needs are
18 addressed in hospital disaster and emergency
19 preparedness plans. I know that that is a huge work
20 to make sure that the hospital is prepared for a
21 variety of disasters, whether natural or manmade.
22 And we just want to make sure that children have
23 enough supplies, appropriate meds, any specific
24 things that they need. And I know in discussions
25 with a variety of people, pediatric reunification

1 5-2-2023 - EMS for Children Meeting May 2023
2 with many of the disasters and school incidents going
3 on across the country. Reunification is a huge deal.
4 So, our plan; Always Ready For Children, there are
5 three different levels. So, pediatric engaged means
6 you want to do something, but maybe you haven't
7 before, you don't have a lot of experience, you don't
8 see a lot of kids. So you would complete the
9 National Pediatric Readiness Assessment, which is the
10 interim tool that E.M.S. for Children has put out for
11 the years in between the N.P.R.P., which is the
12 actual survey. And I want to say we did the survey
13 in 2021. The next one I believe is 2024, 2025. So
14 in between, it's the same thing. You just do it on
15 your own. So doing the NPRA, so you have a score and
16 you see where you're at, at this moment in your E.R.
17 And you can do this every three months, every six
18 months, every year, depending on your goals and
19 initiatives. It's up to the individual emergency
20 department. So have that readiness score. So you do
21 get a report after you complete the N.P.R.A. and you
22 definitely get a report, a gap report after the
23 N.P.R.P. So what is your readiness score? So that
24 we know that you did it. And then we can suggest any
25 recommendations, resources. The hope is after the

1 5-2-2023 - EMS for Children Meeting May 2023
2 program is fully rolled out, that we can do some
3 mentoring between hospitals. You know, hey, we've
4 done this before, you're looking to do this, can we
5 help each other? And then identify an E.D. pediatric
6 emergency care coordinator. So who's going to be the
7 person or persons, because it doesn't have to be just
8 one, it could be multiple, depending again, on -- on
9 your hospital's goals. Identify somebody that we can
10 reach to talk to and who will be responsible for the
11 work, essentially. And then the next level is
12 pediatric ready. Right? So many of the same -- many
13 of the same things except your score on the N.P.R.A.,
14 or N.P.R.P. be seventy or above. So maybe you've
15 already done some of this work and your assessment
16 has shown, hey, it's working, it's great, you want to
17 do better. And then for Pediatric Innovator and I'm
18 sure that New York State -- and I know that all of
19 you are a component of many of these systems. Your
20 score would be eighty or above. You would have a
21 pack -- four packs and then also be willing to share
22 your best practices and resources. So what projects
23 did you do? What worked? What didn't work? And I
24 know when talking to people, sometimes what didn't
25 work for you is a better help than what did work.

1 5-2-2023 - EMS for Children Meeting May 2023
2 Especially because New York has a -- a large range of
3 differences in communities across the state. But
4 saying, hey, we did this and it was an absolute
5 disaster for these reasons. Okay, right? My -- my
6 region, my area, my hospital has similar features.
7 Maybe we don't do that. Maybe we plan something
8 else. So be willing to share those best practices
9 and your resources. And as I mentioned, my hope is
10 in the future years once we get everything kind of
11 settled and off the ground is to do some professional
12 development or do maybe a quick learning day. I know
13 that I would also like to do that for E.M.S., but
14 more education development for E.M.S. And for
15 hospitals as we find out what hospitals need to
16 develop those days for them. So how to participate?
17 Ensure your facility has an emergency department
18 path. I know that many of the hospitals that have
19 reached out that are interested also because this is
20 going to be a requirement for A.C.S. for trauma
21 verification and re-verification in September of this
22 year so many people already have somebody that
23 functions in this role. I know the injury prevention
24 managers; I've talked to work with a team. So I
25 don't think that this will be as much of a reach for

1 5-2-2023 - EMS for Children Meeting May 2023
2 hospitals as maybe it is for E.M.S., because a lot of
3 the hospitals, particularly the trauma centers,
4 pediatric hospitals, have somebody that does all of
5 this already, which is great. We're just putting a
6 name on it. So also complete N.P.R.P. And again
7 it's at dot org. If you can't find it again, I'm
8 always happy to help. Submit your application with a
9 commitment letter to us. And as we have many forms
10 for many things, we'll have forms for this. Jacob --
11 Jacob didn't know until now, but that's going to be
12 one of his projects in the next couple weeks as we
13 move this forward. And then of course, start
14 advancing patient care even more than you already
15 are. So some of that guidance and tools, right?
16 You're not doing this by yourself, myself and Jacob,
17 and anybody else in our State Partnership Program are
18 always a resource for anything, E.M.S.C. There is
19 the E.M.S.C. E.I.I.C. site that has a wealth of tool
20 kits research, educational information, a lot of the
21 Q.I. initiatives are listed on this website past --
22 past Q.I. and upcoming Q.I. So always keep an eye
23 out there if you're interested in projects. And then
24 of course, the N.P.R.P. assessment which will be
25 coming back up, I want to say in 2024, but it might

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 be 2025. It's either one. And then of course, The
3 American Academy of Pediatrics, ENA, ACEP, they do a
4 lot of the heavy lifting at the larger level for
5 research. Certainly Dr. Gausche and Dr. Kate Remick
6 are prolific and do a lot of work surrounding
7 pediatrics and pediatric preparedness. So next steps
8 after -- after I speak with all of you, I will be
9 speaking with staff next week. And kind of what
10 we're looking for. I checked with the Division of
11 Legal Affairs, we don't need a vote or a motion, but
12 just kind of a yes, we support this statement is what
13 they said was necessary to move this forward. Jacob
14 and I will work with Public Affairs Group on updating
15 our PAC webpage and resources. So as soon as this is
16 approved and I can move forward, my hope is to have
17 that done. ... is wonderful and super helpful. So I
18 will reach out to him as soon as everything is
19 approved to get that rolling so that it's up there
20 and everybody can sign up. We will start the program
21 rollout to hospitals. And I -- definitely I, but
22 maybe Jacob will join me on some of the local ones.
23 We'll be attending the RTEC meetings over the summer
24 and the fall to talk about this with the regional
25 trauma advisory councils as this is an A.C.S.

1 5-2-2023 - EMS for Children Meeting May 2023
2 initiative. And I will be working with Patty and Dan
3 to make sure that all of the trauma centers have this
4 information so that they can get on board, and they
5 are enrolled and there is no issues. So that is the
6 next steps for this program. And this is how you can
7 find me. But you all knew that. Does anybody have
8 any questions about the program? I know this is kind
9 of a high-level overview. Our hope was not to make
10 it so, so specific that different levels of hospitals
11 or different regions with different capabilities or
12 initiatives couldn't participate. We wanted to make
13 it all inclusive.
14 **MR. COOPER:** Any questions for Amy?
15 Hey, this is a boatload of work. We really thank you
16 for all you're putting into it. Obviously, we
17 recognize that this is a key element of -- of
18 E.M.S.C. and well within your charge, but
19 nevertheless you're doing a phenomenal job with us
20 and they appreciate us. Any other comments or more
21 questions for Amy? Okay, so let's move back to the
22 next agenda item, then. You'll repost that agenda
23 for us Amy?
24 **MS. EISENHAUER:** Yes, let's see.
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MR. COOPER:** Okay. So Peter, your
3 triage recommendation is the next item on the agenda,
4 Amy?
5 **MS. EISENHAUER:** Alright. So give me
6 one second and I will post that. I think I found it.
7 I just want to make sure that you were seeing the
8 correct document. It's a little crazy. Okay. So
9 you should be seeing -- seeing our pediatric trauma
10 triage destinations graph. Since you edited this,
11 Dr. Cooper, do you want to discuss it?
12 **MR. COOPER:** I certainly can. So this
13 builds off a document that was created in 2014 by a -
14 - a group composed of members of E.M.S.C. as well as
15 members of the staff. And at that time, it was
16 determined that all pediatric trauma patients must be
17 transported to it from the level one or level two
18 pediatric trauma center if they meet current American
19 College of Surgeons Committee on Trauma field triage
20 guidelines and are able to arrive within fifty
21 minutes. The circumstances have arisen over the past
22 ten years or so. Where -- whereby some exceptions to
23 that absolute requirement seem to be appropriate.
24 Not to say that we don't want patients to go to level
25 one and level two pediatric trauma center, okay? But

1 5-2-2023 - EMS for Children Meeting May 2023
2 there are circumstances in which that simply isn't
3 feasible, perhaps due to lack of time and transport
4 capabilities among -- among others. So in -- in
5 editing this it seemed to make sense to put a strong
6 should as opposed to an absolute must, as the part of
7 this -- part of this document. So, that's -- that's
8 bullet point number one. Can we slide down, please
9 Amy, a little bit? And of course, same -- same for -
10 - for the second bullet point. Clearly if the -- if
11 the patient still meets field triage criteria upon
12 arrival, you know, at a -- at an adult trauma center
13 or non-trauma center, they should be transferred if,
14 again -- if it's feasible. I can imagine that there
15 are circumstances where, again, if it might not be
16 feasible, might not even be safe. So -- so again,
17 this would be providing some level of flexibility,
18 but with a very strong admonition that that patients
19 should be taken to pediatric trauma center --
20 designated pediatric trauma center. And the decision
21 to transfer the patient who wants do primary survey,
22 with potential surveys are initiated, ideally within
23 thirty minutes. That's the decision, ideally within
24 thirty minutes. Okay? Initiation of the transfer
25 process should take place as soon as possible

1 5-2-2023 - EMS for Children Meeting May 2023
2 thereafter, ideally within fifteen minutes. So
3 that'll be a total of forty-five minutes into the --
4 into the resuscitation. And then ideally, transfer
5 should occur as soon as possible. Thereafter,
6 hopefully within two hours. But again that's
7 depending upon transport resources. So -- so this is
8 the you know -- the -- the whole thrust of the
9 potential suggested revisions are that we want to
10 provide some level of -- some level of flexibility
11 while still maintaining, the -- the -- the fact that
12 pediatric patients belong in pediatric trauma center.
13 And accordance to do that all pediatric trauma
14 transfers needs to be reviewed in a timely manner.
15 So that's basically it. And I invite any -- any
16 questions or comments at this point.
17 **MR. HARRIS:** Alright. It's, Matt, may
18 I just ask a point of clarification?
19 **MR. COOPER:** Sure.
20 **MR. HARRIS:** Thank you. So this is,
21 as you know, has come up a couple of times in the New
22 York City RE/MAX discussions. And there is, I think,
23 a conversation to be had about how a pediatric
24 patient is defined and not by the college. I think
25 that's really well out there. But there seems to be

1 5-2-2023 - EMS for Children Meeting May 2023
2 discrepancy between how a pediatric patient is
3 defined for treatment and how a pediatric patient is
4 defined for disposition in terms of transport
5 disposition. Just to be clear, are you exclusively
6 referring to pediatrics in this context, is those
7 under the age of fifteen?
8 **MR. COOPER:** Matt I can't quite hear
9 you. Can you -- can you please up that last little
10 bit? Please.
11 **MR. HARRIS:** Sorry, forgive me. I was
12 just looking for a clarification on are we
13 exclusively referring to pediatric patients as those
14 under fifteen for the purposes of destination
15 determination?
16 **MR. COOPER:** Well, that's -- that is -
17 - that is you know open for discussion. If can Amy,
18 can you slide back up to the top? And if you can see
19 --
20 **MR. HARRIS:** The reason -- sorry, I
21 was just going to give some -- some context for a
22 moment. I'm driving, so forgive me, I can't see
23 anything. I ...
24 **MR. COOPER:** -- if you can see, the
25 last line of the introductory paragraph speaks about

1 5-2-2023 - EMS for Children Meeting May 2023
2 patients that have not yet reached their fifteenth
3 birthday, it doesn't speak about patients over
4 fifteen or more.
5 **MR. CONWAY:** Right. So I guess the
6 reason I bring this back up for the group's
7 discussion are -- and forgive certainly differ for
8 person to you as a subject matter expert in this.
9 When you look at different regions in New York in
10 different protocols, and I -- I haven't reviewed the
11 collaboratives recently, so please forgive my
12 annotate here. But Pete, a seventeen-year-old with
13 asthma may end up in either an adult emergency
14 department or pediatric emergency department, and
15 they are going to be treated under pediatric
16 protocols, even though they're getting in adult
17 medications and probably based on their age and
18 weight. We've been having a big struggle about -- in
19 our -- in our little cohort here at Cohen's about
20 these patients who are fifteen in a day to seventeen
21 and three hundred and sixty four days, where we in
22 the last two years, just some revising context, we
23 received two hundred adolescents, fifteen to
24 seventeen, three sixty four for transfer from adult
25 trauma centers, fifty percent of whom required

1 5-2-2023 - EMS for Children Meeting May 2023
2 admission. So these would fall under that cohort of
3 kids that granted not discussed in this document
4 because you have your age limitations, but in the
5 bucket you described, if kids who show up in an
6 outside institution because A.C.S. allows them to go
7 there because they're over fifteen, but then it
8 doesn't seem like a lot of these adult trauma centers
9 are admitting this cohort of adolescent patients. So
10 they're showing up to an E.C.S. accredited trauma
11 center for adults, I'm sure being totally
12 appropriately managed, but then not being admitted
13 there for whatever reason. Maybe don't have
14 pediatric expertise, -- et cetera. But do we feel
15 that it's something we need to address in this
16 document? Because I feel like that group gets lost.
17 They are not quite adults, they are not treated as
18 kids, and it's in, I still somewhat ambiguous, I
19 think, what should happen and where they should go if
20 -- at least in our -- in our small cohort here in
21 Queens and Nassau County, you know, we're getting a
22 hundred transfers a year for admission. Well, you're
23 raising a very, very timely issue. You know, I think
24 many institutions are grappling with the same issue
25 as the present time. You know, I mean, it may be as

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 simple in some cases as the adult trauma centers may
3 not have a robust pediatric inpatient service, you
4 know, and certainly may not have a pediatric I.C.U.
5 in their facilities. And certainly, for patients
6 requiring that level of care, that would obviously be
7 an issue that would necessitate transfer to a
8 pediatric trauma center, which of course by
9 definition does have to have pediatric handling
10 capabilities. But this document didn't -- didn't
11 initially get into the issue of, you know,
12 separating, you know, if you will levels of response,
13 i.e., level one, level two, trauma consult, that sort
14 of thing. And I think in a sense what you're saying,
15 Matt, correct me if I'm wrong, is that you concerned
16 that there are significant members of adolescent
17 patients between their fifteenth birthday and their
18 eighteenth birthday who perhaps don't meet level one
19 or level two criteria who are -- who are just getting
20 transferred to the adult center or sorry to the
21 pediatric center just because, you know, it's trauma
22 and adult service at the center hospital for whatever
23 reason, may not feel comfortable dealing with those
24 kids. Am I hearing your point correctly?
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MR. HARRIS:** Well, I think there's
3 sort of two groups. There's the groups sort of
4 essence sort of minimal trauma that are -- are not
5 cancer evaluating at adult institution because
6 they're not comfortable or fill in the blank. But I
7 think perhaps even more impressively, there's fifty
8 percent of these kids is adolescents who get
9 transferred to us get admitted, right? So one of us
10 who get admitted.
11 **MR. CONWAY:** Right.
12 **MR. HARRIS:** So you can make -- you
13 can make the argument that in a geographically
14 appropriate area, had they just gone to the
15 children's hospital, there would be no need for
16 secondary transfer. I guess that's kind of the point
17 I wanted to bring up is that I wonder we seem to be
18 giving pretty clear guidance that if you're under the
19 age of fifteen and you can't quite get to a pediatric
20 trauma center, go to the adult place and we'll
21 transfer and that's fine. I guess do we want to
22 offer similar guidance for that fifteen to eighteen
23 group because it seems like that's what's happening
24 either way, or do we want to make the same sort of
25 soft recommendation that actually should be fifteen

1 5-2-2023 - EMS for Children Meeting May 2023
2 to eighteen year olds or fifteen to seventeen, three
3 sixty four. Should we actually go to the pediatric
4 trauma center? I guess, I'm not, I defer to you as
5 the trauma surgeon here to help answer that question
6 where they should be taken primarily.
7 **MR. COOPER:** Well, Kim Wallenstein is
8 also on this call, and she's our also trauma expert.
9 And I think you framed the question very well, but
10 I'm first going to turn to Conway because I've seen
11 his hand up. Ed?
12 **MR. CONWAY:** Yeah, a quick question. I
13 know, we're using various ages as cutoffs, but a lot
14 of the institutions go up to age twenty one. So I
15 know we're talking less than fifteen now. We're
16 cutting it off at eighteen. But I think probably the
17 majority of pediatric institutions, now I don't know
18 what you guys put -- but we do go up to twenty one
19 here. I'm just putting that in the mix.
20 **MR. HARRIS:** Trauma.
21 **MR. COOPER:** Excuse me. Your adult
22 trauma surgeons just sort of the pediatric group and
23 since eighteen to twenty one.
24 **MR. CONWAY:** So we just got our level
25 two designation, so we'll -- we'll take everything up

1 5-2-2023 - EMS for Children Meeting May 2023
2 to twenty one. There are certain rules that they
3 will go to the adult surgical I.C.U. if it's a bullet
4 to the chest, a headshot, they think they need to go
5 back to the O.R. But we -- we co-manage both ages.
6 Under fifteen, we have PED surgeons that are involved
7 and then up to twenty one are trauma surgeons take
8 care of them.
9 **MR. COOPER:** The PED surgeons are
10 involved for the fifteen to seventeen, right, or no?
11 **MR. CONWAY:** No, the adults will do
12 everything over eight -- seven or eight. They have
13 an agreement. I think it's age eight.
14 **MR. HARRIS:** Okay, I think right, Ed,
15 yeah.
16 **MR. CONWAY:** Sorry, go ahead Matt.
17 Yeah.
18 **MS. HARRIS:** I was just going to say,
19 to answer Ed's question, I think that in the -- in
20 the five boroughs, I would say that it's most common
21 that adult emergency, I'm sorry, pediatric emergency
22 departments are up to eighteen, a few to twenty one,
23 N.Y.U., I think it's a twenty five. But I think --
24 but I think that currently the fire department and
25 the ordnance department, we enact each drugs, take

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 people under the age of eighteen, not for trauma, but
3 for medical to a pediatric emergency department if
4 they meet PED's GED criteria. So Ed's point is well
5 taken.
6 **MR. COOPER:** Yeah. Kim Wallenstein, do
7 you have any thoughts about this?
8 **MS. WALLENSTEIN:** Yeah, hi. It's Kim
9 Wallenstein. It's -- it's a great point. I actually
10 hadn't thought of this issue before with the -- the
11 transfer being done to adult trauma centers and then
12 transferring to pediatric places. I think -- I
13 would, I don't know how I feel about putting language
14 in about transferring a fifteen to seventeen year old
15 perhaps to pediatric trauma centers, because you're
16 going to get a whole range of different places.
17 Like, for example, as people were saying, like where
18 I am at upstate, we're a separate level one pediatric
19 and a level one adult trauma center. And as
20 pediatrics we -- for trauma, it's under fifteen. So
21 you can say, oh, transfer those sixteen year old
22 trauma patient to the pediatric trauma center, which
23 would be us, but it would be the adult trauma team
24 taking care of them. So it's -- you don't get the
25 same thing that you think you're getting,

1 5-2-2023 - EMS for Children Meeting May 2023
2 transferring them to a pediatric center. So it makes
3 covering -- which is a little more tricky.
4 **MR. COOPER:** I think Kim is right. I
5 think that there's a tremendous disparity statewide
6 between how different facilities handle the
7 adolescent group. I think it's probably more common
8 for the --the above fifteen age group to be handled
9 by the adult trauma surgeons at least initially. And
10 bringing the pediatric surgeons in as you know as
11 needed. But again, that's totally institution
12 specific. I'm going to recognize Ed Conway and Ed,
13 please add your thoughts to the discussion at this
14 point. Ed?
15 **MR. CONWAY:** Sorry, I just, I left my
16 line in for too long. I just took it down.
17 **MR. COOPER:** Okay.
18 **MR. CONWAY:** One is enough.
19 **MR. COOPER:** I see that there's a
20 couple of comments in the chat. And they by and
21 large tend to confirm what's been said already that
22 there's quite a bit of disparity. I think that Lisa
23 has pointed out that in Rochester, the adult trauma
24 surgeons take care of those patients, but they're
25 admitted in the pediatric I.C.U. But that would

1 5-2-2023 - EMS for Children Meeting May 2023
2 still necessitate a transfer to a pediatric facility
3 that has a pediatric I.C.U. And then I guess it
4 would be to that facility to decide which group of
5 surgeons was -- was involved in -- in the care of
6 those patients. I think this is a pretty complicated
7 issue. Perhaps what we should do is to set up a -- a
8 conference call, Amy and discussion with physician a
9 little bit more detail and then bring us back to the
10 next meeting. Does that make sense to everyone?
11 **MR. HARRIS:** I'd like to participate
12 in that conversation --
13 **MR. COOPER:** I am sorry.
14 **MR. HARRIS:** I was just saying, yeah,
15 I was just saying I would love to participate in that
16 conversation. Thank you.
17 **MR. COOPER:** Oh, sure. Of course. I
18 think that Mr. Douglas mentioned this to me privately
19 that in areas outside they're pretty good.
20 Therefore, there are very few places that can
21 actually be looking at trauma centers within fifty
22 minutes, which is part of the reason for being a
23 little bit less, if you will hard and fast about --
24 about the "muscular" was in place prior to this. I
25 guess I still think that it's probably worth a longer

1 5-2-2023 - EMS for Children Meeting May 2023
2 the discussion that we have time for during this
3 meeting that a small group that has a specific
4 interest in this area probably should get together
5 and discuss it and we'll bring it up at the -- at the
6 next meeting. I don't think there's any rush in
7 getting this off but there we are. So does anybody
8 disagree with that approach? Okay, Amy, so let's --
9 let's set up a working group. Anybody that wants to
10 be part of that, please let Amy know. I certainly
11 will that -- that Aaron has said he wants to be part
12 of that. Anybody else that's able to participate,
13 please let Amy know and we'll get this thing set up.
14 And I think your perspective would be very useful
15 from Jacobi if you take kids way up to the age of
16 twenty one. So that would probably be -- be very
17 helpful.
18 **MR. CONWAY:** I'd be glad to
19 participate.
20 **MR. COOPER:** I see that Brooke Lerner
21 wants to be part of it and certainly Kim Wallenstein,
22 so that's great. Okay. So -- so let's do that and
23 I'll give her some -- some homework. We did discuss,
24 I think, the length based discuss resuscitation tape
25 a little bit earlier. Is there anything more we need

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 to discuss about that Amy or do we cover everything
3 pretty much? I think we did that really.
4 **MS. EISENHAUER:** I just have a short
5 update. So Megan Williams, her paramedic class was
6 reviewing the protocols and how the pediatric
7 protocols and how -- how the dosages are written
8 versus the -- on the light base meditate. So she
9 emailed me this morning and said she was not able to
10 make today but also mentioned that her class has done
11 a bulk of the work and that they are putting together
12 a document with their findings. So I anticipate that
13 being ready for the next meeting. And we'll probably
14 have an interim subgroup meeting. Just a little
15 break. Yes. And then we'll present the findings at
16 the next meeting in September.
17 **MR. COOPER:** Yes, please. But make
18 sure we have -- current meeting. I know that Elise
19 VanderJagt and Nickol O'Toole have both said they
20 want to participate in the -- in the work group. So
21 we will do that for trauma.
22 **MS. EISENHAUER:** Next.
23 **MR. COOPER:** Tell me. New business
24 we've already covered that. So I think we are up to.
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MS. EISENHAUER:** I think -- I think we
3 have one -- one item brought up at the meeting. I
4 know Dr. Winslow, are you able to unmute?
5 **MR. WINSLOW:** Yeah. Yeah, thanks,
6 Amy. How are you?
7 **MS. EISENHAUER:** Good, how are you?
8 **MR. WINSLOW:** It kind of ties in with
9 this whole trauma discussion, but one thing that's
10 come up in our region, and we've discussed ... heart
11 attack is the current new red criteria as approach is
12 pediatric trauma patients, as -- as its red criteria
13 for ages zero to nine, systolic blood pressure less
14 than seventy plus two times even in years. And many
15 of the E.M.S. providers do not take pediatric blood
16 pressures, especially on very small children, ages
17 zero, one and two, and three for a couple of reasons.
18 Not to mention the fact that it's difficult on a --
19 on a very small child who's injury may be not
20 cooperative to get an accurate reading anyway. So
21 our concern was that if that's the criteria,
22 shouldn't there be an alternate such as or the
23 pediatric assessment triangle. That's what we teach
24 in ... it allows for the pediatric patient to be
25 assessed without documenting a blood pressure reading

1 5-2-2023 - EMS for Children Meeting May 2023
2 and gives you valuable information and also a
3 systolic level blood pressure that low is obviously a
4 very late sign of shock.
5 **MR. COOPER:** These are good points.
6 The -- the only issue that I've seen with -- with --
7 with what you suggested is the fact that there --
8 there was strong pediatric representation on the
9 national work group that put together the changes in
10 the ... triage guidelines. And secondarily I'd be
11 very surprised if SACC isn't going to -- isn't going
12 to endorse the national guidelines, you know, for
13 youth in New York State at its upcoming meeting. I
14 could be -- I could be wrong, but I'm guessing that
15 is what will happen. But I certainly, you know,
16 think the points that you're making are -- are -- are
17 strong ones. I think we all are familiar with the
18 difficulty of trying to get blood pressures on -- on
19 small children. You know, and I think -- I think
20 that this is something that perhaps the workers is
21 looking at trauma triage could actually, you know,
22 secondarily take a look at the -- the groups tend be
23 getting together with the triage anyway. Is that --
24 is that -- is that an approach that would work for
25 you, Jason?

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MR. WINSLOW:** Well, we already started
3 on an educational piece from ... it's really an
4 educational piece. I don't mean to change a protocol
5 but just realize that if that is your one criteria
6 for red, you're missing a lot of sick children. So
7 what we're doing as an educational piece is that
8 there are other indicators of pediatric serious
9 injuries.
10 **MR. COOPER:** Sure.
11 **MR. WINSLOW:** Such as skin colored
12 temperature and condition, and increased work of
13 breathing, generalized look of the patient. So we're
14 look working at it with our two pediatric trauma
15 centers working in concert to put out an educational
16 piece for our providers. But it's something that I -
17 - we kind of plan to continue to work on. I'm
18 curious to see if there's other regions that would be
19 similar educational material. I don't need a
20 protocol to be changed. I'm just advising that --
21 that although is a parameter that can be followed is
22 probably not the best one.
23 **MR. COOPER:** Well, you know, once
24 again, I'm not sure that we're going to have a whole
25 lot of success in changing that national protocol,

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 but your educational piece I think would be very
3 helpful, you know, to this discussion. And I would
4 like to invite you, if you don't mind, to -- to join
5 you know, the pediatric trauma triage group and as an
6 additional item of business for that group, perhaps
7 you could present your -- the work that you've been
8 doing and your region. Does that work?
9 **MR. WINSLOW:** Sure. Yes, I happen to
10 work at --
11 **MR. COOPER:** Great.
12 **MR. WINSLOW:** -- pediatric trauma
13 center for the last fifteen years of my practice at
14 Good Samaritan. We see adults and children. But one
15 thing I can tell you is -- is that blood pressure is
16 often not even done in the trauma room as the first
17 order of business.
18 **MR. COOPER:** Yeah, you're absolutely
19 right. I think most of us who work in trauma centers
20 would -- would you know, share their experience.
21 **MR. WINSLOW:** Amy, if you want to
22 include me, I'd appreciate it.
23 **MR. COOPER:** Yes, that would be great.
24 **MS. EISENHAUER:** On the list.
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MR. COOPER:** You are hereby included,
3 sir.
4 **MR. WINSLOW:** Thanks.
5 **MR. COOPER:** Right. Okay. And Amy
6 anything else before we move on to update to our
7 partners?
8 **MS. EISENHAUER:** I guess not. Did you
9 want to discuss pediatric strokes Dr. Winslow?
10 **MR. WINSLOW:** Yeah. Yeah, sorry to
11 get both of my agenda items off in one scoop, but I
12 will tell you, it has come up in our region as we
13 look at regionalization of stroke care because we
14 have three pediatric, sorry, we have three regional
15 stroke centers and ten primary stroke centers. That
16 there's no such thing as a New York State designation
17 for pediatric stroke, and yet when you read them, the
18 collaborative protocol that we all use, it groups
19 adult in pediatric stroke together and states take
20 patients to a pediatric stroke center. I'm sorry it
21 says take suspected stroke patients to a stroke
22 center. So I just bring it up for discussion. I
23 don't want to create a new protocol, but just realize
24 that some stroke centers may not be able to or should
25 be taking care of pediatric stroke patients, which

1 5-2-2023 - EMS for Children Meeting May 2023
2 are very rare entities and are a little different
3 animal than the adult. And I just wanted to show
4 have the group look at the fact that currently
5 pediatrics are included in the adult stroke protocol,
6 which is written for adults.
7 **MR. HARRIS:** Hey, Arth, can I add with
8 a quick response.
9 **MR. COOPER:** Sure. I think you've
10 identified an important gap. Was that Matt who
11 wanted to -- who wanted to respond?
12 **MR. HARRIS:** Yeah. I think Earth,
13 correct me if I'm wrong, I think in the city, I don't
14 believe Nassau, but I think in the city when this
15 discussion came up to Jason's point I think we
16 changed the recommendation and the language to say
17 that pediatric sepsis stroke should go to a PEDs
18 critical or City Center, recognizing that most
19 pediatric strokes are not ischemic and usually
20 require more pediatric expertise than necessarily out
21 of the all the O.O.H.s Adult Comprehensive Stroke
22 Center, that increasingly brings up an important
23 point that you know, I think the, the destination of
24 being a pediatric critical facility or pediatric
25 capable facility with an I.C.U. is probably a more

1 5-2-2023 - EMS for Children Meeting May 2023
2 appropriate destination than the closest to Adult
3 Stroke Center.
4 **MR. COOPER:** Other comments?
5 **MR. VANDERJAGT:** Hi. This is Elise
6 VanderJagt, I just totally agree.
7 **MR. COOPER:** Please ... go ahead.
8 **MR. WINSLOW:** Yeah. I totally agree
9 with what's been said. I think I like the last
10 comment that these patients with pediatric strokes
11 need to go to a pediatric critical care center
12 because the etiologies are very variable. And that's
13 probably the better place to go than a standard adult
14 stroke center because they're quite different in
15 etiology and potentially management. So -- but there
16 is nothing, I believe again in our protocols that
17 would suggest that, and maybe that should be an area
18 to be recognized. All of our own institutions, we
19 have developed a pediatric stroke protocol. We do
20 have that. So I suspect other pediatric critical
21 care or pediatric children's hospitals with those
22 kinds of facilities will probably also have similar
23 protocols and then that's where they're located
24 rather than the standard adult stroke center.
25 **MR. COOPER:** Yeah. I will--

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MR. COOPER:** I'm sorry.
3 **MR. WINSLOW:** I'll share with the
4 group that I brought this up with the collaborative
5 protocol discussion meeting about a week-and-a-half
6 ago. And the consensus among the collaborative
7 working group was that because there's no separate
8 guidance for pediatrics that they're better off in an
9 adult stroke center than no stroke center at all.
10 However, I kind of disagree with that. I do think
11 that they were better served in a pediatric capable
12 center, and so it's just a point of discussion. I
13 also think it may be wise, and this was my
14 recommendation, was to simply delete the word
15 pediatric from the stroke protocol and having the
16 vagueness of a pediatric patient that presents with
17 stroke be that it's a rare entity that requires
18 either medical control to be involved for a transport
19 decision or just to flag it into something different.
20 But leaving in pediatrics with adults now makes you
21 take pediatric stroke patients to adult stroke
22 hospital by protocol, and that was my whole point.
23 **MR. VANDERJAGT:** This is Elise --
24 **MR. COOPER:** Okay.
25 **MR. VANDERJAGT:** Sorry.

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MR. COOPER:** Go ahead Elise.
3 **MR. VANDERJAGT:** Yeah. I'm not sure
4 that I'd eliminate -- I'm not sure that I would
5 eliminate it because there is such a thing as where
6 the trauma can occur and hemorrhagic stroke that can
7 occur. So I'm not sure what I would -- how I would
8 think about it entirely, but I am a little bit
9 concerned about eliminating it unless you are
10 interested in looking at a separate protocol
11 completely.
12 **MR. WINSLOW:** You know, that would be
13 the way the other protocols have been written. It's
14 interesting that this one grouped them. When you
15 look at the remainder of the protocols, they all have
16 adult and pediatric separated, and this is one
17 vestige of a previous generation of protocols that is
18 currently being reviewed. We are new to the
19 collaborative working group here in Suffolk. We just
20 went live with the protocols this January, and we're
21 still finding these issues. It's my opinion is to
22 write a separate pediatric stroke protocol and
23 instead of taking them to an adult stroke center, you
24 could say taking preferentially to a pediatric
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 capable center, because there is no such state thing
3 as a New York State designation for pediatric stroke.
4 **MR. VANDERJAGT:** But I do think it
5 might be helpful, like you said, Jason, is to, maybe
6 there should be that separation of pediatric stroke
7 versus adults stroke, like they separated out
8 seizures, like they separated out pain rather than
9 inclusive, including it, but there needs to be done a
10 separate protocol, and I think that's not an
11 unreasonable thing.
12 **MR. COOPER:** Okay.
13 **MR. WINSLOW:** I'll be--
14 **MR. COOPER:** Yeah. Let's -- there's
15 enough, you know, smoke and fire around this issue
16 that I think we need to get together a conference
17 call and -- and take it through. In general, I think
18 that you know that, that the comments that have been
19 made around the target that for the great majority of
20 pediatric strokes, you know, the pediatric I.C.U. is
21 the best environment. But there are, there may be
22 occasional exceptions to the rule that Dr. ... has
23 pointed out in terms of a hemorrhagic stroke, for
24 example. Such a child might do better in a stroke
25 center or a designated stroke center. But I do think

1 5-2-2023 - EMS for Children Meeting May 2023
2 we need to come up with some specific recommendations
3 if we think that the, a pediatric stroke protocol
4 ought to be separated out from the current protocol.
5 So let's plan on Amy getting together about the work
6 group, I can see --rolling your eyes with the thought
7 of -- of a not yet another group, but -- but I think
8 this is, and we thank you, Jason, for bringing this
9 up because it is an important enough issue that we
10 should probably have a specific position on it.
11 Jason, did you have anything else? Did you have
12 anything else? Jason?
13 **MR. WINSLOW:** Sorry. No, I was just
14 saying thank you. Please include me in the group.
15 **MR. COOPER:** Sure.
16 **MR. WINSLOW:** Or maybe also we could -
17 - maybe also we could discuss it when we're in state
18 council next week.
19 **MR. COOPER:** Of course.
20 **MR. WINSLOW:** Thank you.
21 **MR. COOPER:** You will clearly be
22 included, and again Elise you would be part of that,
23 kind of where you pay your employer, you're both
24 pediatric intensive units. I don't know if you want
25 to be part of it or not, I'll leave it to you. But

1 5-2-2023 - EMS for Children Meeting May 2023
2 certainly your comments would be, you know, very
3 helpful, and if the other folks want to be part of
4 this discussion?
5 **MR. HARRIS:** It's Matt, I would.
6 **MS. EISENHAUER:** And I got you,
7 Nickol.
8 **MR. COOPER:** Okay. Okay, wonderful.
9 Thank you. Okay. There we are. So is there any
10 other new business that didn't quite make it to the
11 agenda? Well, hearing none at the moment let's move
12 on to update from our -- from our sister advisory
13 committees the D.O.H. Partners. Brooke and Peter, I
14 don't know if Peter's on. I know Brooke is on.
15 **MS. LERNER:** Yeah, I didn't see Peter.
16 I can tell you -- just recomplete, so hopefully Peter
17 and I will still be with you in September, but we
18 won't know until the results of the recompete come
19 in. The seizure study that you all approved has been
20 running in Buffalo. We've enrolled twenty six
21 children. It's going well. That's using the
22 emergency exception from informed consent and looking
23 at age-based dosing compared to weight-based dosing.
24 Well, last time I was here, I talked to you about our
25 TRAC study, which is looking at bundles care and a

1 5-2-2023 - EMS for Children Meeting May 2023
2 checklist for respiratory distress. We're going to
3 be -- we're finishing our notification and community
4 consultation plan, and so we'll be starting to share
5 with the Buffalo community that, that study could be
6 done here and getting acceptance for that. And I
7 think that is all that PECARN is doing, but it's all
8 very exciting.
9 **MR. COOPER:** Brooke, thank you so much
10 for your report. And for those of you who may not
11 know Brooke as well as I've had the pleasure and
12 honor of knowing Brooke over the -- these many years.
13 Brooke is amazing. She's made so many incredibly
14 important major contributions to E.M.S. care. It's -
15 - the list is almost endless. And we're just very,
16 very lucky that that she's with us here in New York
17 State, and you know -- and you know, of course you
18 see this every time she speaks because she comes with
19 data, you know, and -- and proposals for data on
20 which the base decisions that are made. She's a
21 really -- really a model of an academic scientist.
22 So, Brooke, thank you for all your contributions
23 there, so important to the world in which we
24 function.
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MS. LERNER:** Thank you for your kind
3 words, and I am ecstatic to be back in New York, so
4 I'm happy to be where I grew up.
5 **MR. COOPER:** Great, great. You know,
6 I grew up in Western New York, Brooke, so, you know,
7 we both love the cell. So I'm informed that Amy
8 Jagareski from the -- from the Bureau of Occupational
9 Health and Injury Prevention, you know,
10 affectionately named BOHIP is not with us today. And
11 unfortunately, a successor has not been named. So
12 we'll have to wait until September to hear from
13 BOHIP. I don't know if anyone's up from Family
14 Health, Marilyn Kacica are you with us today?
15 **MS. KACICA:** I am here and I've been
16 listening.
17 **MR. COOPER:** Oh, great.
18 **MS. KACICA:** No updates.
19 **MR. COOPER:** Great. I'm sorry, I
20 can't see with, with the agenda up. I can't see
21 everybody on the screen. So --
22 **MS. KACICA:** No problem.
23 **MR. COOPER:** -- you kind of were here.
24 So tell us -- tell us what you've been doing?
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MS. KACICA:** We -- you know -- we
3 haven't been so much involved in the pediatric
4 framework lately. It's been a lot of women's health
5 and abortion work. So that's kind of been keeping us
6 busy.
7 **MR. COOPER:** I'm sure. Okay. Well,
8 we're -- we're grateful for your participation
9 because you certainly have been busy with us in the
10 past. So we hope that, that the future issues arrive
11 that need your outstanding input. We'll be -- we'll
12 be able to, you know hear from you at that time.
13 Thank you.
14 **MS. KACICA:** Yeah.
15 **DR. COOPER:** Okay. Kate Butler, as a
16 party from Health Emergency Preparedness Central
17 Office. Katie, are you with us? I think I saw your
18 name.
19 MS. BUTLER-AZZOPARDI: I am here.
20 Thank you, Dr. Cooper.
21 **MR. COOPER:** Great. Can you say a
22 little --
23 MS. BUTLER-AZZOPARDI: I just have
24 great things that are germane for this group today.
25 As many of you know, we have some federal

1 5-2-2023 - EMS for Children Meeting May 2023
2 requirements to work on specific surge annexes for
3 the State of New York. And we will be starting the
4 process from the chem surge plan and, and response
5 annex shortly. So I did want to actually disclose to
6 this group if there's anyone who would like to sit on
7 the expert into the group for as we're, when we're
8 cracking that for the state, and then additional
9 guidance for the regional level. Please reach out to
10 me or reach out to me through Amy. There's anyone
11 who has any interest or if you have any suggestions
12 that would be greatly appreciated.
13 **MR. COOPER:** Dr. Kate, can you say a
14 little bit more about, about what, what has entailed
15 in this project? So we'll have a better sense of who
16 might be able to help you?
17 MS. BUTLER-AZZOPARDI: Yeah. So what
18 we -- so over the course of our five year cooperative
19 agreement, we have had a requirement to do five
20 separate specialty surge annexes. So this year we're
21 just wrapping up the radiological surge. We get to
22 have PEDs very early on in our cooperative agreement
23 infectious disease. And so what we have been doing
24 is the approach we take as far as we do for cracking
25 some of the larger documentation that we bring

1 5-2-2023 - EMS for Children Meeting May 2023
2 together, you know, the best of the best across the
3 state to help inform that document. So what we're
4 doing is, so usually is two to three meetings that
5 are hybrid and or with a virtual option to really
6 kind of go through some of the things that would go
7 into that. It's not truly an operational document
8 because it's really a rollup of everything that's
9 happening within the state. But the roll-up of the
10 actions for New York State Department of Health, so
11 in that same vein we are working to do that, that
12 chem -- chemical surge response annex. And usually
13 we do kind of a -- an overarching one meeting that's
14 kind of broader strokes, and then kind of tease it
15 down to really inform that document as we prepare to
16 submit it to our federal partners and have it
17 available for our regions to use for their use. Does
18 that helps?
19 **MR. COOPER:** Yeah. That the focus for
20 the -- so that's great, so the focus for this
21 particular time is on the chemical surge, correct?
22 MS. BUTLER-AZZOPARDI: Correct. Yes.
23 **MR. COOPER:** Okay. Alright. And if
24 there's anyone with a particular expertise in that
25 area please get in touch with Amy and, you know, and

1 5-2-2023 - EMS for Children Meeting May 2023
2 Amy and I will work to identify someone who can
3 fulfill that role for you, okay.
4 MS. BUTLER-AZZOPARDI: Yeah, it's
5 really interest only if, if there's someone who has
6 any interest, we -- but we, I did want to because
7 this was a really great venue to, to float that for
8 some of the minds on this call, so I do appreciate
9 that.
10 **MR. COOPER:** Sure. Anything else?
11 MS. BUTLER-AZZOPARDI: I just had the
12 last thing, Amy did mention when she was going over
13 some of the Always Ready for Children Initiatives is
14 that, so we have the, the luxury that we get to
15 directly fund one hundred thirty six of the hospitals
16 outside of the New York City region through our
17 hospital preparedness program. We've been working
18 over the last couple months to try to crack a
19 deliverable for our next grand year that involves the
20 hospitals doing the National Pediatric Readiness
21 Assessment. We essentially can offer them a carrot
22 to go in and do the survey. So hopefully as we, and
23 we have had to have designated this as a required
24 activity for them, so we should have a one, it'll
25 give a nice little boost for the folks that are

1 5-2-2023 - EMS for Children Meeting May 2023
2 looking towards that always ready program. And we'll
3 have that as some of that additional data and the
4 facilities will have that, that progress report that
5 you get back from the system. So we were able to
6 build that into their contracts for next year. I'm
7 actually really excited. I think it's going to be
8 really helpful across our two grand programs, not
9 even as far as what we're trying to do, but also very
10 important for some of our work that we're doing
11 across the state.
12 **MR. COOPER:** Yeah.
13 MS. BUTLER-AZZOPARDI: So I'm glad
14 that that got through, and it was -- I'm really
15 looking forward to kind of this, this cross activity
16 between our two grand programs, because I don't know
17 that that's happening in other parts of the nation.
18 **MR. COOPER:** Got it. Okay. Thank you
19 so much. Anything else from -- from -- from you,
20 Kate?
21 MS. BUTLER-AZZOPARDI: Yeah. Okay.
22 That's all I have for now unless anyone has
23 questions.
24
25

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MR. COOPER:** Anyone have questions for
3 Kate? Okay, then Drew Fried from Long Island, Health
4 Emergency Preparedness. Are you with us today?
5 **MS. EISENHAUER:** I do not see Drew our
6 list of participants.
7 **MR. COOPER:** Okay. We'll move on to
8 the Quality & Patient Safety/Sepsis Initiative. Alda
9 or Linda or Kate or George, are you one or more of
10 you on the line?
11 **MR. STATHIDIS:** Yeah. Hi, good
12 afternoon, Dr. Cooper. Yeah. This is George
13 Stathidis with the Office of Quality and Patient
14 Safety.
15 **MR. COOPER:** Hey, George.
16 **MR. STATHIDIS:** How are you? I'm
17 going to share my screen. I have a slide deck to
18 share with you here. I will actually give a quick
19 update, and then I have my colleague with me Stephen
20 Goins going to give an update on the slides here.
21 I'll walk through that. So before we jump into the
22 slides, just a brief update for the substance
23 program. Since we last met for here at the E.M.S.C.
24 meeting, we actually released our 2019 report. That
25 report was sometime in the making, of course, it got

1 5-2-2023 - EMS for Children Meeting May 2023
2 interrupted by the COVID pandemic. However, we were
3 able to get all of secure all our approvals and
4 release that report. And that is what we're actually
5 going to go over here today. That was an interesting
6 report that we actually did some risk adjustment for
7 the pediatric population, which was the first time
8 that we were able to do that. And Stephen will go
9 through that in a couple moments. But that's what
10 we're going to talk about today. In addition, we are
11 still working on our 2021 Annual Report that we have
12 all that data in-house right now. We're going
13 through our research team, I should say, going
14 through extensive validation and discussions on how
15 we'll present that data and will be a new format. So
16 it's not quite ready yet for live for prime time.
17 But of course, our process is usually that we'll
18 bring any initial results to our pediatric sepsis
19 advisory group, which I know Dr. Cooper and Dr. ... I
20 know you're both on that. So you -- we will probably
21 see some preview of some data in the coming months.
22 I'm not sure exactly when we'll have that available,
23 but we are working on it quite seriously here. And
24 then in addition, we just wrapped up data collection
25 last week for 2022 data for adults and for pediatric

1 5-2-2023 - EMS for Children Meeting May 2023
2 population. So we have quite a bit of data in-house
3 that we're working on right now. I would almost
4 venture to say that we're buried in data, but we are
5 working on that and we're working on again putting
6 the reports together. So I want to turn it over to
7 Stephen Goins from our office. He's a Research
8 Scientist and introduce yourself and then we can go
9 through a slides here.
10 **MR. GOINS:** Yes. Thank you, George.
11 You can hear me, okay?
12 **MR. COOPER:** Yes.
13 **MR. GOINS:** Alright. Great. Thanks.
14 Yeah. So I would agree with George. We are buried
15 in data. I'll back him up on that. But yeah, so
16 good afternoon, everyone. I'm -- yeah, as George
17 mentioned my name is Stephen Goins. I'm the Director
18 of the Bureau of Vital and Health Statistics in
19 Q.P.S. And one of the roles of bureau is to provide
20 analytic support for the New York State Sepsis
21 Initiative using the data collected through the
22 initiative. And that includes more recently, as
23 George mentioned, the development of risk adjusted
24 mortality model for the pediatric severe sepsis
25 population that I'll be presenting today and that was

1 5-2-2023 - EMS for Children Meeting May 2023
2 included in our 2019 report. George, if you don't
3 mind, go ahead, please. And one more thank you.
4 Okay. So I'll just start with a brief overview of
5 some high level characteristics of the pediatric
6 severe sepsis population in 2019. So the table on
7 this slide shows the volume, distribution and
8 population incidence rates of pediatric severe sepsis
9 for age, group, sex, and race ethnicity. There were
10 a total of six hundred and twenty-four severe sepsis
11 cases in patients' age less than eighteen years old
12 in New York State in 2019. And while incidence is
13 thankfully much, much lower than what we observed in
14 the adult population within the pediatric population,
15 incidence is highest among the youngest patients. As
16 you can see here, that's patients' age less than one
17 year old and then second highest among patients age
18 one to two years old. There is a slightly higher
19 incidence among males versus females in 2019, though,
20 not that much of a difference in race. And then in
21 terms of race and ethnicity again, not huge
22 differences in race but we did see incidence was
23 highest among the black non-Hispanic population and
24 lowest among the Native American Pacific Islander and
25 multiracial population. So I will note that the

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 sample size is quite small for that group with only
3 thirteen cases before me. Next slide, please.
4 Thank you. So next here, I just want
5 to give an idea of our approach to developing the
6 model. So we decided to build a multi-variable mixed
7 effects logistic progression model. The primary
8 feature of this model is to account for outcomes
9 clustering by hospital, which we did detect in this
10 population. So that's why we went in that direction.
11 The outcome we chose to represent mortality was
12 thirty-day all cause mortality, post presentation of
13 severe sepsis. So we did consider a ninety-day
14 outcome, but ultimately decided that that approach
15 could capture additional deaths that were unrelated
16 to sepsis. And so we stuck with the third-day. Also
17 note that the intent of this model was to assess
18 trends in risk adjusted mortality over time in this
19 population. It's a little bit different from what we
20 do on the adult side where we intend our model to
21 facilitate comparisons of hospital performance. But
22 really, we like the sample size to take this approach
23 for pediatrics. And I won't go through all the
24 exclusions here, but I just do want to note that we
25 did exclude newborns. That is patients who were born

1 5-2-2023 - EMS for Children Meeting May 2023
2 in the hospital and developed with severe sepsis or
3 septic shock before they were discharged. And for
4 patients who had more than one hospitalization for
5 severe sepsis, we only included a single hospital for
6 ... patients.
7 And calling all those exclusions
8 ultimately, we ended up with one thousand four
9 hundred and seventy-four eligible cases from 2017
10 through 2019 model.
11 **MR. COOPER:** Steve, can you just
12 comment on the unmatched SPARCS Group? That seems
13 like a pretty big group.
14 **MR. GOINS:** Yeah. Yeah, certainly.
15 So we added that exclusion because we actually use
16 our SPARCS data in order to facilitate our match to
17 BS. So to determine our thirty-day all cause
18 mortality outcome. We use vital statistics but we
19 don't directly match vital statistics to our sepsis
20 data. We actually go through our match to SPARCS in
21 order to determine that outcome. So that's why
22 that's added here as an exclusion is because yeah,
23 obviously without the SPARCS match, we can't detect a
24 vital statistics outcome. So yeah, and I will.
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MR. COOPER:** Sorry. What is SPARCS?
3 I'm sorry for those ...
4 **MR. GOINS:** I'm sorry. Yeah. So
5 SPARCS, I'm going to make sure I get the acronym
6 right, Statewide Planning and Research Cooperative
7 System. It's a database that the D.O.H. has been
8 collecting I think since 1987. But it contains all
9 institutional hospital discharge and E.D. visit data
10 reported by the hospitals to the D.O.H. And it's a
11 pre-adjudicated administrative data. So it contains
12 things like patient demographics, which we use the
13 link here as well as like a diagnosis and procedural
14 information as well.
15 **MR. COOPER:** The reason I ask the
16 question is simply we often find -- and the -- in
17 reviewing the trauma data, from the trauma registry,
18 we often find that when we measure the SPARCS that,
19 that, that either one or the other has resulted in a
20 miscode of some kind, and it may not be a real trauma
21 case. I just wondered if there was some sense that
22 the mismatch is here indicated that these patients
23 might not have been septic or in fact, they are
24 septic, but for some reason SPARCS didn't include
25 them. Any sense of that at all? I think this -- to

1 5-2-2023 - EMS for Children Meeting May 2023
2 get my understanding as to whether we could be
3 missing something here if, but there's a skew here
4 somehow that is contaminated your data set. That's
5 all.
6 **MR. GOINS:** Yeah. No, certainly.
7 Yeah. Well, the first thing I do want to know is
8 typically our -- there are a fair number of cases
9 excluded here, but the match rate to SPARCS that we
10 normally get is pretty good. Ninety plus percent,
11 obviously we wish it was better. And actually, I
12 think we're improving our process for future years to
13 kind of boost that match up. But yeah, we have -- we
14 do typically make comparisons between severe sepsis
15 diagnostic criteria that we see in SPARCS versus what
16 we have collected in our sepsis database. And I
17 don't remember the exact numbers off the top of my
18 head, but it tends to be pretty good. I would say in
19 general, we tend to see more cases classified or
20 reported to us rather, I should say, as severe
21 sepsis. In the sepsis initiative data than we do
22 compared to SPARCS, but we usually defer to our data
23 collected through the initiative at least in this
24 case, in this historical data here because the
25 definition of severe sepsis was based off of clinical

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 medical record abstraction, right, whether or not it
3 resulted in a diagnosis. And we've usually --
4 **MR. COOPER:** Let me ask the question.
5 Yeah. Let me ask that question in another way. If
6 you were to have included those cases as opposed to
7 excluded them, would it have changed the outcome in
8 any way?
9 **MR. GOINS:** So the reason we did not
10 include them is because they're at least the way our
11 outcome was defined, it would've depressed our
12 mortality outcome, right? Because necessarily
13 because we didn't have them match the SPARCS, we
14 could not detect a mortality outcome for them in
15 vital statistics. So that was really the intent
16 behind excluding them as far as if we had used in-
17 hospital mortality, for instance, which we would've
18 for all those cases and we would've included them, it
19 may have changed the results here. But we usually do
20 an evaluation of in-hospital mortality in addition to
21 our thirty-day and at least in those true
22 comparisons, there wasn't a significant impact on the
23 -- at least the crude trends that we saw when we did
24 that.
25 **MR. COOPER:** Okay. Thank you.

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MR. GOINS:** Yeah. No, great
3 questions. Hopefully, I answered that directly
4 enough, but --
5 **MR. COOPER:** Close enough.
6 **MR. GOINS:** Alright. Great. Thanks.
7 Thanks, George. Okay. So I know in the previous
8 slide, we called this the -- or we -- I called this
9 the 2019 risk adjusted mortality model, but we did
10 actually use three years of data seventeen through
11 nineteen to build the model. This is done primarily
12 to increase the sample size for this analysis, but
13 also, obviously having three years of data allows us
14 to examine trends and mortality over time. And the
15 way we chose to evaluate that was by trending the
16 standardized mortality ratio or S.M.R. by quarter
17 across the three years in our analysis. So the
18 S.M.R., if you're not familiar, represents the ratio
19 of observed mortality outcomes to the number expected
20 based on the risk factors in the model. So an S.M.R.
21 greater than one indicates worse mortality than
22 unexpected, while an S.M.R. less than one indicates
23 better mortality than I expected. This is sort of
24 the simplified standard in interpretation when
25 evaluating results from a standard logistic

1 5-2-2023 - EMS for Children Meeting May 2023
2 progression model. But the interpretation does hold
3 even for when using a mixed model as we did here.
4 Next slide. George, thank you. Okay.
5 So moving into the results here. So the chart on
6 this slide is showing trends in the statewide S.M.R.
7 including ninety five percent confidence intervals by
8 core. So on the X-axis here, you can see the quarter
9 of discharge from 2017 quarter one through 2019
10 quarter four. Well, S.M.R. is plotted here on the Y-
11 axis. The dot, of course, represents the S.M.R.
12 estimated for that quarter. And then those lines
13 extending vertically there are the confidence
14 interval. And then the lines here, we have colored
15 to represent whether or not the S.M.R. is -- the
16 quarterly S.M.R. is statistically higher or lower
17 than expected in the quarter. And then just lastly
18 here at the bottom of the chart, we have the number
19 of hospitals contributing cases to the S.M.R. in each
20 quarter.
21 So as you can see, there's a fair
22 amount of variability in the S.M.R. for -- from
23 quarter-to-quarter, it hops around and we have pretty
24 wide competence intervals. In fact, we only have two
25 instances where the observed outcomes are

1 5-2-2023 - EMS for Children Meeting May 2023
2 statistically different from expected. So yes,
3 seeing 2018 Q4 there, we have mortality significantly
4 lower than expected and then in 2019 Q4 where
5 mortality is significantly higher than expected. So
6 I would say, in general, we don't really observe any
7 peer trend in the pediatric risk adjusted mortality
8 in this field.
9 **MR. COOPER:** Have you looked at
10 anything beyond fourth quarter in 2019 yet?
11 **MR. GOINS:** No, not to this point. So
12 yes, we have a pretty consistent data source from
13 2017 to 2019. But you know, we've sort of changed
14 our data collection since then. So we haven't looked
15 at anything.
16 **MR. COOPER:** I only asked because you
17 know, the fourth quarter 2019, you know, performance
18 was good compared to the rest of the experience. And
19 I wondered if we were -- we're just beginning to
20 catch the first little bit of COVID there. I don't
21 know, we're not recognizing just a thought. That's
22 all.
23 **MR. GOINS:** Yes. No, no, no. I'm
24 still. Sorry. I was just stewing on that. Yeah,
25 yeah, yeah. I mean, possibly. But yeah, I mean -—

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 you're right, right, right. Yeah. And so certainly
3 that's the outlier, right? And it is statistically
4 significant. I was just looking here, right? We do
5 see the bump in Q4 in 2017, and then of course, in
6 2018, it's statistically lower.
7 **MR. COOPER:** Yeah.
8 **MR. GOINS:** So yeah, it's kind of --
9 okay, so next slide. Next, chart. Okay, so this next
10 chart is a similar view, but add the element of case
11 volume in here. So again, quarter along the X-axis,
12 but now we have case volume in addition to the SMR on
13 the Y-axis. So that colored line on the chart
14 represents the same SMR data points as in the
15 previous chart. And then the bars here represent
16 case volume. So the dark green representing patients
17 who died within thirty days of a severe sepsis
18 presentation. And then the light green representing
19 patients who survived at least thirty days following
20 presentation.
21 And I think the point I just kind of
22 want to emphasize on this chart here is just kind of
23 the remaining influence of small sample size on these
24 trends. So even though, we have a -- we would seem
25 at least have enough cases in each quarter overall in

1 5-2-2023 - EMS for Children Meeting May 2023
2 order to produce stable estimates here. The number
3 of outcomes in each quarter is relatively small,
4 right. So ultimately, that means that our SMR is
5 very sensitive to swing in just a handful of
6 mortality events. And this likely contributes to
7 some of the -- that wide variability that we see.
8 **MR. COOPER:** Right?
9 **MR. GOINS:** Yeah. Like, again, yeah,
10 that big swing 2019 Q3 to Q4. I mean, it's almost a
11 doubling of mortality events, but it's still only
12 seven deaths.
13 **MR. COOPER:** Right, right.
14 **MR. GOINS:** Alright, George, last
15 slide. Okay, so just a way of summary, so as I
16 mentioned, we didn't really observe any clear trends
17 in risk adjusted mortality in the pediatric
18 population for the years that we studied here.
19 However, we do really recognize their limitations to
20 our data collection and modeling that that might
21 obscure any trend that we could observe. I mentioned
22 it before, small sample size really limits the
23 statistical power in this analysis.
24 And I'll also note that the data
25 collected through the sepsis initiative used here was

1 5-2-2023 - EMS for Children Meeting May 2023
2 designed and constructive more specifically for the
3 adult severe sepsis population and to facilitate risk
4 adjustment in the adult population. So maybe data
5 that is more tuned to the pediatric population with
6 regards to risk factors would likely improve the
7 performance of the model here.
8 And then just lastly and kind of
9 related to that point, there's often additional
10 complexity in the diagnosis and treatment of severe
11 sepsis in the pediatric population, somewhere you're
12 aware, that's something that we are often from the --
13 our pediatric sepsis advisory group. But that also
14 makes risk adjustment for this population more
15 challenging.
16 So I suppose in a way of closing, I
17 would say, well, our ability to model pediatric
18 sepsis mortality may currently be limited. We are
19 intending to continue to work with the data, the
20 pediatric data that we have available to develop
21 appropriate outcome measures for this population.
22 **MR. COOPER:** Okay. Well, as always,
23 the presentations for your group is -- the
24 presentations are very thought-provoking. We
25 appreciate your time in presenting this data, George,

1 5-2-2023 - EMS for Children Meeting May 2023
2 and certainly even more important your time in
3 putting it together. That obviously for us, our main
4 concern continues to be early recognition, and early
5 treatment measures that are likely to potentially
6 limit the unsure effects of severe sepsis. And as
7 you pointed out, the data probably is not quite
8 robust enough yet in terms of volume being more than
9 anything else. Get us an opportunity to look at
10 those minor points.
11 But we go not, and hopefully, as we
12 look at the next group of data, which I'm hoping you
13 might be able to have for us by September, maybe,
14 maybe not, I don't know. But I certainly hope so.
15 Maybe, we'll see you know, a bit more of a trend
16 toward improvement. But that will await your
17 analysis. So thank you very much. Does anybody else
18 have any questions for George or Steve? Okay, well,
19 thank you so much. Mike McEvoy, are you with us?
20 **MS. EISENHAUER:** Mike had emailed me
21 that he might have a conflict and I do not see him on
22 our list.
23 **MR. COOPER:** Okay. Well, ... And
24 finally STAC & Pediatric Trauma Subcommittee, we have
25 not met in quite some time, Kim Wallenstein, do you

8eeefc94-668f-4385-8d82-16e739007d08

1 5-2-2023 - EMS for Children Meeting May 2023
2 have anything for us? I don't know that we have that
3 since the last meeting of EMSC, so I don't know we
4 have anything new to bring some stuff of these
5 trauma. There may have been --
6 **MS. WALLENSTEIN:** Yeah, very brief --
7 **MR. COOPER:** Go ahead. Wallenstein.
8 **MS. WALLENSTEIN:** Nothing really --
9 nothing really new. The last staff meeting, because
10 we know was not held, so we did have a brief interim
11 meeting in March and we talked about it, a few issues
12 with our TEQIP collaborative data as well as our --
13 the new standards of mental health screening that are
14 going to be with our verification. But we will
15 hopefully be able to meet again before our next
16 E.M.S.C. meeting, if we're not going to have a
17 pediatric subcommittee meeting at the next staff
18 that's coming up within the next couple weeks,
19 because it conflicts with the American Pediatric
20 Surgical Association Annual Meeting where most of us
21 are going to be. So I don't think we would have a
22 good forum there. So we are not going to hold that,
23 but we will try to get an interim meeting in place to
24 talk about some more initiatives.
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MR. COOPER:** Great. Thank you. Okay.
3 Well that we had a lot of ground covered today. I
4 anticipated that this meeting would probably extend
5 until four-thirty, but I'm fortunately wrong and I
6 see Amy as smiling as well. So I know she's pleased
7 that we're done a little bit early, but I see that
8 Sharon Chiumento has her hand up and has something to
9 share with us. You're muted, Sharon.
10 **MS. CHIUMENTO:** I just wondered if
11 we've had any progress on the pediatric education
12 materials that we were working on trying to develop
13 educational materials and things like that. Has
14 there been any progress on that at all?
15 **MR. COOPER:** On the education stuff?
16 **MS. CHIUMENTO:** Right.
17 **MR. COOPER:** We did speak about that.
18 We did speak about that earlier in the meeting. Amy
19 has collected a whole slew of --
20 **MS. CHIUMENTO:** I remember -- senior
21 moment.
22 **MR. COOPER:** That's okay. That's
23 okay. We all have those -- even those who are
24 younger than seniors, so there we are. Thank you,
25 Sharon. Anything else?

1 5-2-2023 - EMS for Children Meeting May 2023
2 **MS. CHIUMENTO:** No.
3 **MR. COOPER:** Well, in that case, wow,
4 we are finishing twenty-five minutes ahead of
5 schedule. I'm sure that that will allow everyone to
6 run to the nearest coffee yard to recharge. And our
7 next meeting, Amy, will be when September --
8 **MS. EISENHAUER:** September 5th in
9 Troy, New York at the Hilton Garden Inn from 1:00
10 p.m. to 4:00 p.m.
11 **MR. COOPER:** That is before or after
12 Labor Day, that sounds like it's after Labor Day; is
13 that right?
14 **MS. EISENHAUER:** It's after.
15 **MR. COOPER:** Pardon?
16 **MS. EISENHAUER:** It's after Labor Day.
17 **MR. COOPER:** After Labor Day. So
18 that's Thursday after Labor Day then, correct?
19 **MS. EISENHAUER:** Yes.
20 **MR. HARRIS:** Can you share the
21 location one more time, Amy?
22 **MS. EISENHAUER:** Hilton Garden Inn in
23 Troy. And I will be sending out more information to
24 everybody as we get. Just a little bit closer
25 probably June to make sure everybody has the

1 5-2-2023 - EMS for Children Meeting May 2023
2 information they need. But I want to make sure that
3 you guys have the date so you can mark it off. It is
4 an in-person meeting. It is in the Capital region.
5 So I will help with the travel stuff, but I wanted to
6 let you guys know, because I know that everybody has
7 crazy schedules and we need to make plan up here.
8 The train is not far from the city. So if you like
9 Amtrak, the train is near the hotel, not too far, if
10 you didn't want to drive, so some options.
11 **MR. COOPER:** Thank you, Amy. So this
12 --
13 **MR. HARRIS:** I've only train like
14 twenty minutes, is that cool? Okay. ... few seconds.
15 I'm sorry. Alright.
16 **MS. COOPER:** Matt, I'm sorry, I didn't
17 quite hear you. Matt? Okay. So I just wanted to
18 remind everyone that our custom in the past have been
19 to meet at 875 Central Avenue, where the Bureau of
20 E.M.S. offices are located. We are not meeting
21 there. We are meeting in Troy. So for those of you
22 who will be coming up the morning of the meeting,
23 please don't go to the wrong place.
24 And Amy I know you'll count -- I can
25 count on you to remind me because, I've spent so many

1 5-2-2023 - EMS for Children Meeting May 2023
2 years going to 875 Central Avenue, right? Good, well
3 end up in the wrong place. So again, Hilton -- hired
4 in for everybody and we will see you in September,
5 okay? Take care everybody. Have a great summer and
6 we'll look forward to a whole bunch of conference
7 calls, mostly in July, because I know people are
8 largely going to be away in August, okay? Thank you.
9 Take care everybody.
10 **MS. EISENHAUER:** Thanks. Hi everyone.
11 **MR. COOPER:** Thank you for a great
12 meeting.
13 (Off the record)
14 (The meeting concluded at 3:38 p.m.)
15
16
17
18
19
20
21
22
23
24
25

1 5-2-2023 - EMS for Children Meeting May 2023
2 I, ANNETTE LAINSON, do hereby certify that the foregoing
3 was reported by me, in the cause, at the time and place,
4 as stated in the caption hereto, at Page 1 hereof; that
5 the foregoing typewritten transcription consisting of
6 pages 1 through 117, is a true record of all proceedings
7 had at the hearing.
8 IN WITNESS WHEREOF, I have hereunto
9 subscribed my name, this the 2nd day of May, 2023.
10
11
12 ANNETTE LAINSON, Reporter
13
14
15
16
17
18
19
20
21
22
23
24
25

A

A.A.P 55:15
A.C.R 47:22,24
A.C.S 59:20 61:25 68:6
Aaron 76:11
abbreviation 38:14
ability 35:19 111:17
able 4:5 5:5 8:10 13:20 22:12 24:17,18 41:15 42:11 43:15,17 46:22 63:20 76:12 77:9 78:4 82:24 92:12 93:16 96:5 98:3,8 112:13 113:15
abortion 92:5
absolute 59:4 63:23 64:6
absolutely 9:8 21:10 25:3 32:8 81:18
abstraction 105:2
academic 90:21
Academy 61:3
accept 11:10
acceptance 90:6
access 15:17 30:21 39:24 44:9
accessible 56:16
account 101:8
accredited 68:10
accurate 78:20
ACEP 55:15 61:3
acetaminophen 16:18 17:24 18:2 18:9 38:14
acronym 103:5
acting 7:11
actions 94:10
activities 56:3
activity 95:24 96:15
actual 57:12
acute 35:20 53:19
adapted 48:6
add 37:18 38:6,19 40:25 74:13 83:7 109:10
added 18:2 102:15,22
addition 18:3 55:10 98:10,24 105:20 109:12
additional 81:6 93:8 96:3 101:15 111:9
additions 17:18
address 14:16 68:15
addressed 56:18
addressing 9:3 40:17
adequate 55:19
adjust 23:17 39:4
adjusted 99:23 101:18 106:9 108:7 110:17
adjustment 98:6 111:4,14
administered 17:12
administering 17:16
administration 15:15 21:9 31:3 35:9,18
administrations 30:8
administrative 103:11
admission 68:2,22
admitted 68:12 70:9,10 74:25
admitting 68:9
admonition 64:18
adolescent 68:9 69:16 74:7
adolescents 67:23 70:8
adult 16:22 17:3 18:3 64:12 67:13,16,24 68:8 69:2,20,22 70:5,20 71:21 72:3,21 73:11 73:19,23 74:9,23 82:19 83:3,5 83:21 84:2,13,24 85:9,21 86:16,23 100:14 101:20 111:3 111:4
adults 43:17 68:11,17 72:11 81:14 83:6 85:20 87:7 98:25
advance 12:11
advances 48:13
advancing 60:14
advising 80:20
advisory 1:3 2:25 30:21 61:25 89:12 98:19 111:13
AEGIS' 48:3
Affairs 61:11,14
affectionately 91:10
afternoon 97:12 99:16
age 8:19,20 29:2 66:7 67:17 68:4 70:19 71:14 72:13 73:2 74:8 76:15 100:9,11,16,17
age-based 89:23
agencies 7:6 8:12,14,15,20 11:7 40:13 54:16
agency 53:21
agenda 5:19 12:15,17 18:11 62:22,22 63:3 82:11 89:11 91:20
ages 71:13 72:5 78:13,16
agitation 5:22
ago 31:18 45:19 85:6
agree 21:2 23:20 25:20 27:4 28:12 35:12 55:3 84:6,8 99:14

agreement 72:13 93:19,22
agreements 8:10
ahead 28:8 34:12 41:8 46:16 72:16 84:7 86:2 100:3 113:7 115:4
Albany 9:24
Albert 3:16,17 34:14,16 38:8,10 38:19
Alda 97:8
align 9:25 10:6 18:24
aligning 16:22
alignment 19:19
allow 19:18 115:5
allowing 27:10 39:24
allows 11:24 68:6 78:24 106:13
Alright 2:12,13,15,22 15:24 46:18 63:5 65:17 94:23 99:13 106:6 110:14 116:15
alternate 78:22
amazing 90:13
Amazon 50:3
ambiguous 68:18
ambulance 7:22 46:23 47:12 49:6 49:12
ambulances 47:15,18 48:7,18
American 61:3 63:18 100:24 113:19
amount 19:13 25:15 41:15,22 50:17 107:22
Amtrak 116:9
Amy 2:3 3:2,8 5:20 9:4 14:23 15:4 16:20 17:4 18:10 19:20 27:21 30:3,7 31:16 37:17 39:8 39:16 40:7,24 41:8 46:11,17 51:3,5 62:14,21,23 63:4 64:9 66:17 75:8 76:8,10,13 77:2 78:6 81:21 82:5 88:5 91:7 93:10 94:25 95:2,12 114:6,18 115:7,21 116:11,24
Amy's 9:11
analgesic 18:8 35:11,18
analysis 106:12,17 110:23 112:17
analytic 99:20
analytical 8:11
ancillary 55:24
animal 83:3
Annette 28:5 118:2,12
annex 93:5 94:12
annexes 93:2,20
annotate 67:12
announced 44:4
annual 9:17 98:11 113:20
answer 21:20 71:5 72:19
answered 106:3
anticipate 77:12
anticipated 114:4
anybody 46:15 60:17 62:7 76:7,9 76:12 112:17
anyone's 91:13
anyway 78:20 79:23
APAP 38:12
apologize 32:3
app 23:12 40:6,21
apparent 12:6
application 44:11 60:8
apply 44:13
applying 17:15
appreciate 34:7 39:14 50:25 62:20 81:22 95:8 111:25
appreciated 93:12
approach 27:4 30:17 76:8 78:11 79:24 93:24 101:5,14,22
appropriate 47:18 55:24 56:23 63:23 70:14 84:2 111:21
appropriately 32:23 68:12
approvals 98:3
approved 29:11,13 34:19 61:16 61:19 89:19
apps 34:2
area 9:24 20:16 32:12 50:22 59:6 70:14 76:4 84:17 94:25
areas 75:19
arguably 35:11
argue 36:9
argument 70:13
arisen 63:21
arrival 64:12
arrive 63:20 92:10
art 9:23 26:8,20
Arth 83:7
asked 46:19,25 47:6 108:16
aspects 37:5
assess 101:17
assessed 78:25
assessment 43:22 53:12 54:11 57:9 58:15 60:24 78:23 95:21
Assessments 53:25
assist 47:4 56:13
associated 54:6

Association 113:20
assuage 24:19
asterisks 16:13
asthma 67:13
attack 78:11
attend 4:5 45:25
attendance 2:20 3:3 5:3
attending 50:19 61:23
August 117:8
available 32:17 44:10,10 94:17 98:22 111:20
Avenue 116:19 117:2
await 112:16
award 41:11,15
awarded 41:16
awards 41:13
aware 13:18 30:7 111:12
awareness 54:11
axis 107:11

B

back 5:11,16 9:10 12:15 22:14 29:12 30:6 31:23 32:9 38:11 41:10 42:22 45:15 60:25 62:21 66:18 67:6 72:5 75:9 91:3 96:5 99:15
backend 40:11
bad 36:12
badge 44:10
Bagozzi 7:10
bargained 40:12
Barry 3:18,19,19
bars 109:15
base 33:9 77:8 90:20
based 7:17 22:19 24:15 25:13 67:17 76:24 104:25 106:20
basically 65:15
basis 11:20,22 24:13
be-- 87:13
Beckfire 49:24
beginning 11:4 108:19
believe 19:6 22:16 25:12 43:23 44:4,7 47:13 49:24 56:12 57:13 83:14 84:16
belong 65:12
belt 48:3
Ben 4:22,24
benefits 54:7,21
best 13:11 15:14 19:7 32:10 33:17 35:12 49:16 54:12 55:2 58:22 59:8 80:22 87:21 94:2,2
beta 8:2
better 13:17 46:13 54:21 58:17 58:25 84:13 85:8,11 87:24 93:15 104:11 106:23
beyond 108:10
big 8:9 32:18 67:18 102:13 110:10
bigger 30:15,15 37:11
biggest 12:9
biospatial 8:10
Birmingham 47:3
birthday 67:3 69:17,18
bit 8:24 15:5,18 19:21 40:23 64:9 66:10 74:22 75:9,23 76:25 86:8 93:14 99:2 101:19 108:20 112:15 114:7 115:24
black 100:23
blank 70:6
blessed 55:9
blood 78:13,15,25 79:3,18 81:15
board 41:13,14 62:4
boatload 62:15
body 22:20
BOHIP 91:10,13
Bohlke 47:9
bold 23:13
Bombard 4:11,12,12
boost 95:25 104:13
born 46:21,22 48:2,7 49:12,14 101:25
boroughs 72:20
bottom 26:7,14 107:18
box 36:16
branch 7:10,11
brand 28:24
bread 44:2
break 26:15 77:15
breathing 80:13
brief 6:6 41:5 97:22 100:4 113:6,10
bring 9:14 10:3 18:22 20:11,13 32:9,14 46:19 47:2 67:6 70:17 75:9 76:5 82:22 93:25 98:18 113:4
bringing 42:22 49:15 74:10 88:8
brings 83:22
broader 94:14
Brooke 76:20 89:13,14 90:9,11 90:12,13,22 91:6

Broselow 18:24 19:8,10,15,19 20:4
brought 21:17 78:3 85:4
Bruce 3:18,19
BS 102:17
bucket 68:5
buddies 44:10
budget 12:10,11 13:5,6
budgetary 41:19
Buffalo 89:20 90:5
build 96:6 101:6 106:11
builds 63:13
bulk 11:2 77:11
bullet 17:13,14 22:2 37:4 64:8 64:10 72:3
bump 109:5
bunch 20:4 117:6
bundles 89:25
bureau 6:9 91:8 99:18,19 116:19
buried 99:4,14
business 5:22 13:22 42:16 51:3 77:23 81:6,17 89:10
busy 6:3 8:7 16:10 92:6,9
Butler 42:10 92:15
BUTLER-AZZOPARDI 92:19,23 93:17 94:22 95:4,11 96:13,21
butter 44:2

C

C.A.C 9:21
C.C 15:8 16:20
C.P.S.T.s 49:4
calculated 24:12
calculates 19:24
calendar 30:20
California 43:11
call 3:4 18:15 37:20 48:25 54:20 71:8 75:8 87:17 95:8
called 53:2 106:8,8
calling 27:20 102:7
calls 54:18 117:7
camera 9:10
can't 48:11 70:19
cancer 70:5
capabilities 62:11 64:4 69:10
capable 83:25 85:11 87:2
Capital 116:4
capnography 35:10,17 36:17
caption 118:4
capture 101:15
car 47:15 48:14
cardiac 34:21,25,25 36:18 37:7
cardio 34:22
cardiorespiratory 37:6,11 38:4
care 7:20 34:7 39:21 42:7 49:25 53:19,21,23 54:7,8 55:3,8 56:3 58:6 60:14 69:6 72:8 73:24 74:24 75:5 82:13,25 84:11,21 89:25 90:14 117:5,9
careful 36:4
caregivers 21:5
carrot 95:21
case 6:7 23:4 29:23 103:21 104:24 109:10,12,16 115:3
cases 35:18 50:22 69:2 100:11 101:3 102:9 104:8,19 105:6,18 107:19 109:25
catch 108:20
catching 38:25 39:7
categories 6:12
cause 101:12 102:17 118:3
caused 19:12
cell 91:7
cells 48:14
center 63:18,25 64:12,13,19,20 65:12 68:11 69:8,20,21,22 70:20 71:4 73:19,22 74:2 81:13 82:20,22 83:18,22 84:3 84:11,14,24 85:9,9,12 86:23 87:2,25,25
centers 49:4 60:3 62:3 67:25 68:8 69:2 73:11,15 75:21 80:15 81:19 82:15,15,24
Central 92:16 116:19 117:2
certain 8:23 10:5 11:11 36:20 38:2 72:2
certainly 37:7 61:5 63:12 67:7 69:4,5 76:10,21 79:15 89:2 92:9 102:14 104:6 109:2 112:2 112:14
certify 118:2
cetera 47:19 68:14
challenging 8:24 15:18 111:15
champion 55:5
championed 53:11
change 6:22 15:3 19:14 24:15,20 29:14 39:3 80:4
changed 16:24 80:20 83:16 105:7 105:19 108:13
changes 6:19 7:9 14:14 15:2

17:17 18:23 29:12 40:18 79:9
changing 80:25
characteristics 100:5
charge 62:18
chart 38:11 107:5,18 109:9,10 109:13,15,22
chat 36:16 74:20
check 20:2 51:5 52:6
checked 61:10
checklist 90:2
chem 93:4 94:12
chemical 94:12,21
chest 72:4
chief 4:16 7:10,11 51:8
chiefs 7:12
child 15:17 47:10 48:23 49:20 78:19 87:24
children 1:1,3 2:1,25 3:1 4:1 5:1 6:1,12 7:1 8:1,9 9:1,3 10:1 11:1 12:1,3 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1,20 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1,3,4 51:1 52:1 53:1,3,4 53:15,23 54:1,7 55:1,8 56:1 56:22 57:1,4,10 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1,16 79:1,19 80:1,6 81:1 81:14 82:1 83:1 84:1 85:1 86:1 87:1 88:1 89:1,21 90:1 91:1 92:1 93:1 94:1 95:1,13 96:1 97:1 98:1 99:1 100:1 101:1 102:1 103:1 104:1 105:1 106:1 107:1 108:1 109:1 110:1 111:1 112:1 113:1 114:1 115:1 116:1 117:1 118:1
children's 84:21
children’s 70:15
Chiumento 3:20,21,21 32:23 33:2 44:6 114:8,10,16,20 115:2
choose 16:23
chose 101:11 106:15
circumstances 63:21 64:2,15
city 26:8 65:22 83:13,14,18 95:16 116:8
clarification 65:18 66:12
clarify 14:15
clarifying 16:11 17:2
class 17:11 43:16 77:5,10
classes 47:20 51:8
classified 104:19
CLAYTON 3:8,10,12 4:7
clean 17:16
cleaned 16:4 29:15
cleaning 17:6
clear 29:9,14 66:5 70:18 110:16
clearer 33:23
clearly 64:10 88:21
clinical 56:3 104:25
close 10:2 106:5
closer 14:7 115:24
closest 84:2
closing 111:16
clustering 101:9
CMAC 45:8
CMAP 29:11
co-manage 72:5
coffee 115:6
Cohen's 67:19
cohort 67:19 68:2,9,20
collaboration 11:18
collaborative 31:22,23 82:18 85:4,6 86:19 113:12
collaboratives 67:11
colleague 97:19
collect 8:8,10,25
collected 52:17 99:21 104:16,23 110:25 114:19
collecting 103:8
collection 51:12 98:24 108:14 110:20
college 63:19 65:24
color 23:23 25:6
colored 80:11 107:14 109:13
column 16:16 24:3,8 25:5,23 33:3,4,12 38:13
com 52:11
combination 52:23
come 8:2 9:10 26:3 30:6 48:3 55:12 65:21 78:10 82:12 88:2 89:18
comes 8:14 25:3 90:18
comfortable 50:14 69:23 70:6
coming 10:19 25:19 27:6,7 44:3 48:20 60:25 98:21 113:18

116:22
comment 10:9,20 27:13,15 28:8 84:10 102:12
comments 6:8 10:15,15 13:12 22:22 23:8 27:12 34:10,15 41:4 48:20 50:14 62:20 65:16 74:20 84:4 87:18 89:2
commitment 9:9 60:9
committee 1:4 3:2 5:14 6:2 30:22 63:19
committee's 31:10
committees 89:13
common 72:20 74:7
commonly 38:15
communities 59:3
community 90:3,5
compared 17:9 89:23 104:22 108:18
comparison 19:3
comparisons 101:21 104:14 105:22
competence 107:24
competencies 54:12
complete 40:7 57:8,21 60:6
completely 86:11
complexity 111:10
complicated 75:6
component 42:10 50:8 51:5 58:19
components 9:16 22:23
composed 63:14
Comprehensive 83:21
concentration 16:11,17,18 40:17
concern 21:20 28:22,23 78:21 112:4
concerned 29:4,7 36:18 37:5 69:15 86:9
concerning 20:8
concerns 13:12 15:2 24:19 50:11
concert 80:15
concluded 117:14
condition 80:12
conference 4:5 18:15 37:20 43:13,18 48:23 49:20 50:19 75:8 87:16 117:6
confidence 107:7,13
configuration 40:7
configuring 40:9
confirm 74:21
conflict 19:9 112:21
conflicts 20:5 113:19
confused 38:13
confusing 33:13
confusion 17:7 19:12
congratulations 9:6
consensus 85:6
consent 89:22
consider 8:19 17:20 39:9 51:20 51:21 101:13
consideration 6:17
considerations 17:8 37:19
considered 38:4 49:17
considering 49:18
consistency 29:16
consistent 14:20 15:10 35:5 108:12
consisting 118:5
consternation 19:13
constructive 111:2
consult 69:13
consultation 90:4
contact 44:14
contains 103:8,11
contaminated 104:4
content 52:7
context 66:6,21 67:22
continue 7:7 8:8 20:11 24:23 80:17 111:19
continued 6:13
continues 112:4
contract 9:7
contracts 7:7 96:6
contraption 50:10
contributes 110:6
contributing 107:19
contributions 90:14,22
control 85:18
convergence 31:24,25
conversation 24:7,16 26:23 65:23 75:12,16
conversations 41:7
conversion 20:23 21:8 26:14 33:5,11
converting 23:16
Conway 2:8 3:23,24,24 20:7 21:19 25:2 67:5 70:11 71:10 71:12,24 72:11,16 74:12,15,18 76:18
cool 116:14
Cooper 2:3,6,7,11,16,17,21,23 3:6,7,9,9,14,14 4:7 5:17,18

13:13,23 14:2,6 15:4,21 18:10 21:12 23:8,9 26:19,20 28:12 28:21 31:15 32:19 33:14 34:9 37:17 38:22 39:5,12 40:24 41:4,10 46:10,16 47:6 50:16 51:16 52:2,9,15 62:14 63:2,11 63:12 65:19 66:8,16,24 71:7 71:21 72:9 73:6 74:4,17,19 75:13,17 76:20 77:17,23 79:5 80:10,23 81:11,18,23 82:2,5 83:9 84:4,7,25 85:2,24 86:2 87:12,14 88:15,19,21 89:8 90:9 91:5,17,19,23 92:7,15,20 92:21 93:13 94:19,23 95:10 96:12,18 97:2,7,12,15 98:19 99:12 102:11 103:2,15 105:4 105:25 106:5 108:9,16 109:7 110:8,13 111:22 112:23 113:7 114:2,15,17,22 115:3,11,15,17 116:11,16 117:11
cooperative 78:20 93:18,22 103:6
coordinator 53:9,21 54:8 58:6
coordinators 42:7 49:3 50:2
core 107:8
corner 9:19
correct 28:15 31:6 63:8 69:15 83:13 94:21,22 115:18
correctly 69:24
correlated 54:2
council 9:19,20 11:19,20,21 88:18
councils 11:19 12:5 61:25
count 31:25 116:24,25
country 57:3
County 68:21
couple 12:10 31:8 60:12 65:21 74:20 78:17 95:18 98:9 113:18
course 5:25 18:17 37:24 38:23 51:2 60:13,24 61:2 64:9 69:8 75:17 88:19 90:17 93:18 97:25 98:17 107:11 109:5
courses 9:16
court 3:6 27:19
cover 5:22 77:2
covered 77:24 114:3
covering 74:3
COVID 98:2 108:20
cow 16:2
Coyle 4:3
crack 95:18
cracking 93:8,24
crash 48:5
crazy 63:8 116:7
create 12:23 82:23
created 63:13
creepy 50:3
crisis 25:16
criteria 64:11 69:19 73:4 78:11 78:12,21 80:5 104:15
critical 83:18,24 84:11,20
critically 53:15
cross 96:15
Crosstalk 14:8
crude 105:23
curious 80:18
current 63:18 77:18 78:11 88:4
currently 13:21 41:17 56:8 72:24 83:4 86:18 111:18
Cushman 13:18,23 14:4,8,12 15:7 15:24 19:4 20:15 22:11 24:6 28:7 29:9 32:4 33:19 35:4 36:4,12,22 38:16,24 39:18,22 41:9
custom 116:18
cutoffs 71:13
cutting 71:16
cycle 22:24

D

D.O.H 89:13 103:7,10
Daly 46:19
Dan 62:2
dark 109:16
data 8:6,8,11,12 9:2 27:5 30:3 30:17,22,23,24 31:3 35:22 39:24 40:23 90:19,19 96:3 98:12,15,21,24,25 99:2,4,15 99:21 102:16,20 103:9,11,17 104:4,21,22,24 106:10,13 108:12,14 109:14 110:20,24 111:4,19,20,25 112:7,12 113:12
database 103:7 104:16
date 18:16 49:23 56:16 116:3
dates 10:5 45:13
day 40:18 59:12 67:20 115:12,12 115:16,17,18 118:9
days 59:16 67:21 109:17,19
de-escalation 43:20 51:10

deal 13:20 57:3
dealing 69:23
deaths 101:15 110:12
December 42:23 45:6
decide 25:3 75:4
decided 101:6,14
deciding 45:12
decision 64:20,23 85:19
decisions 90:20
deck 97:17
deeply 39:13
defer 71:4 104:22
defined 65:24 66:3,4 105:11
definitely 57:22 61:21
definition 24:10,25 69:9 104:25
delay 15:16 36:20
delete 85:14
deliverable 95:19
delivery 30:19
demographics 103:12
demonstrate 47:3
demonstrated 53:10
demonstration 47:5
department 7:12 20:6 53:14,17 54:22 55:4,14 57:20 59:17 67:14,14 72:24,25 73:3 94:10
department's 56:10
departments 42:9 44:18 52:24 53:13 72:22
depend 32:13
depending 57:18 58:8 65:7
depressed 105:11
described 68:5
designated 64:20 87:25 95:23
designation 71:25 82:16 87:3
designed 47:17 111:2
destination 66:14 83:23 84:2
destinations 63:10
detail 75:9
detailing 47:15
details 27:6 46:4
detect 101:9 102:23 105:14
deterioration 38:2
determination 66:15
determine 102:17,21
determined 63:16
develop 49:7 59:16 111:20 114:12
developed 40:4 47:16,22 48:4 84:19 102:2
developing 101:5
development 56:13 59:12,14 99:23
developments 48:16
device 32:16
devices 46:21 47:2,16,22 48:3,8 48:16 49:6,11,14,15 50:11
diagnosis 33:10 103:13 105:3 111:10
diagnostic 104:15
Diazepam 19:10
didn't 69:10,10
died 109:17
differ 19:2 67:7
difference 100:20
differences 59:3 100:22
different 6:11 11:19 12:12,12 21:7 23:15 24:18 30:19 34:2 49:15 50:4 57:5 62:10,11,11 67:9,10 73:16 74:6 83:2 84:14 85:19 101:19 108:2
difficult 50:24 52:5 78:18
difficulty 17:13 79:18
direction 27:9 101:10
directly 8:13 95:15 102:19 106:3
Director 99:17
directors 36:5
disagree 76:8 85:10
disaster 42:9 43:15 56:18 59:5
disasters 56:21 57:2
discharge 103:9 107:9
discharged 102:3
disclose 93:5
discrepancy 66:2
discuss 41:3 51:14 63:11 76:5 76:23,24 77:2 82:9 88:17
discussed 19:6 25:20 28:11,18 48:17 68:3 78:10
discussing 28:20 49:16
discussion 18:5 24:11 25:11 35:15 37:12 38:6 66:17 67:7 74:13 75:8 76:2 78:9 81:3 82:22 83:15 85:5,12 89:4
discussions 56:24 65:22 98:14
disease 93:23
disincentivize 34:5
disparity 74:5,22
disposition 66:4,5
distress 90:2

distribution 100:7
Division 61:10
document 26:6 32:22 44:5 63:8 63:13 64:7 68:3,16 69:10 77:12 94:3,7,15
documentation 93:25
documenting 78:25
documents 44:8,12 51:12,12
doing 6:14 8:23 9:11 35:3 36:14 43:5,10 44:19 49:13 51:21 52:3 53:7 55:4 57:15 60:16 62:19 80:7 81:8 90:7 91:24 93:23 94:4 95:20 96:10
dollars 41:17,19,21
don't 24:4 36:13 69:18 71:17 73:13,24 76:6 80:4,19 81:4
door 6:24
dosages 77:7
dose 14:17 19:15,17,18 23:17 29:6,8
doses 21:23
dosing 14:16 16:8,15,24 17:5 19:9,11 20:8 21:14 22:3 24:11 24:12,24 29:10,12,15 30:16 38:11 40:4 89:23,23
dot 52:11 60:7 107:11
doubling 110:11
Doug 23:9
Douglas 4:6,9 75:18
downloaded 40:21
Dr 2:5,16 3:6,9,14,15,16,23,25 4:3,7,11,12,14,15 5:4,7,10,11 5:16 13:23 23:9 28:12 39:18 41:9,10 44:6 45:18 46:19 47:6 53:11,16 61:5,5 63:11 78:4 82:9 87:22 92:15,20 93:13 97:12 98:19,19
Drew 97:3,5
drive 116:10
driven 30:17
drivers 53:22
driving 54:6 66:22
dropdown 11:6
drug 21:14
drugs 35:2 72:25
due 64:3
dying 22:8

E

e-mail 4:4
E.C.S 68:10
E.D 25:12 42:15,15 44:11 53:21 55:19,20,25 56:13 58:5 103:9
E.D.s 42:7
E.I.I.C 5:9 44:25 45:3 51:11 52:10 55:13 60:19
E.M.S 1:3 6:12 8:9 9:18 12:3,11 12:12,13,14,14,17,17,23 13:9 14:21 23:3 41:11 42:7,9,19 44:11 51:11 53:5,21 54:15,17 57:10 59:13,14 60:2 78:15 90:14 116:20
E.M.S.C 17:19,21 18:4,16 42:2 44:25 45:3 55:12 56:7 60:18 60:19 62:18 63:14 97:23 113:16
E.M.T.s 7:15 47:12
E.N.A 55:15
E.R 55:2 56:9 57:16
E.R.s 22:25
earlier 35:21 52:22 76:25 114:18
early 40:14 93:22 112:4,4 114:7
Earth 83:12
easier 50:9
easily 24:3 54:24
easy 51:19
ecstatic 91:3
Ed 2:7 3:24 21:13,16 71:11 72:14 74:12,12,14
Ed's 72:19 73:4
edited 63:10
editing 64:5
education 7:9,12 49:13,22 50:7 51:4 54:25 56:6 59:14 114:11 114:15
educational 6:21,22 7:11 26:5 26:14 28:16 37:3 49:16 51:5 60:20 80:3,4,7,15,19 81:2 114:13
effects 37:15 101:7 112:6
Efferen 48:22
effort 42:17 45:15
eight 10:13 72:12,12,13
eighteen 8:5,19 70:22 71:2,16 71:23 72:22 73:2 100:11
eighteenth 69:18
eighty 58:20
Eisenhauer 2:5,9,12,19,22 3:4 3:11,13,15,18,20,23,25 4:3,10

4:13,16,19,22 5:2,21 13:24 14:10 22:21 27:18,23 28:4 30:4,23 31:12 39:10,17 41:2,9 46:12,18 51:7,24 52:6,12,20 62:24 63:5 77:4,22 78:2,7 81:24 82:8 89:6 97:5 112:20 115:8,14,16,19,22 117:10
either 13:3 21:3 30:12,12 38:23 48:25 61:2 67:13 70:24 85:18 103:19
electronic 11:8 20:12 22:5 32:16
electronically 11:9,13
element 62:17 109:10
eligible 102:9
eliminate 25:23 86:4,5
eliminating 86:9
Elise 25:18 27:14 28:7 34:11,17 36:22 37:21 77:18 84:5 85:23 86:2 88:22
email 46:7 48:12
emailed 77:9 112:20
emergencies 54:23
emergency 2:25 42:7,8 44:18 47:23 49:25 52:24 53:13,14,17 53:23 54:8,22 55:4,6,7,8,14 56:10,18 57:19 58:6 59:17 67:13,14 72:21,21 73:3 89:22 92:16 97:4
emphasis 34:25
emphasize 109:22
employer 88:23
EMS 1:1 2:1 3:1 4:1 5:1 6:1 7:1 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1,11 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1 81:1 82:1 83:1 84:1 85:1 86:1 87:1 88:1 89:1 90:1 91:1 92:1 93:1 94:1 95:1 96:1 97:1 98:1 99:1 100:1 101:1 102:1 103:1 104:1 105:1 106:1 107:1 108:1 109:1 110:1 111:1 112:1 113:1 114:1 115:1 116:1 117:1 118:1
EMSC 44:20 113:3
ENA 61:3
enact 72:25
encourage 10:14
ended 102:8
endless 90:15
endorse 79:12
engage 42:25,25
engaged 57:5
enhanced 54:2
enjoyed 50:6
enrolled 62:5 89:20
ensure 22:3 56:17 59:17
ensures 54:25
entailed 93:14
entering 5:15
entire 9:23 26:6 35:6 40:4 48:9
entirely 21:13 24:22 38:20 86:8
entities 83:2
entitled 37:24
entity 85:17
environment 87:21
equal 33:6
equipment 6:20,23 7:3,5 54:23 56:15
equipped 16:12 54:22
errors 20:12 40:19
especially 11:25 29:7 43:10 56:5 59:2 78:16
essence 70:4
essentially 7:21 58:11 95:21
established 15:13 35:8
estimated 22:19 107:12
estimates 110:2
et 47:18 68:14
ethnicity 100:9,21
etiologies 84:12
etiology 84:15
evaluate 106:15
evaluating 70:5 106:25
evaluation 105:20
evening 50:17
event 50:6
events 110:6,11
everybody 2:24 9:17 10:14 11:2 46:25 50:6,8 61:20 91:21 115:24,25 116:6 117:4,5,9

everybody's 22:22
exact 104:17
exactly 38:25 98:22
exam 7:17,18
examine 106:14
example 73:17 87:24
exams 7:22
excellent 3:15 4:16,22 54:7
exception 89:22
exceptions 63:22 87:22
excited 6:11 7:25 9:7 12:20 13:8 96:7
exciting 90:8
exclude 101:25
excluded 104:9 105:7
excluding 105:16
exclusion 102:15,22
exclusions 101:24 102:7
exclusively 66:5,13
Excuse 71:21
execute 7:7
Executive 10:23
existing 29:10
expectation 36:6
expectations 12:2 43:4
expected 106:19,23 107:17 108:2 108:4,5
experience 57:7 81:20 108:18
experiences 40:22
experiencing 35:20
expert 67:8 71:8 93:7
expertise 68:14 83:20 94:24
exposure 54:15
extend 114:4
extending 107:13
extension 9:6
extensive 5:13 98:14
extra 33:12
eye 23:23 25:6 60:22
eyes 22:8 25:21 88:6

F

F 13:5
facilitate 101:21 102:16 111:3
facilities 56:7 69:5 74:6 84:22 96:4
facility 44:24 59:17 75:2,4 83:24,25
fact 26:23 65:11 78:18 79:7 83:4 103:23 107:24
factors 54:7 106:20 111:6
fair 19:13 104:8 107:21
fairly 6:6 8:16
fall 13:7 56:12 61:24 68:2
familiar 5:7 79:17 106:18
Family 91:13
far 17:10 48:21 49:22 93:24 96:9 105:16 116:8,9
fast 75:23
faster 11:15
feasible 64:3,14,16
feature 101:8
features 59:6
featuring 42:24
federal 5:9 12:2 42:2 44:18,21 55:12 56:7 92:25 94:16
feedback 10:17 34:7
feel 50:12,13 68:14,16 69:23 73:13
feels 17:22
felt 45:20
females 100:19
fentanyl 21:22 29:4,21 30:10,14
Ferno 47:25
Feuer 3:25 4:2 5:7 23:19,20
field 6:13,25 22:13,18 23:5,6 23:10 27:8 38:13 63:19 64:11 108:8
fifteen 20:21,23 21:23 65:2 66:7,14 67:4,20,23 68:7 70:19 70:22,25 71:2,15 72:6,10 73:14,20 74:8 81:13
fifteenth 67:2 69:17
fifty 29:22 63:20 67:25 70:7 75:21
figure 20:23 32:10 33:16
figuring 17:14
fill 70:6
final 13:6 39:23
finalize 9:14
finalizing 43:14
finally 112:24
find 12:20 48:11 59:15 60:7 62:7 103:16,18
finding 86:21
findings 77:12,15
fine 34:17 70:21
finishing 42:3 90:3 115:4
fire 72:24 87:15
first 14:11 15:15,16 19:15,17

28:12 33:8 34:15,17 47:11 71:10 81:16 98:7 104:7 108:20
fit 43:17
five 29:5,23 39:2 41:19 54:18 72:20,23 93:18,19 107:7
flag 85:19
flexibility 64:17 65:10
flip 23:10
float 95:7
Florida 43:11
flows 26:11
focus 9:15 18:14 94:19,20
focused 6:18
focusing 37:20
folks 35:19 40:21 89:3 95:25
follow 31:17 49:9
followed 80:21
following 11:14 109:19
force 10:25 24:23 37:19 38:7
foregoing 118:2,5
forget 44:17
forgive 26:5 66:11,22 67:7,11
form 8:11 18:13
format 98:15
forms 11:3,5,6,7 44:12 60:9,10
formulary 18:3
forth 16:19 40:10
fortunately 114:5
forty-five 65:3
forum 113:22
forward 7:6,25 8:2 10:3 11:17 11:24 12:2 13:9 41:7 42:14 43:2 50:18 51:15 60:13 61:13 61:16 96:15 117:6
forwarded 51:8
found 53:20 63:6
four 10:12 43:4 45:11 47:23,24 58:21 67:21,24 71:3 102:8 107:10
four-thirty 114:5
fourteen 8:20
fourth 108:10,17
framed 71:9
framework 92:4
frankly 16:4,9 26:21 35:19
Fried 97:3
front 9:12 13:9 22:8
fulfill 95:3
full 5:19 13:4 41:15
full-service 6:14,16
full-time 55:9
fully 58:2
function 90:24
functions 59:23
fund 95:15
funding 42:5
further 12:7
future 10:2,4 12:15,17 17:20 18:5 22:23 59:10 92:10 104:12

G

gap 57:22 83:10
Garden 45:4 115:9,22
Gausche 61:5
Gausche-Hill 53:11
GED 73:4
general 30:15 87:17 104:19 108:6
generalized 80:13
generation 86:17
geographically 70:13
George 97:9,12,15 99:10,14,16 99:23 100:2 106:7 107:4 110:14 111:25 112:18
germane 92:24
getting 14:8 20:12 30:12,13,14 45:17 67:16 68:21 69:19 73:25 76:7 79:23 88:5 90:6
give 13:24 21:5 29:6 30:23,25 39:19 47:7 63:5 66:21 76:23 95:25 97:18,20 101:5
given 8:17 13:15 19:17 30:11,20
gives 79:2
giving 15:8 33:12 70:18
glad 38:25 76:18 96:13
go 4:7 10:11 12:19 15:7 21:3 22:14 25:6,21 28:7 29:12 34:11,15,16 41:8,20 46:16 50:7 63:24 68:6,19 70:20 71:3 71:14,18 72:3,4,16 83:17 84:7 84:11,13 86:2 94:6,6 95:22 98:5,8 99:8 100:3 101:23 102:20 112:11 113:7 116:23
goals 57:18 58:9
goes 18:23
going 4:4 5:11,12,20,25 6:6,8 9:5,9 12:6,9 18:22 19:21 20:20 21:5 23:11,14,20 24:7 24:17 25:6,10 26:10,15 27:5 29:12 30:12 32:15 33:8,9,9

34:5 37:19 38:8 42:14,21,22 43:19 48:25 49:2 52:22 56:10 57:2 58:6 59:20 60:11 66:21 67:15 71:10 72:18 73:16 74:12 79:11,11 80:24 89:21 90:2 95:12 96:7 97:17,20 98:5,10 98:12,13 103:5 113:14,16,21 113:22 117:2,8
Goins 97:20 99:7,10,13,17 102:14 103:4 104:6 105:9 106:2,6 108:11,23 109:8 110:9 110:14
gold 37:22
good 10:18 13:17 21:15 37:21 38:5 39:7 48:6 75:19 78:7 79:5 81:14 97:11 99:16 104:10 104:18 108:18 113:22 117:2
goodies 43:21
Google 12:16,18
gotten 11:11 49:7
grand 95:19 96:8,16
grant 12:3 22:24 41:11
granted 68:3
grantee 42:19
graph 63:10
grappling 68:24
grateful 92:8
gratifying 50:21 52:16
great 5:2 11:18,25 26:22 31:14 31:16,16 34:7 39:22 40:24 42:14 43:5,8,9,18 45:22 47:5 49:23 58:16 60:5 73:9 76:22 81:11,23 87:19 91:5,5,17,19 92:21,24 94:20 95:7 99:13 106:2,6 114:2 117:5,11
greater 106:21
greatly 93:12
green 109:16,18
Greenberg 5:20 6:5 13:14 18:17 18:20 31:17,20 32:11
grew 91:4,6
ground 59:11 114:3
group 14:24 18:13 20:18 21:15 29:11 32:9 33:16 37:18 39:6 39:14 40:20 41:8 43:19 49:9 61:14 63:14 68:16 70:23 71:22 74:7,8 75:4 76:3,9 77:20 79:9 81:5,6 83:4 85:4,7 86:19 88:6 88:7,14 92:24 93:6,7 98:19 100:9 101:2 102:12,13 111:13 111:23 112:12
group's 67:6
grouped 86:14
groups 70:3,3 79:22 82:18
growing 55:17
growth 9:5
Gruber 43:19
Gruver 51:10
guess 33:15 51:3 67:5 70:16,21 71:4 75:3,25 82:8
guessing 79:14
guidance 26:3 60:15 70:18,22 85:8 93:9
guidelines 14:22 15:11 24:12 63:20 79:10,12
guides 27:8
guiding 44:21
guys 53:6 71:18 116:3,6
guys' 52:21

H

Haag 4:20,21,21
hadn't 73:10
Haggins 5:4
half 12:21
Hampshire 43:7
hand 18:17 27:14 31:18 32:24 34:14 38:9,13 44:8 54:24 71:11 114:8
handful 47:17 110:5
handle 33:17 74:6
handled 74:8
handling 69:9
hands 33:15 39:19
hands- 50:7
Handtevy 19:20,22
hang 2:14
happen 9:12,25 22:9 40:18 52:13 68:19 79:15 81:9
happening 10:10 42:14 70:23 94:9 96:17
happens 46:2
happily 42:10
happy 13:11 18:9 45:2 48:12 60:8 91:4
hard 9:8 25:18 42:2 75:23
Harris 4:14,15,15 26:4 27:13 30:2,5 31:7,14 35:24 38:21 65:17,20 66:11,20 70:2,12 71:20 72:14,18 75:11,14 83:7

83:12 89:5 115:20 116:13
head 104:18
header 48:10
headshot 72:4
health 10:24 91:9,14 92:4,16 94:10 97:3 99:18 113:13
healthcare 55:20
hear 2:3,5 5:20,25 10:21 14:4 24:20 33:17 66:8 91:12 92:12 99:11 116:17
heard 51:10 54:9
hearing 13:16 46:16 69:24 89:11 118:7
heart 78:10
heavy 39:19 61:4
held 113:10
Hello 23:19
help 12:13 42:11 48:12 58:5,25 60:8 71:5 93:16 94:3 116:5
helped 5:8
helpful 21:24 28:15 33:14 61:17 76:17 81:3 87:5 89:3 96:8
helps 11:15,16 43:8 94:18
hemorrhagic 86:6 87:23
hereof 118:4
hereto 118:4
hereunto 118:8
Hexel 4:6,9,9 23:6,9,10
hey 26:3 51:20 58:3,16 59:4 62:15 83:7 97:15
hi 2:3 73:8 84:5 97:11 117:10
high 29:8 100:5
high-level 62:9
higher 100:18 107:16 108:5
highest 100:15,17,23
highlight 25:5
highlighted 23:13
highlighting 43:21
highlights 23:24
Hilton 45:4 115:9,22 117:3
hired 117:3
hiring 6:10
historical 35:4 104:24
hit 3:10,11 39:6
hold 107:2 113:22
holy 16:2
homepage 11:5
homework 76:23
honestly 24:6 33:19
honor 90:12
hope 23:4 42:13 57:25 59:9 61:16 62:9 92:10 112:14
hopeful 40:3
hopefully 6:2 16:3 40:20 41:23 65:6 89:16 95:22 106:3 112:11 113:15
hoping 10:8,12 13:19 112:12
hops 107:23
hospital 22:9 44:23 46:25 53:22 55:10 56:18,20 59:6 69:22 70:15 85:22 95:17 101:9,21 102:2,5 103:9 105:17
hospital's 58:9
hospitalization 102:4
hospitals 12:4 42:25 44:20 48:5 53:18 54:13,15 56:4,6 58:3 59:15,15,18 60:2,3,4 61:21 62:10 84:21 95:15,20 103:10 107:19
hot 50:20
hotel 116:9
hours 6:3 40:8 65:6
house 46:23
huge 53:5 56:19 57:3 100:21
hundred 29:21,22 41:16,18 67:21 67:23 68:22 95:15 100:10 102:9
hybrid 94:5

I

I.C.U 69:4 72:3 74:25 75:3 83:25 87:20
i.e 22:20 69:13
I.M 14:17 15:8,12 19:18 30:13
I.V 14:19,20 15:10,13 17:24 29:5
I'd 38:21 75:11 76:18 79:10 81:22 86:4
I'll 76:23
I'm 4:15 48:12 69:15 71:4,10,19 72:21 74:12 79:14 80:17,20,24
I've 71:10 79:6
ibuprofen 28:24,25
ID 46:5
idea 31:16 33:21 101:5
ideal 22:20
ideally 51:16 64:22,23 65:2,4
identified 40:16 83:10
identify 58:5,9 95:2
ill 53:15

illness 56:2
imagine 23:3 64:14
impact 54:21 105:22
implemented 8:6
implications 35:16
imply 37:16
important 38:17 43:22,24 45:12 83:10,22 88:9 90:14,23 96:10 112:2
importantly 40:16
impressively 70:7
improve 111:6
improved 53:22 54:9
improvement 54:25 112:16
improving 104:12
in- 105:16
in-hospital 105:20
in-house 98:12 99:2
in-person 45:14,16,18,20,21,23 116:4
inadvertently 22:10
incidence 100:8,12,15,19,22
incidents 8:17 57:2
include 19:11 42:11 45:16 81:22 88:14 103:24 105:10
included 13:7,7 17:22 18:7 35:5 82:2 83:5 88:22 100:2 102:5 105:6,18
includes 99:22
including 10:15 11:3 13:9 36:20 39:25 49:10 87:9 107:7
inclusive 62:13 87:9
increase 106:12
increased 54:11 80:12
increasingly 83:22
incredibly 90:13
Indiana 47:13
indicate 37:14 53:25
indicated 38:6 103:22
indicates 106:21,22
indicators 80:8
indifferent 29:13
individual 57:19
individuals 35:10
infectious 93:23
influence 109:23
inform 94:3,15
informatics 8:6 30:24 31:4 39:24
information 10:3 20:19 31:4,6 42:22 45:2 46:3 48:12 49:15 51:6,9,11 60:20 62:4 79:2 103:14 115:23 116:2
informed 89:22 91:7
initial 40:22 49:6 98:18
initially 69:11 74:9
initiated 64:22
Initiation 64:24
initiative 44:17 53:5 62:2 97:8 99:21,22 104:21,23 110:25
initiatives 44:22 57:19 60:21 62:12 95:13 113:24
injected 16:5
injuries 43:16 80:9
injury 49:2 56:2 59:23 78:19 91:9
Inn 45:4 115:9,22
Innovator 58:17
inpatient 69:3
input 92:11
inspections 6:15,16
Instagram 49:24
instance 105:17
instances 107:25
institute 55:16,16
institution 25:12 68:6 70:5 74:11
institutional 103:9
institutions 68:24 71:14,17 84:18
insufficient 35:13
intend 101:20
intending 111:19
intensive 88:24
intent 101:17 105:15
interest 37:17 55:8 76:4 93:11 95:5,6
interested 44:25 59:19 60:23 86:10
interesting 86:14 98:5
interestingly 31:22
interests 47:6
interim 18:15 57:10 77:14 113:10,23
Internet 52:4
interpretation 106:24 107:2
interrupt 27:18
interrupted 98:2
interval 107:14
intervals 107:7,24

intramuscular 15:15
intranasal 14:17 15:9,12 30:14
intravenous 30:10,10
introduce 99:8
introductory 66:25
invented 47:25
investigations 6:14
investigators 6:25
invite 65:15 81:4
invited 18:18
involved 72:6,10 75:5 85:18 92:3
involves 95:19
ischemic 83:19
Island 97:3
Islander 100:24
isn't 79:11,11
issue 5:24 20:10 21:17 24:23 32:21 33:17 35:2 37:18 49:21 52:8 68:23,24 69:7,11 73:10 75:7 79:6 87:15 88:9
issues 13:15 18:11,14 34:23 37:8 39:15 53:10 62:5 86:21 92:10 113:11
it'll 43:4,9 45:22 95:24
it's 39:16 63:8 69:21 72:3,13 72:20,23 73:8,9,9,20,24 74:7 75:25 78:18 80:3,16 89:5
item 62:22 63:3 78:3 81:6
items 47:4 51:13 52:17 82:11

J

Jacob 42:21 44:15 60:10,11,16 61:13,22
Jacobi 76:15
Jagareski 91:8
JAMA 53:13
January 12:15 86:20
Jason 4:19,21 79:25 87:5 88:8 88:11,12
Jason's 83:15
Jeremy 13:18,20,22 15:21,23 18:22 21:14 29:18 31:20 32:20 33:15 34:9,20 35:25 39:5,12 41:6
Jeremy's 38:6 41:5
Jersey 43:6
job 62:19
Joe 4:18
join 45:24 46:2 61:22 81:4
joint 55:14
Journal 53:19
July 117:7
jump 26:10 97:21
jumped 48:22
June 115:25

K

Kacica 91:14,15,18,22 92:2,14
KangooFix 48:2
Kasper 4:23,24,24
Kate 42:10,13 61:5 92:15 93:13 96:20 97:3,9
Katie 92:17
keep 6:2 7:13 21:9 23:21 45:7 49:22 60:22
keeping 10:3 42:6 92:5
kept 53:3,3
ketorolac 17:21,22 18:6
Kevin 34:14,15 38:8
key 9:4 17:7,10 26:8,17 33:25 42:9 62:17
kg 25:9
kid 21:22 26:12 29:6
kid's 22:7
kids 22:7,9 28:25 30:11 38:2 39:7 54:25 57:8 68:3,5,18 69:24 70:8 76:15
kilo 14:17,20 20:11 24:2,4 26:11
kilogram 21:14 24:13 25:24 29:5 33:4
kilograms 23:2 25:5,22 27:4,10 31:25 32:13 33:8
kilos 20:9,13,24 23:16 24:25
Kim 5:11 71:7 73:6,8 74:4 76:21 112:25
kind 7:5 10:16 13:6 14:13 20:17 22:6 33:20 40:7 47:4 49:7 59:10 61:9,12 62:8 70:16 78:8 80:17 85:10 88:23 91:2,23 92:5 94:6,13,14,14 96:15 103:20 104:13 109:8,21,22 111:8
kinds 35:2 84:22
kits 60:20
knew 62:7
know 6:18 7:3 11:19 21:3,11,13 22:4,13 24:5,9 25:24 26:2,13 26:25 27:3,8,8,17 28:10,13,18

31:21 32:12,12,14,18 34:2,19 35:21 36:13 37:10,12 38:2 39:13 41:20 42:2,4 43:6,13,15 46:6,7 47:9,19,22 48:17,18,21 49:8 50:9 51:8,13 52:4 56:4 56:11,19,24 57:24 58:3,18,24 59:12,18,23 60:11 62:8 64:12 65:8,21 66:17 68:21,23,25 69:4,11,12,21 71:13,15,17 73:13 74:10 76:10,13 77:18 78:4 79:12,15,19,21 80:23 81:3,5,20 83:23 86:12 87:15 87:18,20 88:24 89:2,14,14,18 90:11,17,17,19 91:5,6,9,13 92:2,12,25 94:2,25 96:16 98:19,20 104:7 106:7 108:13 108:17,17,21 112:14,15 113:2 113:3,10 114:6 116:6,6,24 117:7
knowing 90:12
knowledge 19:8 55:19
known 38:15 45:20
knows 30:9
kudos 36:13

L

Labor 115:12,12,16,17,18
lack 64:3
LAINSON 118:2,12
language 16:9 17:2,6 35:5 73:13 83:16
large 8:21 53:5 54:16 59:2 74:21
largely 117:8
larger 35:15 43:10 47:25 61:4 93:25
lastly 107:17 111:8
lasts 50:22
late 28:10 79:4
lately 92:4
lead 6:4 12:13
leader 55:25
learn 7:16 48:20
learning 48:13 59:12
leave 33:15 39:13,18 88:25
leaving 85:20
led 12:22
left 40:2 74:15
Legal 61:11
length 22:20 76:24
length- 25:12
length-based 5:24 22:16 24:13 24:24
lengths 26:23
Lerner 76:20 89:15 91:2
let's 2:21,23 18:10,12 31:16 37:18 42:18 46:9 51:4 62:21 62:24 87:14 88:5 89:11
let’s 76:8,9,22
letter 60:9
level 5:9 15:6,8,9 16:21 38:2 39:25 44:19 55:22 58:11 61:4 63:17,17,24,25 64:17 65:10,10 69:6,13,13,18,19 71:24 73:18 73:19 79:3 93:9 100:5
levels 57:5 62:10 69:12
lied 19:9
life 7:24
lifting 61:4
light 48:13 77:8 109:18
limit 112:6
limitation 25:10
limitations 23:5 68:4 110:19
limited 111:18
limits 110:22
Linda 48:21 97:9
line 15:15 23:25 25:8 30:17 45:8 66:25 74:16 97:10 109:13
lines 107:12,14
link 103:13
Lisa 74:22
Lisa's 30:10
list 38:7 48:9 81:24 90:15 97:6 112:22
listed 13:21 20:10 60:21
listening 91:16
lists 20:9
literature 18:14
little 8:24 14:6 15:18 19:21 23:25 31:18 40:23 42:17 50:23 63:8 64:9 66:9 67:19 74:3 75:9,23 76:25 77:14 83:2 86:8 92:22 93:14 95:25 101:19 108:20 114:7 115:24
live 32:10 86:20 98:16
local 61:22
located 84:23 116:20
location 16:13 32:21 115:21
logistic 101:7 106:25
long 51:20 74:16 97:3

longer 75:25
look 8:18 16:10 17:8 20:24 21:25 23:14,23 24:3,3,17 29:19 30:18 31:21 32:15 41:7 50:18 67:9 79:22 80:13,14 82:13 83:4 86:15 112:9,12 117:6
looked 49:9 50:5 108:9,14
looking 6:15,25 8:13,22 9:2 19:2 23:12 31:2 38:8 43:2 58:4 61:10 66:12 75:21 79:21 86:10 89:22,25 96:2,15 109:4
looks 10:4 15:25 16:2 27:8 33:23
lost 11:16 68:16
lot 6:8 16:2,4,5 31:22 40:10 44:21 45:24 47:5 54:16 57:7,8 60:2,20 61:4,6 68:8 71:13 80:6,25 92:4 114:3
love 25:13 44:19 75:15 91:7
loves 50:8
low 79:3
lower 28:16 54:19 100:13 107:16 108:4 109:6
lowest 100:24
luck 40:23
lucky 90:16
luxury 22:12 95:14

M

mail 11:10,12
main 22:22 112:3
Maine 43:6
maintaining 65:11
major 90:14
majority 71:17 87:19
making 9:15 12:21 13:10 16:12 19:14 21:21,22 25:21 40:19 54:13 56:15 79:16 97:25
males 100:19
man 45:21
manage 35:19
managed 68:12
management 15:25 16:21 17:23 22:14 42:9 84:15
managers 59:24
manmade 56:21
mannequins 50:3
manner 65:14
mapping 10:23
March 41:12 113:11
Marilyn 91:14
mark 47:9 116:3
markets 51:2
massive 35:22
match 102:16,19,20,23 104:9,13 105:13
material 25:16 80:19
materials 114:12,13
maternity 48:3
Matt 27:4,12,12 31:15 35:25 42:10 65:17 66:8 69:15 72:16 83:10 89:5 116:16,17
Matt's 33:20
matter 26:3 67:8
max 14:17
McEvoy 112:19
mean 21:24 25:11,14 36:3 68:25 80:4 108:25,25 110:10
meaning 21:8
meaningful 24:18
means 57:5 110:4
meant 26:5
measure 103:18
measured 41:24
measures 22:23 41:24 111:21 112:5
measuring 5:24
med 19:6 20:12
medical 2:25 36:5 43:23 49:17 73:3 85:18 105:2
medication 17:15 21:8 39:25 40:17
medications 17:12 20:10 28:18 31:2 67:17
medicine 55:6,7
Medicine's 55:16
meditate 77:8
meds 56:14,23
meet 5:5 45:22,23 63:18 69:18 73:4 113:15 116:19
meeting 1:1,4 2:1,24 3:1 4:1 5:1 6:1 7:1 8:1 9:1,20,21 10:1,25 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1,5 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1,19 42:23 43:1 44:1,5 45:1,10,13

45:25 46:1 47:1,3 48:1,24 49:1 50:1,20 51:1,14,22 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1,10 76:1,3,6 77:1,13,14,16,18 78:1,3 79:1,13 80:1 81:1 82:1 83:1 84:1 85:1,5 86:1 87:1 88:1 89:1 90:1 91:1 92:1 93:1 94:1,13 95:1 96:1 97:1,24 98:1 99:1 100:1 101:1 102:1 103:1 104:1 105:1 106:1 107:1 108:1 109:1 110:1 111:1 112:1 113:1,3,9,11,16,17,20,23 114:1,4,18 115:1,7 116:1,4,20 116:21,22 117:1,12,14 118:1
meetings 9:23,25 10:10 45:3,3 45:10,12 46:8,19 61:23 94:4
meets 40:20 64:11
Megan 77:5
members 6:10 45:24 63:14,15 69:16
memo 22:2
memorial 9:17,18
mental 113:13
mention 22:21 23:3 39:19 78:18 95:12
mentioned 18:21 36:17 41:12 43:3,12 45:7 48:19 52:22 59:9 75:18 77:10 99:17,23 110:16 110:21
mentoring 58:3
mess 33:21
met 45:18,21 97:23 112:25
metal 52:18
mg/kg 15:12,13
mgs 25:8
microgram 29:5
microphone 14:7
mid-month 40:14
Midazolam 19:11
middle 25:5 26:10
Mike 7:10 112:19,20
milligrams 14:17,18,20 19:10 24:2
mind 10:4 81:4 100:3
minds 95:8
mine 50:3
minimal 70:4
minor 112:10
minority 36:10
minute 38:23
minutes 22:24 39:18 63:21 64:23 64:24 65:2,3 75:22 115:4 116:14
miscalculation 21:22
miscode 103:20
mismatch 103:22
missing 80:6 104:3
mistake 21:21 22:7
mistakes 22:8
mix 71:19
mixed 101:6 107:3
mixes 2:15
model 14:21 15:11 40:6 90:21 99:24 101:6,7,8,17,20 102:10 106:9,11,20 107:2,3 111:7,17
modeling 110:20
mom 46:24
moment 10:24 27:19 57:16 66:22 89:11 114:21
moments 98:9
money 41:22
monitor 34:21,22 35:14 37:6,7 37:11 40:3
monitoring 37:23 38:4
monitors 2:14
months 8:5 12:10 28:25 45:11,19 57:17,18 95:18 98:21
moot 19:22
morning 77:9 116:22
morphine 21:21 25:8 29:23 30:13 37:9
mortality 53:15 99:24 101:11,12 101:18 102:18 105:12,14,17,20 106:9,14,16,19,21,23 108:3,5 108:7 110:6,11,17 111:18
motion 61:11
Motrin 28:24
move 7:6 13:8 16:17 34:4 39:4 51:15 60:13 61:13,16 62:21 82:6 89:11 97:7
moved 11:2 21:13
movement 49:22
moving 7:13,14,16,24 10:8,11 11:17,25 12:3 39:22 42:14 107:5
multi-variable 101:6
multiple 2:14 58:8

multiracial 100:25
multitude 47:21
muscular 75:24
mute 4:8 6:6
muted 114:9
myriad 25:13

N

N.P.R.A 57:21 58:13
N.P.R.P 57:11,23 58:14 60:6,24
N.Y.U 72:23
name 3:5,5 60:6 92:18 99:17 118:9
named 91:10,11
narcotic 30:8,19 35:11
narcotics 30:7 34:23
NASEMSO 48:8
Nassau 68:21 83:14
nation 96:17
national 14:21 15:11 53:12,24 54:10 57:9 79:9,12 80:25 95:20
Native 100:24
natural 56:21
near 116:9
nearest 115:6
necessarily 17:19 83:20 105:12
necessary 61:13
necessitate 69:7 75:2
necessity 50:11
need 2:18 7:5 11:6,7 12:6 22:17 23:17 24:8 26:25 35:15,21 43:24 48:10 49:9 51:13,19 52:21 56:24 59:15 61:11 68:15 70:15 72:4 76:25 80:19 84:11 87:16 88:2 92:11 116:2,7
needed 74:11
needs 23:22 35:6,7 37:2 45:9 49:17 56:17 65:14 87:9
never 30:11 45:18,21
nevertheless 62:19
new 1:2 6:10 7:14 12:2,16 13:22 17:18 20:5 26:8 30:11 41:14 43:6,7 44:3 45:5,17,24 47:20 47:23,24 48:13,15 49:8,10 58:18 59:2 65:21 67:9 77:23 78:11 79:13 82:16,23 86:18 87:3 89:10 90:16 91:3,6 93:3 94:10 95:16 98:15 99:20 100:12 113:4,9,13 115:9
newborns 101:25
newer 46:20 49:11
newest 46:24
newly 46:21 48:2,7 49:12,14
nice 95:25
Nickol 4:10 27:22 28:5 77:19 89:7
Nicole 27:24
nine 39:18 78:13
nineteen 13:2 106:11
ninety 41:16 104:10 107:7
ninety-day 101:13
non-Hispanic 100:23
non-narcotic 18:8
non-trauma 64:13
normalized 20:19
normally 10:6 104:10
north 8:4
Northeast 43:6
Northeastern 53:2
notably 6:9
note 5:4 100:25 101:17,24 110:24
notice 41:13 42:5
noticed 8:25
notification 90:3
NPRA 57:15
number 6:10,11 17:21 29:3 46:5 52:17 64:8 104:8 106:19 107:18 110:2
numbers 104:17
nurse 55:7
nurses 55:23,23

O

o'clock 13:19
O'Toole 27:21,22 28:2,5 77:19
O.O.H.s 83:21
O.P 48:4
O.R 72:5
O’Toole 4:11
obscure 110:21
observe 108:6 110:16,21
observed 100:13 106:19 107:25
obtain 31:6
obtaining 15:16
obviously 6:7 9:3 19:22 20:3 22:11 41:20 44:14 55:21 62:16 69:6 79:3 102:23 104:11 106:13 112:3

occasional 87:22
Occupational 91:8
occur 65:5 86:6,7
occurred 51:13
October 9:13
offer 70:22 95:21
office 42:11 92:17 97:13 99:7
offices 116:20
offload 11:22
oh 20:20 23:15 25:7 28:4 34:11 50:9 73:21 75:17 91:17
okay 2:7,11,23 3:12 4:13 14:5 14:12 15:22 23:15 27:23 28:4 31:7 34:10,13 39:8,12,15,16 41:5 46:10,13 51:3,24 52:12 52:19,20,21,21 59:5 62:21 63:2,8,25 64:24 72:14 74:17 76:8,22 82:5 85:24 87:12 89:8 89:8,9 92:7,15 94:23 95:3 96:18,21 97:3,7 99:11 100:4 105:25 106:7 107:4 109:9,9 110:15 111:22 112:18,23 114:2 114:22,23 116:14,17 117:5,8
old 42:16 51:3 73:14,21 100:11 100:17,18
oldies 43:21
olds 71:2
once 59:10 80:23
ones 61:22 79:17
ongoing 41:7,22
online 51:19 52:3
open 6:24 32:15 66:17
opening 23:11
operational 94:7
operations 6:13,14 7:10 9:20
opinion 24:15 86:21
opportunities 12:13 49:16
opportunity 29:19 42:5 112:9
opposed 64:6 105:6
option 15:10 22:19 33:3 94:5
options 17:20 30:19 116:10
oral 20:8
order 7:5 10:2 12:23 44:12 81:17 102:16,21 110:2
orders 10:23
ordnance 72:25
org 60:7
organizing 16:23
originally 48:4
ought 88:4
outcome 101:11,14 102:18,21,24 105:7,11,12,14 111:21
outcomes 101:8 106:19 107:25 110:3
outlier 109:3
outside 12:8 43:5 68:6 75:19 95:16
outstanding 92:11
overall 109:25
overarching 94:13
overdosed 22:10
overview 62:9 100:4
oximetry 34:24 35:13 36:20,21 37:12
oxygen 38:3

P

P.D.F 11:9
P.D.M.A 47:24,24
p.m 1:7,7 2:2 45:14,14 115:10 115:10 117:14
PAC 61:15
Pacific 100:24
pack 58:21
packs 58:21
page 11:5,5 44:9 118:4
pages 118:6
pain 15:25 16:21 17:23 35:20 87:8
painfully 40:8
pains 55:17
Pamela 3:25 23:19
pandemic 98:2
paragraph 66:25
paramedic 7:22 15:6,9 17:5 77:5
paramedics 47:12 49:5
parameter 80:21
Pardon 115:15
parent 20:20 26:12
parenthesis 33:5,6
parenthetical 38:19
parents 21:4,16 22:7 26:21,24 28:13
part 8:14 11:10 13:4,5 17:7 27:11 29:20 35:17 38:4 43:3 43:19 48:17 56:5 64:6,7 75:22 76:10,11,21 88:22,25 89:3
participants 97:6
participate 43:2 44:20 59:16 62:12 75:11,15 76:12,19 77:20

participating 40:14 55:25
participation 92:8
particular 11:22 34:10 37:18 94:21,24
particularly 8:9 15:17 37:25 50:18 60:3
partners 82:7 89:13 94:16
partnership 12:4 60:17
parts 96:17
party 42:10 92:16
passenger 47:10 48:23 49:20
password 25:19
PAT 44:5
Pataky 4:17,18,18 51:9
path 59:18
patient 7:19,21 8:16 48:2,7 49:14 54:20 56:2 60:14 64:11 64:21 65:24 66:2,3 73:22 78:24 80:13 85:16 97:8,13 103:12
patient's 20:9
patients 8:18 13:10 22:13,15 23:2 46:14,20,21,22,24 47:8 48:10 49:12 50:14 53:16 54:17 54:19 56:9,17 63:16,24 64:18 65:12 66:13 67:2,3,20 68:9 69:5,17 74:24 75:6 78:12 82:20,21,25 84:10 85:21 100:11,15,16,17 101:25 102:4 102:6 103:22 109:16,19
patients' 50:15
Patty 62:2
pay 88:23
peak 6:17
PECARN 90:7
Ped 5:13 14:24 55:5 72:6,9
PED's 43:17
PED’s 73:4
pedal 52:18
pediatric 5:22,23 7:2,3 8:18,21 9:16,16 10:19 13:10 16:4 17:3 17:23 22:15 24:10,12 42:6,8 42:12,24 43:15,22 44:17 46:14 46:20 47:8,23 48:10,16 49:4 49:25 50:15 51:4 52:23,25 53:8,12,14,16,17,20,24 54:2,3 54:8,10,10,12,17,19,20,22,24 55:5,6,13,25 56:9,11,17,17,25 57:5,9 58:5,12,17 60:4 61:7 63:9,16,18,25 64:19,20 65:12 65:12,13,23 66:2,3,13 67:14 67:15 68:14 69:3,4,8,9,21 70:19 71:3,17,22 72:21 73:3 73:12,15,18,22 74:2,10,25 75:2,3 77:6 78:12,15,23,24 79:8 80:8,14 81:5,12 82:9,14 82:17,19,20,25 83:17,19,20,24 83:24 84:10,11,19,20,21 85:11 85:15,16,21 86:16,22,24 87:3 87:6,20,20 88:3,24 92:3 95:20 98:7,18,25 99:24 100:5,8,14 108:7 110:17 111:5,11,13,17 111:20 112:24 113:17,19 114:11
pediatrics 6:18,23 8:13 16:25 36:3 44:2 54:15 61:3,7 66:6 73:20 83:5 85:8,20 101:23
PEDs 14:15 43:21,23 53:13 54:13 83:17 93:22
peer 108:7
penetrating 43:16
Pennsylvania 43:7
people 2:9,10,10 7:2 10:16 11:14 21:25 25:9 26:10 36:13 39:7 45:15 48:24 50:11 54:19 56:25 58:24 59:22 73:2,17 117:7
percent 54:18 67:25 70:8 104:10 107:7
perfect 32:2
perform 7:8
performance 22:23 41:23 101:21 108:17 111:7
period 24:8
person 45:4 58:7 67:8
persons 58:7
perspective 23:7 76:14
PET 5:23 11:3 52:19,24 53:9 54:2 55:18
Pete 67:12
Peter 63:2 89:13,15,16
Peter's 89:14
phenomenal 20:16 62:19
phone 23:11
photos 50:5
physician 55:5 75:8
physicians 55:20,22,23
pictures 49:23
piece 27:11 37:4 80:3,4,7,16 81:2

place 10:24 44:15 54:5 64:25 70:20 75:24 84:13 113:23 116:23 117:3 118:3
places 73:12,16 75:20
plan 18:11 57:4 59:7 80:17 88:5 90:4 93:4 116:7
Planning 103:6
plans 56:19
Plaza 9:19
please 3:2,5 4:8 6:4 22:3 26:4 28:7 46:7 48:11 64:8 66:9,10 67:11 74:13 76:10,13 77:17 84:7 88:14 93:9 94:25 100:3 101:3 116:23
pleased 114:6
pleasure 90:11
plotted 107:10
plus 47:25 78:14 104:10
pocket 25:15
point 11:11 13:18,20 14:16,19 15:11,12 17:14 19:10 20:16 21:15 22:2,2 25:8,24 26:5,15 26:17,19,20,21,25 29:5,23 30:10,16 37:4,21 38:5,17 64:8 64:10 65:16,18 69:24 70:16 73:4,9 74:14 83:15,23 85:12 85:22 108:11 109:21 111:9
pointed 35:25 74:23 87:23 112:7
points 8:12 9:4 17:8,10,13 26:8 31:13 33:25 79:5,16 109:14 112:10
policies 54:4 56:14
policy 55:14
pops 12:19 23:12
population 8:16,21 98:7 99:2,25 100:6,8,14,14,23,25 101:10,19 110:18 111:3,4,5,11,14,21
portion 26:7 50:15
position 88:10
positive 10:15,17 11:17,24
possible 64:25 65:5
possibly 108:25
post 63:6 101:12
potent 29:22
potential 33:3 64:22 65:9
potentially 84:15 112:5
pound 25:23 33:3,5
pounds 20:9,13,21,23 21:5,16,23 23:13,16,22 24:4,22 26:2,11 26:13,24 27:3,10,10 28:13 33:6,22
power 110:23
powerful 29:22
PowerPoint 52:7
practicality 35:24 36:2
practically 26:16
practice 15:14 35:12 36:13 81:13
practices 14:21 49:17 54:12 58:22 59:8
practitioners 15:19
pre-adjudicated 103:11
pre-meeting 51:21
predecessor 47:9
predominantly 37:15
preferably 19:18
preferentially 86:24
preparatory 40:11
prepare 94:15
prepared 18:6 56:20
preparedness 56:19 61:7 92:16 95:17 97:4
presence 53:20,25
present 3:17 4:2 55:2 68:25 77:15 81:7 98:15
presentation 52:21 101:12 109:18,20
presentations 111:23,24
presenting 99:25 111:25
presents 85:16
pressure 78:13,25 79:3 81:15
pressures 78:16 79:18
pretty 11:21 14:23 15:20 70:18 75:6,19 77:3 102:13 104:10,18 107:23 108:12
prevent 17:7 22:6
prevention 49:3 56:3 59:23 91:9
preview 98:21
previous 17:9 32:6 86:17 106:7 109:15
previously 29:11
primarily 14:15 71:6 106:11
primary 64:21 82:15 101:7
prime 98:16
Prince 5:11
printing 44:7
prior 26:23 51:21 75:24
privately 75:18
proactive 49:25
probably 10:12 12:9 19:21 30:11

32:15 35:12 36:9,10 67:17 71:16 74:7 75:25 76:4,16 77:13 80:22 83:25 84:13,22 88:10 98:20 112:7 114:4 115:25
problem 35:22 37:10 38:24 50:24 91:22
procedural 103:13
procedures 54:5 56:14
proceedings 118:6
process 5:6,10,16 6:19 8:3 10:11 11:14,15 21:4 43:13 64:25 93:4 98:17 104:12
processed 45:9
processes 40:17 54:4
produce 110:2
professional 59:11
program 5:23 7:6 11:3 19:23 42:15,16 47:14 49:6 52:19,23 52:24,25 53:8 54:25 56:8,10 58:2 60:17 61:20 62:6,8 95:17 96:2 97:23
programs 42:8,25 43:7 47:10 96:8,16
progress 40:3,16 50:22 96:4 114:11,14
progression 101:7 107:2
project 19:20 39:19 93:15
projects 5:15 56:8 58:22 60:12 60:23
prolific 61:6
promising 49:10
promote 55:18
promotion 5:5
properly 35:19
proposal 12:11 13:5
proposals 90:19
protocol 13:21 14:22 15:20,22 15:25 16:2,9 17:24 20:18 21:6 21:15 26:10 28:11 29:3,15 33:16,24 34:4,10 37:19 38:7 39:6,8,14 40:10 41:8 51:4 52:16 80:4,20,25 82:18,23 83:5 84:19 85:5,15,22 86:10 86:22 87:10 88:3,4
protocols 17:3 19:19,23 22:15 24:10,11 26:8 34:6 35:6 67:10 67:16 77:6,7 84:16,23 86:13 86:15,17,20
provide 10:14 65:10 99:19
provider 20:22 23:7,10 27:9 55:21
providers 19:13 38:14 45:25 49:23 50:13 55:20 78:15 80:16
providing 16:14 64:17
public 10:9,9,14,15,20 48:19 61:14
pull 31:5
pulse 34:24 35:13
purposes 66:14
push 25:3
put 8:11 9:5 11:24 21:25 25:23 26:9 33:4 36:16 47:14 51:20 57:10 64:5 71:18 79:9 80:15
putting 10:20 18:11 44:22 60:5 62:16 71:19 73:13 77:11 99:5 112:3

Q

Q.I 56:7,10 60:21,22,22
Q.I./P.I 56:2
Q.P.S 99:19
Q3 110:10
Q4 108:3,4 109:5 110:10
quality 53:23 97:8,13
quarter 106:16 107:8,9,10,12,17 107:20 108:10,17 109:11,25 110:3
quarter-to-quarter 107:23
quarterly 107:16
Queens 68:21
question 18:21 20:8 27:19 28:17 30:3,3,15 34:20 35:20 71:5,9 71:12 72:19 103:16 105:4,5
questions 6:8 13:12,14 15:2,21 18:9 31:5,9 44:14 46:10,15 47:6 51:2 62:8,14,21 65:16 96:23 97:2 106:3 112:18
quick 14:13 32:14 39:20 59:12 71:12 83:8 97:18
quickly 34:4
quiet 10:17
quite 20:19 35:18 66:8 68:17 70:19 74:22 84:14 89:10 98:16 98:23 99:2 101:2 112:7,25 116:17
quorum 2:18,19 5:3

R

race 100:9,20,21,22

radiological 93:21
raised 37:21
raising 68:23
range 59:2 73:16
rare 83:2 85:17
rate 104:9
rates 100:8
ratio 106:16,18
re-verification 59:21
RE/MAX 65:22
reach 31:7,8,10 58:10 59:25 61:18 93:9,10
reached 54:24 59:19 67:2
read 82:17
readiness 44:18 53:12,14,18,25 54:3,6,10,11 55:13 56:12 57:9 57:20,23 95:20
reading 17:14 78:20,25
ready 53:2,4 57:4 58:12 77:13 95:13 96:2 98:16
real 7:24 50:2,4 103:20
reality 23:11
realize 45:17 80:5 82:23
really 11:16,18,24 12:22 15:15 16:7,10 17:17 26:22,25,25 27:2 34:22 35:21,22 44:20,24 45:21 46:24 47:5,8 50:5,16,17 50:24,25 62:15 65:25 77:3 80:3 90:21,21 94:5,8,15 95:5 95:7 96:7,8,14 101:22 105:15 108:6 110:16,19,22 113:8,9
reapproach 30:16
reason 66:20 67:6 68:13 69:23 75:22 103:15,24 105:9
reasons 19:5 25:13 36:17 59:5 78:17
received 67:23
receiving 35:10 55:2
recharge 115:6
recognition 42:8,16,24 52:23,25 53:8 112:4
recognize 62:17 74:12 110:19
recognized 84:18
recognizing 83:18 108:21
recommend 36:16
recommendation 15:3 36:23 63:3 70:25 83:16 85:14
recommendations 5:23 12:23 13:3 57:25 88:2
recommended 15:2 18:3 24:13
recompete 89:18
recomplete 89:16
reconcile 21:11
reconciling 27:3
reconsider 32:21
record 2:2 3:6,10,11 105:2 117:13 118:6
records 22:5
red 16:2 22:2 23:13,15 78:11,12 80:6
reduce 35:19
reference 21:6,7 26:17 33:25 38:20 48:11
references 43:8
referencing 34:3
referring 38:11 66:6,13
reflect 14:16 29:15 40:9
regarding 5:22 13:15 19:15
regardless 8:18
regards 111:6
regimen 14:16
regimens 16:8,24 17:5
region 59:6 78:10 81:8 82:12 95:16 116:4
regional 7:8 39:25 61:24 82:14 93:9
regionalization 82:13
regions 62:11 67:9 80:18 94:17
registered 55:7
registry 30:18 103:17
regular 11:20,21
regulations 10:7,18
regulatory 6:19
reinforce 22:17
reiterate 22:22
related 6:23 8:13 10:21 11:22 15:2 17:11 40:5,19 43:17 46:21 47:20 49:12 55:13 111:9
relates 29:4
relation 6:12
relatively 37:25 110:3
release 98:4
released 12:15 97:24
reliable 52:3
remainder 14:22 15:19 86:15
remaining 8:7 109:23
remains 15:14,20
remarks 41:5
remember 25:15 104:17 114:20
Remick 53:17 61:5

remind 116:18,25
reminded 43:24
reminder 11:2 21:24 51:12
remove 24:8,22,22 33:3
removed 33:21
REMSCO 7:7
renewed 41:12
reorganized 17:10
replacement 5:12
report 13:15 30:7 39:20,23 41:11 42:13 48:19 52:22 55:16 57:21,22,22 90:10 96:4 97:24 97:25 98:4,6,11 100:2
reported 103:10 104:20 118:3
reporter 3:6 27:20 118:12
reports 26:12 99:6
repost 62:22
represent 101:11 107:15 109:15
representation 79:8
representing 109:16,18
represents 106:18 107:11 109:14
request 30:24,24 31:4
require 83:20
required 67:25 95:23
requirement 35:8,17 59:20 63:23 93:19
requirements 5:6 22:25 93:2
requires 85:17
requiring 24:11 69:6
research 52:13 53:11,20 60:20 61:5 98:13 99:7 103:6
reservations 46:4
resignation 5:4
resource 32:12 44:9 60:18
resources 31:23 57:25 58:22 59:9 61:15 65:7
respiratory 34:22,23 35:14 36:19,19 37:5,8,15,23 43:23 90:2
respond 83:11
responders 47:11
response 21:17 69:12 83:8 93:4 94:12
responsibilities 7:8 55:11,18
responsible 58:10
rest 39:21 41:10 108:18
restraint 47:23 48:16
resulted 103:19 105:3
results 53:24 89:18 98:18 105:19 106:25 107:5
resuscitation 24:14 65:4 76:24
return 11:12
reunification 56:25 57:3
revamp 6:16
review 18:14 41:20 51:14 52:17 56:13
reviewed 43:24 65:14 67:10 86:18
reviewing 19:8 40:8 77:6 103:17
revising 67:22
revisions 14:14 16:6 65:9
revisited 35:7,7
rid 20:13
right 6:19 7:22 9:18 10:2 14:9 16:13 18:10 19:7 21:13 24:2 25:9 26:9 27:6 29:19 32:8 33:11,20,23 39:17 44:15 49:16 50:19 54:3,12,23 55:22 58:12 59:5 60:15 67:5 70:9,11 72:10 72:14 74:4 81:19 82:5 98:12 99:3 103:6 105:2,12 109:2,2,2 109:3,4 110:4,8,13,13 114:16 115:13 117:2
right- 38:12
risk 98:6 99:23 101:18 106:9,20 108:7 110:17 111:3,6,14
risky 23:25
robust 69:3 112:8
Rochester 45:19 74:23
role 55:9 59:23 95:3
roles 99:19
roll-up 94:9
rolled 58:2
rolling 61:19 88:6
rollout 61:21
rollup 94:8
room 46:2 81:16
round 15:16
route 17:25 19:16
routes 30:19 31:2
RTEC 61:23
rule 87:22
rules 72:2
run 8:3 115:6
running 89:20
Rural 10:24
rush 76:6
Ryan 5:20 6:3 13:13,14,16 18:17 18:17 30:9 31:17,18 32:8,19 41:11 43:12 45:7 47:4 48:18

49:24

S

S.M.R 106:16,18,20,22 107:6,10 107:11,15,16,19,22
SACC 79:11
sadly 41:13 42:20
safe 10:23 46:14,20 47:7 48:9 50:15 55:2 64:16
safely 46:22,25
safer 24:21 54:21
safest 22:18
safety 20:10 47:10 48:3,23 49:11,20 56:2 97:14
Safety/Sepsis 97:8
Samaritan 81:14
sample 101:2,22 106:12 109:23 110:22
Sara 51:10
Sarah 43:19
saturation 38:3
saving 42:17
saw 92:17 105:23
saying 59:4 69:14 73:17 75:14 75:15 88:14
says 16:18 24:2 36:18 82:21
scenario 7:17,24
scenarios 7:18
scenes 9:12
schedule 9:14 51:14 115:5
schedules 116:7
school 57:2
scientist 90:21 99:8
scoop 82:11
scope 20:3
score 54:10 57:15,20,23 58:13 58:20
screen 2:8 13:25 36:11 53:7 91:21 97:17
screening 113:13
screens 53:6
scroll 14:23 16:20 17:4
scrolling 32:5
seats 47:15 48:14 49:11
second 2:14 8:2 13:24 14:13 29:4 32:6 63:6 64:10 100:17
secondarily 79:10,22
secondary 70:16
secondly 17:24
seconds 116:14
section 14:24 17:5 22:15 26:17
secure 46:22,24 98:3
see 2:7,11 5:21 6:11 8:5 10:10 10:13,18 13:8 14:24 15:5 18:16 20:12 22:6 24:20 26:6 30:18 33:9 35:21 38:22 41:20 42:18 43:5,9 45:17 46:9 49:23 50:12 51:15,22 52:13 53:6,6,7 54:16,20 57:8,16 62:24 66:18 66:22,24 74:19 76:20 80:18 81:14 88:6 89:15 90:18 91:20 91:20 97:5 98:21 100:16,22 104:15,19 107:8,21 109:5 110:7 112:15,21 114:6,7 117:4
seeing 2:13 8:2 11:23 45:15 63:7,9,9 108:3
seen 12:16 19:7 22:9 71:10 79:6
seizing 22:7
seizure 14:11,14 89:19
seizures 87:8
SEMAC 42:21
SEMSCO 9:20 10:9 11:20 42:21
sending 41:23 46:3 115:23
senior 114:20
seniors 114:24
sense 27:11 64:5 69:14 75:10 93:15 103:21,25
sensitive 110:5
sent 5:4 51:9,10
separate 73:18 85:7 86:10,22 87:10 93:20
separated 86:16 87:7,8 88:4
separating 69:12
separation 87:6
sepsis 83:17 98:18 99:20,24 100:6,8,10 101:13,16 102:2,5 102:19 104:14,16,21,21,25 109:17 110:25 111:3,11,13,18 112:6
September 42:20 45:5 51:22 52:14 59:21 77:16 89:17 91:12 112:13 115:7,8 117:4
septic 102:3 103:23,24
series 7:18
serious 80:8
seriously 98:23
served 85:11
service 25:14 69:3,22
services 2:25 36:11 37:25
set 32:23 40:13 45:12 75:7 76:9

76:13 104:4
sets 17:8
settled 59:11
seven 39:2 72:12 110:12
seventeen 67:20,24 71:2 72:10 73:14 106:10
seventeen-year-old 67:12
seventy 41:19 58:14 78:14
seventy-four 102:9
severe 99:24 100:6,8,10 101:13 102:2,5 104:14,20,25 109:17 111:3,10 112:6
sex 100:9
share 42:3 45:2 58:21 59:8 81:20 85:3 90:4 97:17,18 114:9 115:20
sharing 2:10 49:14
Sharon 3:20,21 32:23 44:6 114:8 114:9,25
she's 71:8
shock 79:4 102:3
short 77:4
shortly 93:5
shouldn't 78:22
shout 9:5
shove 25:3
show 51:18 68:5 83:3
showing 68:10 107:6
shown 58:16
shows 100:7
sick 80:6
side 7:13,23 13:6 37:14 44:23 101:20
sign 61:20 79:4
significant 35:16 37:8 69:16 105:22 109:4
significantly 108:3,5
Signs 9:13 43:12
similar 43:7,10 55:21 59:6 70:22 80:19 84:22 109:10
simple 21:19 69:2
simpler 33:23
simplified 106:24
simplify 16:8,9
simplifying 17:2
simply 17:2,9,16 19:17 64:2 85:14 103:16
single 102:5
sir 82:3
sister 89:12
sit 93:6
site 60:19
situations 48:7
six 10:12 28:25 31:25 33:6 57:17 89:20 95:15 100:10
sixteen 73:21
sixty 67:21,24 71:3
size 101:2,22 106:12 109:23 110:22
sizes 19:2 50:4
skew 104:3
skill 55:19
skill-based 7:17
skills 7:15,16 50:8
skin 80:11
slew 114:19
slide 15:5 64:8 66:18 97:17 100:7 101:3 106:8 107:4,6 109:9 110:15
slides 97:20,22 99:9
slightly 100:18
small 8:16 18:13 29:6 41:22 68:20 76:3 78:16,19 79:19 101:2 109:23 110:3,22
smaller 8:14 56:6
smiling 114:6
smoke 87:15
SMR 109:12,14 110:4
soft 70:25
solutions 13:3
somebody 21:22,23 25:7 58:9 59:22 60:4
somewhat 68:18
soon 41:23 42:4 46:5 61:15,18 64:25 65:5
sooner 51:17
sorry 4:12 24:22 25:17,18 28:3 28:6,10 34:11 35:9 53:9 66:11 66:20 69:20 72:16,21 74:15 75:13 82:10,14,20 85:2,25 88:13 91:19 103:2,3,4 108:24 116:15,16
sort 21:25 25:4 26:7 69:13 70:3 70:3,4,24 71:22 106:23 108:13
sounds 13:16 34:19 115:12
source 108:12
SPARCS 102:12,16,20,23 103:2,5 103:18,24 104:9,15,22 105:13
speak 18:6,18 20:15 22:16 51:4 61:8 67:3 114:17,18

speaking 23:6,10 26:16 61:9
speaks 66:25 90:18
specialist 55:6
specialty 93:20
specific 7:17 36:23 56:23 62:10 74:12 76:3 88:2,10 93:2
specifically 18:6 19:9 111:2
specifics 30:25 42:12
specifies 19:17
specify 19:16
spell 38:22
spend 27:2 40:8
spending 9:23
spent 116:25
spoke 10:7
spot 21:10,10
squared 46:8
stable 110:2
STAC 5:14 9:21 112:24
staff 6:10 54:11 55:21,24 61:9 63:15 113:9,17
stakeholders 43:2
stand 12:7
standard 17:11 37:23 84:13,24 106:24,25
standardization 16:14
standardized 106:16
standards 6:20,21,22,24 10:19 19:6 56:14 113:13
start 2:16 3:8 8:17 11:12,25 40:5,14 45:15 60:13 61:20 100:4
started 5:10 28:19 32:5 47:8 80:2
starting 24:15 27:20 29:6 90:4 93:3
state 1:2 3:5 9:19 12:17,24 20:6 24:9 30:8,11,18 49:8,13 58:18 59:3 60:17 79:13 82:16 87:2,3 88:17 90:17 93:3,8 94:3,9,10 96:11 99:20 100:12
stated 118:4
statement 55:15 61:12
states 43:5,9,10 53:2 82:19
statewide 74:5 103:6 107:6
Stathidis 97:11,13,16
station 52:16
statistical 110:23
statistically 8:23 107:16 108:2 109:3,6
statistics 99:18 102:18,19,24 105:15
stay 10:17 25:4 39:15 41:21
step 5:11 11:24
Stephen 97:19 98:8 99:7,17
steps 61:7 62:6
Steve 102:11 112:18
stewing 108:24
strike 26:9
stroke 82:13,15,15,17,19,20,21 82:21,24,25 83:5,17,21 84:3 84:14,19,24 85:9,9,15,17,21 85:21 86:6,22,23 87:3,6,7,23 87:24,25 88:3
strokes 82:9 83:19 84:10 87:20 94:14
strong 64:5,18 79:8,17
strongest 53:22
strongly 17:22 24:13 54:2
struggle 20:17 67:18
stuck 101:16
studied 110:18
study 12:14,14 89:19,25 90:5
stuff 16:4 31:23 39:7 42:14 113:4 114:15 116:5
Sub- 5:13
subcommittee 112:24 113:17
subgroup 77:14
subject 67:8
submission 13:4
submit 11:13 31:3 60:8 94:16
submitted 11:9
subscribed 118:9
subsequent 41:18
subset 8:16
substance 97:22
substantive 14:14
success 80:25
successful 50:6
successor 91:11
Suffolk 86:19
suggest 57:24 84:17
suggested 5:6 45:9 65:9 79:7
suggesting 27:5
suggestions 55:12 93:11
suicide 56:8,9
summarize 14:13
summary 110:15
summer 61:23 117:5
super 61:17

supplies 54:3 56:16,23
support 61:12 99:20
supported 44:24
supportive 10:20
suppose 111:16
sure 2:13,17 7:2,4 9:15 11:13 11:16 13:10 16:12 18:16 24:17 28:13 30:4,21 34:2 40:9,19 41:4 44:16 46:8,13 54:13 56:15,20,22 58:18 62:3 63:7 65:19 68:11 75:17 77:18 80:10 80:24 81:9 83:9 86:3,4,7 88:15 92:7 95:10 98:22 103:5 115:5,25 116:2
surge 93:2,4,20,21 94:12,21
surgeon 71:5
surgeons 63:19 71:22 72:6,7,9 74:9,10,24 75:5
Surgery 53:19
surgical 72:3 113:20
surprised 79:11
surrounding 61:6
survey 57:12,12 64:21 95:22
surveys 64:22
survived 109:19
suspect 84:20
suspected 82:21
sustainability 12:13,14,18,24
sustainable 54:24
swing 110:5,10
synergy 11:23
system 6:2 52:3 96:5 103:7
systems 20:12 36:6 58:19
systolic 78:13 79:3

T

table 20:9,24 21:8,9 23:12,18 23:23 26:14 27:7,17 28:16 33:22 34:5 100:6
tables 16:15
take 2:18,20 3:2 5:11 6:8 7:18 13:11 14:12 18:9 31:9 34:7,24 38:20,21 39:21 64:25 71:25 72:7,25 74:24 76:15 78:15 79:22 82:19,21 85:21 87:17 93:24 101:22 117:5,9
taken 64:19 71:6 73:5
talk 9:4 18:24 19:21 42:13,15 43:20,23 58:10 61:24 98:10 113:24
talked 44:8 59:24 89:24 113:11
talking 4:8 49:19 58:24 71:15
tap 32:14
tape 5:24 18:24 19:8,11,16,19 22:17 24:24 76:24
tapes 24:14 25:13
Tara 46:6,8
target 87:19
task 10:24 37:19 38:7
taught 9:17 55:21
teach 49:2 78:23
team 9:5 12:22 40:3 59:24 73:23 98:13
tease 94:14
tech 44:11
technical 53:9
Technician 48:23 49:20
technicians 47:11
tell 77:23 81:15 82:12 89:16 91:24,24
temperature 80:12
temporarily 33:20
ten 14:18 63:22 82:15
tend 74:21 79:22 104:19
tends 104:18
TEQIP 113:12
term 38:12
terms 16:21,22,23 21:16 26:24 27:6 35:16 37:23 66:4 87:23 100:21 112:8
testing 7:15 48:5
Texas 43:11
thank 3:12 4:10,13,19 5:18 13:13 14:3 15:6,22 27:11 32:19,20 34:9 38:10 39:12,15 41:6,8,10 44:5 52:15 62:15 65:20 75:16 88:8,14,20 89:9 90:9,22 91:2 92:13,20 96:18 99:10 100:3 101:4 105:25 107:4 112:17,19 114:2,24 116:11 117:8,11
thankfully 100:13
thanks 9:24 27:23 41:9 78:5 82:4 99:13 106:6,7 117:10
That'd 40:24
that's 70:16,21,23 74:11 76:12 76:22 78:9,21,23 96:22 108:21
there's 70:2,3,7 74:5,19,22 76:6 80:18
they're 70:6 74:24

thing 8:9 10:18,21 11:17 12:8 28:17 29:4 33:8 46:12 54:14 54:14 57:14 69:14 73:25 76:13 78:9 81:15 82:16 86:5 87:2,11 95:12 104:7
thing's 12:9
things 2:15 5:25 6:15,17 7:2,6 7:13,13 8:23,25 9:12,14 10:19 11:3,8,12,15,25 12:12 13:8 14:15 16:5,22,23 17:21 18:24 20:3,4 21:7 28:14 29:16 34:19 38:7 40:9 41:3 42:23 43:9,24 44:22 48:6 53:8 54:5 56:24 58:13 60:10 92:24 94:6 103:12 114:13
think 2:9 12:4 18:21 20:16 21:2 22:7,17 23:17,25 24:4,8 26:21 26:23 27:5,21 28:15,15 29:18 29:20 30:9 31:15,17 32:7,11 32:13,23 33:12,21 34:14 35:12 35:14,20,25 37:3,21 38:5,16 39:16 40:11 45:22 50:10,13 52:7,9,9 55:3 59:25 63:6 65:22,24 68:19,23 69:14 70:2 70:7 71:9,16 72:4,13,14,19,23 72:23,24 73:12,25 74:4,5,7,22 75:6,18,25 76:6,14,24 77:3,24 78:2,2 79:16,17,19,19 81:2,19 83:9,12,13,14,15,23 84:9 85:10,13 86:8 87:4,10,16,17 87:25 88:3,7 90:7 92:17 96:7 103:8,25 104:12 109:21 113:21
thinking 21:16 25:9 26:24 27:2
third-day 101:16
thirteen 48:15 101:3
thirty 26:13 41:21 64:23,24 95:15 109:17,19
thirty-day 101:12 102:17 105:21
thought 21:3 26:22 50:10 73:10 88:6 108:21
thought-provoking 111:24
thoughts 21:12 73:7 74:13
thousand 8:15 41:17,21 102:8
three 41:18 45:11 57:5,17 67:21 67:24 71:2 78:17 82:14,14 94:4 106:10,13,17
three-month-old 37:9
thrust 65:8
Thursday 9:22 115:18
ties 78:8
till 7:20 45:11 52:14
time 7:19 16:6 17:19 18:12,19 25:19 26:3 27:2 31:10 33:18 37:18,22 40:20 41:6 42:18 44:7 47:16 63:15 64:3 68:25 76:2 89:24 90:18 92:12 94:21 98:7,16 101:18 106:14 111:25 112:2,25 115:21 118:3
timely 65:14 68:23
times 11:22 29:22 65:21 78:14
title 36:2
today 2:24 6:7 41:6 50:24 77:10 91:10,14 92:24 97:4 98:5,10 99:25 114:3
tomorrow 10:25 49:19
tool 21:6 57:10 60:19
tools 60:15
top 8:14 12:18 37:4 38:12 39:20 66:18 104:17
topic 50:20
topics 43:14 44:3 46:15
total 65:3 100:10
totally 27:4 68:11 74:11 84:6,8
touch 94:25
TRAC 89:25
track 40:15
train 47:21 116:8,9,13
trained 16:12 40:15 49:5 55:24
trainer 40:6 47:21
trainers 40:5
training 40:4 47:10 48:21 50:2 51:8 55:8,22,23
transcription 118:5
transfer 47:7 64:21,24 65:4 67:24 69:7 70:16,21 73:11,21 75:2
transferred 64:13 69:20 70:9
transferring 7:20 73:12,14 74:2
transfers 65:14 68:22
transitioning 45:15
transport 46:14,20 48:9 49:18 49:18 50:15 64:3 65:7 66:4 85:18
transported 63:17
trauma 49:4 53:18,19 54:14 59:20 60:3 61:25 62:3 63:9,16 63:18,19,25 64:12,19,20 65:12 65:13 67:25 68:8,10 69:2,8,13 69:21 70:4,20 71:4,5,8,20,22 72:7 73:2,11,15,19,20,22,22

73:23 74:9,23 75:21 77:21 78:9,12 79:21 80:14 81:5,12 81:16,19 86:6 103:17,17,20 112:24 113:5
travel 116:5
treat 7:19 8:22
treated 7:4 30:13 67:15 68:17
treating 7:21
treatment 66:3 111:10 112:5
tremendous 50:17 74:5
trend 108:7 110:21 112:15
trending 106:15
trends 101:18 105:23 106:14 107:6 109:24 110:16
triage 5:23 63:3,10,19 64:11 79:10,21,23 81:5
triangle 78:23
tricky 74:3
Troy 45:4,5 115:9,23 116:21
truck 32:17
true 105:21 118:6
truly 11:4 94:7
trustee 47:2
try 6:6 16:7 20:22 95:18 113:23
trying 8:25 9:25 45:7 53:7 79:18 96:9 114:12
Tuesday 1:6 2:24 9:22
tuned 39:15 111:5
turn 5:16 71:10 99:6
tweaking 8:3
tweaks 39:23
twelve 8:4
twenty 71:14,18,23 72:2,7,22,23 76:16 89:20 116:14
twenty-five 12:22 13:2 115:4
twenty-four 100:10
two 6:3 13:19 14:16 15:12 16:24 17:21 18:11 19:10 21:7 25:24 25:24 53:6 63:17,25 65:6 67:22,23 69:13,19 70:3 71:25 78:14,17 80:14 94:4 96:8,16 100:18 107:24
Tylenol 38:11
type 35:16,17 42:15
typewritten 118:5
typically 15:17 104:8,14

U

U.S 53:18
ultimately 18:4 22:18 101:14 102:8 110:4
unable 13:18
unchanged 14:23 15:20 17:6
uncomfortable 50:12
understand 23:5 25:10 29:17 36:21 37:22,24
understanding 104:2
understood 34:21 39:5
underway 49:8
unexpected 106:22
unfortunately 91:11
unit 7:9,12 8:6 22:9 30:25 31:4
units 48:4 88:24
University 47:13
unmatched 102:12
unmute 78:4
unreasonable 87:11
unrelated 101:15
unsolved 50:24
unsure 112:6
upcoming 37:20 56:12 60:22 79:13
update 39:20 46:14 47:7 49:7 77:5 82:6 89:12 97:19,20,22
updated 6:20 32:8 44:5 48:14
updates 13:21 48:18 49:21 91:18
updating 61:14
upstate 73:18
upwards 10:11
use 7:3 26:11 28:24 48:6 49:5 49:11,13 82:18 94:17,17 102:15,18 103:12 106:10
useful 76:14
user 27:20
usually 83:19 94:4,12 98:17 104:22 105:3,19
utilization 35:9
utilized 40:21
utilizing 22:16 24:24 33:20 34:3,5 40:6

V

V.A 41:12
vagueness 85:16
validation 98:14
valuable 79:2
VanderJagt 3:16 25:17,18 27:16 28:9,23 29:17 34:13,18 36:7 36:15 37:2 38:18 44:6 45:18 77:19 84:5,6 85:23,25 86:3

87:4
variability 107:22 110:7
variable 84:12
variety 5:14 49:3 53:10 56:7,21 56:25
various 71:13
vascular 15:16
vein 49:19 53:3 94:11
venture 99:4
venue 95:7
Vera 5:7
verification 59:21 113:14
verify 55:19
version 32:7 47:25
versions 32:8
versus 77:8 87:7 100:19 104:15
vertically 107:13
vestige 86:17
vetted 5:12
vetting 5:10,15
video 52:8
videos 51:18 52:3,4,10
view 26:20,20 109:10
Vincent 4:3
virtual 94:5
visit 103:9
visual 23:21
vital 9:13 43:12 99:18 102:18 102:19,24 105:15
volume 19:24 100:7 109:11,12,16 112:8
volumes 54:20
vote 61:11

W

wait 32:5 45:11 52:14 91:12
waiting 13:6 40:2
walk 7:19 25:14 97:21
Wallenstein 5:12 71:7 73:6,8,9 76:21 112:25 113:6,7,8
want 2:12,15 5:3 18:7,20 20:22 29:14 30:16 31:9 44:16 47:13 51:17 53:4 54:17 56:22 57:6 57:12 58:16 60:25 63:7,11,24 65:9 70:21,24 77:20 81:21 82:9,23 88:24 89:3 93:5 95:6 99:6 101:4,24 104:7 109:22 116:2,10
wanted 29:20 62:12 70:17 83:3 83:11,11 116:5,17
wants 64:21 76:9,11,21
wasn't 30:21 105:22
way 7:14 17:23 20:7 21:3 24:18 25:10 26:7 27:3 30:8 33:7 38:23 44:13,13 48:22 52:2 70:24 76:15 86:13 105:5,8,10 106:15 110:15 111:16
ways 9:2
we'll 6:2 8:12 9:2 10:13 18:13 32:9,9 33:15,17 34:6 39:3,3 39:15 40:15 41:7 44:15 46:7 48:20 60:10 61:23 77:13,15 90:4 91:12 92:11,11 93:15 96:2 98:15,17,22 112:15 117:6
we're 5:19,25 6:10 7:14,16,25 8:3 10:5 11:20 12:6 13:5 16:12,22 25:10 38:25 40:2,2,6 42:6 51:3 55:3 60:5 61:10 68:21 86:20 88:17 90:2,3,15 92:8,8 93:7,7,20 94:3 96:9,10 98:4,10,12 99:3,4,5 104:12 108:19,21 113:16 114:7
we've 8:2,25 11:7 21:13 40:16 52:17 58:3 67:18 89:20 95:17 105:3 108:13 114:11
we’ll 70:20 71:25,25 76:5,13 97:7
we’re 71:13,15,15 73:18 80:7,13 80:24
we’ve 77:24 78:10
wealth 60:19
WebEx 1:8
webinars 44:19
webpage 12:19 61:15
website 48:9 52:11 60:21
Wednesday 9:22
week 9:22,24 40:5 42:21 61:9 88:18 98:25
week-and-a-half 85:5
weekend 50:5
weeks 10:12,13 60:12 113:18
weigh 22:12
weighed 23:2
weighs 26:13
weight 22:19,20 23:13 24:3,4 25:22 28:20,21 31:25 32:13 33:10 67:18
weight-based 24:11,23 89:23
weights 26:11
welcome 2:23 5:19 28:3

went 86:20 101:10
Western 91:6
what's 70:23 74:21
WHEREOF 118:8
who's 78:19
wide 107:24 110:7
Wiley 42:11
will-- 84:25
Williams 77:5
willing 58:21 59:8
willingness 32:20
Winslow 78:4,5,8 80:2,11 81:9 81:12,21 82:4,9,10 84:8 85:3 86:12 87:13 88:13,16,20
wise 85:13
wish 104:11
WITNESS 118:8
women's 92:4
won't 101:23
wonder 10:5 26:4,16 70:17
wondered 34:25 103:21 108:19 114:10
wonderful 10:21 61:17 89:8
wondering 25:22 38:12
word 31:19 85:14
wording 27:7
words 91:3
work 5:8,13 9:8,11 13:22 25:11 32:16 39:14 40:11 41:22 42:3 42:5,12 44:21,23,23 46:7 47:7 49:10 50:17,25 51:10 55:4 56:5,19 58:11,15,23,25,25 59:24 61:6,14 62:15 77:11,20 79:9,24 80:12,17 81:7,8,10,19 88:5 92:5 93:2 95:2 96:10 111:19
worked 5:14 47:12 58:23
workers 79:20
working 7:11,23 11:21,23 12:5 18:13 20:18 23:5 39:23 44:6 46:6 58:16 62:2 76:9 80:14,15 85:7 86:19 94:11 95:17 98:11 98:23 99:3,5,5 114:12
works 6:7 11:19
world 90:23
worry 21:20
worse 106:21
worth 36:10 75:25
worthwhile 26:18 50:23
would've 105:11,17,18
wow 115:3
wrapped 98:24
wrapping 93:21
write 86:22
written 39:2 54:4 77:7 83:6 86:13
wrong 25:19,19 69:15 79:14 83:13 114:5 116:23 117:3

X

X-axis 107:8 109:11

Y

Y- 107:10
Y-axis 109:13
yard 115:6
yeah 3:13 14:6 19:4 20:15,21 22:11 23:9 24:6,14,16 25:7 26:19 28:7,9 29:17 31:15,20 33:19 35:24 36:7,8,15 51:16 52:9 71:12 72:15,17 73:6,8 75:14 78:5,5 81:18 82:10,10 83:12 84:8,25 86:3 87:14 89:15 92:14 93:17 94:19 95:4 96:12,21 97:11,12 99:14,15,16 102:14,14,22,24 103:4 104:6,7 104:13 105:5 106:2 108:24,25 108:25,25 109:2,7,8 110:9,9 113:6
year 8:17 9:13 12:21 30:20 41:17,18 54:21 57:18 59:22 68:22 71:2 73:14,21 93:18,20 95:19 96:6 100:17
year's 13:4
years 9:7 39:2 41:18 43:4 48:15 50:21 57:11 59:10 63:22 67:22 78:14 81:13 90:12 100:11,18 104:12 106:10,13,17 110:18 117:2
Yep 14:4 28:2
York 1:2 12:16 20:5 26:8 30:11 41:14 45:5 47:20 49:8 58:18 59:2 65:22 67:9 79:13 82:16 87:3 90:16 91:3,6 93:3 94:10 95:16 99:20 100:12 115:9
you're 25:16 50:19 68:22 69:14 70:18 73:15,25 79:16 80:6 81:18 109:2
you've 81:7
younger 114:24

youngest 100:15
youth 79:13

Z

zero 14:16,19 15:11,12 19:10 78:13,17
Zoom 3:2

0

1

1 118:4,6
1:00 45:14 115:9
1:03 1:7 2:2
117 118:6
17 9:13
1987 103:8

2

2 1:6 2:24
2:00 39:13
2003 53:24
2006 55:17
2010 47:14
2011 47:14
2013 53:24
2014 63:13
2015 53:14
2017 102:9 107:9 108:13 109:5
2018 108:3 109:6
2019 53:16,17 97:24 100:2,6,12 100:19 102:10 106:9 107:9 108:4,10,13,17 110:10
2021 54:18 57:13 98:11
2022 98:25
2023 1:1,4,6 2:1 3:1 4:1 5:1 6:1 7:1 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1 81:1 82:1 83:1 84:1 85:1 86:1 87:1 88:1 89:1 90:1 91:1 92:1 93:1 94:1 95:1 96:1 97:1 98:1 99:1 100:1 101:1 102:1 103:1 104:1 105:1 106:1 107:1 108:1 109:1 110:1 111:1 112:1 113:1 114:1 115:1 116:1 117:1 118:1,9
2024 57:13 60:25
2025 57:13 61:2
22 9:13
23 9:18
2nd 118:9

3

3:38 1:7 117:14

4

4:00 45:14 115:10
4th 45:6

5

5-2-2023 1:1 2:1 3:1 4:1 5:1 6:1 7:1 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1 81:1 82:1 83:1 84:1 85:1 86:1 87:1 88:1 89:1 90:1 91:1 92:1 93:1 94:1 95:1 96:1 97:1 98:1 99:1 100:1 101:1 102:1 103:1 104:1 105:1 106:1 107:1 108:1 109:1 110:1 111:1 112:1 113:1 114:1 115:1 116:1 117:1 118:1
5th 45:5 115:8

6

607-732 27:20
6694 28:2

7

8

875 116:19 117:2

9