

1 5/11/2023 - STAC - Albany, New York

2 NEW YORK STATE

3 DEPARTMENT OF HEALTH

4  
5 STATE TRAUMA ADVISORY COMMITTEE

6 DATE: May 11, 2023

7 TIME: 1:37 p.m. to 3:23 p.m.

8 CHAIR: MATTHEW BANK

9  
10 LOCATION: Marriott Hotel

11 189 Wolf Road

12 Albany, New York

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1 5/11/2023 - STAC - Albany, New York

2 APPEARANCES:

3 RYAN GREENBERG  
ABENAMAR ARRILLAGA

4 L.D. GEORGE ANGUS  
GEORGE AGRIANTONIS

5 ARTHUR COOPER  
ERIC COHEN

6 DANIEL CLAYTON  
STEVE DZIURA

7 DONALD DOYNOW  
MICHAEL DAILEY

8  
ROBERT CURRAN  
ARIEL GOLDMAN

9  
MARK GESTRING  
10 WILLIAM FLYNN  
CRISTY MEYER  
11 KATE MAGUIRE  
WILLIAM HALLINAN

12 ROSEANNA GUZMAN-CURTIS  
SRINIVAS REDDY

13 KARTIK PRABHAKARAN  
JOHN MORLEY

14 SHELDON TEPERMAN  
TAMMY SYKES

15  
KERRIE SNYDER  
RONALD SIMON

16  
ROBERT WINCHELL  
KIM WALLENSTEIN

17  
JAMES VOSSWINKELL

18 JAMIE ULLMAN  
AMY EISENHOWER

19 JEROME MORRISON  
KRISTY LYN LADOWSKI

20 PATRICIA RILEY  
CHERRISSE BERRY

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1                   5/11/2023    -    STAC   -    Albany, New York

2                                   (The meeting commenced at 1:37 p.m.)

3                   MR. CLAYTON:   Good morning, everyone.

4                   We'll be starting in just about two minutes, just  
5                   getting some final things put together.  Thanks so  
6                   much.

7                                   MR. BANK:   Okay.  We're going to call  
8                   the meeting to order.  And our first order of  
9                   business is the attendance roll call.

10                                  MS. SYKES:   I'm sorry.  Can you put  
11                   your microphone on so we can hear?

12                                  MR. CLAYTON:  Thank you.  Sorry about  
13                   that.  Thank you.  Dr. Bank?

14                                  MR. BANK:   Here.

15                                  MR. CLAYTON:  Dr. Wallenstein is  
16                   excused.  Dr. Roseanna Guzman Curtis?

17                                  MS. GUZMAN:  Here.

18                                  MR. CLAYTON:  Dr. Gestring is excused.  
19                   William Hallinan?  Dr. Prabhakaran?

20                                  MR. PRABHAKARAN:  Here.

21                                  MR. CLAYTON:  Kate Maguire?

22                                  MS. MAGUIRE:  Here.

23                                  MR. CLAYTON:  Dr. Angus?

24                                  MR. ANGUS:   Here.

25                                  MR. CLAYTON:  Dr. Reddy?

1 5/11/2023 - STAC - Albany, New York

2 MR. REDDY: Here.

3 MR. CLAYTON: Dr. Agriantonis?

4 MR. AGRANTONIS: Here.

5 MR. CLAYTON: Dr. Prince is excused.

6 Dr. Teperman?

7 DR. TEPERMAN: Here.

8 MR. CLAYTON: Kerrie Snyder?

9 MS. SNYDER: Here.

10 MR. CLAYTON: Dr. Arrillaga?

11 MR. ARRILLAGA: Present.

12 MR. CLAYTON: Dr. Voswinkell is

13 excused. Dr. Flynn?

14 MR. FLYNN: I'm here.

15 MR. CLAYTON: Megan Mullen?

16 MS. MULLEN: Here.

17 MR. CLAYTON: Dr. Ullman? Dr.

18 Winchell is excused. Tammy Sykes?

19 MS. SYKES: Here.

20 MR. CLAYTON: Dr. Dailey?

21 MR. DAILEY: Here.

22 MR. CLAYTON: Dr. Dailey is present

23 for the record. Dr. Doynow is excused. Dr. Goldman?

24 And Dr. Cooper is excused. And we have quorum. I'd

25 like to also, at the chair's request, recognize our

1                   5/11/2023    -    STAC   -    Albany, New York

2                   new members, which are Dr. Reddy. Welcome.

3                   MR. REDDY: Thank you. Thank you.

4                   MR. CLAYTON: Also like to welcome  
5                   Megan Mullen.

6                   MS. MULLEN: Thank you.

7                   MR. CLAYTON: From Western New York  
8                   RTAC. We have Dr. Guzman Curtis down at the other  
9                   end of the table over here.

10                  MS. CURTIS: Thank you.

11                  MR. CLAYTON: She's from Central New  
12                  York RTAC. We have Dr. Prabhakaran next to her from  
13                  Hudson Valley RTAC, and also from Hudson Valley RTAC  
14                  is Kate Maguire next to him. So welcome to our new  
15                  vetted voting members.

16                  MR. BANK: Okay. So just a couple of  
17                  housekeeping things. We've asked -- everybody,  
18                  please if you have any comments, because this is all  
19                  for the minutes, please speak into the mic. Turn  
20                  your mic on. It's the little face with the voice  
21                  coming out of it in front of you. And please  
22                  identify yourself, which I just forgot to do. So  
23                  this is Dr. Bank. She's laughing at me. There you  
24                  go. So, this is Dr. Bank. So please just speak into  
25                  your mic and identify yourself for the minutes. We

1           5/11/2023   -   STAC   -   Albany, New York  
2           are going to start off with -- from my first STAC,  
3           something that's a little unusual. I'm going to ask  
4           the families of Dr. Marks and Dr. O'Neill to come up  
5           to the front so that we can give them a proclamation  
6           from the STAC for all of the work that Dr. O'Neill  
7           and Dr. Marks have done with the STAC over the last  
8           twenty years.

9                       MR. GREENBERG: Come on out this way.  
10           Got to make it onto camera. Good afternoon,  
11           everyone. My name's Ryan Greenberg. I'm the  
12           Director of the Bureau of EMS and Trauma Systems and  
13           want to thank everybody for being here today, but in  
14           particular for what I would say are our true honored  
15           guests for being here. The past year has been,  
16           ironically, a little bit traumatic for our trauma  
17           committee as we lost two of our leaders in a very  
18           short period of time and quite unexpectedly in some  
19           cases. So in the past year, we've been speaking a  
20           lot about this, and we really want to make sure to  
21           recognize each of them and to make sure their  
22           families know how much they meant to us within the  
23           trauma community, the STAC and the Department of  
24           Health. And so, Dr. Guzman, I think, is going to  
25           step up and say a few words first, and then we have a

1                   5/11/2023    -    STAC   -    Albany, New York  
2                   resolution of recognition for each of our Former  
3                   Chair and Vice Chair.

4                   MS. GUZMAN: I'm just going to go off  
5                   of my written words. I don't want to fumble this.  
6                   So, Dr. Marks served as our Trauma Medical Director  
7                   and Division Chief of Trauma and Acute Care Surgery  
8                   at SUNY Upstate from 2014 until his untimely death.  
9                   During his tenure, he oversaw the development of  
10                  multiple guidelines and protocols for trauma patients  
11                  and critically ill surgical patients. He recruited  
12                  multiple surgeons, a large portion of whom were  
13                  women. He led our trauma program through two  
14                  verifications. He was a strong supporter of ATLS and  
15                  trauma education, making our center one of the  
16                  busiest in New York State for ATLS courses. At the  
17                  state level, Dr. Marks served as a chair of the STAC,  
18                  playing a key role in the State's decision to adopt  
19                  the ACS standards for trauma center verification.  
20                  Additionally, he served as New York State Chair and  
21                  Region Two Chief for the COT for two terms prior to  
22                  starting his service on the Central COT committee in  
23                  2014.

24                                    On occasion, a few of us would be  
25                                    having a raucous conversation down the hall,

1           5/11/2023   -   STAC   -   Albany, New York  
2           discussing cases and reviewing films together. He  
3           let us be young surgeons growing and finding our way,  
4           but never more than a few doors away ready to share  
5           advice, guidance, and experience. He offered the  
6           encouragement and grace that allowed us to forgive  
7           ourselves and learn from our mistakes. You cut, you  
8           cry, he once told me, after a heartbreaking case that  
9           left me replaying every decision I had made in the  
10          care of that patient. His pep talks were not  
11          peppered with enthusiasm by any means. Just quiet,  
12          steady determination that made us strong and rebuilt  
13          our confidence when challenging cases brought it  
14          down. These very qualities made Dr. Marks such a  
15          great leader. He garnered support from other  
16          specialties, nursing and administration. He was  
17          well-respected within our institution but also  
18          regionally and nationally.

19                        One of our emergency colleagues said  
20           it best. Dr. Marks is the best person to have a  
21           disagreement with. What powerful words and what an  
22           idea for all of us to reflect on. Those words  
23           describe a leader with true convictions who is able  
24           to state and defend his position while remaining  
25           level-headed and humble enough to consider another's

1           5/11/2023   -   STAC   -   Albany, New York  
2           point of view. Undoubtedly, this allowed for further  
3           growth and development of our trauma program while  
4           establishing and maintaining good rapport across the  
5           institution and beyond.

6                           He was a talented surgeon and  
7           administrator and a dedicated family man. I think  
8           his wife Shar said it best. You guys and trauma were  
9           the love of his brain, while the kids and I were the  
10          love of his heart. It is my most sincere hope that  
11          we all continue his legacy, honoring him by holding  
12          our trauma centers to the highest standards, using  
13          his work, along with the work of many of you here to  
14          guide us. Thank you for the privilege and honor to  
15          speak about a wonderful mentor, friend, surgeon and  
16          leader.

17                           MR. BANK: I just want to say a few  
18          words about Trish. People may not realize, but Trish  
19          was everything at Kings County Medical Center. And  
20          when I mean everything, she was a nursing student,  
21          nurse, medical student, surgical resident, chief  
22          surgical resident, surgical attending, and the  
23          Director of Trauma at Kings County Medical Center.  
24          So pretty much every position I could possibly think  
25          of, Trish had in Brooklyn. Most recently, she was

1                   5/11/2023    -    STAC   -    Albany, New York  
2                   the Vice Chair of Surgery and the Trauma Medical  
3                   Director of Brookdale Hospital.  On a national level,  
4                   she was the Vice Chair, then Chair of the Greater New  
5                   York COT, and most recently she was on the Central  
6                   COT.  More important than any of that is that she was  
7                   a friend and mentor to an entire generation of trauma  
8                   surgeons in the Greater New York area.  And I just  
9                   would very proud to give this award to her twin  
10                  sister Anne.

11                                 MR. GREENBERG:  There's an entire  
12                   resolution that goes with this and we debated on  
13                   whether or not reading it, and we really felt, in  
14                   this particular case, the words, from each of their  
15                   dear friends and colleagues, says a lot of what is  
16                   also on here.  But we just wanted to come to the  
17                   final part.  Sorry.  This is -- when we look back,  
18                   this is actually one of the only resolutions, or two  
19                   resolutions, that the STAC has actually given out.  
20                   And that's the influence of -- the impact that  
21                   they've made on to STAC.  The teamwork that they had  
22                   together, and I know when we got to eat dinner last  
23                   night, we got to sit and talk about.  But I've only  
24                   been here about five years and getting to work with  
25                   both of them, particularly sitting across the table

1           5/11/2023   -   STAC   -   Albany, New York  
2           and to watch your dynamic, to watch almost in some  
3           cases, there was a lack of words. It was just a look  
4           and they were -- each knew what the other one was  
5           thinking. And I had to be like, what just happened?  
6           It was just truly amazing.

7                         And then to, you know, to go on site  
8           and get to see them in their hospitals and during  
9           site visits and stuff like that, and to see them not  
10          only at the state level, but at their local level and  
11          every role that they filled, you know, in some  
12          hospitals. So, at the bottom of this one -- so, to  
13          Dr. Marks, this is a resolution of recognition and  
14          appreciation honoring Dr. William Marks. Now,  
15          therefore, in this resolution, that the New York  
16          State Department of Health Bureau of EMS and Trauma  
17          Centers recognizes and expresses their appreciation  
18          and gratitude for the significant contributions of  
19          William Marks to the State Trauma System over the  
20          course of this distinguished career and whose work  
21          will continue to improve the quality of patient care  
22          and trauma systems throughout New York State for many  
23          years to come. And I truly mean that.

24                         MR. BANK: Okay. For Trish.  
25          Similarly, this is an incredibly long proclamation.

1                   5/11/2023    -    STAC   -    Albany, New York  
2                   I'm just going to read the bottom paragraph.  The New  
3                   York State Department of Health, Bureau of Emergency  
4                   Services and Trauma Systems issues this resolution to  
5                   recognize and express their appreciation and  
6                   gratitude for the significant contributions of  
7                   Patricia O'Neill to the State Trauma System over the  
8                   course of her distinguished career, and whose work  
9                   will continue to improve the quality of trauma care  
10                  and trauma systems throughout New York for many years  
11                  to come.

12                                   DR. TEPERMAN:  He's a professional.

13                                   MR. GREENBERG:  So I really just want  
14                   to -- and they weren't around the corner.  I want to  
15                   thank the families both for coming from near and far  
16                   to be here to accept this and recognize that you're  
17                   always a part of our trauma community.  And truly the  
18                   work that they did will live on for many, many years  
19                   to come.  So thank you.

20                                   MR. BANK:  So just to continue the  
21                   meeting, the minutes of the last STAC were sent out a  
22                   few months ago.  Do I have anybody, motion to approve  
23                   the minutes?  George --

24                                   MR. AGRIANTONIS:  I move --

25                                   MR. BANK:  -- do you have a motion to

1                   5/11/2023    -    STAC   -    Albany, New York

2                   approve the minutes?

3                                 MR. AGRIANTONIS:  -- I move to

4                   approve.

5                                 MR. BANK:  Very good.  Dr. Doynow, any

6                   second to approve the minutes?  Dr. Flynn.

7                                 MR. FLYNN:  Second that motion.

8                                 MR. BANK:  Thank you very much.  So we

9                   will approve the minutes.  Next is the Bureau of EMS

10                  report from the Director Ryan.

11                                MR. GREENBERG:  Thank you very much.

12                  Sorry, I'm just trying to get my computer going on.

13                  So a lot going on in the Bureau, both on the EMS side

14                  and the trauma side.  We're excited to now have a

15                  policy fellow with us, Gina sitting on the side.  We

16                  have Gina over here, who has been helping us

17                  tremendously with the 405 regulations and all the

18                  paperwork that needs to -- that had to be completed

19                  on it in order for it to be submitted.  We are

20                  working on that pipeline and moving things through.

21                  One of the things that I just want to express to this

22                  entire council is related to, you know, regulatory

23                  updates.  So it's been a little bit since we've done

24                  regulatory updates for the 405s related to trauma.

25                  And I think even in the spirit of some of the

1           5/11/2023   -   STAC   -   Albany, New York  
2           committee meetings that I had today, that it would  
3           appear that the future will have more regulatory  
4           updates in a positive way, in ways that the -- based  
5           on the guidance of the members of this council.

6                         We are working on establishing what  
7           that process will be in a more streamlined process.  
8           What we would need from the beginning as well as all  
9           the way through. As those 405s do go up, we'll make  
10          sure to notify all the council members once they are  
11          up and open for public comment. My guess is that  
12          will probably be in the fall. Hopefully the early  
13          fall, but it does have to align with FIPIC and some  
14          of the other meetings. So those are moving through  
15          those 405 changes. I know some people have asked  
16          related to the 405 changes. What if I have an  
17          upcoming site visit or something else? Those would  
18          all have to be based on the regs that are currently  
19          in place. Just to give you a little bit of a  
20          timeline, again, we have to align with the FIPIC  
21          process, FIPIC meetings. It has to be out for public  
22          comment for a set number of days, I believe it is  
23          sixty, then it comes back. When they come back, if  
24          there is significant changes or comments that have to  
25          be addressed, it would then have to be revised, go

1           5/11/2023   -   STAC   -   Albany, New York  
2           back out for public comment a second time, and then  
3           come back.

4                        So the process doesn't happen quickly.  
5           The ultimate goal too is as we move forward, that we  
6           get better at -- or say, the process becomes smoother  
7           because we do it on a more regular basis.  So we look  
8           forward in the future to -- even if it's small  
9           updates or things or -- we recognize, you know,  
10          different standards that want to be set specifically  
11          in the regulations, that it would speed up that  
12          process.  We have a number of applications that are  
13          coming in and we have some updates that have happened  
14          or about to get published related to policy  
15          statements on provisional appointment.  Provisional  
16          appointment is for those hospitals that are looking -  
17          - most of them, what we're getting are level threes  
18          that are looking to become a level three institution  
19          or recognized.

20                       They have to become provisional first  
21          with us.  We had a policy out there, we've done some  
22          modifications to that.  In the near future you'll see  
23          that published up again.  There are some new things  
24          that will be out there for institutions going forward  
25          for applications related to getting some feedback

1           5/11/2023   -   STAC   -   Albany, New York  
2           from trauma needs assessment as well. So those are  
3           some of the major things going on, on the trauma  
4           side. On the EMS side, good situational awareness  
5           for everybody here as well. We were part of the  
6           budget this year, and two of the major things that  
7           were part of the budget that also will affect the  
8           trauma community is within Part S, which was the part  
9           of the budget related to EMS. It spoke about system  
10          and agency performance standards as well as an EMS  
11          task force. Those are two of the things that came  
12          in.

13                           And the way that a system in the --  
14          system and agency performance standard may come  
15          circling around to affect the trauma community is, it  
16          will allow our State EMS council to add some  
17          performance measures and expectations into an EMS  
18          system or an agency that will help with  
19          sustainability to the system, but hopefully also  
20          patient care delivery models and being able to get  
21          care to them in a certain amount of time, or knowing  
22          what is -- who's going to respond, how often they're  
23          going to respond. And so this will hopefully help in  
24          being able to get them the care they need into the  
25          hospital and designated facility. So we'll have more

1           5/11/2023   -   STAC   -   Albany, New York  
2           information on that in the next meeting or two for  
3           STAC, but we think that can be an exciting one for  
4           you as well. The second one is the EMS task force.  
5           And so what we learned through the pandemic is that  
6           responding to a disaster is not something that really  
7           can be done on the fly really easily.

8                           And so, like many of our larger states  
9           that we look around the country, we, it was approved  
10          and put into legislation to create an EMS task force.  
11          The CMS task force is being designed to help in  
12          response to disasters and community needs when a  
13          significant event occurs. We think back to Covid or  
14          we think back to the Buffalo snowstorm. You know, in  
15          order for us to mobilize can take days at times in  
16          order to get contracts in place and things like that.  
17          This state EMS task force would allow us to have  
18          those resources, contracts already in place, and then  
19          be able to, at the need of something, immediately  
20          respond. When we look just to our neighboring state,  
21          when we look to Massachusetts, who recently had a  
22          pretty significant fire in a hospital and they had to  
23          evacuate, I believe, a hundred and sixty patients in  
24          a very short period of time, this is another example  
25          of something that might need activation of a task

1           5/11/2023   -   STAC   -   Albany, New York  
2           force in order to be able to handle such a large  
3           response that can't wait days, but rather needs  
4           hours. So we're very excited about that one as well.

5                       We continue to move forward on a  
6           number of educational things. There's also a number  
7           of educational pilot programs that are going to  
8           happen on the EMS side. I bring this up for the  
9           trauma community, because again, it can open up more  
10          opportunities for the trauma community to be involved  
11          in different community events. We have a -- an EMS  
12          agency internship program that'll be starting, where  
13          they'll do eight to twelve hours. But again,  
14          recognition, maybe it's at, you know, an outreach  
15          from a trauma center to give more education to an EMS  
16          agency or for people who are thinking about coming  
17          into the field. Our next meeting for SEMSCO will be  
18          in September. EMS for children, I think is going to  
19          report later, so I'm not going to report on those.  
20          Our Vital Signs Conference is October 17th to the  
21          22nd.

22                       Next week for anybody who is -- sorry,  
23          two weeks from now, anybody who's around on May 23rd,  
24          we have our EMS Memorial at the EMS, at the State  
25          Plaza. We'd love to see some of you here. There are

1           5/11/2023   -   STAC   -   Albany, New York  
2           eight honorees who will be going up onto the Memorial  
3           this year. Important for all of us to recognize,  
4           Executive Order 4 may expire in May, so just keep  
5           that one in mind. Executive Order 4, that is the one  
6           related to a staffing crisis. There are a number of  
7           things related to EMS that will affect certification  
8           in some of the processing that happens with that, but  
9           we also bring that up as situational awareness for  
10          here. If you do have something that is operating  
11          under Executive Order 4, they're thirty-day renewals.  
12          So either May 20th or May 22nd is set to expire. I  
13          do not know if it'll be renewed another thirty days.  
14          If you do have something within your institution that  
15          would affect or your operations, please keep that one  
16          in mind. One of the big questions that I got is,  
17          well, what about providers working in alternative  
18          work sites?

19                        So EMS providers working in non-  
20          traditional environments, such as an ER or maybe a  
21          clinic or things like that, that is currently allowed  
22          under that executive order, that would come to an  
23          end. So if they are a part of your program under  
24          that executive order, please keep that one in mind.  
25          We have the Rural Health Task Force, which met two

1           5/11/2023   -   STAC   -   Albany, New York  
2           weeks ago -- or sorry, last week, and had a very  
3           successful meeting. This is a -- it's a great group.  
4           We're really looking at, you know, what are some of  
5           the solutions to help in rural health and delivery of  
6           EMS services out there and a regular occurrence comes  
7           up in the conversation about trauma centers. So it's  
8           not just about EMS but it's about accessing hospitals  
9           and getting the patient to the right care at the  
10          right time, and how often when we're in some of our  
11          truly rural parts of the state. How difficult it is  
12          to get a patient to definitive care particularly in  
13          the winter months where during the summer months we  
14          have access to air medical services and things of  
15          that nature that helps us, you know, really relieve  
16          some of those stressors. But in the wintertime  
17          becomes a lot more stress. And then last, but far  
18          from least, I just want to thank all of the BEMS team  
19          members who are here with us today. We had two days  
20          of council meetings for the past two days. A lot of  
21          our district chiefs are here today and our -- some of  
22          our unit chiefs. And this is all about -- we're  
23          truly one system. We're one ecosystem. And so we're  
24          working to make sure that we all know different roles  
25          and responsibilities and how different councils and

1           5/11/2023   -   STAC   -   Albany, New York  
2           things work.  So just want to thank you all for being  
3           here today and spending time with STAC.  And that's  
4           it.  I'm happy to take any comments, questions, or  
5           concerns.  Back to you.

6                       MR. BANK:  Okay.  Dr. Bank again.  
7           Trauma program update, Dan and Patty.

8                       MR. GREENBERG:  Share a mic with  
9           Patty.

10                      UNKNOWN MALE:  Hi.

11                      MR. CLAYTON:  Tech support to aisle  
12           four.

13                      UNKNOWN MALE:  There you go.

14                      MR. CLAYTON:  Thank you.  I'm hitting  
15           the wrong button.  Dr. Chair, I have nothing further  
16           from trauma program update.  Director Greenberg  
17           covered it and there will be some other items that  
18           are going to be brought up later on in the meeting.  
19           But nothing else further now.  Thank you very much.

20                      MR. BANK:  So we're going to go into  
21           our subsistent -- subcommittee reports.  We're going  
22           to go a little out of order because there's a couple  
23           of reports that -- for people who just have to leave  
24           a little early.  So we're going to take systems first  
25           by Eric Cohen, and then trauma needs assessment is

1           5/11/2023   -   STAC   -   Albany, New York  
2           going to be done by Dr. Berry instead of Dr.  
3           Winchell.   Eric?

4                   MR. COHEN:   Thank you.   Representing  
5           Ron Simon from the systems committee.   We looked at  
6           the New York State Trauma Registry Report and tried  
7           to see what information we would like to see coming  
8           out of the trauma registry report.   And that sort of  
9           took a turn into the trauma registry report itself  
10          and how it's operationalized and how are we getting  
11          the data in and out of the trauma registry report.  
12          And two motions were brought forward from the  
13          committee.   The first motion was to evaluate the  
14          impact of the SPARCS validation process on the state  
15          trauma data report and is it necessary.   And then the  
16          second motion that was brought forward was to ask New  
17          York State to switch from a three-year cycle to an  
18          annual report for the registry -- New York State  
19          Trauma Registry Report.   Those are the two motions  
20          brought forward by the systems committee.

21                   MR. TEPERMAN:   Just a -- it's  
22          Teperman.   Just to add some color to that.   So the  
23          group expressed concern as we all have expressed  
24          concern about the fact that the report that the state  
25          produces, although we are grateful for the amount of

1           5/11/2023   -   STAC   -   Albany, New York  
2           work that goes in, is produced very late. We're  
3           looking at the 2015 report. Now, the idea behind the  
4           STAC -- the SPARCS resolution, Director Greenberg  
5           demonstrated for us that if we were to remove that  
6           part of the process, if it could be done legally and  
7           elegantly, we would save x number of months or maybe  
8           even a year and the reports could be generated  
9           sooner. So this resolution asks the state to see  
10          what the effect of -- what's the statistical effect  
11          of removing the SPARCS data validation process from  
12          the entire cycle. And we shall see.

13                   MR. GREENBERG: And I think it's just  
14          important too. For those who are not familiar with  
15          what the SPARCS data is, essentially, what happens in  
16          that process is we take the trauma registry data, we  
17          look at the SPARCS data, which comes in from the  
18          hospital side for all patients. We compare the two.  
19          If there's any outliers or if there's a number of  
20          cases that aren't there, we then notify those  
21          hospitals. They then tell us this didn't meet their  
22          criteria, or oh, yep, we missed that one, let's put  
23          it in. And so part of that conversation was trying  
24          to determine the statistical significance of some of  
25          that. And I think there -- you know, this is

1           5/11/2023   -   STAC   -   Albany, New York  
2           something we're going to go look at. This is not a  
3           definitive, but I think Cristy and I are going to  
4           take a look at, you know, what that is, what the  
5           impact would be, how to look at it, and maybe bring  
6           some solutions in the September meeting based on what  
7           we find, stuff like that. Is there anything else you  
8           want to add to that?

9                   MS. MEYER: I think we'll be able to  
10           get some really great data out to the team to  
11           understand the impact of this and it will potentially  
12           shave off a lot of workload for registry teams across  
13           the state. So if there's no value in that exercise,  
14           we probably shouldn't do it. So thank you.

15                   MR. BANK: Okay. Any more discussion?  
16           So the first motion is to evaluate the impact of the  
17           SPARCS validation process on the state trauma data  
18           report and is it necessary. Do we have --?

19                   MR. TEPERMAN: Second.

20                   MR. BANK: Teperman.

21                   MR. BANK: So --.

22                   MR. CLAYTON: So Director Greenberg  
23           and Dr. Bank, correct me if I'm

24                           wrong, but because this is not a  
25           statutory matter, we don't have to do a roll call

1           5/11/2023   -   STAC   -   Albany, New York  
2           vote on this.  It's just a, you know, raise of hands,  
3           correct?

4                   MR. GREENBERG:  Yep.

5                   MR. CLAYTON:  Thank you.

6                   MR. BANK:  Okay.  So everybody in  
7           favor of the motion, please raise your hand.  Any  
8           opposed?  Motion carries.  Any abstentions?  If  
9           you're abstaining, don't raise your hand.  That's  
10          everybody.  Okay.  And then the second motion is to  
11          ask New York State to switch from a three-year cycle  
12          to an annual report -- an annual registry report.  
13          Everybody who wants the motion to pass --

14                   MR. TEPERMAN:  Sir, I think --.

15                   MR. BANK:  -- raise your hand?

16                   MR. TEPERMAN:  But Eric, I think could  
17          bring a little color to it, just an explanation.

18                   MR. COHEN:  So, yeah, again,  
19          historically, the turnaround time for these reports  
20          is long.  So the report that's coming out now is  
21          going to cover from 2015 to 2020, I believe, a five-  
22          year period.  And the thought process behind this was  
23          if it takes so long to get this data in and  
24          validated, if we do this on a yearly cycle, it would  
25          at least give us a look back period to -- on some

1           5/11/2023   -   STAC   -   Albany, New York  
2           data that's -- we can do something with. Looking at  
3           five, six-year-old data at this point is kind of not  
4           necessarily the most helpful way of looking at  
5           things. So by turning this into a one year report,  
6           an annual registry report, as opposed to a three-year  
7           report, at least we're getting some data that we can  
8           act upon in real time. That's the thought process of  
9           why we would like to switch to an annual report as  
10          opposed to the traditional three-year report that the  
11          NYSTR normally covers.

12                       MR. BANK: Okay. So just to restate  
13          the motion, to ask New York State to switch from a  
14          three-year cycle to an annual registry -- an annual  
15          report -- registry report, I should say. So  
16          everybody in favor, raise your hand?

17                       MR. CLAYTON: Dr. Bank, I'm not sure  
18          if we had a second on that.

19                       MR. BANK: Anyone want to second it?

20                       MR. FLYNN: Second.

21                       MR. BANK: Dr. Flynn seconds it. So  
22          everybody in favor, please raise your hand. Anyone  
23          opposed, please raise your hand. And any  
24          abstentions? So the motion will carry. Okay. Thank  
25          you very -- Eric, is that it?

1                   5/11/2023    -    STAC   -    Albany, New York

2                   MR. COHEN:   That concludes the report.

3                   Thank you.

4                   MR. BANK:    Okay.    So now Dr. Berry  
5                   from the trauma needs assessment subcommittee.

6                   MS. BERRY:   Thank you, Dr. Bank.  I am  
7                   Dr. Cherisse Berry representing the trauma needs  
8                   assessment committee, along with the chair who's Dr.  
9                   Robert Winchell.  We had a robust conversation during  
10                  our committee meeting.  Proposed an amendment to the  
11                  approved process for trauma center needs assessment.  
12                  This amendment is as follows.  The New York State  
13                  Department of Health shares any new trauma center  
14                  applications to our committee for review for all new  
15                  designation requests and any requests for a change in  
16                  level.  The trauma needs committee reviews.  The new  
17                  application or requests for change in trauma center  
18                  level, applies the screening criteria, takes into  
19                  consideration our tech recommendations, particularly  
20                  for level 3 and level 4 trauma centers, and makes  
21                  recommendations to the STAC.  The STAC then reviews  
22                  the trauma needs assessment committee recommendations  
23                  based on those criteria and approves those  
24                  recommendations.  The STAC will then make approved  
25                  recommendations to the state.  The state takes the

1           5/11/2023   -   STAC   -   Albany, New York  
2           recommendations of the committee under advisement  
3           prior to deciding to designate a new trauma center or  
4           change the level of an existing trauma center. There  
5           was a motion that was carried in committee. And so I  
6           put the motion on the floor for the members of the  
7           STAC for approval.

8                         MR. TEPERMAN: Teperman, second.

9                         MR. BANK: Any discussion?

10                        MR. ARRILLAGA: I have some  
11           discussion. I'd like to repeat what I said in the  
12           subcommittee that to remind this body that the ACS  
13           verification, which the state does, and is not some -  
14           - many other states in the -- in this union do not do  
15           that. That the ACS -- and this is with respect to  
16           the request for level up, that the ACS verification  
17           process already does a lot of what is intended with  
18           this motion. And I think it -- in some way, it  
19           should be included in the language that, for example,  
20           to making a commitment to go from level 2 to level 1  
21           requires its significant commitment. This is not  
22           something that's done on a whim. Not only  
23           financially with monies that have to be paid to the  
24           ACS for the consultation visit and the verification  
25           visit, but the commitment to train -- to have PGY-4s

1           5/11/2023   -   STAC   -   Albany, New York  
2           and PGY-5s in your trauma center, and therefore  
3           commitment to train the surgeons of the future.  
4           Plus, the commitment to contribute to the scientific  
5           literature, which is basically the difference between  
6           a level 1 and level 2. In addition to being able to  
7           have the adequate numbers, whether that be the total  
8           numbers or the numbers of patients with ISS greater  
9           than 15, it's a significant commitment that is not  
10          done on a whim. And that at least from the examples  
11          in my neck of the woods, where a hospital down the  
12          street requested a change of level 2 to level 1, and  
13          they did not meet the requirements so the ACS didn't  
14          verify them. And in our case, in Good Sam at West  
15          Islip, where we just recently requested a upgrade  
16          from level 2 to level 1, and the ACS gave us a  
17          provisional verification because we did not meet the  
18          research requirements. So I just wanted to make  
19          those comments to this body.

20                       MR. BANK: Any additional discussion?  
21           So for the motion that is being displayed right now,  
22           all in favor, please raise your hand? Any opposed?  
23           And any abstentions? So the motion will pass. Thank  
24           you very much. And I think we can -- want to go back  
25           -- put the agenda back up. So we're going to go back

1           5/11/2023   -   STAC   -   Albany, New York  
2           up to the top of the agenda. Oh, I'm -- I apologize.  
3           Dr. Berry, was it?

4                   MS. BERRY: I have a couple more  
5           things for the --.

6                   MR. BANK: Yeah, I apologize.

7                   MS. BERRY: No worries.

8                   MR. BANK: Dr. Berry, please continue  
9           to report.

10                   MS. BERRY: No problem. Two other  
11           points. We are working with the state on a data  
12           usage agreement to link EMS and hospital data for the  
13           STAC for internal needs to set up metrics for needs  
14           assessment and system operational metrics, really  
15           focused on ambulance runs, destination, hospital  
16           access times, ideally connecting to hospital volume  
17           and outcome measures. And finally, in our last STAC,  
18           we had discussed and approved ACS COT system  
19           consultation program for funding for that. However,  
20           since that time that -- that was approved, the cost  
21           of the systems' consultation has doubled from sixty  
22           five thousand to a hundred and fifty thousand  
23           dollars. So that is not within the budget. So we  
24           discuss the need for additional funding, applying for  
25           grants. So until we can afford the increase in cost,

1                   5/11/2023    -    STAC   -    Albany, New York  
2                   we are going to put a hold right now on the systems  
3                   consultation. And that concludes my report. Thank  
4                   you.

5                                 MR. BANK: Thank you very much. So we  
6                   are just going to go back up to the top of our  
7                   agenda. The executive report from me, the executive  
8                   committee met. We discussed a few things. One of  
9                   the things that we want to try to move towards over  
10                  the next year or so is just to assign vetted members  
11                  of STAC to the different subcommittees. Right now we  
12                  don't really have a clear list of what vetted members  
13                  of STAC sit on each subcommittee, but we want to make  
14                  sure that there's a good representation on each  
15                  subcommittee of vetted STAC members, and also  
16                  hopefully, and those vetted STAC members will come  
17                  from a wide geographic representation of the state.  
18                  So probably the next year, we're going to be  
19                  developing a process for this, and we'll be asking  
20                  the vetted STAC members to choose some subcommittees  
21                  that they want to serve on. In addition to that, in  
22                  the next few months, we're going to be developing a  
23                  process to choose a new vice chair of STAC. Also  
24                  keeping in mind to try to have the greatest  
25                  geographic representation on the STAC. I think that

1           5/11/2023   -   STAC   -   Albany, New York  
2           is it for my executive report. And now we can go to  
3           registry by Cristy.

4                       MS. MEYER: Good afternoon, everyone.  
5           So the registry committee was able to meet today and  
6           overview some of the registry work groups work over  
7           the last six to eight months. So a very large group  
8           of individuals from across trauma center levels and  
9           across the state met every other week to come up with  
10          the 2024 data dictionary changes for New York State.  
11          We hope to make those recommendations to this group  
12          today for approval so we can move through that whole  
13          vendor process to make some changes. Certainly, not  
14          as substantive as prior years, but we were able to  
15          recommend a few eliminations. So the PCR status, so  
16          there's a specific field for whether the PCR  
17          collected is incomplete or missing. That actually  
18          can be derived from the data already collected and  
19          submitted. So it's somewhat redundant, so we  
20          recommend removing that individual field. In  
21          addition, there's a lot of discussion and certainly a  
22          lot of requirement to look in the new gray book at  
23          EMS field triage and EMS practice of field triage.  
24          So we recommended to add not just the PCR into the  
25          receiving hospital from referring transfer centers,

1           5/11/2023   -   STAC   -   Albany, New York  
2           but the initial field scene PCR into the submission  
3           process for New York State so we can do that scene  
4           evaluation.

5                         There are some limitations to this  
6           data collection. By collecting the scene PCR, we  
7           will be able to determine some of those limitations  
8           for the receiving trauma centers to do that good work  
9           of PI and EMS follow back. In addition, we just want  
10          to change the language of the level of activation to  
11          meet the standardized field definitions for higher --  
12          highest activation and intermediate activation.  
13          There's a whole lot of different language that  
14          centers use, but this is standardized language and  
15          one last change to add a height of fall table, so  
16          when a provider does not document the height of the  
17          person's fall. We have standardized estimates for us  
18          to use for things like a bed, a bunk bed, subway  
19          platforms and things like that. And that concludes  
20          the submission for this year's data dictionary  
21          changes. They would be effective January 1st, 2024,  
22          if this so -- this body so moves.

23                         MR. BANK: So you want to read the  
24          motion? So the motion is to move forward with trauma  
25          registry subcommittee, trauma registry admission

1                   5/11/2023    -    STAC   -    Albany, New York  
2                   changes, beginning with emissions on January 1st,  
3                   2024.  Anyone to second that motion?

4                                MS. SNYDER:  I'll second.  Kerrie  
5                   Snyder.

6                                MR. BANK:  All in favor?  Any opposed?  
7                   Any abstentions?  Okay.  So the motion's carried.  Is  
8                   that the end of your report?

9                                MS. MEYER:  Just a couple things.  So  
10                   now that we are going to move those changes forward,  
11                   I will work with our Department of Health leadership  
12                   to meet with vendors and start working on those  
13                   changes.  We know that takes a substantive amount of  
14                   time.  So we'll work on that.  One of the other  
15                   things that the work group that will convene this  
16                   year to do work for that following year will be  
17                   focused on, is the definition of dead on arrival or  
18                   DOA and dead in the ER or DIE.  Those -- there's a  
19                   lot of variation in registry practice, trauma center  
20                   practice.  I see some nods in the crowd.  So we hope  
21                   to advise this group and that data collection point  
22                   in collaboration with our department health agencies,  
23                   our EMS agencies, and some national standards, and  
24                   our TQIP collaborative.  So it'll be a little bit of  
25                   work over the next few months.  But we do want to

1           5/11/2023   -   STAC   -   Albany, New York  
2           standardize that definition. We will be convening  
3           the work group. It has been a very robust group. We  
4           had a lot of new representatives and very seasoned  
5           members, so if that's something you want to bring  
6           home to your center. And we had a wonderful  
7           presentation for the micro mobility abstraction tool.  
8           So e-codes collecting the micro mobility devices that  
9           are leading to many injuries across our state and  
10          nation.

11                       Actually, there's a resource tool  
12          that'll be on the registry page as well as a training  
13          tool and we'll hope to work with the Bureau of Injury  
14          Prevention to actually make more recommendations in  
15          the future, on how to understand that. And we have  
16          two volunteer trauma centers to give some  
17          presentations in the fall at STAC in October. So,  
18          looking forward to a great year and thank you to  
19          everyone for your help. This concludes my report.

20                      MR. BANK: Thank you very much,  
21          Cristy. So the trauma needs assessment we already  
22          did. And injury prevention, I think Cristy is not  
23          here, but Dan, you are going to fill in.

24                      MR. CLAYTON: Yes, I do, Doctor. I  
25          have a report that was provided by The Injury

1                   5/11/2023    -    STAC   -    Albany, New York  
2                   Prevention Education Subcommittee, and I'm just in  
3                   the process of bringing that up right now to provide  
4                   both the chair and the vice chair of the IPE  
5                   subcommittee had to leave for other reasons for this  
6                   afternoon.  So I'm going to read what was provided to  
7                   me by Sloan pretty much verbatim.  "The Injury  
8                   Prevention Education Subcommittee of STAC would like  
9                   to thank Kristy Ladowski for her service and  
10                  contribution to STAC over the years.  She will be  
11                  leading the ACL Falls grant and will be tracking data  
12                  of various fall programs for Tai Chi for Arthritis,  
13                  stepping on in a matter of balance in New York  
14                  State."

15                                Updates from the Bureau of -- Bureau  
16                                of Occupational Health and Injury Prevention, which  
17                                is a Bureau of the State Health Department, Christina  
18                                Akey, was fall coordinator and there was discussion  
19                                about implementing traffic safety and public health  
20                                initiatives with New York State Health Department for  
21                                pedestrians and distracted drivers.  A campaign with  
22                                NHTSA making coloring books on safety initiatives to  
23                                hand out in schools and by DSS.  The CPS symposium in  
24                                Lake Placid last week was well received.  Performing  
25                                outreach was also discussed to inform communities

1           5/11/2023   -   STAC   -   Albany, New York  
2           where car seat checks will be offered to caregivers  
3           and parents.  There's a press release that was sent  
4           out on drowsy driving and the Stay Awake, Stay Alive  
5           campaign.

6                               They're working on offering trainings  
7           for coaches and injury professionals, injury  
8           prevention professionals to be certified in evidence-  
9           based fall prevention.  Also, Tai Chi for arthritis  
10          and fall prevention, and a matter of balance.  Under  
11          fall prevention, Mark Musicus from Westchester  
12          Medical Center presented a PowerPoint presentation on  
13          fall recurrence in geriatric trauma patients.  They  
14          track patients 65 and older admitted to trauma for  
15          falls and provide outreach and awareness to help  
16          prevent repeat falls.  They've been using the study  
17          tool for objective data and surveys to determine  
18          overall outcomes.  They have a five-minute fall  
19          prevention video featured in the Office of Aging by  
20          the hospital in catchment area.  Feel free to reach  
21          out to Mark Musicus for the presentation and video.  
22          I can get -- and by the way, for that particular  
23          PowerPoint presentation that he did this morning as  
24          part of IPE, we'll make sure that that's available on  
25          the State Health Department website.  So when I

1           5/11/2023   -   STAC   -   Albany, New York  
2           follow up early next week with things related to this  
3           meeting, I'll make sure that PowerPoint, or the link  
4           to it on our website is included.

5                        So under injury prevention needs and  
6           opportunities, the ATS Prevention Council had a  
7           symposium last week. They're looking for experienced  
8           IP professionals to become mentors for new IPEs.  
9           FYI, May is Stop the Bleed month, offered STB program  
10          at legislative office on the 10th of May. So that  
11          was just yesterday. Many STB programs has stopped  
12          the bleed, of course, for those -- for the record,  
13          offered throughout the state and schools and  
14          community. There's another session on gun safety on  
15          June 2nd, wear orange, have gun lock boxes, offer  
16          blood drives and Stop the Bleed programs. And ATS  
17          will offer four webinars next week for National  
18          Trauma Awareness Month. There were no seconded  
19          motions that were brought forward for the full  
20          committee this afternoon from IPE and unless there  
21          are questions, that concludes my report, Doctor.

22                       MR. BANK: Thank you very much. So  
23          the next subcommittee is the Regional PI, which will  
24          be my report. We had three really robust  
25          discussions. One of them was after a presentation by

1                   5/11/2023    -    STAC   -    Albany, New York  
2           Peter Brody, the DOH about a bios, spatial EMS  
3           database that enables you to pull up very accurate  
4           data of trauma cases throughout New York State.  It  
5           was very impressive.  It's most recently led to a  
6           publication from NASA University Medical Center in  
7           the Journal of Trauma Nursing.  And Peter  
8           demonstrated that from the entire committee and  
9           demonstrated a way forward if any hospital wants to  
10          access to that database.  Secondly, from Mr. Teperman  
11          --.

12                   MR. TEPERMAN:  Hey, Matt.  Just on  
13          that, sorry.  It's Teperman.  I think Peter indicated  
14          that he might via the Listserv or via Dan, be able to  
15          send out to us what that the process of going through  
16          the legal requirements that DUA is, so that we can  
17          understand it.

18                   MR. BANK:  I'll follow up with Peter,  
19          and on the Listserv we'll get out the contact  
20          information of how you start the paperwork to get in  
21          -- to get access to that data.

22                   MR. GREENBERG:  I just want to stress  
23          there -- there's a difference in bios spatial being  
24          used from a regional point of view for quality  
25          assurance, which we're working on that, to a then an

1           5/11/2023    -    STAC   -    Albany, New York  
2           institution wanting to look at essentially their own  
3           data that they would've had anyway.  So it's just two  
4           different documents, one happens slightly faster than  
5           the other.

6                       MR. TEPERMAN:  So in other words, if  
7           an RTAC wanted it, then that process -- the RAC chair  
8           would request it?

9                       MR. GREENBERG:  Correct.  And I think  
10          we're already working on that for some of RTACs.

11                      MR. TEPERMAN:  Yeah, generally  
12          speaking, the RTACs don't have lawyers to help them  
13          out with it.  So it would need to be fairly simple.

14                      MR. GREENBERG:  Noted.

15                      MR. TEPERMAN:  Noted

16                      MR. BANK:  So our second presentation  
17          at the PI committee was from Staten Island University  
18          Hospital, where they had a very interesting  
19          presentation of improving their care of hip fracture  
20          patients and patients with femoral shaft fractures by  
21          decreasing their time to the OR.  Lastly, we talked  
22          about the new AST, COT, Trauma Field Triage  
23          Guidelines.  How they're -- we are trying to  
24          operationalize them and the role of the RTACs.  Also  
25          the fact that the new guidelines have now been

1           5/11/2023   -   STAC   -   Albany, New York  
2           officially adopted by New York State. It is on the  
3           New York State DOH website. You can -- anybody who  
4           wants can download the protocols. And when you go  
5           out to introduce this to EMS, you can say that this  
6           is the official New York State DOH protocol for field  
7           triage.

8                       MR. TEPERMAN: And we had a question.  
9           It's Teperman again. We had a question for Ryan, is  
10          the -- does the state have a process for helping to  
11          educate EMS systems and EMS providers about something  
12          like the new trauma triage guidelines? Do you guys  
13          do that? Or because there was conversation about how  
14          maybe that would have to fall to the RTACs?

15                      MR. GREENBERG: We have a form for  
16          that?

17                      MR. TEPERMAN: No.

18                      MR. GREENBERG: So, yeah. So, I think  
19          that's a -- it's a mixture of things that would come  
20          with that. And so there are pathways to do that. I  
21          think probably one of the best pathways, you know, in  
22          a partnership model would be to work with the STAC  
23          and work with Vital Signs Academy, which is an online  
24          learning platform available to every state EMS  
25          provider to maybe do a, you know, a one hour CME that

1           5/11/2023   -   STAC   -   Albany, New York  
2           they would get credit for as well under the trauma  
3           category, which is a requirement for them if they're  
4           using the CME program. You know, beyond that, there  
5           are obviously regional councils that do different  
6           education. But each regional council is a little bit  
7           different in how they deliver their care. And then  
8           obviously the agencies that are responsible for, you  
9           know, their providers, making sure that they're well  
10          informed. So I think there's a number of different  
11          outlets in looking at it. If anything, I think that  
12          would be a great partnership of two different  
13          councils. So training in ed from the SEMSCO and, you  
14          know, education or someone representative from the  
15          STAC or a physician who might sit on both and can  
16          help facilitate that. I think would, you know, help  
17          bridge that. But I would say, I think some of the --  
18          probably the fastest and first step might be  
19          something on Vital Signs Academy, and I think Amy  
20          wants to comment on that one.

21                   MS. EISENHOWER: So, as I mentioned in  
22          the subcommittee, there has been some education on  
23          this from one of the regions, Gary Hecker from Jacobi  
24          had presented last month. And I contacted our folks  
25          that do the editing for the library on Vital Signs

1           5/11/2023    -    STAC   -    Albany, New York  
2           Academy.  So we're going to work out speeding up that  
3           editing.  But also Doug Sandbrook from Upstate will  
4           be on the Vital Signs Academy, for the EMSC evening,  
5           because we sponsor two nights a month.  So that will  
6           be Tuesday the sixth at six p.m.  and you can  
7           register for that on the Vital Signs Academy website.

8                       MR. CLAYTON:  And for the record, this  
9           is Dan Clayton, but that was Amy Eisenhower.  I know  
10          she doesn't have a sign up.  So that was Amy  
11          Eisenhower speaking.  And I was just going to also  
12          note that Doug Sandbrook did a presentation today  
13          through SUNY Upstate Medical University on this same  
14          subject.  So it is being done out there.  Doug  
15          Sandbrook is the paramedic Program Director at SUNY  
16          Upstate and he's also very involved with SEMSCO,  
17          SEMAC as well.  Thank you.

18                      MS. EISENHOWER:  Amy Eisenhower again.  
19          Also, Dr. Jeremy Cushman and Vincent ... from the  
20          Monroe Livingston region.  They also have an  
21          educational repository, so if you're in that region,  
22          you can go on their website.  They have some  
23          education on there already and they have offered to  
24          share it with other regions and make it available.

25                      MR. DAILEY:  And this is Dr. Dailey.

1                   5/11/2023    -    STAC   -    Albany, New York  
2                   I'm just going to add to that.  Let's not forget that  
3                   one of the authors of all of these documents and some  
4                   of the educational materials from the ACS was Mark  
5                   Gestring, who's not joining us today, therefore gets  
6                   volunteered for things.  And I have already gotten  
7                   fantastic reports about his education around this  
8                   material.  So I think we'll have to make sure that we  
9                   make contact with him as well.

10                                 MS. SNYDER:  Kerrie Snyder from Albany  
11                   Med.  I just will make one comment just for the  
12                   people who are not familiar with the Gray Book yet,  
13                   the new ACS standards.  It is specific to an audit  
14                   filter in the Gray book that trauma setters are  
15                   evaluation -- evaluating that these patients were  
16                   triaged according to the current guidelines for where  
17                   you are to the appropriate designated trauma center.  
18                   So I think that's important for the EMS community to  
19                   know that these standards are out there.  And trauma  
20                   centers in the next year are going to be starting to  
21                   give feedback to EMS if field criteria are not met.

22                                 MR. BANK:  Okay.  Thank you.  The last  
23                   report is that we have a new co-chair, Dr. Vella, who  
24                   is the Trauma Medical Director of University of  
25                   Rochester, will now be the co-chair of the regional

1                   5/11/2023    -    STAC   -    Albany, New York  
2                   PI committee.  And Amy, anything on pediatric trauma?

3                   MS. EISENHOWER:  Yes.  So many of the  
4                   pediatric trauma surgeons are at a conference this  
5                   week.  So Dr. Kim Wallenstein gave me a brief report  
6                   to share.  There was no subcommittee meeting today,  
7                   this morning, as all the pediatric trauma surgeons  
8                   are away.  However, she did want me to share that --  
9                   let's see.

10                  MS. EISENHOWER:  On the TQIP data and  
11                  the new ACS standards, for example, mental health in  
12                  patients that are received at trauma centers.  Also  
13                  EMS for Children Advisory Committee and the pediatric  
14                  trauma subcommittee have been working together on the  
15                  emergency department, pediatric emergency care  
16                  coordinator program.  That was the bulk of our last  
17                  meeting and pediatric recognition program that is  
18                  also part of the new gray book standards on having  
19                  pediatric representation to be reverified or verified  
20                  as a trauma center.  And I will have a presentation  
21                  on that under old business.  Any questions?

22                  MR. BANK:  Okay.  Thank you.  Is that  
23                  the end of your report?

24                  MS. EISENHOWER:  That is the end of my  
25                  report.

1                   5/11/2023    -    STAC   -    Albany, New York

2                   MR. BANK:   So Jerry, any information  
3                   about the New York State chapter of the ATS meeting?

4                   MR. MORRISON:   Good afternoon.   We had  
5                   the honor of hosting a tribute to Dr. Marks and Dr.  
6                   O'Neill last night.   We had heard from our committees  
7                   of two success stories, so one of which was a  
8                   collaborative effort through this body and other  
9                   entities in the state, which helped bring a DMAP, a  
10                  Disaster Management Emergency Preparedness, course  
11                  here yesterday, in conjunction with our meetings.   Is  
12                  also -- as already previously mentioned in the Injury  
13                  Prevention report, there was a Stop The Bleed program  
14                  conducted for legislators yesterday as fruit has been  
15                  born from that already.   So Kristy has gotten  
16                  requests for Stop The Bleed courses already.   And  
17                  also, one of our important goals with that is to  
18                  increase the awareness of the legislature of Stop The  
19                  Bleed and its importance.   We shared the grant awards  
20                  for this year, and we were able to fund grants in a  
21                  total of \$15,000.   We also had our Distinction  
22                  Awards.   Our trauma medical director of the year was  
23                  Dr. Robano.   Our trauma program manager was Skyler  
24                  Trujillo, Registrar of Distinction Jillian  
25                  Kobal (phonetic spelling).   PI coordinator, Kate

1           5/11/2023   -   STAC   -   Albany, New York  
2           Delant (phonetic spelling), Injury Prevention  
3           Coordinator, Adam Aplinger (phonetic spelling) and the  
4           educator of the year was Eric Cohen. And that  
5           concludes my report.

6                       MR. BANK: Jerry, would you mind if  
7           any of the people who got those awards would just  
8           stand up so we can recognize them if they're in this  
9           room, just --.

10                      MR. MORRISON: Please.

11                      MR. BANK: Thank you very much. And  
12           Dr. Dailey from SEMAC just walked out. He's coming  
13           back?

14                      MR. DAILEY: Sorry, Dr. Chair. If you  
15           could give me a minute.

16                      MR. BANK: Sure. Okay, we will  
17           continue. Amy, back to you.

18                      MS. AMY: Hello again. Also Dr.  
19           Cooper is out of the country presenting a paper in  
20           Ireland. So I'm also Dr. Cooper today. So we had  
21           our most recent EMS for Children Advisory Committee  
22           meeting last week via WebEx. So this will be a brief  
23           summary of that. So the EMS for Children Grant was  
24           awarded for the next four years. So we're very  
25           excited about that. That started April 1st. Many of

1                   5/11/2023    -    STAC   -    Albany, New York  
2                   the performance measures are similar to the last  
3                   grant cycle and they conclude pediatric recognition  
4                   programs for both emergency departments and EMS  
5                   agencies. Pediatric emergency care coordinators for  
6                   both emergency departments and EMS agencies and then  
7                   preparation for disasters, whether that be patients  
8                   with special needs, whether that's medical needs or  
9                   otherwise, general preparation for pediatrics in  
10                  disasters and then also things like reunification  
11                  with, unfortunately, many of the -- many of the  
12                  things that have been unfolding around the country.

13                                So reunifying children with their  
14                                families, whether that be in the field or at the  
15                                hospital later. Also there is a pediatric readiness  
16                                quality collaborative through the EMS for children  
17                                EIIC. And that is enrolling through June 23rd.  
18                                Primarily they do focus on hospitals, but EMS is  
19                                welcome also. And they really make it easy. They do  
20                                a lot of education around quality improvement and the  
21                                process and they really make it easy if you haven't  
22                                done any quality improvement before, and then they  
23                                also have everybody work together. So if you're very  
24                                familiar with quality improvement, you want to  
25                                participate. Everybody works together and kind of

1           5/11/2023   -   STAC   -   Albany, New York  
2           grows together, which is very lovely.

3                   Our next EMS for Children Advisory  
4           Committee meeting will be here in the Capital Region  
5           at the Hilton Garden in Troy and the next one will be  
6           September 5th from one p.m. to four p.m., and then  
7           the one after that will be December 5th kind of  
8           tagging onto -- I'm sorry, December 4th. And that  
9           will be tagging onto SEMAC and SEMSCO on the front  
10          end of those meetings. We also discussed safe  
11          transport of pediatric patients and the work that has  
12          gone on with that. Much thanks to my predecessor  
13          Martha GoldKey for kind of beginning that process and  
14          giving us a good foundation to build on. We've now  
15          included safe transport of newly born patients. So  
16          how do you appropriately transport mom or caregiver  
17          and newly born baby depending on the scenario that  
18          has occurred in the field?

19                   We had presentations at the Governor's  
20          Traffic Safety Council Conference, the Child  
21          Passenger Safety Technician Conference last week in  
22          Lake Placid. Both were very full rooms. Lots of  
23          interest, lots of questions. So two of our EMS  
24          pediatric emergency care coordinators, Tom Orpakowski  
25          (phonetic spelling) and Anthony Singh presented with

1                   5/11/2023    -    STAC   -    Albany, New York  
2                   Peter Diandrio on all the devices for pediatric  
3                   transport and ambulances.  So if there is no car  
4                   seat, what do you use?  And there are many devices on  
5                   the market now to safely get kids from where they are  
6                   to the hospital.  Also in the afternoon, I presented  
7                   on how to transport newly born patients.  And much  
8                   thanks to Dr. Dailey for making this on the radar for  
9                   many EMS agencies across the state.  I'm very excited  
10                  to say that many have reached out to me to add these  
11                  new devices to their equipment on their ambulances.  
12                  Many of these devices for newly born patients only  
13                  came out in the last two or three years.  So this is  
14                  really kind of a new initiative and endeavor.  We  
15                  also discussed pediatric agitation and mental health.  
16                  We do have an education work group and that  
17                  continues.

18                                 As I mentioned, the Vital Signs  
19                                 Academy has two EMS for children education days a  
20                                 month.  And Sarah Grover, one of our Family Action  
21                                 Network members and also a practicing paramedic here  
22                                 in New York State, will be presenting on Vital Signs  
23                                 Academy and also at our Vital Signs Conference in the  
24                                 fall on therapeutic communication and de-escalation  
25                                 for all patients.  But with a special section on

1                   5/11/2023    -    STAC   -    Albany, New York  
2                   pediatrics.  We also have been discussing pediatric  
3                   triage as many of you have been.  So we do have a  
4                   work group.  And thank you, Dr. Dailey, for  
5                   volunteering.  Dr. Gestring, who's not here, I will  
6                   be reaching out to him to include him in our  
7                   meetings.  We also have been reviewing length based  
8                   measuring tapes and medication doses and how those  
9                   match or don't match in our collaborative protocols.  
10                  So that is ongoing.  And then also we discussed and  
11                  the EMS for Children Advisory Committee supported the  
12                  Always Ready for Children pediatric recognition  
13                  program and emergency department PAC program that we  
14                  will talk about shortly.  All right.  And I think  
15                  that is the bulk of our meeting.  Does anybody have  
16                  any questions about any of those things?  And that is  
17                  the end of my report.

18                                 MR. BANK:  Okay.  Very good.  Thank  
19                                 you very much.  And now back to Dr. Dailey from the  
20                                 State EMS Council.

21                                 MR. DAILEY:  Thank you very much.  I'd  
22                                 like to point out that most of the reports from the  
23                                 members of the bureau that have reported out today  
24                                 was part of the business there yesterday was met very  
25                                 well.  We did have an additional guest yesterday at

1                   5/11/2023    -    STAC   -    Albany, New York  
2                   the med standards which was fantastic. Dr. Morley,  
3                   Deputy commissioner, came in, spent some time talking  
4                   with us about some mental health concerns. In  
5                   particular some work that was done by Dr. Sullivan  
6                   from the Office of Mental Health. I probably don't  
7                   have to tell anybody in this room, but we have a bit  
8                   of a mental health crisis right now in New York. The  
9                   governor is going to contribute a significant amount  
10                  of money towards moving mental health agenda forward,  
11                  which is very exciting. This is going to impact EMS  
12                  and it will continue to be a strain on trauma  
13                  centers, obviously. But that's something that gets  
14                  significant amount of attention, which is huge. The  
15                  majority of the work that went in proceeds through  
16                  med standards and then into the SEMAC. Among the  
17                  things that we did was discuss some updates to  
18                  protocols that will be implemented over the course of  
19                  the next nine months. One of which is an update to  
20                  the MOLST protocol, the medical orders for life  
21                  sustaining treatment.

22                                    Another was an update to the seizure  
23                                    protocol. And the third that is pertinent to  
24                                    patients suffering trauma in particular is pain  
25                                    management with some updates to pain management,

1           5/11/2023   -   STAC   -   Albany, New York  
2           including doses of ketamine at appropriate low doses  
3           for pain. Spent some time talking about blood  
4           product regulation development. And some of the  
5           members of the Bureau have been doing a significant  
6           amount of work with stakeholders in terms of creating  
7           regulations around the recent legislation that allows  
8           air ambulances to transport blood products and then  
9           to administer blood products primarily in the field.  
10          And then we discussed that there is currently  
11          legislation pending at both the Assembly and the  
12          Senate that would allow ground ambulances to also  
13          store and then initiate blood transfusion. On that  
14          legislation we need to give a close look to, to make  
15          sure indeed, that it's going to allow EMS providers  
16          to initiate those transfusions. But it's exciting to  
17          see some expansion there particularly given the work  
18          that's being done and a number of other communities  
19          across the country. One that I know Dr. Edwards here  
20          is well aware of is San Antonio where they have been  
21          doing significant amount of blood transfusions in the  
22          field over the course of the last five years and have  
23          had fantastic results for their patients.

24                           MR. TEPERMAN: Dr. Dailey just --

25                           MR. DAILEY: Yes, sir.

1                   5/11/2023    -    STAC   -    Albany, New York  
2                                   MR. TEPERMAN:  -- just a comment.  If  
3           I may, Mr. Chair, is it okay if I ask a question at  
4           this point?  Of course, Mr. Chair.  We've had -- it's  
5           Teperman.  We've had conversations about EMS, in this  
6           case ground transfusions.  And what I've said at  
7           previous meetings is I think that it's very important  
8           to have medical control over that decision.  I don't  
9           think it should be necessarily left to the medic on  
10          the ground.  So my feeling was that the STAC should  
11          have a conversation where we had a conversation about  
12          making a recommendation.  Obviously, we don't have  
13          agency per se to tell folks what to do, but to make a  
14          recommendation that there be formal medical control  
15          when in a unit of blood or plasma is being  
16          contemplated for transfusion.  Maybe there can be  
17          discussion.  I think the -- I think that's extremely  
18          reasonable.  I think that's part of the protocol  
19          development process.  I think at this point, since we  
20          have a significant amount of legislative hurdles to  
21          get through prior to that occurring, that I'm not  
22          sure that's something we should do anything more than  
23          considering it now at this point.

24                                   MR. BANK:  Did anybody else have a  
25          thought, any of the STAC members have a thought on

1                   5/11/2023    -    STAC   -    Albany, New York  
2                   that?  Trauma surgeons and all?  So Dr. Dailey, where  
3                   in the process do you think we should insert that  
4                   opinion?

5                                   MR. DAILEY:  I think as we have done  
6                   before Dr. Bank, that the right thing  for us to do  
7                   would be as we look into treatment of hemorrhagic  
8                   shock, that those protocols come here for discussion  
9                   and input on as this is the body that would be most  
10                  appropriate to add to that.

11                                  MR. BANK:  So, Dr. Teperman -- and Dr.  
12                  Dailey, will, as these things become more mature,  
13                  bring it back in to the STAC and we can make our  
14                  recommendations at that point.

15                                  MR. TEPERMAN:  I think we welcome  
16                  that.  And just to touch on that one, currently right  
17                  now it's blood products is only available by air  
18                  medical programs.  It's not by ground ambulances.  
19                  Ground ambulances can do inner facility if they're an  
20                  ambulance transfusion service.  But then it's, again,  
21                  continuation, not a starting blood situation.  There  
22                  is legislation that's out there right now in this  
23                  session proposing to include ground ambulances in  
24                  that same framework, in the same legislation that's  
25                  out there for air ambulance.  But it's, you know, it

1           5/11/2023   -   STAC   -   Albany, New York  
2           -- I don't know what will happen, you know, in this  
3           session on that one. The other thing to keep in  
4           mind, and I think this is part where Dr. Dailey is  
5           going to on this one, is in order for us to work on  
6           those regulations and then put them out, you're  
7           probably looking at, you know, twelve to eighteen  
8           months before you'll see those regulations get  
9           implemented. And so that timeline would give the  
10          point of where maybe a protocol or something would  
11          relate to that as well.

12                       MR. DAILEY: I think the director's  
13          timeline is optimistic.

14                       MR. GREENBERG: I am a glass is half  
15          full person.

16                       MR. DAILEY: As opposed to the people  
17          around this table who are the glass is about to break  
18          people.

19                       MR. GREENBERG: It's bleeding and  
20          they're trying to control it.

21                       MR. DAILEY: Exactly. We'll get there  
22          in a minute. So, along with that, and I'd like to  
23          point out the director opened this, I did not. One  
24          thing that remains is a problem that we have is the  
25          ambulance transfusion service process where the

1           5/11/2023   -   STAC   -   Albany, New York  
2           regulations and the advisement that's come from both  
3           Wadsworth and the department has unfortunately gone  
4           awry.  So there is no way -- and this impacts rural  
5           hospitals in particular, there's no way for emergent  
6           transfusions to be carried by ambulances that have  
7           not previously been vetted as transfusion services,  
8           even if the paramedics on board that ambulance are  
9           trained in the management of transfusions.  And that  
10          is particularly a problem that impacts rural areas.  
11          It impacts areas where there are ambulance shortages.  
12          This is something that the rural ambulance task force  
13          needs to take on and something we need to continue to  
14          work on.  I realize that this body has discussed that  
15          before but it remains an issue.  So, from that, the  
16          other thing that I wanted to take some time to talk  
17          about is actually something that I did with -- with  
18          Dr. Gestring a number of years ago.  And Dr. Bank and  
19          I have been talking about this over the last few  
20          weeks as well.

21                           And historically, just so you know,  
22          there is a state ed guideline that goes out to our  
23          school nurses, which advises the school nurses and  
24          school medical directors as to how they should  
25          provide care in schools.  And I scribbled some ideas

1           5/11/2023   -   STAC   -   Albany, New York  
2           here and I thought I would -- thought I would read  
3           them to make it a little bit easier.  So in 2018,  
4           this body became aware of some interpretations in  
5           stated guidelines that hemostatic dressings for  
6           emergent hemorrhage control were considered an over-  
7           the-counter medication and would need a patient-  
8           specific order for use and could not be used by  
9           school nurses without jeopardizing their license.  
10          Dr. Gestring and I worked with Linda Kalel, who was  
11          the executive director from the Center for School  
12          Health at the time and issued some updated advisories  
13          that seemed to reconsider this directive while at the  
14          same time reminding people of that concern.

15                       And once again, this document has been  
16          reissued with some language that I think will cause  
17          many nurses to pause because there's a footnote that  
18          says hemostatic gauze is considered an over-the-  
19          counter medication and therefore needs a patient-  
20          specific order by a physician for nurses to  
21          administer.  They do not fall under those medications  
22          that may be ordered, dispensed, or administered under  
23          a non-patient specific order in New York State.  
24          Basically what this does is it eliminates the use of  
25          hemostatic dressings in school Stop The Bleed kits.

1                   5/11/2023    -    STAC   -    Albany, New York  
2                   So what our real goal here is to assure that our  
3                   school nurses really feel professionally assured and  
4                   safe in their role. We need to assure that our  
5                   schools are as safe as possible in the face of  
6                   potential tragedy. And we've certainly seen  
7                   potential tragedy and tragedy. We recognize these  
8                   dressings are carried by our police officers, EMS  
9                   providers. They're carried by the military. These  
10                  are promulgated to the public through the American  
11                  Colleges of Surgeons through the Stop the Bleed  
12                  program and these kits are available nationwide.

13                                 And what we really need to do is  
14                   clarify this interpretation in order to assure the  
15                   school nurses feel comfortable with it. There's no  
16                   doubt, and I'm sure around this table that hemostatic  
17                   dressings may be lifesaving. So having regulations  
18                   interpreted a little bit less conservatively would be  
19                   extremely key to us. Notably, these -- these  
20                   hemostatic dressings are not over-the-counter  
21                   medications according to the FDA. These are actually  
22                   class two medical devices, notable medical devices  
23                   that are probably handed out on a relatively regular  
24                   basis by school nurses. Other class two devices  
25                   include tampons. All right. So the requirement for

1           5/11/2023   -   STAC   -   Albany, New York  
2           a nurse to have a patient specific order may actually  
3           have some limitations in state law, but probably is  
4           not hindered in this case by a class two medical  
5           device.

6                               Notably, education law 6909 says that  
7           it in our end may execute a non-patient specific  
8           regimen prescribed or ordered by a licensed physician  
9           or certified nurse practitioner person pursuant to  
10          regulations promulgated by the commissioner. We had  
11          a little bit of a misunderstanding earlier as someone  
12          was saying STB and people thought they were actually  
13          saying STD. So, I'd just like to point out that  
14          patient speci -- non-patient specific orders that RNs  
15          may follow include administering immunizations,  
16          emergency treatment of anaphylaxis and testing for  
17          syphilis, gonorrhea and chlamydia, but not using  
18          hemostatic dressings. So the bottom line is that  
19          these dressings may already be available in schools,  
20          should be able to be used by school nurses.

21                              I can't imagine anybody at this table  
22          that thinks that's a bad idea. And what we need to  
23          do is ultimately change the interpretation of the  
24          existing regulations and how this legislation is  
25          being reviewed or just have a legislative solution.

1                   5/11/2023   -   STAC   -   Albany, New York  
2                   We had a legislative solution to naloxone when  
3                   approximately eight years ago, we realized that we  
4                   could train everybody in a school to use naloxone for  
5                   an opioid overdose except the school nurse who was  
6                   not allowed to use it. And we implemented a  
7                   legislative solution through some of our partners in  
8                   the legislature. If necessary, that's how we could  
9                   go, because this is a type two medical device and not  
10                  a over-the-counter medication. I think the easier  
11                  way to do it would be for the Commissioner of Health  
12                  to have a conversation with the commissioner of  
13                  education and issue guidance to school nurses that  
14                  say that these are appropriate for use.

15                         MR. TEPERMAN: Dr. Dailey, would it  
16                         help if this body made that recommendation formally?

17                         MR. DAILEY: That is exactly what I  
18                         was about to request, Dr. Teperman.

19                         MR. TEPERMAN: Okay.

20                         MR. DAILEY: So I now have my second  
21                         for my motion that this body request the commissioner  
22                         of health, work with the commissioner of education to  
23                         resolve this issue so our schools are safer places.

24                         MR. BANK: So, I just want to clearly  
25                         state your motion.

1                   5/11/2023    -    STAC   -    Albany, New York

2                   MS. AMY:   Hang on a second.

3                   MR. BANK:   Here we go.  We're going to  
4                   bring it up.  The motion would be that the New York  
5                   State Commissioner of Health works with the  
6                   Department of Education to enable registered nurses  
7                   in New York State to use hemostatic gauze in a non-  
8                   patient specific order.  Hemostatic gauze -- I should  
9                   say with, not in --.

10                  MR. DAILEY:  With --.

11                  MR. BANK:   With a non-patient specific  
12                  order.  And just for everybody, because this  
13                  terminology is a little strange.  I understand.  The  
14                  terminology that we're using happens to be the  
15                  terminology in the regulations.  And what this allows  
16                  nurses to do is not have an order for a specific  
17                  patient, but to use their own judgment in applying  
18                  hemostatic gauze to a bleeding patient.

19                  MR. GREENBERG:  Dr. Dailey, wasn't  
20                  there something yesterday that was brought up related  
21                  to this might be able to occur today because under --  
22                  I forget the terminology they used, but under an  
23                  emergency action, that nurse would be able to use the  
24                  device even in a non-specific patient order?

25                  MR. DAILEY:  That actually is reading

1           5/11/2023   -   STAC   -   Albany, New York  
2           through some of the opinion that came through from  
3           the State Board of nursing. The answer is no. Thank  
4           you.

5                       MS. MEYER: Could I ask for  
6           clarification that this would not just apply to  
7           schools, but any nurse in the course of their duty of  
8           work would be prohibited from using hemostatic laws  
9           without a patient specific order?

10                      MR. BANK: I think that if we just  
11           keep it registered nurses in New York State, they  
12           would apply to all RNs in New York State no matter  
13           where they are.

14                      MR. TEPERMAN: But we're specifically  
15           going after the Department of Education. That's what  
16           the ask is here.

17                      MR. DAILEY: I would suggest we not  
18           use the term going after.

19                      MR. TEPERMAN: So, Dr. Dailey, you  
20           always speak more elegantly than I.

21                      MR. BANK: So -- yeah. Just to  
22           clarify, although it is school nurses that we are  
23           talking about, I think that the regulations that  
24           we're talking about that limit the scope of practice  
25           in this particular case come from the Department of

1                   5/11/2023    -    STAC   -    Albany, New York  
2                   Education.

3                   MR. DAILEY:   Yes.

4                   MR. BANK:    So it would really be the  
5                   Department of Education that would need  
6                   to change this, and that would apply  
7                   to all New York State RNs and not just the RNs in  
8                   schools.

9                   MR. DAILEY:   Yes.   The important thing  
10                  is that the Nurse Practice Act, which is an extremely  
11                  beautiful piece of legislation, already allows a  
12                  nurse in the course of their non-employment duty to  
13                  use something like that.   This is absolutely fine  
14                  because they're able to act in emergencies with  
15                  indemnification.   So that situation is fine.   If  
16                  there were additional things available for them at a  
17                  scene in a hospital, for example, the question would  
18                  be how the Hospital Pharmacy and Therapeutics  
19                  Committee were to address that product.   But putting  
20                  it in this letter and then ultimately changing the  
21                  regulation would apply to all nurses.

22                  MR. BANK:    Kerrie?

23                  MS. SNYDER:   One of our TPMs pointed  
24                  out that all nurses and schools are not just  
25                  registered nurses but also licensed practical nurses.

1                   5/11/2023    -    STAC   -    Albany, New York

2                   So, I don't know if you want to limit your language  
3                   here.

4                                 MR. BANK:   Okay.   So we would change  
5                   it to the New York State Commissioner of Health works  
6                   with the Department of Education to enable registered  
7                   and or should we say, licensed nurses?  Would that  
8                   cover everything?

9                                 MS. SNYDER:  Registered or --.

10                                MR. BANK:  Licensed -- registered or  
11                   licensed practical nurses to use hemostatic gauze  
12                   with a non-patient specific order.  And then I know  
13                   that there are about twenty, maybe less, nurses in  
14                   this room right now.  So just of all the RNs that are  
15                   in this room, does anybody feel that this is a bad  
16                   idea?  I'm getting resounding silence, and then a  
17                   bunch of nurses shaking their heads, which I think  
18                   means no, they don't think it's a bad idea.  Okay.

19                                MS. SNYDER:  The students themselves  
20                   could use the things ... the nurse cannot.  You teach  
21                   a child ...

22                                MS. EISENHOWER:  I'm sorry.  Can you  
23                   use your mic?

24                                MS. SNYDER:  You want ...

25                                MR. BANK:  If you're going to be

1                   5/11/2023    -    STAC   -    Albany, New York  
2                   sarcastic, you need to put it on the microphone.

3                   MS. SNYDER:   Okay.   The students, when  
4                   you go in and you teach Stop The Bleed in school and  
5                   they buy a kit, the students themselves can bandage  
6                   up their best friend who got shot, but the nurse  
7                   responding cannot.   I don't think we have to say  
8                   anything else on the subject.

9                   MR. BANK:    Okay.   So, I'm going to  
10                  read this one more time, then we'll see if we get it  
11                  seconded.   The New York State Commissioner of Health,  
12                  the -- our motion is that the New York State  
13                  Commission of Health works with the Department of  
14                  Education to enable registered or licensed practical  
15                  nurses in New York State to use hemostatic gauze with  
16                  a non-patient specific order.   Can I have somebody  
17                  second that?

18                  MR. TEPERMAN:   Teperman, second.

19                  MR. BANK:    All in favor?   Any opposed?  
20                  Any abstention?   So the motion will carry.   We're  
21                  going to go back to agenda so old business.   Anybody  
22                  with any old business?   Amy has some old business.

23                  MS. EISENHOWER:   So, several months  
24                  ago, Peter Birdie was kind enough to give a short  
25                  presentation on the pediatric recognition programs as

1           5/11/2023    -    STAC   -    Albany, New York  
2           suggested by Emergency Medical Services for Children  
3           Federal.  And I had anticipated to be here.  However,  
4           I had a sore throat and it was COVID time.  And so I  
5           was told stay home, and I furiously texted him from  
6           my phone.  So, I did not get to see all of you then.  
7           However, this is the follow-up program.  So, there's  
8           a pediatric recognition program component to this  
9           which is always ready for children.  And the people  
10          to implement the pediatric recognition program in  
11          hospitals and in emergency departments will be the  
12          emergency department pediatric care coordinators.

13                        So why have any of this?  So there has  
14          been multiple research papers and studies in  
15          conjunction with EMS for children hospital surveys,  
16          over the last about ten years.  And Dr. Gosh Hill and  
17          Dr. Kate Remick have really kind of been at the helm  
18          for that.  And it's been increasingly demonstrated  
19          that having a PAC within an EMS agency, an emergency  
20          department or hospital, is one of the strongest  
21          drivers of improved quality of emergency care for  
22          children.  And we'll talk more about what the PACs do  
23          to achieve that in a few moments.  So having a higher  
24          level of pediatric readiness in emergency departments  
25          has also been shown to be associated with decreased

1           5/11/2023   -   STAC   -   Albany, New York  
2           morbidity and mortality in critically ill and injured  
3           children regardless of trauma designation.  So, I  
4           realize that probably I'm speaking to the choir here  
5           today because you guys are already doing this work,  
6           and probably this is just putting a title on things  
7           you already do.  And so the purpose of having a PAC  
8           is to ensure that children receive the same quality  
9           of emergency care as their adult counterparts, which  
10          is really why EMS for children was founded in the  
11          '80s.

12                                So having an improved pediatric  
13          readiness score means that your pediatric readiness  
14          is improving or is already really great.  And  
15          increased staff awareness and competencies in  
16          pediatric best practices.  So, this would be  
17          obviously understanding your standard operating  
18          procedures or any policies you might have for  
19          pediatric patients.  Also having competencies related  
20          to pediatric patients, specifically, not just having  
21          competencies and training for adult patients.  Also  
22          having the appropriately sized equipment, right?  
23          Children -- one of the most difficult things about  
24          treating children is they have a variety of sizes.  
25          Very tiny to very large, some of them larger than

1           5/11/2023   -   STAC   -   Albany, New York  
2           myself.  So, right -- having the right-sized  
3           equipment whatever that might be, and having that at  
4           the ready, so when they come into your emergency  
5           department that you would be able to grab that  
6           equipment quickly and treat them quickly.

7                           And then also sustainable pediatric  
8           education and improvement programs to ensure that  
9           children who present to the ER -- who present to a  
10          safe ER receiving the best care we can possibly  
11          provide.  And I don't think that anybody would argue  
12          that.  So this person or people, because it can be a  
13          team of people.  I do recognize, and much of EMSC  
14          recognizes, that we all already have overflowing  
15          plates.  And so when we work in a team, sometimes the  
16          work is easier.  It's an easier lift.  And so working  
17          in a team environment might be beneficial at your  
18          hospital.  So a pediatric champion or champions for  
19          pediatric care.  And so they suggest both a physician  
20          PAC, and a registered nurse as a PAC.  So having two  
21          PACs.  I also recognize that you may not have those  
22          roles at your hospital especially if it's a smaller  
23          hospital.  So specializing in emergency medicine or  
24          pediatric emergency medicine.  And then the  
25          registered nurse should have an interest or training

1                   5/11/2023    -    STAC   -    Albany, New York

2                   in emergency care of children.  And this could be  
3                   full time or part time.

4                                 So, promoting and verifying adequate  
5                   skill and knowledge of ED physicians, ED healthcare  
6                   providers, and other staff.  And obviously that would  
7                   be, you know, via appropriate training.  So nurses  
8                   would train nurses and other caretakers in the ER and  
9                   then the physicians would also focus on physician  
10                  training, participate in emergency department,  
11                  pediatric quality improvement, patient safety, injury  
12                  and illness prevention, and clinical care activities,  
13                  which many of your trauma centers are already  
14                  required to have.  And as I mentioned earlier in the  
15                  EMSC report, EMS for children at the Federal level  
16                  puts out several QI projects where they really  
17                  already have a lot of things developed and assist  
18                  with completing that project.  Currently there's a  
19                  Stop Suicide project for pediatric patients which has  
20                  been ongoing the last six months.  We have one  
21                  hospital in New York State that's part of it.  So I'm  
22                  looking forward to seeing their results.

23                                 And then of course we have the  
24                  Pediatric Readiness Project, which is enrolling till  
25                  June.  So if you enroll in that, and then you enroll

1           5/11/2023   -   STAC   -   Albany, New York  
2           in this, you'll be ahead of the game. So assist with  
3           development and periodic review of emergency  
4           department policies, procedures, and standards for  
5           medications, equipment and supplies to ensure  
6           accessibilities for pediatric patients. And then  
7           also ensure pediatric needs are addressed in hospital  
8           disaster emergency preparedness plans. So we have  
9           been working with OHEP to include some work on that,  
10          on their HERDS work. And I know that they were able  
11          to commit some grant funding in that program. So if  
12          your -- if your hospital has already been working  
13          with OHEP on disaster management, there is a  
14          deliverable in there. I think it's deliverable  
15          number five for pediatric disaster preparedness and  
16          the survey which I will discuss in a moment.

17                        So there are three levels of the  
18          recognition program. So there's Pediatric Engaged.  
19          So just for some reference, the National Pediatric  
20          Readiness Assessment or Pediatric Readiness Project.  
21          So the assessment is the survey. It comes out every  
22          five years. I want to say the last one we did, of  
23          course, was during Omicron. So many people were not  
24          able to complete it because everybody was underwater.  
25          And that was generally across the country. It wasn't

1           5/11/2023   -   STAC   -   Albany, New York  
2           just New York State.  So what they did was they  
3           developed a tool, which is the survey, but you can  
4           complete that survey yourself, and that's available  
5           at pedsready.org.

6                         And so you can take that survey, as  
7           many times as you like.  If you want to do it  
8           quarterly, every six months, every year, you don't  
9           want to do it at all.  You can't unfortunately join  
10          us then.  But you don't have to do it.  It's not a  
11          requirement but it's there for your use to review  
12          your pediatric readiness level.  And they issue you a  
13          gap report.  So you can kind of understand where  
14          you're at, and that mirrors the assessment.  And I  
15          believe the next assessment is 2024.  So it's coming  
16          up.  So you would complete that, get your gap  
17          reports.  You would have a score, and that's any  
18          score for Pediatric Engaged.  And then identify an  
19          emergency department pediatric emergency care  
20          coordinator.  So that's Pediatric Engaged.  So maybe  
21          your hospital is a smaller facility just starting  
22          out.  Wants to do more but doesn't know where to  
23          start.  This would be a great place.

24                         So then Pediatric Ready, again you're  
25          going to do the NPRA or the NPRP.  Your readiness

1                   5/11/2023   -   STAC   -   Albany, New York  
2                   score would be seventy or above.  And then you're  
3                   going to have the pediatric emergency care  
4                   coordinator.  So this is maybe, you know, hospitals  
5                   that started this work already but want to increase  
6                   their engagement.  And then there's Pediatric  
7                   Innovator, and I would say for the folks from trauma  
8                   hospitals, whether they're pediatric or adult,  
9                   probably are already doing a lot of these things.  So  
10                  you would do the NPRA or NPRP have an eighty or above  
11                  on the readiness assessment.  You would identify a  
12                  PAC or PACs.

13                                   And then, what we would ask is sharing  
14                   your best practice and resources.  What makes you an  
15                   innovator?  What things are you doing?  Have you done  
16                   any quality improvement projects?  You know, do you  
17                   have -- where did you find the inspiration to build  
18                   your policies?  What research have you done?  So any  
19                   of those things.  Being willing to share that with  
20                   the other PACs to say, we've been doing this, it  
21                   worked really great or probably most importantly in  
22                   anybody that's embarked on any kind of quality  
23                   improvement, what really didn't work.  We did this.  
24                   It was awful.  Probably you shouldn't.  So willing to  
25                   share those best practices and resources.  And my

1           5/11/2023   -   STAC   -   Albany, New York  
2           hope is after this gets off the ground, maybe in a  
3           few years, have professional development days, have  
4           symposia, you know, as we move forward.

5                        So, how do you participate? So, I  
6           have a pediatric data specialist who is not here  
7           today but Jacob DeMay (phonetic spelling) is  
8           wonderful. And we are in the process of updating the  
9           website to include this information. So I have an  
10          EMSC website on the bureau site. So we're going to  
11          update this to have the Always Ready for Children  
12          program information, the emergency department  
13          information and then Jacob will develop a form for  
14          you to enroll. Complete that NPRA or NPRP at  
15          pedsready.org. And then submit that application with  
16          commitment letter to us via that portal, and then  
17          start advancing your patient care. And my other hope  
18          is to come out to many of your RTAC meetings. I have  
19          some of them so if you have some coming up, I have  
20          all summer to come out and visit and say hi and  
21          answer any questions you might have or present this  
22          to your RTAC, and your other hospitals in the area.

23                        So again, like many things with EMSC,  
24          you're not having to do all of this alone. EMS for  
25          children has several arms. So we have a research arm

1           5/11/2023   -   STAC   -   Albany, New York  
2           called PECARN, and there's some of their work going  
3           on in New York State as well as across the country.  
4           We also have a EMSC data center, and they administer  
5           our surveys and then crunch that data, clean it up,  
6           send it back to us for us to share with all of you.  
7           We have an education development research site. So  
8           if you google EMSC EIIC, there are lots of toolkits  
9           and there's education for anywhere from pre-hospital  
10          providers, special needs families, hospitals. They  
11          build infographics, they build videos, all sorts of  
12          information on there, on a variety of topics. And  
13          then of course, there's the assessments. And then  
14          many of these initiatives from EMSC are supported by  
15          places like American Academy of Pediatrics, Emergency  
16          Nurses' Association, ASEP, and many others, NASEMSO  
17          is a part of that. So National Association of State  
18          EMS officials. So they really do span the board of  
19          emergency care stakeholders.

20                        So our next steps is any other review  
21          and approval working with our public affairs group on  
22          the webpage and resources. My hope is that we roll  
23          this out this summer so that you all are ready for  
24          any verification or re-verification you might need to  
25          do with ACS, starting in the fall. Does anybody have

1           5/11/2023   -   STAC   -   Albany, New York  
2           any questions? Well, if you think of some, you can  
3           reach me here. And I'm happy again to come out to  
4           your RTAC meetings to talk with folks, whether those  
5           are virtual or in person, just let me know a little  
6           bit ahead of time so that I can make plans to get out  
7           to your area. Thank you.

8                       MR. BANK: Thank you very much for  
9           bringing up the agenda again. Okay. We are almost  
10          done. Anyone with any new business? One just  
11          comment from me is that yesterday we had a DMAP  
12          course, which was extremely well attended. We had  
13          twenty-five seats, so we had twenty-four people come.  
14          I just wanted to get from -- any ideas from the STAC  
15          of whether people think that this was helpful. It  
16          did take a lot of effort to arrange of having these  
17          types of courses the day before STAC from the New  
18          York State Trauma Community. Some things that were  
19          suggested to me would be to have another DMAP course,  
20          to have a TNCC instructor course, to have an ATLS  
21          instructor course. There are other things that would  
22          be interesting to their trauma community, but it does  
23          take a lot of effort. It's not from the STAC, I'll  
24          be honest, but the STAC can liaison with different  
25          organizations including the COT, the ATS, CNA, those

1           5/11/2023   -   STAC   -   Albany, New York  
2           types of things to give these courses. So would  
3           there be interest in coming up a day early, do you  
4           think, from the New York State Trauma community to  
5           take some of these things? And if so, what courses  
6           would you suggest?

7                       MS. SNYDER: I think definitely we  
8           need to hold another DMAP course that's required.  
9           It's going to be required for all trauma centers for  
10          the gray book. I don't remember if TNCC is as  
11          rigorous as an ATL instructor course. ATLS, I don't  
12          think either of them are like as specific as things  
13          that can't be offered, but I definitely think DMAP.  
14          I don't think it's bad to do ATLS instructor. Also  
15          ATLS director courses are very hard to come by.

16                      MR. BANK: So the instructor course  
17          typically has, yeah the ATL instructor course,  
18          typically has somewhere, I think, between about six  
19          to ten people. That's ballpark where it typically  
20          is. ATL course directors there's not an actual  
21          course you have to take. You have to find a State  
22          Faculty and train with them. I am a State Faculty,  
23          so I would be happy to either help someone train or  
24          find someone to train them for a course director. So  
25          the ATL instructor courses are a little bit smaller.

1           5/11/2023   -   STAC   -   Albany, New York  
2           DMAP is typically about 20 to 25 people. There are  
3           about forty-five, forty-six trauma centers. So we  
4           had, probably about, we had some DOH people, some --  
5           a couple of trauma centers and two people. So we  
6           probably had about fifteen to sixteen trauma centers  
7           represented at the DMAP course yesterday. So there's  
8           probably another twenty-five, thirty trauma centers  
9           that needs somebody. So we can look into maybe doing  
10          another DMAP course the day before STAC in October  
11          also. If there are any other courses that people,  
12          you know, think would be helpful, I can't even  
13          imagine which ones please.

14                   MR. ARRILLAGA: Hello, Arrillaga,  
15          Suffolk RTAC. I participated in yesterday's course.  
16          It was very good. And I certainly agree with the  
17          three courses that you suggested. We were also told  
18          yesterday -- those of us who took the course  
19          yesterday that we were all DMAP instructor potential.  
20          So, I'll presume there is an instructor course for  
21          the DMAP and perhaps we should have that here as  
22          well.

23                   MR. BANK: Sure. That's a great --  
24          I'm going to speak to Mike Vela, who is the course  
25          director from yesterday, and we'll see. I'm not sure

1           5/11/2023   -   STAC   -   Albany, New York  
2           what the requirements are for that, but I'm sure he  
3           would know. So we could put that out. Okay. So we  
4           could look at - I'll ask Mike and the DMAP course was  
5           put on by the University of Rochester staff, with  
6           Eric Cohen. So we'll ask them if they are -- if we  
7           could impress them to do another one. So any  
8           announcements?

9                       MR. CLAYTON: Doctor, the only  
10           announcement is up there on the screen that our next  
11           meeting is scheduled for Wednesday, October 11th, and  
12           it will be up here in the Capital District area. We  
13           don't have a hotel secured yet, but I'm working on  
14           quotes to -- for proper procurement. So hopefully  
15           we'll have something solidified in the next few weeks  
16           that I can share with you. But October 11th, here in  
17           the Albany area.

18                      MR. GREENBERG: Just a reminder, if  
19           you're a vetted member, it's important to attend  
20           because we need quorum in order to meet. And we  
21           were, I think, just over quorum for this meeting to  
22           be able to occur.

23                      MR. BANK: Dr. Dailey, any comments?

24                      MR. DAILEY: Yeah, the only item of  
25           new business that I have, and this is just my

1           5/11/2023    -    STAC   -    Albany, New York  
2           apologies.  The only item of new business that I have  
3           is -- it's just I suspect something that needs to go  
4           to systems, is the ability of the image trend bridge  
5           to be accessed by the level one and level two trauma  
6           centers that take incoming transfers so that they can  
7           then attempt to access the initial EMSPCR in  
8           particular for PI projects.  And completion of an  
9           understanding of what actually occurred in chapter  
10          one of that patient encounter.  Currently, I know at  
11          least our center, we can't do that.  It creates a  
12          significant amount of additional work for us.  And if  
13          we had open access into that image trend bridge and  
14          could find that initial PCR, it would be extremely  
15          helpful.

16                   MR. BANK:  I'm not, yeah, I'm not sure  
17                   where that would go with systems.  Probably, I could  
18                   bring it up to Ron Simon, who's the chair of systems.  
19                   He couldn't be here, but I could bring it up to him  
20                   in between the STAC and we could see if we could at  
21                   least bring somebody to the systems committee that  
22                   would at least be able to speak to that.

23                   MR. GREENBERG:  Just for  
24                   clarification, are you looking for immediate or are  
25                   you looking for -- because you mentioned it related

1           5/11/2023   -   STAC   -   Albany, New York  
2           to PI or so at that time.

3                   MS. DAILEY:   The sooner the better,  
4           but obviously not, you know, fifteen minutes after  
5           the severe crash. My expectation is that the bad  
6           crash on 85 right now won't have a PCR. It's  
7           completed for a couple of hours. And that's -- I'm  
8           okay with that timeline.

9                   MR. GREENBERG:   Okay.

10                   MR. BANK:   And as our resident expert  
11           in registry, I'll call in our registry chair, who's  
12           completely not prepared, but Christie, any comments  
13           of -- from your standpoint of the registry being able  
14           to pull in the first PCR on transport patients?

15                   MS. MEYER:   So Cristy Meyer from  
16           registry. I, you know, I really believe that we're  
17           missing a whole segment of the patient's care  
18           routinely here in New York State. This has gone on  
19           for some time and that's why we wanted to collect the  
20           first PCR in this next year of data. I think it will  
21           really be eye-opening. And I think at the current  
22           state, the registrars across the state are doing a  
23           considerable amount of work to get what little bit we  
24           probably are getting of the story as a center that  
25           receives over seven hundred transfers a year. It's a

1           5/11/2023   -   STAC   -   Albany, New York  
2           very small number of patients that we really get that  
3           first piece of the story.  If we truly want to  
4           improve EMS process and primary triage, we really  
5           need this information.  I do think that we are  
6           professionals that work under HIPAA guidelines to  
7           access information properly.

8                       MS. SNYDER:  We have access to  
9           repositories with every patient encounter that comes  
10          into our facility.  And, obviously, I need to look at  
11          trauma patients.  So I query that for trauma  
12          patients.  So I don't think it's under that different  
13          guise other than I guess we could consider looking at  
14          data use agreements with our regional transfer  
15          agreements and kind of expand that.  Maybe that's the  
16          avenue to go in.  But I do think we need support to  
17          access that first part of the story because that's  
18          where change is really going to happen.  It's very  
19          hard to get it late in the game once we've already  
20          gotten the patient from the referring center to piece  
21          together what happened initially.  You know, is this  
22          something that was obvious at the scene and maybe a  
23          different turn could have had a different outcome.  
24          But certainly part of the story that we're missing  
25          pretty considerably now.



1                   5/11/2023    -    STAC   -    Albany, New York

2   STATE OF NEW YORK

3       I, DANIELLE CHRISTIAN, do hereby certify that the  
4       foregoing was reported by me, in the cause, at the time  
5       and place, as stated in the caption hereto, at Page  
6       hereof; that the foregoing typewritten transcription  
7       consisting of pages 1 through 83, is a true record of all  
8       proceedings had at the hearing.

9                    IN WITNESS WHEREOF, I have hereunto subscribed  
10       my name, this the 31st day of May, 2023.

11                   DANIELLE CHRISTIAN, Reporter

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22  
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<b>A</b>	
<b>ABENAMAR</b> 2:3	<b>administrator</b> 9:7
<b>ability</b> 80:4	<b>admission</b> 33:25
<b>able</b> 8:23 16:20,24 17:19 18:2 24:9 29:6 32:5,14 33:7 39:14 46:20 60:20 62:21,23 64:14 69:5 71:10,24 79:22 80:22 81:13	<b>admitted</b> 37:14
<b>absolutely</b> 64:13	<b>adopt</b> 7:18
<b>abstaining</b> 25:9	<b>adopted</b> 41:2
<b>abstention</b> 66:20	<b>adult</b> 68:9,21 73:8
<b>abstentions</b> 25:8 26:24 29:23 34:7	<b>advancing</b> 74:17
<b>abstraction</b> 35:7	<b>advice</b> 8:5
<b>Academy</b> 41:23 42:19 43:2,4,7 50:19,23 75:15	<b>advise</b> 34:21
<b>accept</b> 12:16	<b>advisement</b> 28:2 57:2
<b>access</b> 20:14 30:16 39:10,21 80:7,13 82:7,8,17	<b>advises</b> 57:23
<b>accessed</b> 80:5	<b>advisories</b> 58:12
<b>accessibilities</b> 71:6	<b>Advisory</b> 1:5 45:13 47:21 49:3 51:11
<b>accessing</b> 20:8	<b>affairs</b> 75:21
<b>accurate</b> 39:3	<b>affect</b> 16:7,15 19:7,15
<b>achieve</b> 67:23	<b>afford</b> 30:25
<b>ACL</b> 36:11	<b>afternoon</b> 6:10 32:4 36:6 38:20 46:4 50:6
<b>ACS</b> 7:19 28:12,15,16,24 29:13 29:16 30:18 44:4,13 45:11 75:25	<b>agencies</b> 34:22,23 42:8 48:5,6 50:9
<b>act</b> 26:8 64:10,14	<b>agency</b> 16:10,14,18 18:12,16 54:13 67:19
<b>action</b> 50:20 62:23	<b>agenda</b> 29:25 30:2 31:7 52:10 66:21 76:9
<b>activation</b> 17:25 33:10,12,12	<b>Aging</b> 37:19
<b>activities</b> 70:12	<b>agitation</b> 50:15
<b>actual</b> 77:20	<b>ago</b> 12:22 20:2 57:18 61:3 66:24
<b>Acute</b> 7:7	<b>agree</b> 78:16
<b>Adam</b> 47:3	<b>agreement</b> 30:12
<b>add</b> 16:16 22:22 24:8 32:24 33:15 44:2 50:10 55:10	<b>agreements</b> 82:14,15
<b>addition</b> 29:6 31:21 32:21 33:9	<b>Agriantonis</b> 2:4 4:3,4 12:24 13:3
<b>additional</b> 29:20 30:24 51:25 64:16 80:12	<b>ahead</b> 71:2 76:6
<b>Additionally</b> 7:20	<b>air</b> 20:14 53:8 55:17,25
<b>address</b> 64:19	<b>aisle</b> 21:11
<b>addressed</b> 14:25 71:7	<b>Akey</b> 36:18
<b>adequate</b> 29:7 70:4	<b>Albany</b> 1:1,12 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 44:1,10 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
<b>adjourned</b> 83:5	
<b>adjournment</b> 83:4	
<b>administer</b> 53:9 58:21 75:4	
<b>administered</b> 58:22	
<b>administering</b> 60:15	
<b>administration</b> 8:16	

77:1 78:1 79:1,17 80:1 81:1	<b>appropriately</b> 49:16 68:22
82:1 83:1 84:1	<b>approval</b> 28:7 32:12 75:21
<b>align</b> 14:13,20	<b>approve</b> 12:22 13:2,4,6,9
<b>Alive</b> 37:4	<b>approved</b> 17:9 27:11,24 30:18,20
<b>allow</b> 16:16 17:17 53:12,15	<b>approves</b> 27:23
<b>allowed</b> 8:6 9:2 19:21 61:6	<b>approximately</b> 61:3
<b>allows</b> 53:7 62:15 64:11	<b>April</b> 47:25
<b>alternative</b> 19:17	<b>area</b> 10:8 37:20 74:22 76:7
<b>amazing</b> 11:6	79:12,17
<b>ambulance</b> 30:15 55:20,25 56:25	<b>areas</b> 57:10,11
57:8,11,12	<b>argue</b> 69:11
<b>ambulances</b> 50:3,11 53:8,12	<b>ARIEL</b> 2:8
55:18,19,23 57:6	<b>arm</b> 74:25
<b>amendment</b> 27:10,12	<b>arms</b> 74:25
<b>American</b> 59:10 75:15	<b>arrange</b> 76:16
<b>amount</b> 16:21 22:25 34:13 52:9	<b>Arrillaga</b> 2:3 4:10,11 28:10
52:14 53:6,21 54:20 80:12	78:14,14
81:23	<b>arrival</b> 34:17
<b>Amy</b> 2:18 42:19 43:9,10,18 45:2	<b>arthritis</b> 36:12 37:9
47:17,18 62:2 66:22	<b>ARTHUR</b> 2:5
<b>anaphylaxis</b> 60:16	<b>ASEP</b> 75:16
<b>Angus</b> 2:4 3:23,24	<b>asked</b> 5:17 14:15
<b>Anne</b> 10:10	<b>asking</b> 31:19
<b>announcement</b> 79:10 83:3	<b>asks</b> 23:9
<b>announcements</b> 79:8	<b>Assembly</b> 53:11
<b>annual</b> 22:18 25:12,12 26:6,9,14	<b>assessment</b> 16:2 21:25 27:5,8,11
26:14	27:22 30:14 35:21 71:20,21
<b>another's</b> 8:25	72:14,15 73:11
<b>answer</b> 63:3 74:21	<b>assessments</b> 75:13
<b>Anthony</b> 49:25	<b>assign</b> 31:10
<b>anticipated</b> 67:3	<b>assist</b> 70:17 71:2
<b>Antonio</b> 53:20	<b>associated</b> 67:25
<b>anybody</b> 12:22 18:22,23 41:3	<b>Association</b> 75:16,17
51:15 52:7 54:24 60:21 65:15	<b>assurance</b> 39:25
66:21 69:11 73:22 75:25	<b>assure</b> 59:2,4,14
<b>anyway</b> 40:3	<b>assured</b> 59:3
<b>Aplinger (phonetic)</b> 47:3	<b>AST</b> 40:22
<b>apologies</b> 80:2	<b>ATL</b> 77:11,17,20,25
<b>apologize</b> 30:2,6	<b>ATLS</b> 7:14,16 76:20 77:11,14,15
<b>appear</b> 14:3	<b>ATS</b> 38:6,16 46:3 76:25
<b>APPEARANCES</b> 2:2	<b>attempt</b> 80:7
<b>application</b> 27:17 74:15	<b>attend</b> 79:19
<b>applications</b> 15:12,25 27:14	<b>attendance</b> 3:9
<b>applies</b> 27:18	<b>attended</b> 76:12
<b>apply</b> 63:6,12 64:6,21	<b>attending</b> 9:22
<b>applying</b> 30:24 62:17	<b>attention</b> 52:14
<b>appointment</b> 15:15,16	<b>audit</b> 44:13
<b>appreciation</b> 11:14,17 12:5	<b>authors</b> 44:3
<b>appropriate</b> 44:17 53:2 55:10	<b>available</b> 37:24 41:24 43:24
61:14 70:7	55:17 59:12 60:19 64:16 72:4

**avenue** 82:16  
**Awake** 37:4  
**award** 10:9  
**awarded** 47:24  
**awards** 46:19,22 47:7  
**aware** 53:20 58:4  
**awareness** 16:4 19:9 37:15 38:18  
 46:18 68:15  
**awful** 73:24  
**awry** 57:4

---

**B**

---

**baby** 49:17  
**back** 10:17 14:23,23 15:2,3  
 17:13,14 21:5 25:25 29:24,25  
 29:25 31:6 33:9 47:13,17  
 51:19 55:13 66:21 75:6  
**bad** 60:22 65:15,18 77:14 81:5  
**balance** 36:13 37:10  
**ballpark** 77:19  
**bandage** 66:5  
**Bank** 1:8 3:7,13,14 5:16,23,24  
 9:17 11:24 12:20,25 13:5,8  
 21:6,6,20 24:15,20,21,23 25:6  
 25:15 26:12,17,19,21 27:4,6  
 28:9 29:20 30:6,8 31:5 33:23  
 34:6 35:20 38:22 39:18 40:16  
 44:22 45:22 46:2 47:6,11,16  
 51:18 54:24 55:6,11 57:18  
 61:24 62:3,11 63:10,21 64:4  
 64:22 65:4,10,25 66:9,19 76:8  
 77:16 78:23 79:23 80:16 81:10  
 83:2  
**based** 14:4,18 24:6 27:23 37:9  
 51:7  
**basically** 29:5 58:24  
**basis** 15:7 59:24  
**beautiful** 64:11  
**bed** 33:18,18  
**beginning** 14:8 34:2 49:13  
**believe** 14:22 17:23 25:21 72:15  
 81:16  
**BEMS** 20:18  
**beneficial** 69:17  
**Berry** 2:20 22:2 27:4,6,7 30:3,4  
 30:7,8,10  
**best** 8:20,20 9:8 41:21 66:6  
 68:16 69:10 73:14,25  
**better** 15:6 81:3  
**beyond** 9:5 42:4

**big** 19:16  
**bios** 39:2,23  
**Birdie** 66:24  
**bit** 6:16 13:23 14:19 34:24 42:6  
 52:7 58:3 59:18 60:11 76:6  
 77:25 81:23  
**bleed** 38:9,12,16 46:13,16,19  
 58:25 59:11 66:4  
**bleeding** 56:19 62:18  
**blood** 38:16 53:3,8,9,13,21  
 54:15 55:17,21  
**board** 57:8 63:3 75:18  
**body** 28:12 29:19 33:22 46:8  
 55:9 57:14 58:4 61:16,21  
**book** 32:22 44:12,14 45:18 77:10  
**books** 36:22  
**born** 46:15 49:15,17 50:7,12  
**bottom** 11:12 12:2 60:18  
**boxes** 38:15  
**brain** 9:9  
**break** 56:17  
**bridge** 42:17 80:4,13  
**brief** 45:5 47:22  
**bring** 18:8 19:9 24:5 25:17 35:5  
 46:9 55:13 62:4 80:18,19,21  
**bringing** 36:3 76:9  
**Brody** 39:2  
**Brookdale** 10:3  
**Brooklyn** 9:25  
**brought** 8:13 21:18 22:12,16,20  
 38:19 62:20  
**budget** 16:6,7,9 30:23  
**Buffalo** 17:14  
**build** 49:14 73:17 75:11,11  
**bulk** 45:16 51:15  
**bunch** 65:17  
**bunk** 33:18  
**bureau** 6:12 11:16 12:3 13:9,13  
 35:13 36:15,15,17 51:23 53:5  
 74:10  
**busiest** 7:16  
**business** 3:9 45:21 51:24 66:21  
 66:22,22 76:10 79:25 80:2  
 83:2  
**button** 21:15  
**buy** 66:5

---

**C**

---

**call** 3:7,9 24:25 81:11  
**called** 75:2

**camera** 6:10  
**campaign** 36:21 37:5  
**Capital** 49:4 79:12  
**caption** 84:4  
**car** 37:2 50:3  
**care** 7:7 8:10 11:21 12:9 16:20  
 16:21,24 20:9,12 40:19 42:7  
 45:15 48:5 49:24 57:25 67:12  
 67:21 68:9 69:10,19 70:2,12  
 72:19 73:3 74:17 75:19 81:17  
**career** 11:20 12:8  
**caregiver** 49:16  
**caregivers** 37:2  
**caretakers** 70:8  
**carried** 28:5 34:7 57:6 59:8,9  
**carries** 25:8  
**carry** 26:24 66:20  
**case** 8:8 10:14 29:14 54:6 60:4  
 63:25  
**cases** 6:19 8:2,13 11:3 23:20  
 39:4  
**catchment** 37:20  
**category** 42:3  
**cause** 58:16 84:3  
**center** 7:15,19 9:19,23 18:15  
 27:11,13,17 28:3,4 29:2 32:8  
 34:19 35:6 37:12 39:6 44:17  
 45:20 58:11 75:4 80:11 81:24  
 82:20  
**centers** 9:12 11:17 20:7 27:20  
 32:25 33:8,14 35:16 44:20  
 45:12 52:13 70:13 77:9 78:3,5  
 78:6,8 80:6  
**Central** 5:11 7:22 10:5  
**certain** 16:21  
**certainly** 32:13,21 59:6 78:16  
 82:24  
**certification** 19:7  
**certified** 37:8 60:9  
**certify** 84:2  
**chair** 1:8 7:3,3,17,20 10:2,4,4  
 21:15 27:8 31:23 36:4,4 40:7  
 47:14 54:3,4 80:18 81:11  
**chair's** 4:25  
**challenging** 8:13  
**champion** 69:18  
**champions** 69:18  
**change** 27:15,17 28:4 29:12  
 33:10,15 60:23 64:6 65:4  
 82:18  
**changes** 14:15,16,24 32:10,13  
 33:21 34:2,10,13  
**changing** 64:20  
**chapter** 46:3 80:9  
**checks** 37:2  
**Cherisse** 2:20 27:7  
**Chi** 36:12 37:9  
**chief** 7:7,21 9:21  
**chiefs** 20:21,22  
**child** 49:20 65:21  
**children** 18:18 45:13 47:21,23  
 48:13,16 49:3 50:19 51:11,12  
 67:2,9,15,22 68:3,8,10,23,24  
 69:9 70:2,15 74:11,25  
**chlamydia** 60:17  
**choir** 68:4  
**choose** 31:20,23  
**CHRISTIAN** 84:2,11  
**Christie** 81:12  
**Christina** 36:17  
**circling** 16:15  
**clarification** 63:6 80:24  
**clarify** 59:14 63:22  
**class** 59:22,24 60:4  
**Clayton** 2:6 3:3,12,15,18,21,23  
 3:25 4:3,5,8,10,12,15,17,20  
 4:22 5:4,7,11 21:11,14 24:22  
 25:5 26:17 35:24 43:8,9 79:9  
**clean** 75:5  
**clear** 31:12  
**clearly** 61:24  
**clinic** 19:21  
**clinical** 70:12  
**close** 53:14  
**CME** 41:25 42:4  
**CMS** 17:11  
**CNA** 76:25  
**co-chair** 44:23,25  
**coaches** 37:7  
**Cohen** 2:5 21:25 22:4 25:18 27:2  
 47:4 79:6  
**collaboration** 34:22  
**collaborative** 34:24 46:8 48:16  
 51:9  
**colleagues** 8:19 10:15  
**collect** 81:19  
**collected** 32:17,18  
**collecting** 33:6 35:8  
**collection** 33:6 34:21  
**Colleges** 59:11

<p><b>color</b> 22:22 25:17  <b>coloring</b> 36:22  <b>come</b> 6:4, 9 10:16 11:23 12:11, 19  14:23 15:3 16:14 19:22 31:16  32:9 41:19 55:8 57:2 63:25  69:4 74:18, 20 76:3, 13 77:15  <b>comes</b> 14:23 20:6 23:17 71:21  82:9  <b>comfortable</b> 59:15  <b>coming</b> 5:21 12:15 15:13 18:16  22:7 25:20 47:12 72:15 74:19  77:3  <b>commenced</b> 3:2  <b>comment</b> 14:11, 22 15:2 42:20  44:11 54:2 76:11  <b>comments</b> 5:18 14:24 21:4 29:19  79:23 81:12  <b>Commission</b> 66:13  <b>commissioner</b> 52:3 60:10 61:11  61:12, 21, 22 62:5 65:5 66:11  <b>commit</b> 71:11  <b>commitment</b> 28:20, 21, 25 29:3, 4, 9  74:16  <b>committee</b> 1:5 6:17 7:22 14:2  22:5, 13, 20 27:8, 10, 14, 16, 22  28:2, 5 31:8 32:5 38:20 39:8  40:17 45:2, 13 47:21 49:4  51:11 64:19 80:21  <b>committees</b> 46:6  <b>communication</b> 50:24  <b>communities</b> 36:25 53:18  <b>community</b> 6:23 12:17 16:8, 15  17:12 18:9, 10, 11 38:14 44:18  76:18, 22 77:4  <b>compare</b> 23:18  <b>competencies</b> 68:15, 19, 21  <b>complete</b> 71:24 72:4, 16 74:14  <b>completed</b> 13:18 81:7  <b>completely</b> 81:12  <b>completing</b> 70:18  <b>completion</b> 80:8  <b>component</b> 67:8  <b>computer</b> 13:12  <b>concern</b> 22:23, 24 58:14  <b>concerns</b> 21:5 52:4  <b>conclude</b> 48:3  <b>concluded</b> 83:6  <b>concludes</b> 27:2 31:3 33:19 35:19  38:21 47:5  <b>conducted</b> 46:14</p>	<p><b>conference</b> 18:20 45:4 49:20, 21  50:23  <b>confidence</b> 8:13  <b>conjunction</b> 46:11 67:15  <b>connecting</b> 30:16  <b>conservatively</b> 59:18  <b>consider</b> 8:25 82:13  <b>considerable</b> 81:23  <b>considerably</b> 82:25  <b>consideration</b> 27:19  <b>considered</b> 58:6, 18  <b>considering</b> 54:23  <b>consisting</b> 84:6  <b>consultation</b> 28:24 30:19, 21  31:3  <b>contact</b> 39:19 44:9  <b>contacted</b> 42:24  <b>contemplated</b> 54:16  <b>continuation</b> 55:21  <b>continue</b> 9:11 11:21 12:9, 20  18:5 30:8 47:17 52:12 57:13  <b>continues</b> 50:17  <b>contracts</b> 17:16, 18  <b>contribute</b> 29:4 52:9  <b>contribution</b> 36:10  <b>contributions</b> 11:18 12:6  <b>control</b> 54:8, 14 56:20 58:6  <b>convene</b> 34:15  <b>convening</b> 35:2  <b>conversation</b> 7:25 20:7 23:23  27:9 41:13 54:11, 11 61:12  <b>conversations</b> 54:5  <b>convictions</b> 8:23  <b>Cooper</b> 2:5 4:24 47:19, 20  <b>coordinator</b> 36:18 45:16 46:25  47:3 72:20 73:4  <b>coordinators</b> 48:5 49:24 67:12  <b>corner</b> 12:14  <b>correct</b> 24:23 25:3 40:9  <b>cost</b> 30:20, 25  <b>COT</b> 7:21, 22 10:5, 6 30:18 40:22  76:25  <b>council</b> 13:22 14:5, 10 16:16  20:20 38:6 42:6 49:20 51:20  <b>councils</b> 20:25 42:5, 13  <b>counter</b> 58:19  <b>counterparts</b> 68:9  <b>country</b> 17:9 47:19 48:12 53:19  71:25 75:3  <b>County</b> 9:19, 23</p>
---	---

**couple** 5:16 21:22 30:4 34:9  
 78:5 81:7  
**course** 11:20 12:8 38:12 46:10  
 52:18 53:22 54:4 63:7 64:12  
 70:23 71:23 75:13 76:12,19,20  
 76:21 77:8,11,16,17,20,21,24  
 78:7,10,15,18,20,24 79:4  
**courses** 7:16 46:16 76:17 77:2,5  
 77:15,25 78:11,17  
**cover** 25:21 65:8  
**covered** 21:17  
**covers** 26:11  
**Covid** 17:13 67:4  
**CPS** 36:23  
**crash** 81:5,6  
**create** 17:10  
**creates** 80:11  
**creating** 53:6  
**credit** 42:2  
**crisis** 19:6 52:8  
**Cristy** 2:10 24:3 32:3 35:21,22  
 81:15  
**criteria** 23:22 27:18,23 44:21  
**critically** 7:11 68:2  
**crowd** 34:20  
**crunch** 75:5  
**cry** 8:8  
**CURRAN** 2:8  
**current** 44:16 81:21  
**currently** 14:18 19:21 53:10  
 55:16 70:18 80:10  
**Curtis** 3:16 5:8,10  
**Cushman** 43:19  
**cut** 8:7  
**cycle** 22:17 23:12 25:11,24  
 26:14 48:3

---

**D**


---

**Dailey** 2:7 4:20,21,22 43:25,25  
 47:12,14 50:8 51:4,19,21  
 53:24,25 55:2,5,12 56:4,12,16  
 56:21 61:15,17,20 62:10,19,25  
 63:17,19 64:3,9 79:23,24 81:3  
**Dan** 21:7 35:23 39:14 43:9  
**DANIEL** 2:6  
**DANIELLE** 84:2,11  
**data** 22:11,15 23:11,15,16,17  
 24:10,17 25:23 26:2,3,7 30:11  
 30:12 32:10,18 33:6,20 34:21  
 36:11 37:17 39:4,21 40:3

45:10 74:6 75:4,5 81:20 82:14  
**database** 39:3,10  
**DATE** 1:6  
**day** 76:17 77:3 78:10 84:9  
**days** 14:22 17:15 18:3 19:13  
 20:19,20 50:19 74:3  
**de-escalation** 50:24  
**dead** 34:17,18  
**dear** 10:15  
**death** 7:8  
**debated** 10:12  
**December** 49:7,8  
**deciding** 28:3  
**decision** 7:18 8:9 54:8  
**decreased** 67:25  
**decreasing** 40:21  
**dedicated** 9:7  
**defend** 8:24  
**definitely** 77:7,13  
**definition** 34:17 35:2  
**definitions** 33:11  
**definitive** 20:12 24:3  
**Delant (phonetic)** 47:2  
**deliver** 42:7  
**deliverable** 71:14,14  
**delivery** 16:20 20:5  
**DeMay** 74:7  
**demonstrated** 23:5 39:8,9 67:18  
**department** 1:3 6:23 11:16 12:3  
 27:13 34:11,22 36:17,20 37:25  
 45:15 51:13 57:3 62:6 63:15  
 63:25 64:5 65:6 66:13 67:12  
 67:20 69:5 70:10 71:4 72:19  
 74:12  
**departments** 48:4,6 67:11,24  
**depending** 49:17  
**Deputy** 52:3  
**derived** 32:18  
**describe** 8:23  
**designate** 28:3  
**designated** 16:25 44:17  
**designation** 27:15 68:3  
**designed** 17:11  
**destination** 30:15  
**determination** 8:12  
**determine** 23:24 33:7 37:17  
**develop** 74:13  
**developed** 70:17 72:3  
**developing** 31:19,22  
**development** 7:9 9:3 53:4 54:19

71:3 74:3 75:7  
**device** 60:5 61:9 62:24  
**devices** 35:8 50:2,4,11,12 59:22  
 59:22,24  
**Diandrio** 50:2  
**dictionary** 32:10 33:20  
**DIE** 34:18  
**difference** 29:5 39:23  
**different** 15:10 18:11 20:24,25  
 31:11 33:13 40:4 42:5,7,10,12  
 76:24 82:12,23,23  
**difficult** 20:11 68:23  
**dinner** 10:22  
**directive** 58:13  
**director** 6:12 7:6 9:23 10:3  
 13:10 21:16 23:4 24:22 43:15  
 44:24 46:22 56:23 58:11 77:15  
 77:24 78:25  
**director's** 56:12  
**directors** 57:24 77:20  
**disagreement** 8:21  
**disaster** 17:6 46:10 71:8,13,15  
**disasters** 17:12 48:7,10  
**discuss** 30:24 52:17 71:16  
**discussed** 30:18 31:8 36:25  
 49:10 50:15 51:10 53:10 57:14  
**discussing** 8:2 51:2  
**discussion** 24:15 28:9,11 29:20  
 32:21 36:18 54:17 55:8  
**discussions** 38:25  
**dispensed** 58:22  
**displayed** 29:21  
**Distinction** 46:21,24  
**distinguished** 11:20 12:8  
**distracted** 36:21  
**district** 20:21 79:12  
**Division** 7:7  
**DMAP** 46:9 76:11,19 77:8,13 78:2  
 78:7,10,19,21 79:4  
**DOA** 34:18  
**Doctor** 35:24 38:21 79:9  
**document** 33:16 58:15  
**documents** 40:4 44:3  
**DOH** 39:2 41:3,6 78:4  
**doing** 53:5,21 68:5 73:9,15,20  
 78:9 81:22  
**dollars** 30:23  
**DONALD** 2:7  
**doors** 8:4  
**doses** 51:8 53:2,2

**doubled** 30:21  
**doubt** 59:16  
**Doug** 43:3,12,14  
**download** 41:4  
**Doynow** 2:7 4:23 13:5  
**Dr** 3:13,15,16,18,19,23,25 4:3,5  
 4:6,7,10,12,13,17,17,20,22,23  
 4:23,24 5:2,8,12,23,24 6:4,4  
 6:6,7,24 7:6,17 8:14,20 11:13  
 11:14 12:12 13:5,6 21:6,15  
 22:2,2 24:23 26:17,21 27:4,6  
 27:7,8 30:3,8 43:19,25 44:23  
 45:5 46:5,5,23 47:12,14,18,20  
 50:8 51:4,5,19 52:2,5 53:19  
 53:24 55:2,6,11,11 56:4 57:18  
 57:18 58:10 61:15,18 62:19  
 63:19 67:16,17 79:23  
**dressings** 58:5,25 59:8,17,20  
 60:18,19  
**drivers** 36:21 67:21  
**drives** 38:16  
**driving** 37:4  
**drowsy** 37:4  
**DSS** 36:23  
**DUA** 39:16  
**duty** 63:7 64:12  
**dynamic** 11:2  
**DZIURA** 2:6

---

**E**


---

**e-codes** 35:8  
**earlier** 60:11 70:14  
**early** 14:12 21:24 38:2 77:3  
**easier** 58:3 61:10 69:16,16  
**easily** 17:7  
**easy** 48:19,21  
**eat** 10:22  
**ecosystem** 20:23  
**ed** 42:13 57:22 70:5,5  
**editing** 42:25 43:3  
**educate** 41:11  
**education** 7:15 18:15 36:2,8  
 42:6,14,22 43:23 44:7 48:20  
 50:16,19 60:6 61:13,22 62:6  
 63:15 64:2,5 65:6 66:14 69:8  
 75:7,9  
**educational** 18:6,7 43:21 44:4  
**educator** 47:4  
**Edwards** 53:19  
**effect** 23:10,10

**effective** 33:21  
**effort** 46:8 76:16,23  
**eight** 18:13 19:2 32:7 61:3  
**eighteen** 56:7  
**eighty** 73:10  
**EIIC** 48:17 75:8  
**Eisenhower** 2:18 42:21 43:9,11  
 43:18,18 45:3,10,24 65:22  
 66:23  
**either** 19:12 77:12,23  
**elegantly** 23:7 63:20  
**eliminates** 58:24  
**eliminations** 32:15  
**embarked** 73:22  
**emergencies** 64:14  
**emergency** 8:19 12:3 45:15,15  
 46:10 48:4,5,6 49:24 51:13  
 60:16 62:23 67:2,11,12,19,21  
 67:24 68:9 69:4,23,24 70:2,10  
 71:3,8 72:19,19 73:3 74:12  
 75:15,19  
**emergent** 57:5 58:6  
**emissions** 34:2  
**EMS** 6:12 11:16 13:9,13 16:4,9  
 16:10,16,17 17:4,10,17 18:8  
 18:11,15,18,24,24 19:7,19  
 20:6,8 30:12 32:23,23 33:9  
 34:23 39:2 41:5,11,11,24  
 44:18,21 45:13 47:21,23 48:4  
 48:6,16,18 49:3,23 50:9,19  
 51:11,20 52:11 53:15 54:5  
 59:8 67:15,19 68:10 70:15  
 74:24 75:18 82:4  
**EMSC** 43:4 69:13 70:15 74:10,23  
 75:4,8,14  
**EMSPCR** 80:7  
**enable** 62:6 65:6 66:14  
**enables** 39:3  
**encounter** 80:10 82:9  
**encouragement** 8:6  
**endeavor** 50:14  
**Engaged** 71:18 72:18,20  
**engagement** 73:6  
**enroll** 70:25,25 74:14  
**enrolling** 48:17 70:24  
**ensure** 68:8 69:8 71:5,7  
**enthusiasm** 8:11  
**entire** 10:7,11 13:22 23:12 39:8  
**entities** 46:9  
**environment** 69:17

**environments** 19:20  
**equipment** 50:11 68:22 69:3,6  
 71:5  
**ER** 19:20 34:18 69:9,10 70:8  
**Eric** 2:5 21:25 22:3 25:16 26:25  
 47:4 79:6  
**especially** 69:22  
**essentially** 23:15 40:2  
**establishing** 9:4 14:6  
**estimates** 33:17  
**evacuate** 17:23  
**evaluate** 22:13 24:16  
**evaluating** 44:15  
**evaluation** 33:4 44:15  
**evening** 43:4  
**event** 17:13  
**events** 18:11  
**everybody** 5:17 6:13 16:5 25:6  
 25:10,13 26:16,22 48:23,25  
 61:4 62:12 71:24  
**evidence-** 37:8  
**exactly** 56:21 61:17  
**example** 17:24 28:19 45:11 64:17  
**examples** 29:10  
**excited** 13:14 18:4 47:25 50:9  
**exciting** 17:3 52:11 53:16  
**excused** 3:16,18 4:5,13,18,23,24  
**execute** 60:7  
**executive** 19:4,5,11,22,24 31:7  
 31:7 32:2 58:11  
**exercise** 24:13  
**existing** 28:4 60:24  
**expand** 82:15  
**expansion** 53:17  
**expectation** 81:5  
**expectations** 16:17  
**experience** 8:5  
**experienced** 38:7  
**expert** 81:10  
**expire** 19:4,12  
**explanation** 25:17  
**express** 12:5 13:21  
**expressed** 22:23,23  
**expresses** 11:17  
**extremely** 54:17 59:19 64:10  
 76:12 80:14  
**eye-opening** 81:21

---

**F**

---

**face** 5:20 59:5

<p> <b>facilitate</b> 42:16  <b>facility</b> 16:25 55:19 72:21  82:10  <b>fact</b> 22:24 40:25  <b>Faculty</b> 77:22,22  <b>fairly</b> 40:13  <b>fall</b> 14:12,13 33:15,17 35:17  36:12,18 37:9,10,11,13,18  41:14 50:24 58:21 75:25  <b>falls</b> 36:11 37:15,16  <b>familiar</b> 23:14 44:12 48:24  <b>families</b> 6:4,22 12:15 48:14  75:10  <b>family</b> 9:7 50:20  <b>fantastic</b> 44:7 52:2 53:23  <b>far</b> 12:15 20:17  <b>faster</b> 40:4  <b>fastest</b> 42:18  <b>favor</b> 25:7 26:16,22 29:22 34:6  66:19  <b>FDA</b> 59:21  <b>featured</b> 37:19  <b>Federal</b> 67:3 70:15  <b>feedback</b> 15:25 44:21  <b>feel</b> 37:20 59:3,15 65:15  <b>feeling</b> 54:10  <b>fellow</b> 13:15  <b>felt</b> 10:13  <b>femoral</b> 40:20  <b>field</b> 18:17 32:16,20,23,23 33:2  33:11 40:22 41:6 44:21 48:14  49:18 53:9,22  <b>fifteen</b> 78:6 81:4  <b>fifty</b> 30:22  <b>fill</b> 35:23  <b>filled</b> 11:11  <b>films</b> 8:2  <b>filter</b> 44:14  <b>final</b> 3:5 10:17  <b>finally</b> 30:17  <b>financially</b> 28:23  <b>find</b> 24:7 73:17 77:21,24 80:14  <b>finding</b> 8:3  <b>fine</b> 64:13,15  <b>FIPIC</b> 14:13,20,21  <b>fire</b> 17:22  <b>first</b> 3:8 6:2,25 15:20 21:24  22:13 24:16 42:18 81:14,20  82:3,17  <b>five</b> 10:24 26:3 30:22 53:22 </p>	<p> 71:15,22  <b>five-</b> 25:21  <b>five-minute</b> 37:18  <b>floor</b> 28:6  <b>fly</b> 17:7  <b>Flynn</b> 2:10 4:13,14 13:6,7 26:20  26:21  <b>focus</b> 48:18 70:9  <b>focused</b> 30:15 34:17  <b>folks</b> 42:24 54:13 73:7 76:4  <b>follow</b> 33:9 38:2 39:18 60:15  <b>follow-up</b> 67:7  <b>following</b> 34:16  <b>follows</b> 27:12  <b>footnote</b> 58:17  <b>force</b> 16:11 17:4,10,11,17 18:2  19:25 57:12  <b>foregoing</b> 84:3,5  <b>forget</b> 44:2 62:22  <b>forgive</b> 8:6  <b>forgot</b> 5:22  <b>form</b> 41:15 74:13  <b>formal</b> 54:14  <b>formally</b> 61:16  <b>Former</b> 7:2  <b>forty-five</b> 78:3  <b>forty-six</b> 78:3  <b>forward</b> 15:5,8,24 18:5 22:12,16  22:20 33:24 34:10 35:18 38:19  39:9 52:10 70:22 74:4  <b>foundation</b> 49:14  <b>founded</b> 68:10  <b>four</b> 21:12 38:17 47:24 49:6  <b>fracture</b> 40:19  <b>fractures</b> 40:20  <b>framework</b> 55:24  <b>free</b> 37:20  <b>friend</b> 9:15 10:7 66:6  <b>friends</b> 10:15  <b>front</b> 5:21 6:5 49:9  <b>fruit</b> 46:14  <b>full</b> 38:19 49:22 56:15 70:3  <b>fumble</b> 7:5  <b>fund</b> 46:20  <b>funding</b> 30:19,24 71:11  <b>furiously</b> 67:5  <b>further</b> 9:2 21:15,19  <b>future</b> 14:3 15:8,22 29:3 35:15  <b>FYI</b> 38:9 </p>
--	--

---

**G**


---

**game** 71:2 82:19  
**gap** 72:13,16  
**Garden** 49:5  
**garnered** 8:15  
**Gary** 42:23  
**gauze** 58:18 62:7,8,18 65:11  
 66:15  
**general** 48:9  
**generally** 40:11 71:25  
**generated** 23:8  
**generation** 10:7  
**geographic** 31:17,25  
**George** 2:4,4 12:23  
**geriatric** 37:13  
**Gestring** 2:9 3:18 44:5 51:5  
 57:18 58:10  
**getting** 3:5 10:24 15:17,25 20:9  
 22:10 26:7 65:16 81:24  
**Gina** 13:15,16  
**give** 6:5 10:9 14:19 18:15 25:25  
 35:16 44:21 47:15 53:14 56:9  
 66:24 77:2  
**given** 10:19 53:17  
**giving** 49:14  
**glass** 56:14,17  
**go** 5:24 7:4 11:7 14:9,25 21:13  
 21:20,22 24:2 28:20 29:24,25  
 31:6 32:2 41:4 43:22 61:9  
 62:3 66:4,21 80:3,17 82:16  
**goal** 15:5 59:2  
**goals** 46:17  
**goes** 10:12 23:2 57:22  
**going** 3:7 6:2,3,24 7:4 12:2  
 13:12,13 15:24 16:3,22,23  
 18:7,18,19 19:2 21:18,20,21  
 21:24 22:2 24:2,3 25:21 29:25  
 31:2,6,18,22 34:10 35:23 36:6  
 39:15 43:2,11 44:2,20 52:9,11  
 53:15 56:5 62:3 63:15,18  
 65:25 66:9,21 72:25 73:3  
 74:10 75:2 77:9 78:24 82:18  
**GoldKey** 49:13  
**Goldman** 2:8 4:23  
**gonorrhea** 60:17  
**good** 3:3 6:10 9:4 13:5 16:4  
 29:14 31:14 32:4 33:8 46:4  
 49:14 51:18 78:16  
**google** 75:8  
**Gosh** 67:16

**gotten** 44:6 46:15 82:20  
**governor** 52:9  
**Governor's** 49:19  
**grab** 69:5  
**grace** 8:6  
**grant** 36:11 46:19 47:23 48:3  
 71:11  
**grants** 30:25 46:20  
**grateful** 22:25  
**gratitude** 11:18 12:6  
**gray** 32:22 44:12,14 45:18 77:10  
**great** 8:15 20:3 24:10 35:18  
 42:12 68:14 72:23 73:21 78:23  
**greater** 10:4,8 29:8  
**greatest** 31:24  
**Greenberg** 2:3 6:9,11 10:11  
 12:13 13:11 21:8,16 23:4,13  
 24:22 25:4 39:22 40:9,14  
 41:15,18 56:14,19 62:19 79:18  
 80:23 81:9  
**ground** 53:12 54:6,10 55:18,19  
 55:23 74:2  
**group** 20:3 22:23 32:7,11 34:15  
 34:21 35:3,3 50:16 51:4 75:21  
**groups** 32:6  
**Grover** 50:20  
**growing** 8:3  
**grows** 49:2  
**growth** 9:3  
**guess** 14:11 82:13  
**guest** 51:25  
**guests** 6:15  
**guidance** 8:5 14:5 61:13  
**guide** 9:14  
**guideline** 57:22  
**guidelines** 7:10 40:23,25 41:12  
 44:16 58:5 82:6  
**guise** 82:13  
**gun** 38:14,15  
**guys** 9:8 41:12 68:5  
**Guzman** 3:16,17 5:8 6:24 7:4  
**GUZMAN-CURTIS** 2:12

---

**H**


---

**half** 56:14  
**hall** 7:25  
**Hallinan** 2:11 3:19  
**hand** 25:7,9,15 26:16,22,23  
 29:22 36:23  
**handed** 59:23

**handle** 18:2  
**hands** 25:2  
**Hang** 62:2  
**happen** 15:4 18:8 56:2 82:18  
**happened** 11:5 15:13 82:21  
**happens** 19:8 23:15 40:4 62:14  
**happy** 21:4 76:3 77:23  
**hard** 77:15 82:19  
**heads** 65:17  
**health** 1:3 6:24 11:16 12:3  
 19:25 20:5 27:13 34:11,22  
 36:16,17,19,20 37:25 45:11  
 50:15 52:4,6,8,10 58:12 61:11  
 61:22 62:5 65:5 66:11,13  
**healthcare** 70:5  
**hear** 3:11  
**heard** 46:6  
**hearing** 84:7  
**heart** 9:10  
**heartbreaking** 8:8  
**Hecker** 42:23  
**height** 33:15,16  
**Hello** 47:18 78:14  
**helm** 67:17  
**help** 16:18,23 17:11 20:5 35:19  
 37:15 40:12 42:16,16 61:16  
 77:23  
**helped** 46:9  
**helpful** 26:4 76:15 78:12 80:15  
**helping** 13:16 41:10  
**helps** 20:15  
**hemorrhage** 58:6  
**hemorrhagic** 55:7  
**hemostatic** 58:5,18,25 59:16,20  
 60:18 62:7,8,18 63:8 65:11  
 66:15  
**HERDS** 71:10  
**hereof** 84:5  
**hereto** 84:4  
**hereunto** 84:8  
**Hey** 39:12  
**hi** 21:10 74:20  
**higher** 33:11 67:23  
**highest** 9:12 33:12  
**Hill** 67:16  
**Hilton** 49:5  
**hindered** 60:4  
**hip** 40:19  
**HIPAA** 82:6  
**historically** 25:19 57:21

**hitting** 21:14  
**hold** 31:2 77:8  
**holding** 9:11  
**home** 35:6 67:5  
**honest** 76:24  
**honor** 9:14 46:5  
**honored** 6:14  
**honorees** 19:2  
**honoring** 9:11 11:14  
**hope** 9:10 32:11 34:20 35:13  
 74:2,17 75:22  
**hopefully** 14:12 16:19,23 31:16  
 79:14  
**hospital** 10:3 16:25 17:22 23:18  
 29:11 30:12,15,16 32:25 37:20  
 39:9 40:18 48:15 50:6 64:17  
 64:18 67:15,20 69:18,22,23  
 70:21 71:7,12 72:21  
**hospitals** 11:8,12 15:16 20:8  
 23:21 48:18 57:5 67:11 73:4,8  
 74:22 75:10  
**hosting** 46:5  
**hotel** 1:10 79:13  
**hour** 41:25  
**hours** 18:4,13 81:7  
**housekeeping** 5:17  
**Hudson** 5:13,13  
**hug** 52:14  
**humble** 8:25  
**hundred** 17:23 30:22 81:25  
**hurdles** 54:20

---

**I**


---

**I'll** 79:4  
**idea** 8:22 23:3 60:22 65:16,18  
**ideally** 30:16  
**ideas** 57:25 76:14  
**identify** 5:22,25 72:18 73:11  
**ill** 7:11 68:2  
**illness** 70:12  
**image** 80:4,13  
**imagine** 60:21 78:13  
**immediate** 80:24  
**immediately** 17:19  
**immunizations** 60:15  
**impact** 10:20 22:14 24:5,11,16  
 52:11  
**impacts** 57:4,10,11  
**implement** 67:10  
**implemented** 52:18 56:9 61:6

<b>implementing</b> 36:19	77:17,25 78:19,20
<b>importance</b> 46:19	<b>intended</b> 28:17
<b>important</b> 10:6 19:3 23:14 44:18 46:17 54:7 64:9 79:19	<b>interest</b> 49:23 69:25 77:3
<b>importantly</b> 73:21	<b>interesting</b> 40:18 76:22
<b>impress</b> 79:7	<b>intermediate</b> 33:12
<b>impressive</b> 39:5	<b>internal</b> 30:13
<b>improve</b> 11:21 12:9 82:4	<b>internship</b> 18:12
<b>improved</b> 67:21 68:12	<b>interpretation</b> 59:14 60:23
<b>improvement</b> 48:20,22,24 69:8 70:11 73:16,23	<b>interpretations</b> 58:4
<b>improving</b> 40:19 68:14	<b>interpreted</b> 59:18
<b>include</b> 51:6 55:23 59:25 60:15 71:9 74:9	<b>introduce</b> 41:5
<b>included</b> 28:19 38:4 49:15	<b>involved</b> 18:10 43:16
<b>including</b> 53:2 76:25	<b>IP</b> 38:8
<b>incoming</b> 80:6	<b>IPE</b> 36:4 37:24 38:20
<b>incomplete</b> 32:17	<b>IPes</b> 38:8
<b>increase</b> 30:25 46:18 73:5	<b>Ireland</b> 47:20
<b>increased</b> 68:15	<b>ironically</b> 6:16
<b>increasingly</b> 67:18	<b>Island</b> 40:17
<b>incredibly</b> 11:25	<b>Islip</b> 29:15
<b>indemnification</b> 64:15	<b>ISS</b> 29:8
<b>indicated</b> 39:13	<b>issue</b> 57:15 61:13,23 72:12
<b>individual</b> 32:20	<b>issued</b> 58:12
<b>individuals</b> 32:8	<b>issues</b> 12:4
<b>influence</b> 10:20	<b>it'll</b> 19:13 34:24
<b>infographics</b> 75:11	<b>item</b> 79:24 80:2
<b>inform</b> 36:25	<b>items</b> 21:17
<b>information</b> 17:2 22:7 39:20 46:2 74:9,12,13 75:12 82:5,7	
<b>informed</b> 42:10	<hr/> <b>J</b> <hr/>
<b>initial</b> 33:2 80:7,14	<b>Jacob</b> 74:7,13
<b>initially</b> 82:21	<b>Jacobi</b> 42:23
<b>initiate</b> 53:13,16	<b>JAMES</b> 2:17
<b>initiative</b> 50:14	<b>JAMIE</b> 2:18
<b>initiatives</b> 36:20,22 75:14	<b>January</b> 33:21 34:2
<b>injured</b> 68:2	<b>jeopardizing</b> 58:9
<b>injuries</b> 35:9	<b>Jeremy</b> 43:19
<b>injury</b> 35:13,22,25 36:7,16 37:7 37:7 38:5 46:12 47:2 70:11	<b>JEROME</b> 2:19
<b>inner</b> 55:19	<b>Jerry</b> 46:2 47:6
<b>innovator</b> 73:7,15	<b>Jillian</b> 46:24
<b>input</b> 55:9	<b>JOHN</b> 2:13
<b>insert</b> 55:3	<b>join</b> 72:9
<b>inspiration</b> 73:17	<b>joining</b> 44:5
<b>institution</b> 8:17 9:5 15:18 19:14 40:2	<b>Journal</b> 39:7
<b>institutions</b> 15:24	<b>judgment</b> 62:17
<b>instructor</b> 76:20,21 77:11,14,16	<b>June</b> 38:15 48:17 70:25
	<hr/> <b>K</b> <hr/>
	<b>Kalel</b> 58:10
	<b>KARTIK</b> 2:13
	<b>Kate</b> 2:11 3:21 5:14 46:25 67:17
	<b>keep</b> 19:4,15,24 56:3 63:11

**keeping** 31:24  
**Kerrie** 2:15 4:8 34:4 44:10  
 64:22  
**ketamine** 53:2  
**key** 7:18 59:19  
**kids** 9:9 50:5  
**Kim** 2:16 45:5  
**kind** 26:3 48:25 49:7,13 50:14  
 66:24 67:17 72:13 73:22 82:15  
**Kings** 9:19,23  
**kit** 66:5  
**kits** 58:25 59:12  
**knew** 11:4  
**know** 6:22 10:22 11:7,11 13:22  
 14:15 15:9 17:14 18:14 19:13  
 20:4,15,24 23:25 24:4 25:2  
 34:13 41:21,25 42:4,9,14,16  
 43:9 44:19 53:19 55:25 56:2,2  
 56:7 57:21 65:2,12 70:7 71:10  
 72:22 73:4,16 74:4 76:5 78:12  
 79:3 80:10 81:4,16 82:21  
**knowing** 16:21  
**knowledge** 70:5  
**Kobal (phonetic)** 46:25  
**Kristy** 2:19 36:9 46:15

---

**L**

---

**L.D** 2:4  
**lack** 11:3  
**Ladowski** 2:19 36:9  
**Lake** 36:24 49:22  
**language** 28:19 33:10,13,14  
 58:16 65:2  
**large** 7:12 18:2 32:7 68:25  
**larger** 17:8 68:25  
**Lastly** 40:21  
**late** 23:2 82:19  
**laughing** 5:23  
**law** 60:3,6  
**laws** 63:8  
**lawyers** 40:12  
**leader** 8:15,23 9:16  
**leaders** 6:17  
**leadership** 34:11  
**leading** 35:9 36:11  
**learn** 8:7  
**learned** 17:5  
**learning** 41:24  
**leave** 21:23 36:5  
**led** 7:13 39:5

**left** 8:9 54:9  
**legacy** 9:11  
**legal** 39:16  
**legally** 23:6  
**legislation** 17:10 53:7,11,14  
 55:22,24 60:24 64:11  
**legislative** 38:10 54:20 60:25  
 61:2,7  
**legislators** 46:14  
**legislature** 46:18 61:8  
**length** 51:7  
**let's** 23:22 44:2 45:9  
**letter** 64:20 74:16  
**level** 7:17 10:3 11:10,10 15:17  
 15:18 27:16,18,20,20 28:4,16  
 28:20,20 29:6,6,12,12,16,16  
 33:10 67:24 70:15 72:12 80:5  
 80:5  
**level-headed** 8:25  
**levels** 32:8 71:17  
**liaison** 76:24  
**library** 42:25  
**license** 58:9  
**licensed** 60:8 64:25 65:7,10,11  
 66:14  
**life** 52:20  
**lifesaving** 59:17  
**lift** 69:16  
**limit** 63:24 65:2  
**limitations** 33:5,7 60:3  
**Linda** 58:10  
**line** 60:18  
**link** 30:12 38:3  
**list** 31:12  
**Listserv** 39:14,19  
**literature** 29:5  
**little** 5:20 6:3,16 13:23 14:19  
 21:22,24 25:17 34:24 42:6  
 58:3 59:18 60:11 62:13 76:5  
 77:25 81:23  
**live** 12:18  
**Livingston** 43:20  
**local** 11:10  
**LOCATION** 1:10  
**lock** 38:15  
**long** 11:25 25:20,23  
**look** 10:17 11:3 15:7 17:9,20,21  
 23:17 24:2,4,5 25:25 32:22  
 40:2 53:14 55:7 78:9 79:4  
 82:10

<p><b>looked</b> 22:5  <b>looking</b> 15:16,18 20:4 23:3 26:2  26:4 35:18 38:7 42:11 56:7  70:22 80:24,25 82:13  <b>lost</b> 6:17  <b>lot</b> 6:20 10:15 13:13 20:17,20  24:12 28:17 32:21,22 33:13  34:19 35:4 48:20 70:17 73:9  76:16,23  <b>lots</b> 49:22,23 75:8  <b>love</b> 9:9,10 18:25  <b>lovely</b> 49:2  <b>low</b> 53:2  <b>LYN</b> 2:19</p> <hr/> <p style="text-align: center;"><b>M</b></p> <hr/> <p><b>Maguire</b> 2:11 3:21,22 5:14  <b>maintaining</b> 9:4  <b>major</b> 16:3,6  <b>majority</b> 52:15  <b>making</b> 7:15 28:20 36:22 42:9  50:8 54:12  <b>MALE</b> 21:10,13  <b>man</b> 9:7  <b>management</b> 46:10 52:25,25 57:9  71:13  <b>manager</b> 46:23  <b>Mark</b> 2:9 37:11,21 44:4  <b>market</b> 50:5  <b>Marks</b> 6:4,7 7:6,17 8:14,20  11:13,14,19 46:5  <b>Marriott</b> 1:10  <b>Martha</b> 49:13  <b>Massachusetts</b> 17:21  <b>match</b> 51:9,9  <b>material</b> 44:8  <b>materials</b> 44:4  <b>Matt</b> 39:12  <b>matter</b> 24:25 36:13 37:10 63:12  <b>MATTHEW</b> 1:8  <b>mature</b> 55:12  <b>mean</b> 9:20 11:23  <b>means</b> 8:11 65:18 68:13  <b>meant</b> 6:22  <b>measures</b> 16:17 30:17 48:2  <b>measuring</b> 51:8  <b>med</b> 44:11 52:2,16  <b>medic</b> 54:9  <b>medical</b> 7:6 9:19,21,23 10:2  20:14 37:12 39:6 43:13 44:24</p>	<p>46:22 48:8 52:20 54:8,14  55:18 57:24 59:22,22 60:4  61:9 67:2  <b>medication</b> 51:8 58:7,19 61:10  <b>medications</b> 58:21 59:21 71:5  <b>medicine</b> 69:23,24  <b>meet</b> 23:21 29:13,17 32:5 33:11  34:12 79:20  <b>meeting</b> 3:2,8 12:21 17:2 18:17  20:3 21:18 24:6 27:10 38:3  45:6,17 46:3 47:22 49:4 51:15  79:11,21 83:6  <b>meetings</b> 14:2,14,21 20:20 46:11  49:10 51:7 54:7 74:18 76:4  <b>Megan</b> 4:15 5:5  <b>member</b> 79:19  <b>members</b> 5:2,15 14:5,10 20:19  28:6 31:10,12,15,16,20 35:5  50:21 51:23 53:5 54:25  <b>Memorial</b> 18:24 19:2  <b>mental</b> 45:11 50:15 52:4,6,8,10  <b>mentioned</b> 42:21 46:12 50:18  70:14 80:25  <b>mentor</b> 9:15 10:7  <b>mentors</b> 38:8  <b>met</b> 19:25 31:8 32:9 44:21 51:24  <b>metrics</b> 30:13,14  <b>Meyer</b> 2:10 24:9 32:4 34:9 63:5  81:15,15  <b>mic</b> 5:19,20,25 21:8 65:23  <b>MICHAEL</b> 2:7  <b>micro</b> 35:7,8  <b>microphone</b> 3:11 66:2  <b>Mike</b> 78:24 79:4  <b>military</b> 59:9  <b>mind</b> 19:5,16,24 31:24 47:6 56:4  <b>minute</b> 47:15 56:22  <b>minutes</b> 3:4 5:19,25 12:21,23  13:2,6,9 81:4  <b>mirrors</b> 72:14  <b>missed</b> 23:22  <b>missing</b> 32:17 81:17 82:24  <b>mistakes</b> 8:7  <b>misunderstanding</b> 60:11  <b>mixture</b> 41:19  <b>mobility</b> 35:7,8  <b>mobilize</b> 17:15  <b>model</b> 41:22  <b>models</b> 16:20  <b>modifications</b> 15:22</p>
--	---

**MOLST** 52:20  
**mom** 49:16  
**moment** 71:16  
**moments** 67:23  
**money** 52:10  
**monies** 28:23  
**Monroe** 43:20  
**month** 38:9,18 42:24 43:5 50:20  
**months** 12:22 20:13,13 23:7  
 31:22 32:7 34:25 52:19 56:8  
 66:23 70:20 72:8  
**morbidity** 68:2  
**Morley** 2:13 52:2  
**morning** 3:3 37:23 45:7  
**MORRISON** 2:19 46:4 47:10  
**mortality** 68:2  
**motion** 12:22,25 13:7 22:13,16  
 24:16 25:7,8,10,13 26:13,24  
 28:5,6,18 29:21,23 33:24,24  
 34:3 61:21,25 62:4 66:12,20  
**motion's** 34:7  
**motions** 22:12,19 38:19 83:4  
**move** 12:24 13:3 15:5 18:5 31:9  
 32:12 33:24 34:10 74:4  
**moves** 33:22  
**moving** 13:20 14:14 52:10  
**Mullen** 4:15,16 5:5,6  
**multiple** 7:10,12 67:14  
**Musicus** 37:11,21

**N**

**naloxone** 61:2,4  
**name** 84:9  
**name's** 6:11  
**NASA** 39:6  
**NASEMSO** 75:16  
**nation** 35:10  
**national** 10:3 34:23 38:17 71:19  
 75:17  
**nationally** 8:18  
**nationwide** 59:12  
**nature** 20:15  
**near** 12:15 15:22  
**necessarily** 26:4 54:9  
**necessary** 22:15 24:18 61:8  
**neck** 29:11  
**need** 14:8 16:24 17:19,25 30:24  
 40:13 53:14 57:13 58:7 59:4  
 59:13 60:22 64:5 66:2 75:24  
 77:8 79:20 82:5,10,16

**needs** 13:18 16:2 17:12 18:3  
 21:25 27:5,7,11,16,22 30:13  
 30:13 35:21 38:5 48:8,8 57:13  
 58:19 71:7 75:10 78:9 80:3  
**neighboring** 17:20  
**Network** 50:21  
**never** 8:4  
**new** 1:1,2,12 2:1 3:1 4:1 5:1,2  
 5:7,11,14 6:1 7:1,16,20 8:1  
 9:1 10:1,4,8 11:1,15,22 12:1  
 12:2,10 13:1 14:1 15:1,23  
 16:1 17:1 18:1 19:1 20:1 21:1  
 22:1,6,16,18 23:1 24:1 25:1  
 25:11 26:1,13 27:1,12,13,14  
 27:16 28:1,3 29:1 30:1 31:1  
 31:23 32:1,10,22 33:1,3 34:1  
 35:1,4 36:1,13,20 37:1 38:1,8  
 39:1,4 40:1,22,25 41:1,2,3,6  
 41:12 42:1 43:1 44:1,13,23  
 45:1,11,18 46:1,3 47:1 48:1  
 49:1 50:1,11,14,22 51:1 52:1  
 52:8 53:1 54:1 55:1 56:1 57:1  
 58:1,23 59:1 60:1 61:1 62:1,4  
 62:7 63:1,11,12 64:1,7 65:1,5  
 66:1,11,12,15 67:1 68:1 69:1  
 70:1,21 71:1 72:1,2 73:1 74:1  
 75:1,3 76:1,10,17 77:1,4 78:1  
 79:1,25 80:1,2 81:1,18 82:1  
 83:1,2 84:1,2  
**newly** 49:15,17 50:7,12  
**NHTSA** 36:22  
**night** 10:23 46:6  
**nights** 43:5  
**nine** 52:19  
**nodes** 34:20  
**non-** 19:19 62:7  
**non-employment** 64:12  
**non-patient** 58:23 60:7,14 62:11  
 65:12 66:16  
**non-specific** 62:24  
**normally** 26:11  
**notable** 59:22  
**Notably** 59:19 60:6  
**note** 43:12  
**Noted** 40:14,15  
**notify** 14:10 23:20  
**NPRA** 72:25 73:10 74:14  
**NPRP** 72:25 73:10 74:14  
**number** 14:22 15:12 18:6,6 19:6  
 23:7,19 42:10 53:18 57:18

71:15 82:2  
**numbers** 29:7, 8, 8  
**nurse** 9:21 60:2, 9 61:5 62:23  
 63:7 64:10, 12 65:20 66:6  
 69:20, 25  
**nurses** 57:23, 23 58:9, 17, 20 59:3  
 59:15, 24 60:20 61:13 62:6, 16  
 63:11, 22 64:21, 24, 25, 25 65:7  
 65:11, 13, 17 66:15 70:7, 8  
 75:16  
**nursing** 8:16 9:20 39:7 63:3  
**NYSTR** 26:11

---

**O**


---

**O'Neill** 6:4, 6 12:7 46:6  
**objective** 37:17  
**obvious** 82:22  
**obviously** 42:5, 8 52:13 54:12  
 68:17 70:6 81:4 82:10  
**occasion** 7:24  
**Occupational** 36:16  
**occur** 62:21 79:22  
**occurred** 49:18 80:9  
**occurrence** 20:6  
**occurring** 54:21  
**occurs** 17:13  
**October** 18:20 35:17 78:10 79:11  
 79:16 83:4  
**offer** 38:15, 17  
**offered** 8:5 37:2 38:9, 13 43:23  
 77:13  
**offering** 37:6  
**office** 37:19 38:10 52:6  
**officers** 59:8  
**official** 41:6  
**officially** 41:2  
**officials** 75:18  
**oh** 23:22 30:2  
**OHEP** 71:9, 13  
**okay** 3:7 5:16 11:24 21:6 24:15  
 25:6, 10 26:12, 24 27:4 34:7  
 44:22 45:22 47:16 51:18 54:3  
 61:19 65:4, 18 66:3, 9 76:9  
 79:3 81:8, 9 83:4  
**old** 45:21 66:21, 22, 22  
**older** 37:14  
**Omicron** 71:23  
**once** 8:8 14:10 58:15 82:19  
**ones** 78:13  
**ongoing** 51:10 70:20

**online** 41:23  
**open** 14:11 18:9 80:13  
**opened** 56:23  
**operating** 19:10 68:17  
**operational** 30:14  
**operationalize** 40:24  
**operationalized** 22:10  
**operations** 19:15  
**opinion** 55:4 63:2  
**opioid** 61:5  
**opportunities** 18:10 38:6  
**opposed** 25:8 26:6, 10, 23 29:22  
 34:6 56:16 66:19  
**optimistic** 56:13  
**orange** 38:15  
**order** 3:8, 8 13:19 17:15, 16 18:2  
 19:4, 5, 11, 22, 24 21:22 56:5  
 58:8, 20, 23 59:14 60:2 62:8, 12  
 62:16, 24 63:9 65:12 66:16  
 79:20  
**ordered** 58:22 60:8  
**orders** 52:20 60:14  
**organizations** 76:25  
**Orpakowski** 49:24  
**outcome** 30:17 82:23  
**outcomes** 37:18  
**outlets** 42:11  
**outliers** 23:19  
**outreach** 18:14 36:25 37:15  
**over-** 58:6  
**over-the-** 58:18  
**over-the-counter** 59:20 61:10  
**overall** 37:18  
**overdose** 61:5  
**overflowing** 69:14  
**oversaw** 7:9  
**overview** 32:6

---

**P**


---

**p.m** 1:7, 7 3:2 43:6 49:6, 6 83:6  
**PAC** 51:13 67:19 68:7 69:20, 20  
 73:12  
**PACs** 67:22 69:21 73:12, 20  
**page** 35:12 84:4  
**pages** 84:6  
**paid** 28:23  
**pain** 52:24, 25 53:3  
**pandemic** 17:5  
**paper** 47:19  
**papers** 67:14

<p><b>paperwork</b> 13:18 39:20  <b>paragraph</b> 12:2  <b>paramedic</b> 43:15 50:21  <b>paramedics</b> 57:8  <b>parents</b> 37:3  <b>part</b> 10:17 12:17 16:5,7,8,8  19:23 23:6,23 37:24 45:18  51:24 54:18 56:4 70:3,21  75:17 82:17,24  <b>participate</b> 48:25 70:10 74:5  <b>participated</b> 78:15  <b>particular</b> 6:14 10:14 37:22  52:5,24 57:5 63:25 80:8  <b>particularly</b> 10:25 20:12 27:19  53:17 57:10  <b>partners</b> 61:7  <b>partnership</b> 41:22 42:12  <b>parts</b> 20:11  <b>pass</b> 25:13 29:23  <b>Passenger</b> 49:21  <b>pathways</b> 41:20,21  <b>patient</b> 8:10 11:21 16:20 20:9  20:12 60:2,14 62:8,17,18,24  63:9 70:11 74:17 80:10 82:9  82:20  <b>patient's</b> 81:17  <b>patient-</b> 58:7,19  <b>patients</b> 7:10,11 17:23 23:18  29:8 37:13,14 40:20,20 44:15  45:12 48:7 49:11,15 50:7,12  50:25 52:24 53:23 68:19,20,21  70:19 71:6 81:14 82:2,11,12  <b>Patricia</b> 2:20 12:7  <b>Patty</b> 21:7,9  <b>pause</b> 58:17  <b>PCR</b> 32:15,16,24 33:2,6 80:14  81:6,14,20  <b>PECARN</b> 75:2  <b>pedestrians</b> 36:21  <b>pediatric</b> 45:2,4,7,13,15,17,19  48:3,5,15 49:11,24 50:2,15  51:2,12 66:25 67:8,10,12,24  68:12,13,16,19,20 69:7,18,19  69:24 70:11,19,24 71:6,7,15  71:18,19,20 72:12,18,19,20,24  73:3,6,8 74:6  <b>pediatrics</b> 48:9 51:2 75:15  <b>pedsready.org</b> 72:5 74:15  <b>pending</b> 53:11  <b>people</b> 9:18 14:15 18:16 21:23</p>	<p>44:12 47:7 56:16,18 58:14  60:12 67:9 69:12,13 71:23  76:13,15 77:19 78:2,4,5,11  <b>pep</b> 8:10  <b>peppered</b> 8:11  <b>performance</b> 16:10,14,17 48:2  <b>Performing</b> 36:24  <b>period</b> 6:18 17:24 25:22,25  <b>periodic</b> 71:3  <b>person</b> 8:20 56:15 60:9 69:12  76:5  <b>person's</b> 33:17  <b>pertinent</b> 52:23  <b>Peter</b> 39:2,7,13,18 50:2 66:24  <b>PGY-4s</b> 28:25  <b>PGY-5s</b> 29:2  <b>Pharmacy</b> 64:18  <b>phone</b> 67:6  <b>phonetic</b> 49:25 74:7  <b>physician</b> 42:15 58:20 60:8  69:19 70:9  <b>physicians</b> 70:5,9  <b>PI</b> 33:9 38:23 40:17 45:2 46:25  80:8 81:2  <b>piece</b> 64:11 82:3,20  <b>pilot</b> 18:7  <b>pipeline</b> 13:20  <b>place</b> 14:19 17:16,18 72:23 84:4  <b>places</b> 61:23 75:15  <b>Placid</b> 36:24 49:22  <b>plans</b> 71:8 76:6  <b>plasma</b> 54:15  <b>plates</b> 69:15  <b>platform</b> 41:24  <b>platforms</b> 33:19  <b>playing</b> 7:18  <b>Plaza</b> 18:25  <b>please</b> 5:18,19,21,24 19:15,24  25:7 26:22,23 29:22 30:8  47:10 78:13  <b>Plus</b> 29:4  <b>point</b> 9:2 26:3 34:21 39:24  51:22 54:4,19,23 55:14 56:10  56:23 60:13  <b>pointed</b> 64:23  <b>points</b> 30:11  <b>police</b> 59:8  <b>policies</b> 68:18 71:4 73:18  <b>policy</b> 13:15 15:14,21  <b>portal</b> 74:16</p>
--	--

**portion** 7:12  
**position** 8:24 9:24  
**positive** 14:4  
**possible** 59:5  
**possibly** 9:24 69:10  
**potential** 59:6,7 78:19  
**potentially** 24:11  
**powerful** 8:21  
**PowerPoint** 37:12,23 38:3  
**Prabhakaran** 2:13 3:19,20 5:12  
**practical** 64:25 65:11 66:14  
**practice** 32:23 34:19,20 63:24  
 64:10 73:14  
**practices** 68:16 73:25  
**practicing** 50:21  
**practitioner** 60:9  
**pre-hospital** 75:9  
**predecessor** 49:12  
**preparation** 48:7,9  
**prepared** 81:12  
**preparedness** 46:10 71:8,15  
**prescribed** 60:8  
**present** 4:11,22 69:9,9 74:21  
**presentation** 35:7 37:12,21,23  
 38:25 40:16,19 43:12 45:20  
 66:25  
**presentations** 35:17 49:19  
**presented** 37:12 42:24 49:25  
 50:6  
**presenting** 47:19 50:22  
**press** 37:3  
**presume** 78:20  
**pretty** 9:24 17:22 36:7 82:25  
**prevent** 37:16  
**prevention** 35:14,22 36:2,8,16  
 37:8,9,10,11,19 38:5,6 46:13  
 47:2 70:12  
**previous** 54:7  
**previously** 46:12 57:7  
**primarily** 48:18 53:9  
**primary** 82:4  
**Prince** 4:5  
**prior** 7:21 28:3 32:14 54:21  
**privilege** 9:14  
**probably** 14:12 24:14 31:18  
 41:21 42:18 52:6 56:7 59:23  
 60:3 68:4,6 73:9,21,24 78:4,6  
 78:8 80:17 81:24  
**problem** 30:10 56:24 57:10  
**procedures** 68:18 71:4

**proceedings** 84:7  
**proceeds** 52:15  
**process** 14:7,7,21 15:4,6,12  
 22:14 23:6,11,16 24:17 25:22  
 26:8 27:11 28:17 31:19,23  
 32:13 33:3 36:3 39:15 40:7  
 41:10 48:21 49:13 54:19 55:3  
 56:25 74:8 82:4  
**processing** 19:8  
**proclamation** 6:5 11:25  
**procurement** 79:14  
**produced** 23:2  
**produces** 22:25  
**product** 53:4 64:19  
**products** 53:8,9 55:17  
**professional** 12:12 74:3  
**professionally** 59:3  
**professionals** 37:7,8 38:8 82:6  
**program** 7:13 9:3 18:12 19:23  
 21:7,16 30:19 38:9 42:4 43:15  
 45:16,17 46:13,23 51:13,13  
 59:12 67:7,8,10 71:11,18  
 74:12  
**programs** 18:7 36:12 38:11,16  
 48:4 55:18 66:25 69:8  
**prohibited** 63:8  
**project** 70:18,19,24 71:20  
**projects** 70:16 73:16 80:8  
**promoting** 70:4  
**promulgated** 59:10 60:10  
**proper** 79:14  
**properly** 82:7  
**Proposed** 27:10  
**proposing** 55:23  
**protocol** 41:6 52:20,23 54:18  
 56:10  
**protocols** 7:10 41:4 51:9 52:18  
 55:8  
**proud** 10:9  
**provide** 36:3 37:15 57:25 69:11  
**provided** 35:25 36:6  
**provider** 33:16 41:25  
**providers** 19:17,19 41:11 42:9  
 53:15 59:9 70:6 75:10  
**provisional** 15:15,15,20 29:17  
**public** 14:11,21 15:2 36:19  
 59:10 75:21  
**publication** 39:6  
**published** 15:14,23  
**pull** 39:3 81:14

**purpose** 68:7  
**pursuant** 60:9  
**put** 3:5,10 17:10 23:22 28:6  
 29:25 31:2 56:6 66:2 79:3,5  
**puts** 70:16  
**putting** 64:19 68:6

---

**Q**

---

**QI** 70:16  
**qualities** 8:14  
**quality** 11:21 12:9 39:24 48:16  
 48:20,22,24 67:21 68:8 70:11  
 73:16,22  
**quarterly** 72:8  
**query** 82:11  
**question** 41:8,9 54:3 64:17  
**questions** 19:16 21:4 38:21  
 45:21 49:23 51:16 74:21 76:2  
**quickly** 15:4 69:6,6  
**quiet** 8:11  
**quite** 6:18  
**quorum** 4:24 79:20,21  
**quotes** 79:14

---

**R**

---

**RAC** 40:7  
**radar** 50:8  
**raise** 25:2,7,9,15 26:16,22,23  
 29:22  
**rapport** 9:4  
**raucous** 7:25  
**re-verification** 75:24  
**reach** 37:20 76:3  
**reached** 50:10  
**reaching** 51:6  
**read** 12:2 33:23 36:6 58:2 66:10  
**readiness** 48:15 67:24 68:13,13  
 70:24 71:20,20 72:12,25 73:11  
**reading** 10:13 62:25  
**ready** 8:4 51:12 67:9 69:4 72:24  
 74:11 75:23  
**real** 26:8 59:2  
**realize** 9:18 57:14 68:4  
**realized** 61:3  
**really** 6:20 10:13 12:13 17:6,7  
 20:4,15 24:10 30:14 31:12  
 38:24 48:19,21 50:14 59:3,13  
 64:4 67:17 68:10,14 70:16  
 73:21,23 75:18 81:16,21 82:2  
 82:4,18

**reasonable** 54:18  
**reasons** 36:5  
**rebuilt** 8:12  
**receive** 68:8  
**received** 36:24 45:12  
**receives** 81:25  
**receiving** 32:25 33:8 69:10  
**recognition** 7:2 11:13 18:14  
 45:17 48:3 51:12 66:25 67:8  
 67:10 71:18  
**recognize** 4:25 6:21 12:5,16  
 15:9 19:3 47:8 59:7 69:13,21  
**recognized** 15:19  
**recognizes** 11:17 69:14  
**recommend** 32:15,20  
**recommendation** 54:12,14 61:16  
**recommendations** 27:19,21,22,24  
 27:25 28:2 32:11 35:14 55:14  
**recommended** 32:24  
**reconsider** 58:13  
**record** 4:23 38:12 43:8 84:6  
**recruited** 7:11  
**recurrence** 37:13  
**Reddy** 2:12 3:25 4:2 5:2,3  
**redundant** 32:19  
**reference** 71:19  
**referring** 32:25 82:20  
**reflect** 8:22  
**regardless** 68:3  
**regimen** 60:8  
**region** 7:21 43:20,21 49:4  
**regional** 38:23 39:24 42:5,6  
 44:25 82:14  
**regionally** 8:18  
**regions** 42:23 43:24  
**register** 43:7  
**registered** 62:6 63:11 64:25  
 65:6,9,10 66:14 69:20,25  
**Registrar** 46:24  
**registrars** 81:22  
**registry** 22:6,8,9,11,18,19  
 23:16 24:12 25:12 26:6,14,15  
 32:3,5,6 33:25,25 34:19 35:12  
 81:11,11,13,16  
**regs** 14:18  
**regular** 15:7 20:6 59:23  
**regulation** 53:4 64:21  
**regulations** 13:17 15:11 53:7  
 56:6,8 57:2 59:17 60:10,24  
 62:15 63:23

<p><b>regulatory</b> 13:22,24 14:3  <b>reissued</b> 58:16  <b>relate</b> 56:11  <b>related</b> 13:22,24 14:16 15:14,25  16:9 19:6,7 38:2 62:20 68:19  80:25  <b>relatively</b> 59:23  <b>release</b> 37:3  <b>relieve</b> 20:15  <b>remaining</b> 8:24  <b>remains</b> 56:24 57:15  <b>remember</b> 77:10  <b>Remick</b> 67:17  <b>remind</b> 28:12  <b>reminder</b> 79:18  <b>reminding</b> 58:14  <b>remove</b> 23:5  <b>removing</b> 23:11 32:20  <b>renewals</b> 19:11  <b>renewed</b> 19:13  <b>repeat</b> 28:11 37:16  <b>replaying</b> 8:9  <b>report</b> 13:10 18:19,19 22:6,8,9  22:11,15,18,19,24 23:3 24:18  25:12,12,20 26:5,6,7,9,10,15  26:15 27:2 30:9 31:3,7 32:2  34:8 35:19,25 38:21,24 44:23  45:5,23,25 46:13 47:5 51:17  70:15 72:13  <b>reported</b> 51:23 84:3  <b>Reporter</b> 84:11  <b>reports</b> 21:21,23 23:8 25:19  44:7 51:22 72:17  <b>repositories</b> 82:9  <b>repository</b> 43:21  <b>representation</b> 31:14,17,25  45:19  <b>representative</b> 42:14  <b>representatives</b> 35:4  <b>represented</b> 78:7  <b>representing</b> 22:4 27:7  <b>request</b> 4:25 28:16 40:8 61:18  61:21  <b>requested</b> 29:12,15  <b>requests</b> 27:15,15,17 46:16  <b>required</b> 70:14 77:8,9  <b>requirement</b> 32:22 42:3 59:25  72:11  <b>requirements</b> 29:13,18 39:16  79:2</p>	<p><b>requires</b> 28:21  <b>research</b> 29:18 67:14 73:18  74:25 75:7  <b>resident</b> 9:21,22 81:10  <b>resolution</b> 7:2 10:12 11:13,15  12:4 23:4,9  <b>resolutions</b> 10:18,19  <b>resolve</b> 61:23  <b>resounding</b> 65:16  <b>resource</b> 35:11  <b>resources</b> 17:18 73:14,25 75:22  <b>respect</b> 28:15  <b>respond</b> 16:22,23 17:20  <b>responding</b> 17:6 66:7  <b>response</b> 17:12 18:3  <b>responsibilities</b> 20:25  <b>responsible</b> 42:8  <b>restate</b> 26:12  <b>results</b> 53:23 70:22  <b>reunification</b> 48:10  <b>reunifying</b> 48:13  <b>reverified</b> 45:19  <b>review</b> 27:14 71:3 72:11 75:20  <b>reviewed</b> 60:25  <b>reviewing</b> 8:2 51:7  <b>reviews</b> 27:16,21  <b>revised</b> 14:25  <b>right</b> 20:9,10 29:21 31:2,11  36:3 51:14 52:8 55:6,16,22  59:25 65:14 68:22 69:2 81:6  <b>right-sized</b> 69:2  <b>rigorous</b> 77:11  <b>RILEY</b> 2:20  <b>RNs</b> 60:14 63:12 64:7,7 65:14  <b>Road</b> 1:11  <b>Robano</b> 46:23  <b>Robert</b> 2:8,16 27:9  <b>robust</b> 27:9 35:3 38:24  <b>Rochester</b> 44:25 79:5  <b>role</b> 7:18 11:11 40:24 59:4  <b>roles</b> 20:24 69:22  <b>roll</b> 3:9 24:25 75:22  <b>Ron</b> 22:5 80:18  <b>RONALD</b> 2:15  <b>room</b> 47:9 52:7 65:14,15  <b>rooms</b> 49:22  <b>Roseanna</b> 2:12 3:16  <b>routinely</b> 81:18  <b>RTAC</b> 5:8,12,13,13 40:7 74:18,22  76:4 78:15</p>
--	---

**RTACs** 40:10,12,24 41:14  
**runs** 30:15  
**rural** 19:25 20:5,11 57:4,10,12  
**Ryan** 2:3 6:11 13:10 41:9

---

**S**

---

**S** 16:8  
**safe** 49:10,15 59:4,5 69:10  
**safely** 50:5  
**safer** 61:23  
**safety** 36:19,22 38:14 49:20,21  
 70:11  
**Sam** 29:14  
**San** 53:20  
**Sandbrook** 43:3,12,15  
**Sarah** 50:20  
**sarcastic** 66:2  
**save** 23:7  
**saying** 60:12,13  
**says** 10:15 58:18 60:6  
**scenario** 49:17  
**scene** 33:2,3,6 64:17 82:22  
**scheduled** 79:11  
**school** 57:23,23,24 58:9,11,25  
 59:3,15,24 60:20 61:4,5,13  
 63:22 66:4  
**schools** 36:23 38:13 57:25 59:5  
 60:19 61:23 63:7 64:8,24  
**scientific** 29:4  
**scope** 63:24  
**score** 68:13 72:17,18 73:2  
**screen** 79:10  
**screening** 27:18  
**scribbled** 57:25  
**se** 54:13  
**seasoned** 35:4  
**seat** 37:2 50:4  
**seats** 76:13  
**second** 13:6,7 15:2 17:4 22:16  
 24:19 25:10 26:18,19,20 28:8  
 34:3,4 40:16 61:20 62:2 66:17  
 66:18  
**seconded** 38:18 66:11  
**Secondly** 39:10  
**seconds** 26:21  
**section** 50:25  
**secured** 79:13  
**see** 11:8,9 15:22 18:25 22:7,7  
 23:9,12 34:20 45:9 53:17 56:8  
 66:10 67:6 78:25 80:20

**seeing** 70:22  
**seen** 59:6  
**segment** 81:17  
**seizure** 52:22  
**SEMAC** 43:17 47:12 49:9 52:16  
**SEMSCO** 18:17 42:13 43:16 49:9  
**Senate** 53:12  
**send** 39:15 75:6  
**sent** 12:21 37:3  
**September** 18:18 24:6 49:6  
**serve** 31:21  
**served** 7:6,17,20  
**service** 7:22 36:9 55:20 56:25  
**services** 12:4 20:6,14 57:7 67:2  
**session** 38:14 55:23 56:3  
**set** 14:22 15:10 19:12 30:13  
**setters** 44:14  
**seven** 81:25  
**seventy** 73:2  
**severe** 81:5  
**shaft** 40:20  
**shaking** 65:17  
**Shar** 9:8  
**share** 8:4 21:8 43:24 45:6,8  
 73:19,25 75:6 79:16  
**shared** 46:19  
**shares** 27:13  
**sharing** 73:13  
**shave** 24:12  
**SHELDON** 2:14  
**shock** 55:8  
**short** 6:18 17:24 66:24  
**shortages** 57:11  
**shortly** 51:14  
**shot** 66:6  
**shown** 67:25  
**side** 13:13,14,15 16:4,4 18:8  
 23:18  
**sign** 43:10  
**significance** 23:24  
**significant** 11:18 12:6 14:24  
 17:13,22 28:21 29:9 52:9,14  
 53:5,21 54:20 80:12  
**Signs** 18:20 41:23 42:19,25 43:4  
 43:7 50:18,22,23  
**silence** 65:16  
**similar** 48:2  
**Similarly** 11:25  
**Simon** 2:15 22:5 80:18  
**simple** 40:13

**sincere** 9:10  
**Singh** 49:25  
**sir** 25:14 53:25  
**sister** 10:10  
**sit** 10:23 31:13 42:15  
**site** 11:7,9 14:17 74:10 75:7  
**sites** 19:18  
**sitting** 10:25 13:15  
**situation** 55:21 64:15  
**situational** 16:4 19:9  
**six** 32:7 43:6 70:20 72:8 77:18  
**six-year-old** 26:3  
**sixteen** 78:6  
**sixth** 43:6  
**sixty** 14:23 17:23 30:21  
**sized** 68:22  
**sizes** 68:24  
**skill** 70:5  
**Skyler** 46:23  
**slightly** 40:4  
**Sloan** 36:7  
**small** 15:8 82:2  
**smaller** 69:22 72:21 77:25  
**smoother** 15:6  
**snowstorm** 17:14  
**Snyder** 2:15 4:8,9 34:4,5 44:10  
 44:10 64:23 65:9,19,24 66:3  
 77:7 82:8  
**solidified** 79:15  
**solution** 60:25 61:2,7  
**solutions** 20:5 24:6  
**somebody** 66:16 78:9 80:21  
**somewhat** 32:19  
**sooner** 23:9 81:3  
**sore** 67:4  
**sorry** 3:10,12 10:17 13:12 18:22  
 20:2 39:13 47:14 49:8 65:22  
**sort** 22:8  
**sorts** 75:11  
**span** 75:18  
**SPARCS** 22:14 23:4,11,15,17  
 24:17  
**spatial** 39:2,23  
**speak** 5:19,24 9:15 63:20 78:24  
 80:22  
**speaking** 6:19 40:12 43:11 68:4  
**speci** 60:14  
**special** 48:8 50:25 75:10  
**specialist** 74:6  
**specializing** 69:23  
**specialties** 8:16  
**specific** 32:16 44:13 58:8,20,23  
 60:2,7,14 62:8,11,16 63:9  
 65:12 66:16 77:12  
**specifically** 15:10 63:14 68:20  
**speed** 15:11  
**speeding** 43:2  
**spelling** 46:25 47:2,3 49:25  
 74:7  
**spending** 21:3  
**spent** 52:3 53:3  
**spirit** 13:25  
**spoke** 16:9  
**sponsor** 43:5  
**SRINIVAS** 2:12  
**STAC** 1:1 2:1 3:1 4:1 5:1 6:1,2  
 6:6,7,23 7:1,17 8:1 9:1 10:1  
 10:19,21 11:1 12:1,21 13:1  
 14:1 15:1 16:1 17:1,3 18:1  
 19:1 20:1 21:1,3 22:1 23:1,4  
 24:1 25:1 26:1 27:1,21,21,24  
 28:1,7 29:1 30:1,13,17 31:1  
 31:11,13,15,16,20,23,25 32:1  
 33:1 34:1 35:1,17 36:1,8,10  
 37:1 38:1 39:1 40:1 41:1,22  
 42:1,15 43:1 44:1 45:1 46:1  
 47:1 48:1 49:1 50:1 51:1 52:1  
 53:1 54:1,10,25 55:1,13 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 76:1,14,17,23,24 77:1  
 78:1,10 79:1 80:1,20 81:1  
 82:1 83:1,3 84:1  
**staff** 68:15 70:6 79:5  
**staffing** 19:6  
**stakeholders** 53:6 75:19  
**stand** 47:8  
**standard** 16:14 68:17  
**standardize** 35:2  
**standardized** 33:11,14,17  
**standards** 7:19 9:12 15:10 16:10  
 34:23 44:13,19 45:11,18 52:2  
 52:16 71:4  
**standpoint** 81:13  
**start** 6:2 34:12 39:20 72:23  
 74:17  
**started** 47:25 73:5  
**starting** 3:4 7:22 18:12 44:20  
 55:21 72:21 75:25

**state** 1:2,5 7:16,17,20 8:24  
 11:10,16,19,22 12:3,7 16:16  
 17:17,20 18:24 20:11 22:6,14  
 22:17,18,24 23:9 24:13,17  
 25:11 26:13 27:12,25,25 28:13  
 30:11 31:17 32:9,10 33:3 35:9  
 36:14,17,20 37:25 38:13 39:4  
 41:2,3,6,10,24 46:3,9 50:9,22  
 51:20 57:22 58:23 60:3 61:25  
 62:5,7 63:3,11,12 64:7 65:5  
 66:11,12,15 70:21 72:2 75:3  
 75:17 76:18 77:4,21,22 81:18  
 81:22,22 84:2  
**State's** 7:18  
**stated** 58:5 84:4  
**statements** 15:15  
**Staten** 40:17  
**states** 17:8 28:14  
**statistical** 23:10,24  
**status** 32:15  
**statutory** 24:25  
**stay** 37:4,4 67:5  
**STB** 38:9,11 60:12  
**STD** 60:13  
**steady** 8:12  
**step** 6:25 42:18  
**stepping** 36:13  
**steps** 75:20  
**STEVE** 2:6  
**Stop** 38:9,16 46:13,16,18 58:25  
 59:11 66:4 70:19  
**stopped** 38:11  
**store** 53:13  
**stories** 46:7  
**story** 81:24 82:3,17,24  
**strain** 52:12  
**strange** 62:13  
**streamlined** 14:7  
**street** 29:12  
**stress** 20:17 39:22  
**stressors** 20:16  
**strong** 7:14 8:12  
**strongest** 67:20  
**student** 9:20,21  
**students** 65:19 66:3,5  
**studies** 67:14  
**study** 37:16  
**stuff** 11:9 24:7  
**subcommittee** 21:21 27:5 28:12  
 31:13,15 33:25 36:2,5,8 38:23  
 42:22 45:6,14  
**subcommittees** 31:11,20  
**subject** 43:14 66:8  
**submission** 33:2,20  
**submit** 74:15  
**submitted** 13:19 32:19  
**subscribed** 84:8  
**subsistent** 21:21  
**substantive** 32:14 34:13  
**subway** 33:18  
**success** 46:7  
**successful** 20:3  
**suffering** 52:24  
**Suffolk** 78:15  
**suggest** 63:17 69:19 77:6  
**suggested** 67:2 76:19 78:17  
**Suicide** 70:19  
**Sullivan** 52:5  
**summary** 47:23  
**summer** 20:13 74:20 75:23  
**SUNY** 7:8 43:13,15  
**supplies** 71:5  
**support** 8:15 21:11 82:16  
**supported** 51:11 75:14  
**supporter** 7:14  
**sure** 6:20,21 14:10 20:24 26:17  
 31:14 37:24 38:3 42:9 44:8  
 47:16 53:15 54:22 59:16 78:23  
 78:25 79:2 80:16  
**surgeon** 9:6,15  
**surgeons** 7:12 8:3 10:8 29:3  
 45:4,7 55:2 59:11  
**Surgery** 7:7 10:2  
**surgical** 7:11 9:21,22,22  
**survey** 71:16,21 72:3,4,6  
**surveys** 37:17 67:15 75:5  
**suspect** 80:3  
**sustainability** 16:19  
**sustainable** 69:7  
**sustaining** 52:21  
**switch** 22:17 25:11 26:9,13  
**Sykes** 2:14 3:10 4:18,19  
**symposia** 74:4  
**symposium** 36:23 38:7  
**syphilis** 60:17  
**system** 11:19 12:7 16:9,13,14,18  
 16:19 20:23 30:14,18  
**systems** 6:12 11:22 12:4,10  
 21:24 22:5,20 31:2 41:11 80:4  
 80:17,18,21

<b>systems'</b> 30:21	<b>thanks</b> 3:5 49:12 50:8
	<b>the-counter</b> 58:7
	<b>therapeutic</b> 50:24
	<b>Therapeutics</b> 64:18
	<b>they're</b> 19:11
	<b>thing</b> 55:6 56:3,24 57:16 64:9
	<b>things</b> 3:5 5:17 13:20,21 15:9
	15:23 16:3,6,11 17:16 18:6
	19:7,21 20:14 21:2 26:5 30:5
	31:8,9 33:18,19 34:9,15 38:2
	41:19 44:6 48:10,12 51:16
	52:17 55:12 64:16 65:20 68:6
	68:23 70:17 73:9,15,19 74:23
	76:18,21 77:2,5,12
	<b>think</b> 6:24 9:7,24 13:25 17:3,13
	17:14 18:18 23:13,25 24:3,9
	25:14,16 28:18 29:24 31:25
	35:22 39:13 40:9 41:18,21
	42:10,11,16,17,19 44:8,18
	51:14 54:7,9,17,17,18,19 55:3
	55:5,15 56:4,12 58:16 61:10
	63:10,23 65:17,18 66:7 69:11
	71:14 76:2,15 77:4,7,12,13,14
	77:18 78:12 79:21 81:20,21
	82:5,12,16
	<b>thinking</b> 11:5 18:16
	<b>thinks</b> 60:22
	<b>third</b> 52:23
	<b>thirty</b> 19:13 78:8
	<b>thirty-day</b> 19:11
	<b>thought</b> 25:22 26:8 54:25,25
	58:2,2 60:12
	<b>thousand</b> 30:22,22
	<b>three</b> 15:18 38:24 50:13 71:17
	78:17
	<b>three-year</b> 22:17 25:11 26:6,10
	26:14
	<b>threes</b> 15:17
	<b>throat</b> 67:4
	<b>till</b> 70:24
	<b>time</b> 1:7 6:18 15:2 16:21 17:24
	20:10 21:3 25:19 26:8 30:20
	34:14 40:21 52:3 53:3 57:16
	58:12,14 66:10 67:4 70:3,3
	76:6 81:2,19 84:3
	<b>timeline</b> 14:20 56:9,13 81:8
	<b>times</b> 17:15 30:16 72:7
	<b>tiny</b> 68:25
	<b>title</b> 68:6
	<b>TNCC</b> 76:20 77:10
<b>systems'</b> 30:21	
<b>T</b>	
<b>table</b> 5:9 10:25 33:15 56:17	
59:16 60:21	
<b>tagging</b> 49:8,9	
<b>Tai</b> 36:12 37:9	
<b>take</b> 17:15 21:4,24 23:16 24:4	
57:13,16 72:6 76:16,23 77:5	
77:21 80:6	
<b>takes</b> 25:23 27:18,25 34:13	
<b>talented</b> 9:6	
<b>talk</b> 10:23 51:14 57:16 67:22	
76:4	
<b>talked</b> 40:21	
<b>talking</b> 52:3 53:3 57:19 63:23	
63:24	
<b>talks</b> 8:10	
<b>Tammy</b> 2:14 4:18	
<b>tampons</b> 59:25	
<b>tapes</b> 51:8	
<b>task</b> 16:11 17:4,10,11,17,25	
19:25 57:12	
<b>teach</b> 65:20 66:4	
<b>team</b> 20:18 24:10 69:13,15,17	
<b>teams</b> 24:12	
<b>teamwork</b> 10:21	
<b>tech</b> 21:11 27:19	
<b>Technician</b> 49:21	
<b>tell</b> 23:21 52:7 54:13	
<b>ten</b> 67:16 77:19	
<b>tenure</b> 7:9	
<b>Teperman</b> 2:14 4:6,7 12:12 22:21	
22:22 24:19,20 25:14,16 28:8	
28:8 39:10,12,13 40:6,11,15	
41:8,9,17 53:24 54:2,5 55:11	
55:15 61:15,18,19 63:14,19	
66:18,18	
<b>term</b> 63:18	
<b>terminology</b> 62:13,14,15,22	
<b>terms</b> 7:21 53:6	
<b>testing</b> 60:16	
<b>texted</b> 67:5	
<b>thank</b> 3:12,13 5:3,3,6,10 6:13	
9:14 12:15,19 13:8,11 20:18	
21:2,14,19 22:4 24:14 25:5	
26:24 27:3,6 29:23 31:3,5	
35:18,20 36:9 38:22 43:17	
44:22 45:22 47:11 51:4,18,21	
63:3 76:7,8 83:5	

**today** 6:13 14:2 20:19,21 21:3  
 32:5,12 43:12 44:5 45:6 47:20  
 51:23 62:21 68:5 74:7  
**told** 8:8 67:5 78:17  
**Tom** 49:24  
**tool** 35:7,11,13 37:17 72:3  
**toolkits** 75:8  
**top** 30:2 31:6  
**topics** 75:12  
**total** 29:7 46:21  
**touch** 55:16  
**TPMs** 64:23  
**TQIP** 34:24 45:10  
**track** 37:14  
**tracking** 36:11  
**traditional** 19:20 26:10  
**traffic** 36:19 49:20  
**tragedy** 59:6,7,7  
**train** 28:25 29:3 61:4 70:8  
 77:22,23,24  
**trained** 57:9  
**training** 35:12 42:13 68:21  
 69:25 70:7,10  
**trainings** 37:6  
**transcription** 84:5  
**transfer** 32:25 82:14  
**transfers** 80:6 81:25  
**transfusion** 53:13 54:16 55:20  
 56:25 57:7  
**transfusions** 53:16,21 54:6 57:6  
 57:9  
**transport** 49:11,15,16 50:3,7  
 53:8 81:14  
**trauma** 1:5 6:12,16,23 7:6,7,10  
 7:13,15,19 9:3,8,12,23 10:2,7  
 11:16,19,22 12:4,7,9,10,17  
 13:14,24 16:2,3,8,15 18:9,10  
 18:15 20:7 21:7,16,25 22:6,8  
 22:9,11,15,19 23:16 24:17  
 27:5,7,11,13,16,17,20,22 28:3  
 28:4 29:2 32:8 33:8,24,25  
 34:19 35:16,21 37:13,14 38:18  
 39:4,7 40:22 41:12 42:2 44:14  
 44:17,19,24 45:2,4,7,12,14,20  
 46:22,23 52:12,24 55:2 68:3  
 70:13 73:7 76:18,22 77:4,9  
 78:3,5,6,8 80:5 82:11,11  
**traumatic** 6:16  
**treat** 69:6  
**treating** 68:24

**treatment** 52:21 55:7 60:16  
**tremendously** 13:17  
**trend** 80:4,13  
**triage** 32:23,23 40:22 41:7,12  
 51:3 82:4  
**triaged** 44:16  
**tribute** 46:5  
**tried** 22:6  
**Trish** 9:18,18,25 11:24  
**Troy** 49:5  
**true** 6:14 8:23 84:6  
**Trujillo** 46:24  
**truly** 11:6,23 12:17 20:11,23  
 82:3  
**try** 31:9,24  
**trying** 13:12 23:23 40:23 56:20  
**Tuesday** 43:6  
**turn** 5:19 22:9 82:23  
**turnaround** 25:19  
**turning** 26:5  
**twelve** 18:13 56:7  
**twenty** 6:8 65:13  
**twenty-five** 76:13 78:8  
**twenty-four** 76:13  
**twin** 10:9  
**two** 3:4 6:17 7:13,21,21 10:18  
 16:6,11 17:2 18:23 19:25  
 20:19,20 22:12,19 23:18 30:10  
 35:16 40:3 42:12 43:5 46:7  
 49:23 50:13,19 59:22,24 60:4  
 61:9 69:20 78:5 80:5  
**type** 61:9  
**types** 76:17 77:2  
**typewritten** 84:5  
**typically** 77:17,18,19 78:2

---

**U**


---

**Ullman** 2:18 4:17  
**ultimate** 15:5  
**ultimately** 60:23 64:20  
**understand** 24:11 35:15 39:17  
 62:13 72:13  
**understanding** 68:17 80:9  
**underwater** 71:24  
**Undoubtedly** 9:2  
**unexpectedly** 6:18  
**unfolding** 48:12  
**unfortunately** 48:11 57:3 72:9  
**union** 28:14  
**unit** 20:22 54:15

**University** 39:6 40:17 43:13  
 44:24 79:5  
**UNKNOWN** 21:10,13  
**untimely** 7:8  
**unusual** 6:3  
**upcoming** 14:17  
**update** 21:7,16 52:19,22 74:11  
**updated** 58:12  
**updates** 13:23,24 14:4 15:9,13  
 36:15 52:17,25  
**updating** 74:8  
**upgrade** 29:15  
**Upstate** 7:8 43:3,13,16  
**usage** 30:12  
**use** 33:14,18 50:4 58:8,24 61:4  
 61:6,14 62:7,17,23 63:18  
 64:13 65:11,20,23 66:15 72:11  
 82:14

---

**V**


---

**validated** 25:24  
**validation** 22:14 23:11 24:17  
**Valley** 5:13,13  
**value** 24:13  
**variation** 34:19  
**variety** 68:24 75:12  
**various** 36:12  
**Vela** 78:24  
**Vella** 44:23  
**vendor** 32:13  
**vendors** 34:12  
**verbatim** 36:7  
**verification** 7:19 28:13,16,24  
 29:17 75:24  
**verifications** 7:14  
**verified** 45:19  
**verify** 29:14  
**verifying** 70:4  
**vetted** 5:15 31:10,12,15,16,20  
 57:7 79:19  
**vice** 7:3 10:2,4 31:23 36:4  
**video** 37:19,21  
**videos** 75:11  
**view** 9:2 39:24  
**Vincent** 43:19  
**virtual** 76:5  
**visit** 14:17 28:24,25 74:20  
**visits** 11:9  
**Vital** 18:20 41:23 42:19,25 43:4  
 43:7 50:18,22,23

**voice** 5:20  
**volume** 30:16  
**volunteer** 35:16  
**volunteered** 44:6  
**volunteering** 51:5  
**VOSSWINKELL** 2:17  
**Voswinkell** 4:12  
**vote** 25:2  
**voting** 5:15

---

**W**


---

**Wadsworth** 57:3  
**wait** 18:3  
**walked** 47:12  
**Wallenstein** 2:16 3:15 45:5  
**want** 6:13,20 7:5 9:17 12:13,14  
 13:21 15:10 20:18 21:2 24:8  
 26:19 29:24 31:9,13,21 33:9  
 33:23 34:25 35:5 39:22 45:8  
 48:24 61:24 65:2,24 71:22  
 72:7,9 73:5 82:3  
**wanted** 10:16 29:18 40:7 57:16  
 76:14 81:19  
**wanting** 40:2  
**wants** 25:13 39:9 41:4 42:20  
 72:22  
**wasn't** 62:19 71:25  
**watch** 11:2,2  
**way** 6:9 8:3 14:4,9 16:13 26:4  
 28:18 37:22 39:9 57:4,5 61:11  
**ways** 14:4  
**we'll** 3:4 14:9 16:25 24:9 31:19  
 34:14 35:13 37:24 39:19 44:8  
 56:21 66:10 67:22 78:25 79:6  
 79:15  
**we're** 3:7 13:14 15:17 18:4 20:4  
 20:10,22,23,23 21:20,21,24  
 23:2 24:2 26:7 29:25 31:18,22  
 39:25 40:10 43:2 47:24 62:3  
 62:14 63:14,24 66:20 74:10  
 81:16 82:24  
**we've** 5:17 6:19 13:23 15:21  
 49:14 54:4,5 59:6 73:20 82:19  
**wear** 38:15  
**WebEx** 47:22  
**webinars** 38:17  
**webpage** 75:22  
**website** 37:25 38:4 41:3 43:7,22  
 74:9,10  
**Wednesday** 79:11

<b>week</b> 18:22 20:2 32:9 36:24 38:2 38:7,17 45:5 47:22 49:21	<b>yeah</b> 25:18 30:6 40:11 41:18 63:21 77:17 79:24 80:16
<b>weeks</b> 18:23 20:2 57:20 79:15	<b>year</b> 6:15,19 16:6 19:3 23:8 25:22 26:5 31:10,18 34:16,16 35:18 44:20 46:20,22 47:4 72:8 81:20,25
<b>welcome</b> 5:2,4,14 48:19 55:15	<b>year's</b> 33:20
<b>well-respected</b> 8:17	<b>yearly</b> 25:24
<b>went</b> 52:15	<b>years</b> 6:8 10:24 11:23 12:10,18 32:14 36:10 47:24 50:13 53:22 57:18 61:3 67:16 71:22 74:3
<b>weren't</b> 12:14	<b>yep</b> 23:22 25:4
<b>West</b> 29:14	<b>yesterday</b> 38:11 46:11,14 51:24 51:25 62:20 76:11 78:7,18,19 78:25
<b>Westchester</b> 37:11	<b>yesterday's</b> 78:15
<b>Western</b> 5:7	<b>York</b> 1:1,2,12 2:1 3:1 4:1 5:1,7 5:12 6:1 7:1,16,20 8:1 9:1 10:1,5,8 11:1,15,22 12:1,3,10 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1,6,17,18 23:1 24:1 25:1,11 26:1,13 27:1,12 28:1 29:1 30:1 31:1 32:1,10 33:1,3 34:1 35:1 36:1 36:13,20 37:1 38:1 39:1,4 40:1 41:1,2,3,6 42:1 43:1 44:1 45:1 46:1,3 47:1 48:1 49:1 50:1,22 51:1 52:1,8 53:1 54:1 55:1 56:1 57:1 58:1,23 59:1 60:1 61:1 62:1,4,7 63:1 63:11,12 64:1,7 65:1,5 66:1 66:11,12,15 67:1 68:1 69:1 70:1,21 71:1 72:1,2 73:1 74:1 75:1,3 76:1,18 77:1,4 78:1 79:1 80:1 81:1,18 82:1 83:1 84:1,2
<b>WHEREOF</b> 84:8	<b>young</b> 8:3
<b>whim</b> 28:22 29:10	<hr/> <b>Z</b> <hr/>
<b>wide</b> 31:17	<hr/> <b>0</b> <hr/>
<b>wife</b> 9:8	<hr/> <b>1</b> <hr/>
<b>William</b> 2:10,11 3:19 11:14,19	<b>1</b> 28:20 29:6,12,16 84:6
<b>willing</b> 73:19,24	<b>1:37</b> 1:7 3:2
<b>Winchell</b> 2:16 4:18 22:3 27:9	<b>10th</b> 38:10
<b>winter</b> 20:13	<b>11</b> 1:6
<b>wintertime</b> 20:16	<b>11th</b> 79:11,16 83:4
<b>WITNESS</b> 84:8	<b>15</b> 29:9
<b>Wolf</b> 1:11	<b>15,000</b> 46:21
<b>women</b> 7:13	
<b>wonderful</b> 9:15 35:6 74:8	
<b>woods</b> 29:11	
<b>words</b> 6:25 7:5 8:21,22 9:18 10:14 11:3 40:6	
<b>work</b> 6:6 9:13,13 10:24 11:20 12:8,18 19:18 21:2 23:2 32:6 32:6 33:8 34:11,14,15,16,25 35:3,13 41:22,23 43:2 48:23 49:11 50:16 51:4 52:5,15 53:6 53:17 56:5 57:14 61:22 63:8 68:5 69:15,16 71:9,10 73:5,23 75:2 80:12 81:23 82:6	
<b>worked</b> 58:10 73:21	
<b>working</b> 13:20 14:6 19:17,19 20:24 30:11 34:12 37:6 39:25 40:10 45:14 69:16 71:9,12 75:21 79:13	
<b>workload</b> 24:12	
<b>works</b> 48:25 62:5 65:5 66:13	
<b>worries</b> 30:7	
<b>would've</b> 40:3	
<b>written</b> 7:5	
<b>wrong</b> 21:15 24:24	
<hr/> <b>X</b> <hr/>	
<b>x</b> 23:7	
<hr/> <b>Y</b> <hr/>	

<p><b>17th</b> 18:20  <b>189</b> 1:11  <b>1st</b> 33:21 34:2 47:25</p>	<p><b>6909</b> 60:6</p> <hr/> <p style="text-align: center;"><b>7</b></p> <hr/>
<p style="text-align: center;"><b>2</b></p> <hr/> <p><b>2</b> 28:20 29:6,12,16  <b>20</b> 78:2  <b>2014</b> 7:8,23  <b>2015</b> 23:3 25:21  <b>2018</b> 58:3  <b>2020</b> 25:21  <b>2023</b> 1:6 84:9  <b>2024</b> 32:10 33:21 34:3 72:15  <b>20th</b> 19:12  <b>22nd</b> 18:21 19:12  <b>23rd</b> 18:23 48:17  <b>25</b> 78:2  <b>2nd</b> 38:15</p>	<p style="text-align: center;"><b>8</b></p> <hr/> <p><b>80s</b> 68:11  <b>83</b> 84:6  <b>85</b> 81:6</p> <hr/> <p style="text-align: center;"><b>9</b></p> <hr/>
<p style="text-align: center;"><b>3</b></p> <hr/> <p><b>3</b> 27:20  <b>3:23</b> 1:7 83:6  <b>31st</b> 84:9</p>	
<p style="text-align: center;"><b>4</b></p> <hr/> <p><b>4</b> 19:4,5,11 27:20  <b>405</b> 13:17 14:15,16  <b>405s</b> 13:24 14:9  <b>4th</b> 49:8</p>	
<p style="text-align: center;"><b>5</b></p> <hr/> <p><b>5/11/2023</b> 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  <b>5th</b> 49:6,7</p>	
<p style="text-align: center;"><b>6</b></p> <hr/> <p><b>65</b> 37:14</p>	