

5/29/2024 - STAC - Troy, New York

NEW YORK STATE

DEPARTMENT OF HEALTH

STATE TRAUMA ADVISORY COMMITTEE

DATE: May 29, 2024

TIME: 1:10 p.m. to 2:25 p.m.

CHAIR: MATTHEW BANK

LOCATION: Hilton Garden Inn

235 Hoosick Street

Troy, New York

Reported by Danielle Christian

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2 APPEARANCES:

3 ABENAMAR ARRILLAYA

AMY EISENHAUER

4 ARIEL GOLDMAN

ARTHUR COOPER

5 CARNI GARCIA

CRISTY MEYER

6 DANIEL CLAYTON

DEREK WAKEMA

7 DONALD DOYNOW

FRANK MANZO

8

GEORGE AGRIANTONIS

GEORGE ANGUS

9

JAMES MCDONALD

10 JAMES VASSWINKEL

JAMIE ULLMAN

11 JOHN MORLEY

KARTIK PRAHHAKARAN

12 KATE MAGUIRE

KERRIE SNYDER

13 KIM WALLENSTEIN

KURT EDWARDS

14 L.D. GEORGE ANGUS

MARK GESTRING

15

MARY IVES

MATTHEW CONN

16

MEGHAN MULLEN

MICHAEL DAILEY

17

MICHAEL VELLA

18 ROBERT CURRAN

RONALD SIMON

19 ROSEANNA GUZMAN-CURTIS

RYAN GREENBERG

20 SHELDON TEPERMAN

SRINIVAS REDDY

21 WILLIAM FLYNN, JR.

22

23

24

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2                   (The meeting commenced at 1:10 p.m.)

3                   SECRETARY CLAYTON: We are calling to  
4                   order and the first thing on the agenda is to do the  
5                   attendance roll call. Dr. Bank?

6                   CHAIRMAN BANK: Here.

7                   SECRETARY CLAYTON: Dr. Wallenstein?

8                   DR. WALLENSTEIN: Here.

9                   SECRETARY CLAYTON: Dr. Guzman-Curtis?

10                  DR. GUZMAN-Curtis: Here.

11                  SECRETARY CLAYTON: Dr. Gestring?

12                  DR. GESTRING: Here.

13                  SECRETARY CLAYTON: Frank Manzo?

14                  MR. MANZO: Here.

15                  SECRETARY CLAYTON: Dr. Prabakaran?

16                  DR. PRABAKARAN: Here.

17                  SECRETARY CLAYTON: Kate Maguire?

18                  MS. MCGUIRE: Here.

19                  SECRETARY CLAYTON: Dr. Angus?

20                  CHAIRMAN BANK: Dr. Angus has been  
21                  excused.

22                  SECRETARY CLAYTON: Thank you. Dr.  
23                  Reddy?

24                  DR. REDDY: Here.

25                  SECRETARY CLAYTON: Dr. Agriantonis?

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2                   DR. AGRIANTONIS:   Here.

3                   SECRETARY CLAYTON:   Matt Cann?

4                   MR. CANN:     Here.

5                   SECRETARY CLAYTON:   Dr. Taperman?

6                   DR. TAPERMAN:    Here.

7                   SECRETARY CLAYTON:   Kerrie Snyder?

8                   MS. SNYDER:     Here.

9                   SECRETARY CLAYTON:   Dr. Edwards?

10                  DR. EDWARDS:     Here.

11                  SECRETARY CLAYTON:   Dr. Arrillaga?

12                  DR. ARRILLAGA:    Present.

13                  SECRETARY CLAYTON:   Dr. Vosswinkel?

14                  DR. VOSSWINKEL:   Here.

15                  SECRETARY CLAYTON:   Dr. Flynn?

16                  DR. FLYNN:     I'm here.

17                  SECRETARY CLAYTON:   Meghan Mullen?

18                  MS. MULLEN:     Here.

19                  SECRETARY CLAYTON:   Dr. Dailey?

20                  DR. DAILEY:     Here.

21                  SECRETARY CLAYTON:   Dr. Winchell is

22                  excused.   Dr. Ullman is excused.   Dr. Doynow?

23                  DR. DOYNOW:     Here.

24                  SECRETARY CLAYTON:   Dr. Goldman?

25                  DR. GOLDMAN:    Here.

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2                   SECRETARY CLAYTON:   And Dr. Cooper?

3                   DR. COOPER:   Here.

4                   SECRETARY CLAYTON:   We have quorum.

5                   DR. SIMON:   We missed Dr. Simon.

6                   SECRETARY CLAYTON:   My apologies, Dr.  
7                   Simon.

8                   DR. SIMON:   Right here.

9                   SECRETARY CLAYTON:   Dr. Simon is also  
10                  noted as present.

11                  DR. SIMON:   I was just going to leave.

12                  SECRETARY CLAYTON:   No, please don't.

13                  CHAIRMAN BANK:   So Dan Clayton's going  
14                  to lead us in the Pledge of Allegiance and we could  
15                  all stand.

16                  SECRETARY CLAYTON:   I pledge  
17                  allegiance to the flag of the United States of  
18                  America and to the republic for which it stands, one  
19                  nation, under God, indivisible, with liberty and  
20                  justice for all.

21                  DR. COOPER:   Mr. Chairman?

22                  CHAIRMAN BANK:   Dr. Cooper?

23                  DR. COOPER:   I raise my voice at this  
24                  -- at this time to announce to the group the passing  
25                  of Dr. Palmer Bessey, Joe Bessey, a dear friend of

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2                   ours for many, many years.  Joe died within the last  
3                   -- the last month or so peacefully at home surrounded  
4                   by his family.  But as we all know, he made enormous  
5                   contributions to our trauma system here in New York  
6                   State.  And I just would ask for a moment of silence  
7                   at his path.

8                                 CHAIRMAN BANK:  Okay.  Thank you very  
9                   much.  And -- and just on a personal level with Dr.  
10                  Bessey I -- I was on STAC with him for many, many,  
11                  many years and he had a -- a lot of -- a lot of  
12                  wisdom.

13                                Okay.  We are now on the record.  So  
14                  I'm going to make a motion for approval of the  
15                  previous minutes.  They are on the D.O.H. website.  
16                  Can I have a second of the motion?

17                               MR. CURRAN:  I second.

18                               CHAIRMAN BANK:  Can I have just a roll  
19                  call everybody who approves the -- for the -- the  
20                  approval of the previous minutes please just raise  
21                  your hand.  Think we're good there.  Okay.  So the  
22                  Bureau of E.M.S. and trauma systems report, Director  
23                  Greenberg.

24                               DIRECTOR GREENBERG:  Good afternoon,  
25                  everyone.  I'm going to keep it a little bit on the

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2            brief side today.  So just to report out on -- on  
3            bureau activities, we've been quite active in the  
4            bureau.  Happy to say that we've been onboarding  
5            several new STAC members as well posting the number  
6            of STAC members.  Many of you might have seen that we  
7            had three different nursing positions posted that are  
8            in the recruitment process for -- just for the -- the  
9            trauma program.  So we're excited to -- to see this  
10           growth within the trauma program within the bureau.

11                               And so as we move through that I think  
12           you'll start to see some different transitions moving  
13           along with it.  Some different transitions on  
14           processes as well as some additional abilities to  
15           pick up the different projects and things that the  
16           STAC would like to take initiatives on that, you  
17           know, prior to now we might have had some limited  
18           bandwidth in our capabilities to do some of those  
19           things.  And so hopefully we'll be able to support  
20           that more as well.

21                               We are also going through a little bit  
22           of some reorganization within the bureau, and you'll  
23           hear more about that I think at our -- our next STAC  
24           meeting.  But part of that reorganization is also to  
25           work with supporting more of our councils in

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2                   different ways including, you know, the vetting  
3                   process, paperwork and -- and different projects that  
4                   some of our committees pick up on as well as some  
5                   data analysis and different things that come along on  
6                   that side.

7                                 So we're excited to see kind of what  
8                   the future yields as well as, you know, our new  
9                   trauma nurses coming on into the program. And I  
10                  think we're going to talk a little bit more about, a  
11                  little bit later on during the systems report, about  
12                  some of our involvement related to A.C.S. visits and  
13                  that interaction. Starting to return a little bit  
14                  more to where we were before COVID, when we were in  
15                  person, but what that looks like now post COVID with  
16                  being virtual visits and how those interactions  
17                  happen as well as the department coming out with some  
18                  additional communications on what that will look  
19                  like.

20                                So everybody has an understanding of  
21                  what that transition looks like and what the, you  
22                  know, kind of a -- the new way in the future looks  
23                  like with virtual visits still being on the  
24                  reverification side. And I think we'll remain  
25                  virtual for the most part for reverification, and



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2                   you'll continue to see us for provisional visits in  
3                   person as well as for those initial consultation and  
4                   the initial verification visits.

5                               The one thing I did want to touch on  
6                   is the -- the nursing regs. So the Four o fives, as  
7                   we know, had some regulatory changes has happened.  
8                   We've moved from the orange book to the Grey Book.  
9                   For those of you who were paying attention during the  
10                  process, that actually happened during emergency reg  
11                  change process so it allowed us to move that portion  
12                  much faster than the nurse component which was the  
13                  other half of those regulatory changes.

14                              The emergency regs have now been  
15                  adopted as full regs. They went out for public  
16                  comment period. Came back. Went in front of FIPIC  
17                  and were adopted so those are now completed. The  
18                  nurse regulation packet is still going through that  
19                  process. It has not gone out for public comment yet  
20                  so we'll be waiting for that period of time to  
21                  happen. Once it goes out for public comment it goes  
22                  out for a sixty day period. It comes back. If  
23                  there's any particular comments to it that need  
24                  significant changes it will go back out for public  
25                  comment period again. And then come back. If it

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2                   doesn't then it will go in front of FIPIC and for the  
3                   final vote and then to go into regulation.

4                                 So for those who do have trauma  
5                   inspections or verification visits coming up, the  
6                   nurse evaluator is still in there and you do need to  
7                   prepare for your visit with that nurse evaluator as  
8                   it is regulation. And then you'll know that we're  
9                   getting closer to possibly that change happening when  
10                  you start to see that public comment period back out  
11                  there. So it's one of the changes that are happening  
12                  with it.

13                                Just some other informational stuff.  
14                  You know, particularly in your -- in the -- the world  
15                  of trauma we know you're doing a lot of really great  
16                  things in innovation and some of the, you know,  
17                  things that are happening. And we try and recognize  
18                  on the E.M.S. side, and we have some new E.M.S.  
19                  innovation awards that are happening this past couple  
20                  years, but they will -- they're open for new  
21                  innovation awards for E.M.S. agencies.

22                                And so if, within your trauma world,  
23                  you're seeing some really great things happening in  
24                  the world of E.M.S. that you think should be  
25                  recognized for some innovative ideas, there's a

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2                   number of different categories, you can find the  
3                   portal to submit or nominate, self-nominate or  
4                   nominate an E.M.S. agency for some innovation that's  
5                   happening on our website. So please consider doing  
6                   that when those nominations for this year's awards  
7                   are due by July 1st.

8                   Our vital signs conference will be in  
9                   Rochester this year and we're really excited to see  
10                  the University of Rochester as well as the trauma  
11                  program really, you know, kind of being a spotlight  
12                  of our conference being there. We haven't been to  
13                  Rochester in a number of years, and so we're really  
14                  excited about coming back there in October. That  
15                  will be October 16th to the 18th. There is a flyer  
16                  in the hallway.

17                  For those of you who come to our  
18                  E.M.S. memorial you know that it normally is during  
19                  E.M.S. week. It did not happen during E.M.S. week  
20                  this year because we have a new memorial that's  
21                  coming in. It was supposed to be delivered in time  
22                  for this year but unfortunately just in production it  
23                  was more important for us to get the new memorial  
24                  correct and right than it was to rush through it. So  
25                  that memorial was moved from May to September. It

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2           will happen on Thursday, September 19th for anybody  
3           who would like to join us.  It's open to our entire  
4           E.M.S. and trauma community to join us.

5                       And then last I wanted to talk about  
6           the Safe Streets for All grant.  This is a federal  
7           government grant that is giving away hundreds of  
8           millions of dollars a year in order to make our  
9           streets safer.  This is a big push also from our  
10          federal partners at NTSA (phonetic spelling) as well  
11          as NASEMSO which is Nassau Association of State  
12          E.M.S. Offices to get states involved in receiving  
13          some of this funding.  We have a local agency or a  
14          local town, the Town of Colonie, who's received  
15          several million dollars towards safer streets which  
16          they are putting towards some innovation both in  
17          E.M.S. as well as even simple things in putting safer  
18          ways to cross the streets.

19                      So improving their crosswalks,  
20          different lighting for things in order to reduce the  
21          number of trauma patients.  And so really exciting  
22          opportunity.  There is a lot of money there.  If  
23          anybody would like some more information feel free to  
24          -- to speak to me after and we can share that, but I  
25          think there's some great opportunities that are out

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2                   there.

3                                 As the Town of Colonie moves forward  
4                   on that one, we'll also be hopefully providing this  
5                   group an update because I think it's really  
6                   informational and really important to look at that,  
7                   you know, essentially injury prevention through safer  
8                   streets. And so that is a big one going on in that  
9                   side. I think at this point that is where I'll end  
10                  our report for today.

11                               CHAIRMAN BANK: Okay. Thank you very  
12                  much. Trauma program update, Dan?

13                               SECRETARY CLAYTON: I have nothing to  
14                  report. Thank you.

15                               CHAIRMAN BANK: Okay. I always start  
16                  off as subcommittee from the executive subcommittee.  
17                  So, Dr. Simon has put in multiple hours of writing  
18                  the bylaws which came out of the systems committee.  
19                  We have gone over them at this meeting many, many,  
20                  many times. There is one hang-up from the bylaws  
21                  which we need to bring for a vote from the STAC.  
22                  Currently we meet three times a year. Typically it's  
23                  January and May and October. The new bylaws have us  
24                  meeting quarterly, so four times a year.

25                               We're not going to do that unless

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2                   everybody in the STAC is willing to come here for  
3                   four times a year. We need to have a quorum which is  
4                   over sixteen by the way. So we want to put that to a  
5                   vote. More actually, I'm sorry, we should have a  
6                   discussion first and then we could put it for a vote.  
7                   Okay. So we're going to make a motion to accept the  
8                   bylaws as they are which would mean quarterly  
9                   meetings of STAC. And then we can have a discussion  
10                  on that motion. Anyone want to second that motion?

11                                 UNIDENTIFIED SPEAKER: I'll second it.

12                                 CHAIRMAN BANK: We have a second. So  
13                   any discussion on the motion? Yeah.

14                                 DR. SIMON: I think that -- and we've  
15                   already established that state laws prevent us from  
16                   doing anything remotely. So just, you know, I'm  
17                   looking at some of my colleagues that are describing  
18                   the fact that it -- we're five and a half hours to  
19                   Buffalo, four and a half hours Rochester. It's only  
20                   two and a half hours for us but still it's a lot to  
21                   be away from our families and to be away from the  
22                   trauma centers. I think three times a year is  
23                   working well.

24                                 I think four times a year is, speaking  
25                   for myself and also for my system, New York City

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2           Health and Hospitals, it's difficult for us to free  
3           up -- that's a lot of trauma surgeons leaving the  
4           city. So I think three is -- we're doing a good job.  
5           That's what I think.

6                   CHAIRMAN BANK: Dr. Gestring?

7                   DR. GESTRING: Can't we be vague and  
8           say two to five or something like that and leave it  
9           to the -- the -- you know, the events of the whatever  
10          is going on at the time? Most -- I mean, most years  
11          three times is fine but some years maybe we need to  
12          do more.

13                  CHAIRMAN BANK: So as Ryan just  
14          reminded me, we can put in the bylaws a minimum of  
15          three.

16                  DR. GESTRING: That would be fine.

17                  DR. DAILEY: Why do we have to have a  
18          number in at all?

19                  DIRECTOR GREENBERG: I think most  
20          bylaws have a minimum in it in order to ensure that  
21          you do meet on a regular basis and to a certain  
22          (unintelligible). You can make that minimum one time  
23          or two times, but I think that's normally why that's  
24          there. There is also some guidance to a minimum of  
25          three allows the department to help in budgeting as

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2                   well so that we can kind of know where we are.

3                   CHAIRMAN BANK:    I just want to say  
4                   that this room and everything you see here is  
5                   financially supported by the Department of Health and  
6                   although, you know, Department of Health has the best  
7                   people in the history of the world working for them,  
8                   obviously, to my right, it -- putting it in our  
9                   bylaws just assure that financial support for at  
10                  least that number of meetings.

11                  SECRETARY CLAYTON:   Dr. Chair, Matt  
12                  Cann has a comment or question.

13                  MR. CANN:   Thank you.   Do the bylaw  
14                  changes need to be circulated for any period of time  
15                  before they get voted on by the committee?

16                  CHAIRMAN BANK:   They -- they've been  
17                  circulated multiple times by Dr. Simon and --.

18                  DR. SIMON:   Oh, my God, yes.   Many  
19                  times.

20                  CHAIRMAN BANK:   So they -- they have  
21                  been circulated and we are just talking about this  
22                  one time.

23                  DR. SIMON:   The -- the bylaws were  
24                  approved by this committee probably two years ago,  
25                  and -- and they've been kind of floating around



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2                   through legal. And -- and this wordsmithing I think  
3                   has kind of come out of that process.

4                   MR. CANN: Okay. So this is just a --  
5                   a tag on to something that's already been in process  
6                   for a while?

7                   DR. SIMON: Yes.

8                   MR. CANN: Okay.

9                   DR. SIMON: It's -- it's a very  
10                  specific motion on one line in the bylaws. And --  
11                  and I'll just say and duck, I -- I was one of the  
12                  four -- the -- the few people who -- who thought that  
13                  we should have four meetings a year just because I --  
14                  I very much value the -- the -- the ability of all of  
15                  the trauma people around the -- the state to get  
16                  together. And I -- and I think that brings real  
17                  value.

18                  But I -- I understand all of the  
19                  problems with the -- the four times a year. So --  
20                  but I did think that there was a value to at least  
21                  having the option for a fourth so I -- I would really  
22                  support the idea of saying a minimum of three and  
23                  giving us a little bit of -- of wiggle room if we  
24                  need an extra meeting.

25                  DIRECTOR GREENBERG: So just to -- to

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2           clarify one thing too.  So these -- these bylaws that  
3           -- that essentially your -- you would move forward  
4           would from here go to legal to make sure that  
5           they're, you know, kind of all compliant and  
6           everything else on that side.  And then from legal  
7           would move to be read here and, forgive me, I can't  
8           remember if it's in at least two meetings or three  
9           meetings before it officially becomes the final.

10                   CHAIRMAN BANK:  So I'm going to change  
11           the motion a little bit so I apologize.  But just to  
12           make it a little bit more clear, I think we could  
13           word it as the motion is to change the sentence in  
14           the bylaws to the STAC must meet at least three times  
15           a year.  If this motion passes we will change the  
16           bylaws.  If this motion fails then the -- then the  
17           previous bylaws, the -- the sentence would stay the  
18           STAC must meet at least quarterly.  So the motion  
19           would be to change the sentence from the STAC must  
20           meet at least quarterly to the STAC must meet at  
21           least three times a year.

22                   DR. GESTRING:  I would second that.

23                   CHAIRMAN BANK:  So any further  
24           discussion?  So we're going to have a vote.  So  
25           everybody, again, if you vote yes the sentence will

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2           be changed to the STAC must meet at least three times  
3           a year.  So everybody -- all the voting members of  
4           STAC who vote yes please raise their hand.  So we  
5           have one, two, three, four, five, six, seven, eight,  
6           nine, ten, eleven, twelve, thirteen, fourteen,  
7           fifteen, sixteen, seventeen, eighteen, nineteen,  
8           twenty.  So we have twenty so the motion will pass.  
9           So the STAC bylaws will be changed that single  
10          sentence to the STAC must meet at least three times a  
11          year.

12                        So this will be -- the motion passes  
13          and we will come back and read it again at the next  
14          STAC.  Secondly, just from the executive committee,  
15          we want to talk a little bit about the vice chair and  
16          burn positions.  I apologize this is taking a long  
17          time.  There were some issues with the old bylaws and  
18          new bylaws and the voting that we had to -- to work  
19          through.  For the vice chair positions, I --  
20          everybody who had self-nominated I sent out an e-mail  
21          a little earlier apologizing for how long this is  
22          taking.  If you did not get an email then I do not  
23          have your name.

24                        If anybody else wants to self-nominate  
25          or nominate anybody else for the vice chair position

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2                   there's still time. What is going to happen is that  
3                   we will ask all the people who are -- have been  
4                   nominated to write a quick little paragraph about why  
5                   they want to be a vice chair. We will send it out to  
6                   the voting members of STAC over the summer. And then  
7                   at this meeting in October, we will vote for the vice  
8                   chair. And the same thing of the burn surgeon.

9                                 We have two positions, actually three  
10                   positions that are both in the old bylaws and new  
11                   bylaws who have made it pretty easy. One is in  
12                   Nassau County RTAC representation which the Nassau  
13                   County RTAC is -- has given us a name. And the other  
14                   is the burn surgeon and the vice chair. Any  
15                   questions about that? Matt?

16                                MR. CANN: Yeah. So if somebody's  
17                   interested in the vice chair position, do they send  
18                   you an e-mail and say I'm interested, I'd like to be  
19                   considered or what -- what is the process by which  
20                   these people are going to be selected?

21                                CHAIRMAN BANK: That's exactly right.  
22                   You'd send me an e-mail. It's M as in Matthew Bank  
23                   B-A-N-K at Northwell.edu. We will then send your  
24                   names to the nomination committee -- their nomination  
25                   committee just to make sure they read their bylaws to

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2                   make sure that as per the bylaws you are -- you are  
3                   cleared, I don't know what the word. You're clear --  
4                   you meet the criteria to be a vice chair. So, for  
5                   example, you need to be a physician, and once you get  
6                   through the nomination committee that compares you to  
7                   bylaws then we will ask you to write a little  
8                   paragraph about yourself.

9                   The -- your paragraph and, you know, I  
10                  think your C.V. will be shared with the voting  
11                  members of STAC over the summer. And then at this  
12                  meeting in October we will have a voting mechanism.

13                 DR. PRAHAKARAN: Matt, if there are  
14                  multiple nominations for the burn surgeon or for any  
15                  other position, how are those positions selected?

16                 CHAIRMAN BANK: I think it's going to  
17                  be the same mechanism. So we will send out -- we'll  
18                  ask the burn physicians to write a little paragraph  
19                  about yourself, why they feel that they would be a  
20                  good candidate for the burn position. We'll probably  
21                  have them submit their C.V.s, we'll have them go  
22                  through the nomination committee. Nomination  
23                  committee will make sure that they meet the  
24                  qualifications for a burn surgeon on STAC. And then  
25                  once they do we'll send out their paragraph about

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2                   themselves to the rest of the STAC members. And then  
3                   at this meeting in October we will vote for that.

4                   That name, just so everybody knows,  
5                   they are not then appointed as the burn surgeon, for  
6                   example. That name goes to the commissioner for  
7                   vetting. And then once that person is vet the  
8                   commissioner is the person who will appoint to the  
9                   STAC. So the STAC is responsible for sending that  
10                  name to the commissioner and then they're responsible  
11                  for the vetting and the appointment. Any other  
12                  questions? Okay. Cristy, the Registry Committee.

13                  MS. MEYER: Good afternoon everyone.  
14                  Cristy Meyer from the registry subcommittee. We have  
15                  a few action items for everyone today, but just to  
16                  give everybody an update, the subcommittee met and we  
17                  discussed the 2024 data dictionary and change log  
18                  which are officially approved through the Department  
19                  of Health process. So those will be uploaded on the  
20                  website. Just notably there are some definition  
21                  updates including Dead on Arrival and Died in the  
22                  E.D. so please take note of those.

23                  We will also pull those definitions  
24                  out in like maybe a one pager to make it a little  
25                  easier for people to see. We also eliminated the

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2                   field for P.C.R. Status and updated the level of  
3                   activation field to reflect full or partial  
4                   activation just because centers have different  
5                   language of how they active their highest level and  
6                   partial activations.

7                   We did have in between a meeting to  
8                   talk about vender transitions and education and also  
9                   a vendor showcase for people throughout the state to  
10                  attend. A couple vendors gave presentations. We had  
11                  a great presentation from the data management at  
12                  Analysis and Research Group. Wendy Patterson gave us  
13                  SPARCS reconciliation analysis to really showcase all  
14                  the findings of SPARCS reconciliation. Finding that  
15                  in a given year there might be four point five  
16                  percent of records that were submitted that may have  
17                  been recovered in that process.

18                  So we do have a few motions in regards  
19                  to the SPARCS reconciliation. There's a motion.  
20                  I'll read it for the group. So the registry  
21                  subcommittee puts forth a motion that the New York  
22                  State SPARCS reconciliation process will no longer be  
23                  included in the data validation process for the New  
24                  York State trauma report.

25                  CHAIRMAN BANK: Okay. So there's a

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2                   motion on the floor.   Can I have a second?

3                   DR. GESTRING:   I'll second it.

4                   CHAIRMAN BANK:   Anyone want to discuss  
5                   this motion?   Okay.   No further discussion.   Can we  
6                   have a vote?   Everybody who's in favor of this motion  
7                   please just raise your hand.   So we have twenty-one  
8                   members for so the motion will pass.

9                   MS. MEYER:   Okay.   So in follow up  
10                  from January --.

11                  CHAIRMAN BANK:   Cristy, any opposed?

12                  MS. MEYER:   Oh, I'm sorry, I'm sorry.

13                  CHAIRMAN BANK:   Any abstained?   Okay.

14                  DIRECTOR GREENBERG:   Just one thing on  
15                  that.   So related to the SPARCS data in that regard,  
16                  so this will go as a recommendation up to the  
17                  commissioner's office about what the future would  
18                  look like.   Again, thank you to Wendy and her team  
19                  from DMAR for participating this morning.   I think  
20                  this is a really exciting opportunity for the  
21                  department and for the STAC to be able to create a  
22                  more timely report, and that we've looked at it  
23                  historically to see that, you know, kind of the  
24                  amount of effort and time that we put in towards the  
25                  comparison with that SPARCS data.   SPARCS data is,



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2           you know, kind of what's the value of that versus the  
3           time that we end up waiting for it so thank you  
4           everyone on that.

5                                Another conversation I think is  
6           important for everyone to know about that is related  
7           to our non-trauma center institutions and how many  
8           trauma patients are coming there. And so what we  
9           think we're going to look at and hopefully we'll have  
10          more information by the next meeting is looking at  
11          our, you know, on a very small scale, our non-trauma  
12          centers looking at the SPARCS data from the year  
13          prior, seeing how many patients would have met that  
14          criteria. And then reporting out on that as well as  
15          we think we'll be able to identify if they were  
16          transferred to a trauma center.

17                               Now that won't have as much  
18          information on it. It won't have, you know, the  
19          extensive details and things of that component that  
20          obviously the registry brings in, but we think as a -  
21          - as a first step to starting to look at this and  
22          thank you, Doc, for, you know, bringing that up. But  
23          I think that's another one that's important for  
24          everybody who maybe wasn't at the morning meetings  
25          and is watching now to know next steps on those as

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2                   well.  So thank you.

3                               MS. MEYER:  And I just want to add  
4                   that another finding from the start -- SPARCS  
5                   analysis is that there's no validation process during  
6                   submission in the image trend platform.  So when end  
7                   users across the state submit there will be some  
8                   follow up to try to create a validation process so  
9                   that we're not missing submissions which I think will  
10                  help kind of further support elimination of this  
11                  process.  So more to come on that.

12                               In another follow up from January  
13                  there was a lot of discussion about the abbreviated  
14                  injury scale 2015 version becoming the requirement  
15                  for submission and data collection as of January 1st,  
16                  2025.  We were notified in January that a very large  
17                  number of trauma centers would be impacted by the  
18                  change because the vendors were not going to meet  
19                  that requirement or there would be substantial cost.  
20                  So in follow up from the motion from January's  
21                  meeting, we have drafted a letter, which I'll read to  
22                  you now.  Motion two and three are related to that  
23                  letter.  This letter is intended to go to the  
24                  American College of Surgeons Verification Review  
25                  Committee in relation to the A.I.S. 2015 transition.

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2                   So this is a letter intended to come  
3                   from the subcommittee of the registry and from the  
4                   State Trauma Advisory Committee to the American  
5                   College of Surgeons on Trauma Verification Review  
6                   Committee. A.C.S. verified trauma centers are  
7                   anticipating the required transition to A.I.S. 2015  
8                   as of January 1st, 2025. In New York State more than  
9                   fifty percent of end users have received a vendor  
10                  announcement that their current registry product will  
11                  not be updated to meet this standard. Other centers  
12                  have received recent notification from their registry  
13                  vendors that in order to meet the new A.I.S. 2015  
14                  requirements, there will be a ten thousand dollar  
15                  yearly upgrade fee.

16                  The impact of this sudden announcement  
17                  received in late January 2024 will require registry  
18                  software transitions for almost fifty percent of end  
19                  users in less than twelve months just in New York  
20                  State alone. These A.I.S. 15 compliant registries  
21                  are also more than twice the cost of many current --  
22                  centers current product. The timeline for uplighting  
23                  -- updating vendor software and in many cases  
24                  exceeding the afforded time period may make  
25                  compliance with data collection and submission using

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2                   the required A.I.S. 2015 scale difficult if not  
3                   impossible to meet.

4                                 In addition, trauma centers did not  
5                   have advance knowledge of the decision from the  
6                   registry vendors which did not allow the cost of the  
7                   new registry to be added to the 2024 budget cycle.  
8                   This time frame may impact the ability of trauma  
9                   centers in New York State to meet data collection and  
10                  reporting standards needed to prepare for their  
11                  upcoming visits and the required TQIP submission  
12                  compliance. Given the three year reverification  
13                  cycle and this extremely short notice of vendor  
14                  noncompliance with the A.I.S. 2015 updates, New York  
15                  State trauma centers are anticipating a considerable  
16                  gap in the ability to remain compliant with data  
17                  submission standards.

18                                Our leadership team has initiated  
19                  conversations with vendors as well as provided  
20                  statewide registry team education on vendor  
21                  transitions, but it appears more support is needed to  
22                  meet the guideline for the transition to A.I.S. 2015  
23                  submission by January 1st, 2025. We will continue to  
24                  work with the vendors and trauma centers in New York  
25                  State to support the registry requirements for

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2                   transition to A.I.S. 2015.

3                                 Meeting the standard by January 1st,  
4                   2025 appears to be a considerable challenge. We  
5                   respectfully request that the deadline for the  
6                   mandatory transition to A.I.S. 2015 be extended by a  
7                   minimum of one calendar year.

8                                 CHAIRMAN BANK: Okay. So the motion  
9                   has been read to approve that letter as read. Do I  
10                  have a second for the motion?

11                                DR. GESTRING: I'll second.

12                                CHAIRMAN BANK: Do we have discussion  
13                  from the floor?

14                                DR. GESTRING: I have a question. So  
15                  the letter is fine. My questions is who is the  
16                  letter from? And you had mentioned it's from the  
17                  subcommittee and I would say that it should be from  
18                  the State Trauma Advisory Committee so not the  
19                  subcommittee. I think the subcommittee submits it to  
20                  STAC and then the letter is sent under STAC  
21                  letterhead because I think it has more weight that  
22                  way. And I think most organizations work that way.  
23                  It's more of a bureaucratic question, but I think you  
24                  guys composed the letter and then it's sent under,  
25                  you know, with Dr. Banks' signature on the STAC

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2                   letterhead I think is how it works. You guys can  
3                   correct me on that but I think it needs to come from  
4                   the state -- I'm sorry from the state trauma advisory  
5                   committee not from the committee -- not from the  
6                   individual committee.

7                   CHAIRMAN BANK: Any further  
8                   discussion? Art?

9                   DR. COOPER: Thank you, Mr. Chairman.  
10                  I just wonder if there would be a formal departmental  
11                  endorsement of this -- of this letter. I think if it  
12                  came from the Department of Health as opposed to the  
13                  STAC alone it would also carry a good deal more  
14                  weight. Thank you.

15                  DIRECTOR GREENBERG: Sure. So, you  
16                  know, following this motion we would take that  
17                  letter, move it up the chain and then have that come  
18                  out from you as well as, you know, with the  
19                  commissioner's approval supported by that.

20                  DR. COOPER: Thank you.

21                  MS. SNYDER: Can I just ask about how  
22                  long that chain takes just not offense but I'm trying  
23                  to ask before?

24                  DIRECTOR GREENBERG: I understand.

25                  MS. SNYDER: Yeah.

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2                   DIRECTOR GREENBERG: We will try and  
3 expedite that one based on the time sensitivity of  
4 the letter and the nature and what it's expressed to.

5                   MS. SNYDER: Okay.

6                   CHAIRMAN BANK: So could we send this  
7 letter from the STAC and then later on after it has  
8 moved through D.O.H. bureaucracy send another letter  
9 from the D.O.H.?

10                  DIRECTOR GREENBERG: I'd be happy to  
11 get back to you on that answer.

12                  CHAIRMAN BANK: So we do have a motion  
13 on the floor and it's been seconded. Any further  
14 discussion? Okay. So everybody who -- who's for the  
15 motion please raise your hand. So twenty-one for.  
16 Any against? Any abstain? So the motion passes. Is  
17 that the end of your report from registry, Cristy?

18                  MS. MEYER: I just have one additional  
19 project that is being convened by Jane McCormick  
20 (phonetic spelling) and her team looking at statewide  
21 registry inclusion data of patients with minor  
22 injuries. We used to in New York State and certainly  
23 nationally be able to exclude patients from our  
24 hospital registry protocol. And that actually  
25 changed in 2019 and certainly we've been following

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2                   suit here in New York State.  So we don't make  
3                   medical related admission exclusions and we're  
4                   accepting patients with as little as a laceration.  
5                   So there's a project that Jane McCormick and her team  
6                   will be convening so please see her for additional  
7                   information and this concludes my report.

8                               CHAIRMAN BANK:  Okay.  Thank you very  
9                   much, Cristy.  So we're going to move to Trauma  
10                  Center Needs Assessment that did not meet today.  So  
11                  we're going to move past that.  And Injury Prevention  
12                  Education.  Anyone from injury prevention?  Oh, there  
13                  you go.  Look at that.  How we doing?

14                           MR. CURRAN:  Thank you.  So we met  
15                  this morning.  We were -- received updates from  
16                  around the state based especially on Stop the Bleed  
17                  activities throughout the month of May.  A newsletter  
18                  has been distributed throughout membership for A.T.S.  
19                  as well as STAC.  For everyone's activities for the  
20                  last couple of months.  As we tune up for the summer  
21                  we'll be focusing on September which is usually  
22                  fall's prevention activities as well as reminding  
23                  everybody about November 18th which is National  
24                  Injury Prevention Day and trying to get things on  
25                  everybody else's calendar who else they work with and



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2                   partnerships. The sheriffs, libraries, schools,  
3                   colleges, et cetera for various activities  
4                   throughout. Thank you.

5                   CHAIRMAN BANK: Thank you very much.  
6                   Any questions for Injury Prevention Subcommittee?  
7                   Okay. We'll move along to the Performance  
8                   Improvement. My co-chair, Dr. Vella is going to talk  
9                   a little bit about what we discussed in the meeting.

10                  DR. VELLA: Thank you. So we spent  
11                  the meeting talking the spring 2024 collaborative  
12                  TQIP report in terms of comparing the outcomes of the  
13                  New York State collaborative relative to the other  
14                  TQIP centers across country, spending the majority of  
15                  time focusing on the shock subgroup of patients to  
16                  find is those who arrive with a blood pressure less  
17                  than ninety from various causes where we were noted  
18                  to have an increased mortality and morbidity relative  
19                  to centers across the country.

20                  We identified a couple potential  
21                  issues related that -- that may be the cause of that  
22                  especially as they relate to capture of comorbid  
23                  conditions and injuries. And as it relates to that  
24                  we don't have any formal motions but we do have sort  
25                  of three action items moving forward. Number one,

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2           there was a letter sent out I think in 2011 or 2012  
3           to -- from the D.O.H. to medical examiners across the  
4           state highlighting the importance of sending autopsy  
5           reports to the trauma centers so that they can use  
6           that in terms of injuries identified which will  
7           increase the severity of injury for many patients.

8                   And so the plan is to share that  
9           letter from 2011 and then also have the Department of  
10          Health work on a new updated letter to send out to  
11          medical examiners across the state. Number two, as  
12          Cristy already mentioned, the data dictionary for  
13          criteria pertaining to dead on arrival, we've  
14          adjusted those slightly which we think changing those  
15          criteria may have an impact on the outcomes  
16          especially for penetrating trauma patients and those  
17          who are in shock as it relates to defining what  
18          actually constitute -- constitutes a sign of life on  
19          arrival.

20                   And related to that the third thing is  
21          that we as a group are going to look at with the  
22          changes in the data dictionary definitions related to  
23          D.O.A. look -- looking at if -- if incorporating  
24          those changes will impact the morbidity mortality of  
25          the shock patients in the TQIP report. So our group

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2                   will look at that moving forward as a project.  And  
3                   that's all I have.

4                   CHAIRMAN BANK:  I would just like to  
5                   add if anybody wants to volunteer for any of the  
6                   future presentations, we've had some really  
7                   impressive innovative P.I. projects.  You know,  
8                   please e-mail me or Dr. Vella.  I would be happy to  
9                   give you some time to present in the future STACs of  
10                  any of your P.I. projects.  Any questions for Dr.  
11                  Vella?  Great.  So we can move on to the Systems  
12                  Committee.  Dr. Simons.

13                  DR. SIMON:  Most of the -- the work of  
14                  the systems committee has been already reviewed  
15                  either by the state or by the registry subcommittee.  
16                  The only thing that I wanted to add was that the  
17                  systems committee along with the executive committee  
18                  is going to be working on revising and updating a  
19                  trauma center D designation process that Dr. Banks  
20                  and I started several years ago actually.  Right when  
21                  we started a verification process we started a D  
22                  designation process.  So that's something else that  
23                  the -- the systems committee will be looking at.  But  
24                  that's all I have to report.

25                  DR. TAPERMAN:  Just -- just -- it's

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2            Taperman from New York. Just to -- to add on to  
3            that. There was a -- a discussion at the systems  
4            committee and Director Greenberg was very helpful in  
5            elucidating not so much a change in practice but a  
6            continuation of a former practice which was to have  
7            more involvement of the state Department of Health  
8            representatives doing the verification visits.

9                    You know, I would just say in general,  
10            if -- if you look at the long history of -- of what  
11            the state and the STAC have accomplished for the New  
12            York State trauma system, it's nothing less than  
13            miraculous in terms of the improvement of care and  
14            the -- the systems overall. So that's the background  
15            of this. So the -- the -- the change or the  
16            evolution is that each of the state representatives  
17            is going to be more engaged, more involved in the  
18            actual visits. Or there would be an apparent more  
19            involvement in the actual visits.

20                   So one of the discussions, and I don't  
21            think Director Greenberg disagreed, was a suggestion  
22            that in order for those representatives to  
23            participate in the most meaningful way that they  
24            should receive the same kinds of training that we all  
25            go to which would be the -- the topic course and the

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2                   optimal course, right. So an understanding of how to  
3                   run the trauma center, an understanding of how to do  
4                   the P.I. work because the P.I. work is kind of  
5                   complicated.

6                                 And the Grey Book itself is  
7                   complicated. And I think that that if the -- if the  
8                   goal is to optimize trauma care and to identify  
9                   issues and problems that the reviewers may not have  
10                  identified. I think the state's representatives  
11                  stand the best chance of being effective if they had  
12                  that level of training. And the second part that was  
13                  emphasized is the level of stress that occurs for the  
14                  program manager, in particular, program director and  
15                  also for the trauma medical director during those  
16                  verifications.

17                                It is, you know, the buck stops with  
18                  the T.M.D. and a T.P.M. and the program directors,  
19                  absolutely, right. So everybody else gets to  
20                  sidestep it but if there is a C.D. that comes right  
21                  down on the -- on those folks head. And I would also  
22                  -- it's not so much a caution but just, you know, I'm  
23                  going to use a metaphor here. What's the name of  
24                  that game where you have, you know, you have the  
25                  stick and you have to go underneath it and if you hit

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2                   it --.

3                   UNIDENTIFIED SPEAKER:   Limbo.

4                   MR TAPERMAN:   Limbo, right.   Limbo,  
5                   thanks for that.   So in my mind a little bit this is  
6                   much more the college than it is -- much more the  
7                   college than it is the state.   The college keeps  
8                   taking that stick and making it lower and lower and  
9                   lower.   And at some point none of us are going to be  
10                  able to thin ourselves out, especially me, to get  
11                  underneath that stick.

12                  And it is a caution, right, so we have  
13                  five failures, right.   And I wonder one thing we  
14                  haven't talked about, Ryan, is -- is that happening  
15                  all over the country?   I mean, there -- that may be  
16                  happening all over the country.   And maybe they put  
17                  that stick too low.   So long story short, adding  
18                  stress that might be unnecessary to the environment  
19                  of that verification is something that I would  
20                  caution us about.

21                  Certainly if it's an important  
22                  question, hasn't been asked, and it's a burning  
23                  question for the D.O.H. you should ask the question.  
24                  But if it could be asked in a gentler tone or another  
25                  circumstance without adding stress to that already

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2                   crazy visit and pushing the stick off the -- off of  
3                   the STAC, as it were, maybe not. So two things. The  
4                   training and the limbo.

5                   DIRECTOR GREENBERG: Anyone else  
6                   picturing Dr. Taperman now doing the limbo? So thank  
7                   you for bringing it up. So, you know, I think  
8                   there's been some discussion and -- and I would like  
9                   to express my gratitude and my team's gratitude on --  
10                  on people bringing forth, you know, when they have  
11                  concerns or when things change, you know, kind of  
12                  where those concerns are and -- and why they've  
13                  happened. And do you know there's always, and I  
14                  think as we look at it in any quality improvement,  
15                  there's always opportunity for advancement or to do  
16                  things better or differently or things that move  
17                  forward.

18                  Prior to COVID, myself and Kathy used  
19                  to show up at many of these visits. And when you  
20                  show up in person there's a little bit of a different  
21                  environment, there's a different tone. I think  
22                  there's even a different level of discussion that  
23                  goes back and forth not only with myself and with  
24                  Kathy or any of the trauma team but also with the  
25                  reviewers who were there. And who can have that

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2                   conversation and talk through things.

3                               When you move online I think even  
4                   though we do a really good job of that in some cases,  
5                   we also lose some of that and things change when  
6                   they're, you know, are -- are things that happen  
7                   online. When we were there before, we were part of  
8                   that visit. And maybe, you know, maybe you heard us  
9                   in some questions, maybe you didn't, maybe it was,  
10                  you know, walking down the hallway or the different  
11                  things that happened that our questioned were  
12                  answered in those manners.

13                              And now all of a sudden when we ask a  
14                  question it's in front of an entire group because  
15                  there's only an entire group when you're on camera.  
16                  And so we have absolutely started to transition back  
17                  to being more of these visits. We were never at a  
18                  hundred percent of them before and I will say we  
19                  probably won't be at a hundred percent of them in the  
20                  future. But we absolutely are starting to attend and  
21                  be at more of these visits.

22                              And as we are there and -- and things  
23                  have changed, you know, one of the big things that  
24                  was, you know, came before us if we wanted to look at  
25                  a chart there was a, you know, series of charts



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2                   there. We'd pull a chart and we have a look at it or  
3                   look at an injury prevention program and there would  
4                   be a book and everything else. Where now we need to  
5                   request that ahead of time and that's very different.  
6                   There's a different feeling, it's a different tone.

7                                 And so I think there's been some great  
8                   feedback today and in the past couple of days related  
9                   to that. I think even in the executive committee we  
10                  spoke. And so the department's going to put out some  
11                  additional communication about what that will look  
12                  like in the future. We are looking to be that, you  
13                  know -- you know, part of that process and to be in  
14                  that collaborative approach. Obviously, we are  
15                  regulators. We have a job to do from that side as  
16                  well.

17                                But to -- to put that understanding  
18                  there so that there's not, you know, kind of like oh  
19                  my God I was just asked for these documents or I just  
20                  did this, and it's a change for someone or a concern  
21                  to someone as if did something go wrong and they've  
22                  asked this question ahead of time. That's not the  
23                  goal of -- of any of this. I don't think that's a  
24                  goal of a verification visit, a consultation visit or  
25                  anything. But rather, you know, kind of what does

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2                   that process look like in the future.

3                   So you -- you will see more of us.  
4                   Like I said, we're excited to be able to grow staff.  
5                   We will be putting out some additional communication  
6                   so that everybody has an understanding of that and  
7                   they can share it with their hospital when we do ask  
8                   for something. And I think, you know, kind of get  
9                   feedback on some of the additional training  
10                  particularly as we're bringing on some new nurses.  
11                  Some with, you know, very extensive trauma  
12                  background. Some with some lesser trauma background  
13                  that, you know, those courses will absolutely add a  
14                  lot of benefit and be able to, you know, kind of,  
15                  again, you know, look at things and add additional  
16                  value to them, so thank you for that and look forward  
17                  to providing you guys more.

18                  CHAIRMAN BANK: Kartik.

19                  DR. PRAHAKARAN: I want to echo Dr.  
20                  Taperman's statement and the rationale behind it, but  
21                  also to add a brief comment. Personally, I welcome  
22                  anybody who can raise the bar of our trauma programs  
23                  or any trauma program and that includes the  
24                  Department of Health. And I can assure this  
25                  committee that I firsthand, over the last few years,

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2           have been witness to how the D.O.H. does raise the  
3           bar for individual trauma programs. And I remain  
4           very appreciative of the support and guidance that I  
5           personally and we in our health system has received  
6           from the D.O.H. So thank you again.

7                   But to that extent I think when it  
8           comes to the participation in the verification or  
9           reverification process, I think this has to do with  
10          process. And Dr. Taperman spoke about training of  
11          people that are part of the process. But I would  
12          bring it back to how the process, you know, is  
13          designed and potentially conducted. Now, what I mean  
14          by that, is that the D.O.H. is always invited to be  
15          part of the reverification process or verification  
16          process, whether that's virtual or in person.

17                   But the question is what is that  
18          participation meant to be. Is it meant to be as an  
19          observer, a supporter of the trauma center, an extra  
20          set of eyes, another reviewer because I think that,  
21          you know, when Dr. Taperman talks about stress level  
22          I would say that if we're trying to raise the bar of  
23          how a trauma program performs, the verification two  
24          day visit or reverification visit is too late. It  
25          should be before that.

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2                                 So can there be D.O.H. support for  
3                   preparation for a verification visit? I think many  
4                   trauma centers potentially would welcome that if it  
5                   doesn't create too much additional work in what  
6                   already is a stressful process. But my worry is that  
7                   if a trauma center staff is asked additional  
8                   questions during a review process that the reviewers  
9                   themselves and the American College of Surgeons  
10                  didn't potentially think to ask, could it make that  
11                  trauma center look inferior or flawed in the eyes of  
12                  the V.R.C. And I think that's where we have to be  
13                  really careful in what is said during those visits.

14                                 DIRECTOR GREENBERG: So I understand  
15                  and appreciate where you're coming from. And -- and,  
16                  like I said, you know, when it comes to that  
17                  collaboration and I think, you know, one of your  
18                  hospitals is, you know, we've been a part of that in  
19                  the recent future in -- in sorry, the recent past.  
20                  When it comes down to, you know, some of those  
21                  questions and the verification visit and the American  
22                  College of Surgeons and, you know, their, you know,  
23                  kind of feedback on some of those things of -- of us  
24                  being in the past I just want to echo this really  
25                  isn't much of a change for us from where we were

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2                   prior to COVID.

3                               I think there's a difference now post  
4                   COVID and -- and being on screen and seeing that  
5                   difference. But we were very much an active part of  
6                   that verification visit, questions that were asked,  
7                   different things along, you know, visits in the  
8                   hallway. Like I said, you know, walking place to  
9                   place. And I -- I don't see that being much  
10                  different now. I think the feel of it is a little  
11                  bit different because it's virtual and so there's a  
12                  different kind of aspect to that.

13                             And I think that's an adjustment and -  
14                  - and I will tell you, you know, myself. And we will  
15                  go back and we'll take a look at that because the --  
16                  the goal is not to add more stress. The goal is to,  
17                  you know, strengthen the trauma system as a whole.  
18                  The goal is to work collaboratively including, you  
19                  know, what the recommendations of the STAC and, you  
20                  know, good data coming back and forth like from DMAR  
21                  and adding value to these that, you know, can show  
22                  kind of why in some cases it's so critical to add a  
23                  trauma center to a particular area. And the value  
24                  that that brings.

25                             And so, you know, those are some of

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2                   the goals that are there. But I think you bring up  
3                   some excellent points and some of those that should -  
4                   - should also be looked at with us so that everybody,  
5                   you know, is -- is assessed and treated in a -- in a  
6                   fair way based on the standards that are out there.  
7                   And based on a process that's been used for now for  
8                   many, many years. Little bit of a gap or a little  
9                   bit of a difference maybe during COVID but, you know,  
10                  prior to COVID and now being post COVID. Oh, that's  
11                  exciting to say. Primarily post COVID.

12                                 CHAIRMAN BANK: Any further  
13                   discussions for systems committee? Okay. Thank you,  
14                   Dr. Simon. Pediatric Trauma, Dr. Wallenstein.

15                                 DR. WALLENSTEIN: Hi, good afternoon.  
16                   Kim Wallenstein with the -- the pediatric  
17                   subcommittee. So we have no motions for the  
18                   committee but we did talk about several different  
19                   topics. One of the keys ones was pediatric  
20                   readiness. We all know that there is the Always  
21                   Ready for Children Program which is being pushed out  
22                   to the states. There is a working group that I'm a  
23                   part of that is trying to roll that out so that more  
24                   centers are -- are part of it.

25                                 Right now there are nine centers in

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2                   the entire state that are signed up. It's up to date  
3                   on their website but certainly there are more out  
4                   there that would benefit from being part of that  
5                   program. So we discussed a little bit about regional  
6                   ways to approach that. We also mentioned the not  
7                   necessity but it would be nice if we had a way to  
8                   know who the PECs were, the -- the emergency care  
9                   coordinators for the different hospitals in the  
10                  state.

11                                 And there really is no requirement  
12                   that anybody or any hospital lets the department know  
13                   that. And that would require a lot of regulation and  
14                   oversight and that just doesn't exist right now. But  
15                   that may be an ask in the future. Highlighting the  
16                   importance of pediatric readiness, we looked at the  
17                   data on regional transfers to our hospitals for  
18                   patients that are activated traumas that come in to  
19                   our hospitals from outside.

20                                 And as we thought, most of those are  
21                   from non-verified trauma centers or non-verified  
22                   hospitals which means that they're not being captured  
23                   by the A.C.S. verification process which requires you  
24                   to have a pediatric coordinator to go through all of  
25                   the pediatric readiness information. So obviously

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2                   those hospitals don't have to do that and therefore  
3                   they are not required to be pediatric ready.

4                                 We also talked about our TQIP data.  
5                   We had noticed that on our one previous -- previous  
6                   to this current one that came out we were high  
7                   outliers in mortality -- T.B.I. mortality for the  
8                   fifteen to eighteen year olds. We looked first at  
9                   the data of who takes care of that population amongst  
10                  our trauma centers and it really does vary because of  
11                  the age group of fifteen to eighteen is higher than  
12                  the A.C.S. definition of pediatric which is fourteen  
13                  and under.

14                                However, we looked at these data  
15                  because we were such high outliers. It didn't make a  
16                  lot of sense because our individual centers we seemed  
17                  fine. We're about the ratio of one. But when you  
18                  put all the centers together we were very high  
19                  outliers, around two point three. And we queried  
20                  TQIP and they told us that it did make statistical  
21                  sense because when you group people together it's  
22                  different than if people are separate because of the  
23                  numbers being very low.

24                                In any case, those numbers have  
25                  improved so we're just going to keep an eye on that.



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2                   And we are going to look into our hospital events for  
3                   the E.R. children age zero to fourteen. We did a bit  
4                   of TQIP data. The only other thing is Dr. Wakeman  
5                   presented a new potential Q.I. project for the state  
6                   looking at our radiology imaging guidelines and  
7                   trying to reduce radiation for children, and looking  
8                   at our adherence to our individual imaging guidelines  
9                   which is a great new project that we're just going to  
10                  be starting if anybody is interested in helping us  
11                  out with that. You can e-mail either me or Dr.  
12                  Wakeman. And that's all.

13                  DR. TAPERMAN: Just -- it's Taperman,  
14                  New York. I -- I'm trying to remember, you know,  
15                  COVID gets in the way. So the pediatric readiness  
16                  program, is it for non-pediatric trauma centers? I'm  
17                  -- I'm googling it but I'm confused.

18                  DR. WALLENSTEIN: It is for everybody.

19                  DR. TAPERMAN: It's for everybody  
20                  because I'm noticing that the pediatric ready -- on  
21                  the website they're mostly pediatric -- mostly  
22                  pediatric trauma centers.

23                  DR. WALLENSTEIN: And -- and that's,  
24                  yes, and that is a problem --

25                  DR. TAPERMAN: Yeah.

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2                   DR. WALLENSTEIN: -- because I think  
3                   that every center needs to be on that site because  
4                   there's all different levels and Amy Eisenhauer, can  
5                   -- it's her baby. She can speak to it a lot better  
6                   than I can. But it's from just people who are  
7                   interested in learning what it is, and you can sign  
8                   up as a -- as a program that -- because you've looked  
9                   at that questionnaire to fill out and you're  
10                  interested in being pediatric ready all the way up to  
11                  pediatric innovators who are more (unintelligible)  
12                  with it like the pediatric trauma centers. It's not  
13                  really meant to just be pediatric trauma centers  
14                  because those are captured by the A.C.S.

15                 MS. EISENHAUER: Amy Eisenhauer. So,  
16                 yeah, to speak to that the northeast region of E.M.S.  
17                 for children program manager's work together on this  
18                 and that was one of the key things of deciding to  
19                 have three different levels so -- so that everybody  
20                 could be involved. So there is kind of an entry  
21                 level where no matter your assessment score or where  
22                 you're at currently with your pediatric readiness,  
23                 you can still be a part of it. Then there's kind of  
24                 pediatric ready which is the median which is a score  
25                 of seventy or above on the survey and then the

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2                   innovator is eighty or above.

3                                 And we were talking in the meeting  
4                   and, right, more centers have to join so that we  
5                   could see further evidence. But happily a lot of the  
6                   local hospitals are already eighty or above. Now is  
7                   that that they joined and they're already doing those  
8                   things and they said hey we're already doing this, we  
9                   should be recognized? Or is it like a happy  
10                  surprise?

11                               CHAIRMAN BANK: Okay. Any other  
12                  questions about pediatric readiness or Dr.  
13                  Wallenstein? Okay. Thank you. Moving right along,  
14                  Carrie Garcia for the New York State Chapter of the  
15                  A.T.S. Is Carrie on there?

16                               MS. GARCIA: Right here, yes. Hi,  
17                  Carrie Garcia. We had a well-attended dinner meeting  
18                  last night. There were no major updates from any of  
19                  the committees other than I would say education. The  
20                  New York State Division of A.T.S. along with the New  
21                  York State C.O.T. will be hosting a virtual A.I.S. 15  
22                  course June 17th and 18th at a discounted rate to the  
23                  members. The -- what we're looking for are members,  
24                  A.T.S. members. It will be open to two participants  
25                  for -- per facility as well as preference given to

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2                   the registrars.

3                   There will also be an October class  
4                   that was announced. We also had presentations by New  
5                   York Presbyterian Queens who has been a previous  
6                   recipient of grant funding from the A.T.S. and they  
7                   share their (unintelligible) initiatives that they  
8                   used the previous grant award money from.

9                   The other thing that we did was a  
10                  Getting to Know You as there are many new members of  
11                  not only A.T.S. but also members that are within the  
12                  facilities of New York. So we did Getting to Know  
13                  You event with Sheldon Taperman leading everyone to  
14                  getting to know you. That is all I have to report.

15                  DR. TAPERMAN: Just -- just adding, I  
16                  -- I think Carrie did a -- a wonderful job  
17                  facilitating that getting to know you. And I -- I --  
18                  it was really one of the most enjoyable parts of  
19                  STAC, no -- no offense Ryan and -- and Matt. But  
20                  there's so many new faces. I mean, I -- I led the  
21                  T.M.D. group and we just had some fun going around  
22                  talking trauma trivia. And I think it was the same  
23                  for the program managers and the registry folks and  
24                  other folks. And I would encourage the A.T.S. to --  
25                  to do that at every STAC. I thought it was

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2                   wonderful, Carrie.

3                   CHAIRMAN BANK: Any further questions  
4                   for Carrie? Okay. Great. Moving right along, Dr.  
5                   Doynow, the SEMSCO.

6                   DR. DOYNOW: Okay. Yeah, SEMAC and  
7                   SEMSCO met on 5/8. I'll be brief. We approved the  
8                   New York City Rescue Task Force protocols. There was  
9                   discussion and support for ground ambulances being  
10                  able to give blood products. Hopefully that will  
11                  move along similar to what currently air transport is  
12                  able to do. Critical care technicians, which is an  
13                  older provider certification is going to sunset  
14                  within a couple of years.

15                  There was a bridge program that those  
16                  technicians can upgrade to paramedicine. So that's  
17                  been going on for a number of years. And sixty-three  
18                  critical care techs enrolled this year to upgrade to  
19                  paramedicine. There was a discussion of first  
20                  responders, mental health and what initiatives were  
21                  out there. And we're currently awaiting state D.O.H.  
22                  to let a STAC member to be a member of SEMAC. Dr.  
23                  Dailey, you have anything to add to?

24                  DR. DAILEY: I think the only thing I  
25                  would add would be on that Senator Hinchey from

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2                   Hudson Valley as well as Assemblywoman Warner from  
3                   the Saratoga area have been very, very key at helping  
4                   us move the ground ambulance blood program forward.  
5                   They were the key elements of the air blood program  
6                   as well. So we've been finding some allies across  
7                   public safety for that. And went and presented to  
8                   the Emergency Nurses Association and they were  
9                   enthusiastic supporters as well. So we're certainly  
10                  hopeful that this continues to move forward for our  
11                  patients. Thanks.

12                                 DR. DOYNOW: And that's the end of the  
13                                 report.

14                                 DR. TAPERMAN: Matt, if I may add. So  
15                   I remember some spirited discussions in previous  
16                   STACs about the -- the ground ambulances transfusing  
17                   blood, you know, which we supported. And at that  
18                   time I made a comment. I'm just going to repeat the  
19                   comment that I think it would be favorable if at the  
20                   time the blood transfusion was begun that the trauma  
21                   center to which the patient is going is alerted to  
22                   the fact that the blood is being transfused so that  
23                   they can prepare their blood bank, prepare the  
24                   operating room. Just a -- a heads up on it. It  
25                   should be a relatively unusual event and I think it

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2                   would be helpful for the trauma center to know that  
3                   ahead of time.

4                                 DR. DAILEY:  I think, Dr. Taperman,  
5                   that's a very reasonable thing to -- to talk about.  
6                   And I think early notification within the trauma  
7                   systems themselves is something that's been  
8                   important.  One thing that we've had extensive  
9                   discussions about so far, and these will continue, is  
10                  these are going to have to be regionalized programs.

11                                They're not going to be every agency  
12                  with an ambulance is going to suddenly start carrying  
13                  blood when this does happen.  This is going to be a  
14                  very strictly regulated program with a significant  
15                  amount of oversight.  In order to achieve the success  
16                  we've already seen in other parts of the country,  
17                  we're going to have to make sure that -- that there's  
18                  very tight, tight oversight on this.  So absolutely.

19                                DR. TAPERMAN:  And we appreciate that.  
20                  And I know my friend Doug Isaacs at F.D.N.Y. is very,  
21                  very much looking forward to getting blood on his  
22                  rigs, probably the rescue rigs I would guess.  And he  
23                  -- he knows my mind on this so I'm just repeating it  
24                  out loud.

25                                DIRECTOR GREENBERG:  I think, you

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2                   know, obviously ground is a little bit forthcoming.  
3                   We're trying to get there and -- and definitely been  
4                   dealing with some obstacles in getting there recently  
5                   with Dr. Isaacs in trying to overcome some of them.  
6                   Dr. Dailey, from an air medical point of view who is  
7                   now fully engaged in carrying blood and administering  
8                   blood, are you seeing that they're providing that  
9                   pre-notification to your facility whether it be via  
10                  Pulsara or (unintelligible), you know, a voice  
11                  communication? Or is that something that you feel  
12                  needs to be updated next year in the protocols to put  
13                  a recommendation on those protocols to have that  
14                  formally out there?

15                         DR. DAILEY: No, from -- so, Ryan,  
16                         I'll -- I'll turn it over to Kerrie Snyder as well  
17                         for commentary from the Albany Med trauma program.  
18                         But from my perspective our air partners are  
19                         extremely good at pre-notification. Quite frankly,  
20                         so are our ground providers. So I have very few  
21                         concerns about making sure that that occurs.

22                         MS. SNYDER: Yeah, so Kerrie Snyder,  
23                         Dr. Edwards from Albany Med. We have not seen any  
24                         issues with identification, early notification of  
25                         that. Checked with our P.I. coordinators as well.



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2                   They're all looked at so, yeah, it's been good.

3                   DIRECTOR GREENBERG:   Terrific.

4                   CHAIRMAN BANK:   Okay.   That's great.

5                   Any other questions about SEMSCO or SEMAC?   Okay.

6                   Moving to Dr. Cooper for E.M.S. for Children.

7                   DR. COOPER:   Thank you, Mr. Chairman.

8                   The -- the E.M.S.C. Advisory Committee met earlier  
9                   this month.   And one of the first orders of business  
10                  was to learn that our dear friend and partner, Amy  
11                  Eisenhauer had received a very well deserved  
12                  promotion.   And she would not be continuing with the  
13                  committee in a full time role but would continue to  
14                  be involved sort of kind of overseeing the -- many of  
15                  the aspects of the committee's work.   But a search  
16                  for a successor will begin as soon as the appropriate  
17                  time, you know, occurs.   And while we will miss Amy's  
18                  incredible support, we'll also be happy for her  
19                  support in a new -- in a new role.

20                  The meeting itself focused on a few  
21                  things about which you've already heard,  
22                  particularly, always -- the Always Ready for Children  
23                  Program.   I will not repeat what's -- what's already  
24                  been said by Kim Wallenstein that consumed a fair  
25                  amount of time at our -- at our meeting.   But there

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2                   were three other issues that I think are worth noting  
3                   for this group.

4                   The first is that the -- the Pediatric  
5                   Agitation Group continues -- continues its good work.  
6                   This was, as many of you are -- will recall, spread  
7                   by the fact that -- that SEMAC put in place a new  
8                   protocol change that, you know, focused on management  
9                   of agitation in -- in all patients. But the -- in  
10                  the pediatric world the -- the focus is really on, in  
11                  a major way, on de-escalation rather than -- rather  
12                  than on medication.

13                  And so a work group was formed to make  
14                  some recommendations to SEMAC which resulted in the  
15                  formation of an -- of an educational work group to  
16                  put together a special program, special education  
17                  program on pediatric agitation with the assistance of  
18                  individuals from the child psychiatry world who have  
19                  been instrumental in helping us with that -- with  
20                  that work.

21                  Sharon Chimento (phonetic spelling)  
22                  has been leading that -- that work group to put  
23                  together scripts and so on for, you know, for three  
24                  separate scenarios involving agitated children. It's  
25                  -- it's worth noting for this group that, you know,

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2                   because many of our pediatric trauma patients, okay,  
3                   either come to the hospital as a result of agitation  
4                   or become agitated as a result of their injuries or  
5                   what have you. And so the plan is to make this --  
6                   this training available as broadly as possible  
7                   throughout the state once -- once it's ready. And  
8                   our thanks to our colleagues at the fire department  
9                   of the City of New York who are helping us with the  
10                  video production and -- and so on.

11                               Secondly, we were honored to have with  
12                   us again Jennifer Goldman of the Department of  
13                   Health, a child psychiatrist who is leading up the --  
14                   the program in terms of the crisis stabilization  
15                   centers that are being stood up throughout New York  
16                   State. Prior to her meeting with our group, there  
17                   had not been, you know, a significant effort to -- to  
18                   focus on the -- the behavioral health needs of  
19                   children.

20                               But with her involvement in our group  
21                   she's now fully on board with that and pediatric  
22                   agitation training is going to be included in all the  
23                   training for the -- the crisis stabilization center  
24                   staff. More to come on that as to the extent to  
25                   which behaviorally, you know, challenged individuals

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2                   will be taken to crisis stabilization centers versus  
3                   emergency departments. But, you know, that's --  
4                   that's, I think, a call that is going to be made a  
5                   little bit further down the road.

6                                 And finally I just want to mention  
7                   that Meghan Williams of LaGuardia -- formerly  
8                   LaGuardia now Borough of Manhattan Community College  
9                   together with her students in the paramedic program  
10                  there have been leading an effort to try to, if you  
11                  will, rectify the -- the differences between the  
12                  length based resuscitation tapes that are in current  
13                  use for determining weighted and drug and equipment -  
14                  - drug doses and equipment sizes in children with  
15                  other methods such as the hand heavy method that's  
16                  out there and, you know, what's written in our  
17                  protocols in terms of the, you know, the -- the  
18                  weight based guidance that may -- that is already in  
19                  place.

20                                Suffice it to say that this is a very  
21                  complicated issue because the -- although the  
22                  differences are very minor between the -- all the  
23                  various methods of calculating a weight and drug  
24                  doses, you know, they are real and confusing. And at  
25                  this point we're still in the process of trying to

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2                   determine, you know, how that will all play out. But  
3                   kudos to Meghan and her students who've done such a  
4                   great job in terms of helping us sort that out. That  
5                   really touches on the key issues that were discussed  
6                   at our recent meeting. I'll be happy to answer any  
7                   questions that may arise at this point. Thank you,  
8                   Mr. Chairman.

9                   CHAIRMAN BANK: Any questions for Dr.  
10                  Cooper? Okay. We'll move along. Any old business?  
11                  So any new business?

12                 DR. GESTRING: Dr. Bank?

13                 CHAIRMAN BANK: Sorry, Mark.

14                 DR. GESTRING: So just under new  
15                  business. I -- I wanted to propose that the  
16                  committee entertain the idea of adding a committee on  
17                  trauma update to the standing agenda for this  
18                  meeting. Committee on trauma is very active in the  
19                  State of New York but it runs parallel almost to what  
20                  STAC does. Less involved with regulatory stuff but  
21                  more involved with education and can feed back TQIP  
22                  information and verification information.

23                 The C.O.T. is well represented in this  
24                  room, and I think, you know -- you know, two, three,  
25                  four minute update at each meeting regarding C.O.T.

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2                   activities in upstate and greater New York wouldn't  
3                   be a bad idea.   So I'd like the group to consider  
4                   that.

5                                 CHAIRMAN BANK:   So I think with the  
6                   two chairs in the room like Kartik and Mike, any --  
7                   any comments from you guys of just giving a -- a  
8                   update?

9                                 DR. PRAHAKARAN:   I'd welcome it.   I --  
10                  I think it's a great idea.   I think that the mission  
11                  on purpose of the C.O.T. runs in parallel to STAC  
12                  with a lot of crossover in terms of activities and  
13                  purpose.   And there's probably a lot of room not only  
14                  for updates but also for collaboration between the  
15                  two entities given that everyone in this room is --  
16                  is really a member of both.   But happy to -- to  
17                  follow Dr. Gestring's suggestion.   Dr. Vella?

18                                DR. VELLA:   No, I agree.   I think  
19                  that's a great suggestion.

20                                CHAIRMAN BANK:   Okay.   So we'll work  
21                  with C.O.T. leadership on seeing how we can get that  
22                  on the agenda.   Sort of new business.   One new  
23                  business from me.   We have moved this meeting  
24                  obviously from one thirty to one.   I just ask  
25                  everybody for any positive, negative comments about

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2                   maybe doing this in the future. Any comments. Was  
3                   it a good idea, a bad idea? It kind of happened by  
4                   accident.

5                               DR. GESTRING: We should start it at  
6                   twelve. That's a great idea.

7                               CHAIRMAN BANK: And -- and it can be  
8                   difficult like if some people are driving today in  
9                   the morning here and from around the state it can be  
10                  four or five hours to get here from Buffalo or  
11                  something like that. So any other comments?

12                              MS. SNYDER: Albany appreciates  
13                  getting out early.

14                              CHAIRMAN BANK: (unintelligible) if  
15                  you're coming from the furthest away, correct? Is  
16                  Buffalo the further part of the state?

17                              UNIDENTIFIED SPEAKER: I believe it  
18                  is, yes.

19                              DIRECTOR GREENBERG: Do -- do we  
20                  factor in Long Island traffic time?

21                              CHAIRMAN BANK: Yeah, so -- so  
22                  geographically I think it's about four hours. From a  
23                  time wise it's probably my house definitely to get  
24                  here. But any -- any comments because you're --  
25                  you're probably driving here in the morning

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2                   sometimes. Any comments of making it a little  
3                   earlier?

4                                 UNIDENTIFIED SPEAKER: Travel the day  
5                   before.

6                                 CHAIRMAN BANK: Okay. Oh, Kerrie did  
7                   you --?

8                                 MS. SNYDER: No, I said Albany  
9                   appreciates getting out early, so.

10                                CHAIRMAN BANK: Okay. So you're all  
11                   talking fine and dandy about maybe seeing on the  
12                   agenda if we can start at one rather than one thirty.  
13                   It's easy. I know the trains for people who come --  
14                   who take the train, the Amtrak it is easier getting  
15                   out a little earlier and making the train. So  
16                   announcements? Dan, the -- the announcement, the  
17                   next STAC?

18                                SECRETARY CLAYTON: So the next STAC  
19                   meeting is tentatively scheduled for October 9th.  
20                   That's a Wednesday, and we are currently looking at a  
21                   hotel in Schenectady. So that will be new. One of  
22                   the problems we've encountered just briefly is that  
23                   the -- the fall tends to be a very busy time for  
24                   conferences. And trying to find a facility that can  
25                   host us in the -- the normal areas of the capital



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2                   district that we typically go to has been  
3                   challenging.

4                                 And in you got to remember that we  
5                   have a hundred and fifty plus people that we have to  
6                   accommodate. And, you know, we also try to work with  
7                   our A.T.S. partners for the dinner the night before  
8                   too. So it's a -- that's -- that's what that's about.

9                                 DIRECTOR GREENBERG:     And part of  
10                  Schenectady, although we've never been there before,  
11                  is to make Albany Med travel a little bit further and  
12                  Buffalo travel a little bit less. Sorry, Long  
13                  Island.

14                                CHAIRMAN BANK:     Any other new  
15                  business? Okay. Any other comments about anything?  
16                  Okay. So I make a motion for adjournment.

17                                DR. GESTRING:     Second.

18                                CHAIRMAN BANK:     Thank you very much.  
19                                (The meeting concluded at 2:25 p.m.)

20

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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 66, is a true record of all  
8         proceedings had at the hearing.

9         IN WITNESS WHEREOF, I have hereunto subscribed my name,  
10         this the 5th day of June, 2024.

11

12

DANIELLE CHRISTIAN, Reporter

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