

5/28/2025 - STAC - Troy, New York

NEW YORK STATE

DEPARTMENT OF HEALTH

STATE TRAUMA ADVISORY COMMITTEE

DATE: May 28, 2025

TIME: 1:07 p.m. to 1:59 p.m.

CHAIR: DR. MATTHEW BANK

LOCATION: Hilton Garden Inn

235 Hoosick Street

Troy, New York 12180

Reported by Danielle Christian

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2 APPEARANCES:

3 ABENAMAR ARRILLAYA

AMY EISENHAUER

4 ARTHUR COOPER

CARRIE GARCIA

5 CRISTY MEYER

DANIEL CLAYTON

6 DEREK WAKEMAN

DONALD DOYNOW

7 FRANK MANZO

JAMES VASSWINKEL

8

JAMIE ULLMAN

KARTIK PRAHHAKARAN

9

KATE MAGUIRE

10 KERRIE SNYDER

KIM WALLENSTEIN

11 MARK GESTRING

MATTHEW CONN

12 MEGHAN MULLEN

MICHAEL DAILEY

13 MICHAEL VELLA

ROBERT CURRAN

14 ROBERT WINCHELL

ROSEANNA GUZMAN-CURTIS

15

RYAN GREENBERG

SHELDON TEPERMAN

16

TOM BONFIGLIO

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2 (The meeting commenced at 1:07 p.m.)

3 DR. BANK: One more minute while we
4 get our I.T. to work. Okay. Hello, I'm Matthew
5 Bank. I'm going to call this meeting to order. The
6 New York State Trauma Advisory Committee. The first
7 thing is Dr. Clayton will lead us on the pledge of
8 allegiance.

9 DR. CLAYTON: I pledge allegiance to
10 the flag of the United States of America and to the
11 Republic for which it stands, one nation under God,
12 indivisible, with liberty and justice for all.

13 DR. BANK: Okay. Can we proceed with
14 roll call? Here.

15 MR. BONFIGLIO: Dr. Doynow.

16 DR. DOYNOW: Here.

17 MR. BONFIGLIO: Dr. Winchell.

18 DR. WINCHELL: Here.

19 MR. BONFIGLIO: Dr. Ullman.

20 DR. ULLMAN: Here.

21 MR. BONFIGLIO: Dr. Goldman. Dr.
22 Cooper.

23 DR. COOPER: Here.

24 MR. BONFIGLIO: Dr. Dailey?

25 DR. DAILEY: Here.

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2 MR. BONFIGLIO: Dr. Guzman-Curtis?
3 DR. GUZMAN-CURTIS: Here.
4 MR. BONFIGLIO: Dr. Wallenstein?
5 DR. WALLENSTEIN: Here.
6 MR. BONFIGLIO: Meghan Mullen.
7 DR. MULLEN: Here.
8 MR. BONFIGLIO: Dr. Flynn, I believe,
9 is absent.
10 DR. MULLEN: Correct.
11 MR. BONFIGLIO: Dr. Gestring?
12 DR. GESTRING: Here.
13 MR. BONFIGLIO: Francis Manzo?
14 DR. MANZO: Here.
15 MR. BONFIGLIO: Kerrie Snyder.
16 MS. SNYDER: Here.
17 MR. BONFIGLIO: Dr. Edwards I -- is I
18 believe going to be late. He is intending to attend.
19 Dr. Prabhakaran?
20 DR. PRABHAKARAN: Here.
21 MR. BONFIGLIO: Kate Maguire?
22 MS. MAGUIRE: Present.
23 MR. BONFIGLIO: Dr. Angus. Dr.
24 Arrillaga.
25 DR. ARRILLAGA: Present.

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2 MR. BONFIGLIO: Dr. Vosswinkel.

3 DR. VOSSWINKEL: Here.

4 MR. BONFIGLIO: DR. Conn?

5 DR. CONN: Here.

6 MR. BONFIGLIO: Dr. Irene Tonis. Dr.

7 Reddy, I believe, is also absent. And Dr. Teperman?

8 DR. TEPERMAN: Here.

9 MR. BONFIGLIO: We have quorum. Thank
10 you.

11 DR. BANK: Okay, great. The January
12 29th, 2025 STAC minutes are on the website. I have
13 reviewed them. I'd like to make a motion to accept
14 the minutes of the previous meeting. Do I have a
15 second?

16 DR. CONN: Second.

17 DR. BANK: Everybody who agrees with
18 the motion, please raise your hand. I'm just going
19 to say it's unanimous that we accept the minutes from
20 the previous meeting. First we'll start off with the
21 bureau update from Ryan, sitting right to my right.

22 DR. GREENBERG: Thank you very much.

23 So, good morning everybody, or I guess good afternoon
24 now. Thank you for joining us. So, a lot going on.

25 For those of you who aren't aware, we

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2 did go through at the beginning of the year --
3 towards the beginning of the year name change. So we
4 have moved from the Bureau of E.M.S. and Trauma
5 Systems to the Division of State E.M.S. with three
6 bureaus underneath us, the Bureau of E.M.S.
7 Administration, the Bureau of E.M.S. Standards and
8 Licensure and the Bureau of E.M.S. Emergency
9 Management.

10 So for a lot of you, you won't notice
11 too much of a change. The teams that are in place
12 for trauma systems and licensure will remain the
13 same. But it is a little bit of a restructure
14 because over the course of the next year, we'll add
15 about a hundred and fifty positions to the division.
16 This is in part, a large part with the expansion of
17 the emergency management side or development and the
18 expansion of emergency management side, which will
19 better prepare us for response to disasters and
20 different community needs and the ability to respond
21 quickly to those needs.

22 Currently what we've learned over, you
23 know, both from COVID and then since COVID on a
24 number of other disasters is that, you know, we have
25 the ability to help a lot of parts of the state. But

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2 at the point that you need our help, it normally can
3 take upwards of five to six days to really deploy a
4 lot of the E.M.S. resources around the state in
5 different assistance.

6 By putting these models in place, by
7 bringing online the emergency management side, we
8 will move from the ability to deploy resources in
9 five to six days to the ability to deploy resources
10 in five to six hours, so a big difference for us.

11 You know, we -- we think about COVID
12 and you know, what happened there, but there's a lot
13 of smaller disasters that we can handle on our own in
14 New York. You know, one of the most recent ones in
15 Buffalo and the snowstorms and they needed another
16 dozen ambulances and we were able to get them help.
17 But for us to get through a series of contracting
18 processes and things like that, it takes time. This
19 change as we now grow and -- and put resources that
20 are in place along with a series of public-private
21 partnerships, meaning the ambulances and things would
22 all be under contract to help them, but they would be
23 your local resources. They'd be your -- your local
24 ambulances that would help a different part of the
25 state that is having an issue or disaster or

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2 something that's come online.

3 So we're excited to see that. You've
4 seen -- if you haven't seen it already, there's been
5 a number of positions posted online, and there'll be
6 more to come. And I just want to -- you know -- so
7 if you start to hear the division of Stadium S. or
8 things of that nature, that's where that is. All of
9 our functions that we've done before will remain the
10 same and it'll be a series of additional functions
11 that will make up the division. Last week we had our
12 E.M.S. memorial for E.M.S. week. I just want to
13 thank several of you who I know who I saw here were
14 there. There were five honorees that went onto the
15 wall who died in the line of duty during 2024.

16 One of the interesting things that we
17 do have coming up and although this is on the E.M.S.
18 side, I think we look at it in the trauma community
19 as well, is, you know, mental health of our, you
20 know, providers or providers that are out there every
21 day. So one of the initiatives from the governor's
22 budget two years ago, I think it was, that actually
23 went into legislation, was to create a mental health
24 and wellness program on the E.M.S. side.

25 And so we were trying to figure out

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2 where to start with this one. And so with the help
3 of Amy Eisenhower and several people on the state
4 E.M.S. team, we decided to do a one day symposium,
5 which is going to come up in June. It's a one day
6 symposium, E.M.S. and Mental Health and Wellbeing
7 that was really supposed to be a program to be kind
8 of a champion -- you know, find the champions who
9 want to bring programs back to our local areas.

10 We hope to get fifty or sixty people
11 at this, and we were, you know, really excited about
12 announcing it. In the first four days, we had a
13 hundred and twenty people register. Again, we were
14 aiming for fifty. We had a hundred and twenty. We
15 had to call back, see if we can expand it. We're now
16 north of two hundred. We're sold out. The room
17 can't fit any more people. It's a free one day
18 symposium.

19 And then in addition to that, we're
20 doing a one year fellowship for twenty individuals.
21 One person -- well, the goal was one person per
22 region, but distributed across the state, twenty
23 fellows will be champions of mental health and
24 wellbeing at their home agencies, and it's a one year
25 program that we have a number of things in place for

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2 them.

3 I bring this up for this group because
4 this might be something that we also want to look at
5 on the trauma side. We know that in the world of
6 trauma, we see a lot. A lot more than what your
7 average person sees. And maybe this is something
8 that this group would also want to look at in what
9 can we do for our own mental health and wellbeing
10 related to what we see and what we deal with and
11 making sure that, you know, we're taking care of
12 ourselves as well.

13 So that program's in June. We're
14 really excited about it. We'll absolutely report out
15 in October on how it went. And, you know, Mr. Chair,
16 maybe we'll talk about something for the future for
17 the trauma side as well.

18 The last piece that I wanted to talk
19 about was an ask of this group. So this group at the
20 last meeting expressed some of their concerns related
21 to the American College of Surgeons and some of the
22 verification visits that had happened. And the
23 request was made to contact for me to reach out to
24 the American College of Surgeons and have a
25 conversation with them about both, you know, three

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2 year verifications, one year focus review, centers
3 that are not verified and to see, you know, what is
4 going on with the Grey Book, with the change in
5 standards, how does this affect things.

6 And so we did. We had a -- a, you
7 know, a really positive conversation with, you know,
8 leadership of there -- of the A.C.S. It was a great
9 conversation to have with them. We had some very
10 frank conversations with them about, you know, New
11 York State and some things that were, you know,
12 expressed as concerns from each of you. And I -- I
13 just want to talk, you know, just about some
14 highlights real quick.

15 So one of the key things that came up
16 was, you know, is a one-year focused review of
17 failure. And the answer wholeheartedly from
18 everybody who I spoke to in the American College of
19 Surgeon is absolutely not. It's an opportunity to
20 fix a problem that's been identified. And that this
21 group, meaning not only the New York State Trauma
22 Community, but the trauma community nationally, has
23 set a set of standards. That's the Grey Book.

24 And that if you don't meet your
25 standards during a verification visit that there is

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2 an opportunity, depending on what you don't meet to
3 fix that in a year. And they're going to come back
4 and they're going to look and a lot of times it's a,
5 you know, not even coming in person. It's, you know,
6 sending things in to fix that problem. From a state
7 point of view, we think that is a really good thing.
8 It's an opportunity to fix something. It's not a
9 failure, it's an opportunity.

10 When we looked nationally and one of
11 the things that they brought up is there were -- they
12 looked at a period of time in you know, in review of
13 these standards, and there is in -- there were about
14 three hundred -- out of three hundred verification
15 visits that the A.C.S. did nationally, there was
16 about fifty percent of them that were a three-year
17 verification, there was about fifty percent of them
18 that was a one year focused review nationally.

19 In New York those numbers were seventy
20 five percent were a three year verification and
21 twenty five percent were either one year or another
22 verification -- or another outcome. That's a big
23 difference. And -- and what that showed was is that
24 New York is actually doing really well. The nation
25 is at a fifty percent three-year verification and New

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2 York is at a seventy five percent verification.

3 And like I said in our meeting
4 earlier, that shows that we're collaborative, we're
5 talking, we're identifying issues, and working
6 together for the success of the entire system. We
7 had some further conversations about the A.C.S.
8 actually coming to one of our meetings to a future
9 STAC meeting and talking to us about, you know, focus
10 reviews and how this, you know, different things of
11 what the future might look like.

12 But most importantly I would tell you
13 also there now is a, you know, an excellent open door
14 and pathway of conversations. We -- you know, we're
15 going to have some more regular conversations with
16 their leadership just to hear what's going on, what
17 the future looks like.

18 And so for each of you, if you do have
19 other concerns that come up that you feel we need to
20 approach or address with them, that I welcome you to
21 come to myself, come to Dan, come to Tom, as we, you
22 know, will continue those meetings, you know, if not
23 once a year, you know, more than that, if -- when
24 needed to, you know, keep that line of communication
25 open and keep a positive communication there. So

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2 that's the end of my report and happy to take any
3 comments or questions.

4 DR. BANK: Art.

5 DR. COOPER: Thank you. The mental
6 health conference that you mentioned, given that it's
7 so well subscribed at this particular point, is there
8 any opportunity for that to be perhaps recorded in
9 some way or live streamed in some way so that those
10 who cannot attend might be able to do so? Thank you.

11 DR. GREENBERG: So, I think we took a
12 particular approach not to live stream this one
13 because of the engagement in those that are in
14 attendance and sometimes it gives a different feel to
15 it. What I do think will happen is after it's done
16 and we get to do a little bit of an after-action
17 review of how it goes and things like that, is the
18 opportunity for it to happen more regularly if
19 needed. And so maybe it's a second one but it's down
20 in New York City. Maybe it's the second one but out
21 in Buffalo.

22 So I think we're just trying to get
23 through the first one, seeing if proof of concept
24 works. But it was very intentional that we stayed
25 away from televising this particular one. But maybe

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2 there's a second one that is just an online version
3 that brings up.

4 DR. BANK: Any other questions? Okay,
5 great. We're going to move on to the trauma program
6 update. Dan.

7 DR. CLAYTON: I have nothing. Mr.
8 Bonfiglio, do you have anything?

9 MR. BONFIGLIO: No, thank you.

10 DR. BANK: So, real quick just go to
11 the executive report. We have one -- one good news
12 to report. So, the changes in the four O five
13 regulations stating that you need a nurse reviewer
14 for all of your verification and re-verification
15 visits has been changed. That regulation went
16 through its public question period. That period
17 ended March 31st. And as of today, you will no
18 longer by regulation need to have a nurse reviewer
19 for re-verification visits.

20 So again -- there you go. So, by
21 regulation you do not need to have a nurse reviewer
22 for reverification visits. Obviously if a trauma
23 center wants to have a nurse reviewer, that is up to
24 them, number one. Number two, if you have already
25 scheduled your reverification visit and you have a

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2 nurse coming, that's in between you and the American
3 College of Surgeons of what you want to do with that.
4 But from a regulatory standpoint you do not need a
5 nurse reviewer for a re-verification visit as of now.
6 For a verification visit i.e., a center that has not
7 been previously verified as the trauma center who is
8 going for their first verification visit, you would
9 need a nurse reviewer. Are there any questions?

10 DR. GREENBERG: So, I just want to
11 thank everybody. You know this process takes a long
12 time. That is in general regulatory reform, it takes
13 a long time. So, thank you to everybody for being
14 patient along the way with this one. And just keep
15 that in mind as we look at the four O fives, as we
16 look at the future and what changes we might want to
17 see in the future that -- you know, that opportunity
18 is always there to make a modification. But it
19 doesn't happen overnight. So, start thinking now if
20 there's something that you think you want to see in
21 the future.

22 DR. BANK: Okay. I'm going to go a
23 little out of order here because Dr. Cooper has a
24 previous engagement. So, Art anything about E.M.S.C.
25 that you want to report to the committee?

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2 DR. COOPER: Thank you. Not actually
3 until three o'clock, but thank you very much. On
4 behalf of the Emergency Medical Services for Children
5 Advisory Committee, we're pleased to give you a
6 report on three critical items.

7 First, we have nailed down a plan to
8 get the sedation -- or sorry, the pediatric agitation
9 educational modules finished up by the end of the
10 summer, so that we can get them approved at the
11 September meeting. Bring them to SEMAC shortly
12 thereafter and then make that education available
13 statewide.

14 Second, we continue to work on
15 procedural sedation. There's a, as many of you know,
16 a national movement to improve the quality of
17 pediatric procedural sedation. The focus is chiefly
18 on minor procedures, not major procedures, of course,
19 which may require a higher level of support, but on
20 minor procedures that are commonly carried out either
21 in the field or in the emergency department. More to
22 come on that at our next meeting where we'll have a
23 fuller discussion of where we are.

24 But last and perhaps most important
25 many of you may be aware that the SEMAC has been

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2 collaborating with several E.M.S. agencies and
3 systems throughout New York State with respect to
4 supraglottic airway project that allows E.M.T.s to
5 place i-gel in lieu of supporting bag valve mask
6 ventilation. As all of you are aware as difficult as
7 bag valve -- bag valve mask ventilation can be in the
8 emergency department for emergency medicine
9 physicians and trauma surgeons, the fact of the
10 matter is that in the field, it's you know, so much
11 more difficult and of course, in the hands of
12 providers who have perhaps performed this skill a
13 little bit less often than some of us do in the
14 emergency department.

15 In any event, a major project took
16 place over the past a year or two and demonstrated
17 that the success rate with placement of i-gel -- i-
18 gel supraglottic airway device is -- is highly
19 successful even in the hands of emergency medical
20 technicians. There are certain stipulations to this
21 -- you know, this initiative of first use of i-gels
22 in a prehospital environment does have to be approved
23 by the -- by the Regional Emergency Medical Advisory
24 Committee or REMAC.

25 And second, waveform capnography is

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2 required as part of the -- as part of the -- the
3 process. The reason I'm bringing it up under my
4 report rather than I give all the glory to Dr. Dailey
5 is -- is that the SEMAC approved a -- a protocol
6 change which eliminates the words adult only.
7 Previously the -- the i-gel project had been limited
8 only to adults. However there's no valid scientific
9 reason to do so. And so the words adult only were
10 removed from the protocol.

11 So now so long as providers are
12 properly trained, have the appropriate sized i-gels
13 and so on and the appropriate equipment for entitled
14 capnography monitoring, et cetera, et cetera, and
15 there has been regional approval, there is the
16 ability to provide i-gel airway support in -- in kids
17 as well. I think that was a pretty big step forward.
18 Again, the key of our course is going to be proper
19 education and training for our providers which can
20 only be accomplished, you know, one provider to one
21 teacher at a time, as we all are aware.

22 And you know, and it's going to
23 require a great -- great deal of work on the part of
24 our E.M.S. educators. But we all believe that the
25 payoff is going to be worth it. So, thank you. That

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2 concludes my report. If there are any questions I'll
3 be happy to answer them. Yes, sir.

4 DR. TEPERMAN: So, I'm -- I think I
5 misheard this. It's Teperman, New York. This would
6 be for paramedic -- registry paramedics not E.M.T.s
7 to use, I assume.

8 DR. COOPER: No, it's actually the --
9 the demonstration project was conducted among
10 emergency medical technicians. So yes, it would
11 allow emergency medicine technicians and paramedics.

12 DR. TEPERMAN: Question did -- does B
13 -- do B.L.S. buses have with capna -- capnography?
14 Do they have it, pulse wave capnography?

15 DR. COOPER: Very few at the present
16 time.

17 DR. GREENBERG: Few at the present
18 time, but if they're doing certain procedures or if
19 they want to be into certain pilot programs then it's
20 a requirement in order to -- to have certain
21 equipment in order to do certain procedures. But it
22 is not a standard piece of equipment if that's what
23 you're asking.

24 DR. TEPERMAN: Right. Now I'm just
25 thinking about the challenge for the average

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2 voluntary services to have all those sizes and to
3 change all of their -- whatever, you know, ZOLL or
4 whatever they're using to include pulse wave
5 capnography. I mean, that -- that is a heavy lift,
6 it would seem to me and the training of all those
7 folks, E.M.T.s.

8 DR. COOPER: That is true. However,
9 the view of the SEMAC was that, you know, a child
10 should not be denied the ability to have an
11 appropriate-sized airway placed if -- if that is a
12 possibility for the particular service in a
13 particular region, again with regional approval.
14 Thank you.

15 DR. BANK: So, is that the end of your
16 report, Dr. Cooper? Thank you.

17 DR. COOPER: It is indeed. Thank you.

18 DR. BANK: Do we have any -- any
19 questions?

20 DR. DAILEY: No, just a clarification
21 more than anything else. This is Dr. Dailey. You
22 know, we have a number of sections within the
23 collaborative protocols that indicate that an
24 opportunity is available for an agency if their
25 personnel are equipped and trained the use of the

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2 basic life support supraglottic airway or frankly any
3 supraglottic airway, whether pediatric or -- or adult
4 at that level, is if they have trained their
5 personnel, if they've equipped themselves with the
6 supraglottic airways after that training and that
7 they have the waveform capnography available.

8 So this is not a mandate to all of our
9 basic life support services to move to this level.
10 In particular, there's some agencies that have a lot
11 of basic life support personnel that will never take
12 a step in this direction. But this is a significant
13 opportunity, particularly for our rural voluntary
14 squads who want to provide additional opportunities
15 to provide patient care. However, they don't have
16 the ability to move to the advanced life support
17 level.

18 DR. BANK: Any other questions?

19 DR. GREENBERG: Just to -- to build on
20 that one. So, related to the i-gel project and we
21 talk about why do we have pilot projects in New York
22 State and what is -- you know, kind of what's the
23 outcome to it. So the i-gel project for adults is
24 where this, you know, came to fruition and was
25 supposed to be just in the Hudson Valley. The Hudson

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2 Valley quickly became -- and Dr. Doynow can talk more
3 about it, became the entire state.

4 What we thought would've been about
5 fifteen to twenty agencies participating quickly
6 became nearly to a -- nearly a hundred agencies
7 participating, all which had those requirements. You
8 had to have the additional equipment, the additional
9 training, the additional things that come along with
10 that ability to do those procedures. That's the
11 trained and equipped portion of it. We also have,
12 you know, large portions of the state that may be an
13 advanced level agency, but they don't have an
14 advanced level provider on every call. Maybe they're
15 not available, maybe, you know, fill in the blank,
16 whatever the reason is. And that the equipment or
17 the ability to have that equipment, wave form
18 capnography or so on and so forth, might be able to
19 be used by a B.L.S. provider if it's the right
20 equipment that, you know, is only using it for that
21 component and allowing that procedure to be done when
22 a paramedic is not available or is not there to
23 perform it otherwise.

24 DR. BANK: Thank you, Dr. Cooper. Any
25 other questions for Dr. Cooper? If not we'll move

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2 along. Registry committee, Christy Myer.

3 MS. MYER: Good afternoon everyone.

4 Thank you for the opportunity to present from the
5 registry subcommittee. As always, I -- I think it's
6 a very robust committee and we had a wonderful work
7 group or TAG that worked together to project for next
8 year what 2026 data dictionary will look like.

9 But just a couple stops before that.
10 We had an upload update discussion just encouraging
11 trauma centers from across the state, to make sure
12 you're checking the monthly data submission reports
13 for accuracy. There's a lot of vendor transitions
14 going on across the state which will probably
15 contribute to delays of submitting data here in New
16 York State, but also some potential delays for
17 national submission. So we're -- we're keeping a
18 close eye on that.

19 Wendy Patterson from the Department of
20 Data Analytics gave a wonderful presentation on non-
21 trauma centered data. They used the SPARCS data to
22 create a methodology to crosswalk to some projected
23 I.S.S. scores for patients treated at non-trauma
24 centers versus trauma centers across the state.

25 That data was from 2023, which is

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2 excellent and timely to really take a look at what
3 was available and to maybe look for some clusters of
4 patients being treated at non-trauma centers, but
5 overall very low rates of severe trauma patients
6 being treated and especially pediatrics. So more to
7 come on that. I think it was a very welcome
8 assessment of non-trauma center volume.

9 The New York State Data Dictionary
10 changes for 2026. We had a work group, it was about
11 twelve members from all levels of trauma center from
12 across the state. They worked really well together
13 to look at the data fields and take some of the
14 recommendations from you know, challenging data
15 definitions and we do have a proposal and a motion to
16 present to this body for approval for the January
17 1st, 2026 data dictionary.

18 So, I'll defer to Dan Clayton to bring
19 that up. While we're waiting for that, we do see
20 that P.C.R. availability is an additional project
21 that we're working on. We're trying to get some data
22 to understand data submission and completeness for
23 pre-hospital care reports in -- in the state and
24 across trauma centers so we can help support getting
25 better availability.

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2 And then a lot of discussion about
3 vendors. E.S.O. and ImageTrend had representatives.
4 They were able to speak to some of the considerable
5 challenges with uploading, training and
6 configuration. It's really affecting a very large
7 number of trauma centers across the state, and that
8 is all to meet the A.I.S. 2015 submission guideline
9 in place. So a lot more to come, but certainly a
10 good deal of challenges.

11 And then one more opportunity, a
12 voluntary participation. N.Y.U. Langone Long Island
13 is doing a boat and marine accident evaluation. So
14 if anyone wants to participate in that data
15 submission, we'll make those contacts available for
16 N.Y.U. Long Island. And if we want to just circle
17 back to the motion, if you don't mind presenting
18 that.

19 DR. CLAYTON: So, the seconded motion
20 from the Registry Subcommittee and the Chair Christy
21 Myer is that the Registry Subcommittee puts forward a
22 motion to approve edits for New York State Trauma
23 Registry Trauma -- Trauma Data Dictionary for Trauma
24 Patient Encounters starting January 1st, 2026, as
25 follows.

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2 E.M.S. pre-hospital fields additional
3 information edits to include clarification of
4 procedure collection from seeing and referring
5 hospitals. Additional clarification of E.M.S. pre-
6 hospital field should be recorded with null value,
7 not applicable for patients arriving by private car.
8 Trauma team activation field, additional information
9 to include collecting the trauma team activation
10 level actually provided during the trauma
11 resuscitation.
12 Location of procedures pick list will
13 include observation, clinical decision unit, step
14 down and telemetry. And E.D. discharge date time
15 clarifications will include the clarifications from
16 the joint commission standard for E.D. discharge date
17 and time, which clarifies null value, observation,
18 location, disposition and admission discharge status
19 hierarchy definitions with the intent to use the
20 timestamp to accurately collect E.D. dwell time.
21 DR. BANK: So, any discussion about
22 the motion. Matt?
23 DR. CONN: Matthew Conn, New York City
24 RTAC. I believe in the -- the first bullet point
25 E.M.S. pre-hospital fields additional information

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2 edits to include clarification of procedure,
3 collection from scene and referring hospitals. I
4 believe the additional wording for those was going to
5 be to your facility.

6 MS. MYER: Yes, please update to your
7 facility. Thank you.

8 DR. BANK: Thank you. Any other
9 discussions on the motion? I'm sorry. Mark.

10 DR. GESTRING: I'm sorry. I was just
11 on line to second the motion. I think it has to be
12 seconded before you can discuss it. So, you can list
13 me as a second.

14 DR. BANK: There's not a second?

15 UNKNOWN SPEAKER: I do not have a
16 second as of yet on the record.

17 DR. BANK: We have that motion has
18 been seconded. So, now any other discussion on the
19 motion. Art?

20 DR. COOPER: Since the motion came
21 forward as a seconded motion from the Committee and
22 since the change to the motion was made after the
23 motion was made and seconded from a procedural
24 standpoint, do we need to have a -- a formal vote on
25 the amendment before we vote on the main motion?

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2 DR. BANK: So I just want to see if
3 there's any other discussion. We'll make all of our
4 changes, and then we could formally read back the
5 changes and then we will -- we'll vote. Any other
6 discussions on the amended motion? Nope. Christy,
7 can you just read the one sentence that you amended?

8 MS. MYER: The amendment is for E.M.S.
9 pre-hospital fields additional information edits to
10 include clarification of procedure collection from
11 scene and referring hospitals to your facility.

12 DR. BANK: Any other discussion on the
13 amended motion? Can anyone second the amended
14 motion? All right. Meghan thank you. Any issues
15 for proceeding to vote on the amended motion? No.
16 Okay. So everybody who says, aye, please raise your
17 hand. Yes. One, two, three, four, five, six, seven,
18 eight, nine, ten, eleven, twelve, thirteen, fourteen,
19 fifteen, sixteen. So, sixteen, yes. Any no votes?
20 There are zero no votes. Any abstentions? One
21 abstention. So, fifteen yes, zero no, one abstention
22 and the -- the motion carries.

23 MS. MYER: And just for a point of
24 clarification, now that that motion has passed, we
25 will go through the approval process and then work

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2 with the vendors to try to get the schema and the
3 appropriate image trend New York State changes in a
4 timely fashion for January, 2026. Please accept our
5 report. Thank you.

6 DR. BANK: Okay. Next is the Trauma
7 Needs Assessment. Dr. Winchell.

8 DR. WINCHELL: All right. Thank you.
9 So, the Trauma Needs Assessment Committee met. We
10 had a couple of items to discuss. One motion I guess
11 we can start with to get that out of the way is
12 finishing up on the needs assessment recommendation
13 regarding the re-designation of South Shore Hospital
14 from level two to level one. And this had gone
15 through our standard approval process. They had met
16 our requirements per the -- the new guidelines. And
17 so the motion from the committee is that we should
18 designate South Shore as a level one center.

19 DR. BANK: There's a motion on the
20 floor. Do I have a second?

21 DR. ULLMAN: Second.

22 DR. BANK: Dr. Ullman, Matt Conn, we
23 have second. So we can -- any other discussion on
24 this motion on the floor? No. So we can proceed to
25 a vote. Because this is a -- a institution that I am

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2 affiliated with I'm going to ask Dan, can you count?
3 You -- you okay?

4 DR. CLAYTON: Yes.

5 DR. BANK: Do you do the vote?

6 DR. CLAYTON: So all those in favor of
7 this motion, please raise your hand. Eighteen yeses.
8 Are there any noes? Any abstentions? Motion
9 carries.

10 DR. TEPERMAN: Just a question
11 afterwards. So is -- is our process now that
12 whenever there is a change in designation of a trauma
13 center, be it a trauma center is -- is birthed, or --
14 or is changing its level of designation that, that is
15 through the needs committee going to be brought to
16 this body? Because that's -- it's new for me. I
17 think it's interesting, but I'm just wondering if
18 that is now our standard work.

19 DR. GREENBERG: So it is the
20 department's responsibility to designate, right. So
21 the American College of Surgeon verifies and the
22 Department of Health designates an institution or
23 facility as a level. You know, prior to now, we
24 really haven't had much change in -- in levels, a
25 little bit, but not a lot. We're starting to see

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2 more of that.

3 And so the reason why the department
4 has chosen to change a little bit in pivoting and
5 making the trauma needs assessment a part of this
6 process is to watch some of those changes, to see
7 where the demands are for it and to have a
8 recommendation from this body to the commissioner
9 before the official designation of a change is made,
10 and then the commissioner obviously can make the
11 determination if the designation would occur or not.

12 So it -- it is a change in the -- in
13 the way that we've done it before, I think in part
14 because we've seen a change in the amount of movement
15 of -- in facilities moving from one level to another.
16 And we think it's an important thing to, you know,
17 have the feedback and inside of this group to
18 recommend to the commissioner.

19 DR. BANK: Dr. Winchell, any other
20 parts of your report?

21 DR. WINCHELL: No, I -- the remainder
22 -- yeah the largest piece of discussion then in the
23 remainder of the meeting really had to do with the
24 concept of, you know, our needs assessments have
25 previously been triggered by a hospital coming

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2 forward and requesting designation at a specific
3 level. And so the discussion centered around the
4 concept of looking for areas of need where a trauma
5 center which might need additional trauma resources,
6 either based on geographic or a -- you know,
7 visualization of blind spots or -- or bare areas in
8 the trauma center or by community request for
9 additional trauma resources.

10 And so we're trying to put together
11 sort of a generic process for, I guess, consultation,
12 perhaps more that needs assessment. This was spurred
13 by a request from the Department of Health to
14 evaluate the concept of additional trauma resources
15 in the far Rockaway area. But it's -- the intent
16 would be to come up with something that's more
17 generally applicable to -- to any place in the state.
18 Now that's the end of my report, if there are any
19 questions.

20 DR. BANK: Any questions for Dr.
21 Winchell?

22 DR. GREENBERG: No, but I just want to
23 just to echo Dr. Winchell's component of this. There
24 was a -- you know, a pretty lengthy conversation
25 about, you know, where things were in the past, where

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2 they are in the future, the roles and
3 responsibilities of the trauma needs assessment and
4 the additional benefit that it can offer to the
5 trauma system as a whole in New York State. Not only
6 when specifically requested on a change in status,
7 but, you know, we talk -- we talk about, you know,
8 trauma deserts and trauma areas and things like that,
9 that this might, you know, be a pathway forward.

10 And I think there was, you know, a --
11 a -- a great point that was brought up about, you
12 know, it could be a community that asks, hey, can you
13 assess this or look at this. And so I think as we
14 look into the future, it's an exciting opportunity to
15 be able to look at our overall system.

16 DR. BANK: Any other questions for Dr.
17 Winchell? No. Okay. So we'll move to injury
18 prevention and education.

19 DR. CURRAN: Good afternoon. There
20 are no proposals or amendments or any requests from
21 the committee. This morning we had a -- a
22 presentation brought forth by Jaycee Goode who is a
23 survivor of a distracted driving crash, which
24 resulted in -- in her parents' death as well as
25 lifelong complications for her, brought in as a

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2 resource to all the trauma centers and trauma
3 professionals throughout the state.

4 She's a -- a free resource. She's
5 funded by a grant. So this opens up opportunities as
6 Memorial Day has passed, as we start to address
7 colloquially address to as the hundred deadliest
8 days, especially for teens in terms of distracted
9 driving.

10 I also want to point out that one of
11 our own Dekeya Slaughter who is the Injury Prevention
12 Coordinator at Kings County was recently awarded the
13 Guardian of Life from New York City REMSCO. Just
14 wanted to acknowledge that quickly. Dekeya has been
15 a longstanding presence in New York City, in the
16 RTAC. And that's the conclusion of my report, if
17 there are no questions.

18 DR. BANK: Any questions for injury
19 prevention? No. So we'll move along -- along to
20 P.I. Michael Vella.

21 DR. VELLA: Thanks Dr. Bank. We don't
22 have any motions to present. We had four wonderful
23 presentations related to V.R.C. deficiencies that are
24 common across the state in the last year or so.
25 Erich Cohen and Christy Myer presented on trauma

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2 P.I., Melana King presented on registry compliance,
3 and Shahendrik Kadeur (phonetic spelling) presented
4 on meeting research requirements. And so those were
5 excellent presentations I think we all took something
6 from them and I really appreciate everybody's
7 participation. With that that concludes my report.

8 DR. BANK: Any questions for Dr.
9 Vella? If not, we'll move on to systems. Dr. Urbano
10 and Teperman.

11 DR. TEPERMAN: Hi. This Sheldon
12 Teperman here. So this is the -- Dr. Urbano and I
13 just assume responsibility for the systems committee
14 this morning. I want to say personally that I want
15 to apologize to this body. There was a spirited
16 conversation about all things V.R.C. and I really
17 could have done a better job both presenting the
18 information and handling the discussion. So, my
19 sincerest apologies Mr. Chairman. I will do a
20 better job in the future.

21 That being said, yeah, I think it was
22 a -- an important conversation. We next -- so we're
23 learning and I think the state is learning with us,
24 there was a series of technical glitches. Dr. Urbano
25 and I want to thank him, had done an amazing job and

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2 a lot of work of getting the slides together ahead of
3 time. I mean, hours and hours of work and for a
4 variety of reasons one regulatory -- you know, some
5 technical glitches, a bunch of the slides were not
6 presentable. And again, Jerry, that was not your
7 fault.

8 And we've had conversations that we
9 now know -- have a better idea with the executive
10 committee on how to have those slides present for us
11 in the future. We -- and -- and so we did send our
12 apologies to Dr. Steve Sculley, who is the Regional
13 Director of Operations for Air Methods. So that's
14 the largest helicopter system we have. He was and he
15 did present and -- and it was difficult to follow on
16 all things helicopters and trauma.

17 We -- we did apologize to him and he
18 will be coming back with his approved slides. The
19 slides were approved. I can't tell you what
20 happened. And he will be revisiting us in the
21 October meeting. Dr. Bank already talked to us about
22 the -- the nurse reviewer and -- and also gave us
23 guidance on what's to be done if you already have a
24 nurse reviewer scheduled.

25 And then -- and then finally, Director

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2 Greenberg had asked Dr. Bank through our committee to
3 prepare -- prepare suggestions or advice to the
4 Department on how they might create a policy to de-
5 designate a trauma center, or how they would work
6 with a trauma center that had failed to meet
7 verification, finally.

8 So we had prepared an iterative
9 document with the comments from this committee that
10 had the -- the relevant specific points that the
11 state wanted us to make suggestions to them. Again
12 there were issues with the slides. So our intention
13 is to reformat those so that they are acceptable in
14 this body and to present that material to you in the
15 October meeting. And that will serve as a framework
16 for which more discussion and more public comment
17 will be. And again we are not creating a policy. We
18 are just creating suggestions on what the policy
19 might contain and then the state will do -- will
20 create the policy itself.

21 I think Jerry was -- was there
22 anything -- Jerry is someplace. Jerry, did you have
23 any other comments about the committee?

24 DR. JERRY: No, I think you did
25 everything.

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2 DR. TEPERMAN: Okay. Thank you that -
3 - that completes our report.

4 DR. BANK: Any questions about the
5 systems report out? One comment from me. I know, I
6 think this was two or three systems subcommittee
7 meetings before when Dr. Simon was the chair at that
8 time. There was -- and -- and this goes back years
9 at a request from this body to the D.O.H. to support
10 a America College Surgeon Systems review of New York
11 State. And this is, again, many years ago. I think
12 the -- the price point at that point was seventy five
13 thousand dollars. I think, and Ryan could correct me
14 if I'm wrong, the -- the Department had agreed to pay
15 the seventy five thousand dollars. Fortunately that
16 process took a little while. By the time we got back
17 to the American College Surgeons, they were a hundred
18 and fifty thousand dollars.

19 I did speak with the systems people at
20 the A.C.S. about the -- this price point. Very
21 recently they -- they agreed to do it for a hundred
22 and fifteen thousand dollars. So, we'll have ongoing
23 conversations with the D.O.H. to see if it's possible
24 for that to be supported.

25 DR. GREENBERG: Happy to take that

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2 back and find out.

3 DR. BANK: Okay. Any other
4 discussion? Great. So we can move on to pediatric
5 trauma. Dr. Wallenstein?

6 DR. WALLENSTEIN: Hi, thank you. We
7 had no motions to present to the committee. We
8 talked about three main topics. We had a great
9 presentation by Dr. Chethan Sathya about gun violence
10 prevention that and the great work that he is doing
11 down at Northwell. And he gave us a lot of good
12 ideas and things to think about for our own centers.

13 We also talked about the Always Ready
14 for Children initiative through the -- the Department
15 of Health. We are excited that there are forty
16 centers that have now signed up. But we were a
17 little sad that there are probably around a hundred
18 and ninety centers in the state total, and so there's
19 definitely a lot of potential out there for more
20 centers to join in. And there are incentives for
21 them. There's a packet that's sent out when centers
22 sign up. So we talked about increasing that in our
23 regions.

24 And then the last thing we talked
25 about was our idea about encouraging Stop The Bleed

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2 kits and teaching in school systems. We're going to
3 explore that further in future meetings and have
4 presentations by people who have done that
5 successfully in their regions. We also are planning
6 to put together a toolkit that can be published to
7 help centers do that in their regions as well. That
8 concludes my report.

9 DR. BANK: Any questions for Dr.
10 Wallenstein about the Pediatric Trauma Subcommittee
11 report? If not, we'll move on to Carrie Garcia at
12 the New York State Chapter of the A.T -- A.T.S. Is
13 Carrie here?

14 MS. GARCIA: Sorry. Microphone
15 issues. Hi, Carrie Garcia, reporting out for A.T.S.
16 So we had a well-attended dinner meeting with more
17 than eighty members last night. January minutes were
18 approved as it is without changes. There were
19 committee updates given as well as a review of events
20 that each facility held for the month of May, which
21 is the National Trauma Awareness month.

22 There were quite a few facilities who
23 shared their events on trauma survivor and many, many
24 ideas were given. Updates were given with -- about
25 upcoming conferences and previous conferences at

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2 double A.S.T. East, E.N.A., S.T.N., T.C.A.A. And we
3 also had a representative from E.S.O. a registry
4 vendor that a majority of us are going with here in
5 New York.

6 Treasury reports equal collaborative
7 report were also reported out as well as a very in-
8 depth salary survey that was conducted. The results
9 were shared with the committee and I'm hoping that we
10 have further discussions on that at a later date.
11 That is all the committee -- the meeting was
12 adjourned shortly after. Nothing else to report.

13 DR. BANK: Any other questions or any
14 questions for the A.T.S. report out? If not, we'll
15 move to Dr. Doynow for the SEMAC report.

16 DR. DOYNOW: Okay. Thank you, Dr.
17 Banks. So just briefly, the new E.M.S. protocols
18 will be in effect as of July 1st. We've already
19 spoken in detail about the i-gel project which now is
20 basically for adults and children. We're still
21 waiting a STAC representative to SEMAC, but Ryan has
22 told me that's in progress. So hopefully we'll have
23 that soon. Blood transfusion for ground ambulances,
24 that is in progress. I'm going to turn that over to
25 Dr. Dailey who has been working hard on that.

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2 DR. DAILEY: It's in progress. The
3 department -- the department collaboratively did an
4 awesome job of putting together a regular regs
5 package. Look forward to seeing that released at
6 some point where it will be available for public
7 comment, but we're excited about moving forward. And
8 that's the end of my report.

9 DR. BANK: Any questions for Dr.
10 Doynow?

11 DR. GESTRING: I have -- I have a
12 question. Could either of you comment on the
13 protocol changes, state protocol changes regarding
14 tourniquet check or release by E.M.S.? I know
15 there's been like a -- a Stop The Bleed two point O
16 for professionals that's making its way around the
17 country. And we would strongly support a
18 professional looking under the tourniquet. And I was
19 wondering if you could just comment on where that
20 stood.

21 DR. DAILEY: No. On the
22 recommendation to this group, that language has
23 already been added to the protocols.

24 DR. BANK: Any other questions for Dr.
25 Doynow? Okay. I think that ends our subcommittee

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2 and liaison reports. Anyone for any old business
3 that is not covered by our subcommittee and liaison
4 reports? Does anyone want to bring up any new
5 business that was not covered by our committee or
6 liaison reports? No. Okay.

7 I'd like to announce that our next
8 STAC meeting is going to be October 30th, 2025, not
9 at this hotel. It will be at the Saratoga Springs
10 Holiday Inn. Dan, can we confirm that? Is that
11 accurate?

12 DR. CLAYTON: I can confirm the date.
13 I am working -- I am hopeful that tomorrow I can sign
14 a contract for Saratoga Springs Holiday Inn. But I
15 will notify the STAC and through the Trauma Listserv
16 exactly where the location will be. But it's going
17 to be October 30th. And please note that it is a
18 Thursday, not a Wednesday.

19 DR. BANK: So again that is October
20 30th, 2025. It will very, very likely not be here.
21 If you do come here, you will be alone. So don't
22 come here. And Dan hopefully will confirm the hotel
23 before we actually have the meeting. And then he
24 will put it out on the Listserv. Okay. Any other
25 announcements that anyone wants to make? Okay. Then

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2 can I make -- does anyone want to make a motion to
3 adjourn?

4 DR. SNYDER: Motion.

5 DR. CONN: Motion.

6 DR. BANK: Does anyone want to second
7 the motion to adjourn? Okay.

8 DR. GREENBERG: So acknowledge whoever
9 is the first, then acknowledge whoever second.

10 DR. BANK: So we -- we have a motion.
11 Ryan is telling me to acknowledge that Kerrie Snyder
12 made the motion to adjourn. And who -- does anyone
13 want to second the motion to adjourn?

14 DR. CONN: I will.

15 DR. BANK: Matt Conn has seconded the
16 motion to adjourn. So I think we can adjourn. Thank
17 you.

18 (The meeting concluded at 1:58 p.m.)

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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 1
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7 consisting of pages number 1 to 45, inclusive, is a true
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9 materials provided by me.

10 IN WITNESS WHEREOF, I have hereunto
11 subscribed my name, this the 9th day of June, 2025.

12 DANIELLE CHRISTIAN, Reporter
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