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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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APPEARANCES:

ABENAMAR ARRILLAYA
AMY EISENHAUER
ARTHUR COOPER
CARRIE GARCIA
CRISTY MEYER
DANIEL CLAYTON
DEREK WAKEMAN
DONALD DOYNOW
FRANK MANZO
JAMES VASSWINKEL

JAMIE ULLMAN
KARTIK PRAHHAKARAN

KATE MAGUIRE
KERRIE SNYDER
KIM WALLENSTEIN
MARK GESTRING
MATTHEW CONN
MEGHAN MULLEN
MICHAEL DAILEY
MICHAEL VELLA
ROBERT CURRAN
ROBERT WINCHELL
ROSEANNA GUZMAN-CURTIS

RYAN GREENBERG
SHELDON TEPERMAN

TOM BONFIGLIO

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

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

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

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

MR. BONFIGLIO: Dr. Doynow.

DR. DOYNOW: Here.

MR. BONFIGLIO: Dr. Winchell.

DR. WINCHELL: Here.

MR. BONFIGLIO: Dr. Ullman.

DR. ULLMAN: Here.

MR. BONFIGLIO: Dr. Goldman. Dr. Cooper.

DR. COOPER: Here.

MR. BONFIGLIO: Dr. Dailey?

DR. DAILEY: Here.

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MR. BONFIGLIO: Dr. Guzman-Curtis?

DR. GUZMAN-CURTIS: Here.

MR. BONFIGLIO: Dr. Wallenstein?

DR. WALLENSTEIN: Here.

MR. BONFIGLIO: Meghan Mullen.

DR. MULLEN: Here.

MR. BONFIGLIO: Dr. Flynn, I believe, is absent.

DR. MULLEN: Correct.

MR. BONFIGLIO: Dr. Gestring?

DR. GESTRING: Here.

MR. BONFIGLIO: Francis Manzo?

DR. MANZO: Here.

MR. BONFIGLIO: Kerrie Snyder.

MS. SNYDER: Here.

MR. BONFIGLIO: Dr. Edwards I -- is I believe going to be late. He is intending to attend. Dr. Prabhakaran?

DR. PRABHAKARAN: Here.

MR. BONFIGLIO: Kate Maguire?

MS. MAGUIRE: Present.

MR. BONFIGLIO: Dr. Angus. Dr. Arrillaga.

DR. ARRILLAGA: Present.

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MR. BONFIGLIO: Dr. Vosswinkel.

DR. VOSSWINKEL: Here.

MR. BONFIGLIO: DR. Conn?

DR. CONN: Here.

MR. BONFIGLIO: Dr. Irene Tonis. Dr. Reddy, I believe, is also absent. And Dr. Teperman?

DR. TEPERMAN: Here.

MR. BONFIGLIO: We have quorum. Thank you.

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

DR. CONN: Second.

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

DR. GREENBERG: Thank you very much. So, good morning everybody, or I guess good afternoon now. Thank you for joining us. So, a lot going on.

For those of you who aren't aware, we

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

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

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

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

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

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

something that's come online.

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

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

And so we were trying to figure out

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

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

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

them.

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

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

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

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

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

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

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

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

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

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

York is at a seventy five percent verification.

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

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

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

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

DR. BANK: Art.

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

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

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

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

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

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

MR. BONFIGLIO: No, thank you.

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

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

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

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

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

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

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

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

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

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

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

And second, waveform capnography is

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

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

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

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

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

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

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

DR. COOPER: Very few at the present time.

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

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

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

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

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

DR. COOPER: It is indeed. Thank you.

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

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

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

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

DR. BANK: Any other questions?

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

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

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

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

along. Registry committee, Christy Myer.

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

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

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

That data was from 2023, which is

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

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

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

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

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

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

E.M.S. pre-hospital fields additional information edits to include clarification of procedure collection from seeing and referring hospitals. Additional clarification of E.M.S. pre-hospital field should be recorded with null value, not applicable for patients arriving by private car. Trauma team activation field, additional information to include collecting the trauma team activation level actually provided during the trauma resuscitation.

Location of procedures pick list will include observation, clinical decision unit, step down and telemetry. And E.D. discharge date time clarifications will include the clarifications from the joint commission standard for E.D. discharge date and time, which clarifies null value, observation, location, disposition and admission discharge status hierarchy definitions with the intent to use the timestamp to accurately collect E.D. dwell time.

DR. BANK: So, any discussion about the motion. Matt?

DR. CONN: Matthew Conn, New York City RTAC. I believe in the -- the first bullet point E.M.S. pre-hospital fields additional information

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

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

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

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

DR. BANK: There's not a second?

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

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

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

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

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

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

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

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

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

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

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

DR. ULLMAN: Second.

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

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

DR. CLAYTON: Yes.

DR. BANK: Do you do the vote?

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

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

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

more of that.

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

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

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

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

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

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

DR. BANK: Any questions for Dr. Winchell?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

And then -- and then finally, Director

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

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

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

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

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

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

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

DR. GREENBERG: Happy to take that

back and find out.

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. BANK: Any questions for Dr. Doynow?

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

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

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

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

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

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

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

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

DR. SNYDER: Motion.

DR. CONN: Motion.

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

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

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

DR. CONN: I will.

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

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

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STATE OF NEW YORK

I, DANIELLE CHRISTIAN, do hereby certify that the foregoing was reported by me, in the cause, at the time and place, as stated in the caption hereto, at Page 1 hereof; that the foregoing typewritten transcription, consisting of pages number 1 to 45, inclusive, is a true record prepared by Associated Reporters Int'l., Inc. from materials provided by me.

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

DANIELLE CHRISTIAN, Reporter