



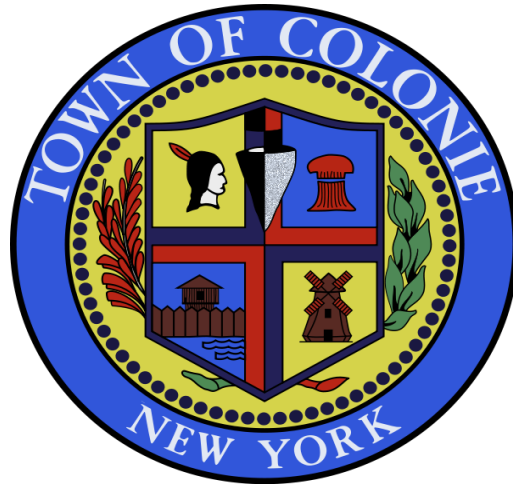
2022 Annual Report



Town of Colonie

Department of Emergency Medical Services

Issued July 2023

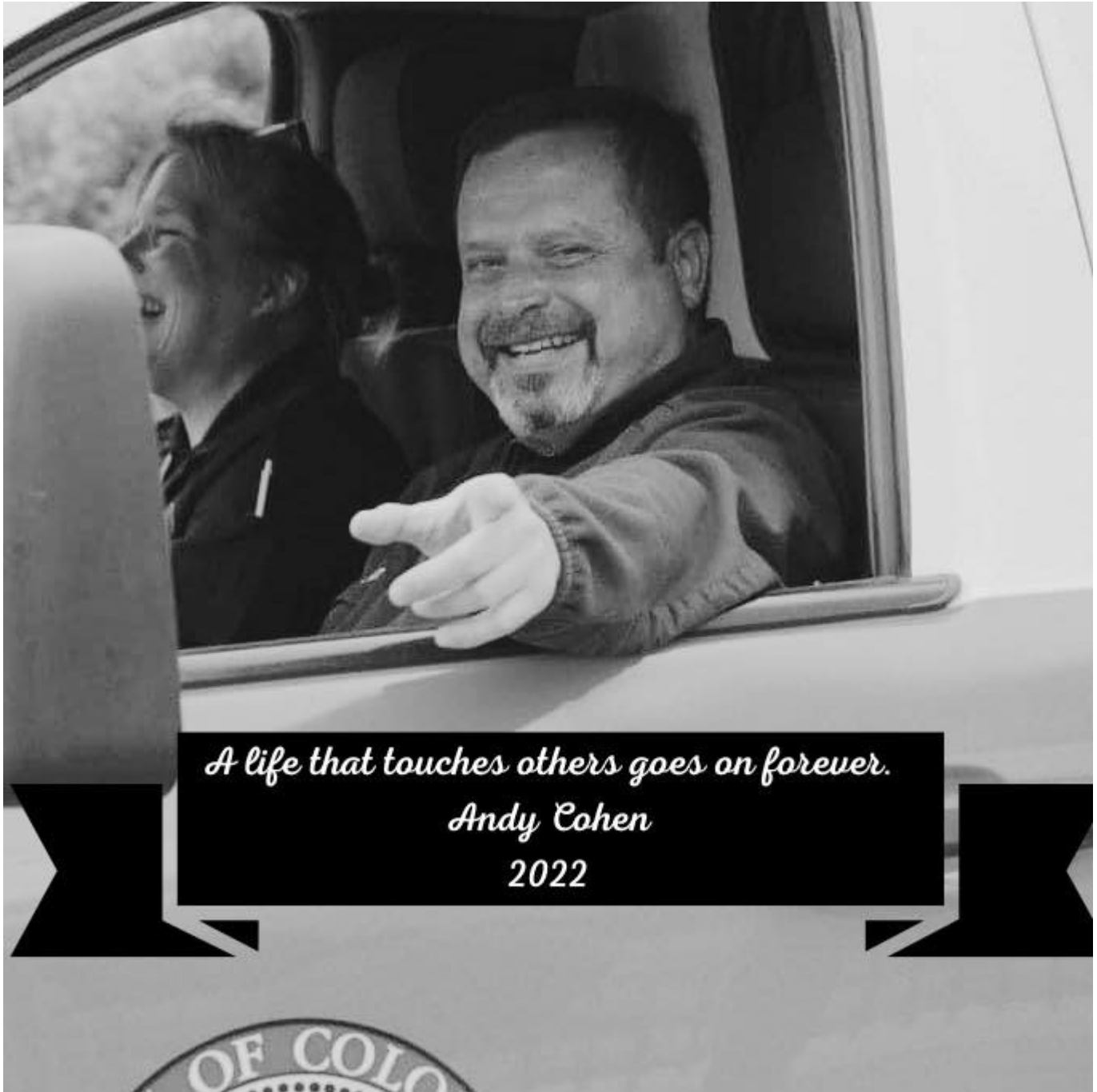


About the Town of Colonie

The Town of Colonie has an area of more than 57 square miles with a population of nearly 90,000, located in northeast corner of Albany County. A suburb of the New York State capital, we are often referred to as the Crossroads of the Capital District as we are bordered by the Towns of Guilderland, Rotterdam, Niskayuna, Clifton Park, and Halfmoon as well as the Cities of Cohoes, Green Island, Troy, Watervliet, Albany, and Schenectady, and the Mohawk and Hudson rivers. Three major Interstates, 2 villages, an international airport, a regional shopping center, many chain and even more local restaurants, several office and health complexes are located within the Town. Colonie boasts Town owned, operated and maintained major parks, neighborhood parks, an Olympic size pool and splash pad, several large sports complexes for football, baseball, softball, soccer, pickleball, as well as a 36 hole golf course and cross country ski trails.



The Crossings of Colonie



In Memory of EMT Andrew Cohen 1966-2022



About the Department of Emergency Medical Services

The Colonie EMS Department is an award winning municipal 911 service formed in 1989 after a consolidation of several volunteer ambulance services into a singular paramedic level EMS System. The EMS Department consists of a staff of more than 100 EMTs, paramedics, support, and administrative staff. We maintain a vehicle fleet of 23 vehicles in 7 stations —ambulances, a bariatric ambulance, special operations ambulances and vehicles, as well as SUVs.

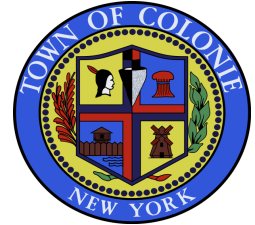
In 2022 call volume exceeded 14,000 calls for service. The Department participates in new initiatives for patient care including telemedicine, alternative destination transports, and treat in place; and is also a Centers for Medicare & Medicaid Services ET3 Model Participant.

The Department can provide Medication Facilitated Intubation with surgical airway backup, video laryngoscopy, mechanical CPR, Zoll X Series Advanced monitors, and ballistic protection are available on all ambulances. As an integral part of the Town's emergency plan, staff are also trained in water rescue, ice rescue, low angle rope rescue, vehicle extrication, hazardous materials, confined space rescue, trench rescue, and receive active shooter training (ALERRT/AIRR).

The EMS Department is an American Heart Association Training Center for all disciplines as well as a NYS EMS Course Sponsor offering First Responder, EMT original and recertification courses. Through our community outreach efforts, the Department trains the public in courses including Stop The Bleed, fall prevention, Hands Only CPR/AED and bloodborne pathogens.

Additionally, the Department serves as a clinical field training location for EMT and paramedic students from Hudson Valley Community College, State University of New York College of Agriculture and Technology at Cobleskill, and the Regional Emergency Medical Organization courses.





Mission Statement

The mission of the Department of Emergency Medical Services is to maintain a system capable of timely response to people in times of crisis, deliver quality “out-of-hospital” medical treatment and evacuation of the sick and injured. To accomplish our mission the department:

- Develops standards, policies & procedures pertaining to the provision of EMS.
- Conducts medical and operational quality assurance.
- Oversees Medical Priority Dispatch System (MPDS) & EMS dispatch procedures.
- Manages Basic and Advanced Life Support First Response Service.
- Manages Basic and Advanced Life Support Ambulance Service.
- Provides training and support services to maintain system equipment and personnel.
- Provides public information and education on prevention and emergency aid.

The Department is committed to providing these services utilizing a combination of volunteer and career staff and to continuing a tradition of EMS leadership.



Our 670 vehicle is equipped for extended incidents, technical rescue, mass casualty incident response and treatment, as well as an emergency back-up generator for the Public Safety Building.



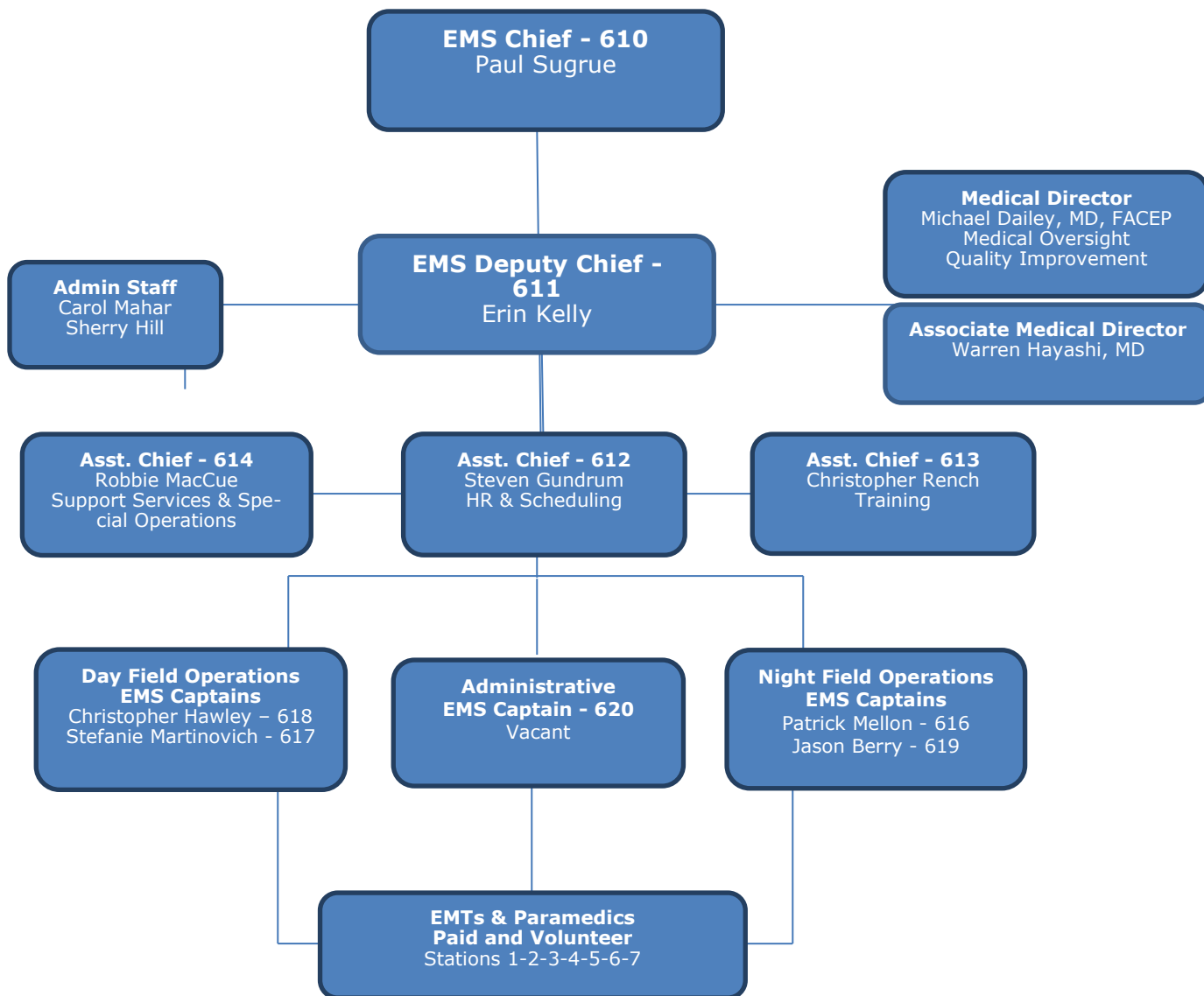
To fulfill our mission, the EMS Department maintains a complete system capable of timely response to anyone in a time of crisis and deliver exceptional quality medical care wherever that patient is located.

To accomplish this mission the department:

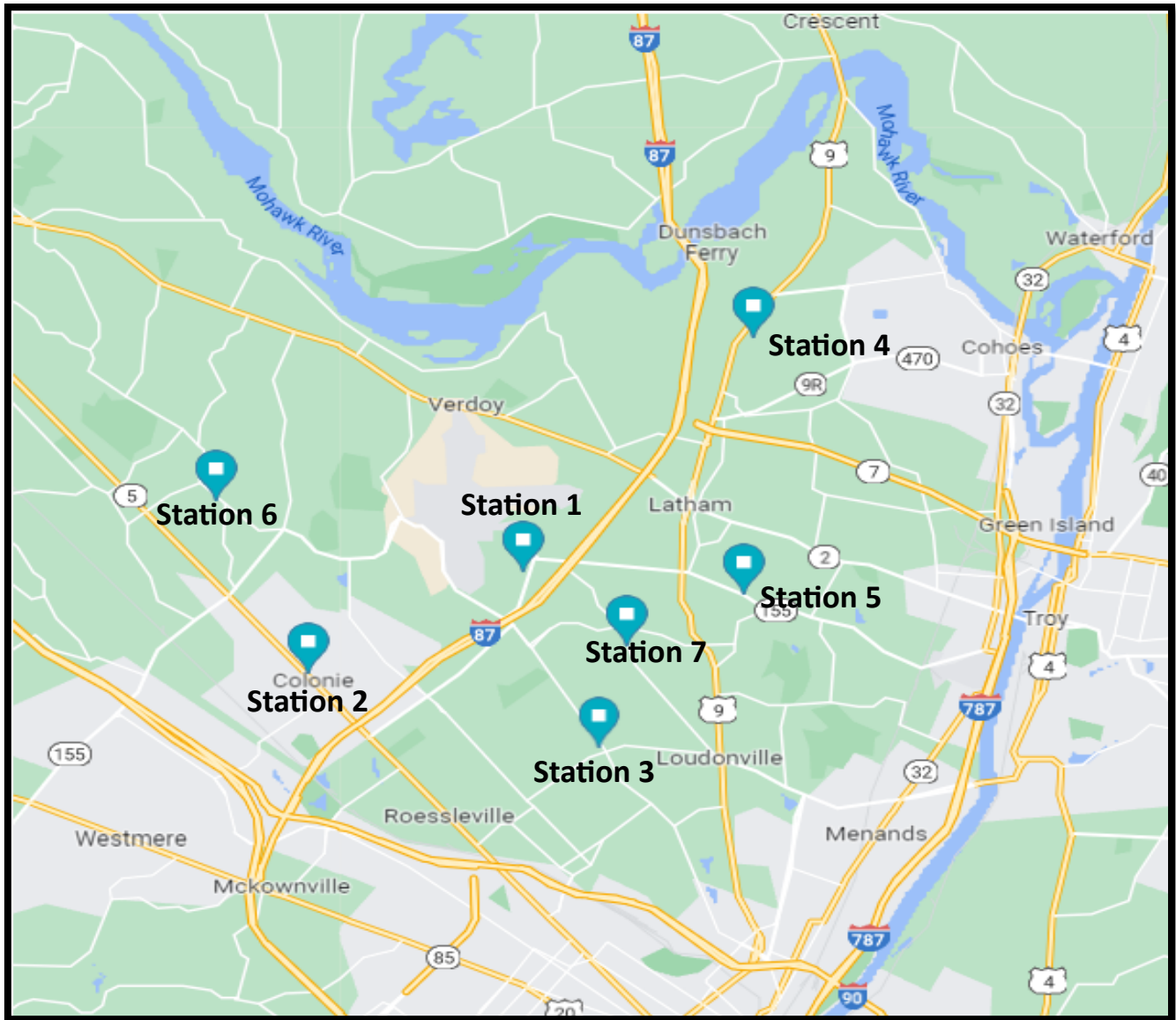
- Provides sole coverage for all emergency ambulance requests within the Town
- Provides primary rescue services for confined space for town departments
- Provides hazardous materials response as part of the town and regional hazmat plans
- Conducts First Responder and EMT courses and maintains EMS instructors
- Has employees that train and are capable of entering scenes with the Police Department's Special Services Team
- Maintains instructors for all medical and rescue training disciplines in house
- Oversees the Medical Priority Dispatch System and EMS dispatch procedures in the 911 center
- Manages basic life support fire department responses
- Provides public education and information on prevention of injury & emergency aid
- Participates in school district meetings and critical incident drills
- Participates in North and South Colonie SAFE schools
- Maintains a close working relationship with the Albany International Airport Authority for EMS and incident management drills
- Provides staff to the Albany County and Town Emergency Management
- Works with the Regional EMS Council on various committees
- Oversees more than 40 AEDs in public locations within the Town and police department patrol units
- Collaborates with the Town Senior Resources Department social and case workers to provide referrals to services allowing residents to age in place



Colonie EMS Department Organizational Chart



EMS Stations



- Station 1—EMS Headquarters 312 Wolf Road
- Station 2—1631 Central Avenue
- Station 3—494 Albany Shaker Road
- Station 4—8 Preston Drive
- Station 5—469 Watervliet Shaker Road
- Station 6—200 Consaul Road
- Station 7—146 Old Niskayuna Road

Ambulances, Specialty Vehicles & Equipment

We work closely with our Fleet Maintenance division to ensure our department ambulances are kept serviceable and thanks to capital planning our gas-powered ambulances are replaced approximately every 7 years.

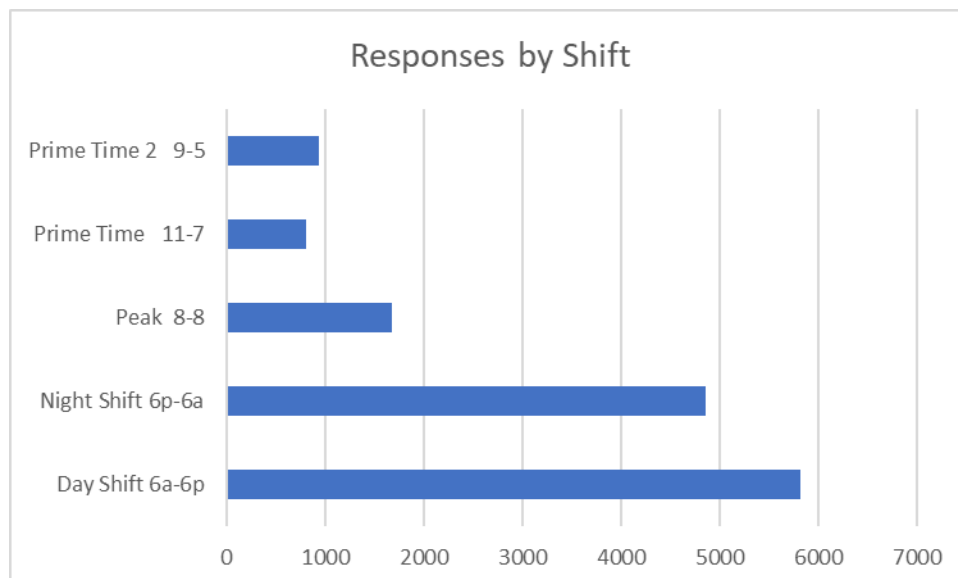
Ambulances	Year	Make/Model
621	2020	Chevy / Wheeled Coach
622	2019	Chevy / Wheeled Coach
631	2019	Chevy / Wheeled Coach
632	2020	Chevy / Wheeled Coach
633	2017	Chevy / Wheeled Coach
641	2022	Chevy / Wheeled Coach
642	2022	Chevy / Wheeled Coach
651	2020	Chevy / Wheeled Coach
652	2022	Chevy / Wheeled Coach
661	2018	Chevy / Wheeled Coach, specialty squad ambulance
662	2018	Chevy / Wheeled Coach, specialty squad ambulance
663	2016	Chevy/Wheeled Coach, bariatric ambulance
681	2020	Chevy / Wheeled Coach
682	2022	Chevy / Wheeled Coach
683	2016	Chevy / Wheeled Coach
SUV/Special	Year	Make /Model
610	2021	Chevy Tahoe
611	2020	Chevy Tahoe
630	2012	Chevy Tahoe
640	2015	Chevy Tahoe
660	2019	Chevy Tahoe
650	2013	Chevy Tahoe
670	2002	HME / Hackney, specialty squad rescue vehicle
TSU-1	2019	Chevy / Kenco, specialty shift commanders' vehicle
TSU-2	2016	Chevy / Kenco, specialty shift commanders' vehicle



Department Staffing

The EMS Department staffs ambulances with 1 paramedic and 1 EMT working 8 or 12 hour shifts. Shifts have a staggered start time to provide for optimal coverage during hours of peak demand. Shifts are either a set 3-3-4 Thursday, Friday Saturday/Sunday Monday Tuesday, or a rotating every other weekend arrangement.

<u>Day shift</u>	<u>Units</u>	<u>Night shift</u>	<u>Units</u>
6am-6pm	4.5	6pm-6am	4.5
8am-8pm	1		
9am-5pm	1		
11am-7pm	1		





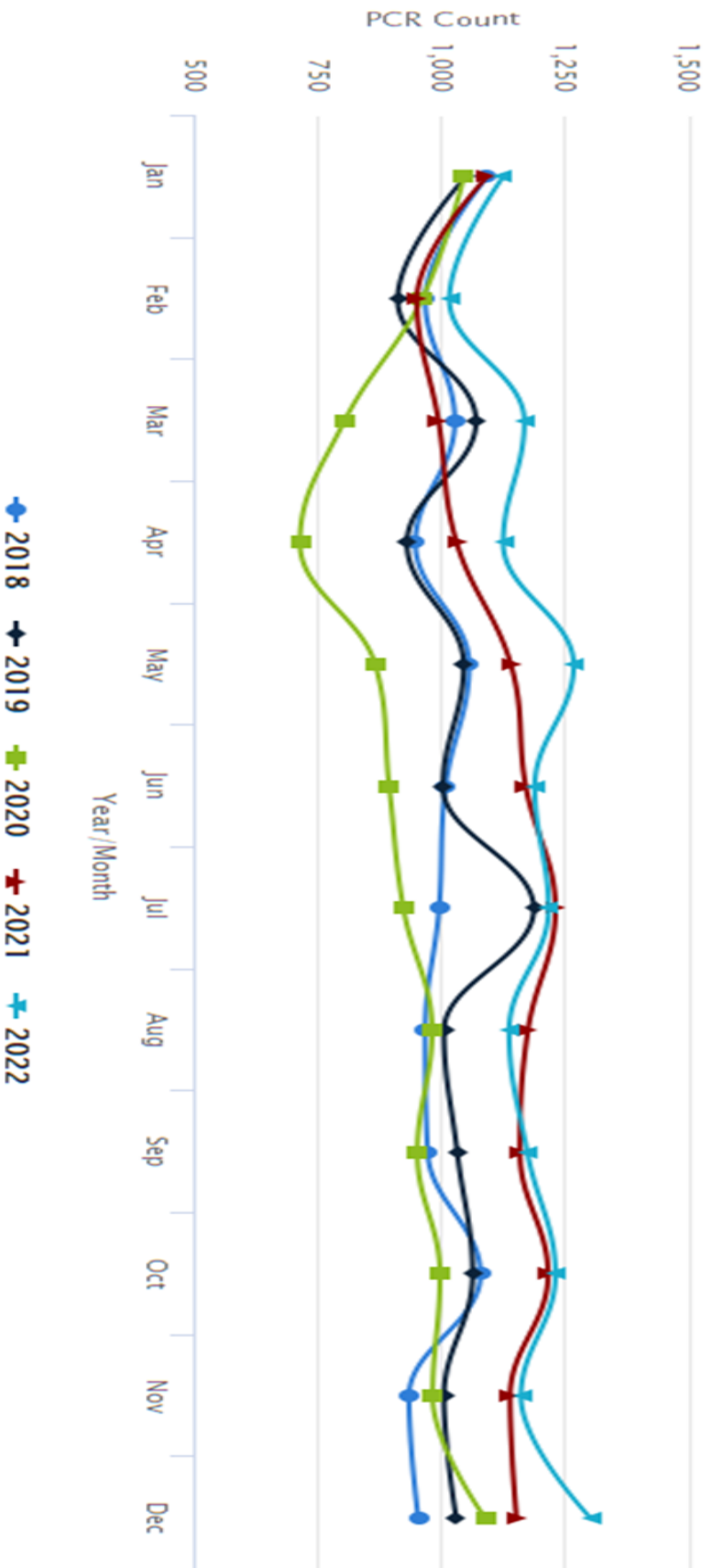
*Front: Paramedic Troy Miller, EMT Alex Newcomb
Second: EMT Rebekah Hinkley, Paramedic Andrew Stern
Third: Paramedic Ashley King, Deputy Chief Erin Kelly
Back: Paramedic Dale Hebert, Paramedic Logan Rudat*

2022 Call Volume

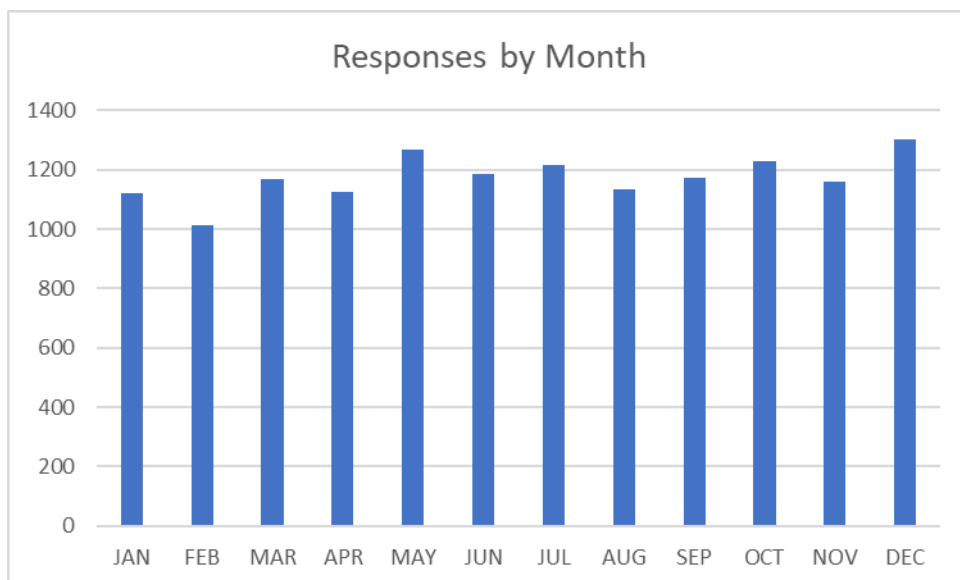
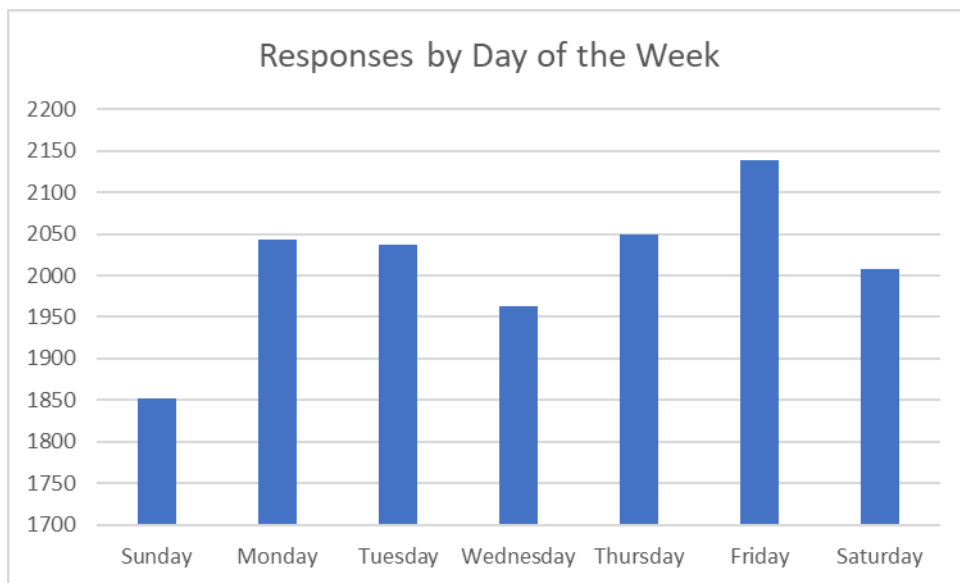
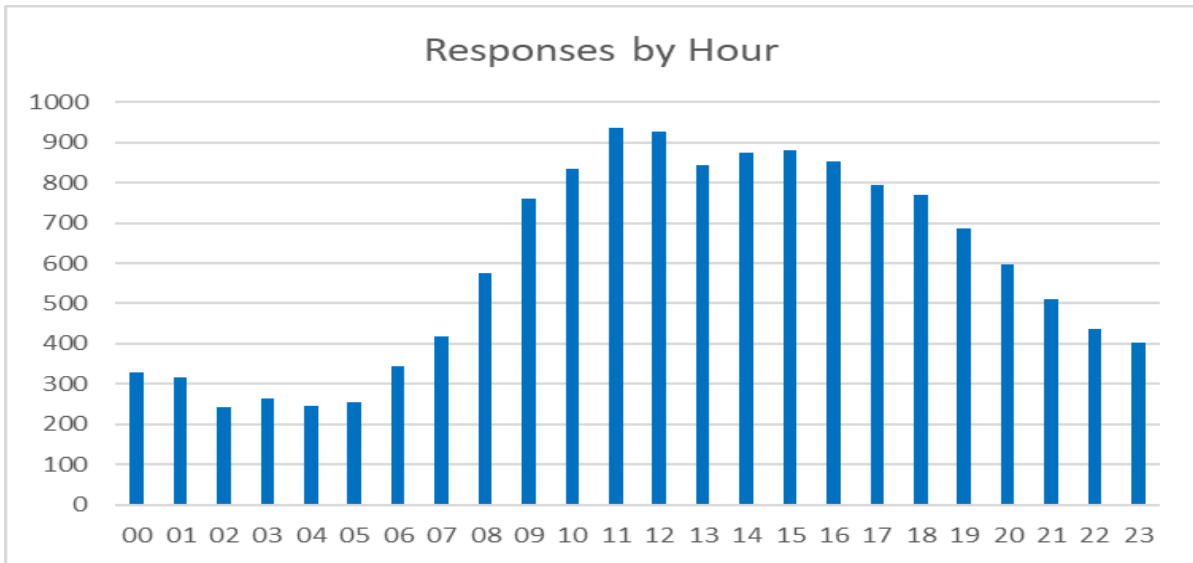
Advanced Life Support to Other Agency	7
Assistance Only	1,024
Cancelled	839
Evaluation Only	29
No Patient Found	1208
Deceased on Scene	163
Patient Refused Care/Transportation	898
Telemedicine—Consult/Treat in Place/Transferred Care	28
Standby	204
Service call	33
Treated and Transferred Care to Other Agency	15
Treated and Transported to ER	9642

Total Calls for Service: 14,090

Call Volume by Month 2018-2022



Characteristics of Responses



Patients by Age

Age	Number	Percent
0-4	183	1.5%
5-9	93	0.8%
10-17	310	2.6%
18-24	653	5.5%
25-44	2039	17.2%
45-64	2601	22%
65-84	4181	35.3%
85+	1771	15%
Total	11,831	



Call Types

As calls are received by the 911 center they are categorized by patient complaint to a call type.

Type of Call	Count	Percent
Abdominal Pain	477	3.4
Alcohol Overdose	118	0.8
Allergies	140	1
Altered LOC	122	0.9
Animal Bite	9	0.1
Assault	161	1.1
Assist the Invalid	725	5.1
Asthma	10	0.1
Back Pain	202	1.4
Blood Draw	37	0.3
Breathing Problems	1,078	7.7
Burns	11	0.1
Cardiac Arrest	224	1.6
Chest Pain	771	5.5
Choking	54	0.4
Convulsions / Seizure	302	2.1
Diabetic Problem	157	1.1
Drowning	3	0
Electrocution	2	0
Epistaxis	16	0.1
Evaluation for Police	15	0.1
Eye Problem	16	0.1
Fall Victim	1,727	12.3
GI Bleed	15	0.1
Hazmat Exposure	18	0.1

Type of Call	Count	Percent
Headache	69	0.5
Heart Problems	132	0.9
Heat/Cold Exposure	22	0.2
Hemorrhage	162	1.1
Hemorrhage/Laceration	130	1.1
Landmark	4	0
Medical Alarm	447	3.2
Medical Device Failure	27	0.2
Overdose/Poisoning	291	2.1
Pain	173	1.2
Pregnancy / Childbirth	62	0.4
Psychiatric Problems	699	5
Respiratory Arrest	4	0
Sick Person	2,154	15.3
Stab/Gunshot Wound	8	0.1
Standby DEDICATED	40	0.3
Standby FIRE	298	2.1
Standby MUTUAL AID	189	1.3
Standby NON Dedicated	8	0
Standby POLICE	19	0.1
Stroke/CVA	209	1.5
Traffic Accident	622	4.4
Transfer / Interfacility	636	4.5
Traumatic Injury	270	1.9
Unconscious / Fainting	651	4.6
Unknown Problems	354	2.5
Total:	14,090	



Supervisor Peter Crummey learning Hands Only CPR at the employee wellness event

Response Times

Response times serve as a guide to operational efficiency. The total response time is a measure of the time call was received by the EMS crew (dispatched time) to the time the ambulance arrived on the scene. In some instances, rapid response vehicles, supervisory staff, police or fire department responded and arrived first. The response times measured include the highest levels of calls where the ambulance responded with lights and sirens. Emergency calls that were deemed not severe in nature, or calls where there is no arrival time are not counted.

Measure	Total Response Time
Average	7.96 minutes
6 minutes or less	35%
8 minutes or less	62.7%
9 minutes or less	73.5%
10 minutes or less	82.1%

Response times for all call types, including non emergency, and not severe in nature.

Measure	Total Response Time
Average	8.4 minutes
6 minutes or less	31.6%
8 minutes or less	57.7%
9 minutes or less	68.3%
10 minutes or less	77.3%

Total miles driven	352,207
Billed mileage	76,617

Key Performance Indicators

Performance Measure	Definition	2022 Results
Percent of calls where pain level is documented	Initial pain scale is documented, post pain medication pain scale is documented	97%
Percent of calls where patient weight is documented with pain medication use	Patient weight is documented in e-PCR	99%
Percent of calls where patient contact to medication administration meets standard	Patient contact to first dose of medication given is 15 minutes or less	54%
Percent of patients >35 years old with ACS symptoms who received a 12 lead ECG within 10 minutes	Patient contact to 12 lead EKG performed is less than 10 minutes	94%
Average time to transmit STEMI 12 lead	Patient contact to 12 lead ECG transmission if positive for STEMI is less than 15 minutes	81%
Scene time standard for STEMI	Patient contact to transport time is less than 20 minutes in patients with STEMI	67%
Percent of cases where blood glucose was checked in seizure patients	Patient with a complaint of seizure have blood glucose evaluated	88%
Percent of CVA/TIA patients receiving blood glucose check	Patients with stroke symptoms have blood glucose level evaluated	97%
Percent of suspected CVA/TIA patients having stroke have stroke scale performed	Patients with stroke symptoms have stroke scale performed and last known well time documented in e-PCR	100%
Percent of suspected CVA/TIA patients having stroke have last known well time	Patients with stroke symptoms have stroke scale performed and last known well time documented in e-PCR	94%
Scene time for suspected CVA/TIA	Patient contact to transport time less than 20 minutes when CVA/TIA symptoms are present	57%

American Heart Association *Mission: Lifeline* EMS Recognition

The EMS Department has again been recognized as a Gold Plus award recipient in 2023 for the year 2022. This is the highest level of recognition by the AHA. Criterion include performance of and time to 12 lead EKG, hospital notification of heart attack patients within 10 minutes, patient contact to hospital treatment time in under 90 minutes, stroke alerting and documentation, aspirin administration and cardiac arrest survival EKG performance. All measures must be an aggregated compliance of greater than or equal to 75%.



2023 Mission: Lifeline® EMS Recognition

The American Heart Association proudly recognizes

**Town of Colonie Emergency Medical Services
Latham, NY**

Mission: Lifeline® - EMS - GOLD with Target: Heart Attack Honor Roll

Achievement Award - EMS Agency

Handwritten signature of Nancy Brown in black ink.

Nancy Brown
Chief Executive Officer
American Heart Association

Handwritten signature of Michelle A. Albert in black ink.

Michelle A. Albert, MD, MPH, FACC, FAHA
President
American Heart Association

*For more information, please visit [Heart.org/MissionLifeline](https://www.heart.org/MissionLifeline)





EMS Captain Jason Berry reviewing ice water rescue techniques with the Shaker Road Loudonville Explorer Post



Cardiac Arrest Statistics

Cardiac arrest is the abrupt loss of heart function—the heart suddenly stops pumping. When this occurs, the victim becomes unconscious, stops breathing, and blood flow to the brain and other vital organs stops. More than 350,000 cardiac arrests occur outside a hospital in this country each year, and about 90 percent of those people die. Without immediate intervention cardiac arrest always leads to death.

The first few minutes of cardiac arrest are the most critical. Without immediate CPR and an electrical shock to restore the heart's rhythm (defibrillation), advanced prehospital and hospital care, death is certain. The American Heart Association has coined the term Chain of Survival which includes:

- Recognition of cardiac arrest & activation of the emergency response system
- Early CPR with an emphasis on chest compressions
- Rapid defibrillation
- Advanced resuscitation by EMS and other healthcare providers
- Post cardiac arrest care
- Recovery

The actions taken by bystanders, 911 telecommunicators, first responders, and EMS personnel increase the chances of a successful resuscitation and discharge from the hospital after a cardiac arrest event. Colonie EMS regularly holds CPR courses for the public and industry and provides hands only CPR demonstrations at public gatherings. The EMS Department trains heavily on cardiac arrest response and utilizes the most up to date equipment and science to produce the best outcomes for our patients.

The following page contains statistics about cardiac arrest care in the Town of Colonie. While cardiac arrest calls are a small sample of our overall calls, these calls test all components of the 911 system from receiving the call, giving instructions to callers, first response from law enforcement and the fire departments, to response times and performance of our providers. We regularly report all of our cardiac arrest responses and outcomes to the Cardiac Arrest Registry to Enhance Survival (CARES) national database. This allows us to measure our performance against other agencies and gain insight in how to improve cardiac arrest survival. Within this reporting system there are 3 distinct groups; the Utstein survival group, cardiac arrest before, and cardiac arrest after EMS arrival. The Utstein group is a special subset of cardiac arrests and serves as a standardization in reporting and is thought to be an excellent benchmark of EMS system performance.

EMS Department Cardiac Arrest Statistics

1. Overall number of non traumatic etiology cardiac arrests where resuscitation efforts were attempted:

Year	2018	2019	2020	2021	2022
Cardiac Arrests	72	61	66	72	85

2. 2022 Overall survival to hospital discharge

Initial Presenting Rhythm	Number treated	Number survived to discharge	Percent Survived
Arrest before EMS:	75	7	9.3%
Ventricular Fibrillation/Ventricular Tachycardia (VF/VT)	12	3	25%
Asystole	46	0	0
Other initial rhythm	17	4	23.5%
Arrest After EMS:	10	3	30%
Ventricular Fibrillation/Ventricular Tachycardia (VF/VT)	1	1	100%
Asystole	2	1	50%
Other initial rhythm	7	1	14%
Total	85	10	11.8%

3. Utstein Survival: Survival to hospital discharge for cardiac arrests witnessed by bystanders with an initial rhythm of VF

Year	2022	5 Year cumulative 2018-2022
Survival Rate	2/9 (22%)	20/46 (43.5%)

4. Bystander CPR and AED use prior to EMS arrival:

Year	2018	2019	2020	2021	2022
Bystander CPR	49.10%	30.40%	16.70%	45%	44.9%
Public AED use	14.30%	28.60%	0%	18.80%	19%



All EMS personnel are expected to complete specialty rescue technician training, including vehicle rescue which is beyond the normal scope of a paramedic and allows the town to maintain readiness in the event of an emergency.

NY CARES UP



Assistant Chief MacCue and Deputy Chief Kelly with NYS Office of Mental Health Commissioner Dr. Ann Sullivan at the Suicide Prevention Center of New York CARES UP Grant recipient conference.

In April 2022, the New York State Office of Mental Health has awarded the Town of Colonie Department of Emergency Medical Services an \$80,000 2-year grant aimed at strengthening suicide prevention efforts and building resiliency for uniformed personnel. The CARES UP (Changing the Conversation, Awareness, Resilience, Empower Peers, Skills Building/Suicide Prevention for Uniformed Personnel) program was designed by the New York State Office of Mental Health’s Suicide Prevention Center to offer suicide prevention and resiliency trainings to First Responders.



Grace Kelly modeling 2022 Mental Health Awareness Month fundraiser shirt for Operation At Ease— a community resource supporting first responders



In 2022, the entire department received training on behavioral and mental health well being for first responders. Several employees went on to attend “Train the Trainer” courses to ensure lasting awareness in the department. Future grant expenditures include Peer Support and wellness initiatives to ensure a strong and healthy workforce for the future. We look forward to ongoing mental health and wellness initiatives for the benefit of our members and the community.

EMS Training

The EMS Department maintains an American Heart Association Training Center designation for all disciplines and is a NYS Course Sponsor authorized to teach EMR (first responder), EMT and EMT recertification courses. The Department conducts 2 EMT courses per year, spring and fall.

EMT Courses

Course	Enrollment	Withdrawal	Graduation	Pass NYS practical	Pass NYS written	Percent Pass	Did not test
Spring original	19	4	15	15	15	100	0
Spring recert	-	-	-	-	-	-	-
Fall original	28	9	19	19	19	100	0
Fall recert	-	-	-	-	-	-	-

American Heart Association Courses

Course	# of courses	# of students
ACLS	9	18
BCLS	93	633
PALS	10	63
First Aid	-	-
FA/CPR	-	-
Ped FA/CPR	-	-
HeartSaver CPR	10	102
Total	122	816

Community Outreach



Community Outreach Coordinator David Plouff at a recent community outing

Our personnel provide free community hands-only CPR training, Narcan and stop-the-bleed training.



The Crossings of Colonie, mass Hands Only CPR event



Paramedic Francisco Rodriguez and Deputy Medical Director Warren Hayashi, MD demonstrate CPR with News10ABC morning show



Paramedic Daniel Murdock trains community members on Narcan administration

2022 Budget—Expenses

ACCOUNT TITLE	ACC'T NO.	ACTUAL 2022
PERSONAL SERVICE:		
REGULAR	110	\$3,349,129
OVERTIME	130	\$440,000
PART-TIME	140	\$385,000
SEASONAL	150	\$16,000
TOTAL PERSONAL SERVICES		\$4,128,129
EQUIPMENT:		
FURNITURE	210	0
OFFICE EQUIP	220	\$1,500
OTHER EQUIP	250	\$45,000
TOTAL EQUIPMENT		\$46,500
CAPITAL OUTLAY:		
PROPERTY IMPVMNTS	310	
TOTAL CAPITAL OUTLAY		
CONTRACTUAL:		
GASOLINE & OIL	411	\$85,000
MISC SUPPLIES	413	\$6,500
VEH&EQUIP SUPPLIES	414	\$10,500
PHONE	421	\$23,000
ELECTRICITY	422	\$19,500
UTILITIES	423	\$7,500
WATER USAGE	425	\$300
EQUIP RENTALS	441	\$2,500
REPAIRS	443	\$17,000
VEHICLE REPAIRS	444	\$85,000
PROPERTY RENTAL	446	\$75,900
MAIN SERVICE CONTRACTS	448	\$92,700
POSTAGE	462	\$3,000
PROP&SCH TAXES	466	\$500
TRAINING/CME	472	\$25,000
DUES AND MEMBERSHIPS	477	\$8,000
Boot ALLOWANCE	479	-
UNIFORMS & PPE	501	\$27,000
CLOTHING ALLOWANCE	503	\$6,500
DISPOSABLE SUPPLIES	505	\$120,000
VOLUNTEER/MISC REIMB	541	\$1,500
TOTAL CONTRACTUAL		\$616,900
TOTAL EXPENDITURES*		\$4,485,529

*Exclusive of insurance and retirement costs

2022 Budget—Revenue

Description of Revenue	2022 Budget
EMS Training + CPR	\$46,432
Misc. documents, FOIL, lease	\$16,750
Ambulance Services	\$5,586,407
Paid ambulance standbys	\$6,320
Total revenue	\$5,755,909

2022 Grant Funding

The Department submitted two grant requests through the FEMA AFG (Assistance to Firefighters Grant) that has made funding available for equipment and vehicles since 2001. However, EMS organizations qualify for only 2% (\$7M) of the \$350M funding and have to compete against over 11,450 911-response ambulance services according to (NASEMSO 2020) report.

In 2022 the department requested the following and is awaiting a decision:

- Communications equipment - \$44,000
- Equipment replacement - \$227,000

There are no other dedicated federal or state grants for EMS in the United States.

