

*NYU Hospitals Center Request for
Expansion of Existing Ambulance Service*

PREPARED FOR:
New York State Department of Health
The Regional EMS Council of New York City

PREPARED BY:
NYU Hospitals Center
Emergency Medical Services
March 7th, 2016

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Application Part I (Narrative)

Introduction

NYU Hospitals Center (“NYUHC”) is seeking to permanently expand its current operating territory of southwest Brooklyn (New York City 68 and 72 Police Precincts) to all of Brooklyn and Manhattan (the “Proposed Service Area”). Temporary expansion [for all five boroughs] was approved on March 4th, 2016 by the NYS Department of Health (see Attachment A).

Since 1972, the division of NYUHC formerly known as Lutheran Medical Center (“LMC”) has been providing emergency medical services (“EMS”) to southwest Brooklyn. With the merger of LMC into NYUHC effectuated on January 1, 2016, the number of facilities operated by NYUHC and its affiliate, NYU School of Medicine (operating jointly as NYU Langone) has grown significantly. As of the date of this application, NYU Langone facilities include:

- Tisch Hospital at 550 First Avenue, Manhattan; NYU Hospital for Joint Diseases at 301 East 17th Street in Manhattan; and NYU Lutheran Medical Center at 150 55th Street in Brooklyn, inpatient facilities operated by NYUHC;
- a free-standing Emergency Department operated by NYUHC in the Cobble Hill section of Brooklyn;
- 35 Article 28 extension clinics operated by NYUHC, primarily in the Proposed Service Area;
- 40 Family Health Centers co-operated by NYUHC and Sunset Park Health Council, Inc. (d/b/a NYU Lutheran Family Health Centers) under NYUHC’s Article 28 license;
- 16 mental health centers operated by NYUHC under NYUHC’s Article 31 license; and
- Over 200 faculty group practice sites operated by the NYU School of Medicine.

Expansion to the Proposed Service Area would enable NYUHC to meet the EMS needs of NYU Langone patients and, equally important:

- Help reduce the strain on New York City’s municipal 911 system by providing more ambulances;
- Benefit patient care by decreasing ambulance response times and getting emergency medical services (“EMS”) to patients in an expedited fashion;
- Increase the availability of EMS to residents of neighborhoods which have experienced hospital closures or significant reductions of service; and
- Ensure the availability of a financially strong EMS provider in an unstable market.

Section 1. Services and Staffing – Existent and Proposed

NYUHC has a fleet of seventeen ambulances, eleven of which are in operation. Nine ambulances (6 providing basic life support and 3 providing advanced life support) operate out of the NYU Lutheran campus and provide services in Brooklyn, and two ambulances provide services in Manhattan (1 providing basic life support and 1 providing advanced life support.)¹ To date, NYUHC's EMS units have operated with a 0% out of service time for completed tours.

Currently, the EMS Department has a staff of 200, including 118 Emergency Medical Technicians, 77 paramedics, a Quality Assurance Coordinator, a lead EMT, a supervisor, a director and an assistant director. The EMS Department is under the direction of NYUHC's Medical Director and Director of Clinical Operations, Department of Emergency Medicine (NYU Lutheran) and Medical Director of the EMS Department.

- ***EMS staffing***

With the January 1, 2016 merger of LMC into NYUHC, the funding for additional staffing of the EMS Department has significantly increased. In 2007, LMC's Emergency Services Department had a staff of 80; as noted above, the current EMS Department roster is 200. The ferry service operating between the First Avenue campus and the NYU Lutheran campus facilitates travel between the two campuses to address staffing needs. In addition, NYUHC has allocating funding to hire an additional 25 EMTs, 25 paramedics and 1 supervisor if the application for expansion is approved.

- ***Vehicle Capacity***

As noted above, eleven ambulances out of a fleet of 17 are in daily service for response to emergency calls twenty four hours a day/seven days a week. NYUHC has allocated funding for the purchase of 4 additional ambulance units and 1 supervisor vehicle if this application is approved.

Seven vehicles are Type I Ambulances with four-wheel drive capable of maneuvering hilly terrain and inclement weather, and two logistics vehicles are available to support EMS operations.

- ***Proximity to Proposed Service Areas***

NYUHC's current and proposed bases (the two Brooklyn locations 150 55 Street and NYU Langone Cobble Hill at 83 Amity Street and the main campus at 550 First Avenue in Manhattan) are all located near major roadways. Proximity to the Belt Parkway, the Gowanus Expressway, the Brooklyn-Queens Expressway, the FDR Drive, the E 34th Street thoroughfare, the Brooklyn Bridge, Manhattan Bridge, Williamsburg Bridge and Brooklyn

¹ As a result of the bankruptcy filing by TransCare, Inc., NYUHC is operating two ambulances in Manhattan in accordance with the emergency application made to REMSCO by letter dated February 26, 2016.

Battery Tunnel enable NYUHC to respond to emergencies in a timely and efficient manner. (For further information, see Section 4, Response Times)

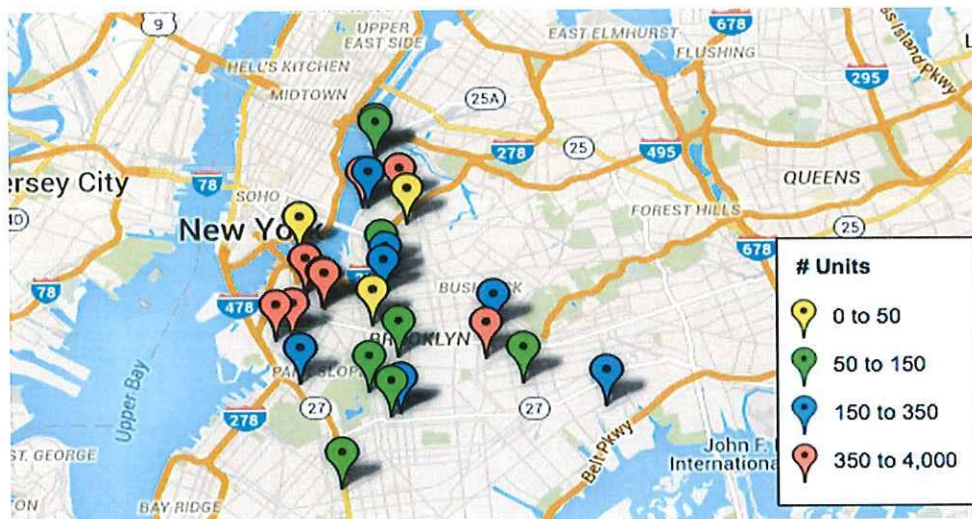
Section 2: Population Demographics

NYUHC's current service area is 17 miles (see Attachment B). The Proposed Service Area (see Attachment C) covers 93.83 square miles (Brooklyn is 71 square miles and Manhattan is 22.83 square miles) and includes at least 30 911-receiving hospitals, all accessible by the major roadways described above.

New York City is currently at its 2020 population forecast and every sign indicates that the growth rate will continue. The Proposed Service Area has approximately 4.3 million residents, with an additional 9,000 new residential units anticipated for Brooklyn by 2018² and 7,000 new residential units in Manhattan³. The maps on the following pages demonstrate the rapid residential growth taking place in Manhattan and Brooklyn.

The requested expansion will allow NYUHC to leverage its EMS resources to better serve the needs of Manhattan and Brooklyn residents and meet the needs of patients of its multiple ambulatory facilities.

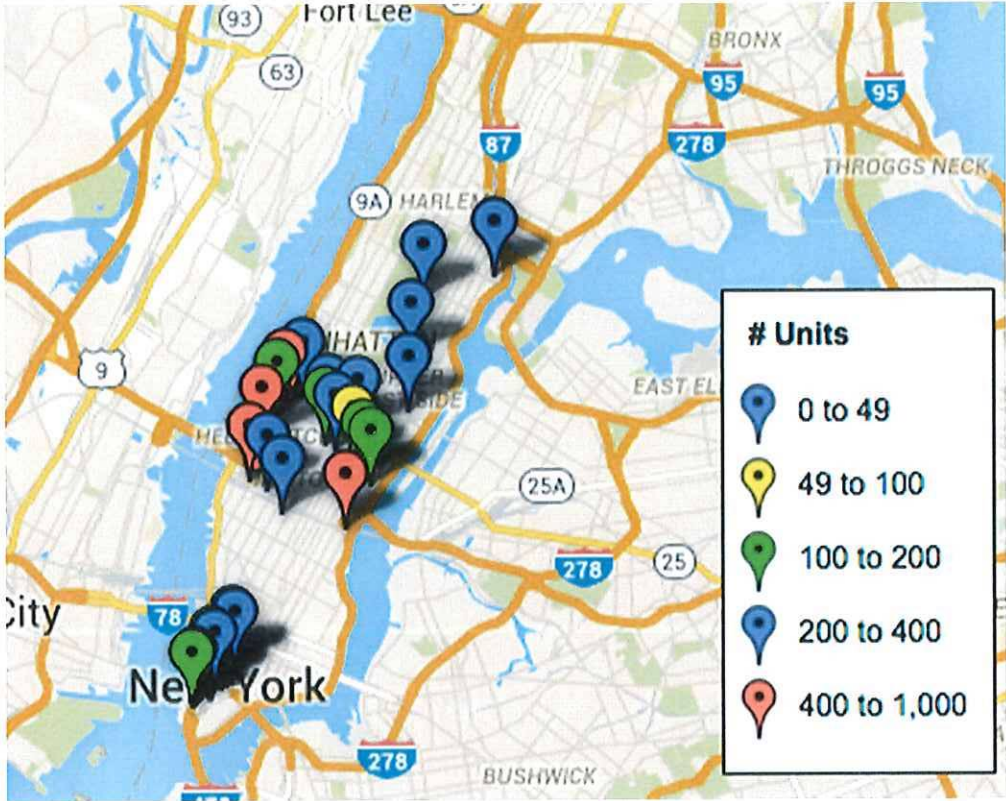
New residential development sites in Kings County (Brooklyn) as of 2015. Copyright 2016 Google Maps.

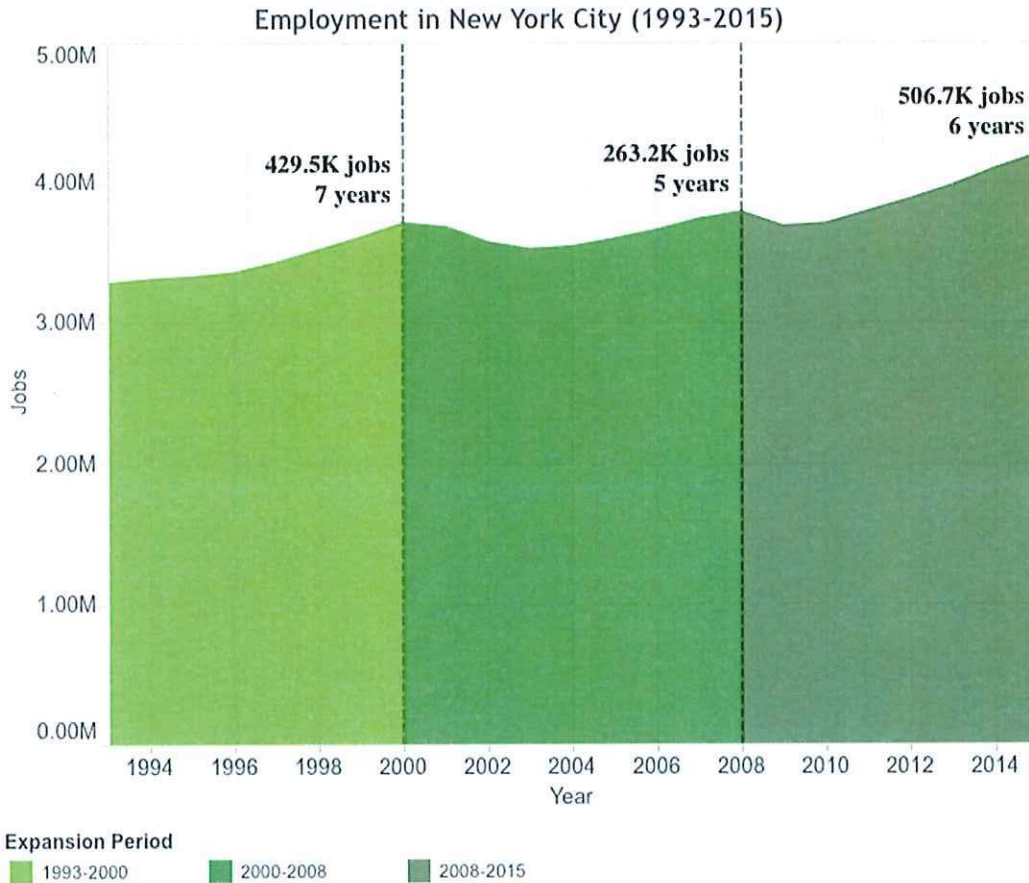


² "Mapping The Masses of New Downtown Brooklyn Apartments," http://ny.curbed.com/archives/2014/06/26/mapping_the_masses_of_new_downtown_brooklyn_apartments.php (June 2014)

³ "Mapping 7,000 New Apartments On The Rise In Manhattan Right Now," http://ny.curbed.com/archives/2014/06/09/mapping_7000_new_apartments_rising_in_manhattan_right_now.php (June 2014).

New residential development sites in New York County (Manhattan) as of 2015. Copyright 2016 Google Maps.





- ***The healthcare landscape has shifted from hospital-based to ambulatory facilities located farther away from main medical centers.***

Across the country, healthcare has experienced a shift from inpatient to ambulatory care. Both from a policy perspective and from marketplace realities, this shift has played a major role in New York City. St. Vincent's Medical Center closed its doors in 2010 and in 2014, SUNY ceased operating University Hospital of Brooklyn at the former Long Island College Hospital (LICH) in Cobble Hill. Neither facility was acquired or re-opened as a hospital. NYUHC elected to operate a free-standing Emergency Department at the former LICH site and has plans to build a multi-story ambulatory center and a freestanding ambulatory emergency medical facility is operated by Northwell at the former St. Vincent campus)^{4,5}. Increased reliance on ambulatory facilities and urgent care centers will require ambulance service to tertiary care hospitals in the event of an emergency.

⁴ Sam Roberts, The New York Times, <http://www.nytimes.com/2012/10/20/nyregion/rebounding-from-9-11-lower-manhattan-sees-population-growth.html> (October 19, 2012)

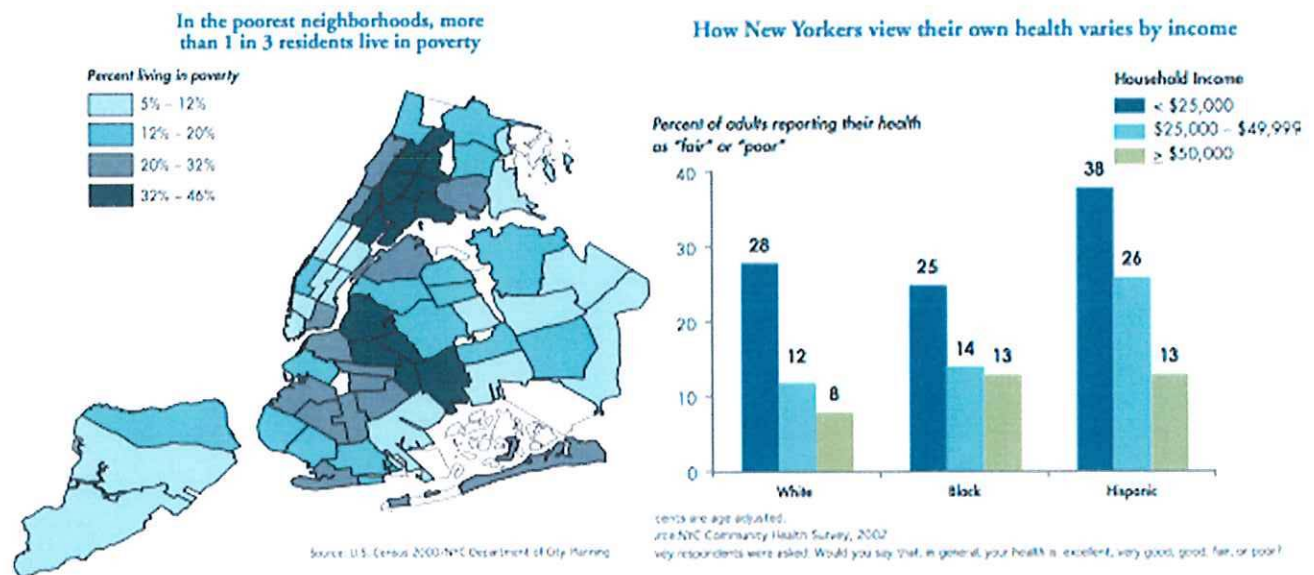
⁵ Anemona Hartocolis, The New York Times, http://www.nytimes.com/2012/10/10/nyregion/after-losing-st-vincents-hospital-manhattan-sees-rise-in-clinic-care.html?_r=0 (October 19, 2012)

- *Contributing to reducing rates of potentially avoidable hospitalizations.*

The New York State Department of Health’s Division of Quality and Evaluation⁶ has set a goal of reducing the rate of potentially avoidable hospitalizations. Coordinating care between inpatient and ambulatory settings is one way to help reach that goal. NYU Langone’s network of ambulatory and inpatient facilities throughout the Proposed Service Area (and beyond) are at the forefront of addressing and treating many of the conditions that lead to potentially preventable hospitalizations. An expansion of the Proposed Service Area would allow NYUHC to further improve coordination of care between the NYU Langone’s facilities and broaden the surrounding communities’ access to these facilities.

- *Increase underserved communities’ access to healthcare.*

New York City residents who live below the poverty line or in poor neighborhoods often lack access to preventive medical care and adequate emergency medical care. The following figures from the New York City Department of Mental Health and Hygiene illustrate that many of the poorest neighborhoods in New York City are located in Brooklyn and Manhattan. Furthermore, those New Yorkers who have lower income are significantly more likely to report their health as “fair” or “poor” when compared with higher income residents⁷.



⁶ New York State Department of Health. https://www.health.ny.gov/health_care/managed_care/reports/statistics_data/6potentially_avoidable_hospitalizations.pdf (2009)
⁷ New York City Department of Mental Health & Hygiene <http://www.nyc.gov/html/doh/downloads/pdf/epi/disparities-2004.pdf> (2004)

The New York City Department of Mental Health and Hygiene has called for public health resources and interventions to better target communities disproportionately affected by illness or death, which is often attributable to lack of access to preventive care⁸. Many of the outpatient clinics operated by NYU Langone are in close proximity to these underserved areas. Approval of this application will allow for transports between these facilities and the inpatient facilities operated by NYUHC.

- *Address needs of the rapidly growing senior population.*

According to the New York City Department of the Aging, the population of New York City residents aged 60 or older has grown faster than any other population group, with Manhattan experiencing the single largest increase, with a growth of 49,264 elderly residents⁹. This segment of the population will continue to grow and will likely contribute to increased call volume and EMS utilization rates. Expansion of services to the Proposed Service Area would enable NYUHC to better serve this population.

- *Importance of community-based organizations to bolster preventive care and enhance community health.*

According to a 2007 report from the New York City Department of Health and Mental Hygiene, New York City would benefit from bolstered community health care programs and outpatient/preventative care¹⁰. NYU Langone operates numerous ambulatory clinics and community-based health service centers which provide both preventive care and a pathway to the specialty services provided by NYUHC's tertiary care facilities.

Section 3: Description of Calls

Call Volume Statistics – Current and Proposed

In 2015 NYUHC responded to 28,938 calls, an increase of over 7,000 calls (32.0%) from the 21,941 calls responded to in 2010. Those calls resulted in the transport of 18,472 patients, of whom 12,872 were transported to the NYU Lutheran campus; in 2010, the EMS Department completed 14,752 transports. This averages out to nearly 80 daily service calls with an average of 51 patients transported daily in 2015.

According to New York City Fire Department statistics for calendar year 2015, there were 476,949 EMS incidents in Brooklyn and 419,852 EMS incidents in Manhattan, which translates to a daily call average of 1,307 in Brooklyn and 1,150 in Manhattan. These figures represent an increase from calendar year 2014 when there were 439,878 EMS incidents in Brooklyn and 378,415 EMS incidents in Manhattan (daily call average of 1,205 in Brooklyn and 1,036 in Manhattan).

⁸ New York City Department of Mental Health & Hygiene
<http://www.nyc.gov/html/doh/downloads/pdf/episrv/disparitiesone.pdf> (2010)

⁹ NYC Department of the Aging;
http://www.nyc.gov/html/dfta/downloads/pdf/demographic/elderly_population_070912.pdf (2010)

¹⁰ New York City Department of Mental Health and Hygiene, <http://www.nyc.gov/html/doh/downloads/pdf/hca/hca-nyc-adults.pdf>, (May 2007)

NYUHC anticipates an annual call volume of 36,000 if this application is granted. Based on current call volume statistics and the number of call-generating facilities in the Proposed Service Area, NYUHC believes there is sufficient demand to accommodate this application for expanding its current operating certificate. As noted above, NYUHC has a current EMS staff roster of 200 and has allocated \$2.0 million for additional staffing.

Destination Hospitals

NYUHC adheres to all applicable protocols and guidelines, including, without limitation, REMSCO and REMAC BLS and ALS protocols, and FDNY EMS' operating guidelines and FDNY General Operating Procedure Guidelines covering patient transports.

As noted above, there are at least 30 911-receiving hospitals and free-standing Emergency Departments within the Proposed Service Area. Brooklyn facilities include the NYU Lutheran campus, NYU Langone Cobble Hill, Maimonides Medical Center, Coney Island Hospital, Mount Sinai Beth Israel Brooklyn, Kings County Hospital Center, NY Community Hospital, Brooklyn Hospital, Wyckoff Heights Medical Center, Kingsbrook Jewish Medical Center, Interfaith Medical Center, Brookdale Hospital Medical Center, Woodhull Medical Center, The Brooklyn VA, and NY Methodist Hospital. Manhattan facilities include NYUHC's main campus at 550 First Avenue, NewYork-Presbyterian Lower Manhattan, Lenox Health Greenwich Village, Mount Sinai Beth Israel Medical Center, The Manhattan VA, Bellevue Hospital Center, Mount Sinai Roosevelt Hospital, Lenox Hill Hospital, NewYork-Presbyterian Cornell, Mount Sinai St. Luke's, Metropolitan Hospital, Mount Sinai Medical Center, Harlem Hospital Center, NewYork-Presbyterian Allen Pavilion and NewYork-Presbyterian Columbia University Medical Center.

Patients may be transported to hospitals outside of the Proposed Service Area if a specialty center is required or a specific hospital is requested by the patient. In the case of a patient request, NYUHC will comply with FDNY protocols and obtain FDNY online medical control approval if the estimated transport time to the requested destination is ten minutes greater than the transport time to the closest hospital.

Section 4: Response Times

Current EMS Response Times

The 911 EMS System, administered by the FDNY and staffed by municipal and local hospital personnel, is currently the primary provider of emergency response services in the Proposed Service Area. Several private ambulance companies and volunteer services are also authorized in the Proposed Service Area but no response time data is available for those organizations.

According to FDNY 2015 statistics, the average response time for the 476,949 EMS incidents in Brooklyn was 9 minutes and 16 seconds, and 3 minutes and 55 seconds for the 203,349 life-threatening EMS incidents (defined as call types categorized as segments 1 through 3)¹¹. In

¹¹ New York City Fire Department, http://www.nyc.gov/html/fdny/pdf/stats/2015/ems/bk/ems_bksum_cy15.pdf, (2015)

Manhattan, the average response time for the 419,852 calls was 10 minutes and 16 seconds, with an average of 7 minutes and 1 second for 173,881 life-threatening EMS calls (segments 1-3)¹². While a majority of EMS incidents are categorized as segment 4 or higher, many calls not initially categorized as life-threatening by FDNY may in fact turn into life-threatening emergencies. FDNY protocols anticipate this occurrence by requiring that EMTs carry AEDs to the scene of all medical assignments (FDNY EMS Command Operating Guide Procedure 108-01).

Between 2014 and 2015, the average response time in Brooklyn increased from 8 minutes and 51 seconds to 9 minutes and 16 seconds. For EMS life-threatening incidents (defined as segments 1-3), the average response time rose from 6 minutes and 41 seconds to 6 minutes and 55 seconds. In Manhattan the average response time increased from 8 minutes and 55 seconds to 10 minutes and 16 seconds; for EMS life-threatening incidents (defined as segments 1-3), the average response time increased from 6 minutes and 26 seconds to 7 minutes and 1 second. As evidenced by these increased response times, some facilities may be experiencing difficulties in obtaining a timely response to a request for ambulance service.

In addition, the recent bankruptcy of TransCare has placed increased burden on the municipal EMS system. In Manhattan, 3 hospitals lost their ambulance provider with minimal notice. NYUHC anticipated this possibility and placed into service ambulances from the NYU Lutheran campus on February 25th at 6:00pm, 3 ½ hours before the time that TransCare ceased operations. While other Manhattan hospitals are relying on the municipal EMS system to cover their tours, NYUHC took steps to ensure that service was not interrupted, at no additional cost to the FDNY system.

Current NYUHC Response Times

In 2015 NYUHC's response time averaged 6 minutes, over 3 minutes faster than the average 911 EMS response time and about 1 minute faster than the average response to life-threatening incidents in Brooklyn. These statistics demonstrate NYUHC's commitment – and ability – to respond to calls in a timely manner, as minutes in a life-threatening situation can mean the difference between life and death.

NYUHC's ambulances are posted at strategic cross street locations (CSLs) as mandated by FDNY EMS and can establish postings at additional CSLs in the Proposed Service Area if this application is granted. NYUHC anticipates that the response time will continue to remain at the current EMS average of 6 minutes and that expansion to the Proposed Service Area will positively impact current 911 ambulance service and average response times with no negative impact on the Proposed Service Area.

¹² New York City Fire Department, http://www.nyc.gov/html/fdny/pdf/stats/2015/ems/mn/ems_mnsum_cy15.pdf, (2015)

Section 5: Quality of Service

The New York City 911-based EMS System is the primary provider of emergency response services to the area. Currently, several hospital-based and municipal ambulance services operate in the Proposed Service Area, with FDNY EMS being the largest provider operating in Brooklyn and Manhattan. In Brooklyn, current hospital-based services include The Brooklyn Hospital EMS (run by SeniorCare EMS), Maimonides Medical Center EMS, Kingsbrook Jewish Medical Center EMS (run by SeniorCare EMS), Interfaith Medical Center EMS (run by SeniorCare EMS), Wyckoff Heights Medical Center EMS, NY Methodist Hospital EMS, and NY Community Hospital EMS (both run by NewYork-Presbyterian EMS). In Manhattan, current hospital-based EMS services include New York-Presbyterian EMS, Mount Sinai Beth Israel EMS (previously run by TransCare EMS), Mount Sinai EMS (previously run by TransCare EMS), Mount Sinai St. Luke's-Roosevelt EMS, and Lenox Hill Hospital EMS. In addition, private ambulance services operate within this service area.

Cutbacks in services as well as the fiscal weakness of some private ambulance services (e.g., the TransCare bankruptcy) do not bode well for a healthy EMS system. Given the population growth and increased call volume, an expansion of the service area for a fiscally sound healthcare provider such as NYUHC would benefit the currently strained EMS system and result in improved 911 call response times. Moreover, it would enable NYUHC to service the facilities within the NYU Langone network and meet the needs of the residents of the Proposed Service Area.

2015 was the busiest year ever for New York City's EMS system, in which providers responded to 1.7 million calls for service. While Mayor de Blasio has proposed increases to the EMS budget, City Council members have questioned whether this is sufficient¹³. In addition, numerous hospitals which operated their own ambulance services have closed their doors in the last ten years (e.g., Cabrini, North General, St. Vincent's Medical Center, St. John's Queens, Mary Immaculate, Parkway, and Victory Memorial). Overcrowded Emergency Departments in hospitals which operate ambulance services often leads to extended ambulance turnaround time and therefore, less availability. An expansion of NYUHC's service area will help address some of these issues.

Section 6: Mutual Aid

NYUHC is party to a Memorandum of Understanding with NYC REMSCO and a participant in NYC REMSCO's Mutual Aid Mobilization System (see Attachment D). The System allows the FDNY and/or the NYC Office of Emergency Management (OEM) to activate a mutual aid response to a disaster, unusual emergency, multiple casualty incident, or evacuation in the New York City region that requires additional resources to supplement those dispatched through the 911 EMS System. Moreover, NYUHC has consistently responded to mutual aid activation requests from NYC REMSCO (e.g., the 2010 major snowstorm, Hurricane Sandy -

¹³ CBS News, De Blasio Hammers Out Conservative Budget Amid Fears of State, Federal Cuts, <http://newyork.cbslocal.com/2015/02/09/councilwoman-ems-needs-even-more-funding-than-what-de-blasio-is-proposing/> (February 9, 2015)

notwithstanding the forced evacuation and shut-down of Tisch Hospital- and annual summer enhancement activations due to surges in call volume, most recently in 2015).

As the events of September 11, 2001 demonstrated, the City was, and remains, a target for terrorism attacks. Large scale emergency incidents such as 9/11 can quickly overwhelm the City's 911 EMS resources. In addition, New York City regularly experiences Multiple Casualty Incidents (MCIs), (defined as an incident involving five (5) or more patients with the potential need for extraordinary resources). MCIs can tie up the EMS of an entire neighborhood for an extended period of time, and events such as 9/11 can bring the municipal 911 system to a standstill. The expansion of NYUHC's coverage area can only benefit the 911 system and the City.

Section 7: Member Qualifications and Skill Retention

NYUHC EMS employees include NYS-certified EMTs and Paramedics who receive extensive training. They are provided with a copy of the FDNY 911 Provider Guide and receive periodic in-service, including training in the use of the N95 Respirator Masks and reviewing ALS and BLS skills and protocols regularly. As responders to a high number of daily calls, staff members have adequate opportunity to practice and refine their clinical skills on a daily basis. Prehospital care reports (PCRs) are reviewed internally for compliance with treatment and documentation standards, and senior employees routinely provide feedback to their colleagues in the field. Established protocols are in place to ensure the continuing education and constant refinement of skills of EMS staff, including a departmental Quality Assurance Program that utilizes a standardized process to inform and encourage employees' clinical growth (see Attachment E). NYUHC does not anticipate a dilution of service calls with the expansion of the Proposed Service.

Section 8: Communications

NYUHC operates portable, base and mobile radio units and utilizes a digital radio system. Mobile devices are utilized for backup communications. These devices have been successfully used to direct ambulance personnel and maintain contact with medical control. The current communication system has the bandwidth to support expansion to the Proposed Service Area.

Section 9: Fiscal Stability

NYUHC's audited 2015 financial statements are included as Attachment F. As noted above, NYUHC plans to purchase four ambulances if the proposed expansion is approved. Below is the budget which has been allocated for EMS operations.

NYUHC EMS Annual Budget	
Revenue	
Transports	36,000
Reimbursement Rate per Transport	\$ 214
Total Net Revenue	\$ 7,704,000
Direct Operating Costs	
Staffing	\$ 6,914,042
OTPS	\$ 801,810
Total Operating Costs	\$ 7,715,852
Operating Contribution Margin	\$ (11,852)
One-Time Capital Costs	\$ 976,714

NYUHC has already allocated funding for capital and operating costs and has the financial strength to continue to do so. (The reimbursement rate is based on 2014 and 2015 rates; staffing costs based on an EMS roster of 200 staff (includes the anticipated hires) and the purchase of 4 ambulances, 1 supervisor vehicle and equipment constitutes the one-time capital costs (see Attachment G).

Section 10: Organization and Administration

As noted above, NYUHC's EMS Department operates under the supervision of the Medical Director and Director of Clinical Operations, Department of Emergency Medicine (NYU Lutheran) and, the Medical Director for Emergency Medical Services. The Director of the EMS Department is Mitchell Powell and the Assistant Director is Dale Garcia.

Section 11: Cost-Benefit Ratio

NYUHC's strong balance sheet supports the expansion to the Proposed Service Area without negatively impacting existing ambulance services in terms of call volume or skill retention. NYUHC would benefit by its ability to provide EMS services to patients of the NYU Langone facilities, Manhattan and Brooklyn residents, workers and tourists requiring EMS services will be the recipients of an expanded service base and the FDNY would be freed up to redeploy its units to other areas of the City, thus reducing response times and increasing the mobility of its resources.

The proposed expansion will not dislocate employees of the municipal or hospital-based EMS system. As previously noted, 911 call volumes have increased and are projected to continue to increase; expansion of NYUHC's service area will relieve the strain on existing service providers.

Section 12: Community and Government Support

This application has received support from community leaders and government officials as evidenced by the letters of endorsement in part III of this application.

Section 13: Reallocation of Existing Resources

Given the population density and financial restraints of the City, it is unlikely that a viable alternative exists. A recent FDNY operations order (November 2015) reduced ambulance tours in Manhattan and Brooklyn and relocated them to the Bronx in an effort to decrease response times in that borough. Private, for-profit ambulances do not always have the financial strength to support operations, as evidenced by the recent bankruptcy filing of TransCare. Several of these companies have increased their outreach in the Proposed Service Area in order to decrease ambulance response times, but these ambulance companies may not benefit NYUHC patients who are uninsured or under-insured.

In conclusion, NYUHC has the financial resources, organizational capacities and demonstrated ability to meet the demands of serving the Proposed Service Area.

**Section 14. Statement from Service
Medical Director & ALS Level of Service
Documentation**



March 3, 2016

Marie Diglio
Executive Director, Operations
Regional Emergency Medical Service Council of NYC
475 Riverside Drive, Suite 1929
New York, New York 10115

RE: Change of EMS Medical Director

Dear Marie,

This letter is to notify the NYC REMSCO and REMAC of a change in Medical Director for our agency.

Effective Immediately, Dr. Bonnie Simmons will no longer serve as the EMS Medical Director for NYU Lutheran Medical Center. Dr. Nicholas Gavin will now assume all EMS and Pre- Hospital Care responsibilities for our agency.

EMS Medical Director:

Nicholas Gavin, MD
Associate Chief of Service and Medical Director
Director of Clinical Operations
Department of Emergency Medicine
NYU Lutheran Medical Center
718-630-8383

Assistant Professor
Ronald O. Perelman Department of Emergency Medicine
NYU School of Medicine

Please feel free to contact me with any questions (718) 630-7133.

Thank you,

A handwritten signature in black ink, appearing to read "Mitchell Powell".

Mitchell Powell
Director, Emergency Medical Services





NYU Hospitals Center
Emergency Medical Services
150 55th Street
Brooklyn, NY 11220

March 4, 2016

To whom it may concern.

I affirm that I am the Physician Medical Director for NYU Hospitals Center (Langone Health System) Emergency Medical Services. I am aware that the service is currently petitioning the Regional EMS Council of the City of New York, and the State Department of Health for expansion of their operation area to include the boroughs of Manhattan and Brooklyn.

I fully support this expansion and will continue to provide services to, and endorse, NYU Hospitals Center (NYU Langone Health System) Emergency Medical Services should their expansion be approved.

Should you have any questions, please do not hesitate to contact me at (718) 630-8393.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nicholas Gavin', written over a light blue circular stamp.

Nicholas Gavin MD
Associate Chief of Service
Medical Director and Director of Clinical Operations
NYU Lutheran Department of Emergency Medicine

Assistant Professor
Ronald O. Perelman Department of Emergency Medicine
NYU School of Medicine

GAVIN, NICHOLAS
1761 EAST 38TH STREET
OAKLAND, CA 94602-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FG3219892	09-30-2014	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	05-22-2012
GAVIN, NICHOLAS 1411 EAST 31ST STREET OAKLAND, CA 94602-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (4/07)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FG3219892	09-30-2014	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	05-22-2012
GAVIN, NICHOLAS 1411 EAST 31ST STREET OAKLAND, CA 94602-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT



BE IT KNOWN THAT

NICHOLAS GAVIN

HAVING GIVEN SATISFACTORY EVIDENCE OF THE COMPLETION OF PROFESSIONAL
AND OTHER REQUIREMENTS PRESCRIBED BY LAW IS QUALIFIED TO PRACTICE

MEDICINE AND SURGERY

IN THE STATE OF NEW YORK

IN WITNESS WHEREOF THE EDUCATION DEPARTMENT GRANTS THIS LICENSE
UNDER ITS SEAL AT ALBANY, NEW YORK
THIS SIXTH DAY OF MARCH, 2013.

Jul 23. 2013
PRESIDENT OF THE UNIVERSITY
AND COMMISSIONER OF EDUCATION
LICENSE NUMBER
269056



Dale E. Hill
DEPUTY COMMISSIONER
FOR THE PROFESSIONS
Walter Lamm
EXECUTIVE SECRETARY
STATE BOARD FOR
MEDICINE

To: Licensee/Registrant

- ◆ Please review the Registration Certificate below to be sure the information on it is correct.
- ◆ If any of the information is not correct, please contact us at OPREGFEE@mail.nysed.gov or (518) 474-3817. Ext. 410.
- ◆ If the information is correct, sign above the Licensee/Registrant block and please destroy any previous Registration Certificates you may have, as certificates with incorrect information are not valid and should not be kept.
- ◆ Should your address or name change, please notify us as described on the reverse and a new certificate will be issued.

UPON RECEIPT OF THIS REGISTRATION CERTIFICATE YOUR PREVIOUSLY ISSUED REGISTRATION CERTIFICATE IS NULL AND VOID. PLEASE DESTROY THE PREVIOUSLY ISSUED REGISTRATION CERTIFICATE.

SEE BACK FOR IMPORTANT INFORMATION

*The University of the State of New York
Education Department
Office of the Professions
REGISTRATION CERTIFICATE
Do not accept a copy of this certificate*

License Number: 269056-1

Certificate Number: 8281804UPD

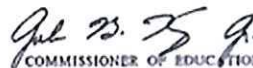
GAVIN NICHOLAS
462 1ST AVE
SUITE A345
NEW YORK

NY 10016-0000

is registered to practice in New York State through 02/28/2015 as a(n)
PHYSICIAN

LICENSEE/REGISTRANT


EXECUTIVE SECRETARY


COMMISSIONER OF EDUCATION


DEPUTY COMMISSIONER
FOR THE PROFESSIONS

This document is valid only if it has not expired, name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit www.op.nysed.gov.

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

Application for the Provision of Advanced Life Support (ALS) Level Care (v08012015)

Type of Application: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Renewal <input checked="" type="checkbox"/> Change of Medical Director <input type="checkbox"/> Change of CEO/Ownership NYU Hospitals Center	
Name of Service: NYU Hospitals Center EMS	
NYS DOH Agency Code: 1233	
Primary Base / Garage: (Physical address) 150 55th Street	Mailing Address: (If Different)
City, State and Zip Code: Brooklyn, New York 11220	City, State and Zip Code:
Business Telephone Number: (For Administrative Matters): 718-630-7133	Emergency Dispatch Telephone Number: (The number used by the public): 911
Service Type (Check only one): <input checked="" type="checkbox"/> Advanced Life Support Ambulance Service <input type="checkbox"/> Advanced Life Support First Response Service	
Ownership (Check only one): <input type="checkbox"/> Proprietary <input checked="" type="checkbox"/> Hospital Based <input type="checkbox"/> Volunteer <input type="checkbox"/> Municipal/Government <input type="checkbox"/> Other: _____	
EMS Personnel on staff: 62 # Paramedics 115 # EMTs	
Agency Staff Information: Chief Operating Officer (Captain, Operations Manager, etc): Name: Mitchell S. Powell Address: 150 55th Street Brooklyn, NY 11220 Day-Time Phone #: 718-630-7133 Title: EMS Director Email: mitchells.powell@nyumc.org	
Quality Improvement Coordinator: Name: Dale Garcia EMT-P Address: 150 55th Street Brooklyn, NY 11220 Day-Time Phone #: 718-630-7132 Title: EMS Quality Coordinator Email: dalegracia@nyumc.org	
Agency Medical Director: (Must be a REMAC Credentialed On-Line Medical Control Physician) Name: Nicholas Gavin MD Address: 150 55th Street Brooklyn, NY 11220 Day-Time Phone #: 718-630-8383 Title: Medical Director and Director of Clinical Operations Email: Nicholas.Gavin@nyumc.org REMAC OLMCP #: _____ Expires: _____	
On-Line Medical Control Facility: (Must be approved by REMAC) Name: New York City Fire Department, 9 Metrotech Brooklyn, NY 11201 Phone # used by EMS Personnel: 718-899-5062	

Submit completed application, along with a check/money order in the amount of \$1000. to The Regional EMS Council of NYC, 475 Riverside Drive, Suite 1929, New York, NY 10115.

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

AFFIRMATION

I, Mitchell S. Powell, Chief Executive Officer/Designee of the ambulance service /advanced life support first response service identified on the first page of this application, and I, Nicholas Gavin, medical director of the ambulance service/advanced life support first response service identified on the first page of this application have read, understand and agree to abide by the following terms and conditions set forth by the Regional Emergency Medical Advisory Committee (REMAC) of New York City for the provision of Advanced Life Support:

- The service and its personnel shall operate under the standards and prehospital care protocols set forth by REMAC, and shall participate in appropriate regional activities.
- To comply with Article 30 of the New York State Public Health Law, Title 10 Part 80 regarding controlled substances, and Part 800 of the New York State EMS Code.
- To file a renewal application with REMAC for the provision of ALS level care every two (2) years, or whenever the Chief Executive Officer/Designee or Medical Director of the service changes.
- To utilize a Prehospital Care Report (PCR) or Ambulance Call Report (ACR) approved by the New York State Department of Health, and if the service does not transport the patient, to provide a copy to the transporting agency to be included with the patient's medical record and for quality improvement purposes.
- To have in place an agency quality improvement program as set forth in Article 30, Section 3006, and to participate in regional quality improvement activities including, but not limited to the submission of ACR/PCR copies for regional QI activities, if requested.
- To provide qualified EMT-Paramedic personnel who are certified by the New York State Department of Health and by REMAC to provide ALS level care.
- To provide adequate time for continuing medical education for prehospital care personnel.
- To have On-Line Medical Control from a REMAC approved facility available at all times which the service operates ALS level care units, and notify REMAC of any change in on-line medical control facility or availability.

In addition, we certify that all information contained in this application and attachments are true and correct to the best of our knowledge.


Signature of CEO/Designee

Date: 03/02/16


Signature of Medical Director

Date: 03/03/16

Required Attachments:

- Ambulance Service Certificate or Advanced Life Support First Response Service Certificate from the New York State Department of Health.
- Copy of agreement between the service and its Medical Director.
- Copy of Medical Director's Curriculum Vitae (CV)
- Copy of agreement between the service and its On-Line Medical Control Facility.
- Copy of agreements with transporting ambulance services (ALS First Response Services only)
- Current personnel roster

Submit Application Package to: Regional Emergency Medical Services Council of New York City
475 Riverside Drive, Suite 1929
New York, NY 10115 (ATTN: Marie D'glio)



Agreement Between Service Medical Director and ALS Service

The Service Medical Director Dr. Nicholas Gavin will be responsible for the overall quality care provide by the service. Dr. Gavin shall:

- 1) Ensure that appropriate REMAC of New York City standards and protocols are maintained through the provision of professional supervision and the Quality Assurance activities. Quality Assurance activities shall include the review of Paramedic (EMT-P) PCR's / ACR's.
- 2) Ensure the provisions of Continuing Medical Education for Paramedic (EMTP) personnel.
- 3) Authorize the use and administration of medications and controlled substances within authorized protocols. Dr. Gavin is therefore accountable for the proper use and administration of controlled substances and for the maintenance of Quality Assurance Plan and compliance with Advance Life Support approved by REMAC of New York City, as well as Federal State standards regarding controlled substances.
- 4) Agree to participate on the ALS Committee of REMAC.

Lutheran Medical Center Department of Emergency Medical Service will be responsible for:

- 1) Hiring qualified Paramedics who are certified by both New York State and REMAC of New York City.
- 2) Ensuring that Paramedic (EMTP) personnel operate under REMAC of New York City ALS Protocols at all times.
- 3) Ensuring that ambulance equipment and supplies are maintained in accordance with article 30 of the Public Health Law of the State of New York and the State EMS code 800.
- 4) Providing PCR's / ACR's to the Service Medical Director for review.
- 5) Providing adequate time for Continuing Medical Education for Paramedic Personnel.



- 6) Maintaining appropriate records of controlled substances in accordance with current regulations.

- 7) Maintaining adequate communication equipment to ensure access to On-Line Medical Control.

- 8) To have in place an agency Quality improvement Program as set forth in article 30, section 3006, and to participate in regional Quality Improvement activities including, but not limited to the submission of ACR / PCR copies for regional QI activities, if requested.



NYU Hospitals Center EMS Medical Director

3/2/16
Date



NYU Hospitals Center EMS Director

3/2/16
Date

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.



FILE COPY

475 Riverside Drive, Suite 1929
New York, NY 10115
TEL: (212) 870-2118
FAX: (212) 870-2302
Email: mdiglio@nyeremscu.org

March 12, 2014

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Lester W. Marks, M.D., F.D.
Chair, Regional Emergency
Medical Advisory Committee of NYC

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North Shore-LIJ Medical Group,
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Central Park Medical Unit

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Chair, Emergency Committee
DY Realty Services, LLC

Nancy A. Bearden, MS, DC
Executive Director Administration

Mark Diglio, EMT-P
Executive Director Operations

TAX EXEMPT
NON-PROFIT CORPORATION

Mitchell S. Powell
Lutheran Medical Center
150-55th Street
Brooklyn, NY 11220

Re: Renewal of Advanced Life Support Status
Lutheran Medical Center EMS (7126)

Dear Mr. Powell:

This is to affirm that the above named agency has submitted a complete application for renewal of Advanced Life Support (ALS) status, and is approved to continue to operate at the ALS - Paramedic level of care.

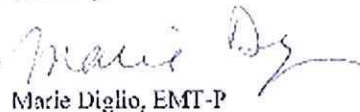
The following identifies your agency's information and ALS Status:

Agency Name: Lutheran Medical Center EMS
NYS DOH ID#: ID# 7126
Medical Director: Bonnie Simmons, DO
Medical Director's REMAC OLMC Physician credential expires: 5/31/2014
On Line Medical Control Facility: FDNY
Operational Territory: 68 and 72 Precincts in Kings County
EXPIRATION DATE: April 1st, 2016

The approval of your organization to provide Advanced Life Support care is contingent on continued compliance with regional standards and requirements, including the availability of on-line medical control. As you know, a periodic statement documenting your continued compliance with Regional ALS Standards and Protocols is required every two (2) years.

If you have any questions, please contact the Offices of the Council.

Sincerely,



Marie Diglio, EMT-P

Executive Director Operations

**List of Current Employees in the
Department**

LAST NAME	FIRST NAME	TITLE
Ackerman	Sam	EMT
Ackermann	Donna	EMT-P
Albano	Catherine	EMT
Alhadi	Nabil	EMT-P
Andrews	Samuel	EMT
Angotti	Anthony	EMT
Antoniello	Phyllis	EMT
Argenziano	Jerushka	EMT
Augustus	Marcus	EMT-P
Baluch	Francis	EMT-P
Barravecchio	Vito	EMT-P
Basti	Michael	EMT-P
Beltre	Araulky	EMT-P
Bielawski	Craig	EMT
Bismuth	Sarai	EMT-P
Black	Thomas	EMT
Blanco	Edwin	EMT
Bojmal	Peter	EMT
Borock	Timothy	EMT
Braganza	Joseph	EMT-P
Brager	Robert	EMT-P
Branson	James	EMT-P
Brooks	Lizeth	EMT
Brown	Jeffrey	EMT-P
Bruns	Mary	EMT
Bula	Antonio	EMT-P
Camisa	David	EMT
CANEDO	HUGO	EMT-P
Cannon	Erin	EMT
Cantres	Glorinette	EMT
CARTER	DUSTIN	EMT-P
Coriasco	Mary Lou	EMT-P
Corke	Maurissa	EMT
Cousino	Leah	EMT
Crocker	Melissa	EMT
Czaja	Amanda	EMT
DANY	ROHEE	EMT-P
Dasaro	Amanda	EMT
DeForest	Russell	EMT
Degan	Stephaney	EMT
DEMIRO	MICHAEL	EMT
DeSalvo	Nicole	EMT
Diakovasilis	Irene	EMT
Drago	Madeline	EMT-P
Drain	Colleen	EMT
Ejaz	Numan	

Erlandsson	Katarina	EMT
Estevez	Christina	EMT
Feliz	Franklin	EMT-P
Finn	Brigid	EMT
FIORENZA	STEVEN	EMT
Fischer	Scott	EMT-P
Flores	Charles	EMT-P
Fogarty	Sylvia	EMT
FOGEL	BENJAMIN	EMT-P
Folkes	Breannah	EMT
Froehlich	Lainie	EMT-P
Garcia	Melissa	EMT-P
Garcia	Dale	Asst. Director
Garcia	Fiordalisa	EMT
Geller	Jason	EMT-P
Genao	Andrew	EMT
Giacobbe	Dawn	EMT
GOLDBERG	BRIAN	EMT-P
Gottlieb	Adam	EMT-P
Gray	Ryan	EMT
Greco, III	Louis	EMT
Gresens	Stephen	EMT
Harper	Shaka	EMT
Hom	Tani, Fay	EMT
Huggins	Charles	EMT-P
Inguaggiato	Alyssa	EMT
Islam	Khalid	EMT-P
Jones	Tylore	EMT
JUASHKOVSKY	LEONID	EMT
Kalev	Yaron	EMT
Kasler	Drew	EMT
Keany	Emily	EMT-P
Kompa	Robert	EMT
KUBICEK	STEPHANIE	EMT
Lang	David	EMT
Langsam	Shmuel	EMT-P
Lauriat	William	EMT
Laurie	Dennis	EMT
Lewis	Cheyenne	EMT
Maglio	Anthony	EMT-P
Maldonado	Miguel	EMT
Malone	Thomas	EMT
Manners Jr.	Clyde	EMT-P
Maraio	Nicole	EMT
MARCHESE	WILLIAM	EMT
Marte	Ronaldit	EMT
Martin	James	EMT-P

Martin	Sonjahtu	EMT
Martinez	William	EMT
Marucheau	Scott	EMT-P
Maurice	Melville	EMT
Melis	Maria	EMT-P
Mendez	John	EMT-P
Monaco	Anthony	EMT
Montesino	James	EMT-P
Moore	Eddie	EMT
Moore	Erin	EMT-P
Morgenlander	Lawrence	EMT-P
Moulton	Danielle	EMT
Naldi-Olivera	Deborah	EMT
Navarra	April	EMT-P
Negron	William	EMT-P
Nelson	Kristofor	EMT
NOSIROVA	KAMOLA	EMT-P
Oliva	Angelo	EMT
Pace	Adam	EMT-P
Pepe	Vincenzo	EMT
Perez	Tiffany	EMT
Picone	John	EMT-P
Pierre-Antoine	Boris	EMT
Porembski	Richard	EMT
Powell	Mitchell	DIRECTOR
Prestovino	Michael	EMT
Pugliese	Nicholas	EMT
Quinn	Brian	EMT
Raskin	Susan	EMT
Santiago	Maritza	EMT-P
Scalisi	Anthony	EMT
Scallan	Robert	EMT
Scarpinito	Joseph	EMT-P
Silla	Melissa	EMT
Silva	Quadalupe	EMT
Skolnik	Erik	EMT
SPENA	ESTERINA	EMT
Spilman	Mayer	EMT-P
Spinelli	William	EMT
STABILE	PAUL	EMT
Stewart	Martha	EMT-P
Swithers	Jay	EMT-P
Terravecchio	James	EMT-P
Thomas	Anthony	EMT-P
Turman	Michael	EMT
Tynes	Ronellva	EMT
Valente	George	EMT

Vazquez	Adam	EMT
Viars	Adam	EMT
Weinberger	Moshe	EMT
Wojciech	Sarah	EMT
Wong	Lisa	EMT
Worthley	Stacy	EMT
Wu	Hilda	EMT-P
Yahya	Shaif	EMT
Yonehara	Yusuke	EMT-P
Zenkovich	Evgeni	EMT-P