

# The Legislature of Rockland County



PHILIP SOSKIN  
LEGISLATOR - DISTRICT 7  
CHAIR, MULTI-SERVICES COMMITTEE

MINUTES  
***MULTI-SERVICES COMMITTEE***  
TUESDAY, MAY 8, 2012  
**6:00 P.M.**

**MEMBERS PRESENT:**

LEG. P. SOSKIN, CHAIR  
LEG. J. HOOD, JR., VICE-CHAIR  
LEG. T. EARL, 2<sup>nd</sup> VICE-CHAIR  
LEG. A. PAUL  
LEG. D. JOBSON

**MEMBERS ABSENT:**

LEG. J. MEYERS  
LEG. P. MORONEY

**OTHERS PRESENT:**

E. YEGER, ESQ. LEG. J. MURPHY  
LEG. A. WIEDER LEG. C. CAREY  
LEG. M. GRANT LEG. N. LOW-HOGAN  
LEG. E. DAY LEG. I. SCHOENBERGER  
S. SHERWOOD A. SAMUELS  
A. PAUL S. MATHEWS  
K. SINCERBOX DR. M. INNERFIELD  
DR. M. RADER DR. DAVID BROGNO  
M. REYES DR. SACHIN SHAH  
K. HENRY D. MARSHALL  
MEDIA L. TOOLE

CHAIR SOSKIN CALLED THE MEETING TO ORDER AT 6:15 PM

ADOPTION OF THE MINUTES OF THE 4/24/12 MEETING

**MOTION TO ADOPT:**

**EARL/HOOD, JR.**

**UNAN**

1. REF. #3657 - APPROVING CONTRACT IN EXCESS OF \$100,000 WITH COMMUNITY HEALTH AID SERVICES, INC. D/B/A COMMUNITY HEALTH CARE TO PROVIDE HOME CARE SERVICES TO QUALIFIED SENIOR CITIZEN'S IN AN AMOUNT NOT TO EXCEED \$104,000 FOR THE PERIOD APRIL 1, 2012 THROUGH MARCH 31, 2013 AND AUTHORIZING ITS EXECUTION BY THE COUNTY EXECUTIVE [OFFICE FOR THE AGING] (\$104,000)  
**(J. MOLOF, COMMISSIONER, OFFICE FOR THE AGING)**

**ADDED SPONSORS: SOSKIN, HOOD, JR., EARL, PAUL, JOBSON**

**MOTION TO APPROVE:**

**SOSKIN/PAUL, EARL**

**TRANSFERRED TO B & F**

**UNAN**

M. Reyes stated that the funding is through the state, with the county matching 35%. This is a renewal of a contract. Chair Soskin asked what home healthcare workers are paid and how many employees there are? M. Reyes said they are paid minimum wage, \$8.50 per hour, and there are three employees. There are 250 seniors on a waiting list and there is not enough funding for services.

2. REF. #8862 - APPROVING ACCEPTANCE OF FUNDING IN THE AMOUNT OF \$469,860 WHICH SAID AWARD IS FEDERALLY FUNDED BUT ADMINISTERED BY THE COUNTY OF WESTCHESTER TO HELP FUND ROCKLAND COUNTY'S RYAN WHITE PART A PROGRAM, AND COST OF LIVING (COLA) ESTIMATED TO BE 10% OR \$46,986 AND HIV CLINIC REVENUE OF \$60,352 FOR A TOTAL GRANT AMOUNT AND CLINIC REVENUE TOTAL NOT TO EXCEED \$577,198 [NO COUNTY TAX DOLARS] FOR THE PERIOD MARCH 1, 2012 THROUGH FEBRUARY 28, 2013 AND AUTHORIZING THE EXECUTION OF ALL NECESSARY GRANT DOCUMENTS BY THE COUNTY EXECUTIVE [DEPARTMENT OF HEALTH] (\$577,198)  
**(DR. J. FACELLE, COMMISSIONER, DEPARTMENT OF HEALTH)**

**ADDED SPONSORS: SOSKIN, HOOD, JR., EARL, PAUL, JOBSON**

**MOTION TO APPROVE:  
JOBSON/PAUL, EARL**

**TRANSFERRED TO B & F  
UNAN**

3. REF. #9473 - ADJUSTMENT OF 2012 APPROPRIATIONS AND ESTIMATED REVENUE WITHIN THE DEPARTMENT OF HEALTH TO COVER COST TO OPERATE HEALTH DEPARTMENT CLINICS FOR THE FISCAL YEAR 2012 [DEPARTMENT OF HEALTH]  
**(DR. J. FACELLE, COMMISSIONER, DEPARTMENT OF HEALTH)**

**ADDED SPONSORS: SOSKIN, HOOD, JR., EARL, PAUL, JOBSON**

**MOTION TO APPROVE:  
SOSKIN/PAUL**

**TRANSFERRED TO B & F  
UNAN**

**ACTION: Health Department will provide the committee with a list of the clinics.**

K. Henry, Deputy Commissioner, stated that this would readjust some lines in the budget to help with some shortages for clinic operations, such as medical supplies. The money is being moved within the department. Leg. Paul asked how many clinics there were and if the committee could be given a list? Leg. Earl asked if this was a normal procedure? K. Henry said they usually have to do a few transfers per year, but the budget balances at the end of the year.

4. REF. #9263 - APPROVING ACCEPTANCE OF GRANT FUNDS IN THE AMOUNT OF \$60,000 (NCTD) FROM THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES FOR CHILD CARE FRAUD AND DETECTION INCENTIVE PROGRAMS FOR THE PERIOD APRIL 1, 2012 THROUGH MARCH 31, 2013 AND AUTHORIZING THE COUNTY EXECUTIVE TO EXECUTE ALL NECESSARY INSTRUMENTS AND DOCUMENTS [DEPARTMENT OF SOCIAL SERVICES] (\$60,000)  
**(S. SHERWOOD, COMMISSIONER, DEPARTMENT OF SOCIAL SERVICES)**

**ADDED SPONSORS: SOSKIN, HOOD, JR., EARL, PAUL, JOBSON**

**MOTION TO APPROVE:  
SOSKIN/EARL, PAUL**

**TRANSFERRED TO B & F  
UNAN**

S. Sherwood stated that this was a competitive grant acquired by the department and a good deal for Rockland County. She said the Department of Social Services has a good relationship with District Attorney Zugibe, who they will be working together with. The grant will help with education, outreach, and more field visits.

5. REF. #9202 - DISCUSSION ITEM – NYACK HOSPITAL CARDIAC TREATMENT (ROUTING) POLICY  
**(HON. J. MURPHY, LEGISLATURE)**

**DISCUSSED**

Leg. Murphy said that the goal was to have an open conversation about concerns. He stated he is the president of two non-profits and is responsible for 331 people with special needs, who are in fragile health. He became aware in the last two weeks about a policy of emergency room protocols being changed. It was his understanding that the new policy at Nyack Hospital would take people in cardiac distress and in need of services beyond the emergency room, and bring them to Columbia Presbyterian Hospital in Washington Heights. The county has no standing in this, but a certain public health responsibility. Leg. Murphy said he hoped to leave here well informed. He wanted to know more, as a legislator, and as someone responsible for 331 heavily medicated people, which often leads to cardiac issues. Dr. M. Rader, Nyack Hospital Medical Director, stated that Nyack Hospital is a sponsored hospital and is affiliated with Columbia Presbyterian Hospital.

Part of their program development is to have doctors associated with Columbia Presbyterian Hospital, giving them access to one of the top rated hospitals. A small group of patients need angioplasty and they feel that, transport times allowing, it is better to be in a facility with specialized cardiac care. He said that you have to trust that they have very experienced doctors at Nyack Hospital making the decisions whether to transfer patients. Most patients are transported under the ninety-minute maximum time to be on the table. Leg. Murphy said that when one of his residents needs cardiac care, they usually send staff to accompany them to the local hospitals, but they do not have the staff to go with patients to New York City. Dr. Rader stated that only four specific patients needed certain treatment and most patients would remain locally. Leg. Murphy asked what percentage of patients brought by ambulance would stay in the county. Dr. Sachin Shah, Director, Department of Emergency Medicine of Nyack Hospital, stated that they had 71 patients last year with acute cardiac events. Some were referred out to Good Samaritan Hospital and some to Hackensack Medical Center. This year, they have had 24 patients. He said that most of Leg. Murphy's residents would not be having Myocardial infarctions (MI), which is a major heart attack, and the type of case where transfer to Columbia Presbyterian Hospital might apply. Dr. Rader said that there are a number of doctors in the county that are employed by different hospitals and that the physicians make individual decisions about where patients should go. D. Marshall, Vice President, Good Samaritan Hospital/Bon Secours Charity, stated that Good Samaritan Hospital met a vital need in Rockland County by creating an emergency angioplasty program, which then became a full angioplasty program; and finally, they began to do open heart surgery. She expressed a concern that this policy change would be taking a step back, due to economics, after they worked so hard to bring services to our county. Eight hospitals closed in the state. Out migration impacts our state, our county, and our patients. Transfer time is critical, because a patient can lose muscle. Time is muscle. Lost muscle means the quality of life deteriorates. She encouraged continued dialogue and had concerns that there be no major policy changes, saying the highest priority is the patient. Dr. D. Brogno, Chief, Section of Cardiology, Nyack Hospital, stated that there was no policy change, but this is a pilot program. The impetus behind the program was that sometimes transport times locally are longer than going to Columbia Presbyterian Hospital and a great number of Columbia Presbyterian Hospital staff are now at Nyack Hospital. Dr. M. Innerfield, on staff at both Nyack Hospital and Good Samaritan Hospital, stated that one aspect not included in the discussion was the patient, which is why he reached out to Leg. Murphy. He spoke about concerns of a discussion about what hospital to go to when a patient is writhing in pain in an ambulance. He said patients want the quickest place possible and that's Good Samaritan Hospital. Dr. Innerfield thought the policy was immoral and not in the best interest of the community, which is why he brought it to the attention of the Legislature and the press. He said that patients should be put into the discussion, but this policy was made in a backroom. Dr. Rader stated that the implication was that the patient is not involved, which could not be further from the truth. He said patients were given a choice where to go and the policy was made with the full knowledge of the director of cardiology. Patients can be transferred to New York City in 23 minutes and the patients' pain relief is similar to going to local hospitals. Doctors aren't making decisions based on economics. Sometimes care is more important than economics and out migration, but he declared that some patients would do better with an academic medical center. A. Samuels, President, Rockland Business Association, stated that both Nyack Hospital and Good Samaritan Hospital were members of the RBA and many are on the RBA board. He said the RBA was involved with the effort to bring cardiac care to Good Samaritan Hospital. Prior to that, Rockland County used to have the highest cardiac mortality rate. He spoke about his concerns that patients suffering from MI's in an emergency room are not in a state of mind to make a decision where to go and wondered if stressed family members would be able to make the decision. He thought that Rockland County should be involved with letting patients know about Nyack Hospital's policy and their affiliation with Columbia Presbyterian Hospital. Dr. Brogno said that they inform patients and advertise the choices and that some patients ask to go to Columbia Presbyterian or Good Samaritan Hospitals. He said it was best not to leave the decision to the last minute, but it was not in the best interest not to offer one of the best facilities in the country. Leg. Murphy stated that the county has no standing in this matter and thanked everyone who came to the meeting. He hoped they would come back to discuss psychiatric emergency room patients and Al Samuel's idea that the county serve as a promulgator, so that people could make informed decisions. Leg. Paul stated that both hospitals have the same goal, better care for patients. She said that patients can't always make decisions in the ER and then the doctors will make the best decisions for the patients. Leg. Wieder asked for data on the progress of the patients that were transferred. Dr. Rader stated that they transfer about 70 patients a year, but not all go to Columbia Presbyterian Hospital. Four patients have been transferred there and have had good results. The maximum transfer time is 30 minutes and the shortest is 22 minutes. Leg. Wieder asked if this would be done on a trial basis? Dr. Rader said that they were seeing how feasible it is, that it was going well, and they would continue to assess the program. Leg. Paul thanked the doctors from Nyack Hospital, where she is a nurse. She said that the doctors in the emergency room would make decisions and do the right thing for the patients. Chair Soskin thanked all for attending and hoped in a few months to have more information from both hospitals. He said quality care is the most important thing to the residents of Rockland County.

**MOTION TO ADJOURN: (7:10 PM)**  
**EARL/PAUL**

**UNAN**

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