# APPROVED

## CONNECTICUT EMS ADVISORY BOARD (CEMSAB)

## June 24, 2026 at 0900 hours

## CT Hospital Association

## 110 Barnes Road, Wallingford CT

## HYBRID Remote option

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| Board Members | G. Allard, J. Beaulieu (P), S. Caffyn, K. Coupe, C. Dunn (P), R. Guthrie, M. Loiz (P), S. Martus (P), P. Norwood, J. Paretzky (P), J. Quinlavin, J. Roache (P), S. Robinson, I. Smith (P), D. Tompkins, W. Wheeler, B. Zura |
| Non-Member Committee Chairs | M. Osborne (Education and Training), B. Morris (CMED) (P), S. Gregg (Trauma) |
| Regional Council Presidents | L. Goodman (Region 1) (P), W. Fitzmaurice (Region 2), M. Letita (Region 3) (P) J. Danao (Region 4) |
| EMSC | M. Petruculli, H. Chicaiza |
| OEMS Staff: | J. Demers (P), R. Calciano (P), J. Reynolds (P), M. Zacchera (P), A. Pugliese, E. Little (P), K. Hickcox (P), F. Glowski (P), R. Kamin (CEMSMAC) (P) |
| Guests | C. Bassett (P), R. Rautio, P. Canning, T. Schietinger, E. Doron, J. Nadeau, J. Santacroce (P) |
| Board Chair | W. Schietinger (P) |

Meeting opened at 9:01 am

*In Person (P) = 20

*Remote = 22

| TOPIC | DISCUSSION LED BY: | DISCUSSION | ACTION |
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| Moment of Silence for Lost EMS Providers | W. Schietinger | • John "Jay" Lengyel - AMR, Naugatuck EMS<br>• Thomas "TJ" Kochera – New Haven Fire, AMR<br>• Lily Evans, AMR New Haven. | |
| Meeting Minutes of May 2026 | W. Schietinger | • May 2026 meeting minutes | Motion to accept May 27, 2026 meeting minutes<br>1st R. Kamin 2nd I. Smith<br>Motion passed unanimously |
| Public comment | | • None | |
| Presentation | Eliza Little, Mike Zacchera | • OEMS presented an overview of the 2025 annual EMS data report and the ongoing data documentation standardization project.<br>• The state registry received nearly 960,000 ePCRs from 175 agencies using eight ePCR vendors. The report reflects information documented by EMS clinicians and is intended to meet statutory reporting requirements.<br>• Connecticut requires approximately 190 NEMSIS data elements and uses 92 validation rules as an initial quality assurance step. Agency-level validity and timeliness measures are included in the report.<br>• Approximately 70,000 emergency responses were reported per month. The statewide average response time was 8.32 minutes after excluding records with | General consensus of support for the data documentation standardization effort and service-level education as materials become available. |

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| | | missing times and trimming extreme outliers. Response time was described as unit notification through arrival on scene and is calculated per responding unit rather than per incident.<br>• Average 2025 response times were reported as 7.69 minutes in urban areas, 8.43 minutes in suburban areas, and 11.82 minutes in rural areas. The report also includes town-level response counts, rates, and response-time measures.<br>• Patient-level analyses use a deduplication process to account for multiple units responding to the same patient. The report includes trends for falls, respiratory calls, suspected opioid overdoses, lights-and-sirens use, and EMS performance measures.<br>• OEMS emphasized that performance measures reflect what was documented in the ePCR. Data limitations discussed included missing dispositions, inconsistent mutual-aid coding, inaccurate timestamps, outdated provider credential information, and incomplete primary impression or cause-of-injury documentation.<br>• The Documentation Subcommittee has reviewed 84 data elements and is developing standardized definitions, validation rules, and education for field providers, service administrators, and instructors. | |

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| | | Initial materials are expected to roll out over the summer, with additional groups of data elements addressed in future phases.<br>• OEMS is developing real-time or near-real-time dashboards, including potential agency-level views of submission volume, validation scores, and commonly missed validation rules. Funding and the statutory reporting timeline remain considerations.<br>• Discussion addressed use of statewide data for local planning, trends in call volume and resources, the limits of OEMS authority regarding municipal EMS arrangements, linkage of EMS and hospital outcome data, emergency department transfer-of-care delays, and the importance of replacing anecdotal concerns with measurable data.<br>• The Board expressed general support for the documentation standardization work and for encouraging EMS services to complete documentation updates as materials become available. Options discussed included Advisory Board communication and continuing education based on a Documentation Subcommittee lesson plan. | |
| Chair's Report | W. Schietinger | • Region 3 completed its officer election. Marge Letitia will step down as Region 3 president | |

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| | | effective July 1, 2026, and Jim Santacroce will assume the role. Appreciation was expressed for Ms. Letitia's service and continued involvement.<br>• The Chair alerted members to Connecticut Mirror and ProPublica outreach seeking information from EMS personnel and members of the public regarding EMS in Connecticut. The outreach includes requests for experiences, concerns, and supporting documents.<br>• OEMS reported that response-time information had been provided through an approved Freedom of Information request and that the annual report had been identified as a public source addressing many of the questions being asked. | |
| EMS Transformation | J. Beaulieu | • The group continues to meet weekly and is currently focused on communication across the EMS system.<br>• The group's charge is to identify what is working, what is not working, and where statewide improvement may be appropriate, then return recommendations to CEMSAB.<br>• Medical direction and medical control for EMS agencies were identified as the next discussion topic. | |

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| | | • Members emphasized that the process is not based on an assumption that the system is broadly broken. The group is seeking data to determine where improvement is supported.<br>• Meetings have generated robust discussion and are held Thursdays at 1:30 p.m. by Teams. | |
| OEMS | R. Calciano, June written report submitted | • The June written report was submitted and reviewed.<br>• OEMS advised that the written report was self-explanatory and offered to answer questions. No additional discussion or questions followed. | |
| EMSC Report | M. Petrucelli | • EMSC continues its work through the subcommittees.<br>• No additional updates or questions were raised. | |
| Breakout Session | | • None | |
| **Committee Reports** | | | |
| CEMSMAC | R. Kamin, May minutes submitted | • May minutes were submitted and summarized.<br>• Dr. McClaine is stepping down as co-chair. A replacement co-chair is expected to be selected in the fall.<br>• The Region 3 CEMSMAC representative is expected to change as regional leadership transitions. | CEMSAB to send letters of appreciation recognizing departing committee leaders for their service. |

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| | | • Dave Bailey is stepping down as co-chair of the Protocol Subcommittee after many years of service.<br>• CEMSAB agreed that letters of appreciation should be sent recognizing the contributions of Dr. McClaine, Dave Bailey, and other departing committee leaders. | |
| CMED and SIEC Committee | B. Morris | • The committee continues work on large-event planning, statewide communications standardization, and updates to the EMS communications directory on the DPH website.<br>• The committee discussed standardizing notification and activation procedures for the CEMPAC plan developed in the Danbury area.<br>• A legislative initiative form has been developed for proposals that may move forward. The committee is considering an initiative regarding the $0.30 per-capita communications funding amount, which has reportedly remained unchanged since approximately 2005.<br>• Additional work on the funding proposal is expected over the summer, with a future request for CEMSAB support or endorsement. | |
| Council of Regional Presidents (CORP) | W. Fitzmaurice | • CORP met on June 17, 2026. | https://ctemscouncils.org/ |

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| | | • The committee thanked outgoing Region 3 President Marge Letitia for her service and welcomed Jim Santacroce as the incoming president.<br>• Nominations for the statewide EMS awards remain open through September 1. Members were encouraged to nominate deserving individuals and services through the Connecticut EMS Councils website.<br>• CORP will staff a table at the EMS PRO conference, scheduled for October 21 through October 24, with participation and materials from all five regions.<br>• The committee discussed regional EMS strike teams and distributed draft documents.<br>• The Connecticut Healthcare EMS grant provided mass-casualty incident bleeding-control equipment to all five regions. Appreciation was expressed to those involved in obtaining and distributing the grant-funded equipment. | |
| Data Committee | L. Goodman, June minutes submitted | • June minutes were submitted.<br>• The committee continues active work on EMS data matters and welcomes additional participants.<br>• No questions were raised. | |

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| Education and Training Committee | J. Nadau, J. Demers | • The committee presented the planned transition for EMR and EMT programs from the traditional high-stakes practical examination to student minimum competency portfolios, similar to the model used in advanced EMT and paramedic education.<br>• The traditional model evaluates performance on a limited set of skills at one point in time. The portfolio model will document each student attempt, whether successful or unsuccessful, and track increasing proficiency throughout the course.<br>• The new approach is intended to assess integrated patient-care performance, entry-level competency, and the affective domain, including interaction with patients, peers, and other professionals.<br>• The state will establish minimum successful-attempt requirements, and programs may establish requirements that meet or exceed the state minimum. Each competency will build toward a complete end-of-course portfolio.<br>• Student minimum competency was described as the lowest level of practical application necessary to demonstrate successful and efficient behavior in a skill or technique within the established scope of practice. | Motion to support the Education and Training Committee's transition to student minimum competency portfolios in lieu of the traditional practical testing model.<br><br>1st S. Martus; 2nd I. Smith.<br><br>Motion passed unanimously. |

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| | | • Program and instructor orientation is expected to begin in fall 2026. A phased transition is planned through 2028, with traditional practical examination eligibility expected to phase out as students complete the applicable testing window.<br>• The committee requested CEMSAB support for the transition to student minimum competency portfolios in place of the traditional practical testing model. | |
| Health and Wellness Committee | | • No update | |
| Legislative Committee | M. Loiz, May and June minutes submitted | • May and June minutes were submitted. The committee met June 18 and will meet again July 16.<br>• The committee is considering approximately nine or ten potential initiatives for the 2027 legislative session, with a communications funding item expected to be added for consideration.<br>• Members reported productive discussion and ongoing work. | |
| Mobile Integrated Healthcare Committee | J. Beaulieu, M. Zacchera | • The next committee meeting was scheduled for June 25 at 2:30 p.m.<br>• OEMS continues to await a decision regarding the American Ambulance hearing. | |

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| | | • A second MIH application has been received from Norwalk Hospital. OEMS has also been in contact with other programs that are in various stages of preparing applications. | |
| Nominating and Membership Committee | | • No Update | |
| Regional Preparedness and Collaboration Committee | | • No update | |
| Trauma Committee | S. Gregg, March and May minutes submitted | • The committee continues to meet approximately every other month.<br>• The committee is reviewing Connecticut's trauma system against historical American College of Surgeons recommendations and updating a gap analysis. Some areas have improved, while other recommendations remain ongoing.<br>• Emergency preparedness work includes Regional Medical Operations Coordination Centers and coordination among health systems for a large-scale mass-casualty event involving a substantial influx of patients.<br>• The committee is developing and updating health-system contact information to support emergency coordination and communications. | |

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| | | • Injury-prevention work includes Stop the Bleed education, hemorrhage-control kit initiatives, high-school outreach, distracted and impaired driving prevention, fall prevention, and collaboration among multiple institutions.<br>• Trauma data work includes transition to new vendors and continued efforts to strengthen statewide system assessment. | |
| Action Items | W. Schietinger | • None | |
| Old Business | W. Schietinger | • None | |
| New Business | W. Schietinger | • | |
| Next Meeting | | • August 26 | |
| Adjournment | | • Meeting adjourned at 11:01 | Motion to adjourn |

Respectfully submitted by:
Angela Pugliese, OEMS
Charles Dunn, CEMSAB secretary

**EMS Advisory Board Upcoming 2026 Meeting Schedule:**
~~Jan 28~~ | ~~Feb 25~~ | ~~Mar 25~~ | ~~Apr 22~~ | ~~May 27~~ | ~~June 24~~ | Aug 26 | Sept 23 | Oct 28 | Nov 18 | Dec 16