

OCL *Rethinking I-81* Study
Steering Committee Meeting Minutes
University College
September 3, 2008

Present: Rebecca Livengood, Russ Andrews, Joe Ash, Minna Buck, Dennis Calkins, Chris Capella-Peters, Emanuel Carter, Bill Egloff, Ed Galson, Steve Kearney, Karen Kitney, Rich Landerkin, Don MacLaughlin, Sarah McIlvain, Clyde Ohl, Donna O'Mahoney Rohde, Steve Schroeder, Doug Sutherland, Sandra Barrett

Guests: Mike Addario, Rural Metro; Chris Bitner, NAVAC

Sandra Barrett gave a short history of the study to-date for the benefit of the guest panelists and new committee members.

Emanuel Carter seeks to schedule a time for review of student work emerging from his fall SUNY ESF Thematic Studio in Urban Design "Interstate 81 Design Alternatives." Carter seeks input of committee, interaction with the graduate students. Committee members will convene in Marshall Hall at ESF at 1 PM on Tuesday, October 14 for a pinup (design presentation). Details to follow.

Bill Egloff was asked for an update on NYS DOT study activity: There is now a short list of four consultants for the SMTC Public Participation Study. A select group will be invited to give presentations. The travel demand model proposal was submitted September 12 and will be reviewed. Consultants have also been short listed for the NYSDOT corridor study. The NYSDOT main office will choose the consultant.

Discussion Topic: Emergency Access to Downtown Medical Institutions

Presentation by Mike Addario, Rural/Metro Medical Services in Syracuse

- Rural Metro EMS takes 50,000 calls a year covering city and bordering suburbs. They handle roughly two thirds of calls in the county. There are 21 ambulance services in Onondaga county.
- There are two facets to an EMS journey; the primary one is travel to/access to the scene of the incident: "Response to Scene"; the secondary one is transport to the hospital.
- Once EMS is on the scene the patient is often stabilized on site/in the emergency vehicle. Only roughly five percent of patients need to be expedited to the hospital. The time difference between using the interstate and not using it is probably insignificant, Addario says. Currently, EMS rarely uses the interstate. One of the reasons EMS infrequently uses the interstate/highways is because of construction on the interstate in last year, on/off ramps can be closed etc. Ambulances can more often be spotted on streets like Salina and Adams.
- The main concern of EMS is the ability to get to the scene. They use Systems Status Management to disperse vehicles. Vehicles are not kept at a central location. Between six and sixteen vehicles are scattered throughout the city, ambulances are allocated by trends based on previous call data (when and where incidents tend to occur.) The key to success in EMS is minimizing response times and this is the reason ambulances can be spotted at gas stations, mini-marts etc. throughout the city. Typically, ambulances don't rely on the interstate to get to the scene; going East and West they might use Erie Blvd, north and south, Salina Street.
- Roughly 80-85% of Rural/Metro calls are in city. The rest are in near suburbs. Often, there is a vehicle in the town of Salina, and one on border of Dewitt; vehicles not typically in the town of Onondaga because the call volume is small.
- Congestion in city core during rush hour is a problem for EMS, especially on Erie Blvd. and Salina Street (mainly because there is no way for vehicles to pull to the right). Addario expressed the need for an emergency lane or passing lane in the more trafficked area of those streets, especially in lieu of heightened traffic conditions that might be created by an alternate to 81.

- Most frequent destinations are St. Joseph's and Crouse hospitals. Every ambulance company has its own service area. Ambulances are regulated by the Department of Health to operate within a specific area; this information is used by 911 to dispatch ambulances.

Presentation by Chris Bitner, Executive Director of Northern Area Volunteer Ambulance Corps, NAVAC

- NAVAC, the second largest EMS provider, responds to 6,500 calls per year, servicing Mattydale, Hinsdale, North Syracuse Village, Clay, Cicero and up to Bridgeport. They staff four ambulances daytime/three evening based on call volume.
- Bitner doesn't perceive difficulties with the primary "response to scene" should 81 be altered (ambulances are based in outlying areas.) But for the secondary phase, "transport to hospital," the highway is almost always used.
- The majority of patients are transported to St. Joseph's followed by Crouse and University Hospitals. The smallest number go to Community General, which requires the longest travel time on 81. (To travel to St. Joseph's, ambulances exit at the Salina Street exit. For University or Crouse, the exit is Adams. The Salina exit is used if traffic is a factor.)
- The greatest risk of injury to EMS workers is traffic incidents; the need to turn on light and siren increases the chance of accidents. Bitner expressed concern that heightened congestion on city streets due to an altered 81 might lead to greater need for light and siren transport.

General Discussion

- Opticon technology is used by the city fire department to turn red lights green. This technology is not used by EMS. According to Addario, the use of Opticon technology has been shown to increase accidents.
- Time studies have been done on response (one was done locally a decade ago). The study showed that use of lights and siren only increase response time by a minute to a minute and a half. According to Addario, this is not a major time saver for EMS for ninety percent of calls. EMS is now restricting the number of lights and sirens calls for those reasons. Additionally, use of lights and sirens can further agitate a patient.
- Addario described an incident that had happened that day before coming to the meeting to illustrate how construction on 81 makes it an unreliable route for emergency vehicles. An EMS driver had been on I-81 and was unaware of the recent closing of the Bear Street exit, and was forced to go to the next exit and turn around, losing significant response time. It's hard to get the fast-changing information about exit ramp closings out to all of the drivers, Addario says. Conversely, Addario says if something like an expanded North Salina Street existed, changing direction wouldn't be a problem.
- Rural/Metro now uses GPS so all vehicle locations can be spotted at all times; it might be possible to add traffic information to the system in the future.
- Addario recommends an emergency lane for EMS vehicles and fire trucks or creating a way for traffic to pull over as means of improving travel time. Also, minimizing the number of traffic signals/intersections in road design would increase safety and speed for EMS workers since the need to slow down and clear intersections is a major factor in EMS accidents.
- Bitner said that right now, we are so dependent on I-81 that when it is blocked, we are at a loss. He saw the advantages of having several possible routes. The 81 bridge is a "horrible" place to work, he said. When the roadway freezes and the EMS vehicles are there because of an accident, cars are slipping sideways and there is no place for the emergency vehicle to pull over. Compared with 81 closer to Cicero or 481, the narrow elevated roadway is inferior. On other highways, where there are wide shoulders and a grass median, there is room to drive and emergency vehicles are able to pass traffic.