

MINUTES

NORTH CAROLINA EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

Department of Health and Human Services
Division of Health Service Regulation
Office of Emergency Medical Services

Brown Building
Dorothea Dix Campus
801 Biggs Drive
Raleigh, North Carolina

August 10, 2021
11:00 A.M.

Members Present

Dr. Kim Askew
Mr. John Grindstaff
Dr. Bill Atkinson
Dr. R. Darrell Nelson
Dr. Jeff Williams
Dr. Douglas Swanson
Mr. Jim Albright
Mr. Todd Baker

Mr. Andrew Baird
Dr. Pascal Udekwu
Mr. David Garrison
Mr. Jim Gusler
Dr. Kimberly McDonald
Mr. Robert Poe
Ms. Sara Rivenbark
Mr. Kevin Staley

Members Absent

Mr. Chuck Elledge
Dr. Roberto Portela
Dr. Jay Wyatt
Dr. L. Lee Isley
Ms. Viola Harris
Mr. Edward Wilson

Staff Members Present

Mr. Chuck Lewis
Ms. Susan Rogers
Dr. James "Tripp" Winslow
Ms. Melynda Swindells
Ms. Heather Majernik
Ms. Kimberly Clement
Mr. Joe Comello
Ms. Sharon Schiro

Mr. Todd Messer
Ms. McKenzie Beamer
Mr. Dale Sutphin
Mr. David Ezzell
Ms. Paige Stevens
Mr. Justin Bowers
Mr. James Caldwell
Mr. Wally Ainsworth

Others Present

T. Byrd
T. Pritchard
Eric Southern
Sean Ray
Walter Meads
V. Lyman
Joe Blackwell
Eric Herring
James Larsen
Sheila Hardy
Laura St Denis
Doug Pokorny
Amanda Ward
Robert Whistler
Richard Smith
Brad Baker
Ross McKarney
Paula Fox
S. Bridges
S. Mack
Darla Boseman
Jennifer O'Neal
John Turner

K. Richards
Brian Alligood
J. Schoenfeld
Gregory Miller
Elizabeth Freeman
Kevin Collopy
Tyler Constantine
Randy Lanham
Scott Wilson
Annette Ward
Joe Zeller
Pamela Lowther
Angela Magill
Bradley Dean
A. Culb
Thomas Nagel
Joshua Loyd
M.S. Stewart
Mark Holloman
Richard Suggs
Ned Fowler
Anjni Joiner

- (1) Purpose of the Meeting: Due to the COVID 19 pandemic, and for the health and safety of all involved, the North Carolina EMS Advisory Council met virtually to hear reports/updates on Trauma, Compliance and Education, HealthCare Preparedness Program, Medical Director update and agency activity report. Reports on COVID 19 trend updates and rules approval were also on the agenda.

(2) Actions of the Council:

Dr. Kim Askew, Chairman of the Council, called the meeting to order at 11:00 a.m.

- a) Motion was made by Mr. Robert Poe, and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes from the February 9, 2021 meeting be approved as submitted

(3) Other Actions of the Council:

- (a) Dr. Askew opened the meeting with the following tribute to the late Drexdal Pratt, retired Chief of the Office of Emergency Medical Services and Director of the Division of Health Service Regulations:

Remembering Chief Drexdal Pratt 1954-2021

Drexdal Pratt began his career in Emergency Medical Services as an EMT and later a Paramedic in Stokes County. Through the years, he rose to the role of Director for the Stokes County Department of Emergency Services. He later moved to the North Carolina Office of Emergency Medical Services as a Regional Coordinator in 1987. By the late 1990s, Drexdal became the Central Regional Supervisor responsible for much of the state office operations in 33 counties. During this time, Drexdal was instrumental in establishing the State Paramedic Competition, which is held annually in conjunction with the EMS Expo.

Upon the retirement of OEMS Chief Bob Bailey, Drexdal was promoted to Chief of the OEMS in 1999. One of the first items on the agenda as Chief was to seek additional funding from the North Carolina Governor's Highway Safety Program to develop an EMS information system that would provide data to enhance the quality of EMS care given to the citizens of the state. Only limited funding was available through this avenue; however, due to the efforts of Drexdal, recurring funding was secured through the North Carolina legislature and targeted funding from The Duke Endowment

In 2001, Drexdal led the efforts to update the 1973 EMS Act which resulted in the passage of significant legislation in the NC General Assembly. As a result of this legislation, all of the NC Medical Care Commission's EMS rules were revised in 2002 to clearly recognize EMS as an integral part of the community healthcare system.

During the aftermath of 9/11, the federal Hospital Preparedness Program (HPP) was established to provide funding to better prepare hospitals and EMS Systems to respond to natural and man-made disasters as well as bioterrorism acts. Drexdal was instrumental in leading the implementation of 29 State Medical Assistant Teams Type 3 (SMAT-3) which were county based medical response teams and 8 State Medical Assistant Teams Type 2 (SMAT-2) which were hospital based medical response teams. One of the first major deployment by SMRS personnel was to provide support to citizens in Mississippi in the aftermath of Hurricane Katrina. Much of the planning for this response was under the leadership of Drexdal.

In October 2009, Drexdal received the North Carolina Medical Society's John Huske Anderson Award. This award recognizes people who have made an extraordinary and positive impact on the medical profession and on public health. He also received the Order of the Long Leaf Pine from Governor Beverly Perdue in 2010. This award is given by the Governor to individuals who have a proven record of extraordinary service to the state. These are just a few of the many awards and recognitions bestowed on Drexdal for his hard work and dedication.

Drexdal served on the State Emergency Response Commission and chaired the Medical Committee of the Commission, was a member of the NC Radiation Protection Commission, served on several American College of Surgeons state trauma consultation teams, and was the Chairperson for the Hospital Preparedness Program committee during the infancy stages of the program.

Drexdal left the OEMS in 2010 to become Director of the Division of Health Service Regulation where he continued to support the OEMS through departmental and legislative until his retirement in 2016.

- (b) Mr. Chuck Lewis reported the following trauma update:
- Introduction of new hire, Heather Majernik, who replaced Amy Douglas as the OEMS Trauma Program Manager
 - Recognition of McKenzie Beamer for her contribution as interim Trauma Program Manager
 - WakeMed Raleigh had a virtual ACS site visit on June 10-11. Dr. Winslow, Dr. Mike Thomason, Dr. Schiro and McKenzie Beamer were in attendance representing the State during that visit. WakeMed has not received their report as yet due to a COVID backlog, per the ACS. WakeMed was the first hospital in North Carolina to undergo a totally virtual site visit. Per Dr. Winslow, the visit was extremely thorough and WakeMed did an excellent job.
 - STAC continues to be actively engaged:
 - ✓ The System's committee is working on a gap analysis, with long-term development updating our system plan and building a system development plan.
 - ✓ The Quality sub-committee continues to work on a North Carolina trauma quality initiative for all trauma center levels. The composite TQIP reports for Level I and Level II trauma centers and a quality report for Level III and those yet to be designated trauma centers.
 - ✓ The Research sub-committee have many different ongoing projects; recently had a project that was accepted in the Journal of Trauma on utilization of helicopter use for inter-facility transfers and another accepted for a podium presentation at the Southeaster Surgical Conference on referring hospital LOS and outcomes.
 - ✓ The Pediatric committee is building on the work of the recent UNC Public Health Capstone team. The Capstone team recently developed recommendations for pediatric trauma imaging. This is a project that was managed by Dr. Schiro. The Pediatric committee is tweaking those recommendations will continue to work with the STAC to get those recommendations implemented in all of North Carolina's trauma centers. Ultimate goal is to get this implemented in all of North Carolina's hospital to improve pediatric trauma care.
 - ✓ Data dictionary for Trauma is finalizing changes for the 2022 version.
- (c) Ms. Melynda Swindells gave the following Compliance update:
- The compliance section is now totally staffed with the hiring of Tiffany Snipes and Donna Strickland
 - 543 Credentials release in July 2021
 - Turn-around times for credentials released:
 - Legal Recognition:
 - ✓ 19 days for those that require a federal background check
 - ✓ 0 days for those that do not require a federal background check
 - Testing:
 - ✓ 19 days for those that require a federal background check
 - ✓ <1 day for those that do not require a federal background check
 - Since the Military Credentialing program began in December 2020, we have received 184 applications and issued 88 credentials: 34 Paramedic,

16 AEMT (Advanced EMT) and 38 EMT. Issuing time averages approximately four calendar days once a complete packet is received. The law allows for a 15 day turn around.

- The legal recognition backlog has been completed by Gloria and Donna.
- New procedures have been put in place and it has resulted in a 19 day total turnaround time now. We know longer send out acknowledgement emails – when someone applies, they are sent the application and instructions on what to submit the same day they apply (unless it is after hours or on the weekend).
- NOTE: In the past two weeks (7/19 – 8/6/21), NCOEMS has issued 84 credentials to individuals requesting legal recognition into NC and we've done it in an average of 19 calendar days, which includes paperwork wait time and SBI processing time. (3 Paramedics, 17 EMT and 64 EMD)
- Individuals who submit a complete packet and don't require a federal fingerprint check are processed the same business day they are received (unless received after hours or on weekends).
- We are working on an online payment system with the Controller's Office to use for testers and military credential requests. As soon as we have that in place, we will start on the Live Scan project (electronic fingerprinting).
- Next Disciplinary Committee is 8/31

(d) Mr. Todd Messer gave the following Education update:

- Institutions will be allowed to use alternative ways for EMT's to meet the required clinical/field time and required skills through 12/31/2021
- AEMT and Paramedic students will be allowed to obtain a maximum of 50% of their skills and field tie as the second person on an ambulance crew
- Modifications must be submitted to, and approved by, the OEMS
- Instructor workshops will be virtual until further notice
- Waiver of Instructor Workshops for Instructor renewals will end on August 31, 2021. Anyone due to renew after August 31, 2021 will be required to attend a virtual workshop
- Additional virtual instructor workshop dates will be posted in Continuum. To attend a workshop, individuals must complete the Instructor Workshop Pre-Course in TERMS and submit the assignments in ReadyOp
- Instructions for the Virtual Workshops may be obtained from Robbie Amerson, San Juan Timmons, Tonja Pool or Todd Messer
- Program Coordinator Workshops, which is an annual requirement, were held at the NC Association of EMS Administrator's Summer Symposium in Asheville on August 3, 2021 (19 participants) and August 4, 2021 (30 participants). Additional offerings of this workshop will be held at the NCAEMSA winter symposium and at the NC EMS Expo in May 2022
- Immediate response is now provided to the applicant after completion of the state exam. Credentials are generally posted the same day barring the necessity of background checks, etc.
- Working with Scantron on the states next five-year contract

- (e) Ms. Kimberly Clement gave the following HPP update:
- EMS for Children Grant is now being managed by the HPP program. Three major projects the program is working on is an EMS Survey, Hospital Survey and Simulation Training Regional Supplies. Mr. Greg Edwards is the grant coordinator
 - Required annual EMS for Children surveys:
 - ✓ 2021 NC EMS for Children Survey results: 432 EMS Agencies received – 138 completed (32%) National average
 - ✓ 2021 NC National Pediatric Readiness Program (NPRP) Assessment results: 120 NC Hospital received – 114 completed (95%). National average is 52.9%
 - HPP Staff updates: Mr. Tom Kubel, Supply Chain Coordinator, Ms. Sequoya Boseman, Administrative Support, Ms. Brandy Osborne, Information Systems Coordinator. The Operations Manager position is still vacant pending HR action. Mr. David Ezzell continues to support in an interim role
 - The HPP program has been reorganized to better support each section: Business Office, Operations, Response, Preparedness and Info systems
 - North Carolina’s Healthcare Preparedness Program continues to support the eight Healthcare Coalitions – 78% direct funding to HCCs; 6.2% going to statewide programs, ie. communication platforms, response coordination, etc. Each HCC has been fully engaged in COVID response along with the OEMS staff
 - Between 2019-2021, the HPP program has been activated for multiple additional responsibilities, which were in addition to daily responsibilities
- (f) Ms. Kimberly Clement gave the following COVID 19 trends update (data through August 8):
- HPP team is working on trying to get a few days “head-up” notice when COVID call volume increase; when cases increase, so does hospitalizations. Data shows over the past two weeks, we have been a very steep projectory; higher than ever seen throughout the pandemic and a doubling of new daily cases
 - Trends are increasing at an alarming rate. Hospitalizations well over 2,000, ICU bed capacity is at 83%
 - Data shows a steep incline of cases which, if it continues, will cause us to be in a very difficult position
 - Triangle area has had the fastest growth in cases. The Eastern region has also seen a fairly steady growth over the month of July
 - COVID admissions (individuals admitted over the past 24 hours with a positive COVID test) are followed closely in order to keep up with our demographic data, based on gender, race, ethnicity, age, how many of each type are being admitted over the last 24 hours. Also helps to see, potentially, the length of stay and how much higher our hospitalizations may grow in order to make capacity decisions
 - COVID cases are normalized per 100,000 residents per county. Cases have increased substantially throughout the state in just a little over a month.

- Average daily COVID hospitalizations increasing over the past several weeks has caused a surge concern in several areas, specifically the Sand Hills region
 - Projections, which are a forecast only and can change with increased vaccinations, mask wearing and decreased large gatherings, show a potential increase causing the entire state to have a very high medical surge
 - Vaccinations are increasing; 13% more two weeks ago, 10% this past week.
- (g) The Rules Approval/Discussion, as noted on the agenda, was included in the Agency Report given by Mr. Chuck Lewis
- (h) Dr. Tripp Winslow gave the following Medical Director update:
- Scope of Practice update – the Medical Board has unofficially approved lidocaine through catheter for Advanced EMTs
 - Administration of anti-viral medications has been approved as a class for Paramedics
 - EMS agencies throughout the state have worked very hard on vaccine outreach programs administering vaccines in isolated and marginalized communities
 - It is extremely important everyone get vaccinated, especially our EMS and other healthcare workers so they can protect themselves and care for our communities. It is a safe vaccine and there is a lot of safety data on the vaccine
- (i) In the absence of Mr. Tom Mitchell, Mr. Chuck Lewis gave the following agency update:
- OEMS staff was recognized for their dedication and hard work during the pandemic
 - OEMS staff attended the EMS Administrators Conference in Asheville last week and had the opportunity to meet with many EMS professionals face to face for the first time since the pandemic began
 - The staffing waiver of GS 131E-158 (GS that requires two credentialed personnel on an ambulance) is set to expire thirty days after the expiration of the Governor’s State of Emergency proclamation, which possibly ends the end of August, making the waiver expire the end of September. The waiver was issued upon request, it was not a blanket waiver. Over the past few weeks, we have received a number of requests for this waiver from agencies that are high volume/large staffing agencies; we will have to continue to monitor this as we go forward
 - ESO contract was finalized in February 2021. ESO continues to upgrade and improve the system
 - Protocol update rollout is scheduled for September 15. Agencies will have until January 1, 2022 to adopt the new protocols and/or submit any requested changes needed for local variances
 - Many bills have come out of the General Assembly over the past Session. OEMS will monitor any bills that may directly or indirectly affect EMS in North Carolina as the continue to move through the legislative process

- Staff has noticed there is an uptick in ambulances being sold in NC that have a back-up alarm delete or silence. A few years ago, the NC OEMS adopted the CAAS GDS or NFPA 1917 Vehicle Standards, which requires the back-up alarm be active and not be silenced. The office reached out to the manufacturers who had sold ambulances in NC over the past couple of years to try and ascertain as to how many ambulances have been sold in NC that have this back-up alarm disabling button on it. We have a list of ambulances and our logistics staff and office staff are working to bring those ambulances in compliance
- Mr. Matt Peeler, House appointee, has resigned from the Council. The office has advised our legislative liaison at the Department for a replacement candidate.

There being no further business, the meeting adjourned at 12:01 pm.

Minutes submitted by Susan Rogers