

## 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

November 12, 2019  
11:00 A.M.

#### **Members Present**

Mr. Graham Pervier  
Dr. L. Lee Isley  
Dr. Darrell Nelson  
Dr. Bill Atkinson  
Mr. John Grindstaff  
Dr. Roberto Portela  
Ms. Viola Harris  
Dr. Jeff Williams  
Dr. Osi Udekwu  
Mr. David Garrison  
Mr. Robert Poe  
Mr. Todd Baker  
Mr. Matt Peeler  
Dr. Jay Wyatt  
Mr. Donnie Loftis

#### **Members Absent**

Mr. Edward Wilson  
Dr. Edward St. Bernard  
Dr. Kim McDonald  
Mr. Jim Albright  
Dr. Doug Swanson  
Mr. Chuck Elledge

Mr. Kevin Staley  
Mr. Jim Gusler  
Ms. Carolyn Creech  
Dr. Kim Askew

#### **Staff Members Present**

Mr. Tom Mitchell  
Ms. Susan Rogers  
Dr. James “Tripp” Winslow  
Mr. Brad Thompson  
Ms. Amy Douglas  
Ms. McKenzie Beamer  
Mr. Dale Sutphin  
Mr. Chuck Lewis  
Ms. Kimberly Clement  
Ms. Beth Blaise  
Ms. Toshiba Oates  
Ms. Melynda Swindells  
Mr. Wally Ainsworth

#### **Others Present**

Mr. Andrew Godfrey, Durham EMS  
Ms. Joyce Winstead, NC BON  
Mr. Joel Faircloth, NCAREMS

- (1) **Purpose of the Meeting:** The NC EMS Advisory Council meets quarterly to hear reports on the NCOEMS Compliance and Education Committee and Injury Committee and to receive updates from the agency as well as the Healthcare Preparedness Response & Recovery program and the state medical director.

(2) Actions of the Council:

Mr. Pervier, Chairman of the Council, called the meeting to order at 11:05 a.m.

- a) Mr. Pervier welcomed guest and introduced a new Council member, Dr. Pascal (Osi) Udekwu, who will be fulfilling the unexpired term of Dr. Bryant Murphy
- b) Motion was made by Mr. Loftis, seconded by Dr. Portela, and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes from the August 13, 2019 meeting be approved as submitted

- c) On behalf of the Injury Committee, motion was made by Mr. Peeler, seconded by Mr. Loftis, and unanimously approved that:

RESOLVED: Atrium Health Cabarrus Level III Trauma Center renewal designation be approved effective through November 30, 2023

Explanation: Atrium Health Cabarrus was reviewed for a Level III trauma center renewal designation on September 12, 2019. Many strengths were found and there were no deficiencies

(3) Other Actions of the Council:

- (a) On behalf of the Injury Committee, Ms. Amy Douglas reported the following:
  - Atrium Health Cabarrus hospital was reviewed on September 12, 2019 for a Level III trauma center designation renewal
  - On September 19, 2019 a consult visit was held at Novant Health Rowan Medical Center for a Level III trauma center designation. Consult visits are now more formal so as to have the ability to give a report to the hospital in order to help them achieve a successful designation
  - Upcoming site visit will be held at Atrium Health Cleveland for a Level III trauma center designation renewal tomorrow, November 13.
  - Atrium Health CMC will be reviewed for a Level I trauma center designation renewal in a combined ACS/State visit in December
- (b) On behalf of the Compliance and Education Committee, Mr. Robert Poe reported the following:

Education Update

- NC EMS Expo was held on September 27 through October 2 in Greensboro; total attendees approximately 1240
- Final Paramedic competition was held on September 29<sup>th</sup> and the winners were John Stroup and Michael Dudkowski of Mecklenburg EMS
- The North Carolina Community College hosted a series of statewide EMS Industry Summits. OEMS staff attended and there was some good

feedback. North Carolina Community College staff and the OEMS is currently working on action items and a timeline.

- OEMS will be attending the North Carolina Community College Workforce Development Leadership Committee where EMS Educators will be presenting information regarding obstacles EMS programs and program coordinators are currently facing. Mr. Messer and Ms. Swindells will be providing information on compliance
- As of November 1, 2019, only 2% of technicians are in need of transition.

#### Compliance Update

- During the months of August, September and October, 49 cases were heard by the Case Review Panel; approximately 41% of these cases were due to violent offenses and only 2% were due to patient care issues/offenses
- 54 cases were heard by the Disciplinary Committee and 2% of these cases were due to patient care issues
- For the year 2019 so far there have been 100 complaints
- Currently, a large number of investigations are centering around falsification of paperwork during clinical time. Carrie Gillilan and Melynda Swindells will be conducting a presentation at the administrators' conference in March titled "Educational Documentation and How to Maintain Compliance." By the end of the session, attendees should be able to answer the following questions:
  - Do I have a reportable incident?
  - How do I conduct my own internal investigation into falsification?
  - What should you be prepared for?
  - How can I try to prevent this in the future?
  - What action will NCOEMS take if I report this?
- Todd Messer has been requested to assist in the development of this presentation.
- An OEMS ethics class is being developed to hopefully address the large amount of ethical failings seen by the Disciplinary Committee. Hoping to have this piloted and implemented during the first quarter of 2020
- Staff is working on developing a resource guide for EMS professionals with mental health and substance abuse issues. It's important to remember most of what OEMS reviews during the Disciplinary Process is for personal failings, not professional failings. Many are ending their own careers because of actions they took and much of it stems from mental health and substance abuse issues that have developed based on the stress and environment of being a first responder
- During the administrators conference in August, Ms. Swindells was asked about a registry for EMS personnel that includes the name, type of action taken and the reason the action was taken. As she continues with her Peer Review meeting attendance, she has been asking systems if they are in favor of such a registry. The response has been extremely positive and some Medical Directors would like to include why they were suspended, whether it was medical or supervision. This has been forwarded to the AG's office to examine the legality of such a registry

### Rules Update

- Assistant Chief Lewis gave a brief update. Rules are moving along but it is a slow process
- (c) Kimberly Clement presented the following HPP program overview:
- NC Healthcare Preparedness Program supports eight Healthcare Coalitions (HCCs), which are based on regional trauma patterns
  - 76% direct funding to HCCs; 8% going to statewide programs (communications platforms, response coordination, etc.)
  - Each HCC has multiple full-time and part-time staff who provide support, coordination and continuity to NC's healthcare response system
  - Over the last 10 years HPP has seen a significant decline in funding, approximately a 45% decrease. Initially, the hospital preparedness program supported approximately 124 acute care hospitals.
  - Over the past few years, there has been a change to support all the stakeholders within the healthcare system. We are looking at over 6000 healthcare entities, but we are supporting them with almost 50% less funding.
  - More focus on regional coordination, planning and training
  - End of last grant cycle, just over 1000 stakeholders that were part of the healthcare coalition
  - Public Health Emergency Management, EMS and hospitals were strongly represented, near 100% in each of those areas across the state.
  - Dialysis and skilled nursing were a big focus over the last year; numbers are starting to come up.
  - Large part of funding is geared toward training. Over 140 training exercises or coalition meetings involving over 1600 trainees. Averaged about 16 people per training in 45 different types of training
  - Many deployments were made during the 2018-19 year; Hurricane Florence/Michael, Winter Storm Diego are deployments that everyone is very well aware of; however, in day to day business there are many, not so noticed, deployments such as multiple HVAC support missions, morgue capacity support missions, evacuation planning for several healthcare facilities and water outage at healthcare facility
  - Other support has been given to first responder rehab, hospital surge (flu, mental health, community disasters), EMS system support (ambulance strike teams, multiple ambulance bus missions (EMS surge), pharmacy trailer support
  - At the state level, we have increased participation in healthcare coalition quarterly meetings, healthcare engagement forum, focus on partnership building and improve communication/marketing

### Hurricane and Ebola Exercise recap

- Hurricane Dorian activation began on 8/30 with the assessment of resources available
- Started coordination calls with Federal/State/Local partners on 8/31 to determine needs; Governor declared a state of emergency for all 100 counties

- On 9/1 went to the State EOC for a Level 3 activation; main focus was for planning activities. Looked at the worse case scenario and put a plan in place for such; State medical support shelter, centrally located-capacity 100. State coordinated regional shelter, centrally located-capacity 500. Ambulance strike teams-estimated 5; ambulance busses-estimated 3. Oxygen supplies
- No action would be taken unless tract changed; tract did change, bringing storm closer to North Carolina coast
- On 9/2 went to SEOC activation level 1
- On 9/2 activated support cell; also opened the State Coordinated Regional Shelter with a capacity of 500
- On 9/4, opened a State Medical Support Shelter with a capacity of 50. Requested 5 ambulance strike teams, provided by Tennessee
- One change after Florence was to update SMSS placement guidance; helpful in determining when someone should go to a Medical Support Shelter. Acute medical emergency-911/hospital; skilled medical care required 24/7-Medical shelter recommended
- Guidance for placement was disseminated among county EMS, county DSS, Public Health and Emergency Management to help better educate and provide information
- OEMS support mission - State Medical Support Shelter, IMT Support. Opened OEMS support cell with 8 personnel to handle SMS admissions, place, transportation, coordination and patient tracking
- State coordinated regional shelter, medical operations, medical logistics, overhead staff day/night, AST, medical/public health team. A total of 5 staff to support operations (ESF-8)
- During Dorian SMRS mission, there were 20 patients and 13 caregivers/family members in the SMSS
- Approximately 65 residents in the State Coordinated Regional Shelter
- Deployed 9 ambulance strike teams, with an additional 2 requested
- Three ambulance busses were deployed and actively used on missions
- A total of 165 State medical response personnel were deployed
- Ocracoke took a major impact; NCEM gave full support and an instant management team (IMT)
- Initially, Tennessee AST was sent but then swapped out with a NC AST with a physician and medical cache to meet urgent care level needs
- Urgent Care Center, the main medical support on the island, was heavily damaged. On 9/10, the MDH was deployed and became operational on 9/11 and Eastern Healthcare Preparedness Coalition had a medical team there from 9/12-24

#### Operation Wesley, Nov 4-8, 2019

- Large full-scale Ebola exercise. Focused on an Ebola response which included nine states within the United States along with our Federal Partner
- North Carolina adopted a tiered healthcare system; tier 3, frontline health facilities identify and triage a potential EVD patient, isolate and inform

facility infection control program, leadership, state and medical health departments

- Tier 2 – Ebola assessment hospital have specialized containment units: meet all requirements of FHF, receive and isolate potential EVD patients in their containment area within 8 hours of receiving activation from NC HPP/NC DPH, care for patient for up to 96 hours and initiate or coordinate Ebola testing and testing for alternative diagnosis
- Tier 1 – transporting test positive Ebola patients. There are no treatment hospitals in North Carolina; Emory in Atlanta is Region IV regional treatment center (there are a total of 5 throughout the US)
- Assessment phase-initial notification-EPI on-call notified of person under investigation or monitored person. Risk assessment-potential Ebola case and being sure all partners are aware
- Response phase-coordination of movement of the Ebola patient to the hospital. Coordinating state lab for testing, communicating test results and determining whether patient should be transported to an Ebola treatment facility
- Exercise scenario:
  - ✓ Aug 2019-EVD outbreak in Democratic Republic of Congo (DRC) has increase I weekly cases
  - ✓ Sept 2019-EVD case is confirmed in Nigeria after an ill traveler from DRC exposes 72 at airport/hospital
  - ✓ Oct 2019-first confirmed imported case of EVD confirmed in US after travelling from Uganda. Care being provided at University of Nebraska Medical Center
  - ✓ Mid-October 2019-traveler with the first confirmed imported case of EVD into US was fatally struck by a vehicle and received CPR from bystanders and first responders. Multiple healthcare workers are infected and there are 15 confirmed EVD patients in US
- Many different hospitals participated, some were frontline hospitals and some were Ebola assessment hospitals
- Looked at three major triggers: activation of Public Health Coordination Center, activation of State Emergency operations center, declared State of Emergency
- Public Health Coordination Center were doing risk assessments, clinical guidance, public information and warning, laboratory coordination and situational awareness
- State Emergency Operations Center was working on resource management, patient tracking, transportation coordination, public information and warning, waste management and situational awareness
- OEMS Patient tracking system was utilized to track potential Ebola patients
- The State Emergency Operations Center activated to a level 3 and began tracking the different patients-this was a new process for them. There was 24 different resource requests were made at a cost of half a million state dollars
- Hospitals actually did a walkthrough on receiving a patient, recognizing and doing the risk assessment, then loading and moving patients

- Decision from State Emergency Management was made that as soon as we have a person whom we suspect might have Ebola and need to be moved, the State Emergency Operations Center would have to activate. As soon as there is a possibility of a presumed positive Ebola patient, then a State of Emergency would be declared

(d) Chuck Lewis, OEMS Assistant Chief, gave the following annual report

- 2019 Accomplishments:
  - Hurricane Dorian: over 30 staff responded, staffed state EOC, SMSS Clayton and Durham shelter; responded to Ocracoke with Field Medical Station support
  - 2019 EMS Expo was the largest conference in over 20 years
  - Decommissioned the NCMCN and have removed 89% of equipment from tower sites
  - Started working to revise education rules; established a Rules Task Force and conducted ten public input sessions. Also began meeting with stakeholders
  - Two new trauma centers were designated this year, WakeMed Cary and Womack Army Medical Center
  - Revised our Joint Position with the NC Board of Nursing on EMS practice settings
  - Transitioned our data system to ESO Solutions/Continuum and the Data Repository
  - First year anniversary of transitioning to computer based testing (CBT). Over 8600 exams have been administered. Reduced credentialing time from 6 weeks to less than 7 days
  - Contributed to response of the opioid epidemic: partnered with DPH to distribute over \$130,000 in opioid response funds
  - Coordinated the offering of PORT (Post Overdose Response Training) classes
  - Worked with the Department of Mental Health to establish MAT (Medication Assisted Therapy) bridge programs (1 of 3 in the nation)
  - Compliance staff developed guidance for EMS Systems to improve their local peer review process to improve patient outcomes. Presented training at multiple conferences during the year and plans to present nationally in February of 2020
  - Piloted the use of Ketamine as an addition to the prehospital formulary
  - Streamlined our legal recognition process to an average turnaround of less than one week
  - Improved security for the Disciplinary Committee by moving the hearings to the NC Judicial Center in Raleigh
  - Increased compliance in reporting violations by EMS agencies and administrators by strengthening relationships with local EMS providers
  - Staff has driven over 302,937 miles so far this year in performing their duties

- There have been 182 peer review meetings, 550 vehicle inspections, 204 RSI cases reviewed, 164 system modifications processed and 238 complaints processed
- 2020 Goals
  - Complete and publish RFP for our Data System
  - Better integrate our state data repository with other data systems so that we can provide better and more actionable information to EMS system, improve state wide systems of care
  - Continue work on our EMS rules to improve delivery of care
  - Find ways to continue to impact the opioid crisis in positive ways
- (e) Dr. Tripp Winslow, EMS State Medical Director, gave the following update
  - Recognition of Dr. Nelson for the work he has done in updating the protocols
  - Recognition of Amy Douglas and Tom Mitchell for the work done on trauma center designations
  - Recognition of the work done by Kimberly Clement with the Hospital Preparedness Program
  - Recognition of the entire office of OEMS for their dedication and hard work making North Carolina citizens and visitors safer
  - There are only three military trauma centers in the US that are ACS and State designated and North Carolina has two.
- (f) Mr. Tom Mitchell gave the following agency update
  - Thanked the entire OEMS staff for their hard work and dedication
  - Staff updates: James Caldwell fill the Western Regional Office vacancy in September. Debra Nichols will be retiring in January

Other Business: Dr. Wyatt announced to the Council that his position at Moses H. Cone Memorial Hospital has changed from Trauma Center Medical Director to Chief Medical Officer of the hospital, effective January 1, 2020. He will relinquish his title and duties of Trauma Center Medical Director to Dr. Burke Thompson. He would like to continue on the Council; however, if that is not possible, he will work with Dr. Jacobs with the North Carolina Chapter of the American College of Surgeons Committee on Trauma in securing a replacement.

There being no further business, the meeting adjourned at 12:06 pm.

Minutes submitted by Susan Rogers