

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

February 14, 2017
11:00 A.M.

Members Present

Mr. Graham Pervier, Presiding
Mr. Robert Poe
Dr. Douglas Swanson
Mr. Terry Barber
Dr. Jeff Williams
Dr. Nicholas Benson
Dr. Kim Askew
Mr. Kevin Staley
Dr. Ted Delbridge
Ms. Viola Harris
Dr. L. Lee Isley
Mrs. Carolyn Creech
Mr. Donnie Loftis
Mr. Todd Baker
Mr. Edward Wilson
Dr. R. Darryl Nelson
Dr. Bill Atkinson

Members Absent

Ms. Traci Little
Ms. Lynn Norwood
Dr. Edward St. Bernard
Dr. Thomas Brant
Mr. Jim Gusler
Dr. Elizabeth Kanof
Dr. Mark Shapiro

Staff Members Present

Ms. Amy Douglas
Mr. Tom Mitchell
Mr. Will Ray
Ms. Susan Rogers
Dr. James “Tripp” Winslow
Mr. Wally Ainsworth
Mr. Todd Messer
Mr. Doug Calhoun
Mr. Mark Payne
Ms. McKenzie Beamer
Dr. Roy Alson
Mr. Jim Morris

Others Present

Ms. Regina G. Crawford, EMS Management Consultants
Mr. Jim Albright, Guilford County EMS, NCAEMSA
Mr. Bradley Dean, Rowan County Emergency Services, NC Assoc of Paramedics
Dr. Tyler Constantine, Mecklenburg EMS
Ms. Cheryl Workman, UNC-CH
Dr. Daryhl Johnson, UNC-CH
Mr. Al Bonifacio, UNC-CH
Ms. Kim Royer, NHRMC
Ms. Dorey Johnson, NHRMC
Dr. Tom Clancy, NHRMC
Ms. Rebecca Kepley, FMRT Group
Ms. Terri Cleveland, NHRMC
Ms. Tonnya West, NHRMC
Mr. Josh Holloman, Johnston County EMS
Mr. Danny C. West, NCAP/Union EMS
Mr. Joel Faircloth, NCAREMS
Ms. Joyce Winstead, NC Board of Nursing
Ms. Christine Hall, WFBMC/FEMS
Mr. John Grindstaff, Mission Hospital/NCAA
Mr. Kenny Weatherington, NCCCS
Mr. Jerry Long, Jan-Care Ambulance
Mr. Greg Chapman, CMC
Rev. William Creech
Mrs. Pam Barber

- (1) Purpose of the Meeting: The NC EMS Advisory Council met to hear reports from the Injury Committee, the Compliance and Education Committee and receive updates from the Healthcare Preparedness Response & Recovery program. In addition, the Council met to consider New Hanover Regional Medical Center’s Level II Trauma Center renewal designation and University of North Carolina Hospital’s Level I Trauma Center renewal designation and to elect officers for the Advisory Council Chair and co-Chair.

(2) Actions of the Council:

Mr. Pervier, chairman of the Council, called the meeting to order at 11:00 a.m.

- a) Motion was made by Dr. Benson, seconded by Dr. Delbridge, and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes of the August 9, 2016 meeting be approved as submitted.

- b) Motion was made to elect the Chair nominee by Dr. Benson, seconded by Mr. Loftis, and unanimously approved that:

RESOLVED: Mr. Graham Pervier be reelected chairman of the North Carolina EMS Advisory Council.

Explanation: Mr. Pervier opened the floor for nominations for the office of chairman of the EMS Advisory Council. No other names were submitted. Mr. Pervier expressed his appreciation to the council in their confidence in him.

- c) Motion was made by Dr. Askew, seconded by Mr. Baker, and unanimously approved that:

RESOLVED: Dr. Benson be reelected as vice chairman of the North Carolina EMS Advisory Council.

Explanation: Mr. Pervier opened the floor for nominations for the office of vice chairman of the EMS Advisory Council. No other names were submitted. Dr. Benson thanked the Council for their support.

- d) On behalf of the Injury Committee, motion was made and unanimously approved that:

RESOLVED: New Hanover Regional Medical Center Level II Trauma Center designation be renewed effective through February 28, 2021.

Explanation: New Hanover Regional Medical Center was reviewed on November 2, 2016 with a visit by the North Carolina Office of Emergency Medical Services (OEMS). Many strengths were noted and no state deficiencies were found.

- e) On behalf of the Injury Committee, motion was made and unanimously approved that:

RESOLVED: University of North Carolina Hospital Level I Trauma Center designation be renewed effective through February 28, 2021.

Explanation: University of North Carolina Hospital was reviewed on September 26 and 27, 2016 in a combined visit by the American College of Surgeons re-verification visit and Office of Emergency Medical Services (OEMS) designation renewal visit. Many strengths were noted and no state deficiencies were found.

- f) Motion was made by Mr. Poe, seconded by Dr. Delbridge, and unanimously approved that:

RESOLVED: Changes to rule .0224 and .0410 to move forward to the Medical Care Commission.

Explanation: Rule .0224, which was slated to be repealed, has been reinstated due to the adverse effect its repeal would have had on the Cherokee Tribal EMS. Rule .0410, which deals with components of medical oversight of air medical programs, will be carried forward with the understanding that staff will take into consideration the comments and suggestions made by the Council.

(3) Other Actions of the Council:

- (a) Mr. Pervier welcomed guests to the Council meeting and announced to the Council and guests the following appointments and reappointments:
- Dr. Edward St. Bernard from Marion has been reappointed. Dr. St. Bernard is an internist in Marion and the Medical Director for McDowell County. He was not able to be with us today.
 - Carolyn Creech from Bath has been reappointed. She is a public member and a retired director of the Beaufort County Community College Emergency Medical Services program
 - Donnie Loftis has been reappointed; he is the Vice-Chairman for CaroMont Health.
 - Mr. Poe has been reappointed as a public member. He is from Jefferson where he is the director of Blue Ridge Medical Transport.
 - Dr. Mark Shapiro from Chapel Hill is a new appointment representing the North Carolina Chapter of the American College of Surgeons Committee on Trauma. Dr. Shapiro is the Medical Director of Acute Care Surgery at Duke. He was not able to be with us today.
 - Dr. Nelson is a new appointment from Clemmons, NC and represents the North Carolina College of Emergency Physicians. He is the co-chair of the North Carolina College of Emergency Physicians EMS Committee and an Associate Professor of emergency medicine at Wake Forest Baptist Medical Center.
 - Mr. Edward Allen is from Pittsboro and is a new appointment representing the North Carolina Nurses Association. Mr. Allen is a nurse manager for Mobile Critical Care Services at WakeMed Health and Hospitals.
 - Bill Atkinson, has been reappointed some time ago but due to his schedule this is the first time he is with us since his reappointment. He has served on and off of the council for some time.

Mr. Pervier reappointed, without objection, Mr. Robert Poe as Chairman of the Compliance and Education Committee and Dr. Kim Askew was appointed as the Chairman for the Injury Committee.

- (b) On behalf of the Injury Committee, Dr. Kim Askew reported on the following items:
- Updates on trauma site visit surveys, two that have been completed and on that is upcoming.
 - Reports were presented on recent surveys of UNC Chapel Hill and New Hanover Medical Center. Both reports were reviewed by the Injury Committee and the recommendation for continued designation was approved by the Committee.
- (c) On behalf of the Education and Compliance Committee, Mr. Poe reported on the following:

Compliance Update

- On February 1, 2017, the Office of Emergency Medical Services provided credentialed individuals the ability to obtain their own credential electronically. The Office of Emergency Medical Services will no longer mail these credentials out. You must log in to your CIS profile to print your credential or you may contact OEMS with questions pertaining to the printing of a credential.
- The Agency will continue to provide DNR/MOST forms to physician office and licensed healthcare facilities. The cost of the form is increasing to 5 cents, as well as the shipping/handling costs have been updated to reflect current USPS charges.
- Effective January 1, 2017 new rule implementation outlines procedures for voluntarily surrendering or modifying the level of an EMS credential. An individual may surrender a no longer active credential or modify their level by going to a lower level.
- Effective January 1, 2017 new rule implementation outlines procedures for qualifying for an EMS credential following enforcement action. This means an individual who has had action taken against their credential can reapply, but there are procedures they must follow. Any questions or concerns, please contact Ms. Kimberly Sides
- In 2016, there were one thousand two hundred twenty four (1,224) National criminal backgrounds reviewed.
- There were ninety three (93) OEMS formal complaints statewide.
- Case review panel reviewed 86 cases.

- The North Carolina Disciplinary Committee agenda contained eighty two (82) cases.
- In December, Dr. Kish and Danny West were reappointed to serve on the North Carolina Disciplinary Committee.
- Current EMS Disciplinary Committee Members.

Mr. Joel Faircloth, Chairman
 Dr. Kish, Vice-Chairman
 Dr. Roy Alson
 Ms. Carrie Gillilan
 Dr. Elizabeth Kanof
 Mr. Michael Smith
 Mr. Danny West

- Legal Recognition Process (2016)
 - ✓ The Agency issued nine hundred forty three (943) credentials through the legal recognition process.
- OEMS Credentials issued in 2016: eleven thousand one hundred forty three (11,143)
 - ✓ The Agency issued five thousand five hundred one (5,501) EMS credentials through initial courses (state written examination).
 - ✓ The Agency issued five thousand five hundred seventy two (5,572) EMS credentials via renewal through continuing education.
 - ✓ There are approximately forty one thousand (41,000) active credentials, but only twenty five thousand (25,000) on rosters.
- Education update:
 - Call for presentations is open for the 44th annual EM Today Conference to be held in October.
 - Transition for the Agenda of the Future is in process; this is a statewide transition. Institutions were to be transitioned as of 1/1/2017. Instructors have until 12/31/2017 to be compliant and individual credentials must be transitioned by 12/31/2018.
 - Accredited Institutions
 - ✓ Currently sixteen (16) institutions have achieved accreditation.
 - ✓ Currently twenty one (21) in the letter of review process
 - All exams currently in circulation have been updated to the National Education Standards as of 1/1/2017.

- For the past three years, OEMS has been working with a certification and license testing company that specializes in competency based testing and high stake certification exams.
- (d) Mr. Wally updated the committee on Rule .204
- Rule .204, the provider licensing rule, had a lot of feedback due to the federal injunction effecting EMS. The only change made to this rule since August was the effective date; it was due to be effective April 2, 2017 and OEMS asked that date be pushed back to January 1, 2018, which has been approved by the Medical Care Commission.
 - Rule .0203, special exceptions rule, was originally up for repeal. Based on comments received from Cherokee Tribal EMS that that would have adversely effected them so the rule was put back in to the process. Medical Care Commission requested we clarify that rule, which was done as seen in the rules packet, and that was approved by the Medical Care Commission last week. Will go back to the Rules Review Commission and, if approved, will become effective April 1, 2017.
 - Rules being presented today are rule .0224, dealing with ambulance manufacturing standards to address national standards and rule .0204 dealing with provider licensing. Due to feedback received with regards to rule .0224, two items have been added that are not in this packet; they are, under section (c) those exempt from the criteria would be ambulances owned and operated by the state government and ambulances manufactured prior to July 1, 2018. Item .0410, components for medical oversight of air medical programs, in rule .0204, fixed wing aircraft required to be affiliated with a hospital was removed, as well as rotary wing aircraft having to be affiliated with a level I or II trauma center was removed.
- (e) Mr. Will Ray provided the Council with the following Healthcare Preparedness Response & Recovery update:
- ✓ In early February, the funding opportunity was received from Federal HHS. The HPP funding will be level at about 6.1 million dollars.
 - ✓ Federal government originally gave eight capabilities that must be met over a five year period; they have pared that down to four capabilities. This should not impact how the program is run.
 - ✓ Major change that may impact how business is handled is the CMS rule on emergency preparedness and some of the requirements that has put onto licensed care facilities. Activity will focus on partnering with the Division and working on strategies that will support the adult care homes, nursing homes, etc. with regards to implementing this rule.
 - ✓ Another major focus has been “at risk population” which changes with each event. The focus will be on how to identify that population, support that population and assure we are passing information and support mechanisms as best we can.

- ✓ The federal program has encouraged increased partnership with Public Health, Emergency Management, EMS and state hospital associations, as well as with EMS for children.
 - ✓ The program has one positions vacancy, training and exercise coordinator, which is in the process of interview. Hopefully the position will be filled by the next meeting.
 - ✓ Ebola Preparedness and Response funding has been changed to High Consequence Pathogens. Contracts are moving forward with our eight lead hospitals. The activity for this project period will focus on planning, on training, on exercise and on healthcare infrastructure to allow for patient care to take place.
- Hurricane Matthew/Western Wild Fires
- ✓ Healthcare Preparedness Program has evolved based on risk and hazards
 - ✓ State medical response system operational mission's primary capabilities: medical sheltering, field medical care, alternate care facility and logistical/resource support
 - ✓ Major capability utilized during Hurricane Matthew was a mobile emergency department to set up a field medical station in Kinston. In place about ten (10) days and saw approximately one hundred fifty (150) patients
 - ✓ Med-1, a funded asset out of CHS, was deployed for the first time under the State Emergency Response Team
 - ✓ ESF8 Response responded to Eastern branch flooding from Hurricane Hermine, two Colonial pipeline explosions, Charlotte Civil Disturbance, Hurricane Matthew, Western wild fires and severe winter weather
 - ✓ As Matthews track changed and impact to NC was going to be more significant; activated on 10/3 and demobilized on 10/23.
 - Transportation assets staged and deployed throughout event from mass evacuation buses and ambulance strikes teams across eastern NC
 - two state medical support shelters were deployed (one located in Goldsboro and one in Johnston County outside of the impacted zone)
 - 5-bed emergency department/field medical station to Kinston (highlight this bullet for purpose of presentation)--150 over 10 days
 - CHS MED 1 mobile emergency department to Lumberton--220 in 9 days
 - Medical supplies to healthcare organizations and shelters through personnel, oxygen, assistance with pharmaceuticals, etc.
 - HVACs, generators, shower trailers all deployed to gen pop shelters
 - Provided critical incident stress management debriefing support to first responders.
 - ✓ Western wild fire mission lasted from November 11 through December 4, 2016. Supplied were portable air scrubbers, over

30,000 N95 masks, transportation as needed with guidance in conjunction with the Division of Public Health

- ✓ Strength of response was the result of partnerships with health care organizations and local EMS agencies

(f) Dr. Winslow gave the following Medical Director update

- Still evaluating RSI procedures and continuing to look at safety issues
- Medtronics has posted online videos trouble shooting capnography equipment.
- There are seven additional counties in the state which are now doing law enforcement naloxone. We are working with Public Health and other state government agencies to help identify problems with overdose and overdose prevention.
- There were fourteen (14) separate system modifications, some with a few protocol changes and others with many.
- There were three (3) new medical directors added to the state in the last quarter.

(g) Mr. Tom Mitchell gave the following agency update

- We are in the process of filling two vacancies, one for the replacement of Eddie Jordan who retired, the position is a regional education specialist and one for an Administrative Officer II position within the Compliance unit of the office; these two positions are in addition to the position Will Ray spoke of earlier.
- In regards to the Community Paramedicine pilot project, the final report is due to the General Assembly by March 1 and it has been completed and approved by the Division. The report is now at the Department and ready to be presented to the General Assembly in March.
- The office was tasked by the General Assembly to find and identify potential cost savings and to evaluate what the cost savings would be if the program was expanded statewide.
- Pilot programs and their area of concentration were:
 - ✓ New Hanover EMS: hospital re-admissions and frequent utilizers
 - ✓ Wake County EMS: mental health and substance abuse
 - ✓ McDowell County EMS: frequent utilizers

Difficult to expand statewide to determine what the savings would be due to the variability and amount of resources from county to county. In order to establish a base, used frequent utilizers because every county has frequent utilizers which aided in determining potential cost savings. The full report will be presented at the next Advisory Council meeting.

- A new credentialing information system will be rolled out to staff and EMS agencies in the coming weeks.
- Partnering with the Division of Mental Health to incorporate a behavioral health crises referral system into the SMARTT (State Medical Asset Resource Tracking Tool) application to allow hospitals access to help locate placement for patients in crisis and allow for hospitals beds to be utilized more efficiently.
- Provider violence tool is in the beginning stages of being processed. This tool will aid in providing feedback on occurrences, locations, etc. of

violence against EMS providers; this feedback can be used to present to the General Assembly to address patient and provider safety issues.

- The agency is involved in initiatives in planning regarding opioid misuse and overdose. Data and initiatives regarding opioid prevention will be presented at the next Advisory Council meeting.

Other Business

- Dr. R. Darryll Nelson reported to the Council that updated protocols will be presented at the March Administrators meeting.

There being no further business, the meeting adjourned at 12:10 pm.

Minutes submitted by Susan Rogers