

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 13, 2018
11:00 A.M.

Members Present

Mr. Graham Pervier
Mr. Robert Poe
Mr. John Grindstaff
Dr. Kim Askew
Mr. Kevin Staley
Dr. Bill Atkinson
Mr. Donnie Loftis
Dr. Jay Wyatt
Dr. R. Darryl Nelson
Dr. Jeff Williams
Mrs. Carolyn Creech
Dr. Douglas Swanson
Mr. Jim Albright

Members Absent

Dr. Bryant Murphy
Dr. L. Lee Isley
Mr. Jim Gusler
Mr. Todd Baker
Mr. Edward Wilson
Mr. Chuck Elledge
Ms. Viola Harris
Dr. Edward St. Bernard
Dr. Ted Delbridge

Staff Members Present

Mr. Tom Mitchell
Ms. Susan Rogers
Dr. James “Tripp” Winslow
Mr. Brad Thompson
Ms. Melynda Swindells
Ms. Amy Douglas
Ms. Kimberly Clement
Ms. Toshiba Oates
Mr. Toby Proveaux
Mr. Chuck Lewis

Others Present

Ms. Joyce Winstead, NC Board of Nursing
Mr. Joel Faircloth, NCAREMS
Mr. Glenn Burket, Wake EMS
Mr. William Creech
Ms. Regina Godette Crawford, EMS Management & Consultants
Ms. Ashley Fox, Wake Forest EMS
Mr. Andrew Godrey, Mecklenburg Co EMS

- (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 Cape Fear Valley Medical Center’s Level III trauma center designation renewal focused review and Moses Cone Hospital Level II trauma center designation renewal.

- (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. Nelson, seconded by Dr. Williams, and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes from the August 14, 2018 meeting be approved as submitted

- b) On behalf of the Injury Committee, motion was made by Mr. Pervier and unanimously approved that:

RESOLVED: Cape Fear Valley Medical Center’s Level III Trauma Center designation be effective through February 28, 2021.

Explanation: Cape Fear Valley Medical Center underwent a Level III Trauma Center designation renewal on November 7, 2017. Deficiencies were found resulting in the need for a focused review on October 23, 2018. Upon successful completion of the focused review,

recommendation was made that Cape Fear Valley be granted a full designation as a Level III Trauma Center with an expiration date of February 28, 2021.

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

RESOLVED: Moses H. Cone Memorial Hospital Level II Trauma Center designation renewal be effective through November 30, 2019 during which time a focused review will be conducted

Explanation: Moses H. Cone Memorial Hospital was reviewed on August 1-2 in a combined visit with the ACS for renewal consideration of a Level II trauma designation. A deficiency was sited that requires a focused review. Upon successful completion of the focused review, in conjunction with an ACS focused review or a state focused review should an ACS review not occur, designation will be extended through November 22, 2022.

(3) Other Actions of the Council:

- (a) Mr. Pervier welcomed guests to the Council meeting and, in honor of Veterans Day, recognized and thanked all veterans in attendance.
- (b) On behalf of the Injury Committee, Dr. Kim Askew reported the following:
- There have been multiple trauma center designation renewal site visits since August
 - Trauma Research Committee has been very busy with meetings and a presentation at the AAST in September.
 - Two trauma reports were presented: Moses H. Cone Memorial Hospital, Level II trauma center designation renewal and Cape Fear Valley Medical Center Level III renewal.
 - Moses H. Cone Memorial Hospital's site visit was the beginning of August. Excellent care and leadership; collaboration between EMS, pharmacy and the Emergency Department was noted. A deficiency was noted in terms of mechanism review from the PIPs process. Based on the review, Moses Cone should be granted a re-designation effective until 11/30/2019; at which time they will be reviewed for an extension until 2022.
 - Cape Fear Valley Medical Center had a focused review as a result of their visit from November 2017. The reviewed focused on their PIPs process and loop closure. The report showed great progress in their PIP process as well as attendance at their Multi-disciplinary Committee meetings. Recommendation is made for a re-designation as a Level III trauma center effective until February 28, 2021.

- (c) On behalf of the Compliance and Education Committee, Mr. Robert Poe report the following:

Compliance Update

- Data from September and October 2018:
 - ✓ 66 cases heard by the Case Review Panel
 - ✓ 35% of these cases were due to violent offenses
 - ✓ 48% of these cases were referred to the Disciplinary Committee
 - ✓ 40 cases were heard by the Disciplinary Committee, with 30% of these cases due to violent offenses.
 - ✓ There are approximately 41,000 credentialed technicians in the state with approximately 18,000 working. Less than 5% of the violent offenses are patient related, the other 95% are personal offenses; DUI, spousal assault, etc.
 - ✓ The 2019 Case Review Panel members have been chosen by their unit managers and have completed their orientation training.
 - ✓ OEMS is working with the Division of Environmental Crime Unit at the SBI on an agreement to investigate drug diversion cases jointly. OEMS investigators will also receive training on interview and report writing
 - ✓ OEMS has started dropping off and picking up fingerprint cards; this has resulted in an average turn-around time of twelve business days. If a complete packet is submitted and there is no criminal issue, the turn-around time can be as few as four to five days.

Education Update

- The total attendance at NC EMS Expo was 918
- Paramedic Competition winners were Mr. Roger Horton and Barry McMillan of Wake Forest University Air Care
- Currently there are 27 accredited institutions; this relates to 39 of the 58 Community Colleges that are in the system either having accreditation or have a letter of review in process
- Transition to computer based testing is going very well. In the last six months there have been 2,861 exams conducted and there are 161 scheduled in the upcoming week. No shows have been reduced from 10-15% to 3%
- Computer based testing can be done seven days a week allowing for someone to take the test on their schedule

- (d) Kimberly Clement presented the following HPP program update:

- HPP Personnel: Joe Comello has been promoted to Assistant Program Manager for Planning and Roger Kiser has been promoted to Assistant Program Manager for Operations
- Currently have two vacant positions; Gran Coordinator and Training and Exercise
- Hired two temp positions: High Consequent Pathogens Grant Coordinator and Inventory Associate and Logistics Specialist for the MDH

- High consequence pathogens grant has had continued engagement of all eight awardees (coalitions). Quarterly in-person workgroup meetings are held with a focus on updating statewide plans for exercises, healthcare community engagement and training and education.

Hurricane Florence Update

- OEMS is part of SERT (State Emergency Response Team) which is under the NC Emergency Management Agreement. OEMS falls under the lead of NC EM when activated
- OEMS is under the Emergency Support Function-8 (ESF-*) which is health and medical. In NC public health follows the Division of Public Health and medical follows the OEMS. There are two main grants, the public Health Emergency Grant and the Health Care Preparedness Grant, that help us accomplish our goal.
- SMRS (State Medical Response System) provides support to an overwhelmed healthcare system by supplying necessary equipment, assets and/or personnel needed to provide medical care
- SMRS also ensures healthcare infrastructure continuity by facilitating the development of resilient systems through operational planning, training and exercises.
- SMRS primary missions are State medical support sheltering, field medical care, alternate care facility and logistical/resource support
- SMRS secondary missions are first receiver decontamination operations, Point of Distribution (POD) operational support, isolation/quarantine support
- These are accomplished with the eight healthcare coalitions across the state which are housed with Level I and Level II trauma centers. The eight coalitions are each made up with four primary members: Emergency Management, EMS, Public Health and hospitals
- In addition, they have healthcare facilities such as long term care, dialysis, community members and non-government agencies that they work with and have training exercises on a regular basis
- ESF-8 was officially activated on September 7, 2018 in response to Hurricane Florence
- Conference calls began on September 7, 2018 which included Emergency Management and our healthcare coalitions. Requested to set up state medical support shelters with the initial ask of up to 400 potential evacuees
- September 10, unified planning coalition call was made to determine gaps, potential needs and resources; activated at the state EOC at 1:00 pm
- September 11, large number of evacuation orders came in. First state medical support shelter was set up in Goldsboro. State Medical Support Shelter's (SMSS) primary mission is to provide medical care and sheltering services to patients whose needs cannot be met by general population shelters. The goal is to provide shelter to individuals with medical conditions that require professional observation, assessment and maintenance. These shelters provide patients who need medications or vital sign readings to be cared for by professionals

- All patients must be triaged prior to acceptance at an SMSS in order to be sure needs they have can be met and to assure we have the ability to care for the level of patient
- Appropriate patients for SMSS are ambulatory with use of device, accompanied by caregiver, dependent on others or need assistance for routine care, need assistance with managing healthcare or with medications or medical equipment, can safely sleep on a special medical cot or non-ambulatory with stable medical conditions. This is not all inclusive.
- Support shelter criteria is to be ADA compliant, have privacy areas, running water (hot/cold), bathroom and shower facilities, secure storage area, electrical power and/or generator availability with hookup.
- The capacity of a SMSS is measure in types: type I accommodates up to 100, type II up to 50 and type III up to 25
- Personnel is needed twenty four hours a day, split in shifts
- Supplies are maintained by the coalitions
- Timeline for Hurricane Florence:
 - ✓ 9/11 – 3:00 pm: received Presidential Emergency Declaration
 - ✓ 9/11-12: received first EMA resources of ambulance strike teams
 - ✓ 9/12: Second support shelter opens
 - ✓ 9/13: received an ambulance bus from Mississippi, third
 - ✓ 9/12 – 5:30 pm: there were 500,000 mandatory evacuations and 200,000 voluntary evacuations
 - ✓ 9/13: Third SMSS shelter opens
 - ✓ 9/14: Florence made landfall
 - ✓ 9/15: Fourth SMSS set up in Charlotte
 - ✓ 9/15: Mobile Disaster Hospital (MDH) deployed. This was done earlier than expected due to rising waters in Lenoir County.
 - ✓ 9/16: An overhead team from Mississippi was brought in. They provided state level support for Public Health and Medical at the state emergency operations center which allowed for OEMS personnel to assist in the field
 - ✓ 9/17: Atrium’s Med-1 was put in place in Burgaw, NC. The Federal Ambulance contract was set up
 - ✓ 9/18: Mobile pharmacy supplied by Walmart
 - ✓ 9/20: Fifth SMSS set up in Wilmington
- Helicopters were utilized to move critical care patients; as well as medical buses.
- The MDH is an asset used to aid in the recovery of healthcare infrastructure and support community resiliency in times of a disaster. During this storm, it was used more in the field as a medical station but it has the ability to do continuity of operations.
- Location of the MDH was key because it was in Lenoir County and the location of their hospital got cut off by a rising river. Without the MDH, transport would have been longer because they would have had to go around into another county to get to the hospital.
- Sentara in Virginia provided a week’s staffing for the MDH; after which the MDH was staffed by hospitals within the state.
- SMRS operations handled:

- ✓ 280 medical resource requests
- ✓ 209 patients and 78 caregivers sheltered
- ✓ 321 patients treated in MDH
- ✓ 738 patients treated by Med-1
- ✓ CISM: 9 total with ongoing missions
- ✓ Healthcare Preparedness Coalitions engaged with logistics, supplies and staffing provided by 15 hospitals
- ✓ 150 hospital patient evacuated
- ✓ 83 dialysis facilities closed impacted approximately 6400 patients
- ✓ 30+ nursing homes impacted
- ✓ 105 mental health facilities evacuated/closed
- ✓ 50+ assisted living facilities evacuated
- An extensive after action review is being performed to help improved where needed

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

- Ketamine Pilot Project is moving forward. Engage in the pilot are 7 counties in the Western region, 2 counties in the Central region and 2 counties in the Eastern region.
- OEMS, as well as many other state agencies, are engaged in the opioid crisis. Orange County EMS gave a presentation at the NC EMS Expo on needle exchange programs and other innovative ways they are handling the crisis. Agencies across the state are stepping up in an effort to battle the opioid crisis
- Moving forward with research, through the NC Trauma registry, on helicopter usage, gunshot wounds, etc.
- New statewide performance improvement document NCCEP has been working on to help agencies better address performance issues. New document will streamline data.

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

- Presentation of the Dr. George Johnson award took place at the EMS Expo. The award was presented to Dr. Jane Brice and to Terry Barber for their contributions to EMS in North Carolina.
- HPP has received funds to make changes to the MDH from the Medical Care Commission. Medical Care Commission gave HPP a little over \$500,000 in order to up-fit some of the equipment and turn some of the soft structures (tenting) into hard-sided structures. Roger Kiser will be overseeing this project, which will take approximately 1 year to complete. We will keep you posted on the status of that project.
- In July, '18, the new ambulance construction standards came into effect requiring all new ambulances be built to NFPA-1917 or CAAS-GVS standard. Currently, remounts are exempt from these requirements. NFPA & CAAS are in the process of developing standards for remounted ambulances. We are actively participating on these groups, and will be looking once these standards are published, to determine whether to include remount language in NC Administrative Code. There will likely be standards for remounts by July '19. If we decide to adjust rule, we will

come before you seeking approval to enter into rule-making to change the existing language.

- The February 2019 meeting, some proposed changes in our Education rules will be presented. Approval by MCC to enter into rule-making is not until May '19.

Other Business:

Mr. Jim Albright reported on the following:

- Medicaid transformation and 1115 waiver was approved in October of this year with a tentative “go live” date of November 1, 2019. As a result, representatives of both the Legislative Committee and the Executive Committee of the Association met with representatives of the NC Association of County Commissioners and the Office of EMS with DHHS, specifically, DMA staff to discuss the impact to the EMS community. There’s a number of issues that are forthcoming. Historically, interim payment is received at the time of service, which has a tendency to be well below market. Not sure, in the managed care world, how this will work. Centralized credentialing has been requested. There can be anywhere from four to eight payers of Medicaid claims to deal with rather than a centralized payer as in the past. Trying to maintain credentialing and vehicles and eligibility requirements, etc. across multiple providers creates so angst for the providers themselves
- Request they look to incentives for innovations in EMS delivery, not just payment for transports; opportunities for treat and release, treat and refer, treat and alternatively destinate, things that are incredibly important in the EMS model moving forward
- Current cost report will be used for some payment populations; for newly eligible Medicaid patients we will continue to cost report as we have. For Managed Care patients, a wrap-around payment will be received
- Not approved as a safety net provider
- Counties, specifically municipalities, are subject to a 10% hold back of their Medicaid dollars off the cost report. Currently, we are five years behind in desk audits resulting in a substantial sum of dollars still held within DMA that will ultimately be passed along to providers. DMA has agreed to look for solutions to speed up the process
- A forum will be developed to look at payment reform from a national and state level. March 7, in Wilmington, as part of the NC Administrators Conference, Asbel Montes will speak on the National CMS cost reporting module, which will be imperative that EMS providers adopt. Also, Roger Barnes will speak on State Division of Medical Assistance and Medicaid Transformation

There being no further business, the meeting adjourned at 11:50 am.

Minutes submitted by Susan Rogers