

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 9, 2016
11:00 A.M.

Members Present

Mr. Graham Pervier, Presiding
Mr. Jim Gusler
Mr. Robert Poe
Dr. Douglas Swanson
Mr. Terry Barber
Dr. Jeff Williams
Dr. James Wyatt, III
Dr. Elizabeth Kanof
Dr. Nicholas Benson
Mr. Todd Baker
Mr. Carolyn Creech
Dr. Kim Askew
Mr. Kevin Staley
Dr. Ted Delbridge
Ms. Viola Harris

Members Absent

Ms. Traci Little
Ms. Lynn Norwood
Dr. Michael Ghim
Mr. L. Lee Isley
Mr. Donnie Loftis
Dr. Thomas Brant
Dr. Edward St. Bernard
Ms. Annette Greer
Mr. Bill Atkinson

Staff Members Present

Ms. Amy Douglas
Mr. Tom Mitchell

Mr. Will Ray
Ms. Susan Rogers
Mr. Brad Thompson
Dr. James “Tripp” Winslow
Mr. Toby Proveaux
Mr. Wally Ainsworth
Mr. Todd Messer
Mr. Doug Calhoun
Mr. Mark Payne
Ms. McKenzie Beamer
Dr. Roy Alson

Others Present

Dr. Michael Barringer, CHS Cleveland
Ms. Angela Alexander, CHS Cleveland
Ms. Crista Brown, CHS Cleveland
Ms. Betsy Tessner, CHS Cleveland
Ms. Kathleen Boss, Moses H. Cone Hospital
Rev. William Creech, Bath UNC
Mr. Henry Helton, Catawba Co EMS, NCAP
Ms. Tonja Mikell, Catawba Valley CC/NC Association of EMS Educators
Mr. Danny C. West, Union EMS/NCAP
Mr. Bryan Blanton, Catawba EMS/NCAEMSA
Mr. Jeffrey White, Medex Medical Transport
Mr. Kenny Weatherington, NCCCS
Mr. Joel Faircloth, NCAREMS

(1) Purpose of the Meeting: The NC EMS Advisory Council met to elect Advisory Council Chairman and Vice Chairman, as well as appointment of Committee Chairs. The Council also met to hear reports from the Injury Committee, the Compliance and Education Committee and receive updates from the Healthcare Preparedness Response & Recovery program, as well as rules update. In addition, the Council met to consider Moses H. Cone Memorial Hospital’s Level II Trauma Center renewal designation and Carolinas HealthCare Systems Cleveland Level III Trauma Center renewal designation.

(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. Wyatt, and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes of the November 11, 2016 meeting be approved as submitted.

b) Motion was made to elect the Chair nominee by acclamation, 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 appreciate on the council's confidence in him and said he does not take it for granted.

- c) Motion was made by Mr. Barber, seconded by Dr. Delbride, 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 and said he looks forward to another year.

- d) On behalf of the Injury Committee, motion was made by Dr. Delbridge, seconded by Dr. Benson, and unanimously approved that:

RESOLVED: Carolinas HealthCare Systems Cleveland Level III Trauma Center designation be renewed effective through November 30, 2019.

Explanation: Carolinas HealthCare Systems Cleveland was reviewed on November 4, 2015 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 by Ms. Harris, seconded by Dr. Williams, and unanimously approved that:

RESOLVED: Moses H. Cone Memorial Hospital Level II Trauma Center designation be renewed effective through February 29, 2020.

Explanation: Moses H. Cone Memorial Hospital was reviewed on August 5 and 6, 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. Gusler, seconded by Dr. Delbridge, and unanimously approved that:

RESOLVED: Addition of a weapons plan be added to the EMS System requirements section in rules move forward

Explanation: Recommendations to secure weapons on a rescue vehicle will be added to the EMS System Requirements rules and governed by the individual systems

(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. William Atkinson will be re-joining as a member of the Advisory Council
 - Dr. Nick Benson will be continuing on the Advisory Council moving to Bob Bailey's unexpired term as a public member.
 - Mr. Todd Baker has been reappointed, representing the American Heart Association.
 - Ms. Lynn Norwood has been reappointed, representing the American Red Cross.
 - Dr. Jeff Williams, representing the American College of Emergency Physicians.
 - Mr. Jim Gusler, reappointed to a four year Senate appointment.
 - Mr. Kevin Staley, appointed by the House of Representatives.
 - Mr. Graham Pervier, reappointed as a public member.

Mr. Pervier reappointed Mr. Robert Poe as Chairman for 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, Ms. Amy Douglas reported on the following items:
- There were two trauma center designations the first being Carolinas Health System Cleveland and the committee voted to approve their Level III trauma center designation for four years.
 - The second review was an ACS/State joint review of Moses H. Cone Memorial Hospital. Due to the lack of an Injury Committee quorum, the vote for re-designation had to be deferred to the Advisory Council.
- (c) On behalf of the Education and Compliance Committee, Mr. Poe reported on the following:
- Compliance Update, last quarter of 2015
 - There were 296 applicants the received a national criminal background review
 - The agency received 25 complaints: 8 from the Eastern Regional Office, 12 from the Central Regional Office and 5 from the Western Regional office.
 - Case review panel reviewed 19 cases: 8 of these were forwarded to the Disciplinary Committee. Overall the Disciplinary scheduled 13 cases, they heard 9 because 4 of the applicants did not attend the interview. Cases ranged from unprofessional conduct to lack of competency to practice to unable to perform as credentialed; various implications.
 - Mr. Joel Faircloth was reappointed to serve on the Disciplinary Committee.

- The agency issued 198 credentials through legal recognition process.
 - Last year, the agency issued 1474 credentials through initial courses and 1839 EMS credentials through con-ed renewal.
- Education update:
 - Call for Presentations open for the 43rd Annual Emergency Medicine Today conference will be held in Greensboro NC, September 30-October 5, 2016.
 - There are currently thirteen (13) CAHHEP accredited institutions. This is an increase of two (2) institutions (CPCC and CMC Consortium and Fayetteville Technical CC Con-Ed) and twenty four (24) in the “Letter of Review” process.
 - 61 Exams were administered in 2015. Nineteen (19) Provider Exams and forty two (42) regional exams. 6314 exams were administered during the year.
- (d) Mr. Wally Ainsworth reported the addition of a weapons plan:
- In Section 201, pertaining to EMS System requirements, a weapons plan was added as defined in section .0216 item (d) which says “If any weapon is found to be in the possession of a patient, or any person accompanying the patient, during transportation, the weapon shall be safely secured in accordance with the weapon’s policy as set forth in rule .0201 (a) 13(i) of this supchapter.
 - The other addition was letter (e) “Weapons authorized for use by EMS personnel, attached to a law enforcement tactical team, in accordance with the weapons policy as set forth in rule .0201 (a) 13(i) of this subchapter may be secured in a locked, dedicated compartment or gun safe mounted within the ambulance or no-transporting vehicle for use when dispatched in support of a law enforcement tactical team; but are not to be worn or carried open or concealed by EMS personnel in the performance of their normal duties, under any circumstances.
- (e) Mr. Will Ray provided the Council with the following Healthcare Preparedness Response & Recovery update:
- FY15 HPP Cooperative Agreement: \$6.2 million
 - All eight regional work plans are in place and in process.
 - The focus is on healthcare preparedness, recovery, emergency operations coordination, and medical surge. With an emphasis on development of mental/behavioral health capacity development of CISM. As noted previously in May report, a focus for current year as well as the upcoming year is the spin up to regional full scale exercises; this includes planning, training/education, and HSEEP exercise process. Based on recent discussions with Division partners, as well as from After Action Items from Hurricane Joaquin/SC flooding, planning and support to ancillary healthcare organizations is going to be a priority moving forward
 - Carryover: \$900,000/\$450,000 of which is accounted for information systems and state level projects to allow for maximum allotment to regions and locals

- Jasmine Stringer was recently hired as the Project Coordinator for the Ebola Preparedness and Response Grant. Ms. Stringer comes to us most recently from the Division of Public Health's Communicable Disease Branch where she worked with the NC Care and Prevention in the US (CAPUS) project. She has also worked in infectious disease research at the UNC Institute for Global Health and Infectious Diseases and has served as a Public Health Associate for the Centers for Disease Control and Prevention.
 - Loretta Davis was recently hired as an Administrative Assistant for HPP. Comes to us with significant private sector experience and has been an invaluable asset to the program.
 - ASPR TA visit: 2-6 November, five of our eight regions completed a technical assistance visit to assess and provide support to our regions regarding healthcare preparedness and response activity. While a formal report will follow, from the preliminary assessment provided by ASPR, our coalitions are progressing well. We still have some work to complete, but in looking at the national trends, I am happy to say we are at the front of Region IV.
 - Ebola Preparedness and Response:
 - Completed eight technical assistance visits of lead hospitals regarding Ebola and other highly infectious diseases of consequence.
 - The development of the appropriate tiered healthcare system approach is ongoing.
 - The development of the state CONOPS is also under development. Five year project period for expenditure of funding
 - National Mobile Disaster Hospital: After serving as custodian of the NMDH since 2009, the asset has officially been released by the Department of Homeland Security. The MDH has been awarded to the State of North Carolina and we have accepted it as the outright owner. It is an important healthcare continuity asset to maintain and over the next several months, we will be making determinations on operational components and sustainment.
 - Project period ending in June 2017; per National Healthcare Preparedness Program—coalitions are an important factor in facilitating and supporting healthcare preparedness and response and a subsequent 5-year cycle is anticipated at this time; federal guidance will shift to ensure maximum down range effect to healthcare infrastructure.
 - As mentioned in May, state level planning for high path avian influenza continues and preparedness efforts are being taken to ensure readiness
- (f) Mr. Todd Messer gave a presentation on EMT programs in high schools
- Emergency Medical Technology I and II are offered in high schools through the North Carolina Department of Public Education.
 - 2010 the North Carolina High School Public Safety Academy Program began and was federally funded
 - 2012 DPI approached NCOEMS about an EMT program
 - 2013 discussion between DPI and OEMS to facilitate this program
 - DPI is the hub and have a course blueprint that all institutions utilize and the institutions are added as satellite sites.
 - Curriculum- EMT I and EMT II are both roughly 135 hours each

- EMT I begins in fall, EMT II begins in spring
 - Requirements: must be 16 or pass 10th grade English, must turn 17 prior to the last day of the course; wait to 18 to get credential
 - Eligible to sit for EMT State Credentialing Exam upon completion
 - If no Regional exam is available, OEMS offers a Provider Exam at the High School
 - DPI offers courses in Fire, EMS and are piloting a program in Law and Justice this year. Emergency Management pilot will begin in 2016-17 fiscal year
 - There are currently 41 High School Public Safety Academies; 32 Fire Fight programs, 4 EMT programs and 7 Fire and EMS programs
- (g) Dr. Winslow gave the following Medical Director update
- State Medical Director update was done at EM Today
 - There have been 30 system modifications
 - Recent scope of practice modifications from the North Carolina Medical Board:
 - Capnography interpretation for EMT Basic has been approved
 - Anti-viral medications, as a class, has been approved
 - Gastric tubes by blind insertion airways has been approved for EMT Basic
 - Current considerations, under review by the NC Medical Board Advisory Group, for changes in scope of practice are:
 - Ketamine
 - CPAP
 - North Carolina Medical Board Advisory Group met once; final group members are Bryan Blanton, NC EMS Administrators, Doug Swanson, NC College of Emergency Physicians, Mar Shapiro, NC Committee on Trauma, Don Heck, unaffiliated physician at the request of the Medical Board and Jose Cabanas, NC Chapter of the National Association of EMS Physicians. Tripp Winslow is a non-voting member.
 - Joseph Zalkin did a survey which he sent out to all EMS Medical Directors, trainers, and Administrators; results are currently being reviewed.
 - Recent data from pediatric airway research shows in North Carolina the first round of pass success rates is approximately 55% for pre-hospital intubation; not much difference than the national rates. Overall success rate in NC for pediatric intubation, unlimited attempts, is between 65% and 75%.
 - McKenzie Beam has been working with Pediatric airway management with the EMS-C program and she is working on a statewide online educational curriculum.
 - Ongoing RSI PI revealed a possible issue in a knowledge gap with Paramedics knowing how to interpret capnography and troubleshoot the equipment. The North Carolina Chapter of the Association of EMS Physicians is now working with one of the manufacturers of sensors to put together an online educational module, which will be about fifteen minutes long
- (e) Mr. Tom Mitchell gave the following agency update
- Introduction of Mark Payne, DHSR Assistant Secretary for Audit and DHSR

- No OEMS Chief has been named as yet; will share any information received with the Council as soon as it is received.
 - Legislature approved \$350,000 in the budget for this fiscal year to be allocated to the pilot Community Paramedicine Program to try to determine the effectiveness in the overall healthcare field.
 - \$210,000 was allocated by the Legislation to New Hanover Regional EMS
 - Two additional agencies were to receive the balance of the funds
 - OEMS collected applications through December; eleven applications were received and two agencies were chosen and notified on January 15th. The agencies chosen were McDowell County EMS and Wake County EMS.
 - One urban, one suburban and one rural agency was chosen and the cover from East to West North Carolina.
 - The goal is to produce results that will allow OEMS to encourage the Legislature to provide further funding for the reimbursement of Community Paramedicine statewide.
 - Contracts have been initiated and Mark Payne is aiding in securing an extension for the funding, as OEMS did not receive the funding until late November and it will expire in June 2016.
 - Office space merger of the Eastern Regional Office with the North Carolina Emergency Management office should become effective the end of May or early June. The Western Regional office is already in the same building with Emergency Management.
- Other Business
 - Mr. Mark Payne, Assistant Secretary for Audit and DHSR, addressed the Council and thanked everyone for their services and guidance and consultation as North Carolina seeks to insure the best EMS and trauma system possible in the nation. Mr. Payne commended the Department's outstanding reputation nationwide and thanked the leaders and Tom Mitchell for stepping in to fill the role as acting Chief of OEMS. He closed by telling the Council he looks forward to meeting and working with each of them.
 - As a concerned EMS Director, Dr. Roy Alson addressed the Council with information that would affect EMS. The Drug Enforcement Agency is beginning to rewrite and change some of its rules, which could have a negative impact on the practice of EMS. The DEA is changing its rules to say that anytime a controlled substance is administered, the provider must contact a physician for that order. Also, every ambulance will be required to have a separate permit to store and carry narcotics. National House Representative Hudson, from Concord, has introduced a bill (HB4365) which would address these issues and redirect the DEA to change their approach. All are encouraged to contact their representative in their home district and ask them to support Representative Hudson.

There being no further business, the meeting adjourned at 12:08 pm.

Minutes submitted by Susan Rogers