

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 12, 2013  
11:00 A.M.

Members Present

Mr. Graham Pervier, Presiding  
Mr. F. Wayne Ashworth  
Dr. William K. Atkinson  
Mr. Todd Baker  
Dr. Nicholas Benson  
Dr. Michael Ghim  
Ms. Carolyn Hughes  
Dr. Elizabeth Kanof  
Dr. Steven E. Landau  
Mr. R. Keith Lovin  
Mr. Carl McKnight  
Dr. Brent Myers  
Ms. Lynn Norwood  
Mr. Robert Poe  
Dr. Douglas Swanson  
Dr. Dennis A. Taylor  
Mr. Stephen E. Taylor

Members Absent

Mr. Bob Bailey  
Mr. Terry Barber  
Mr. Tony Seamon, Jr

## Staff Members Present

Mr. Wally Ainsworth  
Mr. Danny Allen  
Dr. Roy Alson  
Mr. Ed Browning  
Mr. Doug Calhoun  
Ms. McKenzie Cook  
Mr. Wayne Denning  
Ms. Amy Douglas  
Ms. Regina Godette-Crawford  
Ms. Brenda Harrington  
Mr. Todd Messer  
Mr. Tom Mitchell  
Mr. Jim Morris  
Ms. Mary Beth Skarote  
Dr. Michael Thomason  
Mr. Brad Thompson  
Mr. Carl Van Cott  
Ms. Julie Williams  
Dr. James “Tripp” Winslow

## Others Present

Dr. Kim Askew, Wake Forest Baptist Medical Center  
Ms. Peggy Balderas, High Point Regional Health System  
Ms. Kushana Ballard, New Hanover Regional Medical Center  
Dr. Steven Barmach, Mecklenburg EMS Agency  
Mr. Robert Bednar, NC Academy of Physician Assistants  
Mr. R. Douglas Blazek, High Point Regional Health System  
Ms. Kathleen K. Boss, Moses H. Cone Memorial Hospital  
Ms. Betsy Casanave, NC Air Medical Air Affiliation, WakeMed – MCCC  
Dr. Michael Chang, Wake Forest Baptist Medical Center  
Dr. Greg Chapman, Carolinas Medical Center  
Dr. Tom Clancy, New Hanover Regional Medical Center  
Mr. Bradley Dean, Rowan County EMS, NC Association of Paramedics  
Ms. Angelina P. Drews, High Point Regional Health System  
Ms. Karine Eason, New Hanover Regional Medical Center  
Mr. Joel Faircloth, NC Association of Rescue and EMS  
Dr. Herb Garrison, East Carolina University  
Mr. Henry Helton, NC Association of Paramedics  
Mr. Dale Hill, Capital RAC/WakeMed Health & Hospitals  
Mr. Gordon Joyner, NC Association of Rescue and EMS  
Mr. Sean Kaye, EMS Performance Improvement Center  
Ms. Gail Kluttz, Triad RAC/Wake Forest Baptist Health  
Dr. Hervy Kornegay, Jr., NC Association of Rescue and EMS  
Ms. Cyndi Mastropieri, Wake Forest Baptist Medical Center  
Mr. Chuck Owens, Greenville Fire-Rescue

Ms. Debbie Poe, Blue Ridge Medical Transport  
Mr. Michael W. Smith, Durham County EMS  
Mr. Kent Spitler, NC Association of EMS Educators, Gaston College  
Ms. Christy Spivey, New Hanover Regional Medical Center  
Ms. Deb Stafford, New Hanover Regional Medical Center  
Mr. Wade Taylor, Rockingham County Partnership for Economic and Tourism  
Development  
Mr. Mike Vicario, NC Hospital Association  
Mr. Danny West, Charlotte Fire Department, NC Association of Paramedics  
Ms. Joyce Winstead, NC Board of Nursing  
Mr. Ed Woodard, WakeMed Health & Hospitals  
Dr. James Wyatt, Moses H. Cone Memorial Hospital

- (1) Purpose of the Meeting: The NC EMS Advisory Council met to hear reports from the Compliance and Education Committee, the Injury Committee and to hear a Healthcare Preparedness Response & Recovery update. In addition, the Council met to hear recommendations from the Injury Committee on trauma center renewal designations for Moses H. Cone Memorial Hospitals Level II Trauma Center, Wake Forest Baptist Medical Center's Level I Trauma Center, High Point Regional Health System's Level III Trauma Center, and New Hanover Regional Medical Center's Level II Trauma Center.

(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. Myers, seconded by Mr. Ashworth and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes of the November 13, 2012, meeting be approved as submitted.

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

RESOLVED: Moses H. Cone Memorial Hospital's Level II Trauma Center designation is renewed effective through February 28, 2018.

Explanation: Moses H. Cone Memorial Hospital was reviewed on August 28-29, 2012 for renewal designation as a Level II Trauma Center in a joint site visit by the Office of Emergency Medical Services and the American College of Surgeons. Many strengths were noted and no deficiencies were found.

RESOLVED: Wake Forest Baptist Medical Center's Level I Trauma Center Designation is renewed effective through February 18, 2018.

Explanation: Wake Forest Baptist Medical Center was reviewed on November 5-6, 2012 for renewal designation as a Level I Trauma Center in a joint site visit by the Office of Emergency Medical Services and the American College of Surgeons. Many strengths were noted and no deficiencies were found.

RESOLVED: High Point Regional Health System's Level III Trauma Center Designation is renewed effective through February 28, 2017.

Explanation: High Point Regional Health System was reviewed on November 30, 2012 for renewal designation as a Level III Trauma Center by the Office of Emergency Medical Services. Many strengths were noted and no deficiencies were found.

RESOLVED: New Hanover Regional Medical Center's Level II Trauma Center Designation is renewed effective through February 28, 2017.

Explanation: New Hanover Regional Medical Center was reviewed on December 5, 2012 for renewal designation as a Level II Trauma Center by the Office of Emergency Medical Services. Many strengths were noted and no deficiencies were found.

(c) Motion was made by Dr. Myers, seconded by Dr. Swanson, and unanimously approved that:

RESOLVED: This body move forward with a recommendation that by the year 2016 all EMT-Paramedic institutions be CoAEMSP accredited and challenge those with adequate funding to expedite this process.

Explanation: At the November 2012 EMS Advisory Council meeting, OEMS was tasked with providing a snapshot of accreditation, potential obligations and potential costs to North Carolina. Two surveys were sent out, one to community colleges and universities and one to non community colleges who would either have to meet a consortium agreement or have a sponsorship. Mr. Messer reported survey results from EMS Education Institutions regarding the pursuit of Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMPS) accreditation as follows:

- 47% of the continuing education programs responded
- 98% of the advanced education institutions responded
- 51.7% of the local EMS systems responded
- 46 teaching institutions are in the process of or strongly considering CoAEMPS accreditation

The Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) represents the EMS profession and has over the past 30 years when the Paramedic was recognized as an allied health occupation by the American Medical Association in 1975. In the EMS Education Agenda for the Future: A System's Approach the National EMS community asked for accreditation as part of the standardization of EMS education. This was

referenced again in The Institute of Medicine's (IOM) EMS At the Crossroads recommended a single national EMS accrediting agency for the country as part of a process of standardization in EMS education.

There are costs and requirements that go along with COAEMSP as listed below:

Cost of Accreditation  
(COAEMSP Fees Only)

Annual Fee (\$1,200.00 X 5 years) - \$6,000.00\*  
CAAHEP Institutional Fee (\$450.00 X 5 years) - \$2,250.00\*\*  
Technology Fee (paid only once) - \$250.00  
Site Visit every fifth year: - \$2,500.00  
Self Study review every fifth year: - \$500.00  
Potential Totals- \$9000 - \$11,500

\*Prorated for the first year

\*\*If the Institution is not already a CAAHEP Institution

There are also common obstacles related to COAEMSP accreditation which include (1) lack of a Program Director holding a Bachelor's degree; (2) lack of sufficient Medical Direction and oversight; (3) lack of sufficient clinical and field internship sites; (4) lack of preceptor training programs; (5) lack of tracking mechanism to assure students progress; and (6) use of only "canned" materials from publishers for curriculum as well as testing and measurement.

Mr. Pervier stated that we have had several signals that this might not be the best time to bring forward a mandatory program that has substantial cost associated with it.

Dr. Myers stated that when we reflect on the EMS history of the EMS system in NC, we began with a director that said you need to be credentialed to provide service in North Carolina. We have an obligation as a committee to endorse this recommendation in order to produce individuals who will have a job.

Dr. Atkinson recommended the possibility of the Duke Endowment or another group be approached perhaps on the basis of the hospitals to find funding to coordinate a quality movement towards education and certification.

(3) Other Actions of the Council:

- (a) Mr. Pervier welcomed guests to the Council including participants by webinar.
- (b) On behalf of the North Carolina EMS Advisory Council and the North Carolina Office of Emergency Medical Services, Mr. Pervier presented Dr. Herb Garrison, who represented the North Carolina Medical Society, with a plaque of appreciation for his ten years of service on the EMS Advisory Council.

- (c) Ms. Crawford presented High Point Regional Health System their Level III Trauma Center Designation certificate. On hand to receive this certificate was Ms. Peggy Balderas, Ms. Angelina Drews and Dr. F. Douglas Blazek.
- (d) Ms. Crawford presented New Hanover Regional Medical Center their Level II Trauma Center Designation certificate. On hand to receive this certificate was Dr. Thomas Clancy, Ms. Christy Spivey, Ms. Karine Eason, Ms. Kushana Ballard and Ms. Deb Stafford.
- (e) Ms. Crawford presented Moses H. Cone Memorial Hospital their Level II Trauma Center Designation certificate. On hand to receive this certificate was Ms. Kathleen K. Boss and Dr. James Wyatt.
- (f) Ms. Crawford presented Wake Forest Baptist Medical Center with their Level I Trauma Center Designation certificate. On hand to receive this certificate was Dr. Michael Chang and Ms. Cynthia J. Mastropieri.
- (g) On behalf of the Injury Committee, Mr. Ashworth reported on the following item:
- Dr. Landau expressed an interest in a study that was recently completed in British Columbia which revealed that a 10% increase in the cost of alcohol, led to a result of 30% reduction in alcohol related deaths and injuries. Dr. Landau was concerned about how this might have relevance to North Carolina. OEMS staff will further investigate this concern and report back to the Council.
- (h) On behalf of the Compliance and Education Committee, Dr. Taylor reported on the following items:
- Ms. Kimberly Sides provided an update on the compliance unit for the fiscal year 2012. A little over 1,023 individuals were submitted for criminal records checks. Of these individuals, about 817 came back with no criminal history. 82 individuals only had a hit in North Carolina. 101 individuals had a national hit and 10 received hits in both state and national. The SBI processing time was about 3 1/2 days, with total processing time being 5 days which included the time the fingerprint cards left the agency until the time the report came back to the agency.
  - 128 complaints were received in 2012. The OEMS Case Review Panel reviewed 133 cases. The EMS Disciplinary Committee interviewed 67 interviewees from January through December.
- (i) Dr. Winslow provided the Council with the following report:
- The OEMS continues to move forward with the protocol review process. 39 protocols from different counties have been reviewed as of this date. There will be a revision date by the protocol if small changes have been made so continue to check the website.
  - OEMS staff have reviewed 953 RSI's which were performed across the state, and work continues to be done on this project.

- A Medical Director update will be given Thursday at the EMS Administrator's conference in Wilmington.
- Site visits to systems around the state are being held.

(j) In the absence of Mr. Bailey, Ms. Mary Beth Skarote provided the Council with the following Healthcare Preparedness Response & Recovery update:

- The closing of FY 12 grant for hospital preparedness is taking place and funding is due to be released and announced March 1, 2013. It is anticipated that the award for FY 13 will be 30% less than FY 12. The HPR&R staff and the healthcare coalitions have begun preliminary financial planning for this anticipated cut.
- The Mobile Disaster Hospital (MDH) currently located in Flat Rock will be relocated to a more central location in North Carolina to obtain more involvement from medical providers. This move is projected to take place within the next six months. The location being looked at is in conjunction with Baptist in Winston-Salem, North Carolina.
- The Hospital Preparedness Program currently has two vacancies.
- A SMRS Steering Committee meeting took place on January 15, 2013. It was recommended to the committee to create a panel to establish guidelines for the Allen Pate Award. The recommendation was approved and this panel will be established. The Allen Pate award will be presented annually for outstanding service to the State Medical Response System.
- A SMRS exercise is scheduled for April 21-27, 2013. This will include movement of the MDH and parts of our SMAT II and III teams. A site visit from ASPR will be held in conjunction with this exercise to evaluate the program and our exercise.
- NC OEMS and the Division of Public Health have entered into an Interagency Memorandum of Agreement to address the Fatality Management Capabilities of both programs. The HPP program funds this position, while the PHEP program oversees the initiatives and activities. Recently staff from both programs and the Office of the Chief Medical Examiner interviewed candidates for the Fatality Management Coordinator position.
- The Office of EMS has contracted with the University of North Carolina, School of Public Health to conduct a comprehensive assessment of the State EMS, Trauma, and Hospital Preparedness/Disaster Programs. Currently Phase 1- OEMS Program has been completed. Phase 2- Disaster Medical Services is wrapping up this month and Phase 3- Trauma is scheduled to begin this month. This assessment and evaluation will include consistency between regions, management, staffing, collaboration and plans as well as effectiveness of current organizational structure.

Agency Update:

Ms. Crawford reported on the following:

- Governor Pat McCrory appointed Dr. Aldona Wos to serve as Secretary of the NC Department of Health and Human Services. Dr. Wos served as U.S. Ambassador to the Republic of Estonia.

Dr. Wos' top priorities include: (1) IT/Communications; (2) Improved Work Environment; and (3) Housing DHHS under one location. Also, Dr. Wos has some concerns and feels that the Department needs to be revamped; consolidation, efficiency, elimination and succession are her top priorities as well.

- The General Assembly convened for the long session on January 29<sup>th</sup>. Several bills were introduced in the General Assembly that effect the way OEMS and other state agencies conduct business.
- Those bills include:
  - SB 32 & HB 74 – Periodic Review and Expiration of Rules - This bill proposes to amend G.S. 150B to have all rules adopted by the Department of Health and Human Services expire on December 31, 2016. Each adopting agency will have to consult with the Rules Review Commission to establish a time line for submission of rules subject to expiration. There is an oversight committee that will meet on Wednesday at 10:00 am that will be looking at SB 32 which is equivalent to HB 74 and OEMS will have representation at this meeting.
- Other bills introduced are as follows:
  - HB 56 & 58 –Amend State Contract Review Laws – This bill proposes to amend the laws requiring negotiation and review of state contracts and contract management and administration. HB 58 – This bill improves the oversight of state contracts to non-state entities and also increases the accountability of grantees.
  - SB 20 & 33- Good Samaritan Law/Naloxone Access/ Use of Criminal History Records by Licensing Boards – This bill provides limited immunity from prosecution for certain drug related offenses committed by an individual who seeks medical assistance for a person experiencing a drug related overdose and certain drug related offenses committed by an individual experiencing a drug related overdose and in need of medical assistance and to provide immunity from civil or criminal liability for practitioners who prescribe, dispense or distribute an opioid antagonist. Example: Autoinject Narcan similar to the Epi pen.
  - SB 10 & SB 851 - The Division has been submitting data (including membership, meeting schedule, costs and effectiveness of boards & commissions) to the Department. SB 10 – Eliminate Obsolete Boards & Commissions. SB 851 introduced at the end of the short session focused on the elimination of all boards & commissions. This legislation could affect The EMS Advisory Council & Disciplinary Committee. If this is dissolved, we will keep some kind of forum;
- Appointments/reappointments to the NC EMS Advisory Council have been submitted to the Department, and we are awaiting word on these.

The next Advisory Council meeting will be held at the Brown Building, Dorothea Dix Campus, on May 14, 2013.

There being no further business, the meeting adjourned at 11:42 am.

Minutes submitted by Julie Williams.