

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, 2013
11:00 A.M.

Members Present

Mr. Graham Pervier, Presiding
Mr. F. Wayne Ashworth
Dr. Kim Askew
Dr. William K. Atkinson
Mr. Bob Bailey
Mr. Todd Baker
Mr. Terry Barber
Dr. Nicholas Benson
Dr. Michael Ghim
Dr. Annette Greer
Ms. Carolyn Hughes
Mr. Dan Ingle
Dr. Elizabeth Kanof
Dr. Steven E. Landau
Mr. Donnie Loftis
Dr. Brent Myers
Ms. Lynn Norwood
Mr. Robert Poe
Dr. Edward St. Bernard
Dr. Douglas Swanson
Dr. James Wyatt

Members Absent

Dr. Ted Delbridge
Mr. Carl McKnight
Mr. Tony Seamon, Jr
Mr. Jim Gusler

Staff Members Present

Mr. Wally Ainsworth
Mr. Danny Allen
Dr. Roy Alson
Mr. Ed Browning
Mr. Doug Calhoun
Ms. Amy Douglas
Ms. Regina Godette-Crawford
Mr. Chuck Lewis
Mr. Tom Mitchell
Mr. Will Ray
Ms. Julie Williams
Dr. James “Tripp” Winslow

Others Present

Mr. Scott Alter, Mecklenburg EMS
Mr. Robert Bednar, NC Academy of Physican Assistants
Mr. Doug Campbell, Raleigh Fire Department
Ms. Betsy Casanave, WakeMed, NC Air Medical
Mr. Greg Chapman, Carolinas Medical Center
Mr. Vern Davenport, American Heart Association
Mr. Bradley Dean, Rowan County Emergency Services
Mr. Joel Faircloth, NC Association of Rescue and EMS
Mr. Joshua Fuller, ECC 911 Center
Mr. Todd Gautier, Raleigh Fire Department
Mr. Sean Gibson, WakeMed
Mr. Pete Gitto, Wake County EMS
Mr. Carl Hardee, Raleigh Fire Department
Mr. Brian Harrison, Raleigh Police
Mr. Daniel Hicks, Raleigh Police
Mr. Andrew Hospodor, Wake County EMS
Mr. Gordon Joyner, NC Association of Rescue and EMS
Mr. Matthew Kohr, Raleigh Police
Dr. Hervy Kornegay, Jr., NC Association of Rescue and EMS
Mr. Wesley Marshall, Wake County EMS
Mr. Alan Parnell, Wilson County EMS
Ms. Debbie Poe, Blue Ridge Medical Transport
Mr. Mark Quale, UNC – EMS Fellow
Mr. Kevin Ricks, Wake County EMS
Ms. Denise Robinson, Raleigh Police – Public Information
Mr. Michael Taylor, Raleigh Police
Mr. Chris Thompson, Wilson County EMS
Mr. Danny West, NC Association of Paramedics, Charlotte Fire Department
Mr. Ed Wilson, WakeMed Mobile Critical Care Services
Ms. Joyce Winstead, NC Board of Nursing
Ms. Erica Winter, American Heart Association
Mr. Thomas Zlockie, Raleigh Police

(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 consider Duke University Hospital's designation renewal as a Level I 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 Mr. Bailey, seconded by Mr. Ashworth and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes of the May 14, 2013 meeting be approved as submitted.

(b) On behalf of the Injury Committee, motion was made by Mr. Ashworth, seconded by Mr. Bailey and unanimously approved that:

RESOLVED: Duke University Hospital's Level I Trauma Center designation be renewed effective through February 28, 2018.

Explanation: Duke University Hospital was reviewed on October 29-30, 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 state deficiencies were found.

(3) Other Actions of the Council:

(a) Mr. Pervier welcomed guests to the Council including participants by webinar and recognized veterans after Veteran's Day. Mr. Pervier noticed with sadness the passing of Dr. George Podgorny who served as Medical Director of the Region G EMS Council and was one of the founders of ACEP. Dr. Podgorny also served on staff at Forsyth and Moses Cone for many years.

(b) Mr. Graham Pervier appointed a Rules Task Force Committee that will consist of Mr. Bob Bailey, Chair, Dr. Nicholas Benson, Co-Chair, Mr. Robert Poe, Mr. William Keller, Dr. Doug Swanson, Dr. Michael Barringer and Mr. Reid McCormick. This Committee will be charged with reviewing our current rules and seek input from stakeholders across the state. They will then come up with a final draft and recommendation to the Advisory Council for submission to the Medical Care Commission.

(c) On behalf of the American Heart Association, the "Heart Saver" Award was presented to OEMS staff members Mr. Tom Mitchell, Mr. Wally Ainsworth and Mr. Chuck Lewis. This award is presented to lay responders who have helped advance the mission of the American Heart Association and the Emergency Cardiovascular Care Committee for performing a courageous act in the effort to save a life acting quickly and without reservation during a cardiovascular emergency.

On October 14, 2013 Mr. Mitchell, Mr. Ainsworth and Mr. Lewis were dining at the Farmers Market Restaurant in Raleigh when they noticed a lady who had been sitting near them had left and collapsed outside the restaurant. A nurse had initiated CPR and the three took over when they arrived. They took turns performing CPR while awaiting an ambulance.

Other officers who responded and were recognized included Eric Hoffman, Pete Gitto, Kevin Ricks, Lisa Pope, Wesley Marshall and Mark Quale, Wake County Emergency Medical Services; Joshua Fuller, Wake EMS 911 Operator; Carl Hardee, William Gautier, Brian Perry and Nicholas Thompson, Raleigh Fire Department; Thomas Zlockie, Michael Taylor, Daniel Hicks, Matthew Kohr and Brian Harris, Raleigh Police Department.

- (d) Mr. Pervier welcomed new members recently appointed to the Council which include:
- Mr. Jim Gusler of Caswell County has been appointed to fill the expired term of Dr. Steven Landau. Mr. Gusler's term will be effective through 12-31-15.
 - The Honorable Dan Ingle W. Ingle of Alamance County has been appointed to fill the unexpired term of The Honorable William Wainwright. Mr. Ingle's term will be effective through 12-31-14.
 - Mr. Donnie Loftis from Gaston County has been appointed with his term effective immediately and ending December 31, 2016.
- (e) Ms. Regina Godette-Crawford presented a certificate to Duke University Hospital for its Level I Trauma Center Designation renewal. Present to receive this certificate was Dr. Mark Shapiro and Ms. Claudia McCormick.
- (f) On behalf of the Injury Committee, Mr. Ashworth reported on the following item:
- A combined state/ACS visit to UNC Hospitals was held on October 21-22, 2013. This was a combined adult/pediatric verification visit for ACS.
 - Carolinas Medical Center is scheduled to have a combined state/ACS Level I Trauma designation/verification renewal visit on December 5-6, 2013.
 - Cape Fear Valley medical Center has been a practicing trauma center for a year or so; they have been receiving patients and pursuing designation. OEMS will be doing a consultation visit sometime in January 2014.
- (g) On behalf of the Compliance and Education Committee, Mr. Robert Poe reported on the following items:
- The Office of EMS Credentialing and Education Unit are still working towards the Agenda for The Future. We are currently developing new Credentialing Examinations and items for all levels. The North Carolina Association of EMS Educators has completed the Curriculum Mapping project and OEMS will be obtaining electronic versions for all levels. The intent is to place the mapping on the OEMS Website once it is available. The OEMS and various shareholders and stakeholders are working with the NC

National Guard to develop a pilot Combat Medic to Paramedic Program. Status of CoAEMSP Accreditation: Currently there are 17 Institutions in the Letter of Review Process and 6 Accredited Institutions. In an effort to create a more efficient process for Legal Recognition, the OEMS has created an on-line application and verification form with a projected launch date of January 2013. The 40th Annual Emergency Medicine Today conference was held in Greensboro NC on September 28th- October 2nd 2013. Leland Fire and Rescue won the Paramedic Competition for the second year in a row. There were a total of 976 registered for the conference with a total of 917 attending.

- The Agency's Compliance Unit continues to actively review criminal backgrounds for individuals receiving EMS credentials through initial (written examination), legal recognition requests or completion of renewal requirements. Since June 1 – October 31, 2013, The Department has taken 13 enforcement actions regarding EMS credentialed personnel. Enforcement actions were taken regarding substantiated rule violations involving individuals with criminal histories, patient care issues of practicing outside one's credentialed scope of practice, unprofessional conduct, lack of competence to practice with a reasonable degree of skill and safety for patients and falsifying a patient's record or controlled substance records.
- The Office of EMS is undertaking a revision of the EMS and Trauma Rules. The draft rules will be posted on the OEMS web site with the next few days. From now until the February Council meeting, the rules will be open for comment and any necessary revisions will be made in order to create a final draft. The public is encouraged to send their written comments to Donnie Sides, Operations Manager for the Office of EMS. In order him to have sufficient time to create the final draft and forward to the Council members for the February meeting, the cut-off date for comment will be Friday, January 17th. The earliest we can get the rules before the Medical Care Commission to begin formal rule-making is May 2014. The planned effective date for these rules will be January 1, 2015. A copy of the draft rules was provided to each EMS Advisory Council member.

(h) Dr. Winslow provided the Council with a PowerPoint Presentation as follows:

- The protocol approval process for county agencies is now completed including the Cherokee tribal Indian reservation.
- During the past quarter ending with the month of September the following activities took place regarding protocol approvals and system modifications:
 - 10 agency full set protocol approvals
 - MR/EMT non auto-injector programs for 12 counties saving around \$200,000 for agencies
 - 5 Specialty Care Transport set of protocols
 - 7 Non traditional practice setting documents
 - 13 system modifications
 - Twelve agencies were approved for using epinephrine drawn up into a syringe for treating anaphylaxis. Until recently auto-injectors were required. Given the high cost and at times limited availability OEMS is now allowing local systems to draw up epinephrine instead which is a substantial cost saving of between \$200 and \$300 per auto-injector set.

- A Medical Director Update was given at the Administrators conference in Asheville and a Medical Director Course/update was available at EM Today in Greensboro.
- Four site visits to various EMS agencies and trauma centers were continued as an outreach.
- The RSI PI program is moving forward with positive results.
- The NC Journal of Prehospital Care has been being published every month but will not be published every quarter.
- As of October 10, 2013, NCCEP has modified the following protocols:
 - #8 Scene Rehab (general)
 - #16 Adult Tachycardia – Narrow complex
 - #17 Adult Tachycardia – Wide complex
 - #24 Allergic Reaction/anaphylaxis
 - #45 Pediatric Failed airway
 - #49 Pediatric Bradycardia
 - #56 Pediatric Allergic Reaction
 - #75 Respiratory Distress with a Tracheostomy

(i) Mr. Bailey provided the Council with the following Healthcare Preparedness Response & Recovery update:

- FY 13 HPP Cooperative Agreement- NCOEMS received the Funding Opportunity Announcement for the HPP cooperative agreement on March 1, 2013. Total draft budget amount for FY 13 is \$10,232,711.00. On July 1, 2013 we received notice of grant award in the amount of 9,713,825.00 (\$529,000.00 decrease). State projects were developed in a tiered approach and therefore we were able to decrease funding in state projects and pass through funds to the regions were not affected as a result of the budget decrease.
- FY 12 HPP Cooperative Agreement closed on June 30, 2013. NCOEMS has submitted a request to carry over unliquidated funds in the amount of \$2,517,831.00. Once approved these funds will be utilized to address gaps within the system including but not limited to interoperable communications, SMAT III Personal Protective Equipment, Pharmaceuticals, and state projects that were affected by the FY13 budget cut.
- The HPP program Federal site visit was conducted on April and the final report was delivered in August. We are happy to report that the program received an outstanding report. The report contained recommendations for improvement and only one requirement to be addressed. The requirement to develop a plan to address hospital compliance with NIMS (National Incident Management System) implementation was completed and submitted to ASPR. The full report is included in the Advisory Council Member packets.

Program Strengths:

The main strength of the program is the provision of good program management orchestrated from strong NCOEMS leadership.

There is a well-managed financial section and a sound funding model.

The organization continually reassesses the need for improvement and is willing to make tough choices to change the program to increase efficiencies and reduce redundancies.

Concepts of community planning.

The State Medical Response System.

Partnerships and collaborative initiatives.

Challenges/Weaknesses

Contract processes are lengthy and delay the allocation of funding.

Hiring processes are delayed resulting in lengthy vacancies.

Travel policies at the sub-awardee level limit the immediate availability to address the needs of the program.

Over 1/3 of regional pass through funding is allocated to regional personnel and administrative costs, yet the largest gaps were reported in areas of administration, or areas defined within the scope of work for each region.

Healthcare preparedness capabilities planning gaps need to be fully addressed and prioritized.

OEMS Agency/Program Assessment

After a year of preparation, the Office of EMS in partnership with UNC School of Public Health has provided stakeholders the opportunity to assess the state's EMS regulatory functions, Healthcare/Disaster Preparedness and State Trauma System through this project.

Agency Strengths:

NCOEMS is supported by experienced state government staff.

Credentialing Information System (CIS) is useful.

NCOEMS is an effective regulatory agency.

Healthcare Preparedness/SMRS Strengths:

Experience levels of OEMS staff and SMRS members.

SMRS and OEMS agree on availability of adequate infrastructure and equipment.

Trauma/RAC Strengths:

46% of RAC members have greater than 5 years' experience.

RAC members bring in varied experience in the committee which adds value to the functioning.

80% of members feel the RAC s reasonably successful in achieving its goals.

Agency Opportunities for Improvement:

Disaster roles of agency staff need better definition.

NCOEMS Website needs revision.

There is a need for better collaboration amongst programs within the Raleigh office.

Healthcare Preparedness/SMRS Opportunities for Improvement:

Scope of work and disaster roles for regional personnel (HPP program) and OEMS staff need clear definition.

SMARTT is under utilized.

There is a need for consensus between NCOEMS and regional HPP on strategy for future sustainability.

Trauma/RAC Areas for Improvement:

Scope for reaching better consensus on important issues.

RAC performance will improve if scope of work is well defined. (confusion here in RAC vs. HPP program).

Better definition between regional trauma (RAC) and regional hospital preparedness program.

Varying opinions on need for designation of level IV trauma centers.

Additional training and information will improve the performance of the RAC.

Healthcare Coalitions

Per the guidance from the EMS Advisory Council, a task force was identified to assist in the planning and implantation of the healthcare coalition development statewide. This project is the result of federal guidance from our awarding agency, ASPR, to evaluate and develop coordinated and collaborative healthcare coalitions in the state.

Currently, project staff has identified subject matter experts, agency/organization leadership, and functional associations in EMS, EM, Public Health, and Hospitals to engage in a targeted and intentional manner. The purpose of these meetings is to solicit feedback and input on the Hospital Preparedness Program (HPP) from stakeholder and partner agencies/organizations in order to identify both areas to improve our infrastructure and organization and strengths and benefits of the program to preserve. This is an opportunity to evaluate the current regional structure against the multiple other regional structures in the state and take the opportunity to better align those structures to improve the access and utilization of assets and resources.

A working group has been identified to meet tentatively early December to discuss specific issues and items related to developing sustainable healthcare coalitions that will ultimately improve ESF-8 preparedness and response in North Carolina. This group will be multi-agency and multi-jurisdictional and the input will be utilized in further development of the statewide concept. The majority of the working group members have been approached regarding involvement, are on board, and ready to assist in the process. Several additional introductory meetings are pending. Additionally, additional meetings with other task force members are pending availability of those individuals.

Based on the feedback from the task force, working group, and other identified stakeholders, a draft plan is scheduled to be available for public review and feedback in January or February of 2014

Healthcare System Capabilities Gap Analysis

To follow on the ASPR-mandated regional self-assessment that was completed in 2012, a formal gap analysis project was implemented for the current budget year. This analysis tasks each current region to complete a formal gap analysis process

utilizing the HPP Capabilities previously released by ASPR and the expertise of region stakeholders and partners. NCOEMS released formal guidance and developed a tool to assist with the region-specific analysis. Additionally, a state-level gap analysis managed by NCOEMS/HPR&R staff will be completed utilizing the same capabilities.

Regional documents are due by 31 December 2013 and a statewide report, including regional and state-level gaps and priorities will be drafted for release in early 2014.

Agency Update:

Ms. Crawford reported on the following:

- Will Ray accepted the position of Healthcare Planner with the HPR&R Program to help build coalitions across the state.
- The only change our division has experienced with the DHSR consolidation is that Drexdal Pratt reports to the Chief of Staff Mark Payne instead of directly reporting to Secretary Wos.
- The Association of EMS Administrators and the NC Office of Emergency Medical Services will hold a Mobile Integrated Healthcare Summit on November 22, 2013 at the Wake Forest Baptist Biotech Place.

The next Advisory Council meeting will be held at the Brown Building, Dorothea Dix Campus, on February 11, 2014.

There being no further business, the meeting adjourned at 11:35 am.

Minutes submitted by Julie Williams.