

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 10, 2015
11:00 A.M.

Members Present

Mr. Graham Pervier, Presiding
Mr. F. Wayne Ashworth
Dr. Kim Askew
Mr. Bob Bailey
Dr. Nicholas Benson
Dr. Ted Delbridge
Dr. Michael Ghim
Dr. Annette Greer
Mr. Jim Gusler
Ms. Viola Harris
Ms. Carolyn Hughes
Mr. Carl McKnight
Mr. Robert Poe
Dr. Edward St. Bernard
Dr. Douglas Swanson
Dr. James Wyatt

Members Absent

Mr. Todd Baker
Mr. Terry Barber
Mr. Dan Ingle
Dr. Elizabeth Kanof
Ms. Traci Little
Mr. Donnie Loftis
Dr. Brent Myers
Ms. Lynn Norwood

Staff Members Present

Mr. Wally Ainsworth
Dr. Roy Alson
Ms. McKenzie Beamer
Mr. Doug Calhoun
Ms. Amy Douglas
Ms. Regina Godette-Crawford
Mr. Tom Mitchell
Mr. Will Ray
Ms. Susan Rogers
Dr. Sharon Schiro
Ms. Julie Starr
Mr. Brad Thompson
Mr. Carl Van Cott
Dr. James “Tripp” Winslow

Others Present

Mr. Greg Chapman, Carolinas Medical Center, Center for Prehospital Medicine
Mr. Joel Faircloth, NC Association of Rescue and EMS
Mr. Dale Hill, CapRAC/WakeMed
Mr. Josh Holloman, Johnston County EMS
Mr. L. Lee Isley, Granville Health System
Mr. Gordon Joyner, NC Association of Rescue and EMS
Ms. Tonja Mikell-Pool, Catawba Valley CC/NC Association of EMS Educators
Dr. Erin Noste, Mecklenburg – MEDIC
Ms. Margaret Robertson, NC Community College System
Dr. Andrew Thomas, Mecklenburg - MEDIC
Mr. Kenny Weatherington, NC Community College System
Mr. Danny C. West, Charlotte Fire/NC Association of Paramedics
Ms. Joyce Winstead, NC Board of Nursing

- (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 CaroMont Regional Medical Center’s state designation renewal as a Level III Trauma Center and Cape Fear Valley Medical Center’s initial designation as a Level III 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 Dr. Benson and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes of the November 12, 2014 meeting be approved as submitted.

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

RESOLVED: CaroMont Regional Medical Center's Level III Trauma Center designation be renewed effective through February 28, 2019.

Explanation: CaroMont Regional Medical Center was reviewed on November 4, 2014 with a visit by the North Carolina Office of Emergency Medical Services (OEMS). Many strengths were noted and no state deficiencies were found.

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

RESOLVED: Cape Fear Valley Medical Center's Level III Initial Trauma Center Designation be effective through February 28, 2018.

Explanation: Cape Fear Valley Medical Center was reviewed on November 13, 2014 with a visit by the North Carolina Office of Emergency Medical Services (OEMS). Many strengths were noted and no state deficiencies were found.

(3) Other Actions of the Council:

- (a) Mr. Pervier called the meeting to order and welcomed guests.
- (b) New appointments to the EMS Advisory Council are still pending. An email will be sent to members when these are completed.
- (c) On behalf of the OEMS and the NC EMS Advisory Council, Mr. Wayne Ashworth presented a certificate of appreciation to Dr. William Atkinson for his thirteen years of service on the Council.
- (d) Ms. Regina Godette-Crawford presented a certificate to CaroMont Regional Medical Center for its Level III Trauma Center Designation renewal. Present to receive this certificate was Dr. Anthony Raspanti, Trauma Medical Director, and Ms. Sharon Summer, Director Emergency and Trauma Services.
- (e) Ms. Regina Godette-Crawford presented a certificate to Cape Fear Valley Medical Center for its Level III Initial Trauma Center Designation. Present to receive this certificate was Dr. Michael Bryant, Trauma Medical Director; Ms. Julie Leopard, Trauma Program Manager; Ms. Robin Autry, Trauma Coordinator; Ms. Kelly Vollmer, Trauma Registrar and Mr. Brian Pearce, Chief, Cumberland County EMS.
- (f) On behalf of the Injury Committee, Mr. Ashworth reported that the Committee viewed a presentation from Dr. Sharon Schiro on preliminary reports on several projects concerning data. Dr. Schiro will report back to the Council with results.

(g) On behalf of the Compliance and Education Committee, Mr. Poe reported on the following items:

- Compliance update:

- Through fiscal year 2014, the Agency conducted 46 regional examinations and 19 provider examinations. 5,997 individuals tested at these examination sites.
- 1,258 individuals applied for credentialing through Legal Recognition.
- The Agency received 98 formal complaints statewide. Of these 98, 33 investigations were forwarded for review by the Agency's Case Review Panel and NC EMS Disciplinary Committee.
- The Agency's Case Review Panel reviewed 33 OEMS investigations and 58 credentialing applications for a total of 91 cases reviewed.
- The North Carolina EMS Disciplinary Committee interviewed 40 individuals.

- Education update:

- Currently, there are (9) CoAEMSP accredited institutions and 16 in the "Letter of Review" process.
- The Agency continues to work with the North Carolina Community College Systems and Educators to finalize Educational Guidelines for initial EMS classes. EMT and Paramedic guidelines still have some small modifications that need to be worked out.
- The Agency continues to work with Shareholders and Stakeholders on the development of Community Paramedicine guidelines.
- In 2014, the OEMS mailed out 184,933 DNR forms and 135,269 MOST forms.

(h) Mr. Will Ray provided the Council with the following Healthcare Preparedness Response & Recovery update:

- The Fy13 HPP Cooperative Agreement closed on June 30, 2014 and NCOEMS submitted a request to ASPR to carry over un-liquidated funds in the amount of \$1,360,178.00, plus an additional \$770,000.00 that was approved in the FY14 work plan, for a total of \$2,130,178.00. This request has been approved by ASPR and contract amendments are in the final stages of approval for the eight lead hospitals. Most of these projects have focused on augmenting PPE, training, education and exercise development and hard fiscal assets and resources and doing some augmentation and developments as this relates to those programs.
- In response to feedback from stakeholders and partners, we are reevaluating the funding formula that is utilized to allocated HPP funding to regional stakeholders. Based on the changes in federal allocation formulas, as well as the change in scope and focus of the program, we believe that additional data

points will allow us to fund the program regionally more accurately and appropriately.

- The joint PHEP-HPP site visit from ASPR and the CDC, the federal granting agencies, was completed in January. There were no findings recorded. The program did acknowledge consistent challenges in cooperative agreement implementation and ASPR noted a number of program highlights. Additionally, several recommendations were provided to continue to improve the program here in North Carolina, the high priorities being the following: (1) Evaluate training and exercise programs at the awardee level; (2) Evaluate cost-benefit of SMRS operational assets; (3) Evaluate cost-benefit of information systems, specifically SMARTT and ServNC; and (4) In coordination with Division of Public Health, continue to address both at-risk/vulnerable populations and fatality management.
- Beginning this month, strategic planning will begin for the upcoming grant year both at the state level and the regional level in order to maximize the available time for completion of activity at all levels.
- An operational evaluation has been completed on regional/traditional SMAT II assets and Ambulance Strike Team components, with the SMAT III evaluation beginning this month. The focus is to adjust the focus of this portion of the program to be of most benefit to the local jurisdictions, moving beyond just decontamination operations, while also keeping a balanced regional approach.
- The centers for Disease Control and Prevention (CDC) has surplus a number of 200-bed Field Medical Stations (FMS). North Carolina requested one last summer and after multiple changes at CDC, we were notified recently that we have been awarded one. Much of the equipment to be received will enable us to augment North Carolina Emergency Management's ability to provide sheltering capacity across the state. It will enable us to backfill equipment needs across the SMRS in a more cost effective manner.
- The components of the National Mobile Disaster Hospital (NMDH) will reportedly be demobilized around April 2015 for return to North Carolina. North Carolina Congressional delegation leadership are working on ensuring allocation of the asset officially to the state.
- Mali has been removed from the list of countries with an outbreak of Ebola, with the majority of cases continuing to be focused in Guinea, Liberia, and Sierra Leone; the case rate has stabilized somewhat.
- The State Emergency Response Team (SERT) and related partners, advocacy organizations, etc. have all been very engaged in preparation and response operations with the Division of Public Health functioning as the technical lead.
- We continue to monitor travelers from the affected countries in West Africa. It should be noted that these persons are not symptomatic and there are currently no confirmed Ebola cases in North Carolina.
- The Division of Public Health recently completed its supplemental funding application for their allocation through the CDC. Their funding will be focused 50% on support to all local health departments, with the remaining 50% supporting training and education needs of public health and primary partners which will include EMS, specifically related to PPE.

- There will be ASPR/HPP supplemental funding available, but it is still under development for approval. Federal program leadership are engaged in drafting effective grant guidance that is as coordinated as possible across grant programs.

(i) Dr. Winslow gave the following Medical Director update:

- Over the last quarter working with OEMS staff, we have 15 system modifications, one new Medical Director and four Medical Director changes.
- Two trauma site visits were conducted.
- TXA, Droperidol and CroFab was approved by the NC Medical Board.
- Informational site visits were conducted with Western Regional Office (WRO) and Eastern Regional Office (ERO) counties.
- More law enforcement agencies are utilizing Narcan. Carrboro had a recent save.
- We continue to work with project Lazarus, NC Harm, CCNC regarding increasing access to Narcan.
- There is a state approved Narcan training module available at the OEMS website.
- PreMis review of Naloxone use in North Carolina:
 - Naloxone use by EMS increased from 3,616 in 2010 to 4,965 in 2013.
 - Use of Naloxone still higher in urban areas but greatest increase in rural areas.
 - Demographic makeup of persons receiving Naloxone by EMS now mirrors that of the general population.
- Agency Update:

Ms. Crawford reported on the following:

- There is a budget shortfall of \$900 million without reserves, and operations are being looked at very closely.
- OEMS had hoped to go before the Medical Care Commission (MCC) in February, but due to the MCC heavy agenda, we remained unable to do so. We are scheduled for the May meeting to ask for permission to enter into the rule making process. Upon their approval, our rules will be out for public view for 60 days and a public hearing will be held around the first of July.
- 14L Stroke Rules – Stroke Center Designation effective February 1, 2015. Donnie Sides and Amy Douglas have worked hard on this and Amy will be sending letters to all hospitals to put them on notice that the rules are in effect. We are also encouraging all hospitals holding the following certifications to provide us feedback (Comprehensive Stroke, Primary and Acute Stroke Ready Hospital). DHHS will designate and track centers in North Carolina. This information will be updated annually.
- LME/OEMS Grant Collaboration – 8 EMS Systems will receive seed monies to implement contracts/agreements with their local LME's to transport mental health patients/mobile crisis intervention.
- Ambulance transports to Crisis Centers Section 12H.32 – The DHHS, Division of Medical Assistance, shall study the practice of reimbursing for

ambulance transports that divert individuals in mental health crisis from hospital emergency departments to alternative appropriate locations for care. The Department shall study existing pilot programs in North Carolina, as well as other states, and shall specifically study expansion of the Wake County Emergency Medical Services (EMS) Advanced Practice Paramedics pilot program. The study shall do the following:

- Propose necessary Medicaid and mental health policy changes
- Identify funding needs
- Identify available funding sources
- Identify any other actions that would be necessary to facilitate implementation

The Department shall report its findings and recommendations to the House Appropriations Subcommittee on Health and Human Services and the Senate Appropriations Committee on Health and Human Services by March 1, 2015.

- Ms. Julie Starr will be retiring from OEMS April 1, 2015. Ms. Godette and Mr. Pervier personally thanked Ms. Starr for her dedicated service and commitment to the Council. Ms. Starr thanked the Council and OEMS for their support through the years.

The next Advisory Council meeting will be held at the Brown Building, Dorothea Dix Campus, on Tuesday, May 12, 2015.

There being no further business, the meeting adjourned at 11:37 am.

Minutes submitted by Julie Starr.