

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

May 12, 2015
11:00 A.M.

Members Present

Mr. Graham Pervier, Presiding
Mr. F. Wayne Ashworth
Dr. Kim Askew
Dr. Thomas Brant
Dr. Ted Delbridge
Dr. Michael Ghim
Mr. L. Lee Isley
Mr. Jim Gusler
Ms. Carolyn Hughes
Mr. Carl McKnight
Mr. Robert Poe
Dr. Edward St. Bernard
Dr. Douglas Swanson
Mr. Donnie Loftis
Mr. Terry Barber
Dr. Jeff Williams

Members Absent

Dr. Elizabeth Kanof
Dr. Nicholas Benson
Ms. Annette Greer
Ms. Viola Harris
Ms. Traci Little
Ms. Lynn Norwood
Dr. James Wyatt, III

Staff Members Present

Ms. Amy Douglas
Ms. Regina Godette-Crawford
Mr. Will Ray
Ms. Susan Rogers
Mr. Brad Thompson
Dr. James "Tripp" Winslow
Mr. Anthony Davis

Others Present

Mr. Joel Faircloth, NC Association of Rescue and EMS
Ms. Tonja Mikell-Pool, Catawba Valley CC/NC Association of EMS Educators
Mr. Kenny Weatherington, NC Community College System
Mr. Danny C. West, Charlotte Fire/NC Association of Paramedics
Mr. Adam Dolbow, Zoll Medical
Mr. Michael Herbert, Leland Fire/Rescue
Mr. Chris Parker, Wilson County EMS
Ms. Andrea Jannarone, Zoll Medical
Mr. Mike Hubble, Western Carolina University
Mr. Sean Kaye, EMS Performance Improvement Center
Mr. Sean Gibson, WakeMed
Mr. Ed Wilson, WakeMed
Mr. Chad Thompson, McDowell EMS
Mr. Mike Kirkwood
Ms. Debbie Poe, NC

(1) Purpose of the Meeting: The NC EMS Advisory Council met to hear reports from the Compliance and Education Committee and receive updates from the Healthcare Preparedness Response & Recovery program.

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

RESOLVED: The EMS Advisory Council minutes of the February 10, 2015 meeting be approved as submitted.

(3) Other Actions of the Council:

(a) Mr. Pervier called the meeting to order and welcomed guests. Mr. Pervier gave a special welcome to newly appointed Council members Thomas Brant, M.D. and L. Lee Isley, Ph.D.

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

- Compliance update:

- The Agency completed 456 national criminal background reviews for applicants seeking EMS credentials through exam or legal recognition
- Received 27 formal complaints through media and telephone. These included 15 in the Eastern Regional Office; 8 in the Central Regional Office; 4 in the Western Regional Office
- There were 10 investigations forwarded to the Agency's case review panel and NC EMS Disciplinary Committee for review. A total of 26 cases were reviewed by the Case Review panel
- The Disciplinary Committee interviewed and made recommendations on 19 individuals. Enforcement actions included; 2 suspensions, 2 revocations, 1 letter of reprimand, 1 amendment, 2 denials and 6 no action taken.
- Implementation of the new legal recognition process was put into effect on May 1, 2015. The new process allows applicants to complete a PDF application and verification form online to submit to the OEMS via email or fax. The new process saves the applicant and OEMS mailing time and cost.

- Education update:

- Currently, there are (11) CoAEMSP accredited institutions and 16 in the "Letter of Review" process; 34 institutions have contacted CoAEMSP regarding accreditation.
- OEMS staff will be attending the statewide EMS Program Director meetings held for the Community College System. Staff will be presenting, as well as having a Q&A session in order to assist with transitioning to the Ed Standards.
- Legislation was introduced regarding Community ParaMedicine/Mobile Integrated Healthcare; the Community College System and our office are working collaboratively to provide the institutions guidance
- EM Today 2015 will be held in Greensboro on October 2-7; the 25th annual Paramedical Competition will be held. There will be many local and national speakers
- Anticipated opening of registration is June 1st.

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

- Funding announcement for FY15 HPP Cooperative Agreement has been released and North Carolina's application has been submitted. The notice of award is anticipated to be approximately \$6.2 million for

this budget period that extends through 30 June 2016. Our program application focuses on the following overarching activities: planning, training and education, and exercise. It should be noted, each of the eight healthcare preparedness regions/coalitions are required to complete a full-scale exercise by the end of June 2017. This is a priority for this upcoming year and will remain one for the following budget year. The eight regions are currently drafting work plans for this upcoming grant year and we anticipate having them submitted, reviewed, and approved prior to the execution of the next grant year on 1 July

- As noted at the previous meeting, we have reevaluated our regional funding formula that is utilized to allocate HPP funding to our eight regions. This formula was reviewed with program partners and stakeholders at our most recent statewide meeting that occurred in April. The formula will consist of the four parts: 1.) HCC base management, 2.) population, with a risk factor that addresses economic disparity, 3.) vulnerable or at-risk populations utilizing several available data sets provided by the Centers for Medicare and Medicaid and the State, and 4.) Licensed beds for hospitals, long-term centers, and skilled nursing centers. We believe that this formula acknowledges the important work we are asking our coalitions to undertake, as well as quantifies potential medical surge risk well. Ultimately, this will allow us to fund the program vertically more accurately and appropriately.
- We are continuing the evaluation of the State Medical Response System components and assets, with the SMAT III work groups beginning to move forward with updates and redirection for that part of the system. We hope to be able to present in the fall the entire updated picture for the program, including the regional concept and the operational components, assets, and resources. Our goal continues to be to refine the system to be 1.) higher speed and lower drag, but more importantly 2.) that it is more accessible to that local agency or organization during an event and is relevant to the risks, hazards, and needs that they have.
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Ebola Preparedness and Response Update

- The funding announcement for the HPP Ebola Preparedness and Response grant funding to the states has also been released. This is a five-year project period, with North Carolina receiving approximately \$4.49 million to be utilized over that five year

period. The grant guidance lays out the following items that we have to address in partnership with our hospitals, emergency management, and public health: a statewide concept of operations, training and education for first responders and healthcare workers specifically related to PPE and infection control, and regionally-held caches of PPE to be utilized in a surge event. We have submitted the application that is focused on high-level strategy on how we as a state will develop the above mentioned items. We are awaiting approval for the funding from the funding agency.

- A focus of the planning for the state will be the development of a tiered healthcare system that identifies assessment and front-line hospitals and EMS agencies. This identification will be a significant part of this initial year. It should also be noted, that while the name of the funding opportunity specifically mentions Ebola, the intent is to expand the focus after year one and utilize this funding to take a more all-hazards approach to infectious diseases of consequence, not just EVD.
- We anticipate hiring a project coordinator to assist in the oversight and management of funding and completion of deliverables. That position closed yesterday afternoon.
- As was previously noted, the Division of Public Health completed its supplemental funding application for their allocation through the CDC and are still awaiting formal approval of that application.

On the Horizon

- Finally, for situational awareness, we wanted to advise the Council of an issue that is on the horizon for the state. High path avian influenza has hit the radar, primarily in the mid-west, but it has also been confirmed in Region IV states such as Kentucky. This particular strain is affecting poultry flocks, which in North Carolina is a significant economic driver. To ensure that North Carolina is appropriately addressing potential risks and needs related to this pathogen, North Carolina Emergency Management is coordinating preparedness efforts, with the Department of Agriculture and Consumer Services as the technical lead. There have been zero cases in North Carolina, but we wanted to advise the Council of ongoing issues that may directly or indirectly affect EMS and healthcare infrastructure.

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

- Naloxone programs are still moving forward and we also have counties beginning to implement tranexamic acid; that will hopefully decrease the mortality in trauma patients.
- NC Medical Board recently approved naloxone auto-injectors for Medical Responders, non-credentialed responders and law enforcement. Approximately two or three months ago, Pitt County had six overdose reversals in twenty four hours, five were done by police officers. It is believed Carrboro has had two reversals since they instituted their program.

- Dr. Winslow has taken part in four site visits; performed 63 protocol approvals (protocols vs. changes); and looked at two non-conventional practice settings.
- Two new naloxone programs utilized by police officers have been approved.
- No new ebola cases reported in Liberia

(e) Agency Update

Ms. Crawford reported on the following:

- Anthony Davis, Systems Specialist for the Office of Emergency Medical Services, was introduced to the Council. Mr. Davis joined EMS in the beginning of April.

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Rules update:

- Due to House Bill 74, which looks at all rules to be updated, has taken priority along with the abortion and transparency rules. Our rules are scheduled to go to the Medical care Commission in July. Legal Counsel and the Rules Review Commission have completed their cursory review of EMS and Trauma Rules in preparation for the rule making session. The item that held our rules up was the changing of the credentialing levels; as that means a change to the General Statute, which must be done prior to going to the Medical Care Commission for approval. We are working to have those General Statutes updated and reflected in a bill that is being introduced to the Legislation.

Legislative update:

- It has been a very busy session in the General Assembly; the Governor's budget has been approved and has been released. We are now awaiting the House and Senate budget.
- There have been some successes within the Division with regards to moving forward with B-Pass, which is our enterprise system; this was put in the Governor's budget under NCTRACS. This will help with the medical facilities master file and will somewhat mirror our current CIS program.
- There have been no reductions for us in the Governor's budget; however, CON (Certificate of Need) continues to be targeted as it has been in the past with the Division, and depending on what comes out of that and the PCMH, we could be looking at a very huge paradigm shift with the ACO models.
- In this legislative session, there have been at least thirty plus bills that relate directly to fire, EMS and our day to day jobs. A couple that should be brought to your attention is House Bill 327, the use of pepper spray. This bill was introduced and we were fortunate enough to work with Representative Dobson (who was introducing the Bill) and asked him to refer this to a study committee which will allow us to study the use of pepper spray, or any chemical irritant, over the next month and report back to the general Legislature. We would like to put together a task force to help study. While writing the legislation, there were a few comments that came up with concerns about the use of pepper spray. There were at least

ten EMS Administrators that had huge concern. The intent of this bill, from Representative Dobson's perspective, was to have something available to EMS personnel to use in defense of being attacked. However, there are issues across the state, specifically in the western rural areas of the state, where EMS personnel have been attacked. The concern is that if the pepper spray is housed in the back of the ambulance it would be accessible to anyone, including the patient, and this is a huge concern. We must look at protecting our personnel but we do not want to have the patient or family member able to use the spray against our personnel. The problem appears to be of concern in rural areas, as opposed to urban areas where law enforcement is readily available. The task force would study this and present the results to the general Assembly to determine a course of action that will be best for EMS personnel.

- There has been some momentum with Community Paramedicine initiatives; there was one bill and two companion bills introduced, House Bill 472 and its companion bill, and House Bill 487 and Senate 381. There is much support for the Community Paramedicine initiative across the state and this legislation would allow approximately \$210,000 to be set aside for programs across the state; at least three can be funded.
 - We have been asked to look at having an EMS day at the General Assembly; this would be a wonderful opportunity to be visible. We would like to consider this for the next session.
 - There are several bills that did not make crossover; copies will be sent to interested parties.
 - We are presently looking at a partnership with Emergency Management to cost share and are looking at relocating our Eastern Regional Office from Greenville to Kinston. This is a great opportunity, as EM has always been a strong partner with EMS and our staff would be located in the Kinston office in the event of a disaster. Both the EM Secretary and Secretary Wos, and the Division, support the move which we are looking at making effective in October, should all go as scheduled.
- Other Business
 - Mr. Pervier announced Mr. Bailey's recent resignation from the Advisory Council and publically thanked him for all he has done over the years as the Chief of the OEMS and then a member of the board.

There being no further business, the meeting adjourned at 11:27 am.

Minutes submitted by Susan Rogers