

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 11, 2015
11:00 A.M.

Members Present

Mr. Graham Pervier, Presiding
Mr. F. Wayne Ashworth
Dr. Thomas Brant
Mr. Jim Gusler
Mr. Carl McKnight
Mr. Robert Poe
Dr. Edward St. Bernard
Dr. Douglas Swanson
Mr. Terry Barber
Dr. Jeff Williams
Dr. James Wyatt, III
Dr. Elizabeth Kanof
Ms. Annette Greer
Dr. Nicholas Benson
Mr. Todd Baker

Members Absent

Ms. Viola Harris
Ms. Traci Little
Ms. Lynn Norwood
Dr. Kim Askew
Dr. Ted Delbridge
Dr. Michael Ghim
Mr. L. Lee Isley
Ms. Carolyn Creech
Mr. Donnie Loftis

Staff Members Present

Ms. Amy Douglas
Ms. Regina Godette-Crawford
Mr. Will Ray
Ms. Susan Rogers
Mr. Brad Thompson
Dr. James "Tripp" Winslow
Mr. Toby Proveaux
Mr. Tom Mitchell
Mr. Doug Calhoun
Mr. Ed Browning
Mr. Drexdal Pratt
Ms. McKenzie Beamer

Others Present

Ms. Adrienne Jones, McDowell EMS
Ms. Tonja Mikell-Pool, Catawba Valley CC/NC Association of EMS Educators
Ms. Joyce Winstead, Board of Nursing
Ms. Debbie Poe, NC Association of Rescue & EMS
Mr. Joel Faircloth, NC Association of Rescue and EMS
Mr. Brian Pearce, Cape Fear Valley
Mr. Danny C. West, Charlotte Fire/NC Association of Paramedics
Mr. Mike Hubble, Western Carolina University
Ms. Paige Gesing, CMC-NE
Mr. Sean Gibson, WakeMed
Dr. Brendan Anzalone, Wake EMS
Dr. Taibah Alabdrabalnabi, UNC
Mr. John Grindstaff, Mission Hospital, NC Air Medical Association
Mr. Jim Albright, Guilford Co. EMS/NCAEMSA
Mr. Bob Bailey
Ms. Kim Baldino

(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 Carolinas Medical Center-Northeast's state designation renewal as a Level III Trauma Center.

(2) Actions of the Council:

Mr. Pervier, chairman of the Council, called the meeting to order at 11:03 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 May 12, 2015 meeting be approved as submitted.

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

RESOLVED: Carolinas Medical Center-Northeast Level III Trauma Center designation be renewed effective through November 30, 2019

(3) Other Actions of the Council:

- (a) Mr. Pervier and Drexdal Pratt, Division Director, presented a letter from President Barack Obama to Mr. Bob Bailey commending and thanking him for his years of services to the state of North Carolina.

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

- Compliance update: Data covers From October 1, 2014 through September 30, 2015:
 - The Agency completed 1,179 national criminal background reviews for applicants seeking EMS credentials through exam or legal recognition. This is down by 198 from previous year.
 - Received 88 formal complaints through media and telephone. These included 32 in the Eastern Regional Office; 38 in the Central Regional Office; 18 in the Western Regional Office. This number represents a decrease of 22 complaints received than in the previous year.
 - There were 23 investigations forwarded to the Agency's case review panel and NC EMS Disciplinary Committee for review. The Agency's Case Review Panel reviewed 77 cases. Twenty three cases were OEMS investigations and 54 cases were credentialing determinations.
 - The Disciplinary Committee interviewed and made recommendations on 34 individuals. Enforcement actions included; 13 suspensions, 8 revocations, 3 letters of reprimand, 2 amendments, 3 denials and 25 no action taken.
 - The Agency issued 756 credentials through legal recognition process. This reflects an increase of 21 applications since last year. The implementation of the new legal recognition process put into effect on May 1, 2015 has resulted in more effective and efficient process; ability for disclosure of Criminal history information; enables reporting of disciplinary actions taken by other health care entities; expedites application process. The application and verification form can be accessed through the OEMS Division of health Service Regulation webpage at <http://www.nchhs.gov/dhsr/EMS/ems.htm>.
 - In the above mentioned time period, there have been 178,605 DNR forms and 150,726 MOST forms distributed.
- Education update:
 - The 42nd Annual Emergency Medicine Today conference was held on October 3-7, 2015. There were a total of 1077 attendees.
 - Wake Forest Baptist Medical Center Air Care won the 25th Annual Paramedic Competition.

- The NCOEMS partnered with the North Carolina Community College Adult Educators Association offered a 2 day pre-conference CAHHEP accreditation workshop at EM Today. The CoAEMSP staff included Dr. George Hatch, Mr. Gordy Kokx and Mr. Doug York.
- A total of 48 attendees were present for the offering, representing 37 institutions; 5 accredited institutions represented, 13 LOR institutions represented and 19 institutions represented that have not entered the process as yet.
- There are currently eleven (11) CAHHEP accredited institutions and twenty three (23) in the "Letter of Review" process.
- At the Education and Compliance meeting, questions and comments were brought up with regards to physician stress and suicide. Some very good comments were made.
- Dr. Kanof asked about the EMS program in the High Schools and Todd Messer gave some very good information about this, ie. How it started, etc. Todd agreed to compile a more in depth report on this subject should the Council want and Mr. Poe feels it would be a good idea to allow some time at the next Advisory Council meeting for Todd to report.
- Lastly, questions about House Bill 327 were brought up. House Bill 327 is the use of tasers/handguns on ambulances. This was turned in to a study bill and will be brought back up at a later date.

(c) 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

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

- Doing quite a few system modification approvals for law enforcement, first responder naloxone; proceeding fairly rapidly. Also, first responder modifications to actually draw up epinephrine; moving well.
- Working with the North Carolina Chapter of the National Association of EMS Physicians to work on a state wide capnography training grant. Through SPARQ, while running all RSI's for the state, a risk factor for cardiac arrest after RSI was noted with the inability to obtain capnography or by not interpreting the capnography correctly. The odds of cardiac arrest, if capnography is not obtained, was a ratio of about 19; therefore, we are working closely with the NC chapter of NAEMSP to get the training out.
- New protocols will be coming soon, RSI and backboard. NCEP has included some changes in the RSI protocol. During the statewide performance improvement process, which was facilitated by the office of EMS personnel, we noticed some risk factors for cardiac arrest after RSI; some of which are hypotension, bradycardia and hypoxemia. The NCEP changes included so we can decrease morbidity/mortality after that high risk, but necessary, procedure.
- Review pediatric intubations; for the whole year, there were 175 pediatric intubations for the entire state, ground EMS only, critical care transport was not included. Data was presented at EM Today and some systems are looking

at possibly making some modifications to how they implement that skill in their system based on the data presented. We are working with EMSC to be sure it doesn't affect any grants. Will work with NCEP to possibly make some of the equipment on an ambulance optional based on how some of the systems are looking at changing their practice.

- Pursuing to establish a statewide standardized training for RSI to help improve the safety of the procedure.
- Lastly, an Advisory Group to the North Carolina Medical Board has been created. Will have a small group representing the major stakeholders to help give guidance for scope of practice changes. The first meeting will be held today in the Wright Building.

(e) Agency Update

Ms. Crawford reported on the following:

- There is a new secretary to the Department of Health and Human Services, Rick Brajer. Secretary Brajer comes to the department with a 20 year health career in the industry as CEO and operating president roles. He is very engaged in what EMS is doing and has spent a lot of time with us. We have had visits with him in the last few weeks about Community Paramedicine and he appears to embrace what we are doing and understands EMS.
- Secretary Brajer spoke on his agenda and the direction of the Department at EM Today; it was a very positive speech.

Rules update:

- Advisory Council members were given a hard copy of the rules which were started over a year and a half ago. The delay was due to House Bill 74, which requires all rules be reviewed. In the changing of the current rules, the credentialing levels were being changed to be line with the National Levels; from 6 levels to 4 levels. This process required that General Statutes be revised. The new 4 levels are included in the hard copy of the rules that were distributed today for your review. The changes were merely cosmetic and a few changes to the EMS and trauma rules. When we reconvene in February, hopefully we can move forward and come to a vote and take these to the Medical Care Commission; depending on the Commission's agenda.
- OEMS has been awarded \$350,000 for the Community Paramedicine initiative. One of the initiatives included the funding of up to three Community Paramedicine Programs across the state. Of the \$350,000, \$210,000 has been allocated to the New Hanover Program, which has been operating for a while. The remaining \$140,000 was not identified; therefore, to insure due process, there will be an application process to insure objectivity and fairness. David Ezzell and Tom Mitchell have created an application, with a timeline, to allow for programs presently functioning the opportunity to apply for the funds. OEMS will work with the Department and the Division to get the \$210,000 allocated to New Hanover. The remaining funds will be allocated thru the application process, which should be out by December 1, 2015.

- Concern was voiced by a member of the Council with regards to the lack of policy and procedure for Community Paramedicine programs. The Council was advised OEMS is working with the EMSPIC to establish data elements to track Community Paramedicine activity. Also, we are looking at programs throughout the country and a baseline curriculum should be established and, depending on the programs direction, there would be additional modules. OEMS has established some guidelines and based on what is best for North Carolina, determination can be made whether a set of legislative rules that govern Community Paramedicine is necessary or if it is already established in the present rules. OEMS will do an overall review for the Advisory Council at the February meeting.
 - The Eastern Regional Office of Emergency Medical Services will be merging offices with Emergency Management. The initial date for the merge was planned for December, 2015; however, that date has been pushed up to sometime in January 2016.
 - Ms. Godette-Crawford shared an article from JEMS (Journal of Emergency Medical Services) that will be released in December. The article commended the North Carolina Office of Emergency Medical Services on their dedication to their citizens and visitors.
- Other Business
 - Mr. Pervier announced that the elections of Chairman and Vice Chairman of the Advsiory Council will be held in February.

There being no further business, the meeting adjourned at 11:49 am.

Minutes submitted by Susan Rogers