

MINUTES

NORTH CAROLINA EMERGENCY MEDICAL SERVICES  
ADVISORY COUNCIL

Department of Health and Human Services  
Division of Health Service Regulation  
Office of Emergency Medical Services

*Virtual Meeting*

November 9, 2021  
11:00 A.M.

Members Present

Dr. Kim Askew  
Mr. John Grindstaff  
Dr. Bill Atkinson  
Dr. R. Darrell Nelson  
Dr. Jeff Williams  
Dr. Douglas Swanson  
Mr. Jim Albright  
Dr. L. Lee Isley  
Mr. Robert Poe  
Mr. Jim Gusler

Dr. Kimberly McDonald  
Mr. Kevin Staley  
Mr. Todd Baker  
Ms. Sarah Rivenbark  
Mr. Andrew Baird  
Ms. Viola Harris  
Mr. David Garrison  
Mr. Chuck Elledge  
Dr. Jay Wyatt

Members Absent

Mr. Ed Wilson  
Dr. Pascal Udekwu  
Dr. Roberto Portela

Staff Members Present

Mr. Tom Mitchell  
Ms. Susan Rogers  
Dr. James "Tripp" Winslow  
Ms. Melynda Swindells  
Ms. Heather Majernik  
Mr. Chuck Lewis  
Ms. Paige Stevens  
Mr. David Ezzell  
Mr. James Caldwell

Mr. Doug Calhoun  
Mr. Billy Langston  
Mr. Wally Ainsworth  
Mr. Todd Messer  
Ms. McKenzie Beamer  
Mr. Dale Sutphin  
Ms. Toshiba Oates  
Dr. Michael Thomason

## Others Present

Alex Belanovich	J.P. Peterson
Andrew Godfrey	Mark Quale
Anjini Joiner	Troy Stauter
Barbara Stiehl, MD	Joel Floto
Chris Dobek	Ted Hardy
J. P. Peterson	Jessie Harris
Don Garner	Eric Hawkins
Greg Chapman	Dale Hill
James Hood	Nathan Murray
Joel Faircloth	R.E. Merrill
Josh Loyd	Angela Magill
Joyce Winstead	V. Lyman
Brad Baker	Jason Reavis
Scott Warr	James Larsen
K. Vaught	Mark Lamphiear
Douglas Underwood	Kellie Rhoton
Michelle Paget	Robert Reed
Carlie Coward	Patrick Lamontagne
Jim DeMay	Matt Kerr
Travis Donaldson	Alan Brook
Todd Doster	Jared Byrd
Bryan Edwards	Robin Caldwell
Michael Barbee	Scott Wilson
Mark Lockhart	Amy Chaney
Paul Seamann	Lee Cherry
Dwain Rowe	Steve Coffey
J. Schoenfeld	Tonya Clark
Paul Seaman	Kevin Collopy
Mark Shepherd	Joe Blackwell
Gail Shue	Dr. Sandy Hunter
Stacy Prater	E. Hunsucker

- (1) Purpose of the Meeting: Due to the COVID 19 pandemic, and for the health and safety of all involved, the North Carolina EMS Advisory Council met virtually to hear reports/updates on Trauma Center Designations, Compliance and Education, HealthCare Preparedness Program, Medical Director update and agency activity report. The Council also was presented with a Federal Ambulance Support presentation as well as a report on the rollout of the 2021 NCCEP Protocol Update
- (2) Actions of the Council:

Dr. Kim Askew, Co-Chairman of the Council, called the meeting to order at 11:00 a.m.

- a) Motion was made by Dr. James Wyatt and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes from the August 10, 2021 meeting be approved as submitted

- b) Motion was made by Dr. James Wyatt, seconded by Mr. James Albright and was unanimously approved, with one abstention, Dr. Jeff Williams, that:

RESOLVED: WakeMed Health and Hospitals Level I Trauma Center designation be renewed for one year

Explanation: WakeMed was reviewed in a joint visit with the State and ACS on June 10-11, 2021. Many strengths were noted. However, a deficiency was cited regarding universal screening for alcohol use. Due to this deficiency it was determined the center should receive a 1 year designation. The designation will be extended for two additional years providing documentation is submitted that covers a period of at least six months documenting the correction of the deficiency. Documentation should be received no later than June 11, 2022.

(3) Other Actions of the Council:

- (a) Ms. Heather Majernik reported the following trauma update:

- Site Visit: WakeMed Raleigh was visited on June 10-11, 2021. This was a combined state/ACS review for Level I redesignation. Many strengths were noted. However, there were some areas identified for improvement and a deficiency was found regarding universal screening for alcohol use. OEMS staff recommendations are consistent with those of the ACS; WakeMed Health & Hospital Center is recommended to receive a redesignation as a Level I Trauma Center for a period of one year through July 25, 2022. Extending the designation for an additional two years is recommended providing documentation is submitted that covers a period of at least six months documenting the correction of the deficiency. Documentation must be received no later than June 11, 2022
- Other Site Visits: Novant Health New Hanover Regional Medical Center was reviewed on October 14-15, 2021 in a combined state/ACS visit for consideration of Level II redesignation/verification and HCA Mission Hospital was reviewed on October 21-22, 2022, also in a combined state/ACS visit for consideration of a Level I designation. We are awaiting reports for both hospitals.
- Other Trauma updates: Quarterly meetings have been scheduled with the RAC coordinators and OEMS team members. These meetings will be led by Dr. Mike Thomason to facilitate sharing of information and ideas.
- Trauma System plan update: Following a 2004 System survey and a 2013 phone survey, the NC COT Trauma systems subcommittee has started the process of developing a statewide integrated Trauma System plan. Priority items are being determined from the fifty-five recommendations in the Gap Analysis document.

- (b) Ms. Melynda Swindells gave the following Compliance update:

- During the period of October 1, 2020 through September 30, 2021, OEMS received 9,855 applications for credentials; these included legal recognition, testing and military. Issued were 4,813 credentials as follows:
  - ✓ 389 EMD
  - ✓ 260 EMR
  - ✓ 3047 EMT

- ✓ 319 AEMT
- ✓ 798 Paramedic

This was an increase from the 2019-2020 data of over 700 credentials released

- Data shows that waiting for applicant to submit full packet is the cause of the delay in issuing credentials. Time for release of credentials is as follows:
  - ✓ Legal recognition: 25 days when federal background check is necessary. Same day release when background is not necessary
  - ✓ Testing: 22 days when federal background check is necessary. Same day release when background is not required
  - ✓ Military: Averaging same day turnaround time
  - ✓ The SBI takes 3 days
- The next Disciplinary Committee meeting is scheduled for Tuesday, November 30. On average, 30% of all cases heard are due to violent offenses; patient care, on average, accounts for about 5%

(c) Mr. Todd Messer gave the following Education update:

- Still allowing for EMS Course alternative pathway through the end of the calendar year. Institutions will be allowed to use alternative ways for EMT's to meet the required clinical/field time and required skills. AEMT and Paramedic students may obtain a maximum of 50% of their skills and field time as the second person on an ambulance crew. All modification of courses must be submitted to and approved by the OEMS Education staff.
- There are 217 EMS courses scheduled from now through the end of January 2022. There is a prime opportunity for agencies to look at recruiting new employees and it's advised they work with their EMS institutions to get in front of these future graduates
- The number of candidates tested between 1/21/2021 and 10/31/2021 were:
  - EMR – 279
  - EMT – 3,631
  - AEMT – 365
  - Paramedic – 654
  - TOTAL TESTED – 4,929
- Instructor workshops will remain virtual until further notice. There have been 19 workshops since April 2021 with over 900 seats available and 190 participants that completed the workshop
- There have been three additional workshops posted I Continuum through December 2021. To attend a workshop, you must complete the Instructor Workshop Pre-Course in TERMS and submit the assignments to ReadyOp. Instructions for the Virtual Workshops may be obtained from the Education Staff or on our recently updated Education FAQ's page on our website
- Program Coordinator Workshops, which are now an annual requirement per the new rules effective July 2021, will be held at the North Carolina Administrators Conference in Wilmington on Tuesday, March 1, 2022 and Wednesday, March 2, 2022; there are 30 seats available in each workshop. There will also be offerings at the NC EMS Expo in 2022; one on Friday, April 29 and Saturday, April 30; each have 30 seats available.

(d) Mr. David Ezzell gave the following HPP update:

- Covid is trending in the right direction. Overall weekly hospitalizations are down by 15%; ICU admissions down 16%; weekly admissions down 9%. Total inpatient capacity is around 78% and ICU is at 81%.
- OEMS continues to support the DHHS IMT (Incident Management Team) response for Covid on a daily basis. All of the OEMS staff is involved in support cell, volunteer staffing, supply chain support, patient coordination, resource management, MDH deployment and hospital data
- OEMS took over the PPE Warehouse in Mocksville. To date, over 18,000 requests have been processed and over 110 million items have been shipped
- Patient Coordination Team has coordinated placement for nearly 500 Critical patients statewide. It was found that there were 34 hospitals that do not utilize a transfer center. ED Docs had to literally get on the phone and make multiple calls to find a bed. Rural hospitals reported that it would take them hours calling hospital after hospital to find a bed causing them to not be able to care for other patients. Large health systems talked about wait lists of hundreds of patients they are trying to transfer in. In coordinating with the large systems, it was found that the same patient was on the list in one hospital, were the same patients on the list of another hospital. A team was created to help coordinate one statewide list for hospitals that did not have transfer centers. It was run for approximately two months and in that period nearly 500 patients were moved.
- Federal Ambulances were deployed to help. The MDH (mobile disaster hospital) was deployed in support of mAB sites.
- OEMS collects all of the data for 117 hospitals in the state. Daily, 91 data points are collected, with the exception on Wednesday when 141 are collected, and goes to CMS. All of the data is filtered through OEMS
- Staff updates: HPP budget officer, Howard Mabry; Med Surge Coordinator, AnnMarie Yow, Business Office Manager Beth Blaise resigned mid-September and the position will be vacant pending HR action and the Operations Manager position is still vacant (since February 1) pending HR action
- North Carolina has approximately \$3,075,560 in carry forward funding from ASPR; this is a combination of funding from last year and the COVID funding; \$2,429,170 will be used for Healthcare Coalition contractual projects, amendments are in process and \$522,991 will be used for contractual statewide projects, e.g. TERMS, Zoll Monitors, etc.
- We had the MMU (Mobile Medical Unit) trailer that is part of the MDH renovated. The unit now has the ability to become a negative pressure unit
- EMS for Children will launch a survey in January targeting any agency responding to a scene – both fire and EMS – to provide a snapshot of pediatric readiness, training activities, use of Pediatric Emergency Care Coordinators (PECC), use of pediatric equipment, etc.
- Strategic planning is in the works on how to integrate COVID into HPP's daily operations. Updating response plans and systems, training and exercises for staff and stakeholder engagement/re-engagement
- Purpose of the State Medical Response System is to provide support to overwhelmed systems by supplying the necessary equipment, assets, and/or personnel needed to provide medical care, and to ensure healthcare infrastructure continuity by facilitating the development of resilient systems through operational planning, training and exercises
- Lastly, the HPP Mission Statement is be a partner to healthcare and emergency response organizations working to prepare for, mitigate, respond to, and recover from emergencies and disasters affecting the residents and visitors of North Carolina

- (e) Mr. David Ezzell gave the following Federal Ambulance support presentation:
- Late August, a request was made through FEMA for Federal Ambulance support. We requested 50 ambulances – 40 ALS and 10 BLS, for a period of 30 days.
  - On September 26<sup>th</sup>, we received 25 ALS ambulances at the Mocksville warehouse. EMS, along with Public Health, started working on the ambulances to do PPE fit testing, be sure they have the communications needed and to work through what the assignments were
  - Initial assignments: 9 out of 11 systems that had requested support were fulfilled and staffed from 9/27 through 10/9. We re-evaluated every two weeks, all was going very well so we requested an extension through FEMA and were granted the extension with the final assignments being through 11/30. Every county that officially requested support offered staffing. Every county that requested support, received the support with the exception of one who decided against it because they were doing much better.
  - Sixteen systems throughout the state received support. FEMA data showed 4452 total calls were run for the period of September 27 through November 7
- (f) Dr. Tripp Winslow gave the following Medical Director update:
- Clinical areas to keep an eye on. King Airways – be sure to keep re-assessing how well King airways are functioning after use. Also, with regards to RSI, Training Officers and Medical Directors need to keep an eye on the use of RSI in their systems, PI and oversight
  - Stressed the importance of COVID vaccines. The vaccine has been proven to be safe and effective. Dr. Winslow offered to visit agencies who wish further education on the vaccines.
- (g) Dr. Darrell Nelson gave the following update on the 2021 NCCEP Protocol rollout:
- Universal Protocols: number of changes were made, some were made last year but went to the Board of Directors for approval. Almost all were related to typos or medication updates with the exception of UP6, which was changed to a specific IV/IO access protocol to give providers more clarification about what parenteral devices they can access. Many people have PIC lines, porta-catheters and central lines at home so this gives providers a better direction on what they can and cannot access
  - Behavioral Health Protocols: these have been expanded into three different protocols emphasizing verbal de-escalation techniques. The hope was to incorporate more oral medications without moving to IV or IM medications, but there is a hold up with the NC Medical Board related to some oral medications request. The protocols better outline how to use sedation in a behavioral health crisis and how to use restraints properly
  - Adult Medical Protocols: only one change, there was a protocol that had an incorrect number
  - Adult Cardiac Protocols: were updated to the current AHA standards of 2020. AC14, 15 and 16 are brand new protocols that introduce a comprehensive LVAD protocol. A total mechanical circulation was also added; it may, at this point, be very rare but we expect we will see more and more of these in our community as time goes on. Lastly, a wearable cardioverter/defibrillator vest protocol to address this particular device.
  - Trauma and Burn Protocols: these were reviewed by both burn Centers, UNC Chapel Hill and Wake Forest Baptist. One change – dosing IV solutions for patients with burn over 20%

- Pediatric Cardiac Protocols: similar to the Adult Cardiac protocols – updated to the AHA 2020 standards
- Adult Obstetric Protocols: also updated to the 2020 AHA Standards
- Special Circumstances Protocols: SC2, which was the SARS CoV2 protocol, underwent multiple changes; however, so much has changed so quickly and everyone was dealing with different healthcare systems, public health systems and their own inter-agency policies that we stopped making updates several months ago. There is a hospice/palliative protocol that has been out for more than a year, was revised just a bit and underwent Board approval. The old protocol from 2009 was an OEMS policy on vaccinations, was changed to an actual protocol for all vaccinations. SC5 is a new protocol, SC4 is also new and to SC5 we've added a SARS CoV2 monoclonal antibodies infusion protocol
- Senate bill pass this year introduced legislation surrounding stroke and through the work of NCCEP and the NC Justice Warren Stroke Committee work has been done over the last few months to revise the stroke protocol and to revise the triage and destination for stroke protocol. There were multiple Stakeholders involved including OEMS, NCCEP, the Justice Warren Committee and several lobbyist and others from across the state
- Policies Disposition: added language for AEMT in making some of these decisions because some of our partners down East do not always have Paramedics. Originally decided to add bordering states for EMS to honor DNR and MOST forms from these states, however, language was found in legislation that allows North Carolina to honor any DNR or MOST form from any of our 50 states, including the military; protocols have been updated to reflect that. Disposition 9 is a new organ procurement agency notification. By working with organ procurement agencies across the state, a policy was developed for EMS to notify the organ procurement agency; specifically to address agencies that do not transport cardiac arrest and terminate on scene, thereby allowing the decedent to have their wishes honored in terms of organ tissue procurement
- Medical Policies: Medical 3-Ketamine program requirements has now been outlined for systems using Ketamine for pain and/or behavioral health emergencies outside the rapid sequence induction protocol
- Procedures: several procedures have been updated to a new format where they can be used as a checklist when using technical scope of practice exams. Plan is to update all procedures over the next year. In consulting with OEMS, it was decided that NCCEP will make protocol policy and procedure changes annually and take effect in October, as a tentative date.

(h) Mr. Tom Mitchell gave the following agency update: (DONE)

- Chief Mitchell extended his appreciation and thanks for the Advisory Council members willingness and flexibility to continue to meet virtually. Hopefully the February 2022 meeting will be an in-person meeting; the office will keep the Council members posted
- During the February 2022 meeting, there will be recognition of several new and reappointed members.
- Chief Mitchell concluded his update wishing everyone a Happy Holiday season.

There being no further business, the meeting adjourned at 12:03 pm.

Minutes submitted by Susan Rogers