

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 8, 2022
11:00 A.M.

Members Present

Dr. Kim Askew
Mr. John Grindstaff
Dr. R. Darrell Nelson
Dr. Jeff Williams
Dr. Douglas Swanson
Mr. Jim Albright
Dr. L. Lee Isley
Mr. Robert Poe
Dr. Kimberly McDonald
Mr. Kevin Staley
Mr. Todd Baker
Mr. Andrew Baird

Mr. Robert Bednar
Mr. Jim Gusler
Ms. Gail Shue
Ms. Viola Harris
Dr. Pascal Udekwu
Mr. David Garrison
Dr. Roberto Portela
Mr. Barry Britt
Dr. James Wyatt
Ms. Sarah Rivenbark

Members Absent

Dr. Bill Atkinson
Mr. Chuck Elledge

Staff Members Present

Mr. Tom Mitchell
Ms. Susan Rogers
Mr. Chuck Lewis
Mr. David Ezzell
Mr. James Caldwell
Mr. Wally Ainsworth
Mr. Todd Messer
Ms. McKenzie Beamer

Mr. Allen Johnson
Ms. Heather Majernik
Mr. Anthony Davis
Ms. Toshiba Oates
Dr. Mike Thomason
Ms. Sharon Schiro

Others Present

Richard Benson
Darla Boseman
Mark Casey
Greg Chapman
Angela Clarkson
Steve Coffey
Michael Coggins
Eugene Elliott
Paula Fox
Anthony Frank
Heather Franklin
Elizabeth Freeman
Don Garner
Andrew Godfrey
Anthony Green
Jessie Harris
Eric Hawkins
Carnie Hedgepath
Dale Hill
Jackie Holmes
Chasidy Kearns
Mark Lamphiear
Kendra Lowman
Pamela Lowther
Vikki Lyman

Angela Magill
R.E. Merrill
Greg Miller
Robby Milton
Chris Montera
Chip Munna
Sara O'Briant
Jennifer O'Neal
Jan Paladino
Robert Reed
Daniel Robinson
Taylor Rolling
Jeremy Schwartzman
Paul Seaman
Richard Smith
Troy Stauter
Haven Stiles
Jordan Taggert
Trevor Taylor
Kelly Urban
Annette Ward
Scott Wilson

(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 from Injury Committee, Compliance and Education, HealthCare Preparedness Program, a Statewide Trauma Strategic Plan presentation, and agency activity report. The Council also held annual elections for Chair and Co-Chair.

(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 Mr. Albright, seconded by Dr. Wyatt, and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes from the November 9, 2021 meeting be approved.

b) Motion was made by Mr. Baker, and unanimously approved that:

RESOLVED: Dr. Kim Askew be re-elected as Chairman of the North Carolina EMS Advisory Council

Explanation: Dr. Askew opened the floor for nominations for the office of Chairman. Mr. Baker made a motion to nominate Dr. Askew, and with no other names submitted, it was unanimously agreed that Dr. Askew would continue to Chair the Council. Dr. Askew thanked the Council for their confidence in him

c) Motion was made by Mr. Todd Baker and unanimously approved that:

RESOLVED: Dr. Darrell Nelson be re-elected as Vice Chairman of the North Carolina EMS Advisory Council

Explanation: Dr. Askew opened the floor for nominations for the office of Vice Chairman of the EMS Advisory Council. No other names were submitted. Dr. Nelson thanked the council for the opportunity to serve.

d) Motion was made by Mr. Poe and unanimously approved that:

RESOLVED: Novant Health New Hanover Regional Medical Center Level II Trauma Center designation be renewed for one year

Explanation: Novant Health New Hanover Regional Medical Center was reviewed in a joint visit with the State and ACS on October 14-15, 2021. Many strengths were noted. However, a deficiency was found for both trauma surgeons' attendance at the multidisciplinary trauma peer review committee meeting and the Universal screening and documentation for alcohol misuse. Due to this deficiency it was determined the center should receive a one year designation through October 31, 2022. 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 prior to October 15, 2022.

d) Motion was made by Dr. Portela, seconded by Dr. Udekwu, and unanimously approved that:

RESOLVED: A Trauma System Plan Task force will be created

Explanation: In 2004, the state consulted with the American College of Surgeons Committee on Trauma for their Trauma Systems evaluation program. The result was the formation of a task force to develop a Trauma System Plan. A report was made and the goals were to develop a comprehensive written plan for how trauma care should be delivered collaboratively. It was presented to the Legislation, however, due to a recession never went forward. It is now time to complete this goal.

(3) Other Actions of the Council:

- (a) Dr. Askew welcomed guests to the Council meeting and announced to the guests and Council the following appointments and re-appointments:
- James Albright was reappointed, representing the North Carolina Association of EMS Administrators. Mr. Albright is the Emergency Services Director for Guilford County Emergency Services
 - William Atkinson was reappointed representing the Public. He is a long-standing active member of the Council for many years. Dr. Atkinson has served as a hospital and health CEO for more than 30 ears. He also holds an active Paramedic credential
 - Viola Harris was reappointed representing the North Carolina Association of County Commissioners. Ms. Harris is an Edgecombe County Commissioner representing District. She has been an active member of the Council since 2014
 - Pascal “Osi” Udekwu, MD was reappointed representing the North Carolina Medical Board. He has been an active member of the Council since he filled the unexpired term of Dr. Bryant Murphy in 2020. Dr. Udekwu currently serves as the Executive Medical Director of Trauma Service at WakeMed, Raleigh
 - John Grindstaff was reappointed representing the Public. He is the recently retired supervisor of air medical services of the Muntain Area Medical Airlift (MAMA) at Mission Hospital in Asheville and is an instructor of Critical Care Emergency Medical Transport Provider and Pediatric/Neonatal Critical Care Transport
 - Gail Shue, RN is a new appointee representing the North Carolina Nurses Association. Ms. Shue is the Trauma Systems Nurse Coordinator at Atrium Health Wake Forest Baptist Hospital. She is on the Board of Directors of the American Trauma Society, as well as several other organizations
 - G. Barry Britt is a new appointee representing the Public. Mr. Britt is a retired North Carolina Paramedic. He has over 30 years’ experience in public safety and in serving in a rural practice setting and hospital-based system. He also served as a primary instructor in the first three EMT-Paramedic classes sponsored by Sandhills Community College
 - Robert E. Bednar, Jr. is a new appointee representing the Public. Mr. Bednar is currently an Emergency Medicine Physician Assistant with Forsyth Emergency Services in Winston-Salem. He is also a Flight Paramedic/Shift Operations Coordinator for Carolina Air Care/UNC Hospitals in Chapel Hill

Dr. Askew reappointed, without objection, Dr. James Wyatt as Chairman of the Injury Committee, and he reappointed, without objection, Mr. Robert Poe as Chairman of the Compliance and Education Committee

- (b) Ms. Heather Majernik reported the following Injury Committee update:
- Novant Health New Hanover Regional Medical Center was visited on October 14-15, 2021; this was a combined state/ACS review for Level II verification and re-designation. Many strengths were noted including:

- ✓ The center has significant contributions to the state/regional trauma center system including a developing alliance with Naval Medical Center Camp Lejeune, a Level III trauma center
 - ✓ Dr. Timothy Novosel is a strength of the program and his, as well as the other trauma surgeons, consistent presence at trauma activations is exemplary
 - ✓ There is notable growth of the community education and outreach programs
 - ✓ Disaster planning and resources are outstanding
 - ✓ The work and commitment done by Dr. Novosel, Trauma Medical Director, and Terri DeWees, Trauma Program Manager, is to be commended
 - ✓ There were some areas identified for improvement and a deficiency was found for a trauma surgeon's attendance at the multidisciplinary trauma peer review committee meeting and for universal screening and documentation of alcohol misuse
- OEMS Staff recommendations are consistent with those of the ACS, Novant Health New Hanover Regional Medical Center shall receive a re-designation for a period of one year through October 31, 2022 and be extended an additional two years provided documentation is submitted covering a period of at least six months documenting the correction of the deficiencies. Documentation must be received prior to October 15, 2022
 - HCA Mission was reviewed on October 21-22, 2021 in a combined visit by the OEMS and ACS for consideration of a Level I re-designation/verification and Naval Medical Center Camp Lejeune was reviewed in a combined OEMS/ACS visit for consideration as a Level III re-designation/verification on December 9-10, 2021. Reports on both facilities have yet to be received from the ACS. The hope is to be able to present to the Advisory Council at the May 2022 meeting
 - Cape Fear Valley Medical Center was reviewed by the state for a Level III re-designation on February 4, 2022; reports have not yet come in from the surveyors. Will present at the May 2022 meeting
 - WakeMed Cary is scheduled for a state Level III re-designation site visit on March 17, 2022
 - Moses H. Cone Memorial Hospital is scheduled for a state/ACS Level II re-designation/verification site visit on July 20-21, 2022
 - Registry data was downloaded from ESO on January 18, 2022. Several issues were identified with missing data, software changes and data migration. We are working with ESO to correct
 - Statewide PI/Quality of care: generating a composite report from TQIP data for Level I and II Trauma Centers to allow for comparison to an aggregate report. Also, a report for Level III centers and yet to be designated centers
 - Dr. Udekwu has several projects underway, including testing a method for assigning an injury severity metric when there is not an injury severity score, a project linking crash and NCTR data, a project to ID themes in gun violence and two COVID related projects

- New data request process involving a change in the review committee – each site will have at least one representative and every STAC subgroup will have at least two representatives
- STAC subgroups are very active:
 - ✓ Injury prevention: Ginger Wilkins has received funding for gun violence prevention
 - ✓ TPM: looking at surge capacity issues and impact on interfacility transfers
 - ✓ Peds TPM: planning pediatric trauma conference for Fall at UNC
 - ✓ PI: developing resources for PI coordinators and established goals for the year
 - ✓ Registrars: reviewed data dictionary changes and discussed ESO issues (timely responses to tech support, problems with updates, etc.)
 - ✓ NCCOT: ED-to-ED transfer process concerns. Space is becoming very limited; discussion on how to deal with transfers outside the RACS

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

- From November 1, 2021 through January 31, 2022 there were 1584 credentials issued: 382 EMS, 67 EMR, 823 EMT, 86 AEMT, 226 Paramedic
- Turnaround times: data shows wait time credentials (waiting on applicant to submit the fingerprint packet) accounts for the lag in issuing. Staff is processing paperwork the same day received provided all information is received. Possible causes: law enforcement appointment availability for non-criminal applicant printing. USPS delays and mail service center delays with limited delivery days. For legal recognition applications, 19 days for those that require a federal fingerprint check. Same day processing for those that don't require federal check. For testing, 19 days if federal background is required. Same day processing if no legal background required. Military legal recognition averaging same day turnaround. SBI takes approximately four days
- Next Disciplinary Committee meeting is Tuesday, February 22
- From November 2021 through January 2022, on average, 22% of all cases seen were due to violent offenses and in November 2021, 32% of the cases heard at Disciplinary Committee were for multiple DWI's for the same person
- From November 2021 through January 2022, patient care accounts for about 5% of the cases on average

(d) Mr. Todd Messer gave the following Education Update:

- Alternative pathways for EMS Courses have been extended through 6/30/2022. 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 of an ambulance crew. Modifications must be submitted to and approved by the OEMS

- Virtual instructor workshops have been posted in Continuum through December 2022. Once a month with a maximum of 50 individuals. Instruction for the virtual workshops may be obtained from the OEMS education staff or on the updated OEMS Education FAQ's webpage
- Program Coordinator workshops (which are an annual requirement per rule) will be held at the NC Association of EMS Administrators Winter Symposium in Wilmington on Tuesday, March 1st, 2022 (15 seats available) and on Wednesday, March 2nd, 2022 (8 seats available). Workshops will also be held at the upcoming 2022 NC EMS Expo on Friday, April 29th, 2022 (30 seats available) and Saturday, April 30th, 2022 (30 seats available)
- Following are some interesting statistics of courses and exams from the previous three years:

Year	Enrolled	Passed Course	Passed NC Exam
2021	7778	5278 (67.9)	3947
2020	10465	4563 (43.6)	3102
2019	8483	5680 (67)	3639

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

- The majority of HPP programmatic activities have been on hold due to COVID-19 response. NCOEMS continues to support the DHHS IMT response for COVID-19 daily with the following efforts:
- Hospital Data: data is collected daily and can be found on the DHHS dashboard. Trends are starting to move in a more positive direction. Currently, hospitalizations are at 3956; that's just below what was a peak with Delta. The peak for Omicron was 5200 total hospitalizations. ICU is around 655 and that's a lot lower than during Delta, showing how Omicron has not been as severe as Delta. Admissions in the last 24 hours have taken a downward turn, there have been only 345 admissions. Although admissions are down, hospitals have been reporting that the stays are longer.
- State & Federal Staffing support requests from hospitals, LTC facilities and EMS. A federal DMAT team was supplied for Atrium Pineville, eleven personnel were brought in to help relieve their staffing problems. There have been several other hospitals who have put in for staffing requests and we are currently in the states of working through state and federal requirements in getting them assistance. Staffing is very limited. It's even more limited for LTCs. We have some state contracts with some staffing agencies to try and provide CNAs & LPNs for LTCs
- Federal Ambulance requests: We have requested Federal Ambulance assistance again. Extension has been approved for current 25 ALS units and an additional 25 units were also approved. The extension runs from February 3 through February 17. This brings a total of 50 ALS units, matching the original request. Extensions have already been requested for an additional 30 days.
- Statewide Patient Coordination: Work has been done on facilitating patient placement for hospitals that do not have transfer

centers/agreements. Resumed operations January 10th, 260 patients received (29 days), 34 currently active patients and we are preparing a demobilization strategy

- Warehouse PPE efforts: HPP staff worked full time in January to support N95 distribution efforts to support Healthcare and Critical Infrastructure/Businesses in NC. In the month of January, the stating stockpile of PPE was 13 million. There were 10,716,177 requests. Mask order requests totaled 9,621 and 9,232,020 masks were distributed. Since the start of COVID, we have received more than 29,000 PPE requests and have shipped over 120 million items.

(f) Dr. Michael Thomason gave the following Statewide Trauma Strategic Plan Presentation:

- In 2004, the state requested a consult by the American College of Surgeons Committee on Trauma with their Trauma Systems evaluation program for an almost week-long session held in Raleigh. ACS brought a highly respected multi-disciplinary team which included EMS experts, emergency physicians, trauma surgeons, etc. At the end of the meeting, they produced a very long report with 40 key recommendations on improving our trauma system, eventually evolving into a true trauma system and a trauma plan. What we had at that time, and still have, was an enabling legislation and a strong leader recognition, which is the OEMS. What we do not have is any authority or accountability for how trauma care is delivered in North Carolina. There is an outstanding group of volunteer centers and systems in collaboration with EMS and trauma centers, but all on a volunteer basis. The rules and regulations provided no sustainable funding for creating or maintaining a trauma system. It is the strength of all of our EMS providers, all of our hospitals and trauma centers, caregivers and our Regional Advisory Committees that has made the system in NC work. Although this method may work, there is no substantial coordination.
- We have 17 trauma centers that work very well together, but it is all voluntary and that is what needs to change. In 2004, after the ACS' visit, OEMS created a task force to address the recommendations and to develop a trauma system plan. The goals were to put together a comprehensive written plan for how trauma care should be delivered collaboratively in the state and presented to the legislation for their approval for any rule and/or regulations that required change, or new legislation. Also, some type of sustainable funding was included to support the system going forward. However, a recession occurred and all was placed on hold. No momentum to get this off the ground was re-established. We now feel is the time to move forward and develop a plan for North Carolina for how we deliver care
- The NC Committee on Trauma and the State Trauma Advisory Committee work closely with OEMS to improve care, but we are hampered by the lack of a well-defined, comprehensive, inclusive Trauma System Plan. NC is still a very rural state, most of our Trauma Centers are concentrated in the more urban and suburban areas. Although patient transfers do occur,

there is no oversight or accountability, except within the individual EMS Systems. There is also no authority to enforce any rule or regulations that are put in place

- There are eight(8) Regional Advisory Committees (RAC) within the state. Every acute care hospital and EMS agency is required to affiliate with a RAC. Sometimes there are crossovers in the RACs and there is very good collaboration in working with all our RAC colleagues. Everything is voluntary but there is no authority given to the RACs to enforce such things as destination triage plans or any accountability of how patients are managed in the field. What is missing is an inclusive system. We have over 100 acute care facilities that are not trauma centers and there is no requirement for them to report on the injured patient. The result of this is we have no idea what the count of injured patients is because they are not required to report. There needs to be a comprehensive plan to increase the level of care and consistency we are able to provide.
- The OEMS, NC Committee on Trauma and the STAC are proposing the EMS Advisory Council appoint a Trauma System Plan Task Force of multidisciplinary stakeholders to develop a comprehensive, inclusive written plan to assure optimal coordinated care of all injured patients. The task force would be appointed, initially, for a 12-month period. Quarterly updates will be made to the Advisory Council. There should be a maximum of twenty (20) members to be selected by OEMS in consult with the NC Committee on Trauma and the STAC. Committees will include:
 - ✓ Administration, Governance, Funding
 - ✓ Injury prevention
 - ✓ Prehospital Care
 - ✓ RAC
 - ✓ Non-trauma center acute care facilities
 - ✓ Trauma Centers (I, II, III)
 - ✓ Rehabilitation
 - ✓ Performance improvement, quality, research
 - ✓ Data Systems
 - ✓ Disaster/Emergency preparedness

(g) Dr. Tripp Winslow was not available to deliver his report due to a work conflict

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

- The Council was thanked for their continued support of virtually meeting. Plans are to return to in-person meeting with a virtual option as soon as possible. Once we return to in-person meetings, the Education and Compliance and Injury sub-committees will begin meeting again. The hope is that the May meeting will be an in-person meeting. As the date approaches, everyone will be kept posted.
- The OEMS has partnered with the NC Association of EMS Administrators to create and distribute a “Scarce Resource Checklist” to assist EMS agencies with options that have been tried/looked into both in North Carolina and across the country to deal with the current staffing crisis facing EMS. This was created to provide agencies options, not mandating

that they have to do any of the recommendations. The goal is to maintain this as a living document, and as we are made aware of other suggestions, they will be added to this document. If you, as an Advisory Council Member, haven't seen this document and would like to see it, please let Susan know and she will make sure you receive a copy. We will not be posting this document online

- The OEMS has also partnered with approximately 12 EMS Agencies, and EMS Management and Consultants to discuss potential long-term solutions to mitigate the current recruitment/retention issues facing EMS agencies across the state and nation. We met before Christmas break, and again about two weeks ago in Winston-Salem to look further into what is needed to be done now that might not have an immediate impact, but will have a long-term impact
- The EMS Administrator's Winter Conference is scheduled to be held in-person in Wilmington on March 1 through 4. There will be further discussion on both of these topics at that meeting.
- We will also be participating in meetings with the NC Chapter of NAEMSP, who has created a task force to look at the use of alternative practice settings in North Carolina. The goal is to look at the current situation and to discuss the impact of 911 service providers. Their first meeting is scheduled for February 16
- In light of the rapidly approaching EMS Expo, if you recall, in November 2020 I presented before the Council the recommendation to establish two (2) additional awards to the Dr. George Johnson Award that has been given for many years. As you know, the Dr. George Johnson Award is given to a recipient for their impact on EMS at a State or National level. Over the years, we have received many nominations for well-deserving candidates that made a huge impact locally or regionally, but not state or national. We brought for your consideration to create two additional awards: The Graham Pervier Award, to be awarded for impact to EMS at a local or regional level and the Kent Spitler Award, to be awarded for life-long service and achievements in EMS Education. Nominations for these awards have opened with a deadline of March 7th. At that time, a committee will be formed consisting of 3 EMS Advisory Council members to review the nominations and to determine the recipients of these awards. Keep in mind, more than one (1) award may be presented for each of these honors in a given year. Also, no award may be given if no suitable candidate is determined by the Committee.
- As the EMS Expo will be held prior to our next Council meeting, the members of the Council will be notified of the Committee's selection prior to the awards being presented.

Other Business:

There being no further business, the meeting adjourned at 12:06 pm.

Minutes submitted by Susan Rogers