

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

August 13, 2024  
11:00 A.M.

Members Present

Kim Askew, MD  
Jim Albright  
Andrew Baird  
Todd Baker  
Robert Bednar  
Chuck Elledge  
Kimberly McDonald, MD  
Brian Pearce  
Robert Poe  
Roberto Portela, MD  
John Grindstaff

Sarah Rivenbark  
Kevin Staley  
Douglas Swanson, MD  
Pascal Udekwu, MD  
Jefferson Williams, MD  
Gail Shue  
Viola Harris  
R. Darrell Nelson, MD  
Jim Gusler

Members Absent

William Atkinson, PhD  
Rebecca Pittman  
Eric Toschlog, MD  
Barry Britt

Staff Members Present

Tom Mitchell  
Susan Rogers  
Wally Ainsworth  
Todd Messer  
McKenzie Beamer  
Heather Majernik  
Chuck Lewis  
Toshiba Oates

Justin Bowers  
Melynda Swindells  
Dale Sutphin  
David Ezzell  
James Hood  
James Winslow, MD

## Others Present

Eric Southern  
Joshua Lloyd  
Jennifer Simone  
Joey Hundley  
Joyce Winstead  
Kevin Richards

- (1) Purpose of the Meeting: The North Carolina EMS Advisory Council met virtually to hear reports/updates from Injury Committee, Compliance and Education, HealthCare Preparedness Program, Medical Director report, agency activity report and a Trauma System Plan 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 Ms. Shue, seconded by Mr. Pearce, and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes from the May 14, 2024 meeting be approved.

- (3) Other Actions of the Council:

- (a) Mr. John Grindstaff reported the following Injury Committee update:

- Site visit updates:
  - ✓ East Carolina University Health has submitted documentation showing the correction of their deficiencies from the January 2024 site visit. Per the previous report to the Council, their designation as a Level I Trauma Center has been extended to the full designation period ending on March 31, 2027. Additionally, their ACS verification has been extended to March 2027.
  - ✓ WakeMed Health and Hospitals Raliegh was visited on June 4<sup>th</sup> and 5<sup>th</sup> by a joint ACS/NCOEMS team. The ACS report has not yet been received; recommendations will be made at the November Advisory Council meeting.
- Upcoming site visits:
  - ✓ New Hanover – October 9<sup>th</sup> and 10<sup>th</sup>, 2024
  - ✓ UNC Hospitals – October 10<sup>th</sup>, 2024

- (b) Ms. Heather Majernik gave the following Trauma System Plan Update:

- The Executive Committee continues to meet every other week to move the system plan forward
- The Executive had the opportunity to meet, individually, with the Chairman of each Committee to review some of the recommendations and

answer any questions and concerns they may have. Also, the meetings were to provide some support and feedback

- A draft of recommendations from the various Committees has been received, which are now being reviewed
- A plan, and perhaps a template, is being developed for integrating the recommendations into a final plan and determining a process for how to create a plan from all of the amazing recommendations received before having it in a draft that can be sent to Stakeholders for feedback

(c) Mr. Robert Poe reported the following Compliance update:

- For the timeframe of 5/1/2024 through 7/31/2024, there were 1876 credentials issued; Paramedic accounted for 14% of all credentials issued during this time (262 Paramedic credentials issued)
- Data shows wait time for credentials issued due to applicant not submitting the required documentation and/or fingerprint packets, accounts for the lag in issuance. Staff is processing paperwork the same business day it is received with all documentation necessary.
- Legal recognition is turned around in approximately 21 days if fingerprinting is necessary; if fingerprinting not necessary, there is a same day turnaround. Testing is same day issuance if no background is necessary; if background is necessary, it is approximately 21 days. Military credentialing averages same day turn around and the SBI is processing fingerprint reports within 3 days.
- From May to July, 2024 the top reason for Disciplinary Committee reviews were violent offenses. Patient care issues made up approximately 5% of the reviews

(d) Mr. Robert Poe gave the following Education report:

- The education FAQs, under the Education FAQ page on the OEMS website, have been updated. These FAQs provide answers to many questions we receive on a daily basis and give step by step instructions on renewal of an active credential, reinstatement of a lapsed credential, how to register for a state exam and other questions about exams, and instructor workshops
- There are three instructor workshops remaining in 2024. Pre-course must be completed to receive an invite. The 2025 Instructor Workshops are being finalized and pre-course will remain as a requirement. There will be four seated options and four virtual options for the course.
- Program Coordinator Workshops, which are an annual requirement for all institution Program Coordinators, are being offered at the NCAREMS Symposium in Asheville on Thursday, September 5 and on Friday September 6
- Following are the current courses through 12/31/2024:

Level	Number
EMR	24
EMT	225
AEMT	32
Paramedic	54

- The office is working with Meazure Learning on another five-year contract. With the new contract, there will be access to other exam item

forms which will include multiple answer, drag and drop, and hotspots (drop a marker/pin at the correct anatomical location)

- Exams and items will be housed in Measure Learning's ADE system which will allow the exam developers to create or review exam forms as needed. This also places all high stakes exams and items in one central repository
- A cost increase is anticipated as current cost has been the same for seven plus years; however, the office is working to minimize this increase, keeping it as low as possible.

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

- Duke Healthcare Preparedness Coalition has changed its name to Central Carolina Healthcare Preparedness Coalition. Triad and Metrolina Healthcare Coalitions have merged and are now the Piedmont Healthcare Preparedness Coalition. These changes took effect on 7/1/2024
- Recent responses were for HVAC outages in many long-term care facilities and some EMS and fire stations which lost their HVAC. The program provided spot coolers for these facilities throughout the state. Also, due to the CrowdStrike Cyber event, there was the ability to take a close look at downtime procedures which had not been tested in quite a while. An action report will be compiled to ensure staff knows what the back-up plans are in the event of something like this ever happening again.
- Responded to Tropical Storm Debby: activated on Tuesday, August 6<sup>th</sup> at the state EOC. The state EMS Ambulance Contract was utilized for the first time. These resources were utilized at a couple of locations: Columbus County for evacuations. Also, credit is given to Hans Edwards and Southeastern Coalition, as well as Brunswick County EMS, who helped out by bringing in personnel and the bus. There was a long-term facility that had to be evacuated.
- A State Medical Support Shelter (SMSS) was activated in Hamlet on Wednesday, August 7<sup>th</sup>. The shelter opened on Thursday, August 8<sup>th</sup>, and was staffed by Central Carolina Healthcare Preparedness Coalition SMAT II, as well as CAPRAC's MRC and the Eastern Coalition HPC SMAT II
- One of last year's goals was to compile an annual report. The report helps to promote the value of the HPP program and it quantifies and measures some of the value brought through the program. The report also helps to ensure Coalitions are being held accountable and value everyone has is being promoted. It also helps to show transparency and how the funds are being expended.

Report Highlights: 2023-2024

- ✓ Training – HP Coalitions have had a total of 129 trainings which encompassed 13,041 hours with a total participation of 1,988 personnel. The goal is to increase training
- ✓ Exercise – total of 29 exercises, 4,597 hours with a total participation of 1,034 personnel
- ✓ Responses – HPP supported 250 total responses last fiscal year. This number includes scene responses to emergencies and disasters impacting HealthCare, providing situational awareness and information sharing, and assisting with various special events across North Carolina. There were 590 assets deployed and the most frequent requests were for generators, Medical Support units,

HVAC units, portable suction units, handwashing stations, morgue trailers and radio/communications support.

✓ Number of responses by Coalition:

▪ CAPRAC	39
▪ DUKE (Central Carolina HPC)	17
▪ EASTERN	12
▪ METROLINA	29
▪ MIDCAROLINA	20
▪ MOUNTAIN	40
▪ SHPR (SOUTHEASTERN)	41
▪ TRIAD	52

- Through the 250 responses, 1,723 staff hours were expended. OEMS staff and Healthcare Coalitions physically supported partners through coordination calls, providing situational awareness, and sending staff in operational and logistical roles.
- North Carolina State Medical Response System Medical Reserve Corp units and State Medical Assistance Teams provided nearly \$75,000 (2,218 hours) worth of value in hourly personnel time from 184 staffed roles during these responses.
- The Annual Report highlights an estimated \$760,589.99 response value provided. Details of these responses can be found in the Annual Report on the OEMS HPP website at [2023-24 Annual Report – NCHPP](#)

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

- Working with the Medical Board on Scope of Practice expansions. Potentially removing some of the restrictions for propofol use; making snake antivenom a class. Currently, only CroFab is approved and it's only allowed to be carried for interfacility transfers; also, the hospital would have to provide it.
- Looking at making hormone infusions available, mainly only for donors. There are times when organ donors must be transferred to another facility before their organs can be used for transplants.
- Looking at potentially getting ultra-sound added to Paramedic Scope of practice. The actual procedure would be governed by the North Carolina College of Emergency Physicians in collaboration with Dr Portela, who is heading up that document.

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

- Work is being continued with non-emergency agencies for ways to help with their staffing for those utilizing the waiver. All EMS agencies still have access to request the waiver through the office. The waiver has been extended from six months to one year with a six month update. The process is currently being used for emergency and non-emergency requests. There is concern that the office does not have statutory authority to run background checks on non-credentialed personnel, even though they are on an agencies roster. The agencies would have to develop an ongoing process for performing background checks and disciplining non-credentialed individuals.
- The General Assembly just completed its short session. There were a few bills tied to EMS that were introduced during this session. However, none with any significant impacts made it through both chambers, and most died in various committees.

- The office is still working with the NC Association of Rescue and EMS, Office of State Fire Marshals and others monitoring the new proposed federal changes to OSHA Standards. These proposed federal changes to OSHA Standards have the potential to impact all EMS Systems/Agencies across the state.
- The OEMS will be attending and handling the BLS Competition for the upcoming NC Association of Rescue and EMS Convention that will be held at the Holiday Inn Biltmore West from September 5<sup>th</sup> through September 8<sup>th</sup>.
- Sharon Schiro, and OEMS contracted employee as the Data Scientist for the Trauma Program, has expressed her interest to not renew her contract at the end of her existing contract (6/20/2025). The office is actively working with Ms. Schiro to ensure that there is a transition plan in place before her departure.

(g) Other business

Mr. Robert Poe inquired about a news article about a nasal spray being used in place of the epi-pen and asked Dr. Winslow if that was something the state would allow. Dr. Winslow responded that he would have to look into it further before making any recommendations.

Chief Tom Mitchell alerted the Council and guests of a testing problem recently brought to the office's attention. Some tests results have not posted in the credentialing system (Continuum). Credentials are being processed manually for those who have passed the state exam; however, those who failed are being affected as they are unable to re-register. This problem began around August 6<sup>th</sup> and, currently, there are approximately 175 individuals affected.

There being no further business, the meeting adjourned at 11:42 am

Minutes submitted by Susan Rogers