

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 11, 2025
11:00 A.M.

Members Present

Kim Askew, MD
Jim Albright
Viola Harris
Todd Baker
Robert Bednar
Barry Britt
Kimberly McDonald, MD
R. Darrell Nelson, MD
Brian Pearce
John Grindstaff
Lyle Johnston
Gail Shue

Robert Poe
Roberto Portela, MD
Kevin Staley
Douglas Swanson, MD
Pascal Udekwu, MD
Jefferson Williams, MD
Eric Toschlog, MD
Chuck Elledge

Members Absent

Jim Gusler
William Atkinson, PhD
Andrew Baird
Sarah Rivenbark
Rebecca Pittman

Staff Members Present

Tom Mitchell
Susan Rogers
David Ezzell
Wally Ainsworth
Todd Messer
McKenzie Beamer
Heather Majernik
Anthony Davis

Tonja Pool
Mick Stewart
James Hood
Justin Bowers
Allen Johnson
Dale Sutphin
Melynda Swindells
James Winslow, MD

Others Present

Andrew Bouland	Joel Faircloth
Andrew Harmody	Joshua Loyd
Andrew Ross	K. Richards
Angela Magill	Kara Clarke
Brandon Locklear	Karla Brown
Brandy Guyton Nance	Keith Wells
Bryan Edwards	Kelly Howey
Candace Barker	Lee Cherry
Carrie Gillilan	Matt Bidwell
Charles McKarاهر	Michael Gray
Chip Munna	Paul Seamann
Chris Montera	R. Bayley
Christopher Warr	Ross McKamey
Craig Mace	Ryan E. Merrill
Dale Hill	Steve Johnson
Danny Willner	Thomas Nagel
David Barr	Todd Doster
David Young	Vikki Lyman
Don Garner	Wayne Meredith, MD
Don Morgan	
Jackie Holmes	
Jason Collins	
Jennifer Simone	

(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, Trauma System Plan update, Candidate Testing contract presentation, Medical Director report and agency activity report. The Council also held annual elections for Chair and Co-Chair, as well as voting on the EMS Advisory Council Awards to be presented at the EMS Expo conference.

(2) Actions of the Council:

Dr. Kim Askew, Chairman of the Council, called the meeting to order at 11:03 a.m.

a) Motion was made by Mr. Staley, seconded by Dr. Portela, and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes from the November 12, 2024 meeting be approved.

b) Motion was made by Dr. Nelson, seconded by Mr. Grindstaff 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. A motion was made 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. Baker, seconded by Mr. Poe 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 the Injury Committee, seconded by Dr. Nelson, and unanimously approved, with one abstention, Robert Bednar, that:

RESOLVED: Novant Health New Hanover Medical Center's Level II designation be renewed for one year.

Explanation: Novant Health New Hanover Medical Center was visited on October 9 and 10, 2024 by an ACE survey team and NCOEMS staff for the consideration of a Level II designation renewal. There were many notable strengths; however, one deficiency was identified requiring a designation renewal of a period of one year through October 31, 2025 with the ability to extend the designation for a period of two years through October 2027 following submission of documentation, no later than the designation expiration, showing the correction of the deficiency

- e) Motion was made by Dr. Swanson, seconded by Mr. Poe, and unanimously approved:

RESOLVED: Contract negotiations with Meazure Learning continue

Explanation: Current exams were based on a practice analysis that was created in late 2017 for deployment of exams in early 2018. The OEMS is in contract negotiations with Meazure Learning to perform an updated practice analysis and create an updated exam blueprint

- f) Motion was made by Mr. Poe, seconded by Dr. Portela, and unanimously approved that:

RESOLVED: The Council accepts the recommendations of the 2025 Advisory Council Awards Committee for the nominations of Mr. John "Micky" Tezai to receive the Dr. George Johnson, Jr. Award.

Explanation: The Dr. George Johnson, Jr. Award is in recognition of his long-term dedication to Emergency Medical Services serving on the EMS Advisory Council as Chairman of the Council. The award, given in the name of the Council and OEMS staff, is given to individuals who have made a life-long commitment to improving pre-hospital care through innovation, service, or accomplishments that have enhanced service delivery.

g) Motion was made by Mr. Elledge, seconded by Dr. Portela, and unanimously approved that:

RESOLVED: The Council accepts the recommendations of the 2025 Advisory Council Awards Committee for the nominations of Dr. Edwin Hartman to receive the Graham Pervier Award.

Explanation: The Graham Pervier Award is in recognition of his long-term dedication to Emergency Medical Services serving on the EMS Advisory Council for 41 years, and as Chairman of the Council for 14 years. The award, given in the name of the Council and OEMS staff, is given to individuals who have made outstanding and long-lasting contributions to the development and improvement of Emergency Medical Services in North Carolina.

(3) Other Actions of the Council:

(a) Dr. Askew welcomed guests to the Council meeting and announced to the guests and Council that, due to the change in administration, appointments and re-appointments announcements would have to be held at the May 2025 meeting because they were not ready as of this date.

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

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

- Novant New Hanover was visited on October 9 and 10, 2024 by an ACS survey team and the NCOEMS staff for the consideration of a Level II reverification and redesignation. As noted in the report, there were several notable strengths found by the survey team. However, one deficiency was identified – “Standard 6.2 Trauma Registry Patient record completion. A minimum of 80% of patient records are not completed within 60 days of patient discharge”. OEMS staff recommendations are that Novant Health New Hanover, Wilmington, be awarded a Level II redesignation for a period of one year through October 31, 2025, with the ability to extend designation for a period of two years through October 2027, following the successful submission of documentation showing the correcting of the deficiency, not later than their expiration date.
- UNC Hospital has submitted documentation showing the correction of their deficiencies from the October 2024 Focused Review site visit. Per

the previous report to the Council, their designation as a Level I trauma center has been extended to the full designation time, ending on November 30, 2026. Additionally, their ACS verification has also been extended to November 2026.

- Naval Medical Center Camp Lejeune was visited on January 13 and 14, 2025 by a joint ACS/NCOEMS team for a Focused review site visit. We are still waiting for the ACS report and will present recommendations at the May Advisory Council meeting.
- UNC Blue Ridge, Morganton, NC, will be visited on April 15, 2025 for an initial Level III trauma center designation.

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

- For the timeframe of 11/1/2024 through 1/31/2025 2029 credentials were issued, with 283 at the Paramedic level (14%)
- NCOEMS staff is processing paperwork the same day it is received and able to be processed. When a background check is required, credentials are being released approximately 18 days for legal recognition and 19 days for testers. If a background check is not required, credential is released the same day
- Military equivalency averages same day turnaround
- SBI processes the fingerprint cards within 4 days of receipt.
- Top reason individuals were reviewed at the NC EMS Disciplinary Committee for 11/1/2024 through 1/31/2025 was for violent criminal pending charges or convictions approximately 23% of cases). During this timeframe, patient care issues made up an average of 5% of the cases.
- Mr. Joel Faircloth has been elected as the 2025 NC EMS Disciplinary Committee Chair and Dr. Roberto Portela has been elected as the 2025 Vice Chair.
- This year's compliance focus at the NCOEMS Program Director Workshops will be on how educational institutions and EMS agencies can conduct their own internal investigations into possible law and rule violations, as well as how to assist students/employees in preparing response packets to NCOEMS investigations for the best chance of a favorable outcome. The presentations will include case studies as requested by individuals who have participated in the 2024 Program Directors Workshops.
- The NC EMS Administrators Association has accepted our presentation proposal to co-present with Agent Chris Brown of the SBI speaking on computer-based sex crimes. The presentation is scheduled for Thursday, March 6, 2025 at the Administrators conference in Wilmington.
- NCOEMS has accepted our presentation proposal to present at the 2025 Expo on the NC EMS Disciplinary Committee. The presentation will include members of the Disciplinary Committee and is scheduled for Monday, May 5, 2025. This presentation focuses on the cooperative relationships between local agencies and OEMS for the betterment of EMS Statewide.

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

- Currently, there are forty-one colleges seeking AEMT Accreditation. There are some funds for instruction, salaries, supplies, equipment and accreditation costs
- Program Director Workshops in 2025: NCAEMSA-Wilmington is full, EMS Expo-Greensboro May 2nd and 3rd is open, NCAEMSA-Asheville is in July/Aug at the summer symposium and at the NCAREMS conference in Fayetteville in September
- Courses held in 2024:

Level	Number
EMR	73
EMT	448
AEMT	57
Paramedic	90

Number of Students who took courses and sat state for the state exam:

Level	Completed	Sat for Exam
EMR	370	227
EMT	2628	2095
AEMT	225	204
Paramedic	636	509

- Courses scheduled for 2025

Level	Number
EMR	23
EMT	182
AEMT	29
Paramedic	57

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

- The Disaster Symposium is scheduled for March 25 and 26 in New Bern
- There will be an HPP tract at the upcoming Expo. Some sessions will be:
 - ✓ Helen Response
 - ✓ Brunswick bus evacuation
 - ✓ EMS alternatives during disaster
 - ✓ Collaboration in Emergency Management

There will also be an expanded vendor hall on the third floor.

- ASPR released some funding for HPAI (highly pathogenic avian influenza) which HPP received. The budget will be determined in March
- Projects that will be focused on are:
 - ✓ Helene after action
 - ✓ Viper radio programming initiative
 - ✓ Supply cache review and update
 - ✓ Statewide MCI exercise is slated for May 2025-more information will follow
 - ✓ Workforce readiness – volunteer management, use of staff, etc. for a disaster response

- On December 26/27, Duke Hospital had a 12” water line break (a chiller line for the HVAC system). It primarily affected the ED; but it was discovered that it also affected radiology, imaging, pharmacy, lab, blood bank, etc. A call came in to the SDO (Shift Duty Officer) at around 12:30 am and there were numerous meetings throughout the night with Duke to determine what type of help they needed. Duke requested the MMU (Mobile Medical Unit) which was on site by 7:00 am. Tents were also brought in for more space.
- Our office was contacted by Ashe County at the end of November last year. They said they had a Family Health & Wellness facility that was a fairly new program to the County and they were looking to set up in Lansing. They had some impact from Helene and were looking for space to take care of patients. They primarily care for the under-insured and uninsured. They were making home visits but really needed a space to see patients. We worked with them over the course of November and December. In early January, two Fortes boxes were set up in Ashe County for them to see patients.
- Winter weather activations occurred at the state EOC on January 8, 2025 and again on January 19, 2025
- We received multiple requests in our daily operations. Examples are:
 - ✓ HVAC support – presently putting spot coolers with heaters for facilities that lose their heating
 - ✓ Multiple requests for EMS resources, particularly look for AST (ambulance strike team) support
 - ✓ Request for morgue trailers has continued

(f) Dr. Wayne Meredith gave the following update on the Trauma System Plan:

- The executive team for revamping the State Trauma System Plan are:
 - ✓ Dr. Meredith – Chairman
 - ✓ Tom Mitchell
 - ✓ Chuck Lewis
 - ✓ Heather Majernik
 - ✓ Dr. Michael Thomason
 - ✓ Dr. Tripp Winslow
 - ✓ Sharon Schiro
 - ✓ Dr. Eric Toschlog
 - ✓ Regina Crawford
- The present trauma system is very good, but is at least 25 years old and needs to be updated. Several updates needed are:
 - ✓ To be a better partner to the prevention community in North Carolina. Prevention is a very big part of trauma
 - ✓ The trauma system needs to be a better servant to the preparedness community
 - ✓ Need to be more responsive to the non-trauma center across the state
- The original trauma plan built 25 years ago was built on a highly collaborative structure loosely based around the trauma registry group and it remains an extremely collaborative system, but an extremely voluntary system.

- The state is divided into RACs (Regional Advisory Councils for trauma). Each one sponsored communicating with EMS agencies within a region and with the hospitals within the region. Affiliation with a RAC is based on referral patterns and is voluntary.
- The RACs have been involved in function with a high degree of variability and a relatively low accountability to OEMS and the state trauma system. Brian Pearce is presently working on this area to strengthen the RACs in terms of their responsibilities, authorities, and their accountability to ensure uniformity.
- There are Committees working in pre-hospital preparedness, data and quality assurance, trauma centers, non-trauma centers and rehabilitation. Through the work of the Committees, there is a group of rehab physicians who are forming a North Carolina Rehab Professional Society that will help communicate and serve with partners within the trauma system
- The RACs need to be more uniform, to have more authority and to have more accountability. Rehab needs to be improved. Improvement is also needed in coordination of data structures. We have great data in EMS, the trauma registry, hospital discharge, prevention, etc. but these data systems do not communicate and coordinate well.
- There are Committees in prevention, data, EMS, preparedness, rehab, RACs, Trauma Centers and non-trauma centers. All of these Committees have been working and meeting for almost two years.
- The initial trauma system was a well thought out document; however, it was discovered that it may have been created in a relatively enclosed silo, unintentionally. Not all stakeholders across the state were involved in the creation of the trauma center. Committees are reaching out for the support of every stakeholder in the state that could be affected. These Committees are meeting regularly to determine the next steps in the Trauma System development and what would be advantageous to the system that could move us towards the ideal. This would be written in a way that would be ambitious enough that 20 years from now it will still be serving us. However, it must be practical enough to start working on things to give us some early wins.
- Much great work has been done by the Committees; the State Trauma System needs to become a stronger entity within our state. The way for it to become stronger is to log structures and processes that allow the State Trauma System to be the solution to other people's problems.
- In terms of getting the document written, we have engaged Dr. John Cromer, he was the Director of the EMS Division of the National Highway Traffic Safety Administration. He is an emergency physician know throughout the country and was one of the leaders of the writing of the EMS agenda. He has extensive experience in trauma systems, in EMS, in federal bureaucracy and policy language, and in writing a complicated visionary document. John has joined the Executive Committee to help with the writing of the Trauma System Plan.
- After a draft document is created, the Committee will reach out to all stakeholders for their review. Wide spread stakeholder support is necessary to create a lasting document/plan that is structured to last.

- We are hoping that within a year the document will be written and socialized. The next step would be to present the plan to the Medical Care Commission, go through the needed legislative steps, etc.; that will be another process.

(g) Mr. Todd Messer gave the following report on the Candidate Testing contract:

- Current exams were based on a practice analysis that was created in late 2017 for the deployment of exams in early 2018. Practice analysis is performed to see what the current practice is within the profession. A psychometrician looks at the practice analysis and determines the domains, then the task, and then scales down into how far you want to go into the job to test competency. Next, percentages are calculated to make up a blueprint of the exam
- Since 2017-18, exams for EMT, Advanced EMT and Paramedic have been 100 multiple choice questions each. EMR has been 50 multiple choice questions. No different exam item types have been added. Throughout the past 7-8 years, when changes occur, questions have been modified to remain neutral. What is meant by “remain neutral” is whether you were taught on previous practices or current standard of care the questions would be applicable to allow for a correct answer
- Cumulative exam pass rates have remained consistent over the last 5 years. In calendar years 2020 and 2024 there was a significant change in the number of testers. The year 2020 was higher based on 2019 enrollments and pre-covid. The 4th quarter of 2024 was lower due to Hurricane Helene; whereas 2021-2023 were consistent in numbers tested. Currently, the average cumulative passing rates for the exams (2020-2024) is 72.6% for EMR, 82% for EMT, 86.4% for AEMT, and 92.9% for Paramedic
- Over the past several years, exam cost has been consistent at \$68.00
- Presently working on a new contract with Measure Learning. The contract is expected to be approved and executed by June 30, 2025
- A new practice analysis will be performed. Approximately 18-20 active educators and training officers will assist in the analysis
- There will be a new exam blueprint to determine the number of questions per topic and exam
- New exams for all levels with the number of questions to be determined. There may be 100 questions or an increase to 120 to allow for pilot questions. Number of questions will be determined once the blueprint is in place and consult with the psychometrician. The contract will also allow for annual updates
- Once the new exams are put in place and the psychometrician scientifically determines what an ideal passing point would be, pilots will be performed and we could potentially hold exam results, which will be minimalized.
- Traditionally, exams have been multiple choice. Multiple new items will be incorporated, such as multiple answer questions, choose all that

apply or are appropriate. We will look at hot spots and drag and drop. Future testing will move to video or virtual reality scenarios

- An example of a multiple answer question would be “While treating an adult patient in refractory pulseless VF/VT your most appropriate antiarrhythmic would be”:
 - ✓ 1 mg Epinephrine IV – Incorrect/sympathomimetic
 - ✓ 1 mg/kg Lidocaine IV – correct
 - ✓ 2 mg Magnesium IV – correct
 - ✓ 300 mg Amiodarone IV – Incorrect/initial loading dose

The psychometrician will determine if full or partial credit will be award.

- An example of a hot spot, high acuity low volume skills. Basically, it will be to select the most appropriate location to perform a needle decompression in the left mid-clavicular region. The tester would have to place the cursor and drop their pin in the correct area of the mid-clavicular region to have a correct answer. Outside the area would be incorrect
- The testing cost will increase, however, our goal is to minimize the increase. We anticipate the cost will increase to \$85-\$88 per exam, which would be contractually locked in for 5 years. This would average an approximate \$1.55 increase per year. Rate will go into effect once the contract is executed.

(h) Mr. Kevin Staley reported EMS Advisory Council Award Recommendations:

- The Awards Committee consisted of Mr. John Grindstaff and Mr. Todd Baker, with the assistance of OEMS staff Chuck Lewis and Susan Rogers.
- There were no nominations for the Kent Spitler Award, but there were nominations for the Dr. George Johnson, Jr. Award and the Graham Pervier Award
- Mr. John “Micky” Tezai was nominated for the George Johnson Award. Mr. Tezai served as Director of Durham County EMS from 1975-2005. He was instrumental in assisting to find the NC Association of EMS Administrators in 1988. Mr Tezai served as the association’s treasurer from 1989-2023 and continues to provide support to the association and the Executive Committee. It should be noted that the association’s Executive Committee fully endorses this nomination.
- Dr. Edwin Hartman was nominated for the Graham Pervier Award. Dr. Hartman is the Director of Johnston County Emergency Medical Services who retired at the end of January. He served as Medical Director since 2008 and had a distinguished career spanning over 40 years. In addition to the focused work in Johnston County, and the great patient care efforts he led there, he also left his mark across the state of North Carolina. Specifically noted was his work around the instructor for advanced stroke life support providing many trainings for Paramedics and nurses and medical staff across the state.
- No nominations were received for the Kent Spitler Award.

- (i) Dr. Tripp Winslow gave the following Medical Director update:
 - Work with Dr. Portela continues on keeping the NCCEP document updated
 - Will be going to the Medical Board in the near future about some scope of practice changes

- (j) Chief Tom Mitchell gave the following agency update:
 - OEMS is currently undergoing a periodic review of rules approved by the North Carolina Medical Care Commission. This is a statutory requirement for rules to be reviewed every 10 years. The office has completed review of their rules and the findings were approved by the Medical Care Commission on February 7th. The next step is the findings were posted for public comment yesterday and will remain open for comment for 60 days. OEMS will then return to the Medical Care Commission at their May meeting, then to rules review in June. There are no changes to the rules posted for public comment.
 - The General Assembly returned on January 29th for a long legislative session. Bills that would affect EMS are being monitored. OEMS has responded to a number of legislative request for information and completed 3 bills reviews that would impact OEMS or EMS agencies. Both House Bills 52 and 61 are related to increased punishment for assaulting public safety personnel.
 - Mr. Wally Ainsworth has submitted his paperwork for retirement effective June 1, 2025.

Other Business:

- Mr. Rober Poe, Chairman of the Education and Compliance Committee, report on discussion that was had with regards to Paramedic retention. How the state, national and international communities can retain Paramedics and other healthcare providers to keep the ambulances on the road. It's been an ongoing problem that seems to be escalating; not enough staff to operate. Members discussed this at length but were unable to find an exact solution to the problem. Chief Mitchell and staff are currently looking at some solutions. Jim Albright mentioned two bills in the House and Senate right now to cover violence against police officers and EMS workers.
- Mr. Albright will forward these bills to the Rescue Association. Meeting attendees were encouraged to contact their representatives in support of these bills so EMS personnel can be protected.

There being no further business, the meeting adjourned at 12:16 pm.

Minutes submitted by Susan Rogers