

NORTH CAROLINA EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

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

Virtual
November 18, 2025
11:00 A.M.

Members Present

Kim Askew, MD
Andrew Baird
David Glendenning
Barry Britt
Kimberly McDonald, MD
Brian Pearce
Todd Baker
R. Darrell Nelson, MD
Douglas Swanson, MD
Pascal Udekwa, MD
Jefferson Williams, MD

Gail Shue
Viola Harris
Sarah Rivenbark
John Grindstaff
Rebecca Pittman
Jim Gusler
Jim Albright
Kevin Staley
Chuck Elledge
Robert Poe

Members Absent

William Atkinson, PhD
Roberto Portela, MD
Lyle Johnston
Eric Toschlog, MD

Staff Members Present

Tom Mitchell
Susan Rogers
Todd Messer
McKenzie Beamer
Anthony Davis
Chuck Lewis
Toshiba Oates
Melynda Swindells
James Winslow, MD

James Hood
David Ezzell
James Caldwell
Samuel Kornegay
Amy Douglas
Heather Stanley Ferguson
Hannah Gompers

Others Present

Abrar Justin Ahmed
Alex Belanovich
Alexandra Lee
Benjamin Wiles
Bryan Edwards
Candace Barker
Cassie Skivington
Chasidy Kearns
Chelsea Wells
Chris Rogers
Christina Williams
Ciaran McElhennon
Craig Mace
Dale Hill
Danette West
Dustin Gardner
E. Duffield
Emma Kate Burns
Fred Shaffer
Jose Gonzalez-Martinez
Grant Hunsucker
Haven Stiles
Jennifer O'Neal
Jeremy Cabe
Jon Hancock
Joshua Loyd

Ken Fields
K Vaught
Melissa Leeds
Leslie Rostedt
M. Nicole Saffell
Mark Bleckley
Mark Snelson
Matt Masters
Michael Gray
Nathan Eastvold
Pamela Lowther
Paul Seamann
Renee Bridges
Robert Hollyfield
Ryan Bayley, MD
Ryan E. Merrill
Scott Centers
Scott Parrish
Scott Wilson
Shelby Ferry
Stephen Hester
Terence Sheehy
Timothy Corbett
Todd Doster
William Butler

(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 and agency activity report. The Council was also briefed on upcoming proposed changes to NC Administrative Code.

(2) Actions of the Council:

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

a) Motion was made by Ms. Shue, seconded by Dr. Swanson, and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes from the August 12, 2025 meeting be approved.

b) Motion was made by the Injury Committee, seconded by Dr. Swanson, and unanimously approved that:

RESOLVED: Moses H. Cone Hospital Level II designation be renewed for a period of three years through September 30, 2028

Explanation: Cone Health Moses H. Cone Hospital was reviewed on August 5 and 6 by an ACS survey team and NCOEMS staff for consideration of redesignation and reverification as a Level II Trauma Center. There were no identified non-compliant standards (deficiencies) and numerous strengths were found.

(3) Other Actions of the Council:

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

- Moses H. Cone Hospital was surveyed on August 4 and 5 by the ACS and state for a Level II Trauma Center reverification and redesignation. There were no non-compliant standards found and very few opportunities for improvement. The notable strengths were:
 - ✓ Administration commitment
 - ✓ Hospital Regional Disaster Committee involvement
 - ✓ Trauma Medical Director's experience
 - ✓ Having blood products in the Emergency Department
 - ✓ Allied health services
 - ✓ PI team
 - ✓ Pediatric residents' readiness; it was noted that even though they are a non-pediatric trauma center, they scored 96 on their pediatric readiness
 - ✓ Rehabilitation services

Recommendations are that Cone Health Moses Cone Hospital be awarded Level II redesignation for a period of three years through September 30, 2028

- Site visit updates:
 - ✓ Mission Hospital was reviewed in a joint visit on September 25 and 26; report should be available by next Advisory Council meeting.
 - ✓ Wake Forest Baptist was reviewed in a joint visit on October 28 and 29; report should be available by next Advisory Council meeting
 - ✓ Duke University Hospital will have a Level I joint visit on December 1 and 2
 - ✓ Cape Fear Valley will have a Level III joint visit on January 6 and 7, 2026
 - ✓ WakeMed Care will have a Level III state visit on January 13, 2026

Mr. Grindstaff asked Ms. Amy Douglas to update the Council on the State Trauma plan. Ms. Douglas reported that the State Trauma Plan Executive Committee continues to meet bi-monthly. They are working with Dr. Krohmer who is tasked with writing the plan. He has presented an outline and the Committee is working through some additional details to ensure what goes into the plan is intentional and it makes a good plan for the North Carolina Trauma

system moving forward for years to come. Within the coming months, there could be a first draft; possibly by January.

- (b) Mr. Robert Poe gave the following Compliance report:
- For the timeframe of 8/1/2025 through 10/31/2025, the Credentialing unit issued 1,671 credentials. Of those, 159 were at the Paramedic level, which is approximately 9%.
 - There was an increase of 141 overall credentials (all levels) from this same time period last year and a decrease of 7 Paramedic credentials
 - Date indicates wait time for issuing credentials is due to applicants having to submit a fingerprint packet. NCOEMS staff process paperwork the same day it is received, provided all information necessary is included.
 - When fingerprinting is necessary, the turnaround time for the release of a legal recognition credential is approximately 22 days and for testing, 20 days. There is same day turnaround if a federal check is not necessary. Military equivalency credential averages a same day turnaround and the SBI is processing fingerprints in approximately 4 days.
 - Top reason individuals are being reviewed by the NC EMS Disciplinary Committee is due to pending violent crime charges or convictions, which averages 32% of the cases and patient care issues which are 15% of cases.
 - OEMS Education and Compliance staff collaborate to conduct training for educators and students. Staff conducted training for EMT students at Southwestern Community College on October 22, 2025. Training will be conducted for EMT and Paramedic students at Southeastern Community College on November 19, 2025 and there is tentative training scheduled for January 2026 for Rockingham County EMS Staff.
- (c) Due to the length and complexity of the Education report, Mr. Robert Poe requested Mr. Todd Messser, OEMS Education Manager, to give the report:
- There has been an increase in CoAEMSP accreditation sites visits. Through February 2026, there are three Advanced EMT site visits scheduled. There are six full accreditation EMT and Paramedic site visits scheduled.
 - Program Director Workshops have been submitted to the 2026 NCAEMSA Winter Symposium; presently waiting for confirmation. This will take place in Wilmington in the beginning of March. Workshops have also been scheduled for the EMS Expo Conference, May 1 and 2 in Winston Salem.
 - Two virtual Instructor Workshops will be held in June and in December of 2026. The remaining six workshops will be spread across the state, and they will be in-person. Pre-course work will be required to attend the workshops.
 - In the five-year updated contract with Measure Learning, part of the contract is to revamp the exam process. Phase I of the process is to update job task analysis or practice analysis. Individuals to be tested on task skills based on domains, etc. Part 1 of Phase I will be completed in early December. There will be two practice analysis – BLS for EMR and EMT; ALS covering Advanced EMT and Paramedic.

- Part 2 of Phase I will occur in early 2026. This will be in the form of a questionnaire from OEMS that will be distributed through Continuum or through Meazure Learning. The questionnaire will seek input from providers in the field to determine the percentage of their daily duties as being in medical, medical emergencies, traumatic emergencies, cardiac emergencies, etc. With this information, the psychometrician will develop the blueprint of the exam and assign the appropriate amount of exam items to each domain.
- Phase II will be a reclassification and reference of all exam items. Items will be reviewed and if there are any changes in domains from what they are today, then each exam item will have to be reclassified to the specific domain. Each exam item will then have to be reviewed and re-referenced. There are approximately 1,500 items currently, with an additional cache of several thousand items. It will take time to reclass and re-reference them to be assured they are applicable to today's EMS standard of care. If additional questions need to be developed, the office will work with the psychometrician and the OEMS Steering Committee to assist in the development of the new questions.
- Phase III will be the drafting phase. Draft exams for each level will be created and reviewed by an exam developer and the psychometrician to ensure there are valid and reliable exam items. The exam developer will make sure there are no conflicts with the questions.
- Phase IV will be the grading/standard process to develop passing scores.
- Phase V will be the deployment of the exams.
- There is information on the OEMS website regarding exams; how they are structured and how the exam items are built and graded. This information can be found on the Education web page. Videos have been developed and staff is currently working on getting the videos uploaded to the website.
- Following are courses through December 31, 2025:

Level	Number
EMR	22
EMT	148
AEMT	23
Paramedic	28

- Mr. Robert Poe, at the request of Mr. Todd Baker, American Heart Assoc. representative, announced that the 2025 American Heart Association Guidelines were released last month and can be found on the American Heart Association website.

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

- Howard Mabry and Ed Browning have retired
- Trauma Program has been moved under the HPP program. Amy Douglas, Trauma Program Manager, will now report to Kimberly Clement, manager of the HPP program. Concern was voiced as to the stability of the Trauma Program if HPP funds will no longer be available. Mr. Ezzell explained that the trauma program receives state funds and there will be no change to those funds.

- There have been many conferences and events across the state and staff have been utilizing these events to get the message out about what the program is doing, response work, etc. There has been a lot of stakeholder participation at the events.
- There was an FCC webinar about a month ago with federal partners involved, Emergency Management. There were approximately one hundred fifty participants on the webinar. This gave OEMS the opportunity to highlight how we would participate with the NDMS if we were tasked with how to go through process of receiving patients from out of state during a large-scale mass event. We anticipate doing more training.
- There are updated training videos on our website. These are basic con-ed videos of how the State Medical Response System works.
- The office participated with NCEM in a large table-top event. This was a good opportunity to come together and talk through processes at the Emergency Management level.
- Ongoing responses have been maintained at a fairly steady level across the state. We activated for tropical system Erin and for tropical system Imelda. Some EMS resources were also activated. Staff was sent to a state operated shelter in Warren County and also to an air bridge site in Craven County during tropical storm Erin. During Emelda, we began setting up a state medical support shelter in Cumberland County. These were smaller events, but good events to get some training.
- Federal funding notice was received on September 26; however, they were 90% restricted by ASPR due to an error on the notice of award (NOA). As mentioned in previous meetings, the ASPR grant staff and contracts have been terminated. ASPPR used CDC staff, through an MOA, to get the NOAs out. There were quite a few errors across the county on the NOAs due to staff not familiar with the ASPR processes or the grant as a whole. The NOA ended on September 30, then on October 11 there was a federal shutdown. Since then, we've had no contact or guidance on how to proceed.
- Regional Healthcare Coalitions sponsor hospitals had agreed to pay their staff and operation budgets through September 30, 2025. Due to the uncertainty and delays, some hospitals had to start shutting down some of the traditional coalition programs, some are maintaining a few; however, all of the coalitions are maintaining a MOA with the state for the SMAT II, basically for the response capability.
- Until we receive an unrestricted award, we cannot establish any contacts. There is also no update on program funding for the next fiscal year. If we look at the President's budget and the Senate budget, it calls for the total elimination of the Healthcare Preparedness Program, the Medical Reserve Corp and the EMS for Children program. Due to this, we have cut two of our temporary positions, and as mentioned earlier, two have retired. We are evaluating many state permanent positions to establish how we can integrate some of this into the OEMS side and take on some additional responsibilities. We need to focus on the sustainability for our own staff, which is leading up to more restructuring of the program.

- As part of the restructuring, we are going to go to a single HealthCare Coalition statewide utilizing the NC State Medical Response System as the coalition. The concept of the coalition was a grant requirement. We are trying to separate what the grant requirement is verses what is response and what is part of that State Medical Response System. HPP staff, with OEMS staff, will be taking on the actual grant requirements, which is the true single coalition. We will be working on a single plan for doing some of those assessments, the trainings, the drills and exercises that ASPR required. With regards to the response side, we will continue to use the same SMAT II's, SMAT III's, the mobile disaster hospital and all of the resources we've used for the past several years.
 - The plan is to build and sustain key response capabilities and to maintain mission ready packages with the SMRS. Should additional funding become available, we will support the SMAT II and III partners we have the MOA's with to be able to continue to provide them with some level of funding.
 - HPP wants to ensure strong situational awareness, support information sharing, provide coordinated response efforts and maintain the many partnerships across our healthcare community.
 - The North Carolina Office of Emergency Medical Services is fully committed to the mission, the vision, the values and the goals of the Hospital Preparedness Program, our staff and our partners. We will do what we have to do to be sure the job is accomplished. Our primary focus is supporting all of our Stakeholders, particularly on the response side. The next steps we are working on are to update strategic plans, update our contact lists and team, offer training and exercises that were done through the coalition will now come from the state level. We will also maintain the emergency on-call processes.
- (e) Mr. Tom Mitchell gave the following information on Proposed Changes to the NC Administrative Code:
- The council did not receive a list of proposed changes to the NC Administrative Code as was planned. OEMS has approximately twelve different rules that are ready to be presented to the Council for approval and then permission to enter into rule making; however, recently we were advised by our rules coordinator that we are still currently under our re-adoption period. In February, the Council was presented with rules that were being entered into the re-adoption period. These rules will go back to the Rules Review Commission in January 2026; therefore, hopefully at the February meeting there will be a rules review package for the Council.
 - The American Heart Association wants to make some changes to CPR for telecommunicators. These changes have been incorporated into the proposed rules, as well as some other updates that needed to be made to the Administrative Code.
- (f) Dr. Tripp Winslow gave the following Medical Director update:
- The North Carolina College of Emergency Physicians EMS Committee have published the new NCCEP statewide EMS document on the website.

Systems have until April 15th, 2026 to either adopt those unchanged or to submit any modifications

- (f) Mr. Tom Mitchell gave the following agency update:
- Anthony Davis was promoted to the position of Central Regional Manager in September. This position was vacated in June by Wally Ainsworth's retirement.
 - Doug Bullins was hired into Anthony Davis's previous position and that will be effective as of December 1. Doug has worked for the office for the past six years in the Health Preparedness Program and he was assigned to the Mobile Disaster Hospital in Mocksville.
 - Doug Calhoun is no longer with the office. We are in the process of advertising for his position as a Central Regional Office Specialist.
 - Working is being done to fill the HPP positions back to appropriate staffing levels.
 - The office has moved from Dix Campus to the new Health and Human Services Building located at the corner of Blue Ridge Road and Reedy Creek Road. OEMS is located on the second floor with the rest of DHSR staff.
 - Plans are to host the February Advisory Council meeting in person at the new DHHS Headquarters. That meeting is scheduled for February 20th, 2026; further information will follow as we get closer to the date.
 - Condolences were sent to the family of Paramedic Mary Jolly, and to Gason County EMS where she worked, for her untimely death. She was struck and killed by a motor vehicle when she stopped on I-95 in Florida to help with a five-car accident.
 - Dr. Darrell Nelson, who has been on the Council for approximately nine years, was recognized by the Office of EMS and the Advisory Council with a token of appreciation. Dr. Nelson resigned from the Council effective 12/31/2025. During his time on the Council, Dr. Nelson took the lead on the state wide protocol revisions for NCCEP and was a dedicated member of the Advisory Council during his nine-year appointment.

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

Minutes submitted by Susan Rogers