

MINUTES

NORTH CAROLINA EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

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

The Jane S. McKimmon Conference Center
North Carolina State University
Raleigh, North Carolina

February 11, 2009
11:00 a.m.

Members Present

Mr. Graham Pervier, Presiding
Mr. F. Wayne Ashworth
Dr. William K. Atkinson
Mr. Bob Bailey
Dr. Nicholas Benson
Dr. Thomas Blackwell
Ms. Kathy Dutton
Ms. Carolyn Hughes
Dr. Elizabeth Kanof
Dr. Steven E. Landau
Mr. Carl McKnight
Dr. Donna Moro-Sutherland
Dr. Brent Myers
Mr. Robert Poe
Ms. Susan M. Safran
Mr. Tony Seamon, Jr.
Mr. Dennis A. Taylor
Mr. Stephen E. Taylor
Dr. James Winslow, III

Members Absent

Mr. Terry Barber
Dr. Michael Chang
Dr. Russell Howerton
Mr. R. Keith Lovin
Ms. Stacey Ryan
Representative William Wainwright

Staff Members Present

Ms. Connie Batson
Ms. Ann Marie Brown
Mr. Mark Chambers
Ms. Barbara Chorney
Ms. Kimberly Cole
Ms. Regina Godette-Crawford
Ms. Gloria Hale
Ms. Peggy Handon
Ms. Brenda Harrington
Mr. Keith Harris
Ms. Alesia Hester
Ms. Holli Hoffman
Mr. Allen Johnson
Ms. Kristen Landon
Dr. Greg Mears
Mr. Tom Mitchell
Mr. Drexdal Pratt
Mr. Donnie Sides
Ms. Jessica Trembly
Mr. Carl Van Cott
Ms. Pat Webb
Ms. Julie Williams

Others Present

Mr. Rob Bednar, NC Academy of Physicians Assistants/ UNC Air Care
Ms. Debra Braun, Clinical Inservices Solutions
Mr. Michael Carter, Chief, Currituck County Fire-EMS
Mr. David Crosby, WakeMed
Mr. Don Dalton, NC Hospital Association
Dr. Ted Delbridge, East Carolina University/Pitt County Memorial Hospital
Mr. Skip Eure, Wake County EMS
Mr. Drummond Figg, Currituck Fire-EMS
Ms. Stephanie Flowers, Currituck Fire-EMS
Mr. Tim Freidhoff, Rex
Mr. Sean Gibson, WakeMed
Mr. Rob Glover, Currituck County Fire-EMS
Mr. Dale Hill, WakeMed
Mr. Jeff Horton, Acting Director, Division of Health Service Regulation
Mr. Jerry Hughes, Beaufort County EMS
Ms. Gail Kluttz, Triad RAC, Winston-Salem
Ms. Alicia Lane, Currituck County Fire-EMS
Dr. Michael Moulton, NC Medical Society
Ms. Maggie O'Donnell, UNC Air Care
Mr. Chuck Owens, Greenville Fire/Rescue
Mr. Joe Penner, Mecklenburg EMS
Ms. Christen Spivey, New Hanover Regional Medical Center
Ms. Betsy Sullivan, WakeMed
Mr. Gary Whitman, NC Association of Rescue and EMS

(1) Purpose of the Meeting: The NC EMS Advisory Council met to hear reports from the Compliance and Education Committee, the Injury Committee, the Public Information Task Force and to hear a Hospital Preparedness update. In addition, a Model EMS System Designation Certificate was presented to Currituck County Fire-EMS.

(2) Actions of the Council:

Mr. Pervier, Chairman of the Council, called the meeting to order at 11:00 a.m.

(a) Motion was made by Mr. Bailey, seconded by Dr. Benson and unanimously approved that:

RESOLVED: The EMS Advisory Council minutes of the November 12, 2008, meeting be approved as submitted.

(b) Motion was made by Mr. Ashworth on behalf of the Injury Committee and unanimously approved with one abstention (Dr. Atkinson) that:

RESOLVED: The Council accept the recommendation of the Injury Committee that New Hanover Regional Medical Center will undergo a focused review by the State within 12 months of the initial review but will continue to function in their trauma center capacity while this review is in the process.

Explanation: A site visit was conducted at New Hanover Regional Medical Center in December 2008. Deficiencies were found in this visit which include the Performance Improvement Program in that chart review revealed little documentation of discussion and poor loop closure. Also, not all services are on one campus, as frequently patients with orthopedic injuries are transferred to a sister hospital for definitive care. Dr. Clancy thanked the site review committee and stated that New Hanover Regional will continue to do all they can to meet the standards that have been established.

(c) Motion was made by Dr. Atkinson on behalf of the Public Information Task Force and unanimously approved that:

RESOLVED: The Council accept the recommendation of the Public Information Task Force that the state EMS Data System be more transparent and that the OEMS staff and EMSPIC staff present a transparency plan within 90 days of the next Council meeting scheduled for May 12, 2009.

Explanation: Dr. Atkinson reported that the Public Information Task Force met on January 26, 2009, to discuss the question of transparency and release of public information. Healthcare as a whole has moved towards transparency in the last thirty six months at a level that is unprecedented in any time in US healthcare. Transparency shows overall performance of systems and general knowledge of transparency keeps everyone attentive to quality outcome. Transparency is the

way by which quality occurs in America as long as it does not identify the individual patient. Dr. Atkinson thanked the Task Force for all its hard work.

(3) Other Actions of the Council:

- (a) Mr. Pervier welcomed guests to the Council meeting.
- (b) Mr. Drexal Pratt presented a Model EMS Certificate Designation Certificate to Currituck Fire-EMS. On hand to receive this certificate was Chief Michael Carter, Deputy Chief Rob Glover, Captain Stephanie Flowers, Captain Drummond Figg and Acting Officer Alicia Lane. Mr. Pervier who served as Currituck County Manager from 1974 – 1977 proudly joined the other recipients in receiving this honor.

Mr. Pratt noted that Currituck Fire-EMS has worked very hard to achieve this designation and should be commended. Currituck County Fire-EMS provides prehospital advanced life support emergency medical care and transportation to the citizens and visitors of Currituck County and responds to approximately 5,000 calls annually. The organization is involved in the various public relations and preventive health care initiatives including Meals on Wheels, Vial of Life, CPR education, Relay for Life and a high school student mentoring program. Currituck Fire-EMS also has the latest technology which includes mobile communication terminals in each ambulance and QRV, GPS ambulance tracking, 12-lead EKG with ability to telecommunicate with hospitals, capnography, EZ IO drug administration, aggressive protocols, nationally registered paramedics and pet resuscitation masks.

Chief Michael Carter thanked the Eastern Regional EMS Office in their support and assistance in achieving the Model System Designation.

- (c) Ms. Safran, Chairman of the Compliance and Education Committee, summarized the items discussed during the Committee meeting as listed below. There were no action items.

Ms. Barbara Chorney, Education and Credentialing Manager, reported on the number of credentialed personnel currently in North Carolina. In 2007, the initial/new credentials issued were 4,818 with a total of 33,988 credentialed personnel. In 2008, those numbers were down by about 30% from 2007. There has been no specific data collection as to the number of recertified individuals each year, but we will soon be starting this collection also.

Western Carolina University is continuing to work with OEMS on an EMS Workforce Study Survey. Three regional summits for initial information gathering have been held. It is anticipated that a completed survey will be available for distribution in late summer.

The National Highway of Traffic Safety Administration (NHTSA) has announced that the final version of The National EMS Education Standards are available and posted on their web site. The OEMS will be facilitating EMS educational updates across the state at the end of March.

Dr. Mears reported that the Duke Endowment EMS Toolkit grant project is winding down the end of June 2009. Numbers are starting to be crunched to show the benefits of the 26 systems that were funded based on the EMS response time toolkit. Of the 26 counties, only about 10 have activity ongoing that will carry on through June 2009. The numbers so far in the 26 counties are showing an improvement of their dispatch center times by 12 percent, scene time by 11 percent and overall response time by 8 percent. The Duke Endowment was very pleased with this preliminary report.

The next Toolkit project being looked at concerns patient care monitoring using the EMS Cardiac Arrest Toolkit as a measurement. An application was submitted in December 2008 but at this time we do not know what the amount of funding will be but it is anticipated to be much less this time. If received, funds will be used to make sure wave form capnography is a priority on every active vehicle in the state. Secondary funding will be on 12 lead EKGs and making sure they are available on every truck across the state that is active or in service.

Dr. Mears reported that the 2009 NCCEP standards documents are posted at www.ncems.org and will remain here from this point on so that everyone can access these. Dr. Mears gave a special thanks to Dr. Winslow, Dr. Myers and Dr. Moro-Sutherland for getting these finalized. OEMS in rule is responsible in making sure that EMS systems and agencies follow these documents, but these documents are actually owned by NCCEP. Each EMS system and agency has to implement these no later than December 31, 2009.

- (d) Ms. Brenda Harrington, Statewide Trauma Registrar, gave a Powerpoint Presentation overview of the North Carolina Trauma Registry. In 1987, per the initiative of the NCOEMS, the Department of Surgery of UNC-Chapel Hill programmed the first North Carolina Trauma Registry. From the time of its conception, the registry was and still is guided by a group of OEMS staff, hospital administrators, emergency room physicians, trauma nurse coordinators, trauma program managers, medical directors and registrars from each of the facilities.

As the years went by and the trauma program progressed, the trauma registry was moved to another program called National Trauma Registry of the American College of Surgeons (NTRACS®). This conversion took place in 1994. The NCTR continues to use NTRACS® today.

Digital Innovations (DI) began supporting the NTRACS® software in May 2005. DI created an updated version of NTRACS® which all facilities submitting data to the NCTR are now using.

The NCTR provides reference data for benchmarking, data for quality review processes, data assistance with analyzing data and support for research projects, forum for discussing trauma care, potential savings and improved care, identification of the frequency and outcomes of traumatic injury, identification of referral patterns and information to aid in the triage of trauma patients.

Participants in the NCTR include six Level I Trauma Centers (two of which are burn centers), three Level II Trauma Centers, two Level III Trauma Centers and four Non-designated facilities. Five of these facilities are also American College of Surgeons (ACS) verified.

Ms. Harrington went over the different sections of the NCTR which includes criteria, demographics, injury, pre-hospital data, referring hospital data, emergency department admission, diagnosis, co-morbidity, procedures, complications, performance improvement/quality assurance, hospital outcome and financial.

- (e) Mr. Ashworth, Chairman of the Injury Committee, stated that there were no action items from the Committee. He reported that Ms. Gloria Hale, EMSC Program Coordinator, has been actively competing for a new EMSC grant. At this time, it looks as if there may be even more funding than there has been in the past.
- (f) Mr. Bailey provided the Council with the following Hospital Preparedness update:
 - The Hospital Preparedness Program has funded Western Carolina University to study the North Carolina EMS workforce and associated influences on our providers. This study will provide valuable information for future disaster preparedness initiatives as well as other core OEMS programs. The results of this study should be available by November 2009.
 - OEMS Disaster Medical Services has overseen four deployments since the last Council meeting. Disaster Medical Services along with the State Medical Response System responded to two events involving nursing home evacuations providing technical support, bed coordination and on-site transportation coordination. Disaster Medical Services also organized and deployed two “specialized” SMAT teams to Kentucky to assist two local hospitals that were overwhelmed by the disaster. Team 1 has returned home and Team 2 is currently deployed in Salem, Kentucky and due to return home February 13, 2009.

Mr. Pratt reported on the following:

- The Rules Review Commission has recently looked at our OEMS rules which are very complex. Many changes to the rules have been made as a result of public hearings/public meetings across the state. All rules passed with the exception of the model system rule in which the Rules Review Commission repealed based on the fact that it didn't have any impact on regulation. Model system EMS designation, while not supported/required by rule, will be restructured and systems will be recognized annually who far exceed the minimums. A subcommittee may need to be formed to define the model system program and how we want to administer the process. It was the consensus of the Advisory Council to support the continuation of model system as a recognition program even though it is no longer in rule.

- An update on the federal lawsuit that was filed against North Carolina by an air medical firm is now over. The judge in this lawsuit ruled that Certificate of Need (CON) could not be included in licensure application for air medical. The other issue that affects EMS is that county government cannot control air medical services in any way. In the meantime, the attorneys filed ten objection letters which immediately sends objected rules to the General Assembly for consideration. We are in contact with the Secretary of DHHS to consider other possible ways to implement these rules.

The next Advisory Council meeting will be held at the Jane S. McKimmon Conference Center on May 12, 2009.

There being no further business, the meeting adjourned at 12:05 p.m.

Minutes submitted by Julie Williams.