

NC Department of Health and Human Services

NCOEMS Chief 101

Systems



Goals

- The goal of this program is to provide information and resource materials to current and future EMS & Rescue Squad Chiefs, administrators, managers, leaders, and officers regarding the various aspects, concepts, resources, regulations, and complexities involving the administration, operations, and organization of North Carolina EMS agencies and departments.
- The program consists of several topic areas but is not intended to be all inclusive of all aspects of EMS management and administration.



Goals

 To assist EMS agencies, departments, and rescue squads in accessing and understanding information regarding the various general statutes, administrative rules, policies, protocols, and associated requirements and responsibilities with coordinating and managing an EMS System in the State of North Carolina.



Objectives

At the conclusion of this presentation, participants will be able to:

- Discuss various components of North Carolina General Statutes as they apply to the Systems component of NCOEMS;
- Identify and discuss the various sections of NCAC 10A 13P rules as they apply to Systems components and credentialing;
- Discuss the elements of a required "System Plan;"



Objectives

- Explain System Oversight as it applies to EMS agencies;
- Recognize the role, responsibilities, and authority of the EMS System Medical Director;
- Reference NCAC rule pertaining to agency Peer Review program elements and requirements;
- Discuss the requirements of system Protocols;
- Locate and recognize information regarding the requirements of Provider Licensure.



"EMS System"

- A coordinated arrangement of local resources under the authority of the county government (including all agencies, personnel, equipment and facilities) organized to respond to medical emergencies and integrated with all other health care providers and networks including public health, community health monitoring activities and special needs populations.
 - 10A NCAC 13P. 0102 (21)



NC General Statute 143-517

 Each county shall ensure that emergency medical services are provided to its citizens.

NC General Statute 153A-250

- A county may by ordinance franchise ambulance services provided in the county to the public at large.
 - Local Ordinance
 - Enforced by the County



Franchise Ordinance

- Grant franchises to ambulance operators;
- Limit the number of ambulances in the county;
- Set areas of operation;
- Set rates, fees, and charges;
- Set minimum limits of liability insurance;
- Establish other necessary regulations consistent with NC General Statute and DHHS regulation



System Models vary across the state:

- County agency only
- Volunteer Agency(s) only
 - With supplemental paid staff
- Combination County agency/Volunteer agency(s)
- Hospital-based
- Municipal
- Fire
- Private
- Combination of all the above



10A NCAC 13P .0201- EMS System Requirements

 County governments shall establish EMS Systems.

Each EMS System shall have:

- A defined geographical area for the EMS System
 - OMinimum of one county
 - May be multiple provider service areas
 - The highest level of care offered within the provider service area must be available 24 hours a day



- Defined scope of practice for all EMS personnel
- Written policies/procedures describing the:
 - dispatch, coordination, and oversight of all responders that provide EMS Care, specialty patient care skills & procedures and ambulance transport;
 - utilization of data for management of the systems resources;
 - the use of SCTP and Air Medical Programs
- At least one licensed provider
- A list of vehicles and personnel (Continuum)
- A written Infectious Disease Control Policy



An EMS Communication System that provides for:

- Public access to a PSAP using 911,
- Operation by public safety telecommunicators
 24 hours a day with appropriate training,
- Dispatch of the most appropriate emergency medical response unit or units,
- Two-way radio voice communications between the EMS unit and PSAP and receiving facilities



- A written Continuing Education Program
- Written policies and procedures to address management of the EMS System including:
 - Triage and Transport
 - oTrauma
 - Stroke
 - **OSTEMI**
 - **OBurns**
 - Pediatrics
- Triage and Transport to facilities outside of the system



- Diversion or Bypass
- Reporting, monitoring and establishing standards for system response times
- Weekly updating of SMARTT (State Medical Asset and Resource Tracking Tool)
- Disaster plan
- Mass-gathering plan



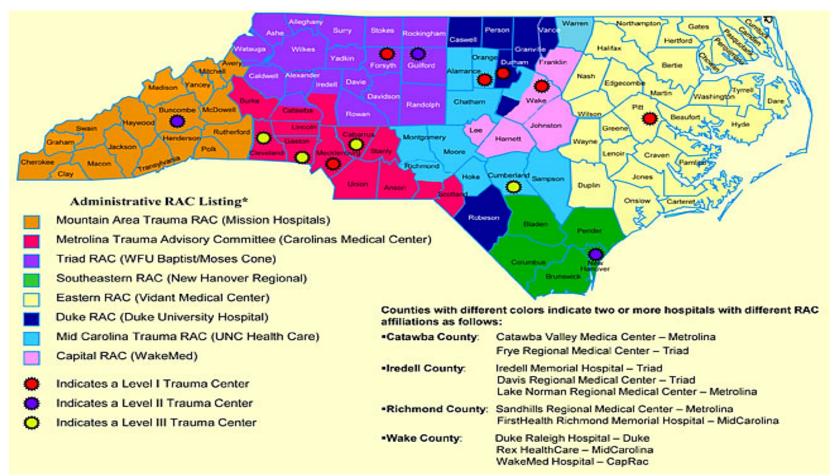
NEW

- Mass-Casualty plan
- o Weapons plan (.0216)
- o Plan for reporting suspected child abuse
- Plan for reporting suspected abuse of the disabled
- Plan for how each responding agency is to maintain a roster

(obtain provider numbers for each entity that provides EMS Care)



RAC Affiliation





System Reviews

 The purpose is to conduct a comprehensive review of the EMS System Plan for compliance of current rule, identify deficiencies, and make recommendations that may enhance or improve the EMS System.

10A NCAC 13P

- .0201 System Requirements
- .0401 Medical Oversight
- .0403 Medical Director
- .0407 EMD
- .0408 Peer Review



 Medical Oversight as required by NCAC 10A 13P Section .0400



Medical Oversight

10A NCAC 13P .0401

- Each EMS System shall have the following components in place to assure medical oversight of the system:
 - A Medical Director
 - Appointed by the County
 - oMeeting criteria defined in the "NC College of Emergency Physicians: Standards for Medical Oversight and Data Collection"



Medical Oversight

- Written treatment protocols for adult and pediatric patients,
- For systems providing EMD; EMDPRS approved by medical director,
- An EMS Peer Review Committee,



Medical Oversight

- Written procedures for use by EMS personnel to obtain on-line medical direction shall:
 - Be restricted to medical orders that fall within the scope of practice of the EMS personnel and within the scope of approved system treatment protocols:
 - Be provided only by a physician, MICN, EMS-NP, EMS-PA
 - ONLY physicians may deviate from written protocols
 - Be provided by a system of two-way voice communication that can be maintained throughout the treatment and disposition of the patient



10A NCAC 13P .0403

- The Medical Director for an EMS System is responsible for:
 - Ensuring medical control is available 24 hours a day
 - The establishment, approval, & annual updating of adult & pediatric protocols and EMDPRS
 - Medical supervision of the selection, system orientation, CE and performance of all EMS personnel
 - Medical supervision of a scope of practice performance evaluation for all EMS system personnel based on protocols

- The medical review of the care provided to patients
- Providing guidance about equipment, medical supplies, and medications carried on vehicles
- Keeping the care provided up to date with current medical practice
- Developing and implementing an orientation plan for all facilities providing on-line medical direction



- The Medical Director may suspend temporarily, pending review, any EMS personnel from further participation in the EMS System when:
 - he or she determines that the individual's actions are detrimental to the care of the patient,
 - the individual committed unprofessional conduct,
 - or the individual failed to comply with credentialing requirements.



During the review process, the Medical Director may:

- (1) restrict the EMS personnel's scope of practice pending completion of remediation on the identified deficiencies;
- (2) continue the suspension pending completion of remediation on the identified deficiencies; or
- (3) permanently revoke the EMS personnel's participation in the EMS System.



Protocols

10A NCAC 13P .0405

- -Treatment Protocols used in the EMS System shall:
 - Be adopted in their original form from the published NCCEP protocols.
 - NOT contain medical procedures, medications or IV fluids that exceed the scope of practice defined by the NC Medical Board pursuant to N.C.G.S. 143-514 for the level of care offered in the EMS System and any other applicable health care licensing boards.



Protocols

- Treatment Protocols used in the EMS System may:
 - Be modified locally if there is a change which will optimize care within the local community.
 - Changes and additions shall be submitted to the OEMS Medical Director for review and approval at least 30 days prior to implementation of the change.



EMS System Name:		Proposed Implen Signature: Signature:		
	DOCUMENTATION OF	EMS SYSTEM PROTOCOLS (Check all I	that apply)	
EMS System wis	thes to adopt recently revised NCCE	P Protocol:		
rotocol#	NCCEP Revision Date:	Protocol #	NCCEP Revision Date:	
rotocol#	NCCEP Revision Date:	Protocol #	NCCEP Revision Date:	
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	DOCUMENTATION OF	EMS SYSTEM PROCEDURES (Check all	that apply)	
EMS System wis	hes to adopt recently revised NCCE	P Procedure:		
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See Note 1)	thes to add additional procedures to	roved Procedure Documents (attach on the previously approved System Pro		
	DOCUMENTATION O	F EMS SYSTEM POLICIES (Check all th	at apply)	
EMS System wis	thes to adopt recently revised NCCE	P Policy:		
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	NCCEP Revision Date:		levision Date:	
EMS System wis See Note 1)	thes to change/alter previously app	roved System Policy Documents (atta	ch one electronic copy for review)	
EMS System wis opy for review)	thes to add additional policies(s) to	the previously approved System Polic	y Documents (attach one electronic	
			policies must be included with for	



North Carolina Medical Board Approved Medications for Credentialed EMS Personnel

EMS personnel at any level who administer medications must do so within an EMS system that provides medical oversight. Personnel must follow written treatment protocols and must complete appropriate medical education. All EMS System protocols and policies must be reviewed and approved by the Medical Director of the Office of EMS.

All items highlighted in "red" are required by NCCEP in all systems with EMS personnel credentialed at the specified level. Specialty Care (SCTP) required items are not listed here, as they can be found on the Specialized Ambulance Protocol Summary (SAPS) form.

Medications	EMR	EMT	AEMT	MEDIC
ACE inhibitors				X
Acetaminophen	X	X	X^{15}	X
Adenosine				X
Aminophylline				X
Amiodarone				X
Anti-arrhythmic				X^{12}
Antibiotics				X
Anti-emetic preparations				X
Antivirals				X
Aspirin		X	X	X
Atropine	X^4	X^4	X^4	X
Barbiturates				X
Benzodiazepine preparations				X^{14}
Beta agonist preparations		X^2	X	X



Approved Skills for Credentialed EMS Personnel

EMS personnel performing these skills must do so within an EMS system. Personnel must follow written treatment protocols and must complete appropriate medical education. All EMS System protocols and policies must be reviewed and approved by the Medical Director of the Office of EMS.

All items highlighted in "red" are required by NCCEP in all systems with EMS personnel credentialed at the specified level. Specialty Care (SCTP) required items are not listed here, as they can be found on the Specialized Ambulance Protocol Summary (SAPS) form.

Skills	EMR	EMT	AEMT	MEDIC
12-Lead ECG Acquisition & Transmission		X	X	X
12-Lead ECG Interpretation				X
15-Lead ECG Acquisition				X
Arterial Access - Blood Draw				X
Arterial Line maintenance				X
Blind Insertion Airway Device (BIAD)		X^1	X	X
Capnography (Waveform)		X^6	X ⁶	X^6
Carbon Monoxide Measurement (non-invasive)	X	X	X	X
Cardiac Monitoring		X^4	X^4	X
Cardiac Pacing				X
Cardiopulmonary Resuscitation	X	X	X	X
Cardioversion				X
Carotid Massage				X
Central Venous Pressure Line Maintenance				X
Chest Compression-External Device		X	X	X



N.C.G.S. 131E-155 (6b)

- "Emergency Services Peer Review Committee" means a panel composed of EMS program representatives to be responsible for analyzing patient care data and outcome measures to evaluate the ongoing quality of patient care, system performance, and medical direction within the EMS System.
- The committee membership shall include physicians, nurses, EMS personnel, medical facility personnel, and county government officials.



- Review of medical records by the EMS Peer Review Committee is confidential and protected under N.C.G.S. 143-518.
- An EMS Peer Review Committee, its members, proceedings, records and materials produced and materials considered shall be afforded the same protections afforded Medical Review Committees under N.C.G.S. 131E-95.



- The EMS PEER Review Committee for an EMS System shall:
 - Be composed of membership as defined in N.C.G.S. 131E-155(6b)
 - Appoint a physician as chairperson
 - Meet at least quarterly
 - Use info gained from the analysis of system data submitted to the OEMS to evaluate the ongoing quality of patient care and medical direction within the system



- Use information to make recommendations regarding the content of the CE program
- Review protocols and make recommendations for changes to the medical director
- Establish and implement a written procedure to guarantee due process reviews for personnel temporarily suspended by the medical director
- Record and maintain minutes
- Establish and implement system performance improvement guidelines that meet or exceed the statewide standard



PRC Purpose in Summary

- Evaluate the ongoing quality of patient care and medical direction within the system
- Make recommendations regarding the content of the CE program
- Recommend protocol changes to the medical director
- Guarantee due process reviews for personnel temporarily suspended by the medical director
- Establish and <u>implement</u> system performance improvement guidelines



- Adopt written guidelines that address:
 - Structure of committee membership
 - Appointment of committee officers
 - Appointment of committee members
 - oLength of terms
 - oFrequency of attendance
 - Establishment of a quorum
 - Confidentiality of medical records and personnel issues



EMS Provider License Requirements

10A NCAC 13P .0204

- Any firm, corporation, agency, organization or association that provides emergency medical services shall be licensed as an EMS Provider by meeting and continuously maintaining the following criteria:
 - Be affiliated with each EMS System where there is to be a physical base of operations or where the provider will provide point-to-point patient transport within the system



EMS Provider License Requirements

- Permitted Ambulance(s)
- Submit a written plan detailing how the provider will furnish credentialed personnel
- Meet any franchise requirements of the system
- Provide systematic, periodic inspection, repair, cleaning, and routine maintenance of all responding ground units and maintain records for inspection
- Collect and within 24 hours electronically submit to OEMS EMS Care data that uses EMS data set and data dictionary as specified by the NCCEP standards



EMS Provider License Requirements

- Develop and implement operational protocols for the management of equipment, supplies and medications and maintain records for inspection
- These protocols shall include a methodology:
 - To assure that each vehicle contains the required equip and supplies
 - For cleaning and maintaining the equip and vehicles
 - To assure that supplies and equipment are not used beyond the expiration date and stored in a temperature controlled atmosphere in accordance with manufacturers' specifications



EMS Provider License Conditions

10A NCAC 13P .0205

- Only one license per EMS Provider
 - Not Transferable
 - Posted in a prominent location accessible to public view

License is good for six (6) years





STATE OF NORTH CAROLINA

Department of Health and Human Services Division of Health Service Regulations Office of Emergency Services

EMS System Modification Application

Updated January-1-2012

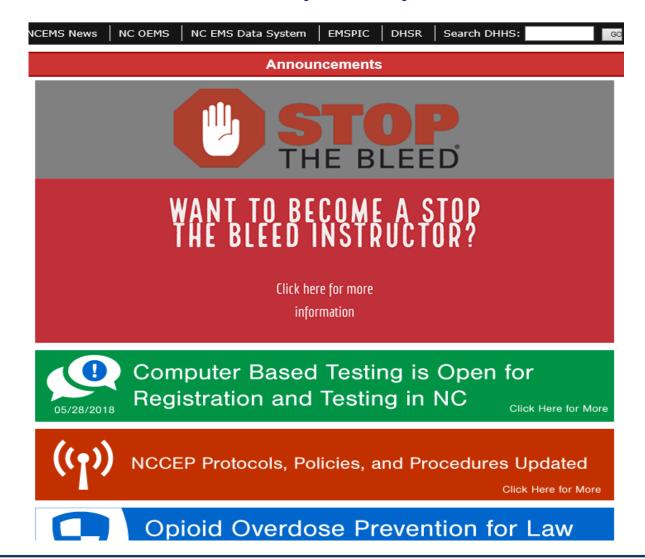


		EMS SYSTEM MODIFICATION	
		APPLICATION	
		CONTENT INFORMATION AND SELECTION	
Applicat	tion Date:	Proposed Implementation Date:	
Descript	tive Title:		
This n	nodification involves:	(Check all boxes that apply, complete appropriations any required documentation.)	te sections, and attach
	Section	any required documentations)	
	I. EMS System Information (Section must be completed for	or any modification)	
	II. New EMS Provider Applic	cation:	
	Licensed Provider II N (Complete sections I, II and	Non-licensed Provider d VIII)	
	II. C. Provider Name or Own	nership Change Only	
_	Licensed Provider N (Complete sections I, II (C)	Non-licensed Provider	
п	W-127112-01-127-127-127-127-127-127-127-127-127-12	Licensed or Non-Licensed EMS Provider(s) to the EMS System	
_	(Complete sections I, III, as		
	IV. Modifying the Level of Ca Within and or outside the E	are for of Current Licensed or Non-Licensed Provider(s) participa TMS System	ting
	(Complete sections I, IV, as		
		ovider or Non Traditional Practice Setting: Non-Licensed Provider Non Traditional Practice Setting	
	(Complete sections I, V, a		
	VI. EMD Center Informatio		
	(Complete sections I,	Deletion to an EMS System VI, and VIII)	
	VII. Medical Oversight:		
	A. Protocol, Medication (Complete sections I,	ı, Polices or Procedure or Peer Review Committee Modification VII (A), and VIII)	
	B. System Medical Dire (Complete sections I,	ector or Assistant Modification and Requirements VII (B), and VIII)	
	VIII. Endorsements		
DIAC C	The state of the s	prepared to present documentation or other information supporting your answer	er.* Undated 1-1-2012
DHIHS DE	em Modification Application		Opusied 1-1-2012



www.ncems.org

The North Carolina Office of EMS (NC OEMS)





North Carolina College of Emergency Physicians Standards for Medical Oversight and Data Collection

NCEMS News

NC OEMS

NC EMS Data System

EMSPIC

DHSR | Search DHHS:

GO

e NCCEP

Medications and Skills

North Carolina Medical Board Approved Medications and Approved Skills for Credentialed EMS Personnel (136 Kb PDF) - Revised 06/19/2018

EMS Protocols

- EMS Patient Care Treatment Protocols for NC EMS Systems (21.9 Mb PDF) Revised 12/16/2017
- Individual Protocols

EMS Policies

EMS Patient Care Related Operational Policies for NC EMS Systems (1 Mb PDF) - Revised 1/1/2017

EMS Procedures

EMS Patient Care Procedure Documents for NC EMS Systems (3.6 Mb PDF) - Revised 6/8/2017

Qualifications for Medical Directors

Requirements for NC EMS Medical Directors, Educational Advisors, and Assistant Medical Directors (114 Kb PDF)

Performance Improvement

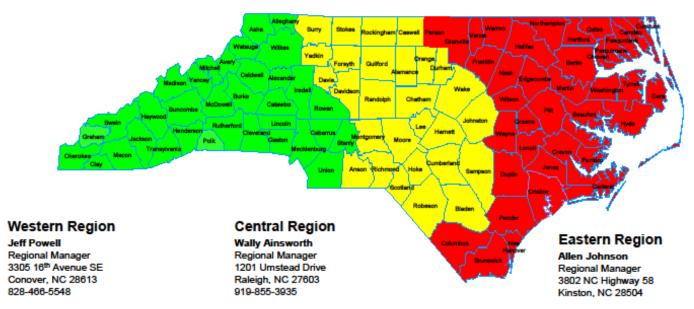
• North Carolina EMS Performance Improvement Guidelines (864 Kb PDF)



NCOEMS Regions



North Carolina Office of Emergency Medical Services



Regional Specialist

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Regional Specialist

Rob Glover – Regional Specialist (Compliance)
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11/0/2018



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Summary & Questions



