NORTH CAROLINA EMS SYSTEM

An Overview of Legislative Changes and Temporary Rules

Something to Ponder

"If toast always lands butter-side down, and cats always land on their feet, what happens if you strap toast on the back of a cat and drop it?"

- Steven Wright.

On Aging

"First you forget names, then you forget faces. Next you forget to pull your zipper up and finally, you forget to pull it down."

- George Burns.

Attitude

"A positive attitude will not solve all your problems, but it will annoy enough people to make it worth the effort."

- Herm Albright.

Experience

"Experience is the name every one gives to their mistakes."

- Oscar Wilde

2001 EMS Session Laws

An Act to Revise and Update the EMS Act of 1973
(House Bill 452)
G.S. 143-507 through 143-519

An Act to Provide for the Regulation of Emergency Medical Services
(House Bill 453)
G.S. 131E-155 through 131E-162

Make a Note

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2001 EMS Law Revisions

- Effective date January 1, 2002
- Places all EMS rule making authority with the North Carolina Medical Care Commission (143-508)
- Clarifies the authority for the Secretary of DHHS (143-509)
- Restructures the State EMS Advisory Council and specifically gives them the job of advising on all rules (143-510)

2001 EMS Law Revisions

- Identifies County Government as responsible for ensuring that EMS is available to its citizens (143-517)
- Moves all responsibility for EMS disciplinary actions to the Department (131E-159)
- Creates a five member EMS Disciplinary Committee appointed by the Secretary to review and make recommendations to the Department regarding personnel disciplinary actions (143-519)

2001 EMS Law Revisions

- North Carolina Medical Board authority to define scope of practice at all levels of EMS credentials (143-514)
- Medical Care Commission authority to define practice settings for EMS personnel (143-508)
- Medical Care Commission authority to establish standards and criteria for the credentialiing of EMS teaching institutions (143-508)

Impact of the Legislation

- Fundamental change in the way OEMS will do business (less regulatory role and more technical assistance role)
- Standards are still established and enforced, but more flexibility for you to design your own system to match your needs and available resources
- Doors are open for EMS to be more integrated into the overall health care system (practice settings, public health, injury prevention, etc.)

TEMPORARY EMS RULES

January 1, 2002

Make a Note

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Outline of Temporary Rules

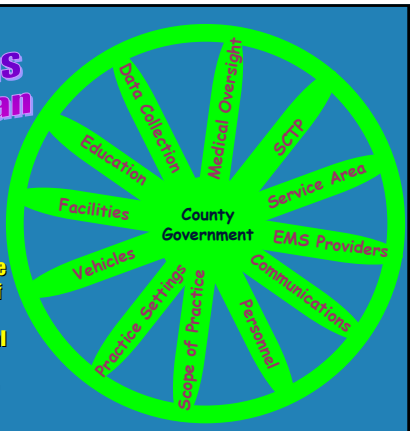
- Definitions (.2500)
- EMS Systems (.2600)
  - Providers, licensing, vehicles, permits, communications, data collection, facilities
- Specialty Care Transport Programs (.2700)
  - Air Medical; Ground Programs; Hospital Based Ground Programs
- Medical Oversight (.2800)
  - Medical Director responsibilities; protocols; QM Committee

Outline of Temporary Rules

- Personnel (.2900)
  - Credentialing; scope of practice; practice settings
- Educational Programs (.3000)
  - Curriculum; teaching institutions
- Enforcement (.3100)
- Trauma System (.3209 .3500)
  - Designation Criteria, registry, RAC
- Administration/Forms (.3600)

County EMS System Plan

- Each County must establish an EMS System
- System design, scope of practice, number of providers, service areas, etc. are all local decisions
- Will have one year to develop the system plan



System Plan

OEMS Staff will meet with your County Manager to provide a briefing on new rules and discuss the role of the County. They will meet with the system planning team as often as necessary to answer questions and clearly explain the options within the rules as you plan your system.

Our Fundamental Belief:

Local systems can best determine how local resources can be used to provide quality patient care. It is the role of the OEMS to assist in this process while assuring our citizens that minimal standards will be met.

Model EMS System

There are specific components of an EMS system that go beyond the "minimal requirements" and, if implemented successfully, will result in better care for your patients. Systems which implement these components will be designated as Model Systems.

Model EMS System

- Systems are encouraged to develop the components of a "model system" using a timetable and methodology that meet local needs
- The pursuit of this designation is voluntary and is not MANDATED by OEMS
- If the model system is in place and functioning properly, there is less need for regulatory oversight by OEMS - the system can be allowed to "police" itself to some degree
- By requiring less regulation, paperwork, "red tape" for the systems that achieve, there is created another incentive to achieve
- The role of "encourager/facilitator" is more appropriate for OEMS as we move to retool our statewide EMS system to better serve our citizens

Model EMS System

CRITERIA	INCENTIVE
Standard scope of practice for system	Automatic relicensing for providers without application
Medical Oversight	Vehicle permits issued for 4 years
Analysis of system data drives QM and Con Ed programs	Renewal of vehicle permits without inspection
Plans for diversion, pt. disposition, triage to facility, disaster and mass gathering	Renewal of credentials for educational institutions without requirements for submission of an application
Clinical education	Reduce required paper flow to OEMS
Equipment/supply standards	Opportunities for increased availability of alternative practice settings and scope of practice
Vehicle maintenance plan	Increased local options for credentialing personnel
Plans for injury prevention initiatives, community health outreach, public education	PR/marketing that comes from meeting higher standards
Affiliation with a RAC	
E-911 system; EMD program	

Scope of Practice & Practice Settings

SCOPE	SETTING
Determined by the NCMB (G.S. 143 [illegible])	NCMCC implement scope and define settings (G.S. 143 [illegible])
All levels of care	Temporary Rule .2907
Skills/Medications	Must be a part of system to practice
Includes "experience and training"	Credentialing not a license to practice independently

10 NCAC 3D .2907 PRACTICE SETTINGS FOR EMS PERSONNEL

EMS Personnel may function in the following practice settings in accordance with the protocols approved by the medical director of the EMS System or Specialty Care Transport Program with which they are affiliated, and by the OEMS:

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(1) at the location of a physiological or psychological illness or injury including transportation to an appropriate treatment facility if required;

(2) at public or community health facilities in conjunction with public and community health initiatives;

(3) in hospitals and clinics;

(4) in residences, facilities, or other locations as part of wellness or injury prevention initiatives within the community and the public health system; and

(5) at mass gatherings or special events.

EMS Education

- Educational institutions issued credential instead of contract (3 levels)
- Level based on resources and commitment
- Instructors are credentialed (2 levels)
- Credentialed instructors required as "lead instructors" and "program coordinators"
- Credentialed instructors must be able to "do" and "teach"

Terms of Credentials

System Approval	6 years
Model System Designation	6 years
Provider License	6 years
Vehicle Permit	2 years
Model System Vehicle Permit	4 years
SCTP Approval	6 years
Personnel	4 years
Instructors	4 years
Educational Institutions	4 years

What happens until my local system plan is approved?

Transition

Transition

Provider License

All providers holding a current license as of December 31, 2001 with an expiration date during 2002 will be issued a one year extension from the current expiration date.

Transition

Vehicle Permits

All vehicle permits current as of December 31, 2001 will be granted a one year extension from the current expiration date

Transition

New Vehicles/Out of Service Vehicles

All inspections will be completed using existing standards pending system approval. After system approval, vehicles must meet standards established by system protocols.

Transition

Approved Teaching Institutions

All ATI with contracts current as of December 31, 2001 will be issued a one year extension of the contract. The expiration date of the extended contract will be December 31, 2002.

Transition

Certified EMT Instructors

All EMT Instructors certified as of December 31, 2001 will be issued Level I Instructor credentials consistent with the term of EMT Instructor Certification.

Transition

Medicare Reimbursement

The Signa Medicare Office in Nashville, Tenn. Has assured OEMS that the extended provider licenses and vehicle permits will suffice to continue the current reimbursement process.

Transition

Recredentialing EMT-D; I; P and EMD

- Written exam no longer required
  - all CE must be current
- Skills examination is still required
  - may be either state or approved local
- For "special" situations, see your OEMS regional specialist

A Final Thought

"Never try to teach a pig to sing. It wastes your time, and it annoys the pig! "

- Mark Twain

QUESTIONS?