

STATE OF NORTH CAROLINA

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

EMS System Modification Application

Effective, November 12, 2009

**EMS SYSTEM MODIFICATION
APPLICATION
CONTENT INFORMATION AND SELECTION**

Application Date: 1-11-12

Proposed Implementation Date: 1-11-12

Descriptive Title: Addition of Assistant Medical Director

This modification involves: (Check all boxes that apply, complete appropriate sections, and attach any required documentation.)

Section

- I. EMS System Information (Page 5)**
(Section must be completed for any modification)
- II. New EMS Provider Application: (Page 6)**
 Licensed Provider Non-licensed Provider
(Complete sections I, II and VIII)
- III. The Addition of Current Licensed or Non-Licensed EMS Provider(s) to the EMS System (Page 8)**
(Complete sections I, III, and VIII)
- IV. Modifying the Level of Care for of Current Licensed or Non-Licensed Provider(s) participating Within and or outside the EMS System (Page 10)**
(Complete sections I, IV, and VIII)
- V. Deletion of any System Provider or Non Traditional Practice Setting: (Page 12)**
 Licensed Provider Non-Licensed Provider Non Traditional Practice Setting
(Complete sections I, V, and VIII)
- VI. EMD Center Information and Application: (Page 13, 14)**
 Addition *or* Deletion to an EMS System
(Complete sections I, VI, and VIII)
- VII. Medical Oversight: (Page 15)**
 - A. Protocol, Medication, Polices or Procedure Modification (Page 15)**
(Complete sections I, VII (A,) and VIII)
 - B. System Medical Director or Assistant Modification and Requirements (Page 16, 17)**
(Complete sections I, VII (B), and VIII)
- VIII. Endorsements (Page 18)**

Note: Please be prepared to present documentation or other information supporting your answer."

I. EMS System Information

1. Must be filled out for all System Modifications. This is system and not Provider information.
2. This page is formatted to be completed electronically and saved for future use.
3. The System Modification Document is to be completed and submitted to the NCOEMS by the county System Administrator.
4. If any of the below information has changed, please update in CIS data base prior to submission and highlight below what is new.

EMS System:

Level of System: EMT-B EMT-I EMT-P

Number of Modifications: 2

Descriptive Title: Addition of Assistant Medical Director

Proposed Implementation

Date: 1-11-12

County Manager: Bill Eckler, Interim

County: Rutherford

Co. Manager Address: 339 Callahan Koon Rd., Spindale, NC 28160

Phone: 828-287-6075

Fax Number: 828-287-6489

Email

Address:

richard.pettus@rutherfordcountync.gov

Pager: N/A

Mobile: 828-288-1369

Contact Person: Richard Pettus, EMS Director

Title:

Phone: 828-287-6075

Fax Number: 828-287-6489

Email Address:

richard.pettus@rutherfordcountync.gov

Pager: N/A

Mobile: 828-288-1369

Mailing Address:

City: 339 Callahan Koon Rd., Spindale

State: NC

Zip: 28160

Medical Director: Dr. Bobby England

Phone: 828-287-6075

Fax Number: 828-287-6489

Email

Address:

richard.pettus@rutherfordcountync.gov

Pager: N/A

Mobile: 828-288-1369

Mailing Address:

City: 339 Callahan Koon Rd., Spindale

State: NC

Zip: 28690

RAC Affiliation:

Completed application must be submitted to the appropriate regional office. Modifications that require approval must be submitted at least **30 days** and receive notification from the OEMS prior to implementation. Further inquiries are to be directed to the appropriate regional office. All system modification applications must be approved by the county EMS System Administrator.

WESTERN

Western Regional EMS Office
3305 16th Ave. S.E.
Suite 302
Conover, NC 28613
828-466-5548 Office
828-466-5651 Fax

CENTRAL

Central Regional EMS Office
120 Penmarc Drive, Suite 108
2717 Mail Service Center
Raleigh, NC 27699-2717
919-715-2321 Office
919-715-0498 Fax

EASTERN

Eastern Regional EMS Office
404 St. Andrews Street
Greenville, NC 27834
252-355-9026 Office
252-355-9063 Fax

Note: Please be prepared to present documentation or other information supporting your answer."

VII. MEDICAL OVERSIGHT

1. **SECTION VII A.** If changes are made in protocol, medications, policies, or procedures for the EMS System, completion of this section along with supporting documentation is required. This information is to be sent to the appropriate regional office and not directly to the NCOEMS Medical Director. If an EMS System would like to change or add to the existing 2009 NCCEP Patient Care Treatment Protocols, the Medical Director must contact Dr. Greg Mears, NCOEMS Medical Director for approval before development of the additional protocol(s). Dr. Mears can be reached electronically at gdm@med.unc.edu. Approval letter from the NCOEMS Medical Director and NCOEMS is required before implementation of changes.
2. **SECTION VII B.** If the system adds an Assistant Medical Director or changes System Medical Director, even if interim, this section is required. Include verification that all mandatory NCCEP requirements are met. If a Medical Director or Assistant Medical Director is deleted, only the name is required. County letter of appointment is required.
3. Required Endorsements: System Administrator and Medical Director.
4. Section I. and VIII. Completion and submission required with any change in this section.

A. Protocol, Medications, Policies, or Procedures Modification

For a detailed listing of the protocols, policies, and procedures as required by the North Carolina College of Emergency Physicians, refer to the OEMS web page at www.ncems.org.

Have any changes occurred to the written treatment protocols, medications, policies or procedures?

- Yes No If yes: check all the below that apply and send to the appropriate regional office. **Do not send to the NCOEMS Medical Director.**

Provide written approval letter from the System Medical Director for any proposed changes and list what changes are being made.

- Attach two copies of the proposed written treatment protocols. All changes should reflect the new 2009 NCCEP guidelines.
- Attach two copies of the proposed change in policies.
- Attach two copies of the proposed change in procedures.
- Attach two copies of the proposed medications changes and list quantities carried on each unit per level.
- Describe the procedure for annual review of treatment protocols, policies and procedures. Provide a schedule as a part of this procedure. (For example: All protocols will be reviewed every January. Changes and additions will be addressed throughout the year).

Note: Approval letter must be received from OEMS prior to implementation.

Note: Please be prepared to present documentation or other information supporting your answer."

B. Medical Director Modification

1. The Medical Director for an EMS System shall be responsible for items listed in 10A NCAC 13P .0403 (a) (1) – (9), (b), and (c).
2. If the system adds an Assistant Medical Director or changes System Medical Director even if interim, this section is required. Include verification that all the mandatory NCCEP requirements are met. If a Medical Director or Assistant Medical Director is deleted, only name is required. When approved, System will need to update CIS with new Medical Director.

Add { Delete Name: }

System Medical Director Assistant Medical Director Interim

Name: Drew Harrill, PA

Home: (828) 429-9324

Work: (828) 287-6075

Pager: ()

Mobile: (828) 429-9324

Email: drew.harrill@rutherfordcountync.gov

Mailing Address: 339 Callahan Koon Rd

Home Work

City: Spindale

State: NC Zip: 28160

1. If an addition, please include all the following documentation:

- Letter of appointment from county official. This is required for Medical Director and Assistant Medical Director.
- Document verifying the NCCEP requirements. (See table at bottom of page)
- Complete the NCCEP Medical Director's Course within the first year of appointment. Date of course: _____ In subsequent years, attend 1 or more of 3 NC EMS Medical Director meetings scheduled by the NC OEMS annually.
- Documentation of the Medical Directors' responsibilities and job description. Attach contract if applicable.
- Letter from new Medical Director that he/she approves of protocols, policies, medications, procedures, equipment to be carried on vehicles.
- Letter of approval from Medical Director stating approval of continuing education plan, if applicable.
- Letter of approval for the EMD center and card version, if applicable.
- Updated EMS Peer Review Committee list indicating new Medical Director as member, if applicable.

- | |
|---|
| 1. Hold current license to practice medicine or osteopathy in North Carolina. (Where is copy of license held for OEMS Inspection) <input type="checkbox"/> |
| 2. Have endorsement indicating a working relationship with the local physician community (i.e. Hospital staff, local medical society, or emergency physician's group) <input type="checkbox"/> |
| 3. Preferably hold board certification or be board prepared in Emergency Medicine and completion of an EMS Fellowship. When this is not feasible, the medical director must at least hold board certification or be board prepared in a clinical specialty that represents the broad patient base the EMS system serves. Board certification must be obtained within 5 years after successful completion of residency training. (List Board Certification Specialty) <input type="checkbox"/> |
| 4. Maintain BC/BP as mentioned in above with a board, approved by the American Board of Medical Specialties or the American Osteopathic Association. <input type="checkbox"/> |
| 5. Maintain an active clinical practice. (Where) <input type="checkbox"/> |
| 6. Have education or experience in out-of-hospital emergency care. (Give Explanation) <input type="checkbox"/> |
| 7. Have participated, or possess equivalent experience, in the resuscitation of adult and pediatric patients that suffer acute illness or traumatic injury. (Explain) <input type="checkbox"/> |
| 8. Possess knowledge of federal, state, and local laws and regulations regarding EMS <input type="checkbox"/> Yes |
| 9. Maintain appropriate medical liability coverage. (Statement to this fact will suffice) <input type="checkbox"/> |
| 10. Maintain involvement in local, regional, state, or national EMS organizations. (How) <input type="checkbox"/> |
| 11. Be exempt from item 1-3 above if the medical director was appointed prior to January 1, 2002. Those directors who do not meet the qualifications in item 1-3 must maintain current certification in a standardized adult trauma resuscitation course, a standardized adult cardiac resuscitation course, and a standardized pediatric acute resuscitation course. (Provide copies of certification for verification) <input type="checkbox"/> |

Note: Please be prepared to present documentation or other information supporting your answer."

For Assistant Medical Director:

When approved, System will need to update CIS with the new Assistant Medical Director information.

Add { Delete Name: } Interim

Name: Drew Harrill, PA

Home: (828) 429-9324 Work: (828) 287-6075 Pager: ()

Mobile: (828) 429-9324 Email: drew.harrill@rutherfordcountync.gov

Mailing Address: 339 Callahan Koon Rd.

Home Work

City: Spindale State: NC Zip: 28610

Letter of appointment from county official.

Attach list of clearly defined and written responsibilities or tasks assigned by the Medical Director.

Complete the NCCEP Medical Director's Course within the first year of appointment. Date of workshop:TBD

Updated EMS Peer Review Committee list indicating new Assistant Medical Director as member, if Applicable.

Assistant Medical Director Requirements
1. Hold a current license to practice medicine or osteopathy or be credential by the NCOEMS as an EMS Physician Assistant or EMS Nurse Practitioner. <input checked="" type="checkbox"/>
2. Work under the direction of the EMS system medical director or the EMS specialty care transport program medical director. <input checked="" type="checkbox"/>
3. In subsequent years, attend 1 or more of 3 NC EMS Medical Director meetings scheduled by the NC OEMS annually.

Note: Please be prepared to present documentation or other information supporting your answer."

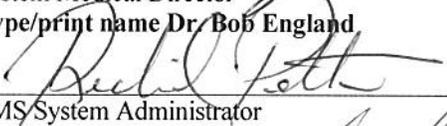
VIII. ENDORSEMENTS

Please type or print the name and title under each required signature. If additional signatures are required, attach an extra copy of this sheet.

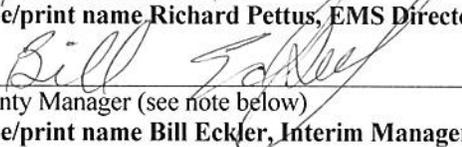
We, the undersigned, have reviewed this **EMS SYSTEM MODIFICATION APPLICATION** and all attachments. We fully approve, support, and endorse this modification with a thorough involvement and understanding of our respective roles and responsibilities in maintaining an EMS System in the State of North Carolina pursuant to the rules of the North Carolina Medical Care Commission.



System Medical Director
Type/print name **Dr. Bob England** 1-26-12
Date



EMS System Administrator
Type/print name **Richard Pettus, EMS Director** 1-11-12
Date



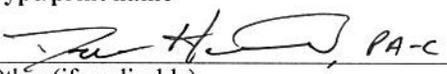
County Manager (see note below)
Type/print name **Bill Eckler, Interim Manager** 1-26-12
Date

County Manager, Outside of Service Area (if applicable)
Type/print name Date

Provider Administrator (if applicable)
Type/print name Date

Provider Administrator (if applicable)
Type/print name Date

Hospital/Facility Representative (if applicable)
Type/print name Date



Other (if applicable)
Type/print name **Drew Harrill, PA, Assistant Medical Director** 1-12-12
Date

Note: The County Manager's signature is not required, when through written delegation or resolution, the system administrator has been delegated authority to act on behalf of the county.

For NCOEMS Use Only
Date Received NCOEMS _____
Regional Specialist Signature _____

Note: Please be prepared to present documentation or other information supporting your answer."



Rutherford County Emergency Services

339 Callahan Koon Road
Spindale, North Carolina 28160
Voice: (828) 287-6075
Fax: (828) 287-6489



January 11, 2012

North Carolina Office of EMS
3305 - 4 16th Avenue SE Suite 302
Conover, NC 28613

To Whom It May Concern,

As Rutherford County EMS and the Rutherford County EMS System continue to grow and develop, we have placed great emphasis on our prehospital education program. This program includes such aspects as quality management, medical oversight as well as the didactic and clinical components of field care. As a part of continuing to improve our current practices we would like to appoint Drew Harrill, PA as the Assistant Medical Director for the Rutherford County EMS System. Mr. Harrill has been and continues to be an active medic in the field within our system and has recently completed licensure as a Physician Assistant with the appropriate authorities. His knowledge of field care along with his medical knowledge as a PA, combined with his enthusiasm and dedication to the profession will make him a valued asset to our organization as well as our system.

If you have any questions or need any further documentation, please feel free to let me know. I may be contacted via email at richard.pettus@rutherfordcountync.gov.

Thank you,

A handwritten signature in cursive script that reads "Richard Pettus".

Richard Pettus, Director
Rutherford County Emergency Services



Rutherford County Emergency Services

339 Callahan Koon Road
Spindale, North Carolina 28160
Voice: (828) 287-6075
Fax: (828) 287-6489



January 11, 2012

North Carolina Office of EMS
3305 - 4 16th Avenue SE Suite 302
Conover, NC 28613

To Whom It May Concern,

This letter is to officially inform your office that Mr. Drew Harrill, PA will be functioning as the Assistant Medical Director for the Rutherford County EMS System. As such, I would like to extend all privileges to Mr. Harrill as outlined within General Statute 10A NCAC 13P .0403(a) by the authority of me outlined in General Statute 10A NCAC 13P .0403(b). Mr. Harrill's experience and knowledge base will assist me in the management and progression of the Rutherford County EMS System into the future.

If you have any questions please feel free to let me know. I may be contacted by phone at 828-287-6075.

Thank you,

Dr. Bobby England, Interim Medical Director
Rutherford County Emergency Services