



MEDIC

Mecklenburg EMS Agency

2020
ANNUAL REPORT



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Medic's Mission: To save a life, hold a hand, and be prepared to respond in our community when and where our patients need us.

This was an extraordinary year in every sense of the word. This annual report chronicles Medic's journey as the Agency once again evolved to face unprecedented challenges in an ever-changing healthcare landscape. Now, more than ever, it is important to reflect back on our triumphs and accomplishments, and those who make it possible to provide the people of Mecklenburg County with one of the best EMS agencies in the nation.

During the front half of FY '20 Medic welcomed Mint Hill to the family on a full-time basis, expanding our responsibilities in the area and becoming the sole 911 response service provider in Mecklenburg County. Our clinical research continued to impact pediatric emergency medical care on a national scale. Improvement work was dedicated to reducing waste and increasing value to our patients, such as implementing ZeroRPM, an environmentally conscious technology predicted to save \$4.8 million dollars over the next ten years.

Medic then pivoted during the COVID-19 response, which continues to threaten the health of both our patients and employees. I cannot adequately express my pride and gratitude for the individuals at Medic who, without hesitation, prepared and executed strategies

that enabled Medic to provide the highest level of patient care in the midst of a global pandemic. Their innovation and dedication while facing risk to their own personal safety is second to none, and I am humbled to share their story with you.

Looking forward, Medic will remain adaptive as COVID-19 impacts our community for the foreseeable future. There are also exciting new projects slated that focus on the physical and mental safety of our employees, integrating diversity, equity and inclusion into Medic's vision, and providing new healthcare options for our patients.

I'd like to close with extending thanks to those who are at our side this year and every year; Mecklenburg County, the Board of County Commissioners, Medic's Agency Board of Commissioners, Charlotte-Mecklenburg Emergency Management, all of our fellow first responder agencies, our hospital partners, and the many individuals and organizations who donated everything from water and food to personal protective equipment for our employees. Your support is felt and valued as we serve our community together during these extraordinary times.

Sincerely,


JOSEF (JOE) H. PENNER



MEDIC OVERVIEW



GOVERNING STRUCTURE



Atrium Health

N **NOVANT**
HEALTH



HOW MEDIC IS STRUCTURED

By statute, Medic is a joint governmental agency formed through an agreement in 1996 between Mecklenburg County, the Charlotte Hospital Authority (now Atrium Health) and Novant Health. Medic is governed by an Agency Board of Commissioners, which is appointed by the Mecklenburg Board of County Commissioners. The Agency Board members are comprised of senior leaders from Atrium Health, Novant Health and Mecklenburg County.

HOW MEDIC IS FUNDED

Medic is a not-for-profit agency with two sources of funding: fees for service directly from patients and county subsidy. To determine Medic's annual funding request of the county, Medic forecasts the yearly budget needed to operate the system and expected revenue that will be generated during the upcoming fiscal year. There is generally a gap between revenue and expenses due to a number of factors such as patients' inability to pay and Medic's responsibility to provide services that are non-revenue generating (i.e. standbys for large community events, responding and treating patients on scene without transporting, etc). The gap represents Medic's funding request of the County.

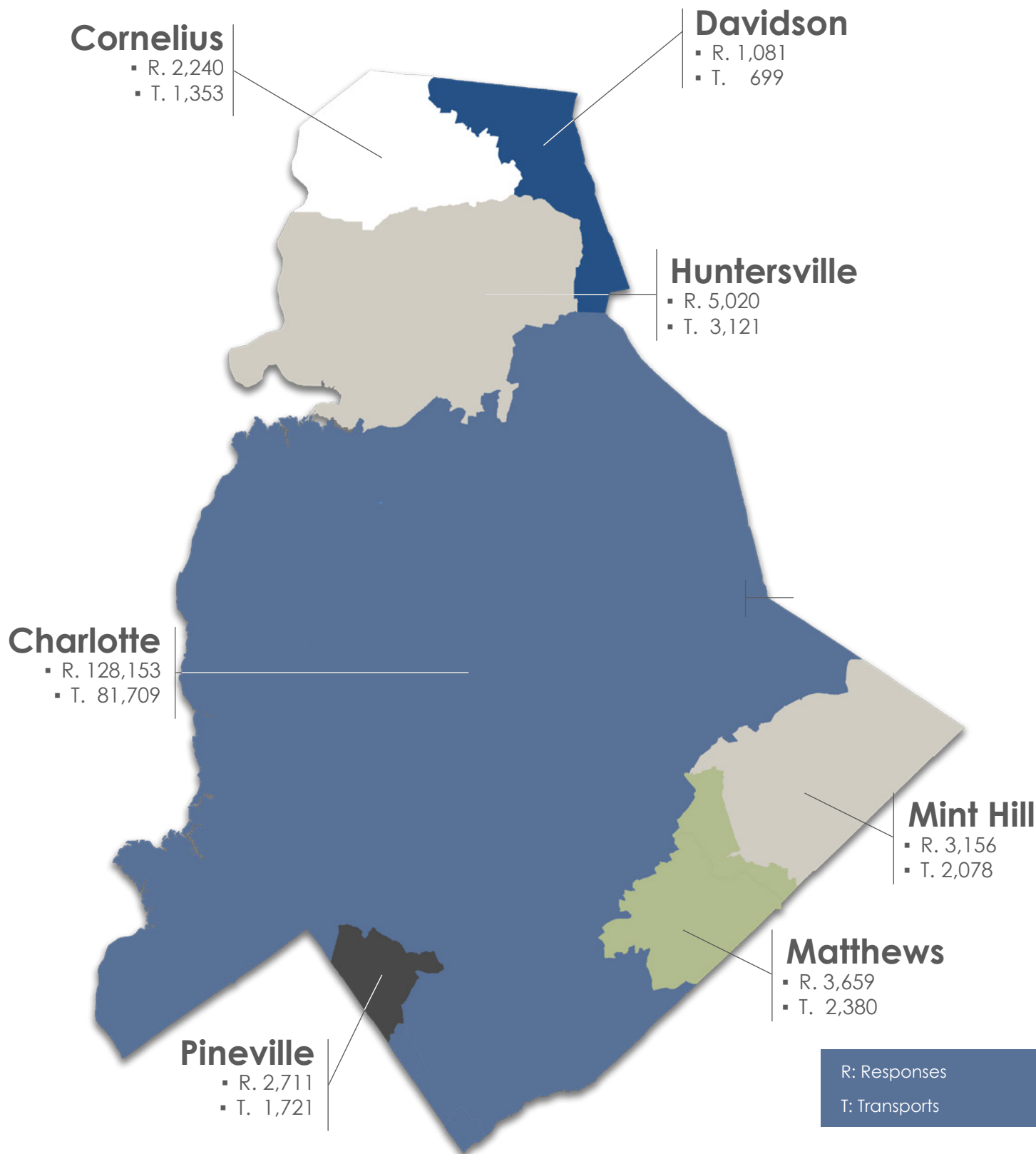
When revenue exceeds expenses at fiscal year end, that sum must be returned to the county as Medic cannot spend beyond its adopted budget without approval from the Agency Board of Commissioners. Mecklenburg County funded \$13,168,590 (19%) of Medic FY '20 budget of \$68,717,645 and approved an additional \$1,833,048 in Coronavirus Aid, Relief, and Economic Security (CARES) funding directed towards COVID-19 expenses.

BUDGET PROCESS

- 01 Biannual competitive wage study to inform the labor budget forecast is performed
- 02 Call volume and fee-for-service revenue are forecasted
- 03 Scheduled capital replacement plan is evaluated and recommended
- 04 Costs are prioritized for Labor, Operating, and Capital Improvement expenses
- 05 The gap between revenue and cost projections is calculated
- 06 Excess revenue from the previous fiscal year is returned to the County or used to partially fund next fiscal year's budget
- 07 Budget plan and funding request is submitted to Mecklenburg County
- 08 Mecklenburg County's Office of Management & Budget reviews Medic's request
- 09 The County Manager presents the recommended budget to the Board of County Commissioners
- 10 The Board of County Commissioners holds a straw vote on the County budget
- 11 Medic's Agency Board of Commissioners approves the budget
- 12 Mecklenburg County's final budget is voted on and adopted, including Medic's funding request
- 13 Medic operates and reports on budget vs. actual performance to Agency finance committee

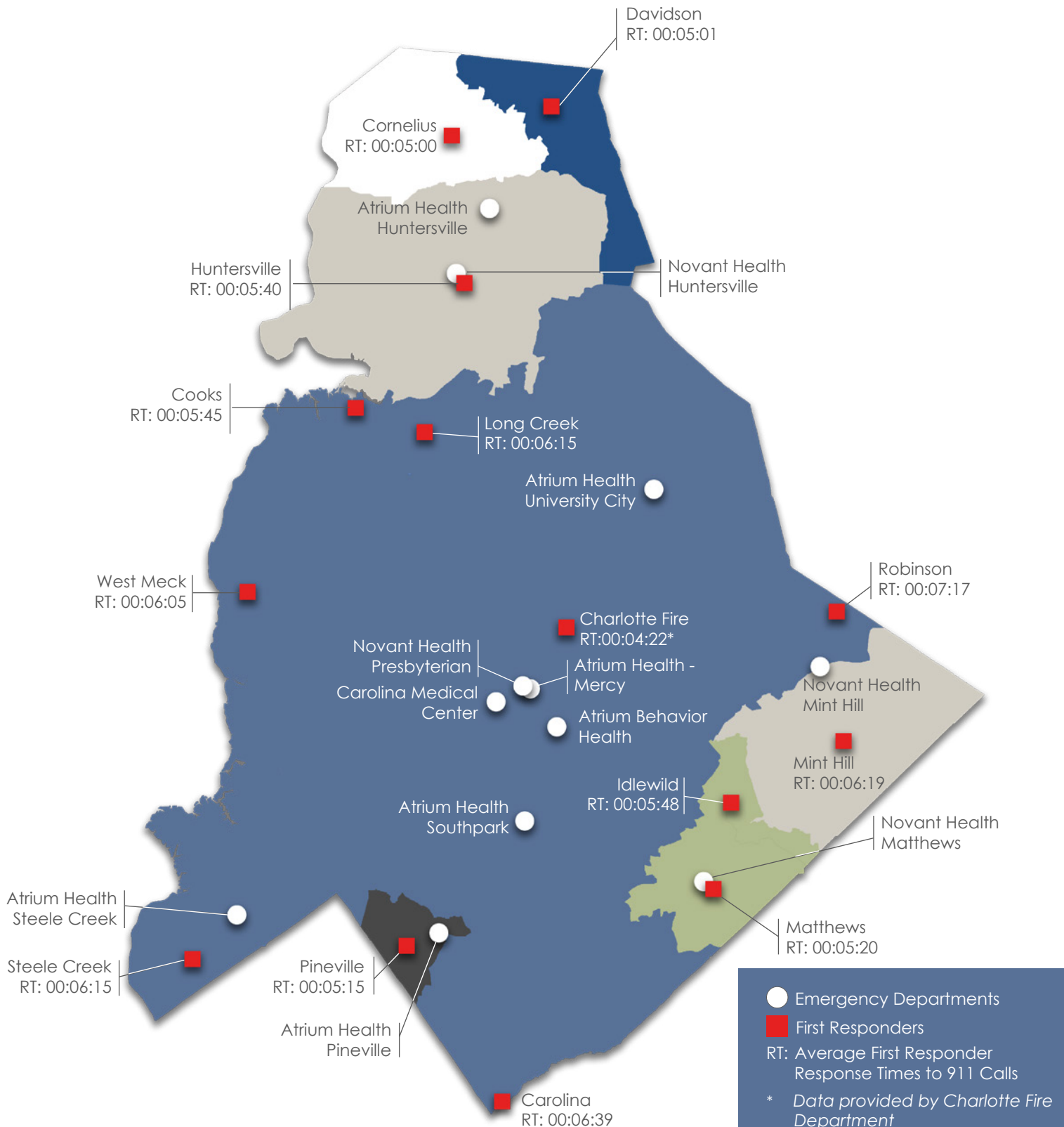
RESPONSE AND TRANSPORTS BY MUNICIPALITIES

This map illustrates the response area and the quantity of responses (when a Medic unit is dispatched) and transports (when a patient is transported to a local emergency department) broken down by municipality.



FIRST RESPONDERS & EMERGENCY DEPARTMENTS

Medic operates Mecklenburg County's EMS system and designs the response configuration. This map showcases the 14 first responder locations, their respective average response times, and Mecklenburg County's 12 emergency department transport locations.





MEDIC FY '20

At a Glance

8:21

Average Response Time:
Life-Threatening Calls

606

Employees

153,659

Total Responses

112,011

Total Transports

12

Emergency
Departments Served

93%

911 Calls Answered in
Under 10 Seconds

2,770,410

Total Ambulance Miles Driven

MEDIC RESPONSE TIME COMPLIANCE



**LIFE - THREATENING
EMERGENCIES**
GOAL: $\geq 90\%$



**POTENTIALLY
LIFE-THREATENING
EMERGENCIES**
GOAL: $\geq 90\%$



**NON LIFE-THREATENING
EMERGENCIES**
GOAL: $\geq 85\%$

153,659
TOTAL RESPONSES

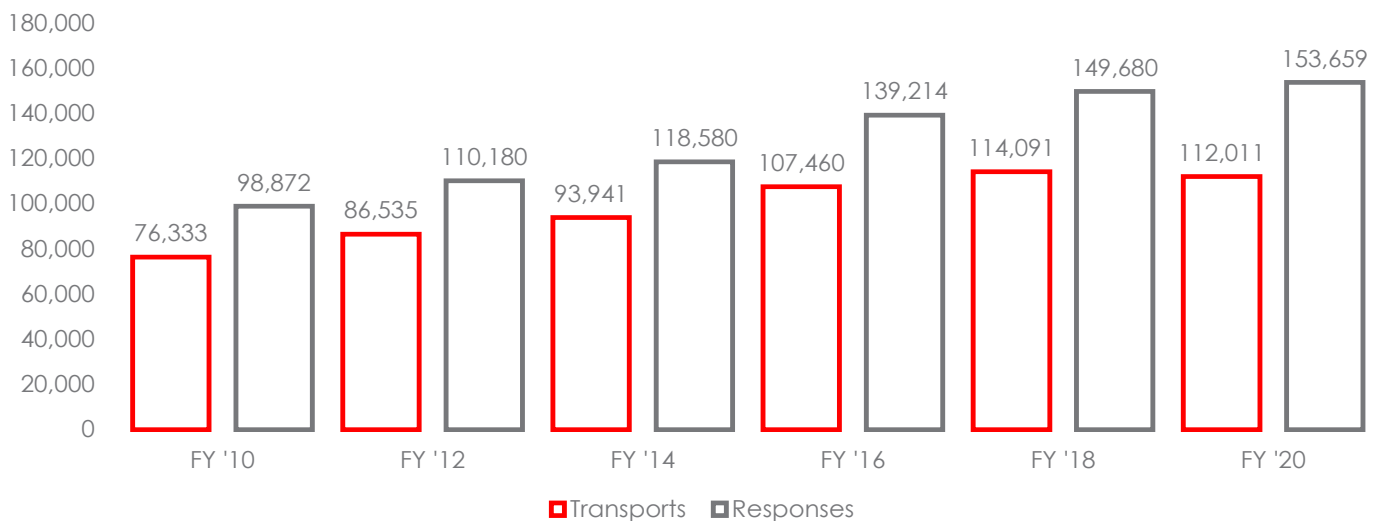
112,011
TOTAL TRANSPORTS

68% NON
LIFE-THREATENING

17% NON EMERGENCY
SCHEDULED

9% POTENTIALLY
LIFE-THREATENING

6% LIFE-
THREATENING



MOST FREQUENT 911 CALL TYPES

Sick Person	36,337
Falls/Back Injury	15,871
Traffic Accident	15,437
Breathing Problems	12,026
Unconsciousness/Fainting	11,318
Unknown Problem	9,078
Chest Pain	8,661
Psychiatric/Suicide Attempt	7,445
Assault	6,275
Overdose/Ingestion/Poison	5,647

DISPATCHED CALL TYPES

The following breakdown shows how the workload of Medic's Central Medical Emergency Dispatch is distributed, resulting in 179,589 dispatched emergency medical and fire resources in FY '20.

Medic	153,659
County Fire Rescue	8,717
County First Responder EMS	17,213
Total FY '20 Dispatches	179,589

CENTRAL MEDICAL EMERGENCY DISPATCH

Medic's state-of-the-art Central Medical Emergency Dispatch (CMED) center is the only secondary Public Safety Answering Point (PSAP) for medical calls in the entire state of North Carolina. This unique distinction means that once a 911 call is placed, instead of the police department dispatching an ambulance, the caller is transferred directly to Medic who then communicates with the caller, performs medical triage, dispatches appropriate resources to the location of the emergency and provides life-saving instructions over the phone until emergency responder arrival.

In FY '20, CMED earned recertification as an Accredited Center of Excellence (ACE) for Medical Dispatch from the International Academies of Emergency Dispatch (IAED). This honor is held by elite dispatch centers that display highly specialized skills of emergency telecommunications while improving public care and maximizing the efficiency of EMS.

In addition to the accreditation process for dispatch, the IAED sets high standards for individual employees performance. Each of Medic's 44 full-time telecommunicators are certified by the IAED as Emergency Medical Dispatchers (EMDs). This certification exceeds national standards for providing quality care and lifesaving instructions to patients. All telecommunicators are also Emergency Fire Dispatchers (EFDs).

CMED has successfully achieved reaccreditation every year since 2004. Currently, there are only 183 medically accredited dispatch centers worldwide. The center continuously upgrades their technology to improve patient care, with future plans including incorporating Text-to-911 in conjunction with the Charlotte-Mecklenburg Police Department in the winter of 2020. This feature is especially helpful to patients who are hearing impaired or experiencing an emergency where voice calls are not possible.

HOW A 911 CALL WORKS IN MECKLENBURG COUNTY

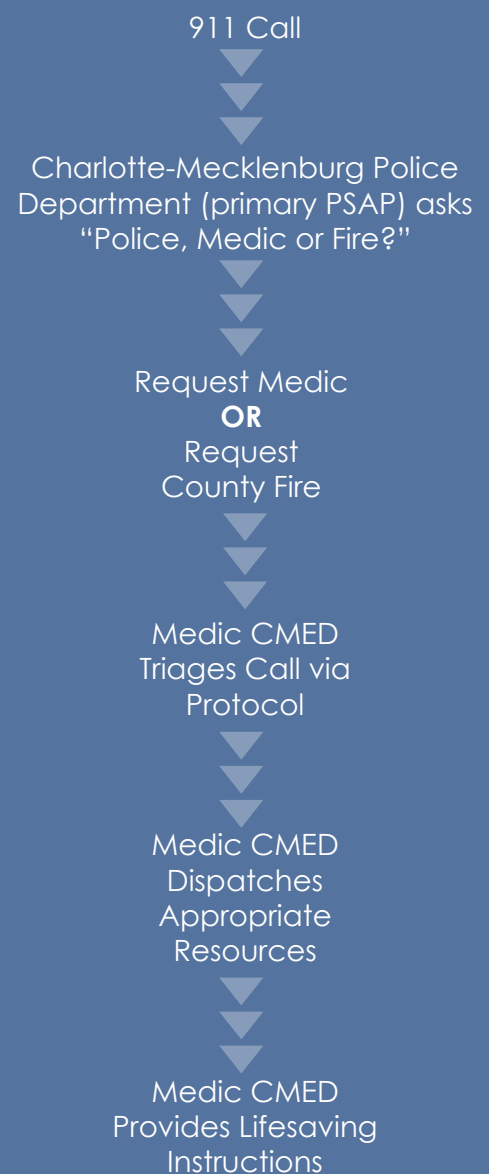




Photo center: CMED Telecommunicator Taylor Hicks

MINT HILL

On August 13, 2019, the Mint Hill Volunteer Fire Department (MHVFD) ceased providing ambulance service to the residents of Mint Hill. Medic subsequently expanded the Agency's responsibilities in the town, going from a shared EMS provider to one that provides 100% of the emergency medical service to the community; this change renders Medic the sole EMS provider for all of Mecklenburg County. MHVFD remains a first responder to both medical and fire emergencies in Mint Hill.

To prepare for changes in coverage requirements along with the predicted increased volume, Medic adjusted its staffing and response strategies to include the needs of the community on a full-time basis. This included hiring qualified caregivers from Mint Hill who chose to join Medic as part of the transition. Once complete, the citizens of Mint Hill continued to receive the same high quality of care they have been accustomed to while incurring no increase to the fees paid for service.

Medic is honored to continue serving the citizens of Mint Hill alongside our longstanding partners at the MHVFD.

MEDIC
RESPONSES IN
MINT HILL:

3,156

MEDIC
TRANSPORTS IN
MINT HILL:

2,078

*Data from August 13, 2019 -
June 30, 2020*



COVID19

DECEMBER
2019

1st COVID-19 case documented in China

JANUARY
2020

1st COVID-19 case documented in the United States

FEBRUARY
2020

1st Medic COVID-19 planning meeting
CMED screening tool activated

MARCH
2020

Agency protocols updated & emergency operations center activated

1st COVID-19 case documented in Mecklenburg County

Medic administrative employees begin teleworking

1st COVID-19 positive patient transported by Medic

Stay at Home Order announced in NC

911 call volume decreases 4% from previous month

Peak number of Medic employees quarantined with suspected COVID-19 (40 in one day)

1st Medic employee tests positive for COVID-19

APRIL
2020

Expanded nurse advice line launches

New response and transport protocols implemented

MAY
2020

Phase II reopening in Mecklenburg County

911 call volume continues to decrease, 25% fewer patients compared to 2019

JUNE
2020

911 call volume begins to rebound, increasing 14% after Stay at Home Order lifts





PREPARED TO RESPOND

As the nation braced for an impending global pandemic, Medic began preparing for COVID-19 and the threat it would most certainly pose to the health of this community and Agency employees.

Operations Leadership updated and executed existing protocols related to infectious diseases, including the activation of an Emergency Infectious Disease Surveillance (EIDS) tool in CMED. EIDS aids in the identification of patients with a travel history and/or symptoms suggestive of coronavirus and alerts care givers pre-arrival so they are prepared with the appropriate personal protective equipment (PPE) to safely care for the patient. Once a call is categorized as EIDS Positive, the field providers perform a second screening to confirm symptoms and categorizes the patient as Field Screen Positive. There were 2,719 Field Screen Positive patients as of June 30, 2020.

Medic Leadership was very engaged in the development of a coordinated community response

alongside Mecklenburg County's Department of Public Health, Atrium Health, Novant Health, Charlotte-Mecklenburg Emergency Management and first responder partners to undertake the monumental task of ensuring the stability of our high-performing healthcare system in Mecklenburg County.

PROTECTING EMPLOYEES: PPE

While the world's supply of PPE was declining at an alarming pace, Medic's dedicated Logistics team ramped up the daily task of utilizing longstanding relationships with vendors and acquiring essential supplies needed to keep care providers safe. The Agency also implemented CDC-approved guidelines that helped manage PPE usage rates to ensure long term availability while back stock was built. Through these efforts, Medic employees were never without PPE since the first case appeared in Mecklenburg County.



Photo left: Paramedic Mikaela Kimbrough
Photo above: Operations Support Technician Lakisha Lee

Financial Impact

Medic experienced a steady decrease in call volume after the Stay at Home Order was announced in March, with an average of 125 fewer transports per day by April. The impact of this decline resulted in a loss of \$3.4 million in fee-for-service revenue. Medic worked with the county to build plans for ensuring the Agency's ability to responsibly manage expenses while also avoiding employee layoffs and remaining prepared to respond in the community as call volume rebounded. This approach was very successful and Medic finished the year with a balanced budget.

Patient Care Impact

COVID-19 required protocol adjustments to decrease exposure risk to both patients and employees. Some of these changes have proven valuable in ways beyond the benefit provided during COVID-19 and will be evaluated for long term consideration.

- First responder fire departments were only sent on select calls to minimize their potential exposure to COVID-19 patients and conserve PPE.
- Fire departments continued to respond to all traffic accidents and life-threatening calls such as cardiac arrests. This process

prevented first responder response to 13,823 calls in FY '20 without negative impact to patient care.

- Medic began transporting a subset of patients experiencing behavioral health issues directly to Atrium Health Behavioral Health Charlotte (BHC) as opposed to area emergency departments. The new destination protocol was created by Medic and Atrium Health leadership in an effort to avoid unnecessary transfers from emergency departments, therefore minimizing the risk of exposure for patients and care givers alike. Between implementation on April 16, 2020 and the end of the fiscal year, Medic diverted a total of 89 patients away from area emergency departments to receive more appropriate care at BHC.

- With guidance from medical control, triage protocols in the 911 communications center were updated to increase eligibility of low acuity patients who would be better served by a nurse advice line. This process reduced patient and provider exposure to COVID-19 and preserved critical resources for higher acuity, life-threatening calls. During the 290 hours of testing this process, the nurse lines operated by both Atrium Health and Novant Health, were able to prevent unnecessary ambulance response by 80 calls.



A New Reality

The true impact of COVID-19 is still very much unknown. The Agency continues to monitor and adjust as necessary and is thankful for the continued support of the community and partners as Medic navigates the challenges of COVID-19 for as long as they exist.



COVID-19: BY THE #s

*Data compares an 8-week period before March 26 (stay at home order declared) - June 30, 2020

- **2,719** Field Screen Positive Patients
- **576** Confirmed COVID-19 Patients Transported
- **50%** Reduction of Non-Emergency Transports
- **74** Fewer Patients Transports Per Day on Average*
- **19** Employees Tested Positive
- **209** Employees Quarantined
- **\$3.4 million** Less in Transport Revenue Than Projected
- **\$1,833,048** in Coronavirus Aid Relief and Economic Security (CARES) Funding

Photo, above: Paramedic Drew Williams
Photo credit, left: Charlotte Observer and Jeff Siner

A photograph of an office interior featuring cubicles with grey partitions and light-colored storage cabinets. A desk with a computer monitor and office phone is visible on the left. The entire image is covered with a semi-transparent green overlay. A white rectangular border frames the central portion of the image, where the word "STEWARDSHIP" is written in large, white, bold, sans-serif capital letters.

STEWARDSHIP





Photo: Mechanic III Cameron Beaver and Assistant Operations Supervisor Nick Bringolf

Medic is committed to being responsible financial stewards by seeking methods to decrease waste while also maintaining excellent clinical outcomes. This focus allows Medic to keep the Agency's cost per transport among the lowest in the state of North Carolina.

GOING GREEN: ELIMINATING WASTE FOR THE AGENCY'S FLEET

Medic is in the process of implementing new idle reduction technology to their ambulances, significantly reducing impact to the environment and engine wear.

The technology, called ZeroRPM, was tested and selected for its ability to allow use of critical functions, such as A/C and emergency lights, even while the engine is off. The system was installed in one ambulance in January of 2019 and was tested for a period of six months. Data demonstrated a significant reduction in all measurable emission products, a 20%

reduction in fuel consumption, and double the average miles traveled per-engine hour of operation.

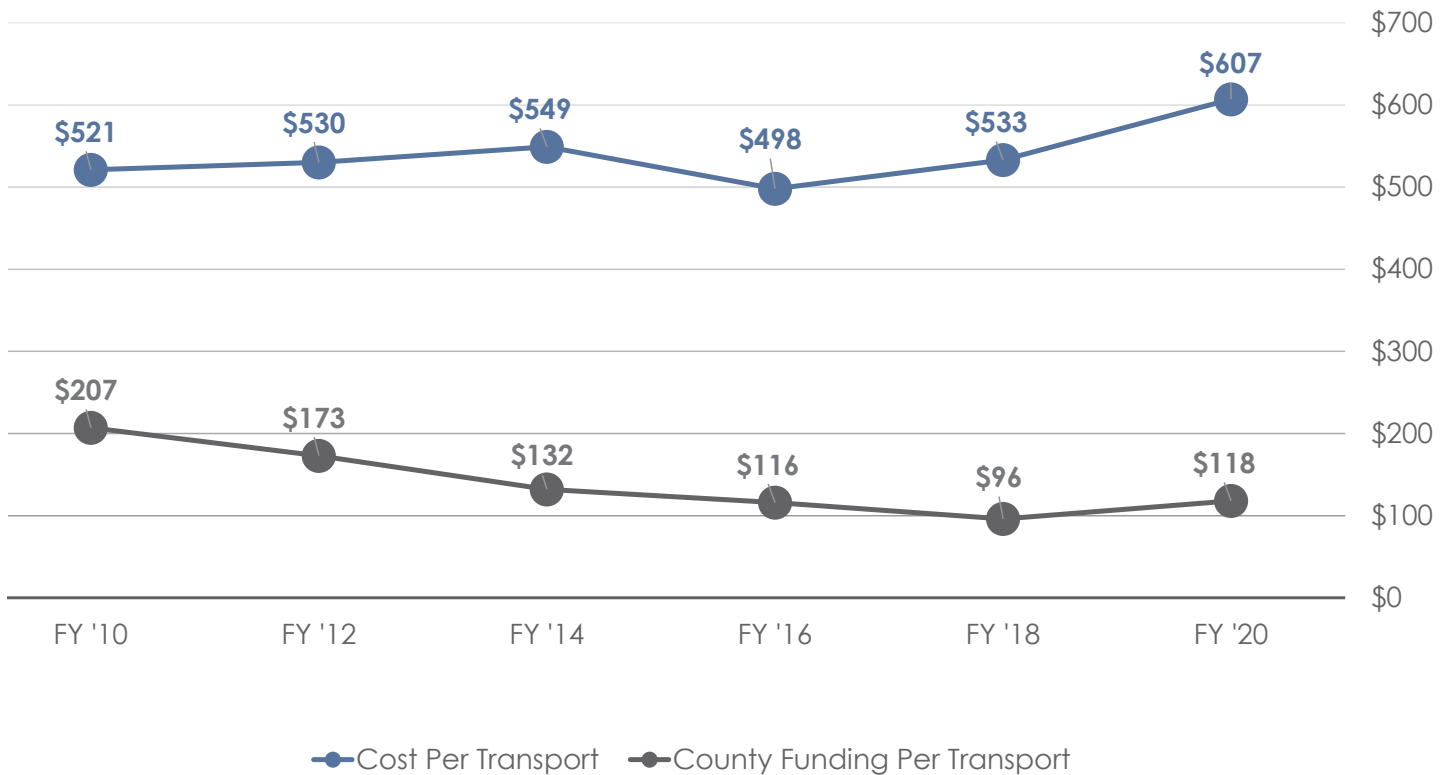
ZeroRPM has been installed in six Medic ambulances and 18 more units are slated by the end of 2020. Strategies for outfitting Medic's entire fleet of 72 ambulances are in progress, and the predicted savings in fuel and extended vehicle life is \$4.8 million over the next 10 years, in addition to an estimated 10 tons of CO₂ emission eliminated per vehicle, per year.

Funding for this project was acquired through a collaboration with Mecklenburg County's Land Air Quality Department, who assisted Medic in obtaining a \$500,000 Clean Fuel Advanced Technology (CFAT) grant from the North Carolina Clean Energy Technology Center and the North Carolina Department of Transportation.

COST PER TRANSPORT

Both Medic's cost per transport and county funding per transport rose significantly by the end of the fiscal year due primarily to the sudden decrease of transport revenue after the COVID-19 Stay at Home Order was implemented

in Mecklenburg County. Despite these challenges, Medic was able to manage the budget and maintain staffing levels to remain prepared for when 911 call volume began to increase closer to projected levels in June.



FY '20 MODIFIED ACCRUAL FINANCIAL STATEMENTS ADJUSTED FOR ENCUMBRANCES

	Adopted Budget	Actual
Revenue		
User Fees	\$45,565,577	\$42,002,793
County Funding	\$13,168,590	\$13,168,590
Medicaid Cost Report	\$4,951,370	\$4,518,360
Debt Set-off Revenue	\$3,183,183	\$2,053,615
Encumbrances	\$3,157,536	\$3,157,536
Grants / Other Revenue	\$1,481,095	\$3,185,375
911 Surcharge Revenue	\$367,830	\$300,623
Total Revenue	\$71,875,181	\$68,386,892
Expenditures		
Labor and Labor Related	\$52,489,088	\$49,574,545
Operating	\$13,326,383	\$12,418,783
Capital	\$6,059,710	\$6,035,407
Total Expenditures	\$71,875,181	\$68,028,735

A woman in a police uniform is shown from the chest up, looking upwards with a focused expression. She is wearing a light-colored short-sleeved uniform shirt with a badge on her left chest and a patch on her right sleeve. A white rectangular frame is superimposed over the center of the image, containing the text "WHY WE DO WHAT WE DO...".

**WHY WE DO
WHAT WE
DO...**



OUR PATIENTS

PATIENT STORY

Medic care providers are rarely able to keep in touch with patients after their emergency. Therefore, it is a privilege when crews are able to reunite with a patient and find out how they are progressing.

On September 19, 2019, Paramedics John Fisher and Mikaela Kimbrough responded to a traffic accident on the Union and Mecklenburg County border. Very little information was known before arrival, upon which they found Ms. Jaenel Meggett on the ground with life-threatening injuries after being ejected from her vehicle. Minutes are critical when dealing with a trauma patient, and our paramedics spent less than four minutes on scene.

Paramedic Kimbrough provided life-saving care in the back of the ambulance with the assistance of two Town of Matthews firefighters. The 17-minute drive provided many challenges, however the team managed them while also keeping Ms. Meggett calm and reassured. The prognosis was not certain when they arrived at Atrium Health's Carolinas Medical Center. Thanks to several prehospital interventions and the excellent care provided by the hospital trauma team, Ms. Meggett beat the odds and survived.

Fisher and Kimbrough visited their patient while she was in the hospital and stayed updated on her progress. Four months later, Ms. Meggett and her family came to Medic Headquarters to say thank you to her life-savers in person.



AVERAGE PRIORITY ONE
TRAUMA PATIENT
SCENE TIME

07:55

GOAL OF $\leq 10:00$:

MET

PATIENTS WHO RATED
THEIR OVERALL QUALITY
OF CARE AS "EXCELLENT"

64%

GOAL OF $\geq 65\%$:

NOT MET

1,000 LIVES SAVED

November 2, 2019 marked an exciting milestone in the journey to save lives in Mecklenburg County, further solidifying Medic's place among the best in the entire country for cardiac arrest care. That day, Medic documented the 1,000th sudden cardiac arrest (SCA) patient treated by Medic to survive to hospital discharge since January of 2010. This patient is not just a number; he is a father, a husband, and a son who is now back home with his family and has many more years left to spend with his loved ones.

Medic's success with out-of-hospital SCA patients is the result of a systems-based approach to care that is rooted in clinical research, data analysis and process improvement.

Medic also works very closely with the first responders from across the county to choreograph and train on the key elements of successful CPR delivery on an annual basis. This strategy has driven the Agency's Return of Spontaneous Circulation (ROSC) rates from 55% to 79%, while improving survival to hospital discharge by 51% since 1992.



Photo, left: Paramedic Mikaela Kimbrough and Trauma survivor Jaenel Meggett. Photo, above: Crew Chief and Field Training Officer John Wagner and Cardiac Arrest Patient, Tony Stamey

CLINICAL RESEARCH

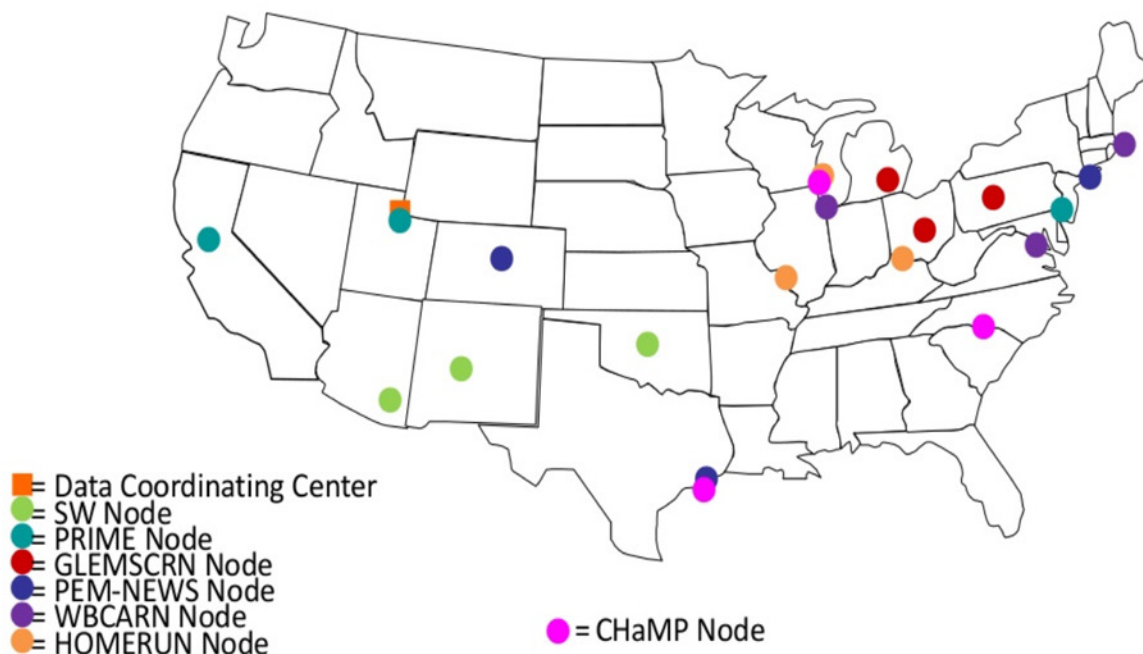
Medic utilizes industry-leading research methods to inform patient care protocols both locally and nationwide. This section highlights Medic's impact in pediatric research and explores one example of how Medic continuously evaluates data to improve patient care methods.

PEDIATRIC EMERGENCY CARE APPLIED RESEARCH NETWORK TAKES GLOBAL APPROACH TO RESEARCH

For the last seven years Medic has participated in the Pediatric Emergency Care Applied Research Network (PECARN), the first federally-funded multi-institutional network for research dedicated to pediatric emergency medicine in the United States. The number of prehospital pediatric emergencies are small in any one community limiting the effectiveness of single center studies. Being part of a network, like PECARN, allows investigators to obtain a large and diverse sample of patients so that rare conditions in the pediatric population can be appropriately studied.

Research through PECARN's CHaMP node is a significant part Medic's clinical research efforts including participating in projects such as the development of a prehospital pediatric medical triage checklist, investigating the optimal dose of medication for the management of pediatric seizures, treating respiratory emergencies in children, and identifying and understanding racial and ethnic disparities in pediatric emergency care.

Medic is currently on year two of a five year PECARN grant with a total nodal award of 2.8 million dollars.



GLEMSCRN-Ann Arbor, Michigan; Columbus, OH; Pittsburgh, PA
HOMERUN-Milwaukee, WI; Cincinnati, OH; St. Louis, MO
PEM-NEWS-New York City, NY; Denver, CO; Houston, TX
PRIME-Philadelphia, PA; Salt Lake City, UT; Sacramento, CA
SPARC-Providence, RI; San Francisco, CA; Atlanta, GA
WPEMR-Seattle, WA; Los Angeles, CA; Dallas, TX
CHaMP E-RNC-Charlotte, NC; Milwaukee, WI; Houston, TX

A NOTE FROM THE MEDICAL DIRECTOR

Dr. Douglas R. Swanson, MD, Emergency Medicine
Atrium Health



2019-2020 brought us challenges like we had never experienced previously. A novel virus pandemic brought many unique tasks and an ever changing landscape in performing out-of-hospital care. Beginning with needed amendment of the way to interview 911-callers and screen for potential cases at risk for COVID-19, to the new requirements for evaluating and treating patients on scene – necessitating additional personal protection equipment during patient encounters, to adjustments to how and where patients may be transported. Throughout this, Medic's clinical providers, Emergency Medical Dispatchers, Emergency Medical Technicians, and Paramedics provided exemplary care simultaneously protecting patients, providers, and the public from the spread of coronavirus infection.

As depicted in the following pages, Medic has maintained clinical performance amongst the national leaders with respect to cardiac arrest resuscitation, ST-segment Myocardial Infarction (STEMI) treatment, and prehospital trauma care.

During this time our providers have also worked to further research knowledge to optimize prehospital care by participating in investigative protocols related to stroke assessment, pediatric seizure care, trauma care, and airway management. All of these accomplishments are only possible thanks to the work of a dedicated team of EMS professionals that help ensure our friends, family, and neighbors receive the excellent and compassionate care they deserve.

Photo: Olympic silver medalist Paul Wylie is a cardiac arrest survivor, thanks to bystander CPR and the work of Paramedic Jose Rivera (pictured here with his wife and Paul) and EMT Danielle Louis.

HEART ATTACK -
PREHOSPITAL
DETERMINATION

83%

GOAL OF $\geq 85\%$:

NOT MET

HEART ATTACK -
TIME FROM
RECEIVED 911 CALL TO
CATH LAB INTERVENTION:

85:08

GOAL OF $\leq 90:00$:

MET

PATIENTS IN
CARDIAC ARREST WHO
ACHIEVE ROSC*:

70%

GOAL OF $\geq 40\%$:

MET

*ROSC: Return of Spontaneous
Circulation - Utstein Template





BYSTANDER CPR

In an effort to gather the most accurate data possible relative to sudden cardiac arrest survival, Medic's Quality Improvement (QI) team took on the task of analyzing and recommending an improved method for collecting data on bystander CPR.

Previously, incidents that included bystander CPR were calculated by only using documentation from the Electronic Patient Care Record (EPCR). The EPCRs are dependent on what the

care providers are able to collect at the scene.

Clinical Improvement Analysts now listen to an average of 30-40 audio files from 911 calls per week for patients that received resuscitative care. This change resulted in a corrected 22% increase in the bystander CPR rate, greatly improving accuracy of data collection which will help drive future improvement and training initiatives.



OUR PEOPLE

The people of Medic are dedicated to providing compassionate care. Here you'll meet some of these standout employees who choose to go above and beyond the call of duty each and every day.

NUMBER OF UNSOLICITED
COMMENDATIONS SUBMITTED FROM
PATIENTS

1,817

EMPLOYEE SATISFACTION MEAN SCORE:

72

GOAL OF ≥ 82 :

NOT MET

DIVERSITY RESOURCE GROUP

The Diversity Resource Group (DRG) is a peer-led team comprised of interdepartmental members of the Agency with the common goal of enabling Medic to be a model diverse organization by providing education, support, and a resource for employees.

The DRG has worked since 2017 on a variety of events and activities to celebrate the diversity of Medic employees. One example is International Fest (iFest), a two-day celebration during which employees showcased their cultural heritage and engaged their co-workers in educational activities. The DRG reinforces the Agency's values regarding current issues in the nation, such as participating in the Charlotte Pride parade and standing against racial injustices.

TOP CALL: JOSH BAISSANA – PARAMEDIC, LUIS BARERRA – OPERATIONS SUPERVISOR, ERIC BITLER, - PARAMEDIC, KARL OTTESEN – EMT, JORDAN SNEED -EMT, AND IAN STARKEY – BYSTANDER/ PARAMEDIC

Medic care providers respond to hundreds of 911 calls per day, many of which could be considered a “Top Call” with standout patient care. This particular call was selected by fellow employees and the Medical Director as being one of the most outstanding examples of a Top Call and includes outstanding scene management and operations performance.

On January 16, 2020, Ian Starkey was at Charlotte Douglas International Airport off-duty waiting to board a plane. While conversing with a friend he was traveling with, they suddenly heard a commotion near them and saw that a male was laying on the ground. Without thinking twice, Ian sprang into action and rapidly identified that the patient was in cardiac arrest, began bystander CPR and applied an AED.

Ian didn't think twice to answer the call of duty off the clock and was an example to our community of the impact a bystander can make on a patient's outcome. This particular patient's life was saved that day and was discharged home without any neurological deficit.

UNSUNG HERO: SHAUNA DOWNS – EMT AND ANGELA JOHNSON – TELECOMMUNICATOR

Unsung Heroes are employees who are humble or silent leaders (or those who lead by example silently) who may go unnoticed.

“(Shauna) Her work ethic is second to none and her attitude is one of unwavering support for her peers and the community we serve.”

– Supervisor Brian Smith

“Angie Johnson is one of the most steadfast and humble people to work with in CMED. “Her actions tell us that it is not just skill sets in CMED that make you a great employee, but also having the right attitude can matter just as much.”

– Education Quality Specialist Russell Hancock



Anna Baldwin – EMT-B



**Brian Smith –
Operations Supervisor**



**Rebecca Zamagni-Mander –
CMED Supervisor**

STARS OF LIFE

These employees are recognized by their peers and the American Ambulance Association for their contributions as EMS professionals who have gone above and beyond the call of duty.

“Anna is not just a Star of Life, but a Star AT Life.”

– Operations Supervisor Don Shue

“Brian's commitment to his team and his peers has been a true test of character to which he passes with flying colors. I could not have asked for a more committed and passionate coworker who I have been honored to work beside.”

– EMT Marissa Donnelly

“Rebecca is trusted and always manages to foster positive discussions and bring out the best in all employees.”

– Operations Manager Corinne Walser

OUR COMMUNITY

Medic connects with patients beyond the 911 call. This year's community engagement efforts included emergency medical services-related education through various platforms including social and news media outlets, tour groups and special events; such as the American Heart Association's Heart Walk and the Charlotte Pride Parade. The focus was heavily geared towards teaching lifesaving CPR skills through the Keep the Beat initiative. Efforts then quickly adapted to support our fellow first responder and healthcare partners during the community's COVID-19 response.

Keep the Beat

Medic continued to collaborate with Atrium Health and Novant Health to implement Keep the Beat Mecklenburg County. The program provides free bystander CPR training and promotes the PulsePoint mobile application, which alerts users if someone nearby is having a cardiac arrest in a public

place and may need CPR. From the program's launch in January of 2019 through June 30, 2020 a total of 10,110 Mecklenburg County citizens were trained in bystander CPR and more than 5,000 have downloaded the PulsePoint app.

Feed the Frontline

Medic collaborated with the Charlotte Heroes Hockey Game non-profit organization to launch Feed the Frontline Mecklenburg County. The initiative, which was successfully implemented in communities across the country, raises money to provide meals to local first responders and healthcare workers during the COVID-19 pandemic. To date, Feed the Frontline Mecklenburg County has raised over \$50,000 and provided 10,200 meals to various first responder and healthcare partners, while also helping struggling restaurant stay in business during these difficult times.

CITIZENS TRAINED
IN BYSTANDER CPR:

5,723

PULSEPOINT
FOLLOWERS:

5,003

TV
MENTIONS:

2,797

PRESS
INQUIRIES:

3,667

IN-DEPTH
MEDIA STORIES:

57

SOCIAL MEDIA
AUDIENCE:

19,137

Data from July 1, 2019 - June 30, 2020



Photos, top left, clockwise: EMT David Hewitt, QI Analyst Gabrielle Purick at the Charlotte Pride Parade, Bruns Academy School CPR training and Operation Supervisor Luis Barerra at the First Responders Appreciation Day.



2020 LEADERSHIP

AGENCY BOARD OF COMMISSIONERS

As of June 30, 2020



Sid Fletcher, NH - Chair



Katie Kaney, AH - Vice Chair



David Callaway, AH



Saad Ehtisham, NH



Mark Foster, MC



Joy Greear, NH



Gary Little, AH



AGENCY MANAGEMENT COMMITTEE

Voting Members

- Joy Greear (NH)
- Katie Kaney (AH)
- Derrick Ramos (MC)

Non-Voting Members

- Shelly Forward (M)
- Joe Penner (M)
- Doug Swanson, MD (M)

FINANCE COMMITTEE

Voting Members

- Mark Foster (MC)
- Bill Lyle (AH)
- Peter Ostiguy (NH)

Non-Voting Members

- Shelly Forward (M)
- Joe Penner (M)

AGENCY OFFICERS

- Shelly Forward (M)
- Joe Penner (M)
- Doug Swanson, MD (M)

MEDICAL CONTROL BOARD

Voting Members

- Eric Deshaies, MD (NH)
- Mike Gibbs, MD (AH)
- Sandra Giller, MD (NH)
- Josh Loyd, MD (NH)
- Gary Niess, MD (NH)
- David Pearson, MD (AH)
- Bradley Thomas, MD (AH)
- Catherine Waggy, DO (AH)

Non-Voting Members

- Kathy Haddix-Hill (NH)
- Gibbie Harris, (MC)
- Reginald Johnson, City of Charlotte Fire
- David Leath, Mint Hill Volunteer Fire
- Joe Penner (M)
- Jason Schwebach (AH)
- Doug Swanson, MD (M)
- Community Representative

QUALITY MANAGEMENT COMMITTEE

Voting Members

- Patricia Mook (AH)
- Mike Gibbs, MD (AH)
- Eric Hawkins, MD (AH)
- Josh Loyd, MD (NH)
- Bhalaghuru Mani, MD (NH)
- Jason Mutch, MD (NH)
- Doug Swanson, MD (M)

Non-Voting Members

- Gibbie Harris, Public Health, (MC)
- Joe Penner (M)
- Jon Studnek (M)
- Sharon Taulbert (M)

LEGEND

Atrium Health - AH

Mecklenburg County - MC

Mecklenburg EMS Agency - M

Novant Health - NH



Photo, left to right: Paramedic Kathryn Furphy,
EMT Andrew Walker, EMT Norman Daye
and EMT Shellye Ledbetter



OUR PATIENTS. OUR PEOPLE. OUR STEWARDSHIP. OUR PURPOSE.

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