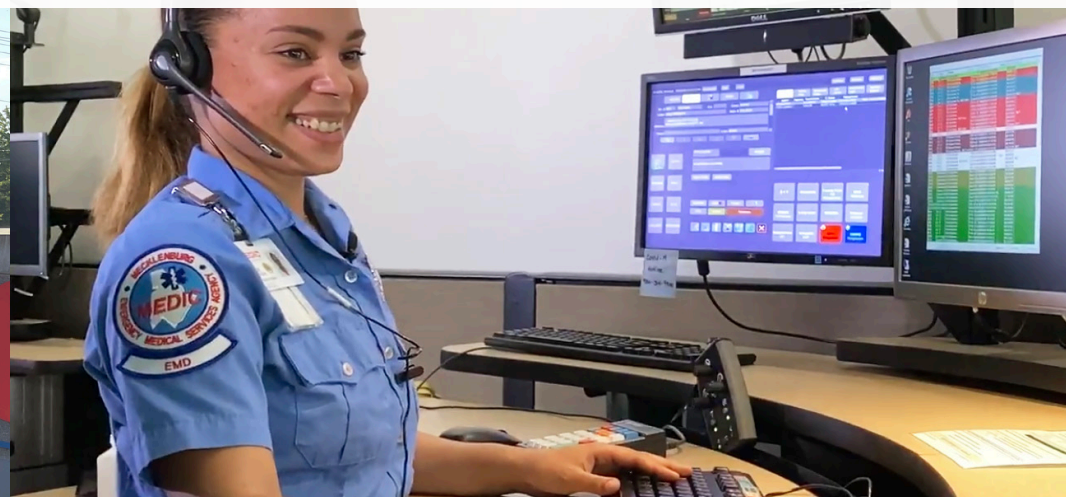




FORWARD TOGETHER

ANNUAL REPORT 2021



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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.

The past year was a continuation of a historic time in our country. The experience has been unlike any other that EMS, and healthcare in general, has endured. It is unlike anything that I, over two decades, have witnessed. What stands out to me most is the remarkable commitment and resolve of Medic's employees. If it weren't for each and every one of them, the challenges would be insurmountable. The adversity they have faced has been nothing short of extraordinary. Mecklenburg County is truly fortunate to have the Medic team on their side.

This year's annual report is a glimpse into hurdles Medic navigated throughout FY '21, inspirational stories and creative solutions that equipped the Agency with the ability to meet our mission, even in the face of a global pandemic.

I'd like to also thank Mecklenburg County, Atrium Health, Novant Health and all of the Agency's outstanding partners for their support. Their collective dedication to the people of Mecklenburg County is unfailing, and it is an honor to serve our community together.

Sincerely,

JOSEF (JOE) H. PENNER

OVERVIEW

The FY '21 Annual Report presents a journey through one of the most challenging and unpredictable years for Emergency Medical Services. COVID-19 and changing behavior patterns after our community lifted restrictions necessitated a new approach to patient care. The Agency navigated through staffing shortages, volatile call volume, supported vaccination efforts for vulnerable populations, and developed strategies that will pave the way as we move towards 2022.





MEDIC COVERAGE AREA

ACTIVITY BY MUNICIPALITY

Medic responses, transports, emergency department locations and average first responder response times broken down by municipality.



1,143,570

Population



543

Square Miles



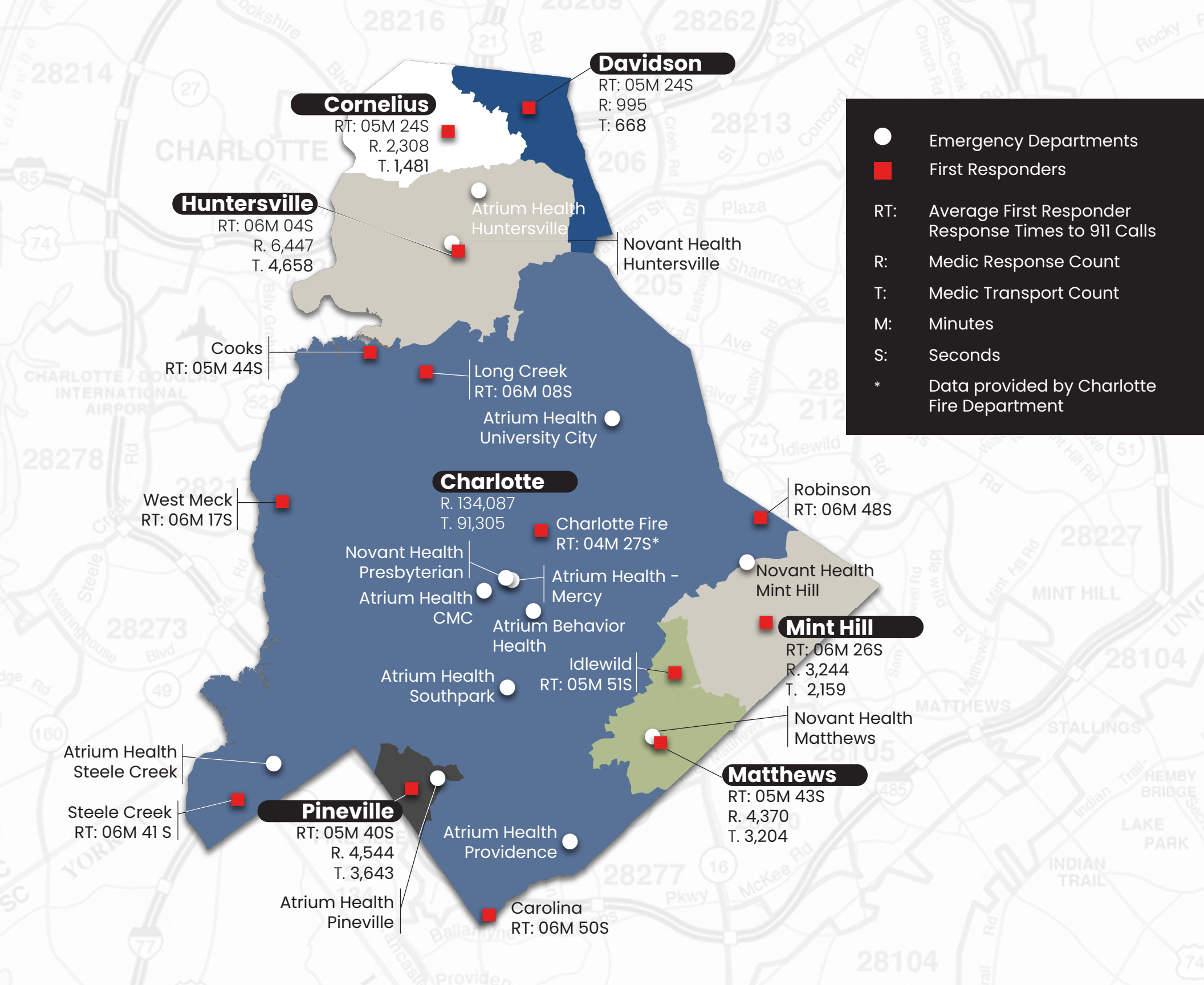
14

Emergency Departments



27 MM

Charlotte-Douglas
Airport Passengers
Per Year



MEDIC: AT A GLANCE



9:06

Average Response Time:
Life-Threatening Calls



156,212

Total Responses



107,224

Total Transports



94%

911 Calls Answered in
Under 10 Seconds



8:45

Average Priority 1 Trauma Patient
Scene Time

TOP 10 MOST FREQUENT 911 CALL TYPES

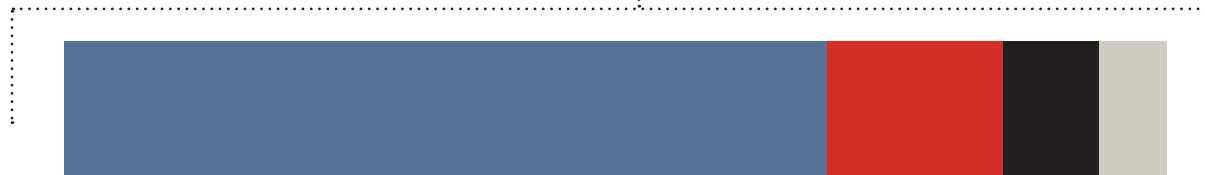
1. Sick Person
44,967
2. Psychiatric/Suicide Attempt
8,582
3. Falls/Back Injuries
7,439
4. Traffic Accident
7,144
5. Overdose/Ingestion/Poison
6,485
6. Breathing Problems
5,863
7. Abdominal Pain
5,228
8. Heart Problems
3,279
9. Chest Pain
2,999
10. Convulsion/Seizure
2,883

156,212

TOTAL RESPONSES

107,224

TOTAL TRANSPORTS



69%



NON LIFE-THREATENING

16%



NON-EMERGENCY SCHEDULED

9%



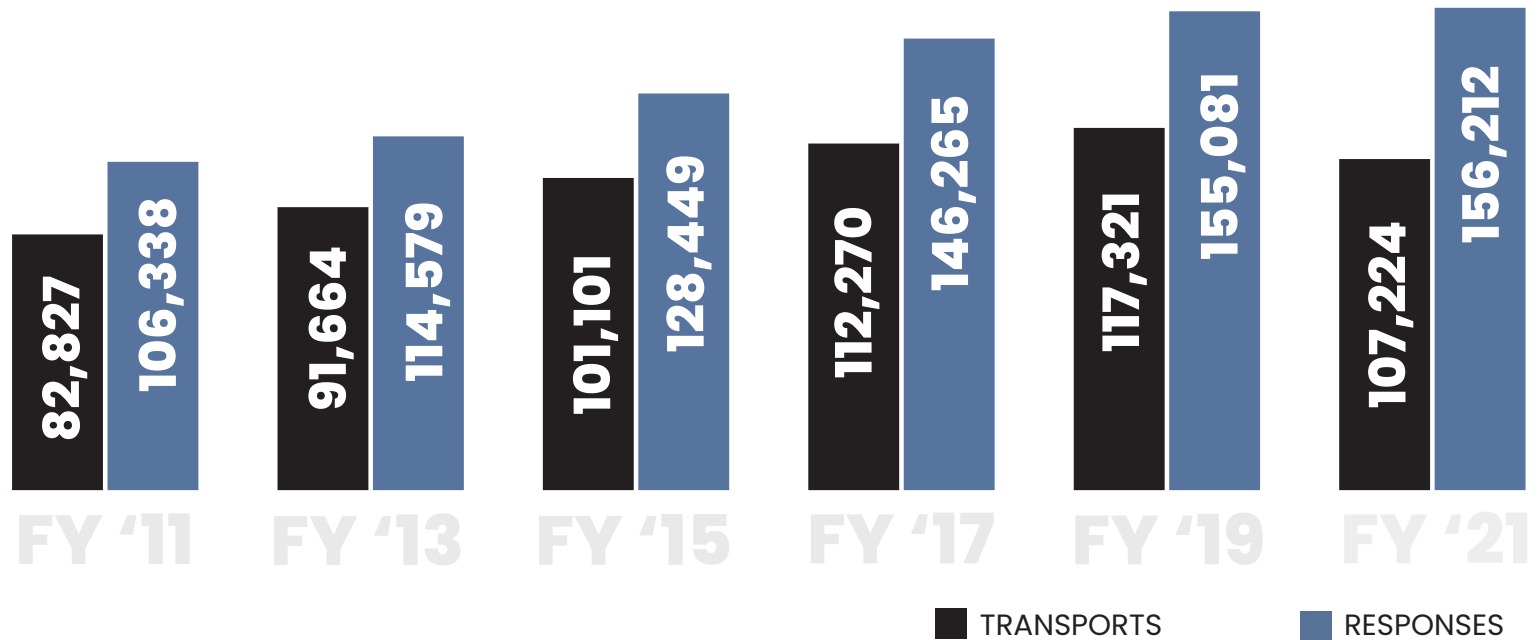
POTENTIALLY LIFE-THREATENING

6%



LIFE-THREATENING

RESPONSE VS. TRANSPORT COMPARISON



DID YOU
KNOW?

Medic's efforts to decrease idle time saved 23,919 gallons of fuel and reduced CO2 emissions by 263 tons this fiscal year.

RESPONSE TIME COMPLIANCE

97%

**LIFE - THREATENING
EMERGENCIES**

GOAL: $\geq 90\%$

96%

**POTENTIALLY
LIFE-THREATENING
EMERGENCIES**

GOAL: $\geq 90\%$

91%

**NON LIFE-THREATENING
EMERGENCIES**

GOAL: $\geq 85\%$

DISPATCHED CALL TYPES

In addition to the County's medical dispatch, Medic is also responsible for managing 911 calls and dispatch responsibilities for all county fire departments outside the City of Charlotte. The following breakdown shows how the workload of Medic's Central Medical Emergency Dispatch Center is distributed, resulting in 184,105 dispatched emergency medical and fire resources in FY '21.

Medic	156,212
County Fire Rescue	8,616
County First Responder EMS	19,277
Total FY '21 Dispatches	184,105

COVID IMPACT

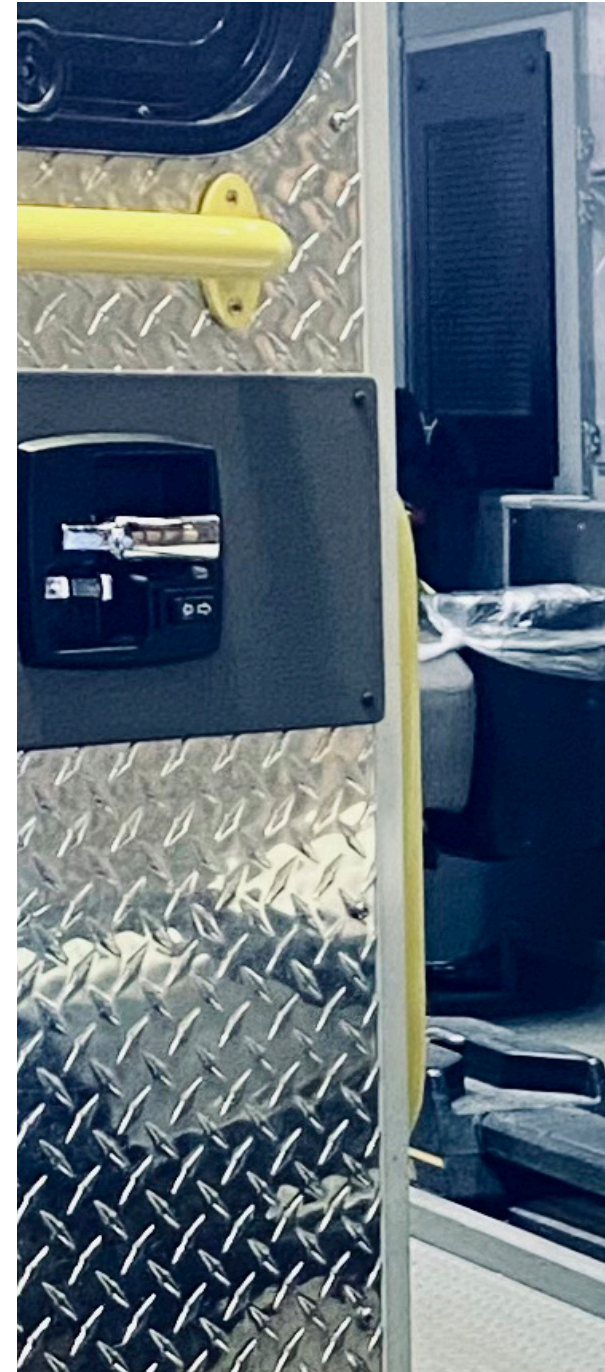
By July 1st, when Medic entered into FY '21, North Carolina's stay at home order had been lifted and 911 call volume had grown by 14% compared to what was experienced at the onset of the pandemic. The rise in community activity increased the COVID-19 exposure rate to Medic's front-line employees, resulting in higher rates of quarantine and isolation activity among staff. Medic's ability to produce resources in the system was strained at this time, but manageable.

At the end of September there were 24 Medic employees in isolation after testing positive for COVID-19. This figure jumped to 89 in December, in addition to hundreds of employees needing to be placed in quarantine due to high risk exposures. The growth of COVID-19 activity in the community was having the largest impact on Medic's employees to date, and it was compounded by a backlog of unfilled positions caused by the lack of available applicants coupled with an inability to safely host in-person interviews.

To maintain adequate staffing levels as the issue progressed, Agency leadership developed a multistage plan that was layered in over the months as needed. This included the deployment of credentialed, administrative staff into the system as needed in addition to the use of incentivized and mandated overtime shifts.

From the end of February through April 2021, Medic experienced a short reprieve as the vaccines were distributed and the case rate in the community dropped. However, as staffing challenges persisted and community spread skyrocketed due to the new Delta variant, overtime contingencies were once again implemented for Medic employees by the end of the fiscal year.

The Agency remains focused on employee recruitment, retention, and the development of innovative long-term solutions to decrease unnecessary transports for the benefit of both employees and patients. Learn about our recruitment and retention efforts on page 33 and what's being planned for FY '22 on page 38.





DID YOU KNOW?

Medic's employee isolation and quarantine counts both reached zero by May 16, 2021 for the first time since early 2020, a testament to the significant impact Medic's vaccination rate at the time (74%) had on alleviating risk to both employees and patients.

2,805

Number of Confirmed COVID-19
Patients Transported

110

Times a Medic Employee was
Isolated with COVID-19

699

Times a Medic Employee was
Quarantined

STEWARDSHIP

As financial stewards, Medic maintains excellent clinical outcomes while keeping the Agency's cost per transport among the lowest in North Carolina. The Agency achieves this balance by eliminating waste and leading innovation to address continuous change in today's healthcare environment.





MEDICAID TRANSFORMATION

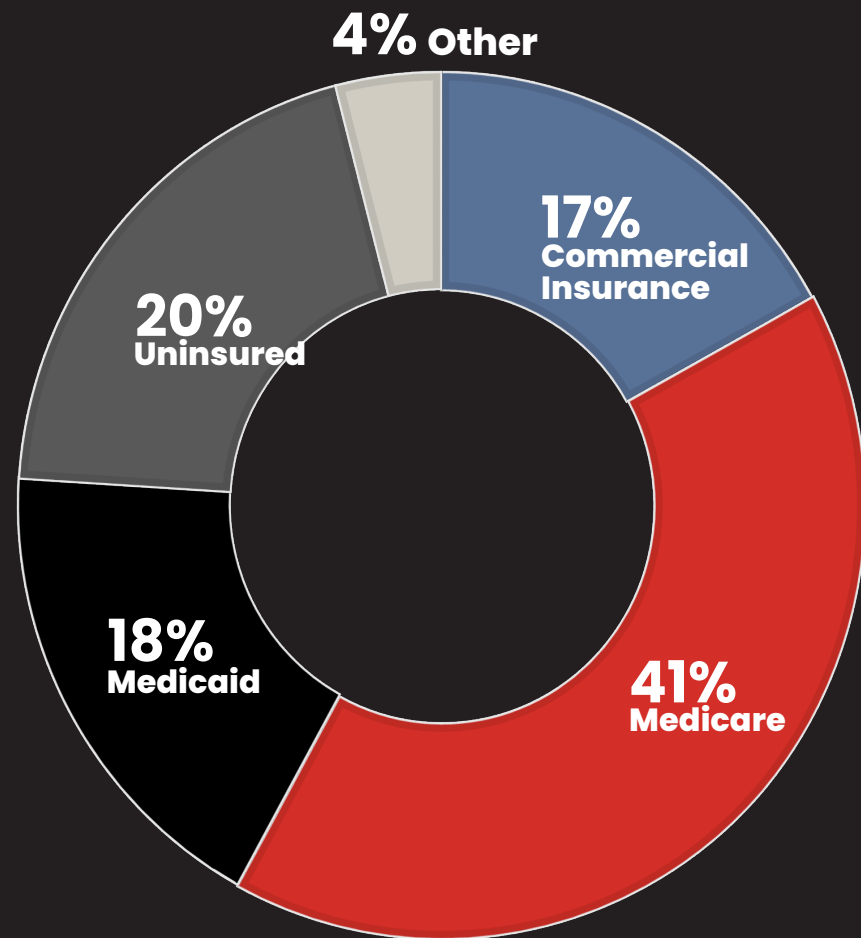
On July 1, 2021, North Carolina officially transitioned approximately 70% of Medicaid beneficiaries from a fee-for-service to a Managed Care model. This model offers the same services in a different way – changing coverage from one payor to the patient's choice of five commercial payors, which are reimbursed at a predetermined set rate per enrolled person to provide all services. The shift is aimed at rewarding better health outcomes, reducing cost to the patient and integrating physical and behavioral health.

The shift has required extensive work by Medic's Revenue Cycle team to finalize contract terms with the five selected managed care providers and to update protocols relating to new documentation requirements. The transformation also adjusts Medic's reimbursement process to quarterly vs. annually. Currently, an estimated 38% of Medic's traditional Medicaid patients have transitioned to Managed Care. The sample size for this conversion rate is very small and will continue to be monitored so any impact to the Agency's FY '22 revenue projections can be forecasted and communicated.

DID YOU KNOW?

There is generally a gap between revenue and expenses each year due to a number of factors including patients' inability to pay and Medic's responsibility to provide services that are non-revenue generating (such as responding and treating patients on scene without transporting). Mecklenburg County funds this gap.



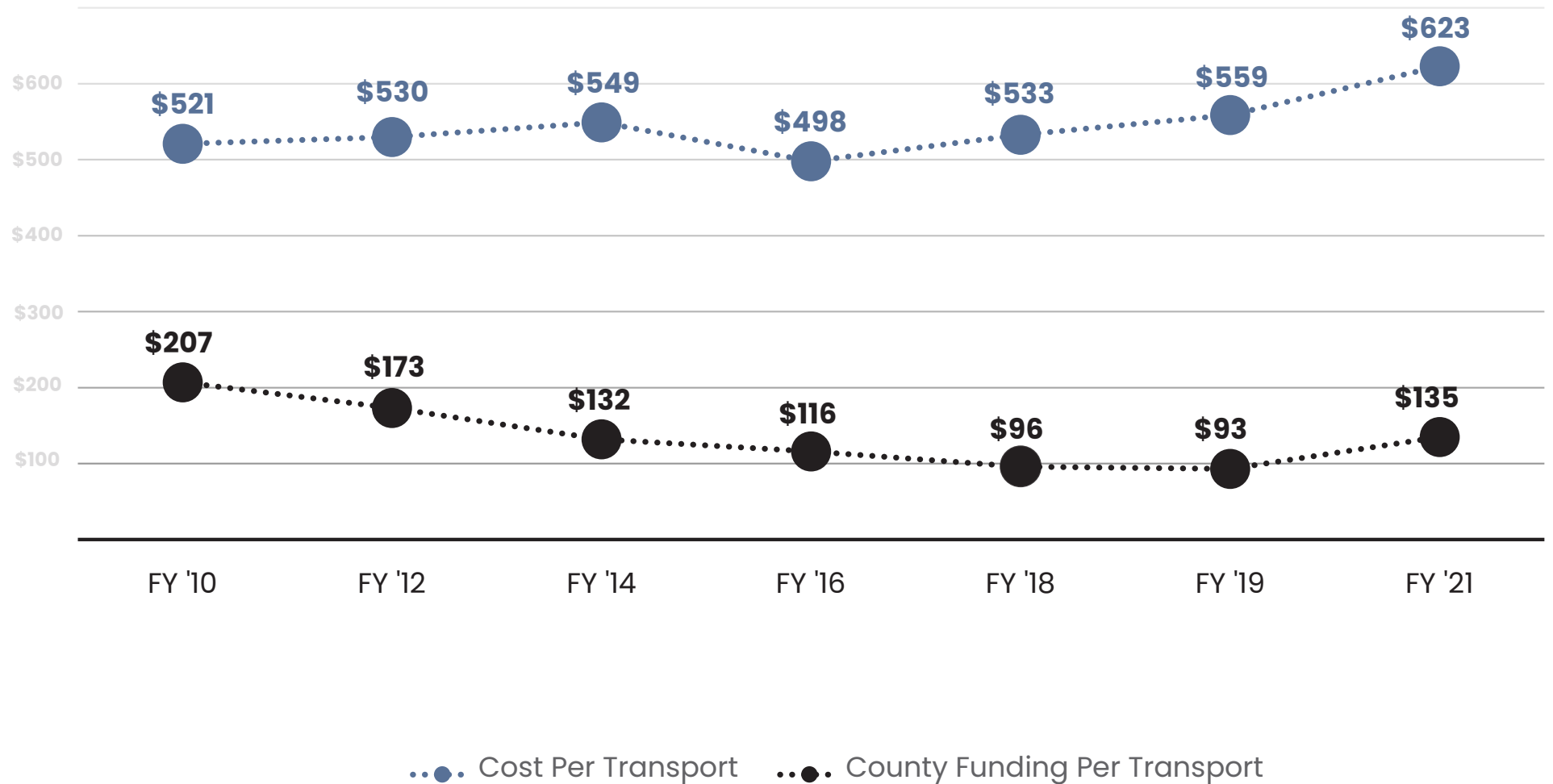


PAYOR MIX

This chart represents distribution of insurance status for Medic's patients, broken down to percentage. "Other" includes Worker's Comp, Federal benefits (such as Veterans), and North Carolina state and county public assistance payments.

COST PER TRANSPORT

Both Medic's cost per transport and Mecklenburg County's funding per transport increased during FY '21, primarily due to COVID-19 related expenses including critical overtime for system operations coupled with reduced transport volume. However, the cost per transport is still ranked among the lowest 20th percentile (66th out of 82) compared to other agencies in North Carolina, according to the most current data.



FY '21 MODIFIED ACCRUAL FINANCIAL STATEMENTS ADJUSTED FOR ENCUMBRANCES

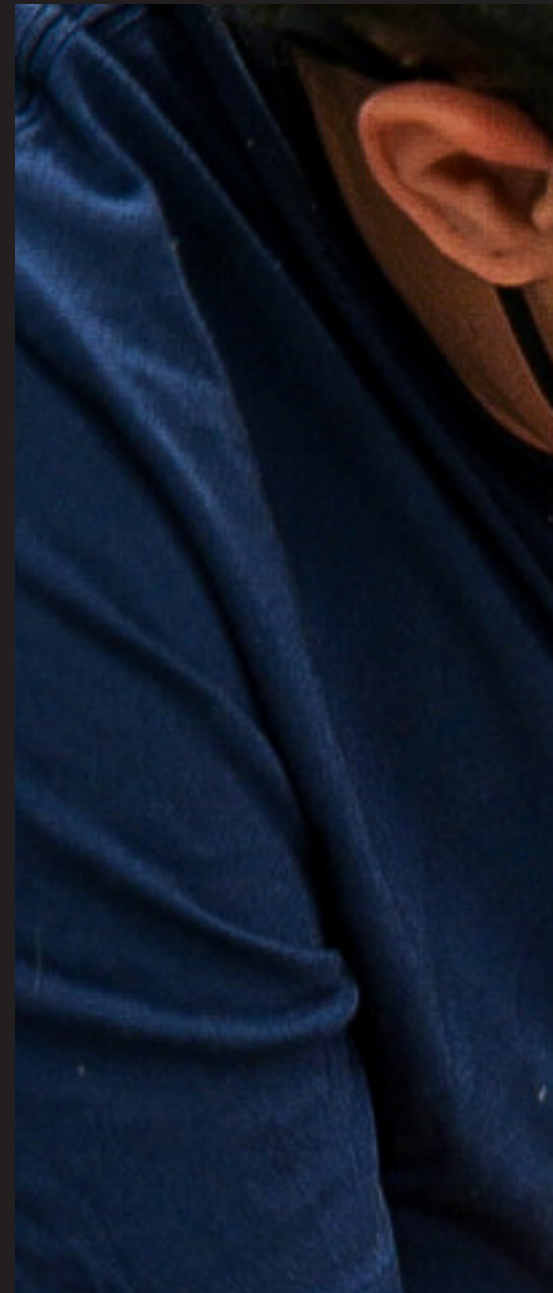
	Adopted Budget	Actual
Revenue		
User Fees	\$43,754,175	\$42,649,768
County Funding	\$14,481,794	\$14,481,794
Medicaid Cost Report	\$5,186,927	\$5,333,434
Debt Set-off Revenue	\$3,183,183	\$2,053,615
Encumbrances	\$2,284,327	\$2,284,327
Grants / Other Revenue	\$4,919,240	\$3,826,081
911 Surcharge Revenue	\$367,830	\$248,958
Total Revenue	\$70,994,293	\$68,824,362
Expenditures		
Labor and Labor Related	\$52,226,477	\$49,255,966
Operating	\$13,887,195	\$12,767,934
Capital	\$4,880,621	\$4,816,198
Total Expenditures	\$70,994,293	\$66,840,098

DID YOU
KNOW?

Medic is a joint governmental agency and can only spend within its adopted budget. Any excess funds revert back to Mecklenburg County at fiscal year end.

CLINICAL PERFORMANCE + RESEARCH

Medic's Performance Improvement Team continued to steer industry-leading research initiatives in FY '21 including improving the time it takes to identify a heart attack, evaluating a screening tool to predict stroke patients and exploring Therapy Dog emotional support for employees.





A NOTE FROM OUR MEDICAL DIRECTOR

During the past 12 months, COVID-19 continues to affect how Medic clinicians care for their patients. Surges during the winter months required extensive collaboration with both of our hospital systems. This included increased utilization of referral to our healthcare systems associated nurse advice lines thereby re-distributing low acuity patients to alternate destinations for more appropriate care allowing Medic to continue to maximize care for our community's sickest and most injured patients.

Additionally, we introduced new equipment (the iGel supraglottic airway) and amended several patient protocol changes (such as our cardiac arrest care) based on the latest evidence-based medical literature.

In the face of challenges, as is the case each year, our telecommunicators and field providers continue to perform among the top in the nation in patient outcomes. I would like to thank every one of them for their dedication, courage, and medical excellence as we continue to navigate the prehospital environment during one of the most challenging times in the history of EMS.



Dr. Douglas R. Swanson, MD
Medic Medical Director

FAST-ED

In 2018, Medic began a multi-year study to evaluate the FAST-ED as a screening tool to predict subtypes of stroke patients that benefit from early prehospital recognition. In 2020, the data collected for this study were analyzed and the results published in the journal, Prehospital Emergency Care. Medic's research showed 92% agreement between primary and secondary caregivers using the FAST-ED scale, demonstrating almost perfect agreement across provider certifications. Additionally, the study demonstrated high inter-rater reliability of the scale when performed in the prehospital setting on patients suspected of having a stroke. Contributing to limited body of research, this study addressed a significant need for prehospital evaluation of the inter-rater reliability of the FAST-ED and was the first step in a multi-year study to validate the FAST-ED.

NATIONAL PEDIATRIC RESEARCH GRANT AWARDED

For eight years, Medic has been a part of the Charlotte, Houston, Milwaukee Prehospital EMS Research Node (CHaMP E-RNC) whose goal is to provide infrastructure and support to pediatric EMS investigators, by creating projects that compete for federal funding through the National Institutes of Health or similar agencies. This year, that investment paid off. A CHaMP project led by Dr. Manish Shah of the Baylor College of Medicine was funded by the National Institute of Neurological Disorders and Stroke. The Pediatric Dose Optimization in Seizures (pediDOSE) study will investigate the difference between weight-based dosing and standardized age-based dosing of midazolam in children experiencing a seizure. It is hypothesized that age-based dosing will lead to a higher rate of appropriate medication administration quicker and will reduce the time to seizure cessation. Medic will be enrolling patients in this study for the next five years, and the results will have the potential to dramatically change the standard of care for pediatric seizure management in the prehospital setting.

Pedi-DOSE is a multi-center randomized pragmatic trial with many participating sites. The entire grant was funded for \$10,546,767.00 from 07/01/2021 - 06/30/2026.

87%

HEART ATTACK –
PREHOSPITAL
DETERMINATION

GOAL OF $\geq 85\%$:

MET**86:14**

HEART ATTACK –
TIME FROM
RECEIVED 911 CALL TO
CATH LAB
INTERVENTION

GOAL OF $\leq 90:00$:

MET**59%**

PATIENTS IN
CARDIAC ARREST WHO
ACHIEVE ROSC*

GOAL OF $\geq 40\%$:

MET

**ROSC: Return of Spontaneous
Circulation – Utstein Template*

EMOTIONAL SUPPORT: THERAPY DOG

In November 2020, Medic welcomed its first four-legged first responder, a locally certified therapy dog named Thor. Medic's research team conducted a pilot study to test the feasibility and effect of interacting with a therapy dog on field provider stress level following the stress of recertification testing. Participants who interacted with the therapy dog reported feeling more relaxed, with an increased ability to push the stressful incident from their mind, focusing on the therapy. This research has created meaningful relationships with our local therapy dog and handler, and Medic plans to continue studying therapy dog interactions with providers to contribute to this body of emerging research.



OUR PATIENTS

As Medic employees forge into year two of the global pandemic, it is their unwavering commitment to the patients we serve that keep them going. Though patient reunions were fewer and further between due to Covid-19 restrictions, following are two such stories that touched us all.





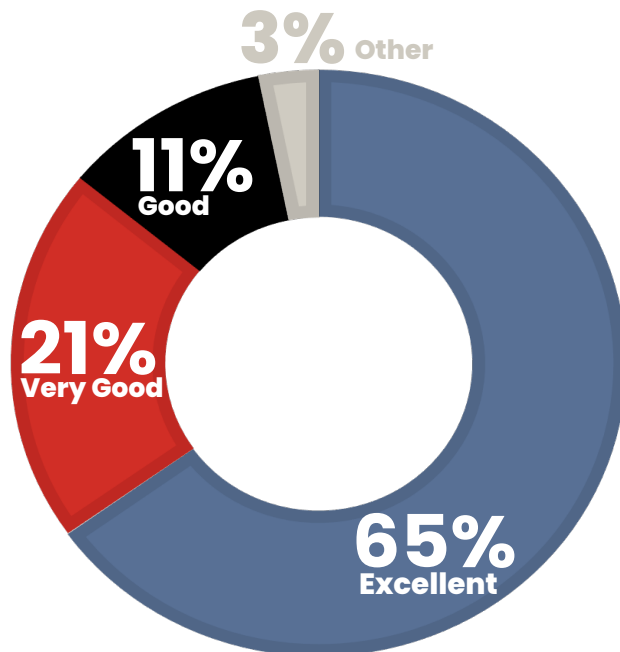


ALEX KING

Just days away from his first day of college in 2020, Alex King was involved in a terrifying Jet Ski accident on Lake Norman that changed his life forever. There were several challenges with the call, including difficulty navigating to the actual location of the incident and multiple panicked 911 callers. The telecommunicator provided calming instructions and gathered critical details. Paramedic Matthew Kennedy and EMT Mary Ashley performed swift and stabilizing patient care, giving Alex his best chance at survival before transferring care to Atrium Health Carolinas Medical Center. After being in a coma, collapsed lungs, a broken jaw, broken ribs, broken clavicle, a traumatic brain injury and almost 18 units of blood lost, Alex survived.

After a year of extensive rehabilitation, Alex went on a mission to meet each of the individuals who contributed to saving his life and did so on the anniversary of his accident, garnering media coverage focused on his story of resiliency and water safety. Alex is now set to begin his college career at Clemson in the spring of 2022; a true testament to the strong chain of survival that Medic and our partners form in our community every day.

PATIENT SATISFACTION



I'm so thankful we're here. I'm so thankful that the Medics, the paramedics knew exactly what to do at the right time to get him down to Charlotte to the hospital because it saved his life. There's no question it saved his life.

– **Tony King,**
Father of patient Alex King

1,471

NUMBER OF
EMPLOYEE
COMMENDATIONS
FROM PATIENTS

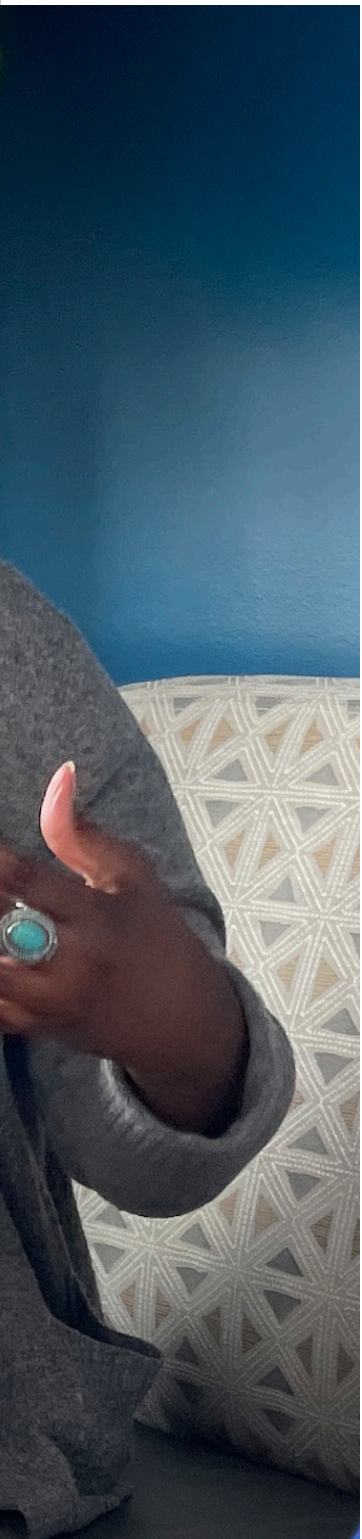
79%

CARDIAC ARREST PATIENTS
RECEIVED BYSTANDER CPR

MEKA GREEN

Meka Green remembers September 18, 2020 both as the day she died and the day she got a second chance at life. She felt faint and collapsed to the floor and called Medic. Despite refusing transport to the hospital due to fear of COVID-19 exposure, Paramedic Jesse Wolfram and EMT Bob Owens convinced her to seek care. She later found out that she was suffering from a pulmonary embolism and would have most certainly died if she did not listen to Jesse and Bob, who she calls her "superheroes."





DON'T DELAY CARE

The number of patients who were pronounced deceased by Medic significantly increased throughout the pandemic. The number of patients who called 911 and were treated by Medic but refused transport to an emergency department also increased. This could be a product of patients not seeking the care they need due to fear of COVID-19 exposure. The data below seems to support this theory.

FY '20 VS. FY '21



11% Increase
Patient Deceased Upon Arrival



31.4% Increase
Patient Pronounced Deceased After Arrival



4.7% Increase
Patient Refusing Transport After Treatment

OUR PEOPLE

Even in the face of a global pandemic, the people of Medic have persevered. Here you'll meet some of our peer-nominated employee award winners, learn about one of the most challenging calls of 2021 and understand more about our recruitment and retention efforts as we look towards the future.







Chuck Voglewede



Toby Robinson



Mike Sherriff

UNSUNG HERO AWARDS

MIKE SHERRIFF, TELECOMMUNICATOR, CENTRAL MEDICAL EMERGENCY DISPATCH (CMED)

Over his 20 years with Medic, Mike has worked in various roles including as a care provider before his current role of Telecommunicator. He is known to be both a calming presence to patients and a strong yet humble leader. Mike consistently excels with his departmental goals and is passionate about Medic's mission to put patients first. He is also a contributor to process improvement and is relied on as a Communications Training Officer for new employees.

TOBY ROBINSON, LEAD OPERATIONS SUPPORT TECHNICIAN, LOGISTICS DEPARTMENT

For 19 years Toby has worked at Medic, first as a care provider and then as an Operations Support Technician. He quietly and consistently goes above and beyond by doing any task needed in the moment, from stocking ambulances to handing out equipment bags. Toby is passionate about his job and understands the importance of the department, which impacts patient care on a daily basis. Throughout the pandemic in particular, he has demonstrated extraordinary resiliency and ingenuity to the benefit of his department, teammates and community.

CHUCK VOGLEWEDE, MECHANIC III, FLEET DEPARTMENT

Chuck is the one who starts the day off at 5am, setting up Medic's Fleet Department for the day. He prioritizes tasks, listens to care providers when they have a concern and works hard to resolve issues quickly. Chuck, who has been with Medic for eight years, has gone as far as setting up small training sessions for his co-workers so they can better understand how a system works and why decisions are made. His role is critical to the Fleet Department, which is relied upon for the reliability of assets needed to respond to patients where and when needed, producing 2.7 million miles driven in FY '21.

TOP CALL 2021

(PARAMEDICS & EMTS) **SUSAN POLLICH, AMANDA DOBNER, JASON SWICK, LOGAN WEDDLE AND NICKOLAS BRINGOLF**
(TELECOMMUNICATORS) **JIM EMERSON, CHRIS PEET, TRAVIS MICHAEL AND KIERA MEEKS**

This call was over land, sea and air! While hiking a remote trail with his daughter, a father was badly injured. The pair couldn't tell Medic's Telecommunicator their exact location. Several of Medic's 911 Communications Center (CMED) team members sprang into action, using their expertise and training to utilize Rapid SOS and LUESA/County GIS technology to pinpoint the scene of the incident. Simultaneously, CMED provided directions to Medic care providers and the West Mecklenburg Volunteer Fire Department (WMVFD) until they arrived on scene with the patient. Medic and WMVFD then worked together seamlessly to retrieve the patient using advanced life-support techniques and a "stokes basket" to lift the patient to a safe location above.

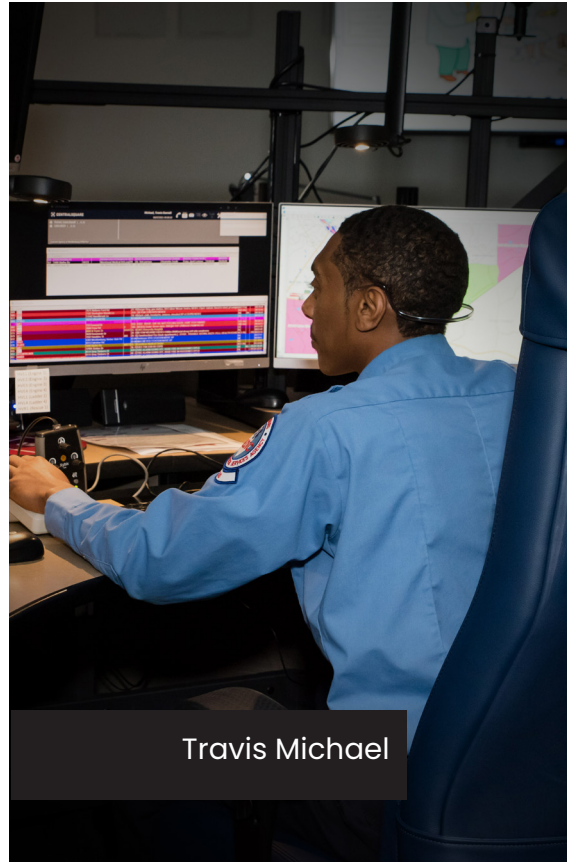
The patient was ultimately transferred by boat before being transported to Atrium Health Carolinas Medical Center by Med Center Air. The patient had a positive outcome, undoubtedly due to the exemplary skills and coordination by all agencies involved.

67%

EMPLOYEE
SATISFACTION MEAN
SCORE

GOAL OF \geq 80%:

NOT MET



Travis Michael



Nickolas Bringolf

33.

RECRUITMENT & RETENTION

Medic continued to prioritize recruitment and retention strategies this fiscal year to combat the staffing issues felt within EMS nationwide (current vacancies for essential full-time Paramedics and EMTs climbed to 49 as of July 31, 2021).

CURRENT MITIGATIONS

- The number of new hire classes was increased to one per month through the 2021 calendar year
- Innovative recruitment methods are being tested, including social media campaigns
- A long-term recruitment project team has been formed aimed at improving recruitment processes
- Supported by Mecklenburg County, Medic employees received compensation adjustments to help the Agency address compensation issues and stay competitive in the market

OUR COMMUNITY

A VIAL OF HOPE

In collaboration with the Mecklenburg County Public Health Department (MCPH), Charlotte-Mecklenburg Emergency Management, and multiple other key partners involved in the county's COVID-19 response plan, Medic contributed to the planning and execution of life-saving vaccination distribution in our community.





DATA ANALYSIS

With a shipment of coveted vaccine doses imminent, Medic's Performance Improvement Team conducted in-depth data analysis using the Bureau of Labor Statistics to identify and recommend individuals who should qualify for each level of the state-approved tiers and subsections in Mecklenburg County. This data was key for Mecklenburg County to successfully roll out their vaccination distribution plan and advocate for the appropriate amount of dosages.

12,741

Total Clinic Vaccinations

75%

Employee Vaccination Rate

588

Total Homebound Vaccinations

1,847

Hours Worked by Medic Employees at Clinic or Homebound





VACCINATION CLINIC

Beginning January 20, 2021 Medic opened a COVID-19 vaccination clinic first to local responders before expanding to the general public by mid-February. The undertaking was spearheaded by Medic leadership who utilized FEMA's Incident Command Structure including an Operations section to facilitate vaccine administration, vaccine inventory control, client health screening, medical response plans in the event of an on-site medical emergency, and client scheduling; a Logistics section to maintain site security, facility and clinical infrastructure support; and an Administrative section to maintain records, data entry, staffing and financial support.

Medic's clinic ceased operations on June 28, 2021 after administering 12,741 vaccination doses thanks to the collaborative effort of care providers from MCPH, Medic employees, Charlotte Fire Department, Matthews Fire Department and Carolina Community Tracing Collaborative along with the support of the NC National Guard and Team Rubicon.

HOMEBOUND VACCINATIONS

On April 1, 2021 Medic and MCPH teamed up to begin vaccinating individuals not able to commute to a fixed clinic site due to health or transportation reasons. The program ultimately administered 588 vaccinations and was a leading initiative in North Carolina to provide accessible and equitable care to the community.

"It was one of the most rewarding things I have done in my 32+ years in EMS. Not just administering the shot, but the opportunity to have meaningful conversations during a very challenging time in our community."

– Don Shue

Operations Supervisor & Homebound Vaccination Team Member

INNOVATION A LOOK AHEAD

Looking ahead towards FY '22 Medic is focused on innovative ways to continuously improve patient care in the prehospital environment





ESINET: EMERGENCY SERVICES IP NETWORK

The NC Department of Information Technology's N.C. 911 Board is implementing Next Generation 911, which ensures residents can reach 911 services regardless of their location or the communication device used. As part of this project, Medic is preparing to connect to the Emergency Services IP Network (ESINet). ESINet is a shared network for public safety agencies across North Carolina that allows the transfer of 911 calls to any agency in the system. This network, scheduled to launch at Medic by the end of 2021, greatly enhances Medic's ability to communicate across county lines for local emergencies and to be of service as a backup 911 Communications Center for agencies across North Carolina.

RESPONSE CONFIGURATION IMPROVEMENTS

Record high transport volume and staffing shortages are expected to persist going into FY '22. To mitigate unsustainable strains on the system, in partnership with the Agency's Medical Control Board and the NC Office of EMS, several strategies will be tested and implemented if proven beneficial to stabilization during the prolonged COVID-19 period.

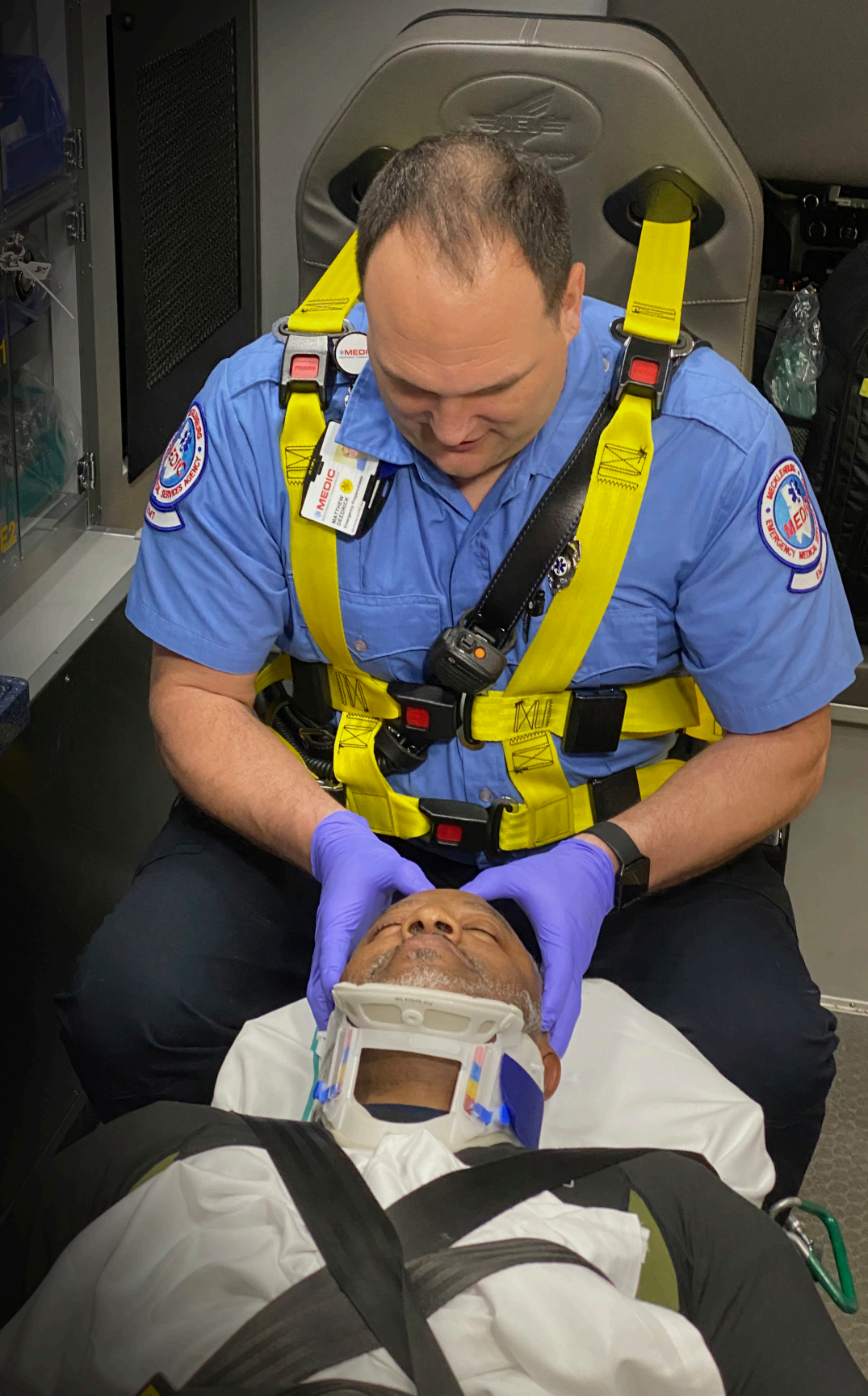
- A select subset of low acuity calls will receive an immediate first responder response, while the target response time for an ambulance response is extended.

- A new triage tool that allows first responders within the City of Charlotte to check back in service as available for a high acuity call while remaining on scene with the patient, if their initial assessment clearly shows the patient is stable and meets strict criteria established by the Medical Director.
- Utilization of scheduled alternative transportation options (i.e. ride share services) for callers triaged by the dedicated nurse call center program who require transportation only.
- Development of a protocol allowing care providers to offer patients, if clinically appropriate, their recommendation to seek alternative healthcare or transportation methods, such as Urgent Care.
- Medic also continues to work with the local hospital systems to monitor new alternative transport destination protocols that were in development in FY '20, which are aimed at alleviating primary hospital emergency department traffic by diverting non-life threatening emergencies to lower acuity settings, such as a nurse advice line and Atrium Health Behavioral Health Charlotte (BHC).

All of these creative tools will allow Medic to meet its mission for our community during this challenging and unstable time in healthcare, while simultaneously building staffing and providing the most appropriate care for our patients.

DID YOU KNOW?

Mecklenburg County funded 21% of Medic's budget in FY '21, with the remaining 79% coming from fees for service.



ET3: EMERGENCY TRIAGE, TREAT, AND TRANSPORT

A testing and implementation project is underway for Medic to participate in the Emergency Triage, Treat, and Transport (ET3) payment model. The voluntary, five-year pilot program was developed by the Centers for Medicare and Medicaid Services (CMS) to improve patient care and lower costs by reducing avoidable transports to a hospital emergency department (ED).

ET3 is designed to provide greater options to ambulance services when they address the needs of Medicare patients following a 911 call. Under the ET3 model, Medicare will reimburse for two additional services for low acuity patients who can be safely managed in a non-emergency department setting:

1. Transport to an alternative destination, such as a primary care doctor or urgent care.
2. Treatment in place rendered via telehealth with a qualified health care practitioner at the scene of a 911 emergency response.

These options have enormous potential to advance patient-centric care while preserving valuable resources for Medic to respond to life-threatening emergencies. Testing is set to begin in the fall of 2021.

AGENCY LEADERSHIP

As of June 31, 2021



Katie Kaney, AH - Chair



Sid Fletcher, NH - Vice Chair



David Callaway, AH



Saad Ehtisham, NH



Michael Bryant, MC



Joy Greear, NH



Gary Little, AH

AGENCY BOARD OF COMMISSIONERS

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 Sid Fletcher, MD (NH), Vice Chair
 Michael Bryant, (MC)
 David Callaway, MD (AH)
 Joy Greear (NH)
 Saad Ehtisham (NH)
 Gary Little, MD (AH)

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 Derrick Ramos (MC)
 Jason Schwebach (AH)

Non-Voting Members

Shelly Forward, Finance Director
 Joe Penner, Executive Director
 Doug Swanson, MD, Medical Director

FINANCE COMMITTEE**Voting Members**

Michael Bryant (MC)
 Peter Ostiguy (NH)
 Marcia (Ceci) Turner (AH)

Non-Voting Members

Shelly Forward (M)
 Joe Penner (M)

AGENCY OFFICERS

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

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Eric Deshaies, MD (NH)
 Mike Gibbs, MD (AH)
 Sandra Giller, MD (NH)
 Josh Loyd, MD (NH)
 Jason Mutch, MD (NH)
 David Pearson, MD (AH)
 Bradley Thomas, MD (AH)

Non-Voting Members

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 Gibbie Harris, (MC)
 Reginald Johnson, City of Charlotte Fire Dept
 David Leath, Mint Hill Volunteer Fire Dept
 Joe Penner (M)
 Robyn Neely (AH)
 Doug Swanson, MD (M)

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 (MC)
 Joe Penner (M)
 Jon Studnek (M)
 Sharon Taulbert (M)

LEGEND

Atrium Health - AH
 Mecklenburg County - MC
 Mecklenburg EMS Agency - M
 Novant Health - NH

AWARDS AND ACCREDITATIONS



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