



MECKLENBURG EMS AGENCY FY '23

# ANNUAL REPORT



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## Letter from Executive Director

When looking back at the past year, the word leadership is what stands out to me. Medic’s leadership team has tirelessly pushed this Agency forward as a premier thought leader and innovator in prehospital medicine.

Vision, a key tenant of leadership, was at the forefront this year during Medic’s Response Configuration project. This was the largest change to Medic’s response model since the Agency’s inception and the stakes were high. I am extremely proud of the many individuals who never lost the vision for this project, for the collaboration and relationship building with our fellow first responders, and ultimately for the final product that places the highest priority on what matters most...our patients. From planning to implementation, everyone at Medic was responsible for some piece of this monumental effort and you will have a significant place in Medic’s history.

Adaptability, yet another key tenant of leadership, allowed us to tackle the incredibly challenging obstacle of recruitment in EMS today. Our new creative recruitment strategies have opened doors of opportunity for individuals to find a career path in EMS. We have also been able to continue adjusting much-deserved wages, a critical piece to both recruitment and retention of our invaluable employees.

None of these accomplishments would have been possible without the unwavering support from Mecklenburg County and our hospital partners who have helped see us through these challenging times.

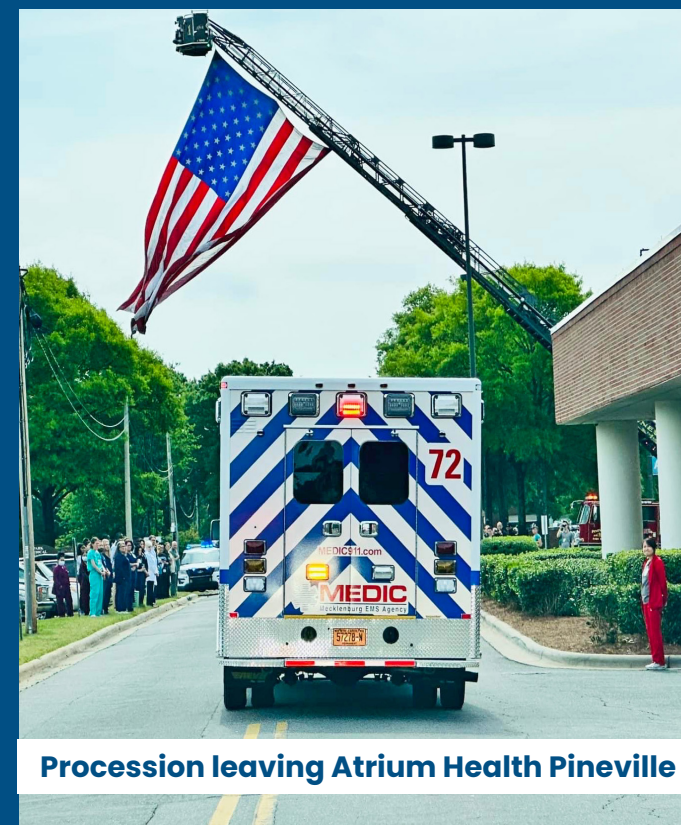
I encourage you to learn more about these accomplishments during this past fiscal year in this annual report, especially some of our standout employees, our innovative approaches to challenges, and how we are looking ahead to the future.



In Memory Of...

**Mark Hayes**

Years of Service: 1997 - 2023



**Procession leaving Atrium Health Pineville**



**Medic leadership & Charlotte Fire waiting for the procession to reach their location, one of many overpasses along the route**

May 13, 2023 was an extremely difficult day for everyone in the Medic family when longtime Paramedic, Mark Hayes, passed away from a medical emergency while on duty.

Mark joined Medic in 1997 and retired in 2020, returning on a part-time basis. Mark touched countless lives during his career, of both his co-workers and patients.

In the aftermath of this tragic event, there also came an overwhelming sense of unity. Our partner fire departments surrounded us with support, including participating in a procession and memorial services. Several surrounding EMS agencies covered 911 calls in Mecklenburg County so that staff could attend Mark's memorial service including Piedmont Medical Center EMS, Union EMS, Rowan County EMS, Gaston County EMS, Catawba County EMS, and Iredell County EMS.

It is also important to recognize the remarkable support received by everyone in the Atrium Health Pineville Emergency Department who cared for Mark that day. In addition to excellent clinical care, the compassion received from the ED staff was above and beyond.

As we move forward, we hope to keep Mark's memory alive as a reminder that we are all a family at the end of the day; united by our purpose of caring for others.



**Assistant Operations Manager  
Brandis Ridenhour**

1. Improve workplace safety & health of Medic workers
2. Create a sustainable and competitive strategy for maintaining critical staffing levels
3. Implement a Medic Diversity, Equity and Inclusion (DEI) platform (including internal policies, procedures, and plans) to create supportive inclusion and dismantle structural barriers
4. Reduce Medic's carbon footprint
5. Evolve Medic's response, care, and transport models to address the shifting community need and healthcare landscape

## Strategic Objectives

The above Strategic Objectives inform Medic's improvement work for the next three years (FY '23 – FY '25).

### DID YOU KNOW?...

Medic's efforts to decrease idle time saved approximately 44,798 gallons of fuel and reduced CO2 emissions by 2,470 tons in FY '23.

1. Medic tested and evaluated industry options for stretcher replacements that suit both employee and patient needs. The purchase of Stryker Power PRO-2 stretchers and power load systems for Medic's entire fleet of ambulances was approved with one-time funding by Mecklenburg County in Medic's FY '24 budget and are projected to deploy early 2024. The stretchers are predicted to reduce employee lifting injuries by as much as 90%.
2. Medic implemented increased starting wages for Paramedics (\$25), EMTs (\$20) and Telecommunicators (\$25) based on the Agency's annual compensation study, along with compression and pay band adjustments. Medic also launched an innovative in-house EMT certification program with Central Piedmont Community College that compensates students for their in-class time at \$17.50 per hour plus all tuition and supply costs (learn more on p. 18).
3. Medic provided an Advancing Racial Equity training opportunity to Medic leadership, which was offered by the Mecklenburg County Office of Equity and Inclusion. An additional training opportunity was provided to frontline care providers and focused on Transgender and LGBTQ awareness that explored how Medic can contribute to reducing healthcare disparities for patients with diverse sexual and gender identities. The Agency also included an onboarding

4. Diversity, Equity and Inclusion workshop for new hires and began development of a Diversity Purpose team. The team will recommend strategies to revise Medic's purpose statement, as set by Agency leadership.
4. A total of 24 ZeroRPM idle reduction technology systems for Medic's fleet of ambulances were purchased. With this, 71 of 73 ambulances will be outfitted with the fuel saving, carbon emission reducing technology. Installation is projected to be completed in FY '24. The outliers are the oldest vehicles in the fleet and will await scheduled replacement to receive ZeroRPM.
5. Medic invested a significant amount of time and resources to evaluate the Agency's response model and develop a new response time matrix that maximizes the ability to respond to the patients experiencing a life-threatening emergency (learn more on p. 20). The Agency also began expansion of its Basic Life Support (BLS) resources, which deploys ambulances staffed with two EMTs that can respond to non-emergent calls. The more robust response tier will preserve Advanced Life Support (ALS) ambulances staffed with a Paramedic and EMT for the highest priority calls.



Paramedic Nicholas McWilliams

## Meet Medic

Meet all the departments that are tasked with upholding Medic's mission and providing patient outcomes among the best in the nation.



Paramedics Chandler Spires and Jackson Canaan (L to R)



Telecommunicator Tiffany Grier

### Field Operations

Medic's Field Operations team includes EMTs, Paramedics, Field Training Officers, Preceptors, Assistant Operations Supervisors, Operations Supervisors, Assistant Operations Managers, Managers, and a Deputy Director of Operations.

Field Operations also has sub-divisions including Special Operations to manage specialized assets (including 2 mass casualty buses), Special Operations Paramedics, and crews dedicated to the Charlotte-Douglas International Airport.

### Central Medical Emergency Dispatch (CMED)

CMED is responsible for processing all medical 911 calls in Mecklenburg County in addition to dispatching all 13 county fire departments (this excludes the Charlotte Fire Department). All CMED employees are certified Emergency Medical Dispatchers (EMDs) and Emergency Fire Dispatchers (EFDs), which enables them to provide life-saving instructions to a caller before the arrival of first responders.

CMED is the only secondary Public Safety Answering Point for medical calls in NC. This means when a 911 call is placed, instead of a police department dispatching an ambulance, the call is transferred directly to CMED who follows national standards for triaging calls, providing life saving instructions, and dispatching the appropriate resources.

## Information Technology (IT)

Medic's IT team is responsible for managing the highly complex systems that support both the Agency's 911 Emergency Medical Dispatch center and its overall administrative enterprise. The team architects and configures all network infrastructure, manages replacement cycles, troubleshoots and repairs issues and collaborates with other emergency response agencies to support the needs of the public safety network.

## Fleet & Facilities

Medic's on-site team of Mechanics are responsible for maintaining and repairing 108 Agency assets; this includes 72 ambulances, 24 quick response vehicles, 3 all-terrain vehicles and 2 mass casualty buses. The team is also responsible for maintaining durable medical equipment such as stretchers, cardiac monitors, stair chairs and Automated External Defibrillators. The Facilities team focuses on maintenance and repair at Medic's Charlotte, NC headquarters in addition to the seven physical posts located throughout Mecklenburg County.



## Performance Improvement (PI)

PI is home to four teams responsible for Medic's continuous pursuit of improvement including internal education and training (Clinical Education); identifying opportunities to improve patient outcomes through performance monitoring (Clinical Improvement); strategic objective development, project management, data aggregation and analysis to support improvement and nationally recognized research initiatives (Quality Improvement) and strategizing the deployment of resources (Forecasting & Scheduling). These teams collaborate to drive innovation within the EMS industry while assuring top tier clinical care in our community as a central principle driving everything they do.



## Human Resources (HR)

The HR team manages recruitment, onboarding candidates, benefit administration, compensation strategies, and risk and safety processes. Recruitment includes candidate assessments and an orientation academy for new hires. HR also coordinates recruitment efforts in the community, such as organization of Medic's new in-house EMT program, the OST-EMT Bridge program, and the Explorers program. The Risk & Safety team ensures best practices for clinical staff and assists employees with safety-related issues.

## Public Relations (PR)

The PR Department is responsible for Medic's internal and external communication efforts. The team manages critical communications to employees via multiple platforms, coordinates employee recognition efforts and organizes events aimed at building connections among the people who work here. Externally, PR manages all media relations, community engagement events, promotional strategies for recruitment and brand awareness, crisis communications, social media platforms and ongoing website maintenance.



## Finance/Billing

Medic houses its own finance and billing departments. Finance upholds Medic's commitment to fiscal responsibility by managing the agency's complex budget. The Billing Team works to care for patients in the aftermath of their emergencies including helping them understand their financial responsibilities and insurance benefits.

## Logistics

Medic's 24/7 Logistics Department is responsible for the recovery and production of fully stocked ambulances to meet the Agency's deployment schedule; this requires an average of 96 fully stocked vehicles per day. Nearly \$2,000,000 in medications, equipment and supplies pass through Medic's on-site warehouse each year, which the Logistics team utilizes to build kits that resupply each ambulance at the end of a given shift. The work this department does is extremely beneficial to Medic's frontline clinicians, who would otherwise be responsible for re-stocking their ambulance after each shift.



## Medic Coverage Area

Medic is the sole ambulance provider for Mecklenburg County and utilizes a dynamic response system, including first response by the Charlotte Fire Department and 13 county-based fire departments. Fire departments are dispatched to select calls, primarily the most emergent to preserve resources. Patients are distributed to emergency department destinations based on patient preference or level of care most appropriate for the patient's clinical needs.

First Responder Area	Average First Responder Response Time	Total Medic Responses	Total Patients Transported
Davidson	5M 30S	1,075	734
Cornelius	5M 24S	2,247	1,424
Huntersville	6M 22S	6,508	4,541
Cooks	6M 5S	534	339
Long Creek	6M 38S	681	414
West Meck	6M 20S	1,247	667
City of Charlotte	4M 32S*	128,003	87,646
Robinson	6M 46S	837	609
Mint Hill	6M 38S	2,415	1,655
Idlewild	6M 13S	820	542
Matthews	6M 01S	4,628	3,443
Pineville	5M 29S	4,552	3,735
Steele Creek	7M 10S	1,012	622
Carolina	6M 23S	199	123

\*Based upon the most current available data from FY '22

### DID YOU KNOW?...

Medic responded to out-of-county emergencies for mutual aid requests from other EMS agencies 106 times in FY '23.



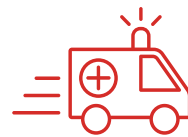


Telecommunicator Dominic Taylor

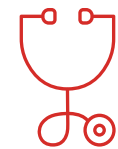
## Medic Performance



**455**  
Average 911 calls answered per day



**8m:48s**  
Average Response Time: Life Threatening 911 Calls



**154,926**  
Total Medic Responses



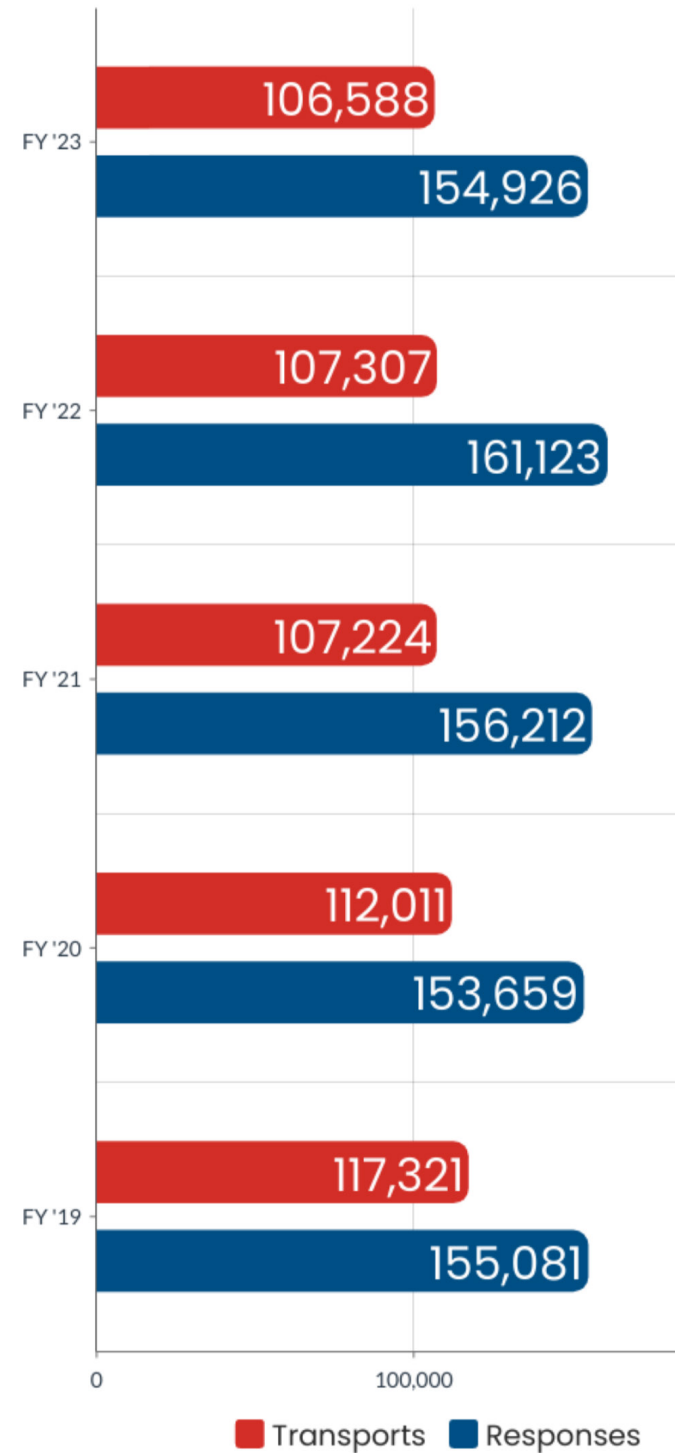
**106,588**  
Total Transports



**95%**  
911 Calls Answered Under 10 Seconds



**9m:02s**  
Average Priority I Trauma Patient Scene Time



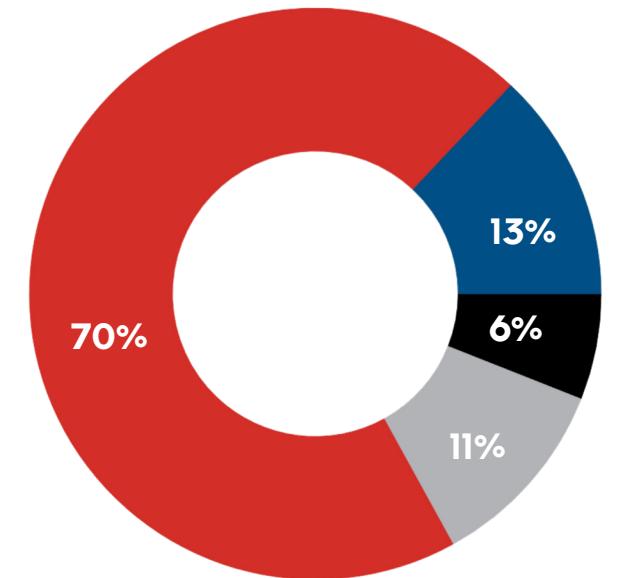
### Total Dispatch Breakdown

Below shows the workload distribution of Medic's emergency medical dispatch center including all county fire departments.

Medic	154,926
County Fire Rescue	9,448
County First Responder EMS	20,451
<b>Total FY '23 Dispatches</b>	<b>184,825</b>

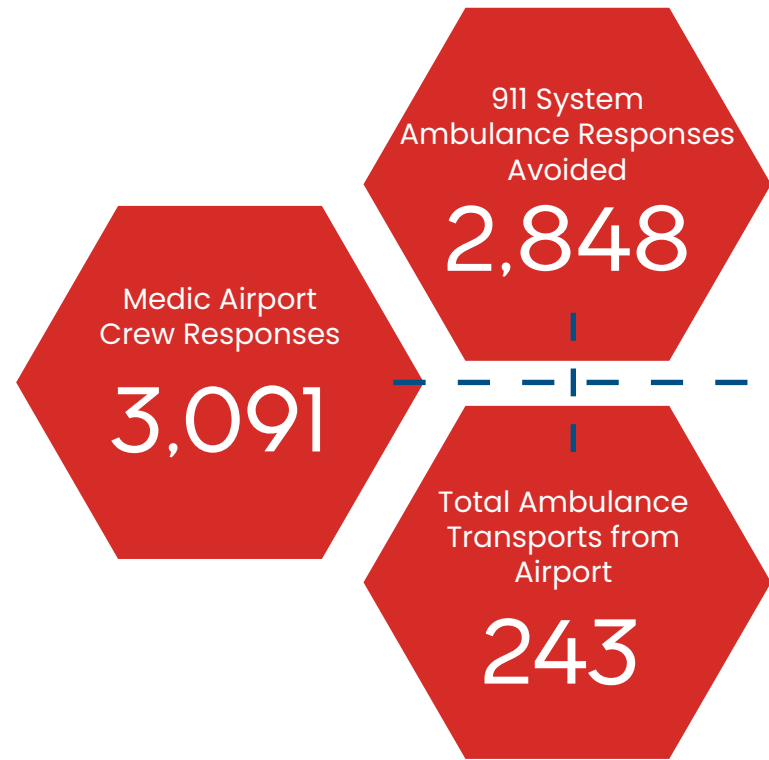
### Total Transport Breakdown

The below chart reflects the distribution of transports by priority level based upon a patient's condition following EMS arrival and assessment.



- Life-threatening
- Potentially Life-Threatening
- Non Life-Threatening
- Non-Emergency Scheduled

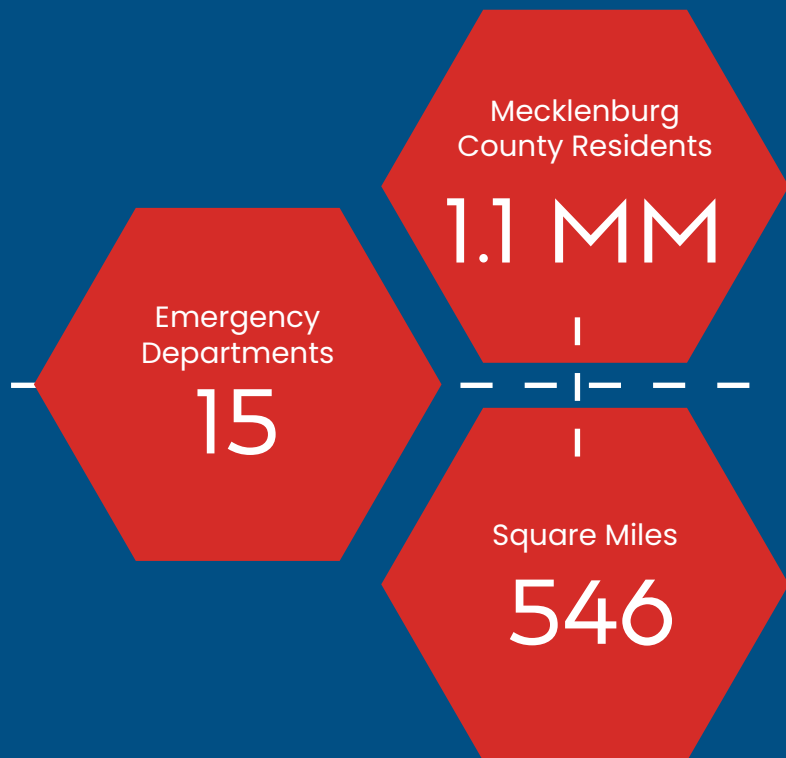




**Airport Operations**  
 Medic has two fully staffed (two care providers each) vehicles responding inside the Charlotte-Douglas International Airport daily at peak volume hours. Through this strategy of on-site dedicated coverage, Medic avoided over 2.8K unnecessary ambulance responses to the airport, leaving those units in place to respond to emergencies across Mecklenburg County.



**Mecklenburg County Growth**  
 Mecklenburg County's population has grown by 20% over the last 10 years. Mecklenburg County emergency department locations have also expanded, with three new facilities opening in the last three years.



# Medic: Career Pathways

Medic focused on creating new pathways into an EMS career at Medic in FY '23. On the heels of a national EMS staffing shortage, Medic's EMT and Paramedic vacancy level reached 71 at its peak in May of 2022. The deficit required non-traditional recruitment strategies.

Historically, Medic considered EMT applicants who were already credentialed. This process created a barrier in the post COVID-19 environment, as there were very few credentialed candidates to choose from.

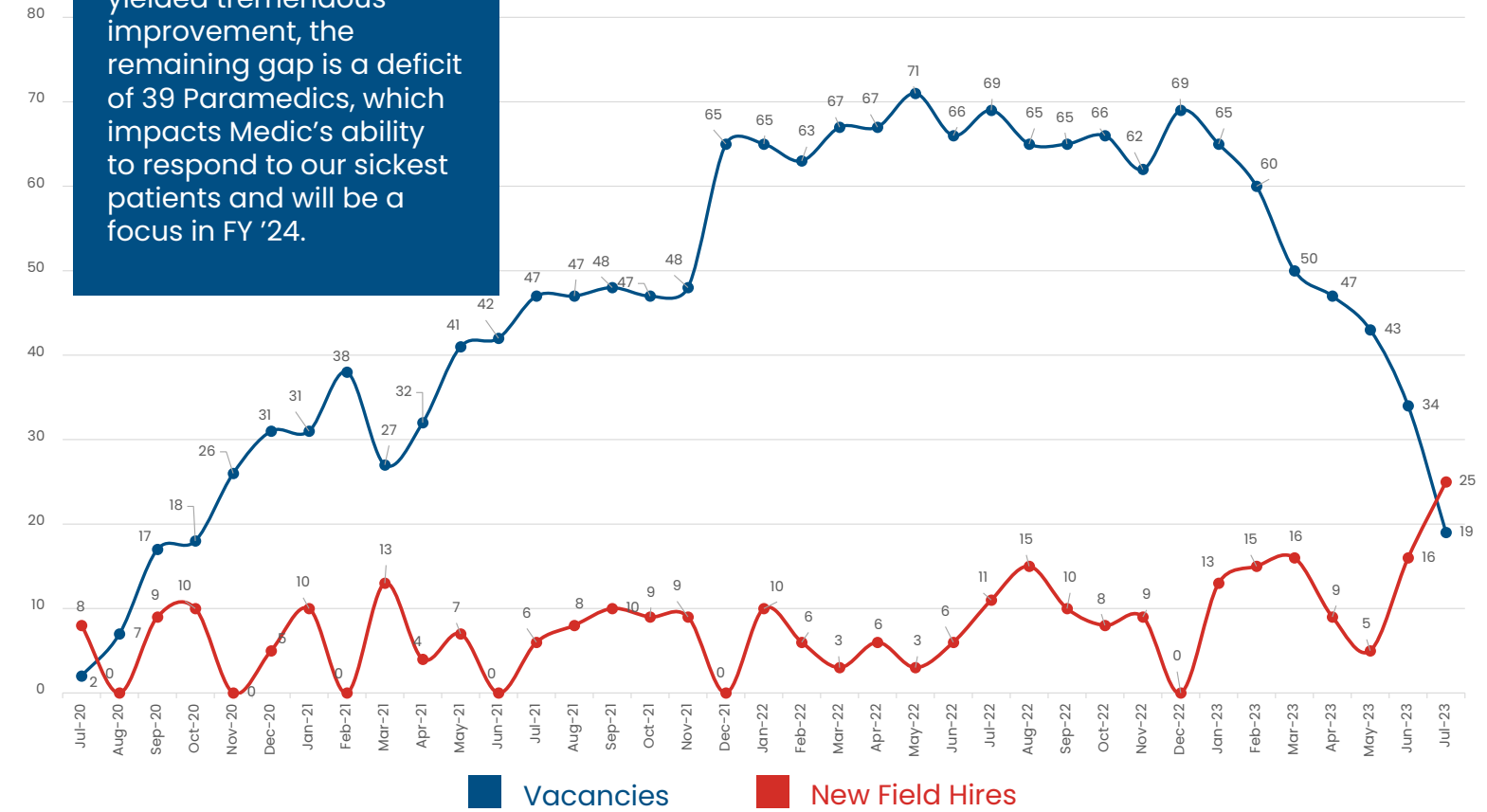
To overcome this obstacle, Medic established its first in-house EMT credentialing program with Central Piedmont Community College (CPC). The collaboration included the sponsoring of two classes of EMTs (who received an hourly wage during class hours) with guaranteed employment at Medic after graduation, ultimately decreasing the credentialing and onboarding timeline.

The new partnership netted 236 applicants, 109 scheduled interviews, 2 separate EMT classes and 21 EMTs hired. The program was made possible by ARPA funds granted by Mecklenburg County in FY '23 and will be extended in FY '24 as a permanent recruitment strategy.

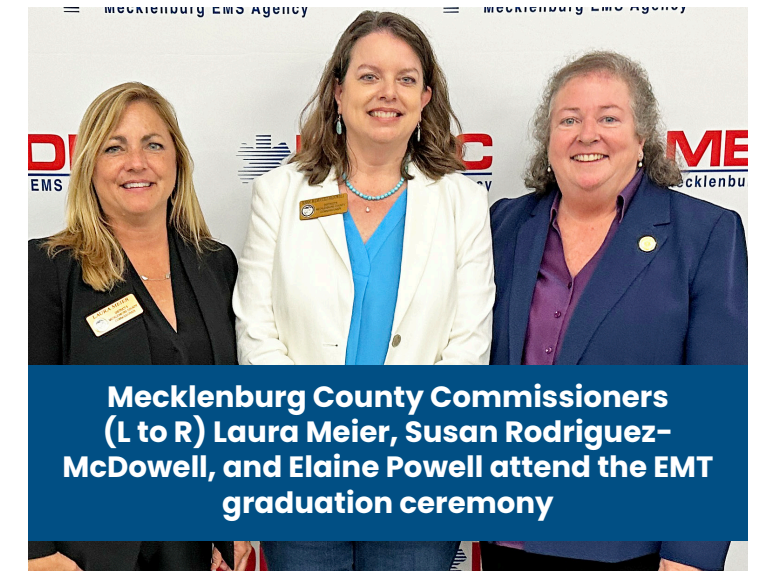


**Madison McGregor, a recent graduate of Medic's new in-house EMT program**

Even though efforts yielded tremendous improvement, the remaining gap is a deficit of 39 Paramedics, which impacts Medic's ability to respond to our sickest patients and will be a focus in FY '24.



**One of the first graduating classes of the EMT program**



**Mecklenburg County Commissioners (L to R) Laura Meier, Susan Rodriguez-McDowell, and Elaine Powell attend the EMT graduation ceremony**

# Response Configuration

On April 17, 2023 Medic launched the Agency’s updated Response Configuration, which defines how Medic responds to calls (lights and sirens) and which resources are deployed. The new configuration is aimed at improving Medic’s ability to preserve resources for patients experiencing life-threatening emergencies. The year-long project was a collaboration between Medic and all first responder agencies in Mecklenburg County. All changes were vetted by Medic’s Medical Control Board (MCB) and the Agency Board of Commissioners (ABOC) to ensure clinical best practices.

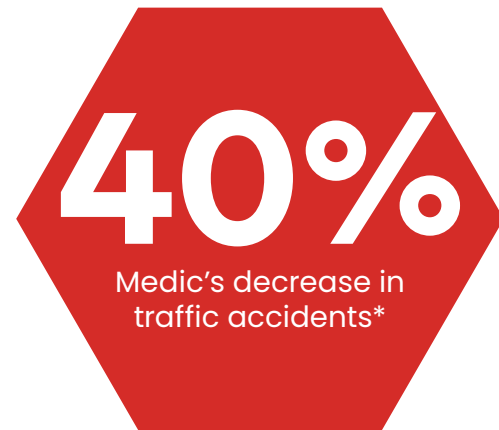
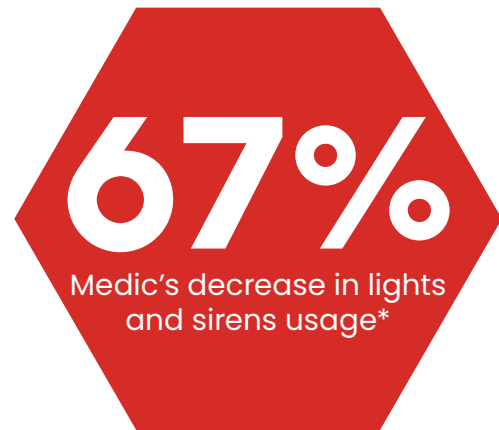
- EMS call volume for fire departments decreased by 16% by directing their resources to where they are most needed
- Response times better align with the severity of a patient’s condition

Response Configuration launched after Medic gained support of county officials. Community outreach included presentations to the Mecklenburg Board of County Commissioners, one public meeting per County district and town/city council meetings.

Medic is collecting data and will evaluate system performance to guide changes post launch, including impact to patients and first responders. Medic will provide performance updates once enough actionable data has been collected, analyzed and shared with the Mecklenburg County Manager’s Office, the ABOC and the MCB.

What these changes mean for the community:

- Rapid response to life-threatening emergencies did not change (see chart on the right)
- The use of lights and sirens are reserved for life-threatening emergencies, contributing to a decrease in traffic accidents



\*Compares Pre-Response Configuration January – March 2023 vs. Post Response Configuration May – July 2023

# response time targets

<u>previous</u>	<u>new</u>
10:59 mins.*	10:59 mins.* (life-threatening)
12:59 mins.*	Removed
NEW!	15:00 mins.
NEW!	30:00 mins.
60:00 mins.	60:00 mins.
NEW!	90:00 mins. (transport only)

911 calls are triaged by emergency medical dispatchers using protocols written by the International Academies of Emergency Dispatch to align the proper response times with the patient’s condition

\*Lights and sirens



**Right Patient, Right Time, Right Resource**

With the vast majority of patients transported being non-emergent, Medic's Response Configuration was aimed at better aligning resources to maintain a rapid response to patients facing actual life-threatening emergencies.

Paramedic Mary Kirichun participates in an Active Violence Training

Before launching a new Response Configuration, Medic responded to 73% of 911 calls with lights and sirens, though only 5% of those calls resulted in a high priority transport to the emergency department. After Response Configuration launch, Medic responded to 24% of 911 calls with lights and sirens with 4% of those calls resulting in a high priority transport. This alignment of resources allows the 911 Communications Center to prioritize life-saving resources for our sickest patients.

**Pre-Response Configuration**

**73%**

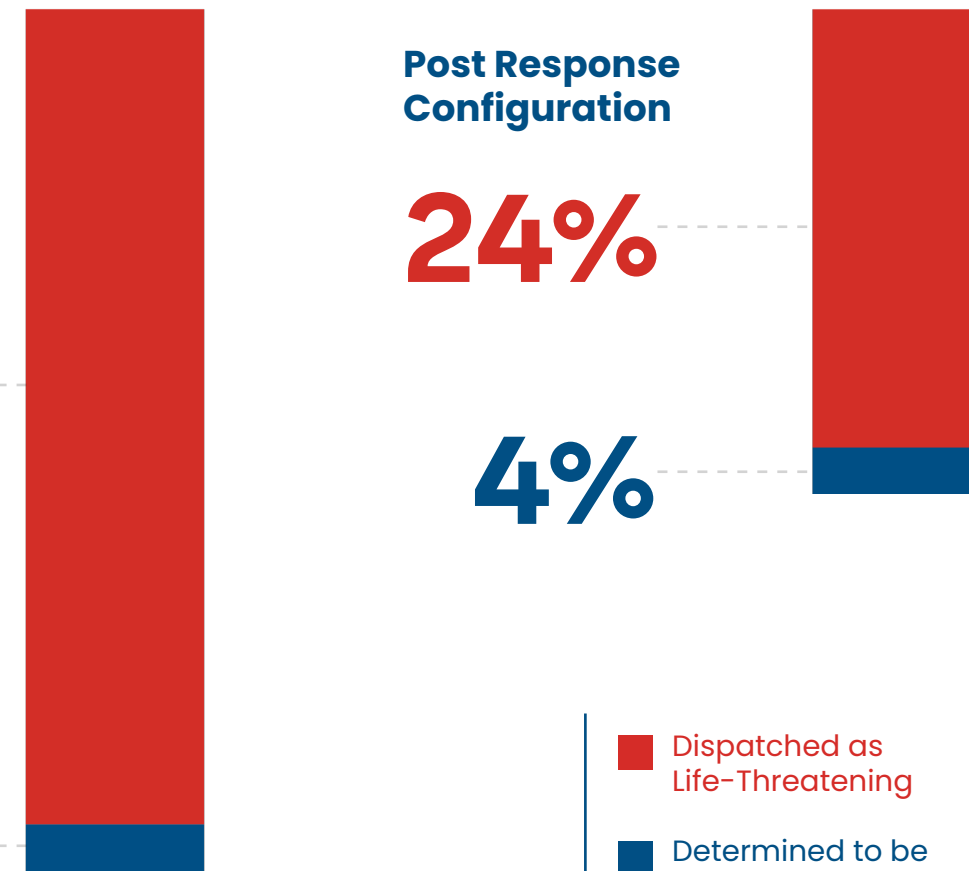
**5%**

**Post Response Configuration**

**24%**

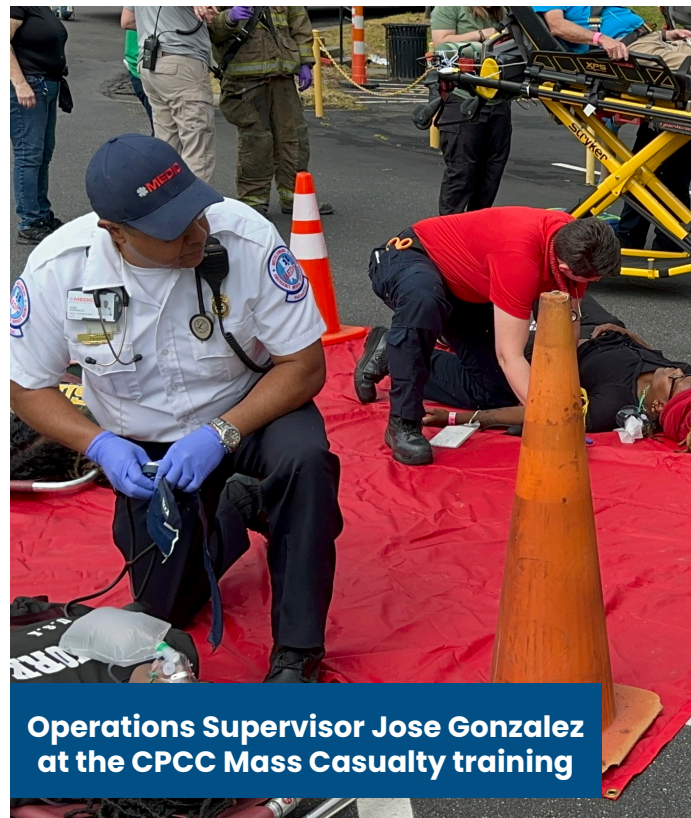
**4%**

- Dispatched as Life-Threatening
- Determined to be Life-Threatening





Operations Supervisor Gabe McGaha and Paramedic Laura Kelland at the Airport Disaster Exercise



Operations Supervisor Jose Gonzalez at the CPCC Mass Casualty training

# Medic: Preparedness

Each year Medic participates in training exercises both internally and in coordination with external partner agencies. These types of events are critical for Medic to be prepared to care for our community under any circumstances.



Clinical Educator Thomas Porcelli at the CPCC event

**1** In October 2022, the **Charlotte-Douglas International Airport** conducted a tri-annual Disaster Exercise to test their emergency protocols and procedures, as required by the Federal Aviation Administration. Medic takes the opportunity to focus on mass casualty triage and treatment skills, resource distribution tactics, and even the logistics of transporting patients considering hospital capacity.

**2** During Medic's **annual training simulation**, all Medic care providers participated in a childbirth scenario with a state-of-the-art obstetric manikin. The training uses the latest technology to link knowledge and skill during an entirely hands-on experience, focusing on recognizing potential risks of childbirth and managing adverse events. Medic's Clinical Education team recorded each training session and provided real-time feedback.

**3** Together, Medic, the Charlotte Fire Department and the Charlotte-Mecklenburg Police Department developed an **Active Violence Incident (AVI)** scenario for leadership to put their scene management skills and inter-agency collaboration to the test. Members of Medic's operational leadership team participated in the AVI training throughout 22 sessions over 11 days that included an in-depth lecture and a scenario that simulates the first 60 minutes of mass casualty incident. Plans to scale this training to Medic's frontline staff are underway.

**4** Medic collaborated with Central Piedmont Community College (CPCC), the Charlotte-Mecklenburg Police Department and the Charlotte Fire Department to hold a **large-scale, emergency incident response demonstration** with students from local healthcare programs, including Paramedic students. Two different scenarios were conducted including an overturned bus and an explosion.



Assistant Operations Supervisor Elizabeth Kurc at the AVI Training



## Note from the Medical Director

The past 12 months saw tremendous clinical growth from Medic.

Our Response Configuration project was a major milestone on the clinical side. This involved a high level of collaboration and multiple complete reviews of many months of over 1800 call determinants, one-by-one, to ensure proper response time targets were assigned.

Despite many challenges, care providers have maintained clinical performance among the top EMS agencies across the country. This is especially true with respect to our sickest patients, those requiring cardiac arrest resuscitation, prehospital stroke and heart attack care, and the response to major trauma.

A new cardiac monitor was also deployed, taking several teams countless hours of planning and implementation. The monitor has already been proven to be an improvement for our prehospital cardiac care.

This year has also included a tremendous amount of work towards developing more clinical improvements to launch next fiscal year. Expansion of the role and maximizing the scope of practice for EMTs at Medic will further empower the Agency to respond to patients with the most appropriate resources.

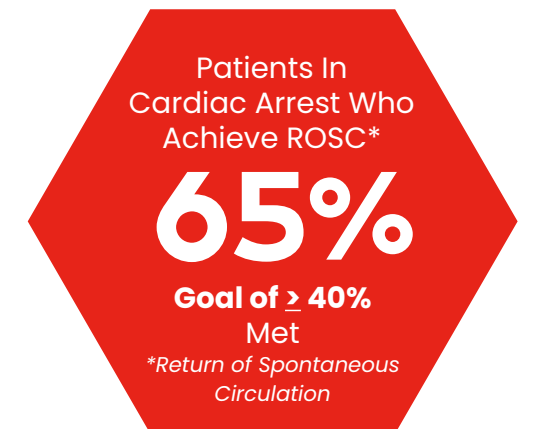
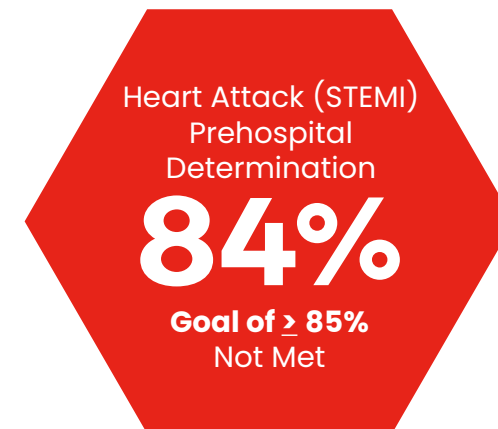
These accomplishments are only possible thanks to the work of a dedicated team of EMS professionals that help ensure our friends, family and neighbors receive the excellent and compassionate care they deserve. The efforts of our Education and Clinical Improvement Departments, the call-taking and call-assignment of our dispatch center (CMED) in addition to the frontline clinicians are all critical to providing excellent care in the prehospital setting.

**Dr. Douglas R. Swanson**  
Medic Medical Director

## Clinical Performance + Research

### PediDOSE Update; Pediatric Dost Optimization for Seizures in EMS

In FY '23 Medic continued PediDOSE research which investigates standardizing dosage protocols for pediatric seizure patients. Since implementation in 2022, a total of 66 pediatric seizure patients have been enrolled. The research will continue throughout the next five years to determine if an age-based dosing protocol reduces the length of time a patient is actively seizing. These results could impact the way patients are treated in the prehospital setting nationwide.





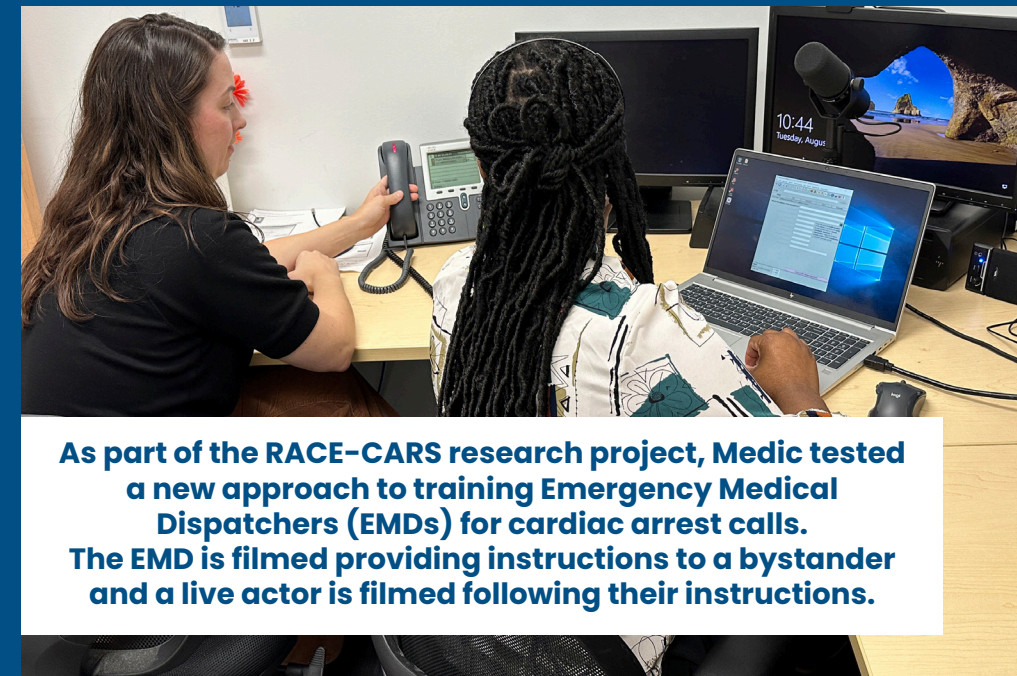
Quality Improvement Analyst Gabrielle Purick Smith and eContent and Learning Management System Administrator Trevor Taylor

### Medic Participates in National Research Trial; Aims to Increase Cardiac Arrest Survival

Medic is midway through its first active year participating in the intervention arm of a Duke University Clinical Research Institute cluster-randomized trial. This five-year trial is testing the implementation of community interventions to improve survival for people with cardiac arrest, a major cause of death nationwide.

The trial focuses on the first four links in the chain of survival, or those that occur prior to EMS arrival on scene. Primary intervention areas trial include dispatch recognition of cardiac arrest and CPR instruction, community CPR training, early defibrillation, and strategic placement of AEDs. Community engagement is the primary focus of the first active year of this research project. To contribute to this effort, Medic has developed a community training strategy, tested novel training methodologies for its employees, and is working to revitalize its CPR community engagement team with stakeholders and partners.

Medic is also using this year to strategically locate and register existing AEDs around the county. Registering AEDs with Medic allows us to track these devices, and direct callers to them in times of cardiac emergencies. This year, Medic has located an additional 56 AEDs around Mecklenburg County. 33%



As part of the RACE-CARS research project, Medic tested a new approach to training Emergency Medical Dispatchers (EMDs) for cardiac arrest calls. The EMD is filmed providing instructions to a bystander and a live actor is filmed following their instructions.

of these were located at schools, 21% at recreation sites, and 27% at churches. These AEDs can be easily registered using the PulsePoint AED app, available to anyone to use with a free download.

**DID YOU KNOW?...** At the Charlotte-Douglas International Airport, cardiac arrest patients survive and are discharged from the hospital 75% of the time, which is more than 4X the national average! This is due to the high rate of bystander CPR and AED availability.

## Financial Performance

As financial stewards, Medic maintains excellent clinical outcomes while keeping the Agency's cost per transport among the lowest in North Carolina.

### DID YOU KNOW?...

Not including qualified charitable care write-offs, Medic incurred \$25,398,279 in unpaid charges for transports in FY '23.



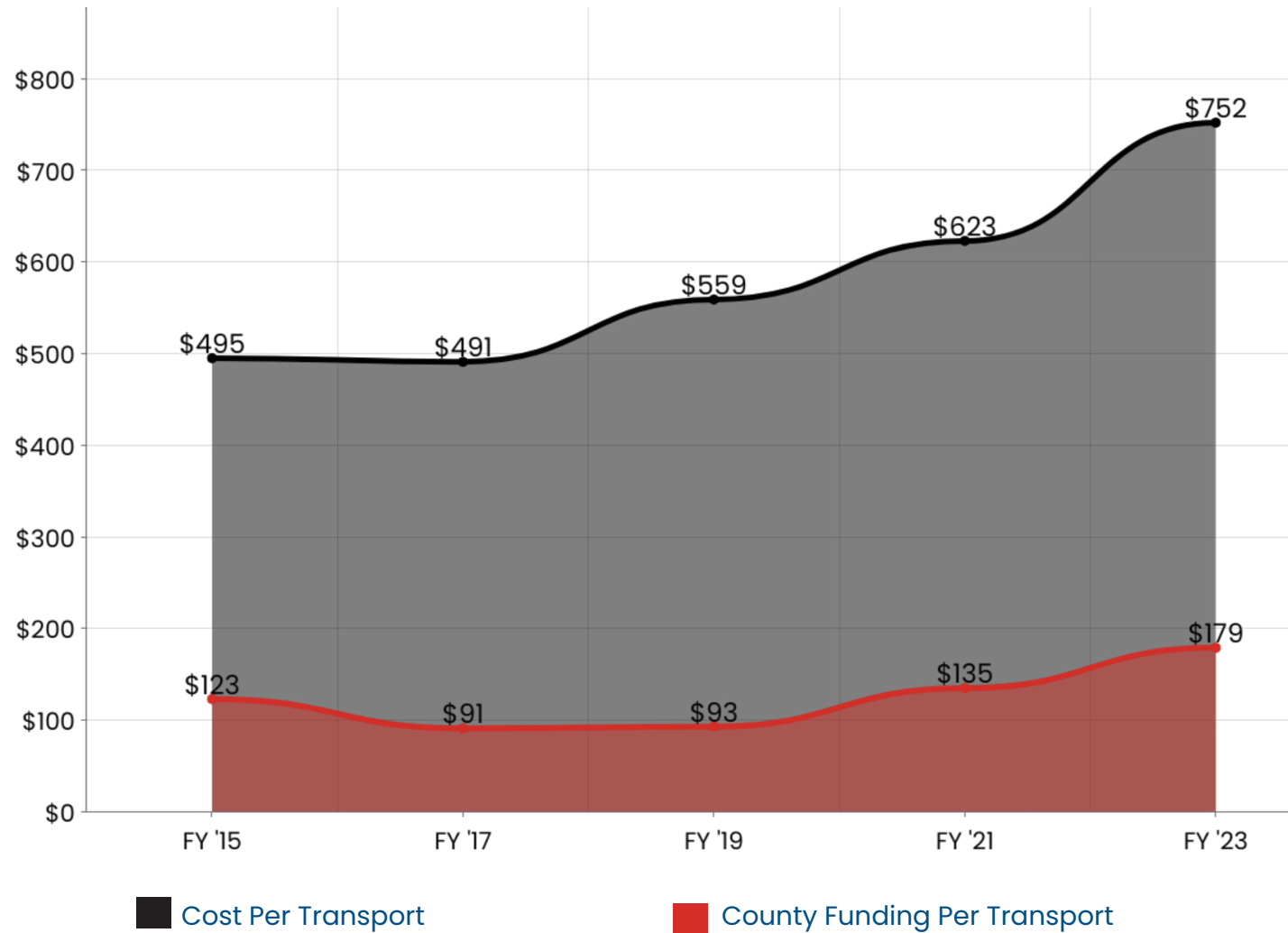
### FY '23 MODIFIED ACCRUAL FINANCIAL STATEMENTS ADJUSTED FOR ENCUMBRANCES

	Amended Budget	Actual
<b>Revenue</b>		
User Fees	\$44,707,128	\$47,066,132
County Funding	\$19,448,263	\$19,031,762
Medicaid Cost Report	\$4,449,669	\$3,668,612
Debt Set-off Revenue	\$2,190,000	\$2,749,759
One-Time Funding	\$6,758,860	\$4,878,406
Grants / Other Revenue	\$2,785,100	\$3,144,767
911 Surcharge Revenue	\$369,138	\$342,217
<b>Total Revenue</b>	<b>\$80,708,158</b>	<b>\$80,881,655</b>
<b>Expenditures</b>		
Labor and Labor Related	\$58,892,195	\$59,074,985
Operating	\$14,939,851	\$13,686,455
Capital	\$6,876,112	\$7,407,546
<b>Total Expenditures</b>	<b>\$80,708,158</b>	<b>\$80,168,986</b>



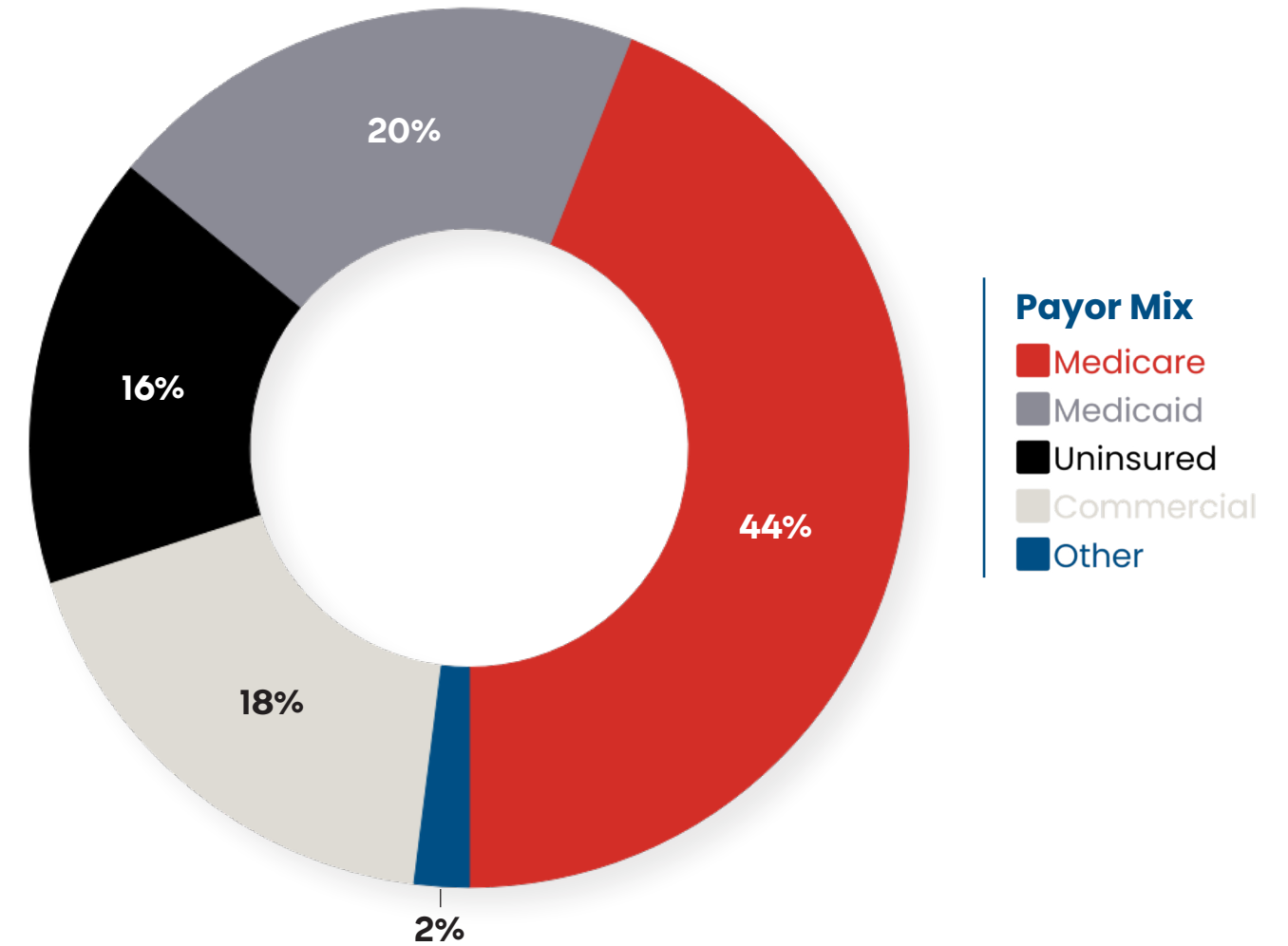
### Cost Per Transport

Both Medic’s cost per transport (the actual amount of money it costs to operate Medic on a per transport basis) and Mecklenburg County’s funding per transport (County subsidy) increased during FY '23 due to various factors including the increasing number of patients with no insurance, low reimbursement rates from payors, and overall inflation for goods and services. Despite increased costs, Medic continued to rank among the lowest cost EMS systems in the state of NC. Only 17 out of 87 agencies have transports costs lower than Medic, according to the NC Centers for Medicare Medicaid Services.



### Medic Budget

Medic is a Joint Government Agency, not a for-profit entity. The Agency’s budget is funded by fees-for-service from patients (66%), county subsidy (24%) and a state 911 surcharge and grant funding (10%). Subsidy is necessary due to reimbursement rates not covering the actual cost of an ambulance transport, non-reimbursable services provided to the community (such as patients being treated on scene and not transported) and also patients inability to pay. Medic wrote off \$6,082,682 in charges in FY '23 for patients who qualified for charity. In addition, a total of \$25,398,279 is outstanding for unpaid invoices in FY '23.





(L to R): EMT Katherine Romanovych, Paramedic Adamo Riascos and Special Operations Technician Scott Blair

# Medic: As A Workplace

This year, Medic's two cornerstone employee events were back at full capacity after COVID-19 restrictions in the previous two years. In Fall of 2022, Medic hosted its Night of Honor, an employee recognition event at Bank of America Stadium to recognize outstanding employees and achievements.

EMS Week in May 2023 celebrated all employees who are prepared and committed to fulfilling the Agency's mission in the community every day. Over the course of seven days, Medic hosted a variety of activities affording Agency employees, their families, and retirees an opportunity to connect with one another. The Friends & Family Day was the most popular event, seeing over 300 attendees throughout one day of music, food trucks and family fun.



# Medic: Award Winning Employees

## Star of Life

**Beth Rimmer**, Paramedic Crew Chief Throughout her 24 years of service at Medic, Beth is known to be dedicated to Medic’s mission, a passionate educator, and an advocate for improvement. Her nominations highlight her goodwill, sense of honor in the workplace, strong character, and accountability.

**Drew Smith**, Operations Supervisor is known above all else as an advocate for employees, during his 20 year tenure.

His peers highlight an exceptional level of compassion, kindness, professionalism, and dedication while also bringing a sense of calm and assurance.

**Nicole Tyson**, Assistant Revenue Cycle Supervisor spearheads critical processes that allow the Agency to meet its mission, all behind the scenes with little recognition that she truly deserves.

Since Nicole’s first day at Medic in 2011, Nicole has consistently performed critical duties in Revenue Cycle with excellent attention to detail and diligence that maintains steadfast processes.



**Beth Rimmer**



**Drew Smith**



**Nicole Tyson**



**Gary Rizzo**



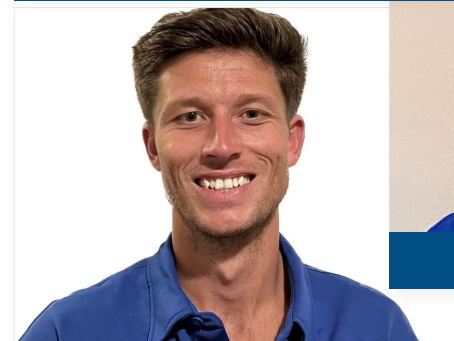
**Grace Nelson**



**Kathryn Furphy**



**Tori Fielding**



**Collin Sprinkle**



**Callie Parker**

## Unsung Hero

**Laura Dellinger**, Scheduling Specialist (not pictured) has worked at Medic for 17 years, both in Logistics and in her current role in Scheduling. She has a positive attitude and balances following policy and advocating for our employees.

**Grace Nelson**, Public Relations Supervisor, joined Medic in 2018 and enjoys focusing on employee appreciation efforts. Before COVID-19, Grace also obtained her EMT certification and currently supports Operations in the field during her off-time.

**Gary Rizzo**, Paramedic Crew Chief has helped foster a sense of family and comradery by providing snacks (out of his own pocket) to his coworkers, fellow first responders and hospital staff over the last three years throughout COVID-19.

## Top Call

**Tori Fielding** (Paramedic), **Kathryn Furphy** (Paramedic), **Callie Parker** (EMT), **Collin Sprinkle** (Emergency Medical Dispatcher)

The Medic crew arrived on scene to find a 7-month-old with CPR in progress by CMPD. The call had exceptionally challenging conditions besides being a pediatric arrest, including a complex scene taking place in the middle of an intersection. The patient required extensive treatments before and after being revived with multiple defibrillations and medication administration throughout, even while walking through the Emergency Department doors. The patient recovered well, in no small part to the Medic crew and the EMD, who managed constant communication and distribution of resources.

Medic:

## Leadership Development

Medic celebrated many leadership development milestones for employees this year, all of which contributed to improving Emergency Medical Services as an industry nationwide.

### EMSNext

**Allison Infinger**, Performance Improvement Manager, was selected as a member of the inaugural EMSNext program with the American Ambulance Association. Formerly a 40 Under 40 award, the program expanded beyond a recognition of up and coming leaders within EMS into a leadership development initiative that introduces participants to the inner workings of EMS at the national level. Allison began her career at Medic while earning her master's degree in public health in 2012. Since then, she has grown into the Performance Improvement Manager where she champions our continuous quality improvement, project management, and strategic planning initiatives.



### NENA VP

**Corinne Walser**, Operations Manager, Central Medical Emergency Dispatch was elected as the First Vice President of the North Carolina chapter of the National Emergency Number Association (NENA). NENA is the only non-profit focused on 911 first responders. NENA's mission includes promoting 911 research, planning, training and education. Corinne has 32 years of experience in 911, 27 of those years are with Medic.



### AAA Cost Data Collection Education

**Shelly Miller**, Revenue Cycle Manager, was nominated as a member of the American Ambulance Association (AAA) Cost Data Collection Education Faculty. This group hosted educational sessions at regional EMS conferences across the nation to help educate and prepare EMS Agencies for various issues. The team consists of 10 EMS Industry Leaders from across the US and recently received a AAA Distinguished Service award.



# Community Engagement

This year Medic's community engagement efforts were back in full force, primarily focused on providing lifesaving bystander CPR skills, tours at Medic headquarters and community events, such as Charlotte Pride.

Medic also introduced the Brave Heart Award in Mecklenburg County. This accolade is a tribute to ordinary citizens who exemplify extraordinary courage leading to the saving of a life. The award went to Mr. Sherman Thomas, a bystander who immediately began CPR before Medic arrived, doubling the patient's chance of survival. Medic plans to continue honoring those who perform this selfless act in the future.

**1,596**  
Citizens Trained in Bystander CPR



**EMT Gabe Smith joined Medic's interns from the Mayor's Youth Employment Program to show them how a local television broadcast operates, from pitching stories to the weather forecast.**



**Medic employees, family and friends at Charlotte Pride Parade 2023**



**Medic employees welcome a Girl Scout Troop to Medic Headquarters**



**Sherman Thomas (Middle) receives the first Brave Heart Award**

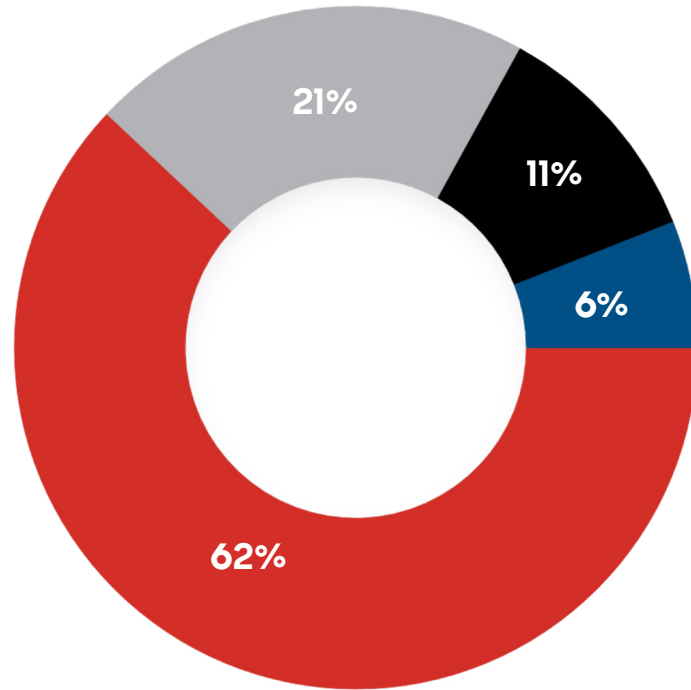


**“I get to come back to my girls. Thank you.”**  
 – Kurt Fichtman, Cardiac Arrest Survivor

Less than a month after suffering a cardiac arrest, Kurt Fichtman walked into Matthews Fire and EMS Station 1 to meet some of the individuals who saved his life. Kurt was working out at Planet Fitness in Matthews when he collapsed. Quick actions from bystanders and Planet Fitness employees included quickly accessing an AED. A Medic telecommunicator calmly provided instructions before Matthews Fire and Medic arrived. Kurt recovered and is now more grateful for life with his family, including two young daughters, thanks to his chain of survival.

**Patient Satisfaction**

Each year, an independent company surveys a random number of patients to solicit feedback on the medical care they received from Medic. Below highlights the results for FY '23.



- Excellent
- Very Good
- Good
- Other



**“I wouldn’t be here today without them. Every single person played a role in me being here today.”**  
 – Johnnie Davis, Cardiac Arrest Survivor

December 22, 2022 marked ten years since Johnnie Davis’ life changed forever after suffering a cardiac arrest at home. After being saved by his wife (who performed bystander CPR) and Medic, he found renewed purpose by becoming a community champion advocating for the importance of bystander CPR education. Johnnie and his wife were able to visit Medic on the 10th anniversary to thank his life saving Paramedic Nick Heasley (now a Clinical Improvement Supervisor).



# Medic Leadership

John "JP" Peterson,  
Executive Director



Jeff Keith,  
Deputy Director



Africa Otis,  
Finance Director



Jon Studnek, Ph.D  
Deputy Director



Sharon Taulbert,  
Deputy Director



Doug Swanson, MD  
Medical Director



Sid Fletcher, MD, Chair  
Novant Health

# Agency Board of Commissioners

As of June 2023



Michael Bryant, MPA  
Mecklenburg County



David Callaway, MD  
Atrium Health



Saad Ehtisham, DHA  
Novant Health



Joy Greear, MHA, MBA  
Novant Health



Gary Little, MD  
Atrium Health



Jonathan Collier,  
Atrium Health

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Sid Fletcher, MD – NH, Chair  
 Michael Bryant – MC  
 David Callaway, MD – AH  
 Jonathan Collier – AH  
 Saad Ehtisham – NH  
 Joy Greear – NH  
 Gary Little, MD – AH

**AGENCY MANAGEMENT COMMITTEE**

Voting Members  
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 Joy Greear – NH  
 Derrick Ramos – MC

**NON-VOTING MEMBERS**

JP Peterson – M  
 Africa Otis – M  
 Doug Swanson, MD – M

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 Peter Ostiguy, NH  
 Marcia (Ceci) Turner – AH

**NON-VOTING MEMBERS**

JP Peterson – M  
 Africa Otis – M  
**AGENCY OFFICERS**  
 JP Peterson – M  
 Africa Otis – M  
 Doug Swanson, MD – M

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 Ziad Hage, MD – NH  
 Mike Gibbs, MD – AH  
 Sandra Giller, MD – NH  
 Josh Loyd, MD – NH  
 Jason Mutch, MD – NH  
 David Pearson, MD – AH  
 Catherine Waggy, DO – AH

**NON-VOTING MEMBERS**

Jonathan Collier, AH  
 Kathy Haddix-Hill, NH  
 Reginald Johnson, City of Charlotte Fire Dept.  
 David Leath, Mint Hill Volunteer Fire Dept.  
 JP Peterson – M  
 Doug Swanson, MD – M  
 Raynard Washington – MC

**QUALITY MANAGEMENT COMMITTEE**

VOTING MEMBERS  
 Tyler Constantine, MD – AH  
 Eric Hawkins, MD – AH  
 Josh Loyd, MD – NH  
 Bhalaghuru Mani, MD – NH  
 Patricia Mook – AH  
 Lizzie Rossitch, MD – NH  
 Doug Swanson, MD – M

**NON-VOTING MEMBERS**

JP Peterson – M  
 Jon Studnek – M  
 Sharon Taulbert – M  
 Raynard Washington – MC

**LEGEND**

*Atrium Health – AH*  
*Mecklenburg County – MC*  
*Mecklenburg EMS Agency – M*  
*Novant Health – NH*







Mecklenburg EMS Agency ■ [medic911.com](http://medic911.com)

