



# Mecklenburg EMS Agency 2012 Annual Report



# MEDIC'S MISSION STATEMENT

MEDIC WILL BE A PATIENT-CENTERED SYSTEM THAT ACHIEVES EVIDENCE-BASED QUALITY OUTCOMES BY INVESTING IN OUR WORKFORCE, LEVERAGING MULTIPLE RESOURCES AND COLLABORATING WITH THE COMMUNITY.



# FROM OUR EXECUTIVE DIRECTOR

## In Memoriam - Suzanne H. Freeman



Suzanne served as a member of the Board of Commissioners for Mecklenburg EMS Agency from May 22, 2001 until March 20, 2012.

During her ten years of service to Medic, Suzanne distinguished herself as a compassionate, strong and humble leader who always put the interests of the Agency and its patients first. Under her leadership, the Agency served hundreds of thousands of area residents with world-class emergency prehospital care.

Thank you Suzanne, for investing your time and talents to make Medic better in our aim to serve others.

This year marks the fifteenth year of Medic's unique partnership with Mecklenburg County, Presbyterian Healthcare/Novant Health and Carolinas HealthCare System. Since 1997, this collaboration has helped mold our system into one of the most respected EMS Agencies in the United States.

Remarkable improvements to overall agency performance are evident throughout these past fifteen years. Maintaining excellence is often more challenging than achieving it. With this in mind, it is imperative that we continue to focus on innovative ways to improve efficiency and effectiveness despite the myriad of challenges that come with the rapidly changing environment in which we work.

Medic relies on a set of pillar goals to monitor the agency's performance against expectations. These goals are chosen and agreed to by the Agency's oversight committees due to their direct impact on overall Agency success. Medic's results in these areas will be outlined throughout this annual report, organized by the following pillar categories:

- Service
- People
- Quality
- Finance
- Community

On behalf of everyone at Medic, I want to state how proud I am to be part of this Agency. We are fortunate to have such outstanding oversight, community partnerships and citizens who entrust us to do our job. We remain committed to this charge, which is why you can count on Medic to deliver the right resource to the right place at the right time, every time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Josef Penner'.

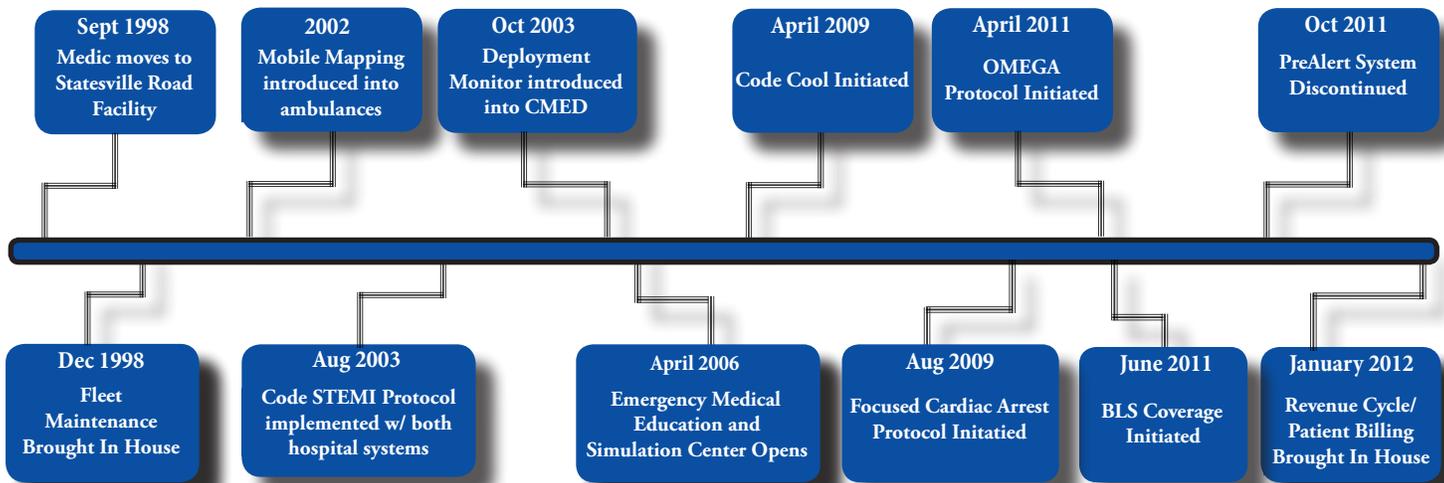
Josef Penner  
Executive Director, Medic

Mecklenburg County Then



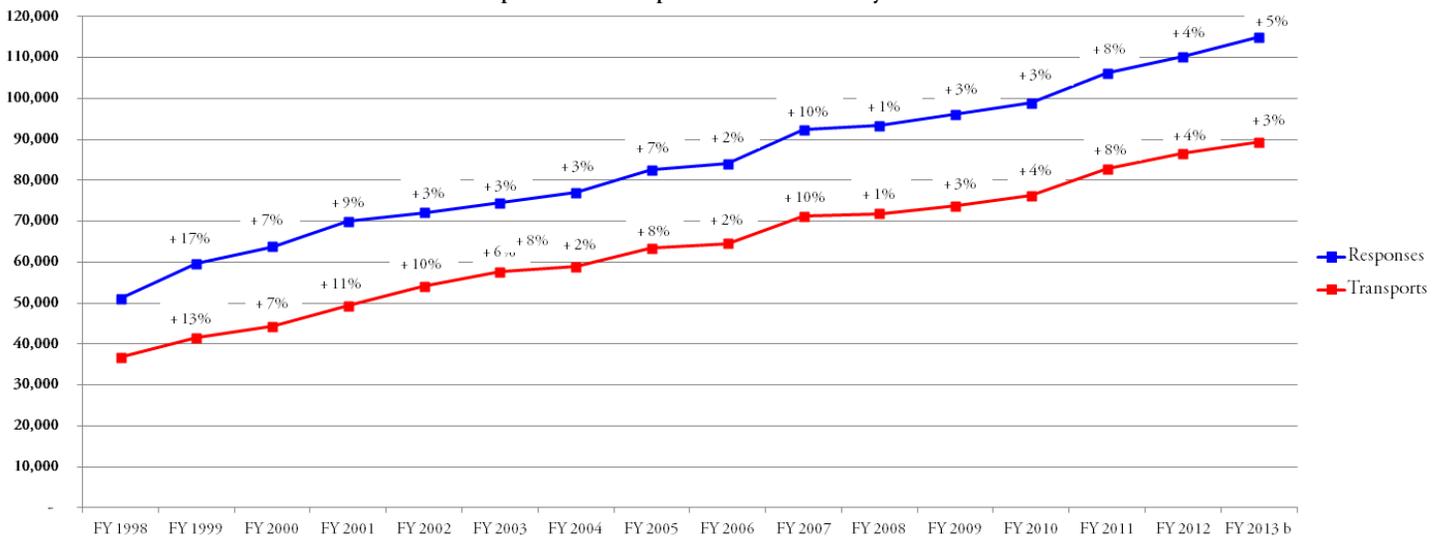
In 1997 a unique partnership was formed between Medic, Mecklenburg County, Carolinas HealthCare System and Presbyterian Healthcare/Novant Health. The goal of this collective partnership was to create a patient-centered system of emergency healthcare that achieved the highest level of performance for residents and visitors of Mecklenburg County. Since that time many significant advancements and milestones have been celebrated, with designs on improving positive patient outcomes and Agency performance standards.

Innovations large and small have allowed Medic to reduce response times, decrease reliance on county funding and improve overall patient satisfaction. The following timeline illustrates some of the most significant milestones that have contributed to Medic's success these past fifteen years:

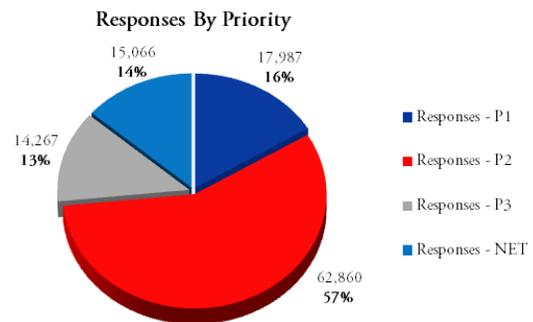
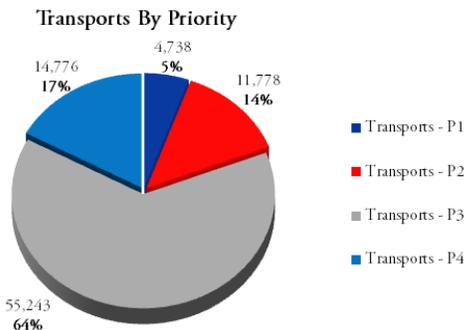




Medic Responses & Transport Growth Chart By Fiscal Year



Today, Medic operates the busiest EMS system in the state of North Carolina. A 57% growth in county population has yielded a 167% increase in call volume from the period of 1996 to 2012. Medic remains committed to finding new and innovative ways to best serve the needs of Mecklenburg County residents and visitors.



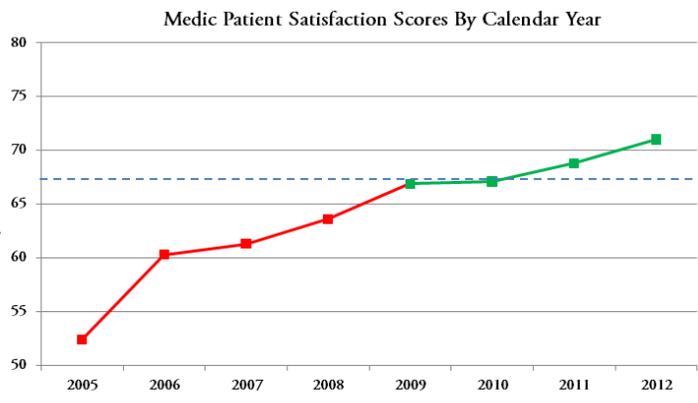


**Pillar Goal - Patient Satisfaction**

If Medic had to rely upon only one measure to gauge effectiveness in the community, it would have to be overall patient satisfaction.

Medic contracts to independently survey nearly 2,400 patients each year. A series of choreographed questions are asked to provide feedback on critical drivers of patient satisfaction such as pain management, teamwork, respect

shown by crew members, and perception of resources available to care for patients. The goal is to have greater than 68% of those patients surveyed rate their overall satisfaction with Medic’s service as being excellent.



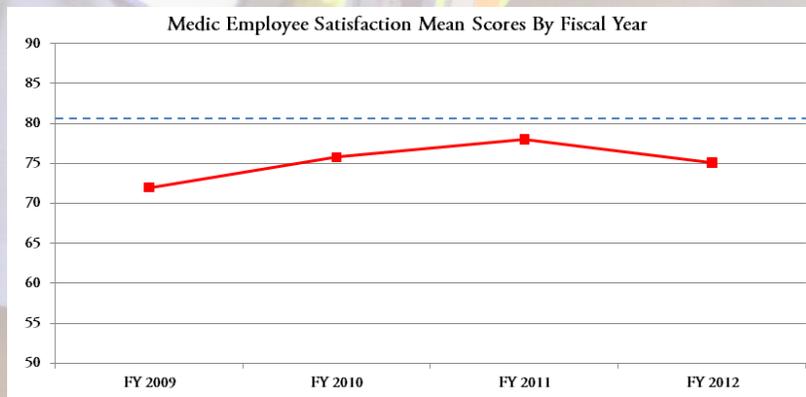
Pillar Goal: **68%**  
FY 2012 Performance: **69%**  
Goal Outcome: **Met**

Patient feedback is collected each month, broken down by team and shared with Managers and Supervisors for analysis and subsequent action planning. Medic also tracks and communicates overall patient satisfaction scores throughout the Agency so that employees remain mindful of our most important performance measure.

Medic’s strategy for continued improvement of patient satisfaction includes focusing on key drivers, crafting interventions aimed at improving key driver scores and employee training and education. This approach has thus far proven effective, as is evident by the consistent performance improvement over the five year period beginning with FY 2008.

**Pillar Goal - Employee Satisfaction**

Happy employees lead to highly satisfied patients. The correlation between the two has proven to be that tight. That's one reason why Medic pays such close attention to the Agency's annual employee satisfaction survey.



Pillar Goal: **81**  
 FY 2012 Performance: **75**  
 Goal Outcome: **Did Not Meet**

That's not the only reason, of course. Every one of Medic's 500+ employees is extremely dedicated to performing their job at the highest possible level. Providing EMS care is very demanding work. It is imperative that Agency leadership stays in touch with employees and hears about any areas that are in need of attention.

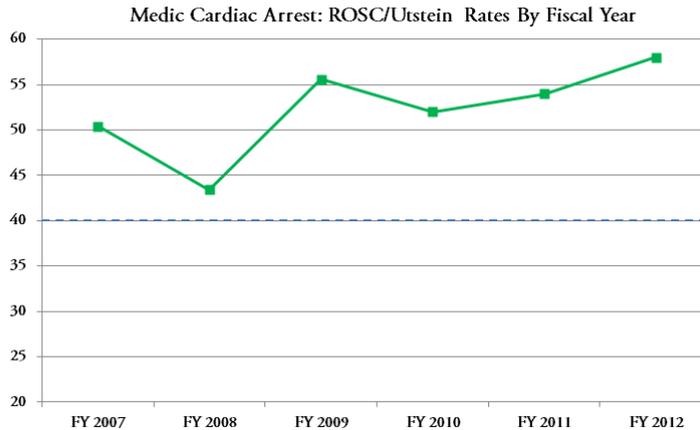
This past year, based on survey feedback, the Agency focused on improvements to the workplace environment. Several posts across the county were targeted for necessary upgrades including fresh paint, furniture and wi-fi access. This coming year the Agency is increasing the frequency of employee survey delivery in an effort to stay even more closely connected with employee satisfaction and morale.



**Pillar Goal - Cardiac Arrest: ROSC/Utstein**

Sudden Cardiac Arrest (SCA) calls are among the most challenging that our crews face. That is why Medic invests so much time and energy into perfecting the protocol for treating SCA patients.

Medic and all county first responders are trained in a highly choreographed, evidence based approach to treating SCA patients. The result is that Medic now boasts one of the highest published success rates in the country for achieving Return of Spontaneous Circulation (ROSC) in out of hospital SCA patients.

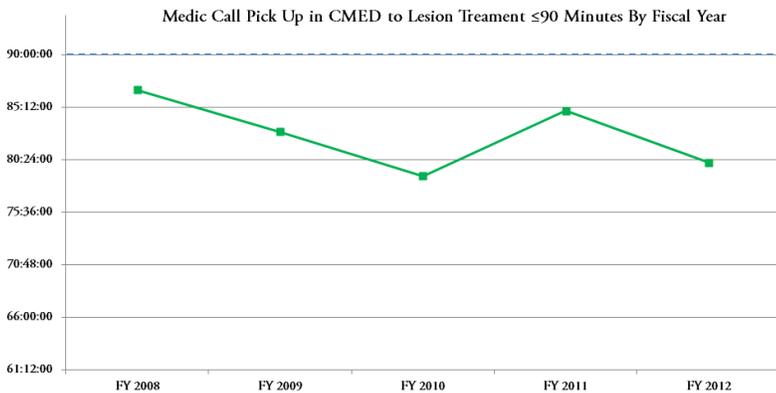


Pillar Goal: **40%**  
 FY 2012 Performance: **58%**  
 Goal Outcome: **Met**

In FY 2012, Medic’s teams achieved successful ROSC on 58% of all witnessed SCA victims; the national average is 30.1%. Even more impressive is the fact that 33% of these patients, when using the Utstein Template, survived to hospital discharge; the national average is 9.6%.

**Pillar Goal - Cardiac Triage Composite: Call Pick Up in CMED to Lesion Treatment ≤90 minutes**

Medic works closely with both area hospital systems to maintain a system that enables Agency Paramedics to activate the catheterization labs at area hospitals when a heart attack victim is identified in the field.



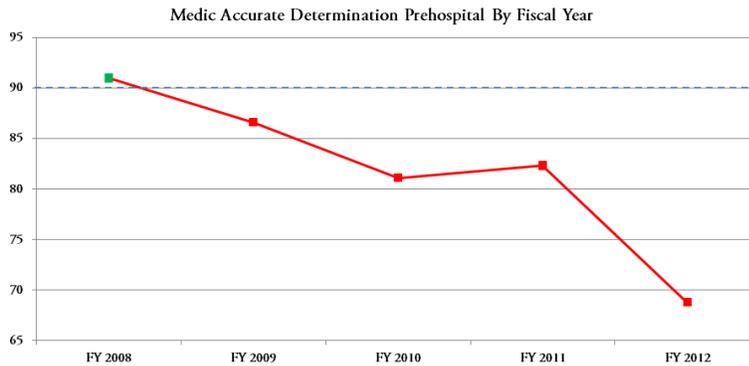
Pillar Goal: **≤90:00 minutes**  
 FY 2012 Performance: **80:08 minutes**  
 Goal Outcome: **Met**

National guidelines state that intervention should take place in less than 90 minutes following patient contact by EMS. In FY 2012, Medic’s patients received catheterization on average in 80 minutes following pick up of the initial call into the Agency’s 911 dispatch center. The overall system performance in Mecklenburg County is among the best in the country.



**Pillar Goal - Cardiac Triage Composite: Accurate Determination Prehospital**

Medic Paramedics strive to accurately diagnose heart attack victims in the field at least 90% of the time. This enables the care giver ample time to activate the catheterization lab prior to arrival and eliminate wasted time prior to intervention.

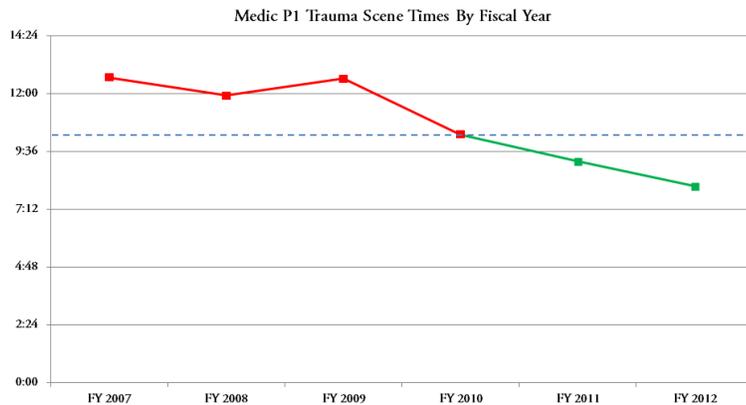


Pillar Goal: > 90%  
 FY 2012 Performance: 69%  
 Goal Outcome: **Did Not Meet**

Medic did not achieve the targeted goal this fiscal year, and interventions have been taken to continue driving performance towards the goal. These interventions include additional training and feedback for field crews as well as targeted adjustments to the 12-lead monitor sensitivity and attenuation settings that were driven by research into an inordinate number of false positives reported by field crews.

**Pillar Goal - P1 Trauma Scene Time**

It is crucial that high acuity trauma patients receive diagnostic and interventional care in an emergency department as quickly as possible following injury. That's why Medic trains its field staff and first responders to assess, package and treat high priority trauma patients quickly and safely with a goal of spending less than ten minutes on scene.



Pillar Goal: ≤10:00 minutes  
 FY 2012 Performance: 8:09 minutes  
 Goal Outcome: **Met**

Since focusing on priority one trauma scene time, the average time spent with a patient on scene has dropped by 33%, to 8:09. This level of performance ensures that high priority trauma patients are able to receive definitive treatment in an emergency department well within the “golden hour”, the first 60 minutes after the occurrence of a major multisystem trauma when it is widely believed that the victim’s chances of survival are greatest.



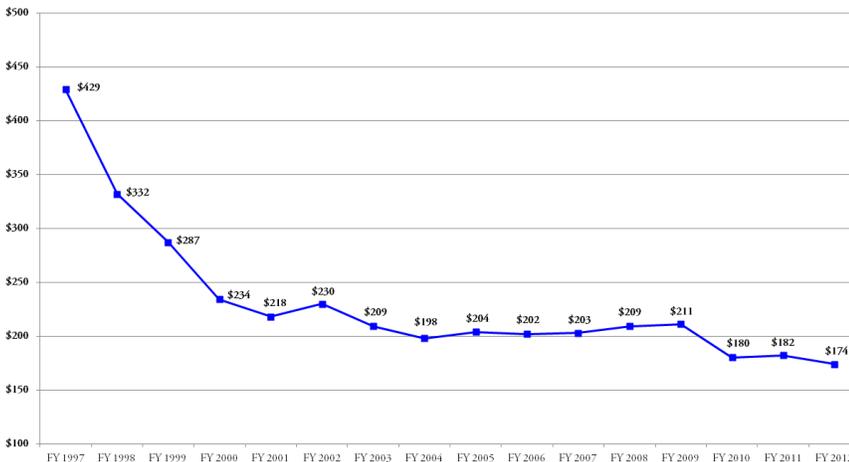
Service	FY 2012 City/ County Funding	Total City/ County Budget	% of Total City/ County Budget	Total Population Served	Per Capita
Fire	\$99,912,867	\$1,670,000,000	5.98%	751,087	\$133.02 (per person)
Police	\$200,216,720	\$1,670,000,000	11.99%	751,087	\$266.57 (per person)
Medic	\$15,081,328	\$1,380,000,000	1.09%	944,373	\$15.97 (per person)

Medic remains committed to minimizing the Agency’s reliance on County funding. To this point, in FY 2012, only 33% of Medic’s total funding was provided by Mecklenburg County; the remaining 67% was generated by private insurance, Medicare/Medicaid and private paying customers.

At the completion of FY 2012 the assets of the Agency exceeded liabilities by \$11,486,191. The largest portion of net assets, (58 percent) resides in the Agency’s capital assets. Key elements that had the greatest impact to the Agency’s balance sheet include:

- Total assets increased by \$611,190 due to growth in capital assets
- Current Liabilities increased by \$268,159 due to timing of outstanding obligations
- OPEB liabilities increased \$4,422,901 due to unfunded retiree expense
- Program revenues increased \$3,262,901 due to increased transport volume, a rate increase of 4%, and increased revenue from the Medicaid Cost Report
- Depreciation expense increased \$184,205 due to new building upfit and vehicle purchases

County Funded Cost Per Transport By Fiscal Year



	FY 2012
Current & Other Assets	\$22,009,970
Capital Assets	\$6,688,590
Total Assets	\$28,698,560
Current Liabilities	\$17,212,369
Total Liabilities	\$17,212,369
Restricted & Unrestricted Net Assets	\$4,797,601
Capital & Other Fixed Assets	\$6,688,590
Total Net Assets	\$11,486,191

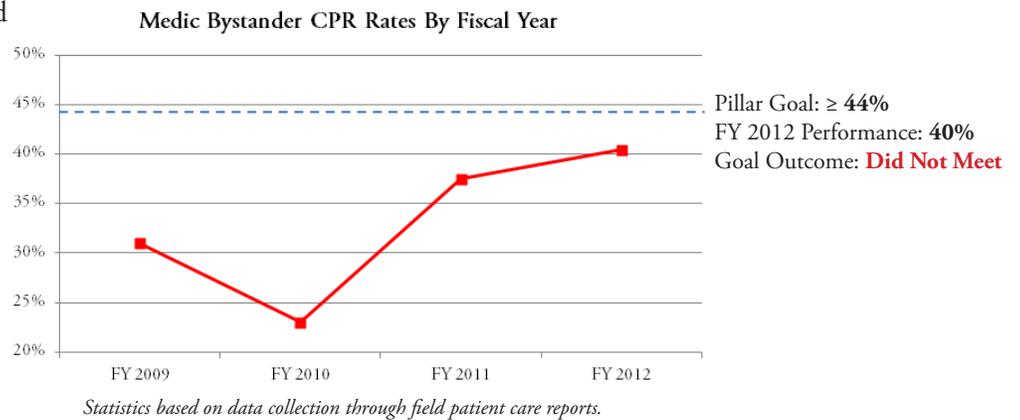


Medic’s community engagement program, *The Lucky Hearts Campaign*, is a strategic partnership between Medic and the Mecklenburg Medical Alliance and Endowment (MMAE). Since 2009, the campaign has donated more than 100 AEDs and trained over 3,000 people in CPR and AED usage.

***The Lucky Hearts Campaign Highlights***

- 27 AEDs donated to Charlotte-Mecklenburg elementary schools
- 13 AEDs donated to CMPD patrol division offices
- 9 AEDs donated in honor of Mecklenburg County House Representative, Becky Carney

Medic did not achieve the targeted goal of at least 44% in observed bystander CPR this fiscal year. A strategic plan has been developed to increase the number of CPR trainings through *The Lucky Hearts Campaign* in order to reach the targeted goal in FY 2013.



***Community Outreach***

FY 2012 brought many opportunities for Medic to reach a more diverse population in Mecklenburg County. Members of a newly formed Community Outreach committee spoke on Spanish-language radio stations about topics ranging from heart attack and heart disease prevention to winter weather safety. Committee members were also invited to participate in free community clinics and assist physicians with patient triage on a monthly basis.

Medic looks to expand the efforts of both *The Lucky Hearts Campaign* and its Community Outreach Program through increased CPR trainings, AED donations and community education initiatives.

**AGENCY BOARD**

*(Appointed by Mecklenburg Board of County Commissioners)*

Dennis Phillips, Chair  
Carolinas HealthCare System

Paula Vincent, Vice Chair  
Presbyterian Healthcare/Novant Health

Buck Wiggins  
Carolinas HealthCare System

Tanya Blackmon  
Presbyterian Healthcare/Novant Health

Katie Kaney  
Carolinas HealthCare System

Harry Weatherly  
Mecklenburg County

Dr. Thomas Zweng  
Presbyterian Healthcare/Novant Health

**FINANCE COMMITTEE**

*(Appointed by Agency Board)*

Carol Hale  
Carolinas HealthCare System

Dena Diorio  
Mecklenburg County

Melissa Masterton  
Presbyterian Healthcare/Novant Health

**MANAGEMENT COMMITTEE**

*(Appointed by Agency Board)*

**Voting Members**

Michelle Lancaster, Chair  
Mecklenburg County

Katie Kaney, Vice Chair  
Carolinas HealthCare System

Paula Vincent  
Presbyterian Healthcare/Novant Health

**MEDICAL CONTROL BOARD**

*(Appointed by Agency Board)*

**Voting Members**

Dr. Steven Folstad, Chair  
Presbyterian Healthcare/Novant Health

Dr. Randolph Cordle  
Carolinas HealthCare System

Dr. Mike Gibbs  
Carolinas HealthCare System

Dr. Jonathan Millard  
Carolinas HealthCare System

Dr. Gary Niess  
Presbyterian Healthcare/Novant Health

Dr. Harry Sibold  
Presbyterian Healthcare/Novant Health

Dr. Mike Thomason  
Carolinas HealthCare System

Dr. Thomas Zweng  
Presbyterian Healthcare/Novant Health

**Non-Voting Members**

Dr. Doug Swanson  
Medic

Nancy Alexander  
Presbyterian Healthcare/Novant Health

Jon Hannan  
City of Charlotte

Katie Kaney  
Carolinas HealthCare System

David Leath  
Mint Hill Volunteer Fire Department

Dr. Earl W. Mabry  
Mecklenburg County

Josef Penner  
Medic

**QUALITY MANAGEMENT COMMITTEE**

*(Appointed by Agency Board)*

**Voting Members**

Dr. Doug Swanson, Chair  
Medical Director, Medic

Dr. Mike Gibbs  
Carolinas HealthCare System

Dr. Steven Folstad  
Presbyterian Healthcare/Novant Health

Dr. Eric Hawkins  
Carolinas HealthCare System

Stuart Ramsey, RN  
Carolinas HealthCare System

Paula Swain  
Presbyterian Healthcare/Novant Health

Dr. Stephen Wallenhaupt  
Presbyterian Healthcare/Novant Health

**Non-Voting Members**

Barry Bagwell  
Medic

Dr. Earl W. Mabry  
Mecklenburg County

Josef Penner  
Medic

Kevin Staley  
Medic

**MEDIC LEADERSHIP TEAM**

Josef Penner, Executive Director  
Dr. Doug Swanson, Medical Director  
Barry Bagwell, Deputy Director, Operations  
Kevin Staley, Deputy Director, Learning & Development  
Jeff Keith, Deputy Director, Administration  
Shelly Forward, Finance Manager

*Photos taken courtesy of Ron Deshaies and Treasured Events of Charlotte, Inc.*



Medical Excellence. Compassionate Care.

## CONTACT US

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*Thank you for the opportunity to provide this community with world class emergency healthcare.*

*The Employees of Mecklenburg EMS Agency*

# Mecklenburg EMS Agency 2012 Annual Report

