



**Metropolitan Area EMS Authority (MAEMSA)**

**dba MedStar Mobile Healthcare**

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**Board of Directors**

**October 27, 2021**

**METROPOLITAN AREA EMS AUTHORITY  
DBA MEDSTAR MOBILE HEALTHCARE  
NOTICE OF MEETING**

**Date and Time: October 27, 2021 at 10:00 a.m.**

**The public may observe the meeting in-person or by clicking this**

**URL:**<https://meetings.ringcentral.com/j/1465745859> **or join by phone: Dial US: +1(469)4450100;**  
**meeting Meeting ID: 146 574 5859**

**AGENDA**

- |                                   |  |                            |
|-----------------------------------|--|----------------------------|
| <b>I. CALL TO ORDER</b>           |  | Dr. Janice Knebl           |
| <b>II. INTRODUCTION OF GUESTS</b> |  | Dr. Janice Knebl           |
| <b>III. CITIZEN PRESENTATIONS</b> | Members of the public may address the Board on any posted agenda item and any other matter related to Authority business. All speakers are required to register prior to a meeting using the link on the Authority's website, (see, <a href="http://www.medstar911.org/board-of-directors/">http://www.medstar911.org/board-of-directors/</a> where more details can be found, including information on time limitations). The deadline for registering is 4:30 p.m. October 26, 2021. No person shall be permitted to speak on an agenda item or address the Board during Citizen Presentations unless they have timely registered and have been recognized by the Chair. |                            |
| <b>IV. CONSENT AGENDA</b>         | Items on the consent agenda are of a routine nature. To expedite the flow of business, these items may be acted upon as a group. Any board member may request an item be removed from the consent agenda and considered separately. The consent agenda consists of the following:  |                            |
| <b>BC – 1480</b>                  | Approval of Board Minutes for August 20, 2021  | Dr. Janice Knebl<br>Pg. 5  |
| <b>BC – 1481</b>                  | Approval of Board Minutes for August 25, 2021  | Dr. Janice Knebl<br>Pg. 8  |
| <b>BC – 1482</b>                  | Approval of Board Minutes for September 8, 2021  | Dr. Janice Knebl<br>Pg. 13 |
| <b>BC – 1483</b>                  | Approval of Board Minutes for September 20, 2021   | Dr. Janice Knebl<br>Pg. 16 |
| <b>BC – 1484</b>                  | Approval of Check Register for August 2021   | Dr. Janice Knebl<br>Pg. 19 |
| <b>BC – 1485</b>                  | Approval of Check Register for September 2021  | Dr. Janice Knebl<br>Pg. 21 |

**V. NEW BUSINESS**

**BC- 1486** Approval of Contract with Kenneth J. Simpson as Chief Executive Officer Dr. Janice Knebl  
Pg. 24

Recognition of Former Board Members Kenneth Simpson

**VI. MONTHLY REPORTS**

- A.** Chief Executive Officer's Report Kenneth Simpson
- B.** Office of the Medical Director Report Dwayne Howerton  
Dr. Veer Vithalani
- C.** Chief Financial Officer Steve Post
- D.** Human Resources Leila Peoples
- E.** Compliance Officer/Legal Chad Carr  
Kristofer Schleicher
- F.** Chief Operations Officer Kenneth Simpson
- G.** FRAB Fire Chief Jim Davis  
Fire Chief Doug Spears
- H.** EPAB Dr. Brad Commons
- I.** Chief Strategic Integration Officer Matt Zavadsky

**VII. OTHER DISCUSSIONS**

- A.** Requests for future agenda items Dr. Janice Knebl

**VIII. CLOSED SESSION**

The Board of Directors may meet in a closed session under Section 551.074 of the Texas Government Code to deliberate regarding the selection and employment of the Chief Executive Officer (BC- 1486).

Under Section 551.071 of the Texas Government Code, the Board of Directors may seek the advice of its attorney in closed session concerning any matter in which the duty of the attorney to the Board and the Authority to maintain confidentiality under the Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act, including without limitation, consultation regarding legal issues related to matters on this Agenda.

**IX. ADJOURNMENT**



## MINUTES

### METROPOLITAN AREA EMS AUTHORITY DBA MEDSTAR MOBILE HEALTHCARE BOARD OF DIRECTORS CALLED MEETING

**Date and Time:** August 20, 2021, at 8:00 a.m.

**Location:** MedStar Board Room, 2900 Alta Mere Drive, Fort Worth, Tx 76116

The Metropolitan Area EMS Authority Board of Directors met on August 20, 2021, for a called meeting at which a quorum was present. The meeting was held in person with Dr. Brad Commons and Chief James Davis joining by video conference. Board Members physically present during the closed session included: Dr. Janice Knebl; Fire Chief Doug Spears, Susan Alanis, Teneisha Kennard, and ex-officio Board member Dr. Veer Vithalani. Non-board members included in the closed session were Kristofer Schleicher, General Counsel, and Leila Peeples, Chief Human Resources Officer.

#### **I. CALL TO ORDER**

Dr. Janice Knebl called the meeting to order at 8:00 a.m.

#### **II. CITIZEN PRESENTATIONS**

There were no citizen presentation.

#### **III. CLOSED SESSION**

Dr. Knebl called the meeting into a closed session at 8:04 a.m. under Section 551.074 of the Texas Government Code to deliberate regarding the selection and employment of the Chief Executive Officer. The Board returned to open session at 11:52 a.m.

#### **IV. ADJOURNMENT**

The Board took no further action taken after the closed session and the meeting stood adjourned.

Respectfully submitted,

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Janice Knebl  
Secretary





## MINUTES

### METROPOLITAN AREA EMS AUTHORITY DBA MEDSTAR MOBILE HEALTHCARE BOARD OF DIRECTORS MEETING

**Meeting Date and Time: August 25, 2021, at 10:00am**

The Metropolitan Area EMS Authority Board of Directors conducted a meeting by video and conference call-in, pursuant to the Governor's March 16, 2020, suspension of certain provisions of the Open Meetings Act. The public participated by an URL and phone. A recording of the meeting is available.

#### **I. CALL TO ORDER**

Interim Chairman Dr. Janice Knebl called the meeting to order at 10:00am

Board members participating through video conferencing: Dr. Brad Commons, Fire Chief Doug Spears, Fire Chief Jim Davis, Matthew Aiken, Teneisha Kennard, and Susan Alanis. Physically present were Interim Chairman Dr. Janice Knebl, Councilman Carlos Flores, Dr. Veer Vithalani (Ex-officio), Kenneth Simpson, Interim CEO (Ex-officio), Kristofer Schleicher, Chief Legal Officer, Chad Carr, Steve Post, Matt Zavadsky, Leila Peeples, Dwayne Howerton, and Misti Skinner.

**Guests on phone or in person as attendees:** Assistant Fire Chief Casey Davis, Dr. Brian Miller, Diana Anderson, Kier Brister, Richard Brooks, Bradley Crenshaw, Monica Cruz, Nancy Cychol, Lindy Curtis, Matt Earle, Marica Felkner, Brittany Fleming, Melba Fowler, Buck Gleason, Tracy Holmes, Lauren Junker, Brandon Logan, Anita Meadows, Will Mercer, Joe Merry, Rosa Palacios, Elizabeth Paoli, Brandon Pate, Michael Potts, Joleen Quigg, Rhode Ontiveros Romero, Pete Rizzo, Chris Samia, Heath Stone, Bob Strickland, Susan Swagerty, Maerissa Thomas, Kristine Valenti, Matt Willens, and Brian Wong.

Steve Post introduced Greg Carnes, Chief Executive Officer at EMS|MC.

On behalf of the Academy of International Mobile Healthcare Integration, Matt Zavadsky presented Dr. Janice Knebl with the Leadership in Integrated Healthcare Award and Texas Health Resources with Excellence in EMS Integration Award, Richard Brooks accepted this award on behalf of Texas Health Resources.

#### **II. CONSENT AGENDA**

**BC-1470 Approval of Board minutes for July 28, 2021**

**BC-1471 Approval of Check Register for July 2021**

The motion to approve all items on the Consent Agenda was made by Matt Aiken and seconded by Doug Spears. The motion carried unanimously.

### **III. NEW BUSINESS**

#### **BC – 1472 Approval of 2021/22 Budget**

The motion to approve was made by Doug Spears and seconded by Carlos Flores. The motion carried unanimously.

#### **BC – 1473 Approval of Ambulance Chassis Purchase**

The motion to approve was made by Carlos Flores and seconded by Matt Aiken. The motion carried unanimously.

#### **BC – 1474 Approval of Ambulance Module Purchase**

The motion to approve was made by Matt Aiken and seconded by Doug Spears. The motion carried unanimously.

#### **BC – 1475 Approval of IV Pumps**

The motion to approve was made by Doug Spears and seconded by Teneisha Kennard. The motion carried unanimously.

#### **BC – 1476 MedStar Medical Billing Services RFP outsource approval**

The motion to approve was made by Doug Spears and seconded by Carlos Flores. The motion carried unanimously.

#### **BC – 1477 Request to Defer Officer Elections until September meeting**

The request was withdrawn by Matthew Aiken.

### **IV. MONTHLY REPORTS**

- A.** Chief Executive Officer- Ken Simpson reported that call volume has increased due to the Delta variant, but the field crews are doing a great job keeping up with the demand. Twenty-four employees are off the schedule due to COVID19 and a little more than half of those are positive. Weekly COVID testing has been implemented for all employees and management is reinforcing the mask requirement on EMS calls but per the Governor's order, masks cannot be mandated outside of the patient care setting. Ken thanked Leila Peoples, Desiree Partain, and other members of the management team for a great job boosting morale within the organization. He also offered thanks and appreciation to the Finance Team for their tremendous job on the Billing RFP and RFP evaluations. Leila and the HR team are doing a great job with the ADP implementation. The Communications and Business Intelligence Departments configuring new software that will facilitate data mining and information reporting.
- B.** Office of the Medical Director- Dr. Veer Vithalani informed the Board the EMS system protocols were updated this year; MedStar went live in February, and OMD has been working with the FROs to get everyone live, ideally by the end of this month. Utilizing some of the new simulation equipment that the Board and EPAB supported, OMD has significantly shortened the training process by 50% or more. This was achieved through some very focused efforts and a

very cooperative approach with operations and scheduling. Some of the larger initiatives on the QA side are video laryngoscopy, Epson flows, and monoclonal antibody therapy.

- C. Chief Financial Officer- Steve Post informed the Board that the Finance Team will soon begin working on the end of year audit and reviewed the audit process with the Board.
- D. Chief Human Resources Officer- Leila Peeples reported that Human Resources is continuing to work creatively to boost morale within the organization. Efforts to find new ways to recruit field employees continue, including working with schools. FMLA and turnover are fairly constant and have remained within the expected range. COVID related leave has increased and most likely will continue to increase over the next few months.
- E. Compliance and Legal- Kristofer informed the Board that all members of the Board would be receiving a MedStar e-mail address to protect the confidentiality of communications and members' personal email accounts. Chad Carr referred to Tab E and was willing to answer any questions from the Board. Steve Post thanked the Legal/Compliance Department for assisting with the revalidation of MedStar's Medicaid provider application.
- F. Chief Operations Officer- Ken referred to Tab F.
- G. FRAB- Chief Spears reported that at the most recent FRAB meeting the discussion primarily revolved around the CEO search. FRAB sent a communication out this morning to the member city chiefs summarizing the meet and greet, in-person interviews, and what is forthcoming; so, they are aware of where we are in the process. COVID remains to be at the forefront of FRO's attention. As mentioned by Dr. Veer Vithalani, FROs are currently in the mist of protocol testing and are making good progress.
- H. EPAB- Nothing to report from EPAB per Dr. Brad Commons. He noted the significant number of employees within the organization that are choosing to not receive the vaccination and stated his concern about the safety of the staff moving forward and the message it sends to the community. Dr. Commons would like to continue considering ways to educate and encourage the staff to receive the vaccination.

Fire Chief Jim Davis added is there any appetite from the board to discuss incentivizing employees to receive the COVID vaccination. Per Ken, there was some discussion internally about this earlier, but it was sidetracked due to the Governor's order. Matt Aiken suggested the topic should be brought forward as a future agenda item.

- I. Chief Transformation Officer- Matt Zavadsky referred to Tab H and that the team was in discussions with several payers regarding contracting for enhanced services that we are providing to large hospital systems and other commercial payors. Matt offered his appreciation to the Office of the Medical Director and Operations for making it possible for MedStar to administer vaccines and monoclonal antibody infusions, those are reimbursable services. Matt also reported that the Tarrant County Medical Society expressed a desire to show appreciation for the work of EMS agencies in the area and the Medical Society, in conjunction with MedStar, JPS, and Harris; would be doing some burger grab and go events on Friday and Monday.

**V. REQUEST FOR FUTURE AGENDA ITEMS**

Matt Aiken would like to have more discussion regarding incentivizing employees who have or will be taking the COVID vaccine.

Carlo Flores asked for a report on assistance MedStar might be able to offer the City of Fort Worth 9-1-1 Dispatch Center.

**VI. CLOSED SESSION**

None.

**VII. ADJOURNMENT**

The board stood adjourned at 11:50 a.m.

Respectfully submitted,

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Janice Knebl  
Secretary



## **MINUTES**

### **METROPOLITAN AREA EMS AUTHORITY DBA MEDSTAR MOBILE HEALTHCARE BOARD OF DIRECTORS CALLED MEETING**

**Meeting Date and Time: September 8, 2021 at 3:00 p.m.**

The Metropolitan Area EMS Authority Board of Directors met on September 8, 2021, for a called meeting at which a quorum was present. The meeting was held in person with Ken Simpson, Interim CEO (Ex-officio) joining by video conference. Board Members physically present included: Dr. Janice Knebl; Dr. Chris Bolton, Dr. Brad Commons, Fire Chief James Davis, Fire Chief Doug Spears, Susan Alanis, Teneisha Kennard, and ex-officio Board member Dr. Veer Vithalani. Non-board members attending were Kristofer Schleicher, General Counsel, and Leila Peeples, Chief Human Resources Officer.

#### **I. CALL TO ORDER**

Dr. Janice Knebl called the meeting to order at 3:00 p.m.

#### **II. CITIZEN PRESENTATIONS**

There were no citizen presentations.

#### **II. NEW BUSINESS**

BC-1478 Election of Board officers: Nominations for board officers were taken and the following were elected: Chair- Dr. Janice Knebl, Vice-Chair – Matt Aiken, and Secretary - Doug Spears.

#### **IV. CLOSED SESSION**

Dr. Knebl called the meeting into a closed session at 3:15 p.m. under Section 551.074 of the Texas Government Code to deliberate regarding the selection and employment of the Chief Executive Officer. The Board returned to open session at 11:52 a.m.

#### **V. ADJOURNMENT**

The Board took no further action taken after the closed session and the meeting stood adjourned.

Respectfully Submitted

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Janice Knebl





## MINUTES

### METROPOLITAN AREA EMS AUTHORITY DBA MEDSTAR MOBILE HEALTHCARE BOARD OF DIRECTORS CALLED MEETING

**Date and Time:** September 30, 2021 at 3:00 p.m.

**Location:** MedStar Board Room, 2900 Alta Mere Drive, Fort Worth, Tx 76116

The Metropolitan Area EMS Authority Board of Directors met on September 30, 2021 for a called meeting at which a quorum was present. The meeting was held in person with Dr. Chris Bolton joining by video conference. Board Members physically present included: Dr. Janice Knebl, Dr. Brad Commons, Fire Chief Jim Davis, Matt Aiken, Carlos Flores, Susan Alanis, Teneisha Kennard, and ex-officio Board member Dr. Veer Vithalani. Non-board members attending were Kristofer Schleicher, General Counsel.

#### **I. CALL TO ORDER**

Dr. Knebl called the meeting to order at 3:08 p.m.

#### **II. CITIZEN PRESENTATIONS**

There were no citizen presentations.

#### **III. NEW BUSINESS**

Action on item BC-1479 (selection of one or more finalist(s) for consideration for employment as the Chief Executive Officer) was deferred pending deliberation in closed session.

#### **IV. CLOSED SESSION**

Dr. Knebl called the meeting into a closed session at 3:08 p.m. under Section 551.074 of the Texas Government Code to deliberate regarding the selection of one or more finalist(s) for consideration for employment as the Chief Executive Officer (BC-1479). The Board returned to open session at 4:26 p.m.

#### **V. ACTION FOLLOWING CLOSED SESSION**

BC-1479: Motion by Matt Aiken to designate Kenneth Simpson as finalist for Chief Executive Officer and to authorize the General Counsel/CLO to negotiate the terms of a contract of employment to be approved by the Board, if it deems appropriate. Second by Susan Alanis. Motion passed unanimously.

#### **VI. ADJOURNMENT**

Dr. Knebl adjourned the meeting at 4:26 p.m.

Respectfully Submitted,

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Janice Knebl  
Chair



AP Check Details Over 5000.00  
For Checks Between 8/1/2021 and 8/31/2021



Check Number	CK Date	Vendor Name	Check Amount	Description
105648	8/5/2021	Bound Tree Medical LLC	16,049.06	Various Medical Supplies
105682	8/5/2021	R&D Communications, Inc.	24,465.92	lighting for support vehicles
105686	8/5/2021	Roger Williams Automall	6,269.20	Various Parts
105695	8/5/2021	Wayne's Industrial Service, Inc.	5,671.43	Factory Cat XR 40-C repairs
105698	8/5/2021	XL Parts	12,586.33	Various Parts
105743	8/13/2021	Bound Tree Medical LLC	11,376.20	Various Medical Supplies
105757	8/13/2021	ImageTrend	16,705.00	annual fee
105764	8/13/2021	Medline Industries, Inc.	20,412.51	Various Medical Supplies
105767	8/13/2021	NRS	13,679.72	collection agency fees
105779	8/13/2021	ReCept Pharmacy	6,149.02	Various Medical Supplies
105796	8/13/2021	ZirMed Inc	12,068.36	Verification, Invoices, Claims
105797	8/16/2021	Bound Tree Medical LLC	6,916.02	Various Medical Supplies
105803	8/24/2021	LinkSquares, Inc.	14,000.00	Annual Agreement
105804	8/25/2021	VLI Tech Inc	19,380.00	VLI Tech Implementation
105820	8/26/2021	Bound Tree Medical LLC	15,412.65	Various Medical Supplies
105827	8/26/2021	CyrusONE	7,717.68	charges for Sept 2021
105838	8/26/2021	Masimo Americas, Inc	7,521.58	Various Medical Supplies
105848	8/26/2021	Paranet Solutions	47,358.62	monthly billing August
105851	8/26/2021	ReCept Pharmacy	10,408.57	Various Medical Supplies
105860	8/26/2021	XL Parts	8,706.30	Various Parts
1127998	8/3/2021	Frost	39,363.52	Frost Loan #9001
1143758	8/6/2021	M Davis and Company Inc	10,485.00	Professional Fees
1177100	8/19/2021	WEX Bank	102,915.36	Fuel
1177121	8/19/2021	UMR Benefits	49,075.55	Health Insurance - August Prem
8022021	8/2/2021	Frost	61,053.88	Frost Loan #30001
8032021	8/3/2021	Frost	38,540.62	Frost Loan #4563-001
8172021	8/17/2021	JP Morgan Chase Bank, N.A.	8,210.79	Credit Card Bill



AP Check Details Over 5000.00  
For Checks Between 9/1/2021 and 9/30/2021



Check Number	CK Date	Vendor Name	Check Amount	Description
90221	9/2/2021	Frost	38,540.62	Frost Loan #4563-001
105918	9/2/2021	Motorola Solutions, Inc.	126,211.77	Annual renewal
105925	9/2/2021	The State of Texas	5,494.07	microsoft 365 and Subscription
105927	9/2/2021	ZirMed Inc	11,048.95	Verification, Invoices, Claims
105928	9/2/2021	Zoll Data Systems Inc	7,283.59	rescue net billing qtr maint
105929	9/7/2021	City of Fort Worth	45,999.00	reimbursement ipads fire
105931	9/7/2021	DFW Camper Corral	10,308.00	Campers
105944	9/8/2021	Hub International Insurance Services	6,557.82	Misc. Errors & Omissions Liabi
105949	9/10/2021	Bound Tree Medical LLC	36,026.40	Various Medical Supplies
105955	9/10/2021	Direct Energy Business	11,035.75	Electric Services
105963	9/10/2021	Mutual of Omaha	10,322.54	critical care/accident August
105973	9/10/2021	ReCept Pharmacy	9,050.98	Various Medical Supplies
105982	9/16/2021	22Kill	13,070.00	22Kill Services
105984	9/16/2021	Airgas USA, LLC	6,947.85	oxygen
105996	9/16/2021	Bound Tree Medical LLC	21,325.58	Various Medical Supplies
106003	9/16/2021	Communication Center Specialists Inc.	5,625.00	Console Cleaning
106016	9/16/2021	ImageTrend	18,019.00	Monthly fee Aug
106018	9/16/2021	Logis Solutions	7,669.95	support hours, HERE IDS licens
106020	9/16/2021	Maintenance of Ft Worth, Inc.	6,735.12	Janitorial Supplies and Services
106022	9/16/2021	Medix	6,809.14	Medix Invoice(s)
106023	9/16/2021	Medline Industries, Inc.	8,304.28	Various Medical Supplies
106024	9/16/2021	Medline Industries, Inc.	32,008.26	Various Medical Supplies
106027	9/16/2021	NRS	13,682.92	collection agency fees
106040	9/16/2021	Paranet Solutions	47,481.44	Sept billing
106041	9/16/2021	ReCept Pharmacy	9,703.25	Various Medical Supplies
106046	9/16/2021	T & W Tire	10,422.42	Tires
106047	9/16/2021	Teleflex Medical	12,879.90	EZIO Needle-adult, 9001-VC-005
106055	9/16/2021	XL Parts	12,827.00	Various Parts
106057	9/16/2021	ZirMed Inc	12,737.31	Verification, Invoices, Claims
106136	9/23/2021	All-Pro Construction & Commerical	9,147.01	countertops
106147	9/23/2021	CyrusONE	7,717.68	charges for Oct
106152	9/23/2021	FirstWatch Solutions Inc	35,275.82	annual support and maintenance
106154	9/23/2021	Innovative Developers, Inc.	56,338.55	car wash
106158	9/23/2021	McKesson Medical Surgical Inc	5,215.36	ecg electrodes
106162	9/23/2021	Occupational Health Solutions	6,205.00	OHS August
106170	9/23/2021	ReCept Pharmacy	9,762.78	Various Medical Supplies
106173	9/23/2021	T & W Tire	5,151.24	Ram tires
106185	9/30/2021	Applause Promotional Products	7,706.75	Uniforms
106194	9/30/2021	Bound Tree Medical LLC	34,858.05	Various Medical Supplies
106198	9/30/2021	CornerStone Staffing	7,747.78	Billing Office Temps

AP Check Details Over 5000.00  
For Checks Between 9/1/2021 and 9/30/2021



Check Number	CK Date	Vendor Name	Check Amount	Description
106200	9/30/2021	Direct Energy Business	10,471.79	Electric Services
106207	9/30/2021	ImageTrend	9,500.00	annual fee
106210	9/30/2021	M Davis and Company Inc	5,240.00	professional fees
106212	9/30/2021	Maintenance of Ft Worth, Inc.	5,909.00	Janitorial Supplies and Services
106213	9/30/2021	Masimo Americas, Inc	9,903.29	Various Medical Supplies
106217	9/30/2021	Medline Industries, Inc.	206,534.32	Various Medical Supplies
106218	9/30/2021	MetLife - Group Benefits	43,557.71	Dental/Vision/Life Insurance
106221	9/30/2021	Mutual of Omaha	5,377.55	critical care/accident Saturda
106223	9/30/2021	NRS	6,201.16	collection agency fees
106228	9/30/2021	Paranet Solutions	43,280.25	Cisco SmartNet maintenance ren
106231	9/30/2021	ReCept Pharmacy	6,898.62	Various Medical Supplies
106238	9/30/2021	The State of Texas	5,071.87	microsoft subscription
106240	9/30/2021	U.S. Lawns	12,372.50	Lawn Services
106242	9/30/2021	XL Parts	10,082.30	Various Parts
1215921	9/1/2021	UT Southwestern Medical Center	12,833.33	Contract Services B Miller Aug
1221714	9/2/2021	Frost	39,363.52	Frost Loan #9001
1275874	9/21/2021	WEX Bank	116,024.52	Fuel Bill
1295787	9/28/2021	UMR Benefits	46,426.95	Health Insurance - September P
1295794	9/28/2021	UT Southwestern Medical Center	12,833.33	Contract Services - B Miller -
7347801	9/7/2021	AT&T	14,513.61	aircards/cellphones
9012021	9/1/2021	Frost	61,053.88	Frost Loan #30001







# Tab A – Chief Executive Officer

## **Metropolitan Area EMS Authority dba MedStar Mobile Healthcare**

### **Chief Executive Officer's Report- September 30, 2021**

October is always a busy time for MedStar. It is the beginning of the fiscal year meaning that the finance team is busy closing the fiscal year and preparing for our annual audit. Human Resources is busy with OMD and Operations onboarding field team members for the new fiscal year.

This year is no exception. However, this year we are managing two large projects involving converting to a new Human Resource Information System ("HRIS") and implementing a new billing program. We also conducted an additional screening of non-insured self-pay patients to ensure we captured and wrote off invoices for the citizens eligible under the approved charity care program. We are also actively working on compiling data requested by Fort Worth for their staffing study. The leadership team also continues to work to find ways to improve those fully or partially vaccinated above the current 67.97%. These are creating some exciting opportunities, and one of our commercial payors recently extended an offer for MedStar to go in network with an agreement that will include payment for treatment in place!

Below you will find updates on some of the larger initiatives currently undertaken by MAEMSA.

#### **HRIS/ADP:**

The payroll module for ADP has been activated. The first payroll had several errors, but most of the errors were caught and corrected with the second payroll. This is anticipated to continue to improve as data feeds are activated from our benefits companies into ADP. The module for background checks have also been activated, and the benefits module is activated. Timeclocks have been installed, and the next large module activations are scheduling and timekeeping. These are anticipated to be activated in the coming weeks. So far 9 of 17 modules have been partially or full activated.

#### **Billing/EMS|MC:**

The billing project has been going extremely well. EMS|MC came on site to speak with current employees interested in joining EMS|MC, and EMS|MC has provided frequent updates on their progress. They have some existing integrations with some of the hospital systems in Fort Worth, and we are helping to facilitate meetings with some of our hospital partners to improve data sharing for billing purposes. We will soon be rolling out training to field operations that provides training and education around proper documentation and clean ticket creation. EMS|MC is anticipated to be fully operational by December 1, 2021, which was their targeted go live date.

#### **Ambulances and Equipment:**

The ambulance chassis and modules approved by the Board have been ordered. Ram has not provided an ETA on the chassis delivery, but the chassis delivery is the first large impediment to get over with the ambulance build. We have also placed orders for the equipment for the ambulances as we can use this equipment currently. Out of an abundance of caution we are relicensing three ambulances we were going to retire. Due to the increase in call volume we want to ensure we don't experience equipment shortages as our staffing continues to improve.

### **BLS Response Model:**

The BLS response model continues to go well. As the BLS ambulances have increased we have experienced some potential challenges to response time calculations as the response clock continues to run if a BLS ambulance and ALS quick response vehicle are dispatched to an ALS call until both response units arrive on scene. We have asked the First Responder Advisory Board for feedback on this issue. In total transparency we don't anticipate the response time metrics to meet compliance numbers due to the extreme increase in call volume, specifically an unanticipated increase of an average of 30 calls/day between July and August. The September compliance numbers are pending a final determination of this discussion. The suggested modification to the policy around clock stop time can be found in the operations section. of the Board book.

### **Board Training:**

We are beginning the Board training process. To initiate this process we will be asking the MAEMSA board members for any dates they cannot participate in the process. We will then submit those dates to the facilitator to establish a dates for the training. After that is completed we will begin developing the five year strategic plan.

### **Vaccination Efforts:**

As of October 5<sup>th</sup>, 67.97% of the organization that has received at least one dose of a COVID-19 vaccine. We have extended offers to discuss concerns with employees and have considered financial incentives to receive vaccines. We will remove attendance points for anyone receiving both vaccine doses by 12/1/2021. If an employee has less than 6 points then the employee may elect to receive 12 hours of PTO in lieu of attendance point forgiveness.

The recent announcement by Medicare to require all Medicare providers who are enrolled in the Medicare program to mandate vaccines for their workforce potentially creates a significant challenge to MedStar, as well as other Texas providers who are enrolled in the Medicare program. We continue to closely monitor and evaluate all potential implication related to the CMS mandate.

### **Recruitment/Retention:**

Human Resources and the other departments associated with recruitment and retention are looking to opportunities to recruit and retain the best and brightest to work at MedStar. Options include expanding recruiting efforts to the national labor market as Texas experiences huge population growth, and we look toward the best, most cost-effective ways to facilitate interstate interviews and potential relocation as many agencies are seeing decreases in applicants.

Likewise, to help retain qualified team members we will be attempting to improve resiliency by providing fiscal and physical fitness education. We are currently staffed at 93.7% of credentialed EMTs and 91.1% of credentialed paramedics with sufficient people in training to meet the 100% of credentialed medics for the schedule and exceed 100% of the credentialed EMTs for the schedule.

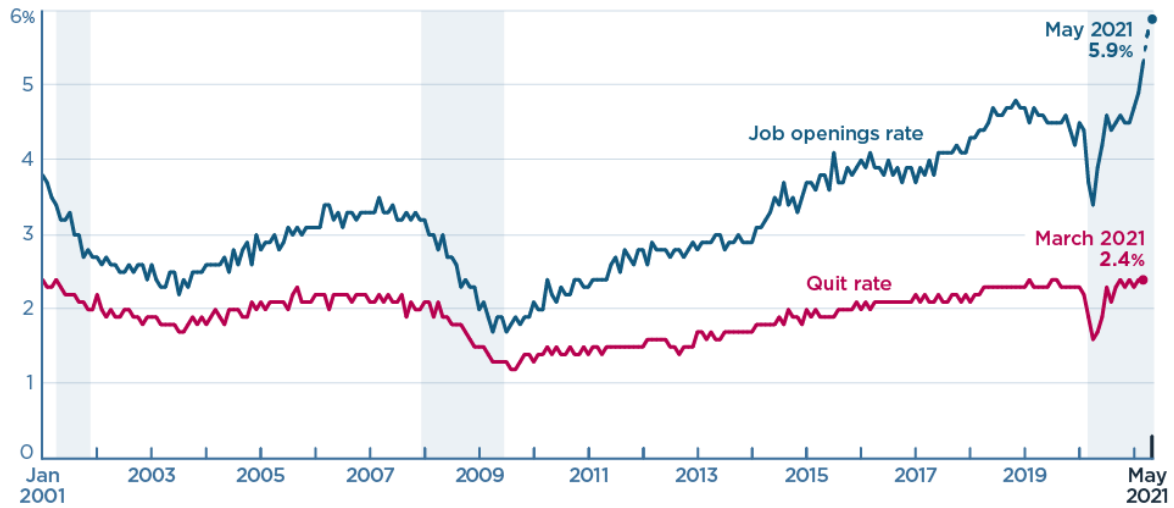
It cannot be overstated what a tremendous job the organization has done in recruitment and retention. In a time when job openings are at all time highs MedStar has increased the size of our team by 23% or 59 people as of the new hire class starting this week! The team has continually sought out ways to show appreciation to the MedStar team for their hard work and dedication to the residents we serve. We

look forward to continuing to find ways to make MedStar a fun, rewarding and exciting place for people to come to work!

Figure 4

## Signs of labor market tightness as job openings and quit rates at record highs

Job openings rate and worker quit rate, percent



**Note:** Job openings rate is job openings as a percent of total employment plus job openings. Quit rate is the number of quits during the entire month as a percent of total employment. Job openings for April and May 2021 are estimates based on growth in Indeed Hiring Lab job postings. Shading denotes recession. End date of most recent recession has not yet been determined.

**Sources:** Bureau of Labor Statistics via Macrobond; Indeed Hiring Lab; authors' calculations.

# Tab B --Office of the Medical Director



**Discussion**

- ET3
- Credentialing Committee
- Tiered Response Task Force
- ECPR Center Project

**Education and Training**

- Tube Talk with Dr. Miller
  - Video presentation of VL attempts with tricks to be successful
- OMD 21Q3CE – September
  - Trach Emergencies; ET3 Initiative; Pediatric Trauma (presented by Cook Children’s)
- OMD 21Q4CE – December
  - Airway Management Cadaver Lab

Course Attendance	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	89	32	26	67	48	22
FRO	2	3	3	9	67	3
External	4	0	0	4	9	0

**Credentialing**

- New Protocol Transition

Agency	Completion Status	Projected Date	Agency	Completion Status	Projected Date
MedStar	Completed	4/26	Haslet VFD	In-Process	10/31
Bell Textron Helicopter	Completed	08/23-30	Lake Worth FD	Completed	8/09-11
Blue Mound VFD	Completed	08/23-30	River Oaks FD	In-Process	10/31
Burleson FD	Completed	08/23-25	Saginaw FD	Completed	08/23-25
Edgecliff Village Fire Rescue	In-Process	10/31	Sansom Park Fire Rescue	Completed	08/01-06
Forest Hill FD	Completed	8/16-17	Westover Hills PD	Completed	08/09-13
Fort Worth PD	Completed	8/02	Westworth Village PD	N/A	ECA

The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.



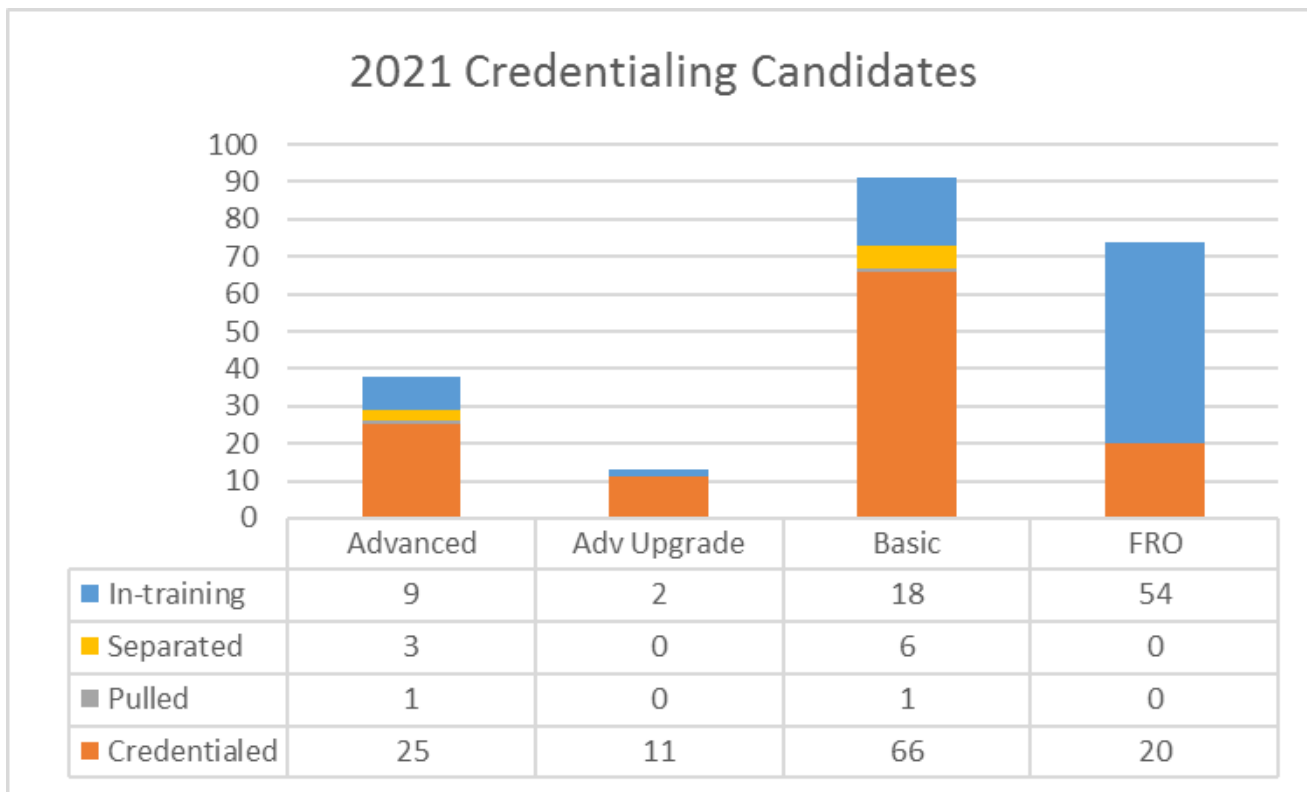
Fort Worth FD	Completed	8/31	White Settlement VFD	Completed	07/22,26,28
Haltom City FD	Completed	8/31			

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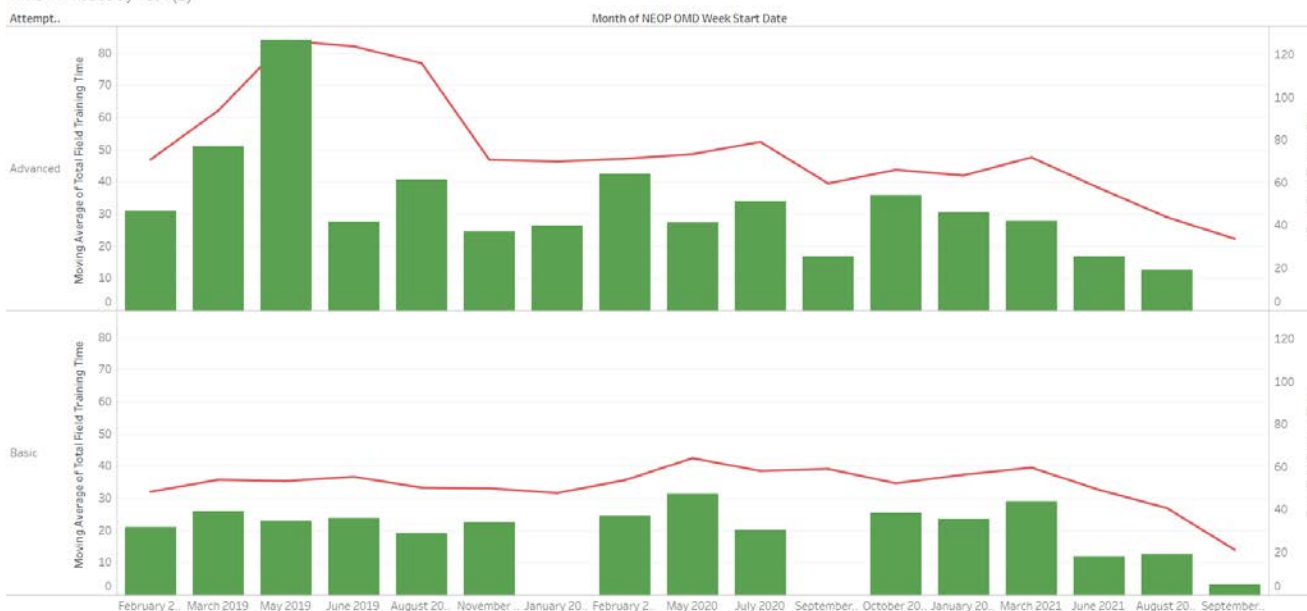
[www.fwomd.org](http://www.fwomd.org)



- Credentialing Process



Time in Phases by Year (2)



\* Does not account for 28 days in administrative/operational/clinical classroom training.

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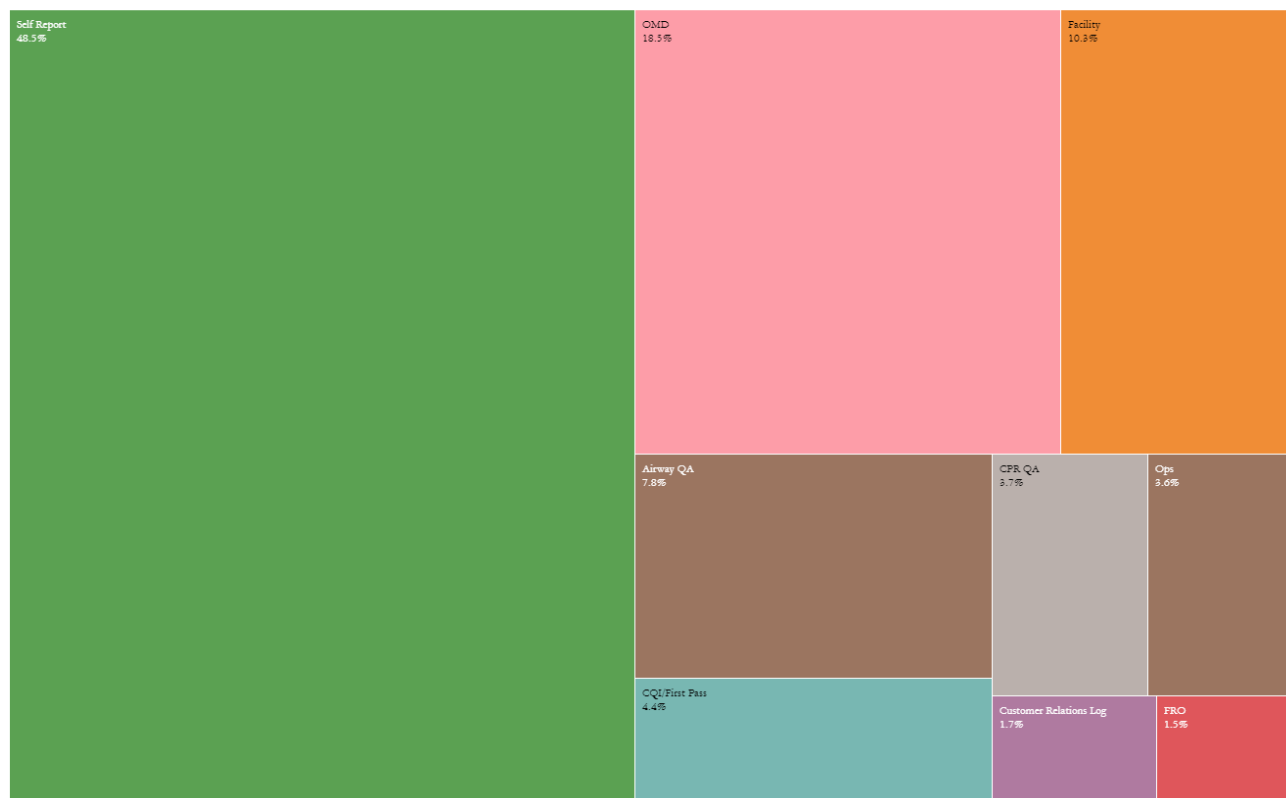


## Quality Assurance

Case Acuity		
	August 2021	September 2021
High	3 (4.1%)	2 (2.4%)
Moderate	24 (32.9%)	27 (32.1%)
Low	40 (54.8%)	47 (56.0%)
Non QA/QI	6 (8.2%)	8 (9.5%)
Grand Total	73 (100.0%)	84 (100.0%)

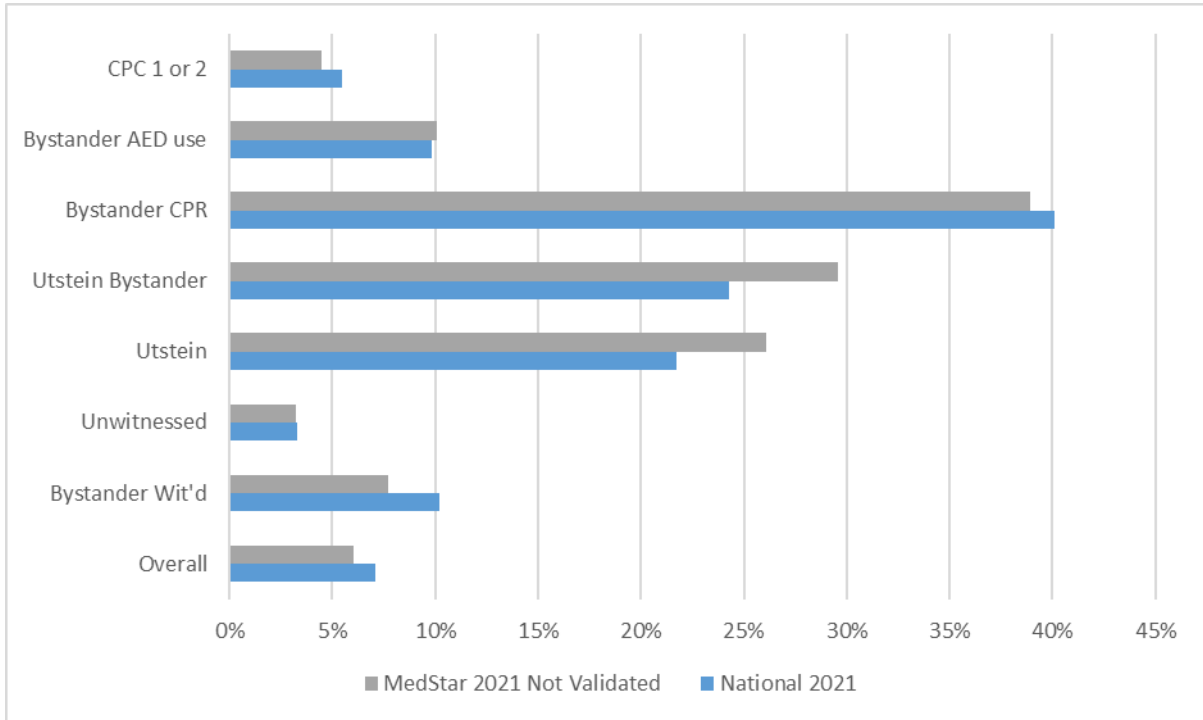
Case Disposition		
	August 2021	September 2021
Clinically Appropriate	1 (1.4%)	
Needs Improvement	54 (74.0%)	59 (70.2%)
Forwarded	2 (2.7%)	2 (2.4%)
No Fault	15 (20.5%)	20 (23.8%)
Pending	1 (1.4%)	3 (3.6%)
Grand Total	73 (100.0%)	84 (100.0%)

Cases by Origin



The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

- CARES

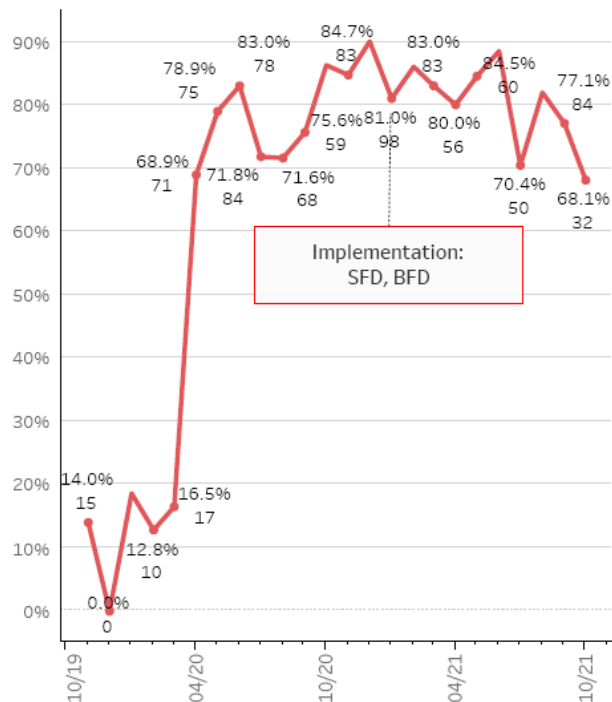


- 2021 (Not Validated)
  - 801-cases through September
  - 58-outcomes still pending

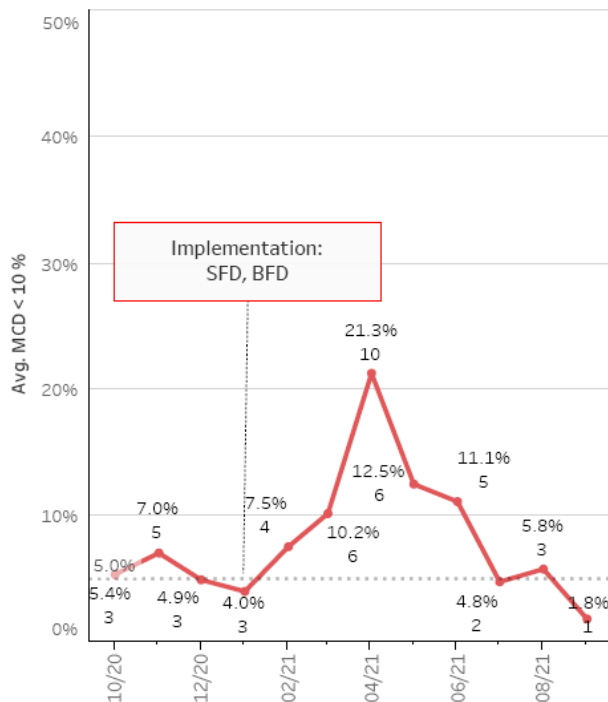
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- MCD

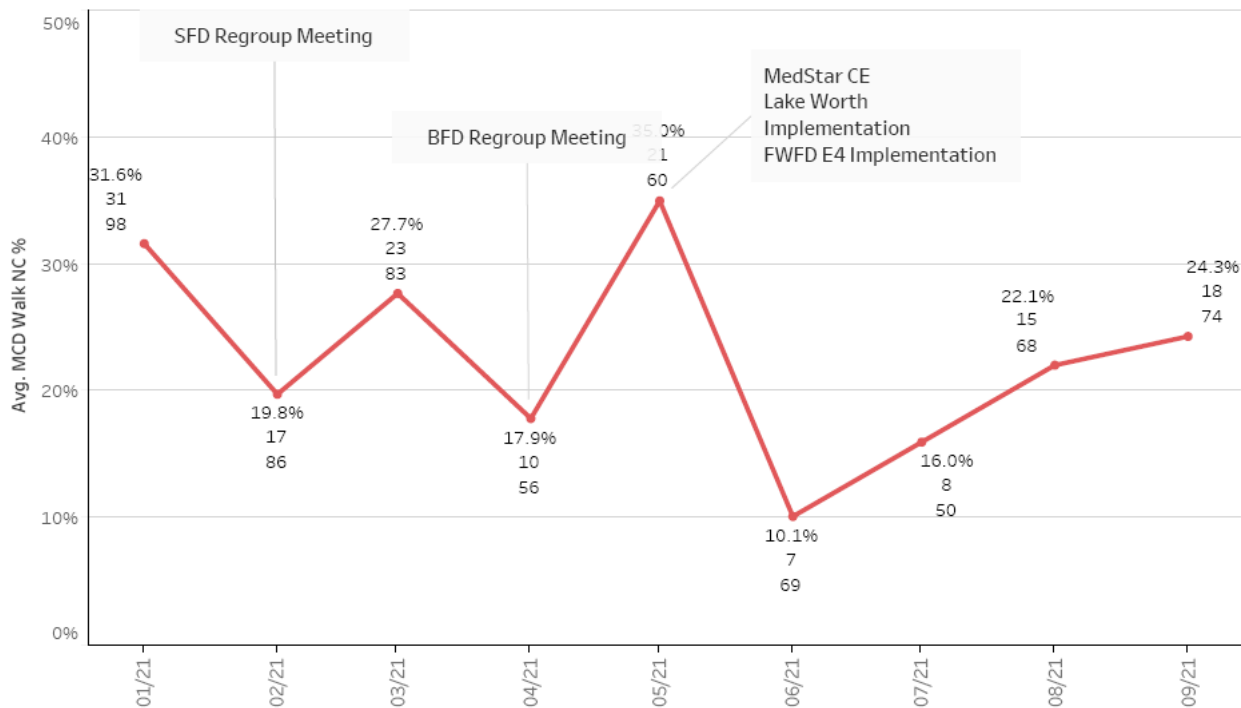
MCD Placement %



MCD Placement < 10 sec %



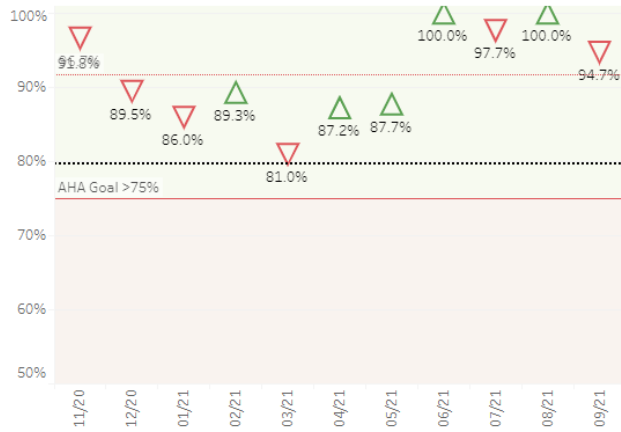
% of Uncorrected MCD Walk/Overall placement



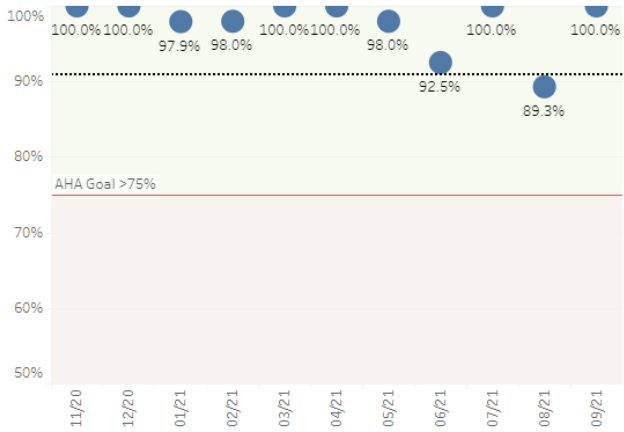
The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

• **T-CPR**

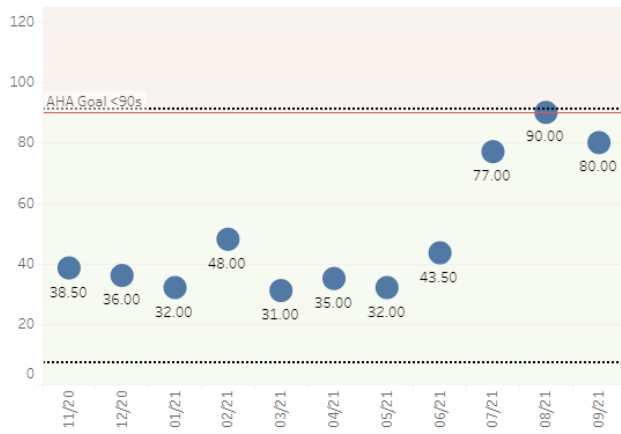
Percentage of OHCA Identified by PSAP



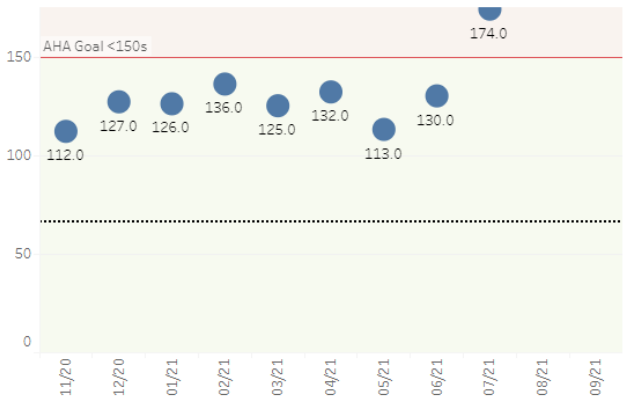
Percentage of Recognized OHCA Receiving T-CPR



Median Time Between 9-1-1 Call and OHCA Recognition

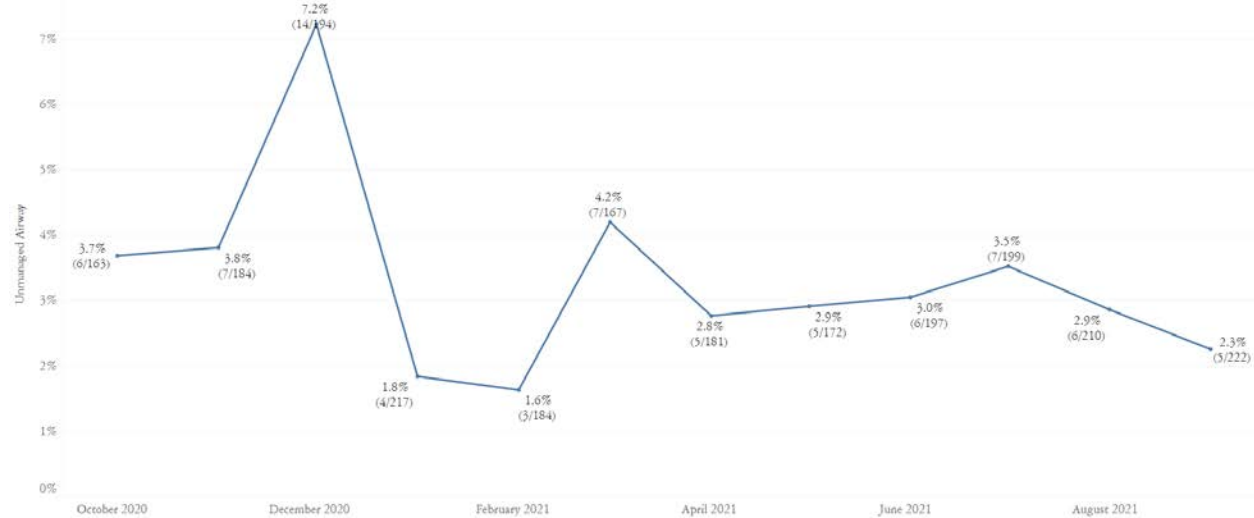


Median Time Between 9-1-1 Call and First T-CPR-Directed Compression

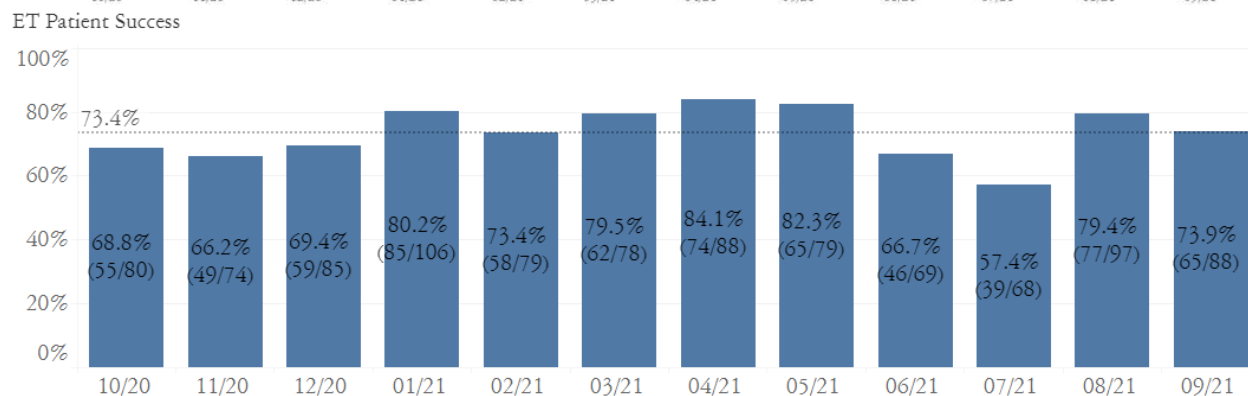
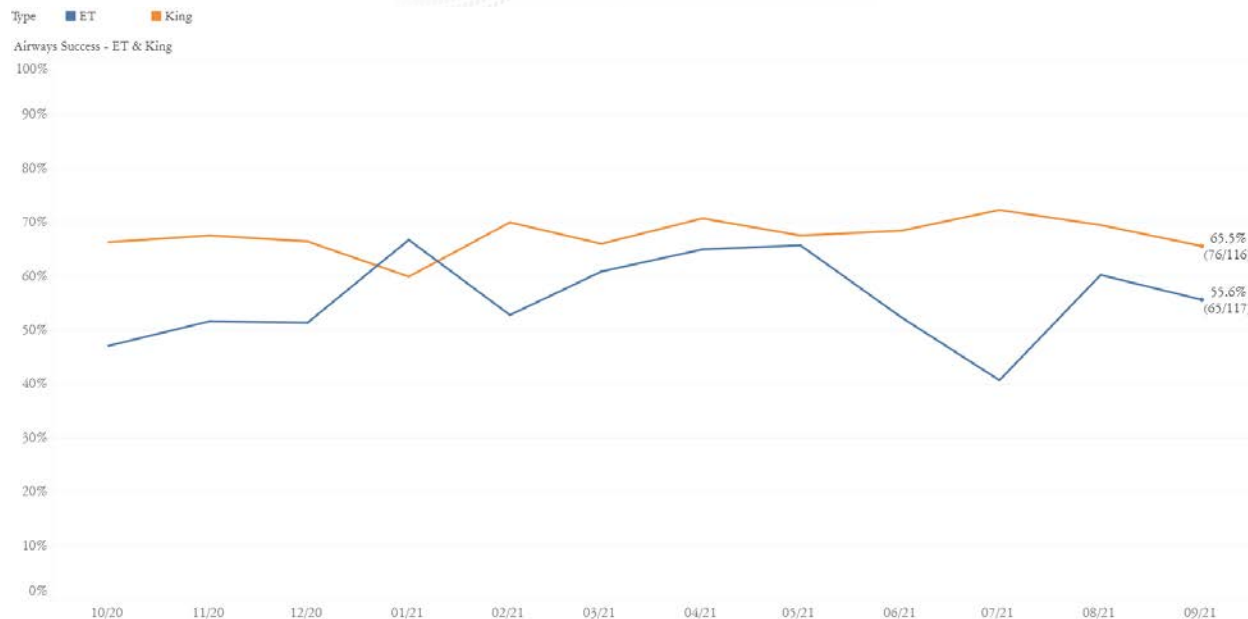


• **Airway Management**

Unmanaged Airway



The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.



The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.



## System Diagnostics

STEMI	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Goal
% of suspected STEMI patients correctly identified by EMS	58.8%	44.1%	50.0%	54.2%	63.2%	50.0%	45.2%	62.0%
% of suspected STEMI patients w/ASA admin (in the absence of contraindications)	88.9%	89.7%	96.9%	90.6%	87.5%	89.3%	94.7%	94.5%
% of suspected STEMI patients w/NTG admin (in the absence of contraindications)	81.5%	89.7%	84.4%	87.5%	87.5%	78.6%	81.6%	87.7%
% of suspected STEMI patients with 12L acquisition within 10 minutes of patient contact	70.4%	66.7%	59.4%	81.3%	65.0%	67.9%	63.2%	71.1%
% of suspected STEMI patients with 12L transmitted within 5 minutes of transport initiation	63.0%	53.9%	71.9%	71.9%	59.4%	42.9%	60.5%	62.4%
% of suspected STEMI patients with PCI facility notified of suspected STEMI within 10 minutes of EMS patient contact	14.8%	25.6%	18.8%	21.9%	12.5%	25.0%	23.7%	18.5%
% of patients with suspected STEMI Transported to PCI Center	100.0%	100.0%	96.9%	96.9%	100.0%	100.0%	94.7%	99.6%
% of suspected STEMI patients with EMS activation to Cath Lab intervention time < 90 minutes	42.9%	36.4%	20.0%	54.6%	8.3%	50.0%	23.1%	32.7%
STEMI BUNDLE COMPLIANCE	16.7%	16.7%	33.3%	33.3%	16.7%	16.7%	23.1%	25.0%

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Current Avg.	Goal
<b>Cardiac Arrest</b>									
% of recognizable Out-of-Hospital Cardiac Arrests (OHCA) cases correctly identified by Dispatch	81.0%	87.2%	87.7%	100.0%	97.7%	100.0%	100.0%	86.0%	75%
Median time between 9-1-1 call and OHCA recognition	0:00:31	0:00:35	0:00:32	0:00:43	0:01:17	0:01:30	0:01:30	0.0%	< 0:01:30
% of recognized 2nd party OHCA cases that received tCPR	100.0%	100.0%	98.0%	92.5%	100.0%	89.3%	90.0%	98.6%	75%
Median time between 9-1-1 Access to tCPR hands on chest time for OHCA cases	0:02:05	0:02:17	0:01:53	0:01:53	0:02:10	0:02:54	0:02:54	0.1%	< 0:02:30
% of cases with time to tCPR < 180 sec from first key stroke	72.5%	73.1%	72.9%	89.1%	79.2%	75.7%	74.0%	71.3%	90%
% of cases with CCF > 90%	90.0%	90.0%	88.0%	76.0%	72.0%	74.0%	74.0%	79.9%	90%
% of cases with compression rate 100-120 cpm 90% of the time	91.2%	89.6%	95.5%	97.3%	87.5%	90.9%	89.7%	89.7%	90%
% of cases with compression depth that meet appropriate depth benchmark 90% of the time	40.7%	53.7%	37.9%	45.9%	90.9%	42.9%	42.9%	33.7%	90%
% of cases with mechanical CPR device placement with < 10 sec pause in chest compression	14.3%	21.3%	13.3%	13.9%	9.5%	8.1%	8.1%	19.9%	90%
% of cases with Pre-shock pause < 10 sec	96.5%	97.5%	97.5%	97.5%	97.5%	97.5%	97.5%	97.5%	90%
% arrive at E/D with ROSC	x	19.2%	25.3%	6.9%	14.8%	18.7%	18.7%	16.7%	
% discharged alive	x	7.1%	11.4%	7.0%	1.4%	1.2%	2.7%	7.1%	
% neuro intact at discharge (Good or Moderate Cognition)	x	6.1%	10.1%	7.0%	1.4%	1.2%	2.7%	5.3%	
% of cases with bystander CPR	38.8%	45.6%	48.8%	36.2%	36.2%	36.2%	36.2%	47.5%	
% of cases with bystander AED use	30.6%	22.8%	20.9%	28.2%	25.9%	26.7%	26.7%	19.8%	

The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

# Tab C – Chief Financial Officer



Metropolitan Area EMS Authority dba MedStar Mobile Healthcare  
Finance Report – September 30, 2021

The following summarizes significant items in the September 30, 2021 Financial Reports:

Statement of Revenues and Expenses:

**Month to Date:** Net Income for the month of September 2021 is a loss of (\$1,385,935) as compared to a budgeted loss of (\$191,918) for a negative variance of (\$1,194,017). EBITDA for the month of September 2021 is a loss of (\$1,200,113) compared to a budgeted gain of \$122,471 for a negative variance of (\$1,144,584).

- Transport volume in September ended the month 103% to budget. Total Patient Encounters ended the month at 103% to budget.
- Net Revenue in September is 120% to budget or \$844,555 above budget. MedStar received a \$1,113,000 from the TX ASPP Charity Care Cost Report that was not in this year's budget. The patient mix for Bill Patient is above budget by 2.56%. This has a negative effect on the Net Revenue because of the additional \$192,000 booked for Provision for Doubtful Accounts due to the lower collectability of the Bill Patient transports.
- Total Expenses ended the month 146% to budget or \$2,038,572 over budget. In September, MedStar incurred additional expenses in Salaries of \$1,765,788 primarily made up of \$908,000 in Employee Incentive payment, \$224,515 in Shift Incentives, \$200,000 in Compensation Increase from Feb. 2021 and \$212,617 is additional OT. Benefits and Taxes are under budget by (\$35,230) due to less than expected health insurance claims reimbursed.

**Year to Date:** EBITDA is \$1,801,780 as compared to a budget of \$3,217,673 for a negative variance of (\$1,415,892).

- The main drivers for this variance are YTD Net Revenue at 2% over budget or \$1,011,371. This positive net income help offset a YTD overage in expenses for the year of 5.3% or \$2,690,717.
- The expense overage is driven by additional expense in salaries for the year. There are three main drivers for the overage in Salaries. First we had a shortage of EMT's and Medics which lead to additional overtime and a shift incentive payments to help fill open shifts of \$2,104,000. Second, to assist MedStar to stay competitive in the market for talent a compensation increase was given that focused on bringing MedStar to the current level of pay within the market especially for our EMT's and Paramedics. The impact of this compensation increase was \$800,000 for the year. Third MedStar paid all employees an annual employee incentive in September that accounted for \$908,000. This is a total of \$3,812,000 in additional Salary expense for the year.
- MedStar knowing we would have this challenge focused on cost savings in all other areas. All other expenses except for Salaries ended the year under budget by (\$1,271,883).

Key Financial Indicators:

- Current Ratio – MedStar has \$8.43 in current assets (Cash, receivables) for every dollar in current debt. (Goal: a score of \$1.00 would mean sufficient current assets to pay debts.)

- Cash Reserves – The Restated Interlocal Cooperative Agreement mandates 3 months of operating capital. As of September 30, 2021, there is 5.3 months of operating capital.
- Accounts Receivable Turnover – This statistic indicates MedStar’s effectiveness in extending credit and collecting debts by indicating the average age of the receivables. MedStar’s goal is a ratio greater than 3.0 times; current turnover is 6.34 times.
- Return on Net Assets – This ratio determines whether the agency is financially better off than in previous years by measuring total economic return. An improving trend indicates increasing net assets and the ability to set aside financial resources to strengthen future flexibility. Through September, the return is -4.03%.

MAEMSA/EPAB cash reserve balance as of September 30, 2021 is \$475,470.69.

**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare**

**Balance Sheet By Character Code**

For the Period Ending September 30, 2021

<b>Assets</b>	<b>Current Year</b>	<b>Last Year</b>
Cash	\$23,518,716.17	\$22,884,152.06
Accounts Receivable	\$8,606,324.27	\$10,243,189.04
Inventory	\$358,989.75	\$285,156.66
Prepaid Expenses	\$473,354.22	\$459,897.77
Property Plant & Equ	\$63,814,632.18	\$60,287,631.78
Accumulated Deprecia	(\$25,659,926.52)	(\$22,391,076.39)
<b>Total Assets</b>	<b>\$71,112,090.07</b>	<b>\$71,768,950.92</b>
<b>Liabilities</b>		
Accounts Payable	(\$483,349.14)	(\$745,524.28)
Other Current Liabil	(\$3,415,440.42)	(\$2,474,296.30)
Accrued Interest	(\$7,781.31)	(\$7,781.31)
Payroll Withholding	(\$1,413.59)	(\$5,211.83)
Long Term Debt	(\$3,687,609.48)	(\$3,996,996.23)
Other Long Term Liab	(\$10,552,469.23)	(\$8,499,037.08)
<b>Total Liabilities</b>	<b>(\$18,148,063.17)</b>	<b>(\$15,728,847.03)</b>
<b>Equities</b>		
Equity	(\$55,208,105.09)	(\$55,631,813.63)
Control	\$2,244,078.19	(\$408,290.26)
<b>Total Equities</b>	<b>(\$52,964,026.90)</b>	<b>(\$56,040,103.89)</b>
<b>Total Liabilities and Equities</b>	<b>(\$71,112,090.07)</b>	<b>(\$71,768,950.92)</b>

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Statement of Revenue and Expenditures

September 30, 2021

Revenue	Current Month	Current Month	Current Month	Year to Date	Year to Date	Year to Date
	Actual	Budget	Variance	Actual	Budget	Variance
Transport Fees	\$19,560,462.77	\$15,458,789.27	\$4,101,673.50	\$199,594,972.11	\$180,432,708.01	\$19,162,264.10
Contractual Allow	(\$8,026,380.07)	(\$6,526,794.52)	(\$1,499,585.55)	(\$82,325,695.53)	(\$76,176,138.77)	(\$6,149,556.76)
Provision for Uncoll	(\$6,694,480.38)	(\$4,790,858.00)	(\$1,903,622.38)	(\$69,930,329.12)	(\$55,891,594.00)	(\$14,038,735.12)
Education Income	\$101.70	\$320.00	(\$218.30)	\$10,679.60	\$15,940.00	(\$5,260.40)
Other Income	\$110,538.78	\$31,222.67	\$79,316.11	\$2,327,140.52	\$657,272.04	\$1,669,868.48
Standby/Subscription	\$139,556.04	\$70,348.00	\$69,208.04	\$945,461.31	\$597,246.00	\$348,215.31
Pop Health PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
interest on Investme	\$700.39	\$2,916.67	(\$2,216.28)	\$10,507.88	\$35,000.04	(\$24,492.16)
Gain(Loss) on Dispos	\$0.00	\$0.00	\$0.00	\$53,693.73	\$4,626.00	\$49,067.73
<b>Total Revenue</b>	<b>\$5,090,499.23</b>	<b>\$4,245,944.09</b>	<b>\$844,555.14</b>	<b>\$50,686,430.50</b>	<b>\$49,675,059.32</b>	<b>\$1,011,371.18</b>
<b>Expenditures</b>						
Salaries	\$4,130,418.58	\$2,364,629.74	\$1,765,788.84	\$33,399,760.13	\$29,437,158.88	\$3,962,601.25
Benefits and Taxes	\$843,882.70	\$879,113.00	(\$35,230.30)	\$5,685,468.97	\$5,790,526.00	(\$105,057.03)
Interest	\$37,024.69	\$33,500.00	\$3,524.69	\$345,790.35	\$402,000.00	(\$56,209.65)
Fuel	\$122,408.70	\$110,046.00	\$12,362.70	\$1,021,818.66	\$1,184,222.00	(\$162,403.34)
Medical Supp/Oxygen	\$307,129.30	\$232,695.82	\$74,433.48	\$2,315,622.98	\$2,714,645.72	(\$399,022.74)
Other Veh & Eq	\$77,502.28	\$36,203.01	\$41,299.27	\$542,877.59	\$446,049.59	\$96,828.00
Rent and Utilities	\$64,561.31	\$62,934.63	\$1,626.68	\$783,574.12	\$771,693.56	\$11,880.56
Facility & Eq Mtc	\$101,046.92	\$66,147.97	\$34,898.95	\$919,425.37	\$901,596.64	\$17,828.73
Postage & Shipping	\$4,397.46	\$3,521.55	\$875.91	\$40,049.98	\$42,258.60	(\$2,208.62)
Station	\$70,010.31	\$49,452.18	\$20,558.13	\$575,778.73	\$643,989.16	(\$68,210.43)
Comp Maintenance	\$70,491.01	\$35,273.00	\$35,218.01	\$685,988.98	\$821,435.69	(\$135,446.71)
Insurance	\$25,913.93	\$36,438.37	(\$10,524.44)	\$377,795.12	\$437,260.44	(\$59,465.32)
Advertising & PR	\$300.00	\$500.00	(\$200.00)	\$17,905.16	\$34,500.00	(\$16,594.84)
Printing	\$2,429.76	\$3,615.41	(\$1,185.65)	\$47,900.69	\$43,384.92	\$4,515.77
Travel & Entertain	\$8,873.97	\$2,451.00	\$6,422.97	\$51,030.64	\$106,137.00	(\$55,106.36)
Dues & Subs	\$75,971.29	\$65,797.00	\$10,174.29	\$763,016.66	\$839,073.00	(\$76,056.34)
Continuing Educ Ex	\$10,349.00	\$1,238.00	\$9,111.00	\$60,754.14	\$77,194.00	(\$16,439.86)
Professional Fees	\$179,665.03	\$170,696.34	\$8,968.69	\$1,778,892.07	\$2,124,161.04	(\$345,268.97)

**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare**  
**Statement of Revenue and Expenditures**

September 30, 2021

Revenue	Current Month		Current Month		Year to Date		Year to Date	
	Actual	Budget	Variance	Actual	Budget	Variance		
Education Expenses	\$2,668.00	\$828.00	\$1,840.00	\$17,375.41	\$19,396.00	(\$2,020.59)		
Miscellaneous	\$14,593.54	\$1,892.00	\$12,701.54	(\$200,385.78)	\$22,704.00	(\$223,089.78)		
Depreciation	\$326,796.84	\$280,889.29	\$45,907.55	\$3,700,068.72	\$3,380,405.16	\$319,663.56		
<b>Total Expenditures</b>	<b>\$6,476,434.62</b>	<b>\$4,437,862.31</b>	<b>\$2,038,572.31</b>	<b>\$52,930,508.69</b>	<b>\$50,239,791.40</b>	<b>\$2,690,717.29</b>		
<b>Net Rev in Excess of Expend</b>	<b>(\$1,385,935.39)</b>	<b>(\$191,918.22)</b>	<b>(\$1,194,017.17)</b>	<b>(\$2,244,078.19)</b>	<b>(\$564,732.08)</b>	<b>(\$1,679,346.11)</b>		
<b>EBITDA</b>	<b>(\$1,022,113.86)</b>	<b>\$122,471.07</b>	<b>(\$1,144,584.93)</b>	<b>\$1,801,780.88</b>	<b>\$3,217,673.08</b>	<b>(\$1,415,892.20)</b>		

**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare**  
**Key Financial Indicators**  
**September 30, 2021**

	Goal	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>Current Ratio</b>	> 1	7.19	8.97	9.49	11.59	10.48	8.43

Indicates the total short term resources available to service each dollar of debt. Ratio should be greater than 1, so that assets are available to retire debt when due.

<b>Cash as % of Annual Expenditures</b>	> 25%	65.31%	55.06%	47.07%	42.95%	51.76%	44.45%
---	-------	--------	--------	--------	--------	--------	--------

Indicates compliance with Ordinance which specifies 3 months cash on hand.

<b>Accounts Receivable Turnover</b>	>3	4.16	4.96	4.28	3.65	5.44	6.34
-------------------------------------	----	------	------	------	------	------	------

A measure of how these resources are being managed. Indicates how long accounts receivable are being aged prior to collection. Our goal is a turnover rate of greater than 3 .

<b>Return on Net Assets</b>	-1.00%	11.60%	10.35%	10.11%	4.04%	0.00%	-4.03%
-----------------------------	--------	--------	--------	--------	-------	-------	--------

Reveals management's effectiveness in generating profits from the assets available.

Emergency Physicians Advisory Board  
Cash expenditures Detail

	<u>Date</u>	<u>Amount</u>	<u>Balance</u>
Balance 1/1/17			\$ 609,665.59
J29 Associates, LLC	2/27/2017	\$ 1,045.90	\$ 608,619.69
Bracket & Ellis	10/30/2017	\$ 12,118.00	\$ 596,501.69
Brackett & Ellis	11/19/2018	\$ 28,506.50	\$ 567,995.19
FWFD Grant	4/3/2019	\$ 56,810.00	\$ 511,185.19
Brackett & Ellis	4/3/2019	\$ 20,290.50	\$ 490,894.69
Brackett & Ellis	11/27/2019	\$ 9,420.00	\$ 481,474.69
Bracket & Ellis	2/6/2020	\$ 1,382.50	\$ 480,092.19
Bracket & Ellis	2/29/2020	\$ 4,621.50	\$ 475,470.69
Balance 09/30/2021			<u><u>\$ 475,470.69</u></u>

# Tab D – Chief Human Resources Officer



## Human Resources - September 2021

### Turnover:

- September turnover – 2.15%
  - FT – 1.91%
  - PT – 4.88%
- Year to date turnover –19.37%
  - FT – 16.17%
  - PT – 56.10%

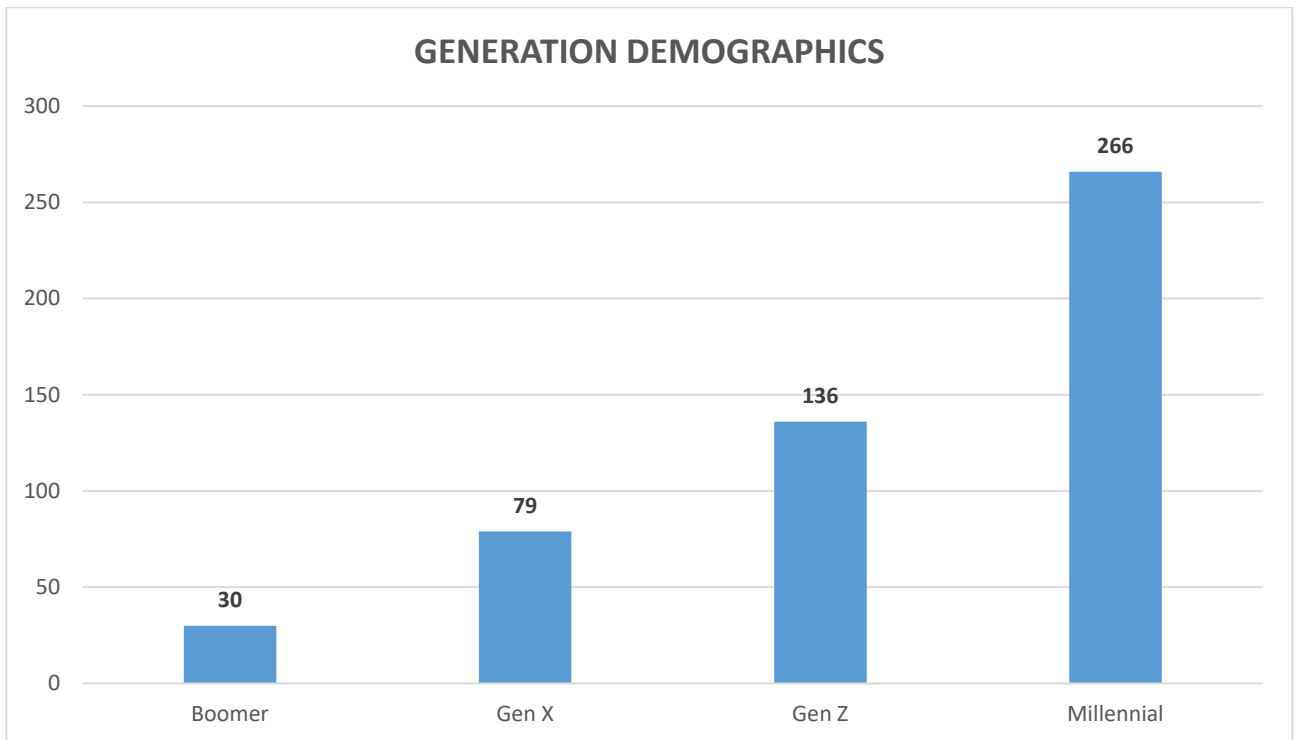
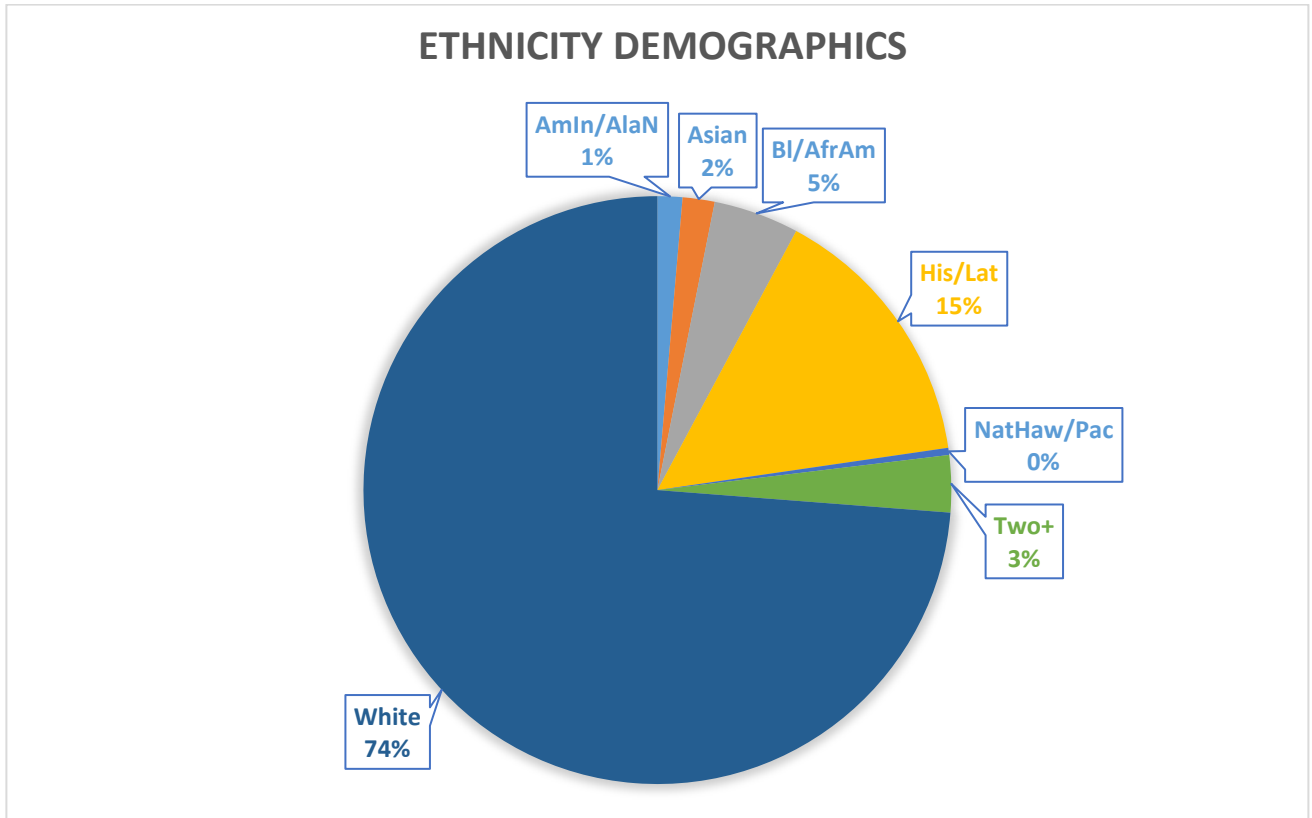
### Leaves:

- 42 employees on FMLA / 8.94% of workforce
  - 33 cases on intermittent
  - 9 cases on a block
- Top FMLA request reasons/conditions
  - FMLA Child (8)
  - Neurological (7)
  - FMLA Parent (6)
- COVID Administrative Leave
  - 1041:37 hours in September
  - 17124:41 hours to date

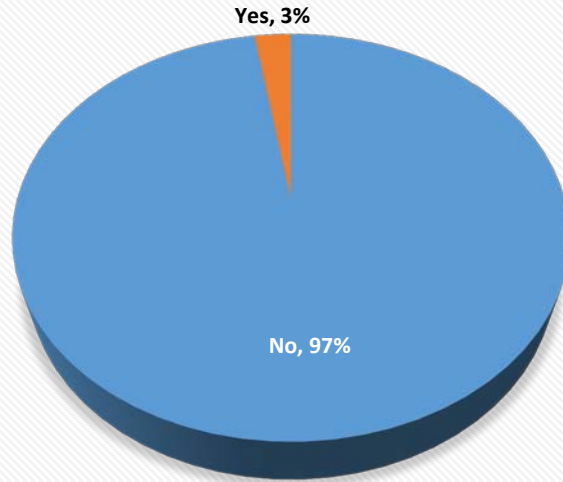
### Staffing

- 23 hires in September
- 176 hires FYTD

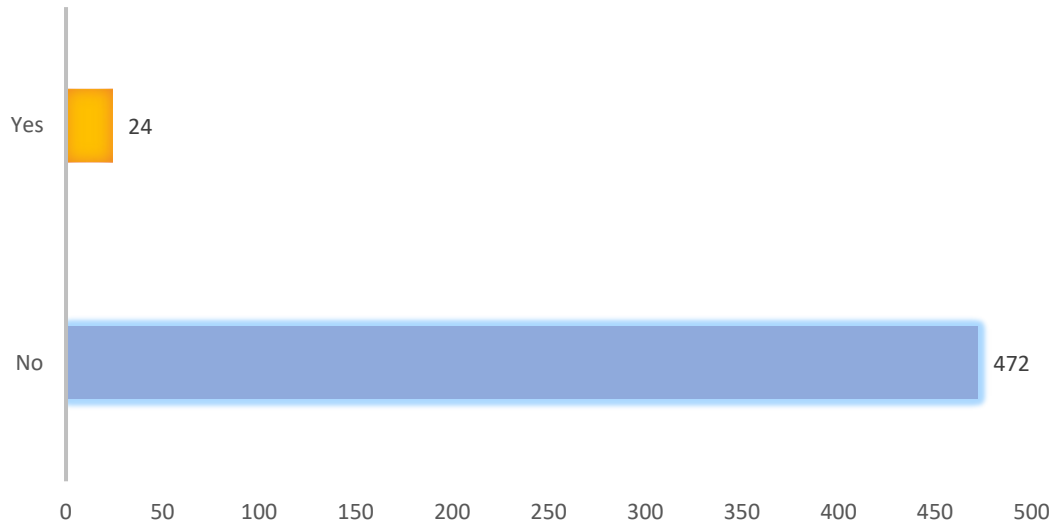
# SEPTEMBER 2021 DIVERSITY STATISTICS



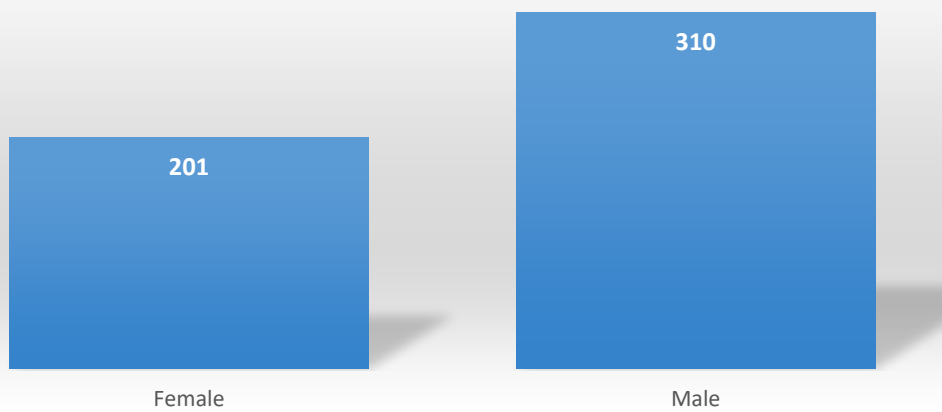
### DISABILITY DEMOGRAPHICS



### VETERAN DEMOGRAPHICS



### GENDER DEMOGRAPHICS



**FMLA Leave of Absence (FMLA Detailed Report)**  
**Fiscal Year 9/1/2021 thru 9/30/2021**  
**Percentages by Department/Conditions**

Conditions		Percentage by Department						
Row Labels	Count of Reason	Department	# of Ees	# on FMLA	% by FTE	% by FMLA	% by Dept HC	
Cardiology	4	Administration	19	1	0.21%	2.38%	5.26%	
Digestive	1	Advanced	124	11	2.34%	26.19%	8.87%	
FMLA - Child	8	Basic	178	11	2.34%	26.19%	6.18%	
FMLA - Parent	6	Business Office	23	7	1.49%	16.67%	30.43%	
FMLA - Spouse	1	Communications	40	6	1.28%	14.29%	15.00%	
Internal Medicine	1	Human Resources	5	1	0.21%	2.38%	20.00%	
Mental Health	5	Mobile Integrated Health	11	1	0.21%	2.38%	9.09%	
Neurological	7	Support Services - Facilities, Fleet, S.E., Logistics	31	4	0.85%	9.52%	12.90%	
Obstetrics	2	<b>Grand Total</b>	<b>431</b>	<b>42</b>				
Orthopedic	2	<b>Total # of Full Time Employees - September 2021</b>	<b>470</b>					
Pulmonary	4	<b>% of Workforce using FMLA</b>	<b>8.94%</b>					
Respiratory	1	<b>TYPE OF LEAVES UNDER FMLA</b>		<b># of Ees</b>		<b>% on Leave</b>		
<b>Grand Total</b>	<b>42</b>	Intermittent Leave	33	78.57%				
		Block of Leave	9	21.43%				
		<b>Total</b>	<b>42</b>	<b>100.00%</b>				

Row Labels	Count of Reason
Cardiology	4
Digestive	1
FMLA - Child	8
FMLA - Parent	6
FMLA - Spouse	1
Internal Medicine	1
Mental Health	5
Neurological	7
Obstetrics	2
Orthopedic	2
Pulmonary	4
Respiratory	1
<b>Grand Total</b>	<b>42</b>

MedStar Mobile Healthcare  
 Leave of Absence Report - Fiscal Year 2013-2014

Light Duty WC for Fiscal Year 2020-2021

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Goal
Hours/Mo	337:52	456:20	573:51	130:03	152:19	233:29	14:25	0:00	85:14	423:03	736:44	472:14	
FY 20-21	337:52	794:12	1368:03	1498:06	1650:25	1883:54	1898:19	1898:19	1983:33	2406:36	3143:20	3615:34	3571:50
FY 19-20	860:09	1380:07	1803:23	2160:58	2205:22	2304:27	2682:13	2870:48	3064:41	3235:55	3627:45	3968:43	

GOAL: Reduce number of lost hours due to job-related injuries by 10%

Light Duty HR for Fiscal Year 2020-2021

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Goal
Hours/Mo	192:17	36:15	0:00	0:00	203:12	670:24	547:00	226:57	12:59	140:05	160:35	82:52	
FY 20-21	192:17	228:32	228:32	228:32	431:44	1102:08	1649:08	1876:05	1889:04	2029:09	2189:44	2272:36	2162:30
FY 19-20	674:38	940:59	1106:34	1106:34	1106:34	1154:34	1571:41	1761:31	1971:08	2103:08	2180:38	2402:47	

GOAL: Reduce number of lost hours due to job-related injuries by 10%

Worker's Comp LOA for Fiscal Year 2020-2021

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Goal
Hours/Mo	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
FY 20-21	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	14:11
FY 19-20	7:46	7:46	7:46	7:46	15:46	15:46	15:46	15:46	15:46	15:46	15:46	15:46	

GOAL: Reduce number of lost hours due to job-related injuries by 10%

FMLA LOA for Fiscal Year 2020-2021

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	AVG
Hours/Mo	1700:39	1481:30	1855:25	2111:10	1585:52	1378:47	1276:46	960:02	1310:15	1299:20	1343:38	1193:42	1495:58
FY 20-21	1700:39	3182:09	5037:34	7148:44	8734:36	10113:23	11390:09	12350:11	13660:26	14959:46	16303:24	17497:06	
FY 19-20	2034:59	4086:19	6102:39	6980:11	7999:33	9207:59	10576:30	12106:24	13593:19	14903:41	16709:37	18086:55	10199:00:30

All Other Leave for Fiscal Year 2020-2021\*

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	AVG
Hours/Mo	6258:06	5087:16	6331:06	3959:43	4362:28	6059:33	5485:28	6672:17	6843:17	6904:50	5808:25	5669:24	5796:24
FY 20-21	6258:06	11345:22	17676:28	21636:12	25998:12	32058:12	37543:40	44215:57	51059:14	57964:04	63772:29	69441:53	
FY 19-20	6910:47	12809:12	19737:58	25679:12	31494:08	37612:30	41801:23	46722:34	52676:22	60024:42	66251:14	71602:36	39443:33:10

\*includes all other leaves (LOA, MLOA, Vacation, Sick, Jury, etc.)

Military Leave for Fiscal Year 2020-2021

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	AVG
Hours/Mo	144:00	72:00	60:00	97:00	272:55	243:00	270:00	81:00	52:00	0:00	91:00	60:00	129:11
FY 20-21	144:00	216:00	276:00	373:00	645:55	888:55	1158:55	1239:55	1291:55	1291:55	1382:55	1442:55	
FY 19-20	95:00	169:00	193:00	241:00	361:00	429:00	609:00	969:00	1287:00	1619:00	1967:00	2562:00	18086:55:00

Total Leave Hours

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	AVG
Hours/Mo	2182:31	2009:50	2489:16	2338:13	2011:06	1855:16	1561:11	1041:02	1447:29	1722:23	2171:22	1725:56	1865:49
FY 20-21	2182:31	4192:21	6681:37	9019:50	11030:56	12886:12	14447:23	15488:25	16935:54	18658:17	20829:39	22555:35	
FY 19-20	10583:19	19393:23	28951:20	36175:41	43182:23	50724:16	57256:33	64446:03	72608:16	81902:12	90752:00	98638:47	71602:36:00

Summary of Fiscal Year 2020-2021

	Light Duty WC	Light Duty HR	Worker's Comp	FMLA	All Other Leave	Military	Total
YTD	3615:34	2272:36	0:00	17497:06	69441:53	1442:55	22555:35
Goal-Compare	3571:50	2162:30	14:11	18086:55	71602:36	1096:00	96534:03

Revision # 9/24/2014

## MedStar Mobile Health Care Separation Statistics - September 2021

	Current Month			Year to Date			YTD Compared to Sept'20		Headcount
	Vol	Invol	Total	Vol	Invol	Total	Sept'20	%	Sep-21
Full Time Separations	5	4	9	54	22	76	53	15.95%	470
Part Time Separations	2	0	2	23	0	23	22	64.86%	41
Total Separations	7	4	11	77	22	99	75	19.91%	511
							Difference	-0.536%	

	Full Time	Part Time	Total	Full Time	Part Time	Total
Total Turnover %	1.91%	4.88%	2.15%	16.17%	56.10%	19.37%

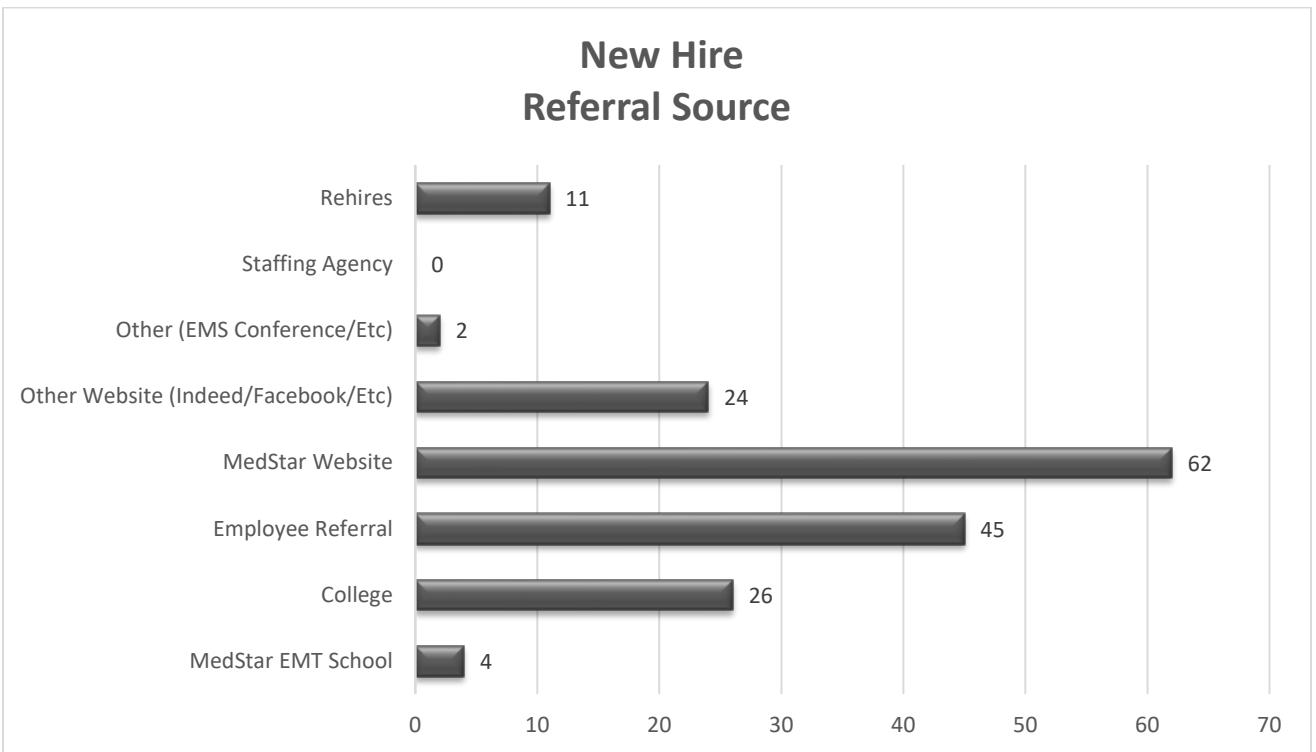
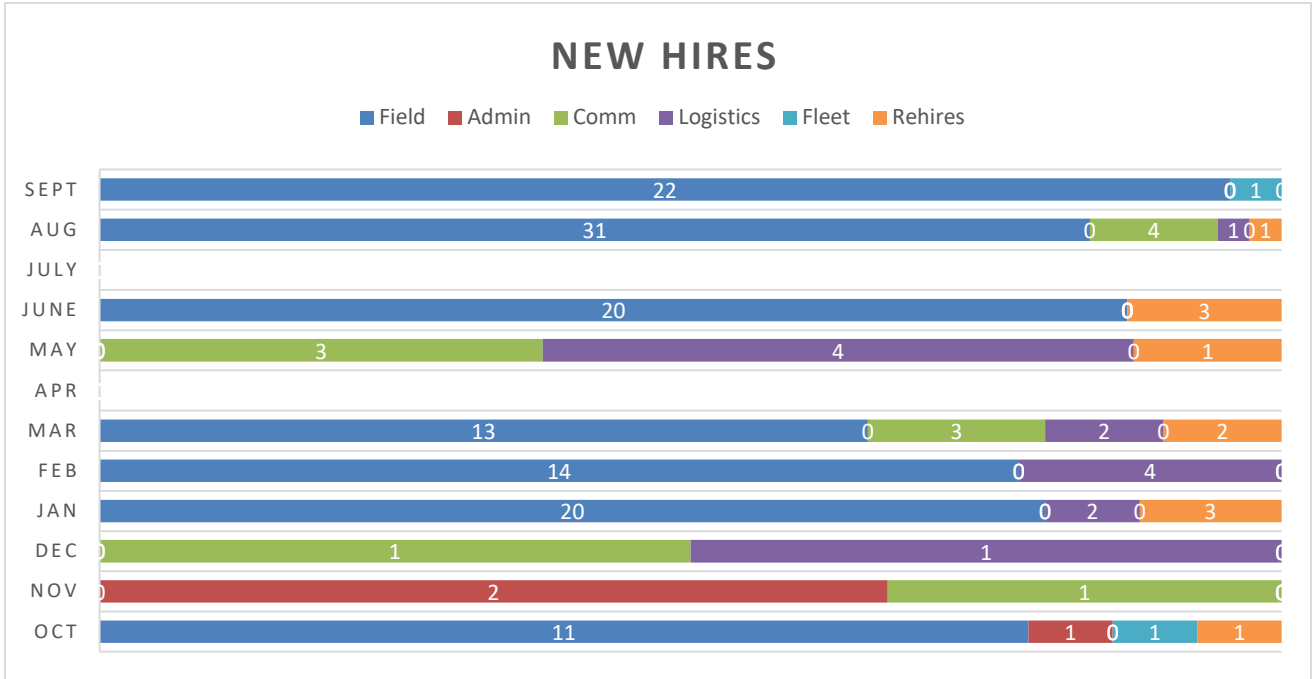
### Separations by Department

Full Time	Current Month			Year to Date			Headcount
	Vol	Invol	Total	Vol	Invol	Total	Sep-21
Administration							0
Advanced				19	2	21	124
Basics	1	2	3	21	8	29	178
Business Intelligence - Deployment, QI, Scheduler				1	0	1	2
Business Office	2	0	2	1	0	3	23
Communications	1	0	1	4	5	9	40
Compliance							2
Controller - Payroll, Purchasing, A/P							6
Executives							7
Field Manager/Supervisors - Operations				1	0	1	22
Human Resources	0	1	1	0	1	1	5
Information Technology							2
Medical Records							2
Mobile Integrated Health	0	1	1	1	2	3	11
Office of the Medical Director							13
Risk and Safety							2
Support Services - Facilities, Fleet, S.E., Logistics	1	0	1	6	4	10	31
<b>Total</b>	<b>5</b>	<b>4</b>	<b>9</b>	<b>54</b>	<b>22</b>	<b>78</b>	<b>470</b>

Part Time	Current Month			Year to Date			Headcount
	Vol	Invol	Total	Vol	Invol	Total	Sep-21
Advanced				12	0	12	17
Basics	1	0	1	7	0	7	16
Business Intelligence - Deployment, QI, Scheduler							
Business Office							
Communications							4
Compliance							
Controller - Payroll, Purchasing, A/P							
Field Manager/Supervisors - Operations							
Human Resources							
Information Technology							
Medical Records							
Mobile Integrated Health Department				3	0	3	1
MTAC - MedStar Training Academy							
Office of the Medical Director							
Risk and Safety							
Support Services - Facilities, Fleet, S.E., Logistics	1	0	1	1	0	2	3
<b>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>23</b>	<b>0</b>	<b>24</b>	<b>41</b>

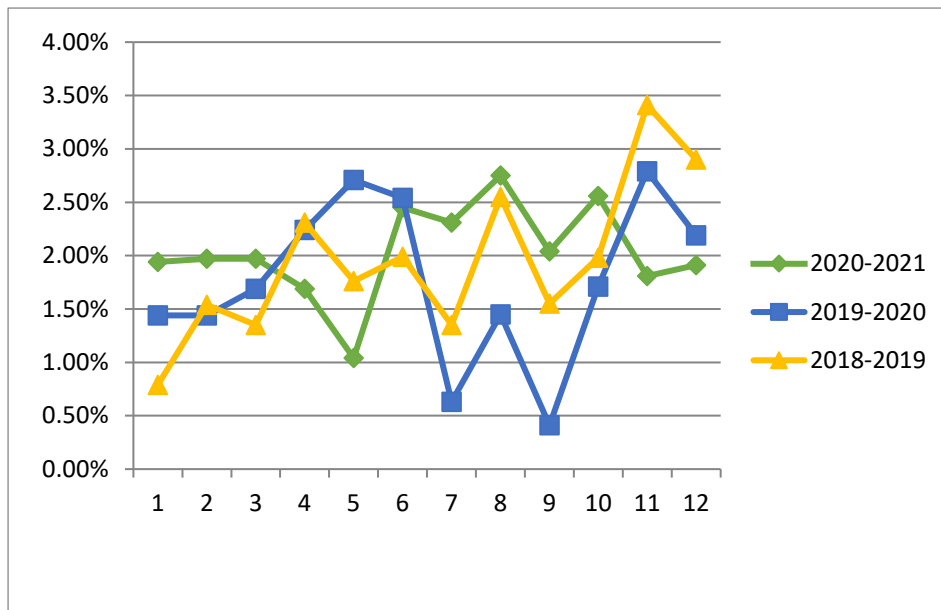
# Recruiting & Staffing Report

Fiscal Year 2020-2021



### MedStar Mobile Healthcare Turnover Fiscal Year 2020 - 2021

	Full & Part Time Turnover			Full Time Only
	2020-2021	2019-2020	2018-2019	2020-2021
October	1.94%	1.44%	0.79%	1.64%
November	1.97%	1.44%	1.54%	0.96%
December	1.97%	1.69%	1.35%	1.44%
January	1.69%	2.24%	2.31%	0.92%
February	1.04%	2.71%	1.76%	0.90%
March	2.45%	2.54%	1.99%	2.22%
April	2.31%	0.63%	1.35%	1.82%
May	2.75%	1.45%	2.55%	2.28%
June	2.04%	0.41%	1.55%	1.69%
July	2.56%	1.71%	1.98%	2.33%
August	1.81%	2.79%	3.41%	1.54%
September	1.91%	2.19%	2.90%	2.15%
Actual Turnover	16.17%	19.91%	23.48%	19.37%





# Tab E – Compliance and Legal



## Compliance Officer's Report September 22, 2021- October 21, 2021

### Compliance Officer Duties

- Submitted EMS provider roster changes to the DSHS as required by TX Admin Code 157.11.
- Assisted MAEMSA jurisdiction Police departments with criminal investigations, records, and interviews as needed.
- Assisted FWPD Tac Med unit with TX DSHS FRO renewal process.
- Assisted Tarrant County Medical Examiner's office with multiple death investigations.
- Two Narcotic Anomalies occurred during this reporting period:
  1. A Paramedic inadvertently lost a narcotic pouch at a gas pump during end of shift refueling of the ambulance due to having the fuel can in the narcotics pouch.
  2. A Paramedic failed to complete documentation in Operative IQ after administering vial of Fentanyl and a Logistics Technician failed to recognize the used vial of Fentanyl at the end of shift during the check in process.

In all occurrences the MedStar narcotics anomaly process was followed, drug screens performed as warranted, and no foul play was discovered.

### Paralegal Duties

- 20 DFPS reports were made for suspected abuse, neglect, or exploitation.
- 2 Pre-trial meetings were held with the Tarrant Co. District Attorney's office.
- 1 court appearance was made as a State's witness.
- Assisted HR with employee investigations regarding various employment matters and policy violations.
- 3 Subpoenas(s) for witness appearance processed and served.
- Drafted, reviewed, and executed multiple contractual agreements with outside parties.

Chad Carr  
Compliance Officer  
General Counsel Paralegal  
CACO, CAPO, CRC, EMT-P

# Tab F – Operations

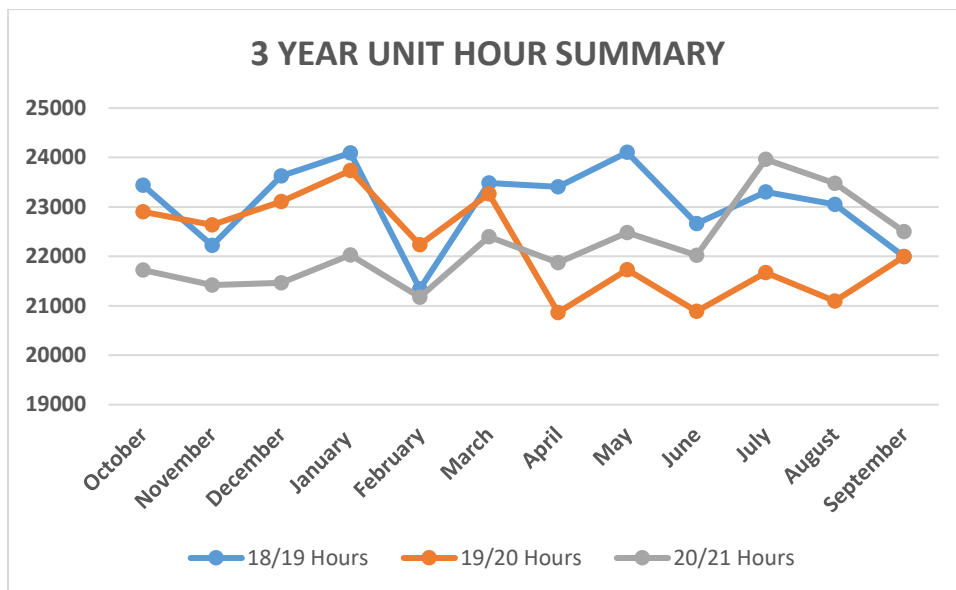
## Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

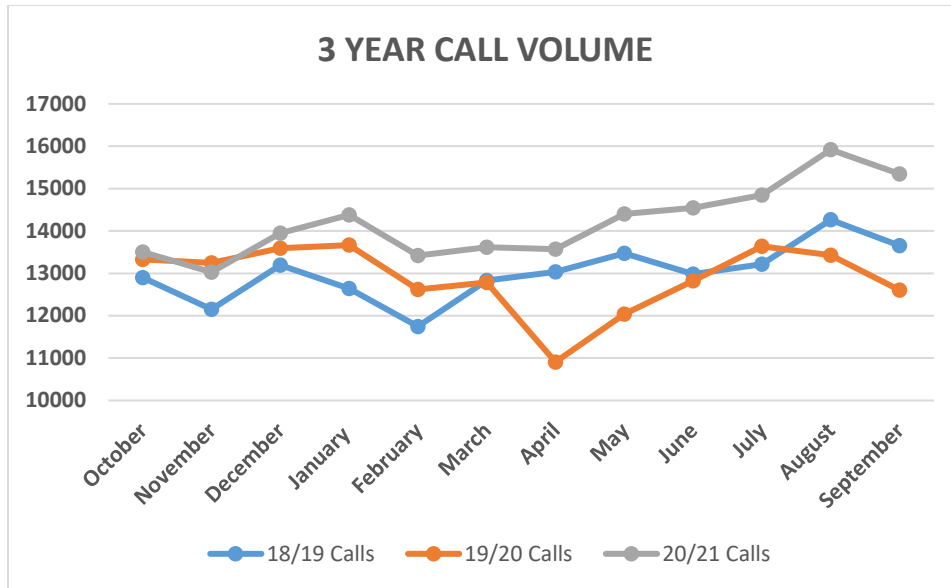
### Operations Report- September 30, 2021

The following summarizes significant operational items through September 30, 2021:

#### Field Operations:

- August and September’s call volume exceeded budget expectations by 11.7% and 9.6% respectively, and transport volume by more 6% and 2.7% respectively.
- COVID testing reduced for symptomatic or exposed employees only due to test availability.
- BLS ambulance pilot is ongoing.
  - Added ALS Quick Response Vehicles (“QRV”) to help better allocate resources.
  - FRAB input requested on BLS units stopping response clock when utilized on ALS calls with QRV.
    - Compliance report is pending BLS ambulance ability to stop response clock.
    - Recommended change highlighted in following pages.
- ET3 education conducted in this CE with corresponding increase in utilization.
- 40-person new hire class is almost entirely released to field and 26-person new hire class in field training component.
- Burleson Station: After several months of construction delays, we are excited that we will be able to house an ambulance in Burleson’s new first station starting October 23, 2021! This will help provide coverage to our southernmost owner city while providing our crews a place to get out of the truck and rest between calls. It will be staffed by four dedicated crews.





#### Fleet/Logistics:

- Fleet upfit of supervisor vehicles is in progress.
  - Will be completed in house for cost savings.
  - The project has been delayed due to supply shortages.
- Logistics continues working to evaluate and overcome supply chain challenges.
- Fleet is working with IT and logistics to bring at least three ambulances out of retirement due to the high call demand and the vehicle challenges it is prudent we retain some of the ambulances a little longer than anticipated.

#### Emergency Management:

- Continuing to provide monoclonal treatments to MedStar team members, co-responders, and their families.
- Hosting weekly vaccine clinics for initial and booster doses.
- Providing some at home vaccinations for homebound individuals.
- Provided approximately 110 flu vaccines.

#### Special Operations

- AMBUS 2.0 construction is ongoing and anticipated to complete late 2021 or early 2022.
- Provided coverage for multiple special events.
  - Provide EMS coverage for 6 school districts, 4 private schools and TCU Athletics

#### Information Technology:

- Migrating Gateways and mobile devices to FirstNet, First Response cellular network.
- Completing expanding communications phone lines to enable additional call volume through 10-digit lines with Fort Worth.
- Combining internet circuits to prophylactically increase resiliency and available bandwidth.
- Providing IT support to facilitate drillable dashboards through vendors and in-house BI team.

**Business Intelligence:**

- Working on updating reports with a new reporting vendor to integrate with ADP.
  - This includes validating reporting and transitioning existing reports to new vendor.
- Working with Communications and EMS Anywhere to transition drillable dashboards, some response reporting and compliance summaries to EMS Anywhere's platform and app.
- Working with communications to share response data as requested from Fort Worth City Manager's office for their staffing study.

**Communications:**

- Working with Burleson's Communications Department to improve their time to dispatch calls for priority calls.
- Ongoing collaboration with Fort Worth Fire and PD dispatch to make changes to workflows so information can be better utilized regardless of whether caller comes through 911- or the 10-digit numbers.
- We are continuing the Resuscitation Quality Improvement for Telecommunicators (RQIT) project. Follow up meeting revealed some minor opportunities for improvement regarding recognition and initiation of CPR instructions. Review process also indicated positive feedback regarding agitated callers as all but three were able to be talked through administering CPR. The three that would not administer CPR were determined to be outside the control of the call taker. All communications team has completed certified simulations well in advance of the 11/30/21 deadline.
  - Communications managers and supervisors are working with RQIT to identify and set up performance measures.
- MTPS implementation is ongoing which will allow a more comprehensive process for non-emergency work and ensuring that the right level of service is consistently provided to those patients needing transport in a non-emergency mode.

<b>MedStar Mobile Healthcare</b>		<b>Report Date:</b>	08/31/2021 11:02:00
2900 Alta Mere Drive		<b>Report Date From:</b>	08/01/2021
Fort Worth, TX 76116		<b>Report Date To:</b>	08/31/2021
	County: Tarrant	<b>Period Group:</b>	Month
Month - Year:	August 2021	<b>Time Group:</b>	60 Minute
Agency Affiliation	Medical	<b>Time Block:</b>	00:00 - 23:59
		<b>Days Of Week:</b>	All
		<b>Call Type:</b>	911 Calls
		<b>Abandoned Filters:</b>	Include Abandoned
		<b>Agency Affiliation:</b>	All

Averages							
Call Hour	Number Of Calls	Set-up	Queue Time	Ring Time	Hold Time	Talk Time	Duration
00:00	340	0.1	0.0	8.9	0.1	294.7	303.8
01:00	298	0.1	0.0	8.9	1.0	312.6	322.5
02:00	299	0.1	0.0	9.0	1.4	286.7	297.3
03:00	216	0.1	0.0	7.3	2.4	335.7	345.4
04:00	226	0.1	0.0	6.9	0.1	309.4	316.5
05:00	238	0.1	0.0	7.6	0.2	293.4	301.3
06:00	264	0.1	0.0	5.4	0.1	272.9	278.5
07:00	368	0.1	0.0	6.2	0.0	266.4	272.7
08:00	443	0.1	0.0	7.2	0.4	247.8	255.5
09:00	491	0.1	0.0	7.9	0.0	261.5	269.6
10:00	521	0.1	0.0	12.0	0.6	247.3	260.0
11:00	559	0.1	0.0	10.6	1.0	245.7	257.4
12:00	603	0.1	0.0	10.3	0.2	259.0	269.6
13:00	545	0.1	0.0	8.8	0.3	270.2	279.4
14:00	549	0.1	0.0	8.3	0.0	259.0	267.4
15:00	507	0.1	0.0	8.3	0.3	267.4	276.0
16:00	525	0.1	0.0	8.6	0.4	260.5	269.7
17:00	443	0.1	0.0	7.7	0.2	275.9	283.9
18:00	463	0.1	0.0	7.9	0.3	303.9	312.2
19:00	524	0.1	0.0	9.6	0.2	284.8	294.7
20:00	556	0.1	0.0	8.6	0.6	282.8	292.1
21:00	508	0.1	0.0	9.5	0.3	276.9	286.9
22:00	431	0.1	0.0	10.8	0.6	284.1	295.7
23:00	328	0.1	0.0	8.9	2.9	306.7	318.6
<b>Totals:</b>	<b>10245</b>						
<b>Averages:</b>		<b>0.11</b>	<b>0.00</b>	<b>8.77</b>	<b>0.49</b>	<b>274.95</b>	<b>284.32</b>

<b>MedStar Mobile Healthcare</b>		<b>Report Date:</b>	10/14/2021 11:04:20
2900 Alta Mere Drive		<b>Report Date From:</b>	09/01/2021
Fort Worth, TX 76116		<b>Report Date To:</b>	09/30/2021
County: Tarrant		<b>Period Group:</b>	Month
<b>Month - Year:</b>	September 2021	<b>Time Group:</b>	60 Minute
<b>Agency Affiliation</b>	Medical	<b>Time Block:</b>	00:00 - 23:59
		<b>Days Of Week:</b>	All
		<b>Call Type:</b>	911 Calls
		<b>Abandoned Filters:</b>	Include Abandoned
		<b>Agency Affiliation:</b>	All

Averages							
Call Hour	Number Of Calls	Set-up	Queue Time	Ring Time	Hold Time	Talk Time	Duration
00:00	237	0.1	0.0	10.4	3.3	299.2	313.1
01:00	254	0.1	0.0	10.8	0.0	320.8	331.7
02:00	249	0.1	0.0	8.4	0.0	301.8	310.4
03:00	222	0.1	0.0	8.5	0.9	316.5	326.0
04:00	241	0.1	0.0	8.2	0.5	317.9	326.6
05:00	210	0.1	0.0	6.1	0.7	285.8	292.7
06:00	268	0.1	0.0	6.4	0.0	304.0	310.5
07:00	392	0.1	0.0	9.0	1.7	261.6	272.4
08:00	444	0.1	0.0	11.3	0.4	259.9	271.7
09:00	476	0.1	0.0	10.6	0.1	258.9	269.7
10:00	548	0.1	0.0	12.8	0.6	242.3	255.8
11:00	567	0.1	0.0	15.6	1.2	253.3	270.2
12:00	588	0.1	0.0	13.9	0.4	251.7	266.1
13:00	568	0.1	0.0	13.6	0.7	264.4	278.8
14:00	595	0.1	0.0	12.1	0.4	261.5	274.1
15:00	474	0.1	0.0	10.1	0.1	268.9	279.1
16:00	490	0.1	0.0	10.9	0.9	259.2	271.0
17:00	452	0.1	0.0	10.1	0.7	284.7	295.6
18:00	413	0.1	0.0	9.0	0.1	282.6	291.9
19:00	475	0.1	0.0	12.1	0.6	272.6	285.4
20:00	506	0.1	0.0	11.3	0.6	280.6	292.5
21:00	444	0.1	0.0	12.1	1.5	269.1	282.8
22:00	355	0.1	0.0	11.5	1.2	295.0	307.8
23:00	315	0.1	0.0	10.0	1.3	277.2	288.5
<b>Totals:</b>	<b>9783</b>						
<b>Averages:</b>		<b>0.10</b>	<b>0.00</b>	<b>11.15</b>	<b>0.71</b>	<b>272.93</b>	<b>284.90</b>



## MEDSTAR RESPONSE TIME CALCULATION

Proposed Revision: October 14, 2021

- A. Response Times. Response times in MedStar’s service area shall be determined as follows:
1. Response Time Measurement. Response times shall be measured via MedStar’s Computer Aided Dispatch System (“CAD”) from the first keystroke initiating the call taking process in CAD until the arrival at incident location, staging location, or in the area attempting to locate if patient location is unknown, of the first arriving transport capable ambulance. For all types of calls the response time clock shall be stopped upon arrival at the incident location. For Priority 4 requests (Scheduled Routine Transfer), the scheduled time of pick-up or appointment time (as scheduled by MedStar and confirmed to the caller) will be substituted for the moment of receipt of the call, unless a later time is rescheduled by the caller (in which event the later time will control).
  2. Upgrades, Downgrades and Reassignments. From time-to-time special circumstances may cause changes in call priority classification. Response time calculations for determination of compliance will be as follows:
    - a. Upgrades. If a Response is upgraded prior to Arrival at Incident Location (e.g., from Priority 2 to Priority 1), compliance will be calculated based on the shorter of:
      1. Time elapsed from call receipt to time of upgrade plus the higher priority response time standard, or
      2. The lower priority (i.e., Priority 2) response time standard.
    - b. Downgrades. If a Response is downgraded prior to Arrival at Incident Location (e.g., from Priority 1 to Priority 2), compliance will be calculated based on the time of receipt of the downgrade as follows:
      - (i) If the Response is downgraded after the original priority response time standard (i.e., Priority 1) has elapsed, the Response will be recorded as a late Priority 1 response, or
      - (ii) if the Response is downgraded before the original priority response time standard has elapsed, the lower priority response time standard (i.e., Priority 2) will be applicable.
    - c. Reassignment enroute. If an ambulance is reassigned enroute prior to Arrival at Incident Location (e.g., to respond to a higher priority request), compliance will be calculated based on the response time standard applicable to the assigned priority

of the initial Response. The response time clock will not stop until the Arrival at Incident Location on the scene from which the ambulance was diverted.

- d. Cancellations. If a call is cancelled by a caller, other MedStar unit such as a single provider response, or a first responder organization the clock will be stopped at the time of cancellation and will be calculated into the applicable response time category.

- 3. Response Time Standards. There are four response time priority standards. The priority designation of an assignment is accomplished by presumptive prioritization in accordance with then current MPD Protocols. Extended responses, defined as a response time exceeding 150% of the response time goal, should not exceed 1.5% of the calls in any priority. Response time compliance is achieved if 85% or more of all responses, measured at the system level monthly, meet the following specified response time criteria:

<u>Priority</u>	<u>BLS Response Time Goals</u>	<u>ALS Response Time Goals</u>
1 Life Threatening Emergency	11:00	11:00
2 Non-Life Threatening Emergency	13:00	13:00
3 Urgent (as defined in MPD Protocols)	17:00	17:00
4 Scheduled Routine Transfer (1+ hour advance notification)	00:00*	00:00*

\*Priority 4 specified as "on time" for scheduled pick-up or appointment time depending on the type of P4 call.

- 4. Response Time Exceptions. It is understood that from time to time, unusual factors beyond anyone's reasonable control affect the achievement of the specified response time standards. For purposes of determining compliance with the response time standards set forth herein every request for ambulance service originating within the Primary Service Area, including calls delegated to mutual aid providers, shall be counted, except as follows:

- a. The following Responses shall not be included in response time calculation:
  - (i) during a period of severe weather conditions, such that response time compliance is either impossible or could be achieved only at a greater risk

to EMS personnel or the public than would result from delayed response;  
and

- (ii) requests during a disaster, locally or in a neighboring jurisdiction (in accordance with a MedStar-approved mutual aid agreement), in which MedStar is rendering assistance.
- (iii) Mutual aid provided to an outside jurisdiction.

No other causes of late response (e.g., equipment failures, traffic congestion, vehicular accident regardless of origin, ambulance failures, dispatch errors, or inability to staff units) shall serve to justify exemption from response time requirements.



# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 09/01/2021 thru 09/30/2021

Total Calls	Mutual Aid Requested	Percent of Mutual Aid Calls
15346	86	0.560%

Aid Type	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted in TX
Given	Total									47
	Aid TO	Tarrant County	M32	09/27/2021 15:28:10	1920898	2	Tarrant County	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - P2	FD/PP Cancelled MedStar	0
	Alvarado	Tarrant County	M34	09/14/2021 20:55:27	1904674	2	Tarrant County	17B01 - Falls - P2	FD/PP Cancelled MedStar	1
	Arlington	Tarrant County	M20	09/08/2021 14:33:49	1895685	1	Tarrant County			0
	Azle									
	Benbrook									
	Crowley									
	Denton									
	Joshua									
	Tarrant County									
Received	Total									86
	Aid FROM	Watauga	M81	09/16/2021 20:25:53	1907204	2	Watauga			1
	Arlington EMS	Arlington EMS	AMR Arlington 1	09/14/2021 02:04:45	1903418	2	Fort Worth	25B06 - Psychiatric / Abnormal Behavior / Suicide Attempt - P2		1
		Arlington EMS	AMR Arlington 1	09/01/2021 14:38:55	1886255	3	Fort Worth	12A01 - E - Convulsions / Seizures - Epileptic or Previous seizure diagnosis - P3		1
		Arlington EMS	AMR Arlington 1	09/03/2021 10:27:23	1888947	1	Fort Worth	31D04 - Falls - P1	FD/PP Cancelled MedStar	0
		Arlington EMS	AMR Arlington 1	09/28/2021 14:10:48	1922329	1	Fort Worth	29D03 - U - HIGH VELOCITY impact - Unknown number of patients - P1		0
		Arlington EMS	AMR Arlington 2	09/02/2021 09:24:19	1887318	1	Fort Worth	10D02 - Chest Pain / Chest Discomfort (Non-Traumatic) - P1		0
		Arlington EMS	AMR Arlington 1	09/09/2021 10:51:06	1896741	3	Fort Worth	26A03 - Sick Person (Specific Diagnosis) - P3		1
		Arlington EMS	AMR Arlington 1	09/08/2021 04:48:13	1895188	2	Fort Worth	26C02 - Sick Person (Specific Diagnosis) - P2		1



# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 09/01/2021 thru 09/30/2021

Benbrook		Arlington EMS		AMR Arlington 1		09/09/2021 18:48:23		1897438		2		Fort Worth		04B01 - A - Assault / Sexual Assault / Stun Gun - Assault - P2		00:17:41		0	
Arlington EMS		AMR Arlington 1		09/01/2021 12:38:59		1886052		2		Fort Worth		23C07 - I - Psychiatric / Abnormal Behavior / Suicide Attempt - Intentional - P2		01:11:32		1			
4		Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX								
Benbrook	Benbrook	Benbrook Medic 1	09/17/2021 18:15:44	1908473	1	Fort Worth	17D04 - G - Falls - On the ground or floor - P1		01:16:46		0								
Benbrook	Benbrook	Benbrook Medic 1	09/28/2021 02:39:08	1921676	2	Fort Worth	31C01 - Falls - P2		00:46:15		1								
Benbrook	Benbrook	Benbrook Medic 1	09/10/2021 12:56:01	1898413	2	Fort Worth	33A01 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2		00:48:47		1								
Benbrook	Benbrook	Benbrook Medic 1	09/10/2021 20:47:41	1899086	3	Fort Worth	26A11 - Sick Person (Specific Diagnosis) - P3		00:52:27		1								
15		Crowley		09/18/2021 10:26:26		1909254		2		Burleson		26C01 - Sick Person (Specific Diagnosis) - P2		01:19:00		1			
Crowley	Crowley	Crowley 254	09/13/2021 13:31:07	1902591	2	Burleson	19C04 - Heart Problems / A.I.C.D. - P2		00:27:00		0								
Crowley	Crowley	Crowley 54	09/02/2021 15:23:55	1887850	2	Burleson	10C03 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2		01:18:01		1								
Crowley	Crowley	Crowley 254	09/30/2021 16:47:15	1925031	1	Burleson	10D05 - Chest Pain / Chest Discomfort (Non-Traumatic) - P1		01:25:17		1								
Crowley	Crowley	Crowley 254	09/26/2021 09:06:24	1919452	1	Burleson	10D05 - Chest Pain / Chest Discomfort (Non-Traumatic) - P1		01:26:44		1								
Crowley	Crowley	Crowley 54	09/12/2021 21:45:26	1901898	2	Burleson	01A03 - Abdominal Pain / Problems - P3		00:05:10	FD/PPD Cancelled MedStar	0								
Crowley	Crowley	Crowley 254	09/17/2021 21:37:56	1908719	2	Burleson	05C04 - Back Pain (Non-Traumatic or Non-Recent Trauma) - P2		00:56:01		1								
Crowley	Crowley	Crowley 54	09/14/2021 17:27:34	1904425	1	Burleson	11E01 - F - Choking - Food - P1		00:26:27		0								
Crowley	Crowley	Crowley 254	09/09/2021 12:29:58	1896879	2	Burleson			01:17:42		1								
Crowley	Crowley	Crowley 54	09/17/2021 15:18:41	1908183	2	Burleson	29B05 - V - Vehicle vs. vehicle - Multiple patients - P2		01:13:29		1								
Crowley	Crowley	Crowley 254	09/04/2021 15:59:30	1890800	1	Burleson	06D04 - Breathing Problems - P1		00:55:28		1								
Crowley	Crowley	Crowley 254	09/23/2021 23:17:52	1916402	1	Burleson	19D02 - Heart Problems / A.I.C.D. - P1		00:35:08		0								
Crowley	Crowley	Crowley 54	09/25/2021 22:12:09	1918985	2	Burleson	04B01 - A - Assault - Assault - P2		00:41:27		1								
Crowley	Crowley	Crowley 254	09/23/2021 18:21:06	1916098	1	Burleson	10D05 - Chest Pain / Chest Discomfort (Non-Traumatic) - P1		00:02:31		0								
Crowley	Crowley	Crowley 254	09/07/2021 19:00:33	1894707	1	Burleson	19D02 - Heart Problems / A.I.C.D. - P1		01:00:59		1								
38		Eagle Mountain																	



# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 09/01/2021 thru 09/30/2021

Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Eagle Mountain	Eagle Mountain	09/22/2021 08:21:25	1914193	2	Fort Worth	13C02 - Diabetic Problems - P2	01:56:46		1
Eagle Mountain	Eagle Mountain	09/28/2021 03:12:21	1921691	2	Saginaw	01C05 - Abdominal Pain / Problems P2			1
Eagle Mountain	Eagle Mountain	09/09/2021 16:43:04	1897255	3	Fort Worth	23O01 - A - Overdose / Poisoning (Ingestion) - Accidental - P3	00:23:50	RAS - Release At Scene	0
Eagle Mountain	Eagle Mountain	09/02/2021 14:02:51	1887698	2	Lake Worth	29B05 - Traffic Collision / Transportation Incident - P2	00:30:19	AMA - Assessed and/or Treated & Released	0
Eagle Mountain	Eagle Mountain	09/27/2021 11:10:15	1920664	1	Fort Worth	31D03 - Unconscious / Fainting (Near) - P1	01:10:31		1
Eagle Mountain	Eagle Mountain	09/20/2021 07:06:30	1911575	2	Saginaw	06C01 - Breathing Problems - P2	00:24:58	AMA - Assessed and/or Treated & Released	0
Eagle Mountain	Eagle Mountain	09/22/2021 04:00:06	1914041	1	Lake Worth	06D02 - Breathing Problems - P1	00:36:45	AMA - Assessed and/or Treated & Released	0
Eagle Mountain	Eagle Mountain	09/10/2021 11:24:10	1898281	1	Fort Worth	09D02 - a - Cardiac or Respiratory Arrest / Death - Cold and stiff in a warm environment - P1	01:20:57	DOS	0
Eagle Mountain	Eagle Mountain	09/01/2021 14:22:10	1886238	1	Fort Worth	10D02 - Chest Pain / Chest Discomfort (Non-Traumatic) - P1	00:27:11	AMA - Assessed and/or Treated & Released	0
Eagle Mountain	Eagle Mountain	09/21/2021 03:48:43	1913001	2	Fort Worth	17B04 - G - Falls - On the ground or floor - P2	01:19:55		1
Eagle Mountain	Eagle Mountain	09/15/2021 18:11:08	1905874	2	Lake Worth	29A02 - V - Vehicle vs. vehicle - Multiple patients - P3	01:02:18		1
Eagle Mountain	Eagle Mountain	09/17/2021 10:49:03	1907760	1	Fort Worth	32D01 - Unknown Problem (Person Down) - P1	00:13:41		0
Eagle Mountain	Eagle Mountain	09/17/2021 12:40:53	1907921	1	Fort Worth	06D02 - A - Breathing Problems - Asthma - P1	01:13:13		1
Eagle Mountain	Eagle Mountain	09/13/2021 18:27:52	1903005	1	Saginaw	26D01 - Sick Person (Specific Diagnosis) - P1	01:23:37		1
Eagle Mountain	Eagle Mountain	09/02/2021 11:15:41	1887483	2	Fort Worth	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	01:14:58		1
Eagle Mountain	Eagle Mountain	09/14/2021 21:48:44	1904725	3	Fort Worth	23O01 - A - Overdose / Poisoning (Ingestion) - Accidental - P3	00:28:58	AMA - Assessed and/or Treated & Released	0
Eagle Mountain	Eagle Mountain	09/01/2021 15:01:32	1886304	3	Fort Worth	26A06 - Sick Person (Specific Diagnosis) - P3	00:20:43		0
Eagle Mountain	Eagle Mountain	09/17/2021 16:32:26	1908307	2	Fort Worth	29B01 - V - Vehicle vs. vehicle - Multiple patients - P2	00:15:25		0
Eagle Mountain	Eagle Mountain	09/02/2021 15:02:37	1887805	1	Lake Worth	31D03 - Unconscious / Fainting (Near) - P1	02:44:43		1
Eagle Mountain	Eagle Mountain	09/09/2021 16:59:58	1897308	2	Saginaw	33C01 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2	00:27:13		0
Eagle Mountain	Eagle Mountain	09/14/2021 11:19:10	1903905	1	Lakeside	06D02 - Breathing Problems - P1	00:43:28	AMA - Assessed and/or Treated & Released	0
Eagle Mountain	Eagle Mountain	09/25/2021 17:14:10	1918563	2	Fort Worth	26C01 - C - Sick Person (Specific Diagnosis) - Suspected coronavirus illness - P2	01:01:43		1



# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 09/01/2021 thru 09/30/2021

Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Eagle Mountain	Eagle Mountain	09/17/2021 18:39:45	1908497	2	Fort Worth	17B01 - G - Falls - On the ground or floor - P2	00:49:35		1
Eagle Mountain	Eagle Mountain	09/30/2021 11:52:51	1924676	2	Fort Worth	17B04 - G - Falls - On the ground or floor - P2	00:55:03	AMA - Assessed and/or Treated & Released	0
Eagle Mountain	Eagle Mountain	09/10/2021 18:06:04	1898884	2	Fort Worth	25B03 - Psychiatric / Abnormal Behavior / Suicide Attempt - P2	01:38:11		1
Eagle Mountain	Eagle Mountain	09/03/2021 08:28:37	1888815	2	Fort Worth	33A01 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2	01:08:51		1
Eagle Mountain	Eagle Mountain	09/04/2021 21:09:26	1891216	1	Fort Worth	10D04 - Chest Pain / Chest Discomfort (Non-Traumatic) - P1	01:16:26		1
Eagle Mountain	Eagle Mountain	09/28/2021 07:57:20	1921868	1	Fort Worth	12D02 - Convulsions / Seizures - P1	01:08:14		1
Eagle Mountain	Eagle Mountain	09/15/2021 10:55:43	1905244	3	Fort Worth	17A04 - G - Falls - On the ground or floor - FIRE ONLY	01:19:33		1
Eagle Mountain	Eagle Mountain	09/04/2021 20:23:57	1891151	2	Lake Worth	25B06 - Psychiatric / Abnormal Behavior / Suicide Attempt - P2	00:06:51	FD/FPD Cancelled MedStar	0
Eagle Mountain	Eagle Mountain	09/20/2021 17:06:16	1912393	3	Fort Worth	26A05 - Sick Person (Specific Diagnosis) - P3	00:23:21	No Pt Found/Pt Left Scene	0
Eagle Mountain	Eagle Mountain	09/10/2021 12:47:19	1898395	2	Saginaw	06C01 - Breathing Problems - P2	01:18:14		1
Eagle Mountain	Eagle Mountain	09/08/2021 08:10:52	1895355	1	Fort Worth	12D02 - GENERALIZED seizure (not FOCAL or Impending) - P1	01:27:37		1
Eagle Mountain	Eagle Mountain	09/17/2021 23:45:27	1908862	2	Fort Worth	25B06 - Psychiatric / Abnormal Behavior / Suicide Attempt - P2	00:59:22		1
Eagle Mountain	Eagle Mountain	09/08/2021 18:47:35	1896002	2	Fort Worth	26C02 - Sick Person (Specific Diagnosis) - P2	00:32:30		0
Eagle Mountain	Eagle Mountain	09/03/2021 10:35:57	1888957	2	Lake Worth	29B01 - U - Vehicle vs. vehicle - Unknown number of patients - P2	01:01:12		1
Eagle Mountain	Eagle Mountain	09/03/2021 18:22:18	1889684	1	Fort Worth	29D02 - p - Rollover - Rollovers - P1	00:50:35		1
Eagle Mountain	Eagle Mountain	09/18/2021 10:48:38	1909295	1	Fort Worth	06D01 - Breathing Problems - P1	01:25:31		1
<b>Johnson County</b>									
Johnson County	AMR JC 1	09/05/2021 19:16:43	1892361	3	Burleson	25A01 - V - Psychiatric / Abnormal Behavior / Suicide Attempt - Violent - P3	00:53:55		1
Johnson County	AMR JC 1	09/20/2021 09:58:17	1911795	2	Burleson	29A02 - V - Vehicle vs. vehicle - Multiple patients - P3	00:06:19		0
Johnson County	AMR JC 1	09/02/2021 09:56:43	1887377	3	Burleson	26A05 - Sick Person (Specific Diagnosis) - P3	00:51:47		1
<b>Life Care EMS</b>									
Life Care EMS	Life Care EMS (Willow Park)	09/01/2021 12:46:37	1886046	2	White Settlement	25B02 - B - Psychiatric / Abnormal Behavior / Suicide Attempt - Both Violent and Weapons - P2	00:05:03	FD/FPD Cancelled MedStar	0



# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 09/01/2021 thru 09/30/2021

Roanoke		Watauga							
Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Life Care EMS (Willow Park)	09/17/2021 22:05:08	1908756	2	Fort Worth	33C02 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2	00:46:29		1
	Life Care EMS (Willow Park)	09/11/2021 23:55:57	1900626	2	Fort Worth	17B04 - Falls - P2	00:11:36	FD/PD Cancelled MedStar	0
	Life Care EMS (Willow Park)	09/01/2021 12:54:37	1886061	2	White Settlement	12C03 - Convulsions / Seizures - P2	01:00:00		1
1									
	Roanoke	09/23/2021 17:01:24	1915996	2	Fort Worth	21B01 - M - Hemorrhage (Bleeding) / Lacerations - MEDICAL - P2	01:37:12		1
12									
	Watauga	09/02/2021 14:15:18	1887745	2	Haltom City	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	01:04:45		0
	Watauga	09/20/2021 08:37:47	1911699	1	Fort Worth	17D04 - Falls - P1	00:53:00		1
	Watauga	09/01/2021 12:15:38	1885978	2	Haltom City	33C01 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2	01:01:48		1
	Watauga	09/05/2021 02:39:37	1891571	2	Fort Worth	17B01 - G - Falls - On the ground or floor - P2	01:07:24		1
	Watauga	09/09/2021 17:35:49	1897358	2	Fort Worth	03B03 - Animal Bites / Attacks - P2	01:18:06		1
	Watauga	09/15/2021 15:50:18	1905662	2	Fort Worth	06C01 - Breathing Problems - P2	00:50:34		1
	Watauga	09/05/2021 19:15:42	1892353	3	Fort Worth	26A11 - Sick Person (Specific Diagnosis) - P3	01:09:37		1
	Watauga	09/10/2021 12:41:26	1898387	2	Fort Worth	26C02 - Sick Person (Specific Diagnosis) - P2	00:44:55		1
	Watauga	09/15/2021 11:21:13	1905282	2	Fort Worth	30B01 - Traumatic Injuries (Specific) - P2	01:33:54		1
	Watauga	09/07/2021 12:47:03	1894238	1	Fort Worth	31D04 - Unconscious / Fainting (Near) - P1	00:48:05		1
	Watauga	09/10/2021 14:51:57	1898601	1	Fort Worth	06E01 - Breathing Problems - P1	00:51:01		1
	Watauga	09/30/2021 22:12:08	1925479	2	Fort Worth	17B04 - G - Falls - On the ground or floor - P2	00:24:53		0



# Tab G – FRAB

# Tab H – EPAB

# Tab 1 – Chief Transformation Officer

# Transformation Report

October 2021

## Alternate Payment Models

- **ET3 Model**
  - Desiree Partain did a great mandatory CE for all field providers this month.
  - Seems to have enhanced enrollments.
  - Updated outcomes attached.
- **Medicaid ET3 Model Payments**
  - Met with HHSC payment policy team 10/5 to assist with building their rules for Medicaid payment model.
- **Working with Molina Healthcare on an MIH and ET3 payment model**
  - Molina acquiring CIGNA HealthSpring in January '21
- **Negotiated final terms with Cigna Commercial on ET3 payment model for their commercial population**
- **Finalized negotiations with Landmark Health to partner with them in a new project for Southwestern Health Resources.**

## Ambulance Supplemental Payment Program (ASPP)

- HHSC filed revised 1115 Waiver to facilitate new ASPP methodology.
  - Based on average commercial reimbursement vs. cost of service
- Still awaiting response from CMS

## Legislative Issues

- Federal:
  - Working with other national associations on EMS Workforce issues
    - 4 proposals offered for funding and other initiatives to enhance the EMS workforce (letter attached)
  - Continuing to work with other national associations and CMS on proposed balance billing prohibition rule
  - Continuing to work with national EMS associations on legislation on making Treatment in Place (TIP) permanent, extending the Medicare extenders, EMS grant funding, and EMS Workforce issues.
- State:
  - Working with the Texas EMS Alliance on EMS Workforce issues
    - Legislature on-track during special session to approve \$21.7 million for EMS workforce enhancement.

## Member City Budget Briefings

- Budget briefings continue to be held with City Managers and Fire Chiefs who desire the briefing.

## COVID Vaccines & Monoclonal Antibody Infusions

- Conducting regularly scheduled public vax clinics at MedStar
  - Over 8,500 vaccines administered since December 2020
  - Outsourced billing process collecting revenue from vaccine ops
- Averaging 4-6 mAb infusions weekdays for first responders and as referred by area hospital partners.
  - Over 110 mAb infusions administered
  - Outsourced billing process invoicing the mAb infusions now.

## MedStarSaver+PLUS

- Mailers going out with current bills.
- On-line payment portals now live
  - Planning community marketing campaign for November.

### **System Performance Committee**

- Continuing work on process improvement for STEMI bundles to meet system goals.
- Continuing work on Mechanical Chest Compression Device (MCD) placement and ‘walk’ challenges.

### **Tiered System Response Pilot**

- Updated outcomes attached.
- Request for response time definition revision sent to the FRAB to allow BLS transport unit to stop the response time clock.
  - Current definition only references ALS transport unit.
- Finalizing metrics for final pilot evaluation.
- **Trick or Treat on Pembroke Street Halloween Event**
  - 1 family selected, 1 pending

### **Upcoming Presentations:**

<b>Event (location)</b>	<b>Date</b>	<b>Attendees</b>
California Amb. Assoc. Annual Conf. (Lake Tahoe)	October 2021	~500
Ohio EMS Council (virtual)	October 2021	~100
McKinney Fire Leadership (McKinney)	October 2021	~25
National Webinar – Mitigating EMS Workforce Issues	October 2021	~1,500
Texas EMS Conference (Austin)	November 2021	~1,000
Zoll Dispatch Summit (Virtual)	November 2021	~500
National EMS Financial Summit (Virtual)	November 2021	~100
NAEMSP MIH Seminar (San Diego)	January 2022	~500
North Carolina EMS Expo (Charlotte)	May 2022	~750

### **Media Summary**

Local –

- COVID-19 Booster Vax Clinics
  - NBC 5
- Response volumes
  - CBS 11
- Monoclonal Antibody Infusion program
  - CBS 11, NBC 5, FOX 4
- MedStar Trick or Treat Event Promo
  - CBS 11, NBC 5, FOX 4, KRLD, WBAP, Star-Telegram
- MedStar response volume and time Northeast FTW
  - Community Impact newspaper

BLS Response Report Summary - BLS Eligible Determinants				
				Through: 10/10/2021
*BLS Response Determinants w/BLS Unit Response				
Determinant	Responses	Patients Assessed	Transports	Transport Ratio
01A03 - Abdominal Pain / Problems - P3	9	7	6	66.7%
04B01 - A - Assault - Assault - P2	52	43	25	48.1%
04B03 - A - Assault / Sexual Assault / Stun Gun - Assault - P2	7	6	4	57.1%
04D05 - A - Assault - Assault - P1	5	4	1	20.0%
05A01 - Back Pain (Non-Traumatic or Non-Recent Trauma) - P3	5	5	5	100.0%
10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	8	8	8	100.0%
16A01 - Eye Problems / Injuries - P3	4	4	3	75.0%
20B02 - H - Heat / Cold Exposure - Heat exposure - P2	23	10	7	30.4%
20O01 - H - Heat exposure - Heat exposure - P3	4	2	1	25.0%
23B01 - Overdose/Poisoning/Ingestion	1	1	1	100.0%
24B02 - Pregnancy/Childbirth/Miscarriage	0	0	0	
24C03 - Pregnancy/Childbirth/Miscarriage	0	0	0	
24D03 - Pregnancy/Childbirth/Miscarriage	0	0	0	
25A02 - Psychiatric / Abnormal Behavior / Suicide Attempt - P3	14	13	12	85.7%
25B03 - Psychiatric / Abnormal Behavior / Suicide Attempt - P2	39	31	29	74.4%
25O01 - Psychiatric / Abnormal Behavior / Suicide Attempt - P3	33	28	25	75.8%
25O02 - Psychiatric / Abnormal Behavior / Suicide Attempt - P3	26	23	21	80.8%
26A06 - Sick Person (Specific Diagnosis) - P3	12	12	10	83.3%
26A10 - Sick Person (Specific Diagnosis) - P3	58	42	35	60.3%
26C02 - C - Sick Person (Specific Diagnosis) - Suspected coronavirus illness - P2	19	17	13	68.4%
26O28 - Sick Person (Specific Diagnosis) - P3	13	12	11	84.6%
29A02 - V - Traffic Collision / Transportation Incident - Multiple patients - P3	48	37	9	18.8%
29B01 - V - Vehicle vs. vehicle - Multiple patients - P2	237	203	80	33.8%
29B02 - V - Vehicle vs. vehicle - Multiple patients - P2	4	1	1	25.0%
29B03 - V - Vehicle vs. vehicle - Multiple patients - P2	48	41	8	16.7%
29B05 - Traffic Collision / Transportation Incident - P2	283	197	71	25.1%
32B03 - Unknown Problem (Person Down) - P2	107	37	21	19.6%
<b>Total</b>	<b>1059</b>	<b>784</b>	<b>407</b>	<b>38.4%</b>

**ET3 Model Outcome Summary & Examples:**

ET3 Program Summary		
April 5, 2021 through: 10/17/2021		
<b>Overall Emergency Response Volume</b>		
Documented Medicare Patient Contacts	15,885	
≥ 65	11,507	72.4%
< 65	4,378	27.6%
Transported	13,687	86.2%
AMA (incl. Refused All Care & Refusal w/o Capacity)	1,442	9.1%
ET3 Telehealth Intervention - IES	227	1.4%
ET3 Telehealth Intervention - MHMR	2	
<b>Outcomes</b>		
Transported	40	17.6%
Hospital ED	38	
Other	2	
TIP	140	61.7%
Dispatch Health Referral	48	

**Mary Haight, Jacob Metzger, Devin Bural**

MXX aos to dispatched address to find a XX yo F sitting in a chair outside of her home. The patient related that she has had nausea since 9/14 when she last went to the hospital. The patient related that when she was at the hospital she was diagnosed with Diverticulitis and has had uncontrolled vomiting since. The patient related that she is able to keep down fluids but vomits everything solid she eats. The patient related that she has been taking her prescribed medication without relief. The patient's vitals were then assessed and the patient's BGL was also assessed. Upon assessment of the patient, the patient denied any abdominal pain or diarrhea and related that her only symptoms was vomiting. The patient then related to EMS that she did not want transport to the hospital at the time due to her multiple recent visits. The patient was offered Telehealth and the patient agreed. EMS was then able to connect to the Telehealth physician on call and the physician related to the patient that her presentation was consistent with diverticulitis and the patient was supposed to be taking a clear fluid diet until her stomach settled. The physician also related to the patient that she should follow up with PCP for further treatment and did not advise the patient to be transported to the hospital at this time. The patient then related that she was not informed that she was supposed to change her diet and would like to attempt that prior to being evaluated again. The Telehealth session concluded and the patient was then left on scene with family and M30 cleared without incident.

**Trillian Satterfield, Brandon Michaels, Matthew Hansen**

Dispatched to an unconscious patient. On arrival this patient was sitting in a chair. We are told that she was working in the yard today. The outside temp is 88 with a humidity of 23%. She started to feel dizzy and lightheaded. She had been sweating with very little water intake. She walked across the street and talked to neighbor for about 15 minutes. The neighbor says that the patient looked faint and started to fall, but she caught the patient and lowered her to the ground. On our arrival the patient is in a chair with moist and pale skins. She fails an orthostatic hypotensive test. EKG with 12 lead shows sinus tachycardia. Blood glucose is 287 mg/dL. We are told the blood glucose was 179 mg/dL this morning. She has not been sick and has not had chest pain, vomiting or diarrhea. The patient doesn't want transport to the ER. An ET3 telehealth call was done with DR. Scott Knepper MD. Dr. Knepper did his evaluation and recommended that this patient be given two (2) liters of fluid, four (4) milligrams of Zofran and a repeat orthostatic hypotension test be performed. He asked that she rest the next few days and drink water and Gatorade. After the second liter of fluid this patient feels much better, her color has returned and she appears better in appearance. This patient will remain at home and follow up with her PCP.

# MedStarSaver Enrollment Report

Membership New / Renewal Comparison												
	2016	2017	2018	2019	2020	2021	Cumulative	% Change	2020	2021	Cumulative	% Change
<b>New Households</b>	35	37	38	21	44	96	21	-44.7%	44	96	44	109.5%
January	58	32	41	38	34	66	59	-25.3%	78	162	78	32.2%
February	51	144	56	35	92	61	94	-30.4%	170	223	170	80.9%
March	40	184	45	44	112	57	138	-23.3%	282	280	282	104.3%
April	48	232	34	27	54	41	165	-22.6%	336	321	336	103.6%
May	24	256	40	31	196	38	196	-21.6%	391	359	391	99.5%
June	22	278	31	37	233	62	233	-17.1%	467	421	467	87.6%
July	36	314	35	31	264	46	264	-16.5%	79	516	79	95.5%
August	42	356	22	276	540	53	540	59.8%	90	606	90	12.2%
September	53	409	16	3	543	35	543	53.4%	31	637	31	17.3%
October	32	441	25	13	556	555	556	46.7%	35	672	35	20.9%
November	9	450	40	25	581	555	581	38.7%	48	720	48	23.9%
December	450	458	419	581	720	555	581	38.7%	720	555	720	23.9%
<b>Total New Member Households</b>	5304	5185	4939	4738	4571	3746	4571		4571	3746	4571	
<b>Renewing Households</b>	454	454	347	216	183	159	216	-37.8%	183	159	183	-15.3%
January	306	117	546	210	66	136	426	-52.3%	249	295	249	-41.5%
February	192	78	96	335	44	139	761	-23.1%	44	434	293	-61.5%
March	1137	2089	1293	954	947	880	1715	-24.8%	1240	1314	1240	-27.7%
April	910	2999	453	377	321	340	2092	-23.5%	1561	1654	1561	-25.4%
May	354	3353	395	376	474	398	2468	-21.2%	474	2052	474	-17.5%
June	357	3710	287	279	360	337	2747	-19.6%	360	2389	360	-12.8%
July	335	4045	335	269	196	264	3016	-19.6%	196	2653	3016	-14.1%
August	326	4371	132	162	457	215	3178	-18.2%	457	2868	3048	-4.1%
September	192	4563	269	166	344	323	3344	-19.5%	110	3191	3158	-5.6%
October	165	4728	75	75	324	3191	3419	-19.1%	66	3191	324	-5.7%
November	126	4854	292	238	627	3191	3657	-19.1%	627	3191	627	5.3%
December	4854	4727	4520	3657	3851	3191	3657	-19.1%	3851	3191	3851	5.3%
<b>Total Renewing Households</b>	5304	5185	4939	4738	4571	3746	4571		4571	3746	4571	

247 are Trinity Terrace Members  
StarPlus Program

18 are Trinity Terrace Households  
StarPlus Program

19 are Trinity Terrace Households  
StarPlus Spring Program

249 are Fall Trinity Terrace Households  
StarPlus Program



OCTOBER 28, 2021 | 12:00 PM CT

# Best Practices for Mitigating the EMS Workforce Shortage



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October 1, 2021

The Honorable Nancy Pelosi  
Speaker of the House  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Charles Schumer  
Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Kevin McCarthy  
Minority Leader  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Mitch McConnell  
Minority Leader  
United States Senate  
Washington, DC 20510

Dear Speaker Pelosi, Majority Leader Schumer, Minority Leader McConnell & Minority Leader McCarthy,

Our paramedics and emergency medical technicians (EMTs), as well as the organizations that they serve, take on substantial risk every day to treat and transport patients that call 9-1-1. But our nation's EMS system is facing a crippling workforce shortage, a long-term problem that has been building for more than a decade. It threatens to undermine our emergency 9-1-1 infrastructure and deserves urgent attention by the Congress.

The most sweeping [survey](#) of its kind — involving nearly 20,000 employees working at 258 EMS organizations — found that overall turnover among paramedics and EMTs ranges from 20 to 30 percent annually. With percentages that high, ambulance services face 100% turnover over a four-year period. Staffing shortages compromise our ability to respond to healthcare emergencies, especially in rural and underserved parts of the country.

The pandemic exacerbated this shortage and highlighted our need to better understand the drivers of workforce turnover. There are many factors. Our ambulance crews are suffering under the grind of surging demand, burnout, fear of getting sick and stresses on their families. In addition, with COVID-19 halting clinical and in-person trainings for a long period of time, our pipeline for staff is stretched even more.

The challenge is to make sure that the paramedics and EMTs of the future know that EMS is a rewarding destination. Many healthcare providers have extensive professional development resources, but that simply does not exist for EMS. COVID-19 has put additional pressures on the health care system and added another layer of complexity to the emergency response infrastructure.

### **HRSA EMS Training Funding**

Fortunately, there are immediate and long-term solutions. Although the provider relief funds are essential and helpful to address the challenges of the pandemic, we need funding for EMS that addresses paramedic and EMT training, recruitment, and advancement more directly. The Congress can provide specific direction and funds to the Health Resources and Services Administration (HRSA) to help solve this workforce crisis. Those funds can be used to pay for critical training and professional development programs. Some of our members have already begun offering programs and would benefit from additional funding support from HRSA. Funding public-private partnerships between community colleges and private employers to increase the applicant pool and training and employment numbers through grants could overcome the staffing deficit we face.

### **Paramedic and EMT Direct Pay Bump**

In addition, more immediately targeting funds for EMS retention could address the shortage we are experiencing day to day. To help ambulance services retain paramedics and EMTs, we request funds through HRSA to be paid directly to paramedics and EMTs. These earmarked funds could be distributed to each state with specific guidance that the State Offices of EMS distribute the funds to all ground ambulance services using a proportional formula (per field medic).

### **COVID-19 Medicare Reimbursement Increase**

With capitated payments by federal payors, there are limited funds to transfer into workforce initiatives. Increasing Medicare payments temporarily would be meaningful to compete with other employers and other jobs. This could help infuse additional funds into the workforce and create innovative staffing models that take into account hospital bed shortages and overflow.

### **Congressional Hearings on EMS Workforce Shortage**

The workforce shortage crisis facing EMS spans several potential Committees of jurisdiction. This critical shortage is particularly felt in many of our rural and underserved communities. As Congress moves on the steps we have outlined above, we also urge you to organize hearings in the appropriate Committees to develop long-term solutions and focus the country's attention on these urgent issues.

Thank you in advance for continuing to ensure that our frontline responders have the resources necessary to continue caring for our patients in their greatest moment of need, while maintaining the long-term viability of our nation's EMS system.

Thank you for your consideration.

Sincerely,



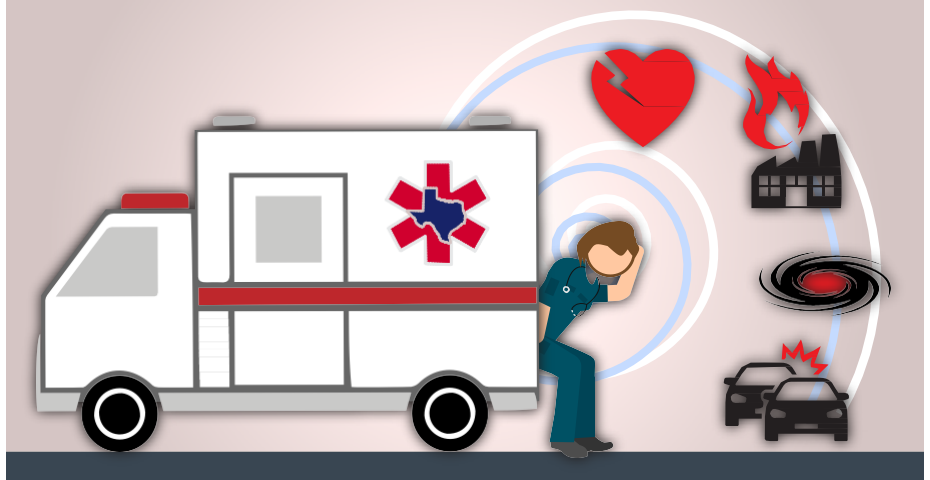
Shawn Baird, President  
American Ambulance Association



Bruce Evans, President  
National Association of Emergency Medical Technicians

Texas EMS agencies are facing a **workforce crisis**. The pandemic has exacerbated an already critical health care workforce shortage of EMS professionals, which include emergency medical technicians (EMTs), advanced EMTs and paramedics. **Rural EMS agencies are facing the greatest workforce challenges.**

EMS professionals are leaving the field at a higher rate than ever due to burnout, the risk of COVID-19 exposure, and new career opportunities outside of traditional EMS that are able to offer higher wages. The Texas Department of State Health Services (DSHS) recently released data indicating that only 27 percent of licensed Texas EMS professionals submitted a patient care report during the first eight months of 2021. **Over 70 percent of eligible Texas EMS professionals did not work on an ambulance during the first eight months of 2021.** To make a bad situation worse, Texas EMS agencies are not finding enough new EMS personnel to fill the vacancies.



### Why Does Texas Face a Shortage of New Personnel Entering the EMS Workforce?

Factors contributing to a lack of new personnel entering the EMS workforce include:

- **Fear of COVID-19 exposure** to themselves and their families.
- **Inadequate funding** and support for EMS education.
- **Challenges accessing EMS education**, especially in rural areas.
- EMS education schedules that do not accommodate shift work, which is common in EMS.
- **Absence of a state-wide education and outreach effort** directed at recruiting personnel to the EMS industry.

### Why Are EMS Professionals Leaving Texas EMS Agencies?

Factors contributing to the shortage include:

- **Increased workload** due to COVID-19 precautions and hospital overcrowding. This requires more staff to handle the same call volume.
- **High personnel Covid-19 infection rates**, even among the vaccinated work force.
- **Fear of COVID-19 exposure** to themselves and their families.
- **Hospitals hiring EMS personnel** to help ease their staffing shortages.
- **Other industries hiring EMS personnel**, including mobile IV companies, dialysis clinics, FEMA COVID-19 testing & vaccination clinics and oil and gas industries.





# Ensure a Strong EMS Infrastructure in Texas

## *Solutions for the EMS Personnel Shortage*

### How Can the Texas Legislature Address the EMS Workforce Shortage?

While other areas of health care have seen relief in the form of state-supported staffing, Texas EMS agencies have rarely experienced similar relief. At this critical time, Texas EMS agencies must keep ambulances responding to 911 calls and supporting the health care infrastructure by moving critical patients from hospital to hospital.

The Texas Legislature can strengthen the EMS infrastructure in Texas by supporting efforts to bring more individuals into the EMS industry, and these initiatives include:

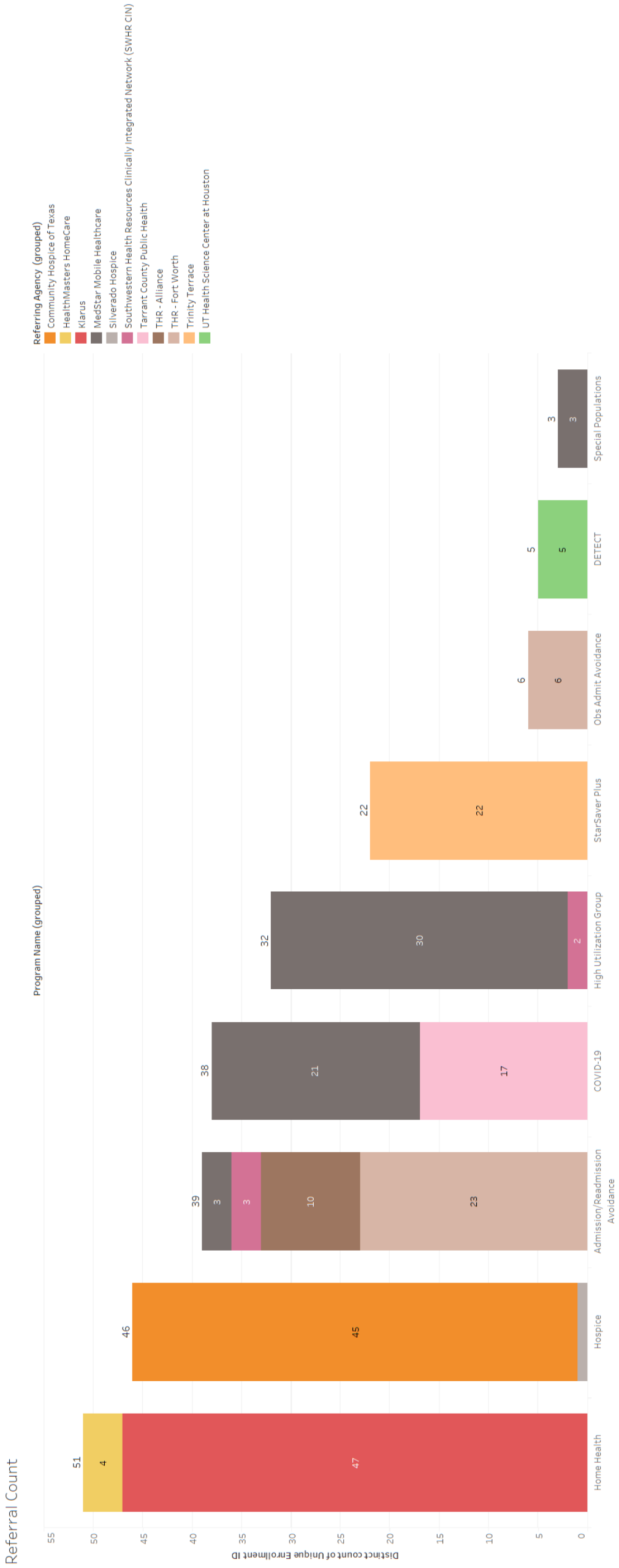
- **Funding for a campaign to educate the Texas public about EMS careers**, the high demand for EMS personnel and the opportunities for EMS education.
- Funding to support IT infrastructure to direct candidates to education programs and employment opportunities, as well as provide online information about the high demand for EMS professionals and explaining the education requirements.
- Allowing local EMS agencies to conduct EMS certification programs in the local community, tailored to local needs.
- Funding to incentivize EMS education programs in rural and underserved areas to increase their production of the EMS workforce.
- Funding within each regional advisory council (RAC) for an EMS workforce development position to promote and recruit EMS professionals into the field with an emphasis on regional needs.
- Increasing access to EMS education through a distance learning program provided and funding for equipment to support regional hands-on skills training sessions.
- Offering tuition repayment for EMS professionals in one of two different scenarios. 1) Working for an ambulance service for one year as an EMT and two years as an advanced EMT. 2) Working as a paramedic in rural, frontier or medically underserved area after achieving certification.

### Cost Breakdown

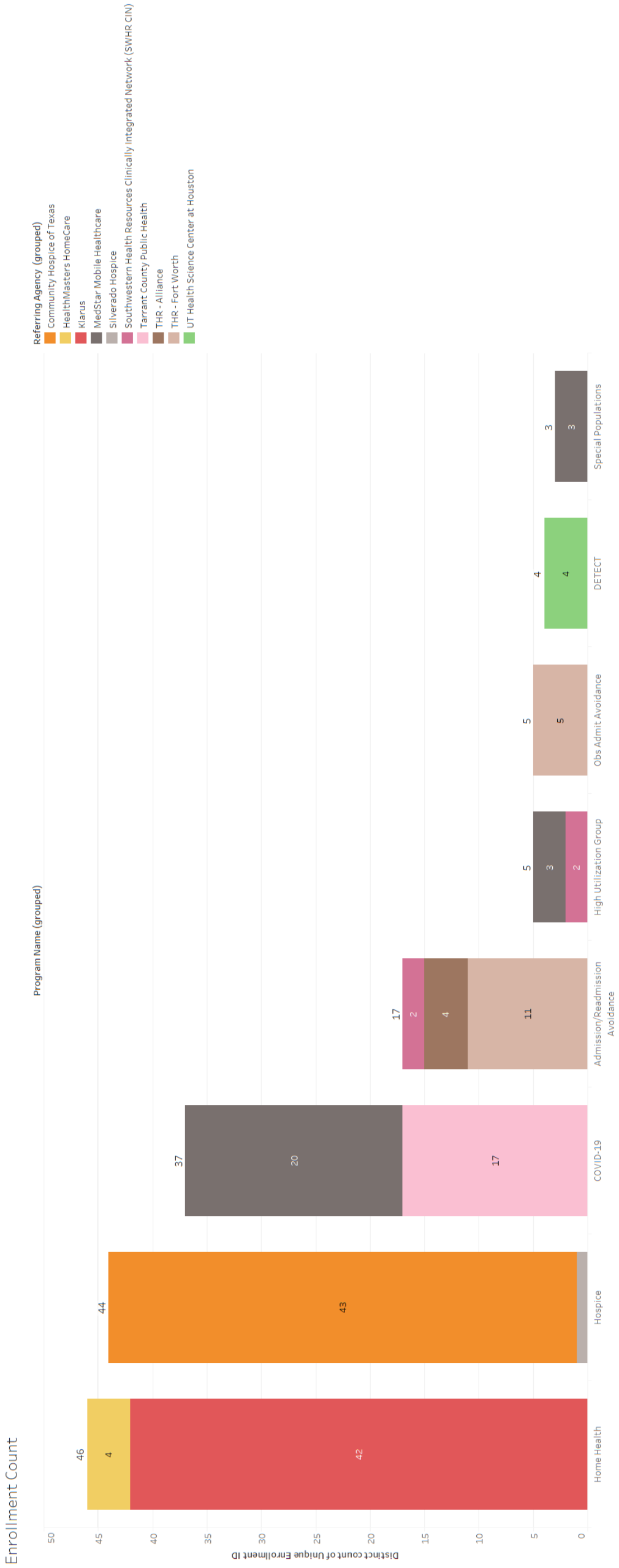
Statewide Career/Industry Awareness Campaign	\$1.5 million
IT Infrastructure Funding (Outsourced)	\$500,000
EMS Workforce Development Position in Each RAC	\$2.2 million
Education Program Incentives	\$5 million
Paramedic Distance Learning Program for 500	\$4 million
Additional Paramedic Courses for 500	\$4 million
Additional Advanced EMT Courses for 500	\$2.5 million
Additional EMT Courses for 1 000	\$2 million
<b>Total Expenditure</b>	<b>\$21.7 million</b>

when a Texan calls for help, dedicated, educated and prepared EMS professionals are ready to answer the call.

# MIH Referrals – September 2021



# MIH Enrollments – September 2021

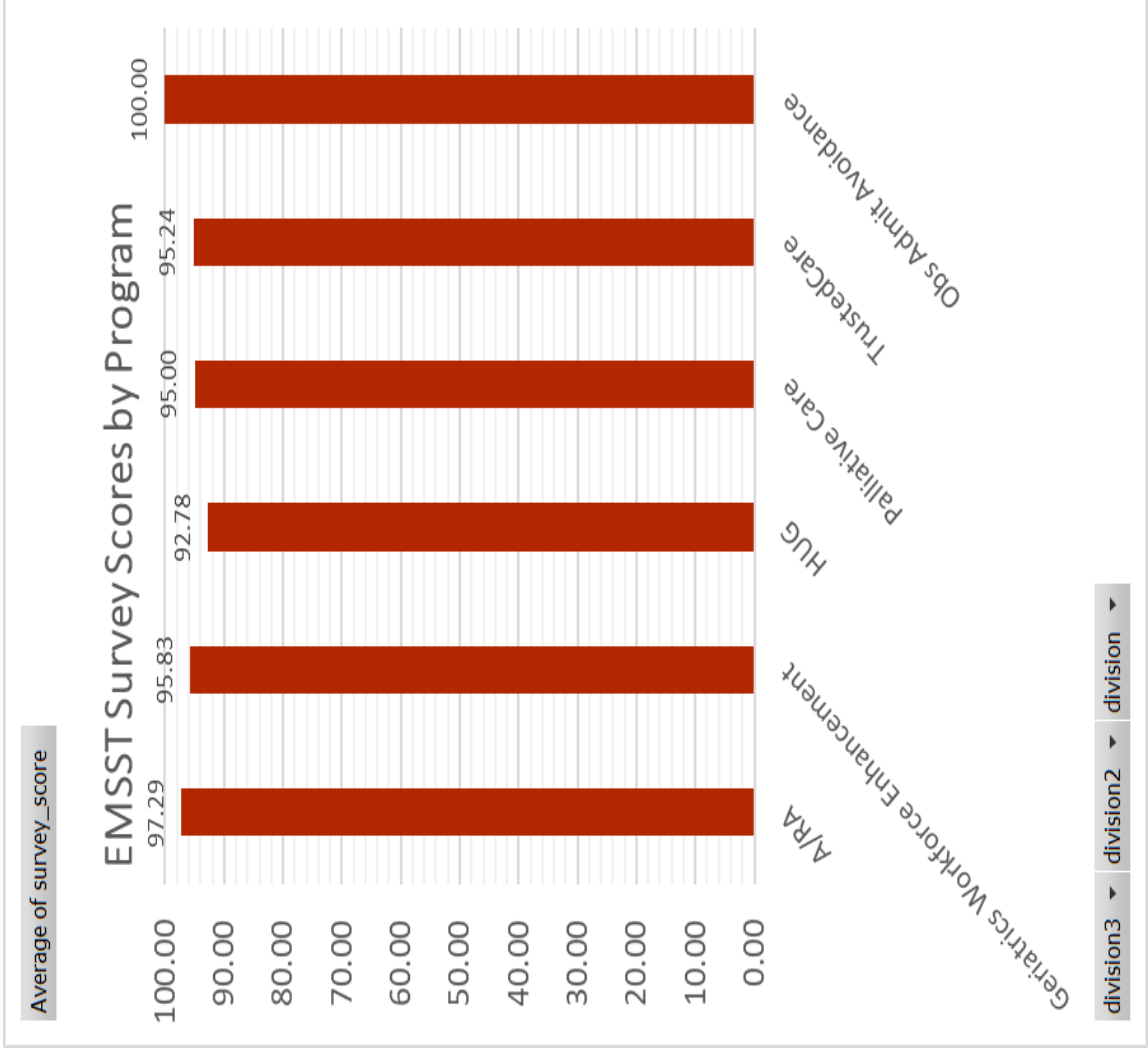
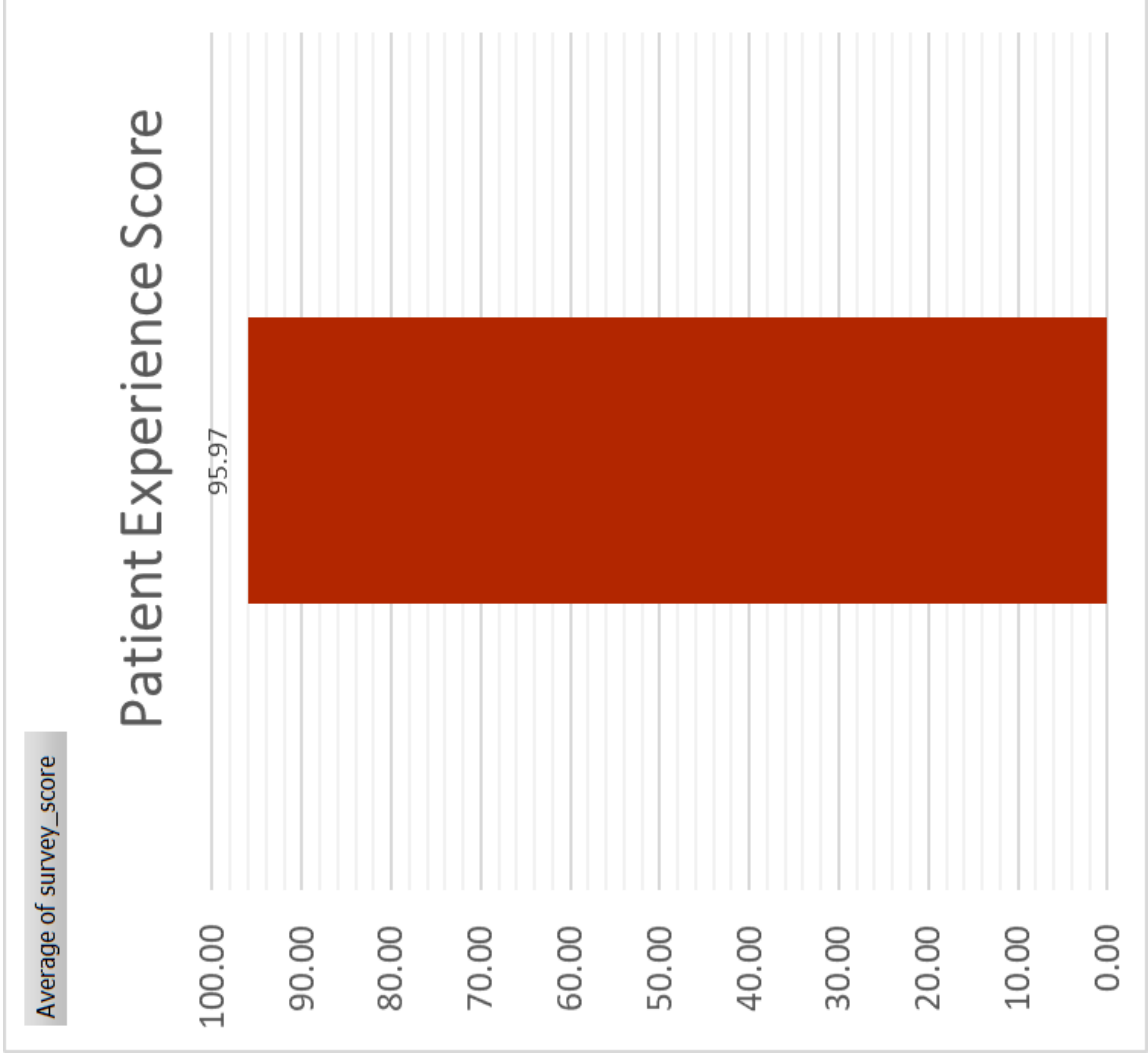


# Currently Enrolled MIH Clients





# EMSST Survey Scores - MIH



# COMMONLY USED ACRONYMS

## A

ACEP – American College of Emergency Physicians  
ACEP – American Academy of Pediatrics  
ACLS – Advanced Cardiac Life Support  
AED – Automated External Defibrillator  
ALJ – Administrative Law Judge  
ALS – Advance Life Support  
ATLS – Advanced Trauma Life Support

## B

BLS – Basic Life Support  
BVM – Bag-Valve-Mask

## C

CAAS – Commission on Accreditation of Ambulance Services (US)  
CAD – Computer Aided Dispatch  
CAD – Coronary Artery Disease  
CCT – Critical Care Transport  
CCP – Critical Care Paramedic  
CISD – Critical Incident Stress Debriefing  
CISM – Critical Incident Stress Management  
CMS – Centers for Medicare and Medicaid Services  
CMMI - Centers for Medicare and Medicaid Services Innovation  
COG – Council of Governments

## D

DFPS – Department of Family and Protective Services  
DSHS – Department of State Health Services  
DNR – Do Not Resuscitate

## E

ED – Emergency Department  
EKG – ElectroCardioGram  
EMD – Emergency Medical Dispatch (protocols)  
EMS – Emergency Medical Services  
EMT – Emergency Medical Technician  
EMTALA – Emergency Medical Treatment and Active Labor Act  
EMT – I – Intermediate  
EMT – P – Paramedic  
ePCR – Electronic Patient Care Record  
ER – Emergency Room

## F

FFS – Fee for service  
FRAB – First Responder Advisory Board  
FTE – Full Time Equivalent (position)  
FTO – Field Training Officer  
FRO – First Responder Organization

## G

GCS – Glasgow Coma Scale  
GETAC – Governor’s Emergency Trauma Advisory Council

## H

HIPAA – Health Insurance Portability & Accountability Act of 1996

## I

ICD – 9 – International Classification of Diseases, Ninth Revision  
ICD -10 – International Classification of Diseases, Tenth Revision  
ICS – Incident Command System

## J

JEMS – Journal of Emergency Medical Services

## K

## L

LMS – Learning Management System

## M

MAEMSA – Metropolitan Area EMS Authority  
MCI – Mass Casualty Incident  
MI – Myocardial Infarction  
MICU – Mobile Intensive Care Unit  
MIH – Mobile Integrated Healthcare

# COMMONLY USED ACRONYMS

## **N**

NAEMSP – National Association of EMS Physicians  
NAEMT – National Association of Emergency Medical Technicians  
NEMSAC – National EMS Advisory Council (NHTSA)  
NEMSIS – National EMS Information System  
NFIRS – National Fire Incident Reporting System  
NFPA – National Fire Protection Association  
NIMS – National Incident Management System

## **O**

OMD – Office of the Medical Director

## **P**

PALS – Pediatric Advanced Life Support  
PHTLS – Pre-Hospital Trauma Life Support  
PSAP – Public Safety Answering Point (911)  
PUM – Public Utility Model

## **Q**

QRV – Quick Response Vehicle

## **R**

ROSC – Return of Spontaneous Circulation  
RFQ – Request for Quote  
RFP – Request for Proposal

## **S**

SSM – System Status Management  
STB – Stop the Bleed  
STEMI – ST Elevation Myocardial Infarction

## **T**

## **U**

## **V**

VFIB – Ventricular fibrillation; an EKG rhythm

## **W**

## **X/Y/Z**