



**Metropolitan Area EMS Authority (MAEMSA)**

**dba MedStar Mobile Healthcare**

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**Board of Directors**

**December 15, 2021**

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

**Date and Time: December 15th at 10:00 a.m.**

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

**The public may observe the meeting in person, at <https://meetings.ringcentral.com/j/1493862946>, or by phone at (469) 445-0100 (meeting ID: 149 386 2946).**

**AGENDA**

- |             |                               |  |                            |
|-------------|-------------------------------|--|----------------------------|
| <b>I.</b>   | <b>CALL TO ORDER</b>          |  | Dr. Janice Knebl           |
| <b>II.</b>  | <b>INTRODUCTION OF GUESTS</b> |  | Dr. Janice Knebl           |
| <b>III.</b> | <b>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. December 14 , 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.</b>  | <b>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 – 1487</b>              | Approval of Board Minutes for October 27, 2021   | Dr. Janice Knebl<br>Pg. 4  |
|             | <b>BC – 1488</b>              | Approval of Check Register for October 2021  | Dr. Janice Knebl<br>Pg. 8  |
|             | <b>BC – 1489</b>              | Approval of Check Register for November 2021   | Dr. Janice Knebl<br>Pg. 11 |
| <b>V.</b>   | <b>NEW BUSINESS</b>           |  |                            |
|             | <b>IR-221</b>                 | Review Audit Process   | Kenneth Simpson            |
|             | <b>BC – 1490</b>              | Approval of Access Control and Video Surveillance System Refresh   | Kenneth Simpson            |
|             | <b>BC – 1491</b>              | Approval of Support Vehicles   | Kenneth Simpson            |

**BC – 1492**                      Review of Executive Evaluations  
and Compensation                      Dr. Janice Knebl

**BC – 1493**                      Approval of Executive Coaching  
Agreement                      Dr. Janice Knebl

## **VI.      MONTHLY REPORTS**

<b>A.</b>	Chief Executive Officer’s Report	Kenneth Simpson
<b>B.</b>	Office of the Medical Director Report	Dwayne Howerton Dr. Veer Vithalani
<b>C.</b>	Chief Financial Officer	Steve Post
<b>D.</b>	Human Resources	Leila Peoples
<b>E.</b>	Compliance Officer/Legal	Chad Carr Kristofer Schleicher
<b>F.</b>	Chief Operations Officer	Kenneth Simpson
<b>G.</b>	FRAB	Fire Chief Jim Davis Fire Chief Doug Spears
<b>H.</b>	EPAB	Dr. Brad Commons
<b>I.</b>	Chief Transformation 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 evaluation and any adjustments to the annual compensation of the Chief Executive Officer, Medical Director, and Chief Legal Officer/General Counsel, and any other personnel matter under that code section.

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**

**MAEMSA  
BOARD COMMUNICATION**

<b>Date:</b> 12.15.2021	<b>Reference #:</b> BC-1487	<b>Title:</b> Approval of Board of Directors Minutes
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**RECOMMENDATION:**

It is recommended that the Board of Directors approve the board minutes for October 27, 2021.

**DISCUSSION:**

N/A

**FINANCING:**

N/A

**Submitted by:** Kenneth Simpson    **Board Action:**     Approved  
 Denied  
 Continued until \_\_\_\_\_

## MINUTES

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

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

The Metropolitan Area EMS Authority Board of Directors conducted a meeting at the Authority's offices at 2900 Alta Mere Drive, Fort Worth, Texas. The presiding officer was present at this location. The public was invited to attend in person and the open parts of the meeting were accessible through the internet. A recording of the meeting is available.

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

Interim Chairman Dr. Janice Knebl called the meeting to order at 10:09 a.m.

Board members physically present were Dr. Janice Knebl (Interim Chair), Dr. Brad Commons, Fire Chief Doug Spears, Fire Chief Jim Davis, Councilman Carlos Flores, Matt Aiken, Dr. Veer Vithalani (Ex-officio), and Kenneth Simpson, Interim CEO (Ex-officio). Board members participating through video conferencing: Dr. Chris Bolton and Susan Alanis. Also present from Medstar were Kristofer Schleicher, Chief Legal Officer, Dwayne Howerton, Leila Peoples, Chad Carr, Steve Post, and Matt Zavadsky.

**Guests on phone or in person as attendees:** Fire Chief Kirt Mays, Fire Chief Brandon Logan, Fire Chief Brian Jacobs, Fire Chief Jeff Ballew, Dr. Brian Miller, Anita Meadows, Ben Coogan, Bettina Martin, Bob Strickland, Brandon Pate, Buck Gleason, Chris Cunningham, Chris Roberts, Elizabeth Paoli, Joe Merry, Joleen Quigg, Jason Weimer, Kier Brister, Kristine Valenti, Lindy Curtis, Lauren Junker, Matt Earle, Matt Willens, Maerissa Thomas, Misti Skinner, Nancy Cychol, Rhode Ontiveros Romero, Shaun Curtis, Susan Swagerty, Tracy Holmes, Will Mercer.

Dr. Veer Vithalani introduced Dr. Evan Mitchell, Intern with JPS.

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

- BC-1480 Approval of Board minutes for August 20, 2021**
- BC-1481 Approval of Board minutes for August 25, 2021**
- BC-1482 Approval of Board minutes for September 8, 2021**
- BC- 1483 Approval of Board minutes for September 20, 2021**
- BC-1484 Approval of Check Register for August 2021**
- BC-1485 Approval of Check Register for September 2021**

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

### **III. NEW BUSINESS**

#### **BC – 1486 Approval of Contract with Kenneth J. Simpson as Chief Executive Officer**

Following deliberation in closed session, the motion to approve was made by Matt Aiken and seconded by Doug Spears. The motion carried unanimously.

Dr. Janice Knebl presented Dr. Brian Byrd with a plaque for his dedication and service to the MAEMSA Board of Directors. Dr. Rajesh Gandhi and Paul Harrell were also recognized for their dedication and service on the Board.

### **IV. MONTHLY REPORTS**

- A.** Chief Executive Officer- Ken Simpson referenced the report provided in this month's packet, which provides an executive summary of items MedStar has been working on, including ADP Implementation, outsourcing billing project with EMS|MC, ambulance and equipment update, BLS Response Model, Board training, vaccination efforts, recruitment/retention.
- B.** Office of the Medical Director- Dr. Veer Vithalani reported that OMD is continuing to keep a close eye on the ET3 and BLS pilots. He also applauded the clinical practice team on streamlining the credentialing process--credentialing time has down about 20%. The protocol update started in January and MedStar went live in April and the last of the FROs will go live at the end of this month.
- C.** Chief Financial Officer- Steve Post referenced the monthly report provided in Tab C.
- D.** Chief Human Resources Officer- Leila Peoples reported that the department is still working on the ADP implementation; 12 out of 17 modules are almost completed. Leila referred to Tab D regarding staffing and retention and turnover.
- E.** Compliance and Legal- Chad informed the Board, we are underway with our annual HIPAA training and referred to Tab E.
- F.** Chief Operations Officer- Ken informed the Board that on October 23<sup>rd</sup> MedStar began housing an ambulance in Burlison's new fire station and will be reviewing response times. Between July and August, there was a very large increase in call volume. MedStar is providing information to the City of Fort Worth for a staffing study. Ken referred to Tab F for additional information..
- G.** FRAB- Nothing to report, but Chief Spears did inform the Board of an incoming FRAB meeting first of November.
- H.** EPAB- Dr. Brad Commons noted that the hospitals are still recovering from August and September, with the interaction between the rise in COVID volume and workforce burnout. He was pleased to hear that from a MedStar perspective, the hospitals have been able to get ambulances in and out within a timely fashion; Dr. Brad Commons believes EPAB would be a great resource in terms of assisting MedStar, as EPAB has every

Medical Director from every emergency department within our service area along with representatives from Tarrant County Medical Society and Trauma Directors from Level I and II trauma centers. At their last meeting, EPAB we voted unanimously to draft a statement in strong support of vaccination for the wellness of our first responders and patients. A subsection was added to the destination policy, system-wide disaster, and patient overload protocol.

- I. Chief Transformation Officer- Matt Zavadsky provided the Board with highlights and updates from the report in Tab H. There was a meeting with Medicaid on October 5<sup>th</sup> regarding implementation of the ET3 Model. We are finalizing an MIH contract with Molina, a Medicaid managed care organization that is going to be large player in our market. We have come to terms with our first commercial payor, Cigna, to pay us based on the ET3 model. TEMSA worked with the state legislature during the third special session to allocate \$21.7 billion in ARPA funds specifically for EMS workforce development. Matt thanked Chad Carr and others who negotiated an agreement with Resource Recovery Council to partner with them in a federally-funded opioid overdose follow-up program; RRC will be providing a substance abuse counselor and MedStar will be providing a field paramedic/EMT to do physical follow-ups with patients that were treated for an overdose by MedStar. Two special needs children have been selected for our annual trick or treat outing. Matt also thanked Ken and others for their presentations in two big national webinars on ER delays.

## **V. REQUEST FOR FUTURE AGENDA ITEMS**

None.

## **VI. CLOSED SESSION**

Dr. Knebl called the meeting into a closed session at 10:57 a.m. under Section 551.074 of the Texas Government Code to deliberate regarding the selection and employment of the Chief Executive Officer (BC-1486) and to receive the advice of counsel under Section 551.071 of the Texas Government Code. The Board returned to open session at 11:46 a.m. and approved the BC-1486 as noted above.

## **VII. ADJOURNMENT**

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

Respectfully submitted,

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Douglas Spears  
Secretary





AP Check Details Over 5000  
For Checks Between 10/1/2021 and 10/31/2021



Check Number	CK Date	Vendor Name	Check Amount	Description
106248	10/7/2021	Applause Promotional Products	6,571.30	ball caps with patch
106251	10/7/2021	Bound Tree Medical LLC	64,589.40	Various Medical Supplies
106254	10/7/2021	CDW Government Inc	13,345.80	Surfaces for OMD
106259	10/7/2021	CornerStone Staffing	5,705.14	cornerstone
106260	10/7/2021	Demers	8,807.81	order #D1818P-889
106263	10/7/2021	Executive Protective Systems	8,150.00	eGO PLUS MICRO MINI STICKER TA
106269	10/7/2021	Innovative Developers, Inc.	28,848.94	car wash
106271	10/7/2021	M-Pak, Inc.	6,164.06	Uniforms - New Hires
106274	10/7/2021	Medline Industries, Inc.	74,630.97	large bio bins
106280	10/7/2021	Paranet Solutions	43,280.25	Three-year wildcard security c
106281	10/7/2021	Priority Dispatch (NAEMD)	21,360.00	system ESP, training license a
106283	10/7/2021	ReCept Pharmacy	5,168.68	Special events
106288	10/7/2021	Teleflex Medical	9,425.00	Various Medical Supplies
106291	10/7/2021	TML Intergovernmental Risk Pool	821,015.27	annual insurance
106355	10/14/2021	Airgas USA, LLC	5,865.14	oxygen
106369	10/14/2021	CyrusONE	7,717.68	charges for Nov
106377	10/14/2021	Fort Worth Heat & Air	8,934.50	seasonal maint per contract
106378	10/14/2021	General Truck Body Mfg. Company	6,562.00	Ambus
106384	10/14/2021	ImageTrend	17,363.00	monthly fee-sept
106388	10/14/2021	M-Pak, Inc.	7,053.61	Uniforms
106393	10/14/2021	MetLife - Group Benefits	38,092.40	Dental/Vision/Life Insurance-Oct
106397	10/14/2021	NRS	11,915.75	collection agency fees
106412	10/14/2021	Stryker	29,300.29	Annual Stryker Maintenance Con
106429	10/18/2021	John G Self and partners, Inc	9,625.00	CEO Advisory Search
106431	10/18/2021	Logis Solutions	25,238.25	Logis quarterly IDS maintenanc
106444	10/22/2021	City of Fort Worth Water Department	7,545.52	Water Services
106466	10/22/2021	ReCept Pharmacy	5,199.93	Various Medical Supplies
106470	10/22/2021	Stryker	14,836.08	Annual Stryker Maintenance Con
106473	10/22/2021	The State of Texas	5,379.19	microsoft subscription
106477	10/22/2021	ZirMed Inc	12,334.37	Verification, Invoices, Claims
106506	10/28/2021	Bound Tree Medical LLC	20,764.58	Various Medical Supplies
106510	10/28/2021	Direct Energy Business	9,386.29	Eletric Service
106514	10/28/2021	M Davis and Company Inc	5,240.00	detection of elder abuse
106516	10/28/2021	Maintenance of Ft Worth, Inc.	6,121.32	Janitorial Services and Supplies
106519	10/28/2021	McKesson Medical Surgical Inc	6,838.91	Various Medical Supplies
106520	10/28/2021	Medline Industries, Inc.	29,296.66	Various Medical Supplies
106534	10/28/2021	ReCept Pharmacy	8,714.77	Various Medical Supplies
106544	10/28/2021	Zoll Data Systems Inc	25,600.00	hosted billing-pro 1 year
747848	10/14/2021	AT&T	15,172.94	aircards/cellphones

AP Check Details Over 5000  
For Checks Between 10/1/2021 and 10/31/2021



Check Number	CK Date	Vendor Name	Check Amount	Description
1315128	10/1/2021	Frost	39,363.52	Frost Loan #9001
1374391	10/21/2021	WEX Bank	109,070.88	Fuel
1374413	10/21/2021	UMR Benefits	48,033.46	Health Insurance - October Pre
1374431	10/21/2021	UT Southwestern Medical Center	12,833.33	B Miller - Contract Services -
10012021	10/1/2021	Frost	61,053.88	Frost Loan #30001
10042021	10/4/2021	Frost	38,540.62	Frost Loan #4563-001
10182021	10/18/2021	JP Morgan Chase Bank, N.A.	17,185.22	MasterCard Bill
92081135	10/22/2021	Chase Ink Cardmember Service	7,469.64	Credit Card Bill
102520211	10/25/2021	Frost	52,993.77	Frost Loan #4563-002



AP Check Details Over 5000  
For Checks Between 11/1/2021 and 11/30/2021



Check Number	CK Date	Vendor Name	Check Amount	Description
106572	11/4/2021	Applause Promotional Products	12,021.63	Uniforms
106575	11/4/2021	AT&T	32,521.19	aircards/cellphones
106577	11/4/2021	Bound Tree Medical LLC	49,551.20	Various Medical Supplies
106598	11/4/2021	Medline Industries, Inc.	30,772.77	Various Medical Supplies
106605	11/4/2021	Paranet Solutions	51,212.12	monthly msp bill- Oct
106618	11/4/2021	XL Parts	6,769.63	Various Parts
106623	11/11/2021	Care Now Corporate	8,897.00	CareNow Invoice CN7149-4102655
106628	11/11/2021	Masimo Americas, Inc	6,892.64	Various Medical Supplies
106634	11/11/2021	Paranet Solutions	74,109.16	CISCO ISE refresh
106692	11/18/2021	CyrusONE	7,717.68	charges for Dec 2021
106699	11/18/2021	Institute for Healthcare Improvement	40,000.00	leadership alliance
106701	11/18/2021	ImageTrend	10,609.00	annual fee
106707	11/18/2021	M Davis and Company Inc	5,240.00	detection of elder abuse
106720	11/18/2021	Paranet Solutions	28,000.49	Monthly billing November
106722	11/18/2021	ReCept Pharmacy	7,614.37	Various Medical Supplies
106726	11/18/2021	Stryker	14,157.17	Annual Stryker Maintenance Con
106732	11/18/2021	XL Parts	9,656.89	Various Parts
106733	11/18/2021	Zoll Data Systems Inc	25,600.00	hosted billing pro- 1 year
106755	11/24/2021	Fort Worth Heat & Air	18,389.92	comm center AC
106759	11/24/2021	ImageTrend	24,184.00	monthly fee-Oct
106766	11/24/2021	NRS	17,281.60	collection agency fees
106768	11/24/2021	Paranet Solutions	6,832.50	Grove St Project
106776	11/24/2021	Teleflex Medical	23,289.95	Various Medical Supplies
106777	11/24/2021	The State of Texas	5,326.99	Microsoft subscription
106780	11/24/2021	Whitley Penn, LLC	6,833.00	Audit services
106783	11/24/2021	ZirMed Inc	10,940.27	Verification, Invoices, Claims
111621	11/16/2021	JP Morgan Chase Bank, N.A.	14,006.94	MasterCard Bill
112621	11/26/2021	Frost	52,993.77	Frost Loan #4563-002
1407551	11/1/2021	Frost	39,363.52	Frost Loan #9001
1475771	11/22/2021	WEX Bank	112,238.49	Fuel
1476083	11/22/2021	UMR Benefits	48,616.28	Health Premium - November
1487177	11/24/2021	UT Southwestern Medical Center	12,833.33	Contract Services - B Miller
11012021	11/1/2021	Frost	61,053.88	Frost Loan #30001
93236934	11/24/2021	Chase Ink Cardmember Service	6,599.17	Credit Card Charge
110222021	11/2/2021	Frost	38,540.62	Frost Loan #4563-001

## Review Audit Process

November 18, 2021

To the Board of Directors of  
Metropolitan Area EMS Authority

Dear Ms. Janice Knebl:

This letter is provided in connection with our engagement to audit the financial statements of Metropolitan Area EMS Authority (the "Organization") as of and for the year ended September 30, 2021. Professional standards require that we communicate with you certain items including our responsibilities with regard to the financial statement audit and the planned scope and timing of our audit, including significant risks we have identified.

We identified the following significant risks during our risk assessment procedures:

Improper revenue recognition due to error or fraud, including evaluating the existence assertion.

Improper calculation of the allowance for uncollectible accounts, including evaluating the valuation and cut-off assertions.

Improper calculation of lost revenues, including evaluating the existence, completeness, and cut-off assertions.

As stated in our engagement letter dated November 9, 2021, we are responsible for conducting our audit in accordance with auditing standards generally accepted in the United States of America and Government Auditing Standards for the purpose of forming and expressing an opinion on the financial statements. Our audit does not relieve you or management of your respective responsibilities.

Our responsibility as it relates to the required supplementary information and Management's Discussion and Analysis, is to evaluate its presentation for the purpose of forming and expressing an opinion as to whether the information is fairly stated in all material respects in relation to the financial statements as a whole.

Our audit will include examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. Our audit is designed to provide reasonable, but not absolute, assurance about whether the financial statements as a whole are free of material misstatement, whether due to error, fraudulent financial reporting, misappropriation of assets, or violations of laws or governmental regulations. Because of this concept of reasonable assurance and because we will not examine all transactions, there is a risk that material misstatements may exist and not be detected by us.

Our audit will include obtaining an understanding of the Organization and its environment, including its internal control, sufficient to assess the risks of material misstatement of the financial statements and as a basis for designing the nature, timing, and extent of further audit procedures. However, we will communicate to you at the conclusion of our audit any material weaknesses or significant deficiencies identified.

We will also communicate to you:

- Any violation of laws or regulations that come to our attention;
- Our views relating to qualitative aspects of the Organization's significant accounting practices, including accounting policies, accounting estimates, and financial statement disclosures;
- Significant difficulties, if any, encountered during the audit;
- Disagreements with management, if any, encountered during the audit;
- Significant unusual transactions, if any;
- The potential effects of uncorrected misstatements on future-period financial statements; and
- Other significant matters that are relevant to your responsibilities in overseeing the financial reporting process.

The timing of our audit will be scheduled for performance and completion as follows:

	<u><i>Begin</i></u>	<u><i>Complete</i></u>
Mail confirmations	10/30/21	10/30/21
Perform year-end audit procedures	11/08/21	11/19/21
Issue audit report	On or About January 15, 2022	

\* \* \* \* \*

This information is intended solely for the information and use of the Board of Directors of Metropolitan Area EMS Authority and is not intended to be, and should not be, used by anyone other than these specified parties.

Respectfully,

*Whitley Penn LLP*

Fort Worth, Texas  
November 18, 2021

# Meet the Team



## Jenni Barnett, CPA

Audit Senior Manager

✉ Jenni.Barnett@whitleypenn.com

☎ Direct Dial: 817.259.9712

Jenni Barnett has more than eight years of audit public accounting experience focused on private companies. Her experience focuses on private clients primarily in the nonprofit, healthcare, and manufacturing and distribution industries.

Jenni is a member of the Texas Society of Certified Public Accountants, American Institute of Certified Public Accountants, and serves as an executive committee member and Chair of Red Shoe Society Ronald McDonald House Fort Worth.

She received her BBA and Master of Accountancy from Abilene Christian University.

Jenni has previously worked on the Carter BloodCare audit for 4 years.



## Adam Moseley

Audit Senior Associate

✉ Adam.Moseley@whitleypenn.com

☎ Direct Dial: 817.259.9017

Adam Moseley has more than four years of audit public accounting experience serving a broad range of clients, focusing primarily on employee benefit plans, private clients in the nonprofit, manufacturing and distribution, and lending industries.

Adam received his Bachelor's and Master's of Science in Accounting from the University of North Texas.

Adam has previously worked on the Carter BloodCare audit for 4 years.



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# Meet the Team



## Josh Agren, CPA

*Audit Partner*

✉ [Joshua.Agren@whitleypenn.com](mailto:Joshua.Agren@whitleypenn.com)

☎ *Direct Dial: 817.259.9270*

Josh Agren has more than 15 years of audit and assurance experience with privately-held and private equity-owned companies. He has extensive experience advising clients on accounting principles and auditing standards. He focuses primarily on healthcare, manufacturing, distribution, and employee benefit plans.

Josh was awarded “Forty Under Forty” by the *Fort Worth Business Press* in 2015 and he is a graduate of the 2016 class of Leadership Fort Worth. He is on the Executive Committee for the Leukemia and Lymphoma Society Light the Night Walk in Fort Worth and is involved with Financial Executives International, National Associate for Corporate Directors, and Southlake Executive Forum.

Josh received his BBA and MSA in Accounting from Stonehill College in North Easton, MA.

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**MAEMSA  
BOARD COMMUNICATION**

<b>Date:</b> 12.15.2021	<b>Reference #:</b> BC-1490	<b>Title:</b> Access Control and Video Surveillance System Refresh
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**RECOMMENDATION:**

It is recommended that the Board of Directors approve the upgrade of the Alta Mere and Grove Street facility access control and video surveillance systems. The cost of the upgrade is \$90,308. This price includes the cost of the system plus a 10% contingency.

**DISCUSSION:**

The access control and video surveillance systems used in the Alta Mere and Grove Street facilities are beyond their end of supported life. The recommendation is to consolidate on the modern, supported system installed at the North Deployment Center. Existing hardware would be used in the new system where possible. Consolidation will eliminate the current need for dual entry of additions, deletions, and changes into the Alta Mere and NDC systems, resulting in significant time savings for the HR department staff.

**FINANCING:**

The system will be purchased with cash on hand.

<b>Submitted by:</b> <u>Kenneth Simpson</u>	<b>Board Action:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Continued until _____
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## MedStar REQUEST FOR CAPITAL EXPENDITURE (RCE)

DATE 11/29/21	REQUISITIONER Pete Rizzo	DEPARTMENT IT	COST CENTER 70010	ACCT CODE	CAPITAL TRACKING # BC-1490
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Budgeted Funds?	IF YES - LIST BUDGET NUMBER (s)						
	<input checked="" type="checkbox"/> Yes	BUDGET #	AMOUNT	MONTH	BUDGET #	AMOUNT	MONTH
<input type="checkbox"/> No		\$90,308	Jan-22				

PROJECT TITLE: Access Control and Video Surveillance System Refresh	CAPITAL CATEGORY: <u>1</u> <u>2</u> <u>3</u> Choose "X" only one (priority)
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**DESCRIPTION OF ITEMS BEING REQUESTED:**

Hardware, software, and services to migrate from the Genetec system to the DNAFusion and IDIS access control and video surveillance systems. The current security system is end of life and support is becoming more difficult to obtain due to the age of the system.

**QUALITATIVE JUSTIFICATION:** (Attach supporting documentation if necessary)

Refreshing the access control and video surveillance systems offers several advantages over the current system including cost reduction, vendor support, reduced administrative overhead, better integration with other MedStar systems, and increased security.

\*\*\*\* PURCHASE REQUISITION(s) & ALL QUOTES/CONTRACTS/LEASE DOCUMENTS MUST BE ATTACHED \*\*\*\*

DATE	SIGNATURES	REQUESTED EXPENDITURE		
	DEPT./DIRECTOR LEVEL: Kenneth Simpson	PROPOSED CAPITAL (Tax Exempt)	\$	90,308.00
	CHIEF FINANCIAL OFFICER Steve Post	OTHER RELATED EXPENSE (EXPLAIN ABOVE)	\$	0
	CHIEF EXECUTIVE OFFICER Kenneth Simpson	PROPOSED PROJECT TOTAL (Total of capital & other exp.)	\$	90,308.00
	CHAIRMAN OF THE BOARD OF DIRECTORS Dr. Janice Knebl	Opened:	Closed:	Actual:

Revised 09/12

**MAEMSA  
BOARD COMMUNICATION**

<b>Date:</b> 12/22/21	<b>Reference #:</b> BC-1491	<b>Title:</b> Support Vehicle Replacement
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**RECOMMENDATION:**

It is recommended that the Board of Directors approve the purchase of two support vehicles in an amount not to exceed \$168,214.00 to replace two vehicles that are currently past their end of life. This price includes the price of the vehicles and equipment plus a 10% contingency.

**DISCUSSION:**

The support vehicles are replaced at a rate of two per year to ensure a high reliability for first response resources. The vehicles being requested will be equipped with a remountable bed cap that will include temperature-controlled compartments to comply with USP Pharmaceutical Standards and CAAS requirements. These vehicles will replace gasoline Chevrolet Tahoes and are expected to last longer, with fewer mechanical issues due to the diesel engines and heavier duty suspension components.

The vehicles are being purchased from Meador Dodge in Fort Worth and will be fitted with the lights and equipment by the MedStar Fleet department.

**FINANCING:**

The price of vehicles continues to climb significantly and with sustained high demand, Dodge is not offering any government or fleet incentives. During the 2021 budget year, support vehicles were upfitted in house netting a savings of \$101,000. To mitigate the cost increase of the chassis, these vehicles will be upfitted internally again. The approved 2022 budget included \$180,000 for the replacement of surplus vehicles.

<b>Submitted by:</b> <u>Kenneth Simpson</u>	<b>Board Action:</b>	<input type="checkbox"/> Approved
		<input type="checkbox"/> Denied
		<input type="checkbox"/> Continued until _____

MEADOR DODGE CHRYSLER JEEP RAM  
 9501 SOUTH FREEWAY  
 FORT WORTH, TX 761404923

Configuration Preview

Date Printed: 2021-12-02 6:51 PM VIN: Quantity: 1  
 Estimated Ship Date: VON: Status: BA - Pending order

PAN 710:0FN

Sold to: MEADOR DODGE CHRYSLER JEEP RAM (66929)  
 9501 SOUTH FREEWAY  
 FORT WORTH, TX 761404923

Ship to: MEADOR DODGE CHRYSLER JEEP RAM (66929)  
 9501 SOUTH FREEWAY  
 FORT WORTH, TX 761404923

Vehicle: 2022 2500 TRADESMAN CREW CAB 4X4 (149 in WB 6FT 4 IN box) (DJ7L91)

	Sales Code	Description	MSRP(USD)
Model:	✓ DJ7L91	2500 TRADESMAN CREW CAB 4X4 (149 in WB 6FT 4 IN box)	43,600
Package:	✓ 2HA	Customer Preferred Package 2HA	0
	✓ ETL	6.7L I6 Cummins Turbo Diesel Engine	9,400
Paint/Seat/Trim:	✓ DG7	6-Spd Automatic 68RFE Transmission	0
	✓ PAU	Granite Crystal Met. Clear Coat	200
	✓ APA	Monotone Paint	0
	✓ *V9	Cloth 40/20/40 Bench Seat	0
	✓ -X9	Black	0
Options:	✓ XHC	Trailer Brake Control	295
	✓ GPG	Mirrors-Tow Pwr Adj Heat Black	195
	✓ MDA	Front License Plate Bracket	0
	✓ AD2	Snow Chief Group	905
	✓ AMP	Chrome Appearance Group	1,095
	✓ A6B	Tradesman Level 2 Equipment Group	1,145
	✓ JKV	115V Auxiliary Front Power Outlet	210
	✓ UBD	Uconnect 5 W 8.4" Display (USA)	795
	5N6	Easy Order	0
	163	Zone 63-Dallas	0
	4EA	Sold Vehicle	0
Discounts:	YG4	5.5 Additional Gallons of Diesel	0
Destination Fees:			1,795
			= Restriction

Total Price: 59,635

Order Type: Retail PSP Month/Week:  
 Scheduling Priority: 1-Sold Order Build Priority: 99  
 Salesperson:  
 Customer Name:  
 Customer Address:

Instructions:

Note: This is not an invoice. The prices and equipment shown on this priced order confirmation are tentative and subject to change or correction without prior notice. No claims against the content listed or prices quoted will be accepted. Refer to the vehicle invoice for final vehicle content and pricing. Orders are accepted only when the vehicle is shipped by the factory.

## MedStar REQUEST FOR CAPITAL EXPENDITURE (RCE)

DATE 12/22/21	REQUISITIONER Shaun Curtis	DEPARTMENT OPS	COST CENTER 980000	ACCT CODE	CAPITAL TRACKING # BC-1491
------------------	-------------------------------	-------------------	-----------------------	-----------	-------------------------------

Budgeted Funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF YES - LIST BUDGET NUMBER (s)					
	BUDGET #	AMOUNT \$168,214	MONTH	BUDGET #	AMOUNT	MONTH

PROJECT TITLE: Support Vehicle Replacement	CAPITAL CATEGORY: <u>1</u> <u>2</u> <u>3</u> Choose "X" only one (priority)
---	--

**DESCRIPTION OF ITEMS BEING REQUESTED:**

Two support vehicles are due for replacement. Their replacements will be Ram 2500 trucks. These vehicles are diesel powered to endure the idle time consistent with the use of these vehicles. They will be equipped with bed caps and slide out equipment that will be re-mountable. The requested amount includes a 10% contingency for incidentals or prices changes that may occur.

**QUALITATIVE JUSTIFICATION:** (Attach supporting documentation if necessary)

Ram 2500 Tradesman: \$59,635  
 Add ons to include camper shell, lights, etc: \$15,120  
 Graphics: \$1706  
Contingency: \$ 7646  
 Total per truck: \$84,107

\*\*\*\*\* PURCHASE REQUISITION(s) & ALL QUOTES/CONTRACTS/LEASE DOCUMENTS MUST BE ATTACHED \*\*\*\*\*

DATE	SIGNATURES	REQUESTED EXPENDITURE		
	DEPT./DIRECTOR LEVEL: Kenneth Simpson	PROPOSED CAPITAL (Tax Exempt)	\$	168,214.00
	CHIEF FINANCIAL OFFICER Steve Post	OTHER RELATED EXPENSE (EXPLAIN ABOVE)	\$	{Annual} 0
	EXECUTIVE DIRECTOR Kenneth Simpson	PROPOSED PROJECT TOTAL (Total of capital & other exp.)	\$	168,214.00
	CHAIRMAN OF THE BOARD OF DIRECTORS Dr. Janice Knebl	Opened:	Closed:	Actual:
Revised 09/12				

Attachment- Coaching Agreement  
and  
Proposed Coaching Agreement with TD Smyers



# *A Bold Leader*

## TD Smyers | Coaching

### **COACHING AGREEMENT BETWEEN TD SMYERS AND KEN SIMPSON**

*Please review, complete and sign where indicated, then return to me.*

*Putting this in writing strengthens your dedication.*

#### **Coaching conduct, terms and relationships**

In conducting coaching, I adhere to the International Coaching Federation (ICF) Code of Ethics (provided upon request), which includes definitions for coach, client and sponsor. For this specific coaching agreement, the client is Ken Simpson. The coach is TD Smyers. The sponsor is MedStar Mobile Healthcare, represented by MAEMSA Board Chair Dr. Janice Knebl.

#### **TD's Coaching Philosophy**

In my executive coaching practice, it is my goal to help clients become top-level leaders who master the key leadership traits of authenticity, competence, trustworthiness, integrity, openness, empathy, transparency and curiosity. Through my thirty-plus years in executive leadership, it's been my experience that successful leaders optimize these traits in their own unique style and do so inspirationally.

To bring these traits out in the client, we will meet at a regular pace or "battle rhythm". Sessions will be planned and will build on each other. Each session will be guided by two core concepts – vision-based goals and value-based intentional growth. The process will take us from goal "setting" (planning) through goal "getting" (achievement) and may involve as few as one major goal at a time to ensure focus and success. The pursuit of each major goal will likely be accompanied by one or more growth goals – personal achievements designed to create new skills and open new perspectives.

Of course, the execution of this philosophy will vary from client to client. My role, as coach, is to be an effective catalyst for this growth and achievement. Optimally, a successful coaching experience will manifest itself in the enhanced professional performance and personal happiness of the client.

#### **Logistics**

We will meet by telephone or Zoom call weekly, with an anticipated additional meeting each month, since I am available as often as you need for emails or calls between weekly sessions. As our schedules permit, we may occasionally choose to meet face to face. You may find it helpful to email me your coaching call agenda prior to each session. I know it'll help me better serve as your coach, and it will give you time to clarify what you most want to focus on.

#### **Fees**

Sessions are billed at an hourly rate of \$400 per session. An anticipated time commitment of 5 hours per month spent in direct coaching with the client, preparation or follow-up yields a monthly investment of \$2000. The planned 12 months yields a total investment for this coaching period of \$24000. It is important to note that this schedule is intended for planning and budget purposes. Actual time spent between the coach and the client will not be limited to this schedule and variations in time spent will result in neither additional charges nor refunds. We'll do what it takes to get the job done, and the fee will not change.

To facilitate coaching, third-party assessments or evaluations may be utilized with consent of both client and coach. If the client has recently completed an assessment, those results will be evaluated for use as appropriate. If a new or different assessment is sought, this expense is normally borne by the client or sponsor. For this coaching period, however, the coach will provide these assessments free of charge.





# *A Bold Leader*

## TD Smyers | Coaching

### **Payment**

Payment may be rendered by check or Direct Deposit. If check is preferred, please make payment to “TD Smyers” and mail to:

TD Smyers  
1112 Condalia Dr.  
Kyle, TX 78640

If Direct Deposit is preferred, routing and account information will be provided upon request. Payments are due on the 1<sup>st</sup> of the month in which service is rendered. An invoice for the upcoming month’s coaching will be sent to the accounting authority you specify during the last week of the preceding month.

**Accounting authority name and email:** \_\_\_\_\_

An initial invoice will be sent upon joint approval of this agreement, with payment for the initial coaching month due immediately.

Please call TD with any billing questions.

### **Session Changes/Cancellations and Rescheduling**

I request that you make our coaching sessions a priority. I assure you that I will. In the event you need to reschedule, please let me know at least 24 hours in advance. Likewise, I may need to reschedule a session on a rare occasion. I will give you the same courtesy and notice.

### **Initial Coaching Period**

The period of this initial coaching has been requested by the client and sponsor to be 12 months. A 12 month coaching period is sufficient to establish the long-term support necessary as you make major transitions and changes in your personal and professional life. After the initial period, you may extend as long and as often as you like. Some clients view coaching as an ongoing growth initiative. Since I limit my private coaching practice to a small number of inspiring clients, my practice is approaching capacity. If you stop coaching and decide later to reconvene, I will do my best to accommodate your request by giving you “preferred client” status on any existing list. The waiting period will vary, and I’ll be glad to discuss it further with you should the need arise.

### **Right to Terminate**

This coaching agreement may be terminated at any time during the coaching period, by either the client or the coach, with 30 days’ notice. If the agreement is terminated by either party prior to the end of the initial term of 12 months, or during any extension or renewal term, client will only be responsible for fees through the effective date of termination, prorated during the month of termination.

### **Confidentiality**

It is essential to our coaching relationship that you feel comfortable being open and sharing honestly. To that end, our conversations are entirely confidential, shared ONLY between the coach and the client. The status, progress, conduct and results of your coaching will not be discussed or disclosed to ANY party unless the release of information is otherwise authorized or requested by you, you have indicated you plan to do harm to yourself or others, or the release of information is required by law.

### **Coaching vs. Counseling**

It is important to me that you have clarity about the difference between coaching and other types of professional services such as therapy or counseling, consulting and mentoring. Coaching focuses on where you are presently and where you are headed, with a goal of helping you gain clarity about your vision, eliminate obstacles to your success, accelerate the pace of personal growth and achieve results that empower you to live your best life – professionally and personally. We can focus on any area of your life: Relationships, Finances, Spiritual Life, Work and Business, or Physical Health and Environments. While coaching is forward-focused, counseling tends to deal more with past issues in which you may find yourself stuck and struggling. We may occasionally discuss something that has occurred in the past, for the



# A Bold Leader

## TD Smyers | Coaching

(cont.)

purpose of clarifying the present, but your coaching will not focus on resolving the past. A simple rule of thumb to know whether you should be coaching or counseling: If your past is an issue, counseling is your best option. If your past is simply a fact (regardless of whether the circumstances were difficult or negative), you are probably ready for coaching. If it appears that there is an issue for which you may need counseling, I will suggest it. With the support of a counselor or therapist, some individuals choose to engage in coaching and counseling simultaneously, but with a focus on different areas of life for each service.

### Coaching vs. Consulting

A coach focuses on helping you walk your unique path to success. As the client, you are responsible for the results you receive as a result of coaching. I help you discover how to become more of who you need to be to achieve those results and identify what you may need to do differently. A consultant takes responsibility for a specific project, acting as a specialist\*, providing specific deliverables and knowledge. I believe in your ability to fully experience your potential and will provide a safe, consistent space for you to develop your potential.

\* If my professional experience (in the areas of leadership, management, strategy and innovation) might benefit you personally and professionally, I will use that knowledge in the context of the coaching session.

### Coaching vs. Mentoring

As a coach, I focus on the development of people in general, and the development of your unique path in particular. A mentor guides you towards a specific path of development. I am more interested in helping you onto to the unique and divinely-ordained path that is meant for you – which may be quite different than the path I have taken, even though the purpose of our paths may be very similar. My job as your coach is not to tell you what to do, but rather to help you uncover the answers that lie within you. Consider me a catalyst for your success.

### Thank you!

I am stoked to serve as your coach! Thank you for entrusting me with the opportunity of supporting you in this unique way as you take on new challenges, changes and developments on your path.

Client signature _____	Date _____
Client Name    Ken Simpson	
Coach signature _____	Date _____

Once you return this signed agreement via email and render payment for your first month of coaching services, I will reach out to schedule your first session.

# Tab A – Chief Executive Officer

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

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

**CAAS-** The Commission on Accreditation of Ambulance Services ("CAAS") is known to signify the gold standard in EMS. MedStar has been CAAS accredited for over a decade. As noted last month the inspectors provided a positive report, but they also noted some deficiencies related to the utilization of safety data and safety meetings. We were informed that we may have the opportunity to remedy this issue prior to the CAAS committee meeting again, so we have implemented a corrective action plan that involves restarting safety committee meetings and providing the necessary documentation to show the activities that are being taken based on the safety data. The deficiency is not anticipated to prevent reaccreditation, but by rectifying the deficiency prior to the committee meeting it should prevent us from having to submit additional documentation related to the deficiency later.

**BLS Utilization-** We are working on preparing a document outlining the BLS pilot project, its progress, and the outcomes for the First Responder Advisory Board. We are attempting to gain consensus around the efficacy of the program, identify any additional data that might be needed and move forward with potentially formalizing BLS deployment into MedStar's normal business operations.

**Reprioritization-** Some cities and fire chiefs have asked how it is decided when first responders should and should not go on medical calls. The basic response plans were set by the predecessors of most of the people in fire chief and executive positions today. Through collaborative meetings the decision was made by some cities that they would first respond on emergency calls, priority 1 and 2, and some priority 3 calls. Other fire departments elected to respond on priority 1, 2 and 3 calls. These requested response plans were put into the computer aided dispatch system so as the call gets triaged it automatically assigns the units required by that city's response plan.

As call volumes have increased it has strained some of the agencies, so we have suggested evaluating the calls to better determine what calls have a clinical need for first response due to the patient's acuity level, where a first responder city prefers to have fire first respond on calls, and whether there are opportunities to reduce the number of apparatuses that initially respond to a call. The end objective of this is to better utilize system resources and identify any opportunities where workload can be reduced on all agencies.

**Burleson Master Plan Study-** The Burleson City Council has invited MedStar to present at a council workshop on December 17, 2021. After the initial consultant recommendation on November 8, 2021, to transition their squads to ambulances several council members have reached out to MedStar to learn more about MedStar and EMS delivery in Burleson.

**Fort Worth Study-** Fort Worth recently released an RFP for a staffing study that includes an analysis of call volume and call type as well as deployment and utilization. We have provided information to the City of Fort Worth and are looking forward to being involved in this study.

### **HRIS/ADP:**

We have implemented the payroll module of ADP and are rolling out the employee review module of ADP. We anticipate implementing the time keeping and scheduling module of ADP in January 2022. This will allow payroll hours to transfer directly into the payroll system without having to utilize a manual

export. Overall, the feedback has been positive as the team has worked through implementation bumps and has become more familiar with the system.

**Billing/EMS|MC:**

The billing project has been going extremely well. EMS|MC began receiving EMS tickets on December 1, 2021. The billing and finance team is working closely with them to assure data transfer continues to flow well, reporting development is on track, and any issues that arise are quickly addressed. We have been very pleased with how the process has remained on track and how communicative EMS|MC has been. We look forward to watching the revenue and collection data as we move forward in this relationship with them.

**Board Training:**

The date is set for board training. It will be January 28<sup>th</sup>. It will be in A234, which is a classroom here at MedStar, and it will be a half day training event starting at 8:00 am.

# 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 21Q4CE – December
  - Airway Management Cadaver Lab

Course Attendance	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	89	32	32	75	52	28
FRO	2	3	3	13	68	3
External	4	0	0	5	9	0

## Credentialing

- New Protocol Transition
  - Completed – updated protocols and equipment list going to the State for the System

Agency	Completion Status	Projected Date	Agency	Completion Status	Projected Date
MedStar	Completed	4/26	Haslet VFD	Completed	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	Completed	10/31
Burleson FD	Completed	08/23-25	Saginaw FD	Completed	08/23-25
Edgecliff Village Fire Rescue	Completed	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.



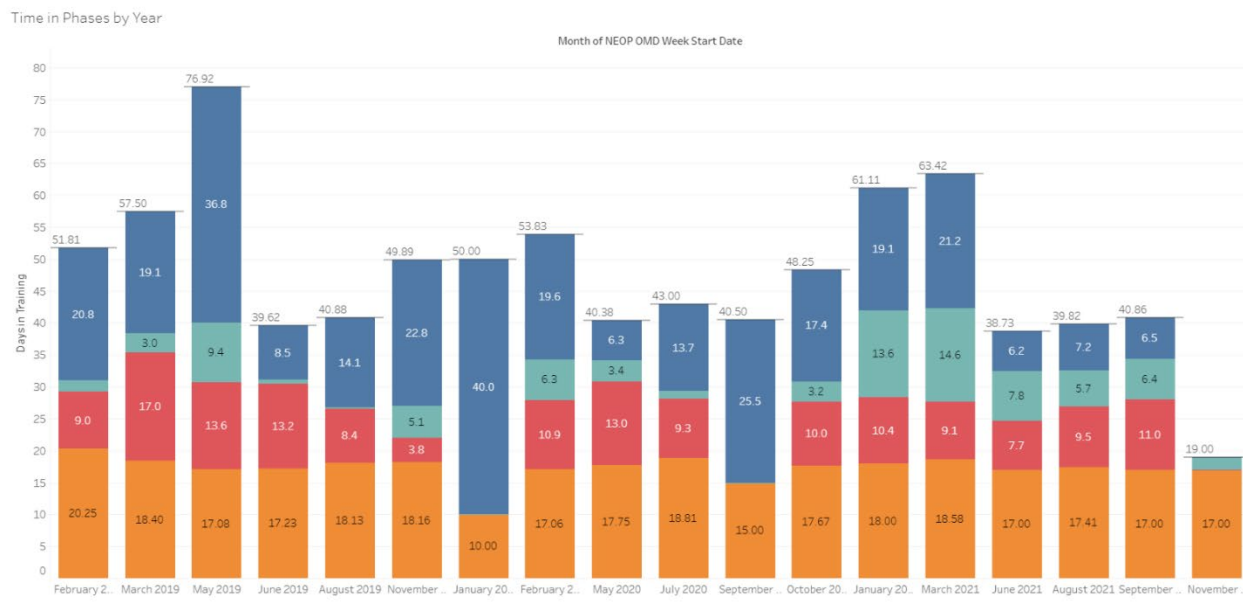
Fort Worth FD	Completed	8/31	White Settlement VFD	Completed	07/22,26,28
Haltom City FD	Completed	8/31			

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



- Credentialing Process



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

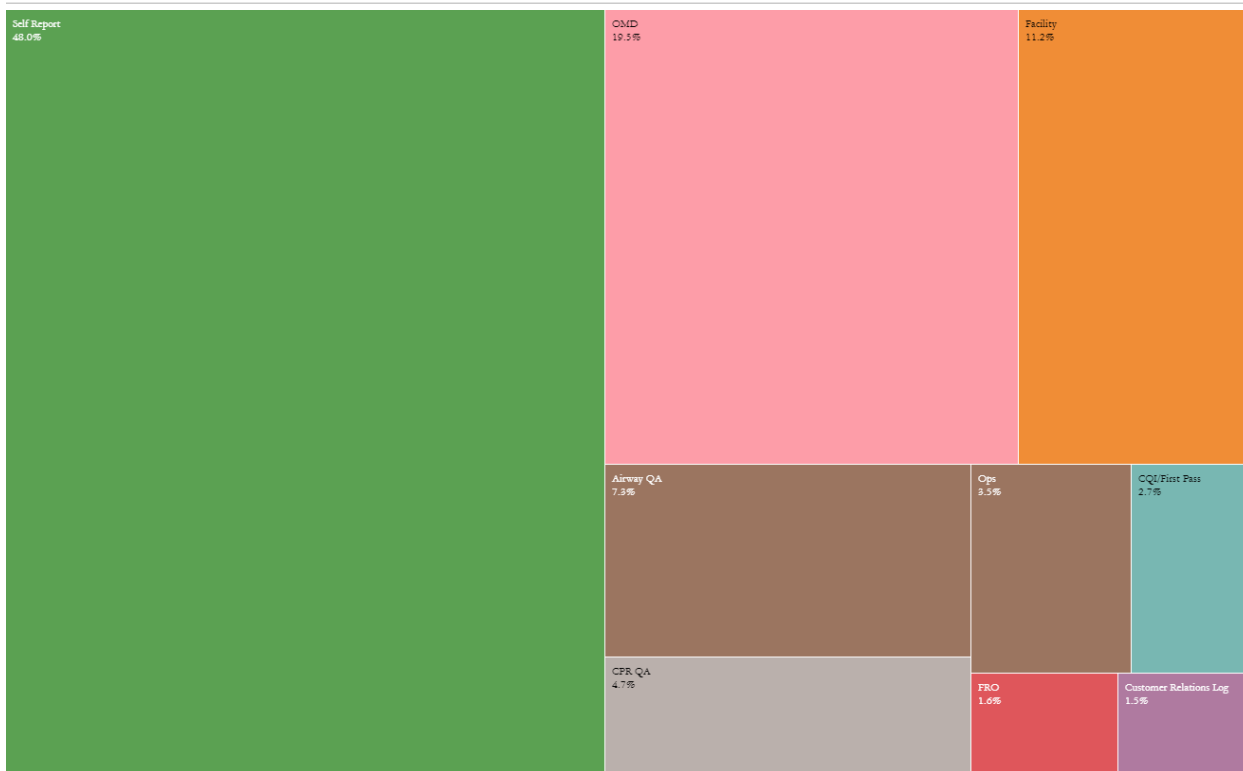
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## Quality Assurance

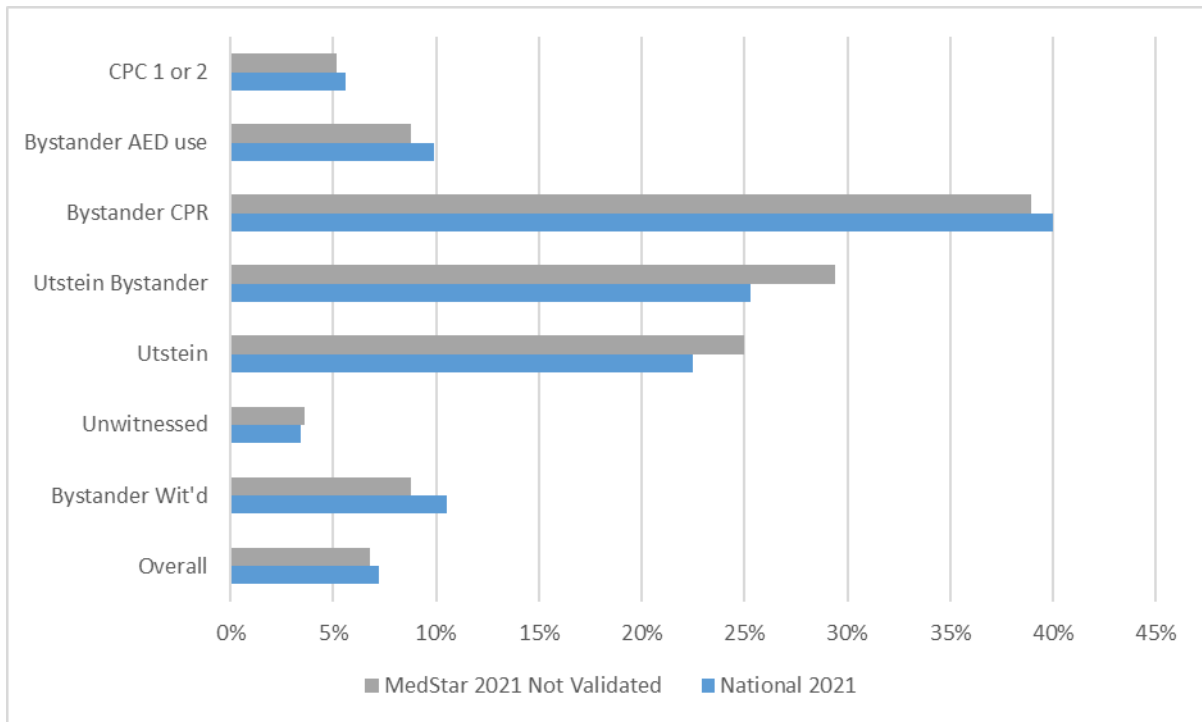
Case Acuity		
	October 2021	November 2021
High	2 (2.4%)	3 (4.3%)
Moderate	18 (21.2%)	32 (45.7%)
Low	46 (54.1%)	22 (31.4%)
Non QA/QI	19 (22.4%)	13 (18.6%)
Grand Total	85 (100.0%)	70 (100.0%)

Case Disposition		
	October 2021	November 2021
Clinically Appropriate	1 (1.2%)	
Needs Improvement	59 (69.4%)	54 (77.1%)
Forwarded	4 (4.7%)	1 (1.4%)
No Fault	21 (24.7%)	15 (21.4%)
Grand Total	85 (100.0%)	70 (100.0%)



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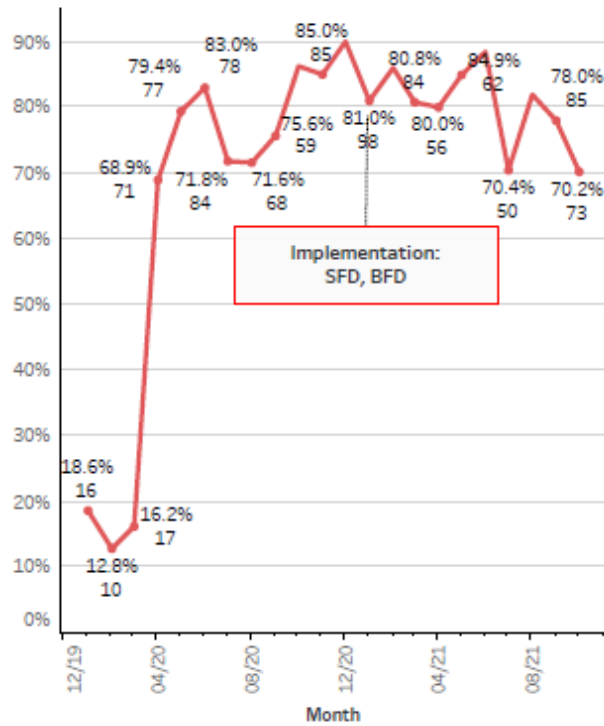
- CARES



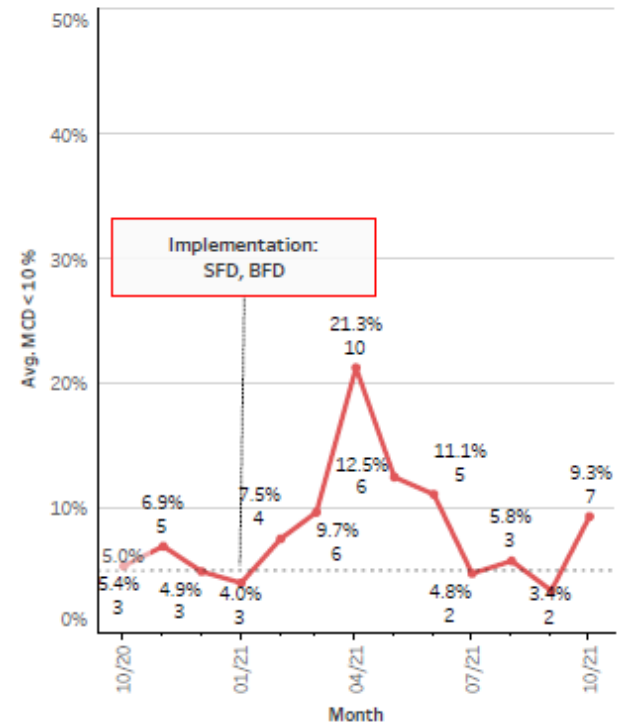
- 2021 (Not Validated)
  - 946-cases through November
  - 34-outcomes still pending

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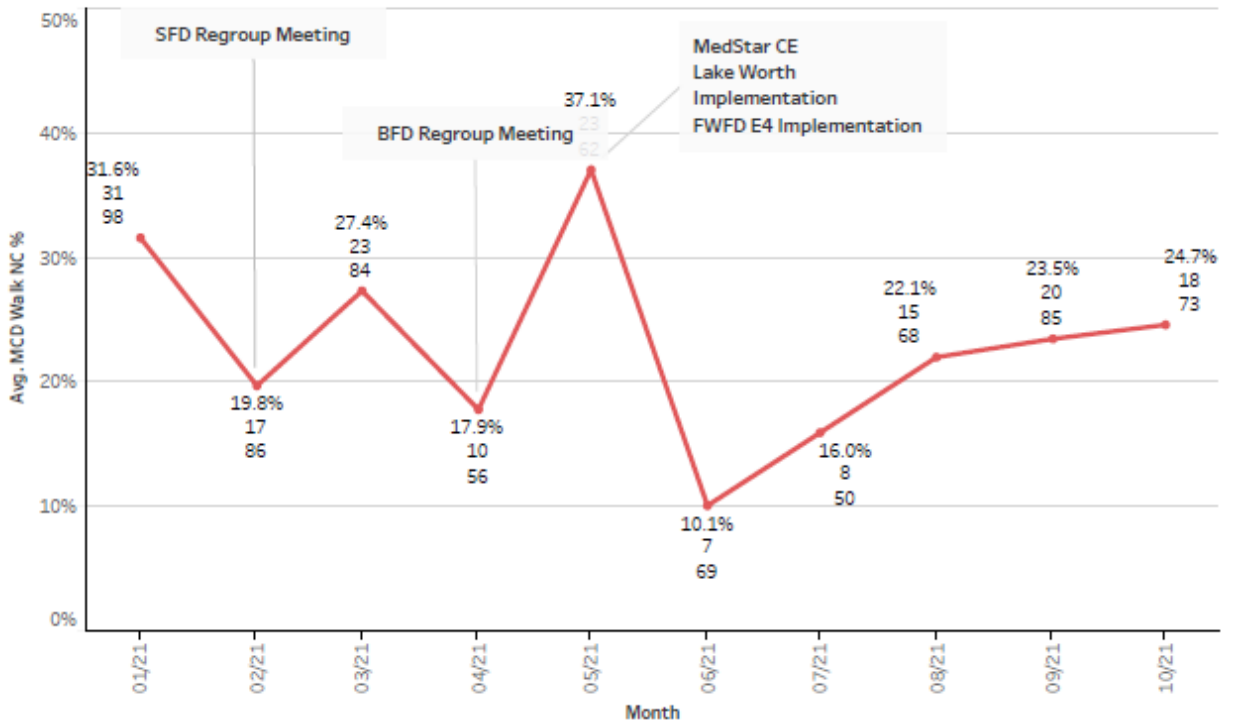
MCD Placement %



MCD Placement < 10 sec %



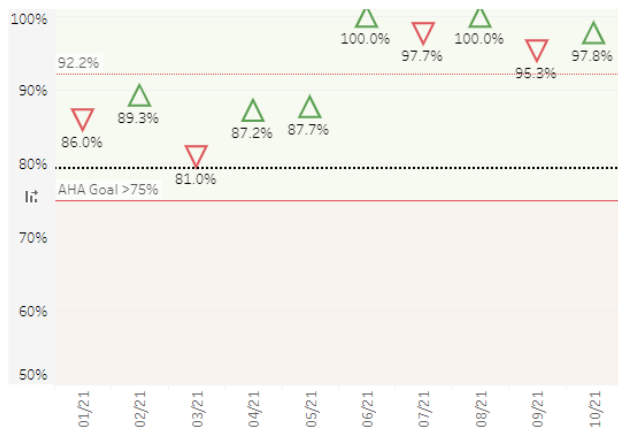
% of Uncorrected MCD Walk/Overall placement



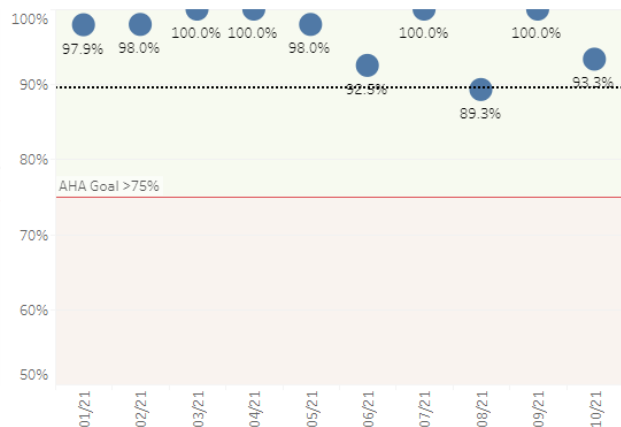
The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

- T-CPR

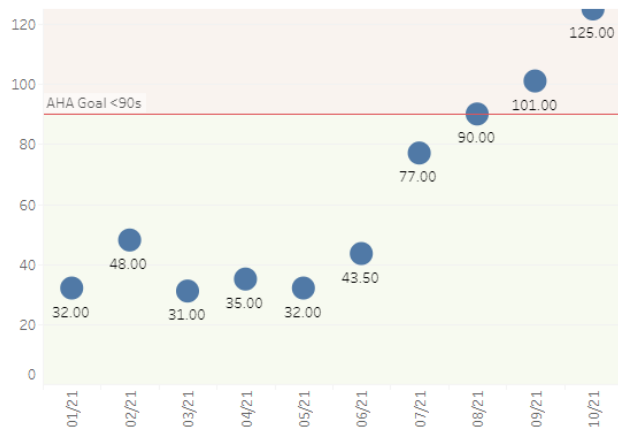
Percentage of OHCA Identified by PSAP



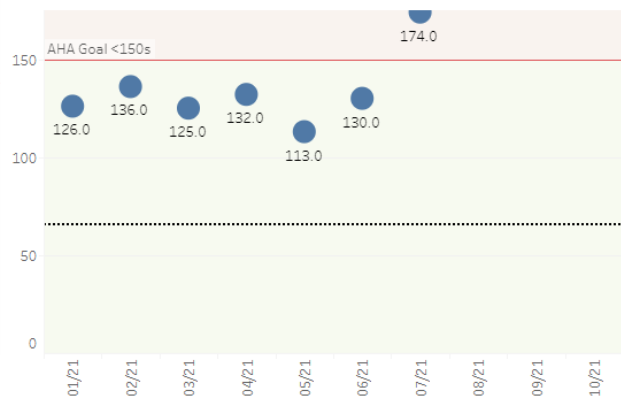
Percentage of Recognized OHCA Receiving T-CPR



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

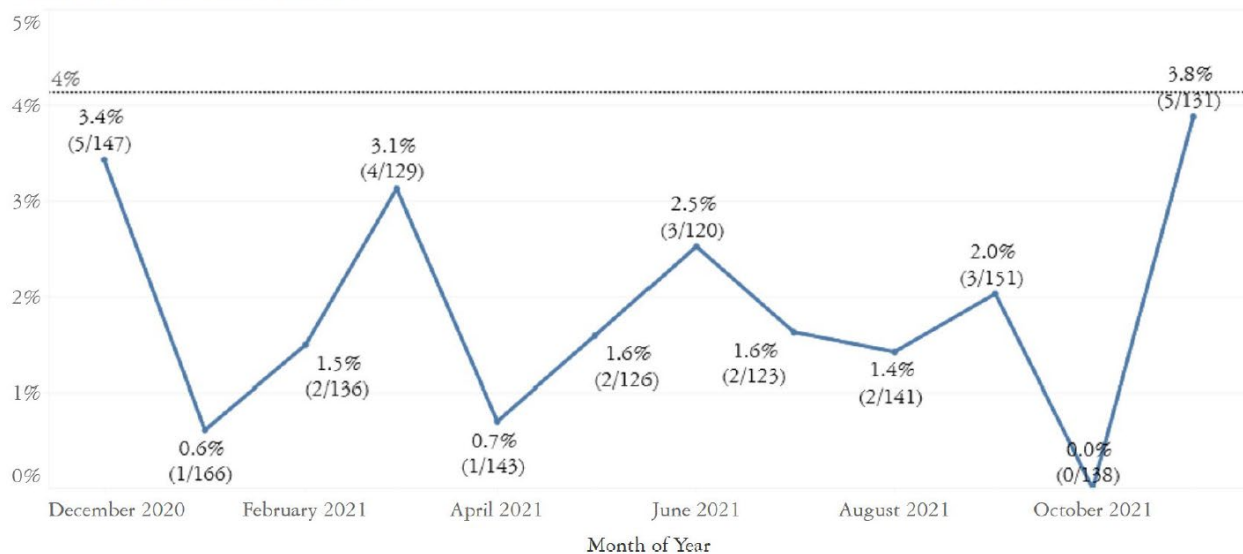


Median Time Between 9-1-1 Call and First T-CPR-Directed Compression



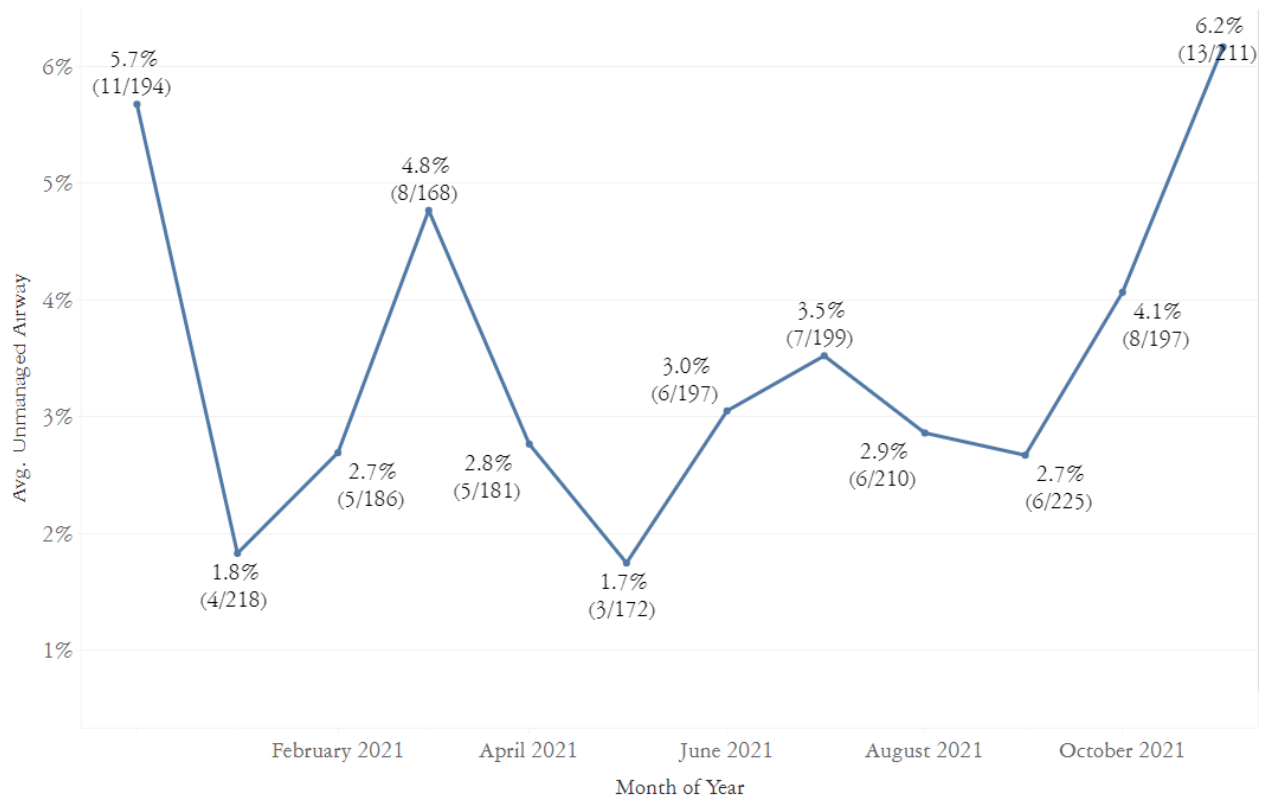
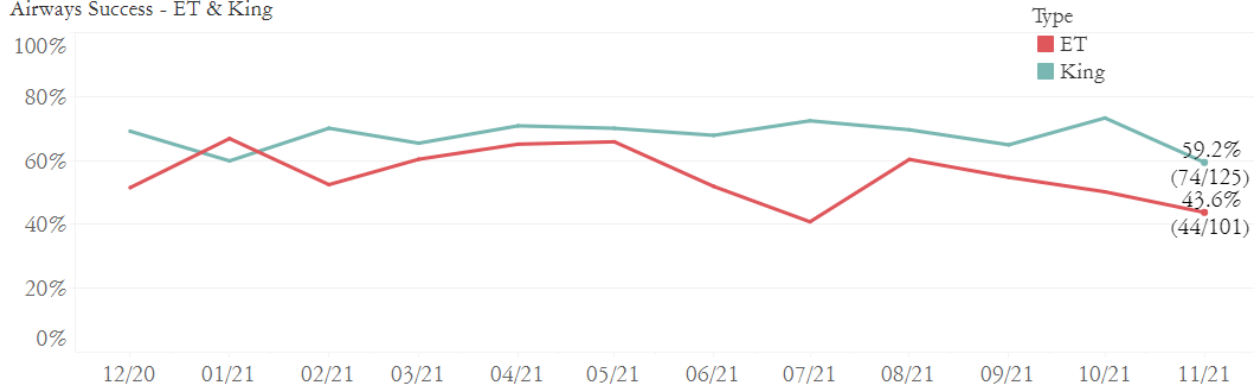
- Airway Management

Unrecognized Failed Advanced Airway Rate



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

Airways Success - ET & King



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

Cardiac Arrest	Goal	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Current Avg.
% of recognizable Out-of-Hospital Cardiac Arrests (OHCA) cases correctly identified by Dispatch	x	87.7%	100.0%	97.7%	100.0%	95.3%	97.8%	86.0%
Median time between 9-1-1 call and OHCA recognition		0:00:32	0:00:43	0:01:17	0:01:30	0:02:05	0:02:05	0:02:05
% of recognized 2nd party OHCA cases that received tCPR	x	98.0%	92.5%	100.0%	89.3%	100.0%	93.6%	98.6%
Median time between 9-1-1 Access to tCPR hands on chest time for OHCA cases		0:01:53	0:01:53	0:02:10	0:02:54			0:11
% of cases with time to tCPR < 180 sec from first key stroke		72.9%	89.1%	79.2%	75.7%	68.8%	80.0%	71.3%
% of cases with CCF ≥ 90%		88.0%	76.0%	72.0%	74.0%	84.0%	67.0%	79.9%
% of cases with compression rate 100-120 cpm 90% of the time		95.5%	97.3%	87.5%	90.9%	93.3%	92.9%	89.7%
% of cases with compression depth that meet appropriate depth benchmark 90% of the time		37.9%	45.9%	90.9%	42.9%	46.1%	47.6%	33.7%
% of cases with mechanical CPR device placement with < 10 sec pause in chest compression		13.3%	13.9%	9.5%	8.1%	3.4%	9.3%	19.9%
% of cases with Pre-shock pause < 10 sec	x							89.2%
% arrive at E/D with ROSC	x	15.1%	6.9%	14.8%	18.7%	13.3%	15.7%	16.7%
% discharged alive	x	8.1%	5.5%	4.9%	4.0%	3.6%	1.4%	7.1%
% neuro intact at discharge (Good or Moderate Cognition)	x	8.1%	2.8%	3.7%	4.0%	2.4%	1.4%	5.3%
% of cases with bystander CPR		53.5%	58.3%	39.5%	44.0%	41.0%	45.7%	48.7%
% of cases with bystander AED use		20.9%	29.2%	27.2%	26.7%	24.1%	2.9%	19.8%

STEMI	Goal	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Current Avg.
% of suspected STEMI patients correctly identified by EMS		52.2%	52.0%	57.1%	65.0%	44.1%	71.0%	62.0%
% of suspected STEMI patients w/ASA admin (in the absence of contraindications)		96.9%	90.6%	87.5%	92.9%	94.7%	91.7%	94.5%
% of suspected STEMI patients w/NTG admin (in the absence of contraindications)		84.4%	87.5%	87.5%	85.7%	81.6%	79.2%	87.7%
% of suspected STEMI patients with 12L acquisition within 10 minutes of patient contact		59.4%	81.3%	65.6%	71.4%	63.2%	64.6%	72.1%
% of suspected STEMI patients with 12L transmitted within 5 minutes of transport initiation		71.9%	71.9%	59.4%	46.4%	60.5%	62.5%	62.4%
% of suspected STEMI patients with PCI facility notified of suspected STEMI within 10 minutes of EMS patient contact		18.8%	21.9%	12.5%	25.0%	23.7%	10.4%	18.5%
% of patients with Suspected STEMI Transported to PCI Center		96.9%	96.9%	100.0%	100.0%	94.7%	100.0%	99.6%
% of suspected STEMI patients with EMS activation to Cath Lab intervention time < 90 minutes		18.2%	54.6%	8.3%	44.4%	28.6%	33.3%	32.7%

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





## **Chief Financial Officer Report**

Due to the early date of the Board meeting this December, there is no Finance report for November. At the January meeting, we will report on both November and December financials.

Steve Post  
Chief Financial Officer

# Tab D – Chief Human Resources Officer

## Human Resources - November 2021

### Turnover:

- November turnover –2.38%
  - FT – 2.40%
  - PT – 2.22%
- Year to date turnover –1.98%
  - FT – 1.31%
  - PT – 8.89%

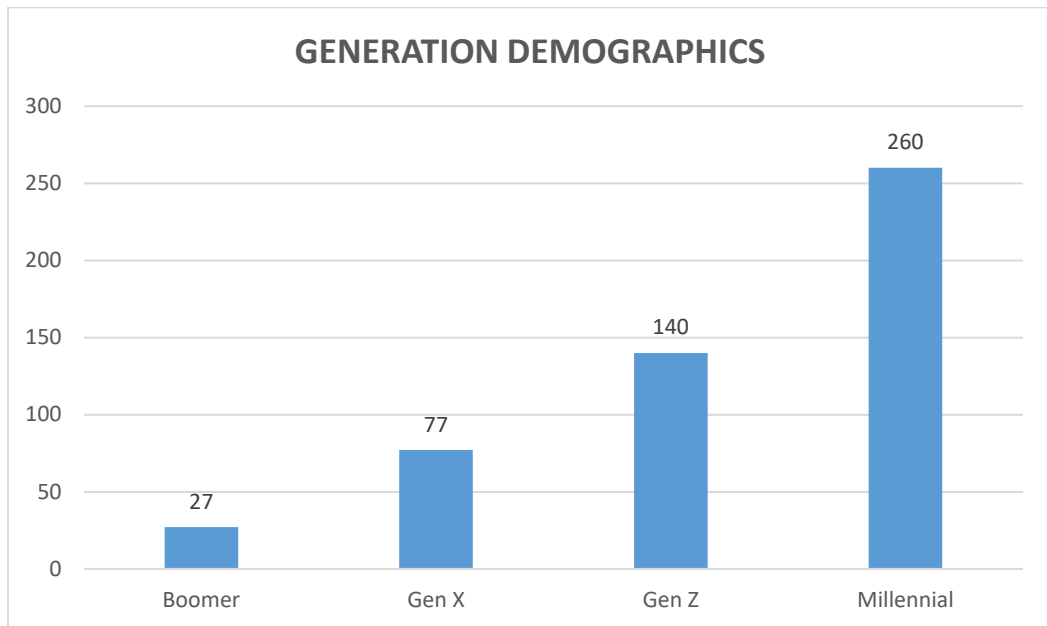
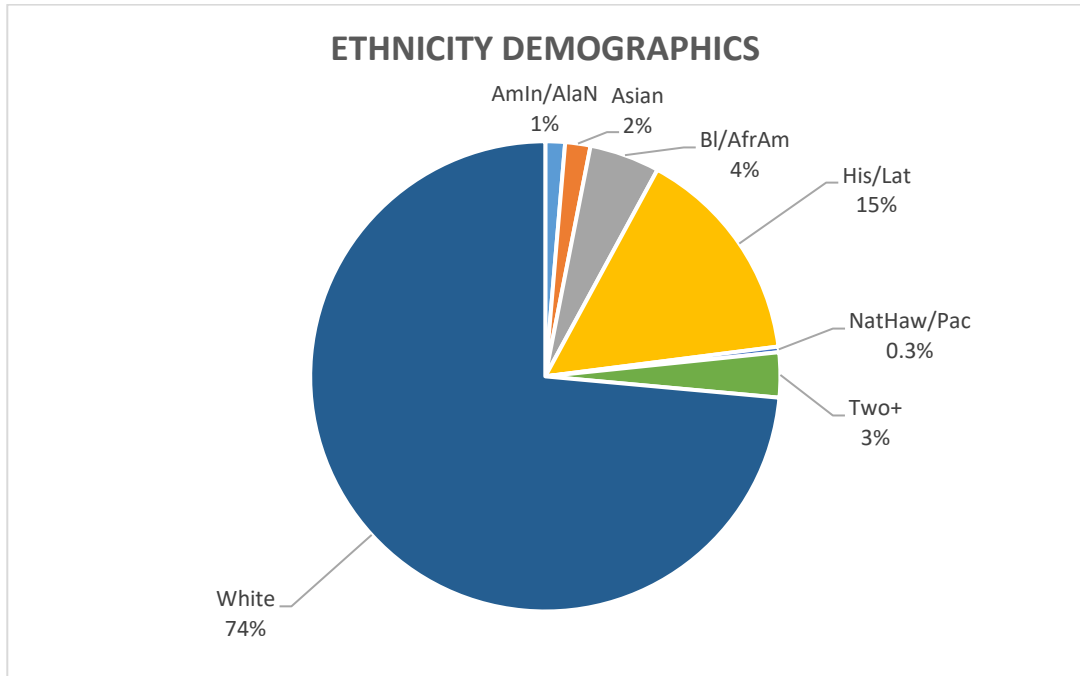
### Leaves:

- 41 employees on FMLA / 8.93% of workforce
  - 31 cases on intermittent
  - 10 cases on a block
- Top FMLA request reasons/conditions
  - Neurological (9)
  - FMLA Child (7)
  - Mental Health (6)
- COVID Administrative Leave
  - 248.05 hours in October
  - 17731:63 hours to date

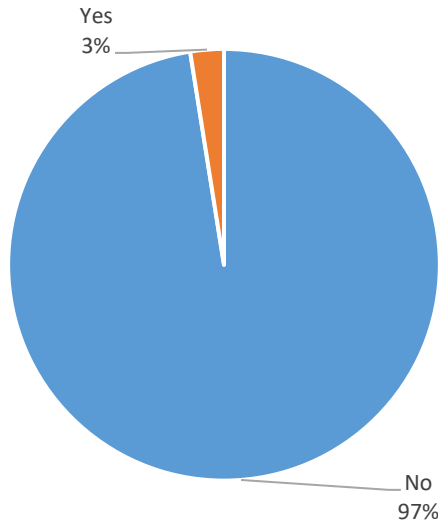
### Staffing

- 0 hires in November
- 16 hires FYTD

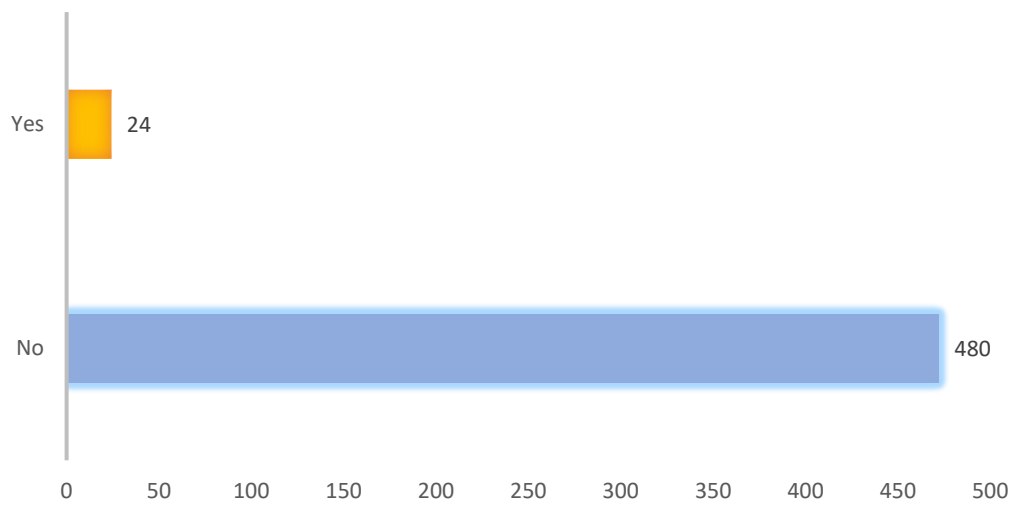
# NOVEMBER 2021 DIVERSITY STATISTICS



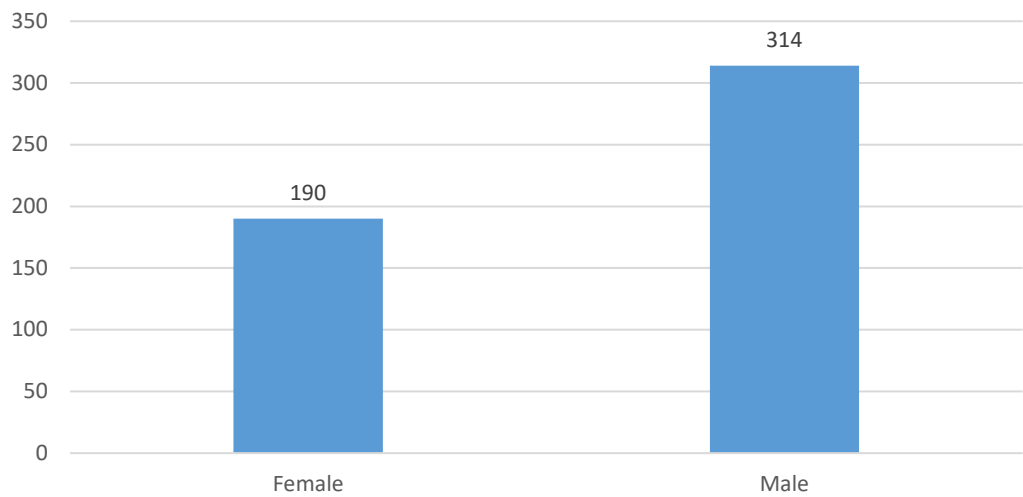
### DISABILITY DEMOGRAPHICS



### VETERAN DEMOGRAPHICS



### GENDER DEMOGRAPHICS



**FMLA Leave of Absence (FMLA Detailed Report)**  
**Fiscal Year 11/1/2021 thru 11/30/2021**  
**Percentages by Department/Conditions**

Condition	
Row Labels	Count of Reason
Cardiology	1
Digestive	1
External Medicine	1
FMLA - Child	7
FMLA - Parent	3
FMLA - Spouse	1
Internal Medicine	3
Mental Health	6
Neurological	9
Obstetrics	3
Orthopedic	3
Pulmonary	3
<b>Grand Total</b>	<b>41</b>

Percentage by Department					
Department	# of Ees	# on FMLA	% by FTE	% by FMLA	% by Dept HC
Administration	17	2	0.44%	4.88%	11.76%
Advanced	144	11	2.40%	26.83%	7.64%
Basic	193	10	2.18%	24.39%	5.18%
Business Office	9	6	1.31%	14.63%	66.67%
Communications	43	2	0.44%	4.88%	4.65%
Executive	6	2	0.44%	4.88%	33.33%
Human Resources	6	1	0.22%	2.44%	16.67%
Mobile Integrated Health	11	1	0.22%	2.44%	9.09%
Office of the Medical Director	11	1	0.22%	2.44%	9.09%
Support Services - Facilities, Fleet, S.E., Logistics	35	5	1.09%	12.20%	14.29%
<b>Grand Total</b>	<b>475</b>	<b>41</b>			
<b>Total # of Full Time Employees - Nov 2021</b>	<b>459</b>				
<b>% of Workforce using FMLA</b>	<b>8.93%</b>				
<b>TYPE OF LEAVES UNDER FMLA</b>	<b># of Ees</b>	<b>% on Leave</b>			
Intermittent Leave	31	75.61%			
Block of Leave	10	24.39%			
<b>Total</b>	<b>41</b>	<b>100.00%</b>			

MedStar Mobile Healthcare  
 Leave of Absence Report - Fiscal Year 2021 - 2022

Light Duty WC for Fiscal Year 2021 - 2022													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Goal
Hours/Mo	634:59	317:41	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
FY 21-22	634:59	952:40	952:40	952:40	952:40	952:40	952:40	952:40	952:40	952:40	952:40	952:40	3254:00
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	

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

Light Duty HR for Fiscal Year 2021 - 2022													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Goal
Hours/Mo	46:20	154:26	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
FY 21-22	46:20	200:46	200:46	200:46	200:46	200:46	200:46	200:46	200:46	200:46	200:46	200:46	2162:30
FY 20-21	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 2021 - 2022													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Goal
Hours/Mo	0:00	24:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
FY 21-22	0:00	24:00	24:00	24:00	24:00	24:00	24:00	24:00	24:00	24:00	24:00	24:00	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	0:00

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

FMLA LOA for Fiscal Year 2021 - 2022													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	AVG
Hours/Mo	852:24	799:07	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	165:09
FY 21-22	852:24	1651:31	1651:31	1651:31	1651:31	1651:31	1651:31	1651:31	1651:31	1651:31	1651:31	1651:31	165:09
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	10173:10:35

All Other Leave for Fiscal Year 2021 - 2022*													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	AVG
Hours/Mo	7250:27	7428:58	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	1467:56
FY 21-22	7250:27	14679:25	14679:25	14679:25	14679:25	14679:25	14679:25	14679:25	14679:25	14679:25	14679:25	14679:25	1467:56
FY 20-21	6258:06	11345:22	17676:28	21636:11	25998:39	32058:12	37543:40	44215:57	51059:14	57964:04	63772:29	69441:53	36580:51:15

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

Military Leave for Fiscal Year 2021 - 2022													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	AVG
Hours/Mo	166:00	206:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	37:12
FY 21-22	166:00	372:00	372:00	372:00	372:00	372:00	372:00	372:00	372:00	372:00	372:00	372:00	37:12
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	18086:55:00

Total Leave Hours													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	AVG
Hours/Mo	1653:23	1346:48	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	300:01
FY 21-22	1653:23	3000:11	3000:11	3000:11	3000:11	3000:11	3000:11	3000:11	3000:11	3000:11	3000:11	3000:11	300:01
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	71602:36:00

Summary of Fiscal Year 2020-2021

WC Light Duty	HR Light Duty	Worker's Comp	FMLA	All Other Leave	Military	Total
952:40	200:46	24:00	1651:31	14679:25	372:00	3000:11
3254:00	2162:30	0:00	17497:06	69441:53	1096:00	93451:29

**MedStar Mobile Health Care Separation Statistics - November 2021**

Full Time Separations  
Part Time Separations  
Total Separations

Current Month		
Vol	Invol	Total
4	7	11
1	0	1
5	7	12

Year to Date		
Vol	Invol	Total
5	1	6
4	0	4
9	1	10

YTD Compared to Nov'20		Headcount
Nov '20	%	Nov-21
11	2.65%	459
7	17.07%	45
18	3.95%	504
Difference	-1.966%	

	Full Time	Part Time	Total
Total Turnover %	2.40%	2.22%	2.38%

	Full Time	Part Time	Total
	1.31%	8.89%	1.98%

**Separations by Department**

Full Time	Current Month		
	Vol	Invol	Total
Advanced	1	0	1
Basics	2	0	2
Business Office			
Communications	0	7	7
Controller - Payroll, Purchasing, A/P			
Executives			
Field Manager/Supervisors - Operations	1	0	1
Field Operations Other			
Health Information Systems			
Human Resources			
Information Technology			
Legal/Compliance			
Mobile Integrated Health			
Office of the Medical Director			
Public Information			
Support Services - Facilities, Fleet, S.E., Logistics			
<b>Total</b>	<b>4</b>	<b>7</b>	<b>11</b>

Year to Date			Headcount
Vol	Invol	Total	Nov-21
1	0	1	124
4	0	4	175
			14
			40
0	0	0	5
			7
			24
			2
			2
			5
			2
			2
0	1	1	13
			13
			1
			30
<b>5</b>	<b>1</b>	<b>6</b>	<b>459</b>

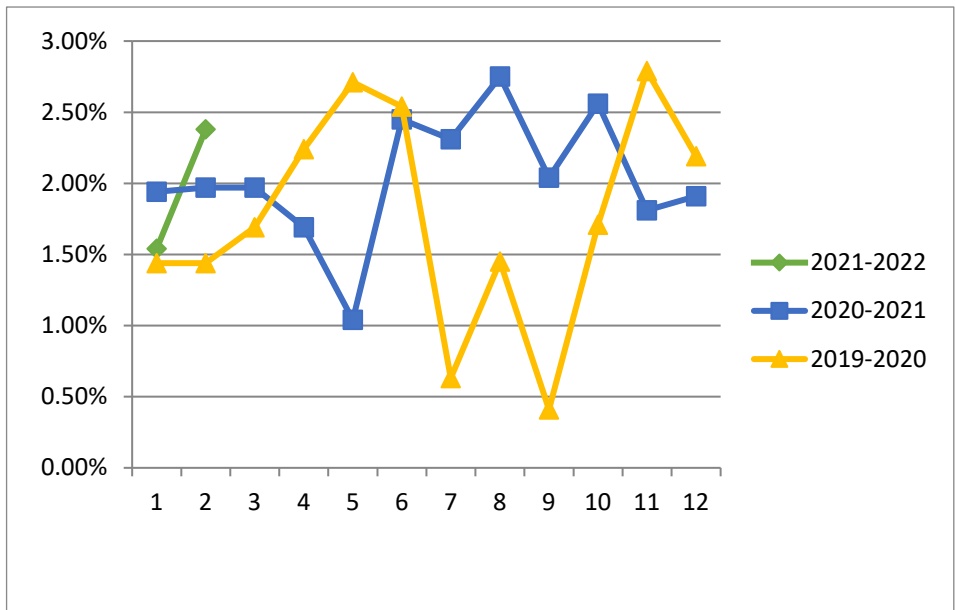
Part Time	Current Month		
	Vol	Invol	Total
Advanced	1	0	1
Basics			
Business Intelligence - Deployment, QI, Scheduler			
Business Office			
Communications			
Compliance			
Controller - Payroll, Purchasing, A/P			
Field Manager/Supervisors - Operations			
Human Resources			
Information Technology			
Medical Records			
Mobile Integrated Health Department			
MTAC - MedStar Training Academy			
Office of the Medical Director			
Risk and Safety			
Support Services - Facilities, Fleet, S.E., Logistics			
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>

Year to Date			Headcount
Vol	Invol	Total	Nov-21
2	0	2	19
2	0	2	17
			4
			5
<b>4</b>	<b>0</b>	<b>4</b>	<b>45</b>



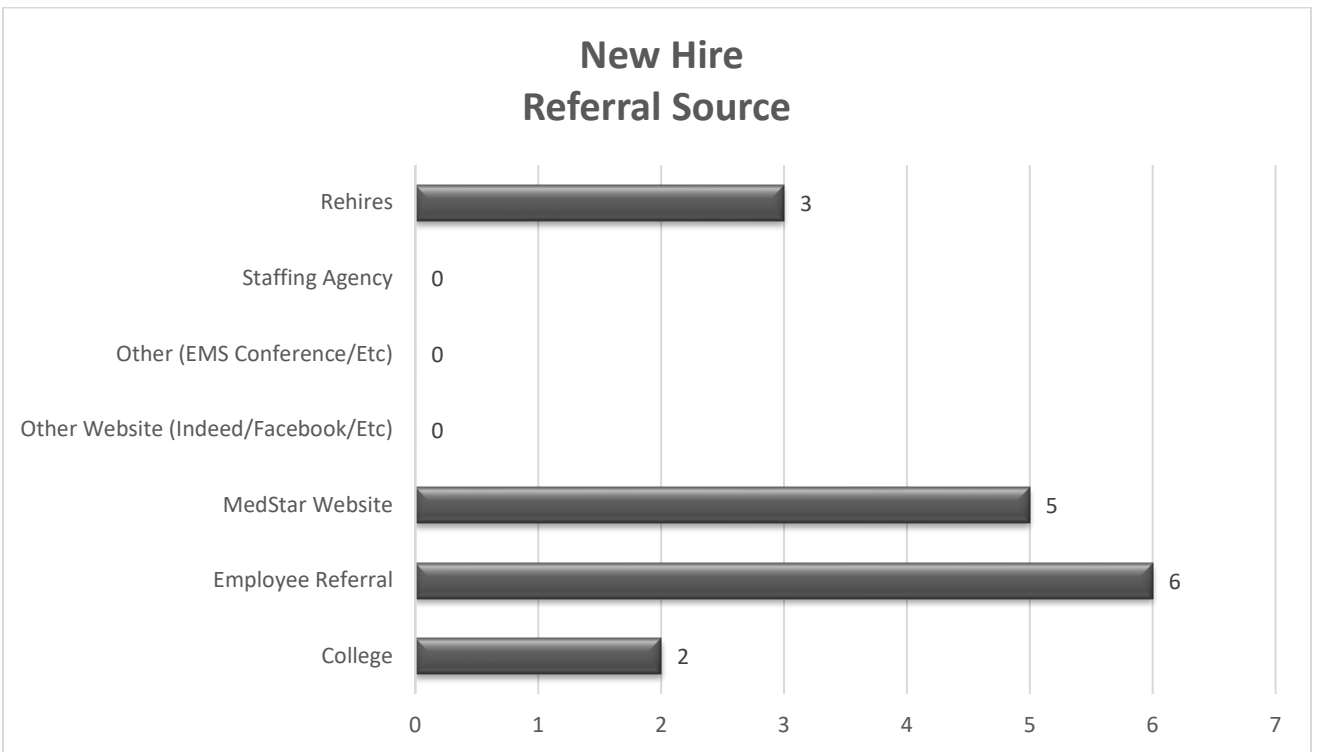
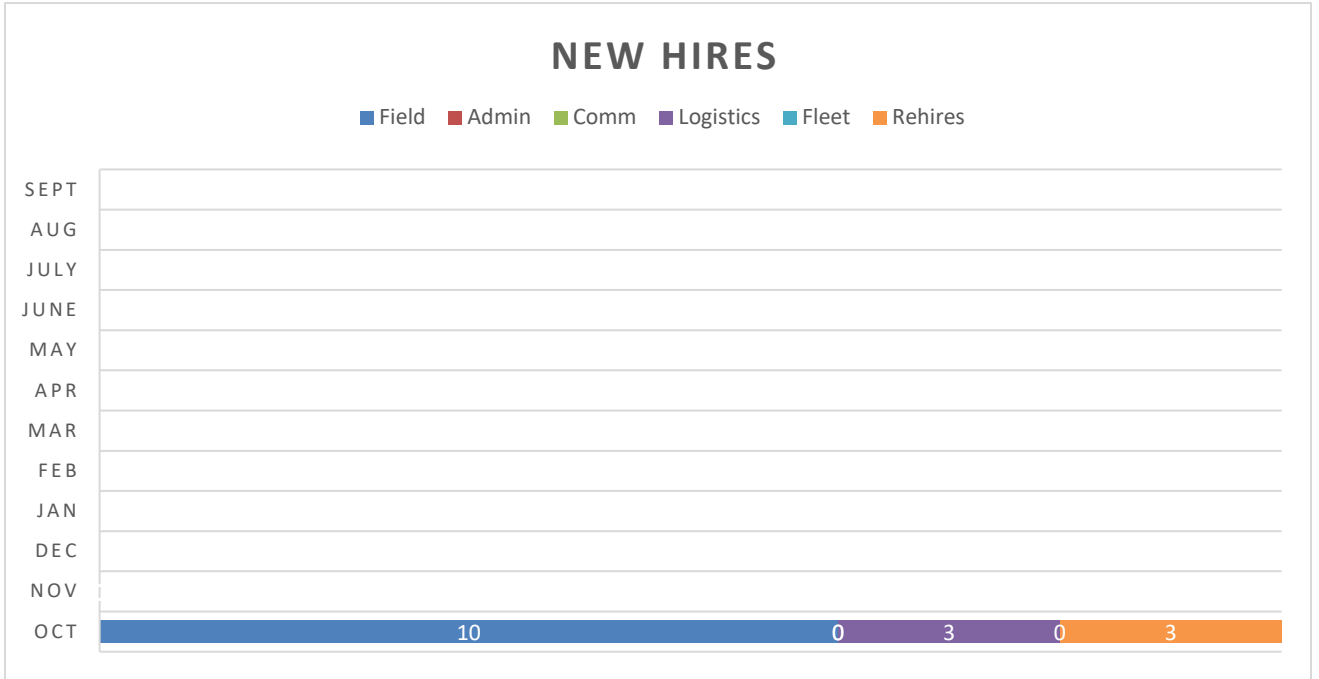
### MedStar Mobile Healthcare Turnover Fiscal Year 2021 - 2022

	Full & Part Time Turnover			Full Time Only
	2021-2022	2020-2021	2019-2020	2021-2022
October	1.54%	1.94%	1.44%	1.05%
November	2.38%	1.97%	1.44%	2.40%
December		1.97%	1.69%	
January		1.69%	2.24%	
February		1.04%	2.71%	
March		2.45%	2.54%	
April		2.31%	0.63%	
May		2.75%	1.45%	
June		2.04%	0.41%	
July		2.56%	1.71%	
August		1.81%	2.79%	
September		1.91%	2.19%	
Actual Turnover	1.54%	16.17%	19.91%	1.05%



# Recruiting & Staffing Report

Fiscal Year 2021-2022



# Tab E – Compliance and Legal



## **Compliance Officer's Report November 18, 2021-December 7, 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 Tarrant County Medical Examiner's office with multiple death investigations.

### **Paralegal Duties**

- 13 DFPS reports were made for suspected abuse, neglect, or exploitation.
- 1 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.
- 1 Subpoenas(s) for witness appearance processed and served.
- Drafted, reviewed, and executed multiple contractual agreements with outside parties.

A handwritten signature in black ink, appearing to read "Chad Carr", is positioned above the typed name.

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

# Tab F – Operations

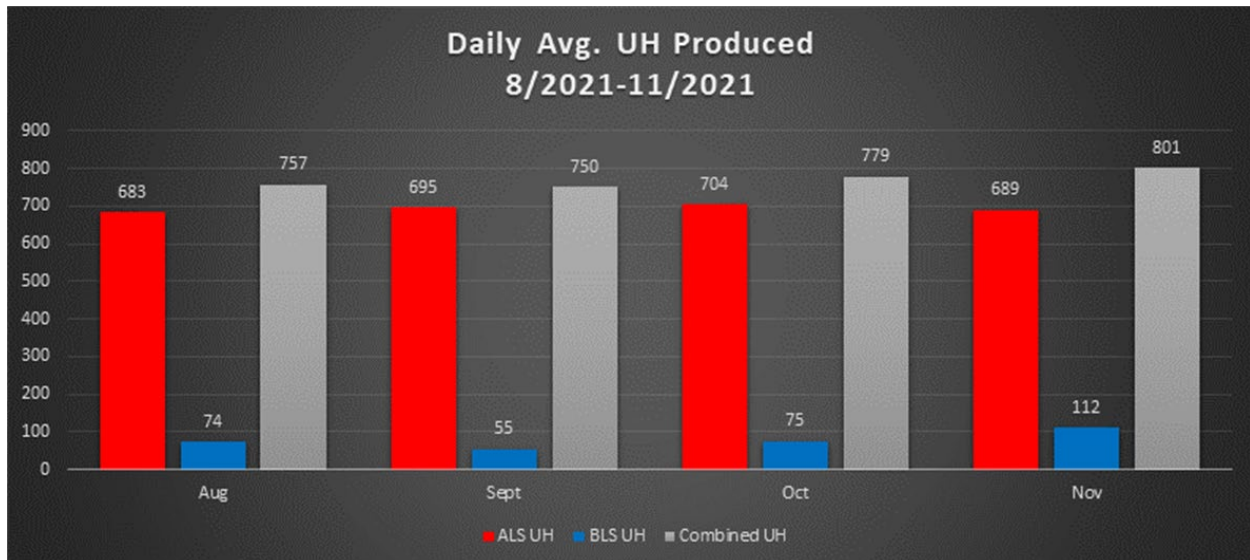
## Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

### Operations Report- November 30, 2021

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

#### Field Operations:

- November's transport volume exceeded budget expectations by approximately 4%.
- Call volume is normalizing.
- BLS ambulance pilot is ongoing.
  - Incorporated feedback from First Responder Stakeholders about clock stop times for BLS ambulances into the BLS deployment.
- ET3 utilization is increasing and there is positive feedback from patients and crews.
- Field team members are bidding on new shift schedules that will start in January 2022 to help align shifts with demand.
- Ambulance in the Burluson Station 16 appears to be going well.
- Compliance has picked up as call volume has normalized, the COVID screening data agreed to by the system first responders and MedStar has ended and mutual agreement around BLS measures have been identified. Recruiting and retention efforts will continue in an effort to assure adequate staffing.



#### Fleet/Logistics:

- Preparing to roll out new IV pumps to field in coordination with OMD.
- New support vehicles have started getting placed in service. The remaining two should be put in service during the week of December 20, 2021.
- Working to stay ahead of supply chain challenges through active management.

**Emergency Management:**

Current as of 12/6/2021-

- Positives 158
- Recovered 157
- Active Cases 0

**Total Testing**

- Negative 1643
- Positive 159
- Indeterminate 3

**Organizational Vaccines**

- 69.28% of the organization has been fully vaccinated for COVID-19
- 73.97% of the organization has received at least one Vaccine dose

**Vaccine Administration**

Vaccine Administrations	
Total Vaccines Administered	8,884
Total Sites	105
Vaccines Administered at MedStar	736
Total MedStar Sites	42
Home Bound Vaccines Administered	97
Total Home Bound Sites (days administered)	14
Community Vaccines Administered	8,051
Community Sites	49

**Infusions:**

Administering Monoclonal Antibody Infusions to qualified individuals with validated COVID positive PCR or antigen test to:

- First Responders and immediate family members
- Other healthcare referrals that cannot be scheduled within 10 days

mAb Infusions Administered Since 08/24	
Referrals Received	250
Infusions Completed	176
FRO Referrals (11 different agencies)	85
MedStar Referrals	30
THR Referrals	54
Other Referrals	34
JPS Referrals	47

### Special Operations:

- AMBUS 2.0 final inspection pending December 2021
- Hosting NCTTRAC, Panhandle Race, and Amarillo FD leadership on 12/9 to review current AMBUS
- Attended State Committee meetings held at 2021 EMS Conference
- Conducted internal winter weather planning session
- Peak special event season has ended
  - Planning for Stock Show season
- finalizing application for the 2021 Assist Fire Grant

### Information Technology:

- Migrating Gateways and mobile devices to FirstNet, First Response cellular network.
- Completed 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.
- Replacing network equipment that has reached the end of its vendor-supported life-cycle.
- Planning for the consolidation and modernization of MedStar's access control and video surveillance systems.
- Selected a software to assist in change management process, document repository and version control moving forward. Implementation expected in coming months.

### 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 on data aggregation and reporting for City of Fort Worth and internal reporting.
- Business Intelligence Manager preparing for semi-retirement beginning 1/1/22.



## Communications:

- Working on re-accreditation with the International Academy of Emergency Medical Dispatchers, on track to be completed 1-month early
- RQIT Project is going well. All Dispatchers are current with quarterly assignments and remain RQIT T-CPR Certified
  - RQIT analysis utilized slightly different metrics than has been historically utilized, and we are working on training to improve new metrics.
- Medical Transport Priority System (MTPS) for non-emergency transportation implementation in progress, expected go-live February 2022
- Providing daily reports of previous day's responses with time stamps to any requesting member city.
  - Those receiving reports understand it is unchecked data.
  - We are working to find ways to provide this information less manually than we are currently doing it. We will be discussing with applicable parties and probably third-party reporting agencies we already utilize to produce other reports.
- Communications is working with billing to absorb some of the billing and insurance collection duties related to scheduling and approving non-emergency, prescheduled transports.
- Communications is working on absorbing some of the business intelligence responsibilities related to reporting.



# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 11/01/2021 thru 11/30/2021

Total Calls	Mutual Aid Requested	Percent of Mutual Aid Calls
13760	23	0.167%

Aid Type	Total	Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX	
Given	84											
	<b>Total</b>											
	Aid TO											
	Arlington	51	Arlington EMS	AMR Arlington 1	11/20/2021 12:12:43	1986967	1	Fort Worth	29D02 - p - Rollover - Rollovers - P1	00:02:31	AMA - Assessed and/or Treated & Released	0
	Benbrook Auto Aid	25	Arlington EMS	AMR Arlington 1	11/05/2021 03:37:55	1986361	3	Fort Worth	26A10 - Sick Person (Specific Diagnosis) - P3	00:51:11		1
	Crowley	5										
	Joshua	1										
Tarrant County	2											
Received	23											
<b>Total</b>	2											
Arlington EMS	2											
Benbrook	1	Benbrook	Benbrook Medic 1	11/05/2021 03:40:17	1986362	1	Fort Worth	26C01 - Sick Person (Specific Diagnosis) - P2	00:58:38		0	
Crowley	2											
		Crowley	Crowley 254	11/13/2021 09:53:22	1978336	3	Burleson	26A10 - Sick Person (Specific Diagnosis) - P3	00:45:19		1	
		Crowley	Crowley 54	11/27/2021 17:13:43	1994697	2	Burleson	29B05 - V - Solitary vehicle - Multiple patients - P2	00:12:10		0	
Eagle Mountain	11											
		Eagle Mountain	Eagle Mountain	11/15/2021 15:59:47	1981218	3	Fort Worth	17A03 - Falls - ECNS Eligible	00:47:25		1	
		Eagle Mountain	Eagle Mountain	11/23/2021 18:25:55	1990597	3	Lakeside	26A10 - Sick Person (Specific Diagnosis) - P3	01:22:08		1	
		Eagle Mountain	Eagle Mountain	11/12/2021 10:55:11	1976995	3	Fort Worth	17A02 - G - Falls - On the ground or floor - P3	01:23:04		1	
		Eagle Mountain	Eagle Mountain	11/09/2021 17:34:23	1974124	1	Fort Worth	29D02 - p - Rollover - Rollovers - P1	00:23:38		0	
		Eagle Mountain	Eagle Mountain	11/15/2021 15:25:27	1981143	3	Fort Worth	17A04 - G - Falls - On the ground or floor - FIRE ONLY	00:28:56	No Pt Found/Pt Left Scene	0	
		Eagle Mountain	Eagle Mountain	11/19/2021 10:28:11	1985600	2	Fort Worth	12C04 - Convulsions / Seizures - P2	01:47:01		1	

# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 11/01/2021 thru 11/30/2021

Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX	
<b>Johnson County</b>										
	Eagle Mountain	11/30/2021 16:56:36	1998408	2	Lake Worth	29B01 - U - Vehicle vs. vehicle - Unknown number of patients - P2	00:04:19	FD/PPD Cancelled MedStar	0	
	Eagle Mountain	11/08/2021 14:21:54	1972674	2	Fort Worth	31C01 - Unconscious / Fainting (Near) - P2	00:34:44		0	
	Eagle Mountain	11/18/2021 18:17:50	1984995	1	Fort Worth	17D03 - Falls - P1	00:27:07		0	
	Eagle Mountain	11/12/2021 09:27:23	1976920	2	Fort Worth	19C02 - Heart Problems / A.I.C.D. - P2	01:19:12		1	
	Eagle Mountain	11/05/2021 02:11:43	1968290	1	Fort Worth	06D04 - A - Breathing Problems - Asthma - P1	01:42:20		1	
	<b>Aid FROM</b>	<b>Unit</b>	<b>Inc Date</b>	<b>Incident Number</b>	<b>Priority</b>	<b>Area</b>	<b>Problem</b>	<b>Task Time (Assign to Clear)</b>	<b>Cancel Reason</b>	<b>Resulted In TX</b>
	Johnson County	AMR JC 1	11/19/2021 11:06:18	1985682	3	Burleson	26A07 - Sick Person (Specific Diagnosis) - P3	01:31:31		1
	Johnson County	AMR JC 2	11/22/2021 04:15:05	1988745	2	Burleson	05C03 - Back Pain (Non-Traumatic or Non-Recent Trauma) - P2	00:49:52		1
<b>Life Care EMS</b>										
	<b>Aid FROM</b>	<b>Unit</b>	<b>Inc Date</b>	<b>Incident Number</b>	<b>Priority</b>	<b>Area</b>	<b>Problem</b>	<b>Task Time (Assign to Clear)</b>	<b>Cancel Reason</b>	<b>Resulted In TX</b>
	Life Care EMS	Life Care EMS (Springtown)	11/10/2021 08:12:20	1974791	2	Lakeside	29B05 - U - Traffic Collision / Transportation Incident - P2	00:06:55	FD/PPD Cancelled MedStar	0
<b>Roanoke</b>										
	<b>Aid FROM</b>	<b>Unit</b>	<b>Inc Date</b>	<b>Incident Number</b>	<b>Priority</b>	<b>Area</b>	<b>Problem</b>	<b>Task Time (Assign to Clear)</b>	<b>Cancel Reason</b>	<b>Resulted In TX</b>
	Roanoke	Roanoke	11/19/2021 11:59:55	1985764	1	Fort Worth	29D02 - m - Auto vs. pedestrian - Auto vs. pedestrian - P1	00:47:55		1
<b>Watauga</b>										
	<b>Aid FROM</b>	<b>Unit</b>	<b>Inc Date</b>	<b>Incident Number</b>	<b>Priority</b>	<b>Area</b>	<b>Problem</b>	<b>Task Time (Assign to Clear)</b>	<b>Cancel Reason</b>	<b>Resulted In TX</b>
	Watauga	Watauga	11/06/2021 16:30:57	1970289	2	Fort Worth	12C04 - Convulsions / Seizures - P2	01:18:38		1
	Watauga	Watauga	11/15/2021 10:58:45	1980740	3	Fort Worth	26A11 - C - Sick Person (Specific Diagnosis) - Suspected coronavirus illness - P3	00:46:31	RAS - Release At Scene	0
	Watauga	Watauga	11/30/2021 14:49:00	1998132	3	Fort Worth	26A10 - Sick Person (Specific Diagnosis) - P3	00:51:12		1



# MedStar Response Time Reliability and AVG Response Time Performance

Period: Nov 2021

Member City	Pri	Calls	On Scene	Current Month			100 Response Compliance Period				
				Avg RT	Late Responses	On Time %	Extended Responses Count	Responses %	Compliance Calculated Responses	Late Responses	On Time %
Blue Mound	1	6	6	00:08:45	1	83.3%	0	0.0%	16	2	87.5%
	2	10	10	00:07:52	0	100.0%	0	0.0%	30	1	96.7%
	3	6	6	00:09:46	0	100.0%	0	0.0%	11	2	81.8%
<b>Total Blue Mound</b>		<b>22</b>	<b>22</b>								
Burleson	1	109	98	00:07:27	15	86.2%	3	2.8%	109	15	86.2%
	2	182	173	00:07:41	19	89.6%	6	3.3%	182	19	89.6%
	3	95	90	00:09:23	11	88.4%	2	2.1%	95	11	88.4%
	4	116	116	00:28:43	2	98.3%	1	0.9%	116	2	98.3%
<b>Total Burleson</b>		<b>502</b>	<b>477</b>								
Edgecliff Village	1	9	9	00:07:53	1	88.9%	0	0.0%	15	4	73.3%
	2	14	14	00:08:54	1	92.9%	0	0.0%	94	16	83.0%
	3	3	3	00:08:48	0	100.0%	0	0.0%	9	1	88.9%
<b>Total Edgecliff Village</b>		<b>26</b>	<b>26</b>								
Forest Hill	1	34	32	00:08:15	5	85.3%	0	0.0%	34	5	85.3%
	2	62	54	00:08:54	5	91.9%	0	0.0%	136	16	88.2%
	3	49	42	00:10:03	0	100.0%	0	0.0%	123	15	87.8%
<b>Total Forest Hill</b>		<b>145</b>	<b>128</b>								
Fort Worth	1	2698	2614	00:08:21	430	84.1%	73	2.7%	2698	430	84.1%
	2	4756	4501	00:09:03	602	87.3%	111	2.3%	4756	602	87.3%
	3	3115	2812	00:10:22	308	90.1%	70	2.2%	3115	308	90.1%
	4	1460	1445	00:24:45	61	95.8%	35	2.4%	1460	61	95.8%
<b>Total Fort Worth</b>		<b>12029</b>	<b>11372</b>								
Haltom City	1	91	90	00:08:59	25	72.5%	4	4.4%	91	25	72.5%
	2	144	129	00:09:22	21	85.4%	5	3.5%	144	21	85.4%
	3	73	63	00:11:32	11	84.9%	2	2.7%	150	27	82.0%
<b>Total Haltom City</b>		<b>308</b>	<b>282</b>								
Haslet	1	12	12	00:09:32	4	66.7%	3	25.0%	38	14	63.2%
	2	19	18	00:09:38	5	73.7%	1	5.3%	76	27	64.5%
	3	4	4	00:06:34	0	100.0%	0	0.0%	11	1	90.9%



# MedStar Response Time Reliability and AVG Response Time Performance

Period: Nov 2021

Member City	Pri	Calls	On Scene	Avg RT	Current Month			100 Response Compliance Period			
					Late Responses	On Time %	Extended Responses Count	Compliance Calculated Responses	Late Responses	On Time %	
<b>Total Haslet</b>		<b>36</b>	<b>35</b>			<b>0</b>	<b>100.0%</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>100.0%</b>
	1	35	34	00:08:21	8		77.1%	4	92	25	72.8%
	2	56	53	00:08:07	9		83.9%	0	56	9	83.9%
	3	20	18	00:11:08	5		75.0%	1	44	8	81.8%
	4	2	2	00:17:44	0		100.0%	0	2	0	100.0%
<b>Total Lake Worth</b>		<b>113</b>	<b>107</b>								
	1	6	5	00:09:48	1		83.3%	1	10	2	80.0%
	2	6	3	00:11:55	2		66.7%	0	11	3	72.7%
	3	1	1	00:24:59	1		0.0%	0	4	2	50.0%
<b>Total Lakeside</b>		<b>13</b>	<b>9</b>								
	1	18	15	00:07:46	2		88.9%	0	89	16	82.0%
	2	25	22	00:09:02	2		92.0%	1	96	16	83.3%
	3	18	16	00:09:38	1		94.4%	0	63	17	73.0%
<b>Total River Oaks</b>		<b>61</b>	<b>53</b>								
	1	47	47	00:09:39	13		72.3%	1	47	13	72.3%
	2	62	53	00:10:35	11		82.3%	2	122	24	80.3%
	3	62	55	00:13:41	18		71.0%	3	62	18	71.0%
<b>Total Saginaw</b>		<b>171</b>	<b>155</b>								
	1	30	30	00:09:40	10		66.7%	3	63	21	66.7%
	2	45	41	00:07:37	4		91.1%	1	45	4	91.1%
	3	18	17	00:08:28	0		100.0%	0	64	13	79.7%
	4	2	2	00:47:11	0		100.0%	0	7	1	85.7%
<b>Total Sansom Park</b>		<b>95</b>	<b>90</b>								
	2	1	1	00:08:48	0		100.0%	0	1	0	100.0%
<b>Total Westover Hills</b>		<b>1</b>	<b>1</b>								
	1	11	11	00:08:23	3		72.7%	0	38	11	71.1%
	2	26	25	00:10:25	3		88.5%	1	26	3	88.5%
	3	11	11	00:14:44	2		81.8%	1	38	8	78.9%



MedStar Response Time Reliability and AVG Response Time Performance

Period: Nov 2021

Member City	Pri	Calls	On Scene	Avg RT	Current Month			100 Response Compliance Period			
					Late Responses	On Time %	Extended Responses Count	Compliance Calculated Responses	Late Responses	On Time %	
<b>Total Westworth Village</b>											
	4	1	1	00:29:18	0	100.0%	0	0.0%	3	0	100.0%
<b>Total Westworth Village</b>											
		<b>49</b>	<b>48</b>								
<b>White Settlement</b>											
1		52	50	00:07:37	4	92.3%	0	0.0%	52	4	92.3%
2		89	89	00:09:22	16	82.0%	1	1.1%	89	16	82.0%
3		42	39	00:09:32	5	88.1%	0	0.0%	104	10	90.4%
4		6	6	00:22:42	0	100.0%	0	0.0%	93	12	87.1%
<b>Total White Settlement</b>											
		<b>189</b>	<b>184</b>								
<b>System Wide</b>											
1		3158	3053	00:08:22	522	83.5%	92	2.9%	3392	587	82.7%
2		5497	5186	00:09:01	700	87.3%	129	2.3%	5864	777	86.7%
3		3517	3177	00:10:25	362	89.7%	79	2.2%	3893	441	88.7%
4		1588	1573	00:25:07	63	96.0%	36	2.3%	1705	78	95.4%
<b>Total System Wide</b>											
		<b>13760</b>	<b>12989</b>								

# Tab G – FRAB

# Tab H – EPAB



# Tab 1 – Chief Transformation Officer

# Transformation Report

December 2021

## Alternate Payment Models & Expanded Services

- ET3 Model
  - Enrollments continue to trend higher
  - Updated outcomes attached.
  - Work continues with HHSC on Medicaid implantation of ET3 model payments
- Work continues with Molina Healthcare on an MIH and ET3 payment model
  - Molina acquiring CIGNA HealthSpring (Medicaid MCO) in January '21
- Negotiated final terms with Cigna Commercial on ET3 payment model for their commercial population
- Agreement execution pending with Landmark Health on a new project for Southwestern Health Resources.
- Recovery Resource Council Post Opioid OD follow-up project agreement executed
  - RRC substance abuse specialist and MedStar personnel
  - DOJ/DEA funded grant

## Proposed Medicare Ambulance Fee Schedule Cuts – Averted!

- Suspension of the 2% Sequestration was set to expire 1/2022
- Implementation of a 4% rate reduction was set to be implemented 1/2022
- Worked with national associations and Congress – averted the cuts as of 12/7/21
  - May be re-implemented in the next year
  - Working on that as well

## 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
- External cost evaluator for HHSC finished most recent cost report for public EMS agencies
- MedStar determined to be **LOWEST EXPENSE PUBLIC AGENCY IN THE STATE (again)!**



	2019	Expense / Transport
Fire-Based Ambulance Average		\$ 2,626.72
Non-Fire-Based Ambulance Average		\$ 886.48
MedStar		\$ 396.01
Fire-Based Difference		\$ (2,230.71)
Non-Fire-Based Difference		\$ (490.47)

## Medicaid Cost Report Data Summary

Average, Based on Provider Type	2018			2019			2018-2019 % Change		
	Non-Fire	Fire-Based	MedStar	Non-Fire	Fire-Based	MedStar	Non-Fire	Fire-Based	MedStar
Expense Per Transport	\$935.29	\$ 2,166.61	\$ 402.53	\$ 886.48	\$ 2,626.72	\$ 396.01	-5.2%	21.2%	-1.6%
Charge Per Transport	\$1,390.48	\$ 1,177.76	\$ 1,535.28	\$ 1,279.15	\$ 1,308.40	\$ 1,443.55	-8.0%	11.1%	-6.0%

## COVID Vaccines & Monoclonal Antibody Infusions

- Conducting regularly scheduled public vax clinics at MedStar
  - Over 8,800 vaccines administered since December 2020
- mAb infusion requests trending up post-Thanksgiving
  - Over 175 mAb infusions administered
  - Outsourced billing process invoicing the mAb infusions.

**Tiered System Response Pilot**

- Request for response time definition revision that includes BLS units sent to the FRAB
  - Current definition only references ALS transport unit
- Developed goal analysis for final pilot evaluation (re-attached, FYI)

**Toy Drive/Donations**

- Adopted 51 kids from Samaritan House for Christmas gifts – achieved audacious goal!
  - Promotion was Exec Team will wear Christmas Story Bunny, or Elf costumes
- Donating 50 toys for One Safe Place



**Upcoming Presentations:**


<b><u>Event (location)</u></b>	<b><u>Date</u></b>	<b><u>Attendees</u></b>
AAMS Leadership Institute (Wheeling, WV)	April 2022	~150
Michigan EMS Expo	May 2022	~350
North Carolina EMS Expo (Charlotte)	May 2022	~750

**Media Summary**

Local –

- Opioid Overdoses
  - NBC 5
- Thanksgiving Holiday Safety
  - CBS 11, NBC 5, FOX 4, KRLD, WBAP

**ET3 Model Outcome Summary:**

<b>ET3 Program Summary</b>		
April 5, 2021 through:		<b>11/28/2021</b>
		
<b>Overall Emergency Response Volume</b>		
Documented Medicare Patient Contacts	22,322	
≥ 65	16,406	73.5%
< 65	5,916	26.5%
Transported	19,387	86.9%
AMA (incl. Refused All Care & Refusal w/o Capacity)	1,838	8.2%
ET3 Telehealth Intervention	311	
IES	307	
MHMR	4	
Outcomes		
Transported	42	13.7%
Hospital ED	40	
Other	2	
TIP	267	87.0%
Dispatch Health Referral	88	
MCOT Referral	3	

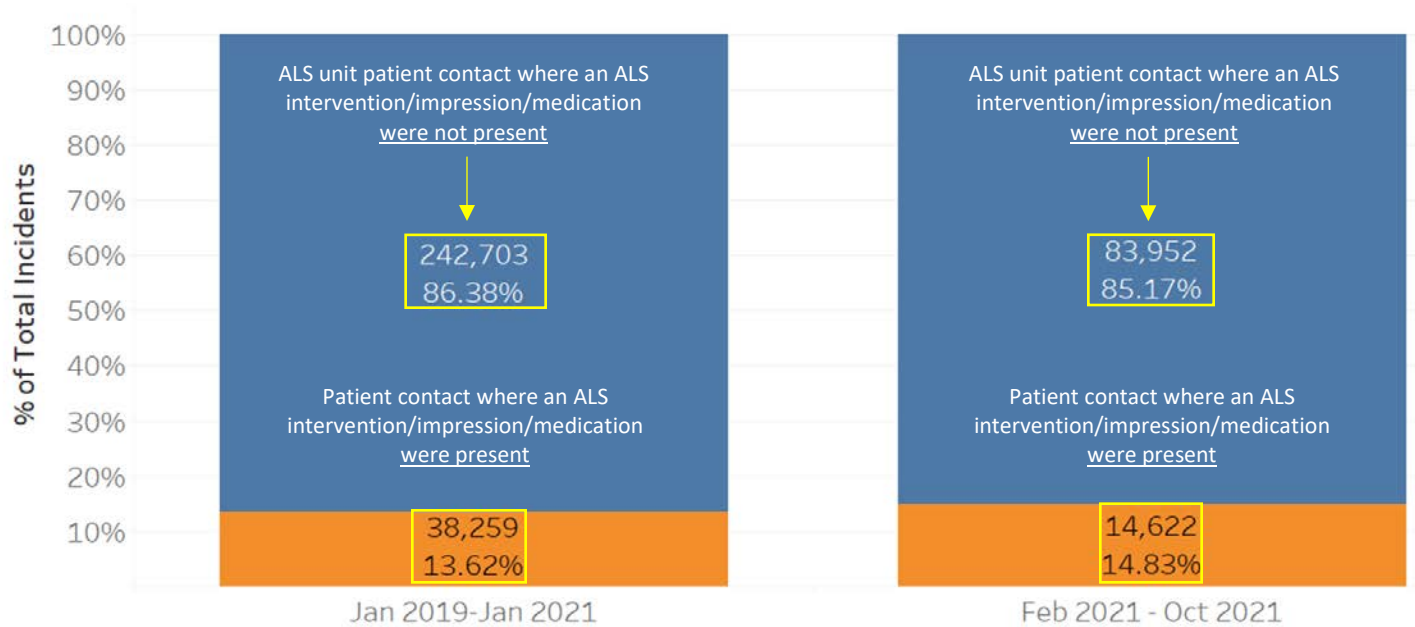
<b>ET3 Use Post-CE Analysis</b>			
<b>As of 11/28/21</b>			
	<b>Pre-October 15, 2021</b>	<b>Since October 15, 2021</b>	<b>% Change</b>
Days	191	45	
ET3 Telehealth Offers	2043	519	
Number per day	10.7	11.5	7.8%
ET3 Telehealth Offers Accepted	220	124	
% Accepted	10.8%	23.9%	121.9%
Patient Refused Telehealth	1823	395	
Number per day	9.5	8.8	-8.0%
% Declined	89.2%	76.1%	-14.7%

# Tiered Deployment Pilot Evaluation Summary/Outcomes

## Goal – Enhance Paramedic ALS Skill Utilization

- Measure
  - % of calls assigned to an ALS unit that result in an ALS intervention
    - Cohort 1: % of ALS unit patient contacts that resulted in an ALS intervention Post-implementation
    - Control group: % of ALS unit patient contacts that resulted in an ALS intervention Pre-implementation

### Goal 1 - Enhance Paramedic ALS Skill Utilization



## Goal - Increase staffed ambulance unit hours available for 9-1-1 response

- Measure
  - Number of staffed ambulance Unit Hours (UH) available for 9-1-1 response
    - Cohort 1: Number of staffed 9-1-1 ambulance UHs post-implementation
    - Control Group: Number of staffed 9-1-1 ambulance UHs pre-implementation

### Unit Hours Produced:

May '20 - Jan '21 (9 months (276 days)) 194,724, average per day = 705.5  
 Feb - Oct '21 (9 months (269 days)) 204,041, average per day = 747.4 (5.9% increase)  
 Aug - Oct '21 (3 months (92 days)) 70,128, average per day = 762.3 (8.0% increase)

Goal - Reduce or maintain overall ambulance response times

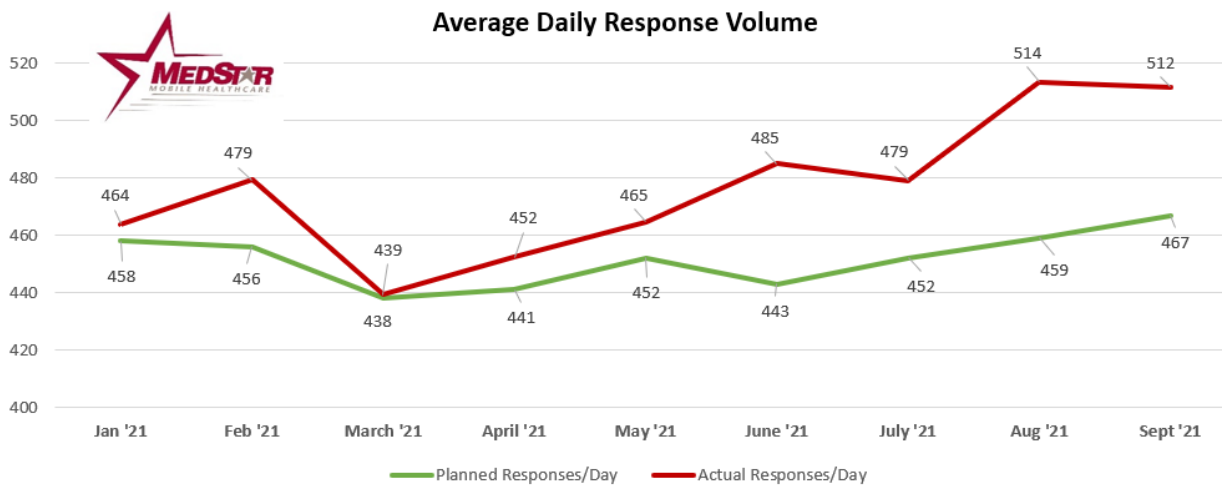
- Measure
  - Cohort 1: System-Wide average and fractile response times for P1, P2 and P3 calls post-implementation
  - Control Group: System-Wide average and fractile response times for P1, P2 and P3 calls pre-implementation

**Response Times**

	P1		P2		P3	
	Avg	%	Avg	85%	Avg	85%
Apr '20	8:33	83.8%	9:22	88.9%	10:55	92.2%
May '20	8:59	80.1%	9:50	85.4%	11:24	89.0%
Jun '20	9:10	78.1%	10:02	83.7%	11:40	87.0%
Jul '20	9:17	76.8%	10:29	80.1%	12:33	82.3%
Aug '20	9:05	78.0%	10:03	83.2%	11:51	85.6%
Sep '20	8:39	83.0%	9:30	86.9%	11:21	88.5%
Oct '20	9:11	77.0%	10:17	81.7%	12:15	83.6%
Nov '20	9:09	76.9%	9:57	83.5%	12:12	84.0%
Dec '20	9:31	73.1%	10:42	77.1%	13:20	77.6%
Jan '21	9:27	73.4%	10:42	77.8%	13:05	79.8%
<b>Overall</b>	<b>9:06</b>	<b>78.0%</b>	<b>10:05</b>	<b>82.8%</b>	<b>12:03</b>	<b>85.0%</b>
Feb '21	11:38	77.9%	13:05	83.6%	16:17	84.1%
Mar '21	9:23	75.5%	10:17	81.6%	12:18	83.4%
Apr '21	9:27	75.2%	10:20	80.9%	12:37	81.6%
May '21	9:06	77.4%	9:53	82.7%	11:44	84.7%
Jun '21	8:52	78.0%	9:50	82.4%	12:06	82.6%
Jul '21	8:11	83.2%	9:11	86.7%	11:19	86.3%
Aug '21	9:19	74.0%	10:05	79.7%	12:49	79.0%
Sep '21						
Oct '21						
<b>Overall</b>	<b>9:03</b>	<b>77.3%</b>	<b>9:56</b>	<b>82.5%</b>	<b>12:08</b>	<b>83.1%</b>
<b>Change</b>	<b>0:03</b>	<b>-0.71%</b>	<b>0:09</b>	<b>-0.32%</b>	<b>0:05</b>	<b>-1.86%</b>

**Notes:**

- February 2021 not included in the analysis due to Winter Storm Uri response volume and weather conditions anomaly.
- August '21 response volume at record level w/average of 514 responses/day vs. 459 planned.



Goal - Reduce overall unit hour expense

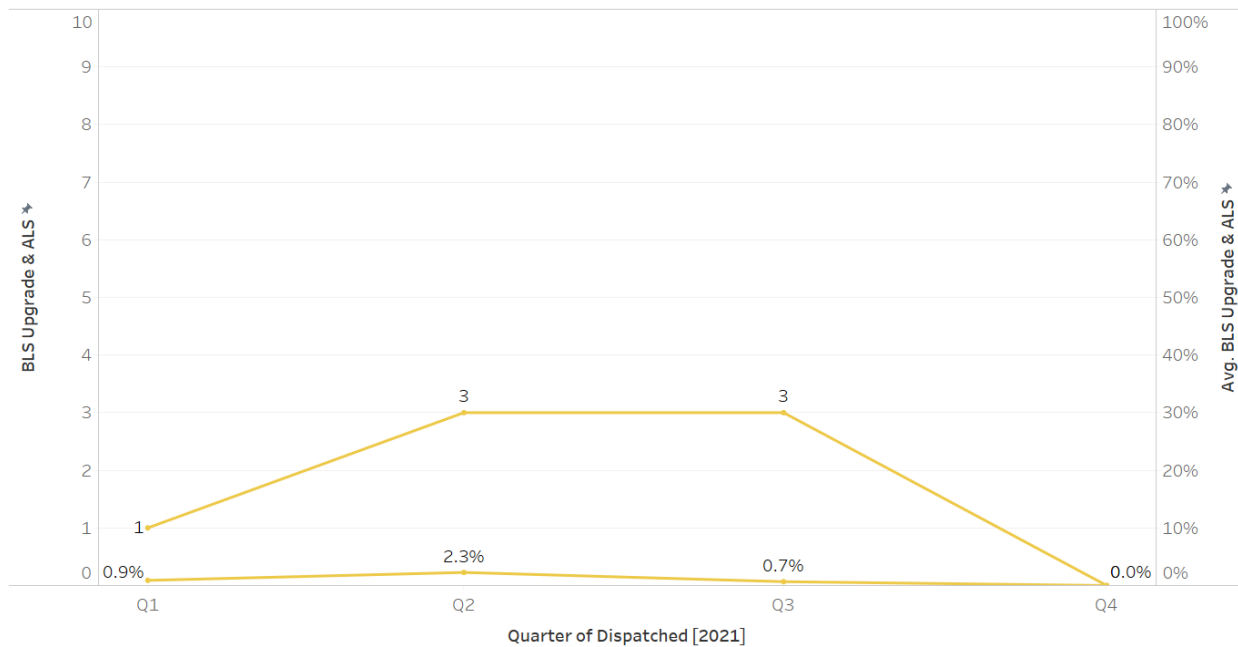
- Measure
  - Cohort 1: Average operational cost per unit hour post-implementation (*field ops, comm, fleet, logistics costs*)
  - Control Group: Average operational cost per unit hour pre-implementation (*field ops, comms, fleet, logistics costs*)

	Avg. Hrly	Regular Hour Equivalents	Annual Salary	Annual Hours	Weighted	ALS UH Cost	BLS UH Cost	Savings Per UH	Staffed BLS UH Feb - Oct 2021	Total UH Savings
Advanced	\$ 25.99	2,288	\$ 59,465.12	2,184	\$ 27.23	\$ 46.13	\$ 37.80	\$ 8.33	9,215.56	\$ 76,752.45
Basic	\$ 18.04	2,288	\$ 41,275.52	2,184	\$ 18.90					

Goal – Dispatched response level accuracy

- Measure
  - # and % of 9-1-1 calls dispatched to a BLS ambulance that resulted in an ALS unit response request AND resulted in an ALS intervention
  - # and % of calls in which an ALS first responder was required to ride-in with the patient due to a BLS unit on scene and an ALS first responder-initiated ALS care

BLS Upgrade & ALS Performed



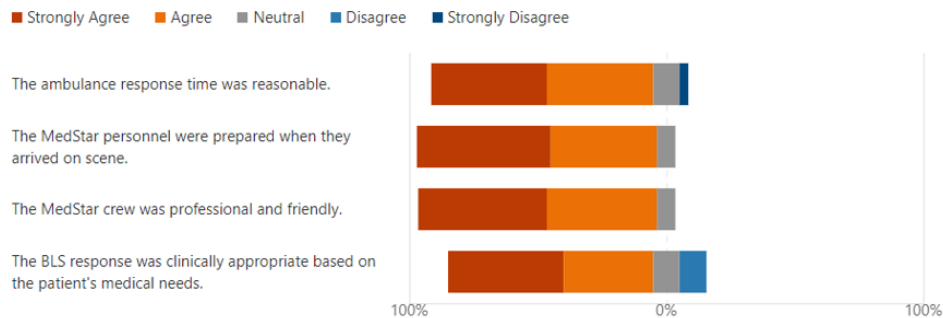
## Goal – Provider Experience

The Tiered System Response Task force will develop a brief experiential survey that will be provided to the lead EMS official in each member jurisdiction, along with a report detailing the date, time and address for every call receiving a BLS response and transport. The EMS Lead will determine which of the agency's personnel were assigned to the BLS call for feedback.

### Co-Response Agency Surveys (29 responses)

#### 4. Experience with MedStar's Response

[More Details](#)



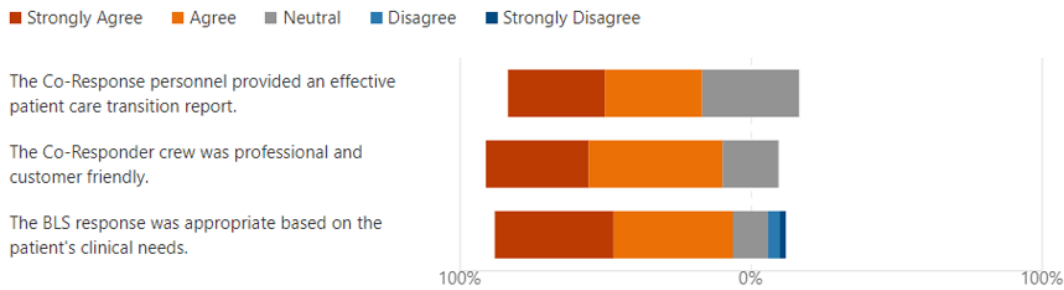
#### Co-Responder Comments Submitted:

- Medstar's crew was great as always. Carrington Steward's crew is always awesome to work with!
- Worked well for an MVA with no injuries.
- "The crew did a great job. Thank you for all that you do.
- Sgt. A. Sheehan, EMT-P, Westover Hills Police Department"
- Everything went well.
- ALS ambulance was requested due to the high velocity head on impact and due to the patient's condition. This ALS unit was requested by the MedStar EMT on scene.
  - **NOTE: Does not appear any ALS was administered to either of the two patients during this response. 2<sup>nd</sup> ambulance was requested. Sent to OMD and Comms Center Manager for QA review**
- This was a welfare check called in by the residents Doctor's office. The resident was not home and no care administered.
- Good crew!
- We had 2 ambulances respond and arrive on scene at the same time from 2 different directions.
  - BLS unit did not have same dispatch call note info as Q472 and the ALS unit.
  - It was a child seizure.
  - Obviously the child patient went with the ALS Medstar unit to hospital.
  - Q472 crew was confused on why 2 ambulances responded, other than that issue they were quick response and no complaints.
- On this call we got both an ALS unit and a BLS unit.
  - They arrived simultaneously, but this was an ALS call so the ALS unit cared for and transported the patient.
- The response time was longer than normal.
  - The injuries to the Pt. were minimal and suitable for the crew arriving.
  - FRO's will probably need to give dispatch better updates while on-scene to assist in determining if the BLS response is appropriate.
- No ALS needed on this call. Crew was very friendly and cooperative.



#### 4. Experience with the Co-Response agency personnel

[More Details](#)



#### **MedStar Survey Response Comments:**

- This call was exactly what the BLS units need to be responding to so that ALS trucks aren't tied up on calls like this.
- Good job by all parties.
- P3 psych, no FD, no staging, PD arrived and stayed till we transported.
- Patient was transported safely without other interventions for the care he needed.
- Call was check on the welfare and the patient was not home. All units cleared. No patient contact.
- I love the idea of 911 BLS. I think it's a great way to help out our community get the appropriate health care by keeping the ALS units available for calls that require more ALS interventions. I think an EMT-B at Medstar has had the appropriate training by our amazing OMD team to handle BLS calls. I also think it's a great way to help with staffing.
- FD was on scene flushing eyes, patient symptoms resolved enough that mother refused any further care from EMS, we took the refusal as transport unit. Resupplied FD to be available. Worked and communicated well!
- FRO OS provide vitals and info to help expedite clearing.
- Went very well fire assisted with movement of patient and transported in a timely manner. ALS was put on the ticket but canceled on scene due to patient being stable.
- No one complained of any pain, it was 100% BLS. Love the idea of 911 BLS.
- I believe it will be a good system, less busy when there are more trucks at once.
- I think the BLS response was appropriate.
- Great working with BFD, no ALS interventions required, Paramedic on scene.
- Medstar was first on scene, gathered scene size up and responded to dispatch with 3 green PTs and no additional resources needed. Fort Worth Fire assisted with blocking traffic and obtaining 1 RAS while Medstar obtained 2 AMAs.
- 1 AMA and 1 RAS we arrived 1st and assessed patient priority. Fire did come and ask if we needed help.
- We were able to treat pt and complete documentation prior to departure but although the call did not require the need for ALS intervention it would have been preferable for stronger pain management options due to the pt being noticeably in severe pain
- It was a 3rd party call regarding an unknown/possible person inside of a bedsheet near the train tracks. Nothing was found by either M558 or E04, neither crews made personal contact, and cleared by dispatch, False Call.
- Highway MVC with three 'green' patients. Call ran smoothly with FWFD and FWPD assist, M559 transported two patients with minor injuries, no ALS intercept was needed. BLS response seemed appropriate.
- This was very appropriate for a BLS response.
- This pt was initially hypertensive in the 210s with a head injury. We considered ALS, then canceled it and transported when the BP came down.
- The chief complaint from what I remember was nausea, vomiting, & dizziness. Due to that and the age of the patient I don't believe that the BLS unit should have been placed on the call at all. The PT ended up getting IV fluids, IV meds, & a 12 lead was done.

<b>BLS Response Report Summary - BLS Eligible Determinants</b>				
				Through: <b>10/31/2021</b>
<i>*BLS Response Determinants w/BLS Unit Response</i>				
<b>Determinant</b>	<b>Responses</b>	<b>Patients Assessed</b>	<b>Transports</b>	<b>Transport Ratio</b>
01A03 - Abdominal Pain / Problems - P3	10	8	7	70.0%
04B01 - A - Assault - Assault - P2	69	60	33	47.8%
04B03 - A - Assault / Sexual Assault / Stun Gun - Assault - P2	10	9	7	70.0%
04D05 - A - Assault - Assault - P1	14	12	6	42.9%
05A01 - Back Pain (Non-Traumatic or Non-Recent Trauma) - P3	6	6	6	100.0%
16A01 - Eye Problems / Injuries - P3	4	4	3	75.0%
20B02 - H - Heat / Cold Exposure - Heat exposure - P2	24	11	5	20.8%
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	2	2	2	100.0%
24D03 - Pregnancy/Childbirth/Miscarriage	3	3	3	100.0%
25A02 - Psychiatric / Abnormal Behavior / Suicide Attempt - P3	20	18	13	65.0%
25B03 - Psychiatric / Abnormal Behavior / Suicide Attempt - P2	50	40	37	74.0%
25O01 - Psychiatric / Abnormal Behavior / Suicide Attempt - P3	36	33	27	75.0%
25O02 - Psychiatric / Abnormal Behavior / Suicide Attempt - P3	28	25	23	82.1%
26A06 - Sick Person (Specific Diagnosis) - P3	14	12	10	71.4%
26A10 - Sick Person (Specific Diagnosis) - P3	68	54	43	63.2%
26C02 - C - Sick Person (Specific Diagnosis) - Suspected coronavirus illness - P2	23	20	12	52.2%
26O28 - Sick Person (Specific Diagnosis) - P3	13	12	12	92.3%
29A02 - V - Traffic Collision / Transportation Incident - Multiple patients - P3	60	21	13	21.7%
29B01 - V - Vehicle vs. vehicle - Multiple patients - P2	271	141	88	32.5%
29B02 - V - Vehicle vs. vehicle - Multiple patients - P2	4	1	1	25.0%
29B03 - V - Vehicle vs. vehicle - Multiple patients - P2	56	18	9	16.1%
29B05 - Traffic Collision / Transportation Incident - P2	322	116	82	25.5%
32B03 - Unknown Problem (Person Down) - P2	109	37	16	14.7%
<b>Total</b>	<b>1221</b>	<b>666</b>	<b>460</b>	<b>37.7%</b>

<b>BLS Unit Responses By Member Jurisdiction</b>		
<i>CAD Data - BLS Unit Responded</i>		
		As of: <b>10/31/2021</b>
<b>Member City</b>	<b>BLS Unit Responses</b>	<b>BLS Unit to BLS EMD</b>
Blue Mound	3	1
Burleson	29	9
Edgecliff Village	2	0
Forest Hill	16	4
Fort Worth	1822	637
Haltom City	28	5
Haslet	1	1
Lake Worth	8	3
River Oaks	1	0
Saginaw	3	0
Westworth Village	1	0
White Settlement	8	1
Other	42	29
Blank	4	26
<b>Total</b>	<b>1965</b>	<b>715</b>

# MedStarSaver Enrollment Report

Membership New / Renewal Comparison		2016		2017		2018		2019		2020		2021	
	Cumulative	Cumulative	% Change	Cumulative	% Change	Cumulative	% Change	Cumulative	% Change	Cumulative	% Change	Cumulative	% Change
New Households	35	37	5.7%	38	2.7%	21	-44.7%	44	109.5%	96	118.2%	96	118.2%
January	58	69	-25.8%	41	14.5%	38	-25.3%	34	32.2%	66	162	66	94.1%
February	51	144	-18.8%	56	15.4%	35	-30.4%	92	80.9%	61	223	61	33.7%
March	40	184	0.5%	45	-2.7%	44	-23.3%	112	104.3%	57	280	57	49.1%
April	48	232	-1.3%	34	-6.6%	27	-22.9%	54	103.6%	41	321	41	24.1%
May	24	256	5.1%	36	-7.1%	31	-21.6%	55	99.5%	38	359	38	30.9%
June	22	278	7.2%	31	-5.7%	37	-17.1%	46	87.6%	62	421	62	34.8%
July	36	314	1.9%	35	-1.3%	31	-16.5%	79	95.5%	46	467	46	41.8%
August	42	356	0.6%	22	-33.8%	276	59.8%	90	12.2%	53	520	53	41.1%
September	53	409	-3.2%	16	-10.6%	3	53.4%	31	17.3%	48	568	48	54.8%
October	32	441	-0.5%	25	-13.7%	13	46.7%	35	20.9%	30	598	30	14.3%
November	9	450	1.8%	40	-8.5%	25	38.7%	48	720	1	599	1	-97.9%
December	450	458		419		581		720		599		599	
Total New Member Households													
Renewing Households	454	344	-24.2%	347	0.9%	216	-37.8%	183	-15.3%	2021	159	159	-13.1%
January	306	760	-39.3%	546	89.3%	426	-52.3%	66	249	136	295	136	106.1%
February	192	78	-43.4%	96	989	83.5%	-23.1%	44	293	139	434	139	215.9%
March	1137	788	-36.5%	1293	2282	72.0%	-24.8%	947	1240	880	1314	880	-7.1%
April	354	3353	-0.4%	395	2735	-3.0%	-23.5%	321	1561	340	1654	340	5.9%
May	357	3710	-5.3%	287	3417	-2.7%	-19.6%	360	2395	337	2389	337	-6.4%
June	335	4045	-2.3%	335	3752	-5.0%	-19.6%	196	2591	264	2653	264	34.7%
July	326	4371	-5.9%	132	3884	-18.2%	457	3048	3048	215	2868	215	-53.0%
August	192	4563	-5.0%	269	4153	-4.2%	110	3158	110	392	3260	392	256.4%
September	165	4728	-5.3%	75	4228	-19.1%	66	3224	66	94	3354	94	42.4%
October	126	4854	-2.6%	292	4520	-4.4%	238	3657	238	32	3386	32	-94.9%
November	4854	4727		4520		3657		3851		3386		3386	
December	5304	5185		4939		4238		4571		3985		3985	
Total Renewing Households													
Total Member Households													

247 are Trinity Terrace Members  
StarPlus Program

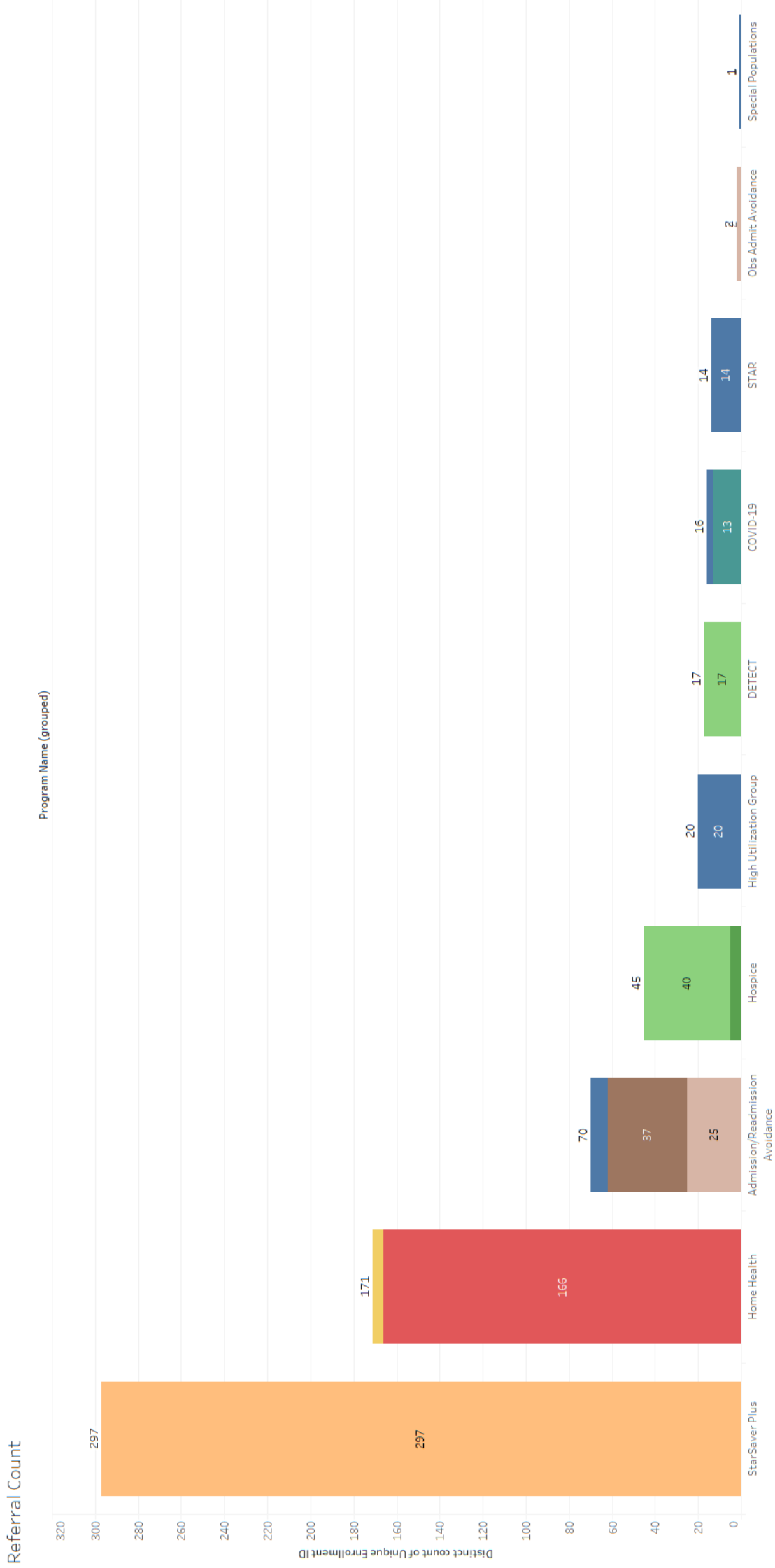
18 are Trinity Terrace Households  
StarPlus Program

249 are Fall Trinity Terrace Households  
StarPlus Program

19 are Trinity Terrace Households  
StarPlus Spring Program

228 are TT Households StarPlus  
Fall Program

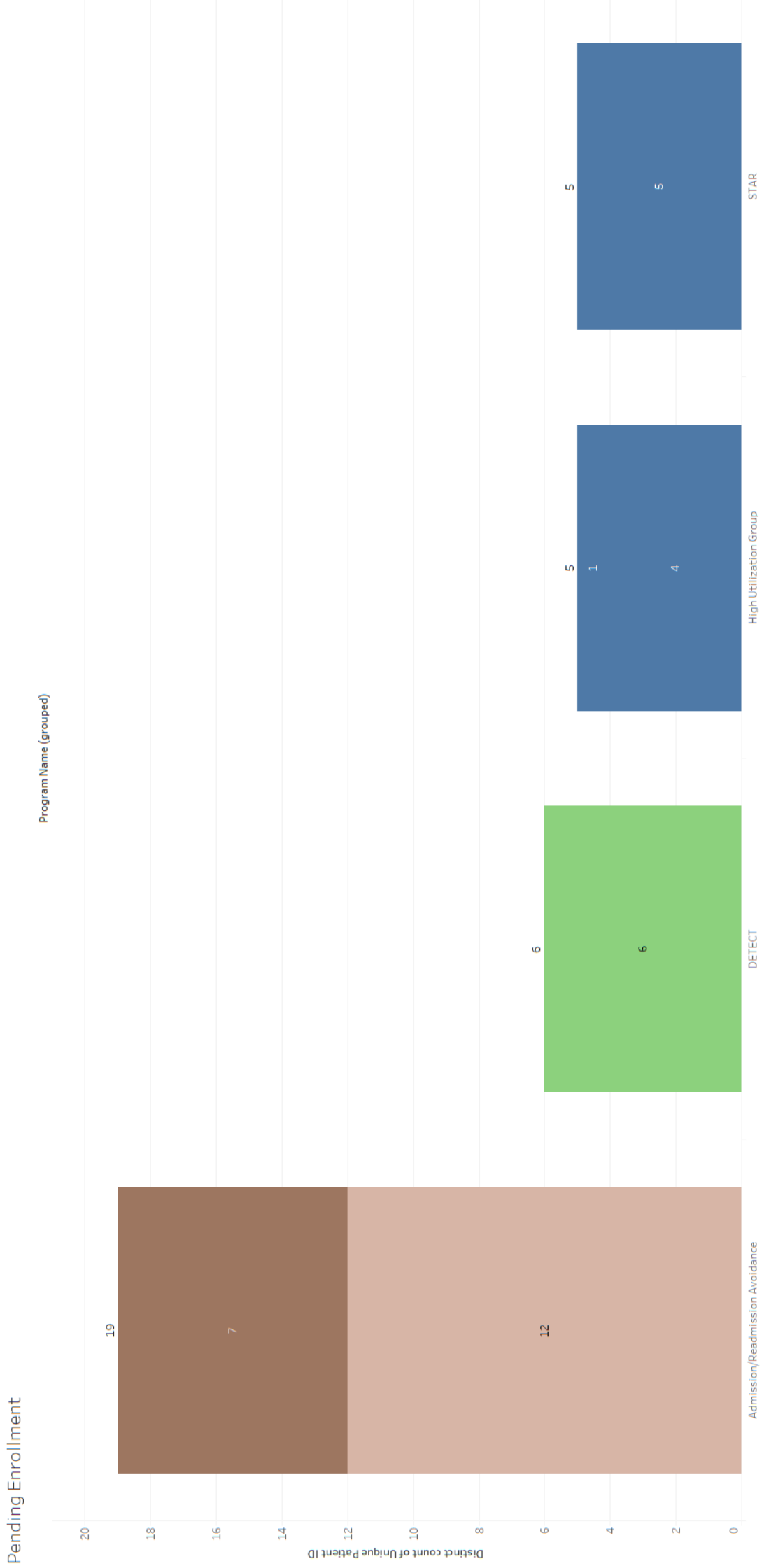
# MIH Referrals – November 2021



# MIH Enrollments – November 2021



# MIH – Pending Enrollment (as of 12/08/2021)

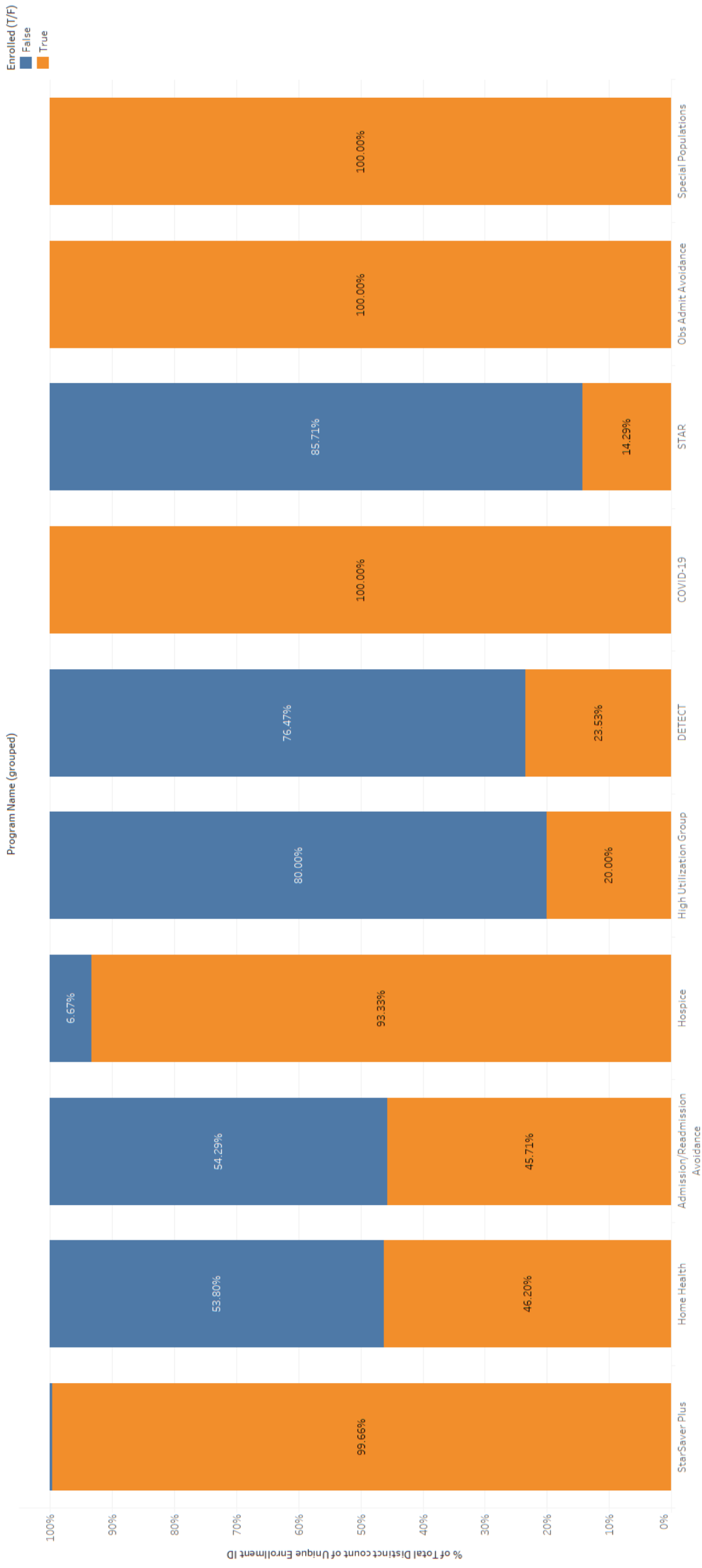


# MIH – Currently Enrolled (as of 12/08/2021)



# MIH Programs – Referral to Enrollment Ratio – November 2021

Referral to Enrollment Ratio

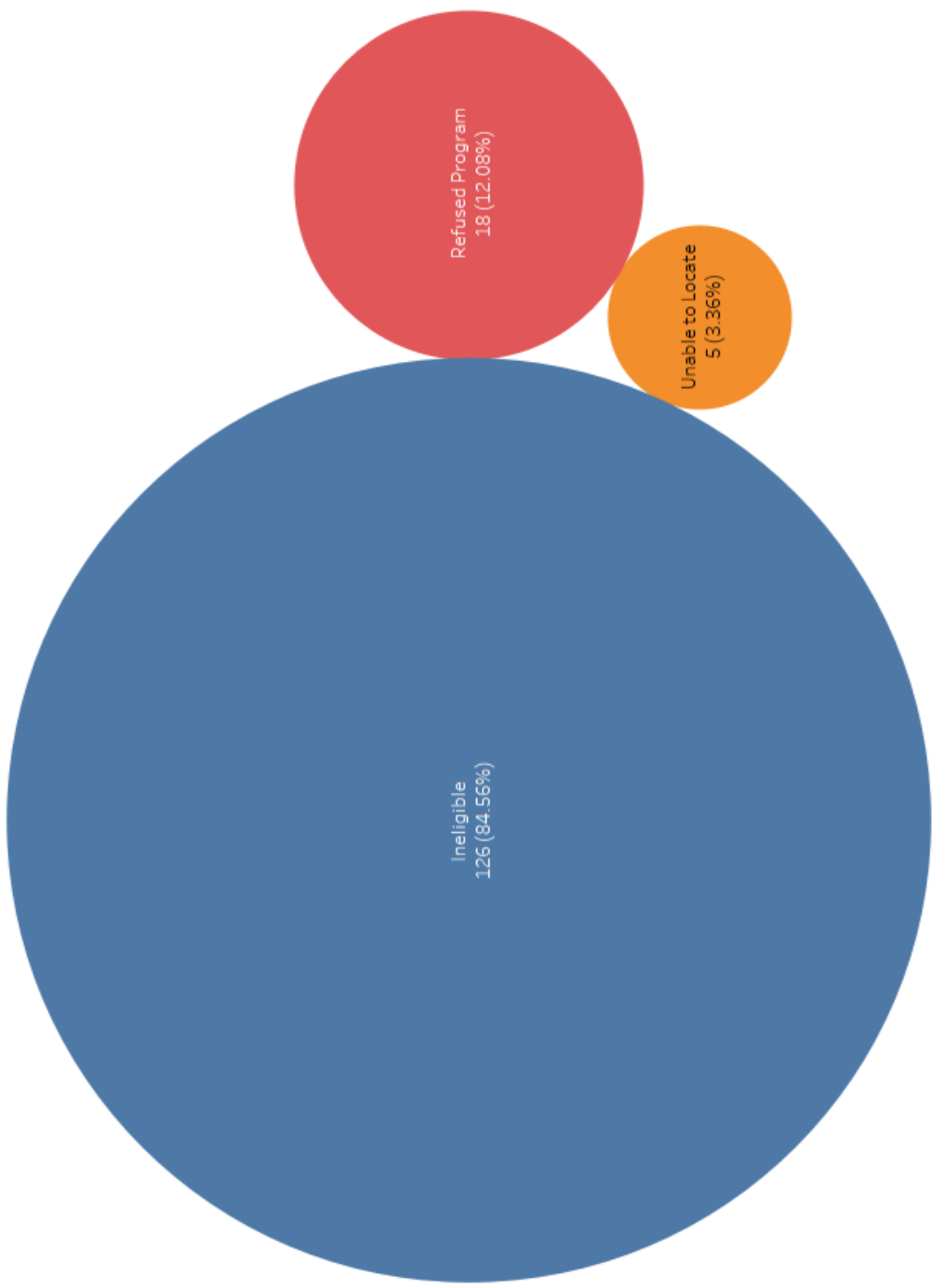




# Not Enrolled Reasons

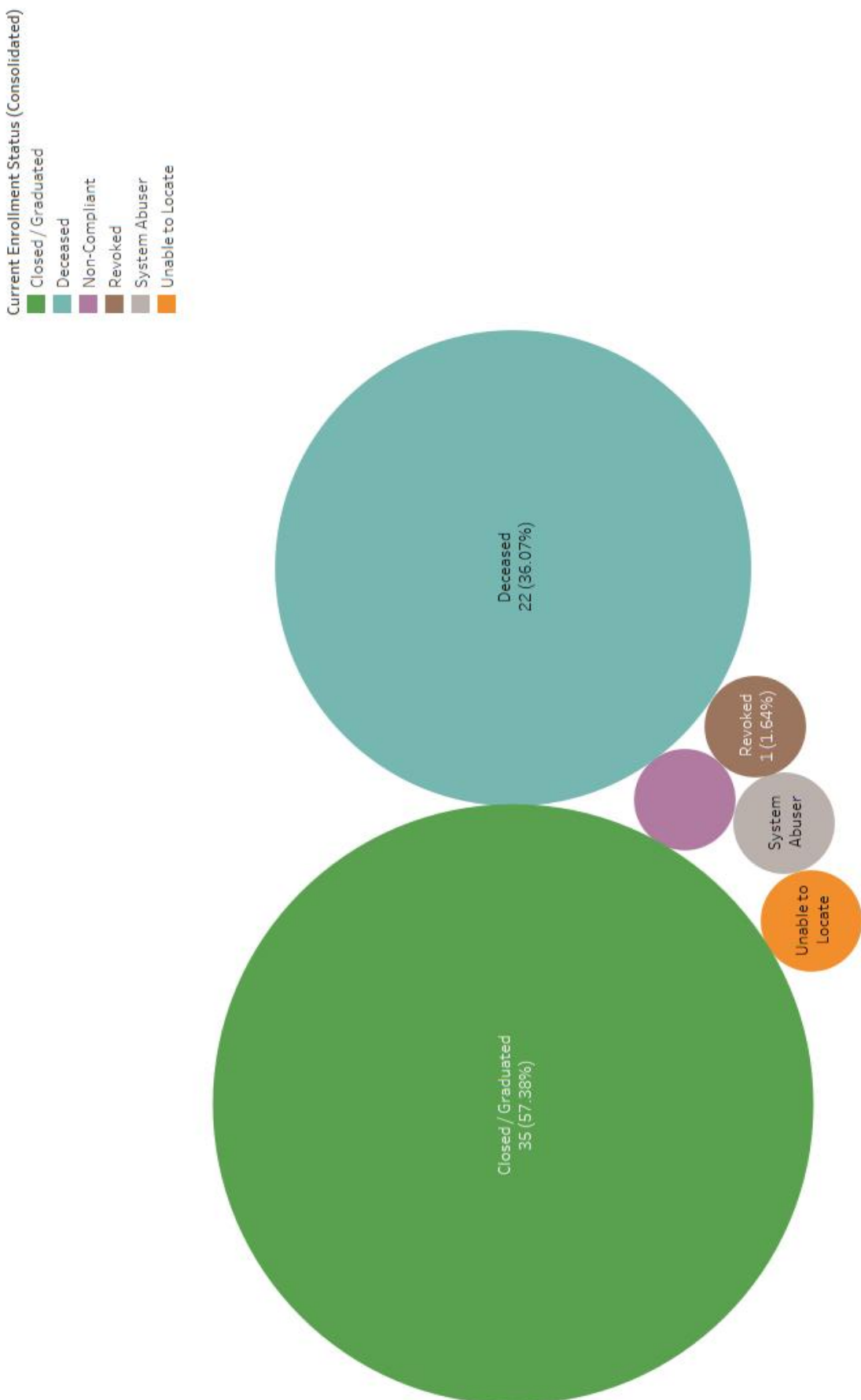
Current Enrollment Status (Consolidated)

- Ineligible
- Refused Program
- Unable to Locate



# MIH Programs – Not Enrolled Reason – November 2021

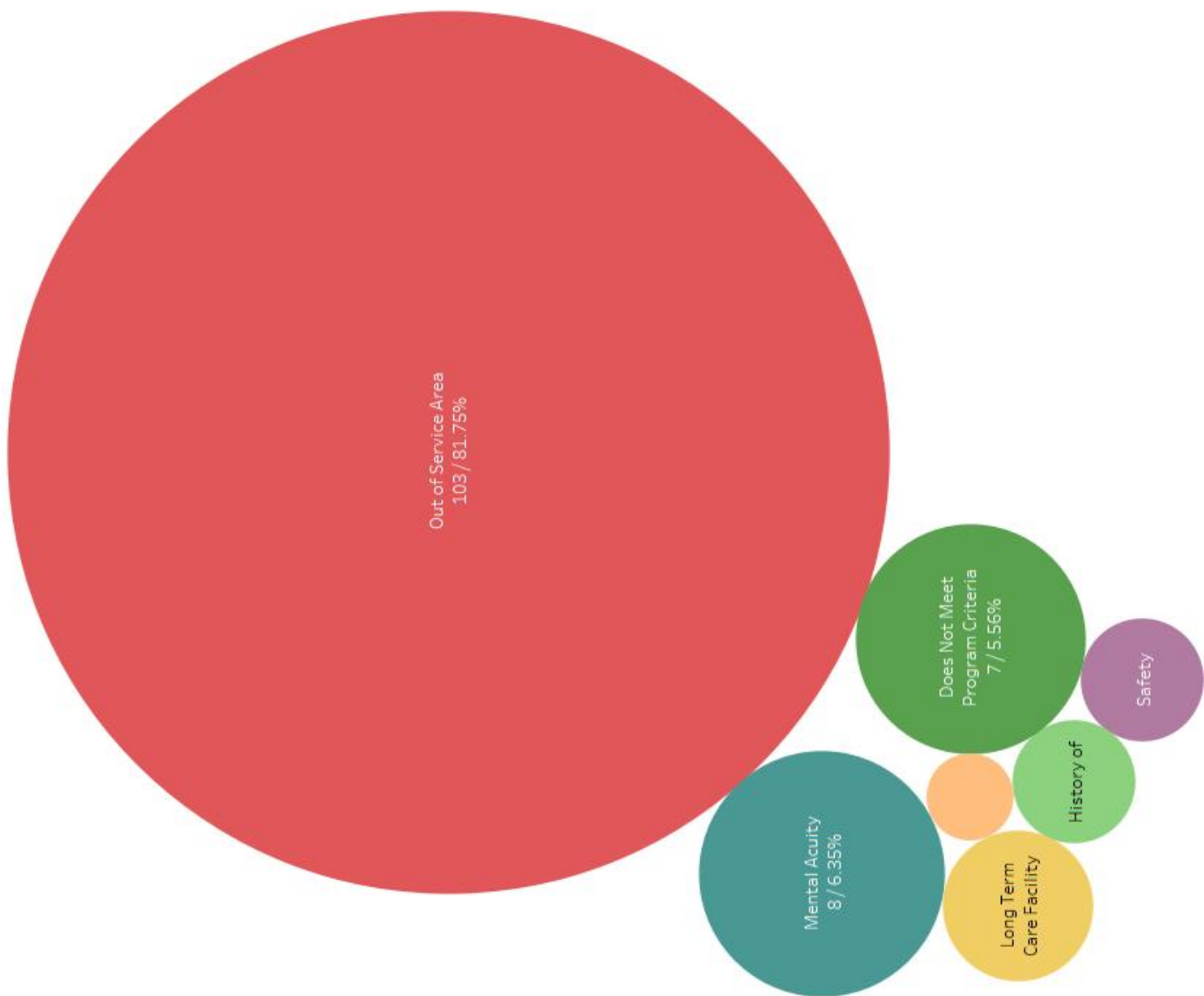
# Enrolled Dispositions



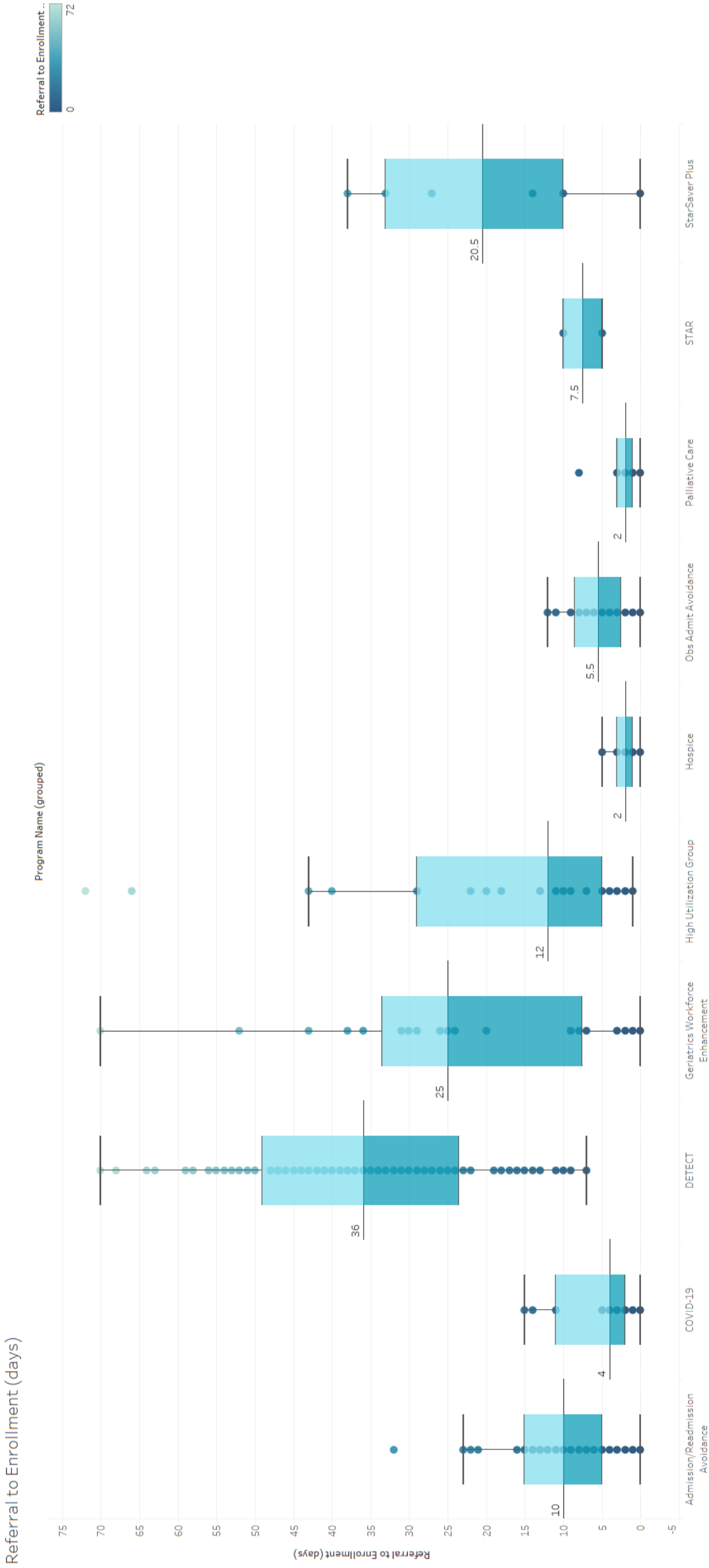
# MIH Programs – Enrolled Dispositions – November 2021

# Ineligible Reasons

- Ineligible Reason (Consolidated) (group)**
- Current/Previous Enrollment
  - Does Not Meet Program Criteria
  - History of Non-Compliance
  - Long Term Care Facility Resident
  - Mental Acuity
  - Out of Service Area
  - Safety Concern/Unsafe Environment



# MIH Programs – Referral to Enrollment (days) - 2021



# MIH Programs – Time in Program (days) - 2021

