Metropolitan Area EMS Authority (MAEMSA)

dba MedStar Mobile Healthcare

Board of Directors

January 26, 2022

METROPOLITAN AREA EMS AUTHORITY
DBA MEDSTAR MOBILE HEALTHCARE
NOTICE OF MEETING

Date and Time: January 26, 2022, 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/1479362122 or by phone at (469) 445-0100 (**meeting** ID: 147 936 2122).

AGENDA

I.	**CALL TO ORDER**		Dr. Janice Knebl
II.	**INTRODUCTION OF GUESTS**		Dr. Janice Knebl
III.	**CITIZEN PRESENTATIONS**	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, http://www.medstar911.org/board-of-directors/ where more details can be found, including information on time limitations). The deadline for registering is 4:30 p.m. January 25, 2022. 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.	
VI.	**CONSENT AGENDA**	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:	
	BC – 1494	Approval of Board Minutes for December 15, 2021	Dr. Janice Knebl Pg. 5
	BC – 1495	Approval of Board Minutes for December 22, 2021	Dr. Janice Knebl Pg. 9
	BC – 1496	Approval of Check Register for November	Dr. Janice Knebl Pg. 11
	BC – 1497	Approval of Check Register for December	Dr. Janice Knebl Pg. 13

V. NEW BUSINESS

IR – 222	Whitney Penn 2021 Audit Review	Steve Post
BC – 1498	MedStar Foundation Board Appointment	Kenneth Simpson
BC – 1499	Stretcher Purchase	Kenneth Simpson

VI. MONTHLY REPORTS

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

VII. OTHER DISCUSSIONS

A.	Requests for future agenda items	Dr. Janice Knebl

VIII. CLOSED SESSION

The Board of Directors may conduct a closed meeting in order to discuss matters permitted by any of the following sections of Chapter 551 of the Texas Government Code:

1. Section 551.071: To seek the advice of its attorney(s) concerning pending or contemplated litigation or a settlement offer, or on 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;

2. Section 551.072: To deliberate the purchase, exchange, lease, or value of real property if deliberation in an open meeting would have a detrimental effect on the position of the Authority in negotiations with a third person;
3. Section 551.074: To (1) deliberate the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of an Authority officer or employee; or (2) to hear a complaint or charge against an officer or employee; or
4. Section 551.089: To deliberate security assessments or deployments relating to information resources technology; network security information; or the deployment of, or specific occasions for implementation, of security personnel, critical infrastructure, or security devices.

The Board may return to the open meeting after the closed session and may take action on any agenda item deliberated in the closed session.

The Board may act on any agenda item discussed during the Closed Session.

IX ADJOURNMENT

MAEMSA
BOARD COMMUNICATION

Date: 12.15.2021	**Reference #:** BC-1494	**Title:** Approval of Board of Directors Minutes

RECOMMENDATION:

It is recommended that the Board of Directors approve the board minutes for December 15, 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: December 15, 2021 at 10:00am
Location: MedStar Board Room, 2900 Alta Mere Drive, Fort Worth, TX 76116

The Metropolitan Area EMS Authority Board of Directors conducted a meeting,at the offices of the Authority, with some members participating by video conference call pursuant to Section 551.127(c) of the Texas Government Code. The public was invited to observe the meeting at that location, or by phone or videoconference.

I. CALL TO ORDER

Chair Dr. Janice Knebl called the meeting to order at 10:02 a.m.

Board members physically present: Chair Dr. Janice Knebl (presiding officer), Dr. Chris Bolton, Fire Chief Doug Spears, Councilman Carlos Flores, Matt Aiken, Teneisha Kennard, Dr. Veer Vithalani (Ex- officio), and Kenneth Simpson, CEO (Ex-officio).
Board members participating through video conferencing: Dr. Brad Commons, Fire Chief Jim Davis, and Susan Alanis.
Authority staff present: Kristofer Schleicher, Chief Legal Officer, Dwayne Howerton, Chad Carr, Matt Zavadsky. Steve Post participated by videoconference**.**

Guests on video conference, phone or in person as attendees: Fire Chief Brian Jacobs, Assistant Fire Chief Casey Davis, Dr. Brian Miller, Ben Coogan, Bradley Crenshaw, Blair Brame, Kier Brister, Chris Cunningham, Lindy Curtis, Buck Gleason, Tracy Holmes, Lauren Junker, Joe Merry, Elizabeth Paoli, Brandon Pate, Joleen Quigg, Misti Skinner, Jose Talavera, Maerissa Thomas, and Matthew Willens.

II. INTRODUCTION OF GUESTS

Dr. Vithalani introduced JPS Fellow Dr. Daniel Zhagan. Ken Simpson introduced the Authority's auditors, Jenni Barnett and Josh Anagen.

III. CITIZEN PRESENTATIONS

There were no citizen presentations.

IV. CONSENT AGENDA

BC-1487 Approval of Board minutes for October 27, 2021
BC-1488 Approval of Check Register for October 2021
BC-1489 Approval of Check Register for November 2021

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

V. NEW BUSINESS

IR-221 Review of Audit Process
This item was taken up prior to the Consent Agenda. The auditors briefed the Board on the annual audit process.

BC – 1490 Approval of Access Control and Video Surveillance System Refresh
The motion to approve was made by Doug Spears and seconded by Carlos Flores. The motion carried unanimously.

BC – 1491 Approval of Support Vehicles
The motion to approve was made by Matt Aiken and seconded by Dr. Chris Bolton. The motion carried unanimously.

BC – 1492 Review of Executive Evaluations and Compensation
Following deliberation in Closed Session, Doug Spears made a motion to approve increases of 3.1% for the Chief Medical Officer and Chief Legal Officer, to award annual incentives of $25,000 each to the Chief Executive Officer, Chief Medical Officer and Chief Legal Officer, and to standardize payment of insurance benefits for these three. The motion was seconded by Teneisha Kennard. The motion carried unanimously.

BC – 1493 Approval of Executive Coaching Agreement
Following deliberation in Closed Session, the motion to approve was made by Matt Aiken and seconded by Dr. Chris Bolton. The motion carried unanimously.

VI. MONTHLY REPORTS

A. Chief Executive Officer- Ken Simpson reported on the Authority's CAAS reaccreditation and the BLS pilot project. A proposal to permanently implement the appropriate use of BLS ambulances (Tiered Response System) will come before FRAB and the Board soon. ADP implementation continues, as does the transition of billing services to EMSC. Board training has been scheduled for January 28, 2022.

B. Office of the Medical Director- Dr. Veer Vithalani referred the Board to the standard report and reviewed highlights. He also updated the Board on CE, including integrated training with FROs on standardized airway management. The credentialing process has been updated and the time required before working independently in the system is down to about 60 days. OMD is focusing on the "walking" problem with mechanical chest compression devices (MCDs).

C. Chief Financial Officer- Steve Post informed the Board that the November and December financial reports will be reviewed during the January Board meeting, Dr. Janice Knebl requested that the November financial reports to be sent via e-mail to the Board for review prior to the January board meeting.

D. Chief Human Resources Officer- Elizabeth Paoli referred to Tab D in the packet. There was a slight increase in turnover, but it was less than 1% and a decrease in FMLA and COVID leave. Our local chapter of the Society of Human Resources Management recognized Kristine Valenti as "Emerging HR Professional of the Year."

E. Compliance and Legal- Chad Carr referred to Tab E. Kristofer Schleicher requested scheduling a meeting with the Board to approve the Associate Medical Director contract for Dr. Angela Cornelius. The Board agreed to meet next Wednesday, December 22, 2021.

F. Chief Operations Officer- Ken referred to Tab F.

G. FRAB- Chief Spears informed the Board that the recent FRAB meeting was cancelled due to calendar conflicts. Chief Spears also noted that he had reached out to Kristofer regarding the upcoming election of the suburban city Board representative. Kristofer Schleider informed the Board that a letter will be going out to all the mayors notifying them of the upcoming election and requesting nominations. Letters requesting nominations will be sent before the end of the year and the ballot will be provided in early February. The term ends the last day in February and the new term will begin March 1, 2022,

H. EPAB- Dr. Brad Commons informed the Board, EPAB held a meeting the first week of December and reviewed the standard reports. During the meeting, the EPAB Board voted to move the pilot forward for the Tiered Response System (the BLS project).

I. Chief Transformation Officer- Matt Zavadsky referred to Tab I and highlighted new partnerships and service lines and reported on legislative and CMS funding issues, noting that a member of MedStar's Leadership Team was nominated by several national organizations to be on a CMS panel looking at balance billing issues for ground ambulance service.

VII. REQUEST FOR FUTURE AGENDA ITEMS

None.

VIII. CLOSED SESSION

Dr. Knebl called the meeting into a closed session at 10:55 a.m. under Section 551.074 of the Texas Government Code to deliberate regarding the review of executive evaluations and compensation (BC-1492) and approval of executive coaching agreement (BC-1493). The Board returned to open session at 12:05 p.m. The Board subsequently approved items BC-1492 and BC-1493 as recorded above.

VII. ADJOURNMENT

The Board stood adjourned at 12:08 p.m.

Respectfully submitted,

_____

Douglas Spears, Secretary

MAEMSA
BOARD COMMUNICATION

Date: 01.26.2022	**Reference #:** BC-1495	**Title:** Approval of Board of Directors Minutes

RECOMMENDATION:

It is recommended that the Board of Directors approve the board minutes for December 22, 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 CALLED MEETING

Meeting Date and Time: December 22, 2021 at 10:00am
Location: MedStar Board Room, 2900 Alta Mere Drive, Fort Worth, TX 76116

The Metropolitan Area EMS Authority Board of Directors conducted a meeting, at the offices of the Authority, with some members attending by video conference call pursuant to Section 551.127(c) of the Texas Government Code and the presiding officer present at the meeting location. The public was invited to observe the meeting at that location, or by phone or videoconference.

I. CALL TO ORDER

Chair Dr. Janice Knebl called the meeting to order at 10:00 a.m.

Board members physically present: Chair Dr. Janice Knebl (presiding officer), Dr. Veer Vithalani (Ex- officio), and Kenneth Simpson, CEO (Ex-officio).
Board members participating through video conferencing: Matt Aiken, Councilman Carlos Flores, Fire Chief Doug Spears, Dr. Chris Bolton, and Fire Chief Jim Davis.
Authority staff present: Kristofer Schleicher, Chief Legal Officer, Chad Carr, Matt Zavadsky, and Steve Post.

Guest on video, conference, phone or in person as attendees: Fire Chief Brandon Logan, Fire Chief Jeremy Blackwell, Assistant Fire Chief Kirt Mays, Joleen Quigg, Lindy Curtis, Susan Swagerty, Bettina Martin, Lauren Junker, Nancy Cychol, Dwayne Howerton, Elizabeth Paoli, Leila Peeples, Kristine Valenti, Bradley Crenshaw, Shaun Curtis, and Pete Rizzo.

II. CITIZEN PRESENTATIONS

There were no citizen presentations.

III. NEW BUSINESS

BC-1494 Approval of contract with IES for services of Dr. Angela Cornelius as Associate Medical Director

The motion to approve was made by Matt Aiken and seconded by Dr. Chris Bolton. The motion carried unanimously.

VIII. CLOSED SESSION

None.

VII. ADJOURNMENT

The Board stood adjourned at 10:15 a.m.

Respectfully submitted,

_____
Douglas Spears, Secretary

MAEMSA
BOARD COMMUNICATION

Date: 01.26.2021	**Reference #:** BC-1496	**Title:** Approval of Check Register for November

RECOMMENDATION:

It is recommended that the Board of Directors approve the Check Register for November 2021.

DISCUSSION:

N/A

FINANCING:

N/A

Submitted by: **Kenneth Simpson** **Board Action:** _____Approved
_____Denied
_____Continued until _____

Check Number	CK Date	Vendor Name	Check Amount	Description
106572	11/4/2021	Applause Promotional Products	12,021.63	Unifomrs
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

MAEMSA
BOARD COMMUNICATION

Date: 01.26.2022	**Reference #:** BC-1497	**Title:** Approval of Check Register for December

RECOMMENDATION:

It is recommended that the Board of Directors approve the Check Register for December 2021.

DISCUSSION:

N/A

FINANCING:

N/A

Submitted by: **Kenneth Simpson** **Board Action:** _____Approved
_____Denied
_____Continued until _____

AP Check Details Over 5000.00
For Checks Between 12/1/2021 and 12/31/2021

Check Number	CK Date	Vendor Name	Check Amount	Description
106812	12/3/2021	AE Tools & Computers	5,350.00	Ram diagnsotic subscription
106825	12/3/2021	City of Fort Worth	125,184.00	Radios Primary System Usage
106829	12/3/2021	Demers	5,353.21	Various Parts
106830	12/3/2021	Direct Energy Business	9,360.79	Electric Service
106831	12/3/2021	Express Fleet Autobody and Paint	13,527.54	M78 code 100 repairs
106833	12/3/2021	Jag Custom Paint & Body Shop	12,789.27	M21 code 100 body repairs
106837	12/3/2021	Maintenance of Ft Worth, Inc.	6,028.00	Cleaning and Supplies
106839	12/3/2021	Mutual of Omaha	6,508.79	critical care/accident November
106843	12/3/2021	School of EMS	38,250.00	Paramedic School Tuition
106856	12/3/2021	Zoll Data Systems Inc	7,283.59	billing qtr maint
106858	12/10/2021	Airgas USA, LLC	5,567.25	oxygen
106867	12/10/2021	Bound Tree Medical LLC	19,788.83	Various Medical Supplies
106883	12/10/2021	KnowBe4 Inc.	10,294.20	Security Awareness Training
106886	12/10/2021	Masimo Americas, Inc	11,063.96	Various Medical Supplies
106889	12/10/2021	MetLife - Group Benefits	81,349.72	Dental/Vision/STD/Supp Life
106892	12/10/2021	NCTTRAC	6,559.60	Annual Dues
106901	12/10/2021	ReCept Pharmacy	15,484.64	Various Medical Supplies
106902	12/10/2021	Roger Williams Automall	6,354.12	Various Parts
106906	12/10/2021	T & W Tire	7,954.14	Tires
106918	12/10/2021	XL Parts	9,715.28	Various Parts
106919	12/10/2021	ZirMed Inc	8,574.07	Verification, Invoices, Claims
106920	12/10/2021	Zoll Data Systems Inc	25,600.00	Hosted Billing Pro 1
106960	12/17/2021	Bound Tree Medical LLC	6,768.17	Various Medical Supplies
106965	12/17/2021	CornerStone Staffing	5,274.82	Billing Temps
106966	12/17/2021	CyrusONe	7,717.68	Colocation Charges
106972	12/17/2021	Executive Protective Systems	13,989.00	New Camera Equipment
106976	12/17/2021	ImageTrend	21,680.00	Monthly Fee-Nov 2021
106977	12/17/2021	Kno2 LLC	8,750.00	Annual EMS Customer Instance
106982	12/17/2021	M Davis and Company Inc	5,240.00	Detection of Elder abuse
106987	12/17/2021	NRS	17,299.58	Collection Service Fees
106996	12/17/2021	Paranet Solutions	44,292.54	IT Monthly Services - December
106997	12/17/2021	Pearson Education	7,996.26	EMR books
106999	12/17/2021	ReCept Pharmacy	5,202.71	Various Medical Supplies
107006	12/17/2021	Teleflex Medical	9,524.75	Various Medical Supplies
107009	12/17/2021	Whitley Penn, LLC	40,173.00	Professional Services - Audit
107011	12/17/2021	Zoll Medical Corporation	113,647.77	Annual Preventive Maintenance
107031	12/22/2021	City of Fort Worth Water Department	5,323.43	Water Services
107050	12/22/2021	Stryker	14,259.93	Annual Stryker Maintenance
107054	12/22/2021	The State of Texas	5,260.03	Microsoft subscription
107059	12/22/2021	Zoll Medical Corporation	333,515.33	Various Medical Supplies

AP Check Details Over 5000.00
For Checks Between 12/1/2021 and 12/31/2021

Check Number	CK Date	Vendor Name	Check Amount	Description
120121	12/1/2021	Frost	61,053.88	Frost Loan #30001
1503560	12/1/2021	Frost	39,363.52	Frost Loan #39001
1510201	12/2/2021	Extendobed	22,170.00	Support Vehicle Extendobed
1572803	12/21/2021	WEX Bank	120,090.35	Fuel
1578726	12/22/2021	UMR Benefits	54,787.52	Health Insurance - December
1578736	12/22/2021	UT Southwestern Medical Center	12,833.33	Contract Services - B Miller
12022021	12/2/2021	Frost	38,540.62	Frost Loan #4563-001
12082021	12/8/2021	AT&T	18,381.32	Cell Phones and Aircards - Nov
12272021	12/27/2021	Frost	52,993.77	Frost Loan #4563-002

MAEMSA
BOARD COMMUNICATION

Date: 01.26.2022	Reference #: BC-1498	Title: MedStar Foundation Board Appointments

RECOMMENDATION:

It is recommended that the Board of Directors approve the nomination of Carlos Flores and Teneisha Kennard to the Board of the MedStar Foundation replacing Doug Hooten and Zim Zimmerman who have served their full terms and are eligible for replacement. These positions are annual appointments by the Chief Executive Officer, with approval by the Board.

DISCUSSION:

The MedStar Foundation is a 501(c)3 that was set up to support and benefit the activities and programs of the Authority; specifically: supporting the Authority in providing its members with ambulance service and related emergency medical services; (2) raising funds to promote, preserve and create programs that provide ambulance service and related emergency medical services, educate the public regarding the availability and need of such services, and advocate for the provision of such services; (3) making distributions and providing other aid to other organizations with purposes similar to or supporting the Authority; and (4) carrying on other lawful business and activities which are necessary and proper for the accomplishment of any such purposes.

Over the years the MedStar Foundation has partnered with a variety of other non-profit organizations in the community for an annual fundraiser benefiting both organizations. The MedStar Foundation currently has a balance of $117,489.71.

FINANCING:

Submitted by: Kenneth Simpson

Board Action:
_____Approved
_____Denied
_____Continued until _____

MAEMSA
BOARD COMMUNICATION

Date: 01.26.2022	**Reference #:** BC-1499	**Title:** Stretcher Equipment Purchase

RECOMMENDATION:

It is recommended that the Board of Directors approve the purchase of stretchers, stairchairs, and lucas devices to replace current equipment that has been experiencing increasingly frequent failures and is nearing end of life. The requested amount is $4,350,000 which is the purchase price plus a 2.9% buffer. The purchase amount is $4,227,674.51 and includes a five year service contract that covers preventative maintenance, repairs, and battery replacement. This includes a trade in credit for our current equipment.

DISCUSSION:

Most of the stretchers and powerloads were purchased in 2015/2016. They get an increased amount of use due to how busy the system is. Stryker is releasing a new stretcher that will come with lithium-ion batteries, which should help alleviate some of the battery charging issues we have had by charging faster and holding a charge longer. Stryker is offering $498,250 for our current inventory of stretchers, powerloads, stairchairs and lucas devices for supervisors and critical care paramedics.

Pricing was obtained from Ferno and Stryker for the items. Due to the amount provided for trade in, the similarities with the equipment we currently use, and the pricing provided through the group purchasing organization Stryker was selected as the most competitive bid.

This was not included in the capital plan because it was intended that we would utilize a 10-year lease program to replace this equipment. After analysis of the it was determined that, over the five-year period, the lease program would cost approximately one million more than a purchase. Aside from the equipment being at the end of its useful life there is also a 7% price increase that is scheduled to be implemented on February 1, 2022, so it is most cost effective to purchase the equipment now as opposed to a lease.

FINANCING:

These items will be purchased with cash on hand through a group purchasing organization to which MedStar belongs.

Submitted by: **Kenneth Simpson**

Board Action:

_____Approved
_____Denied
_____Continued until _____

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 previously noted the inspectors provided a positive report, but they also noted some deficiencies related to the utilization of safety data and safety meetings. We have successfully remedied this issue, and the CAAS committee has renewed our CAAS accreditation for an additional three years. This is a direct result of Shaun Curtis' management of the application process and the collaborative work of the entire MedStar team to provide documentation of policies and practices.

BLS Utilization- A document outlining the BLS pilot program has been given to the First Responder Advisory Board for additional review and feedback. The last meeting was cancelled, but it should soon be rescheduled soon. The document is attached to this report in draft form, and we are in hopes of bringing it to the full board soon so it can be approved prior to the reprioritization project.

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 apparatus 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.

Communications- We became aware of some challenges in our communications department and several of the key performance indicators. The communications managers, Lindy Curtis and Joleen Quigg, have done a tremendous job in working with the communications department's ring to answer times down (as shown in the Operations report), and there has been a palpable improvement in morale as these changes have been implemented. Our computer aided dispatch ("CAD") vendor sent a technician out to correct improperly configured CAD changes that were causing unwanted issues. We are happy with the improvements that have been made in a relatively short period of time, and we look forward to ongoing improvements.

Burleson's Departure- On January 19, 2022 the Burleson City Council voted to provide notification of their intent to withdraw from the MedStar system effective October 1, 2023. We are cognizant of how challenging the situation can become as one agency prepares to make a change of this nature, so we will help facilitate an earlier departure if that is their desire. We will continue providing service as long as they need us in the community. We will be working through financial projections, but, given the growth

in the system and the size of Burleson, we don't anticipate a challenge covering the volume and revenue.

Fort Worth Study- Fort Worth will put the consulting firm for their staffing study on the agenda for the January 24, 2022 council meeting. We have been working with Fort Worth's data analytics team to help them aggregate and analyze the data.

HRIS/ADP- We are continuing to implement the ADP system. Their native scheduling module has some challenges that will probably not make it useful. Instead we are looking at a replacement module ADP has found for us. This change has slowed this this phase of the ADP implementation, but we are hopeful we will soon be back on schedule as it will remove additional manual steps in the payroll process. Overall, the implementation has been slow and painstaking, but once it is set up it does seem to help streamline some of our internal processes.

Billing/EMS|MC- The billing project continues to advance. EMS|MC started billing on December 1, 2021. It is still too early to evaluate their ability to collect on the tickets, but they are very communicative about issues they are seeing and how we can more easily capture accurate data. They are currently implementing our deductible monitoring program, and we will continue working closely with them to ensure we maximize our revenue opportunities.

Board Training- The date is set for board training. It will be January 28th. 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.

BASIC LIFE SUPPORT AMBULANCE PROGRAM OVERVIEW

MedStar Mobile Healthcare

Metropolitan Area EMS Authority

December 16, 2021

Contents

Executive Summary

The current all ALS deployment model presents operational challenges related to staffing, response, outcomes, and cost-effectiveness. The EMS System Performance Committee, established through the interlocal agreement between MAEMSA member jurisdictions, created a Tiered Response Task Force to assess the potential clinical, operational, experiential, and fiscal value of shifting from an all-Advanced Life Support ("ALS") ambulance deployment model to an ALS and Basic Life Support ("BLS") ambulance deployment model. The Task Force was comprised of representatives from first response agencies, the Office of the Medial Director, and MedStar.

The Tiered Response Task Force proposed a six-month pilot project to evaluate a Tiered Deployment Model, where a combination of ALS and BLS ambulances respond to 9-1-1 medical calls in the MAEMSA service area. Included in the pilot were five specific goals to be evaluated, with success evaluation methodology. The pilot project was approved by the MAEMSA Board and launched on February 1st, 2021.

The outcomes of the five goals were presented at the October 2021 meeting of the EMS System Performance Committee. The evaluation indicated that the pilot project met or exceeded all five goals (see Appendix 1).

Recognizing the benefit to the EMS response system and the patients the System serves, the EMS System Performance Committee submits to the MAEMSA Board of Directors this plan outlining the deployment and utilization of resources tailored to better meet the specific needs of callers through the 911 system in the MAEMSA's member jurisdictions. Specifically, utilization of BLS ambulances to respond to BLS response determinants, identified through an analysis of the actual care provided to patients from responses triaged to those determinants provides the MAEMSA system with the flexibility to deploy resources which more closely match the medical needs of patients accessing the 911 system. Approval of this plan would transition the Tiered Ambulance Deployment Model from pilot to permanent.

Background

Utilization of the 911 system for emergency medical care has expanded significantly since the introduction of the three-digit number. While some medical emergencies require ALS care, it is also common to find individuals who utilize the emergency medical system for low acuity medical complaints that do not rise to the level of necessitating advance life support care and intervention.

Utilizing paramedics to respond to low acuity calls with a very low likelihood of requiring ALS care diminishes the opportunity for paramedics to administer ALS care, potentially leading to ALS skill degradation throughout the system. It also adds to paramedic burnout and job dissatisfaction. Likewise, utilizing ALS resources to respond to calls that are determined, through emergency medical dispatch ("EMD") criteria, to be low acuity unnecessarily adds cost to the EMS system, when a more clinically appropriate, lower cost response is more effective. Fully utilizing the EMD process to better match ALS calls with ALS providers and allowing BLS providers to care for the lower acuity calls may result in more proficient ALS providers as the frequency and intensity of patient care experiences are honed with even more repetition of ALS skills than what is seen in an all-ALS system.[1]

Furthermore, utilizing multiple providers at different certification levels, with different specialties, provides the added benefit of producing more resources to respond to, and support, the healthcare systems in the community.

Methodology to Identify BLS Eligible EMD Determinants

The optimal response plan is evaluated by conducting a retrospective analysis of the previous 12 months of EMD determinants and the patient condition as represented in the electronic patient care report ("ePCR") data. The criteria evaluated include the percentage of incidents for each EMD determinant where the ePCR indicated ALS criteria, the percentage with unstable vital signs, the percentage with critical interventions such as defibrillation or advanced airway management, the percentage of lights-and-sirens ("Hot") transport to the hospital, and the percentage of patients transported.

[1] https://www.jems.com/operations/too-many-medics-debating-a-tiered-response-vs-all-als-ems-system/

The threshold percentages and minimum quantity of incidents are established by the system's determination regarding the likelihood that ALS care is necessary on arrival of a BLS ambulance. There is a natural correlation between a higher threshold of ALS interventions, unstable vital signs, or critical interventions, and an increased number of calls that could require a subsequent dispatch of an ALS upgrade. It is important to note that, of the four criteria, the ALS criteria measurement may be elevated, as some of the historical interventions may have been permissible, but not necessarily *required*, to improve the patient's outcome. For this reason, based on feedback from the Performance Standards Committee, the ALS criteria threshold was increased from an initial level of 3% during the pilot to 5% in this recommendation.

ALS upgrade is a data point that will be captured and reported. It is important to note that BLS interventions make up the initial steps of all medical protocols and correlates with industry best practices. While an ALS upgrade may make their way to a scene, the clinicians on scene will continue to provide vital care to the patient.

Thresholds for BLS

For an EMD determinant to be included as a BLS eligible, it will have, over the prior 12 months:

- A minimum of 50 dispatches;
- An ALS criteria rate < 5%;
- Unstable vital signs < 5%;
- Critical incident criteria < 1%.

The BLS-eligible EMD determinants may be updated as needed by MedStar's CEO and the MAEMSA Medical Director, in collaboration with the EMS System Performance Committee, and shall be reported to the MAEMSA Board of Directors.

Based on the proposed EMD determinants the number of BLS eligible incidents received through the 911 system is anticipated to be ~29,000, which constitutes ~17% of the total call volume. Initial response volume targets will be 15-25% of the total call volume for BLS eligibility.

It is anticipated that the overall deployment should represent a corresponding percentage of BLS ambulances to anticipated BLS EMD codes. The proposed BLS determinants are found in Appendix 2.

BLS Ambulance Deployment Methodology

MedStar utilizes dynamic posting of medical resources based on the historical demand for time of day and day of week. It is recommended that the same deployment criteria be utilized to position BLS resources throughout the system.

The BLS eligible determinants will be programmed into the computer aided dispatch ("CAD") software so that the machine learning can begin to build a history of ALS and BLS call types by time of day and day of week. The dynamic deployment of the resources will improve as more data is added to the analysis, and the CAD will position both ALS and BLS ambulances to best meet the desired response time targets.

The CAD will be being set up to make responding ambulance determinations based on the requirements of the EMD code, applicable response time guidelines, and resource availability. The CAD is programmed to apply the following methodology:

1.) If a BLS EMD determinant, find a BLS ambulance that can meet the response time. (Recommended Priority 3).
    a. If no BLS ambulance can meet the response time goal, dispatch an ALS ambulance.
    b. If no ALS ambulance can meet response time goal, evaluate mutual aid response.

2.) If an ALS EMD determinant, find an ALS ambulance that can meet the response time goal.
    a. If no ALS ambulance can meet the response time goal, dispatch BLS ambulance and find an ALS resource to co-respond.

As mentioned above, BLS ambulance deployment is anticipated to be 15-25%. MedStar utilizes a deployment methodology more aligned with healthcare's census-based staffing models, which takes into consideration previous demand and current conditions.

This means we try to assure 85-100% of the scheduled unit hours are filled. If staffing percentages drop below that our practice is to shift administrative positions down to the field to provide additional ambulance coverage. Utilization of BLS ambulance will allow us to staff a greater percentage of the projected schedule and add additional unit hours to the schedule for BLS coverage.

To accomplish the proportion of BLS ambulance to ALS the number of EMT positions was increased to a greater magnitude than paramedic positions. Specifically, this year we are budgeted for 169 full time EMT positions and 135 full time paramedic positions. Both of which represent an increase over the previous year and a peak deployment of 52 ambulances.

Response Priority and FRO Response

The criteria through which specific EMD codes are identified as being BLS eligible also aids in identifying these calls as likely low acuity incidents. It is recommended that these calls be classified as priority three (P3) responses, and, except for potential scenes that may require Fire or Police response for fire or hazardous situations, BLS eligible calls should not require the deployment of first response resources. As has been the practice in the MAEMSA system, if a city or first response agency wishes to be sent on these calls, MedStar's Communications Department can adjust their specific response plan accordingly.

ALS Quick Response Vehicle (QRV)

A Quick Response Vehicle ("QRV") is a non-transport capable response vehicle, staffed with a paramedic or higher credentialed provider, that can be deployed as additional support to BLS or ALS calls. The MedStar system has historically deployed these resources as supervisor and critical care vehicles.

The utilization of QRVs is separate from the BLS pilot project. The inclusion of them in this document is to address some questions that have been raised around how they are reported. These units are not included in either the number of ALS or BLS unit hours as it relates to ambulances. These units are also not included in the unit hour costs since they are not part of the unit hours. Additional information may be found in the section heading "Response Time Compliance for BLS."

Response Time Compliance for BLS

The response time guidelines will remain unchanged from those recommended by the EMS System Performance Committee and adopted by the MAEMSA Board of Directors on December 14, 2016. (See Appendix 3). After some initial confusion, feedback from the System Performance Committee, including some FRAB members, produced the following suggestions regarding response time requirements for BLS ambulances:

1. If a BLS ambulance and an ALS resource are dispatched to an ALS determinant:
    a. The response time clock will not stop until both the BLS ambulance and the ALS resource are on scene.
    b. If the BLS ambulance arrives on scene and the BLS ambulance or any first responder cancels the responding ALS resources, the on-scene time for the BLS ambulance shall be the response clock stop time.
    c. If an ALS resource cancels the BLS ambulance the on-scene time for the ALS resource shall be the response clock stop time.
    d. As has been the practice within the system with all other apparatus a BLS ambulance or a QRV may upgrade, downgrade, or cancel additional responding apparatus and/or agencies.

ALS First Responders

Several first response agencies have elected to provide ALS level service. The System Medical Director has provided criteria to assist in identifying when a call may need to be upgraded to an ALS level of care. (See Appendix 4) BLS deployment is not intended to necessitate the utilization of the first responder paramedics for continued patient care and transport. Through ALS ambulance deployment and QRV deployment, MedStar intends to be able to provide ALS intervention to any calls that may need to be upgraded.

Nothing in this deployment model is intended to prevent a first response paramedic from electing to ride into the hospital with a BLS ambulance, nor is this program intended or designed to force a first response paramedic to ride into the hospital with a BLS crew. The BLS checklist should help guide this determination as well as other factors, as applicable, such as the estimated time of arrival of additional responding ALS units and the patient condition.

In coordination with the on-scene MedStar crew, a determination may be made that the FRO paramedic prefers to ride into the hospital as opposed to waiting for the ALS resource or sending the patient with the BLS ambulance. Based on the design of the BLS deployment system there should be few cases requiring a first response paramedic to accompany a BLS ambulance to the hospital.

Quality assurance ("QA") will be conducted on calls within the MAEMSA system according to standard QA processes. Should an agency have concern with any instances of first response paramedics riding in with BLS ambulances, it is expected that this be voiced to MedStar's leadership as a concern. Upon receipt of such concern the respective leadership teams will review the results of the quality reviews for calls in which first response paramedics rode in with BLS ambulances. Additionally, operational components such as ALS and BLS staffing numbers, call volume and location of responding ALS resources will be evaluated to identify and mitigate any applicable root cause.

Documentation For ALS First Responders

If an FRO paramedic rides in with a BLS crew and the patient condition and FRO paramedic's interventions make the call eligible to be billed as an ALS call the call will NOT be billed as an ALS call. Instead, it will be billed as a BLS level of service. The reason for this is that this could be looked at as a double charge to the patient in that the FRO paramedic is provided through tax dollars, and they would be paying for that paramedic's service again through an ALS charge.

In this scenario, the FRO paramedic should document the care provided to the patient in their ImageTrend chart and sync the chart in the cloud. The MedStar BLS crew should document the care provided in their chart and pull the FRO paramedic's chart into theirs where they will both be sent to the hospital as a comprehensive patient care report.

Data Analytics for BLS Deployment

BLS deployment data will include the metrics listed below. It is anticipated that this will be developed into dashboards to be shared with the System Performance Committee and included in the monthly report to the Board of Directors as the pilot program goals, shown in Appendix 1, have been.

Given the recent requests for information, data, reporting and explanation MedStar's management is evaluating the most efficient and economical ways to provide and maintain data and metrics moving forward.

1. **ALS Upgrades**- total number of BLS eligible dispatched calls which result in a request for an ALS intercept.
2. **BLS Unit Hour Deployment**- The total number of BLS unit hours deployed vs. the total number of unit hours deployed.
3. **BLS Capture Rate**- The total number of BLS eligible incidents dispatched and the total number of BLS eligible calls receiving a BLS ambulance.
4. **ALS Skills Utilization**- The percentage of calls responded to by an ALS ambulance which meet ALS criteria.
5. **First Responder Ride In**- The number of calls an ALS First Responder rode into the hospital with a BLS ambulance.

Communication

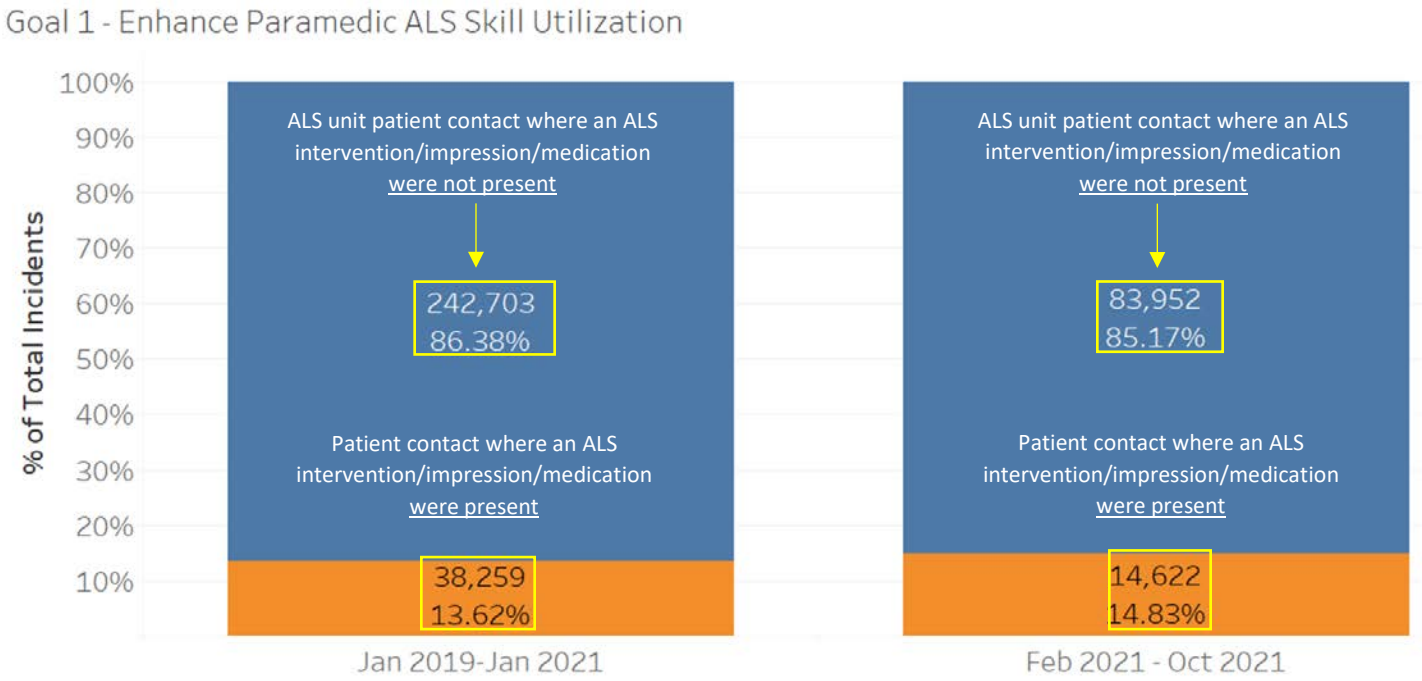
The initial BLS pilot project was discussed and developed at the System Performance Committee. First Responder Advisory Board and Emergency Physician's Advisory Board input was then gathered, and then it was submitted to the MAEMSA Board of Directors for review and approval. This document has followed the same process.

It is understood that BLS deployment is permitted by the Interlocal agreement, but it is a new service line available to the cities 911 markets. To assure the program is communicated to the member cities, with approval of the program from the MAEMSA Board the program details will be presented to the member jurisdiction's City Managers in collaboration with the leadership of the first response agency for that city.

Appendix 1: Tiered Ambulance Deployment Pilot Goals and Evaluation

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 - 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

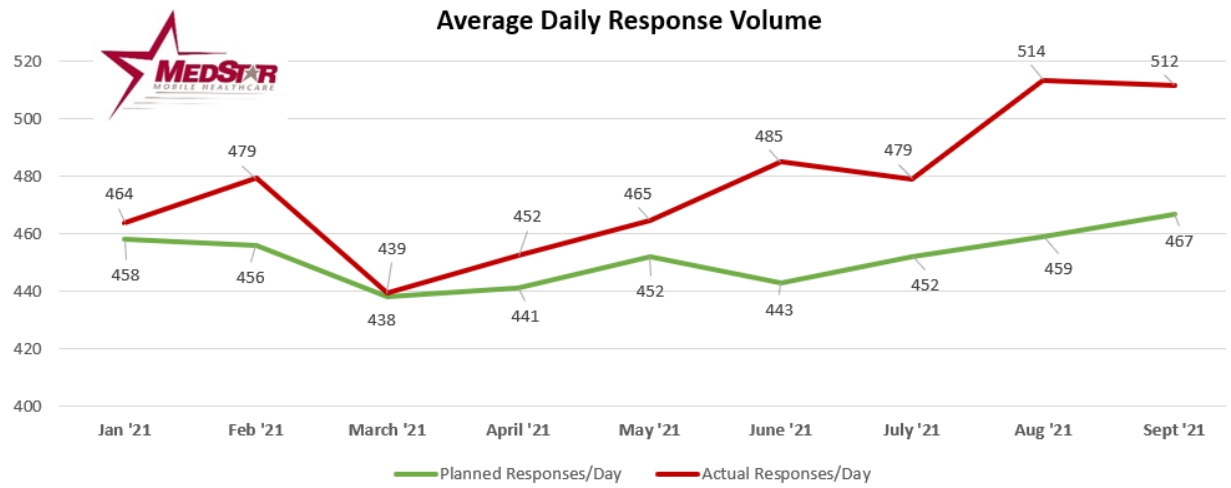
- Measure
  - Cohort 1: System-Wide average and fractile response times for P1, P2 and P3 calls post-implementation
  - Control Group: System-Wide average and fractile response times for P1, P2 and P3 calls pre-implementation

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%			
Overall	**9:06**	**78.0%**	**10:05**	**82.8%**	**12:03**	**85.0%**			
Feb '21	11:38	77.9%	13:05	83.6%	16:17	84.1%	*(Not included in the analysis)*		
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	9:33	72.4%	10:26	77.3%	13:04	77.3%			
Oct '21	8:51	78.4%	9:36	83.7%	10:58	86.3%			
Nov '21	8:22	83.5%	9:01	87.3%	10:25	89.7%			
Overall	**9:03**	**77.6%**	**9:56**	**82.6%**	**12:08**	**83.5%**			
Change	**0:03**	**-0.47%**	**0:09**	**-0.24%**	**0:05**	**-1.46%**			

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.*



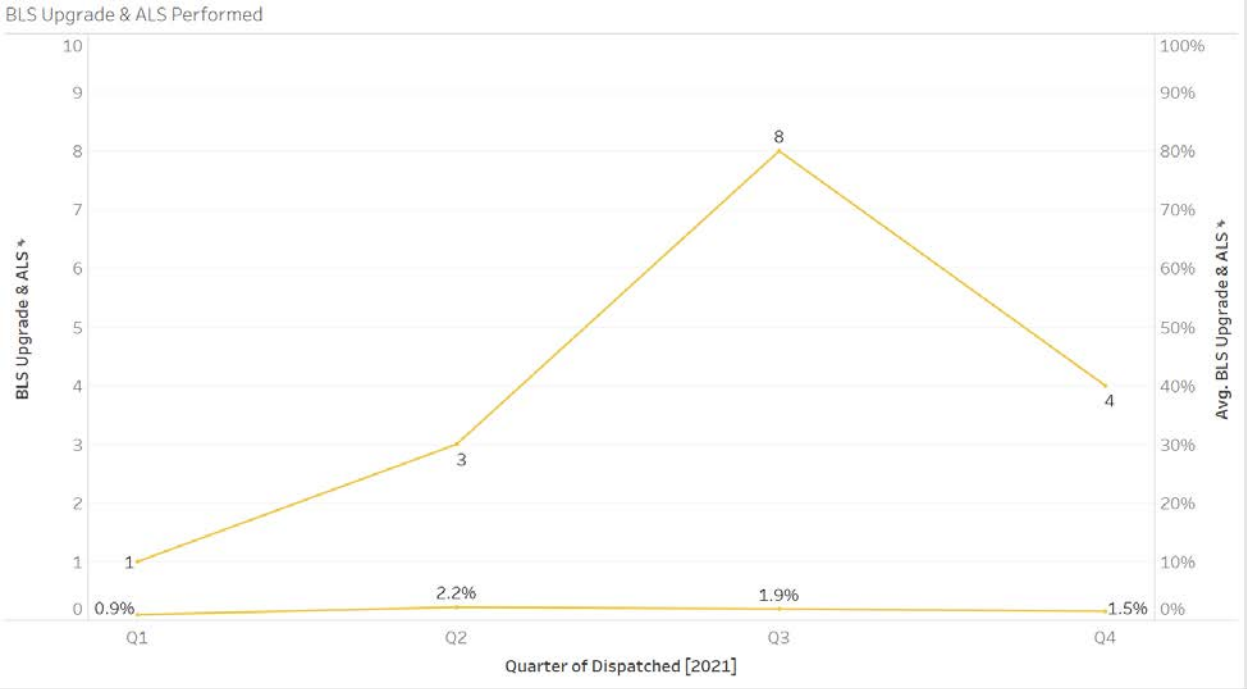
Goal - Reduce overall unit hour expense

- 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*)
  - Note that these costs below compare the costs of a BLS unit hour to an ALS unit hour. Due to increases in demand more unit hours have been added. The table below displays the cost savings achieved by increasing BLS unit hours rather than increasing ALS unit hours. This does not account for additional training costs associated with advanced credentialing or benefit 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

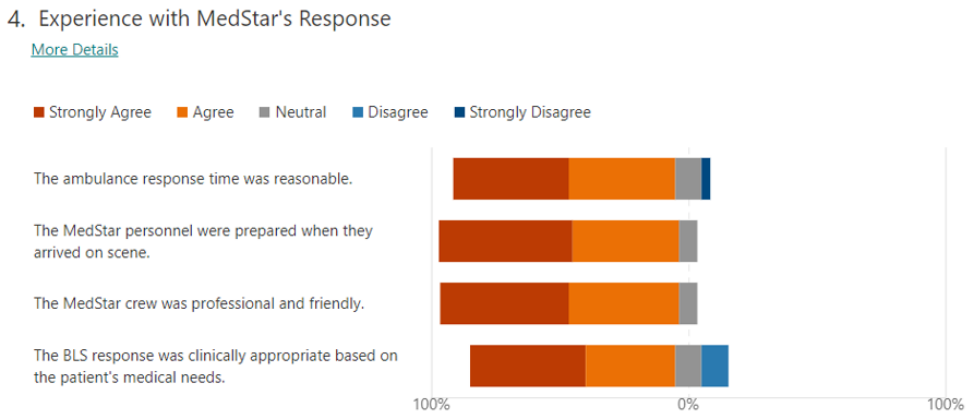
- Measure
  - # and % of 9-1-1 calls dispatched to a BLS ambulance that resulted in an ALS unit response request *AND* resulted in an ALS intervention
  - # and % of calls in which an ALS first responder was required to ride-in with the patient due to a BLS unit on scene and an ALS first responder-initiated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



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.

First Response Agency Surveys *(29 responses)*

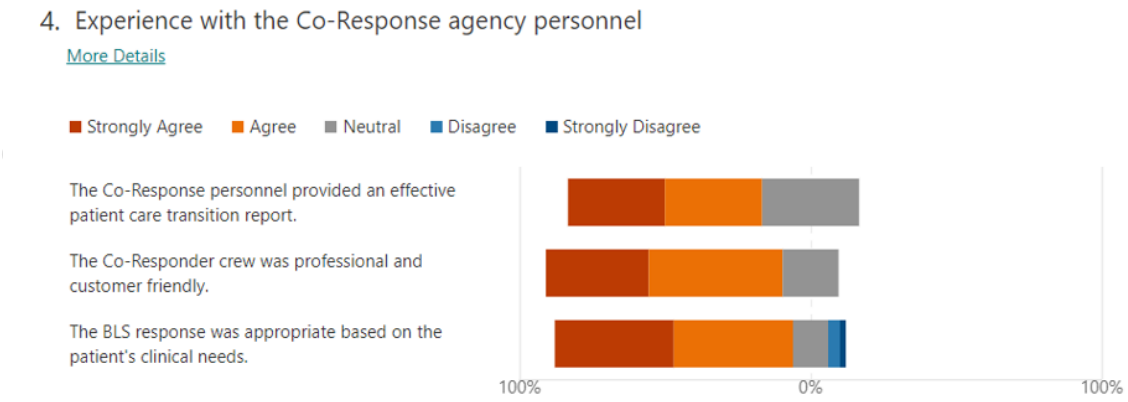


Co-Responder Comments Submitted:

- 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. 2nd 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.

MedStar Crew Surveys – (51 completed)



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 the patient 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 patient 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 crew 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 patient 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.

BLS Response Report Summary - BLS Eligible Determinants				
Through:	10/31/2021			
**BLS Response Determinants w/BLS Unit Response*				
Determinant	**Responses**	**Patients Assessed**	**Transports**	**Transport Ratio**
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%
Total	**1221**	**666**	**460**	**37.7%**

BLS Unit Responses By Member Jurisdiction

CAD Data - BLS Unit Responded

As of: 10/31/2021

Member City	BLS Unit Responses	BLS Unit to BLS EMD
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
Total	**1965**	**715**

Appendix 2 Proposed BLS EMD Determinants

Current and Proposed	EMD Determinant	Incidents	Patients	% of Total Calls	Transported?	L&S?	ALS Incident %	Critical Incident %	Vital Incident %	Expected BLS Fallout	BLS Assigned First on Call?	Avg. BLS Upgrade?
Current Code	4B01	1,384	1,457	0.9%	41.7%	3.1%	3.0%	0.0%	2.7%	5.1%	69	4.2%
	4D05	148	200	0.1%	23.5%	2.8%	2.0%	0.0%	4.7%	6.1%	9	10.0%
	16A01	86	89	0.1%	44.3%	5.1%	3.5%	0.0%	0.0%	3.5%	4	0.0%
	25A02	373	378	0.2%	65.3%	0.4%	2.1%	0.0%	1.9%	3.5%	19	10.0%
	25B03	1,473	1,490	1.0%	56.2%	2.6%	2.6%	0.2%	2.2%	4.2%	57	3.5%
	25O01	572	590	0.4%	69.0%	0.7%	2.3%	0.2%	1.0%	3.3%	31	12.9%
	25O02	325	331	0.2%	76.7%	1.2%	1.8%	0.0%	1.8%	3.7%	30	3.2%
	26O28	130	134	0.1%	81.1%	0.9%	1.5%	0.0%	4.6%	5.4%	13	0.0%
	29A02	757	1,354	0.5%	24.3%	2.1%	1.6%	0.1%	1.5%	2.9%	40	19.5%
	29B01	3,194	5,646	2.1%	35.1%	3.8%	3.8%	0.1%	2.3%	5.7%	173	7.4%
	29B05	5,232	8,349	3.5%	24.7%	5.4%	3.0%	0.2%	1.9%	4.3%	243	9.2%
Remove Code	20B02	214	222	0.1%	44.7%	2.1%	4.7%	0.0%	6.1%	8.9%	23	8.7%
	23B01	289	292	0.2%	74.4%	2.4%	2.1%	0.3%	5.9%	7.6%	1	0.0%
	26A06	147	154	0.1%	75.0%	0.9%	4.1%	0.0%	8.2%	10.9%	16	12.5%
	29B03	694	1,266	0.5%	36.4%	4.4%	5.6%	0.3%	2.4%	7.5%	35	13.9%
	32B03	1,827	1,873	1.2%	23.3%	2.1%	3.6%	1.4%	2.2%	5.1%	114	11.1%
New Code	3B03	84	87	0.1%	38.4%	0.0%	4.8%	0.0%	3.6%	6.0%	0	
	4A02	74	74	0.0%	44.4%	3.1%	2.7%	0.0%	4.1%	6.8%	0	
	4A03	105	108	0.1%	66.4%	0.0%	1.0%	0.0%	1.9%	2.9%	2	0.0%
	4B03	1,527	1,642	1.0%	38.6%	2.5%	3.8%	0.3%	2.6%	5.6%	14	0.0%
	4D04	126	130	0.1%	58.7%	8.1%	4.8%	0.0%	1.6%	6.3%	3	0.0%
	4O01	50	50	0.0%	54.0%	3.7%	2.0%	0.0%	4.0%	6.0%	0	
	13A01	218	230	0.1%	63.0%	0.7%	4.6%	0.0%	4.1%	8.3%	1	0.0%
	18B01	132	139	0.1%	64.9%	2.3%	2.3%	0.0%	3.0%	4.5%	3	33.3%
	18O01	158	168	0.1%	66.3%	0.9%	3.8%	0.0%	3.8%	7.6%	1	0.0%
	20A01	60	65	0.0%	50.8%	3.1%	3.3%	0.0%	5.0%	8.3%	2	0.0%
	20O01	139	146	0.1%	57.3%	1.2%	2.9%	0.0%	4.3%	6.5%	3	33.3%
	21A02	54	56	0.0%	53.7%	3.4%	1.9%	0.0%	1.9%	3.7%	0	
	21O03	62	63	0.0%	56.5%	2.9%	4.8%	0.0%	3.2%	8.1%	0	
	23C05	97	101	0.1%	63.9%	1.6%	3.1%	1.0%	4.1%	6.2%	2	50.0%
	24B01	109	112	0.1%	90.0%	9.1%	0.0%	0.0%	1.8%	1.8%	1	0.0%
	24B02	102	107	0.1%	70.9%	4.1%	2.0%	0.0%	2.0%	3.9%	0	
	24C01	55	60	0.0%	89.5%	3.9%	1.8%	0.0%	1.8%	3.6%	0	
	24C03	142	146	0.1%	89.5%	0.0%	4.9%	0.7%	3.5%	8.5%	1	0.0%
	24D03	319	334	0.2%	91.6%	7.8%	1.9%	0.3%	4.7%	6.3%	2	0.0%
	24D04	51	53	0.0%	92.3%	6.3%	2.0%	0.0%	3.9%	3.9%	0	
	26A01	70	75	0.0%	67.6%	0.0%	4.3%	0.0%	2.9%	7.1%	0	
	26A08	2,083	2,193	1.4%	77.7%	1.3%	4.8%	0.0%	3.6%	7.9%	37	17.5%
	26A10	4,277	4,495	2.8%	58.8%	2.0%	3.8%	0.2%	4.9%	7.9%	77	6.0%
	26O06	60	61	0.0%	77.0%	0.0%	0.0%	0.0%	5.0%	5.0%	2	0.0%
	28C08	52	53	0.0%	81.1%	2.3%	1.9%	0.0%	1.9%	3.8%	0	
	29O01	135	237	0.1%	29.7%	0.0%	0.7%	0.0%	2.2%	3.0%	7	22.2%
	30O02	118	125	0.1%	74.8%	1.1%	4.2%	0.0%	0.8%	5.1%	2	0.0%
	32B01	189	195	0.1%	37.8%	0.0%	2.1%	0.5%	2.6%	4.2%	4	0.0%
	32B02	52	52	0.0%	17.3%	11.1%	1.9%	0.0%	3.8%	3.8%	0	
	33A03	1,488	1,552	1.0%	91.7%	0.9%	2.1%	0.1%	5.0%	6.8%	12	0.0%
Grand Total		**25,862**	**32,927**	**17.1%**	**48.3%**	**2.5%**	**3.3%**	**0.2%**	**3.0%**	**5.8%**	**1,052**	**8.8%**

Appendix 3 Performance Standards

Adopted by Board of Directors 12-14-16

Metropolitan Area EMS Authority

Recommended EMS System Performance Measures

Background: The Metropolitan Area EMS Authority (MAEMSA) sets operational and clinical performance measures for the emergency medical services system operating in the jurisdictions that are part of the MAEMSA. As part of the performance measures adoption process, the MAEMSA established a System Performance Task Force (comprised of representatives of area First Responders, MedStar and the Office of the Medical Director) to continuously review system performance, advise the MAEMSA Board, and recommend system performance measures that are focused on patient outcomes.

The initial project undertaken by the Task force was to formulate recommended ambulance response time goals. Additional system performance measures will be added over time. For 2017, through the QA/QI process, the Office of the Medical Director will be focusing on outcomes in cases involving cardiac arrests, airway management, and patient refusals and releases. The determination of ambulance response priorities will be reviewed by the Office of the Medical Director, based on the clinical effectiveness of time-sensitive responses and interventions.

PHASE ONE: **Initial Response Time Performance Measures Recommendations (Ambulance):** The Task Force collected and reviewed response time data from MAEMSA system participants, as well from numerous ambulance agencies across the country in developing these recommendations. The Task Force also agreed on several principles for response time performance measures:

- Measures should be from the perspective of the patient
- All EMS system response agencies should track and report response times
- Fractile response times will be used for system response time performance measure accountability
- Average response times should be reported for simplicity and understanding, with the goal of minimizing extended response times
- Extended response times should be minimized
  - Defined as 1 and ½ times the response time goal for the response mode (P1, P2, P3, P4)
  - Measured as a percentage to call volume with the goal not to exceed 1.5%
- Response Time for ambulances will be defined as:
  - Clock Start: "First Key Stroke"
    - The time at which the dispatch center responsible for dispatching response units to the scene of a medical response answers the incoming call
  - Clock Stop: "On-Scene"
    - Defined as vehicle wheel stop at the scene of the response
- All EMS responses will be measured using these definitions of clock start and stop

Additionally, the Task Force recommends that agencies promote the tracking and reporting of 'patient contact' times, defined as the time that the responding crew is able to initiate an assessment of the patient.

Ambulance Response Time Goals –

Response Mode	Response Time	Fractile Reliability	Extended Responses
Priority 1	11 Minutes	85%	1.5%
Priority 2	13 Minutes	85%	1.5%
Priority 3	17 Minutes	85%	1.5%
Priority 4	60 Minutes	85%	1.5%

Appendix 4: BLS Handoff Medical Directive

Medical Directive # 202109001
FOR IMMEDIATE DISTRIBUTION
Date 09/13/2021

OFFICE OF THE MEDICAL DIRECTOR
EMERGENCY PHYSICIANS ADVISORY BOARD

Medical Oversight for the MedStar System

Effective: 09/13/2021 Expiration:

Replaces Medical Directive #:

Subject: BLS Ambulance Transport Criteria

In the interest of patient safety and to streamline decision-making in BLS vs. ALS ambulance transport, a checklist has been created and added to the assessment section of ImageTrend documentation. This BLS Ambulance Transport Criteria form should be completed whenever a BLS Ambulance responds to a 911 patient.

When a BLS ambulance is the only ambulance responding to a 911 patient, the criteria will guide the Basic crew regarding when to request an ALS resource (ALS Ambulance, QRV, or ALS FRO). When a BLS ambulance co-responds with a QRV or ALS FRO, the BLS crew may complete the transport alone if the patient does not meet any of the criteria listed. System FRO providers may also utilize the form in the decision-making process for additional or alternate resources when responding with a BLS Ambulance.

With any handoff from an ALS resource to a BLS ambulance, both crews must agree with the decision and sign the ePCR in the appropriate locations. If a BLS ambulance requests an ALS resource using the criteria, the arriving ALS clinician should not attempt to hand the care back to the BLS ambulance.

In the rare instance that an ALS resource is requested and there is none available in a timely manner, the Communication Center will advise regarding transport to the closest appropriate facility.

The BLS Transport Criteria are listed below. Please reach out if there are any questions or concerns.

Veer D. Vithalani MD, FACEP, FAEMS
System Medical Director | Metropolitan Area EMS Authority
Chief Medical Officer | MedStar Mobile Healthcare

BLS Transport Criteria

BLS UNIT CANNOT TRANSPORT PATIENTS WITH ANY OF THE FOLLOWING:

- **Crashing patient**
  - *Provider impression of extremis, including new-onset altered mental status, airway issues, severe respiratory distress/failure, signs and symptoms of shock/poor perfusion, or imminent cardiac or respiratory arrest*
- Airway
  - Current or anticipated need for airway management
- Breathing
  - Respiratory failure or distress (RR $<$ 8 or $>$ 20)
  - Hypoxia (SpO2 $<$ 94%) despite NRB (or higher)
- Circulation
  - Cardiac chest pain or anginal equivalent
  - EKG with ischemia or infarct
  - EKG with new or concerning dysrhythmia
  - Current or anticipated need for IV fluids, vasopressors, or other IV medication
  - Unstable bradycardia/tachycardia
  - Hypotension (SBP $<$ 90)
- Disability
  - Acute change in mental status (GCS $\leq$ 13)
  - Positive stroke screen (or new neurologic deficit)
  - Seizure not returned to baseline or multiple seizures
  - Syncope
  - Acute Agitation
  - Severe intoxication/overdose
- Everything Else
  - Significant injuries or high mechanism trauma
  - Hypoglycemia with AMS
  - Hyperglycemia with AMS
  - Pediatric patients with a high-risk complaint (e.g., BRUE) or complex medical history
  - Basic Provider Clinical Concern
  - ALS Procedure Performed
    (not including IV placement or 12-lead EKG interpretation)
  - ALS Medication Administered

HEALTH CARE
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TO: EMS Salary Survey Participants

FROM: Steven L. Athey

SUBJECT: Salary Survey Summary

Date: January 10, 2022

Thank you for being a part of the recently completed EMS salary survey. As promised, for your participation I am providing this "summary" so you can see where your organization sits relative to others who participated. If I can be of further assistance please don't hesitate to call.

Overview:

The salary survey, commissioned in the last quarter of 2021, provides a wage comparison of emergency medical technicians (EMTs), paramedics and dispatchers across a wide spectrum of emergency medical services (EMS) organizations in the states of Texas, Oklahoma and Arkansas.

Survey Design and Methodology:

This salary survey was intended to measure entry-level pay/salaries for EMTs, paramedics and dispatchers. The "date of hire" comparison gives the purest view from which to compare. Once inside the door every organization has a package of incentives, raises, perks and benefits that makes comparison past date of hire difficult. This survey identifies and compares the "new hires" *assuming no experience,* although most organizations offered a "hire in" credit for new employees based on previous experience. This "credit" varied widely making comparisons difficult without removing the variable.

Consultants for Health Care Visions used a direct approach to information gathering for this project and the findings encompass quantitative numerical data for the personnel positions surveyed.

The thirty-eight different locations surveyed were comprised of private companies (66%), 3rd City Service/Trusts (18%), not-for-profit (11%) and hospital based (5%), from three states, Texas (63%), Oklahoma (21%) and Arkansas (16%).

Survey Findings:

It is not surprising that salary levels have increased dramatically since the last three-state survey was completed 10 years ago. Competing for scarce EMS resources has certainly contributed to the increase in the last decade. The following chart shows the comparison in EMT and paramedic average salary for 2012 and 2022 (Dispatchers were not surveyed in 2012) showing an increase in EMT average salary of $7,937 (28.62%) and an increase in paramedic average salary of $12,133 (31.98%). These should be considered "estimates" because the 2012 and 2022 surveys had different participants.

	EMT 2022	EMT 2012	% Increase
Maximum	$44,096	$40,394	
Median	$36,400	$26,542	
Average	$35,669	$27,732	28.62%
Minimum	$24,138	$20,591	

	Paramedic 2022	Paramedic 2012	% Increase
Maximum	$66,560	$58,747	
Median	$51,376	$38,108	
Average	$51,792	$39,243	31.98%
Minimum	$36,920	$25,439	

The following pages provide the 2022 survey results compared to your organization.

Salary Survey 2021
EMT

	Organization	State	Size	Annual	Hourly	Shift Type
31		AR	13+	$44,096	$13.25	24s (56 hr ave)
34		TX	6-12	$43,576	$13.09	24/48s
29		AR	13+	$43,264	$13.00	24s (56 hr ave)
37		AR	6-12	$43,264	$13.00	24s (48 & 56 hr ave)
36		TX	13+	$40,100	$14.79	4-12s/24s
10		TX	13+	$40,050	$17.50	4/3 12s
22		TX	0-5	$40,040	$17.50	4/3 12s
35		OK	6-12	$40,040	$11.00	5- 24s Per PP
15		TX	13+	$38,480	$16.82	4/3 12s
38		TX	6-12	$38,272	$11.50	24s (48 & 56 hr ave)
21		OK	6-12	$38,064	$12.00	4/24+1/12 per PP
11		TX	6-12	$38,000	$16.61	4/3 12s
5		TX	13+	$37,954	$14.00	4/3 12s
6		TX	13+	$37,954	$14.00	4/3 12s
26	MedStar	TX	13+	$37,774	$16.51	4/3-12s
4		TX	13+	$36,869	$13.60	4/3 12s
32		AR	6-12	$36,608	$11.00	24s (56 hr ave)
20		TX	13+	$36,400	$10.00	60 hr week
33		OK	6-12	$36,241	$10.89	24s (56 hr ave)
3		TX	13+	$35,243	$13.00	4/3 12s
17		TX	13+	$35,000	$15.30	4/3 12s
9		TX	13+	$33,903	$14.82	4/3 12s
18		TX	6-12	$33,275	$14.54	4/3 12s
19		OK	13+	$33,124	$12.25	4-12s
13		TX	13+	$33,000	$14.42	4/3 12s
16		TX	6-12	$33,000	$14.42	4/3 12s
28		OK	13+	$31,460	$13.75	4/3-12s
23		AR	6-12	$30,784	$13.46	4/3 12s
25		TX	13+	$30,750	$13.44	4/3 12s
12		TX	6-12	$30,495	$13.33	4/3 12s
27		AR	13+	$30,000	$13.11	4/3-12s
30		OK	13+	$29,972	$13.10	12s, 42 per
24		OK	6-12	$29,011	$12.68	4/3 12s
8		TX	6-12	$29,000	$12.67	4/3 12s
7		TX	6-12	$25,740	$11.25	4/3 12s
14		TX	13+	$24,138	$10.55	4/3 12s

Maximum	$44,096
Median	$36,400
Average	$35,669
Minimum	$24,138

	Salary Survey 2021 Paramedic Organization	State	Size	Annual	Hourly	Shift Type
30		AR	6-12	$66,560	$20.00	24s (56 hr ave)
37		OK	6-12	$65,162	$19.58	24s (48 & 56 hr ave)
29		AR	13+	$63,232	$19.00	24s (56 hr ave)
35		OK	6-12	$61,880	$17.00	5- 24s Per PP
1		TX	13+	$61,163	$26.73	4/3 12s
34		TX	6-12	$60,336	$18.13	24/48s
9		TX	13+	$58,390	$25.52	4/3 12s
33		OK	6-12	$57,441	$17.26	24s (56 hr ave)
11		TX	6-12	$56,000	$24.48	4/3 12s
19		OK	13+	$55,540	$20.54	4-12s
21		OK	6-12	$55,510	$17.50	4/24+1/12 per PP
12		TX	6-12	$55,100	$16.50	4/3 12s
18		TX	6-12	$55,100	$24.08	4/3 12s
28		OK	13+	$54,912	$24.00	4/3 12s
20		TX	13+	$54,600	$15.00	60 hr week
26	MedStar	TX	13+	$53,768	$23.50	4/3 12s
36		TX	13+	$52,000	$19.18	4-12s/24s
22		TX	0-5	$51,790	$22.64	4/3 12s
3		TX	13+	$51,376	$19.00	4/3 12s
15		TX	13+	$50,986	$22.27	4/3 12s
4		TX	13+	$50,024	$18.50	4/3 12s
5		TX	13+	$50,024	$18.50	4/3 12s
6		TX	13+	$48,672	$18.00	4/3 12s
38		AR	6-12	$48,256	$14.50	24s (48 & 56 hr ave)
10		TX	13+	$47,848	$20.91	4/3 12s
17		TX	13+	$47,847	$20.91	4/3 12s
8		TX	6-12	$46,000	$20.10	4/3 12s
24		OK	6-12	$45,920	$20.07	4/3 12s
13		TX	13+	$45,000	$19.67	4/3 12s
16		TX	6-12	$45,000	$19.67	4/3 12s
32		AR	6-12	$44,928	$13.50	24s (56 hr ave)
2		TX	13+	$44,312	$19.37	4/3 12s
25		TX	13+	$43,906	$13.44	4/3 12s
23		AR	6-12	$43,900	$13.46	4/3 12s
31		OK	6-12	$42,396	$18.53	12s, 42 per
7		TX	6-12	$42,328	$18.85	4/3 12s
27		AR	13+	$39,604	$17.31	4/3 12s
14		TX	13+	$36,920	$16.14	4/3 12s
			Maximum	$66,560		
			Median	$51,181		
			Average	$51,414		
			Minimum	$36,920		

Salary Survey 2021
Dispatch

	Organization	State	Size	Annual	Hourly	Shift Type
1		TX	13+	$61,163	$26.73	4/3 12s
9		TX	13+	$52,652	$23.01	
26	MedStar	TX	13+	$45,760	$20.00	4/3 12s
36		TX	13+	$42,000	$18.36	4/3 12s
35		OK	6-12	$40,339	$14.88	4-12s
3		TX	13+	$37,954	$14.00	4/3 12s
34		TX	6-12	$37,954	$14.00	4x12s
14		TX	13+	$37,440	$16.36	4/3 12s
29		AR	13+	$35,591	$13.50	Rotating 12s/50+ STE
19		OK	13+	$34,320	$15.00	4/3 12s
27		AR	13+	$34,140	$13.78	4/3 12s
32		AR	6-12	$33,887	$12.50	4x12s
21		OK	6-12	$32,032	$14.00	4/3 12s
37		AR	6-12	$32,032	$14.00	4/3 12s
31		OK	13+	$31,636	$12.00	Rotating 12s/50+ STE
25		TX	13+	$30,933	$13.52	4/3 12s
7		TX	6-12	$26,884	$11.75	4/3 12s
20		TX	13+	$24,128	$8.00	52 hr week

Maximum	$61,163
Median	$35,591
Average	$38,380
Minimum	$24,128

Tab B – Office of the Medical Director

Discussion

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

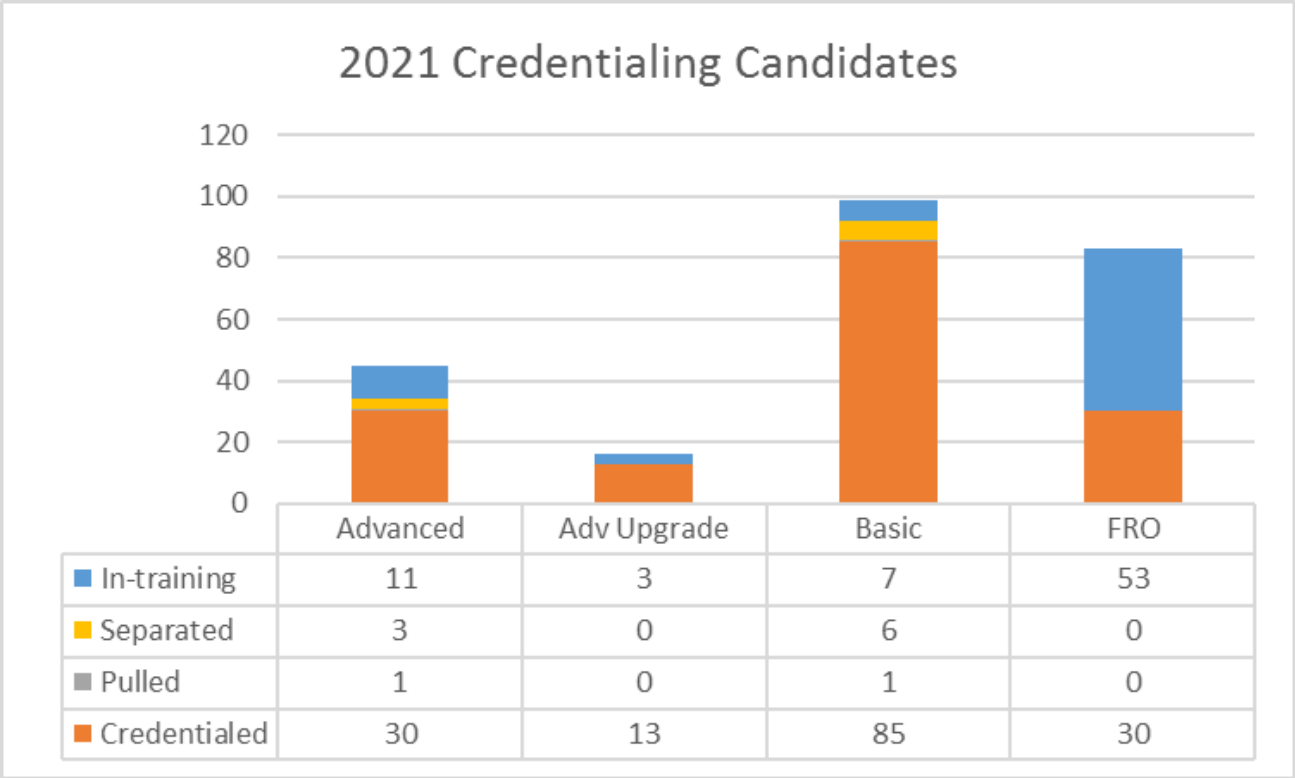
Education and Training

- OMD 21Q4CE
  - Completed with MedStar
  - Airway Checklist implementation to the System
  - Attended by multiple FRO agencies
- OMD 22Q1CE – March
  - In development
- Completed ECA course for Lakeside PD
  - 5-officers certified
  - Additional course being planned
- MIH Provider Course #2
  - Attendees from Florida to Hawaii and Texas up to Montana

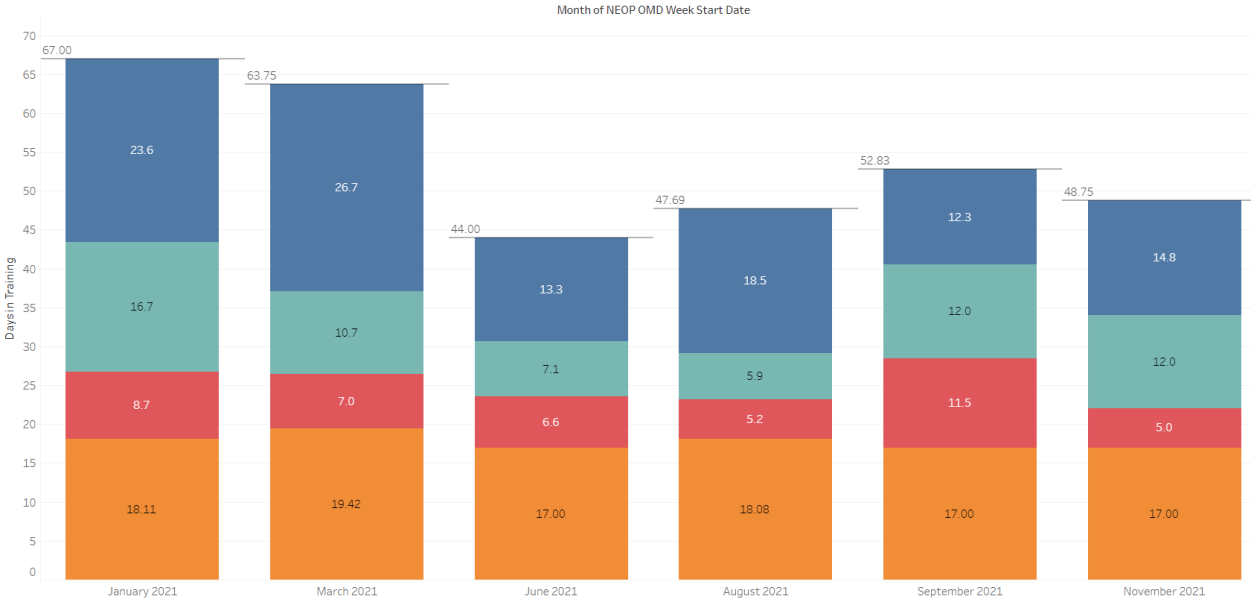
Course Attendance	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	116	44	35	75	54	29
FRO	2	5	5	13	68	3
External	4	0	0	5	9	0

Credentialing

- 2022: 73-candidates in training (MedStar and FROs)



	Advanced	Adv Upgrade	Basic	FRO
In-training	11	3	7	53
Separated	3	0	6	0
Pulled	1	0	1	0
Credentialed	30	13	85	30



* Begins with first day of clinical NEOP through credentialing.

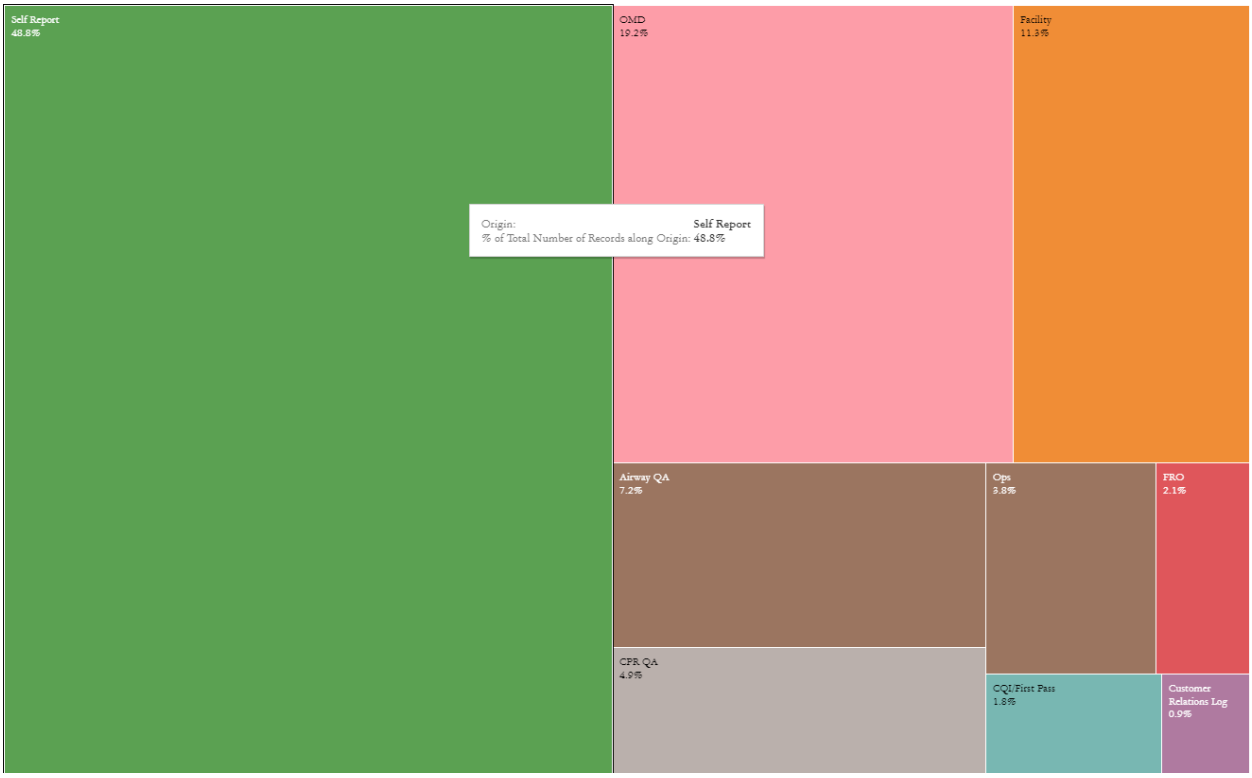
Quality Assurance

Case Acuity

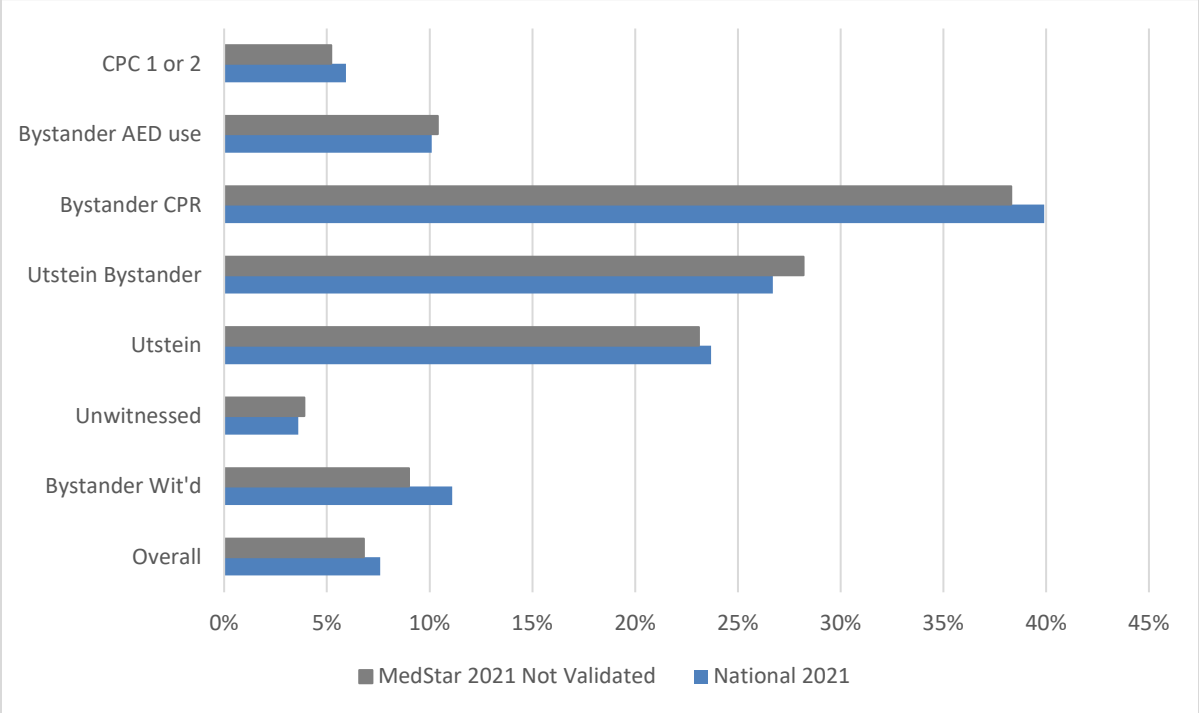
	November 2021	December 2021
High	3 (4.2%)	3 (4.3%)
Moderate	31 (43.7%)	21 (30.0%)
Low	21 (29.6%)	37 (52.9%)
Non QA/QI	16 (22.5%)	9 (12.9%)
Grand Total	71 (100.0%)	70 (100.0%)

Case Disposition

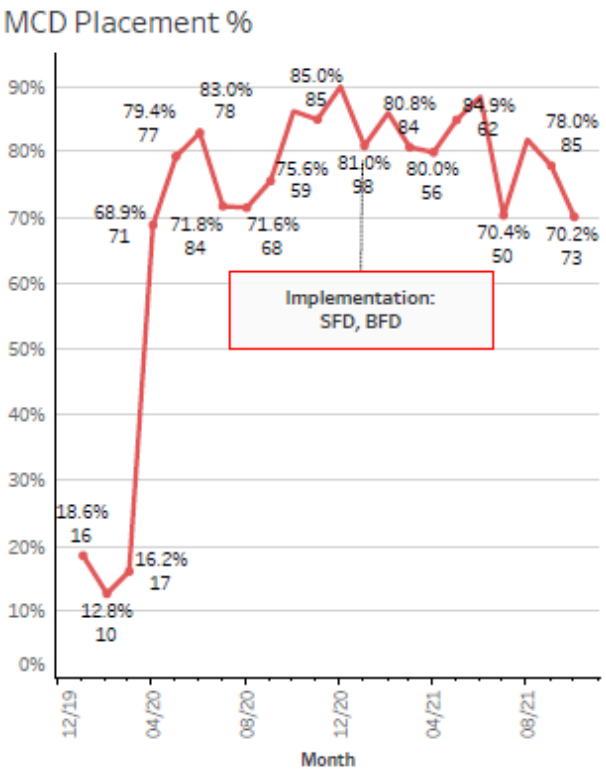
	November 2021	December 2021
Needs Improvement	52 (73.2%)	49 (70.0%)
Clinically Inappropria..		2 (2.9%)
Forwarded	1 (1.4%)	2 (2.9%)
No Fault	18 (25.4%)	13 (18.6%)
Pending		4 (5.7%)
Grand Total	71 (100.0%)	70 (100.0%)

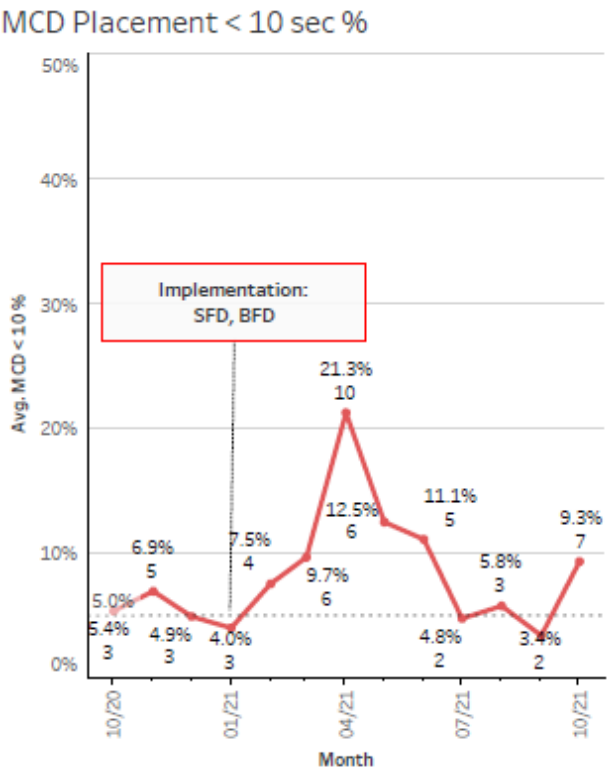


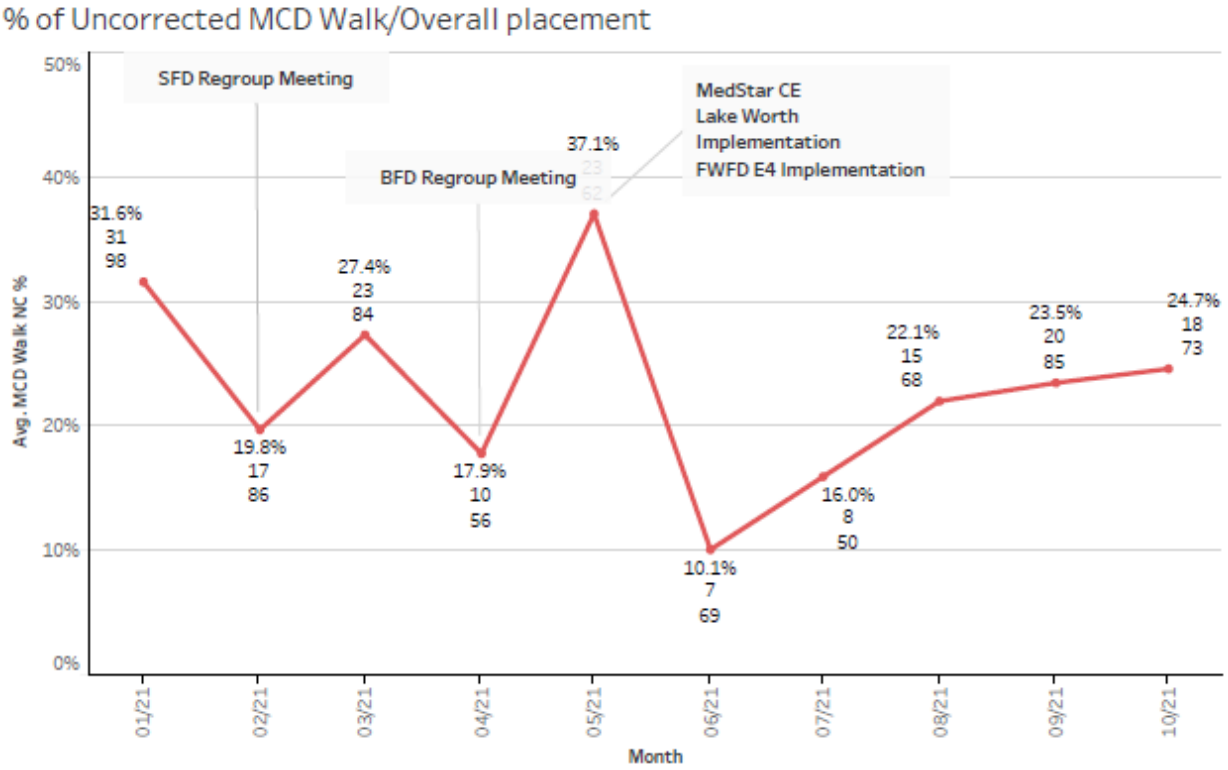
- CARES



- 2021 (Not Validated)
  - 1056-cases of non-traumatic OHCA
  - 24-outcomes still pending
  - Validated report to be received in March 2022







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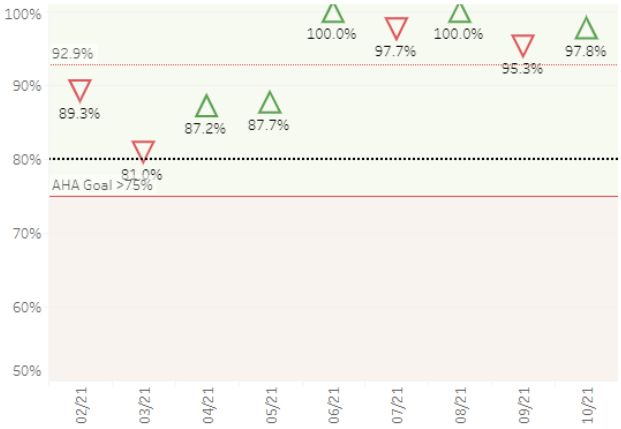
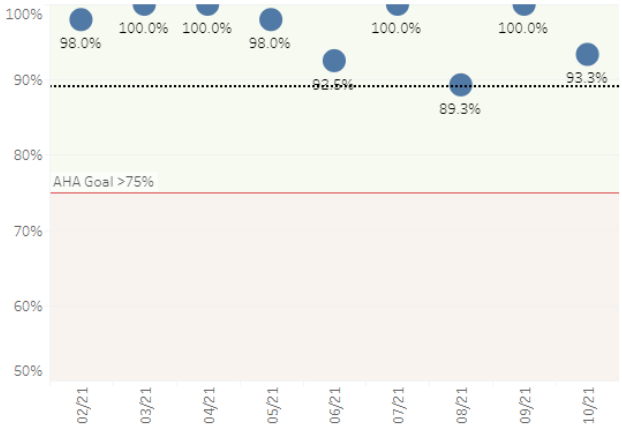
- T-CPR

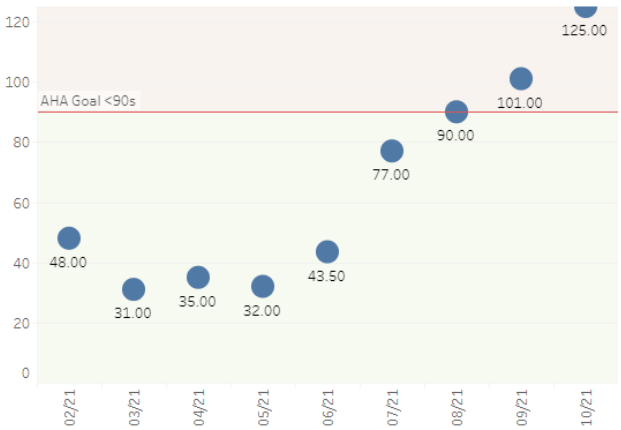
Percentage of OHCA Identified by PSAP



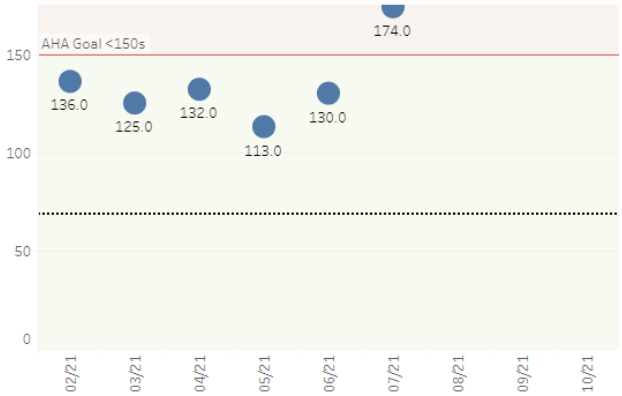
Percentage of Recognized OHCA Receiving T-CPR



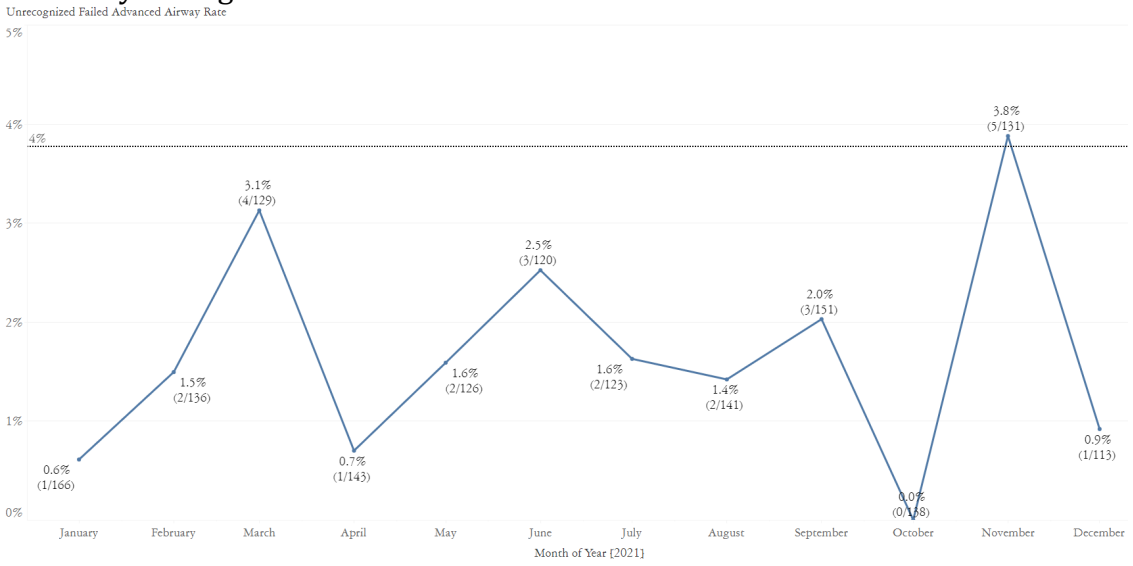
Median Time Between 9-1-1 Call and OHCA Recognition



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



- Airway Management



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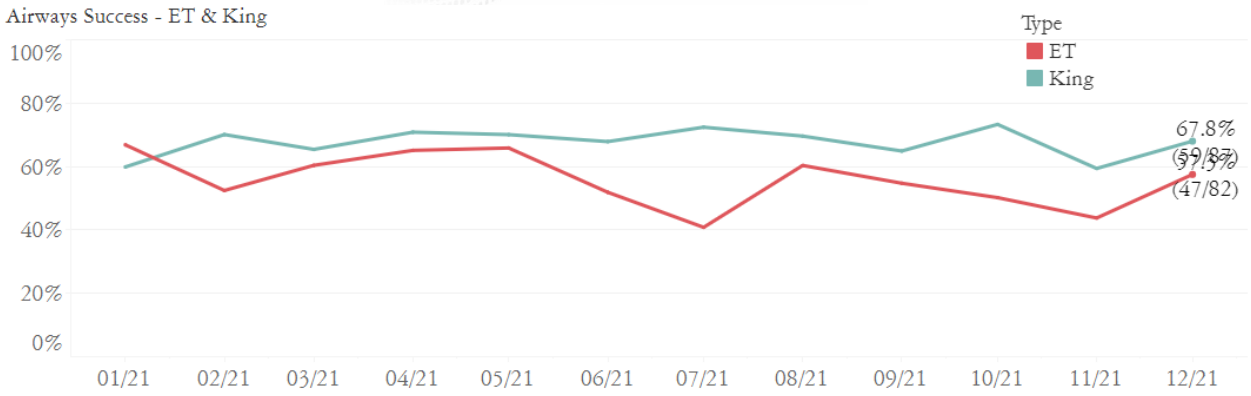

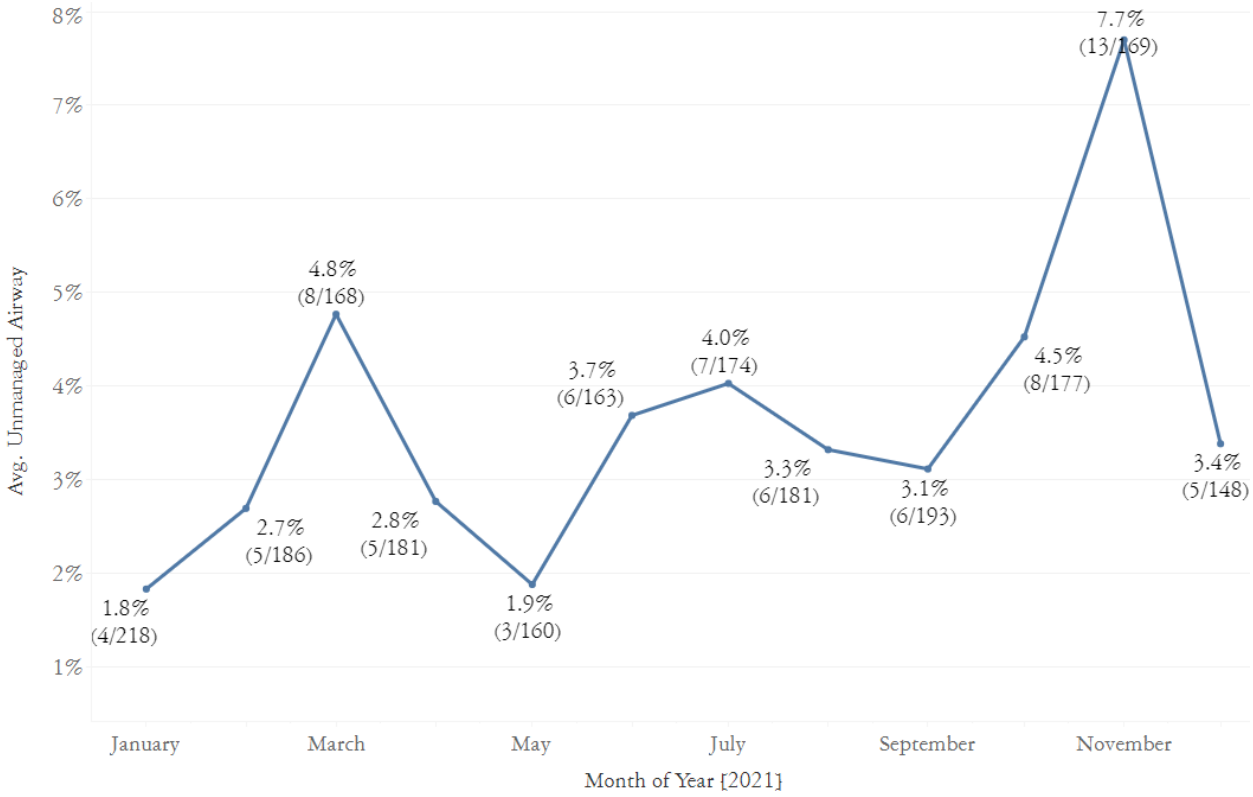

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System Diagnostics

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	0:01:33	0:02:05	0.0%
% 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			0.1%
% 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	Nov-21	Dec-21		
% of suspected STEMI patients correctly identified by EMS		52.2%	52.0%	57.1%	65.0%	44.1%	71.0%			62.0%	75.0%
% of suspected STEMI patients w/ASA admin (*in the absence of contraindications*)		96.9%	90.6%	87.5%	92.9%	94.7%	95.8%	100.0%	88.0%	94.5%	90.0%
% of suspected STEMI patients w/NTG admin (*in the absence of contraindications*)		84.4%	87.5%	87.5%	85.7%	81.6%	81.3%	80.0%	84.0%	87.7%	90.0%
% of suspected STEMI patients with 12L acquisition within 10 minutes of patient contact		59.4%	81.3%	65.6%	71.4%	63.2%	72.9%	66.7%	56.0%	72.1%	90.0%
% of suspected STEMI patients with 12L transmitted within 5 minutes of transport initiation		71.9%	71.9%	59.4%	46.4%	60.5%	64.6%	60.0%	56.0%	62.4%	90.0%
% 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%	20.0%	12.0%	18.5%	75.0%
% of patients with Suspected STEMI Transported to PCI Center		96.9%	96.9%	100.0%	100.0%	94.7%	100.0%	100.0%	100.0%	99.6%	100.0%
% 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%	50.0%
STEMI BUNDLE COMPLIANCE		33.3%	33.3%	16.7%	33.3%					25.0%	

Tab C – Chief Financial Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Finance Report – December 31, 2021

The following summarizes significant items in the December 31, 2021 Financial Reports:

Statement of Revenues and Expenses:

Month to Date: Net Income for the month of December 2021 is a gain of $253,900 as compared to a budgeted loss of ($8,360) for a positive variance of $262,260. EBITDA for the month of December 2021 is a gain of $615,899 compared to a budgeted gain of $325,168 for a positive variance of $290,730.

- Transport volume in December ended the month 101.3% to budget.
- Net Revenue in December is 106% to budget or $274,630 above budget.
- Total Expenses ended the month 100.2% to budget or $12,371 over budget. In December, MedStar incurred additional expenses in Salaries and Overtime of $71,190, fuel of $22K and medical supplies of $37K. This expense overage was offset by lower than expected expenses in Health Benefits of ($47K), Dues and Subs of ($43K) and Professional Fees of (#33K).

Year to Date: EBITDA is $1,020,897 as compared to a budget of $1,035,515 for a negative variance of ($14,618)

- The main drivers for this variance are YTD patient encounters are 102.5% to budget and YTD net revenue is 1.3% to budget. Expenses are over budget for the year by 103.8%. The main driver for this overage is salaries, overtime and shift incentives. All non-Salary and Benefits/Taxes expenses are under budget by 3.7%.

Key Financial Indicators:

- Current Ratio – MedStar has $7.68 in current assets (Cash, receivables) for every dollar in current debt. (Goal: a score of $1.00 would mean sufficient current assets to pay debts.)
- Cash Reserves – The Restated Interlocal Cooperative Agreement mandates 3 months of operating capital. As of December 31, 2021, there is 4.69 months of operating capital.
- Accounts Receivable Turnover – This statistic indicates MedStar's effectiveness in extending credit and collecting debts by indicating the average age of the receivables. MedStar's goal is a ratio greater than 3.0 times; current turnover is 5.77 times.
- Return on Net Assets – This ratio determines whether the agency is financially better off than in previous years by measuring total economic return. An improving trend indicates increasing net assets and the ability to set aside financial resources to strengthen future flexibility. Through December, the return is -0.19%.

MAEMSA/EPAB cash reserve balance as of December 31, 2021 is $475,470.69.

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Balance Sheet By Character Code
For the Period Ending December 31, 2021

Assets	Current Year	Last Year
Cash	$21,188,929.42	$23,138,311.90
Accounts Receivable	$8,969,234.82	$8,166,935.20
Inventory	$383,481.43	$358,989.75
Prepaid Expenses	$1,210,404.39	$1,134,390.19
Property Plant & Equ	$63,836,802.18	$59,411,026.93
Accumulated Deprecia	($26,640,369.44)	($22,877,035.09)
Total Assets	$68,948,482.80	$69,332,618.88
Liabilities		
Accounts Payable	($467,509.86)	($384,849.52)
Other Current Liabil	($2,220,463.06)	($2,102,651.73)
Accrued Interest	($7,781.31)	($7,781.31)
Payroll Withholding	($11,112.27)	($11,365.58)
Long Term Debt	($3,599,241.80)	($3,948,104.73)
Other Long Term Liab	($10,146,354.70)	($8,384,580.64)
Total Liabilities	($16,452,463.00)	($14,839,333.51)
Equities		
Equity	($52,937,262.49)	($55,208,105.09)
Control	$441,242.69	$714,819.72
Total Equities	($52,496,019.80)	($54,493,285.37)
Total Liabilities and Equities	($68,948,482.80)	($69,332,618.88)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures
December 31, 2021

Revenue	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
Transport Fees	$18,519,980.34	$17,517,623.77	$1,002,356.57	$54,338,636.65	$51,291,247.69	$3,047,388.96
Contractual Allow	($1,127,993.57)	($7,636,850.39)	$6,508,856.82	($11,004,833.15)	($22,352,584.23)	$11,347,751.08
Provision for Uncoll	($13,188,536.20)	($5,696,807.92)	($7,491,728.28)	($30,972,334.70)	($16,674,201.03)	($14,298,133.67)
Education Income	$2,891.80	$1,690.00	$1,201.80	$53,223.60	$46,430.00	$6,793.60
Other Income	$324,293.25	$43,760.75	$280,532.50	$460,004.21	$203,882.25	$256,121.96
Standby/Subscription	$57,672.76	$84,515.23	($26,842.47)	$257,559.53	$233,440.25	$24,119.28
Pop Health PMPM	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
interest on Investme	$753.61	$500.00	$253.61	$2,219.49	$1,500.00	$719.49
Gain(Loss) on Dispos	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Revenue	$4,589,061.99	$4,314,431.44	$274,630.55	$13,134,475.63	$12,749,714.93	$384,760.70
Expenditures						
Salaries	$2,667,650.23	$2,596,460.66	$71,189.57	$8,427,121.63	$7,807,588.98	$619,532.65
Benefits and Taxes	$413,842.37	$448,778.00	($34,935.63)	$1,096,782.51	$1,088,907.00	$7,875.51
Interest	$35,026.48	$33,500.00	$1,526.48	$107,063.69	$100,500.00	$6,563.69
Fuel	$123,580.83	$100,974.92	$22,605.91	$355,681.55	$304,301.76	$51,379.79
Medical Supp/Oxygen	$227,514.17	$190,027.45	$37,486.72	$517,772.81	$556,872.70	($39,099.89)
Other Veh & Eq	$37,588.77	$42,159.00	($4,570.23)	$129,575.52	$123,979.00	$5,596.52
Rent and Utilities	$59,550.03	$66,269.52	($6,719.49)	$196,855.64	$198,558.56	($1,702.92)
Facility & Eq Mtc	$65,000.09	$67,211.26	($2,211.17)	$216,554.07	$219,358.78	($2,804.71)
Postage & Shipping	$2,096.29	$3,521.55	($1,425.26)	$10,987.48	$10,564.65	$422.83
Station	$47,888.26	$55,097.01	($7,208.75)	$115,146.88	$146,199.03	($31,052.15)
Comp Maintenance	$41,416.98	$62,274.99	($20,858.01)	$124,344.36	$186,824.97	($62,480.61)
Insurance	$44,330.07	$44,026.52	$303.55	$159,318.90	$132,079.56	$27,239.34
Advertising & PR	$0.00	$1,792.00	($1,792.00)	$501.67	$7,876.00	($7,374.33)
Printing	$1,909.83	$3,615.41	($1,705.58)	$9,987.94	$10,846.23	($858.29)
Travel & Entertain	$884.39	$2,363.00	($1,478.61)	$3,996.33	$27,464.00	($23,467.67)
Dues & Subs	$93,043.18	$137,032.00	($43,988.82)	$328,362.37	$389,587.00	($61,224.63)
Continuing Educ Ex	$5,240.00	$11,495.00	($6,255.00)	$29,401.83	$61,708.00	($32,306.17)
Professional Fees	$120,716.92	$154,220.71	($33,503.79)	$356,733.86	$435,452.13	($78,718.27)
Education Expenses	$10,825.55	$0.00	$10,825.55	$12,864.40	$0.00	$12,864.40

/Custom Reports StatementofRevenueandExpensesByCategory
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FOR MANAGEMENT USE ONLY

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures
December 31, 2021

Revenue	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
Miscellaneous	$10,085.28	$1,944.00	$8,141.28	$21,589.04	$6,032.00	$15,557.04
Depreciation	$326,972.32	$300,028.00	$26,944.32	$980,442.20	$900,084.00	$80,358.20
Total Expenditures	$4,335,162.04	$4,322,791.00	$12,371.04	$13,201,084.68	$12,714,784.35	$486,300.33
Net Rev in Excess of Expend	$253,899.95	($8,359.56)	$262,259.51	($66,609.05)	$34,930.58	($101,539.63)
EBITDA	$615,898.75	$325,168.44	$290,730.31	$1,020,896.84	$1,035,514.58	($14,617.74)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Key Financial Indicators
December 31, 2021

	Goal	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Current Ratio	**> 1**	**8.97**	**9.49**	**11.59**	**10.48**	**8.43**	**7.68**

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

Cash as % of Annual Expenditures	**> 25%**	**55.06%**	**47.07%**	**42.95%**	**51.76%**	**44.45%**	**39.00%**

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

Accounts Receivable Turnover	**>3**	**4.96**	**4.28**	**3.65**	**5.44**	**6.34**	**5.77**

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

Return on Net Assets	**-1.00%**	**10.35%**	**10.11%**	**4.04%**	**0.00%**	**-4.03%**	**-0.19%**

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

Emergency Physicians Advisory Board
Cash expenditures Detail

	Date	Amount	Balance
Balance 1/1/17			$ 609,665.59
J29 Associates, LLC	2/27/2017	$ 1,045.90	$ 608,619.69
Bracket & Ellis	10/30/2017	$ 12,118.00	$ 596,501.69
Brackett & Ellis	11/19/2018	$ 28,506.50	$ 567,995.19
FWFD Grant	4/3/2019	$ 56,810.00	$ 511,185.19
Brackett & Ellis	4/3/2019	$ 20,290.50	$ 490,894.69
Brackett & Ellis	11/27/2019	$ 9,420.00	$ 481,474.69
Bracket & Ellis	2/6/2020	$ 1,382.50	$ 480,092.19
Bracket & Ellis	2/29/2020	$ 4,621.50	$ 475,470.69
Balance 12/31/2021			$ 475,470.69

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

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

Statement of Revenues and Expenses:

Month to Date: Net Income for the month of November 2021 is a loss of ($183,605) as compared to a budgeted loss of ($1,888) for a negative variance of ($181,717). EBITDA for the month of November 2021 is a gain of $179,314 compared to a budgeted gain of $331,640 for a negative variance of ($133,936).

- Transport volume in November ended the month 101.7% to budget.
- Net Revenue in November is 99% to budget or $39,391 below budget.
- Total Expenses ended the month 103% to budget or $181,717 over budget. In November, MedStar incurred additional expenses in Salaries and Overtime of $116,767 and Taxes and Benefits of $78,477 primarily made up of $85,878 in additional Health Insurance claims paid in November.

Year to Date: EBITDA is $404,998 as compared to a budget of $710,346 for a negative variance of ($280,005)

- The main drivers for this variance are YTD patient encounters are 103% to budget and YTD net revenue is 1.1% to budget. Expenses are over budget for the year by 105.6%. The main driver for this overage is salaries, overtime and shift incentives. All non-Salary and Benefits/Taxes expenses are under budget by 5%.

Key Financial Indicators:

- Current Ratio – MedStar has $7.73 in current assets (Cash, receivables) for every dollar in current debt. (Goal: a score of $1.00 would mean sufficient current assets to pay debts.)
- Cash Reserves – The Restated Interlocal Cooperative Agreement mandates 3 months of operating capital. As of November 30, 2021, there is 5 months of operating capital.
- Accounts Receivable Turnover – This statistic indicates MedStar's effectiveness in extending credit and collecting debts by indicating the average age of the receivables. MedStar's goal is a ratio greater than 3.0 times; current turnover is 6.72 times.
- Return on Net Assets – This ratio determines whether the agency is financially better off than in previous years by measuring total economic return. An improving trend indicates increasing net assets and the ability to set aside financial resources to strengthen future flexibility. Through November, the return is -0.71%.

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

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Balance Sheet By Character Code
For the Period Ending November 30, 2021

Assets	Current Year	Last Year
Cash	$22,590,737.40	$22,483,251.80
Accounts Receivable	$7,642,914.62	$8,225,987.29
Inventory	$383,481.43	$358,989.75
Prepaid Expenses	$1,322,279.71	$1,242,586.22
Property Plant & Equ	$63,814,632.18	$59,528,773.71
Accumulated Deprecia	($26,313,397.12)	($22,677,829.63)
Total Assets	$69,440,648.22	$69,161,759.14
Liabilities		
Accounts Payable	($702,041.12)	($676,359.49)
Other Current Liabil	($2,152,342.47)	($1,898,092.09)
Accrued Interest	($7,781.31)	($7,781.31)
Payroll Withholding	($81,043.78)	($12,878.25)
Long Term Debt	($3,628,885.95)	($3,948,104.73)
Other Long Term Liab	($10,277,143.62)	($8,468,854.10)
Total Liabilities	($16,849,238.25)	($15,012,069.97)
Equities		
Equity	($52,937,262.49)	($55,208,105.09)
Control	$345,852.52	$1,058,415.92
Total Equities	($52,591,409.97)	($54,149,689.17)
Total Liabilities and Equities	($69,440,648.22)	($69,161,759.14)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures
November 30, 2021

Revenue	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
Transport Fees	$17,388,536.23	$16,630,987.35	$757,548.88	$35,818,656.31	$33,773,623.92	$2,045,032.39
Contractual Allow	($3,072,240.02)	($7,244,725.66)	$4,172,485.64	($9,876,839.58)	($14,715,733.84)	$4,838,894.26
Provision for Uncoll	($10,414,918.03)	($5,404,297.36)	($5,010,620.67)	($17,783,798.50)	($10,977,393.11)	($6,806,405.39)
Education Income	$19,115.00	$43,050.00	($23,935.00)	$50,331.80	$44,740.00	$5,591.80
Other Income	$98,543.76	$43,760.75	$54,783.01	$135,710.96	$160,121.50	($24,410.54)
Standby/Subscription	$74,477.93	$64,019.63	$10,458.30	$199,886.77	$148,925.02	$50,961.75
Pop Health PMPM	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
interest on Investme	$388.48	$500.00	($111.52)	$1,465.88	$1,000.00	$465.88
Gain(Loss) on Dispos	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Revenue	$4,093,903.35	$4,133,294.71	($39,391.36)	$8,545,413.64	$8,435,283.49	$110,130.15
Expenditures						
Salaries	$2,659,685.05	$2,542,917.66	$116,767.39	$5,759,471.40	$5,211,128.32	$548,343.08
Benefits and Taxes	$416,697.96	$338,220.00	$78,477.96	$682,940.14	$640,129.00	$42,811.14
Interest	$36,244.05	$33,500.00	$2,744.05	$72,037.21	$67,000.00	$5,037.21
Fuel	$117,176.31	$100,234.92	$16,941.39	$232,100.72	$203,326.84	$28,773.88
Medical Supp/Oxygen	$115,860.32	$180,744.05	($64,883.73)	$290,258.64	$366,845.25	($76,586.61)
Other Veh & Eq	$63,383.44	$38,780.00	$24,603.44	$91,986.75	$81,820.00	$10,166.75
Rent and Utilities	$65,070.79	$66,144.52	($1,073.73)	$137,305.61	$132,289.04	$5,016.57
Facility & Eq Mtc	$81,037.00	$71,846.26	$9,190.74	$151,553.98	$152,147.52	($593.54)
Postage & Shipping	$279.10	$3,521.55	($3,242.45)	$8,891.19	$7,043.10	$1,848.09
Station	$33,160.35	$45,966.01	($12,805.66)	$67,258.62	$91,102.02	($23,843.40)
Comp Maintenance	$44,927.41	$62,274.99	($17,347.58)	$82,927.38	$124,549.98	($41,622.60)
Insurance	$63,757.03	$44,026.52	$19,730.51	$114,988.83	$88,053.04	$26,935.79
Advertising & PR	$327.67	$1,292.00	($964.33)	$501.67	$6,084.00	($5,582.33)
Printing	$4,035.44	$3,615.41	$420.03	$8,078.11	$7,230.82	$847.29
Travel & Entertain	$2,912.37	$9,738.00	($6,825.63)	$3,111.94	$25,101.00	($21,989.06)
Dues & Subs	$104,654.50	$108,578.00	($3,923.50)	$235,319.19	$252,555.00	($17,235.81)
Continuing Educ Ex	$10,638.67	$28,445.00	($17,806.33)	$24,161.83	$50,213.00	($26,051.17)
Professional Fees	$133,732.51	$153,365.71	($19,633.20)	$236,016.94	$281,231.42	($45,214.48)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures
November 30, 2021

Revenue	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
Education Expenses	$460.07	$0.00	$460.07	$2,038.85	$0.00	$2,038.85
Miscellaneous	($3,206.75)	$1,944.00	($5,150.75)	$11,503.76	$4,088.00	$7,415.76
Depreciation	$326,674.66	$300,028.00	$45,036.58	$653,470.60	$600,056.00	$78,757.40
Total Expenditures	$4,277,507.95	$4,135,182.60	$142,325.35	$8,865,923.36	$8,391,993.35	$473,930.01
Net Rev in Excess of Expend	($183,604.60)	($1,887.89)	($181,716.71)	($320,509.72)	$43,290.14	($363,799.86)
EBITDA	$179,314.11	$331,640.11	($133,936.08)	$404,998.09	$710,346.14	($280,005.25)

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

	Goal	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Current Ratio	**> 1**	**8.97**	**9.49**	**11.59**	**10.48**	**8.43**	**7.73**

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

Cash as % of Annual Expenditures	**> 25%**	**55.06%**	**47.07%**	**42.95%**	**51.76%**	**44.45%**	**41.95%**

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

Accounts Receivable Turnover	**>3**	**4.96**	**4.28**	**3.65**	**5.44**	**6.34**	**6.72**

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

Return on Net Assets	**-1.00%**	**10.35%**	**10.11%**	**4.04%**	**0.00%**	**-4.03%**	**-0.71%**

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

Emergency Physicians Advisory Board
Cash expenditures Detail

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

Tab D – Chief Human Resources Officer

Human Resources - December 2021

Turnover:

- December turnover –3.04%
    - FT – 2.90%
    - PT – 4.35%
- Year to date turnover –6.28%
    - FT – 5.80%
    - PT – 10.87%

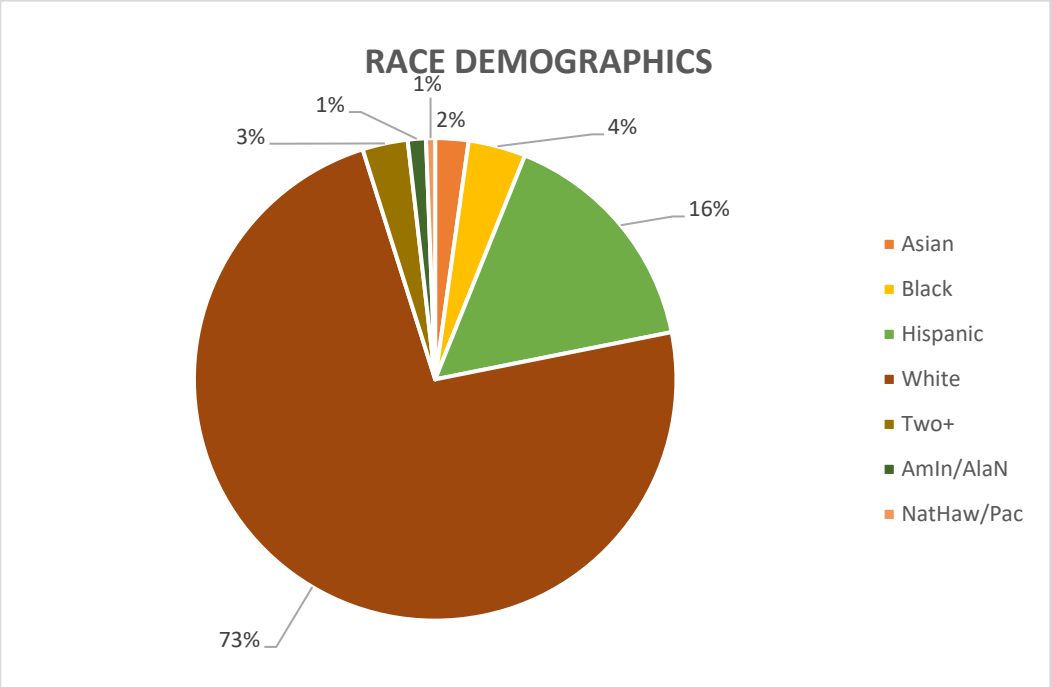
Leaves:

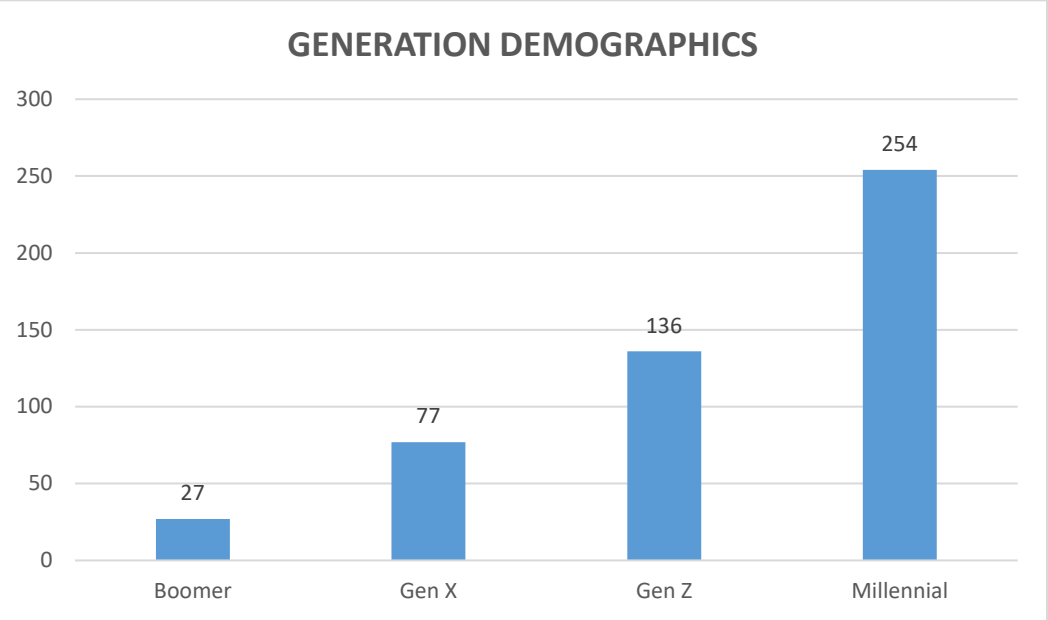
- 37 employees on FMLA / 8.26% of workforce
    - 33 cases on intermittent
    - 4 cases on a block
- Top FMLA request reasons/conditions
    - FMLA Child (8)
    - Mental Health (8)
    - Neurological (7)
- COVID Administrative Leave
    - 995:12 hours in December
    - 17953:04 hours to date

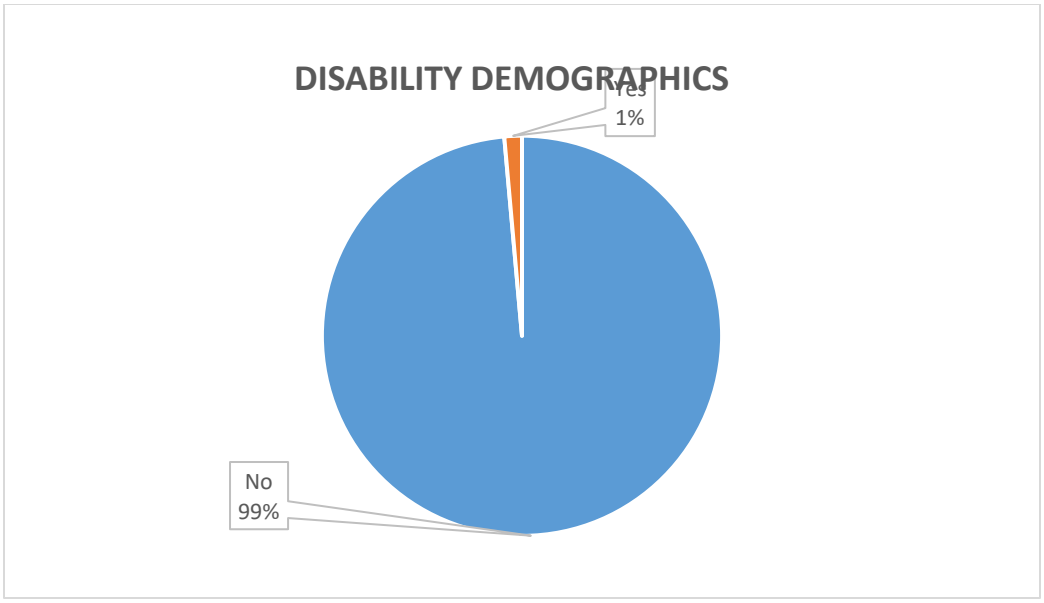
Staffing

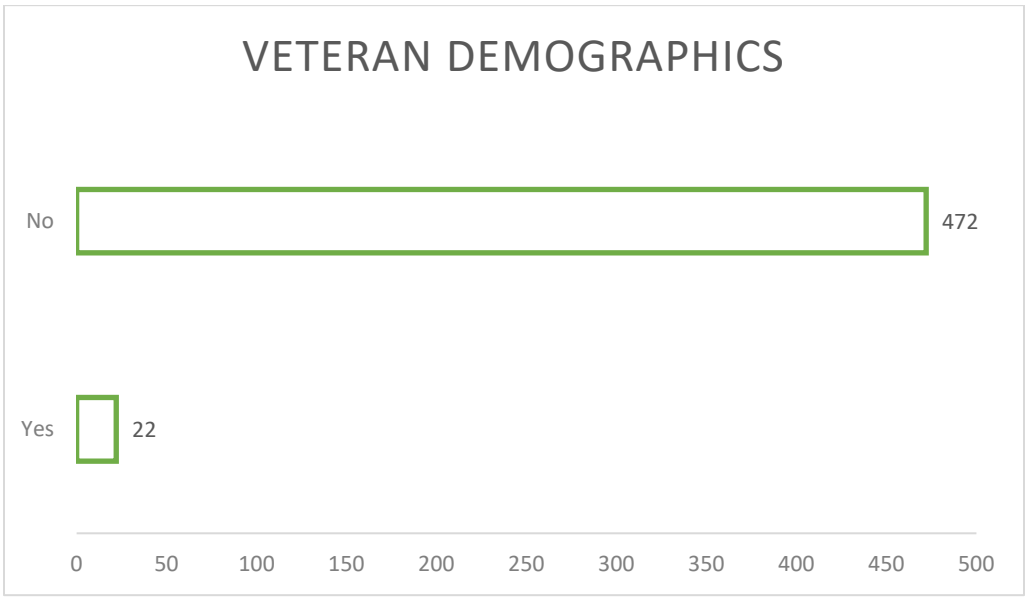
- 2 hires in December
- 18 hires FYTD

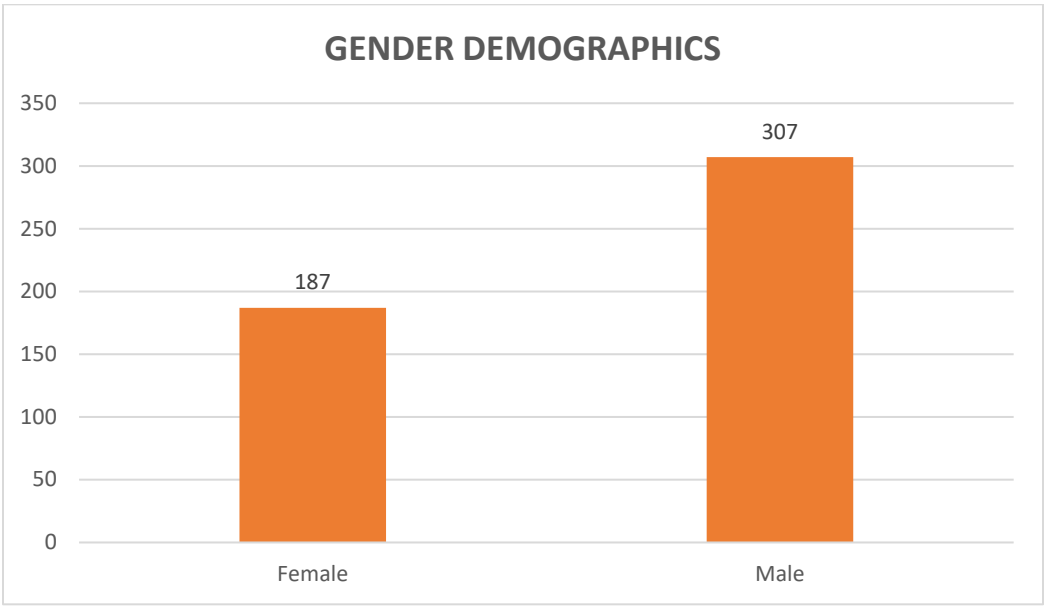
DECEMBER 2021 DIVERSITY STATISTICS






DISABILITY DEMOGRAPHICS
Yes
1%
No
99%


VETERAN DEMOGRAPHICS
No
472
Yes
22
0
50
100
150
200
250
300
350
400
450
500


GENDER DEMOGRAPHICS
350
300
250
200
150
100
50
0
187
307
Female
Male

FMLA Leave of Absence (FMLA Detailed Report)
Fiscal Year 12/1/2021 thru 12/31/2021
Percentages by Department/Conditions

Conditions	
Row Labels	**Count of Reason**
Cardiology	1
Digestive	2
FMLA - Child	8
FMLA - Parent	4
FMLA - Spouse	2
Internal Medicine	1
Mental Health	8
Neurological	7
Obstetrics	2
Orthopedic	1
Pulmonary	1
Grand Total	**37**

Percentage by Department					
Department	**# of Ees**	**# on FMLA**	**% by FTE**	**% by FMLA**	**% by Dept HC**
Administration	17	1	0.22%	2.70%	5.88%
Advanced	120	9	2.01%	24.32%	7.50%
Basic	170	10	2.23%	27.03%	5.88%
Business Office	12	5	1.12%	13.51%	41.67%
Communications	38	4	0.89%	10.81%	10.53%
Executive	7	2	0.45%	5.41%	28.57%
Human Resources	5	1	0.22%	2.70%	20.00%
Mobile Integrated Health	11	1	0.22%	2.70%	9.09%
Support Services - Facilities, Fleet, S.E., Logistics	31	4	0.89%	10.81%	12.90%
Grand Total	**411**	**37**			

Total # of Full Time Employees - December 2021	448
% of Workforce using FMLA	8.26%

TYPE OF LEAVES UNDER FMLA	**# of Ees**	**% on Leave**
Intermittent Leave	33	89.19%
Block of Leave	4	10.81%
Total	**37**	100.00%

MedStar Mobile Healthcare

Leave of Abscence Report - Fiscal Year 2013-2014

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	583:37	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	1536:17	1536:17	1536:17	1536:17	1536:17	1536:17	1536:17	1536:17	1536:17	1536:17	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	57:15	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
FY 21-22	192:17	228:32	228:32	228:32	431:44	1102:08	1649:08	1876:05	1889:04	2029:09	2189:44	2272:36	2162:30
FY 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	
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	

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	724:24	799:07	429:14	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	195:16
FY 21-22	724:24	1523:31	1952:45	1952:45	1952:45	1952:45	1952:45	1952:45	1952:45	1952:45	1952:45	1952:45	
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	6683:09	6932:28	9810:21	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	2342:35
FY 21-22	6683:09	13615:37	23425:58	23425:58	23425:58	23425:58	23425:58	23425:58	23425:58	23425:58	23425:58	23425:58	
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	46:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	41:48
FY 21-22	166:00	372:00	418:00	418:00	418:00	418:00	418:00	418:00	418:00	418:00	418:00	418:00	
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	1525:23	1346:48	1058:51	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	393:06
FY 21-22	1525:23	2872:11	3931:02	3931:02	3931:02	3931:02	3931:02	3931:02	3931:02	3931:02	3931:02	3931:02	
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
YTD	1536:17	2272:36	24:00	1952:45	23425:58	418:00	3931:02
Goal-Compare	3254:00	2162:30	0:00	17497:06	69441:53	1096:00	93451:29

Revision #2 9/24/2014

MedStar Mobile Health Care Separation Statistics - December 2021

	Current Month			Year to Date			YTD Compared to Dec'20		Headcount
	Vol	Invol	Total	Vol	Invol	Total	Dec. 20	%	Dec-21
Full Time Separations	11	2	13	17	9	26	17	4.08%	448
Part Time Separations	2	0	2	5	0	5	9	21.95%	46
Total Separations	13	2	15	22	9	31	26	5.68%	494
							Difference	0.595%	

	Full Time	Part Time	Total	Full Time	Part Time	Total
Total Turnover %	2.90%	4.35%	3.04%	5.80%	10.87%	6.28%

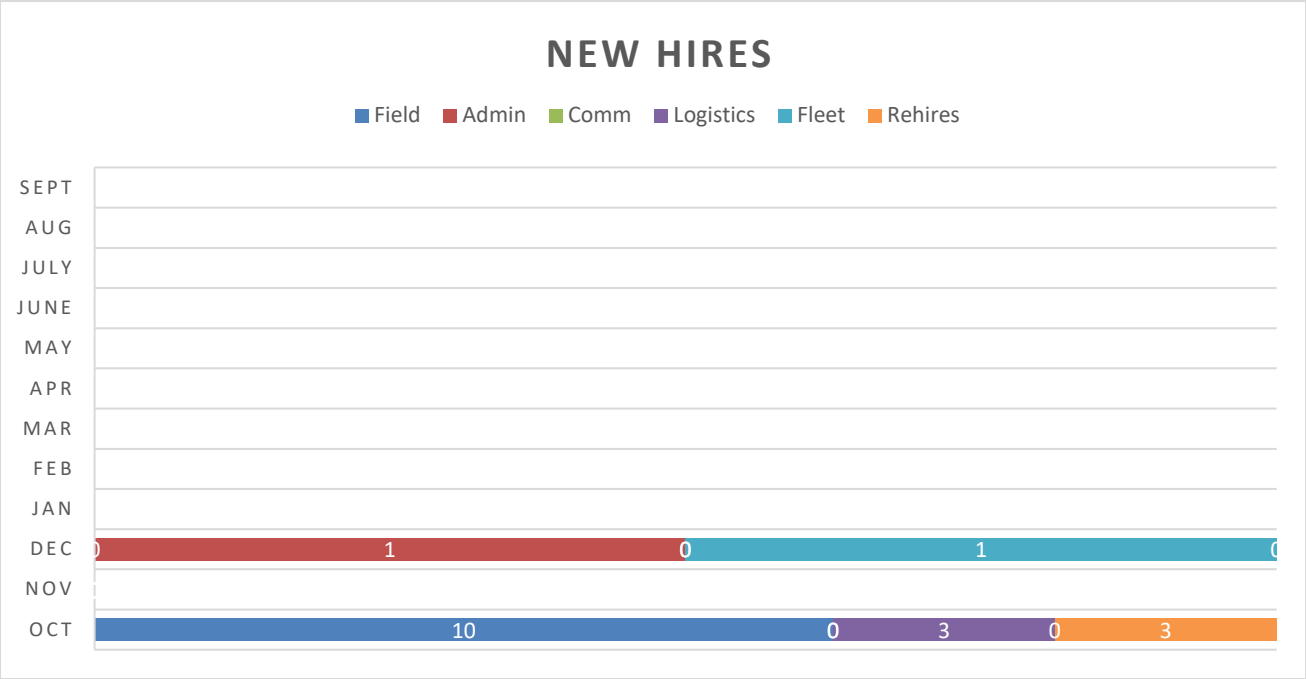
Separations by Department

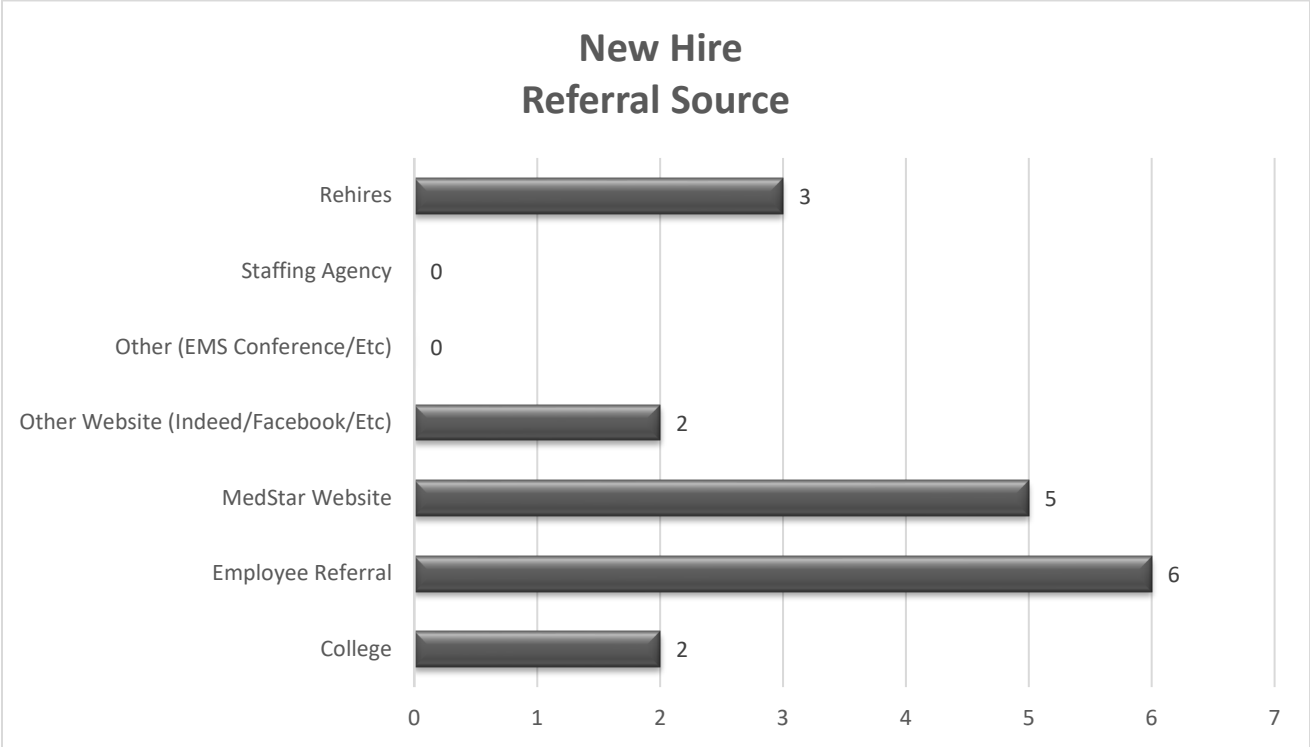
Full Time	Current Month			Year to Date			Headcount
	Vol	Invol	Total	Vol	Invol	Total	Dec-21
Advanced	2	0	2	3	0	3	120
Basics	5	0	5	9	0	9	170
Business Office	2	1	3	2	8	10	12
Communications	1	1	2	2		3	38
Controller - Payroll, Purchasing, A/P				1	0	1	6
Executives							7
Field Manager/Supervisors - Operations							26
Field Operations Other							2
Health Information Systems							2
Human Resources							5
Information Technology							2
Legal/Compliance							2
Mobile Integrated Health				0	1	1	11
Office of the Medical Director							13
Public Information							1
Support Services - Facilities, Fleet, S.E., Logistics	1	0	1				31
Total	**11**	**2**	**13**	**17**	**9**	**27**	**448**

Part Time	Current Month			Year to Date			Headcount
	Vol	Invol	Total	Vol	Invol	Total	Dec-22
Advanced	1	0	1	2	0	2	19
Basics	1	0	1	3	0	3	19
Business Intelligence - Deployment, QI, Scheduler							
Business Office							
Communications							3
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							5
Total	**2**	**0**	**2**	**5**	**0**	**5**	**46**

Recruiting & Staffing Report

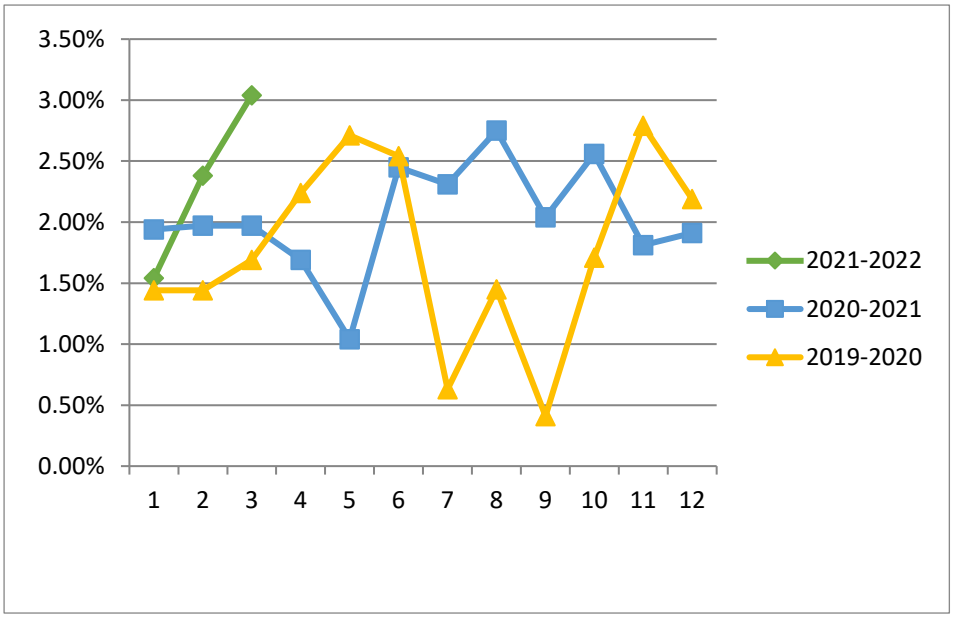
Fiscal Year 2021-2022





MedStar Mobile Healthcare Turnover
Fiscal Year 2021 - 2022

	Full & Part Time Turnover			Full Time Only
	2021-2022	2020-2021	2019-2020	2020-2021
October	1.54%	1.94%	1.44%	1.05%
November	2.38%	1.97%	1.44%	2.40%
December	3.04%	1.97%	1.69%	2.90%
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	6.28%	16.17%	19.91%	5.80%



Tab E – Compliance and Legal

Compliance Officer's Report
December 8, 2021-January 19, 2022

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 crew member interviews as needed.
- DEA registration renewal completed, pending CSOS digital certificate renewal
- Assisted Tarrant County Medical Examiner's office with multiple death investigations.
- There was one narcotic anomaly during this reporting period. A paramedic left a narcotic pouch on scene of an emergency call at a residence. A Supervisor was contacted and promptly recovered the narcotics which were intact and accounted for. The narcotic anomaly process was followed, and no foul play was suspected.

Paralegal Duties

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

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

Tab F – Operations

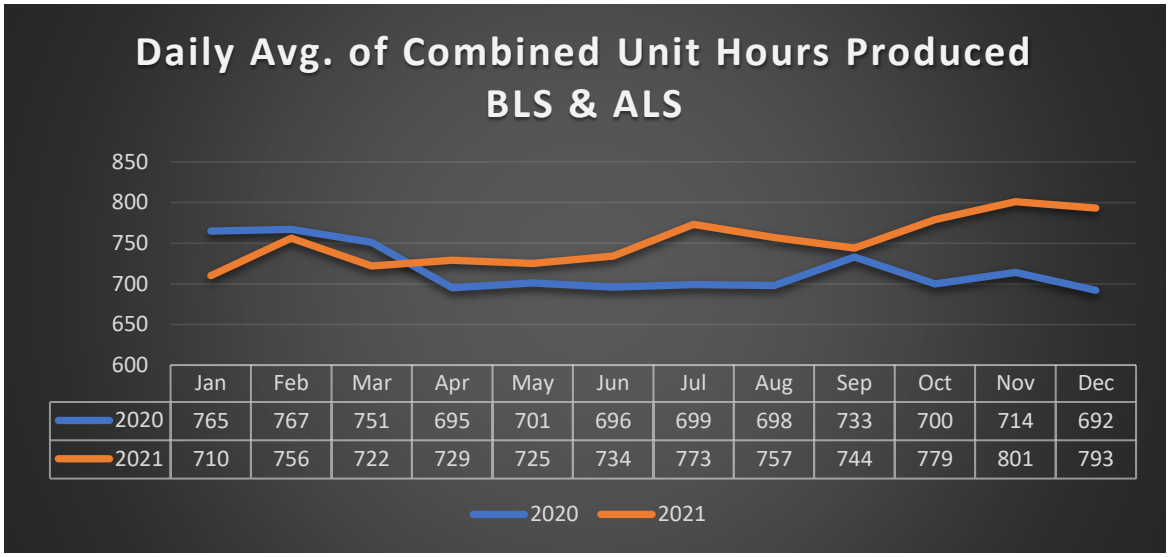
Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Operations Report- December 31st, 2021

The following summarizes significant operational items through December 31st, 2021:

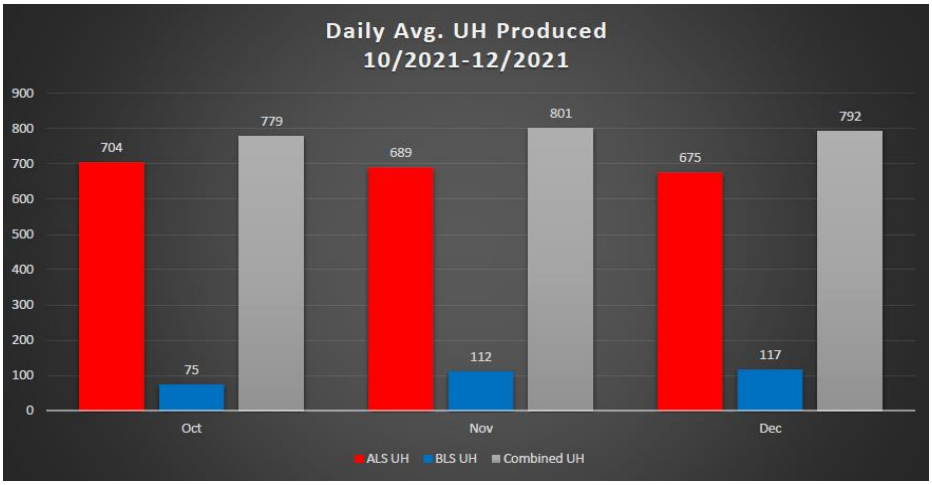
Field Operations:

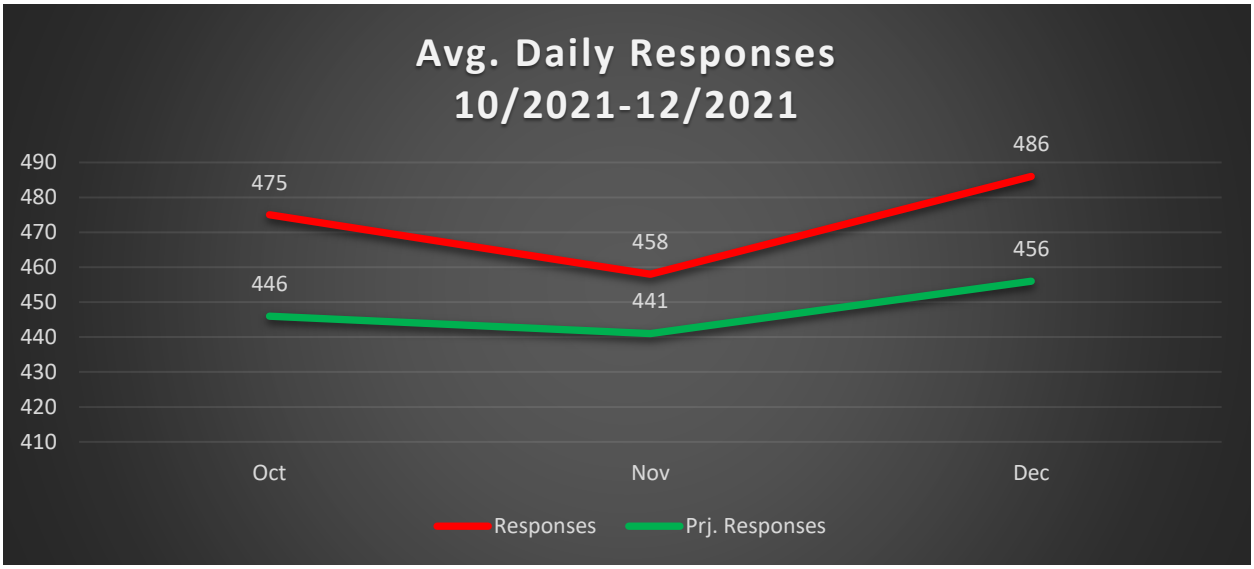
- December's transport volume exceeded budget expectations by approximately 6%.
- Call volume increased the latter part of December, we believe primarily due to spike in COVID cases from the omicron variant
- Field shift bids are completed and the new shifts begin 1-1-2022
    - Goal is to better match staffing with call volume demand
- Utilizing incentive shifts to buffer schedule for MedStar staff off for COVID leave
- Recruiting and retention efforts will continue in an effort to assure adequate staffing
- NEOP starting on 01/03/2022 (Total of 12 BASICS and 9 ADVANCED providers)

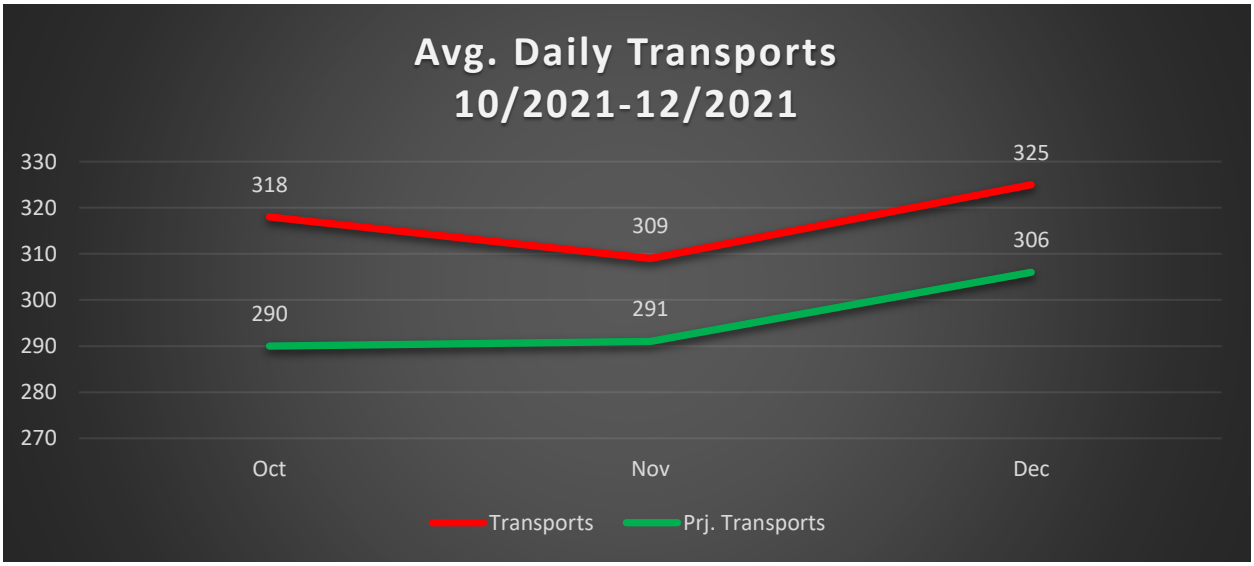


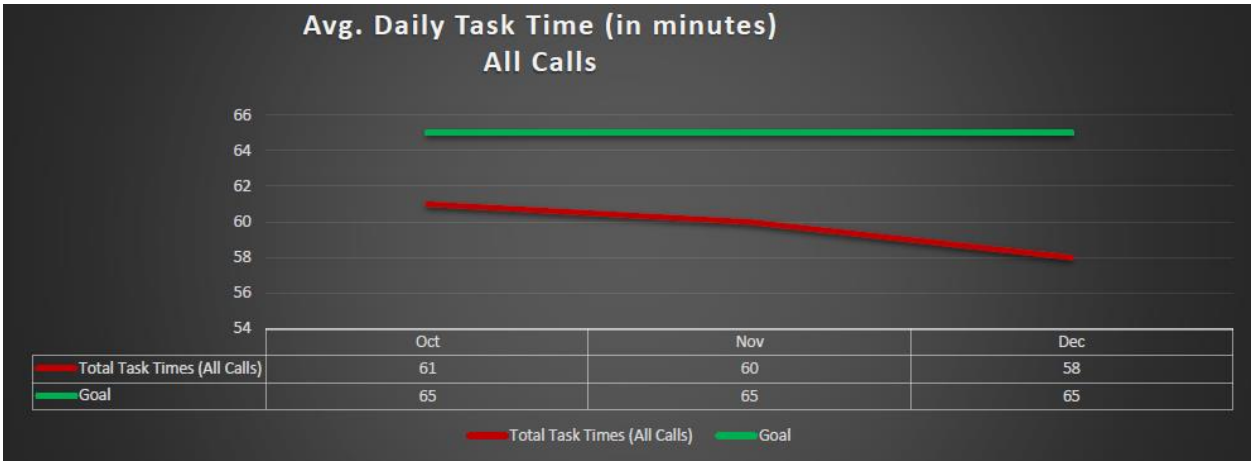
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	765	767	751	695	701	696	699	698	733	700	714	692
2021	710	756	722	729	725	734	773	757	744	779	801	793

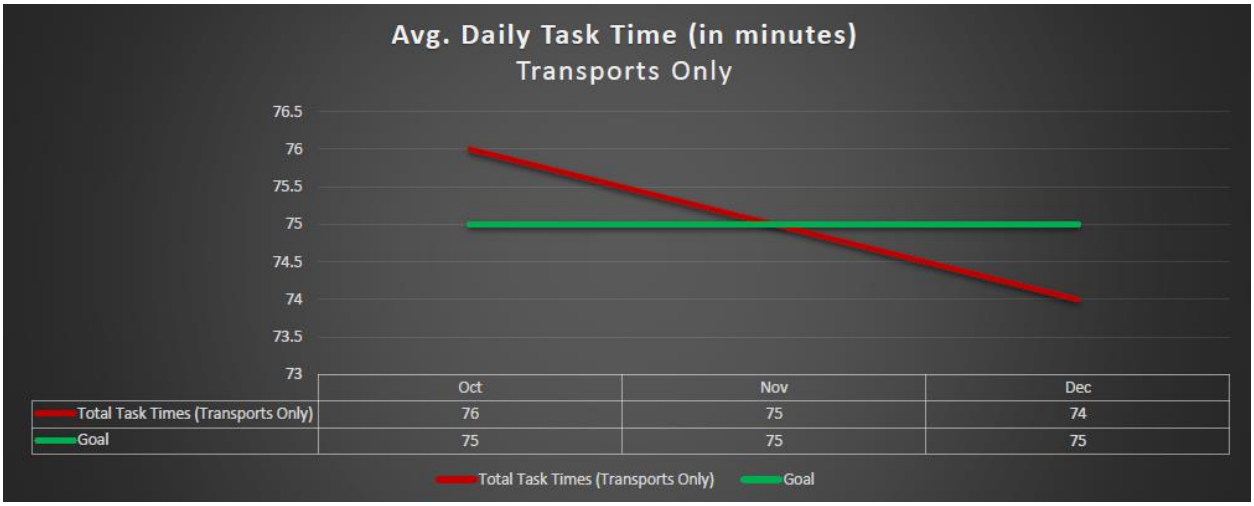
<u>Fiscal Year 1st quarter Field Ops Metrics</u>




Avg. Daily Responses
10/2021-12/2021
490
480
470
460
450
440
430
420
410
475
458
486
446
441
456
Oct
Nov
Dec
Responses
Prj. Responses


Avg. Daily Transports
10/2021-12/2021
330
320
310
300
290
280
270
318
309
325
290
291
306
Oct
Nov
Dec
Transports
Prj. Transports


Avg. Daily Task Time (in minutes)
All Calls
66
64
62
60
58
56
54
Oct
Nov
Dec
Total Task Times (All Calls)
61
60
58
Goal
65
65
65
Total Task Times (All Calls)
Goal



Fleet/Logistics:

- New IV Pumps have been deployed system wide
- All new support vehicles have been completed and in service
    - Working on resourcing others approved by the board last month
- Working to stay ahead of supply chain challenges through active management

Emergency Management:

Testing 12/11/2021 of 1/11/2022

- Negatives: 215
- Positives: 63
- Recovered: 46
- Active Cases: 17
- 12.16% of the organization has tested positive since 12/11/2022

Total Testing

- Negative: 1858
- Positive: 222
- Indeterminate: 3

Organizational Vaccines

- 68.53% of the organization has been fully vaccinated for COVID-19
- 71.81% of the organization has received at least one Vaccine dose

Vaccine Administration

Vaccine Administrations	
Total Vaccines Administered	9,001
Total Sites	111

Infusions:

- Based on guidance from Texas Department of State Health Services we have paused any anti-body treatment due to the current allotment hasn't been shown to be effective against Omicron variant. We have placed orders for an anti-body treatment which is showing to be effective and awaiting shipment.

mAb Infusions Administered Since 08/24	
Referrals Received	325
Infusions Completed	217
FRO Referrals (17 different agencies)	104
MedStar Referrals	46
THR Referrals	59
Other Referrals	60
JPS Referrals	56

Special Operations:

- AMBUS 2.0 final inspection Scheduled for January 27-28, 2022
- Finalized 2022 Stock Show Planning
- Submitted application for 2022 Assist Fire Grants
    - Portable Radios
    - Mobile Radios for fleet expansion
    - Power Stretcher and Power Loader for fleet expansion
    - Training aids for system wide utilization

Mobile Integrated Health

- Continuing to operationalize new agreements while maintaining current demand from other programs
    - Landmark
    - Molina

    - Resource Recovery Council
- On boarded and training part time MHP/CCP providers to help with increasing demand
    - These providers are full time in field operations as Advanced providers as well
- Working closely with field operations to better utilize CCP staff on episodic, emergent 911 and SCT calls
- Continuing to strategize ways to integrate more of MIH concepts into field ops culture

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.
- 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 submitted March 15th
- 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, go-live postponed pending upgrade to LOGIS 4
- Currently training Transfer Coordinators to gather billing documentation prior to non-emergency transport.
- Have had significant improvement in call answer times since refocusing on meeting organizational standards
    - Organization standards modeled after NENA standards: 90% of calls answered within 15 seconds or less and 85% of calls answered within 20 seconds or less
    - December 1 – December 17

- 75.52% all calls answered in 15 seconds or less; 78.63% all calls answered in 20 seconds or less

- December 18 – December 31
  - 87.91% all calls answered in 15 seconds or less; 90.18% all calls answered in 20 seconds or less

PSAP Answer Time

MedStar Mobile Healthcare
2900 Alta Mere Drive
Fort Worth, TX 76116

County: Tarrant

Month - Year: December 2021
Agency Affiliation: Medical

Report Date:	01/10/2022 09:20:11
Report Date From:	12/01/2021
Report Date To:	12/17/2021
Period Group:	Month
Time Group:	60 Minute
Time Block:	00:00 - 23:59
Days Of Week:	All
Call Type:	All
Abandoned Filters:	Include Abandoned
Agency Affiliation:	All
Include:	Voice Calls Only

The PSAP Answer Time Report is representative of the caller's answer time experience. Seizure-to-Answer Time is measured from the time of call seizure to the time of agent answer. Times shown include Setup, and may include Queue Seconds and/or Ring Seconds depending on PSAP configuration.

	Answer Times In Seconds								Avg.	% Answered			
Call Hour	0 - 10	11-15	16 - 20	21 - 40	41 - 60	61 - 120	120+	Total	Duration	≤ 10 Secs	≤ 15 Secs	≤ 20 Secs	≤ 40 Secs
00:00	209	21	3	15	7	4	1	260	230.5	80.38 %	88.46 %	89.62 %	95.38 %
01:00	192	14	6	14	6	5	0	237	270.9	81.01 %	86.92 %	89.45 %	95.36 %
02:00	185	23	7	27	16	10	2	270	266.4	68.52 %	77.04 %	79.63 %	89.63 %
03:00	171	19	3	13	9	3	1	219	250.6	78.08 %	86.76 %	88.13 %	94.06 %
04:00	166	14	7	10	2	3	3	205	292.1	80.98 %	87.80 %	91.22 %	96.10 %
05:00	199	10	4	11	2	0	0	226	234.8	88.05 %	92.48 %	94.25 %	99.12 %
06:00	215	11	5	11	4	10	1	257	206.1	83.66 %	87.94 %	89.88 %	94.16 %
07:00	258	17	6	20	11	7	3	322	197.4	80.12 %	85.40 %	87.27 %	93.48 %
08:00	312	11	16	23	26	22	2	412	193.9	75.73 %	78.40 %	82.28 %	87.86 %
09:00	356	27	11	42	33	46	14	529	201.1	67.30 %	72.40 %	74.48 %	82.42 %
10:00	351	47	20	70	49	43	21	601	188.2	58.40 %	66.22 %	69.55 %	81.20 %
11:00	329	45	26	93	77	53	21	644	206.8	51.09 %	58.07 %	62.11 %	76.55 %
12:00	393	49	26	84	66	50	9	677	205.3	58.05 %	65.29 %	69.13 %	81.54 %
13:00	466	41	19	52	34	38	7	657	221.3	70.93 %	77.17 %	80.06 %	87.98 %
14:00	445	47	28	66	59	56	23	724	220.7	61.46 %	67.96 %	71.82 %	80.94 %
15:00	462	64	25	78	43	30	6	708	206.7	65.25 %	74.29 %	77.82 %	88.84 %
16:00	392	65	26	66	56	34	10	649	214.6	60.40 %	70.42 %	74.42 %	84.59 %
17:00	425	75	27	76	53	27	8	691	229.1	61.51 %	72.36 %	76.27 %	87.26 %
18:00	477	33	11	23	15	6	1	566	220.1	84.28 %	90.11 %	92.05 %	96.11 %
19:00	389	47	14	55	24	25	4	558	229.1	69.71 %	78.14 %	80.65 %	90.50 %
20:00	321	41	13	39	25	15	8	462	242.7	69.48 %	78.35 %	81.17 %	89.61 %
21:00	249	38	10	26	28	15	1	367	231.7	67.85 %	78.20 %	80.93 %	88.01 %
22:00	243	18	16	29	16	10	3	335	238.3	72.54 %	77.91 %	82.69 %	91.34 %
23:00	215	15	9	19	19	16	5	298	231.7	72.15 %	77.18 %	80.20 %	86.58 %
Total:	**7,420**	**792**	**338**	**962**	**680**	**528**	**154**	**10,874**	**220.7**	**68.24 %**	**75.52 %**	**78.63 %**	**87.47 %**
Overall %:	**68.24%**	**7.28%**	**3.11%**	**8.85%**	**6.25%**	**4.86%**	**1.42%**						

PSAP Answer Time

MedStar Mobile Healthcare
2900 Alta Mere Drive
Fort Worth, TX 76116
County: Tarrant

Month - Year: December 2021
Agency Affiliation Medical

Report Date:	01/10/2022 09:22:03
Report Date From:	12/18/2021
Report Date To:	12/31/2021
Period Group:	Month
Time Group:	60 Minute
Time Block:	00:00 - 23:59
Days Of Week:	All
Call Type:	All
Abandoned Filters:	Include Abandoned
Agency Affiliation:	All
Include:	Voice Calls Only

The PSAP Answer Time Report is representative of the caller's answer time experience. Seizure-to-Answer Time is measured from the time of call seizure to the time of agent answer. Times shown include Setup, and may include Queue Seconds and/or Ring Seconds depending on PSAP configuration.

	Answer Times In Seconds								Avg.	% Answered			
Call Hour	0 - 10	11-15	16 - 20	21 - 40	41 - 60	61 - 120	120+	Total	Duration	≤ 10 Secs	≤ 15 Secs	≤ 20 Secs	≤ 40 Secs
00:00	206	15	4	17	7	3	0	252	239.8	81.75 %	87.70 %	89.29 %	96.03 %
01:00	197	8	5	6	4	3	0	223	284.8	88.34 %	91.93 %	94.17 %	96.86 %
02:00	189	12	6	14	7	4	7	239	272.1	79.08 %	84.10 %	86.61 %	92.47 %
03:00	141	7	6	5	4	2	0	165	270.8	85.45 %	89.70 %	93.33 %	96.36 %
04:00	157	4	0	5	1	2	0	169	260.6	92.90 %	95.27 %	95.27 %	98.22 %
05:00	176	3	2	5	1	0	0	187	243.9	94.12 %	95.72 %	96.79 %	99.47 %
06:00	182	8	2	4	2	0	0	198	219.9	91.92 %	95.96 %	96.97 %	98.99 %
07:00	231	3	3	3	0	1	0	241	226.3	95.85 %	97.10 %	98.34 %	99.59 %
08:00	292	7	5	14	1	3	2	324	206.2	90.12 %	92.28 %	93.83 %	98.15 %
09:00	366	24	7	30	6	7	0	440	196.7	83.18 %	88.64 %	90.23 %	97.05 %
10:00	362	21	13	35	12	14	3	460	206.4	78.70 %	83.26 %	86.09 %	93.70 %
11:00	415	31	5	22	11	4	0	488	203.2	85.04 %	91.39 %	92.42 %	96.93 %
12:00	396	26	18	32	17	9	5	503	210.3	78.73 %	83.90 %	87.48 %	93.84 %
13:00	401	21	18	45	13	8	2	508	199.7	78.94 %	83.07 %	86.61 %	95.47 %
14:00	432	26	13	46	14	17	1	549	229.1	78.69 %	83.42 %	85.79 %	94.17 %
15:00	426	25	19	27	9	6	1	513	216.5	83.04 %	87.91 %	91.62 %	96.88 %
16:00	412	28	10	33	10	15	2	510	220.6	80.78 %	86.27 %	88.24 %	94.71 %
17:00	392	19	13	26	18	12	4	484	232.2	80.99 %	84.92 %	87.60 %	92.98 %
18:00	408	21	5	11	6	2	1	454	238.6	89.87 %	94.49 %	95.59 %	98.02 %
19:00	347	12	6	19	9	9	1	403	231.4	86.10 %	89.08 %	90.57 %	95.29 %
20:00	310	21	17	28	8	5	1	390	266.4	79.49 %	84.87 %	89.23 %	96.41 %
21:00	262	16	5	22	8	7	0	320	241.7	81.88 %	86.88 %	88.44 %	95.31 %
22:00	252	15	6	25	11	2	1	312	259.9	80.77 %	85.58 %	87.50 %	95.51 %
23:00	210	10	7	13	6	5	0	251	252.5	83.67 %	87.65 %	90.44 %	95.62 %
Total:	**7,162**	**383**	**195**	**487**	**185**	**140**	**31**	**8,583**	**229.0**	**83.44 %**	**87.91 %**	**90.18 %**	**95.85 %**
Overall %:	**83.44%**	**4.46%**	**2.27%**	**5.67%**	**2.16%**	**1.63%**	**0.36%**						

Event Type: Silent

Description: A caller has dialed 9-1-1. The incoming call is answered by the telecommunicator. No voice is heard on the other end of the line. The presence of ambient background "clutter" (e.g., music, crying, yelling) may or may not be detectable.

Event Type: Abandoned

Description: A caller has dialed 9-1-1. Prior to the telecommunicator answering the line, the caller disconnects.[1]

Lacking call types that properly discriminate one data element from another makes analysis of calls for service data, such as silent or abandoned/hang up, difficult.

2.2 Call taking standards

2.2.1 Standard for answering 9-1-1 Calls

Ninety percent (90%) of all 9-1-1 calls arriving at the Public Safety Answering Point (PSAP) SHALL be answered within (≤) fifteen (15) seconds. Ninety-five (95%) of all 9-1-1 calls SHOULD be answered within (≤) twenty (20) seconds. A call flow diagram is available in Exhibit A.

The application of the standard SHALL begin at the time of Call Arrival and extend to the time of Call Answer at the point when two-way communication can begin.

The interval between Call Arrival and Call Answer should be evaluated, at a minimum, for each preceding month using a full month of data. Determining if a PSAP has successfully met the call interval metric of 90% in 15 seconds (and 95% in 20 seconds), should be based upon the one-month evaluation. An authority having jurisdiction (AHJ) may measure this metric on a weekly or daily basis for a more detailed analysis.

2.2.2 Order of Answering Priority

It is the responsibility of on-duty telecommunicators to answer all incoming calls. All calls will be answered in order of priority:

1. Calls received on 9-1-1 or alternate emergency access numbers (AEAN)
2. Calls received on non-emergency lines
3. Calls received on administrative and/or internal phone lines

2.2.3 Standard Answering Protocol – 9-1-1 Lines

All 9-1-1 lines at a primary Public Safety Answering Point (PSAP) SHALL be answered with the phrase "9-1-1" ("Nine One One").

[1] This description would be visually or audibly reinforced if vendors of intelligent workstations and E9-1-1 controllers cause the telephone button icon on intelligent workstations to behave "differently" when a 9-1-1 hang-up "prior to answer" is detected.

MedStar Mutual Aid Response Task Time Report

Criteria: **Period: 12/01/2021 thru 12/31/2021**

Total Calls	Mutual Aid Used	% of Mutual Aid
14993	34	0.23%

Aid Type		Total
Given		37
	Aid TO	Total
	Arlington	14

Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Arlington	M52	12/20/2021 19:01:43	2024777	2	Arlington	29B05 - V - Vehicle vs. vehicle - Multiple patients - P2	00:01:00	Calling Party Cancelled	0
Arlington	M24	12/30/2021 18:54:44	2038140	3	Arlington	26A12 - Sick Person (Specific Diagnosis) - P3	00:49:52	COVID-19 Non-Transport and Referral	0
Arlington	M57	12/24/2021 16:29:12	2029753	3	Arlington	04B03 - A - Assault - Assault - P2	00:24:03	AMA - Assessed and/or Treated & Released	0
Arlington	M44	12/23/2021 19:42:03	2028844	2	Arlington	17B04 - Falls - P2	00:03:53	FD/PD Cancelled MedStar	0
Arlington	M57	12/24/2021 15:49:57	2572441	3	Arlington	04B03 - A - Assault - Assault - P2	00:39:18		0
Arlington	M45	12/24/2021 15:49:05	2029718	1	Arlington	30B01 - Traumatic Injuries (Specific) - P2	02:05:47		1
Arlington	M54	12/01/2021 11:48:32	1999287	2	Arlington	17B04 - G - Falls - On the ground or floor - P2	00:23:56	False Call	0
Arlington	M79	12/01/2021 16:06:56	1999611	3	Arlington	05A01 - Back Pain (Non-Traumatic or Non-Recent Trauma) - P3	01:02:04		1
Arlington	M28	12/02/2021 12:04:19	2000814	3	Arlington	26A10 - Sick Person (Specific Diagnosis) - P3	01:09:26		1
Arlington	M75	12/04/2021 15:25:42	2003729	2	Arlington	06C01 - Breathing Problems - P2	01:32:28		1
Arlington	M35	12/04/2021 16:50:44	2003807	2	Arlington	33C07 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2	00:51:18		1
Arlington	M62	12/04/2021 16:53:06	2003810	1	Arlington	06D02 - Breathing Problems - P1	00:04:14	Calling Party Cancelled	0
Arlington	M62	12/04/2021 16:58:40	2003819	1	Arlington	31D02 - Unconscious / Fainting (Near) - P1	00:55:10		1
Arlington	M51	12/13/2021 13:12:28	2014975	1	Arlington	31D04 - Unconscious / Fainting (Near) - P1	00:50:26	AMA - Assessed and/or Treated & Released	0

Benbrook	14

Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Benbrook	M29	12/31/2021 15:48:50	2039138	3	Benbrook	21A01 - T - Hemorrhage (Bleeding) / Lacerations - TRAUMA - P3	00:32:32	AMA - Assessed and/or Treated & Released	0
Benbrook	M52	12/29/2021 03:44:52	2035602	3	Benbrook	26A10 - Sick Person (Specific Diagnosis) - P3	01:00:43		1
Benbrook	M63	12/29/2021 13:44:52	2036250	1	Benbrook	06D04 - Breathing Problems - P1	01:13:00		1

MedStar Mutual Aid Response Task Time Report

Criteria: **Period: 12/01/2021 thru 12/31/2021**

			Benbrook	M41	12/21/2021 12:46:37	2025545	2	Benbrook	06C01 - E - Breathing Problems - COPD (Emphysema/Chronic bronchitis) - P2	01:09:46		1
			Benbrook	M72	12/30/2021 09:40:04	2037298	3	Benbrook	17O01 - G - Falls - On the ground or floor - P3	01:28:43		1
			Benbrook	M47	12/20/2021 23:20:10	2024950	3	Benbrook	17A04 - Falls - FIRE ONLY	02:12:04		1
			Benbrook	M45	12/02/2021 06:07:33	2000447	2	Benbrook	17B04 - G - Falls - On the ground or floor - P2	01:11:16	Refusal - Refusal Without Demonstration of Capacit	0
			Benbrook	M76	12/08/2021 21:06:56	2009259	3	Benbrook	17A03 - Falls - ECNS Eligible	01:23:07		1
			Benbrook	M77	12/12/2021 16:28:20	2013961	3	Benbrook	26A08 - Sick Person (Specific Diagnosis) - P3	01:11:21		1
			Benbrook	M27	12/12/2021 17:51:24	2014060	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2	01:20:18		1
			Benbrook	M70	12/14/2021 07:56:46	2016124	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2	01:00:12	AMA - Assessed and/or Treated & Released	0
			Benbrook	M80	12/14/2021 19:04:56	2016982	1	Benbrook	29D02 - p - Rollover - Rollovers - P1	00:09:05	FD/PD Cancelled MedStar	0
			Benbrook	M55	12/17/2021 15:31:00	2020789	2	Benbrook	06C01 - Breathing Problems - P2	01:19:32		1
			Benbrook	M37	12/18/2021 20:12:19	2022559	3	Benbrook	26A08 - Sick Person (Specific Diagnosis) - P3	01:25:27		1
	Crowley	7										
			Aid TO	**Unit**	**Inc Date**	**Incident Number**	**Priority**	**Area**	**Problem**	**Task Time (Assign to Clear)**	**Cancel Reason**	**Resulted In TX**
			Crowley	M23	12/31/2021 15:43:08	2039132	1	Crowley	31D02 - Unconscious / Fainting (Near) - P1	01:28:39		1
			Crowley	M38	12/31/2021 15:19:52	2039106	3	Crowley	01A01 - Abdominal Pain / Problems - P3	00:03:19	FD/PD Cancelled MedStar	0
			Crowley	M36	12/23/2021 20:21:30	2028886	2	Crowley	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	01:14:50		1
			Crowley	M26	12/06/2021 16:37:15	2006374	2	Crowley	17B04 - Falls - P2	01:10:05		1
			Crowley	M38	12/17/2021 17:29:34	2021021	1	Crowley	21D03 - M - Hemorrhage (Bleeding) / Lacerations - MEDICAL - P1	01:09:17		1
			Crowley	M27	12/17/2021 18:10:32	2021072	2	Crowley	23C07 - A - Overdose / Poisoning (Ingestion) - Accidental - P2	00:09:25	Calling Party Cancelled	0
			Crowley	M27	12/17/2021 18:57:10	2021129	2	Crowley	17B01 - Falls - P2	01:06:35		1
	Watauga	2										
			Aid TO	**Unit**	**Inc Date**	**Incident Number**	**Priority**	**Area**	**Problem**	**Task Time (Assign to Clear)**	**Cancel Reason**	**Resulted In TX**
			Watauga	M39	12/28/2021 13:26:48	2034726	1	Watauga	17D05 - Falls - P1	01:28:56		1
			Watauga	M52	12/21/2021 09:49:20	2025314	1	Watauga	06D04 - E - Breathing Problems - COPD (Emphysema/Chronic bronchitis) - P1	01:18:29		1
Received		34										
	Aid FROM	**Total**										
	Arlington EMS	2										
			Aid FROM	**Unit**	**Inc Date**	**Incident Number**	**Priority**	**Area**	**Problem**	**Task Time (Assign to Clear)**	**Cancel Reason**	**Resulted In TX**

MedStar Mutual Aid Response Task Time Report

Criteria: **Period: 12/01/2021 thru 12/31/2021**

		Arlington EMS	AMR Arlington 1	12/25/2021 04:34:00	2030367	1	Fort Worth	10D04 - Chest Pain / Chest Discomfort (Non-Traumatic) - P1	01:14:58		0
		Arlington EMS	AMR Arlington 1	12/21/2021 13:37:02	2025611	1	Fort Worth	10D04 - Sick Person (Specific Diagnosis) - P1	01:27:48		1
Benbrook	3										
		Aid FROM	**Unit**	**Inc Date**	**Incident Number**	**Priority**	**Area**	**Problem**	**Task Time (Assign to Clear)**	**Cancel Reason**	**Resulted In TX**
		Benbrook	Benbrook Medic 1	12/26/2021 07:18:53	2031562	1	Fort Worth	06D02 - A - Breathing Problems - Asthma - P1	00:54:54		1
		Benbrook	Benbrook Medic 1	12/29/2021 09:14:34	2035900	1	Fort Worth	06D02 - Breathing Problems - P1	00:54:52		1
		Benbrook	Benbrook Medic 1	12/07/2021 02:39:40	2006931	1	Fort Worth	10D02 - Chest Pain / Chest Discomfort (Non-Traumatic) - P1	00:39:39		1
Crowley	6										
		Aid FROM	**Unit**	**Inc Date**	**Incident Number**	**Priority**	**Area**	**Problem**	**Task Time (Assign to Clear)**	**Cancel Reason**	**Resulted In TX**
		Crowley	Crowley 254	12/24/2021 11:37:39	2029503	2	Burleson	33C02 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2	00:56:30		1
		Crowley	Crowley 254	12/30/2021 14:10:57	2037639	2	Burleson	17B01 - G - Falls - On the ground or floor - P2	00:19:14		0
		Crowley	Crowley 54	12/27/2021 03:03:11	2032686	1	Fort Worth	06E01 - Breathing Problems - P1	00:13:25		0
		Crowley	Crowley 254	12/27/2021 14:21:29	2033333	2	Burleson	13C01 - Diabetic Problems - P2	00:30:06		0
		Crowley	Crowley 254	12/08/2021 17:12:37	2008993	2	Burleson	29B03 - V - Traffic Collision / Transportation Incident - Multiple patients - P2	00:02:19		0
		Crowley	Crowley 254	12/16/2021 11:30:51	2019123	2	Burleson	26C01 - Sick Person (Specific Diagnosis) - P2	01:14:00		1
Eagle Mountain	14										
		Aid FROM	**Unit**	**Inc Date**	**Incident Number**	**Priority**	**Area**	**Problem**	**Task Time (Assign to Clear)**	**Cancel Reason**	**Resulted In TX**
		Eagle Mountain	Eagle Mountain	12/29/2021 12:21:52	2036170	1	Fort Worth	17D04 - Falls - P1	01:17:34		1
		Eagle Mountain	Eagle Mountain	12/28/2021 10:45:44	2034530	2	Fort Worth	28C02 - L - Stroke (CVA) / Transient Ischemic Attack (TIA) - Less than "T" hours since the symptoms started - P2	00:27:04		1
		Eagle Mountain	Eagle Mountain	12/27/2021 14:52:45	2033382	2	Fort Worth	33C01 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2	00:04:17		1

MedStar Mutual Aid Response Task Time Report

Criteria: **Period: 12/01/2021 thru 12/31/2021**

		Eagle Mountain	Eagle Mountain	12/21/2021 13:12:12	2025576	2	Fort Worth	29B01 - V - Vehicle vs. vehicle - Multiple patients - P2	00:13:30		0
		Eagle Mountain	Eagle Mountain	12/29/2021 08:42:43	2035825	2	Fort Worth	29B05 - U - Solitary vehicle - Unknown number of patients - P2	00:06:21	FD/PD Cancelled MedStar	0
		Eagle Mountain	Eagle Mountain	12/27/2021 13:38:41	2033213	2	Fort Worth	17B04 - Falls - P2	00:11:07	AMA - Assessed and/or Treated & Released	0
		Eagle Mountain	Eagle Mountain	12/27/2021 12:23:33	2033076	1	Fort Worth	17D05 - G - Falls - On the ground or floor - P1	00:59:12		1
		Eagle Mountain	Eagle Mountain	12/01/2021 04:12:02	1998975	2	Fort Worth	31C03 - Unconscious / Fainting (Near) - P2	00:56:49		1
		Eagle Mountain	Eagle Mountain	12/07/2021 17:48:33	2007838	2	Fort Worth	29B05 - V - Vehicle vs. vehicle - Multiple patients - P2	00:07:35	Remove from Resource	0
		Eagle Mountain	Eagle Mountain	12/12/2021 17:21:33	2014028	2	Fort Worth	17B01 - G - Falls - On the ground or floor - P2	01:02:36		1
		Eagle Mountain	Eagle Mountain	12/13/2021 13:30:57	2015029	1	Fort Worth	26D01 - Sick Person (Specific Diagnosis) - P1	01:10:01		1
		Eagle Mountain	Eagle Mountain	12/15/2021 03:22:48	2017246	3	Fort Worth	17A02 - G - Falls - On the ground or floor - P3	01:36:13		1
		Eagle Mountain	Eagle Mountain	12/16/2021 03:56:24	2018756	2	Fort Worth	17B01 - Falls - P2	00:00:50	Calling Party Cancelled	0
		Eagle Mountain	Eagle Mountain	12/16/2021 10:28:04	2018999	3	Fort Worth	23O01 - A - Overdose / Poisoning (Ingestion) - Accidental - P3	00:09:48	FD Only (FD RESPONSE REQUIRED)	0
Johnson County	2										
		Aid FROM	**Unit**	**Inc Date**	**Incident Number**	**Priority**	**Area**	**Problem**	**Task Time (Assign to Clear)**	**Cancel Reason**	**Resulted In TX**
		Johnson County	AMR JC 1	12/29/2021 11:30:50	2036108	2	Burleson	06C01 - Breathing Problems - P2	01:29:52		1
		Johnson County	AMR JC 1	12/30/2021 14:39:11	2037685	2	Burleson	33C05 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2	01:12:53		1
Life Care EMS	1										
		Aid FROM	**Unit**	**Inc Date**	**Incident Number**	**Priority**	**Area**	**Problem**	**Task Time (Assign to Clear)**	**Cancel Reason**	**Resulted In TX**
		Life Care EMS	Life Care EMS (Willow Park)	12/29/2021 11:21:14	2036084	2	Fort Worth	29B05 - U - Traffic Collision / Transportation Incident - P2	00:12:48		0
Roanoke	1										

MedStar Mutual Aid Response Task Time Report

Criteria: **Period: 12/01/2021 thru 12/31/2021**

			Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
			Roanoke	Roanoke	12/25/2021 15:29:25	2030852	1	Fort Worth	06D04 - Breathing Problems - P1	00:25:00		0
	Watauga	5										
			Aid FROM	**Unit**	**Inc Date**	**Incident Number**	**Priority**	**Area**	**Problem**	**Task Time (Assign to Clear)**	**Cancel Reason**	**Resulted In TX**
			Watauga	Watauga	12/29/2021 11:13:05	2036073	2	Fort Worth	33C01 - T - Transfer / Interfacility / Palliative Care - P2	00:01:02	Remove from Resource	0
			Watauga	Watauga	12/22/2021 09:24:42	2026580	1	Haltom City	17D04 - Falls - P1	00:54:20		1
			Watauga	Watauga	12/31/2021 15:09:05	2039091	2	Fort Worth	10C03 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	00:32:10		0
			Watauga	Watauga	12/31/2021 16:16:52	2039179	1	Fort Worth	10D04 - Chest Pain / Chest Discomfort (Non-Traumatic) - P1	00:44:53		1
			Watauga	Watauga	12/13/2021 13:54:05	2015137	2	Fort Worth	04B03 - A - Assault - Assault - P2	00:39:00		0

MedStar Response Time Reliability and AVG Response Time Performance

Period: Dec 2021

		Current Month							100 Response Compliance Period		
Member City	Pri	Calls	On Scene	Avg RT	Late Responses	On Time %	Extended Responses Count	Extended Responses %	Compliance Calculated Responses	Late Responses	On Time %
Blue Mound	1	8	8	00:07:42	0	100.0%	0	0.0%	24	2	91.7%
	2	7	7	00:09:17	1	85.7%	0	0.0%	37	2	94.6%
	3	7	7	00:15:11	2	71.4%	0	0.0%	18	4	77.8%
Total Blue Mound		**22**	**22**								
Burleson	1	136	120	00:07:15	27	80.1%	5	3.7%	136	27	80.1%
	2	197	187	00:08:33	25	87.3%	7	3.6%	197	25	87.3%
	3	126	117	00:10:19	19	84.9%	5	4.0%	221	30	86.4%
	4	126	125	00:34:29	12	90.5%	7	5.6%	126	12	90.5%
Total Burleson		**585**	**549**								
Edgecliff Village	1	5	4	00:06:06	0	100.0%	0	0.0%	20	4	80.0%
	2	9	9	00:10:39	1	88.9%	0	0.0%	103	17	83.5%
	3	12	12	00:08:28	0	100.0%	0	0.0%	21	1	95.2%
Total Edgecliff Village		**26**	**25**								
Forest Hill	1	51	50	00:08:59	13	74.5%	2	3.9%	85	18	78.8%
	2	93	85	00:08:47	10	89.2%	1	1.1%	93	10	89.2%
	3	55	49	00:10:42	5	90.9%	0	0.0%	55	5	90.9%
Total Forest Hill		**199**	**184**								
Fort Worth	1	3082	2958	00:08:51	615	80.0%	115	3.7%	3082	615	80.0%
	2	5173	4842	00:09:41	821	84.1%	140	2.7%	5173	821	84.1%
	3	3463	3077	00:10:42	404	88.3%	105	3.0%	3463	404	88.3%
	4	1333	1317	00:26:21	69	94.8%	31	2.3%	1333	69	94.8%
Total Fort Worth		**13051**	**12194**								
Haltom City	1	107	103	00:09:38	25	76.6%	8	7.5%	198	50	74.7%
	2	155	150	00:10:24	35	77.4%	6	3.9%	155	35	77.4%
	3	94	84	00:13:32	24	74.5%	5	5.3%	94	24	74.5%
	4	1	1	00:13:33	0	100.0%	0	0.0%	23	2	91.3%
Total Haltom City		**357**	**338**								
Haslet	1	17	17	00:09:05	4	76.5%	0	0.0%	55	18	67.3%
	2	18	16	00:12:51	9	50.0%	2	11.1%	94	36	61.7%

MedStar Response Time Reliability and AVG Response Time Performance

Period: Dec 2021

		Current Month							100 Response Compliance Period		
Member City	Pri	Calls	On Scene	Avg RT	Late Responses	On Time %	Extended Responses Count	%	Compliance Calculated Responses	Late Responses	On Time %
	3	14	12	00:09:30	1	92.9%	1	7.1%	25	2	92.0%
Total Haslet		**49**	**45**								
Lake Worth	1	22	21	00:09:27	6	72.7%	2	9.1%	114	31	72.8%
	2	59	55	00:10:23	16	72.9%	7	11.9%	115	25	78.3%
	3	23	19	00:08:04	2	91.3%	1	4.3%	67	10	85.1%
Total Lake Worth		**104**	**95**								
Lakeside	1	2	2	00:08:29	0	100.0%	0	0.0%	12	2	83.3%
	2	4	4	00:11:32	1	75.0%	0	0.0%	15	4	73.3%
	3	3	3	00:24:02	3	0.0%	1	33.3%	7	5	28.6%
Total Lakeside		**9**	**9**								
River Oaks	1	10	8	00:08:12	2	80.0%	0	0.0%	99	18	81.8%
	2	30	28	00:08:26	4	86.7%	0	0.0%	126	20	84.1%
	3	18	15	00:11:37	2	88.9%	0	0.0%	81	19	76.5%
Total River Oaks		**58**	**51**								
Saginaw	1	55	54	00:09:42	16	70.9%	1	1.8%	102	29	71.6%
	2	57	46	00:11:01	11	80.7%	2	3.5%	57	11	80.7%
	3	47	40	00:14:39	14	70.2%	5	10.6%	109	32	70.6%
	4	1	1	00:12:03	0	100.0%	0	0.0%	2	0	100.0%
Total Saginaw		**160**	**141**								
Sansom Park	1	22	21	00:06:59	5	77.3%	0	0.0%	85	26	69.4%
	2	48	47	00:08:35	7	85.4%	1	2.1%	93	11	88.2%
	3	25	24	00:13:38	5	80.0%	3	12.0%	89	18	79.8%
	4	1	1	00:25:46	0	100.0%	0	0.0%	8	1	87.5%
Total Sansom Park		**96**	**93**								
Westover Hills	2	1	1	00:07:15	0	100.0%	0	0.0%	2	0	100.0%
Total Westover Hills		**1**	**1**								
Westworth Village	1	8	8	00:08:15	0	100.0%	0	0.0%	46	11	76.1%
	2	22	22	00:10:32	4	81.8%	0	0.0%	48	7	85.4%
	3	15	15	00:15:32	2	86.7%	2	13.3%	53	10	81.1%

MedStar Response Time Reliability and AVG Response Time Performance

Period: Dec 2021

		Current Month							100 Response Compliance Period		
Member City	Pri	Calls	On Scene	Avg RT	Late Responses	On Time %	Extended Responses Count	%	Compliance Calculated Responses	Late Responses	On Time %
Total Westworth Village		**45**	**45**								
White Settlement	1	60	60	00:09:26	14	76.7%	3	5.0%	112	18	83.9%
	2	94	90	00:08:30	6	93.6%	1	1.1%	183	22	88.0%
	3	74	68	00:10:08	7	90.5%	0	0.0%	74	7	90.5%
	4	3	3	00:40:31	1	66.7%	0	0.0%	96	13	86.5%
Total White Settlement		**231**	**221**								
System Wide	1	3585	3434	00:08:49	727	79.7%	136	3.8%	4170	869	79.2%
	2	5967	5589	00:09:39	951	84.1%	167	2.8%	6491	1046	83.9%
	3	3976	3542	00:10:50	490	87.7%	128	3.2%	4377	571	87.0%
	4	1465	1448	00:27:10	82	94.4%	38	2.6%	1594	97	93.9%
Total System Wide		**14993**	**14013**								

Tab G – FRAB

Tab H – EPAB

Tab I – Chief Transformation Officer

Transformation Report

January 2022

Alternate Payment Models & Expanded Services

- ET3 Model
  - Updated outcomes attached.
  - Crews are doing a GREAT job on enrollments.
- Molina Healthcare agreement signed for MIH services.
  - FFS model for MIH visits of high-risk patients.
- **Cigna** agreement executed for ET3 payment model for their ***commercial*** population
- Agreement executed with Landmark Health on a new project for Southwestern Health Resources.
  - FFS MIH program, including 911 responses and potential alternate dispositions.
- Recovery Resource Council Post Opioid OD follow-up project launched 1/1/22
  - RRC substance abuse specialist and MedStar personnel
  - DOJ/DEA funded grant

Ambulance Balanced Billing

- MedStar representative nominated by NAEMT to service on the Congressional Committee established by the 'No Surprises Act'.
  - Committee to make recommendation to the HHS Secretary on balance billing for ground ambulance providers.
  - Nomination endorsed with letters of recommendation from the International Association of Fire Chief, the American Ambulance Association, and the RAND Corporation (the CMS contractors for the CMS Ambulance Cost Data Collection process)

Ambulance Supplemental Payment Program (ASPP)

- Still awaiting response from CMS

COVID Vaccines & Monoclonal Antibody Infusions

- Conducting regularly scheduled public vax clinics at MedStar
- mAb infusion suspended, pending Rx availability under new EUA
  - Potential JPS partnership for mAb infusions pending.
  - Outsourced billing process invoicing the mAb infusions.

Senior Leadership Team in Bunny Suits as a Reward to Team for Toy Drive

- Adopted 51 kids from Samaritan House for Christmas gifts – achieved audacious goal!
  - Promotion was Senior Leadership team wore Christmas Story Bunny, or Elf costumes
  - Including during Team Member Town Hall meeting!

Upcoming Presentations:

Event (location)	Date	Attendees
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 –

- COVID Volume
  - NBC 5, CBS 11, ABC 8, FOX 4, KRLD, WBAP, Star-Telegram
- COVID Impact on MedStar Personnel
  - NBC 5, went national on network, broadcast as far away as Milwaukee, WI and NYC
- Winter Weather Safety and Response Volume
  - NBC 5, CBS 11, KRLD, Star-Telegram

Special Note:

NBC 5 and Star-Telegram doing a series on the 1-year look back at the February winter storm.

- Panel of MedStar personnel being interviewed for the series.

ET3 Model Outcome Summary:

April 5, 2021 through:	1/5/2022	
Overall Emergency Response Volume		
Documented Medicare Patient Contacts	22,055	
≥ 65	16,001	72.6%
< 65	6,054	27.4%
Transported	18,920	85.8%
AMA (incl. Refused All Care & Refusal w/o Capacity)	1,988	9.0%
ET3 Telehealth Intervention	351	
IES	347	
MHMR	4	
Outcomes		
Transported	43	12.4%
Hospital ED	40	
Other	3	
TIP	307	88.5%
Dispatch Health Referral	124	
MCOT Referral	3	

ET3 Use Post-CE Analysis			
As of 1/5/2022			
	Pre-October 15, 2021	Since October 15, 2021	% Change
Days	191	83	
ET3 Telehealth Offers	2,043	839	
Number per day	10.7	10.1	-5.5%
ET3 Telehealth Offers Accepted	220	179	
% Accepted	10.8%	21.3%	98.1%
Patient Declined Telehealth	1,823	662	
Number per day	9.5	8.0	-16.4%
% Declined	89.2%	78.9%	-11.6%

Here are some great examples of ET3 at work from these MedStars the past 2 weeks:

Jessica Hoffman, Austin Walker
Medstar XX dispatched to a XX y/o male with cc of high blood pressure and heart flutter. On scene, patient found to be sitting up in his chair. Patient's wife states that the patient has a constant heart flutter that he has had for many years due to an irregular heart rhythm. Per patient, he called 911 due to his BP getting as high as 175/100 today. Per patient, he has been having higher BP for the past couple of days and he has an appointment with his cardiologist on the 6th to talk about his BP. Patient states that he feels a little lightheaded when he tries to get up and move around. Patient BP starts to come down and nothing of significance is found so telehealth is offered and accepted. TELEHEALTH doctor is called and gives permission to follow up with dispatch health. Dispatch health contacted and crew was informed that there are no availabilities today or tomorrow for them to see a patient. Patient states that since he has an appointment with his cardiologist on Thursday, he does not want to go to the ER tonight. Patient is advised that he can call us back at any time if his symptoms worsen.

Ronni Middleton, Jacob Metzger
MedStar XX arrived and found the patient, an XX year old male, alert and oriented times four in the bed of his home. The patient states he is having pain on urination following a foley catheter insertion at the hospital on 1/1. The patient was assessed and found to be stable with normal vital signs, a normal temperature and no other complaints. The patient was explained the benefits of a telehealth consultation and consented. Conferred with Dr. Veryden and she prescribed the patient with antibiotics, with instructions to follow up with home health. The patient was reassessed without change in condition. EOR.

Austin Walker, Jacob Metzger
MedStar XX arrived and found the patient, a XX year old female, alert and oriented, but Spanish speaking only, inside of the living room of her sons home. The patient states that her blood pressure has been elevated, and this is concerning to her because she recently had a hypertensive seizure. The patient was assessed and found to be stable with an unremarkable 12ld ECG. The patient was recently prescribed Amlodipine to control her hypertension. The option of treat in place via Telehealth was discussed with the patient family and chosen as the selected course of care. Dr. Garrett from IES instructed the patient to change the dosage of her blood pressure medication, and to follow up with her primary care provider. The patient was released with the provided instructions. EOR.

MedStarSaver Enrollment Report

Membership New / Renewal Comparison																	
New Households	**2016**	**Cumulative**	**2017**	**Cumulative**	**% Change**	**2018**	**Cumulative**	**% Change**	**2019**	**Cumulative**	**% Change**	**2020**	**Cumulative**	**% Change**	**2021**	**Cumulative**	**% Change**
January	35	35	37	37	5.7%	38	38	2.7%	21	21	-44.7%	44	44	109.5%	96	96	118.2%
February	58	93	32	69	-25.8%	41	79	14.5%	38	59	-25.3%	34	78	32.2%	66	162	94.1%
March	51	144	48	117	-18.8%	56	135	15.4%	35	94	-30.4%	92	170	80.9%	61	223	-33.7%
April	40	184	68	185	0.5%	45	180	-2.7%	44	138	-23.3%	112	282	104.3%	57	280	-49.1%
May	48	232	44	229	-1.3%	34	214	-6.6%	27	165	-22.9%	54	336	103.6%	41	321	-24.1%
June	24	256	40	269	5.1%	36	250	-7.1%	31	196	-21.6%	55	391	99.5%	38	359	-30.9%
July	22	278	29	298	7.2%	31	281	-5.7%	37	233	-17.1%	46	437	87.6%	62	421	34.8%
August	36	314	22	320	1.9%	35	316	-1.3%	31	264	-16.5%	79	516	95.5%	46	467	-41.8%
September	42	356	38	358	0.6%	22	338	-5.6%	276	540	59.8%	90	606	12.2%	53	520	-41.1%
October	53	409	38	396	-3.2%	16	354	-10.6%	3	543	53.4%	31	637	17.3%	48	568	54.8%
November	32	441	43	439	-0.5%	25	379	-13.7%	13	556	46.7%	35	672	20.9%	30	598	-14.3%
December	9	450	19	458	1.8%	40	419	-8.5%	25	581	38.7%	48	720	23.9%	27	625	-43.8%
Total New Member Households	450		458			419			581			720			625		
Renewing Households	**2016**	**Cumulative**	**2017**	**Cumulative**	**% Change**	**2018**	**Cumulative**	**% Change**	**2019**	**Cumulative**	**% Change**	**2020**	**Cumulative**	**% Change**	**2021**	**Cumulative**	**% Change**
January	454	454	344	344	-24.2%	347	347	0.9%	216	216	-37.8%	183	183	-15.3%	159	159	-13.1%
February	306	760	117	461	-39.3%	546	893	93.7%	210	426	-52.3%	66	249	-41.5%	136	295	106.1%
March	192	952	78	539	-43.4%	96	989	83.5%	335	761	-23.1%	44	293	-61.5%	139	434	215.9%
April	1137	2089	788	1327	-36.5%	1293	2282	72.0%	954	1715	-24.8%	947	1240	-27.7%	880	1314	-7.1%
May	910	2999	1493	2820	-6.0%	453	2735	-3.0%	377	2092	-23.5%	321	1561	-25.4%	340	1654	5.9%
June	354	3353	521	3341	-0.4%	395	3130	-6.3%	376	2468	-21.2%	474	2035	-17.5%	398	2052	-16.0%
July	357	3710	172	3513	-5.3%	287	3417	-2.7%	279	2747	-19.6%	360	2395	-12.8%	337	2389	-6.4%
August	335	4045	437	3950	-2.3%	335	3752	-5.0%	269	3016	-19.6%	196	2591	-14.1%	264	2653	34.7%
September	326	4371	163	4113	-5.9%	132	3884	-5.6%	162	3178	-18.2%	457	3048	-4.1%	215	2868	-53.0%
October	192	4563	220	4333	-5.0%	269	4153	-4.2%	166	3344	-19.5%	110	3158	-5.6%	392	3260	256.4%
November	165	4728	145	4478	-5.3%	75	4228	-5.6%	75	3419	-19.1%	66	3224	-5.7%	94	3354	42.4%
December	126	4854	249	4727	-2.6%	292	4520	-4.4%	238	3657	-19.1%	627	3851	5.3%	182	3536	-71.0%
Total Renewing Households	4854		4727			4520			3657			3851			3536		
Total Member Households	**5304**		**5185**			**4939**			**4238**			**4571**			**4161**		

247 are Trinity Terrace Members StarPlus Program

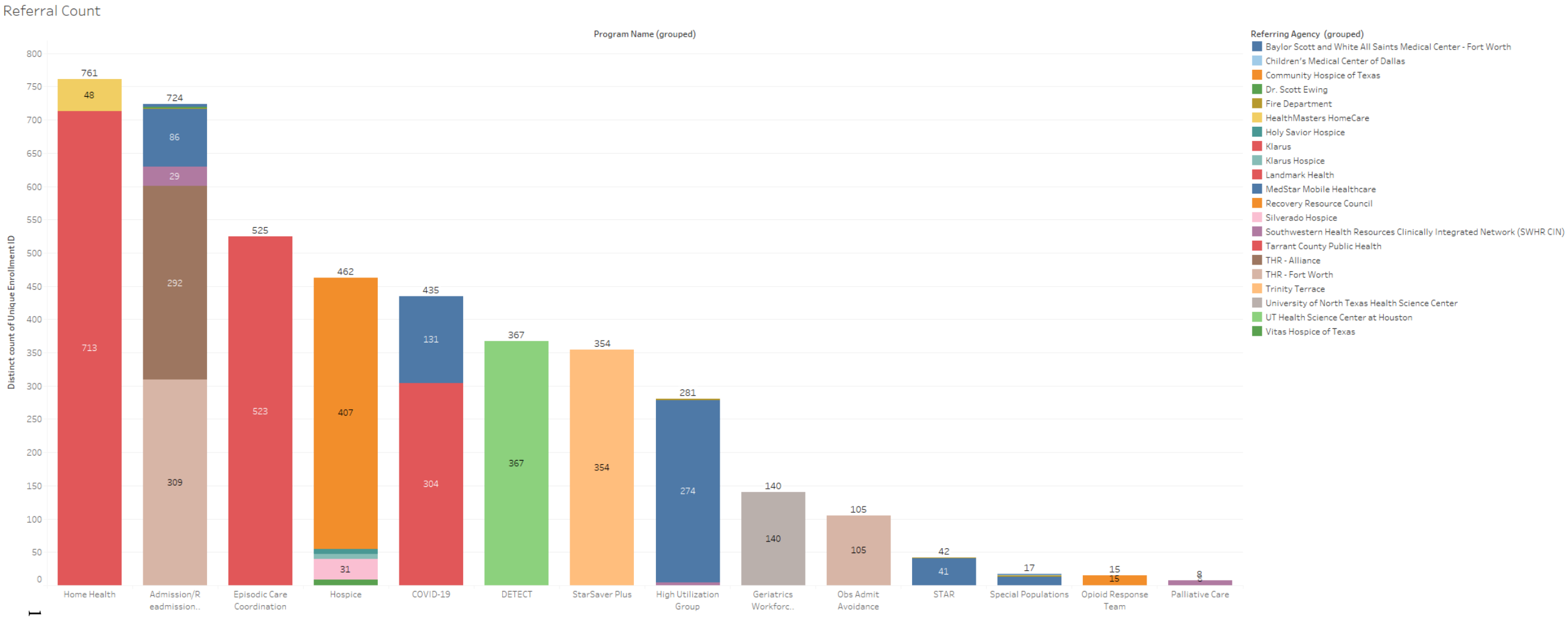
18 are Trinity Terrace Households StarPlus Program

249 are Fall Trinity Terrace Households StarPlus Program

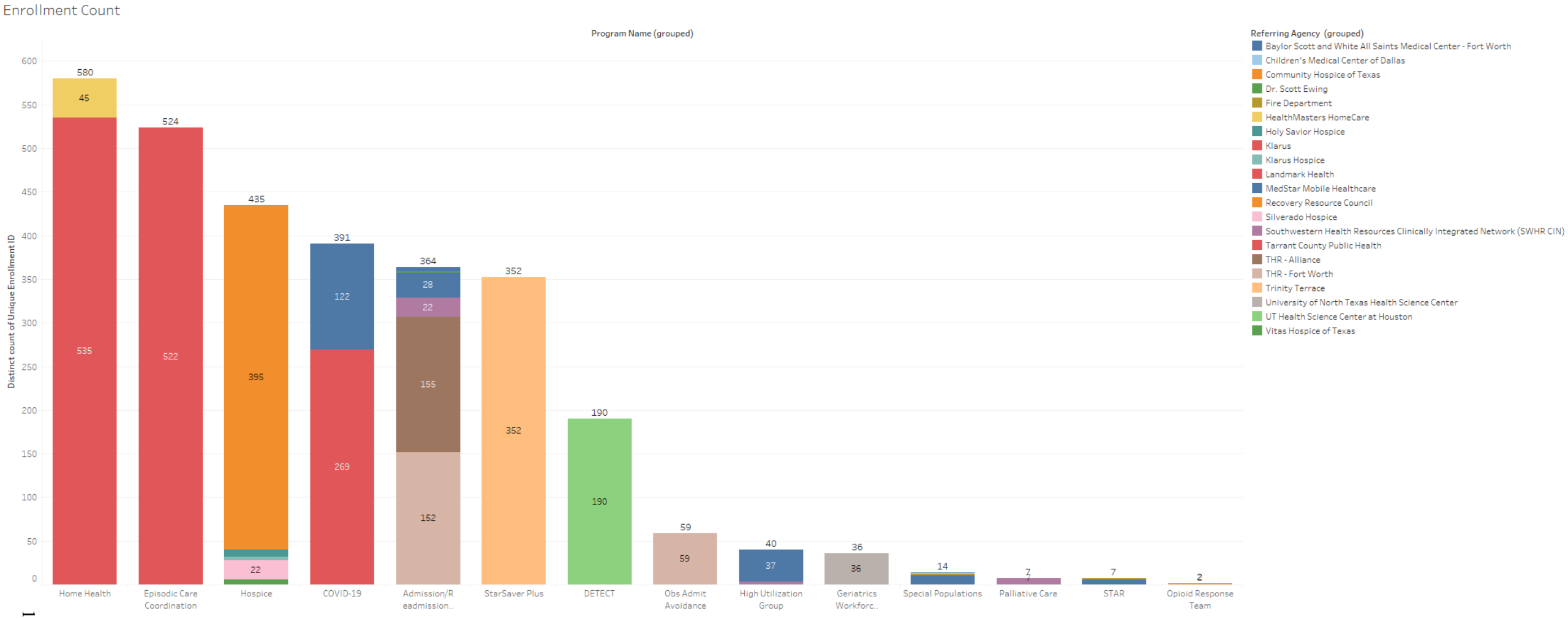
19 are Trinity Terrace Households StarPlus Spring Program

228 are TT Households StarPlus Fall Program

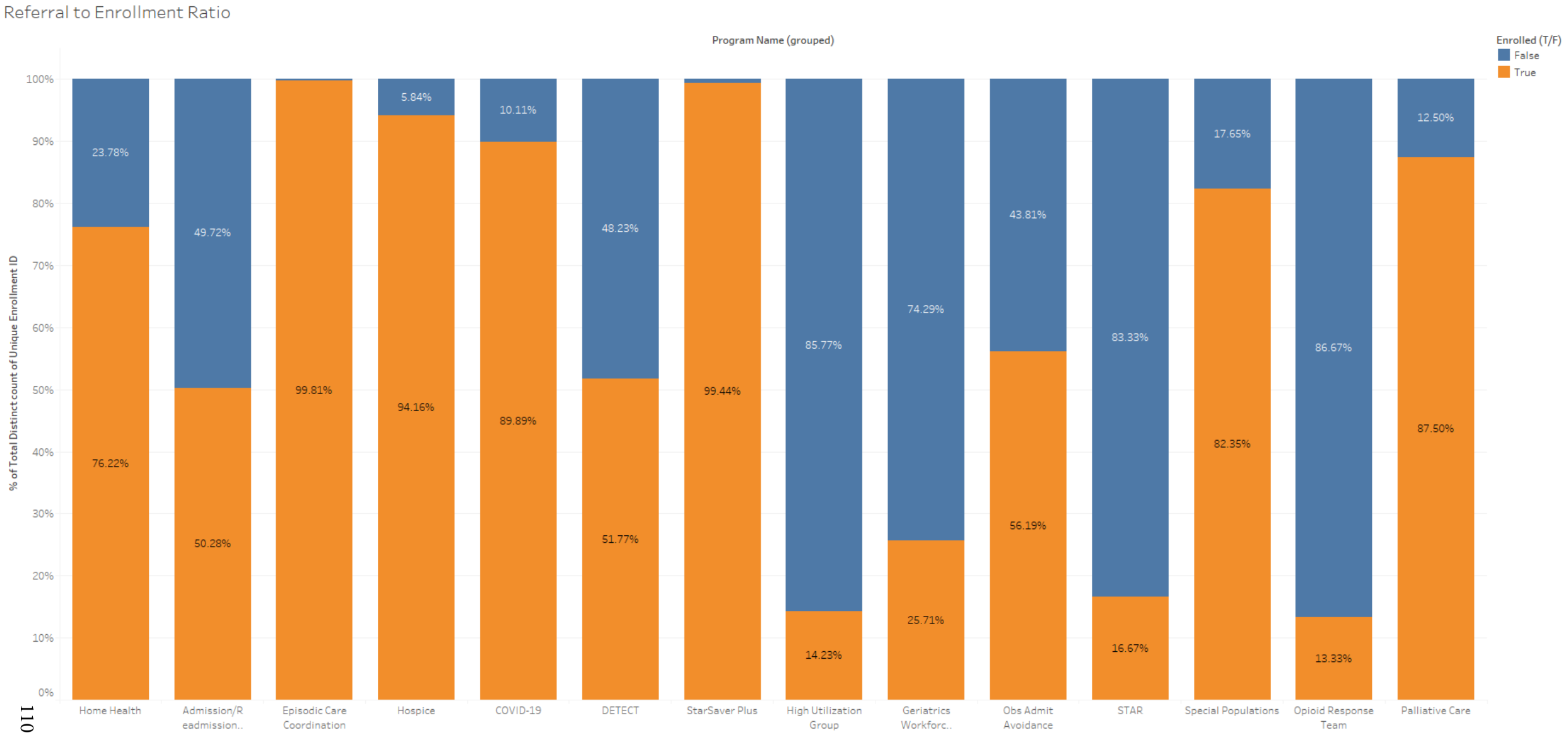
2021 MIH Summary – Referral Count



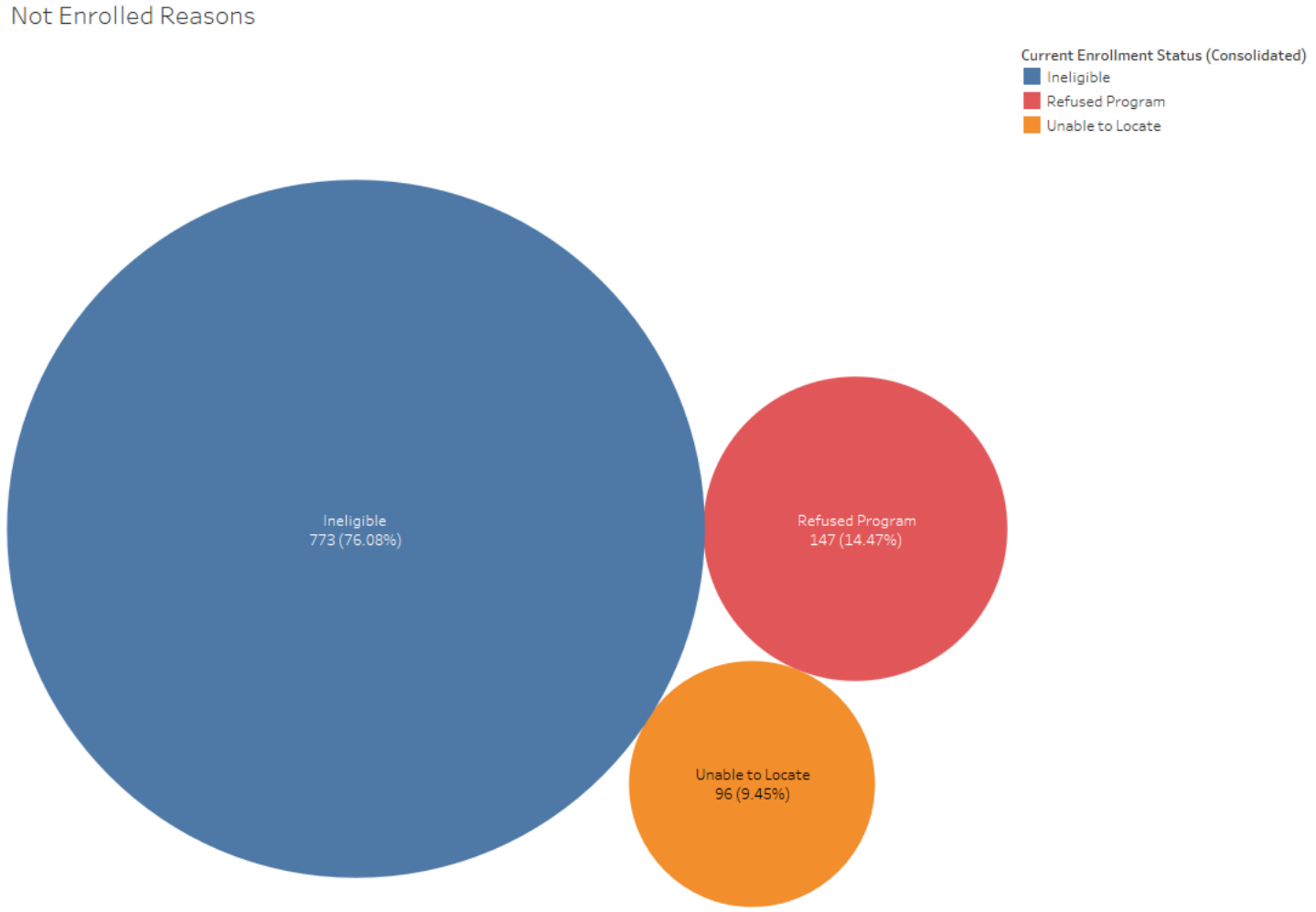
2021 MIH Summary – Enrollment Count



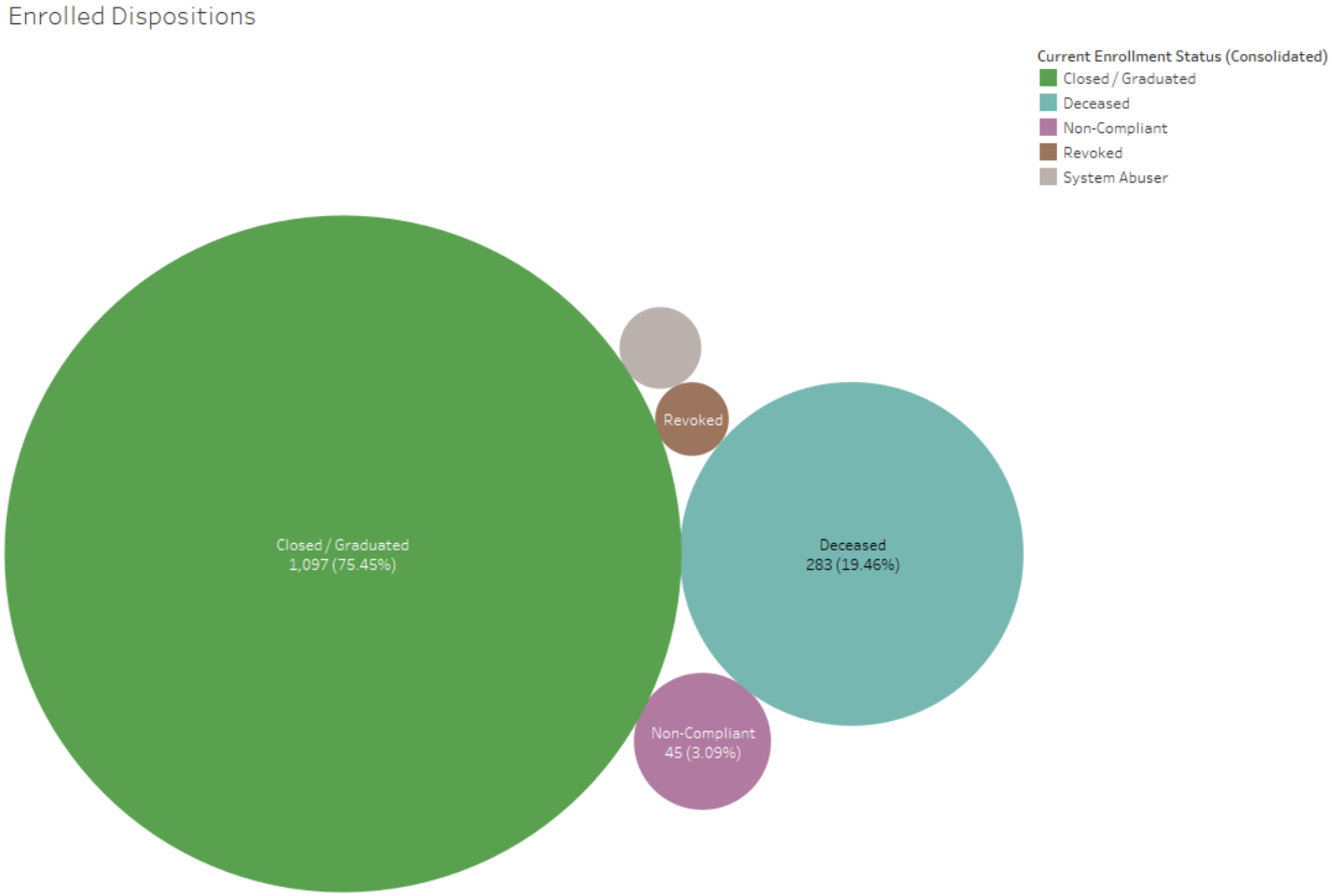
2021 MIH Summary – Referral to Enrollment



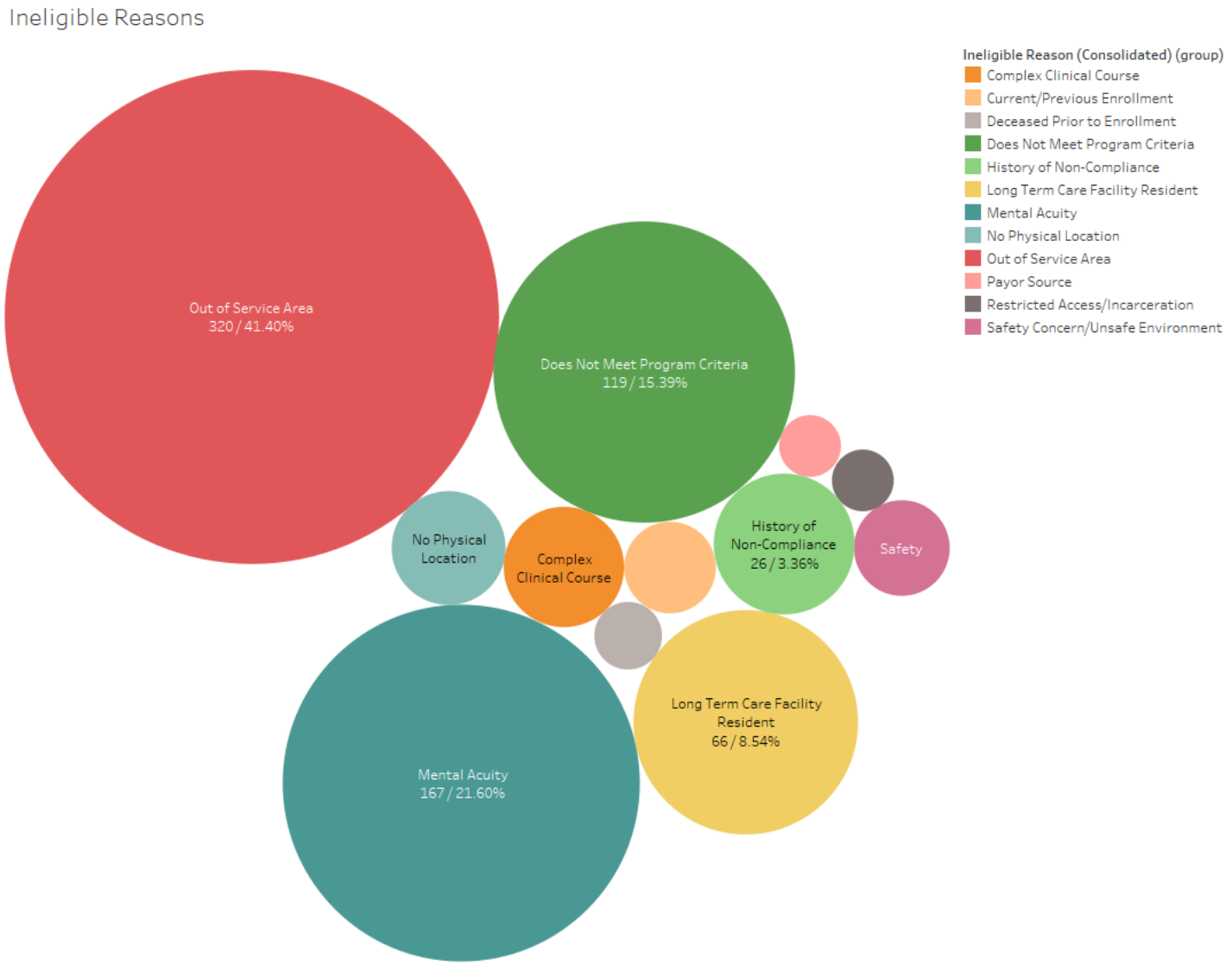
2021 MIH Summary – Not Enrolled Reasons



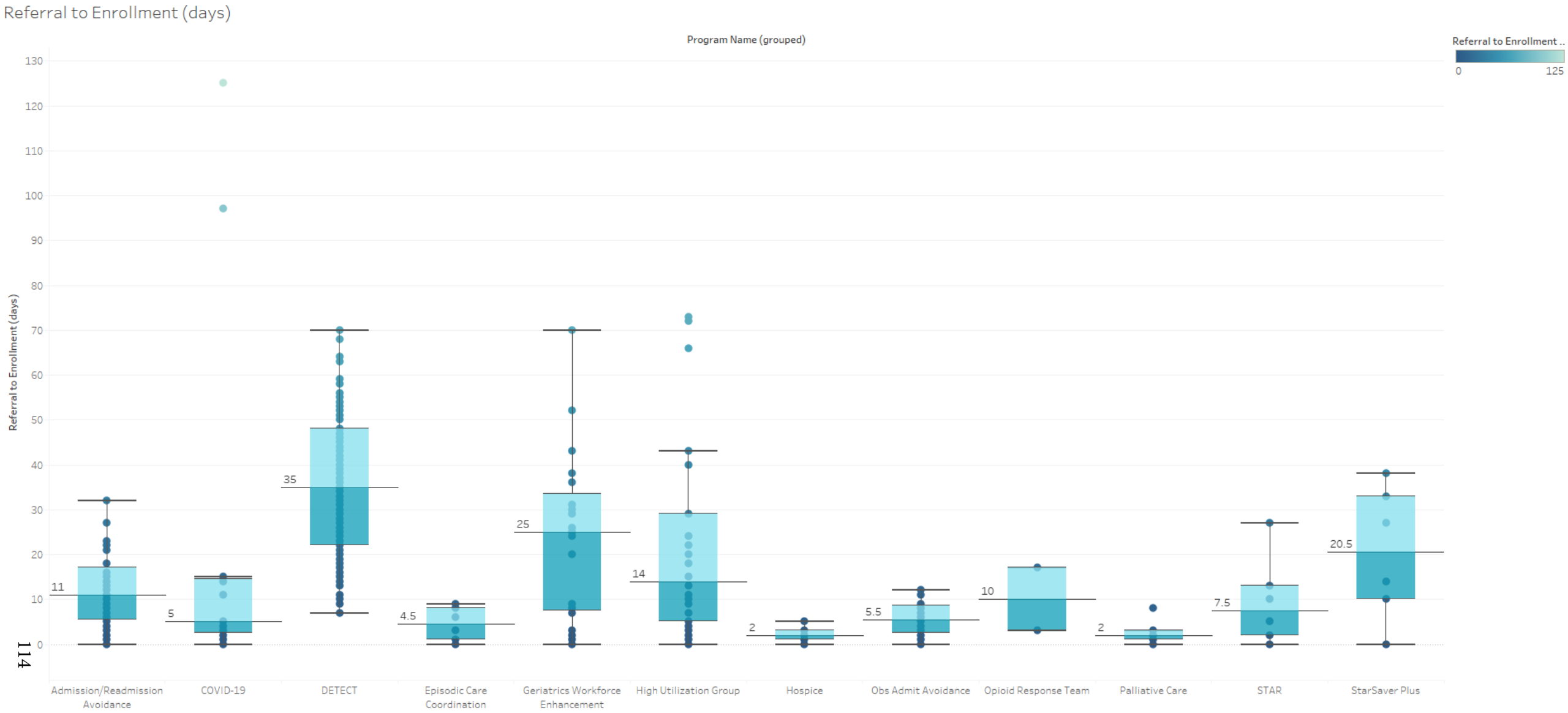
2021 MIH Summary – Enrolled Dispositions



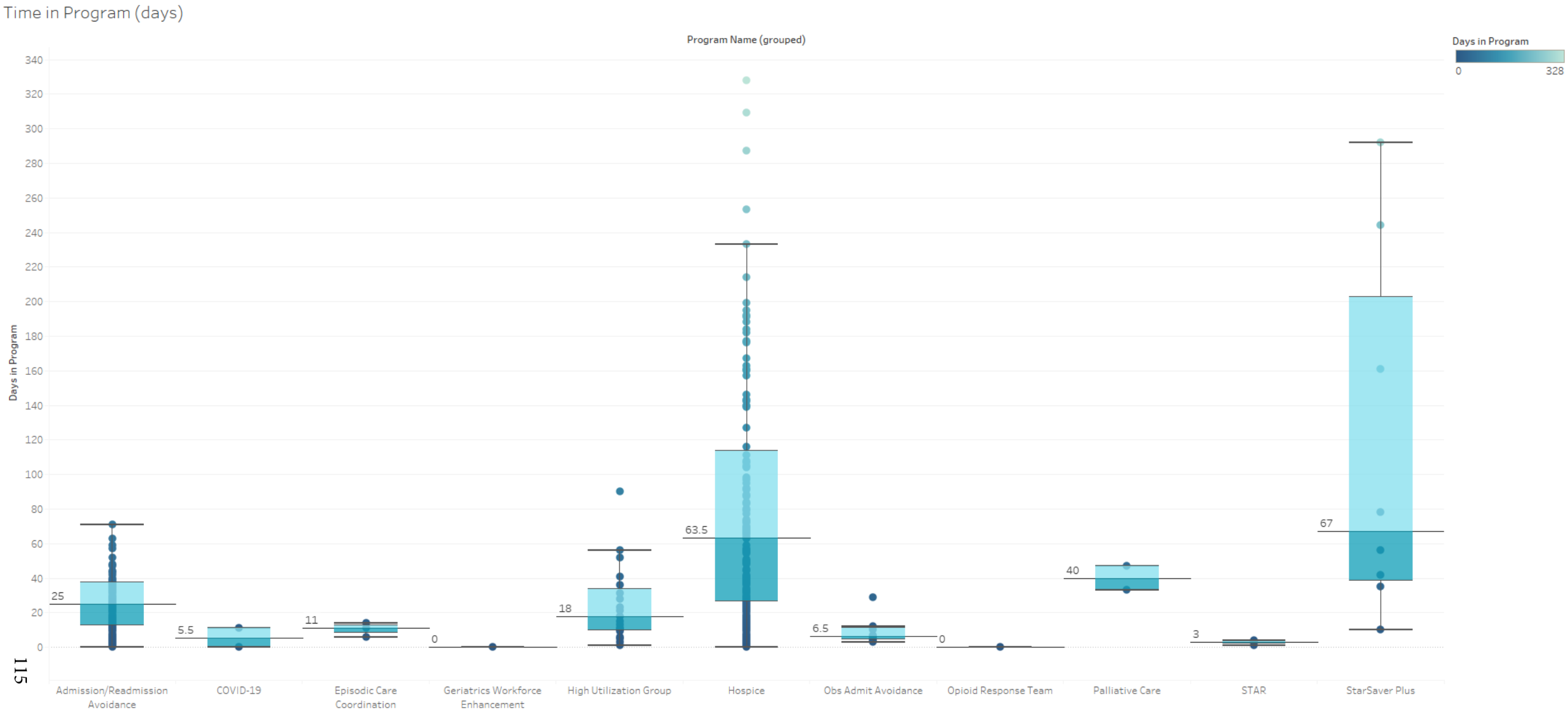
2021 MIH Summary – Ineligible Reasons



2021 MIH Summary – Referral to Enrollment (days)



2021 MIH Summary – Time in Program (days)



COMMONLY USED ACRONYMS

A

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

B

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

C

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

D

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

E

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

F

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

G

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

H

HIPAA – Health Insurance Portability & Accountability Act of 1996

I

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

J

JEMS – Journal of Emergency Medical Services

K

L

LMS – Learning Management System

M

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

COMMONLY USED ACRONYMS

N

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

O

OMD – Office of the Medical Director

P

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

Q

QRV – Quick Response Vehicle

R

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

S

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

T

U

V

VFIB – Ventricular fibrillation; an EKG rhythm

W

X/Y/Z