



Metropolitan Area EMS Authority (MAEMSA)

dba MedStar Mobile Healthcare

Board of Directors

March 23, 2022

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

Date and Time: March 23, 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/1477557747> or by phone at (469) 445-0100 (meeting ID: 147 755 7747).

AGENDA

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|-------------|-------------------------------|---|----------------------------|
| I. | CALL TO ORDER | | Dr. Janice Knebl |
| II. | INTRODUCTION OF GUESTS | | Dr. Janice Knebl |
| III. | CITIZEN PRESENTATIONS | <p>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. March 22, 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.</p> | |
| VI. | CONSENT AGENDA | <p>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:</p> | |
| | BC – 1505 | Approval of Board Minutes for February 23, 2022 | Dr. Janice Knebl
Pg. 5 |
| | BC – 1506 | Approval of Check Register for February 2022 | Dr. Janice Knebl
Pg. 10 |
| V. | NEW BUSINESS | | |
| | BC – 1507 | Election of Vice-Chair of MAEMSA Board of Directors | Dr. Janice Knebl |
| | IR– 225 | Bylaw Draft Review | Kristofer Schleicher |
| | BC– 1508 | Approval of Salary Range for CMO Position | Leila Peeples |

VI. MONTHLY REPORTS

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

VII. OTHER DISCUSSIONS

A.	Requests for future agenda items	Dr. Janice Knebl
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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, including but not limited to any item on this agenda:

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.

IX ADJOURNMENT

MINUTES

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

Meeting Date and Time: February 23, 2022, at 10:00am

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 10:03 a.m.

Board members participating through video conferencing: Dr. Chris Bolton, Dr. Brad Commons, Teneisha Kennard, and Susan Alanis. Board members physically present were Chair Dr. Janice Knebl, Fire Chief Doug Spears, Dr. Veer Vithalani (Ex- officio), Kenneth Simpson, CEO (Ex-officio). Others present were Kristofer Schleicher, Chief Legal Officer, Dwayne Howerton, Chad Carr, Leila Peeples, and Matt Zavadsky.

Guests on phone or in person as attendees: Dr. Brian Miller, Dr. Angela Cornelius, Fire Chief Brandon Logan, Fire Chief Brian Jacobs, Fire Chief K.T. Freeman, Assistant Fire Chief Casey Davis, Anita Meadows, Ben Coogan, Bob Strickland, Bradley Crenshaw, Brandon Pate, Brian White, Dr. Brian Wong, Bryce Davis, Chris Cunningham, Chris Roberts, David Hume, Desiree Partain, Elizabeth Paoli, Heath Stone, Joleen Quigg, Jose Talavera, Kier Brister, Kristine Martinez, Lindy Curtis, Maerissa Thomas, Matt Willens, Michael Griffith, Misti Skinner, Pete Rizzo, Richard Freeman, Ricky Hyatt, Shaun Curtis, Susan Swagerty, William Gleason, and Will Mercer.

II. CONSENT AGENDA

BC-1500 Approval of Board minutes for January 26, 2022

BC-1501 Approval of Check Register for January 2022

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

III. NEW BUSINESS

**IR – 223 Report and Certification of Results of Election of Suburban Cities
Representatives to Board of Directors**

Dr. Janice Knebl reviewed the ballots from the 12 suburban member cities that returned ballots for the election of a representative to serve on the MAEMSA Board of Directors and certified that

Bryce Davis has been elected to serve a three-year term beginning March 1, 2022. Dr. Knebl offered thanks Matt Aiken for his years of service on the MAEMSA Board of Directors.

IR – 224 Preliminary Discussion of Bylaws Revision

Kristofer Schleicher highlighted some of the changes needed to the bylaws and requested all comments and suggestions be submitted to him by March 8, 2022, so the Board Executive Committee can review and outline draft changes to be considered at the MAEMSA Board of Directors Meeting in March.

BC – 1502 Approval of 911-Tiered Ambulance Deployment Plan

The motion to approve was made by Dr. Brad Commons and seconded by Doug Spears. The motion carried unanimously.

BC – 1503 Approval of Medical Director Search Process

Kristofer Schleicher reviewed the draft *Selection of Chief Medical Officer/System Medical Director* (BP 2022-001) for selecting a new medical director and highlighted differences from the *Selection of Chief Executive Officer Policy* (BP 2020-001). The motion to approve was made by Doug Spears and seconded by Susan Alanis. The motion carried unanimously. Dr. Janice Knebl appointed the following Board members to the Medical Director Recruiting Committee: Chair Dr. Brad Commons, Dr. Chris Bolton, Fire Chief Jim Davis, and Susan Alanis. The motion to approve was made by Dr. Janice Knebl and seconded by Doug Spears.

BC – 1504 Approval of Medical Director Job Description

Kristofer Schleicher reviewed the proposed additions and modifications to the Medical Director Job Description with the Board. The motion to approve the updated job description was made by Doug Spears and seconded by Dr. Chris Bolton. The motion carried unanimously.

IV. MONTHLY REPORTS

- A. Chief Executive Officer- Ken Simpson reminded the Board to submit their available dates to him and Maerissa Thomas for the Strategic Planning workshop. The itinerary will likely include an evening session and dinner, then a morning session ending with lunch the following day. Due to scheduling issues with Rough Creek, the meetings will likely take place locally. MedStar has taken delivery of a new AMBUS that is being prepared for going in service. MedStar is participating in a Red Lights and Sirens Project. There is a national initiative to review how often we are utilizing lights and sirens both responding to calls and transporting from scenes. Due to COVID, supply chain has remains an ongoing challenge, including for medications and medical supplies produced in China.
- B. Office of the Medical Director- Dr. Vithalani briefed the Board, on current projects, noting OMD's involvement in the BLS Pilot Program and stated he was glad to see this project moving forward. Cadaver lab CE has been completed. OMD continues to push standardization across the system for training in addition to credentialing, seeking more system level involvement so that all credentialed providers receive the same training at the same time, whether they work for MedStar or are First Responders of the member cities. We are about to embark on a thorough, system-wide reeducation to improve CPR quality as it relates to mechanical compression

devices. Dr. Veer Vithalani offered kudos to Dwayne Howerton and ECPR Committee on the ECPR Project.

- C. Chief Financial Officer- Misti Skinner informed the Board that January was a fairly standard month and on budget, aside from salaries, vehicle expenses, and medical supplies. We are continuing to work a cost report which will be finalized and submitted next month. She referred to Tab C for monthly reports.
- D. Chief Human Resources Officer- Leila Peoples referred to Tab D for monthly reports and informed the Board that HR is continuing to work through ADP implementation since there are so many modules. Human Resources main focus has been staffing and recruiting.
- E. Compliance and Legal- Chad Carr referred to Tab E.
- F. Operations – Ken Simpson referred to Tab F for the monthly reports
- G. FRAB- Chief Spears reported on the FRAB meeting earlier this month at which the Tiered Ambulance Deployment project was the main topic of discussion and was approved by the FRAB. There was some discussion regarding Burleson’s withdrawal from the Authority. Chief Spears would like to have further conversation regarding some misalignment in the data presented at the Burleson City Council workshop. Dr. Janice Knebl suggested an after-action review during the Executive Board Committee meeting.
- H. EPAB- Dr. Brad Commons offered kudos to Dr. Veer Vithalani and Dwayne Howerton on the ECPR Project. There has been discussion concerning the way we manage behavioral health patients and JPS received a large grant to help assist them in managing this population.
- I. Chief Transformation Officer- Matt Zavadsky referred to Tab I.

V. REQUEST FOR FUTURE AGENDA ITEMS

None.

VI. CLOSED SESSION

Dr. Knebl called the meeting into a closed session at 11:43 a.m. under Sections 551.071 and 551.074 of the Texas Government Code to deliberate regarding contemplated litigation personnel matters. No further action was taken following the closed session.

VII. ADJOURNMENT

The board stood adjourned at 12:05 p.m.

Respectfully submitted,

Douglas Spears
Secretary

AP Check Details Over 5000.00
For Checks Between 2/1/2022 and 2/28/2022



Check Number	CK Date	Vendor Name	Check Amount	Description
20222	2/2/2022	Frost	38,540.62	Frost Loan #4563-001
107412	2/2/2022	AVI-SPL	19,267.15	Elite/Preventative Maint 10/01
107413	2/2/2022	Bound Tree Medical LLC	22,500.34	Various Medical Supplies
107422	2/2/2022	Fort Worth Heat & Air	8,934.50	Seasonal Maint per Contract
107427	2/2/2022	Medline Industries, Inc.	16,971.10	Various Medical Supplies
107428	2/2/2022	Mutual of Omaha	5,474.77	Critical Care/Accident - Feb22
107438	2/2/2022	PERCOMOnline	6,500.00	Paramedic Tuition - C Holmes
107439	2/2/2022	School of EMS	12,700.00	Paramedic Tuition - T Adams an
107443	2/2/2022	Founder Project RX Inc	7,300.17	Various Medical Supplies
107448	2/2/2022	The State of Texas	46,318.82	Microsoft Subscription
107453	2/2/2022	ZirMed Inc	8,475.98	Verification/Invoices/Claims/Payments
107454	2/2/2022	Zoll Data Systems Inc	32,426.67	Hosted Billing Pro 9/23-10/31/
107495	2/10/2022	Dell Marketing LP	6,496.44	Lisa Grey's Laptop
107505	2/10/2022	Medline Industries, Inc.	9,775.57	Various Medical Supplies
107506	2/10/2022	MetLife - Group Benefits	36,830.05	Dental/Vision/STD/Life/Supp Life
107523	2/10/2022	Teleflex Medical	5,025.00	Various Medical Supplies
107526	2/10/2022	Whitney Daniele Morgan	6,012.50	Consulting Services - Jan22
107553	2/17/2022	Airgas USA, LLC	6,432.65	Cylinders and Rental
107554	2/17/2022	All-Pro Construction & Commerical	8,232.35	Materials for Monthly Onsite Tech
107558	2/17/2022	Applause Promotional Products	11,230.00	Uniforms
107566	2/17/2022	Bound Tree Medical LLC	33,570.81	Various Medical Supplies
107573	2/17/2022	CyrusONE	7,717.68	Colocation Charges - Mar22
107577	2/17/2022	DocuSign	8,300.00	3-year renewal – quote #Q-0038
107578	2/17/2022	EMS Management & Consultants, Inc	33,363.29	Total Collections/AR Managed
107586	2/17/2022	ImageTrend	25,409.00	Monthly Fee - Jan22
107593	2/17/2022	Logis Solutions	34,186.54	IDS / Modules Maintenance Q1 2
107597	2/17/2022	Maintenance of Ft Worth, Inc.	6,822.26	Janitorial Supplies and Services
107603	2/17/2022	Medline Industries, Inc.	41,784.23	Various Medical Supplies
107611	2/17/2022	Page Wolfberg & Wirth, LLC	8,550.00	PWW Client Connect Fee Feb22-J
107612	2/17/2022	Paranet Solutions	93,434.96	IT Monthly Services - January
107614	2/17/2022	Power DMS	10,227.39	36-month subscription to Power
107617	2/17/2022	Founder Project RX Inc	10,616.76	Various Medical Supplies
107620	2/17/2022	Roger Williams Automall	7,103.00	Various Parts
107622	2/17/2022	SafeTech Solutions	35,000.00	Leadership Foundations Course
107626	2/17/2022	Stryker	14,872.00	Annual Stryker Maintenance
107630	2/17/2022	Teleflex Medical	14,899.50	Various Medical Supplies
107631	2/17/2022	Texas Municipal League	29,537.31	Liability Deductible
107638	2/17/2022	Whitley Penn, LLC	9,500.00	Professional Services
107640	2/17/2022	XL Parts	5,665.99	Various Parts
107642	2/17/2022	Zoll Medical Corporation	15,110.10	New Truck Monitors
107647	2/22/2022	American Ambulance Association	12,900.00	Annual Membership

AP Check Details Over 5000.00
For Checks Between 2/1/2022 and 2/28/2022



Check Number	CK Date	Vendor Name	Check Amount	Description
107651	2/22/2022	Bound Tree Medical LLC	25,471.89	Various Medical Supplies
107657	2/22/2022	M Davis and Company Inc	5,240.00	Detection of Elder Abuse Service
107662	2/22/2022	Medline Industries, Inc.	50,048.61	Various Medical Supplies
107669	2/22/2022	The State of Texas	5,248.68	Microsoft Subscription
107673	2/22/2022	ZirMed Inc	6,106.21	Verification/Invoices/Claims/Payments
1705177	2/1/2022	Frost	39,363.52	Frost Loan #39001
1742748	2/11/2022	UMR Benefits	47,996.76	Health Insurance Premium
1756690	2/16/2022	WEX Bank	122,868.97	Fuel
1792119	2/25/2022	Mac Haik Chrysler Dodge Jeep Ram	122,231.76	Dodge Truck VIN #1012 and VIN #1013
1794244	2/28/2022	Integrative Emergency Service Physician	15,000.00	Dr. Cornelius Assoc. Medical Director
2012022	2/1/2022	Frost	61,053.88	Frost Loan #30001
2134419	2/28/2022	Direct Energy Business	8,306.37	Electric Services
2162022	2/16/2022	JP Morgan Chase Bank, N.A.	14,749.19	MasterCard Bill
2252022	2/25/2022	Frost	52,993.77	Frost Loan #4563-002
96349244	2/23/2022	Chase Ink Cardmember Service	11,205.45	Chase Bill

Tab A – Chief Executive Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Chief Executive Officer's Report- February 28, 2022

Reprioritization- The EMS System Performance Committee has determined that the best option to move forward with the reprioritization and the red lights and sirens project is to form a smaller committee to evaluate the proposed methodology, evaluate concerns and suggestions and bring a proposed recommendation to the larger system performance committee for submission to the MAEMSA Board of Directors. It is anticipated that this process will be similar to the process utilized for the tiered system response plan.

To recap the purpose of this initiative, there has been increasing focus on evaluating the calls that are dispatched as needing a red lights and sirens response as well as those requiring a red lights and sirens transport to the hospital. This is due to the inherent risk associated with utilizing red lights and sirens in an attempt to minimize time spent traveling to or from a call.

Similarly, the reprioritization project aligns with a national approach to better align a patient's complaint with the type of response they get. Complaint that have historically shown to exhibit life threatening conditions should be prioritized over those calls that have not historically demonstrated life threatening conditions, and they lower acuity calls many not have require the multitude of responders that higher acuity calls require. The application of this methodology should lead to a more efficient and effective recommended response plan.

MedStar has not dictated what calls first responder organizations do and do not respond to, or how they respond to the calls they chose to go to, and this is not an attempt to change that practice. These programs should, however, carve out the calls where there is a higher likelihood that more responders may be necessary to care for the patient due to their acuity level. Through this project we intend to also revisit and re-evaluate response time standards which were put forth by the EMS System Performance Committee and approved by the MAEMSA Board of Directors in December of 2016. The summary provided to the MAEMSA Board of Directors will indicate the underlying reasoning for any recommended changes as well as an estimate of any additional cost associated with adopting any proposed changes.

Communications- The Communications team has requested each First Responder Organization to verify their desired response plan, and these are being checked to confirm they are appropriately programmed into the CAD for dispatch. The Communications team is continuing to demonstrate ongoing efforts to make improvements in ring to answer times and accuracy through training and education. They have improved ring to answer times significantly and are fine tuning processes to address the occasional outliers. They are also onboarding additional team members to increasing staffing and replace some who have left to pursue other opportunities either voluntarily or involuntarily.

Fort Worth Study- Some of MedStar's leadership team had the opportunity to meet with CityGate, who is the consulting group the City of Fort Worth selected to do their staffing and efficiency study. The initial meeting was a two hour meeting to provide introductions

to the respective teams and provide some oversight of the organization. Based on our conversations we anticipate video conferences as they work through the scope of the project and have additional questions or need additional data. Overall it was a positive first meeting, and we expressed to them that MedStar is committed to provide whatever information is needed to aid in the evaluative process.

Human Resources- In the next 90-120 days we anticipate implementing the final modules associated with the ADP implementation. As this is completed a lot of the transactional responsibilities of Human Resources will be transitioned to ADP. This will allow our internal Human Resources team to focus on team member recruitment and retention through engagement and wellness activities. We are excited about the opportunity to realign the workload and focus more on these areas moving forward.

Billing/EMS | MC- EMS | MC started billing on December 1, 2021, and, after a lag due to internal billing delays, we have seen an increase in cash collections. The billing and finance team are continuing to work with EMS | MC to identify process improvement opportunities that will maximize revenue for the organization.

Incentive Committee- We have been meeting with the Incentive Committee, which is made up of frontline team members and managers from all departments. As we discussed some initiatives we have been focused on we identified an opportunity to help engage the entire team for the remainder of this fiscal year. This will be further discussed during the March MAEMSA Board meeting.

Strategic Planning- As we have evaluated different dates for strategic planning it became evident that more advanced notice would be necessary to get everyone together for a strategic planning session. The majority of people appear to be available June 27-28th. We will host this event at a Rough Creek Lodge in Glen Rose as we previously placed a deposit on it before COVID, and it will provide an off-site venue for discussion. We anticipate it starting with lunch, moving into an afternoon/evening session, then moving to dinner and then a morning session the next day. Given the timing this will allow us to make any needed changes to the next fiscal year's budget based on feedback from the meeting. If there are members of city leadership interested in attending we will work to make those accommodations as we want to assure we take every opportunity to utilize feedback we receive to build the EMS delivery system the member cities want and need.

Tab B --Office of the Medical Director



Discussion

- Credentialing Committee
- System Education Committee
- ECPR Center Project

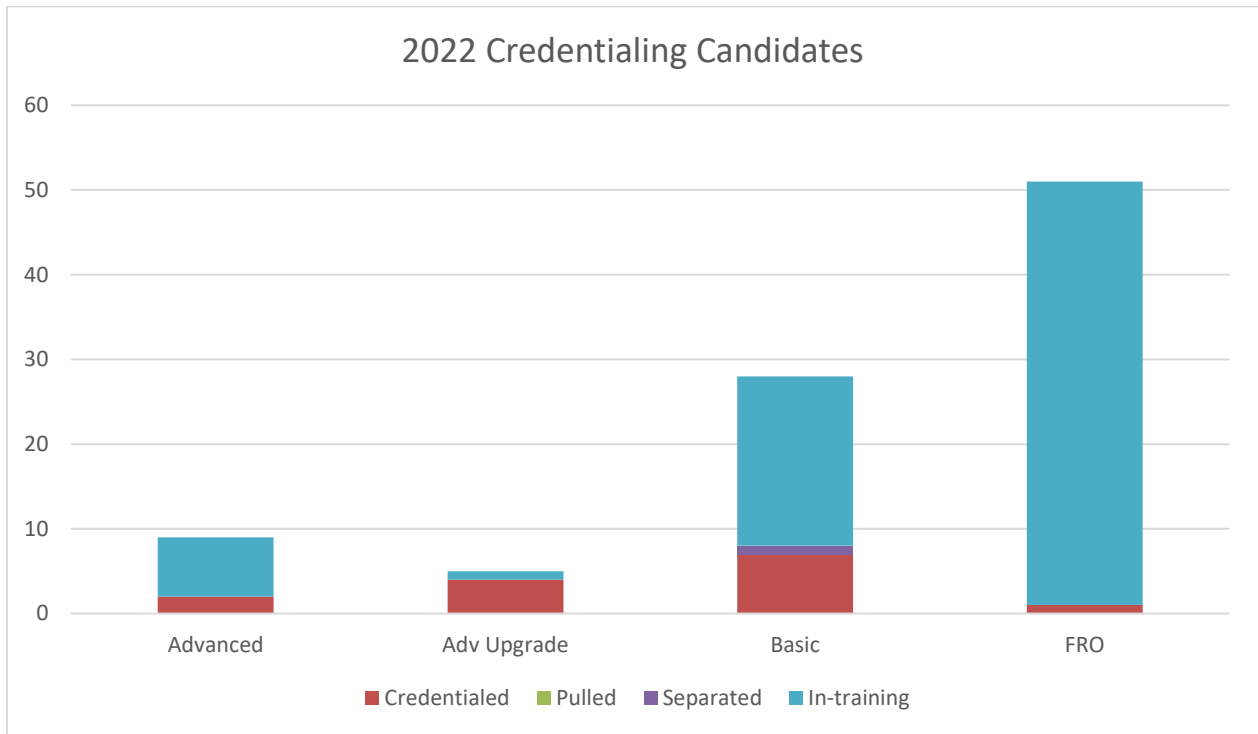
Education and Training

- OMD 22Q1CE – March
 - 4-hour Physician led recorded session
 - STEMI and Stroke Bundles of Care
 - Opiate Use Disorder Spectrum
 - Behavior Emergencies
 - Pediatric Respiratory Spectrum
 - ECMO Facilitated CPR
- System MCD Training
 - FWFD – April
- OMD 22Q2CE – June
 - EKG Rhythm recognition and STEMI identification

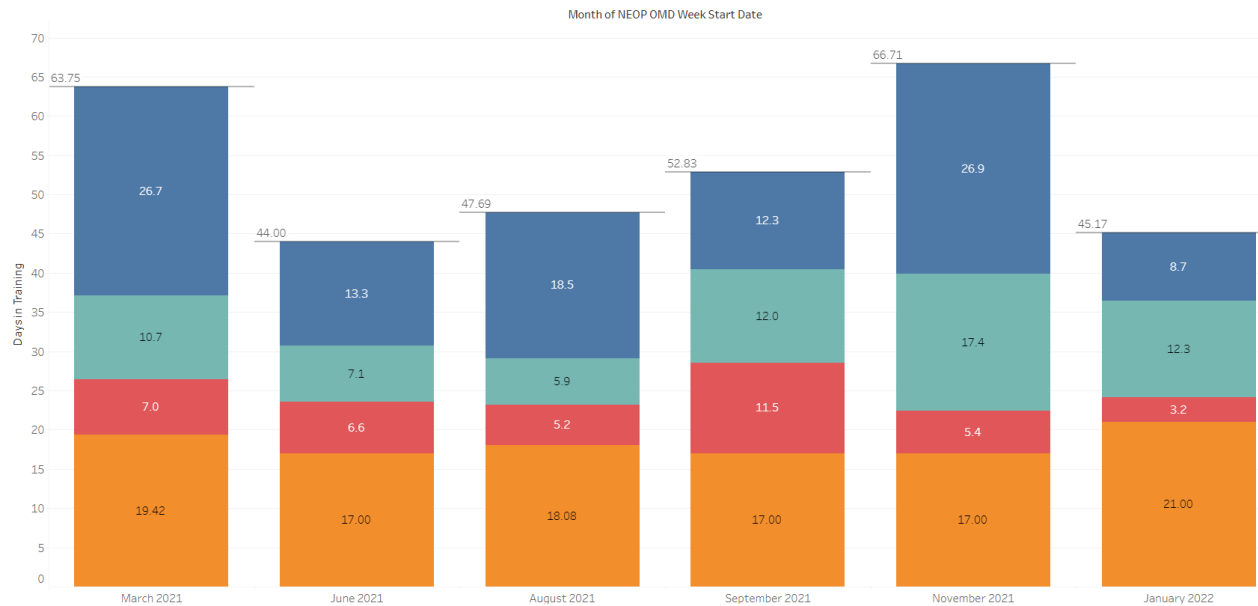
Course Attendance	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	13	7	0	18	13	3
FRO	0	2	0	4	3	0
External	2	0	0	0	5	0

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

Credentialing



Time in Phases by Year



* Begins with first day of clinical NEOP through credentialing.

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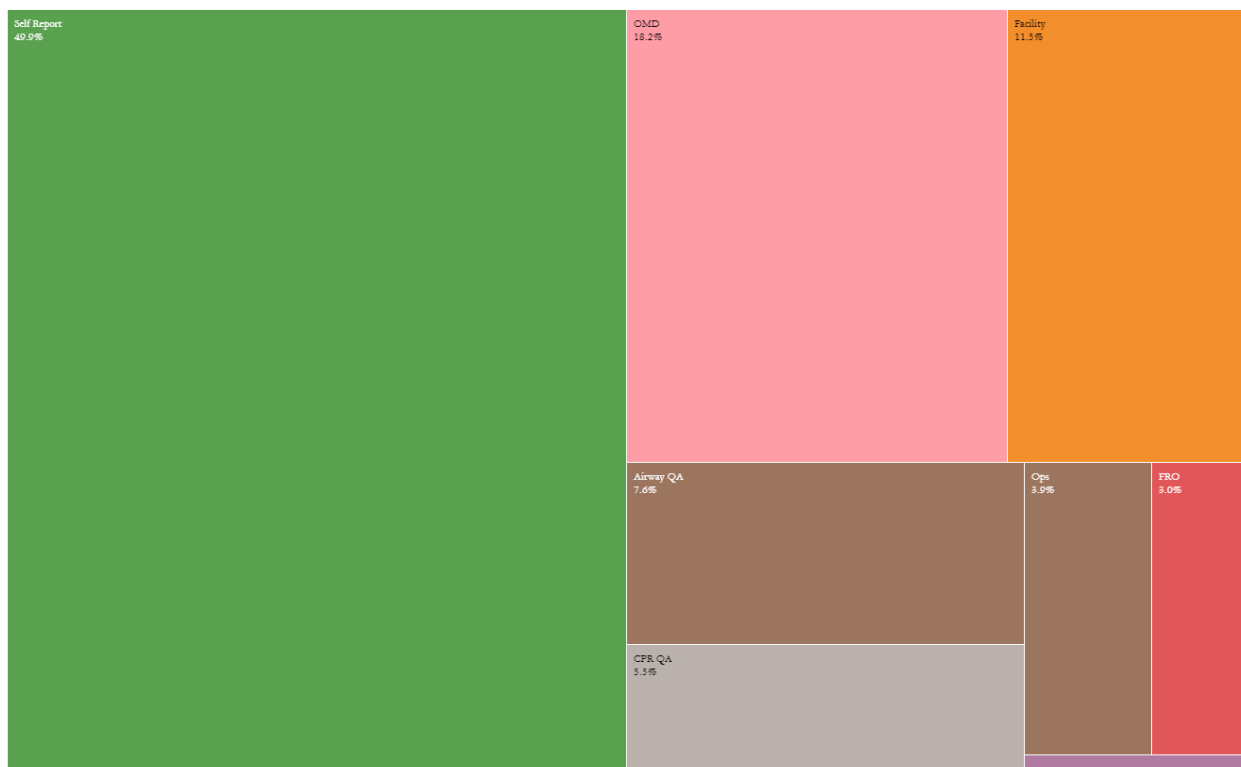


Quality Assurance

Case Acuity		
	January 2022	February 2022
High	9 (12.7%)	2 (2.8%)
Moderate	11 (15.5%)	18 (25.0%)
Low	47 (66.2%)	42 (58.3%)
Non QA/QI	4 (5.6%)	10 (13.9%)
Grand Total	71 (100.0%)	72 (100.0%)

Case Disposition		
	January 2022	February 2022
Clinically Appropriate		2 (2.8%)
Needs Improvement	52 (73.2%)	42 (58.3%)
Forwarded		1 (1.4%)
No Fault	17 (23.9%)	18 (25.0%)
Pending	2 (2.8%)	9 (12.5%)
Grand Total	71 (100.0%)	72 (100.0%)

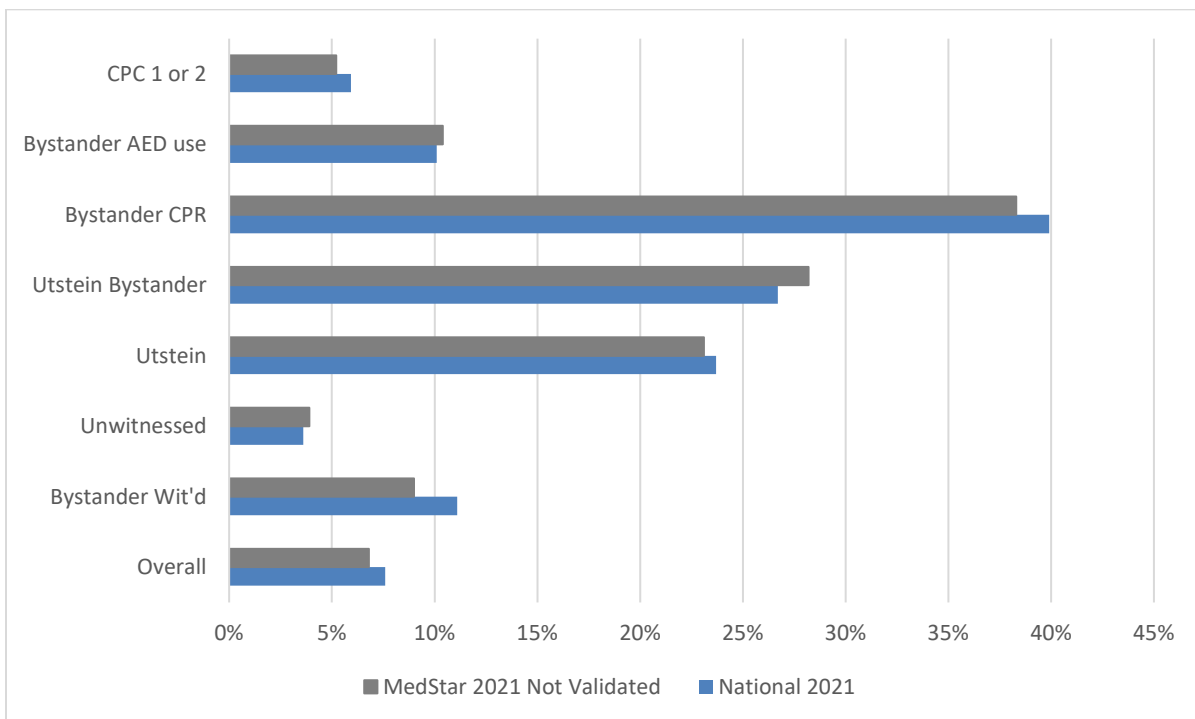
Cases by Origin



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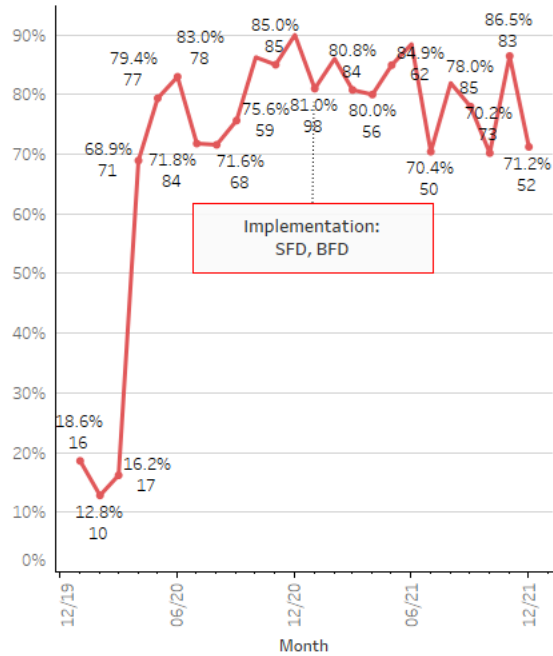
- CARES
 - 2021 validated report to be released by end of month.



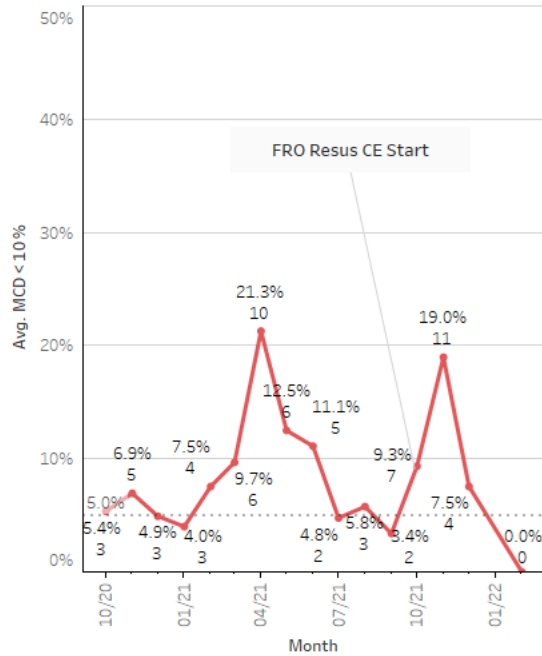
Survival Data	
MedStar 2022 Not Validated	
Overall	1.50%
Bystander Wit'd	2.50%
Unwitnessed	1.40%
Utstein	9.10%
Utstein Bystander	8.30%
Bystander CPR	38.90%
Bystander AED use	12.00%
CPC 1 or 2	1.54%
National 2022	
Overall	3.90%
Bystander Wit'd	5.70%
Unwitnessed	1.60%
Utstein	13.10%
Utstein Bystander	14.10%
Bystander CPR	38.60%
Bystander AED use	10.50%
CPC 1 or 2	3.08%

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

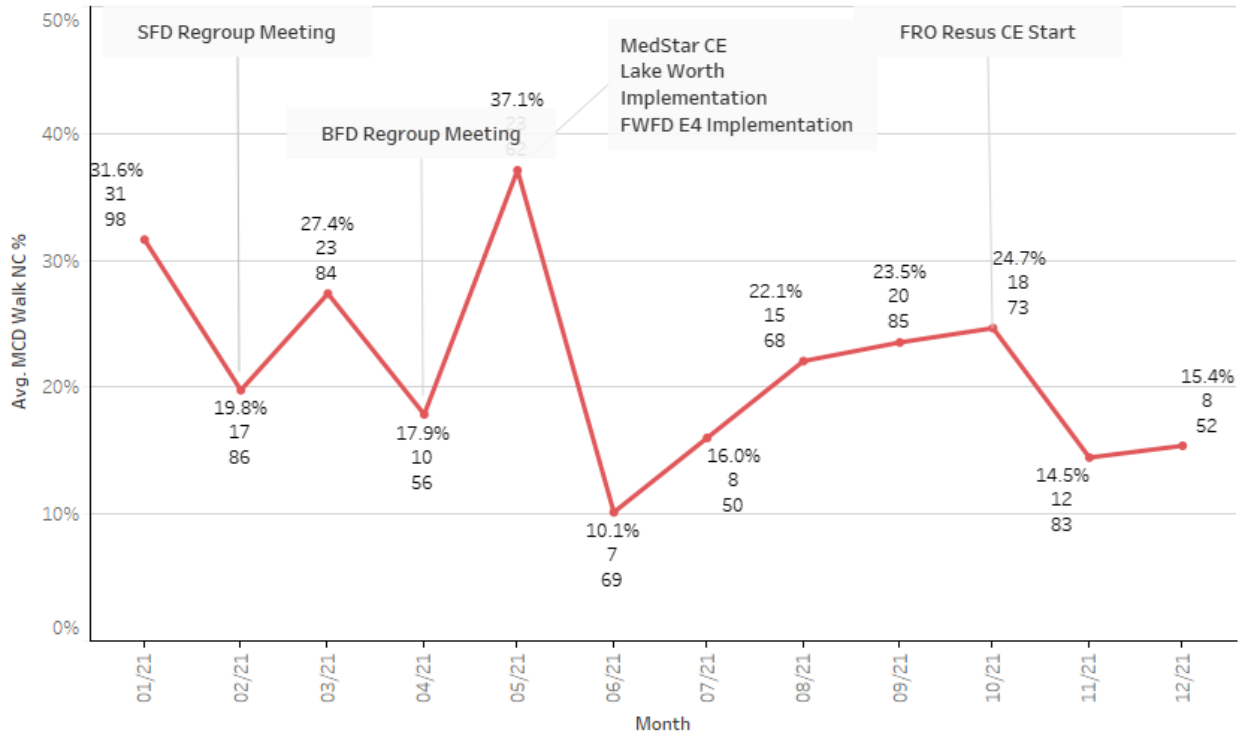
MCD Placement %



MCD Placement < 10 sec %



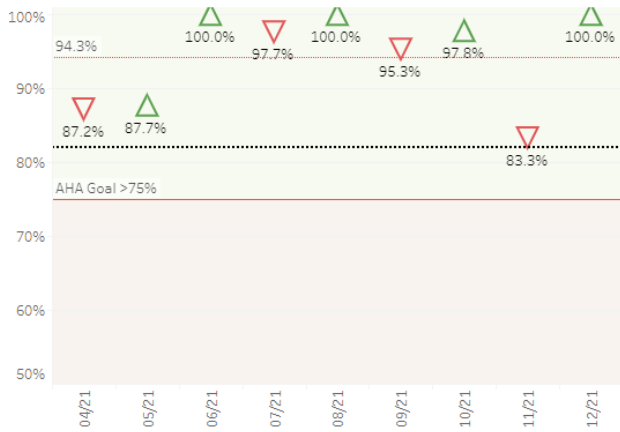
% of Uncorrected MCD Walk/Overall placement



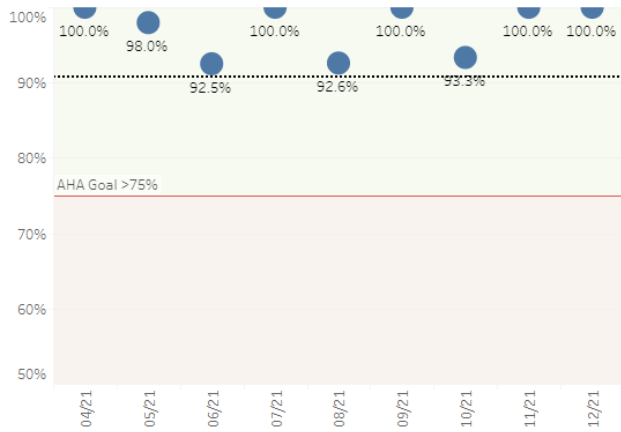
The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

- T-CPR

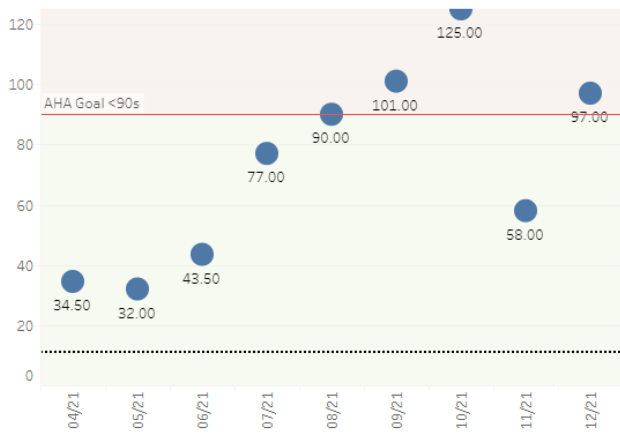
Percentage of OHCA Identified by PSAP



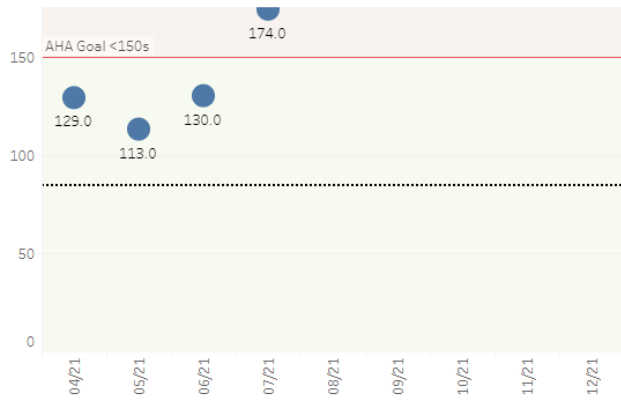
Percentage of Recognized OHCA Receiving T-CPR



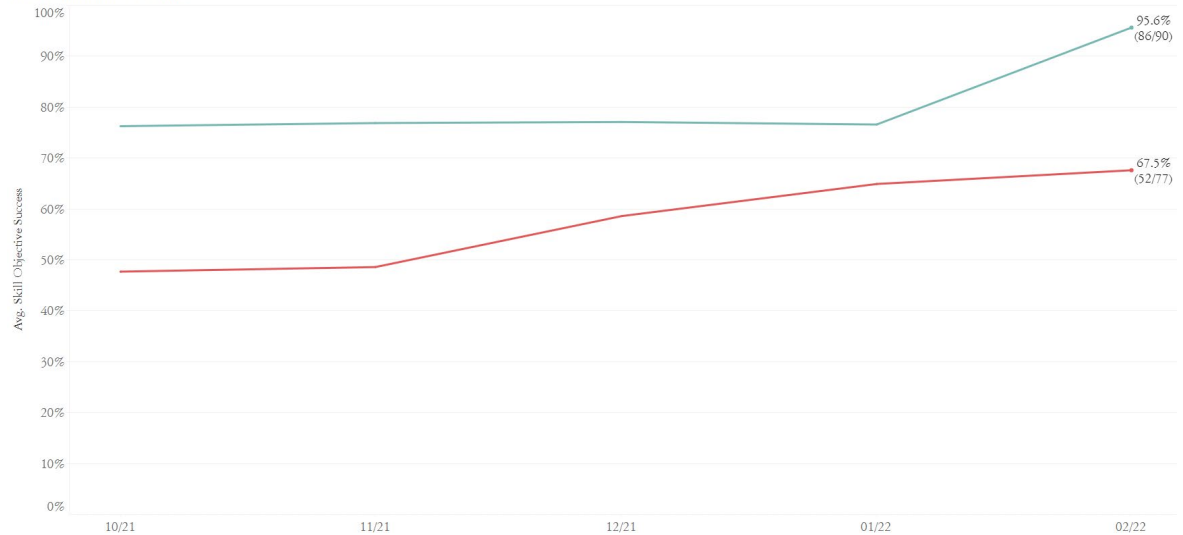
Median Time Between 9-1-1 Call and OHCA Recognition



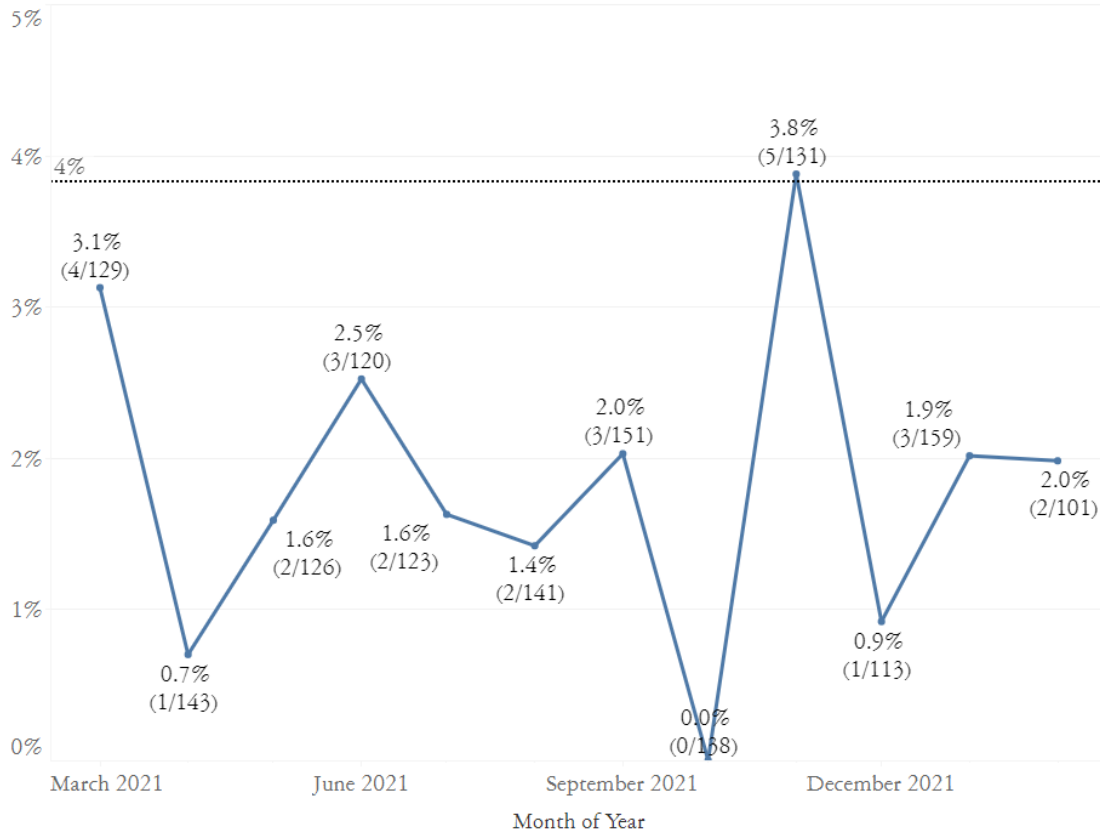
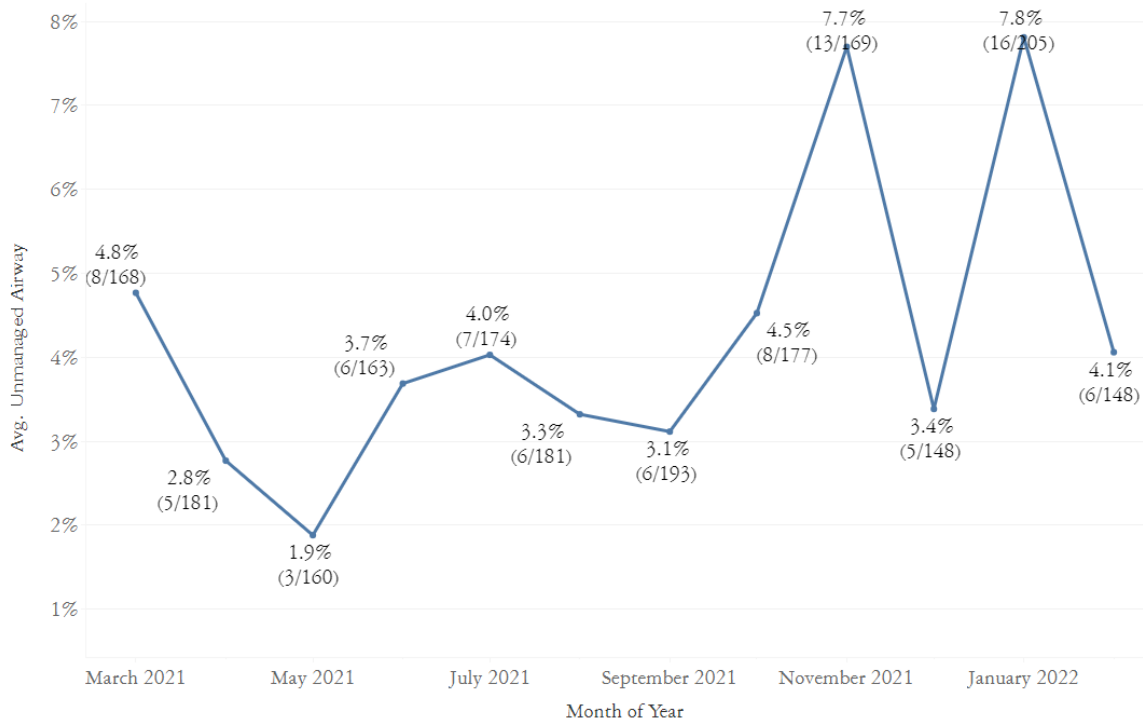
Median Time Between 9-1-1 Call and First T-CPR-Directed Compression



Airways Skill Success - ET & King



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System Diagnostics

Cardiac Arrest	Goal	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	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%	83.3%	100.0%		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	0:00:58	0:01:37		0.0%
% of recognized 2nd party OHCA cases that received tCPR	x	98.0%	92.5%	100.0%	89.3%	100.0%	93.6%	100.0%	100.0%		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%	83.0%	84.0%		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%	95.6%	100.0%		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%	53.3%	48.3%		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%	19.0%	8.0%		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%	10.3%	15.8%	14.4%	16.7%
% discharged alive	x	8.1%	5.5%	4.8%	7.9%	4.7%	3.8%	5.2%	2.1%	0.8%	7.1%
% neuro intact at discharge (Good or Moderate Cognition)	x	8.1%	2.8%	3.7%	6.6%	4.7%	3.8%	4.1%	2.1%	0.8%	5.3%
% of cases with bystander CPR		53.5%	58.3%	39.5%	44.0%	41.0%	43.6%	40.2%	38.9%	35.2%	48.7%
% of cases with bystander AED use		20.9%	29.2%	27.2%	26.7%	24.1%	11.5%	24.7%	29.5%	24.8%	19.8%

STEMI	Goal	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Goal
% of suspected STEMI patients correctly identified by EMS		52.2%	52.0%	57.1%	66.7%	44.1%	63.4%	33.3%	52.4%	40.7%	62.0%
% 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%	96.4%	86.7%	94.5%
% of suspected STEMI patients w/MTG admin (in the absence of contraindications)		84.4%	87.5%	87.5%	85.7%	81.3%	81.3%	80.0%	89.3%	86.7%	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%	60.7%	66.7%	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%	57.1%	66.7%	90.0%
% of suspected STEMI patients with PCI facility notified of suspected STEMI within 10 minutes of EMS patient contact		18.8%	21.9%	11.5%	25.0%	23.3%	10.4%	30.0%	10.7%	3.3%	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%	100.0%	99.6%
% of suspected STEMI patients with EMS activation to Cath Lab intervention time < 90 minutes		18.2%	54.6%	8.3%	50.0%	28.6%	33.3%	0.0%	30.0%	0.0%	32.7%

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

www.fwomd.org

Tab C – Chief Transformation Officer

Transformation Report

March 2022

Alternate Payment Models & Expanded Services

- **ET3 Model**
 - Updated outcomes attached.
- Molina Healthcare agreement signed for FFS model for MIH visits of high-risk patients MIH services.
 - Operationalizing likely in late early April
 - Considering ET3 payment model
- Cigna agreement executed for ET3 payment model for their *commercial* population
 - Operationalized March 1, 2022
- Landmark Health agreement launched January 1st.
 - 88 EMS activations, 54 (61.4%) with MHP on-scene.
 - 17 MIH episodic requests
- Working with **Medically Home** and **THR** on a project to provide services to patients admitted to Hospital in the Home patients.
 - Potential operationalization July 1st.
- Met with BC/BS on potential payment non-transport payment model
 - They are interested, and running up the chain
- Working with UNTHSC on potential expansion of current HRSA funded fall risk assessment program
 - Use MedStar EMS crew fall risk assessment data for referrals to other agencies to reduce potential falls

Ambulance Balanced Billing

- MedStar representative nominated to Congressional Ground Ambulance Balance Billing Committee
 - Awaiting news from CMS/HHS on appointees

Member City Updates:

- Setting up City Council MedStar updates for all member cities in April and May
- Coincide with EMS Week Proclamations

Medicaid Payment for Treatment in Place

- Working with HHSC on rules
 - They have committed to a 9/1/22 legislatively mandated implementation date

Ambulance Supplemental Payment Program (ASPP)

- Still awaiting response from CMS

Reducing HOT Vehicle Operations Project

- MedStar one of 50 agencies selected to participate in National EMS Quality Alliance (NEMSQA) project to reduce HOT vehicle operations
 - Goal = Responses ~30% HOT, transports <5% HOT by 12/22
 - Workgroup field, comms, leadership seeded

Re-Prioritization Project – EMS System performance Committee Initiative

- Aligned with Reducing HOT vehicle Operations Project
- Use clinical presentation data, with Emergency Medical Dispatch determinates to re-prioritize response plans (HOT/COLD; ALS/BLS; first responder response recommendations)

Upcoming Presentations:

Event (location)	Date	Attendees
AAMS Leadership Institute (Wheeling, WV)	April 2022	~150
North Carolina EMS Expo (Charlotte)	May 2022	~750
Michigan EMS Expo (Frankenmuth)	May 2022	~350
Pinnacle EMS (Marco Island, FL)	July 2022	~750
EMS Expo (Orlando, FL)	Oct 2022	~3,000

Media Summary


Local –

- Winter Weather Safety and Response Volume
 - NBC 5, CBS 11, KRLD, WBAP, Star-Telegram

- 911 Outage
 - CBS 11, FOX 4, Star-Telegram

- New AMBUS
 - CBS 11, NBC 5

ET3 Model Outcome Summary:

ET3 Program Summary		
April 5, 2021 through:		3/10/2022
		
Overall Emergency Response Volume (No Card 33 or 37)		
Documented Medicare Patient Contacts	27,485	
≥ 65	20,040	72.9%
< 65	7,445	27.1%
Transported	23,458	85.3%
AMA (incl. Refused All Care & Refusal w/o Capacity)	2,619	9.5%
ET3 Telehealth Intervention	498	1.8%
IES	494	
MHMR	4	
Outcomes		
Transported	62	12.6%
Hospital ED	59	
Other	3	
TIP	380	76.9%
Dispatch Health Referral	157	
MCOT Referral	3	

ET3 Use Post-CE Analysis			
As of 3/10/2022			
	Pre-October 15, 2021	Since October 15, 2021	% Change
Days	191	153	
ET3 Telehealth Offers	2,699	1,533	
Number per day	14.1	10.0	-29.1%
ET3 Telehealth Offers Accepted	247	251	
% Accepted	9.2%	16.4%	78.9%
Patient Declined Telehealth	2,452	1,282	
Number per day	12.8	8.4	-34.7%
% Declined	90.8%	83.6%	-7.9%

Times on Task Analysis		Through: 3/10/2022	
<i>Medicare Patients</i>			
Scene Time AMA w/Telehealth Completed	1:01:12	N = 529	
Scene Time AMA w/o Telehealth Attempted	0:36:57	N = 2,589	
AMA Scene Time Difference with and w/o Telehealth	0:24:15		
AMA w/Telehealth Completed	1:01:12	N = 529	
AMA w/Telehealth Started, but Not Completed	0:51:22	N = 62	
Difference	0:09:50		
Total Task Times			
Average Task Time - All Calls	1:01:22		
Average Task Times - Transport	1:15:33		
<i>Pulse Report April 5 - March 9, 2022</i>			
Summary			
Task Time Difference Telehealth Completed vs. Transport	0:14:21	Less Time	

ET3 Leader Board

Enrollments by Team Member		Through: 3/10/2022	
Crew Member	Records that qualify for ET3 and offered & Accepted by Patient	Records that qualify for ET3 and offered	Patient Consent %
Zane Felkins	37	37	100%
Thomas Dorosky	28	31	90%
Matthew Hansen	27	27	100%
Shawn Nicholson	25	25	100%
Mary Haight	18	18	100%
Elena Dikovitskaya	17	17	100%
Sadie Gamez	13	13	100%
Daniel Richmond	12	12	100%
Desiree King	11	11	100%
Philip Akin	11	12	92%
John Laroussi	10	10	100%
John Massey	10	16	63%

Here are some great examples of ET3 at work from these MedStars:

Luke Dickens, Elizabeth Goodall, Mason Slaughter

MXM dispatched p2 breathing problem. AOSTFA M sitting on the floor in his room, he appears awake and alert. Pt is a XX y/o M complaining of left shoulder pain. Primary assessment reveals a patent airway, adequate respirations and intact pulses. Pt related he was walking to the bathroom when he lost his balance and fell to his left side. Pt denies LOC, or any injury to the head, he denies CP or SOB. Vitals are obtained and recorded WNL. Pt is helped up to his walker and sat on the stretcher for further evaluation. A secondary assessment reveals pain to the left shoulder upon range of motion. GCS is 15, there are no obvious signs of deformities. An EKG is obtained and interpreted as sinus rhythm by Paramedic Slaughter. Secondary vitals remain WNL. At this time pt is offered a telehealth visit and he accepts. Dr. Abidi consulted with the pt and confirmed he was a candidate for dispatch health for an x-ray and further evaluation. Dispatch health was contacted and pt was set up for a visit today. PT was then helped back to his bed and advised if his sx worsened he may call EMS back for transport. PT understood and signed all consent forms. EMS cleared without incident.

Mary Haight, Taylor Cuthbertson

MXM aost dispatched address to find an XX yo M sitting in his living room. The patient related that he has felt fatigued and lethargic over the past 2 days. The patient then also related that just prior to calling EMS his oxygen levels dropped to 88% on his home pulse oximeter. The patient also took a home COVID test that was negative. The patient was then examined and was found to have clear lung sounds in all fields but was noted to have wheezing when he coughed. The patient also related that he has chills and a headache. The patient's vitals were then assessed and the patient was found to be 94% on room air. The patient's temperature was also assessed and the patient was noted to be febrile. The patient was then examined further and no obvious abnormalities were noted. Due to the patient not currently having SOB the patient was asked to ambulate around his home to see if his SpO2 dropped before offering ET3. The patient then ambulated around his home for 3-4 minutes and no changes were found to his vital signs. The patient then agreed to ET3 and telehealth was contacted. EMS then spoke with Dr. Young and the information was provided to the doctor. After speaking with the patient the doctor agreed that the patient could stay at home, receive 2 DuoNeb treatments for his wheezing, and 1 G of Tylenol for his fever. It was also agreed that a Dispatch Health appointment should be arranged. The patient was then administered the Tylenol and was placed on the DuoNeb. During this time Dispatch Health was contacted and an appointment was arranged for the evening of 12/20 from 2000-2200. The patient was then informed that should anything change to recontact EMS or his PCP. The patient was then left on scene and MXM cleared without incident.

Matthew Silcox, Ashley Swiney

AOSTF XXyo female reported to be experiencing AMS and is suspected by family of having low blood sugar. Pt initially encountered seated on living room sofa. Pt observed to be conscious, disoriented, A&Ox1, GCS 14, ABC intact. Family advised that the pt was behaving similarly about 2 weeks ago and it was discovered that her BGL was 59, but was treated with food and oral glucose. Pt's BGL was discovered to be 53. Pt was given oral glucose and family was instructed to prepare the pt food that contained sugar and starches. Pt consumed all food that was given to her and her BGL improved to 83. Pt's other vital signs were found stable and WINL. Pt continued to eat foods that family provided and drank orange juice. Pt was now A&Ox4, GCS 15, ABC intact. Pt was consulted on, and offered ET3 services which she accepted. MXM and pt were connected with Dr. Fagan, who took report from MXM crew, and completed her own interview with the pt. Dr. Fagan recommended that the pt skip any remaining doses of insulin that the pt would normally take this evening, and continue to eat and trend her BGL on her glucometer until it is consistently WINL over 100 at a minimum. Dr. Fagan also advised the pt to call her PCP first thing on Monday morning, and advise them on everything that happened today including the incident that occurred 2 weeks ago. Lastly Dr. Fagan requested a final BGL check which was found to be 174. Pt advised that she would follow Dr. Fagan's instructions instead of being transported to a hospital. Pt was consulted on risks of declining txp, and care was taken to ensure that the pt understood Dr. Fagan's instructions. Pt communicated her understanding as documented. Pt signed AMA and MXM cleared available.

Mobile Integrated Healthcare Referrals – February 2022



Mobile Integrated Healthcare Enrollments – February 2022



Mobile Integrated Healthcare Clients – Enrolled Clients



Mobile Integrated Healthcare – Readmission Avoidance Outcomes

Hospital Utilization	THR Fort Worth & THR Alliance	All Programs		
	As of: 12/31/2021			
	Sample Size	Before Enrollment (1)	After Graduation (2)	Change
ED Utilization	137	141	83	-41.13%
Unplanned Admission	329	329	140	-57.45%
				426
				16.20%

Notes:

1. Count of ED admissions/IP admissions during the 12 months prior to enrollment
2. Count of ED admissions/IP admissions during the 12 months after graduation
3. Percent of 'Closed/Graduated' clients that experienced a 30-day readmission; anticipated readmission rate of 100%
4. Patient enrollment criteria requires a prior 30-day readmission and/or the referral source expects the patient to have a 30-day readmission

Tab D – Chief Financial Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Finance Report – February 28, 2022

The following summarizes significant items in the February 28, 2022 Financial Reports:

Statement of Revenues and Expenses:

Month to Date: Net Income for the month of February 2022 is a loss of (\$427,274) as compared to a budgeted loss of (\$60,436) for a negative variance of (\$366,838). EBITDA for the month of February 2022 is a loss of (\$88,504) compared to a budgeted gain of \$273,093 for a negative variance of (\$361,596).

- Transport volume in February ended the month 96% to budget.
- Net Revenue in February is 96.6% to budget or (\$187,285) below budget.
- Total Expenses ended the month 105% to budget or \$228,105 over budget. In February, MedStar incurred additional expenses in Salaries and Overtime of \$191K, Fuel of \$44K, Medical Supp/Oxygen \$69K, Facilities and Equip Maintenance of \$23K and Professional Fees of \$127K. This expense overage was offset by lower than expected expenses in Benefits and Taxes of (\$186K) and all other expense lines by a total of (20K).

Year to Date: EBITDA is \$982,383 as compared to a budget of \$1,783,869 for a negative variance of (\$801,486)

- The main drivers for this variance are YTD patient encounters are 101% to budget and YTD net revenue is 1.01% to budget. Year to date expenses are 1.05% to budget. The main driver for this overage is salaries, overtime and shift incentives. The total of all non-Salary and Benefits/Taxes expenses are at budget for the year.

Key Financial Indicators:

- Current Ratio – MedStar has \$7.58 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 February 28, 2022, there is 4.4 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 5.40 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 February, the return is -1.48%.

MAEMSA/EPAB cash reserve balance as of February 28, 2022 is \$475,470.69.

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Balance Sheet By Character Code

For the Period Ending February 28, 2022

Assets	Current Year	Last Year
Cash	\$20,483,918.35	\$22,723,929.65
Accounts Receivable	\$9,412,861.56	\$9,445,589.68
Inventory	\$383,481.43	\$358,989.75
Prepaid Expenses	\$1,000,306.42	\$1,088,204.93
Property Plant & Equ	\$63,374,619.00	\$59,436,958.39
Accumulated Deprecia	(\$26,821,479.18)	(\$23,482,413.49)
Total Assets	\$67,833,707.58	\$69,571,258.91
Liabilities		
Accounts Payable	(\$453,509.46)	(\$884,676.52)
Other Current Liabil	(\$2,546,795.32)	(\$2,489,361.25)
Accrued Interest	(\$7,781.31)	(\$7,781.31)
Payroll Withholding	(\$4,754.29)	(\$8,624.62)
Long Term Debt	(\$3,540,361.24)	(\$3,891,157.76)
Other Long Term Liab	(\$9,919,744.56)	(\$8,196,066.97)
Total Liabilities	(\$16,472,946.18)	(\$15,477,668.43)
Equities		
Equity	(\$52,884,378.49)	(\$55,208,105.09)
Control	\$1,523,617.09	\$1,114,514.61
Total Equities	(\$51,360,761.40)	(\$54,093,590.48)
Total Liabilities and Equities	(\$67,833,707.58)	(\$69,571,258.91)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures
February 28, 2022

Revenue	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
Transport Fees	\$16,357,821.34	\$16,790,981.91	(\$433,160.57)	\$89,618,799.19	\$86,346,494.56	\$3,272,304.63
Contractual Allow	(\$7,633,260.51)	(\$7,315,485.01)	(\$317,775.50)	(\$21,028,518.20)	(\$37,635,129.95)	\$16,606,611.75
Provision for Uncoll	(\$4,912,644.31)	(\$5,457,081.22)	\$544,436.91	(\$48,149,903.16)	(\$28,074,414.84)	(\$20,075,488.32)
Education Income	\$7,831.70	\$1,690.00	\$6,141.70	\$73,395.30	\$49,170.00	\$24,225.30
Other Income	\$57,477.31	\$43,760.75	\$13,716.56	\$594,411.70	\$361,403.75	\$233,007.95
Standby/Subsctiption	\$73,980.59	\$55,565.87	\$18,414.72	\$429,007.30	\$332,637.27	\$96,370.03
Pop Health PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
interest on Investme	\$497.52	\$500.00	(\$2.48)	\$3,259.26	\$2,500.00	\$759.26
Gain(Loss) on Dispos	\$29,495.27	\$0.00	\$29,495.27	\$29,495.27	\$0.00	\$29,495.27
Total Revenue	\$3,981,198.91	\$4,119,932.30	(\$138,733.39)	\$21,569,946.66	\$21,382,660.79	\$187,285.87
Expenditures						
Salaries	\$2,548,912.72	\$2,379,044.66	\$169,868.06	\$13,846,821.77	\$12,846,759.30	\$1,000,062.47
Benefits and Taxes	\$373,217.27	\$559,472.00	(\$186,254.73)	\$1,920,477.74	\$2,048,664.00	(\$128,186.26)
Interest	\$35,079.95	\$33,500.00	\$1,579.95	\$177,608.34	\$167,500.00	\$10,108.34
Fuel	\$130,642.16	\$86,315.92	\$44,326.24	\$611,641.54	\$492,217.60	\$119,423.94
Medical Supp/Oxygen	\$252,300.82	\$182,419.25	\$69,881.57	\$1,049,932.34	\$937,137.00	\$112,795.34
Other Veh & Eq	\$37,947.56	\$35,033.00	\$2,914.56	\$218,736.17	\$198,410.00	\$20,326.17
Rent and Utilities	\$59,071.57	\$66,144.52	(\$7,072.95)	\$313,948.74	\$330,972.60	(\$17,023.86)
Facility & Eq Mtc	\$96,949.40	\$73,801.26	\$23,148.14	\$396,397.09	\$375,686.30	\$20,710.79
Postage & Shipping	\$622.65	\$3,521.55	(\$2,898.90)	\$13,031.06	\$17,607.75	(\$4,576.69)
Station	\$30,653.39	\$43,899.01	(\$13,245.62)	\$197,636.66	\$237,797.05	(\$40,160.39)
Comp Maintenance	\$81,306.86	\$62,274.99	\$19,031.87	\$274,551.59	\$311,374.95	(\$36,823.36)
Insurance	\$44,670.39	\$44,026.52	\$643.87	\$250,329.75	\$220,132.60	\$30,197.15
Advertising & PR	\$1,576.00	\$10,292.00	(\$8,716.00)	\$1,878.67	\$22,060.00	(\$20,181.33)
Printing	\$1,965.70	\$3,615.41	(\$1,649.71)	\$15,671.56	\$18,077.05	(\$2,405.49)
Travel & Entertain	\$8,363.68	\$10,748.00	(\$2,384.32)	\$17,203.05	\$50,075.00	(\$32,871.95)
Dues & Subs	\$95,756.43	\$129,212.00	(\$33,455.57)	\$548,742.37	\$667,151.00	(\$118,408.63)
Continuing Educ Ex	\$43,679.25	\$31,710.00	\$11,969.25	\$80,037.68	\$115,616.00	(\$35,578.32)
Professional Fees	\$250,421.10	\$123,365.71	\$127,055.39	\$772,853.58	\$699,133.55	\$73,720.03

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures
February 28, 2022

Revenue	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
Education Expenses	\$259.40	\$0.00	\$259.40	\$14,291.41	\$0.00	\$14,291.41
Miscellaneous	\$11,386.17	\$1,944.00	\$9,442.17	\$43,380.45	\$9,920.00	\$33,460.45
Depreciation	\$303,690.40	\$300,028.00	\$3,662.40	\$1,590,011.91	\$1,500,140.00	\$89,871.91
Total Expenditures	\$4,408,472.87	\$4,180,367.80	\$228,105.07	\$22,355,183.47	\$21,266,431.75	\$1,088,751.72
Net Rev in Excess of Expend	(\$427,273.96)	(\$60,435.50)	(\$366,838.46)	(\$785,236.81)	\$116,229.04	(\$901,465.85)
EBITDA	(\$88,503.61)	\$273,092.50	(\$361,596.11)	\$982,383.44	\$1,783,869.04	(\$801,485.60)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Key Financial Indicators
February 28, 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	7.58

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%	37.28%
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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	5.40
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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%	-1.48%
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Reveals management's effectiveness in generating profits from the assets available.

Emergency Physicians Advisory Board
Cash expenditures Detail

	<u>Date</u>	<u>Amount</u>	<u>Balance</u>
Balance 1/1/17			\$ 609,665.59
J29 Associates, LLC	2/27/2017	\$ 1,045.90	\$ 608,619.69
Bracket & Ellis	10/30/2017	\$ 12,118.00	\$ 596,501.69
Brackett & Ellis	11/19/2018	\$ 28,506.50	\$ 567,995.19
FWFD Grant	4/3/2019	\$ 56,810.00	\$ 511,185.19
Brackett & Ellis	4/3/2019	\$ 20,290.50	\$ 490,894.69
Brackett & Ellis	11/27/2019	\$ 9,420.00	\$ 481,474.69
Bracket & Ellis	2/6/2020	\$ 1,382.50	\$ 480,092.19
Bracket & Ellis	2/29/2020	\$ 4,621.50	\$ 475,470.69
Balance 02/28/2022			<u><u>\$ 475,470.69</u></u>

Tab E – Chief Human Resources Officer

Human Resources - February 2022

Turnover:

- February turnover –2.67%
 - FT – 2.70%
 - PT – 2.63%
- Year to date turnover –12.45%
 - FT –11.49%
 - PT – 23.68%

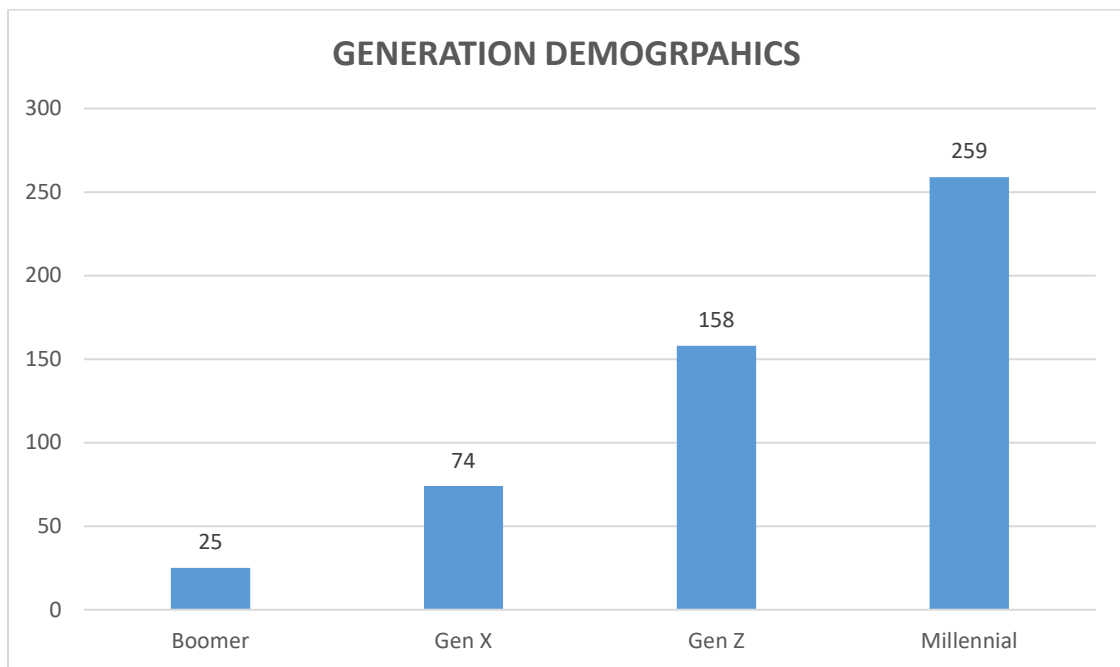
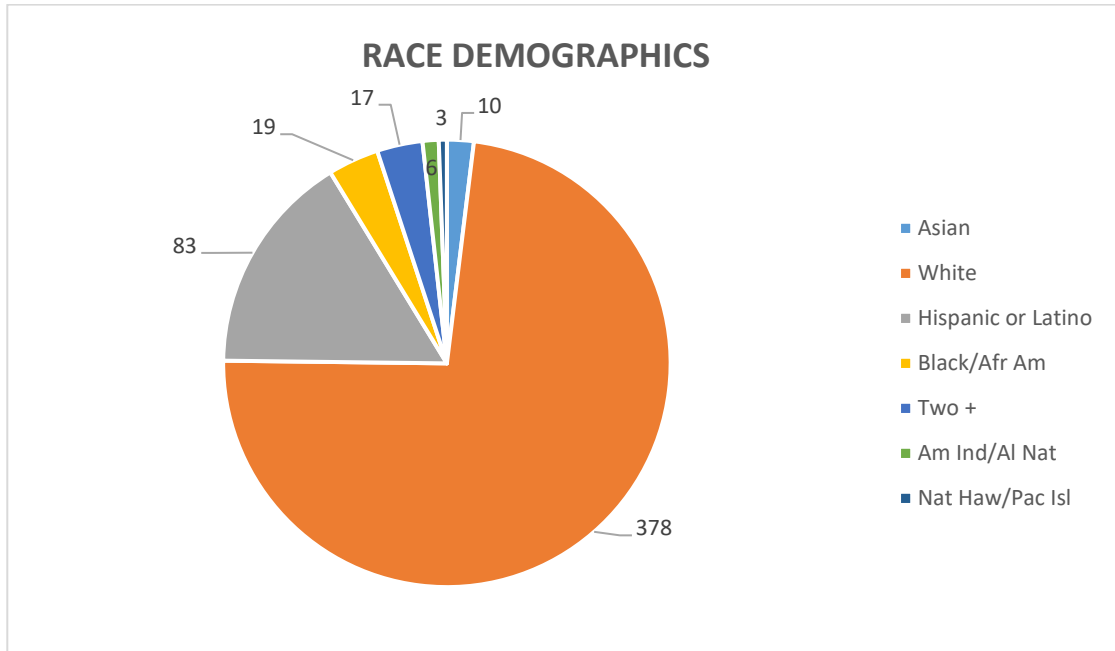
Leaves:

- 34 employees on FMLA / 6.75% of workforce
 - 28 cases on intermittent
 - 6 cases on a block
- Top FMLA request reasons/conditions
 - Neurological (8)
 - FMLA Child (6)
 - FMLA Parent (4)
 - Mental Health (4)
- COVID Administrative Leave
 - 60:00 hours in February
 - 26263:35 hours to date

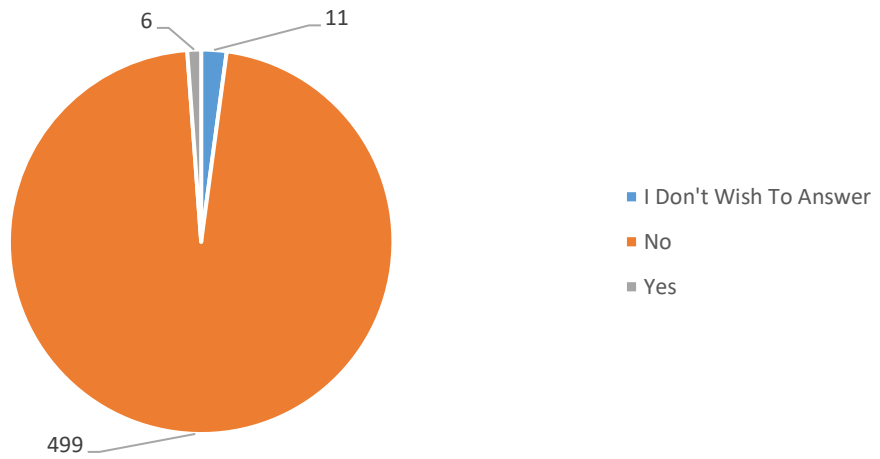
Staffing

- 26 hires in February
- 68 hires FYTD

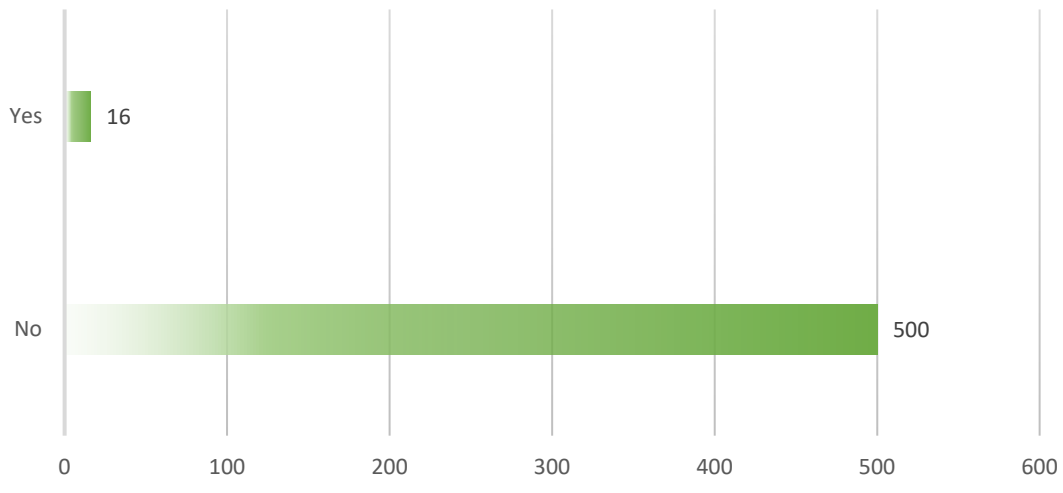
FEBRUARY 2022 DIVERSITY STATISTICS



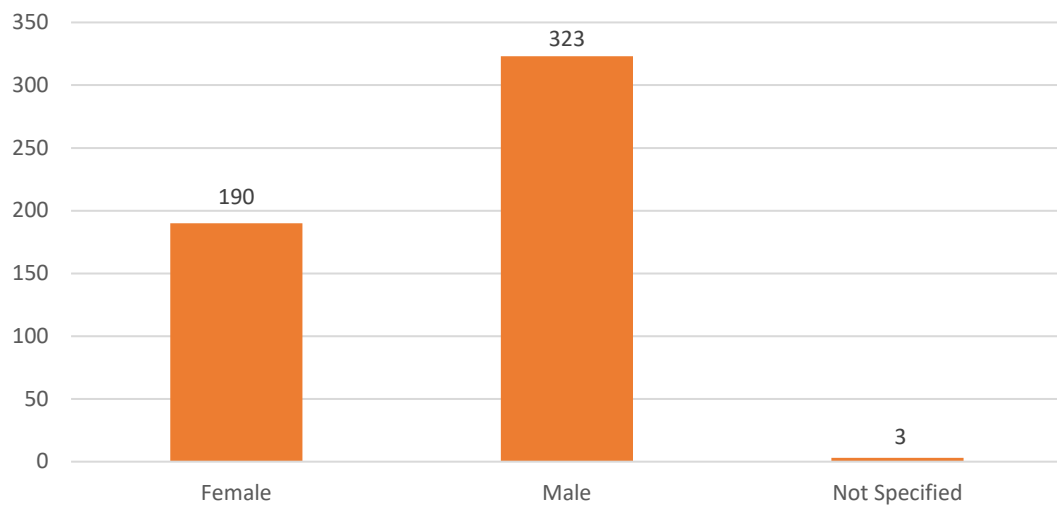
DISABILITY DEMOGRAPHICS



VETERAN DEMOGRAPHICS



GENDER DEMOGRAPHICS



FMLA Leave of Absence (FMLA Detailed Report)
Fiscal Year 2/1/2022 thru 2/28/2022
Percentages by Department/Conditions

Row Labels	Conditions	Count of Reason
Cardiology		2
FMLA - Child		6
FMLA - Parent		4
FMLA - Sibling (in loco parentis)		1
FMLA - Spouse		2
Internal Medicine		1
Mental Health		4
Neurological		8
Obstetrics		4
Orthopedic		1
Pulmonary		1
Grand Total		34

Department	Percentage by Department				
	# of Ees	# on FMLA	% by FTE	% by FMLA	% by Dept HC
Administration	6	1	0.21%	2.94%	16.67%
Advanced	145	10	2.13%	29.41%	6.90%
Basic	202	10	2.13%	29.41%	4.95%
Business Office	11	3	0.64%	8.82%	27.27%
Communications	43	3	0.64%	8.82%	6.98%
Executive	7	2	0.43%	5.88%	28.57%
Human Resources	5	1	0.21%	2.94%	20.00%
Support Services - Facilities, Fleet, S.E., Logistics	37	4	0.85%	11.76%	10.81%
Grand Total	456	34			
Total # of Full Time Employees - February 2022	470				
% of Workforce using FMLA	7.23%				
TYPE OF LEAVES UNDER FMLA	# of Ees	% on Leave			
Intermittent Leave	28	82.35%			
Block of Leave	6	17.65%			
Total	34	100.00%			

MedStar Mobile Healthcare
 Leave of Absence 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	431:23	371:22	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
FY 21-22	634:59	952:40	1536:17	1967:40	2339:02	2339:02	2339:02	2339:02	2339:02	2339:02	2339:02	2339:02	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	60:31	79:57	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	840:24	799:07	444:27	509:04	274:13	0:00	0:00	0:00	0:00	0:00	0:00	0:00	286:43
FY 21-22	840:24	1639:31	2083:58	2593:02	2867:15	2867:15	2867:15	2867:15	2867:15	2867:15	2867:15	2867:15	2867:15
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	7262:49	7460:58	9997:57	7439:21	6620:24	0:00	0:00	0:00	0:00	0:00	0:00	0:00	3878:08
FY 21-22	7262:49	14723:47	24721:44	32161:05	38781:29	38781:29	38781:29	38781:29	38781:29	38781:29	38781:29	38781:29	38781:29
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	12:00	189:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	61:54
FY 21-22	166:00	372:00	418:00	430:00	619:00	619:00	619:00	619:00	619:00	619:00	619:00	619:00	619:00
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	1641:23	1346:48	1074:04	952:27	834:35	0:00	0:00	0:00	0:00	0:00	0:00	0:00	584:55
FY 21-22	1641:23	2988:11	4062:15	5014:42	5849:17	5849:17	5849:17	5849:17	5849:17	5849:17	5849:17	5849:17	5849:17
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

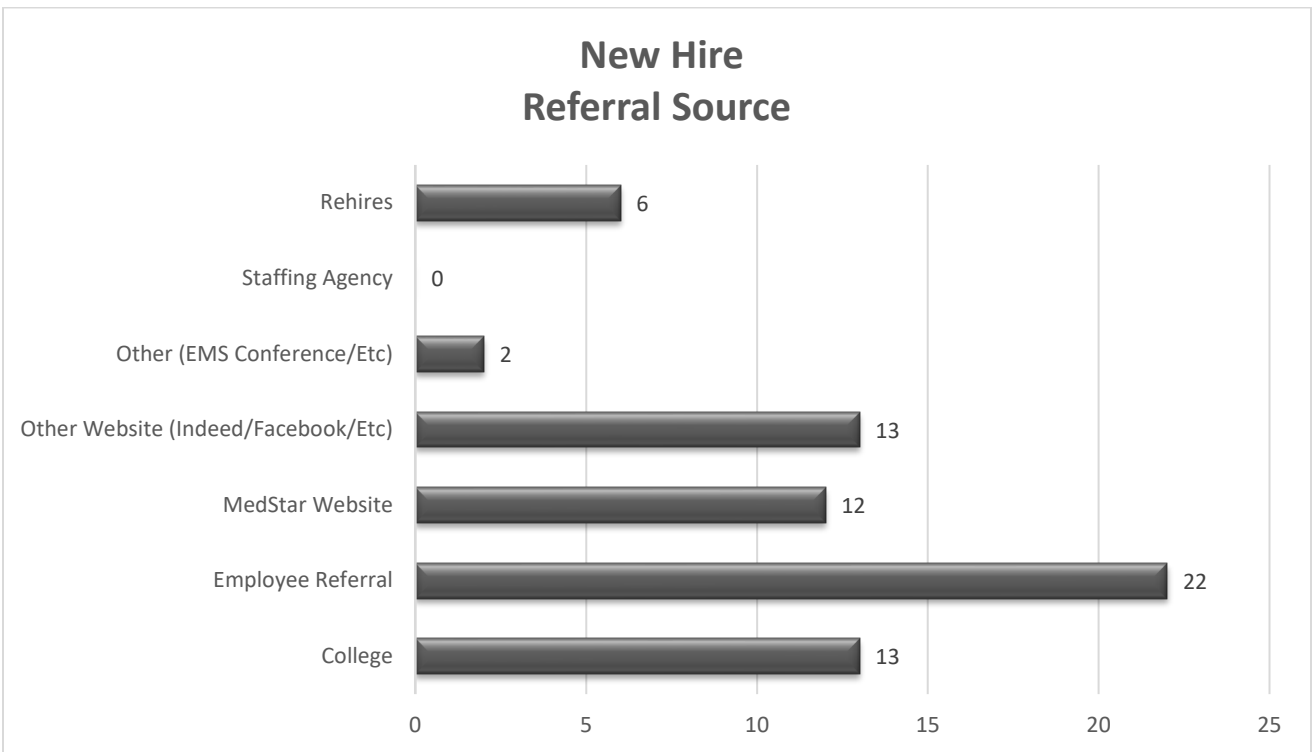
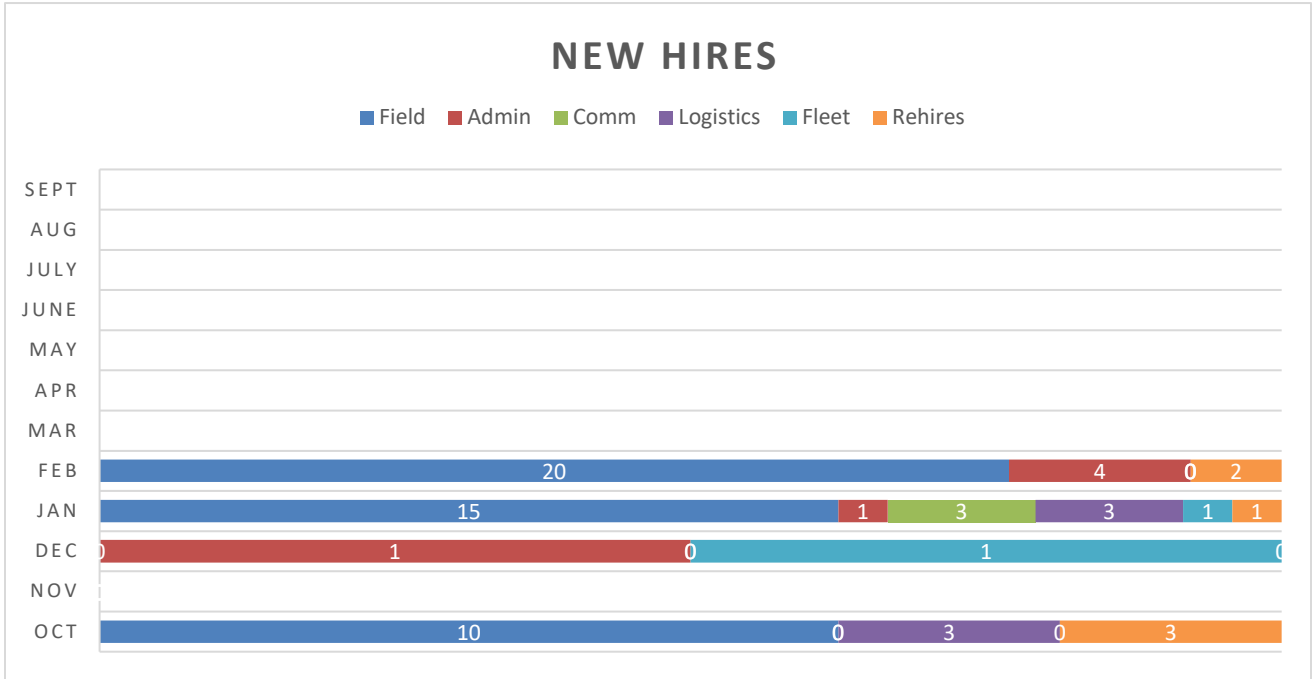
Summary of Fiscal Year 2020-2021

	WC Light Duty	HR Light Duty	Worker's Comp	FMLA	All Other Leave	Military	Total
YTD	2339:02	2272:36	24:00	2867:15	38781:29	619:00	5849:17
Goal-Compare	3254:00	2162:30	0:00	17497:06	69441:53	1096:00	93451:29

Revision # 9/24/2014

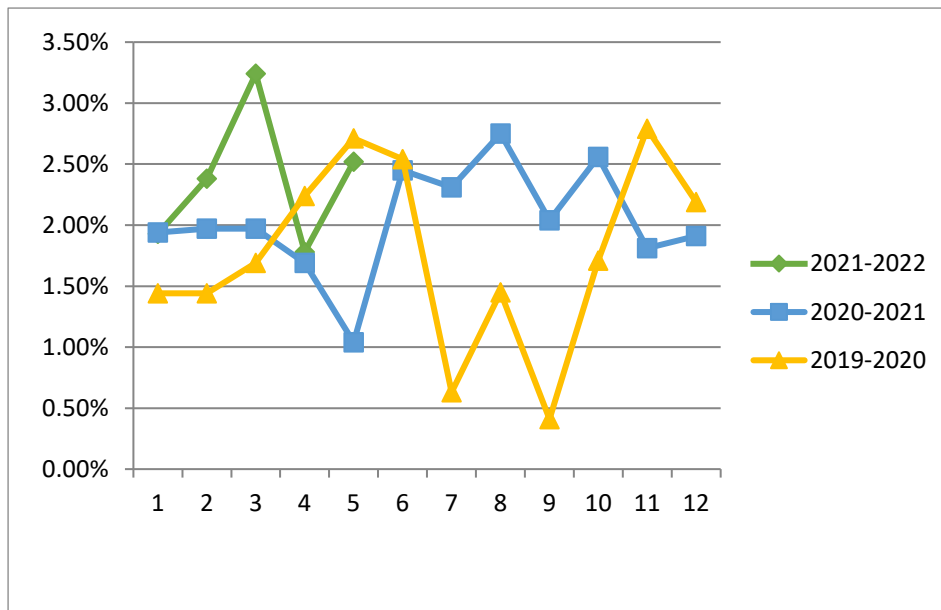
Recruiting & Staffing Report

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	1.93%	1.94%	1.44%	1.05%
November	2.38%	1.97%	1.44%	2.40%
December	3.24%	1.97%	1.69%	3.13%
January	1.78%	1.69%	2.24%	1.74%
February	2.52%	1.04%	2.71%	2.55%
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 F – Compliance and Legal



Compliance Officer's Report February 16, 2022- March 16, 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.
- Assisted Tarrant County Medical Examiner's office with multiple death investigations.
- Three Narcotic Anomalies occurred during this reporting period:
 - Paramedic inadvertently took their narcotic pouch home at the end of shift.
 - Paramedic inadvertently had a vial cap come off their vial of Versed while checking the vials at the end of their shift.
 - Paramedic inadvertently had a vial cap come off while checking the vials at the end of their shift.

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

- Crew member assault report for the last three years is attached for your review.

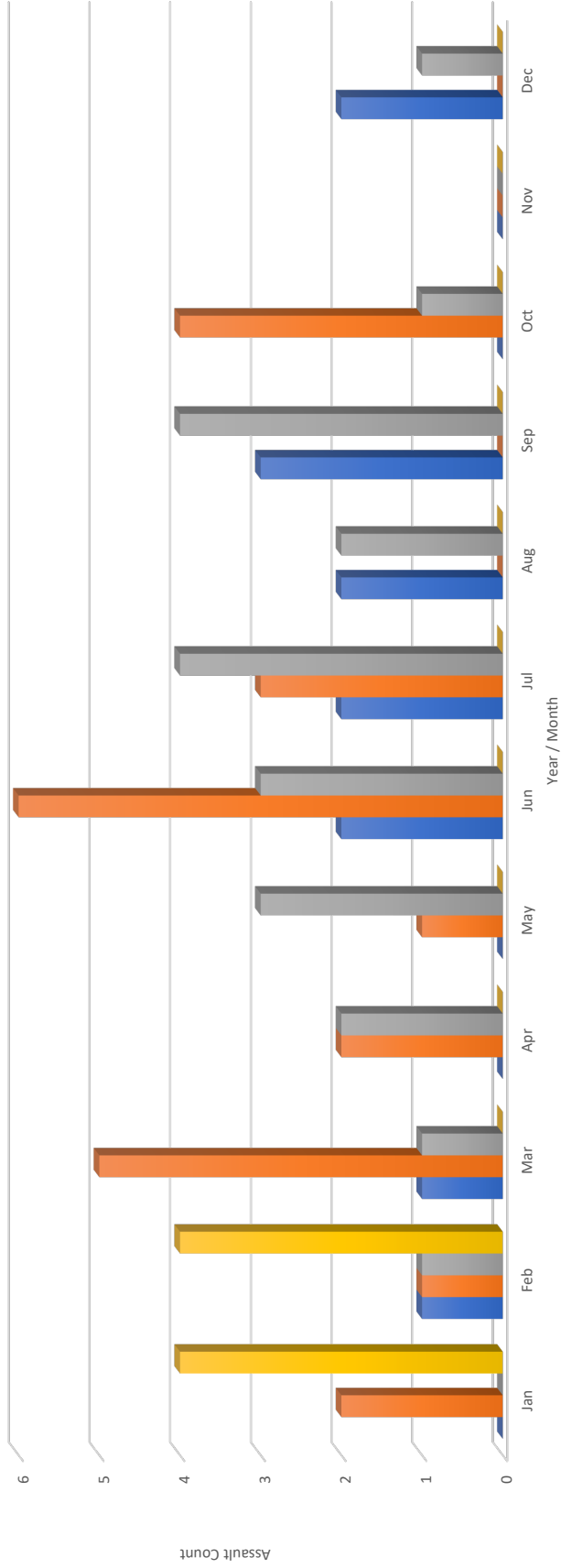
Paralegal Duties

- 20 DFPS reports were made for suspected abuse, neglect, or exploitation.
- 3 Pre-Trial meeting 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.
- 5 Subpoenas(s) for witness appearance processed and served.
- Drafted, reviewed, and executed agreements with outside parties as needed.

A handwritten signature in black ink, appearing to read "Chad Carr", is written over a light blue circular stamp.

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

Crew Member Assaults



■ 2019 ■ 2020 ■ 2021 ■ 2022

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	0	1	1	0	0	2	2	2	3	0	0	2
2020	2	1	5	2	1	6	3	0	0	4	0	0
2021	0	1	1	2	3	3	4	2	4	1	0	1
2022	4	4	0	0	0	0	0	0	0	0	0	0

Tab G – Operations

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

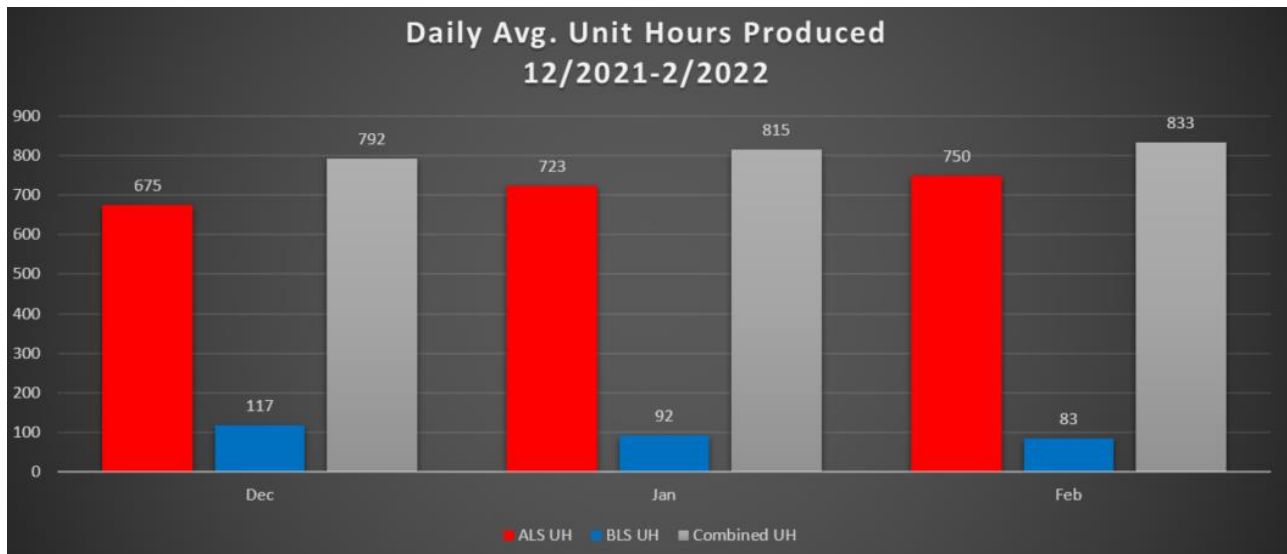
Operations Report- February 2022

The following summarizes significant operational items through February 28th, 2022:

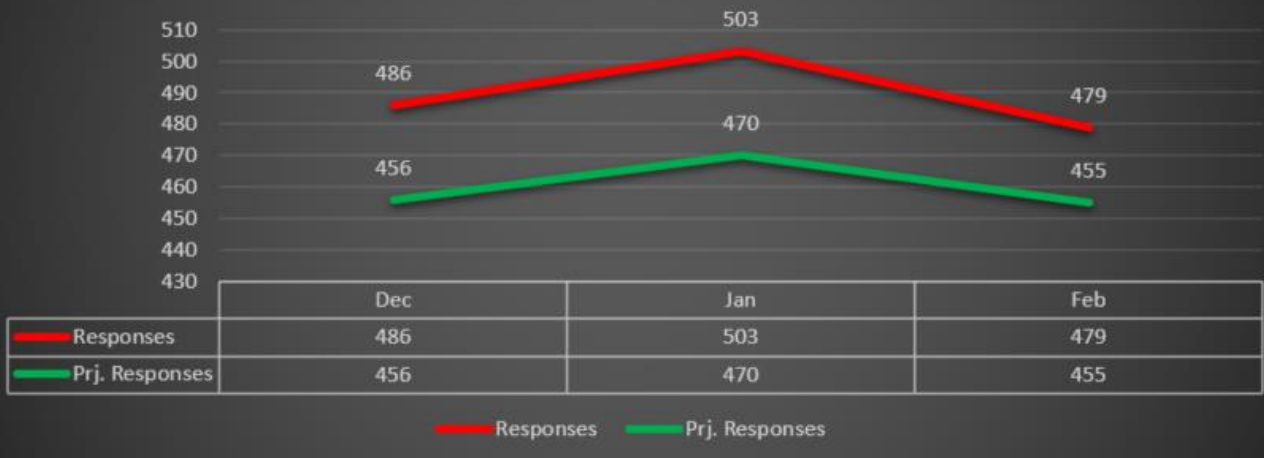
Field Operations:

- February's transport volume exceeded budget expectations by approximately 2%.
- Call volume (Responses) exceeded projections by approximately 5%. Although responses were above projections it does appear to be normalizing post COVID uptick from the last few months
- The team did an excellent job working through the challenges the winter weather events brought
- Slight uptick in task times, we believe this is primarily due to winter weather events
- February NEOP started and will be entering field training the week of 3/19/2022 (16 BASIC and 5 ADVANCED Candidates)

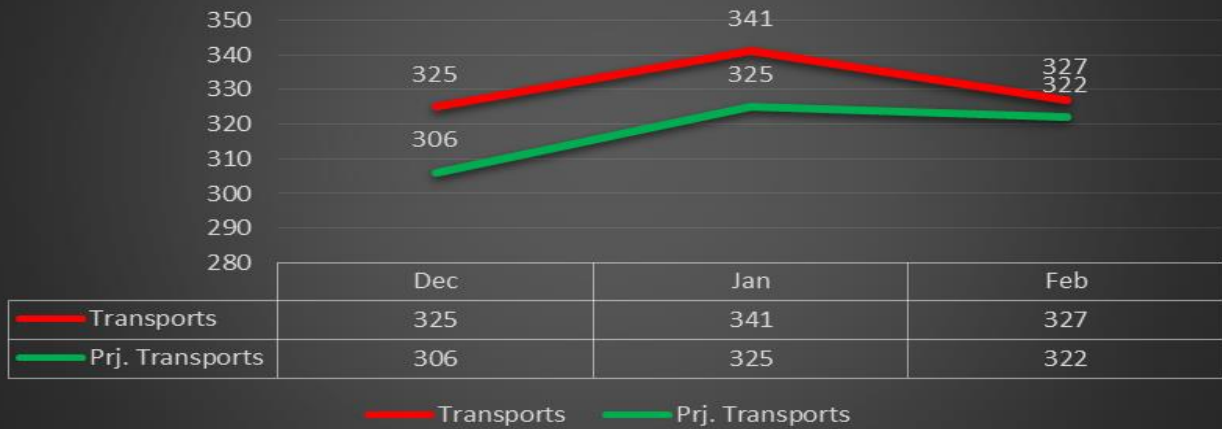
Field Ops Metrics



Avg. Daily Responses 12/2021-2/2022



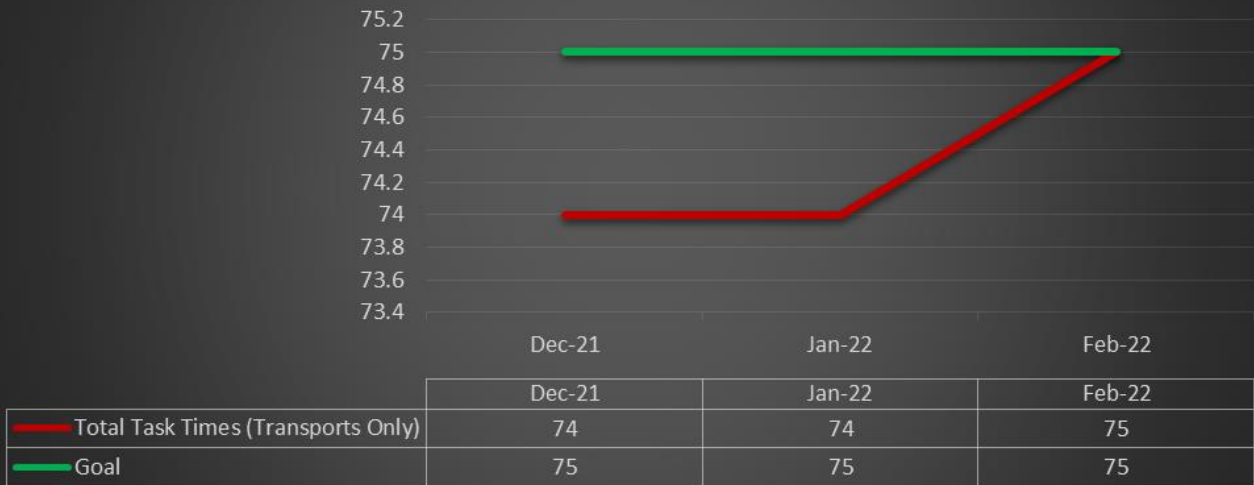
Avg. Daily Transports 12/2021-2/2022



Avg. Daily Task Time (in minutes) All Calls



Avg. Daily Task Time (in minutes) Transports Only



Fleet/Logistics:

- Working to stay ahead of supply chain challenges through active management
- Latest support vehicles were particularly useful in keeping units in service during recent snow/ice events
- Prepping latest support vehicles for service
- Actively searching for Ambulance Chassis
 - (3 Ambulance chassis have been sent to Demers for processing)
- Fleet team continues to keep units up and available for deployment

Emergency Management:

- Currently in the process of transitioning previous emergency management functions due to Mike Potts vacating the emergency management administrator position. Mr. Potts accept a position in San Antonio with Southwest Texas Regional advisory Council (STRAC).
 - Held 20-year celebration of service for Mr. Potts on 2/18/2022

Special Operations:

- Currently working through task list to get the AMBUS 2.0 in service and response ready
- Completed 66 events for the month of February

Mobile Integrated Health

- Nothing new to add, please see Chief Transformation Officer report for ongoing programs.

Information Technology:

- Migrating Gateways and mobile devices to FirstNet, First Response cellular network – 92% complete.
- Replacing network equipment that has reached the end of its vendor-supported life cycle.
- Continued the project for the consolidation and modernization of MedStar’s access control and video surveillance systems. Target completion date is 3/31.
- Continued implementation of software to assist in change management process, document repository and version control moving forward. Implementation expected in April.

Business Intelligence:

- Multiple projects are ongoing, including:
 - The rehaul of the customer information for dispatch
 - Reliable ET3 information
 - Automated reports for various departments

Communications:

- ACE re-accreditation application was submitted on March 1 with the International Academy of Emergency Dispatchers.
- RQIT Project is going well. All Dispatchers are current with quarterly assignments and remain RQIT T-CPR Certified.
 - Working closely with AHA (American Heart Association) to lower average T-CPR Hands-on-Chest time by the end of 2nd Quarter
- Medical Transport Priority System (MTPS) for non-emergency transportation implementation in progress, go-live postponed pending upgrade to LOGIS 4
- LOGIS v4 upgrade process scheduled to begin May 11, 2022
- Actively training three new hire System Status Controllers to help meet answer time standards for inbound call demand. They are tentatively scheduled to be released from training mid-March.
 - Active hiring process to fill six positions to begin April NEOP

- Have had significant improvement in call answer times since refocusing on meeting organizational standards
 - Organization standards: 90% of 9-1-1 calls answered within 15 seconds or less; 95% of 9-1-1 calls answered within 20 seconds or less
 - December 2021: 83.52% answered in 15 seconds or less; 86.49% answered in 20 seconds or less
 - January 2022: 87.06% answered in 15 seconds or less; 90.04% answered in 20 seconds or less
 - February 2022: 88.60% answered in 15 seconds or less; 91.51% answered in 20 seconds or less

PSAP (public safety answering point) Answer Times	Total 911 Calls	Avg. Duration	% Answered	
			≤ 15 Secs	≤ 20 Secs
'December 2021	10,039	277.6	83.52%	86.49%
'January 2022	10,832	282.5	87.06%	90.04%
'February 2022	9,530	293.1	88.60%	91.51%



MedStar Response Time Reliability and AVG Response Time Performance

Period: Feb 2022

Member City	Pri	Calls	On Scene	Current Month			100 Response Compliance Period				
				Avg RT	Late Responses	On Time %	Extended Responses Count	Extended Responses %	Compliance Calculated Responses	Late Responses	On Time %
Blue Mound	1	3	3	00:06:45	0	100.0%	0	0.0%	34	5	85.3%
	2	11	11	00:10:49	1	90.0%	0	0.0%	62	6	90.3%
	3	3	3	00:11:27	0	100.0%	0	0.0%	26	5	80.8%
Total Blue Mound		17	17								
Burleson	1	86	82	00:08:03	9	89.0%	4	4.7%	82	9	89.0%
	2	158	152	00:08:41	21	84.9%	4	2.5%	139	21	84.9%
	3	123	107	00:11:43	15	86.1%	3	2.4%	108	15	86.1%
	4	81	79	00:33:05	4	94.8%	2	2.5%	77	4	94.8%
Total Burleson		448	420								
Edgecliff Village	1	7	7	00:06:05	0	100.0%	0	0.0%	38	7	81.6%
	2	9	9	00:09:01	2	77.8%	0	0.0%	15	3	80.0%
	3	6	5	00:11:36	1	80.0%	0	0.0%	35	3	91.4%
Total Edgecliff Village		22	21								
Forest Hill	1	43	42	00:10:44	7	80.6%	1	2.3%	36	7	80.6%
	2	73	72	00:09:51	9	85.0%	0	0.0%	60	9	85.0%
	3	39	35	00:12:38	6	82.9%	1	2.6%	132	13	90.2%
Total Forest Hill		155	149								
Fort Worth	1	2725	2628	00:09:01	378	84.0%	70	2.6%	2357	378	84.0%
	2	4710	4433	00:09:41	487	88.1%	98	2.1%	4094	487	88.1%
	3	2921	2695	00:10:51	220	91.3%	60	2.1%	2519	220	91.3%
	4	1298	1287	00:25:56	50	95.6%	22	1.7%	1149	50	95.6%
Total Fort Worth		11654	11043								
Haltom City	1	123	120	00:09:14	24	76.7%	1	0.8%	103	24	76.7%
	2	124	116	00:10:32	19	82.7%	0	0.0%	110	19	82.7%
	3	101	83	00:11:16	11	88.2%	1	1.0%	93	11	88.2%
	4	1	1	00:00:00	0	100.0%	0	0.0%	27	2	92.6%
Total Haltom City		349	320								
Haslet	1	5	5	00:07:16	1	80.0%	0	0.0%	62	19	69.4%
	2	11	11	00:12:24	5	50.0%	2	18.2%	10	5	50.0%



MedStar Response Time Reliability and AVG Response Time Performance

Period: Feb 2022

Member City	Pri	Calls	On Scene	Avg RT	Current Month			100 Response Compliance Period			
					Late Responses	On Time %	Extended Responses Count	Compliance Calculated Responses	Late Responses	On Time %	
Total Haslet		20	18			0	100.0%	0	35	3	91.4%
	1	22	21	00:06:51	3	85.7%	0	0.0%	47	10	78.7%
	2	57	56	00:09:26	14	73.1%	3	5.3%	112	25	77.7%
	3	26	24	00:07:07	1	96.2%	0	0.0%	124	15	87.9%
	4	3	3	00:14:15	0	100.0%	0	0.0%	10	0	100.0%
Total Lake Worth		108	104								
	1	1	1	00:09:44	0	100.0%	0	0.0%	19	5	73.7%
	2	8	7	00:10:09	3	62.5%	0	0.0%	34	12	64.7%
	3	4	3	00:34:09	0	100.0%	0	0.0%	10	5	50.0%
Total Lakeside		13	11								
	1	18	18	00:09:24	3	81.3%	0	0.0%	16	3	81.3%
	2	33	32	00:08:09	1	97.0%	1	3.0%	57	4	93.0%
	3	24	22	00:09:48	1	95.5%	0	0.0%	22	1	95.5%
Total River Oaks		75	72								
	1	34	33	00:11:23	7	73.1%	2	5.9%	95	33	65.3%
	2	71	59	00:11:59	11	81.7%	4	5.6%	60	11	81.7%
	3	44	38	00:13:24	8	80.0%	1	2.3%	95	16	83.2%
	4	44	43	00:28:12	2	95.0%	0	0.0%	67	4	94.0%
Total Saginaw		193	173								
	1	27	26	00:08:53	5	78.3%	0	0.0%	23	5	78.3%
	2	51	47	00:09:30	8	81.8%	2	3.9%	44	8	81.8%
	3	18	17	00:08:52	1	93.3%	0	0.0%	15	1	93.3%
	4	5	5	00:32:20	0	100.0%	0	0.0%	13	1	92.3%
Total Sansom Park		101	95								
	1	1	1	00:16:28	1	0.0%	0	0.0%	4	2	50.0%
	2	1	1	00:03:13	0	--	0	0.0%	7	2	71.4%
Total Westover Hills		2	2								
	1	9	9	00:07:05	0	100.0%	0	0.0%	68	14	79.4%



MedStar Response Time Reliability and AVG Response Time Performance

Period: Feb 2022

Member City	Pri	Calls	On Scene	Avg RT	Current Month			100 Response Compliance Period		
					Late Responses	On Time %	Extended Responses Count	Compliance Calculated Responses	Late Responses	On Time %
Westworth Village	2	30	30	00:11:15	10	63.0%	2	102	23	77.5%
	3	25	23	00:12:04	3	85.0%	1	94	16	83.0%
	4	2	2	00:20:16	0	100.0%	0	7	0	100.0%
Total Westworth Village		66	64							
White Settlement	1	54	53	00:08:10	11	76.6%	0	107	21	80.4%
	2	104	100	00:08:53	10	88.1%	1	84	10	88.1%
	3	50	45	00:10:09	3	93.3%	1	45	3	93.3%
	4	12	12	00:19:23	1	90.9%	0	18	1	94.4%
Total White Settlement		220	210							
System Wide	1	3158	3049	00:09:01	449	83.6%	78	3091	542	82.5%
	2	5451	5136	00:09:42	601	87.3%	117	4990	645	87.1%
	3	3388	3102	00:10:56	270	90.8%	68	3353	327	90.2%
	4	1446	1432	00:26:28	57	95.6%	24	1369	62	95.5%
Total System Wide		13443	12719							

Tab H – FRAB

Tab I – EPAB

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