



Metropolitan Area EMS Authority (MAEMSA)

dba MedStar Mobile Healthcare

Board of Directors

April 27, 2022

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

Date and Time: April 27, 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/1452224438> or by phone at (469) 445-0100 (meeting ID: 145 222 4438).

AGENDA

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|-------------|-------------------------------|--|-----------------------------------|
| 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. April 26, 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 – 1509 | Approval of Board Minutes for March 23, 2022 | Dr. Janice Knebl
Pg. 5 |
| | BC – 1510 | Approval of Check Register for March 2022 | Dr. Janice Knebl
Pg. 10 |
| V. | NEW BUSINESS | | |
| | BC – 1511 | Approval of Revised Bylaws | Kristofer Schleicher |
| | BC – 1512 | Approval of Portable Radio Replacement | Kenneth Simpson |
| | IR – 226 | Chief Medical Officer Search Update | Dr. Brad Commons
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: March 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 10:00 a.m.

Board members participating through video conferencing: Dr. Chris Bolton, Dr. Veer Vithalani (Ex-officio), Fire Chief Jim Davis, Fire Chief Doug Spears, Teneisha Kennard, and Susan Alanis. Board members physically present were Chair Dr. Janice Knebl, Dr. Brad Commons, and Kenneth Simpson, CEO (Ex-officio). Others present were General Counsel Kristofer Schleicher, Chad Carr, Leila Peoples, Matt Zavadsky, and Steve Post.

Guests on phone or in person as attendees: Dr. Angela Cornelius, Dr. Brian Miller, Fire Chief Brandon Logan, Fire Chief Casey Davis, Fire Chief Jeff Ballew, Fire Chief K.T. Freeman, Fire Chief Kirt Mays, Anita Meadow, Bettina Martin, Brandon Pate, Bob Strickland, Chris Cunningham, Chris Roberts, Desiree Partain, Dwayne Howerton, Elizabeth Paoli, Heath Stone, Jeremy Blackwell, Joleen Quigg, Kier Brister, Lindy Curtis, Kristine Martinez, Maerissa Thomas, Matthew Willens, Michael Griffith, Pete Rizzo, Ricky Hyatt, Shaun Curtis, Susan Swagerty, and William Gleason.

II. CONSENT AGENDA

BC-1505 Approval of Board minutes for February 23, 2022

BC-1506 Approval of Check Register for February 2022

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

III. NEW BUSINESS

BC – 1507 Election of Vice-Chair of MAEMSA Board of Directors

Kristofer Schleicher informed the Board that Councilman Flores had been nominated and consented to serve as Vice-Chair. No other nominations were received from the floor and a motion to elect Councilman Flores; was made by Dr. Janice Knebl and seconded by Doug Spears. The motion carried unanimously.

IR – 225 Bylaw Draft Review

Kristofer Schleicher reviewed draft changes to the bylaws with Board and discussion followed.

BC – 1508 Approval of Salary Range for CMO Position

Dr. Brad Commons informed the Board that the CMO position has been posted and the recruiting committee will meet on a monthly basis prior to the Board meeting. Chief Human Resources Officer Leila Peoples provided a market salary range for the Chief Medical Officer/System Medical Director of \$225,000.00-\$350,000.00 with a median of \$275,000.00. The motion to approve this range was made by Dr. Brad Commons and seconded by Doug Spears. The motion carried unanimously.

IV. MONTHLY REPORTS

- A. Chief Executive Officer- Ken Simpson referred to Tab A and informed the Board that month's mutual aid report would be included in next month's reports. On March 10th, MedStar met with CityGate Consulting Group, the consultants doing Fort Worth's Fire Department staffing study and will have additional conversations and meetings with them. The dates for MedStar's strategic planning retreat are June 27th-28th at Rough Creek. Don Jones will help facilitate the conversation, The meeting will begin on the afternoon of the 27th and continue through lunch the next day. Human Resources and Payroll have continued to work hard on the implementation of the last two modules of the ADP implementation and expect the implementation to be completed in the next 60-90 days. Steve Post and the finance team have been working with EMS|MC, the dollars collected are increasing and are currently over budget for the month.
- B. Office of the Medical Director- Dr. Veer Vithalani informed the Board of an upcoming quarterly CE covering topics from the system performance metrics, stroke updates, and opioid use disorder. Office staff resources over the next few weeks will be focused on mechanical compression devices and issues within the system regarding keeping them properly positioned during cardiac resuscitation and how that can enhance overall survival. The OMD staff has put together a two-hour refresher update on these devices and they are currently going out to every first responder organization in the system, including 40 sessions in the month of April. The Office of the Medical Director is continuing to work through the credentialing processes with MedStar and the FROs. The overall time to credentialing continues to be shorten over than previous years, especially with the implementation of a simulation-based education. ECMO facilitated CPR for the subset of patients most likely to survive has launched. There will be discussion at the EPAB Board meeting regarding stroke destination guidelines and ensuring those guidelines are compliant and up to date with the AMA recommendations. A few research projects are in the early stages of feasibility- artificial intelligence software that overlays on top of the 9-1-1 call taking process and a subcutaneous injection of a blood thinner in STEMI patients.
- C. Chief Transformation Officer- Matt Zavadsky referred to Tab C and informed the Board, we have been setting up our annual update EMS Week proclamations with all of the member city councils and jurisdictions. The MedStar Foundation Clayshoot will be held on May 31st.
- D. Chief Financial Officer- Steve Post reviewed financials with the Board and referred to Tab D.

- E. Chief Human Resources Officer- Human Resources has been mainly focusing on recruiting. In the month of February, 22 field operations employees were hired and in April there will be 18 more employees starting in field operations. COVID leave has declined significantly but there has been an increase in time off requests. Leila Peoples referred to Tab E.
- F. Compliance and Legal- Chad Carr referred to Tab F, which includes a new crew member assaults report, previously requested by the Board. Chad Carr will be working with Chris Cunningham- Director of Operations and Mike Shelton- Risk and Safety Manager to determine if there is opportunity for de-escalation training and improved tracking. These numbers be periodically reported to the Board. Teneisha Kennard inquired about the organizational process for debriefing and care for the individuals who have been assaulted on the job. Mr. Carr stated that when an assault occurs, it is reported to the Operations Supervisor and then proceeds to the Risk and Safety Manager. If there is any injury, the individual would be assisted in seeking medical assistance. There is also follow up from the Risk and Safety Manager to determine if the employee needs any follow up care such as psychological or medical attention. Human Resources and the MedStar Hope Squad are also available to assist the employee.
- G. Operations- Ken Simpson informed the Board that one of our commercial payors has entered into an ET3 type program which pays us to treat and release on scene and there are ongoing discussions with other payers. To facilitate employee; buy-in for the ET3 program; an incentive committee has been formed with both frontline employees and managers to gather feedback and insight to on areas to focus on in revamping the annual incentive program. Ken Simpson asked if the Board had any objection to extending an incentive program for this fiscal year that would be conditional on finishing the year above budget, and would utilize funds above the budgeted income amount to fund an annual incentive pool. No comments were voiced from the Board. Work on the reprioritization project continues with the first responders. The scope includes our response time criteria, goals, and metrics. Ken Simpson referred to Tab G and offered kudos to Chris Cunningham and team on their continuous efforts, as response time compliance goals are being met this month.
- H. FRAB- Chief Spears informed the Board of an upcoming FRAB meeting next week.
- I. EPAB- Dr. Brad Commons informed the Board of the EPAB meeting on March 24, 2022, and of the Recruiting Committee's continuing work to recruit a strong candidate to replace Dr. Veer Vithalani. There has been a small reprieve from COVID within the hospitals

V. REQUEST FOR FUTURE AGENDA ITEMS

The Board would like Chad Carr to provide feedback on the programs which will be utilized for crew member assaults.

VI. CLOSED SESSION

None.

VII. ADJOURNMENT

The board stood adjourned at 11:05 p.m.

Respectfully submitted,

Douglas Spears
Secretary

**MAEMSA
BOARD COMMUNICATION**

Date: 04.27.2022	Reference #: BC-1510	Title: Approval of Check Register for March
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RECOMMENDATION:

It is recommended that the Board of Directors approve the Check Register for March 2022.

DISCUSSION:

N/A

FINANCING:

N/A

Submitted by: <u>Kenneth Simpson</u>	Board Action:	_____ Approved _____ Denied _____ Continued until _____
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AP Check Details Over 5000.00
For Checks Between 3/1/2022 and 3/31/2022



Check Number	CK Date	Vendor Name	Check Amount	Description
107708	3/3/2022	All-Pro Construction & Commerical	16,152.03	Broken Car Wash Pipes - NDC
107717	3/3/2022	AT&T	17,198.80	Cell Phones & Aircards - Feb22
107719	3/3/2022	Bound Tree Medical LLC	21,693.24	Various Medical Supplies
107726	3/3/2022	EMS Technology Solutions, LLC	14,400.00	annual inventory license
107730	3/3/2022	LiquidSpring, LLC	7,527.89	liquid spring oil
107732	3/3/2022	Maintenance of Ft Worth, Inc.	6,561.38	Janitorial Services and Supplies
107735	3/3/2022	Medline Industries, Inc.	38,120.09	Various Medical Supplies
107743	3/3/2022	Founder Project RX Inc	12,063.95	Various Medical Supplies
107770	3/10/2022	Bound Tree Medical LLC	5,464.38	Various Medical Supplies
107776	3/10/2022	Communication Center Specialists Inc.	5,625.00	Comm center console cleaning
107786	3/10/2022	Founder Project RX Inc	5,142.08	Various Medical Supplies
107790	3/10/2022	ImageTrend	21,325.00	Monthly Fee - Elite EMS SaaS
107794	3/10/2022	Mansfield Service Partners South, LLC	5,961.54	bulk DEF
107795	3/10/2022	Masimo Americas, Inc	7,727.10	Various Medical Supplies
107798	3/10/2022	Medline Industries, Inc.	31,435.17	Various Medical Supplies
107807	3/10/2022	Stryker	12,648.00	sidekick wipes - annual sub
107830	3/17/2022	AVI-SPL	10,834.15	AV equipment cantina/HR
107831	3/17/2022	Bound Tree Medical LLC	25,299.36	Various Medical Supplies
107839	3/17/2022	CyrusONE	7,717.68	Colocation Charges - Apr22
107844	3/17/2022	EMS Management & Consultants, Inc	55,398.24	Total Collections/AR Managed
107848	3/17/2022	Ferno	5,022.20	monitor mounts
107854	3/17/2022	LinkSquares, Inc.	14,000.00	LinkSquares SaaS Subscription
107855	3/17/2022	Logis Solutions	10,330.81	HERE License/Support Hours
107859	3/17/2022	Masimo Americas, Inc	5,536.97	Various Medical Supplies
107862	3/17/2022	Medline Industries, Inc.	15,485.00	Various Medical Supplies
107870	3/17/2022	Jacob Metzger	6,350.00	Reimbursement for Paramedic School
107878	3/17/2022	Paranet Solutions	44,546.68	IT Monthly Services - Mar22
107883	3/17/2022	Stryker	14,157.17	Annual Maintenance on Stretchers
107926	3/24/2022	All-Pro Construction & Commerical	6,045.00	Preventative Maint and Fire Service
107937	3/24/2022	Bound Tree Medical LLC	22,547.33	Various Medical Supplies
107941	3/24/2022	City of Fort Worth	55,501.13	Radio System Upgrade - 1/01-12
107946	3/24/2022	Executive Protective Systems	14,826.50	Access Control and Camera migration
107948	3/24/2022	Founder Project RX Inc	7,718.68	Various Medical Supplies
107950	3/24/2022	Lytx, Inc.	29,299.00	Annual Subscription - Jan 2022
107951	3/24/2022	M Davis and Company Inc	5,240.00	Detection of Elder Abuse Service
107956	3/24/2022	MetLife - Group Benefits	35,836.13	Dental/Vision/STD/Life/Supp Life
107957	3/24/2022	Mutual of Omaha	5,216.51	Critical Care/Accident - Mar22
107967	3/24/2022	The EMS Training School	6,350.00	J Burns - Paramedic Tuition
107976	3/24/2022	The State of Texas	6,023.84	Microsoft Subscription - Feb22
107984	3/24/2022	Medline Industries, Inc.	13,273.52	Various Medical Supplies

AP Check Details Over 5000.00
For Checks Between 3/1/2022 and 3/31/2022



Check Number	CK Date	Vendor Name	Check Amount	Description
108013	3/31/2022	DFW Camper Corral	10,120.00	Ram campers
108018	3/31/2022	American Communications	7,226.71	Ram main radios
108023	3/31/2022	Bound Tree Medical LLC	12,450.24	Various Medical Supplies
108029	3/31/2022	Founder Project RX Inc	7,033.51	Various Medical Supplies
108036	3/31/2022	Medline Industries, Inc.	5,117.90	Various Medical Supplies
108054	3/31/2022	Southwest Ambulance Sales LLC	36,654.12	M502 cot fastner and remount of M44
108060	3/31/2022	Vairkko	7,758.15	New Timekeeping Program
1802028	3/1/2022	Frost	39,363.52	Frost Loan #39001
1802044	3/1/2022	UT Southwestern Medical Center	12,833.33	Contract Services - B Miller
1811792	3/3/2022	Integrative Emergency Service Physician	15,000.00	Dr. Cornelius Assoc. Medical Dir
1853857	3/16/2022	WEX Bank	118,418.27	Fuel
1889955	3/28/2022	UMR Benefits	48,183.23	Health Ins Premium - March
2163894	3/23/2022	Direct Energy Business	7,610.99	Electric Services
3012022	3/1/2022	Frost	61,053.88	Frost Loan #30001
3022022	3/2/2022	Frost	38,540.62	Frost Loan #4563-001
3162022	3/16/2022	JP Morgan Chase Bank, N.A.	36,585.64	MasterCard Bill
3252022	3/25/2022	Frost	52,993.77	Frost Loan #4563-002
97467987	3/25/2022	Chase Ink Cardmember Service	5,820.93	Chase Bill

DRAFT 4-27-22

**BYLAWS OF
METROPOLITAN AREA EMS AUTHORITY**

ARTICLE ONE

NAME, PURPOSES AND OFFICES

Section 1.1. Name. The name of the organization is the Metropolitan Area EMS Authority (formerly known as the Area Metropolitan Ambulance Authority) (the "Authority"). The standard abbreviation is "MAEMSA."

Section. 1.2. Purposes. The Authority was established on August 1, 1988, as a governmental administrative agency under Chapter 791 of the Tex. Government Code (the Interlocal Cooperation Act) to administer and operate a prehospital emergency medical services and medical transportation system in a service area comprised of the Authority's member jurisdictions. As more fully set out in Restated and Amended Interlocal Cooperative Agreement ("Interlocal Agreement") between the member jurisdictions and the Uniform EMS Ordinance adopted by the member jurisdictions, as they may be amended and restated from time to time, the Authority's purposes are to provide a regulated prehospital emergency medical services and medical transportation system and to provide a mobile integrated healthcare program and other programs to benefit the public health and welfare.

Section 1.3. Offices. The principal office of the Authority shall be located at 2900 Alta Mere Drive, Fort Worth, Texas 76116, or at any other place designated by the Board of Directors. The Authority may also have offices at such other places as the Board of Directors may from time to time determine.

ARTICLE TWO

BOARD OF DIRECTORS

Section 2.1. General Powers. Subject to the provisions of these Bylaws and the Interlocal Agreement, the Authority shall be governed by the Board of Directors ("Board") who shall provide overall direction with respect to all matters within the scope of these Bylaws and the Interlocal Agreement and Uniform EMS Ordinance.

Section 2.2. Composition of Board. The number and qualifications of directors and the method of selecting and appointing directors are set forth in Article II of the Interlocal Agreement.

Section 2.3. Holdover. Directors shall hold office until their successors are elected or appointed and qualified, or until their earlier death, resignation, retirement, disqualification, or removal in accordance with the Interlocal Agreement.

Section 2.4. Removal of Directors for Absence. Any voting member of the Board who fails to attend any three consecutive, regularly scheduled Board meetings or who fails to attend at least one-half of the regularly scheduled meetings in any twelve-month period without good cause may be removed from the Board at the request of a majority of their appointing jurisdiction(s) and their position will be filled for the remainder of their term as provided in the Interlocal Agreement.

Section 2.5. Regular Meetings. Regular meetings of the Board shall be held on dates and times determined by the Board, but no less often than quarterly, at the principal offices of the Authority or such other location designated by the Chair; provided, however, that the Chair may postpone, cancel, or reschedule a regular meeting if the Chair determines that a quorum will not be present at such meeting. Members may participate in meetings by video conference to the extent permitted by the Open Meetings Act.

Section 2.6. Special Meetings. A special meeting of the Board may be called at any time by the Chair or the Chief Executive Officer, or by the written request of four or more voting directors.

Section 2.7. Quorum and Minutes. At all meetings of the Board, the presence of a majority of the number of current voting directors shall be necessary and sufficient to constitute a quorum for the transaction of business. The act of a majority of the voting members present in person at a meeting which a quorum is present shall be the act of the Board unless the act of a greater number is required by these Bylaws or the Interlocal Agreement, in which case the act of such greater number shall be requisite to constitute the act of the Board. Minutes of all proceedings of the Board shall be recorded by the Secretary, or their designee and shall be submitted to the Board for its approval at the next regular meeting. In the absence of the Secretary, the minutes of all meetings of the Board shall be recorded by such person as shall be designated by the Chair.

Section 2.8. The Open Meetings Act. All regular and special meetings of the Board shall be conducted in accordance with the Open Meetings Act, Chapter 551 of the Texas Government Code.

Section 2.9. Board Policies. The Board shall adopt policies as required by the Interlocal Agreement and otherwise as it deems appropriate for the governance of the Authority and carrying out of its functions.

ARTICLE THREE COMMITTEES

Section 3.1. Executive Committee. There shall be an Executive Committee composed of the Chair, Vice Chair, and Secretary. The Executive Committee shall meet regularly with the Authority's executive officers to discuss pressing issues and to assist them in setting Board agendas. The Committee shall also provide advice and make recommendations to the whole Board when appropriate. The Executive Committee shall make regular reports to the Board of significant matters requiring the Board's attention.

Section 3.2. Standing Committees. The Board may, by resolution adopted by the Board, from time to time create standing committees constituted by two or more members of the Board, but less than a majority of the members of the Board. The Chair may present a slate of members which shall be subject to amendment and approval by the Board. Standing committees may exercise all of the authority of the Board as the Board may determine and specify in the respective resolutions appointing each such committee; provided, however, that all actions of standing committees are

subject to review and revocation by the Board.

Section 3.3. Ad hoc Committees. The Chair may from time to time appoint *ad hoc* committees for a specific time and purpose. Such appointments shall be subject to the approval of the Board. *Ad hoc* committees shall perform the duties requested by the Chair and make recommendations and reports to the Board as appropriate.

Section 3.4. Proceedings of Committees. The chair of any committee may fix the time and place of its meetings, unless the Board shall otherwise provide, and meetings of any committee may be held upon such notice, or without notice, as shall from time to time be determined by the members of any such committee. At all meetings of any committee, a majority of its members shall constitute a quorum for the transaction of business, and the act of a majority of the members present shall be the act of any such committee, unless otherwise specifically provided by the resolution establishing such committee. Unless specifically required by law, committees of the Board are not subject to the Open Meetings Act. The Board shall have power at any time to change the number and members of any standing or *ad hoc* committee, to fill vacancies, and to discharge any such committee.

ARTICLE FOUR BOARD OFFICERS

Section 4.1. Officers. The officers of the Board shall be elected by majority vote of the Board and shall consist of a Chair, Vice Chair, and Secretary, and may consist of such other officers and agents as the Board may deem necessary thereof.

Section 4.2. Election. Regular elections for officers of the Board shall be held at the first regular meeting of the Board after the beginning of the fiscal year in odd-numbered calendar years. Vacancies may be filled at the next meeting after they arise, upon proper notice.

Section 4.3. Term: Removal; Resignation. The term of office for Board officers is two (2) years. Officers elected to fill an incomplete term will serve until the next regular election. Officers may not serve more than two (2) consecutive full terms in a single office. Officers shall hold office until their successors are elected or appointed and qualified, or until their earlier death, resignation, retirement, disqualification, or removal. Any officer elected or appointed by the Board may be removed at any time with or without cause by the affirmative vote of two-thirds of the total number of voting directors whenever, in their judgment, the best interests of the Authority shall be served thereby. Any officer may resign at any time by giving written notice to the Board. Any such resignation shall take effect at the date of the receipt of such notice or at such other time specified therein, and unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

Section 4.4. Chair. The Chair shall conduct and preside at all meetings of the Board and shall coordinate and facilitate the activities of the Board. The Chair may execute documents routinely requiring a board chair's signature and, subject to the prior approval of the Board, shall execute other contracts where the Chair's signature is specifically required, including the contracts of employment with the executive officers directly reporting to the Board. The Chair shall perform such other duties as these Bylaws or the Board may direct,

Section 4.5. Vice Chair. In the event of the absence, unavailability, or disability of the Chair, or in the event of the Chair's inability to act, the Vice Chair shall perform the duties and have the authority and exercise the powers of the Chair. The Vice Chair may perform other duties not reserved to other officers by these Bylaws, as they may be directed by the Board or the Chair.

Section 4.6. Secretary. The Secretary shall certify the records of the proceedings of the Board, including certifying the adoption of these Bylaws and any amendments to them and certifying the approval of Board policies. The Secretary or their designee shall prepare minutes of the meetings of the Board and shall certify them after presenting the same to the Board for review and approval. In the absence of the Secretary or their designee, the minutes shall be recorded by the person designated by the Chair. The Secretary may execute documents routinely requiring the signature of a board secretary. The Secretary may perform other duties not reserved to other officers by these Bylaws, as they may be directed by the Board or the Chair.

ARTICLE FIVE

EXECUTIVE OFFICERS AND OTHER OFFICERS

Section 5.1. Chief Executive Officer. The Board shall appoint a Chief Executive Officer who shall have responsibility for operating, managing, and directing the operations of the Authority, including the employment of individuals (except employees of the General Counsel and Medical Director) to carry out the purposes and operations of the Authority. Subject to specific reservations of authority made in these Bylaws or in written policies adopted by the Board, the Chief Executive Officer has the authority to execute all contracts on behalf of the Authority. The Chief Executive Officer shall have such other powers and duties as the Board may determine from time to time.

Section 5.2. Chief Medical Officer & System Medical Director. The Board shall appoint a System Medical Director who shall serve as the Chief Medical Officer and shall have responsibility for directing and supervising all the clinical affairs of the Authority, including the provision of medical direction and oversight, as more fully set forth in the Interlocal Agreement and in state law. The Chief Medical Officer may execute documents requiring the signature of a Medical Director and shall have such other powers and duties as the Board may determine from time to time.

Section 5.3. Chief Legal Officer & General Counsel. The Board shall appoint a General Counsel who shall serve as the Chief Legal Officer of the Authority and who shall have responsibility for the legal affairs of the Authority, including compliance, and shall advise the Board, the Authority's Executive Personnel, EPAB, FRAB, and the Authority's employees on legal matters and compliance, new and existing laws, and risk mitigation. The Chief Legal Officer shall have such other powers and duties as the Board may determine from time to time.

Section 5.4. Other Officers Reporting to Board. The Board shall periodically appoint Authority employees to serve as Compliance Officer, Privacy Officer, Security Officer, and Civil Rights Coordinator, and may appoint other officers as may be required by law or determined by the Board to be necessary. These employees shall report to the Board solely when acting in their

capacity as such officers.

ARTICLE SIX
AMENDMENTS

These Bylaws may be altered, amended, or repealed, or new bylaws may be adopted at any regular or special meeting of the Board by the affirmative vote of two-thirds of the number of voting members of the Board, provided notice of the proposed alteration, amendment or repeal or adoption was included in the published agenda for such meeting.

ARTICLE SEVEN
PREVIOUS BYLAWS REPEALED

Any and all previous bylaws are hereby repealed and are replaced and superseded in their entirety by these Bylaws.

ARTICLE EIGHT
CONTROLLING DOCUMENTS

To the extent any of the provisions in these Bylaws conflict with any of the provisions in the Interlocal Agreement or the Uniform EMS Ordinance, the provisions of the Interlocal Agreement and Uniform EMS Ordinance shall control. The terms used in these Bylaws shall have the meanings defined in those documents.

ARTICLE NINE
GENERAL PROVISIONS

Section 9.1. Restrictions on Distribution of Net Earnings. No part of the net earnings of the Authority shall inure to the benefit of, or be distributed to, its directors, officers, or other private persons, except that the Authority shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of its purposes.

Section 9.2. Distribution of Assets Upon Dissolution. In the event of dissolution of the Authority, after payment of or provision for all liabilities of the Authority, all of the assets of the Authority shall be distributed to the Member Jurisdictions on a pro-rata basis. Each Member Jurisdiction's pro-rata share of such distributed assets or proceeds shall be based upon the population of the Member Jurisdiction (as reported by the U.S. Census Bureau) as compared to the total population of all Member Jurisdictions (as reported by the U.S. Census Bureau).

CERTIFICATE OF SECRETARY

I certify that I am the duly elected and acting Secretary of the Metropolitan Area EMS Authority and that the above Bylaws were approved by the affirmative vote of at least two-thirds of the members of the Board of Directors on _____.

Secretary of the Board of Directors

**MAEMSA
BOARD COMMUNICATION**

Date: 04.27.2022	Reference #: BC-1512	Title: Portable Radio Replacement
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RECOMMENDATION:

It is recommended that the Board of Directors approved the purchase of 25 portable radios in an amount not to exceed \$64,290 to replace units that are past their end of life and beyond repair.

DISCUSSION:

The portable radios the crew members carry with them are on a replacement schedule, so there is \$75,000 built into the annual capital budget to fund this replacement schedule. This amount is under the threshold, and this approval will allow for the replacement of those radios that have become unrepairable due to their age.

FINANCING:

This purchase will be made with cash on hand.

Submitted by: <u>Kenneth Simpson</u>	Board Action: _____ Approved _____ Denied _____ Continued until _____
---	--

MedStar REQUEST FOR CAPITAL EXPENDITURE (RCE)

DATE 04/27/22	REQUISITIONER Shaun Curtis	DEPARTMENT Logistics	COST CENTER Logistics	ACCT CODE	CAPITAL TRACKING # BC-1512
-------------------------	--------------------------------------	--------------------------------	---------------------------------	------------------	--------------------------------------

Budgeted Funds?	<input checked="" type="checkbox"/> Yes	IF YES - LIST BUDGET NUMBER (s)					
	<input type="checkbox"/> No	BUDGET #	AMOUNT \$75,000	MONTH	BUDGET #	AMOUNT	MONTH

PROJECT TITLE: Portable Radio Replacement	CAPITAL CATEGORY:	<u>1</u>	<u>2</u>	<u>3</u>
	Choose "X" only one (priority)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIPTION OF ITEMS BEING REQUESTED:

1. Twenty five (25) Portable Radios from American Communications, Haltom City, TX.....	\$64,290
--	----------

QUALITATIVE JUSTIFICATION: (Attach supporting documentation if necessary)

This request for capital is a scheduled replacement of obsolete portable radios.
--

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

DATE	SIGNATURES	REQUESTED EXPENDITURE		
04/27/22	DEPT./DIRECTOR LEVEL: Chris Cunningham	PROPOSED CAPITAL (Tax Exempt)	\$	75,000.00
	CHIEF FINANCIAL OFFICER Steve Post	OTHER RELATED EXPENSE (EXPLAIN ABOVE)	\$	{Annual} 0
	CHIEF EXECUTIVE OFFICER Ken Simpson	PROPOSED PROJECT TOTAL (Total of capital & other exp.)	\$	75,000.00
	CHAIR OF THE BOARD OF DIRECTORS	Opened:	Closed:	Actual:
Revised 09/12				

Tab A – Chief Executive Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Chief Executive Officer's Report- March 31, 2022

Reprioritization- The first meeting for the reprioritization committee will be May 12th where the reprioritization and the red lights and sirens project will be discussed. During the EMS System Performance meeting the members of the smaller committee were asked to submit any data requests they might have so we can have a fruitful and productive meeting in May.

Several other communities around the country have utilized similar methodology as what is being proposed in both of these projects. There is a public education component to these projects to explain the reasoning behind triaging calls. Police departments have done this for some time, but it hasn't been widely adopted by EMS agencies.

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.

As an example, excluding motor vehicle accidents where MedStar vehicles have been hit on scene, there have been 96 motor vehicle accidents since 2020, and 41% of those were while we were responding with lights and sirens. Since 2021 we have had eight team members injured in motor vehicle accidents, and all eight of those were while responding with lights and sirens.

Similarly, the reprioritization project aligns with a national approach to better align a patient's complaint with the type of response they get. Complaints 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.

Annual Incentive- After the last Board meeting we discussed with the organization the possibility that there may be an annual incentive this year, as in years past. It will be predicated on exceeding our budget goal.

Fort Worth Study- We received additional questions from Fort Worth's consulting agency, City Gate, around deployment and staffing models, dispatch process & QA, fire department integration, and response plan determination. We provide them with an overview of the call prioritization process we have shown to the system performance committee and will be discussing in more detail in the future. We appreciate being included in the process, and we anticipate additional conversations around dispatch processes, dispatch integration with independent governance, prioritization, and response plans.

Human Resources- We anticipate leave management to go live in June and new scheduling software to go live in late May or early June. These are the final two modules associated with the ADP implementation. 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- The billing and finance teams are continuing to work with EMS|MC to identify process improvement opportunities that will maximize revenue for the organization. We have seen an improvement in cash flow, and we continue to work on areas for improvement around denials and billing accuracy.

Strategic Planning- We will conduct our strategic planning meeting at Rough Creek Lodge in Glen Rose on June 27-28th, which will be facilitated by Don Jones. We will host a lunch and then start with an afternoon/evening session, and conclude with dinner. Rooms will be provided so we can continue with a morning session the next day. The timing 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.

Tab B --Office of the Medical Director



Discussion

- Credentialing Committee
- System Education Committee
- Mechanical Compression Device Training

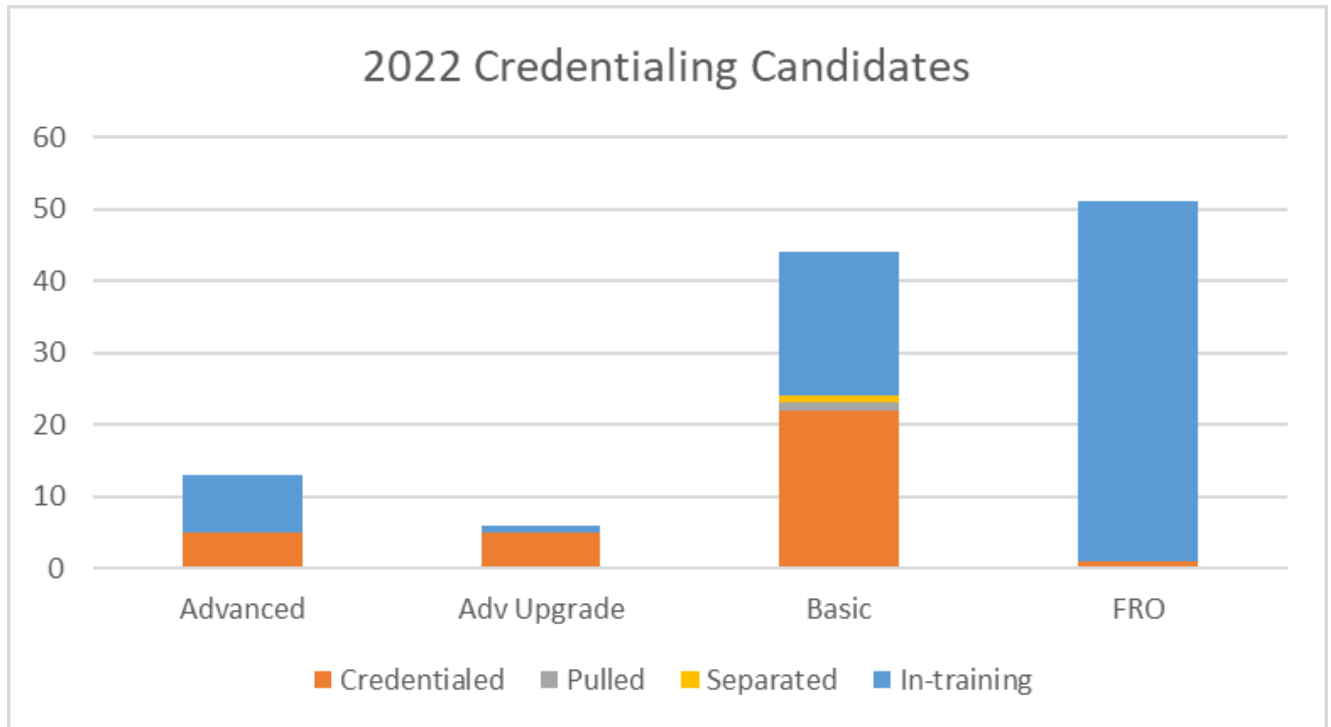
Education and Training

- OMD 22Q1CE – March
 - MedStar complete
 - FROs in-process
 - 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
 - 40-sessions
 - 480-staff hours
- OMD 22Q2CE – June
 - EKG Rhythm recognition and STEMI identification

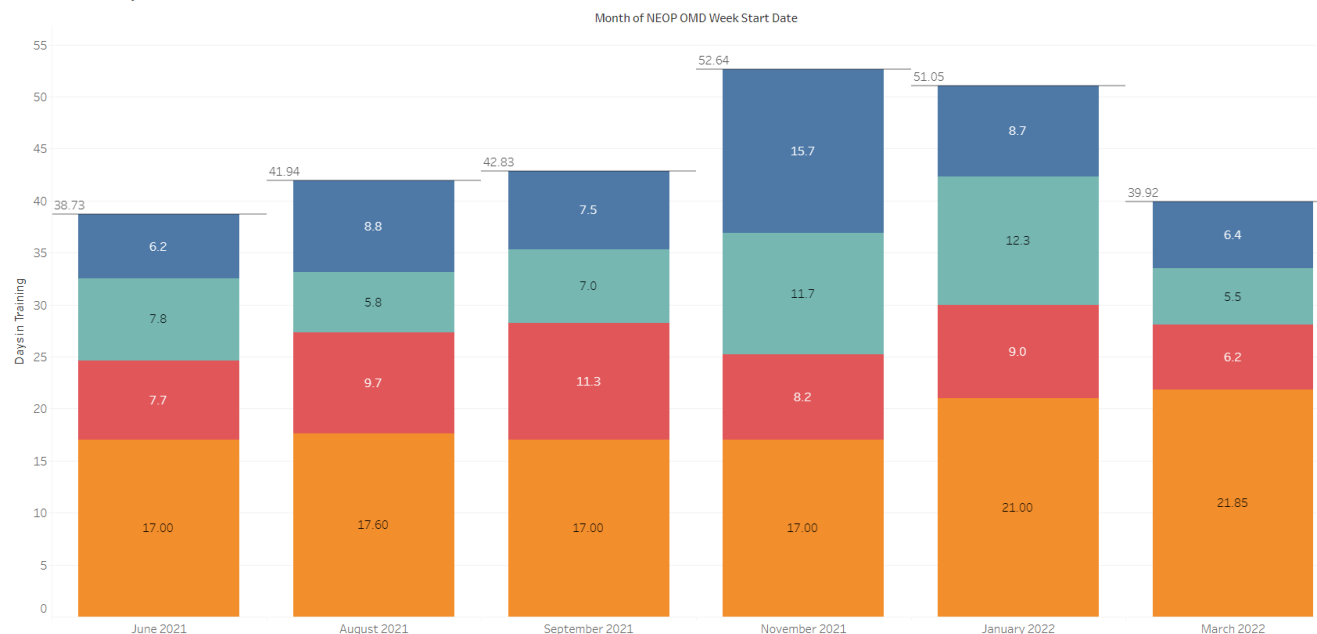
Course Attendance	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	14	12	0	18	19	3
FRO	0	2	0	4	3	0
External	4	0	0	0	5	0

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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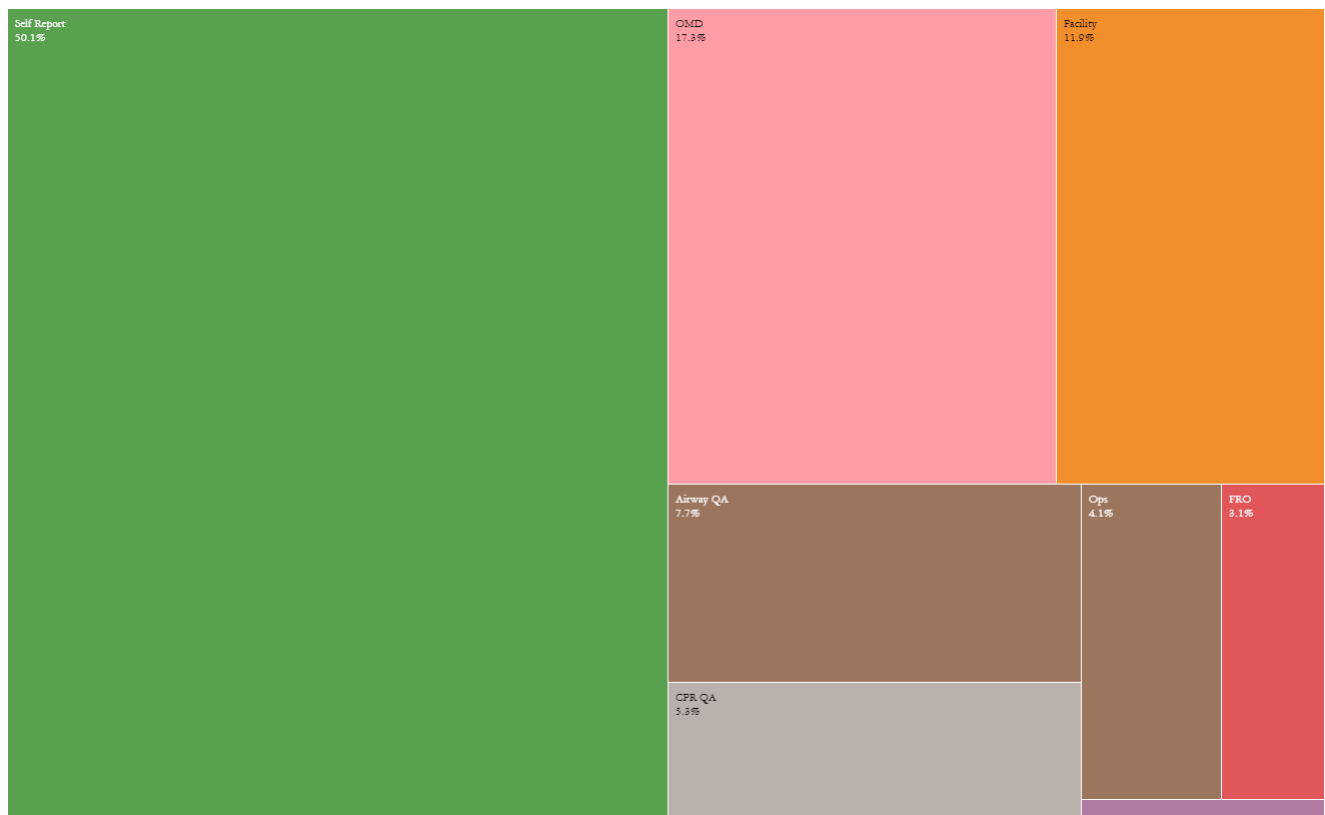


Quality Assurance

Case Acuity		
	February 2022	March 2022
High	2 (2.8%)	7 (8.6%)
Moderate	18 (25.0%)	26 (32.1%)
Low	42 (58.3%)	44 (54.3%)
Non QA/QI	10 (13.9%)	4 (4.9%)
Grand Total	72 (100.0%)	81 (100.0%)

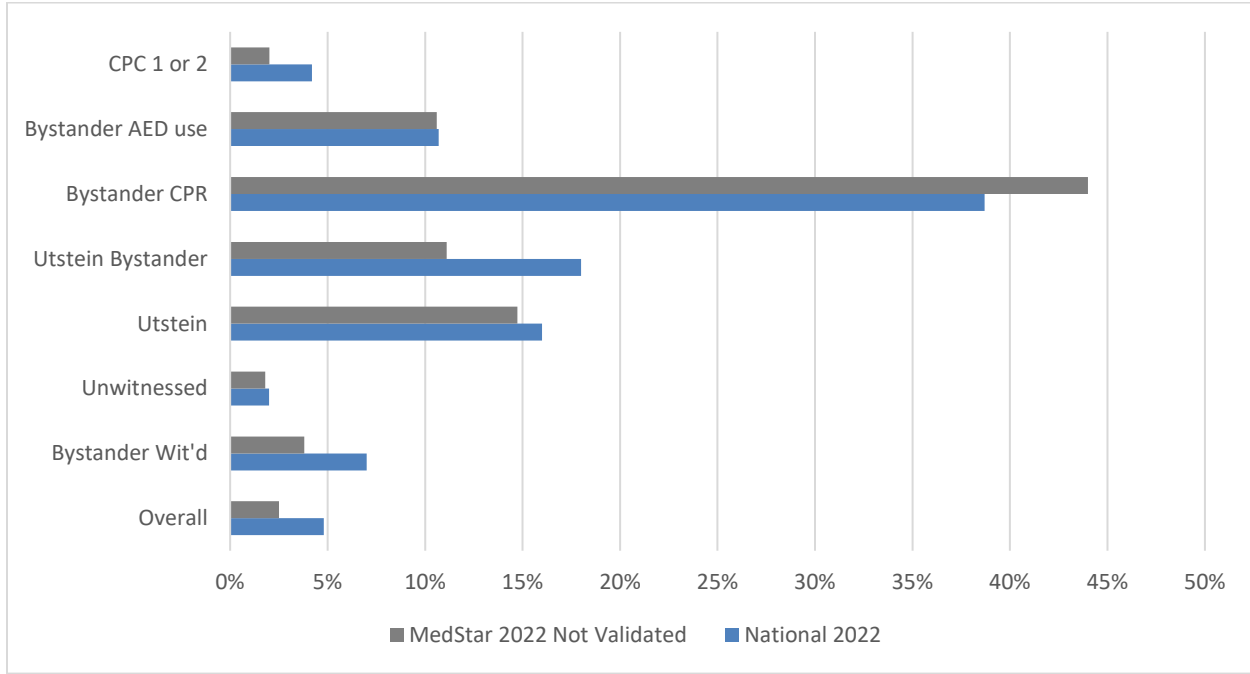
Case Disposition		
	February 2022	March 2022
Clinically Appropriate	2 (2.8%)	
Needs Improvement	42 (58.3%)	61 (75.3%)
Forwarded	1 (1.4%)	2 (2.5%)
No Fault	18 (25.0%)	15 (18.5%)
Pending	9 (12.5%)	3 (3.7%)
Grand Total	72 (100.0%)	81 (100.0%)

Cases by Origin



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

- CARES
 - 57 pending hospital outcomes

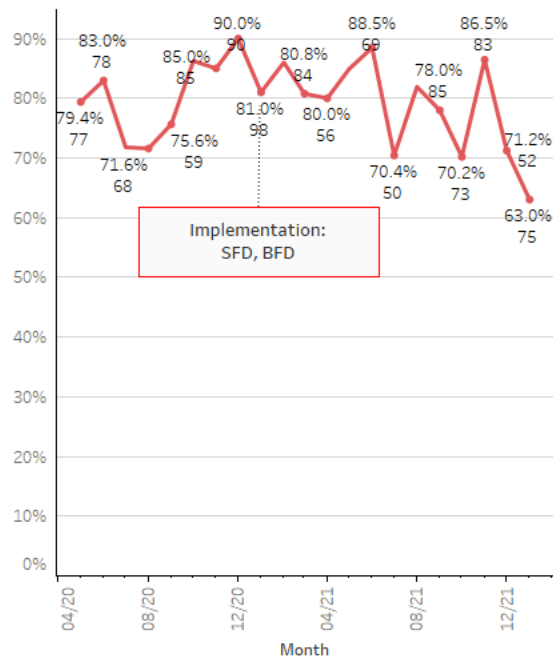


- ECPR
 - BSW operational February 1
 - THFW operational April 4
 - MCFW in program development
 - JPS in program development
 - 23 eligible cases
 -
 - Average age 55.6
 -

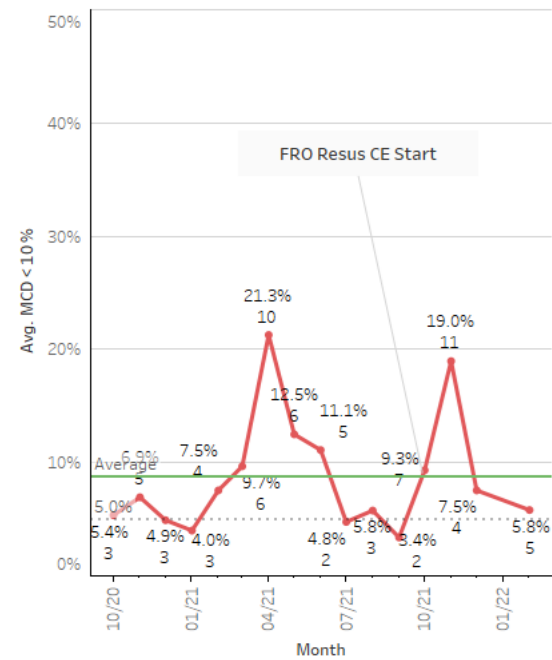
The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

- MCD

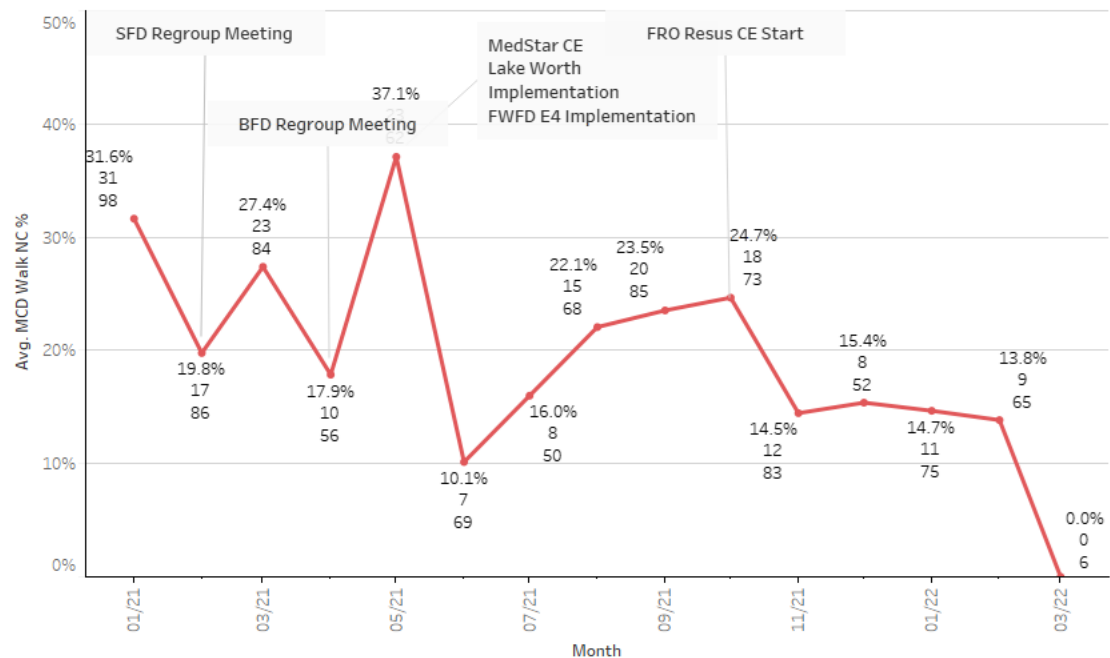
MCD Placement %



MCD Placement < 10 sec %

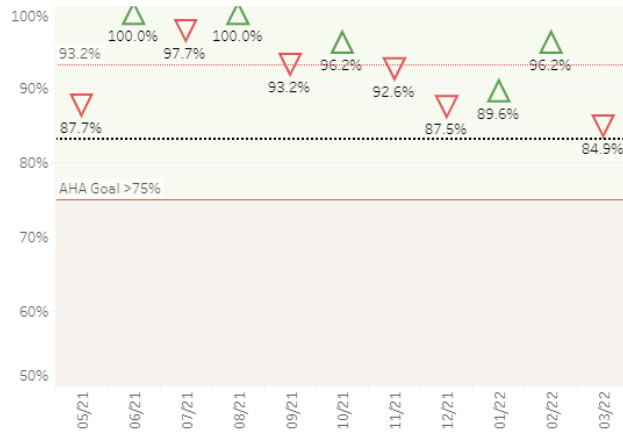


% of Uncorrected MCD Walk/Overall placement

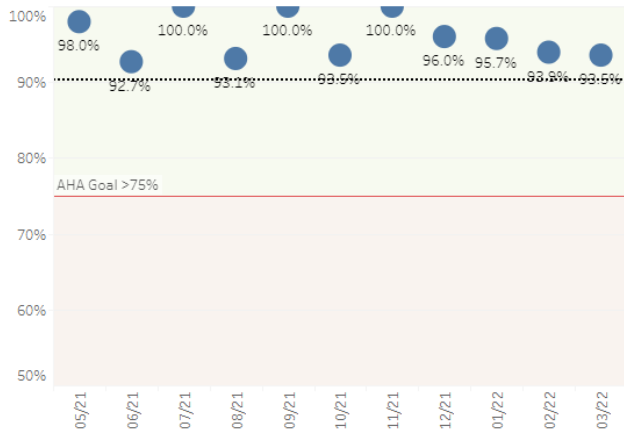


The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

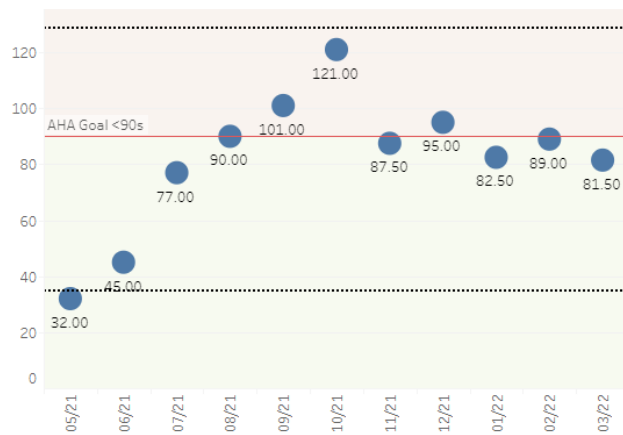
• T-CPR
Percentage of OHCA Identified by PSAP



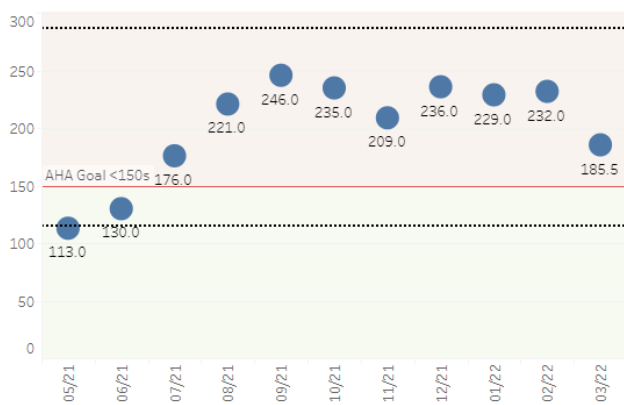
Percentage of Recognized OHCA Receiving T-CPR



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



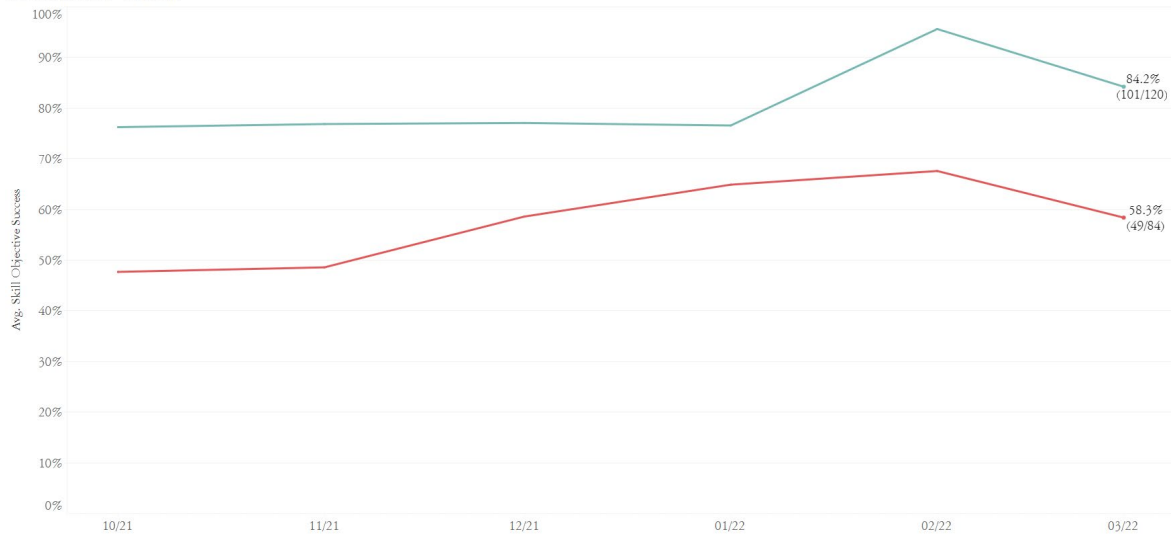
Median Time Between 9-1-1 Call and First T-CPR-Directed Compression



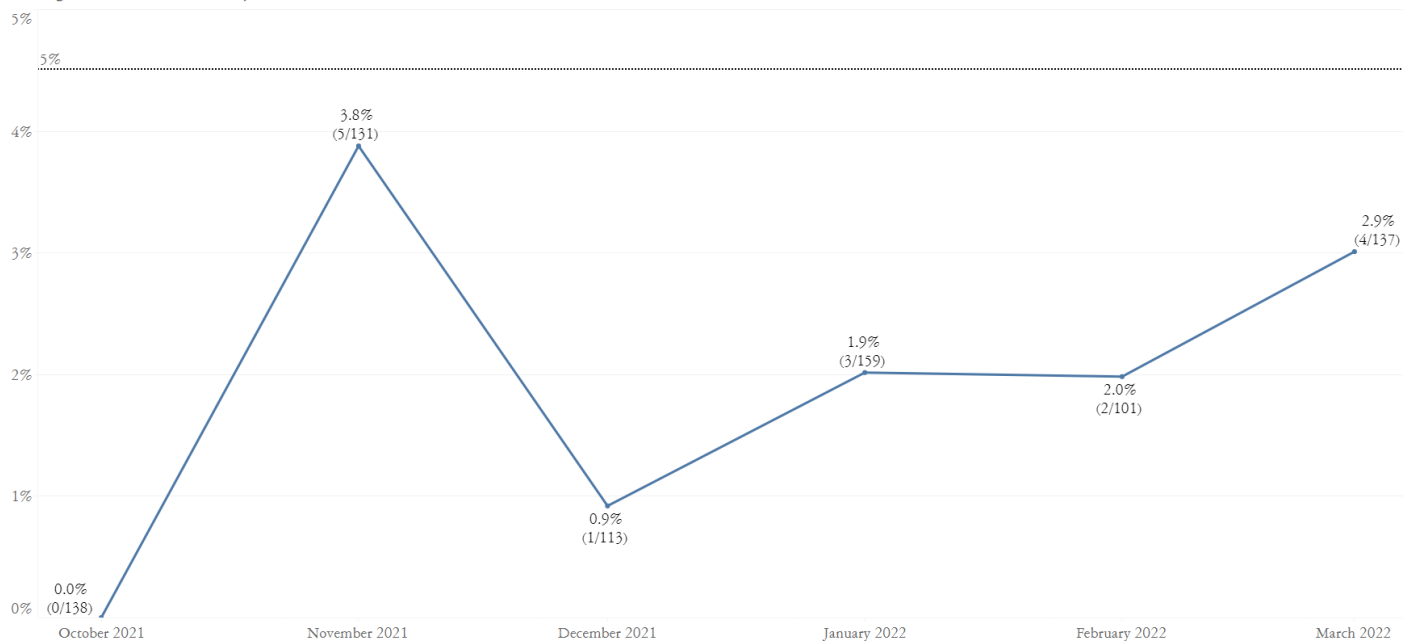
The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

- Airway Management**

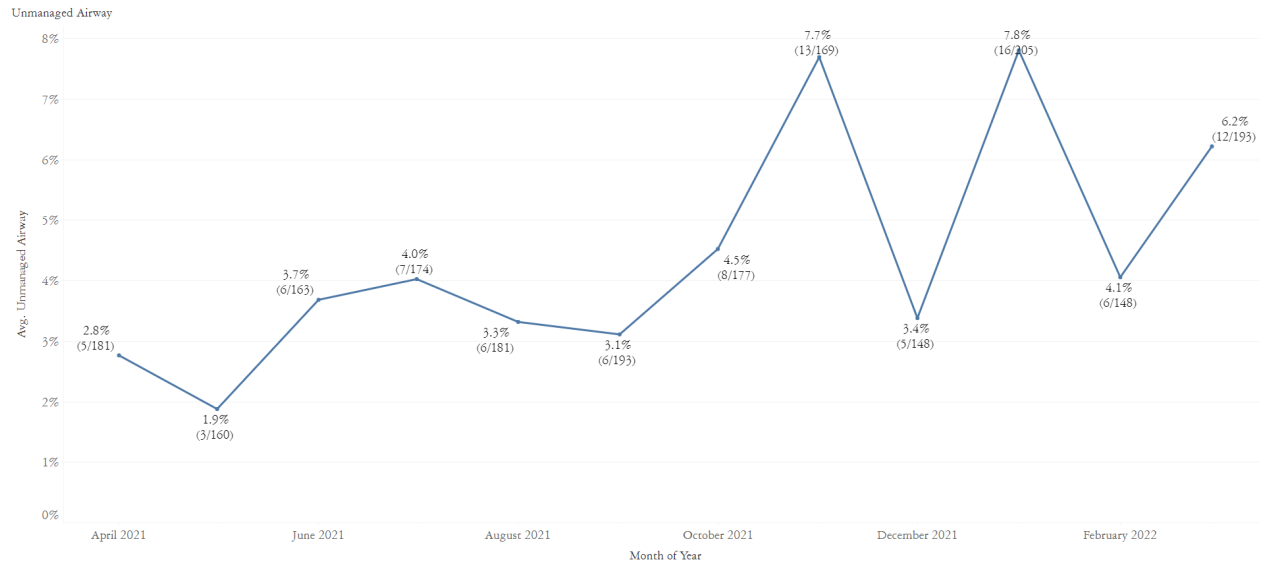
Airways Skill Success - ET & King



Unrecognized Failed Advanced Airway Rate



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



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



System Diagnostics

	Goal	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Current Avg.
Cardiac Arrest												
% 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			0:01:37
% 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							0:02:10
% 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%	7.1%	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												
% of suspected STEMI patients correctly identified by EMS		52.2%	66.7%	61.1%	61.9%	44.1%	61.9%	30.8%	50.0%	40.7%	50.0%	62.0%
% of suspected STEMI patients w/ASA admin (in the absence of contraindications)		96.9%	90.6%	87.5%	92.9%	94.7%	95.8%	100.0%	96.4%	86.7%	93.9%	94.5%
% 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%	89.3%	86.7%	87.9%	87.7%
% of suspected STEMI patients with 12L acquisition within 10 minutes of patient contact		59.4%	81.3%	65.6%	71.4%	63.2%	72.9%	66.7%	60.7%	66.7%	54.6%	72.1%
% of suspected STEMI patients with 12L transmitted within 5 minutes of transport initiation		71.9%	71.9%	59.4%	46.4%	60.5%	64.6%	60.0%	57.1%	66.7%	63.6%	62.4%
% of suspected STEMI patients with PCI facility notified of suspected STEMI within 10 minutes of EMS patient contact		18.8%	21.9%	12.5%	25.0%	23.7%	10.4%	20.0%	10.7%	3.3%	12.1%	18.5%
% 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%	100.0%	98.6%
% 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%	8.3%	32.7%

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

Tab C – Chief Transformation Officer

Transformation Report

April 2022

Alternate Payment Models & Expanded Services

- **ET3 Model**
 - One year anniversary 4/5/22
 - Updated outcomes **attached**.
 - CMS has started issuing performance dashboards for all participants with 12 KPIs
 - MedStar received on in March, evaluating - **Attached**
 - Created an ET3 QI team to develop process improvements to enhance enrollments with AIM statement and driver diagram to test short cycle PDSAs
 - Reps from Field, OMD, and leadership
 - High enrollers and low enrollers
- Molina Healthcare agreement signed for FFS model for MIH visits of high-risk patients MIH services
 - Operational as of July 1st
- **Cigna** agreement executed for ET3 payment model for their **commercial** population
 - Including their enrollment in the above mentioned ET3 QI process
- **Landmark Health** agreement launched January 1st.
 - 115 EMS activations, 60 (52%) with MHP on-scene.
 - 29 MIH episodic requests
- Working with **Medically Home** and **THR** on a project to provide services to patients admitted to Hospital in the Home.
 - Transportation and ? MIH services

Member City Updates:

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

Medicaid Payment for Treatment in Place

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

Ambulance Supplemental Payment Program (ASPP)

- HHSC 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 for MedStar
 - Goal = Responses ~30% HOT, transports <5% HOT by 12/22
 - Workgroup field, comms, leadership seeded
 - 20-weeks rolling data submitted to platform
 - 8 MedStar team members injured in crashes since 2020
 - ALL while responding HOT to calls
 - AIM Statement and Driver Diagram adopted by internal group - **attached**
 - Current Drivers
 - Provider Perceptions
 - Community Perception
 - Internal MedStar provider perception survey conducted – preliminary outcomes **attached**
 - FRO and community perception survey in development

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)
 - OMD and Business Intelligence refining crosswalk criteria

MedStar Foundation Clay Shoot

- Sponsorships going well
- Shooting teams slowly increasing



Annual Careholder’s Report Completed!

- Distributed [electronically](#) to all stakeholders
- 500 printed copies being delivered



Thank you to Board Members who have provided Bios for the website!

All those received have been added

Upcoming Presentations:

<u>Event (location)</u>	<u>Date</u>	<u>Attendees</u>
AAMS Leadership Institute (Wheeling, WV)	April 2022	~150
North Carolina EMS Expo (Charlotte)	May 2022	~750
CHES Healthcare Value-Based Healthcare (Raleigh, NC)	May 2022	~350
Michigan EMS Expo (Frankenmuth)	May 2022	~650
Pinnacle EMS (Marco Island, FL)	July 2022	~750
Texas EMS Alliance Evolution (Horseshoe Bay, TX)	Aug 2022	~175
EMS Expo (Orlando, FL)	Oct 2022	~3,000

Media Summary

Local –

- Respiratory calls during smokey conditions
 - NBC 5, CBS 11, FOX 4, KRLD, WBAP, Star-Telegram

Team Member Engagement (Desi)

- Baylor 1st Responder 5k awards
- DKMS Bone Marrow Drive w/Grilled Cheese Sandwiches and Tomato Soup!
- Ambulance detailed cleaning initiative with field employees
- Public Safety Telecommunicator Week
- EMS Week



Notable MedStar Field Provider HOT Vehicle Operations Survey Highlights:

137 responses, about 50% response rate!

What % of the 911 **responses you respond to** do you feel are time-sensitive, life-threatening medical emergencies?

- 77% said < 10% of their calls

What % of the patients **you transport from a 911 call to the hospital** do you feel are patients suffering from a time-sensitive, life-threatening medical emergencies that cannot be effectively managed in the field?

- 75% said < 5%

EMS **response** with lights and siren improves patient outcomes. 26% agree or strongly agree

EMS **response** with lights and siren increases the risk of collision during response. 84% agree or strongly agree

EMS **transport** with lights and siren improves patient outcomes. 17% agree or strongly agree

EMS **transport** with lights and siren increases the risk of collision during transport. 82% agree or strongly agree

81% of the respondents said they have responded COLD, even when dispatched HOT

- Project Home
- Teams
- People
- Measures
- Drivers
- Changes
- Discussions
- Calendar
- Resources

Project Aim

Macro Aim: Reduce the emergency vehicle involved crash rate related to 911 EMS response and transport.

Project Aim: Reduce the use of lights-and-siren for 911 EMS responses and transports so that 70% or more of responses occur without the use of lights-and-siren and 95% or more of transports occur without the use of lights-and-siren by December 31, 2022.

Upcoming Project Events

- June 30, 2022 [view calendar](#)
- 10:00am - 2:00pm Learning Session 2: National EMS Quality Improvement Partnership- Reduce Lights-and-Siren Use in EMS
- September 22, 2022
- all-day Hold for L&S Learning Session #3

Newest Project Resources

Most Active Standard Changes

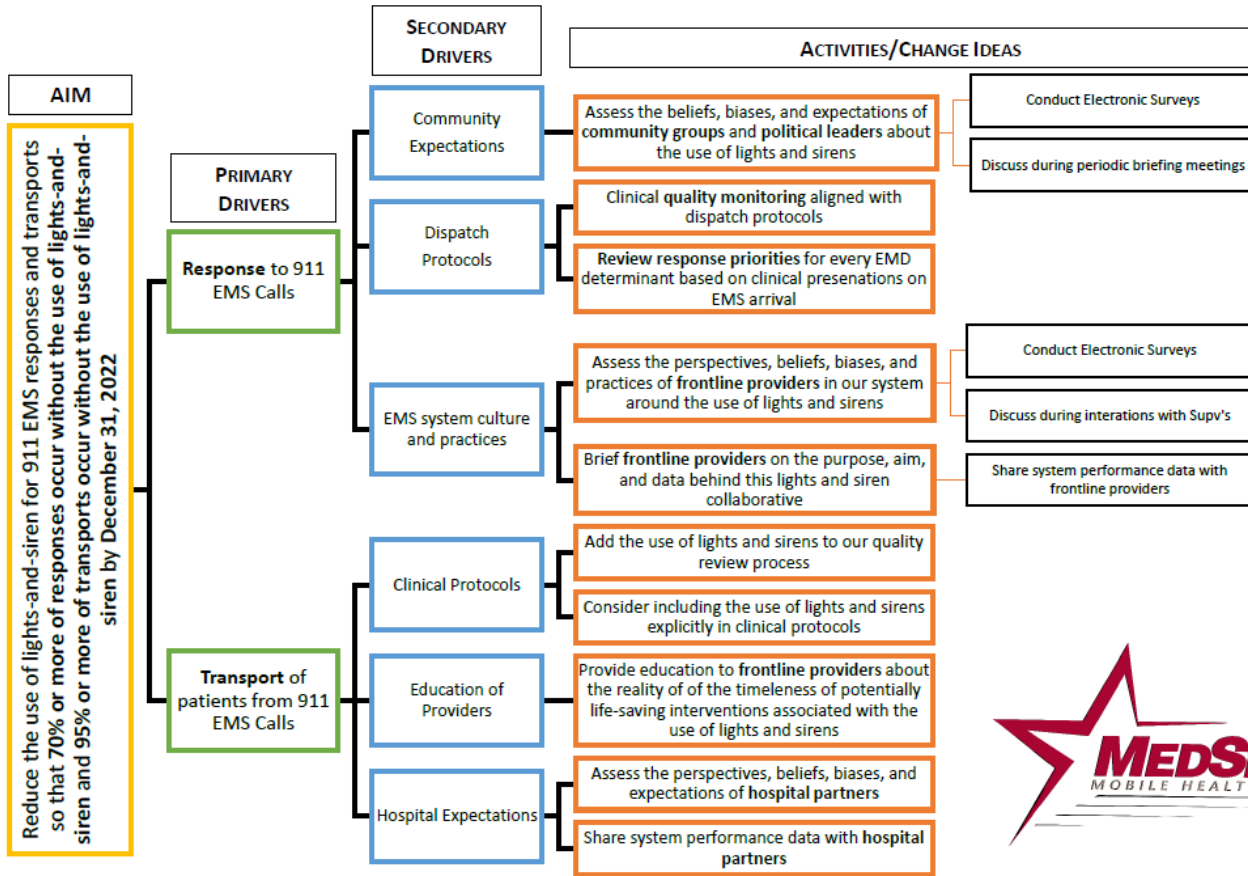
- Join in the conversation. Learn from and/or help others implementing these changes.
- 8 Assess the perspectives, beliefs, biases, and practices of frontline providers in your syst...
 - 6 Provide education to frontline providers about the reality of the timeliness of poten...
 - 5 Assess the beliefs, biases, and expectations of community groups and political leaders ...
 - 3 Add the use of lights and sirens to your quality review process.
 - 3 Brief frontline EMS providers on the purpose, aim, and data behind this lights and sire...

refreshed: 3 hours ago

Recent Project Discussions

- Remarkable Case Study**
Mike Taigman • a day ago
- Looking for Tips**
Tom Grawey • 13 days ago
- Hey All, Thanks for the awesome feedback. I had a provider who was adamantly against the policy in...
Tom Grawey • 10 hours ago

Macro Aim: Reduce the emergency vehicle involved crash rate related to 911 EMS response and transport.



ET3 Model Outcome Summary:

ET3 Program Summary		
April 5, 2021 through:		4/4/2022
Overall Emergency Response Volume (No Card 33 or 37)		
Documented Medicare Patient Contacts	28,228	
≥ 65	20,614	73.0%
< 65	7,614	27.0%
Transported	24,056	85.2%
AMA (incl. Refused All Care & Refusal w/o Capacity)	2,925	10.4%
ET3 Telehealth Intervention	508	1.8%
IES	504	
MHMR	4	
Outcomes		
Transported	61	12.1%
Hospital ED	58	
Other	3	
TIP	441	87.5%
Dispatch Health Referral	162	36.7%
MCOT Referral	3	

<u>Times on Task Analysis</u>		Through:	4/4/2022
<i>Medicare Patients</i>			
Scene Time AMA w/Telehealth Completed	1:00:05	N = 85	
Scene Time AMA w/o Telehealth Attempted	0:37:23	N = 914	
AMA Scene Time Difference with and w/o Telehealth	0:22:42		
AMA w/Telehealth Completed	1:00:05	N = 85	
AMA w/Telehealth Started, but Not Completed	0:58:29	N = 31	
Difference	0:01:36		
<u>Total Task Times</u>			
Average Task Time - All Calls	1:01:11		
Average Task Times - Transport	1:15:25		
<i>Pulse Report April 5, 2021 - April 4, 2022</i>			
Summary			
Task Time Difference Telehealth Completed vs. Transport	0:15:20	Less Time	

ET3 Leader Board

Enrollments by Team Member		Through: 4/5/2022	
Crew	Patients that qualify for ET	Patients that qualify for ET3, Crew Offered, and Patient Accepted	%
Zane Felkins	57	37	64.9%
Thomas Dorosky	48	28	58.3%
Matthew Hansen	54	27	50.0%
Shawn Nicholson	117	27	23.1%
Mary Haight	33	18	54.5%
John Laroussi	41	18	43.9%
Elena Dikovitskaya	48	17	35.4%
Reese Greenman	31	14	45.2%
Sadie Gamez	52	13	25.0%
Daniel Richmond	48	12	25.0%

Here are some great examples of ET3 at work from these MedStars the past 3 weeks:

Thomas Prichard, Mel Alline

Arrived on scene to find a XX-year-old male sitting on his couch. The pt. reports that he has had a dry cough with a chills and body aches since about 01:00 last night. The pt. denies chest pain, shortness of breath, nausea, vomiting, or diarrhea. The pts vitals are obtained and found to be within normal limits. The pt. agrees to Telemedicine for dispatch health providers to come treat him at his house. Telemedicine consult was begun with Doctor Nestor Zenarosa. It was determined that the pt. is a good candidate for dispatch health and dispatch health was contacted. An appointment was set up with the pt. for between 12:30 - 14:30 tomorrow which the pt. agreed to. The pt. was advised that if he started to feel worse of if anything changes, he can call 911 again. The pt. agreed and EMS cleared scene.

Zachary Andrus, Brandon Michaels

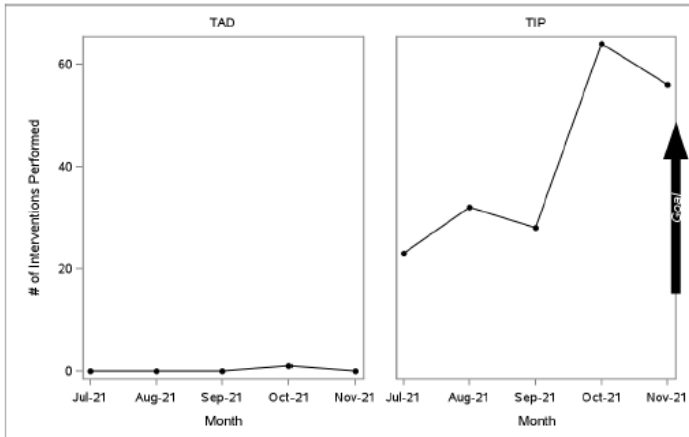
MEDSTAR XX DISPATCHED TO PRIORITY 2 BODY CRAMPING, ARRIVE ON SCENE TO FIND A XX-YEAR-OLD FEMALE, AOx4 / GCS 15, COMPLAINING OF BODY ACHES / CRAMPING x 4 HOURS (REPORTING 8/10 PAIN, NORMALLY TAKES TYLENOL), PAINFUL URINATION WITH DISCOLORATION SINCE FRIDAY (WAS PRESCRIBED CIPRO BUT DUE TO AVAILABILITY OF THE MEDICATION SHE HAS BEEN UNABLE TO RECEIVE THEM), AND CONGESTION FOR 2 WEEKS. PATIENT HAD A LOW-GRADE FEVER OF 99.6 (ORAL). PATIENT WAS OFFERED A TELE-HEALTH CONSULT WITH LINDA GREGORY, DO, PATIENT ACCEPTED. DURING CONSULT MEDSTAR RECOMMENDED A COVID-19 TEST, FLU TEST AND ROCEPHIN ANTIBIOTICS THOROUGH DISPATCH HEALTH. TELE-HEALTH DOCTOR ASSESSED PATIENT AND AGREED TO TREATMENT PLAN. AFTER VERBAL CONSENT MEDSTAR XX CALLED DISPATCH HEALTH ON BEHALF OF THE PATIENT TO SCHEDULE AN APPOINTMENT. WE SPOKE TO SHAUNTORIA P. FROM DISPATCH HEALTH AND SHARED TELE-HEALTH DOCTORS REQUESTS, PATIENT GAVE DISPATCH HEALTH VERBAL CONSENT TO COME EVALUATE AND TREAT IN PLACE, SHAUNTORIA STATED THEY WOULD HAVE PROVIDERS AT HER LOCATION BETWEEN 15:45 AND 17:45 TODAY, WITH A POSSIBILITY OF PROVIDERS ARRIVING AS EARLY AS 14:45. MEDSTAR XX CLEARED.

John Rose, John Laroussi

EMS AOS at a residence to be met by the pt. outside who is walking up to the ambulance, he is AO4/GCS 15 with a CC of pain to his left forearm which is bandaged from his wrist to his elbow. The pt. is walked on board the ambulance where he sits down on the stretcher VS are assessed and the pt. id found to be a febrile, his arm is exposed, it is swollen and painful to the touch but is not warm and shows no signs of infection. The pt. explains that he injured his arm Monday while putting together a bunk bed and was transported by EMS to the hospital, according to him the treating doctor was supposed to prescribe him Motrin for pain but never did. He now finds himself in severe pain and after speaking with his doctor was told to call 911. The pt. doesn't want to go to the ER but is adamant that he needs help managing the pain, he is offered ET3 and accepts. Dr. Safari is reached via Logis phone and after assessing the pt. sends a prescription for ibuprofen to the pt.'s pharmacy. After the ET3 appointment the Pt I scheduled for a dispatch health appointment for the following day. His arm is dressed then the pt. walks off the ambulance and back into his house. End of pt. contact.

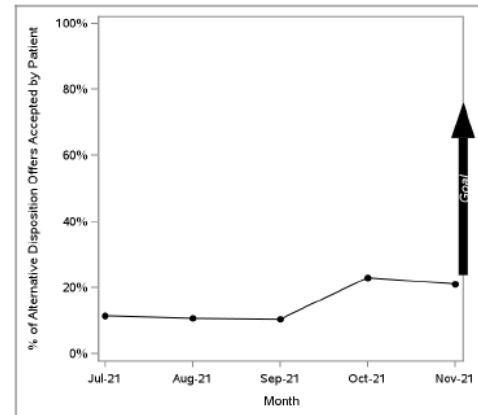
The Metropolitan Area EMS Authority (ET3-0507)

1. Number of TAD/TIP Interventions Performed



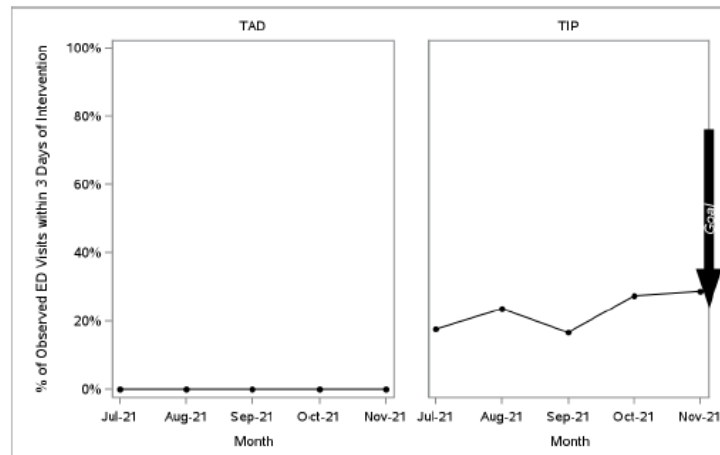
Month	Number of TAD	Number of TIP
Jul-21	0	23
Aug-21	0	32
Sep-21	0	28
Oct-21	1	64
Nov-21	0	56
Total	1	203

3. Percent of Alternative Disposition Offers Accepted by Patient (All Patients)



Month	Number of Interventions Accepted	Number of Interventions Offered	Percent of Interventions Accepted
Jul-21	53	462	11.5%
Aug-21	49	458	10.7%
Sep-21	38	365	10.4%
Oct-21	89	388	22.9%
Nov-21	75	357	21.0%
Total	304	2,030	15.0%

4. Percent of Observed ED Visits within Three Days of TAD/TIP Intervention (Medicare FFS)

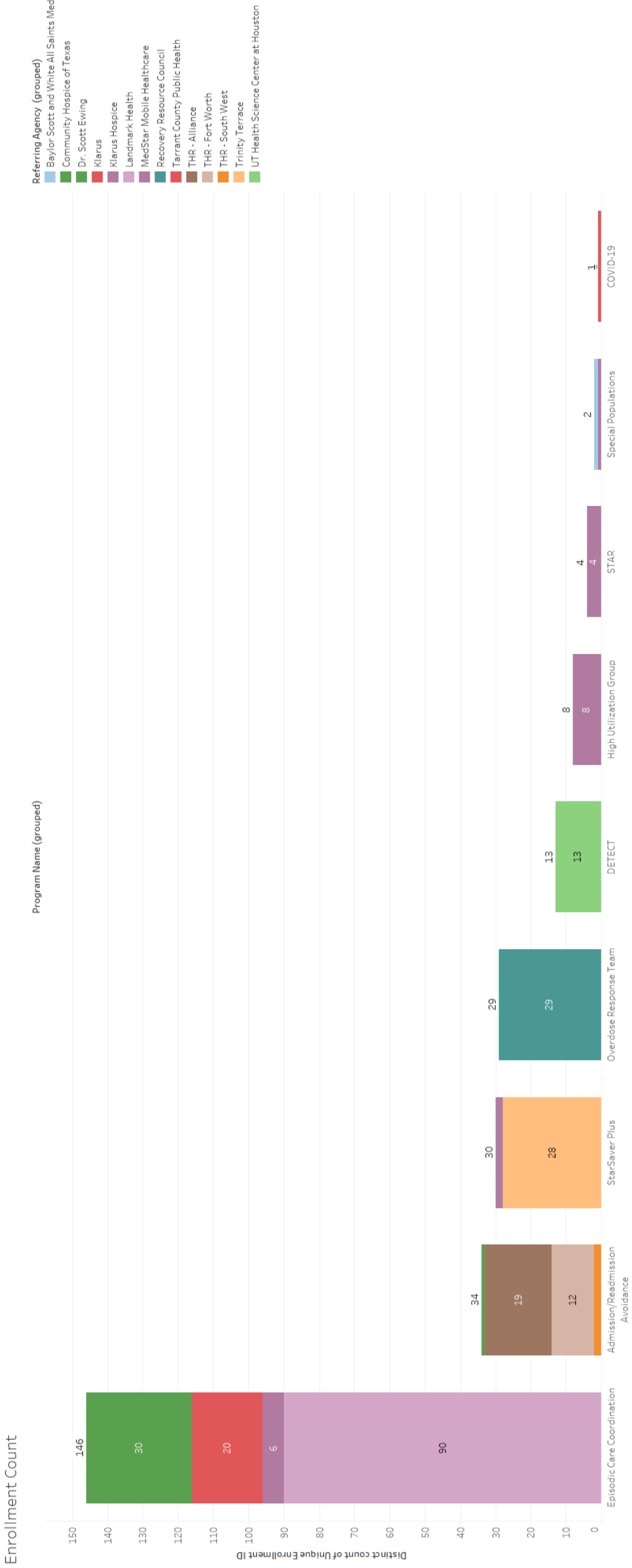


Month	Number of TAD	Percent ED Visits After TAD	Number of TIP	Percent ED Visits After TIP
Jul-21	0	0.0%	17	17.6%
Aug-21	0	0.0%	17	23.5%
Sep-21	0	0.0%	18	16.7%
Oct-21	0	0.0%	33	27.3%
Nov-21	0	0.0%	7	28.6%
Total	0	0.0%	92	22.8%

Mobile Integrated Health Referrals – March 2022



Mobile Integrated Health Enrollments – March 2022



Mobile Integrated Health – Currently Enrolled Clients



Readmission Avoidance Outcomes for THR

Hospital Utilization		THR Fort Worth & THR Alliance		All Programs		
As of: 12/31/2021						
	Sample Size	Before Enrollment (1)	After Graduation (2)	Change	30-Day Readmission (3)	
ED Utilization	141	137	83	-41.13%	426	16.20%
Unplanned Admission	329		140	-57.45%		

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 – March 31, 2022

The following summarizes significant items in the March 31, 2022 Financial Reports:

Statement of Revenues and Expenses:

Month to Date: Net Income for the month of March 2022 is a loss of (\$200,443) as compared to a budgeted loss of (\$256,344) for a positive variance of \$55,901. EBITDA for the month of March 2022 is a gain of \$133,491 compared to a budgeted gain of \$77,184 for a positive variance of \$56,307.

- Transport volume in March ended the month 105% to budget.
- Net Revenue in March is 112% to budget or \$492,581 above budget.
- Total Expenses ended the month 110% to budget or \$436,680 over budget. In March, MedStar incurred additional expenses in Salaries and Overtime of \$322K, Fuel of \$29.6K, Medical Supp/Oxygen \$29.8K, Computer Maintenance of \$36K and Professional Fees of \$129K. This expense overage was offset by lower than expected expenses in Benefits and Taxes of (\$63K) and all other expense lines by a total of (46K).

Year to Date: EBITDA is \$1,073,454 as compared to a budget of \$1,861,053 for a negative variance of (\$787,599)

- The main drivers for this variance are YTD patient encounters are 102% to budget and YTD net revenue is 1.03% to budget. Year to date expenses are 1.06% to budget. The main driver for this overage is salaries, fuel, and medical supplies. The total of all other expense lines are at budget for the year.

Key Financial Indicators:

- Current Ratio – MedStar has \$10.56 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 March 31, 2022, there is 4.5 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 6.61 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 March, the return is -1.94%.

MAEMSA/EPAB cash reserve balance as of March 31, 2022 is \$475,470.69.

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Balance Sheet By Character Code

For the Period Ending March 31, 2022

Assets	Current Year	Last Year
Cash	\$20,709,169.47	\$22,966,263.79
Accounts Receivable	\$7,759,348.72	\$9,039,552.96
Inventory	\$383,481.43	\$358,989.75
Prepaid Expenses	\$995,599.52	\$993,825.49
Property Plant & Equ	\$63,374,619.00	\$59,436,958.39
Accumulated Deprecia	(\$27,123,081.46)	(\$23,784,684.71)
Total Assets	\$66,099,136.68	\$69,010,905.67
Liabilities		
Accounts Payable	(\$456,170.16)	(\$484,046.09)
Other Current Liabil	(\$1,405,688.26)	(\$2,601,487.58)
Accrued Interest	(\$7,781.31)	(\$7,781.31)
Payroll Withholding	(\$3,424.18)	(\$7,504.68)
Long Term Debt	(\$3,509,847.84)	(\$3,861,521.27)
Other Long Term Liab	(\$9,763,757.80)	(\$8,098,168.24)
Total Liabilities	(\$15,146,669.55)	(\$15,060,509.17)
Equities		
Equity	(\$52,884,378.49)	(\$55,208,105.09)
Control	\$1,931,911.36	\$1,257,708.59
Total Equities	(\$50,952,467.13)	(\$53,950,396.50)
Total Liabilities and Equities	(\$66,099,136.68)	(\$69,010,905.67)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures
March 31, 2022

Revenue	Current Month	Current Month	Current Month	Year to Date	Year to Date	Year to Date
	Actual	Budget	Variance	Actual	Budget	Variance
Transport Fees	\$19,482,592.69	\$17,064,305.91	\$2,418,286.78	\$109,101,391.88	\$103,410,800.47	\$5,690,591.41
Contractual Allow	(\$12,732,427.49)	(\$7,436,365.57)	(\$5,296,061.92)	(\$33,760,945.69)	(\$45,071,495.52)	\$11,310,549.83
Provision for Uncoll	(\$2,440,880.48)	(\$5,547,253.65)	\$3,106,373.17	(\$50,590,783.64)	(\$33,621,668.49)	(\$16,969,115.15)
Education Income	\$5,720.00	\$3,940.00	\$1,780.00	\$79,115.30	\$53,110.00	\$26,005.30
Other Income	\$291,505.42	\$43,760.75	\$247,744.67	\$885,917.12	\$405,164.50	\$480,752.62
Standby/Subscription	\$80,082.84	\$65,511.47	\$14,571.37	\$509,090.14	\$398,148.74	\$110,941.40
Pop Health PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Interest on Investme	\$387.62	\$500.00	(\$112.38)	\$3,646.88	\$3,000.00	\$646.88
Gain(Loss) on Dispos	\$0.00	\$0.00	\$0.00	\$29,495.27	\$0.00	\$29,495.27
Total Revenue	\$4,686,980.60	\$4,194,398.91	\$492,581.69	\$26,256,927.26	\$25,577,059.70	\$679,867.56
Expenditures						
Salaries	\$2,953,022.24	\$2,630,768.66	\$322,253.58	\$16,799,844.01	\$15,477,527.96	\$1,322,316.05
Benefits and Taxes	\$512,344.98	\$576,155.00	(\$63,810.02)	\$2,474,936.34	\$2,624,819.00	(\$149,882.66)
Interest	\$32,331.47	\$33,500.00	(\$1,168.53)	\$209,939.81	\$201,000.00	\$8,939.81
Fuel	\$123,331.97	\$93,718.92	\$29,613.05	\$734,973.51	\$585,936.52	\$149,036.99
Medical Supp/Oxygen	\$215,135.78	\$185,281.05	\$29,854.73	\$1,265,068.12	\$1,122,418.05	\$142,650.07
Other Veh & Eq	\$28,058.08	\$34,007.00	(\$5,948.92)	\$246,794.25	\$232,417.00	\$14,377.25
Rent and Utilities	\$66,360.43	\$66,269.52	\$90.91	\$380,309.17	\$397,242.12	(\$16,932.95)
Facility & Eq Mtc	\$58,321.74	\$69,966.26	(\$11,644.52)	\$454,718.83	\$445,652.56	\$9,066.27
Postage & Shipping	\$2,034.97	\$3,521.55	(\$1,486.58)	\$15,066.03	\$21,129.30	(\$6,063.27)
Station	\$43,749.52	\$46,130.01	(\$2,380.49)	\$241,386.18	\$283,927.06	(\$42,540.88)
Comp Maintenance	\$98,412.66	\$62,274.99	\$36,137.67	\$372,964.25	\$373,649.94	(\$685.69)
Insurance	\$43,894.86	\$44,026.52	(\$127.66)	\$294,224.61	\$264,159.12	\$30,065.49
Advertising & PR	\$207.69	\$10,292.00	(\$10,084.31)	\$2,086.36	\$32,352.00	(\$30,265.64)
Printing	\$1,814.62	\$3,615.41	(\$1,800.79)	\$17,486.18	\$21,692.46	(\$4,206.28)
Travel & Entertain	\$5,533.35	\$7,913.00	(\$2,379.65)	\$22,736.40	\$57,988.00	(\$35,251.60)
Dues & Subs	\$111,998.74	\$142,990.00	(\$30,991.26)	\$660,763.91	\$810,141.00	(\$149,377.09)
Continuing Educ Ex	\$11,423.10	\$14,975.00	(\$3,551.90)	\$91,460.78	\$130,591.00	(\$39,130.22)
Professional Fees	\$252,656.92	\$123,365.71	\$129,291.21	\$1,025,510.50	\$822,499.26	\$203,011.24

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures
March 31, 2022

Education Expenses	\$2,248.89	\$0.00	\$2,248.89	\$16,540.30	\$0.00	\$16,540.30
Miscellaneous	\$22,939.11	\$1,944.00	\$20,995.11	\$66,603.30	\$11,864.00	\$54,739.30
Depreciation	\$301,602.28	\$300,028.00	\$1,574.28	\$1,891,614.19	\$1,800,168.00	\$91,446.19
Total Expenditures	\$4,887,423.40	\$4,450,742.60	\$436,680.80	\$27,285,027.03	\$25,717,174.35	\$1,567,852.68
Net Rev in Excess of Expend	(\$200,442.80)	(\$256,343.69)	\$55,900.89	(\$1,028,099.77)	(\$140,114.65)	(\$887,985.12)
EBITDA	\$133,490.95	\$77,184.31	\$56,306.64	\$1,073,454.23	\$1,861,053.35	(\$787,599.12)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Key Financial Indicators
March 31, 2022

	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	10.56

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%	37.26%
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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	6.61
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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%	-1.94%
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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 - March 2022

Turnover:

- March turnover –2.58%
 - FT – 2.42%
 - PT – 4.0%
- Year to date turnover –13.89%
 - FT –13.22%
 - PT – 20.0%

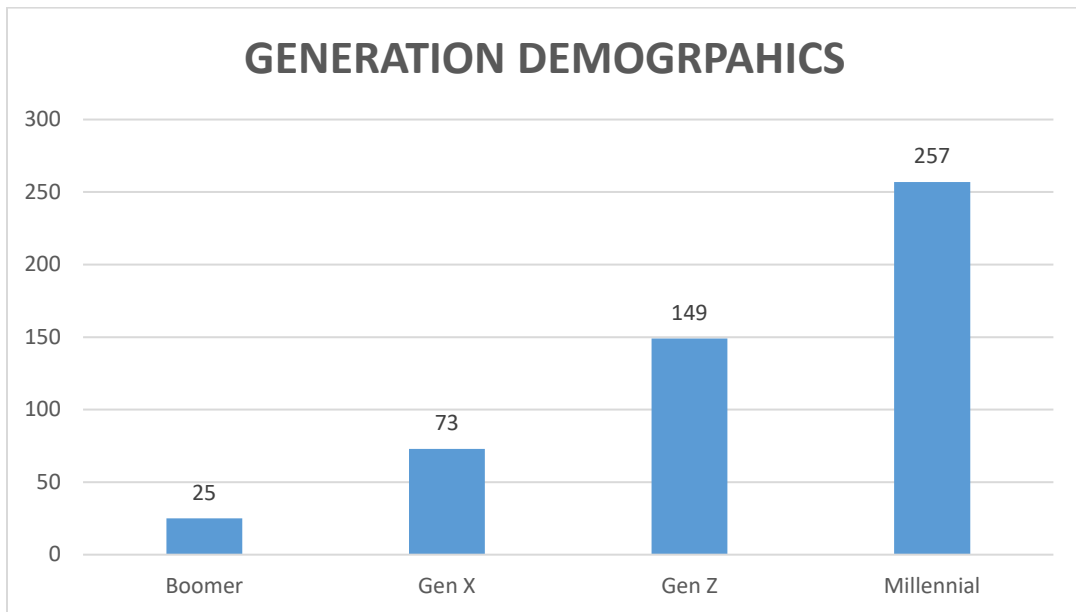
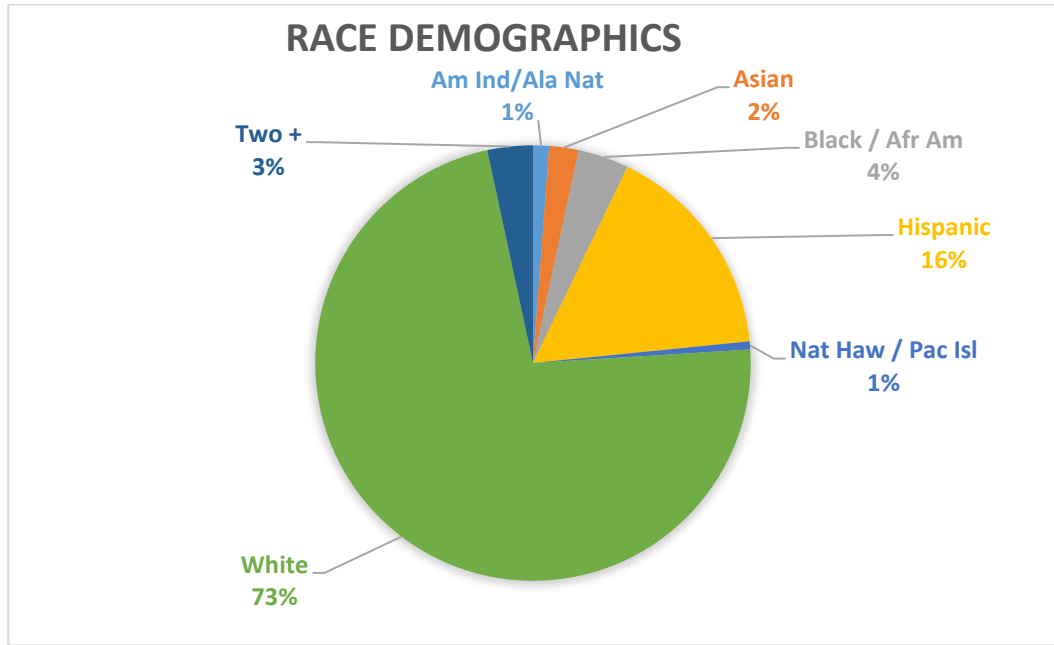
Leaves:

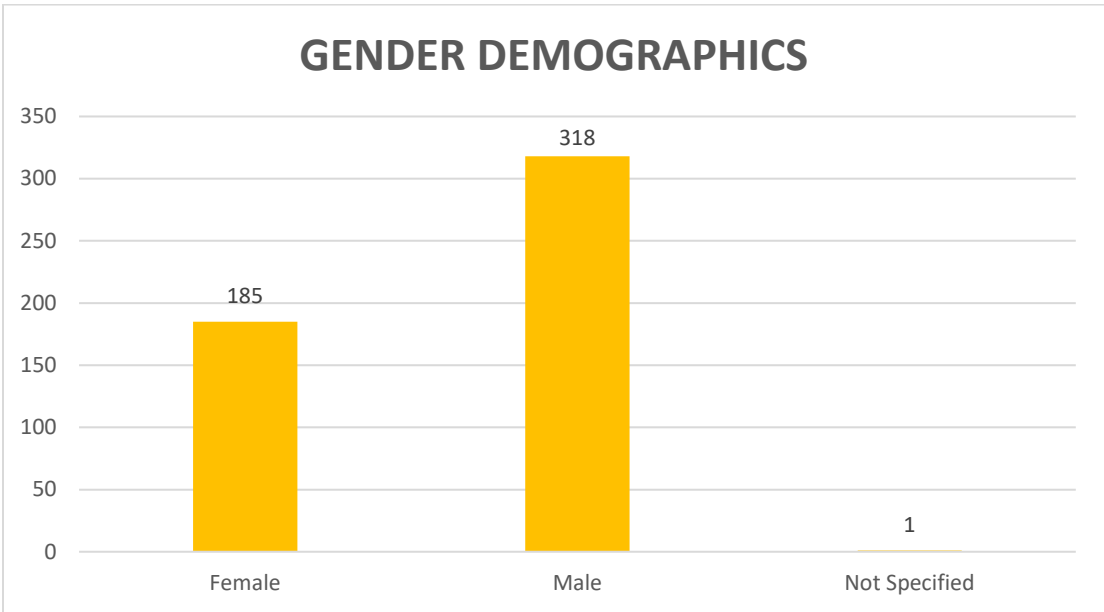
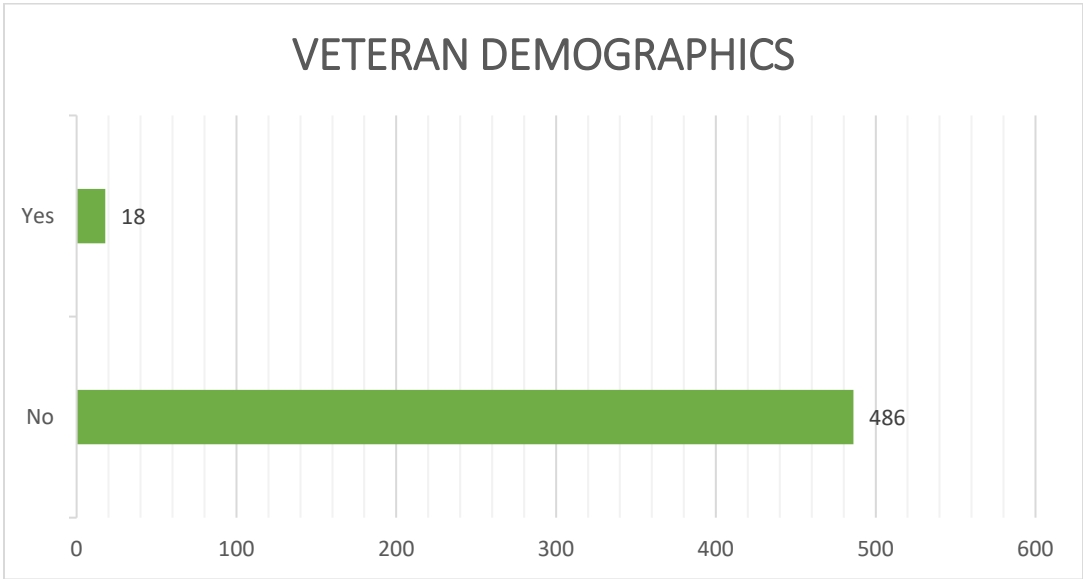
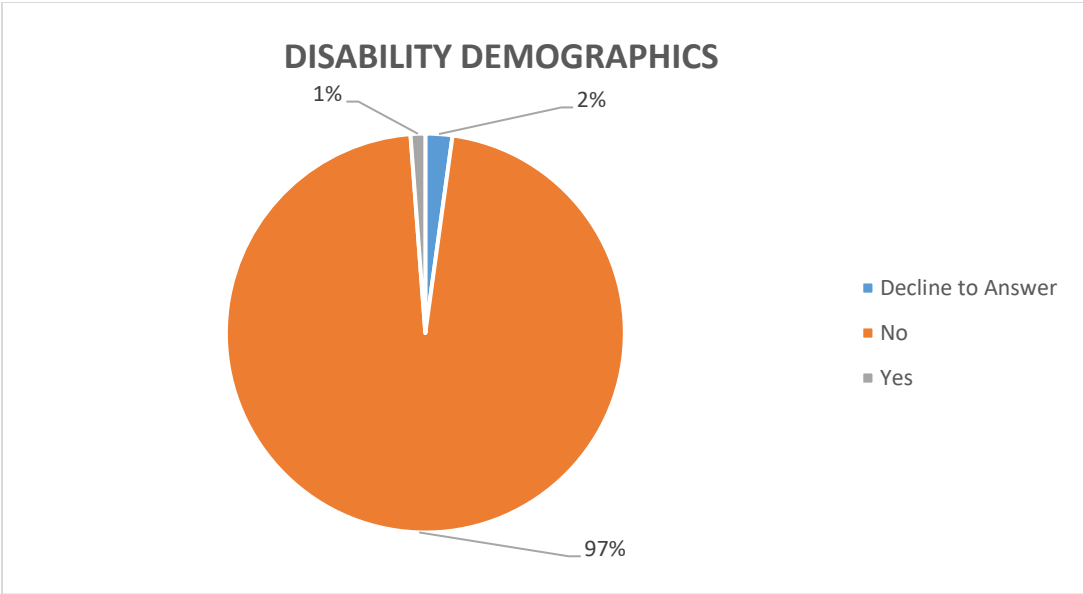
- 38 employees on FMLA / 8.37% of workforce
 - 24 cases on intermittent
 - 14 cases on a block
- Top FMLA request reasons/conditions
 - Neurological (7)
 - FMLA Child (7)
 - Obstetrics (7)
- COVID Administrative Leave
 - 71:18 hours in March
 - 26334:53 hours to date

Staffing

- 1 hire in March
- 69 hires FYTD

MARCH 2022 DIVERSITY STATISTICS





FMLA Leave of Absence (FMLA Detailed Report)
Fiscal Year 2/1/2022 thru 3/31/2022
Percentages by Department/Conditions

Row Labels	Conditions	Count of Reason
Cardiology		2
FMLA - Child		7
FMLA - Parent		2
FMLA - Sibling (in loco parentis)		1
FMLA - Spouse		1
Internal Medicine		3
Mental Health		4
Neurological		7
Obstetrics		7
Orthopedic		2
Pulmonary		2
Grand Total		38

Department	Percentage by Department			
	# of Ees	# on FMLA	% by FTE	% by Dept HC
Advanced	124	10	2.20%	26.32%
Basic	176	16	3.52%	42.11%
Business Office	12	2	0.44%	5.26%
Communications	34	3	0.66%	7.89%
Controller - Payroll, Purchasing, A/P	6	1	0.22%	2.63%
Executive	7	1	0.22%	2.63%
Human Resources	4	1	0.22%	2.63%
Support Services - Facilities, Fleet, S.E., Logistics	32	4	0.88%	10.53%
Grand Total	395	38		
Total # of Full Time Employees - March 2022	454			
% of Workforce using FMLA	8.37%			
TYPE OF LEAVES UNDER FMLA	# of Ees	% on Leave		
Intermittent Leave	24	63.16%		
Block of Leave	14	36.84%		
Total	38	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	189:01	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	2528:03	2528:03	2528:03	2528:03	2528:03	2528:03	2528:03	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	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	0:00
FY 21-22	0:00	24:00	24:00	24:00	24:00	24:00	24:00	24:00	24:00	24:00	24:00	24:00	0:00
FY 20-21	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00

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

FMLA LOA for Fiscal Year 2021 - 2022

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	AVG
Hours/Mo	840:24	799:07	444:27	509:04	274:13	1247:46	0:00	0:00	0:00	0:00	0:00	0:00	411:30
FY 21-22	840:24	1639:31	2083:58	2593:02	2867:15	4115:01	4115:01	4115:01	4115:01	4115:01	4115:01	4115:01	4115:01
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	6244:24	0:00	0:00	0:00	0:00	0:00	0:00	4502:35
FY 21-22	7262:49	14723:47	24721:44	32161:05	38781:29	45025:53	45025:53	45025:53	45025:53	45025:53	45025:53	45025:53	45025:53
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	226:00	0:00	0:00	0:00	0:00	0:00	0:00	84:30
FY 21-22	166:00	372:00	418:00	430:00	619:00	845:00	845:00	845:00	845:00	845:00	845:00	845:00	845:00
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	1662:47	0:00	0:00	0:00	0:00	0:00	0:00	751:12
FY 21-22	1641:23	2988:11	4062:15	5014:42	5849:17	7512:04	7512:04	7512:04	7512:04	7512:04	7512:04	7512:04	7512:04
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	All Other Leave	FMLA	Military	Total
YTD	2528:03	2272:36	24:00	4115:01	45025:53	845:00	7512:04
Goal-Compare	3254:00	2162:30	0:00	17497:06	69441:53	1096:00	93451:29

Revision # 9/24/2014

MedStar Mobile Health Care Separation Statistics March 2022

Full Time Separations
Part Time Separations
Total Separations

Current Month		
Vol	Invol	Total
7	4	11
1	1	2
8	5	13

Year to Date		
Vol	Invol	Total
34	26	60
9	1	10
43	27	70

YTD Compared to Feb'21		Headcount
Mar'21	%	Mar-21
33	7.33%	450
15	37.50%	40
48	9.80%	490
Difference	4.089%	

	Full Time	Part Time	Total
Total Turnover %	2.42%	4.00%	2.58%

	Full Time	Part Time	Total
	13.22%	20.00%	13.89%

Separations by Department

Full Time	Current Month		
	Vol	Invol	Total
Advanced	1	0	1
Basics	3	2	5
Business Office			
Communications	2	2	4
Controller - Payroll, Purchasing, A/P			
Executives			
Field Manager/Supervisors - Operations			
Field Operations Other			
Health Information Systems			
Human Resources	1	0	1
Information Technology			
Legal/Compliance			
Mobile Integrated Health			
Office of the Medical Director			
Public Information			
Support Services - Facilities, Fleet, S.E., Logistics			
Total	7	4	11

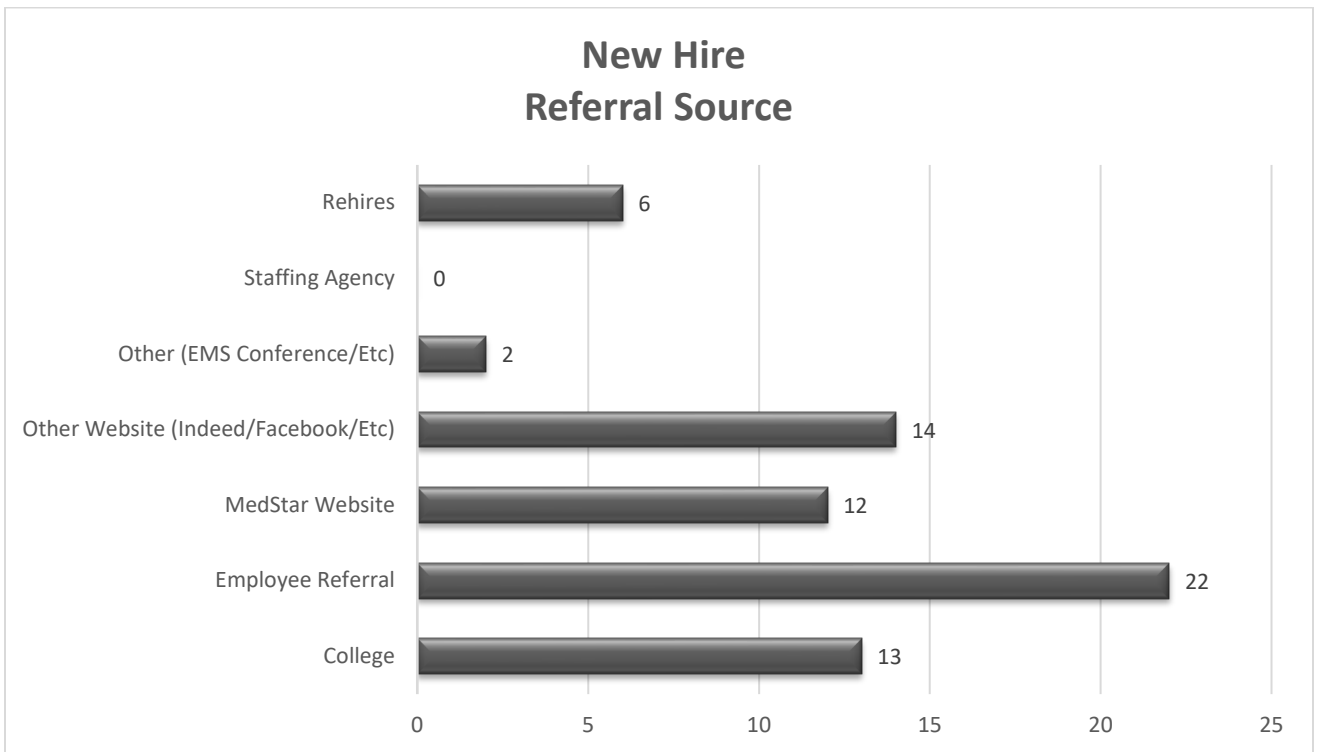
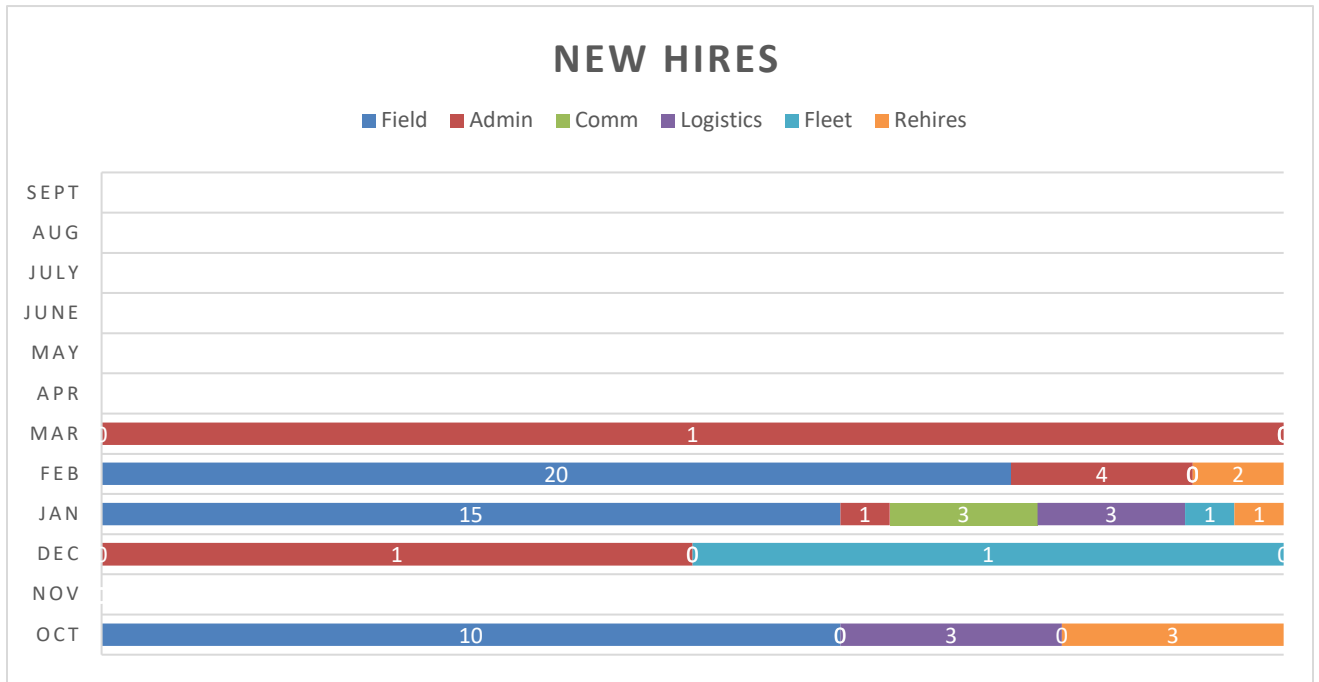
Year to Date			Headcount
Vol	Invol	Total	Mar-22
8	0	8	124
16	6	22	176
3	8	11	12
4	10	13	34
1	0	1	6
			7
			25
			7
			3
1	1	2	4
			3
			2
0	1	1	5
			13
			1
1	0	1	32
34	26	60	454

Part Time	Current Month		
	Vol	Invol	Total
Advanced			
Basics	1	1	2
Business Intelligence - Deployment, QI, Scheduler			
Business Office			
Communications			
Compliance			
Controller - Payroll, Purchasing, A/P			
Field Manager/Supervisors - Operations			
Human Resources			
Information Technology			
Medical Records			
Mobile Integrated Health Department			
MTAC - MedStar Training Academy			
Office of the Medical Director			
Risk and Safety			
Support Services - Facilities, Fleet, S.E., Logistics			
Total	1	1	2

Year to Date			Headcount
Vol	Invol	Total	Mar-22
3	0	3	20
4	1	5	21
1	0	1	5
1	0	1	4
9	1	10	50

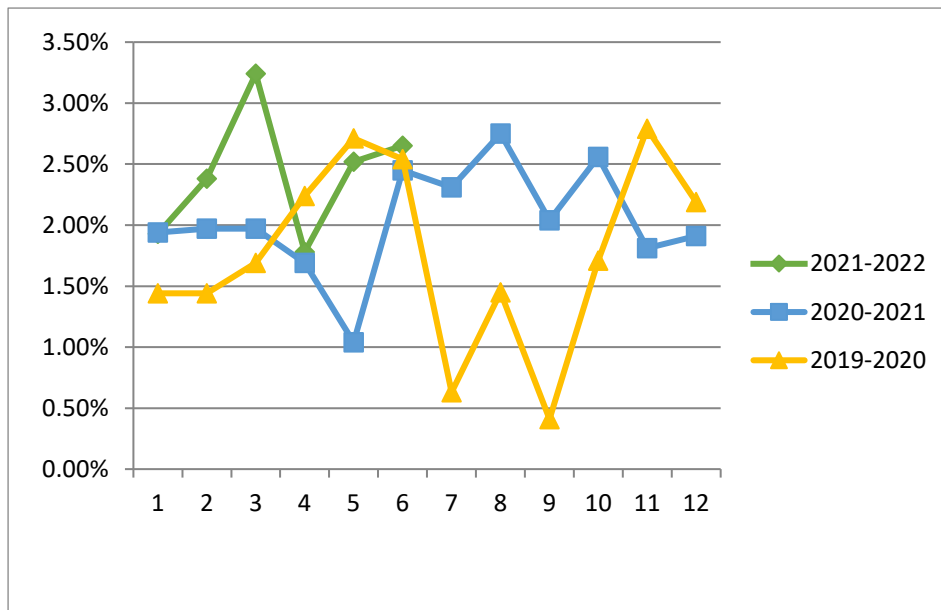
Recruiting & Staffing Report

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	2.65%	2.45%	2.54%	2.44%
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 March 17, 2022-April 18, 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 found a vial of Versed empty due to a crack.
 - Paramedic found a broken vial of Succinylcholine when checking in their narcotic pouch.In all occurrences, the Medstar narcotics anomaly process was followed, drug screens performed as warranted, and no foul play was discovered.
- Provider assault reporting project update.

Paralegal Duties

- 12 DFPS reports were made for suspected abuse, neglect, or exploitation.
- 1 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". The signature is fluid and cursive, with a prominent initial "C".

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

Tab G – Operations

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

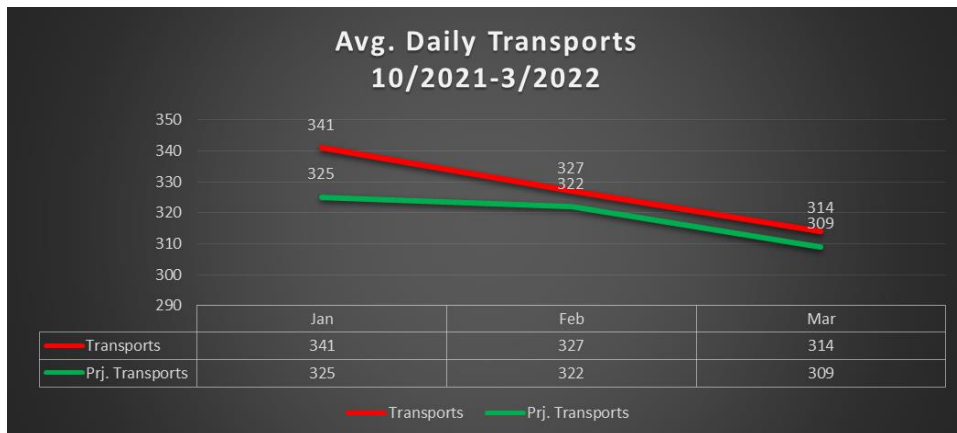
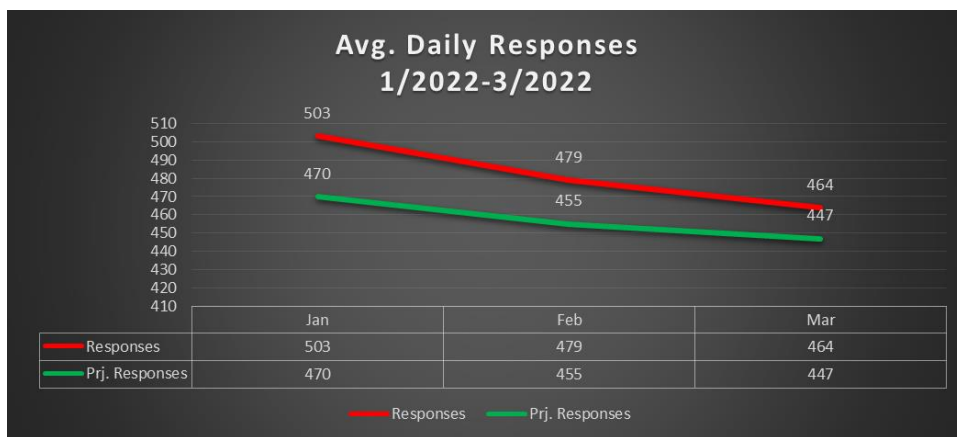
Operations Report- March 2022

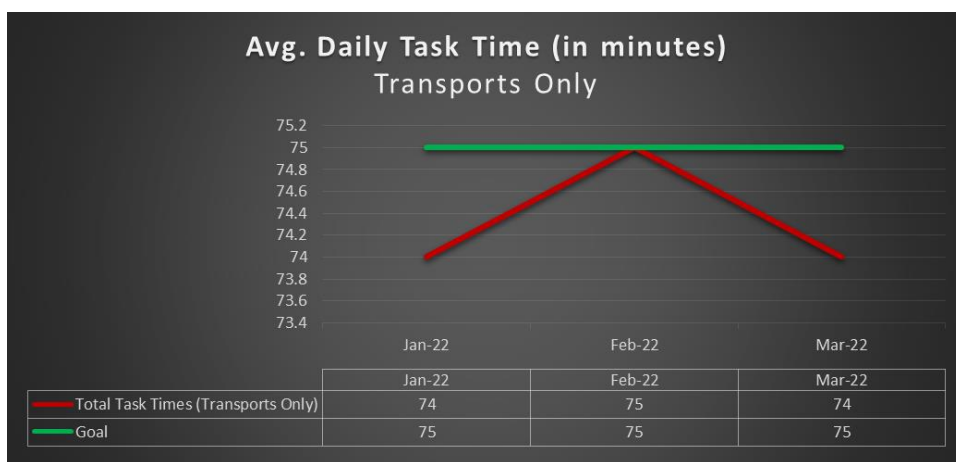
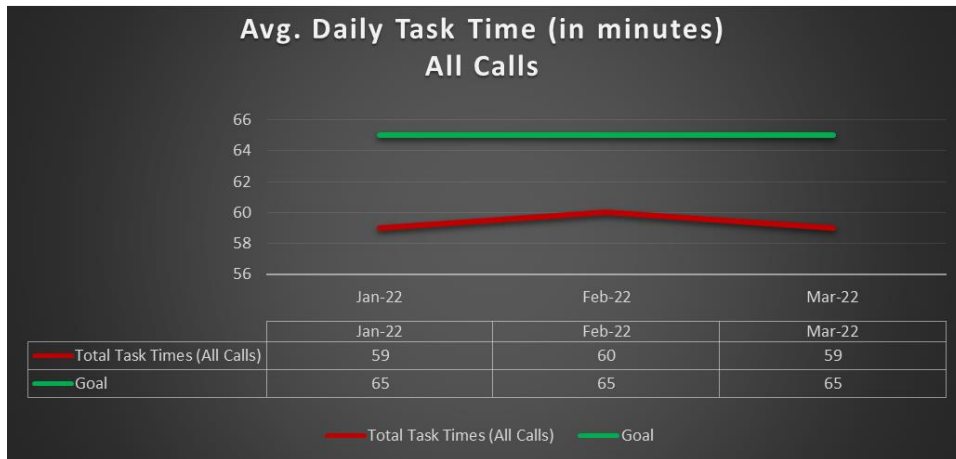
The following summarizes significant operational items through March 31st, 2022:

Field Operations:

- March transport volume exceeded budget expectations by approximately 2%.
- Call volume (Responses) exceeded projections by approximately 4%.
- April 2022 NEOP began on 4/4/2022 (12 BASIC and 5 ADVANCED Candidates)
- May NEOP will be Advanced candidates only and begin on 5/16/2022

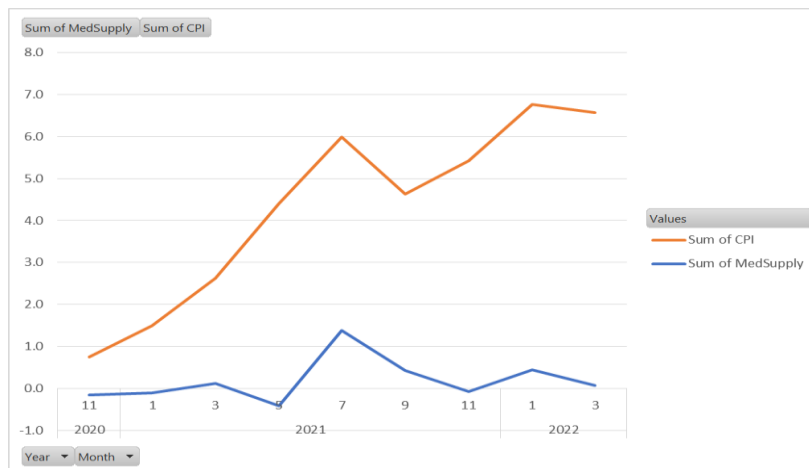
Field Ops Metrics





Fleet/Logistics:

- Working to stay ahead of supply chain challenges through active management
- Actively searching for Ambulance Chassis
- Fleet team continues to keep units up and available for deployment



Special Operations:

- AMBUS 2.0 is now in service ready to serve the region
 - Fantastic job by Jason Weimer and Kayden Bathory leading the way in getting this unit in service
- Completed 80 events for the month of March
- Spring events season has arrived, several requests for service through the spring
- Tina Martin is doing an excellent job leading all the specialty teams

Mobile Integrated Health

- Team is working through operationalization of recent programs
- The team is training part time MHP/CCP team members to assist with increasing MIH (Mobile Integrated Health) volume
- See Chief Transformation Officer report on ongoing programs

Information Technology:

- Completed the migration of the transport vehicle fleet to FirstNet.
- Replacing network equipment that has reached the end of its vendor-supported life cycle.
- Completed the access control and video surveillance migration project.
- Continued implementation of software to assist in change management process, document repository and version control moving forward. Implementation expected in late April/early May.

Business Intelligence:

- Multiple projects are ongoing, including:
 - Finishing automation of Risk and Safety Data Collection and Reporting.
 - Completing drill down capability of level zero report.
 - Ongoing data collection from eCATS database.
 - Report Card data mapping.
 - Tableau Reports conversion.

Communications:

- On April 1st, IAED (International Academies of Emergency Dispatch) announced MedStar Communications re-accreditation for the 7th time as the world's 75th Medical ACE.
- All Dispatchers have completed RQI-T Q1 assignment and simulation 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
- Four new System Status Controllers started with the April 4th new hire orientation to assist with staffing. An additional 6 are planned to begin May 16th .

- Continue to have 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

Month	# 911 Calls	Average Duration	% Answered	
			≤ 15 Secs	≤ 20 Secs
January 2022	10,832	282.5	87.06%	90.04%
February 2022	9,530	293.1	88.60%	91.51%
March 2022	10,135	280.5	88.57%	91.79%



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 03/01/2022 thru 03/31/2022

Mutual Aid Given	Aid Received	Total Calls	Aid Received on % of Total Calls
40	16	14382	0.111%

Aid Type	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX	
Given	Total									
									40	
	Aid TO									
	Arlington									
		Arlington	M81	03/18/2022 23:38:09	2134381	1	Arlington	00:55:19		1
		Arlington	M59	03/26/2022 23:38:49	2144009	3	Arlington	00:05:42	Calling Party Cancelled	0
		Arlington	M76	03/15/2022 14:38:54	2130323	2	Arlington	00:11:36	FD/PPD Cancelled MedStar	0
		Arlington	M78	03/26/2022 23:37:03	2144005	2	Arlington	00:01:16	Calling Party Cancelled	0
		Arlington	M28	03/07/2022 14:21:11	2121614	3	Arlington	00:25:19	AMA - Assessed and/or Treated & Released	0
		Arlington	M40	03/10/2022 14:56:27	2124880	3	Arlington	00:51:29	AMA - Assessed and/or Treated & Released	0
		Arlington	M82	03/07/2022 14:22:45	2121616	3	Arlington	01:29:56		1
		Arlington	M71	03/26/2022 23:03:07	2143969	2	Arlington	01:27:13		1
	Benbrook									
										19
		Benbrook	M68	03/21/2022 16:16:09	2137783	2	Benbrook	01:05:38	AMA - Assessed and/or Treated & Released	0
		Benbrook	M43	03/21/2022 01:27:15	2137099	3	Benbrook	01:25:16		1
		Benbrook	M54	03/22/2022 11:43:20	2138774	2	Benbrook	01:13:05		1
		Benbrook	M61	03/30/2022 16:28:59	2148086	2	Benbrook	01:03:38		1
		Benbrook	M34	03/07/2022 20:39:02	2121986	2	Benbrook	01:22:31		1
	Benbrook	M77	03/13/2022 18:44:23	2128530	2	Benbrook	00:31:56	AMA - Assessed and/or Treated & Released	0	
	Benbrook	M28	03/04/2022 10:44:42	2117911	1	Benbrook	00:30:01	AMA - Assessed and/or Treated & Released	0	



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 03/01/2022 thru 03/31/2022

Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Benbrook	M82	03/09/2022 15:04:39	2123804	1	Benbrook	01:02:56		1
Benbrook	M25	03/17/2022 14:15:00	2132650	2	Benbrook	01:07:33		1
Benbrook	M26	03/19/2022 06:03:00	2134606	2	Benbrook	01:26:09		1
Benbrook	M45	03/08/2022 12:23:14	2122579	2	Benbrook	01:14:24		1
Benbrook	M79	03/30/2022 13:02:21	2147912	2	Benbrook	01:38:31		1
Benbrook	M35	03/08/2022 14:13:32	2122666	2	Benbrook	01:35:38		1
Benbrook	M51	03/26/2022 11:32:45	2143364	2	Benbrook	01:39:03		1
Benbrook	M25	03/15/2022 23:10:49	2130880	1	Benbrook	01:16:37		1
Benbrook	M68	03/04/2022 17:02:37	2118381	2	Benbrook	00:23:15	AMA - Assessed and/or Treated & Released	0
Benbrook	M20	03/13/2022 06:32:36	2127848	2	Benbrook	00:56:40		1
Benbrook	M49	03/30/2022 05:44:55	2147571	2	Benbrook	01:14:31		1
Benbrook	M32	03/29/2022 21:21:37	2147313	3	Benbrook	00:44:54		1
Crowley								
Crowley	M25	03/29/2022 23:32:07	2147380	2	Crowley	00:18:03	FD/PD Cancelled MedStar	0
Crowley	M30	03/17/2022 10:37:39	2132447	2	Crowley	00:19:14	FD/PD Cancelled MedStar	0
Crowley	M31	03/04/2022 06:39:01	2117708	2	Crowley	01:04:46		1
Crowley	M38	03/06/2022 01:41:04	2120107	2	Crowley	01:13:06		1
Crowley	M70	03/17/2022 17:20:46	2132955	1	Crowley	01:14:15		1
Crowley	M35	03/04/2022 13:14:01	2118064	2	Crowley	01:04:45		1
Hurst								
Hurst	M48	03/01/2022 18:02:33	2114887	3	Hurst	00:30:27	Calling Party Cancelled	0
Tarrant County								



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 03/01/2022 thru 03/31/2022

	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Watauga	Tarrant County	M72	03/28/2022 06:45:13	2145329	1	Tarrant County	00:11:23	FD/PP Cancelled MedStar	0
	Tarrant County	M55	03/26/2022 23:42:56	2702909	3	Tarrant County	00:08:04		0
		4							
Watauga	Watauga	M75	03/29/2022 10:53:27	2146716	1	Watauga	01:13:32		1
	Watauga	M37	03/11/2022 12:09:20	2126009	1	Watauga	00:46:40	AMA - Assessed and/or Treated & Released	0
	Watauga	M41	03/14/2022 16:00:29	2129269	2	Watauga	01:20:13		1
	Watauga	M78	03/14/2022 10:41:52	2128981	2	Watauga	01:22:20		1
		16							
Received									
	Total								
Aid FROM Arlington EMS		1							
	Arlington EMS	AMR Arlington 1	03/18/2022 00:50:41	2133298	3	Fort Worth	01:03:39		1
		4							
Crowley	Crowley	Crowley 54	03/19/2022 10:42:43	2134829	1	Burleson	00:44:51		1
	Crowley	Crowley 254	03/03/2022 13:29:34	2116878	1	Burleson	00:55:23		1
	Crowley	Crowley 54	03/17/2022 16:23:26	2132867	2	Burleson	01:10:04		1
	Crowley	Crowley 254	03/30/2022 07:37:34	2147661	2	Burleson	00:59:48		1
		8							
Eagle Mountain									
	Eagle Mountain	Eagle Mountain	03/09/2022 20:09:57	2124128	2	Lake Worth	01:04:33		1



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 03/01/2022 thru 03/31/2022

		Eagle Mountain	Eagle Mountain	03/05/2022 13:12:57	2119372		2	Fort Worth	01:06:07		1
		Eagle Mountain	Eagle Mountain	03/03/2022 13:32:09	2116877		2	Lake Worth	00:26:33		0
		Eagle Mountain	Eagle Mountain	03/08/2022 17:05:41	2122897		2	Lakeside	01:19:54		1
		Eagle Mountain	Eagle Mountain	03/19/2022 13:25:21	2135011		1	Fort Worth	01:36:36		1
		Eagle Mountain	Eagle Mountain	03/15/2022 19:52:24	2130689		3	Fort Worth	00:58:18		1
		Eagle Mountain	Eagle Mountain	03/11/2022 08:19:18	2125765		1	Fort Worth	01:01:35		1
		Eagle Mountain	Eagle Mountain	03/19/2022 23:37:08	2135805		1	Fort Worth	01:40:00		1
	1										
		Aid FROM	Unit	Inc Date	Incident Number	Priority		Area	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
		Life Care EMS	Life Care EMS (Willow Park)	03/20/2022 14:35:58	2136644	2		Fort Worth	00:11:27	FD/PD Cancelled MedStar	0
	2										
		Aid FROM	Unit	Inc Date	Incident Number	Priority		Area	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
		Watauga	Watauga	03/29/2022 17:10:11	2147100	2		Haltom City	00:34:10		0
		Watauga	Watauga	03/05/2022 13:05:00	2119350	1		Fort Worth	00:54:54		1



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 02/01/2022 thru 02/28/2022

Aid Given	Aid Received	Total Calls	Aid Needed on % of Calls
34	30	13,443	0.2232%

Aid Type	Total	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX	
Given	34	Arlington	M68	02/04/2022 21:23:18	2085301	2	Arlington	17B01 - Falls - P2	01:38:42		1	
		Arlington	M81	02/07/2022 23:17:03	2089010	3	Arlington	05A01 - Back Pain (Non-Traumatic or Non-Recent Trauma) - P3	01:20:48		1	
		Arlington	M22	02/08/2022 15:11:16	2089741	3	Arlington	26A07 - Sick Person (Specific Diagnosis) - P3	00:04:52	Calling Party Cancelled	0	
		Arlington	M53	02/10/2022 14:54:48	2092259	1	Arlington	24B02 - Pregnancy / Childbirth / Miscarriage - P2	00:57:19		1	
		Arlington	M32	02/13/2022 12:14:03	2095672	3	Arlington	26A03 - Sick Person (Specific Diagnosis) - P3	01:17:12		1	
		Arlington	M66	02/13/2022 12:21:52	2095671	1	Arlington	31D02 - Unconscious / Fainting (Near) - P1	01:34:51		1	
		Arlington	M60	02/14/2022 10:08:51	2096707	3	Arlington	26A10 - Sick Person (Specific Diagnosis) - P3	01:21:55		1	
		Arlington	M26	02/16/2022 11:28:24	2099534	3	Arlington	01A01 - Abdominal Pain / Problems - P3	01:03:42		1	
		Arlington	M51	02/17/2022 22:09:00	2101376	1	Arlington	31D02 - Unconscious / Fainting (Near) - P1	00:04:35	Calling Party Cancelled	0	
		Arlington	M57	02/17/2022 22:55:58	2101409	2	Arlington	17B04 - Falls - P2	00:05:24	Calling Party Cancelled	0	
		Arlington	M58	02/19/2022 13:23:53	2103112	3	Arlington	12A01 - E - Convulsions / Seizures - Epileptic or Previous seizure diagnosis - P3	00:26:36	AMA - Assessed and/or Treated & Released	0	
		15	Benbrook	M57	02/02/2022 02:15:29	2081689	3	Benbrook	05A01 - Back Pain (Non-Traumatic or Non-Recent Trauma) - P3	00:59:57		1
			Benbrook	M28	02/08/2022 08:26:24	2089272	2	Benbrook	17B01 - Falls - P2	01:08:03		1
			Benbrook	M65	02/08/2022 16:12:10	2089822	2	Benbrook	17B01 - Falls - P2	00:59:47		1
			Benbrook	M43	02/09/2022 19:46:00	2091383	3	Benbrook	17A02 - Falls - P3	01:08:39		1
		Benbrook	M40	02/11/2022 00:49:21	2092869	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2	01:14:41		1	
		Benbrook	M28	02/12/2022 16:03:56	2094836	2	Benbrook	17B01 - Falls - P2	00:38:11		1	
		Benbrook	M68	02/14/2022 16:29:16	2097233	3	Benbrook	33C06 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2	01:27:49		1	



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 02/01/2022 thru 02/28/2022

	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Crowley	Benbrook	M66	02/18/2022 11:44:44	2101859	3	Benbrook	32B03 - Unknown Problem (Person Down) - P2	00:03:04	Calling Party Cancelled	0
	Benbrook	M68	02/19/2022 12:37:39	2103075	2	Benbrook	17B04 - Transfer / Interfacility / Palliative Care - P2	00:59:30	AMA - Assessed and/or Treated & Released	0
	Benbrook	M68	02/19/2022 17:22:09	2103337	1	Benbrook	12D02 - Convulsions / Seizures - P1	01:32:11		1
	Benbrook	M41	02/20/2022 11:45:16	2104087	3	Benbrook	10C03 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	00:00:49	Calling Party Cancelled	0
	Benbrook	M47	02/21/2022 01:08:12	2104746	2	Benbrook	28C01 - X - Stroke (CVA) / Transient Ischemic Attack (TIA) - No test evidence of stroke (< T hours) - P2	01:02:05		1
	Benbrook	M70	02/21/2022 11:30:38	2105130	2	Benbrook	26A04 - Sick Person (Specific Diagnosis) - P3	00:42:10	AMA - Assessed and/or Treated & Released	0
	Benbrook	M75	02/21/2022 21:55:48	2105817	3	Benbrook	17B01 - Falls - P2	01:01:24		1
	Benbrook	M64	02/24/2022 06:05:43	2108717	2	Benbrook		01:10:16		1
5										
Crowley	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Crowley	M38	02/04/2022 13:22:33	2084790	1	Crowley	31D02 - Unconscious / Fainting (Near) - P1	01:20:58		1
	Crowley	M20	02/07/2022 14:54:26	2088480	1	Crowley	31D02 - Unconscious / Fainting (Near) - P1	00:05:54	FD/PD Cancelled MedStar	0
	Crowley	M73	02/10/2022 07:58:35	2091781	2	Crowley	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - P2	00:58:16		1
	Crowley	M38	02/20/2022 17:05:32	2104373	1	Crowley	31D04 - Unconscious / Fainting (Near) - P1	00:01:32	FD/PD Cancelled MedStar	0
	Crowley	M64	02/22/2022 18:27:49	2106773	3	Crowley	26A10 - Sick Person (Specific Diagnosis) - P3	01:07:12		1
1										
Godley	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Godley	M79	02/08/2022 20:20:43	2090104	1	Godley	29D03 - U - HIGH VELOCITY impact - Unknown number of patients - P1	00:49:41	FD/PD Cancelled MedStar	0
1										
Kennedale	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Kennedale	M60	02/15/2022 17:36:44	2098804	3	Kennedale		01:31:30	FD/PD Cancelled MedStar	0
1										
Watauga	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Watauga	M26	02/22/2022 21:16:50	2106946	3	Watauga	26A10 - Sick Person (Specific Diagnosis) - P3	00:40:27	False Call	0
30										
Received										
Aid FROM	Total									
Arlington EMS	1									



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 02/01/2022 thru 02/28/2022

Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	AMR Arlington n 1	02/15/2022 18:32:25	2098850	3	Fort Worth	25002 - Psychiatric / Abnormal Behavior / Suicide Attempt - P3	01:30:25	FD/PD Cancelled MedStar	0
Crowley 3									
Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Crowley	Crowley 54	02/01/2022 14:56:48	2081063	2	Burleson	29B05 - V - Vehicle vs. vehicle - Multiple patients - P2	00:53:46		1
Crowley	Crowley 254	02/05/2022 16:22:28	2086368	2	Burleson	29B01 - U - Traffic Collision / Transportation Incident - Unknown number of patients - P2	00:08:22	Unit On Scene Cancelled	0
Crowley	Crowley 254	02/05/2022 16:55:21	2086401	2	Burleson	29B01 - V - Vehicle vs. vehicle - Multiple patients - P2	01:06:46		1
Crowley 19									
Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Eagle Mountain	Eagle Mountain n	02/26/2022 12:15:47	2111390	1	Fort Worth	06D02 - Breathing Problems - P1	01:09:35		1
Eagle Mountain	Eagle Mountain n	02/04/2022 08:59:31	2084478	3	Fort Worth	01A03 - Abdominal Pain / Problems - P3	00:47:25	Transferred Care	1
Eagle Mountain	Eagle Mountain n	02/04/2022 11:10:10	2084606	2	Fort Worth	17B01 - Falls - P2	00:01:49	Unit On Scene Cancelled	0
Eagle Mountain	Eagle Mountain n	02/05/2022 16:20:41	2086297	3	Fort Worth	04B03 - A - Allergic reaction concern only (asymptomatic) - Assault - P2	00:02:58	FD/PD Cancelled MedStar	0
Eagle Mountain	Eagle Mountain n	02/08/2022 13:26:06	2089579	1	Fort Worth	01D01 - Abdominal Pain / Problems - P1	01:13:50		1
Eagle Mountain	Eagle Mountain n	02/08/2022 17:21:40	2089906	3	Lake Worth	33A02 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P3	00:50:43		1
Eagle Mountain	Eagle Mountain n	02/09/2022 08:24:55	2090603	1	Fort Worth	21D05 - M - Hemorrhage (Bleeding) / Lacerations - MEDICAL - P1	00:54:05		1
Eagle Mountain	Eagle Mountain n	02/09/2022 17:23:53	2091172	1	Fort Worth	12D04 - Convulsions / Seizures - P1	01:29:43		1
Eagle Mountain	Eagle Mountain n	02/10/2022 19:40:21	2092645	2	Lake Worth	26C01 - Sick Person (Specific Diagnosis) - P2	01:01:24		1
Eagle Mountain	Eagle Mountain n	02/14/2022 13:01:04	2096884	2	Fort Worth	29B01 - U - Vehicle vs. vehicle - Unknown number of patients - P2	00:57:38		1



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 02/01/2022 thru 02/28/2022

Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted in TX
Eagle Mountain	Eagle Mountain	02/15/2022 13:26:22	2098395	1	Lake Worth	29D02 - m - Auto vs. pedestrian - Auto vs. pedestrian - P1	00:58:37		1
Eagle Mountain	Eagle Mountain	02/17/2022 13:35:31	2100853	3	Fort Worth	01A03 - Abdominal Pain / Problems - P3	00:54:06		1
Eagle Mountain	Eagle Mountain	02/18/2022 17:46:26	2102252	2	Lake Worth	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - P2	00:54:20		1
Eagle Mountain	Eagle Mountain	02/23/2022 06:38:00	2107293	2	Fort Worth	17B01 - Falls - P2	01:12:39		1
Eagle Mountain	Eagle Mountain	02/23/2022 11:45:05	2107638	1	Fort Worth	19D02 - Heart Problems / A.I.C.D. - P1	01:00:47		1
Eagle Mountain	Eagle Mountain	02/24/2022 09:50:39	2109006	2	Fort Worth	17B01 - Falls - P2	00:16:57	FD/PD Cancelled MedStar	0
Eagle Mountain	Eagle Mountain	02/24/2022 10:04:13	2109041	2	Fort Worth	26C01 - C - Sick Person (Specific Diagnosis) - Suspected coronavirus illness - P2	01:58:09		1
Eagle Mountain	Eagle Mountain	02/25/2022 11:29:39	2110290	2	Fort Worth	21B01 - M - Sick Person (Specific Diagnosis) - MEDICAL - P2	00:15:03		0
Eagle Mountain	Eagle Mountain	02/26/2022 01:54:09	2111030	1	Fort Worth	31D04 - Falls - P1	01:12:14		1
Johnson County									
Johnson County	AMR JC 1	02/05/2022 12:20:10	2085977	2	Burleson	29B05 - Traffic Collision / Transportation Incident - P2	01:15:28		1
Johnson County	AMR JC 1	02/05/2022 17:01:34	2086432	3	Burleson	26A06 - Sick Person (Specific Diagnosis) - P3	00:59:00		1
Life Care EMS									
Life Care EMS	Life Care EMS (Willow Park)	02/05/2022 13:31:49	2086066	3	Fort Worth	30A01 - Traumatic Injuries (Specific) - P3	01:03:37		1
Watauga									
Watauga	Watauga	02/04/2022 10:50:41	2084583	2	Fort Worth	28C01 - K - Stroke (CVA) / Transient Ischemic Attack (TIA) - CLEAR evidence of stroke (≥ 1 hours) - P2	01:47:43		1



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 02/01/2022 thru 02/28/2022

	Watauga	Watauga	02/08/2022 17:47:33	2089945	2	Fort Worth	29B01 - V - Traffic Collision / Transportation Incident - Multiple patients - P2	01:16:08		1
	Watauga	Watauga	02/23/2022 13:16:57	2107787	2	Fort Worth	17A01 - E - Falls - Environmental problems (rain, heat, cold) - P3	01:00:00		1
	Watauga	Watauga	02/23/2022 15:30:06	2108083	2	Fort Worth	17B01 - P - Falls - Public place (street, parking garage, market) - P2	01:02:32		1



MedStar Response Time Reliability and AVG Response Time Performance

Period: Mar 2022

Member City	Pri	Calls	On Scene	Current Month			100 Response Compliance Period			
				Avg RT	Late Responses	On Time %	Extended Responses Count	Compliance Calculated Responses	Late Responses	On Time %
Blue Mound	1	4	4	00:10:55	2	50.0%	0	38	7	81.6%
	2	6	5	00:10:44	2	66.7%	1	68	8	88.2%
	3	4	4	00:09:15	0	100.0%	0	30	5	83.3%
	4	1	1	00:00:00	0	100.0%	0	1	0	100.0%
Total Blue Mound		15	14							
Burleson	1	110	105	00:08:13	20	81.8%	5	192	29	84.9%
	2	178	164	00:09:12	30	83.1%	5	178	30	83.1%
	3	140	118	00:09:06	6	95.7%	2	140	6	95.7%
	4	77	77	00:28:45	4	94.8%	1	154	8	94.8%
Total Burleson		505	464							
Edgecliff Village	1	8	8	00:07:17	0	100.0%	0	46	7	84.8%
	2	8	8	00:07:48	2	75.0%	0	23	5	78.3%
	3	7	6	00:08:06	0	100.0%	0	42	3	92.9%
Total Edgecliff Village		23	22							
Forest Hill	1	55	53	00:09:01	13	76.4%	1	91	20	78.0%
	2	76	69	00:08:41	5	93.4%	1	136	14	89.7%
	3	40	39	00:10:32	3	92.5%	0	40	3	92.5%
Total Forest Hill		171	161							
Fort Worth	1	2966	2884	00:08:07	408	86.2%	51	2966	408	86.2%
	2	4925	4744	00:08:37	455	90.8%	66	4925	455	90.8%
	3	3225	2949	00:09:50	243	92.5%	41	3225	243	92.5%
	4	1403	1391	00:23:02	39	97.2%	17	1403	39	97.2%
Total Fort Worth		12519	11968							
Haltom City	1	102	98	00:09:01	23	77.5%	2	102	23	77.5%
	2	163	152	00:09:15	22	86.5%	2	163	22	86.5%
	3	96	88	00:10:53	11	88.5%	1	96	11	88.5%
	4	1	1	00:15:09	0	100.0%	0	28	2	92.9%
Total Haltom City		362	339							
1	7	7	00:12:26	5	28.6%	1	69	24	65.2%	



MedStar Response Time Reliability and AVG Response Time Performance

Period: Mar 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 %					
Haslet															
	2	8	8	00:09:27	1	87.5%	0	0.0%	18	6	66.7%				
	3	6	6	00:07:52	0	100.0%	0	0.0%	41	3	92.7%				
Total Haslet		21	21												
Lake Worth															
	1	22	22	00:08:11	5	77.3%	2	9.1%	69	15	78.3%				
	2	62	57	00:07:51	4	93.5%	1	1.6%	62	4	93.5%				
	3	22	20	00:11:45	1	95.5%	0	0.0%	22	1	95.5%				
	4	1	1	00:15:40	0	100.0%	0	0.0%	11	0	100.0%				
Total Lake Worth		107	100												
Lakeside															
	1	3	3	00:14:34	3	0.0%	1	33.3%	22	8	63.6%				
	2	8	8	00:15:11	4	50.0%	2	25.0%	42	16	61.9%				
	3	5	5	00:15:59	2	60.0%	1	20.0%	15	7	53.3%				
Total Lakeside		16	16												
River Oaks															
	1	24	23	00:08:18	6	75.0%	2	8.3%	40	9	77.5%				
	2	32	30	00:08:30	4	87.5%	0	0.0%	89	8	91.0%				
	3	26	23	00:10:10	4	84.6%	1	3.8%	48	5	89.6%				
Total River Oaks		82	76												
Saginaw															
	1	47	47	00:07:34	4	91.5%	2	4.3%	47	4	91.5%				
	2	74	68	00:08:06	8	89.2%	2	2.7%	134	19	85.8%				
	3	40	34	00:10:06	5	87.5%	1	2.5%	135	21	84.4%				
	4	39	39	00:25:25	1	97.4%	1	2.6%	106	5	95.3%				
Total Saginaw		200	188												
Sansom Park															
	1	24	24	00:08:16	4	83.3%	0	0.0%	47	9	80.9%				
	2	38	38	00:07:57	3	92.1%	1	2.6%	82	11	86.6%				
	3	22	17	00:11:05	2	90.9%	1	4.5%	37	3	91.9%				
	4	5	5	00:13:03	0	100.0%	0	0.0%	18	1	94.4%				
Total Sansom Park		89	84												
Westover Hills															
	1	1	1	00:09:46	0	100.0%	0	0.0%	5	2	60.0%				
	2	1	1	00:08:04	0	100.0%	0	0.0%	8	2	75.0%				
Total Westover Hills		2	2												



MedStar Response Time Reliability and AVG Response Time Performance

Period: Mar 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	1	11	11	00:08:16	1	90.9%	0	79	15	81.0%
	2	30	30	00:11:00	9	70.0%	1	30	9	70.0%
	3	20	18	00:10:23	1	95.0%	0	114	17	85.1%
	4	4	4	00:22:32	0	100.0%	0	11	0	100.0%
Total Westworth Village		65	63							
White Settlement	1	39	39	00:07:17	5	87.2%	1	39	5	87.2%
	2	102	96	00:08:30	10	90.2%	1	102	10	90.2%
	3	54	52	00:09:44	5	90.7%	1	99	8	91.9%
	4	10	10	00:14:00	1	90.0%	1	28	2	92.9%
Total White Settlement		205	197							
System Wide	1	3423	3329	00:08:10	499	85.4%	68	3852	585	84.8%
	2	5711	5478	00:08:39	559	90.2%	83	6060	619	89.8%
	3	3707	3379	00:09:52	283	92.4%	49	4084	336	91.8%
	4	1541	1529	00:23:20	45	97.1%	20	1761	57	96.8%
Total System Wide		14382	13715							

Tab G – FRAB

Tab H – EPAB

COMMONLY USED ACRONYMS

A

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