



Metropolitan Area EMS Authority (MAEMSA)

dba MedStar Mobile Healthcare

Board of Directors

May 25, 2022

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

Date and Time: May 25, 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/1496032879>, or by phone at (469) 445-0100 (meeting ID: 149 603 2879).

AGENDA

- | | | | |
|-------------|-------------------------------|---|----------------------------|
| I. | CALL TO ORDER | | Dr. Janice Knebl |
| II. | INTRODUCTION OF GUESTS | | Dr. Janice Knebl |
| III. | CITIZEN PRESENTATIONS | <p>Members of the public may address the Board on any posted agenda item and any other matter related to Authority business. All speakers are required to register prior to a meeting using the link on the Authority's website, (see, http://www.medstar911.org/board-of-directors/ where more details can be found, including information on time limitations). The deadline for registering is 4:30 p.m. May 24, 2022. No person shall be permitted to speak on an agenda item or address the Board during Citizen Presentations unless they have timely registered and have been recognized by the Chair.</p> | |
| VI. | CONSENT AGENDA | <p>Items on the consent agenda are of a routine nature. To expedite the flow of business, these items may be acted upon as a group. Any board member may request an item be removed from the consent agenda and considered separately. The consent agenda consists of the following:</p> | |
| | BC – 1514 | Approval of Board Minutes for April 27, 2022 | Dr. Janice Knebl
Pg. 5 |
| | BC – 1515 | Approval of Check Register for April 2022 | Dr. Janice Knebl
Pg. 10 |
| V. | NEW BUSINESS | | |
| | None. | | |

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
-----------	----------------------------------	------------------

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

**MAEMSA
BOARD COMMUNICATION**

Date: 05.25.2022	Reference #: BC-1514	Title: Approval of Board of Directors Minutes
-------------------------	-----------------------------	--

RECOMMENDATION:

It is recommended that the Board of Directors approve the board minutes for April 27, 2022.

DISCUSSION:

N/A

FINANCING:

N/A

Submitted by: <u>Kenneth Simpson</u>	Board Action:	_____Approved _____Denied _____Continued until _____
---	----------------------	--

MINUTES

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

Meeting Date and Time: April 27, 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 10:01 a.m.

Board members participating through video conferencing: Dr. Brad Commons, Dr. Chris Bolton, Fire Chief Jim Davis, Councilman Carlos Flores, Susan Alanis, and Teneisha Kennard. Board members physically present were Chair Dr. Janice Knebl, Fire Chief Doug Spears, Bryce Davis, Dr. Veer Vithalani (Ex-officio), and Kenneth Simpson, CEO (Ex-officio). Others present were General Counsel Kristofer Schleicher, Chad Carr, 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 Brian Jacobs, Fire Chief Jeff Ballew, Assistant Fire Chief Kirt Mays, Anita Meadows, Bob Strickland, Brandon Pate, Chris Cunningham, Chris Roberts, Desiree Partain, Heath Stone, Jason Weimer, Joleen Quigg, Kristine Martinez, Leila Peeples, Lindy Curtis, Maerissa Thomas, Matthew Willens, Michael Griffith, Misti Skinner, Ricky Hyatt, Shaun Curtis, Susan Swagerty, Whitney Morgan, and William Gleason.

Dr. Angela Cornelius introduced Dr. Catilan Hinton, JPS EMS residency.

II. CONSENT AGENDA

BC-1509 Approval of Board minutes for March 23, 2022

BC-1510 Approval of Check Register for March 2022

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

III. NEW BUSINESS

BC – 1511 Approval of Revised Bylaws

The motion to approve was made by Doug Spears and seconded by Bryce Davis. The motion carried unanimously.

BC – 1512 Approval of Portable Radio Replacement

The motion to approve was made by Doug Spears and seconded by Bryce Davis. The motion carried unanimously.

IR – 226 Chief Medical Officer Search Update

Dr. Brad Commons informed the Board, there are a total of five candidates and the committee would like to see the list of candidates grow to around seven candidates before presenting the most qualified candidates to the Board. The deadline for applicant is May 15th and the committee will review all candidates and present the most qualified to the Board.

IV. MONTHLY REPORTS

- A. Chief Executive Officer- Ken Simpson offered a reminder to the Board, our Strategic Planning Retreat has been scheduled for June 27th and 28th; he asked the Board if there were any objections to conducting the Board meeting during the Strategic Planning Retreat, the members of the Board had no objections to moving the Board meeting from June 22nd to June 28th. Ken informed the Board, we have held a meeting with our newly appointed members of the MedStar Foundation, Councilman Carlos Flores, and Teneisha Kennard, and have reached out to the two members of the foundation regarding their nominees for their positions. Ken referred the Board to Tab A. Ken informed the Board, we have scheduled our first subcommittee meeting for Red Lights/Sirens and Reprioritization on May 12th. During one of our previous Board meetings, Chief Spears had asked for a lessons learned/high level presentation with regards to our Burleson conversation, per his request Ken presented a presentation to the Board.

- B. Office of the Medical Director- Dr. Veer Vithalani informed the Board that OMD has been focusing on continuing education and quality improvement projects within the last few months. Quarterly CE was held virtually to give OMD staff the ability to focus on MCD training with the entire system, including the FROs. Dr. Veer Vithalani reviewed system CPR performance for the Board. The Office of the Medical Director will continue to support MedStar and the FROs in their various initiatives, continuing the credentialing process for new hires, and CE activities. Dwayne Howerton led a collaborative workgroup in a new initiative for that subset of cardiac arrest victims whose chances of survival might significantly improve if they were taken to a facility where they can be placed on ECMO, or heart/lung bypass then undergo heart catheterization for placement of a stent. The program went live on February 1st with Baylor Scott and White All Saints and Texas Health Fort Worth Downtown.

- C. Chief Transformation Officer- Matt Zavadsky referred to Tab C and informed the Board, we recently finished our first year with the ET3 model and have a QI group with representation from the Field, Executive, and OMD which will be taking this model to the next level and help ensure we are offering it to individuals who would most benefit. Medicaid ET3 will be starting September 1st. Our largest management Medicaid payor reached out to us on Friday regarding partnering and paying for mobile integrated healthcare services and our agreement with Molina went into effective on April 1st. The MedStar Foundation Clayshoot is upcoming up and offered kudos to Desiree Partain on her efforts gathering attendees for the event. The month of May is

Motorcycle Safety Awareness Month, we will be redistributing our rider safety cards starting April 28th and several Fire Departments are participating as well. Matt reintroduced Desiree Partain to the Board, she has been doing an amazing job with our employee engagement initiatives; Desiree Partain informed the board of our employee engagement initiatives such as EMS Week. Matt offered a reminder to the Board regarding their bios for the website.

- D. Chief Financial Officer- Steve Post reviewed the financials with the Board and referred to Tab D.
- E. Chief Human Resources Officer- Leila Peeples informed the Board, we are finishing up the last two modules for the ADP Implementation and will go live in June. We have scheduled back-to-back New Employee Orientation Process until September. Leila Peeples referred to Tab E.
- F. Compliance and Legal- Chad Carr referred to Tab F and provided the Board with an update on the provider assault reporting project, since the last Board meeting Chad Carr has met with the Transformation Manager, Risk and Safety Manager, and Director of Operations; we have created a simple electronic reporting method to start capturing incidents and have identified barriers. We will be using a six-phrase approach starting with an awareness campaign led by Desiree Partain, identifying what is an assault, de-escalation training in July, personal defense training in September, quarterly reporting to the Board and Executive Team, and ongoing program reevaluation/additional training. Chad Carr would like to meet with Teneisha Kennard and Tarrant County MHMR.
- G. Operations- Ken Simpson referred to Tab G and provided an explanation of the mutual aid reports to the Board. Ken Simpson informed the Board; we met our compliance goals for the month of March and are very close on our extend response time goals. Call volume has dropped and is still above budget but closer to budget. We layout our staffing plan at the beginning of the year and attempt to hire based on the budgeted number of responses and transports. Chris Cunningham and team have been working extremely hard making sure the appropriate shifts are filled and utilizing members of Human Resources and OMD regarding releasing new hirers.
- H. FRAB- Chief Spears informed the Board, the FRAB Executive Committee held a meeting and Lights/Sirens was one of the topics of discussion; Ken has asked for some questions or comments from the FRAB related to the discussion prior to the meeting on May 12th, part of the discussion will be should the Lights/Sirens be a priority given we are currently in search of a Medical Director and in conclusion of the Fort Worth Fire Department study.
- I. EPAB- Dr. Brad Commons informed the Board, there is currently a low volume of COVID cases and hospital systems are feeling some of the pressure regarding staffing cost. Dr. Brad Commons offered a reminder to the Board, the EPAB Board meeting is every other month and open to the public.

V. REQUEST FOR FUTURE AGENDA ITEMS

VI. CLOSED SESSION

Dr. Knebl called the meeting into a closed session at 10:57 a.m. under Section 551.071 and 551.074 of the Texas Government Code. The Board returned from closed session at 11:45 p.m. and took no further action.

VII. ADJOURNMENT

The board stood adjourned at 11:45 p.m.

Respectfully submitted,

Douglas Spears
Secretary

**MAEMSA
BOARD COMMUNICATION**

Date: 05.25.2022	Reference #: BC-1515	Title: Approval of Check Register for April
-------------------------	-----------------------------	--

RECOMMENDATION:

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

DISCUSSION:

N/A

FINANCING:

N/A

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

AP Check Details Over 5000
For Checks Between 4/1/2022 and 4/30/2022



Check Number	CK Date	Vendor Name	Check Amount	Description
108069	4/7/2022	AT&T	25,729.02	Cell Phones & Aircards
108070	4/7/2022	Bound Tree Medical LLC	10,155.60	Various Medical Supplies Cap Project
108074	4/7/2022	Executive Protective Systems	72,490.00	Access Control and Camera Migration
108076	4/7/2022	Fort Worth Heat & Air	9,852.50	Seasonal HVAC Maint - Main/NDC
108077	4/7/2022	Founder Project RX Inc	6,094.26	Various Medical Supplies
108084	4/7/2022	Maintenance of Ft Worth, Inc.	6,481.63	Janitorial Services and Supplies
108087	4/7/2022	Medic Built LLC	7,947.00	3 New chassis transport to Demers
108088	4/7/2022	Medline Industries, Inc.	10,693.61	Various Medical Supplies
108089	4/7/2022	Mobile Wireless, LLC	25,500.00	Software Maintenance renewal
108099	4/7/2022	RingCentral	47,915.75	Annual Subscription Renewal
108103	4/7/2022	Texas Wrap Studios LLC	5,040.00	Decals for totaled ambulance replacement
108132	4/14/2022	Bound Tree Medical LLC	15,213.33	Various Medical Supplies
108136	4/14/2022	CyrusONE	7,717.68	Colocation Charges - May22
108139	4/14/2022	EMS Management & Consultants, Inc	19,423.94	Total Collections / AR Managed
108146	4/14/2022	Founder Project RX Inc	6,319.60	Various Medical Supplies
108152	4/14/2022	ImageTrend	22,981.00	Monthly Fee - Elite EMS Saas
108156	4/14/2022	Logis Solutions	39,858.54	HERE License / Support Hours
108158	4/14/2022	M Davis and Company Inc	5,240.00	Detection of Elder Abuse - Mar
108162	4/14/2022	Medic Built LLC	7,200.00	Body mount bushings (M58)
108163	4/14/2022	Medline Industries, Inc.	18,930.07	Various Medical Supplies
108171	4/14/2022	Paranet Solutions	44,933.54	IT Monthly Services - Apr22
108176	4/14/2022	RQI Partners	36,032.00	RQI Annual Subscription
108178	4/14/2022	SoftwareOne, Inc.	52,712.57	MS Server maint – yr 3 of 3 –
108184	4/14/2022	TML Intergovernmental Risk Pool	5,427.43	Liability Deductible
108186	4/14/2022	Tyler Technologies	125,829.95	Application Services Renewal
108239	4/21/2022	Bound Tree Medical LLC	18,934.66	Various Medical Supplies
108257	4/21/2022	Medline Industries, Inc.	9,758.39	Various Medical Supplies
108258	4/21/2022	Mutual of Omaha	5,391.05	Critical Care / Accident - Apr
108259	4/21/2022	O'Neill Marketing & Event Mgmt.	12,266.86	March Statement Billing
108262	4/21/2022	Ogletree Deakins Nash Smoak & Stewart	7,503.75	Legal Fees Matter
108265	4/21/2022	The EMS Training School	6,350.00	J Massey - Paramedic Tuition
108271	4/21/2022	T & W Tire	5,034.60	Ambulance Tires
108308	4/28/2022	Express Fleet Autobody and Paint	6,513.10	M23 Body Shop Repairs
108311	4/28/2022	Founder Project RX Inc	5,566.11	Various Medical Supplies
108314	4/28/2022	M-Pak, Inc.	6,446.61	Uniforms
108318	4/28/2022	Medline Industries, Inc.	12,233.17	Various Medical Supplies
108319	4/28/2022	MetLife - Group Benefits	30,929.47	Dental/Vision/STD/Life/Supp Life
108330	4/28/2022	Tarrant County College	12,432.00	Paramedic Tuitions Reimbursement
108331	4/28/2022	The State of Texas	5,579.77	Microsoft Subscription - Mar22

AP Check Details Over 5000
For Checks Between 4/1/2022 and 4/30/2022



Check Number	CK Date	Vendor Name	Check Amount	Description
108337	4/28/2022	XL Parts	6,412.07	Various Parts
1913027	4/1/2022	Frost	39,363.52	Frost Loan #39001
1913036	4/1/2022	UT Southwestern Medical Center	12,833.33	Contract Services - B Miller - March
1917421	4/4/2022	UMR Benefits	47,017.12	Health Ins Premium - April
1923004	4/5/2022	Integrative Emergency Service Physician	15,000.00	Contract Services - A Cornelius
1927647	4/6/2022	WEX Bank	179,245.56	Fuel Bill
2011478	4/29/2022	UT Southwestern Medical Center	12,833.33	Consultant Services-B Miller-Apr
2203162	4/26/2022	Direct Energy Business	8,210.95	Electric Service
4012022	4/1/2022	Frost	61,053.88	Frost Loan #30001
4042022	4/4/2022	Frost	38,540.62	Frost Loan #4563-001
4182022	4/18/2022	JP Morgan Chase Bank, N.A.	31,352.22	MasterCard Bill
4252022	4/25/2022	Frost	52,993.77	Frost Loan #4563-002

Tab A – Chief Executive Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Chief Executive Officer's Report- April 30, 2022

Council Presentations and EMS Week- We have been providing council updates and proclamations to the member cities over the last month. We anticipate completing this in June. The presentations have been received positively and we have fielded some questions from council members. Many seem interested in the changes we have seen in healthcare through the COVID-19 pandemic such as increased telemedicine usage, call triage and mobile integrated healthcare outreach.

Reprioritization- The reprioritization committee elected to delay the reprioritization and the red lights and sirens project meeting until sometime in the coming weeks. This was to allow some time to work through other issues and concerns that were expressed.

We are looking forward to taking this back up soon, and we are continuing to work with the National EMS Quality Alliance on their national project related to the compilation and tracking of data related to red lights and sirens responses in EMS.

Main objectives of these projects are to provide safer responses to calls and more appropriate resource utilization based on historical data related to patient condition.

Fort Worth Study- We have not been asked for any further information from Fort Worth's consulting group, City Gate. They are anticipated to provide the City of Fort Worth with a preliminary report in the next month or so.

We anticipate there to be continued interest in the communications/dispatch and call taking process, call center set-up, and how the EMS system works. We look forward to continued involvement and communication from our member cities as we look for ways to bring value to the residents, leadership, and health systems in our service areas.

Human Resources- We still anticipate leave management and scheduling software to go live in June. These are the final two modules associated with the ADP implementation. While we anticipate a few items that will need to be finished up the implementation of these final two modules 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 however, they are not achieving the goals they initially outlined. Due to the inherent lag in the billing and collections process the contract allowed for the first determination to be made twelve months into the billing process. Our internal billing and finance team has been working closely with EMS | MC to identify and improve the billing and collections process through quality assurance activities and supplementing the prebilling work.

EMS | MC is currently detailing what steps they are taking to improve their billing and collections process and the anticipated time it will take to see additional improvement from their activities. It is too early to make any definitive judgements, but it is also important to detail the performance and the actions they are taking to improve.

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

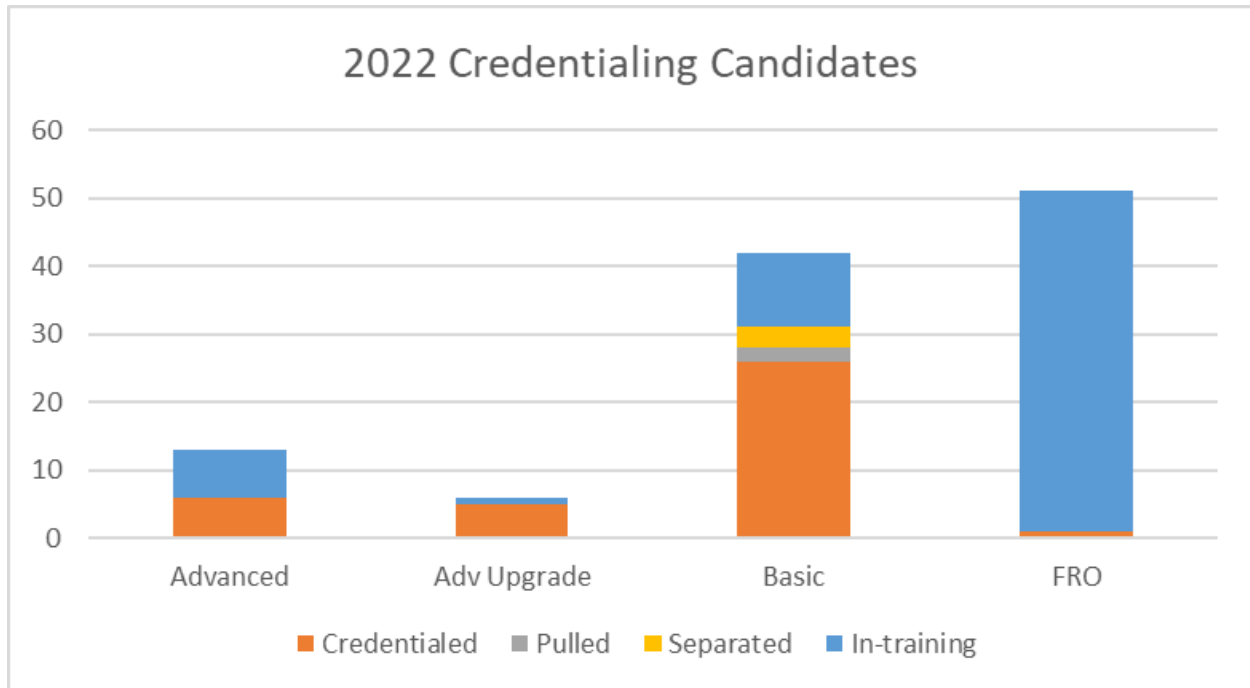
Education and Training

- OMD 22Q1CE – March
 - MedStar complete
 - FROs in-process
- System MCD Training
 - FROs in-process
- OMD 22Q2CE – June
 - EKG Rhythm recognition and STEMI identification

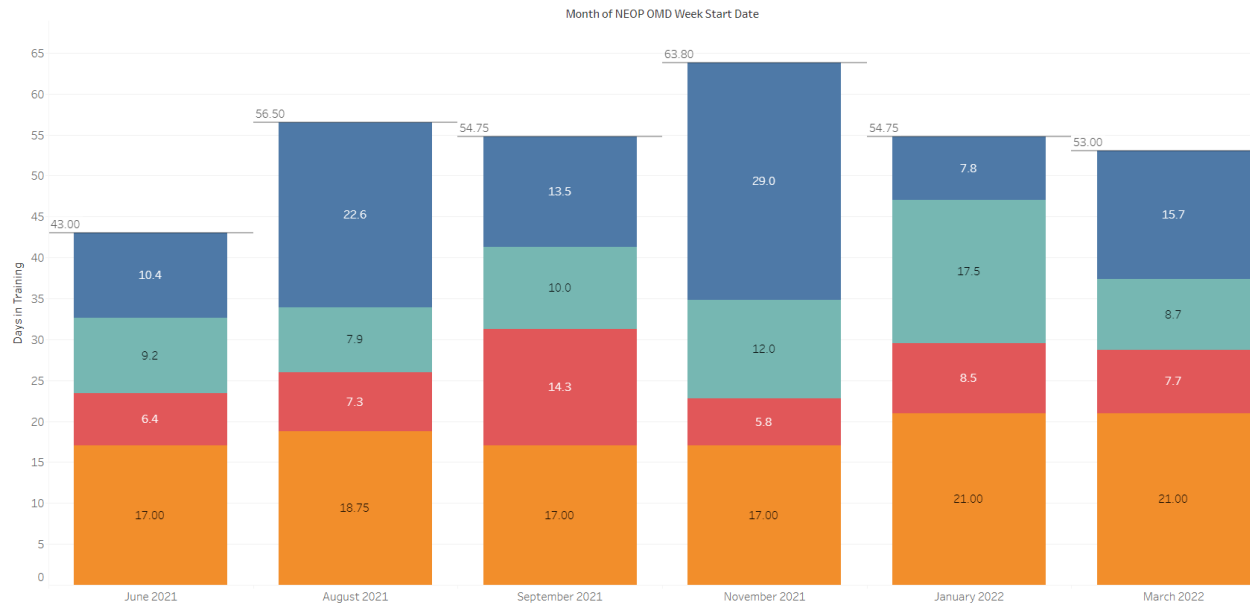
Course Attendance	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	22	24	12	23	21	3
FRO	0	2	0	8	3	0
External	4	0	0	0	2	0

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

Credentiaing



Time in Phases by Year



* Begins with first day of clinical NEOP through credentiaing.

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

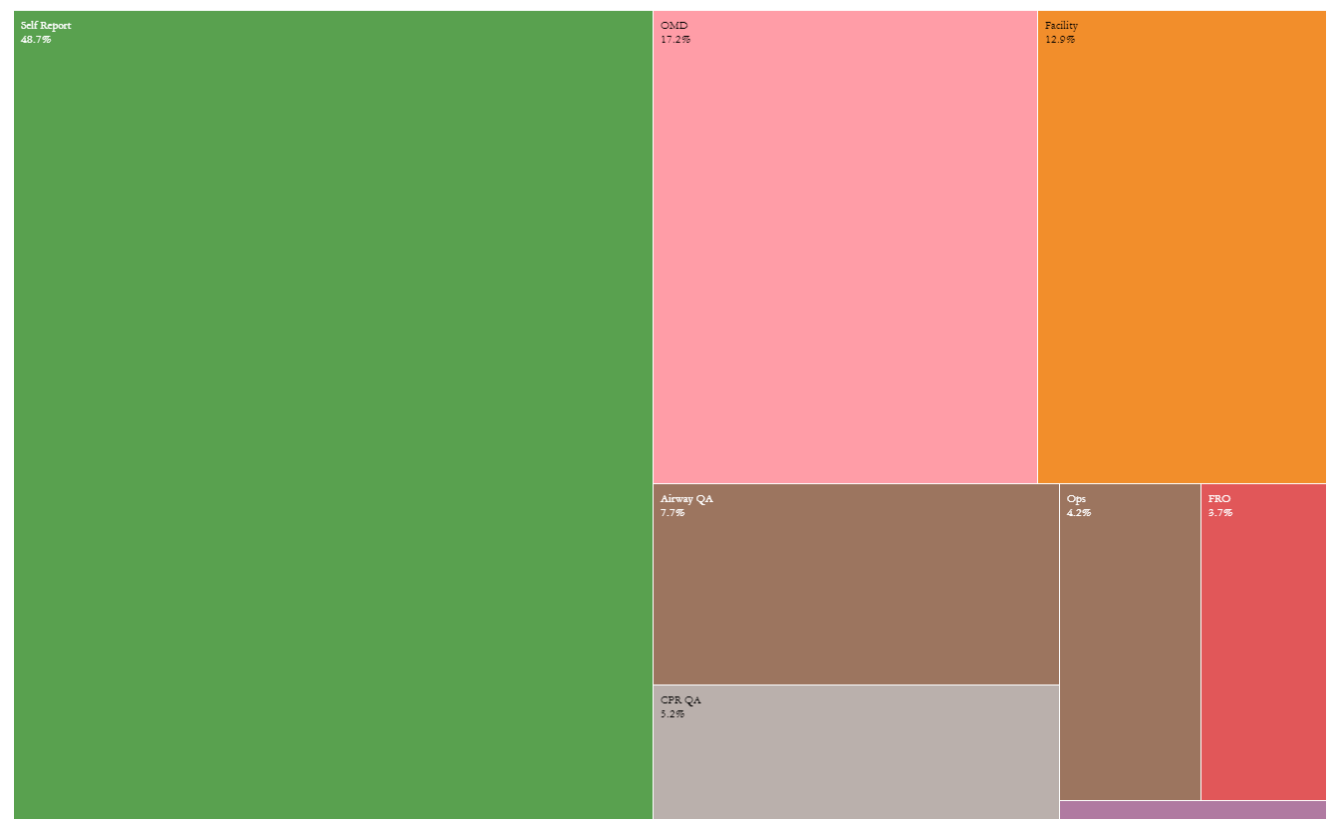


Quality Assurance

Case Acuity		
	March 2022	April 2022
High	7 (8.6%)	
Moderate	26 (32.1%)	20 (31.7%)
Low	44 (54.3%)	32 (50.8%)
Non QA/QI	4 (4.9%)	11 (17.5%)
Grand Total	81 (100.0%)	63 (100.0%)

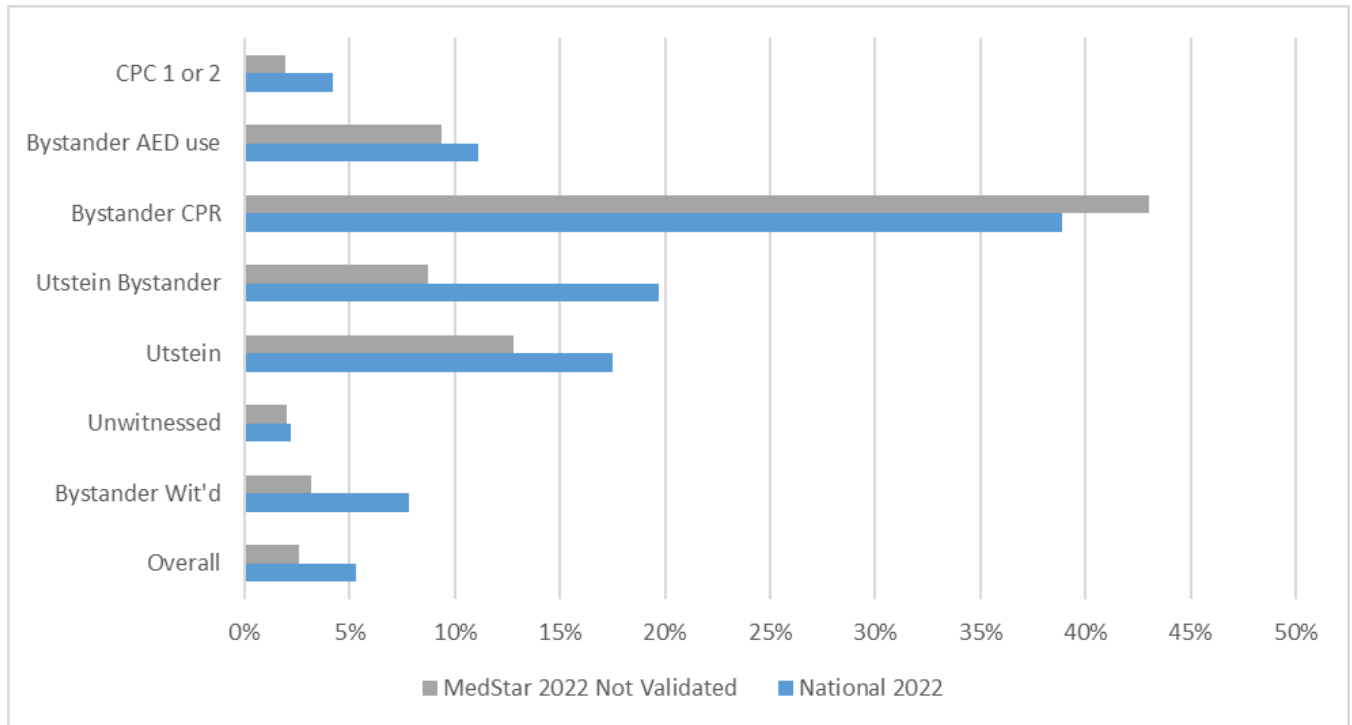
Case Disposition		
	March 2022	April 2022
Clinically Appropriate		1 (1.6%)
Needs Improvement	61 (75.3%)	46 (73.0%)
Forwarded	2 (2.5%)	2 (3.2%)
No Fault	15 (18.5%)	12 (19.0%)
Pending	3 (3.7%)	2 (3.2%)
Grand Total	81 (100.0%)	63 (100.0%)

Cases by Origin



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

- CARES
 - 2021 CARES Summary Report below
 - 71 pending hospital outcomes



- ECPR
 - BSW operational February 1
 - THFW operational April 4
 - MCFW in program development
 - JPS in program development
 - 25 eligible cases through April
 - Hospital outcomes pending

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

CARES Summary Report

Demographic and Survival Characteristics of OHCA

Non-Traumatic Etiology | Arrest Witness Status: All | Date of Arrest: 01/01/21 - 12/31/21

Data	Medstar Mobile Healthcare N=1057	Texas N=10142	National N=146924
Age	N=1057	N=10142	N=146891
Mean	60.7	62.1	61.9
Median	64.0	65.0	64.0
Gender (%)	N=1057	N=10142	N=146918
Female	414 (39.2)	3966 (39.1)	55012 (37.4)
Male	643 (60.8)	6172 (60.9)	91864 (62.5)
Race (%)	N=1057	N=10142	N=146922
American-Indian/Alaskan	0 (0.0)	12 (0.1)	525 (0.4)
Asian	15 (1.4)	269 (2.7)	3645 (2.5)
Black/African-American	311 (29.4)	2351 (23.2)	31938 (21.7)
Hispanic/Latino	169 (16.0)	2547 (25.1)	12593 (8.6)
Native Hawaiian/Pacific Islander	1 (0.1)	19 (0.2)	802 (0.5)
White	538 (50.9)	4588 (45.2)	73319 (49.9)
Multi-racial	2 (0.2)	25 (0.2)	500 (0.3)
Unknown	21 (2.0)	331 (3.3)	23600 (16.1)
Location of Arrest (%)	N=1057	N=10141	N=146922
Home/Residence	725 (68.6)	7217 (71.2)	108245 (73.7)
Nursing Home	165 (15.6)	1266 (12.5)	14754 (10.0)
Public Setting	167 (15.8)	1658 (16.3)	23923 (16.3)
Arrest witnessed (%)	N=1057	N=10142	N=146916
Bystander Witnessed	358 (33.9)	3814 (37.6)	55064 (37.5)
Witnessed by 911 Responder	108 (10.2)	1426 (14.1)	17845 (12.1)
Unwitnessed	591 (55.9)	4902 (48.3)	74007 (50.4)
Who Initiated CPR? (%)	N=1057	N=10142	N=146920
Not Applicable	1 (0.1)	2 (0.0)	62 (0.0)
Bystander	431 (40.8)	4419 (43.6)	59738 (40.7)
First Responder	415 (39.3)	2891 (28.5)	45464 (30.9)
Emergency Medical Services (EMS)	210 (19.9)	2830 (27.9)	41656 (28.4)
Was an AED applied prior to EMS arrival? (%)	N=1057	N=10142	N=146922
Yes	253 (23.9)	3285 (32.4)	40753 (27.7)
No	804 (76.1)	6857 (67.6)	106169 (72.3)
Who first applied automated external defibrillator? (%)	N=253	N=3282	N=40728
Bystander	91 (36.0)	843 (25.7)	8422 (20.7)
First Responder	162 (64.0)	2439 (74.3)	32306 (79.3)
Who first defibrillated the patient?* (%)	N=1057	N=10142	N=145919
Not Applicable	807 (76.3)	7238 (71.4)	104038 (71.3)
Bystander	9 (0.9)	165 (1.6)	1911 (1.3)
First Responder	40 (3.8)	490 (4.8)	7940 (5.4)
Responding EMS Personnel	201 (19.0)	2249 (22.2)	32030 (22.0)
First Arrest Rhythm (%)	N=1057	N=10138	N=146895
Vfib/Vtach/Unknown Shockable Rhythm	121 (11.4)	1533 (15.1)	24083 (16.4)
Asystole	680 (64.3)	5377 (53.0)	77581 (52.8)
Idioventricular/PEA	232 (21.9)	2890 (28.5)	32544 (22.2)
Unknown Unshockable Rhythm	24 (2.3)	338 (3.3)	12687 (8.6)
Sustained ROSC (%)	N=1057	N=10141	N=146864
Yes	191 (18.1)	2542 (25.1)	39820 (27.1)
No	866 (81.9)	7599 (74.9)	107044 (72.9)
Was hypothermia care provided in the field? (%)	N=1057	N=10142	N=146914
Yes	0 (0.0)	109 (1.1)	4127 (2.8)

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



No	1057 (100.0)	10033 (98.9)	142787 (97.2)
Pre-hospital Outcome (%)	N=1057	N=10142	N=146924
Pronounced in the Field	495 (46.8)	4111 (40.5)	62260 (42.4)
Pronounced in ED	249 (23.6)	1686 (16.6)	14711 (10.0)
Ongoing Resuscitation in ED	313 (29.6)	4345 (42.8)	69953 (47.6)
Overall Survival (%)	N=1057	N=10142	N=146924
Overall Survival to Hospital Admission	210 (19.9)	2417 (23.8)	36294 (24.7)
Overall Survival to Hospital Discharge	75 (7.1)	927 (9.1)	13403 (9.1)
With Good or Moderate Cerebral Performance	55 (5.2)	686 (6.8)	10532 (7.2)
Missing hospital outcome	2	20	305
Utstein¹ Survival (%)	N=66	N=904	N=14251
	24.2%	29.3%	29.0%
Utstein Bystander² Survival (%)	N=40	N=576	N=8370
	27.5%	31.8%	32.5%

Inclusion criteria: An out-of-hospital cardiac arrest where resuscitation is attempted by a 911 responder (CPR and/or defibrillation). This would also include patients that received an AED shock by a bystander prior to the arrival of 911 responders.

**This is a new question that was introduced on the 2011 form. ¹Witnessed by bystander and found in a shockable rhythm*

²Witnessed by bystander, found in shockable rhythm, and received some bystander intervention (CPR by bystander and/or AED applied by bystander)

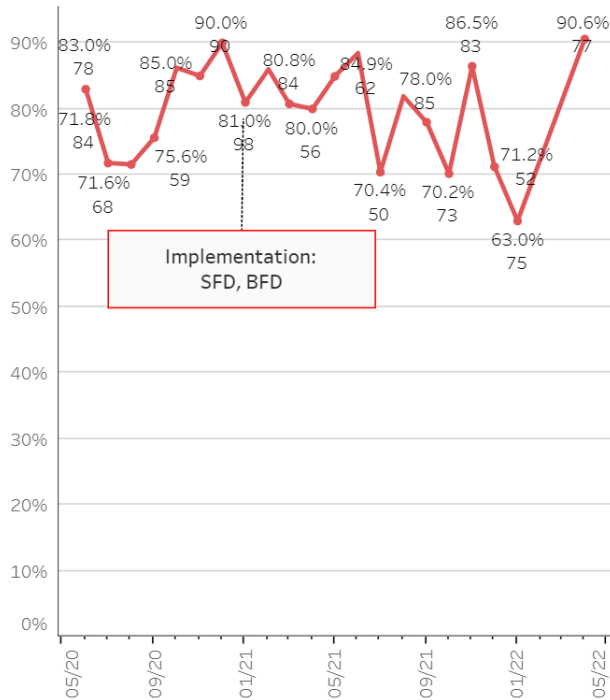
April 26, 2022

1 of 1

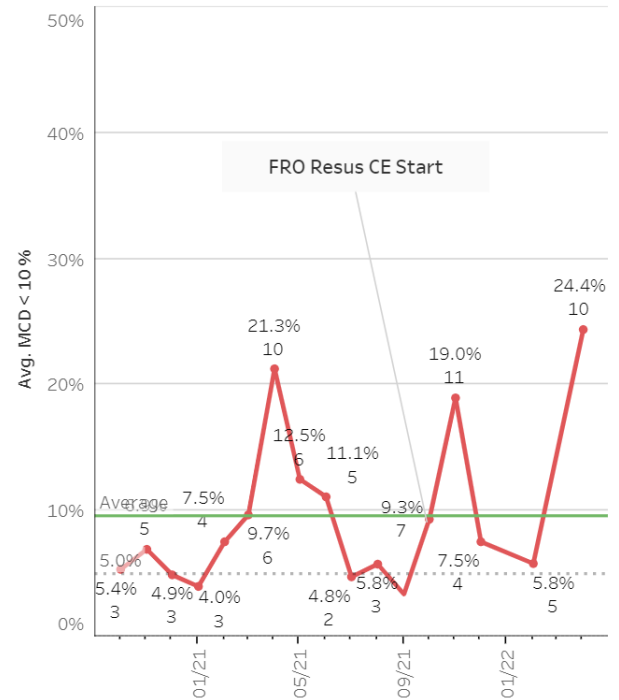
The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

- MCD

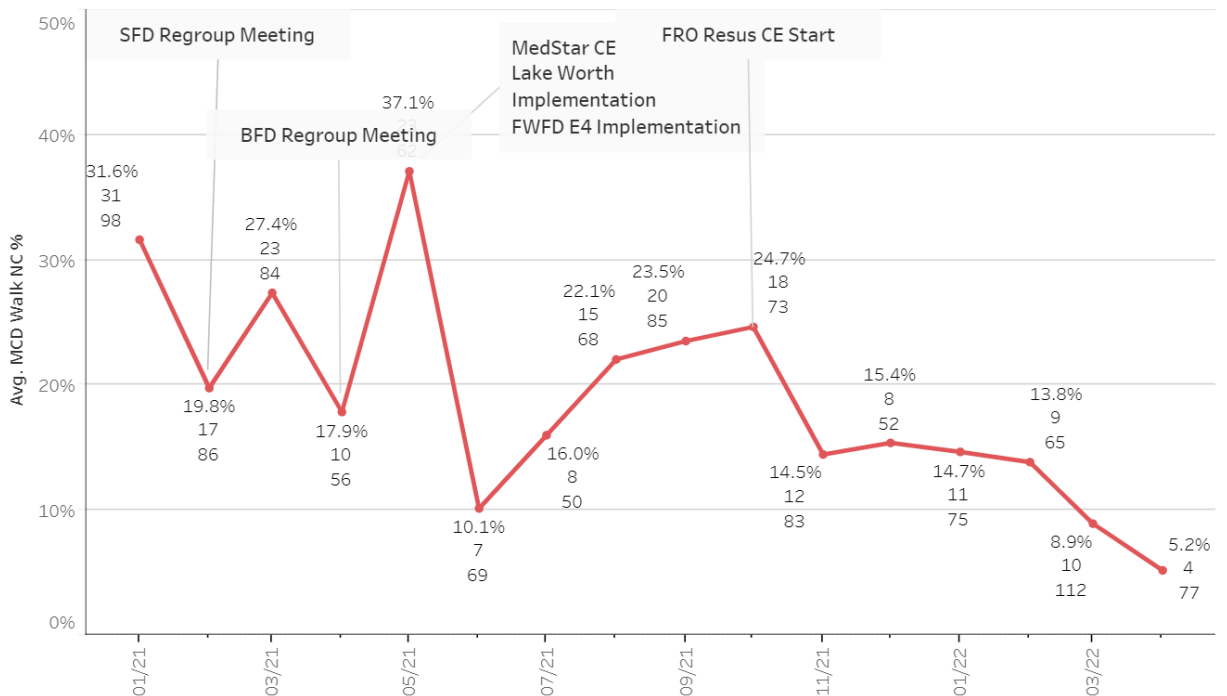
MCD Placement %



MCD Placement < 10 sec %



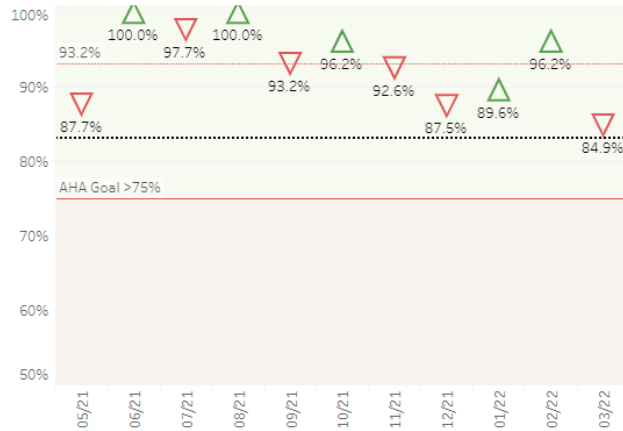
% of Uncorrected MCD Walk/Overall placement



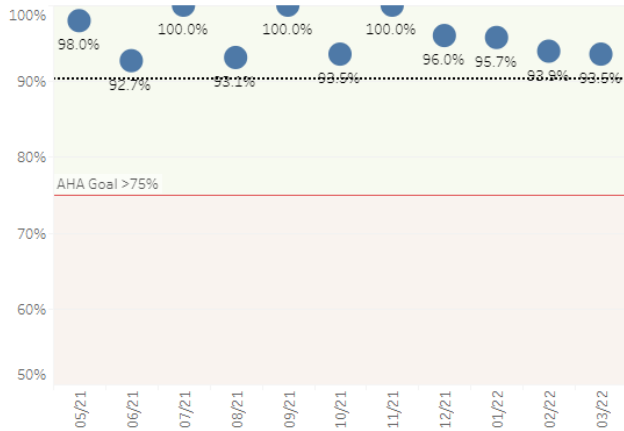
The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

- T-CPR

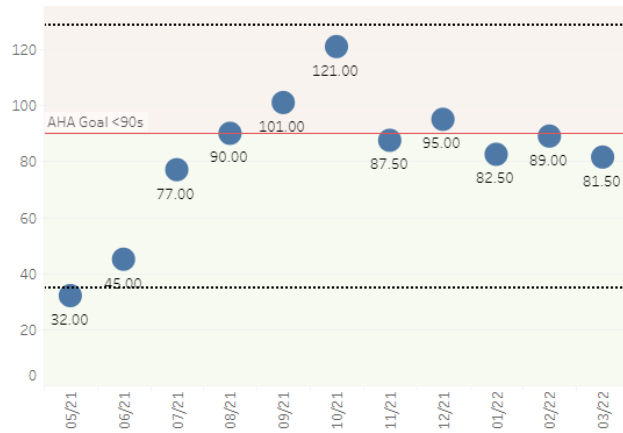
Percentage of OHCA Identified by PSAP



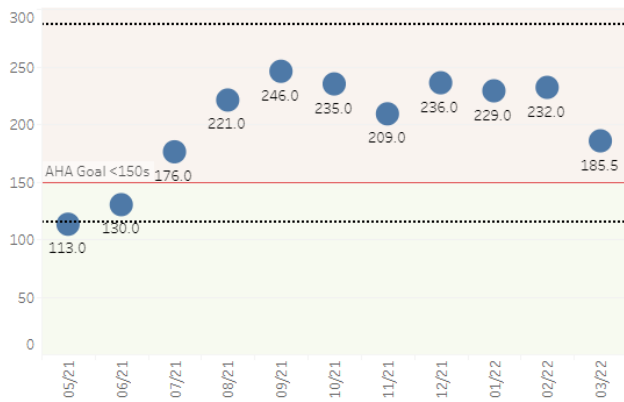
Percentage of Recognized OHCA Receiving T-CPR



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



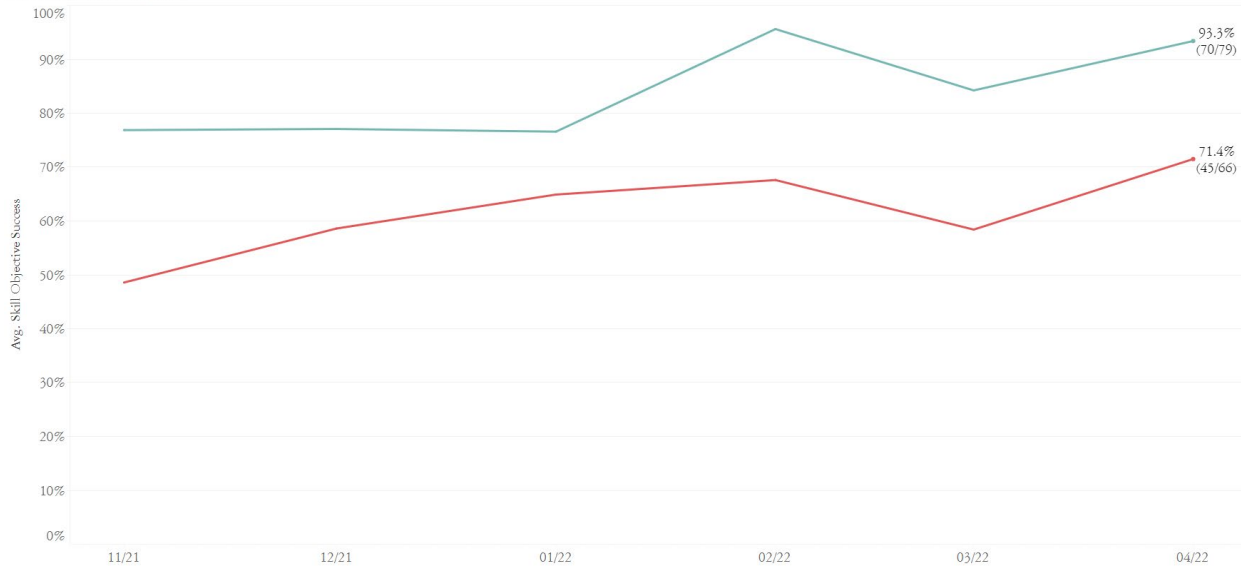
Median Time Between 9-1-1 Call and First T-CPR- Directed Compression



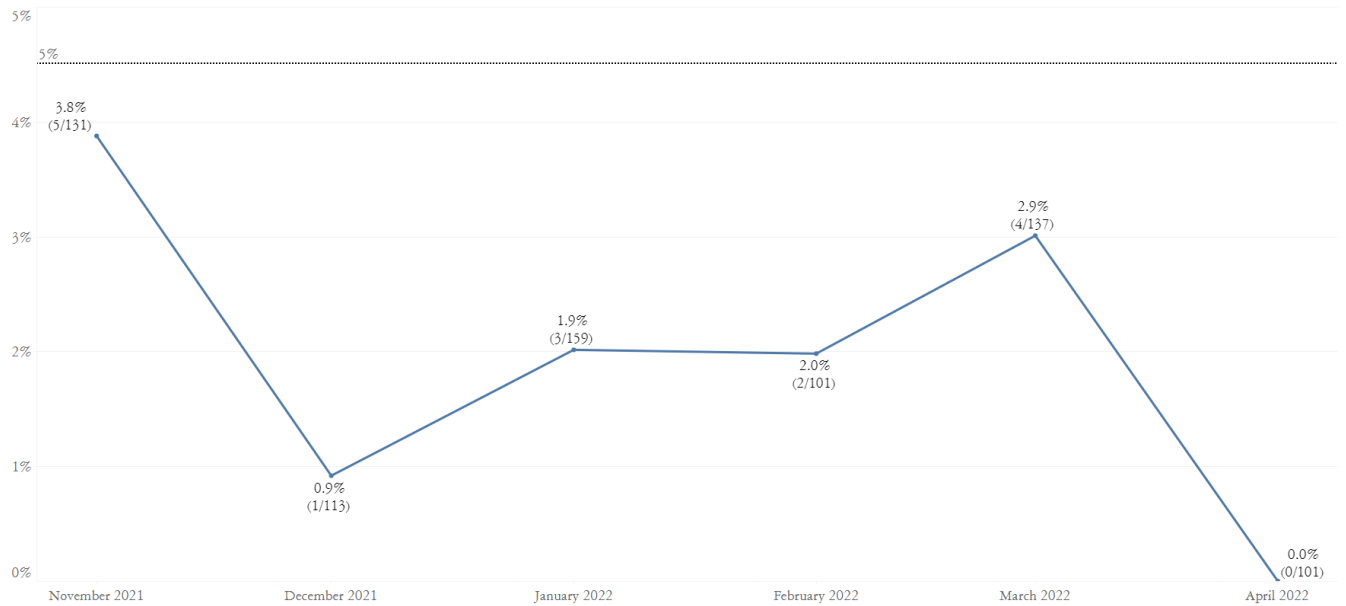
The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

- Airway Management**

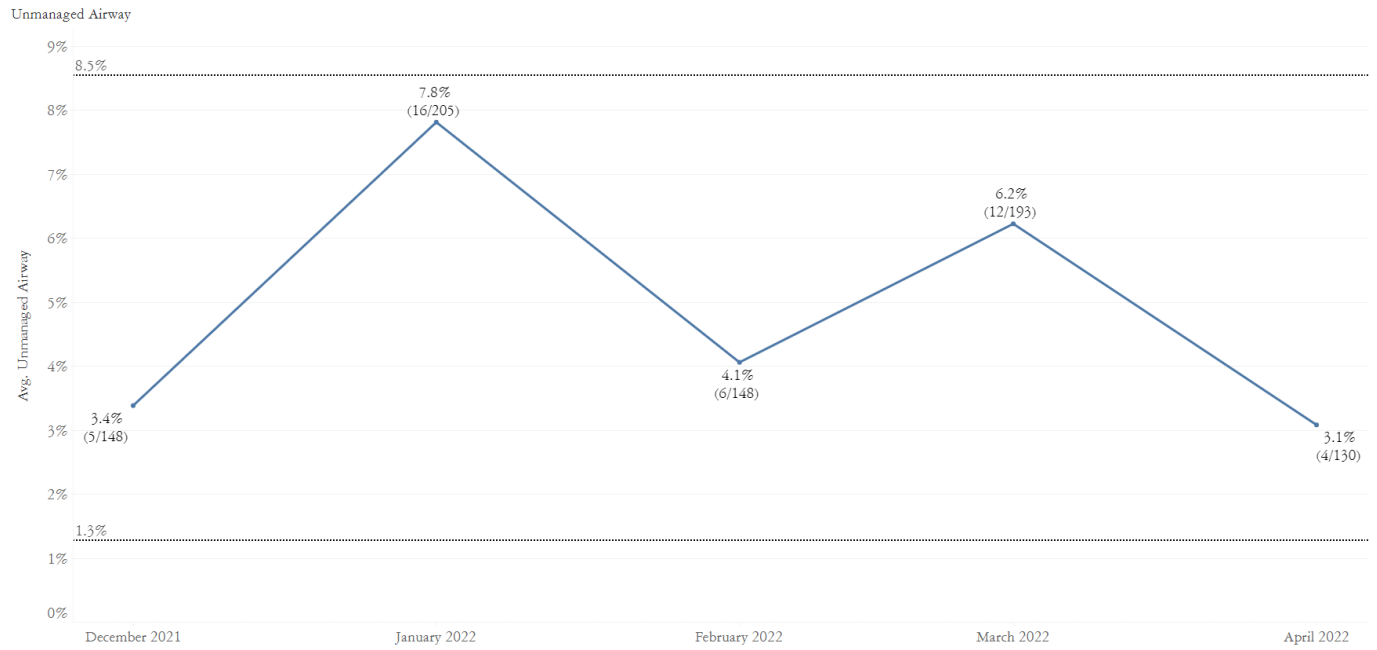
Airways Skill Success - ET & King



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

Cardiac Arrest	Goal	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Current Avg.
% of recognizable Out-of-Hospital Cardiac Arrests (OHCA) cases correctly identified by Dispatch	x	87.7%	100.0%	97.7%	100.0%	95.3%	97.8%	83.3%	87.5%	89.6%	96.2%	84.9%		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	0:01:22	0:01:29	0:01:22		0:01:22
% of recognized 2nd party OHCA cases that received CPR	x	98.0%	92.5%	100.0%	89.3%	100.0%	93.6%	100.0%	100.0%	95.7%	93.9%	93.6%		96.6%
Median time between 9-1-1 Access to CPR hands on chest time for OHCA cases		0:01:53	0:01:53	0:02:10	0:02:54	0:04:06	0:03:55	0:03:29	0:03:56	0:03:49	0:03:52	0:03:05		0:03:52
% of cases with time to CPR < 180 sec from first key stroke		72.9%	89.1%	79.2%	75.7%	68.8%	80.0%	71.4%	67.3%	67.8%	75.9%	60.7%		71.3%
% of cases with CCF ≥ 90%		88.0%	76.0%	72.0%	74.0%	84.0%	67.0%	83.0%	84.0%	70.0%	75.0%	59.0%		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%	95.6%	94.7%	94.5%		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%	46.2%	44.0%	52.7%		33.7%
% of cases with mechanical CPR device placement with < 10 sec pause in chest compression		13.3%	13.9%	9.3%	8.1%	3.4%	9.3%	19.0%	12.5%	10.5%	11.4%	7.0%		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%	15.7%	11.6%	18.5%		16.7%
% discharged alive	x	8.1%	5.5%	4.8%	7.9%	7.1%	3.8%	6.2%	4.2%	4.3%	4.2%			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%	3.6%	3.2%			5.3%
% of cases with bystander CPR	x	53.5%	58.3%	40.7%	47.4%	40.0%	45.6%	42.3%	35.8%	36.4%	44.2%	30.0%		48.7%
% of cases with bystander AED use		20.9%	29.2%	27.2%	27.6%	23.5%	12.7%	24.7%	29.5%	25.0%	24.2%			19.8%
STEMI	Goal	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	
% of suspected STEMI patients correctly identified by EMS		54.2%	52.0%	57.1%	66.7%	44.1%	61.9%	30.8%	52.2%	40.7%	51.6%	52.6%	66.7%	62.0%
% of suspected STEMI patients w/ASA admin (in the absence of contraindications)		96.9%	90.6%	87.5%	92.9%	94.7%	95.8%	100.0%	96.4%	86.7%	93.9%	94.4%	88.9%	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%	94.4%	81.5%	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%	77.4%	66.7%	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%	72.2%	74.1%	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%	8.3%	14.8%	18.5%
% of patients with Suspected STEMI Transported to PCI Center		96.9%	100.0%	100.0%	100.0%	94.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.3%	98.6%
% of suspected STEMI patients with EMS activation to Cath Lab intervention time < 90 minutes		25.0%	54.6%	8.3%	50.0%	28.6%	33.3%	0.0%	27.3%	0.0%	7.7%	12.5%	25.0%	32.7%

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

Tab C – Chief Transformation Officer

Transformation Report

May 2022

Alternate Payment Models & Expanded Services

- **ET3 Model**
 - Focused effort to increase enrollments through FTOs
 - ET3 Steering Committee (area healthcare stakeholders) scheduled for 6/3
 - Updated outcomes **attached**.
 - CMS has started issuing performance dashboards for all participants with 12 KPIs
 - Still only about 40 agencies in the U.S. operationalized
- Working with **Resilient Healthcare** and **Medical City** on a project to provide services to patients admitted to Hospital in the Home.
 - Transportation and ? MIH services
 - This is our 2nd HIH partnership
- **Medicaid Payment for “ET3-Like” services**
 - **Draft rules circulated to stakeholders by HHSC for public comment**
 - They are **excellent** and take into account the input providers gave to HHSC
 - Most notably, no requirement for telehealth or an on-scene QHCP
 - HHSC is on target for a 9/1/22 launch
- Working with Anthem BCBS/Amerigroup on payment model for CHP patients and ET3 alternate dispositions

Member City Updates:

- Member city council MedStar updates ongoing
 - Citing major initiatives for this year
- Being very well received!

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
 - Continuing to submit data to NEMSQA and meet with internal team
- Time comparison completed:
 - On average, HOT **response** saves **01:28.7 minutes**, or **40.1 minutes/mile**.
 - On average, HOT **transport** saves **01:49.8 minutes**, or **41.5 minutes/mile**.
- Draft community perception survey finalized and will be launched in June
- Comparison analysis of outcomes from EMS Survey Team Patient Experience Survey question related to ambulance response time and response time of the ambulance to Priority 3 calls conducted by Whiney Morgan, MedStar’s Business & Data Analytics Manager (**Analysis Attached**)
 - **There is no measurable correlation with our increasing our response times to the patient’s side with their overall impression of how timely our ambulances arrive**
- **Conducting an IRB reviewed study for P1 – P3 calls, using same process**

Rider Alert Cards for Motorcycle Awareness Month

- Card distributions very brisk, nearly all 1,000 distributed
 - Special thanks to Haltom City, Haslet, and Lake Worth Fire Departments for assistance with distribution

MedStar Foundation Clay Shoot, May 31, 2022

- 9 total sponsors
- Good number of shooting teams, including several from MedStar, Westworth Village PD, THR Fort Worth executives and local dignitaries!
- Not too late to register!



Upcoming Presentations:

Event (location)	Date	Attendees
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
California Ambulance Association	Sept. 2022	~500
ICMA Annual Conference (Columbus, OH)	Sept. 2022	~1,500
{4-hour workshop on effective EMS system design}		

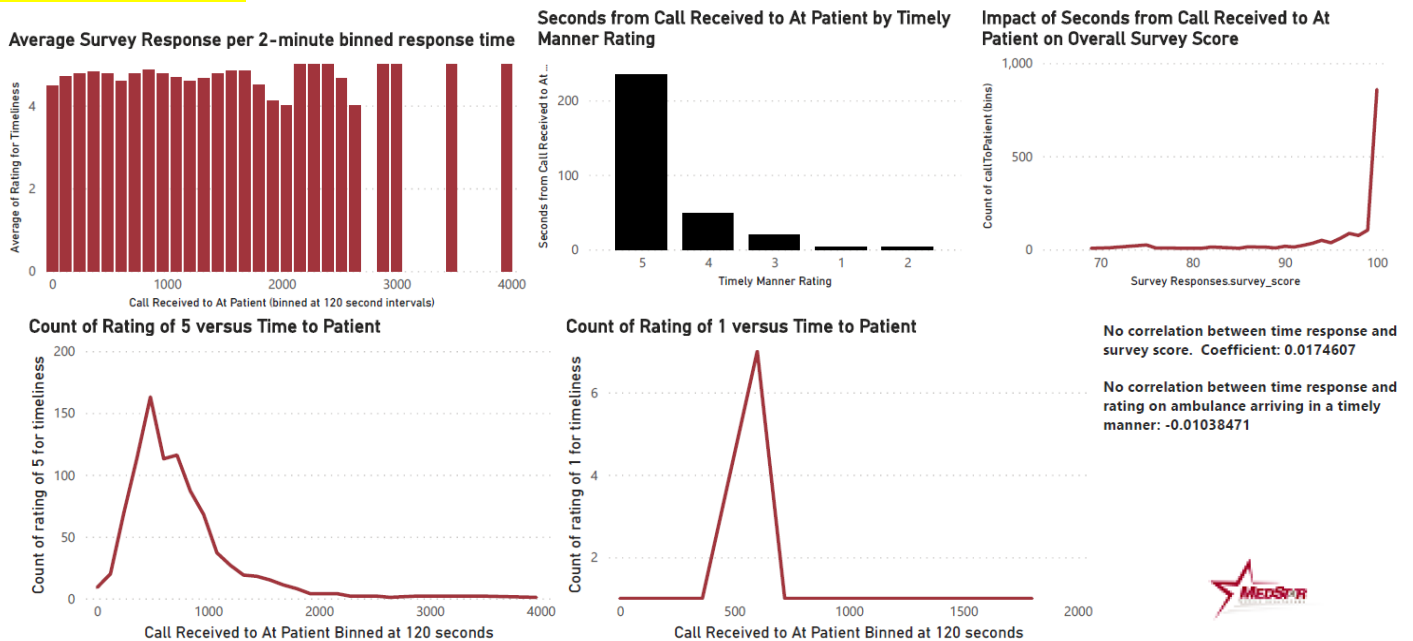
Media Summary

Local –

- Heat-Related Safety (multiple reports)
 - NBC 5, CBS 11, FOX 4, KRLD, WBAP, Star-Telegram
- Baylor ECPR Program
 - Star-Telegram, KRLD

EMSST Score for “Ambulance arrived in a timely manner” compared to ambulance response time

Priority 3 responses:

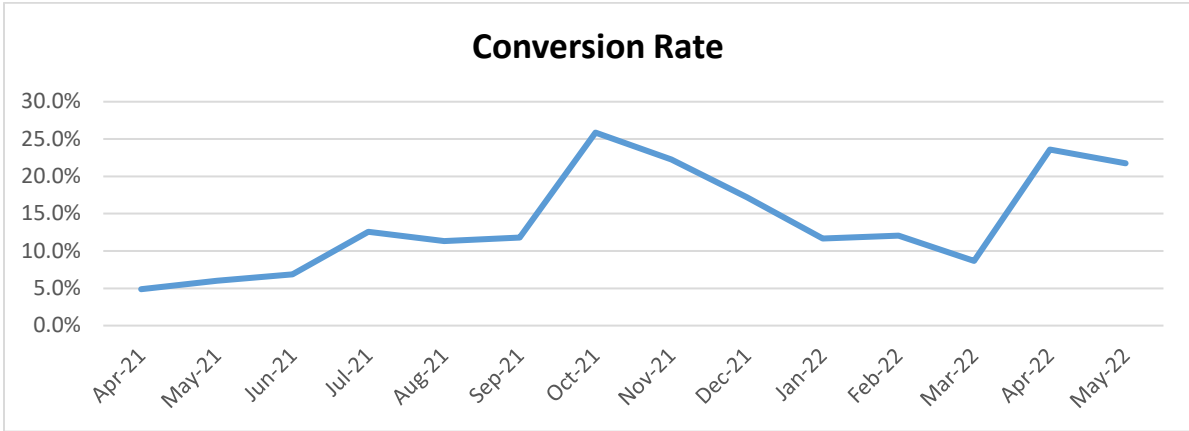
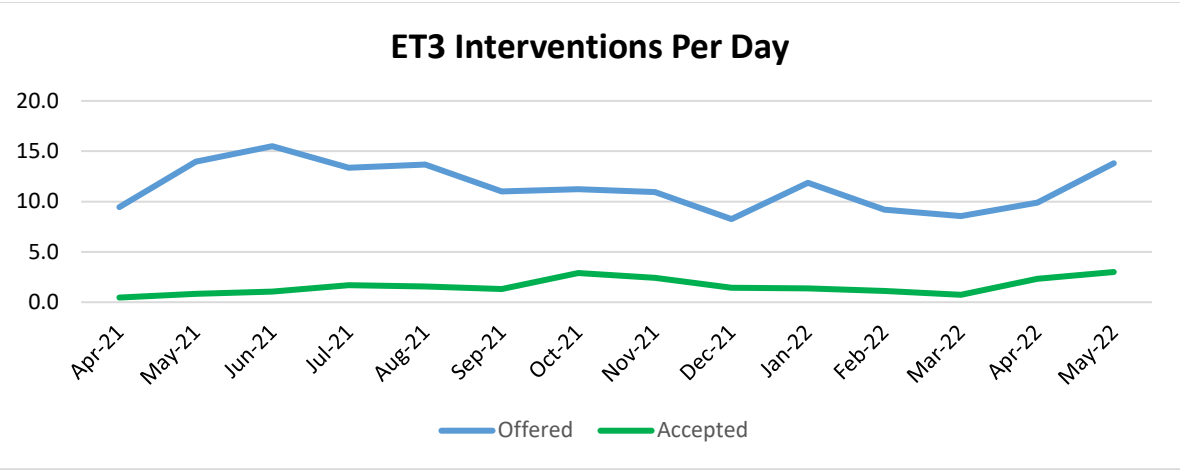


EMS Week Activities - Desi

	<p>Sunday, May 15th Hot N' Ready BBQ @ the Central Star prepared by Trey Ehrhardt & Family</p> <p>Rangers vs. Red Sox Sponsored by MWR, 1:35pm</p> <p>EMS Gift: T-shirts</p> 	<p>Monday, May 16th Sally's Sweets Ice Cream Cart @ NDC</p> <p>Kickball @ Gateway Park, 6pm</p> <p>Nerf Capture The Flag, BINGO, and Scavenger Hunt Begins!</p> <p>Munchie Monday</p> 	<p>Tuesday, May 17th Sally's Sweets Ice Cream Cart @ Central Star</p> <p>Paintball @ Fun on The Run, 6pm</p> <p>Tasty Treat Tuesday</p> 
<p>Wednesday, May 18th</p> <p>Knockerball @ Monnig Middle School, 6pm</p> <p>Way Back and Wellness Wednesday</p> 	<p>Thursday, May 19th</p> <p>Gepetto's Food Truck @ Central Star, 11-2pm and 4-7pm</p> <p>Thirsty Thursday</p> 	<p>Friday, May 20th</p> <p>Blood Drive @ Central Star, 2pm-7pm</p> <p>Tiff's Treats Cookie Truck @ Central Star, 4pm-6pm Sponsored by MWR</p> <p>Main Event (North), 6pm-10pm</p> 	<p>Saturday, May 21st</p> <p>Knockerball @ Monnig Middle School, 11am-1pm</p> <p>DFW Funnel of Love Funnel Cake Truck Sponsored by Encompass Health @ Knockerball Game</p> 

ET3 Model Outcome Summary:

ET3 Program Summary		
	April 5, 2021 through:	5/5/2022
Overall Emergency Response Volume (No Card 33 or 37)		
Documented Medicare Patient Contacts	32,383	
≥ 65	23,556	72.7%
< 65	8,827	27.3%
Transported	27,631	85.3%
AMA (incl. Refused All Care & Refusal w/o Capacity)	3,108	9.6%
ET3 Intervention Offered	4,566	14.1%
ET3 Intervention Accepted	598	
IES	593	
MHMR	5	
Outcomes		
Transported	50	8.4%
Hospital ED	47	
Other	3	
TIP	548	92.4%
Dispatch Health Referral	168	30.7%
MCOT Referral	4	



MedStar Mobile Healthcare

High Utilization Group

HUG Program Overview - EMS Utilization

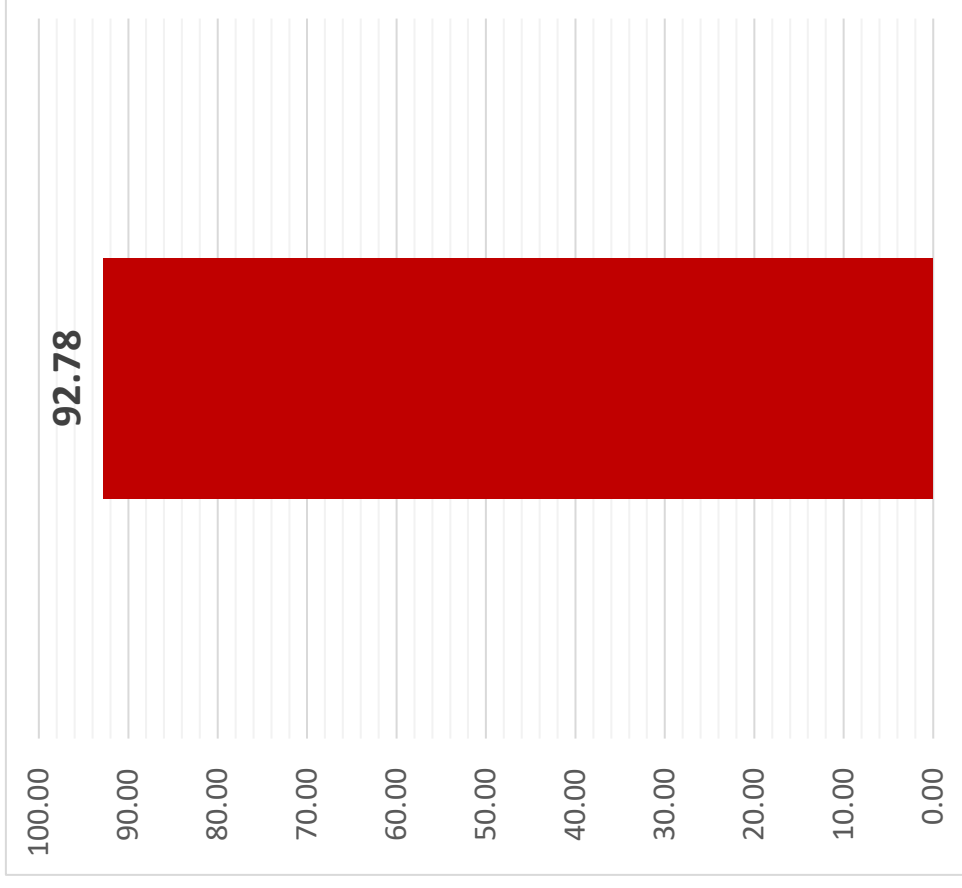
Program	High Utilization Group				
Referral Source	All Sources				
	As of:	3/31/2022			
	Before Enrollment (1)	Enrollment Period (2)	After Graduation (3)	Change	
Sample Size	921				
Emergency Ambulance Responses	12886	8576	6548	-49.19%	
Emergency Ambulance Transports	11466	5999	5586	-51.28%	
Notes:					
	1. Count of emergency ambulance responses and transports during the 12 months prior to enrollment				
	2. Count of emergency ambulance responses and transports during enrollment period				
	3. Count of emergency ambulance responses and transports during the 12 months after graduation				

HUG Program Overview - Hospital Utilization

Referral Source	Southwestern Health Resources			Change
As of:	12/31/2021			
	Before Enrollment (1)	Enrollment Period (2)	After Graduation (3)	
Sample Size (5)	148			
Emergency Department Utilization	452	55	217	-51.99%
Inpatient Admissions	557	67	274	-50.81%
Notes:				
1. Count of ED admissions/IP admissions during the 12 months prior to enrollment				
2. Count of ED admissions/Count of Clients that readmitted during enrollment period				
3. Count of ED admissions/IP admissions during the 12 months after graduation				

*Based on claims data provided by SWHR

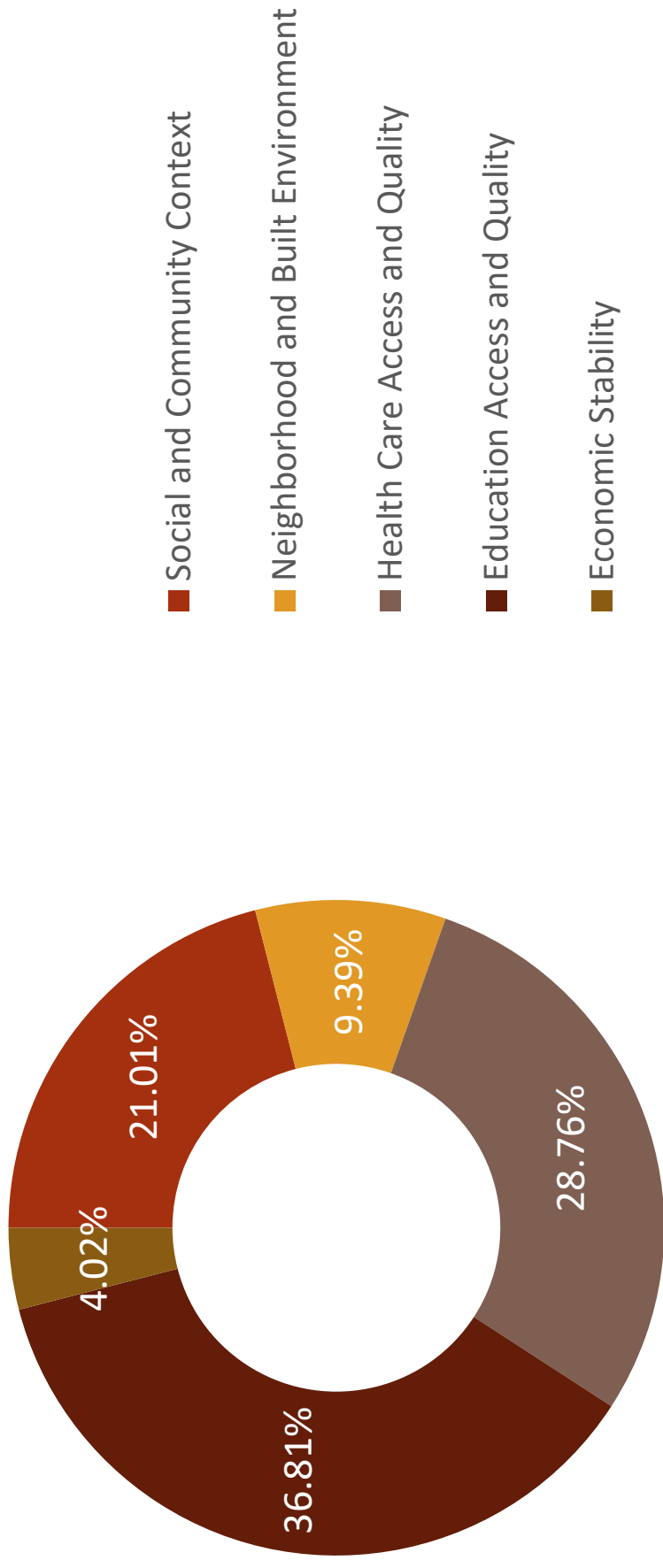
HUG Program Overview - Patient Experience Score



Patient Self-Assessment of Health Status

Patient Self-Assessment of Health Status (1)			
As of: 3/31/2022			
		High Utilizer Group	
	Enrollment	Graduation	Change
Sample Size	321		
Mobility (2)	2.29	2.51	9.7%
Self-Care (2)	2.55	2.72	6.8%
Perform Usual Activities (2)	2.25	2.59	15.2%
Pain and Discomfort (2)	2.00	2.36	17.6%
Axiety/Depression (2)	2.22	2.53	14.0%
Overall Health Status (3)	5.23	6.92	32.2%
Notes:			
1. Average scores of pre and post enrollment data from EuroQol EQ-5D-3L Assessment Questionnaire			
2. Score 1 - 3 with 3 most favorable			
3. Score 1 - 10 with 10 most favorable			

HUG Program - Social Determinants of Health



Tab D – Chief Financial Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Finance Report – April 30, 2022

The following summarizes significant items in the April 30, 2022 Financial Reports:

Statement of Revenues and Expenses:

Month to Date: Net Income for the month of April 2022 is a loss of (\$205,255) as compared to a budgeted loss of (\$172,734) for a negative variance of (32,521). EBITDA for the month of April 2022 is a gain of \$118,065 compared to a budgeted gain of \$160,794 for a negative variance of (\$42,728).

- Transport volume in April ended the month 102% to budget.
- Net Revenue in April is 101% to budget or \$46,132 above budget.
- Total Expenses ended the month 102% to budget or \$78,653 over budget. In April, MedStar incurred additional expenses in Salaries and Overtime of \$290K, Fuel of \$96K, and Professional Fees of \$118K. This expense overage was offset by lower than expected expenses in Benefits and Taxes of (\$226K) and all other expense lines by a total of (\$200K).

Year to Date: EBITDA is \$1,089,305 as compared to a budget of \$2,021,847 for a negative variance of (\$932,541)

- The main drivers for this variance are YTD patient encounters are 102% to budget and YTD net revenue is 1.02% 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 \$10.7 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 April 30, 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 7.0 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 April, the return is -2.53%.

MAEMSA/EPAB cash reserve balance as of April 30, 2022 is \$475,470.69.

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Balance Sheet By Character Code

For the Period Ending April 30, 2022

Assets	Current Year	Last Year
Cash	\$20,976,376.88	\$20,428,863.87
Accounts Receivable	\$7,320,719.03	\$8,881,648.19
Inventory	\$383,481.43	\$358,989.75
Prepaid Expenses	\$1,056,089.50	\$903,510.89
Property Plant & Equ	\$63,374,619.00	\$59,860,871.69
Accumulated Deprecia	(\$27,412,040.83)	(\$24,089,854.79)
Total Assets	\$65,699,245.01	\$66,344,029.60
Liabilities		
Accounts Payable	(\$342,199.76)	(\$285,009.89)
Other Current Liabil	(\$1,527,704.18)	(\$1,625,232.54)
Accrued Interest	(\$7,781.31)	(\$7,781.31)
Payroll Withholding	(\$104,598.01)	(\$111,437.96)
Long Term Debt	(\$3,480,198.21)	(\$3,832,844.94)
Other Long Term Liab	(\$9,613,229.93)	(\$8,056,473.69)
Total Liabilities	(\$15,075,711.40)	(\$13,918,780.33)
Equities		
Equity	(\$52,884,378.49)	(\$55,208,105.09)
Control	\$2,260,844.88	\$2,782,855.82
Total Equities	(\$50,623,533.61)	(\$52,425,249.27)
Total Liabilities and Equities	(\$65,699,245.01)	(\$66,344,029.60)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Statement of Revenue and Expenditures

April 30, 2022

Revenue	Current Month		Current Month		Year to Date		Year to Date		Year to Date
	Actual	Budget	Variance	Actual	Budget	Variance			
Transport Fees	\$19,015,868.22	\$16,874,312.41	\$2,141,555.81	\$128,117,260.10	\$120,285,112.88	\$7,832,147.22			
Contractual Allow	(\$8,341,230.82)	(\$7,352,338.84)	(\$988,891.98)	(\$42,102,176.51)	(\$52,423,834.36)	\$10,321,657.85			
Provision for Uncoll	(\$6,613,948.42)	(\$5,484,572.82)	(\$1,129,375.60)	(\$57,204,732.06)	(\$39,106,241.31)	(\$18,098,490.75)			
Education Income	\$230.00	\$21,690.00	(\$21,460.00)	\$79,345.30	\$74,800.00	\$4,545.30			
Other Income	\$86,298.17	\$113,760.75	(\$27,462.58)	\$972,215.29	\$518,925.25	\$453,290.04			
Standby/Subscription	\$127,454.84	\$55,565.87	\$71,888.97	\$636,544.98	\$453,714.61	\$182,830.37			
Pop Health PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
interest on Investme	\$376.92	\$500.00	(\$123.08)	\$4,023.80	\$3,500.00	\$523.80			
Gain(Loss) on Dispos	\$0.00	\$0.00	\$0.00	\$29,495.27	\$0.00	\$29,495.27			
Total Revenue	\$4,275,048.91	\$4,228,917.37	\$46,131.54	\$30,531,976.17	\$29,805,977.07	\$725,999.10			
Expenditures									
Salaries	\$2,835,537.35	\$2,545,029.66	\$290,507.69	\$19,635,381.36	\$18,022,557.62	\$1,612,823.74			
Benefits and Taxes	\$345,464.31	\$571,540.00	(\$226,075.69)	\$2,922,614.56	\$3,196,359.00	(\$273,744.44)			
Interest	\$34,361.13	\$33,500.00	\$861.13	\$244,300.94	\$234,500.00	\$9,800.94			
Fuel	\$186,869.77	\$90,391.92	\$96,477.85	\$921,843.28	\$676,328.44	\$245,514.84			
Medical Supp/Oxygen	\$148,626.06	\$183,291.75	(\$34,665.69)	\$1,413,694.18	\$1,305,709.80	\$107,984.38			
Other Veh & Eq	\$47,210.48	\$36,466.00	\$10,744.48	\$294,004.73	\$268,883.00	\$25,121.73			
Rent and Utilities	\$50,199.67	\$66,144.52	(\$15,944.85)	\$430,508.84	\$463,386.64	(\$32,877.80)			
Facility & Eq Mtc	\$49,424.29	\$87,788.26	(\$38,363.97)	\$504,143.12	\$533,440.82	(\$29,297.70)			
Postage & Shipping	\$3,491.50	\$3,521.55	(\$30.05)	\$18,557.53	\$24,650.85	(\$6,093.32)			
Station	\$13,981.31	\$81,399.01	(\$67,417.70)	\$255,367.49	\$365,326.07	(\$109,958.58)			
Comp Maintenance	\$60,384.71	\$62,274.99	(\$1,890.28)	\$433,348.96	\$435,924.93	(\$2,575.97)			
Insurance	\$44,032.92	\$44,026.52	\$6.40	\$338,257.53	\$308,185.64	\$30,071.89			
Advertising & PR	\$737.63	\$3,292.00	(\$2,554.37)	\$2,823.99	\$35,644.00	(\$32,820.01)			
Printing	\$15,613.48	\$3,615.41	\$11,998.07	\$33,099.66	\$25,307.87	\$7,791.79			
Travel & Entertain	\$6,887.27	\$11,138.00	(\$4,250.73)	\$29,623.67	\$69,126.00	(\$39,502.33)			
Dues & Subs	\$92,180.51	\$136,214.00	(\$44,033.49)	\$752,944.42	\$946,355.00	(\$193,410.58)			
Continuing Educ Ex	\$8,861.90	\$16,680.00	(\$7,818.10)	\$100,322.68	\$147,271.00	(\$46,948.32)			
Professional Fees	\$241,576.89	\$123,365.71	\$118,211.18	\$1,267,087.39	\$945,864.97	\$321,222.42			

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures
April 30, 2022

Revenue	Current Month		Current Month		Year to Date		Year to Date	
	Actual	Budget	Variance	Actual	Budget	Variance		
Education Expenses	\$115.00	\$0.00	\$115.00	\$16,655.30	\$0.00	\$16,655.30		
Miscellaneous	\$5,788.55	\$1,944.00	\$3,844.55	\$72,391.85	\$13,808.00	\$58,583.85		
Depreciation	\$288,959.37	\$300,028.00	(\$11,068.63)	\$2,180,573.56	\$2,100,196.00	\$80,377.56		
Total Expenditures	\$4,480,304.10	\$4,401,651.30	\$78,652.80	\$31,867,545.04	\$30,118,825.65	\$1,748,719.39		
Net Rev in Excess of Expend	(\$205,255.19)	(\$172,733.93)	(\$32,521.26)	(\$1,335,568.87)	(\$312,848.58)	(\$1,022,720.29)		
EBITDA	\$118,065.31	\$160,794.07	(\$42,728.76)	\$1,089,305.63	\$2,021,847.42	(\$932,541.79)		

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Key Financial Indicators
April 30, 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	10.70

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%	37.76%
---	-------	--------	--------	--------	--------	--------	--------

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	7.00
-------------------------------------	----	------	------	------	------	------	------

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%	-2.53%
-----------------------------	--------	--------	--------	-------	-------	--------	--------

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 04/30/2022			<u><u>\$ 475,470.69</u></u>

Tab E – Chief Human Resources Officer

Human Resources - April 2022

Turnover:

- April turnover –3.77%
 - FT – 3.52%
 - PT – 6.0%
- Year to date turnover –17.46%
 - FT –16.52%
 - PT – 26.0%

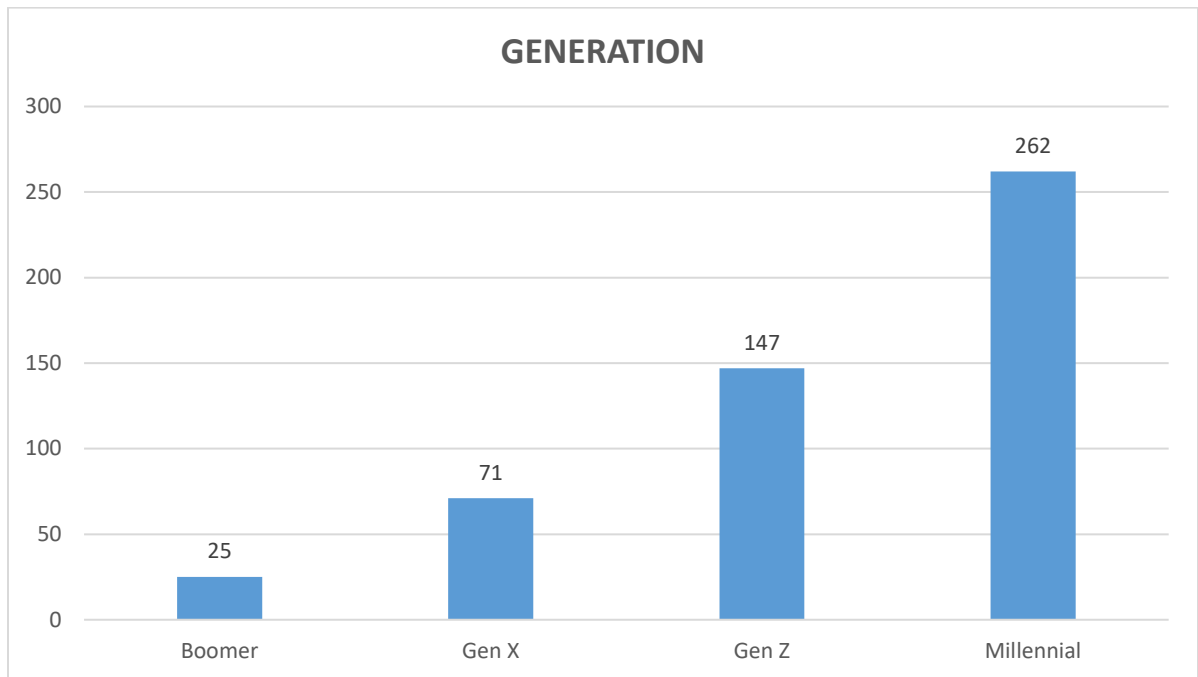
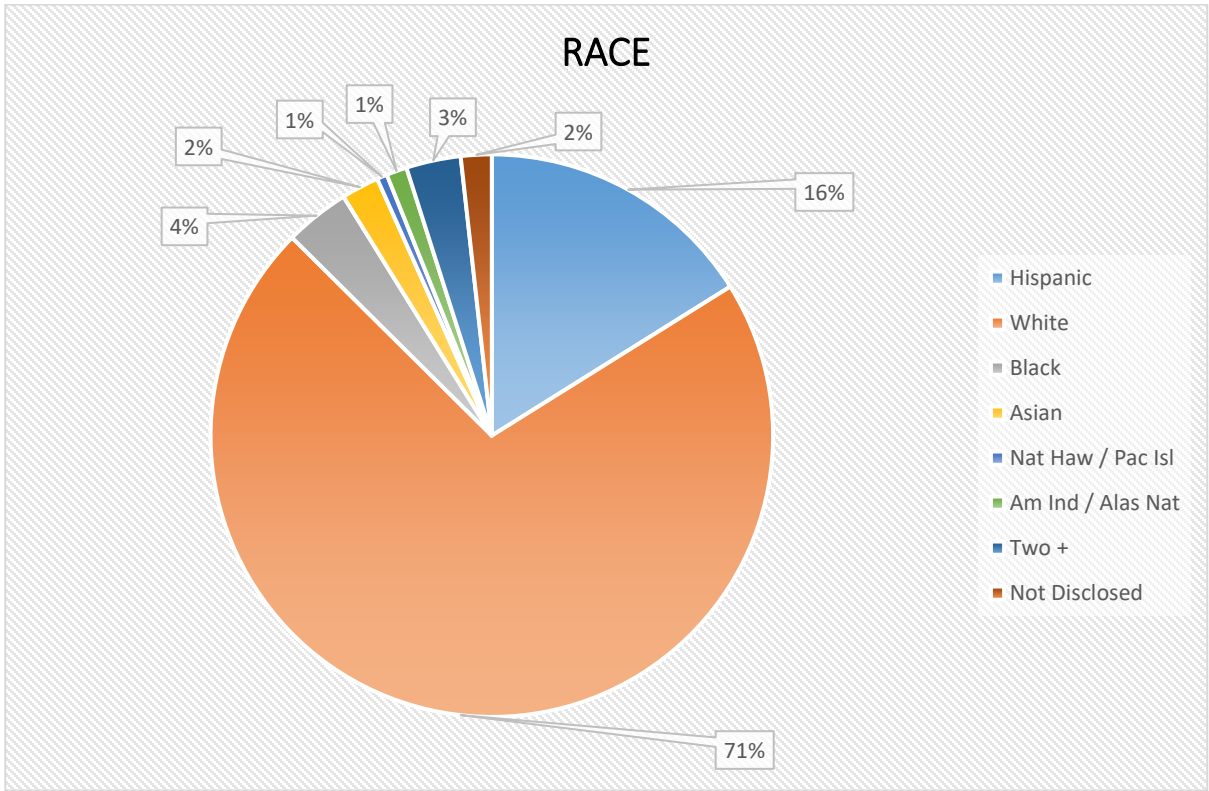
Leaves:

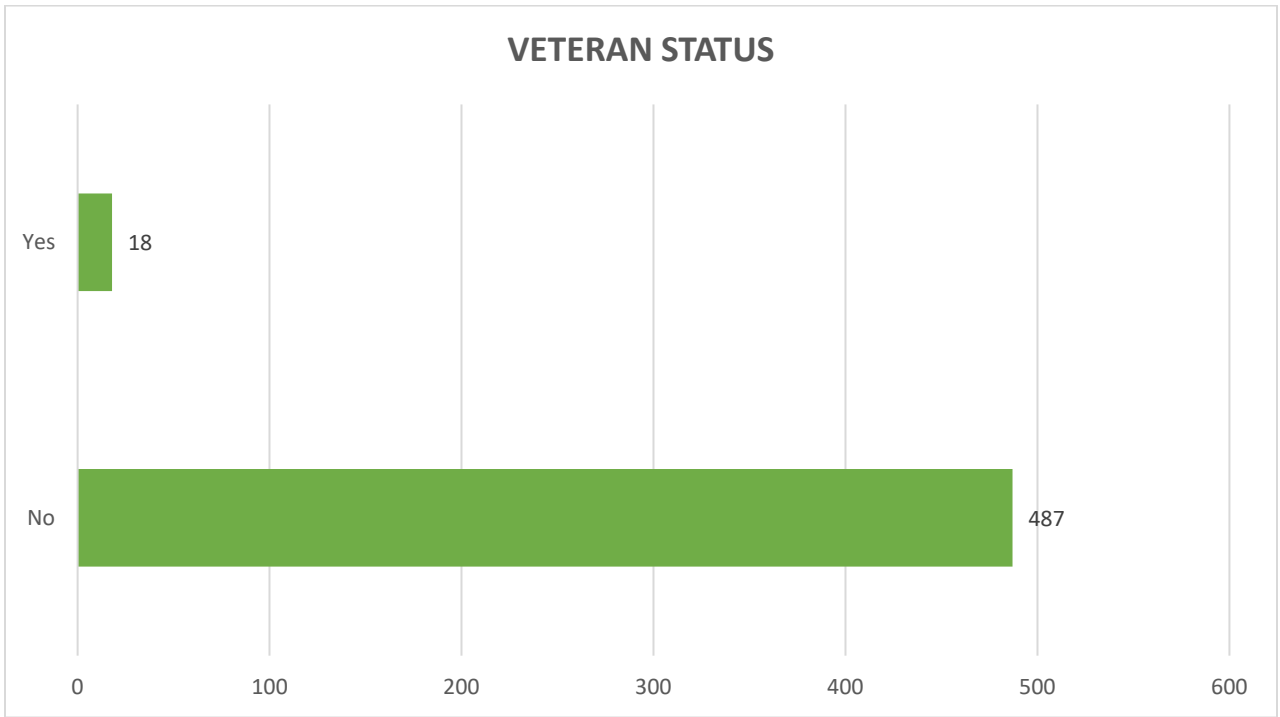
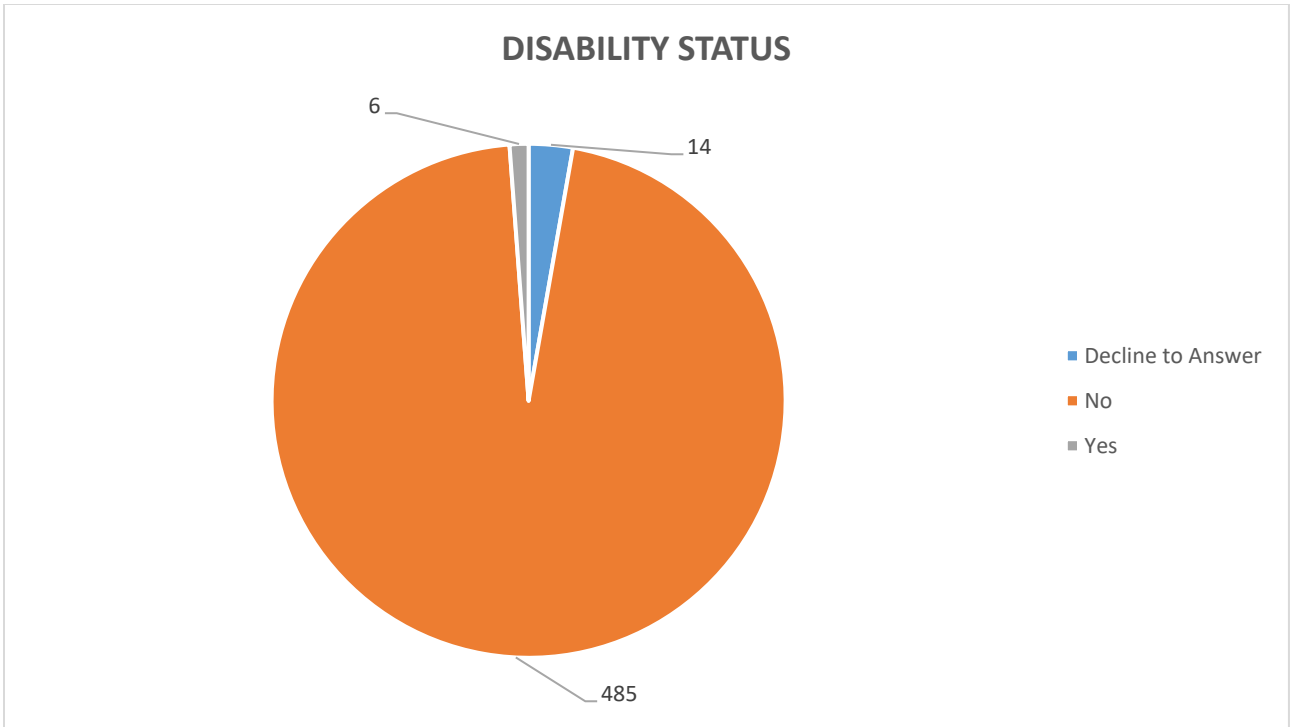
- 27 employees on FMLA / 5.96% of workforce
 - 19 cases on intermittent
 - 8 cases on a block
- Top FMLA request reasons/conditions
 - Neurological (5)
 - FMLA Child (5)
 - Obstetrics (4)
- COVID Administrative Leave
 - 129:57 hours in April
 - 26464:10 hours to date

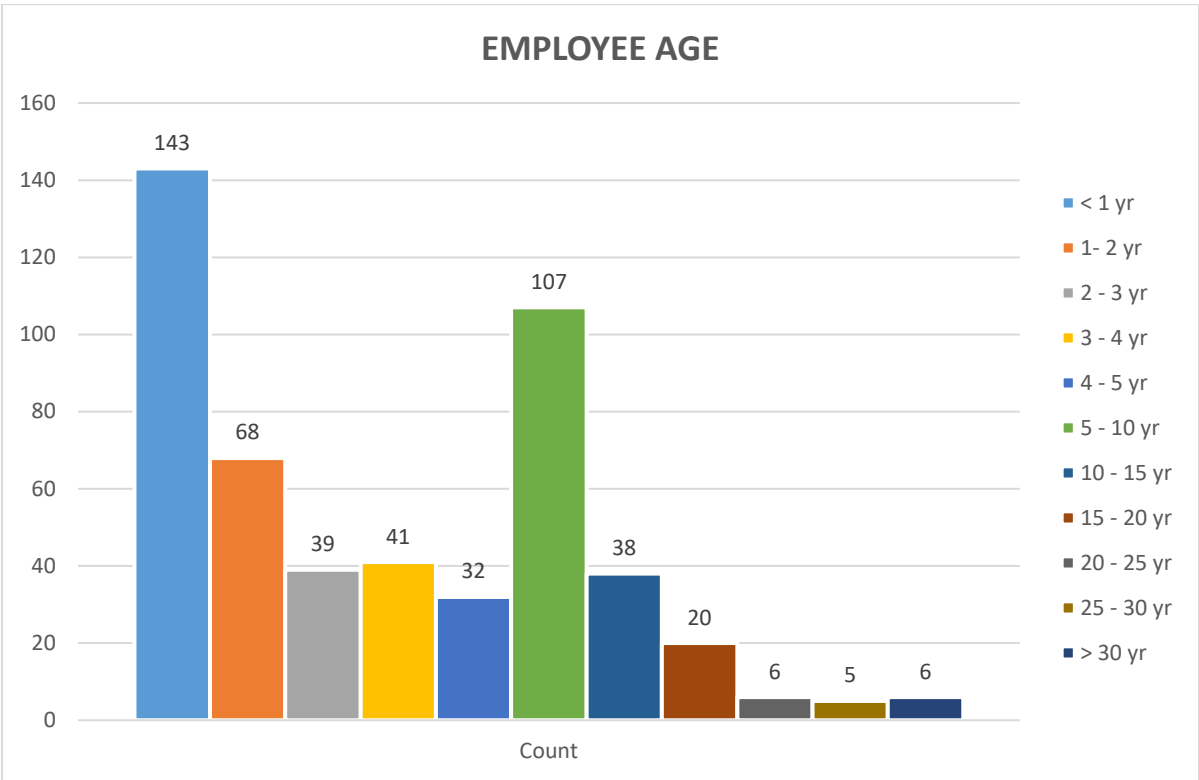
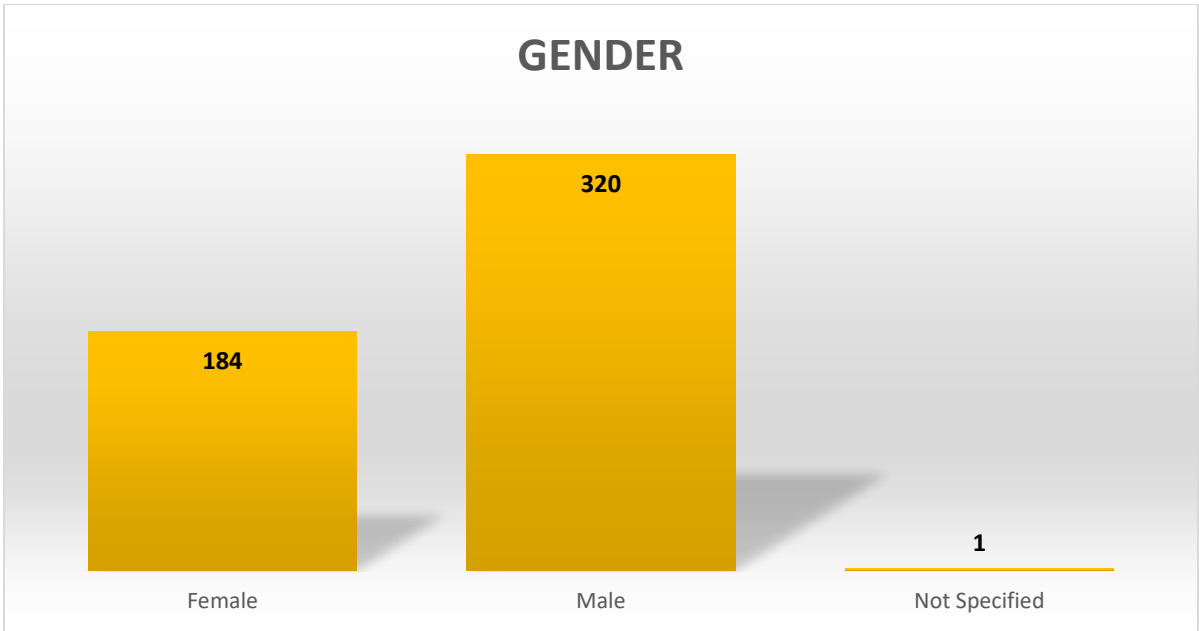
Staffing

- 21 hires in April
- 90 hires FYTD

APRIL 2022 DIVERSITY STATISTICS







FMLA Leave of Absence (FMLA Detailed Report)
Fiscal Year 2/1/2022 thru 4/30/2022
Percentages by Department/Conditions

Row Labels	Conditions	Count of Reason
Cardiology		1
FMLA - Child		5
FMLA - Parent		2
FMLA - Sibling (in loco parentis)		1
FMLA - Spouse		2
Internal Medicine		2
Mental Health		3
Neurological		5
Obstetrics		4
Orthopedic		1
Pulmonary		1
Grand Total		27

Department	Percentage by Department			
	# of Ees	# on FMLA	% by FTE	% by Dept HC
Advanced	122	7	1.55%	25.93%
Basic	176	9	1.99%	33.33%
Business Office	11	1	0.22%	3.70%
Communications	36	2	0.44%	7.41%
Controller - Payroll, Purchasing, A/P	6	1	0.22%	3.70%
Executive	7	2	0.44%	7.41%
Support Services - Facilities, Fleet, S.E., Logistics	29	5	1.10%	18.52%
Grand Total	387	27		
Total # of Full Time Employees - April 2022	453			
% of Workforce using FMLA	5.96%			
TYPE OF LEAVES UNDER FMLA	# of Ees	% on Leave		
Intermittent Leave	19	70.37%		
Block of Leave	8	29.63%		
Total	27	100.00%		

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

Light Duty WC for Fiscal Year 2021 - 2022													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Goal
Hours/Mo	259:47	120:46	392:55	250:27	184:26	189:10	248:10	0:00	0:00	0:00	0:00	0:00	0:00
FY 21-22	259:47	380:33	773:28	1023:55	1208:21	1397:31	1645:41	1645:41	1645:41	1645:41	1645:41	1645:41	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	46:12	106:52	57:09	59:55	79:34	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	431:44	1102:08	1649:08	1876:05	1889:04	2029:09	2189:44	2272:36	2402:47	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	108:00	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	132:00	132:00	132:00	132:00	132:00	132:00	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	677:50	863:04	806:26	544:58	424:08	1379:46	1334:56	0:00	0:00	0:00	0:00	0:00	603:06
FY 21-22	677:50	1540:54	2347:20	2892:18	3316:26	4696:12	6031:08	6031:08	6031:08	6031:08	6031:08	6031:08	6031:08
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	5684:35	6014:21	8335:05	6195:25	5278:05	5755:06	5470:52	0:00	0:00	0:00	0:00	0:00	4273:20
FY 21-22	5684:35	11698:56	20034:01	26229:26	31507:31	37262:37	42733:29	42733:29	42733:29	42733:29	42733:29	42733:29	42733:29
FY 20-21	6258:06	11345:22	17676:28	21636:11	25998:39	32058:12	37543:40	44215:57	51059:14	57964:04	63772:29	69441:53	36580:51:15

*Includes all other leaves (LOA, MLOA, PTO, 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	208:00	0:00	0:00	0:00	0:00	0:00	105:18
FY 21-22	166:00	372:00	418:00	430:00	619:00	845:00	1053:00	1053:00	1053:00	1053:00	1053:00	1053:00	1053:00
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	1103:37	1213:50	1245:21	807:25	797:34	1794:56	1899:06	0:00	0:00	0:00	0:00	0:00	886:10
FY 21-22	1103:37	2317:27	3562:48	4370:13	5167:47	6962:43	8861:49	8861:49	8861:49	8861:49	8861:49	8861:49	8861:49
FY 20-21	2182:31	4192:21	6681:37	9019:50	11030:56	12886:12	14447:23	15488:25	16935:54	18658:17	20829:39	22555:35	71602:36:00

Summary of Fiscal Year 2020-2021				
WC Light Duty	HR Light Duty	Worker's Comp	All Other Leave	Total
1645:41	2272:36	132:00	6031:08	8861:49
3254:00	2162:30	0:00	17497:06	93451:29

MedStar Mobile Health Care Separation Statistics April 2022

Full Time Separations
Part Time Separations
Total Separations

Current Month		
Vol	Invol	Total
11	5	16
3	0	3
14	5	19

Year to Date		
Vol	Invol	Total
44	31	75
12	1	13
56	32	88

YTD Compared to Apr'21		Headcount
Apr'21	%	Apr-21
41	9.32%	440
18	48.65%	37
59	12.37%	477
Difference	5.090%	

	Full Time	Part Time	Total
Total Turnover %	3.52%	6.00%	3.77%

	Full Time	Part Time	Total
	16.52%	26.00%	17.46%

Separations by Department

Full Time	Current Month		
	Vol	Invol	Total
Advanced	4	0	4
Basics	4	2	6
Business Office	0	1	1
Communications	0	1	1
Controller - Payroll, Purchasing, A/P			
Executives			
Field Manager/Supervisors - Operations	0	1	1
Field Operations Other			
Health Information Systems			
Human Resources			
Information Technology			
Legal/Compliance			
Mobile Integrated Health			
Office of the Medical Director			
Public Information			
Support Services - Facilities, Fleet, S.E., Logistics	3	0	3
Total	11	5	16

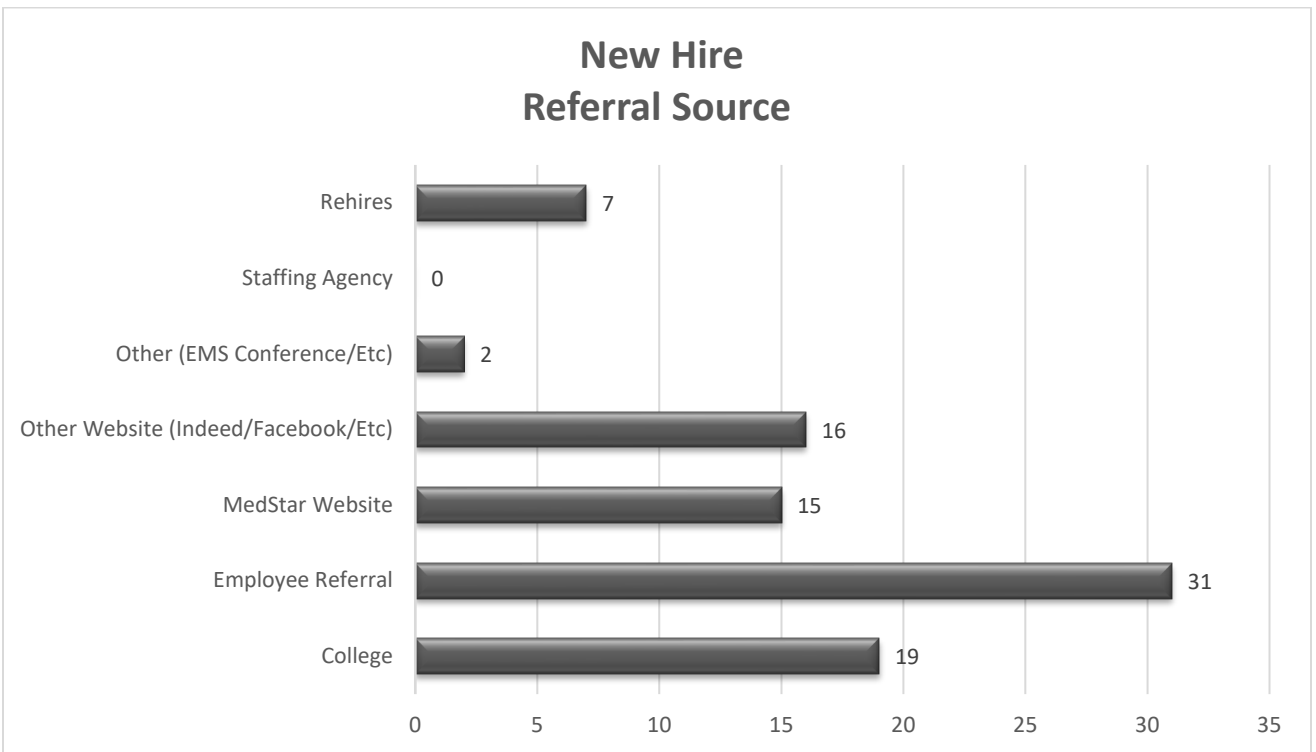
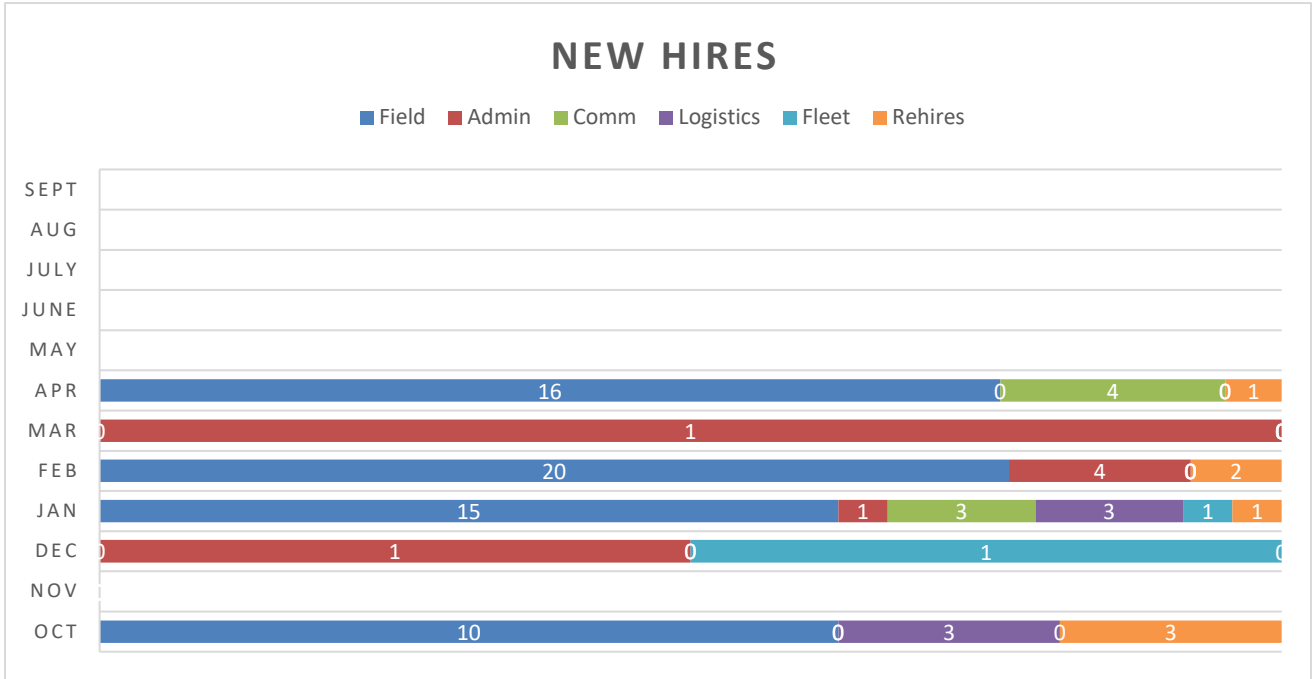
Year to Date			Headcount
Vol	Invol	Total	Apr-22
12	0	12	124
20	8	28	176
3	9	12	12
4	11	14	34
1	0	1	6
			7
0	1	1	25
			7
			3
0	1	1	4
			3
			2
0	1	1	5
			13
			1
4	0	4	32
44	31	75	454

Part Time	Current Month		
	Vol	Invol	Total
Advanced	2	0	2
Basics	1	0	1
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	3	0	3

Year to Date			Headcount
Vol	Invol	Total	Apr-22
5	0	5	20
5	1	6	21
1	0	1	5
1	0	1	4
12	1	13	50

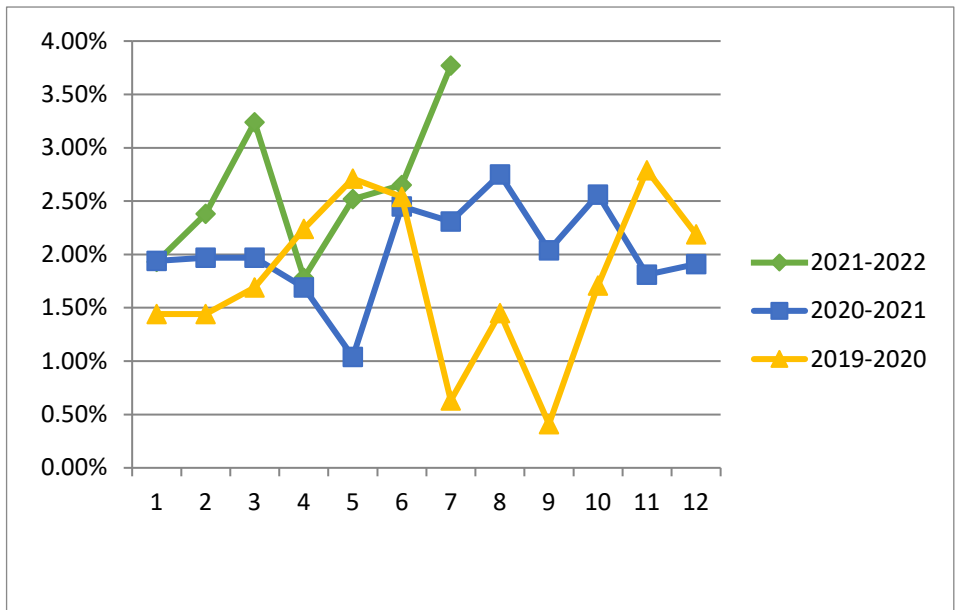
Recruiting & Staffing Report

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	3.77%	2.31%	0.63%	3.52%
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	17.46%	16.17%	19.91%	16.52%



Tab F – Compliance and Legal



Compliance Officer's Report April 19, 2022-May 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:
 - Ketamine vial broken.
 - A Morphine cap came off when checking out a pouch.
 - Paramedic inadvertently took a narcotic pouch home at the end of shift.In all occurrences no foul play is suspected.
- Provider assault reporting project is underway and we are moving forward with building processes and defining assault.

Paralegal Duties

- 17 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.
- 1 Subpoenas(s) for witness appearance processed and served.
- Drafted, reviewed, and executed agreements with outside parties as needed.

A handwritten signature in black ink, appearing to read "Chad Carr", is written in a cursive style.

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

Tab G – Operations

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

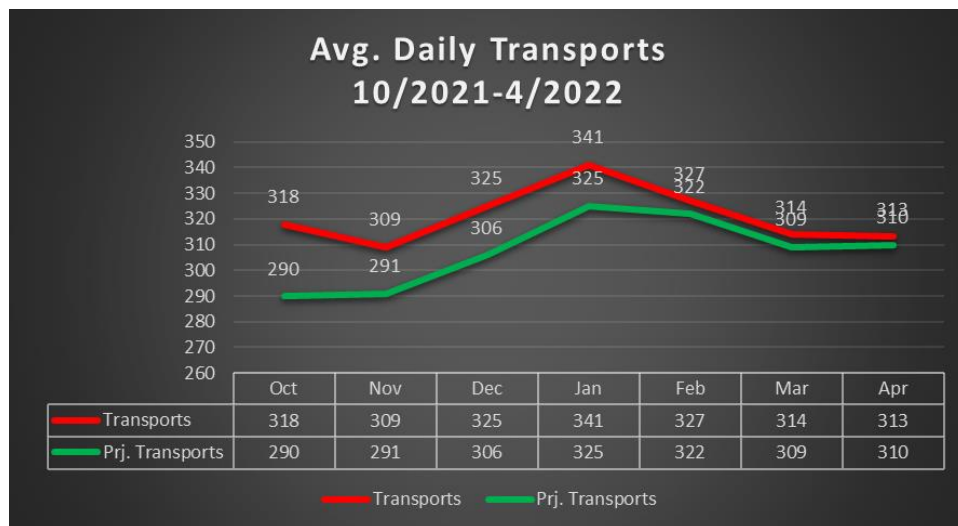
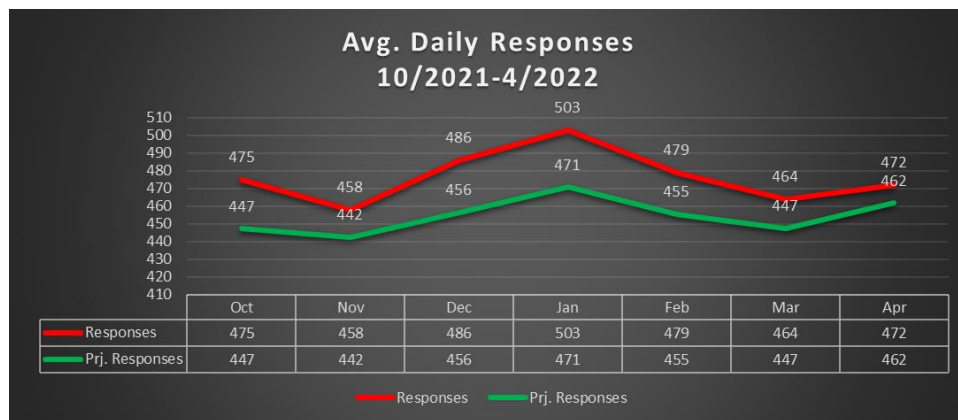
Operations Report- April 2022

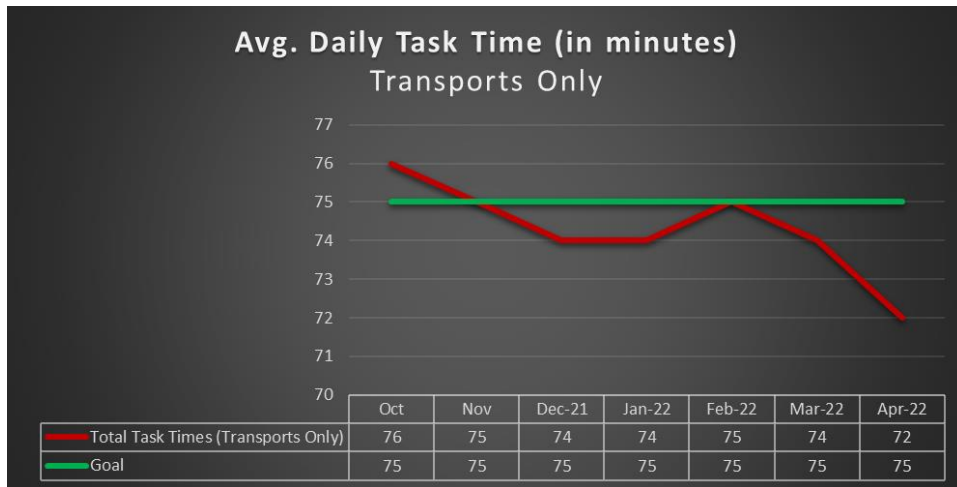
The following summarizes significant operational items through April 30th, 2022:

Field Operations:

- April transport volume exceeded budget expectations by approximately 1%.
- April Call volume (Responses) exceeded projections by approximately 2%.
- Crews and front-line leadership continue to do amazing work serving the community, keeping task times low, working through increase in the variation of call volume, implementing ET3 and other initiatives

Field Ops Metrics





Fleet/Logistics:

- Working to stay ahead of supply chain challenges through active management
- Working with the team to improve the start of shift process
- Special thanks to **Desiree Partain** for spearheading the unit detailing process
- Actively searching for Ambulance Chassis
- Fleet team continues to keep units up and available for deployment
- Finalizing latest support vehicle replacements, approved earlier this fiscal year

Special Operations:

- Completed 93 events for the month of April 2022
- Processed multiple requests for state mission standbys (severe weather, wildland fire, etc.)

Mobile Integrated Health

- Continuing to operationalize new programs
- Trialing utilizing EMT-B (Basic) provider with the DETECT program
- See Chief Transformation Officer report for program updates

Information Technology:

- Replacing network equipment that has reached the end of its vendor-supported life cycle.
- Software to assist in change management process, document repository and version control is ready for launch.

Business Intelligence:

- Multiple projects are ongoing, including:
 - Hot Response Data Extraction and Analysis
 - Tableau Conversion
 - Report Card (for incentives) development
- Outside agency reports are done ad hoc. Most recently, THR Alliance transfer reports were automated for daily emails.

Communications:

- RQI-T Q2 assignments and simulations are in progress and due by June 30th.
 - 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. All controllers have completed training and will spend a couple of weeks practicing in the training system before launching the protocols in the live system.
- LOGIS v4 upgrade process scheduled to begin August 12, 2022
- Six new System Status Controllers started with the May 16th new hire orientation to assist with staffing.
- Met organization answer time standards in April. 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
February 2022	9,530	293.1	88.60%	91.51%
March 2022	10,135	280.5	88.57%	91.79%
April 2022	10,163	277.9	90.94%	93.69%



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 04/01/2022 thru 04/30/2022

Aid Given 22 Aid Received 14 Total Calls 14284 % of Calls to Mutual Aid 0

Aid Type	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Given	Total									22
	Aid TO									5
	Arlington	M73	04/23/2022 22:27:41	2178170	3	Arlington		00:33:50		1
	Arlington	M33	04/30/2022 23:29:56	2187332	2	Arlington		00:00:31	Calling Party Cancelled	0
	Arlington	M70	04/03/2022 01:37:52	2152323	2	Arlington	29B05 - V - Traffic Collision / Transportation Incident - Multiple patients - P2	00:04:51	FD/PPD Cancelled MedStar	0
	Arlington	M29	04/04/2022 23:34:53	2154784	1	Arlington	21D03 - M - Non-traumatic (medical) bleeding - MEDICAL - P1	00:14:20	FD/PPD Cancelled MedStar	0
	Arlington	M71	04/05/2022 16:18:19	2155609	2	Arlington	06C01 - Breathing Problems - P2	00:36:12	Unit On Scene Cancelled	0
	Azle	M82	04/15/2022 22:09:42	2167917	2	Azle	17B04 - Falls - P2	00:00:29	Calling Party Cancelled	0
	Benbrook	M41	04/25/2022 02:27:42	2179592	3	Benbrook	17C01 - Falls - P3	00:46:59	AMA - Assessed and/or Treated & Released	0
	Benbrook	M59	04/20/2022 16:12:58	2173732	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2	01:07:18		1
	Benbrook	M76	04/19/2022 17:24:10	2172496	2	Benbrook	29B02 - Traffic Collision / Transportation Incident - P2	01:08:55		1
	Benbrook	M59	04/13/2022 09:09:38	2164847	3	Benbrook	26C07 - Sick Person (Specific Diagnosis) - P3	01:01:07		1
	Benbrook	M33	04/12/2022 05:18:54	2163508	3	Benbrook	17A02 - G - Falls - On the ground or floor - P3	00:38:23	AMA - Assessed and/or Treated & Released	0
	Benbrook	M33	04/18/2022 15:30:45	2171128	1	Benbrook	17D04 - Transfer / Interfacility / Palliative Care - P1	01:19:01		1
	Benbrook	M23	04/30/2022 01:53:58	2186090	2	Benbrook	17B04 - G - Falls - On the ground or floor - P2	01:20:40		1
	Benbrook	M81	04/26/2022 07:31:41	2181057	2	Benbrook	17B04 - Falls - P2	01:11:38		1
	Benbrook	M68	04/15/2022 16:50:10	2167547	2	Benbrook	10C03 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	01:19:53		1
	Benbrook	M27	04/01/2022 00:41:39	2149712	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2	01:10:37		1
	Benbrook	M37	04/03/2022 05:48:18	2152495	3	Benbrook	17A02 - G - Falls - On the ground or floor - P3	01:03:47		1



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 04/01/2022 thru 04/30/2022

		Benbrook	M47	04/05/2022 07:33:47	2155095	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2	01:24:11		1
		Benbrook	M57	04/08/2022 13:44:56	2159109	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2	01:26:40		1
Crowley	2	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
		Crowley	M55	04/03/2022 19:00:11	2153288	1	Crowley	12D04 - Convulsions / Seizures - P1	00:47:52		1
		Crowley	M60	04/06/2022 11:56:58	2156538	1	Crowley	21D03 - M - Non-traumatic (medical) bleeding - MEDICAL - P1	01:14:30		1
Watauga	1	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
		Watauga	M36	04/06/2022 12:47:26	2156589	1	Watauga	26A10 - Sick Person (Specific Diagnosis) - P3	01:06:27		1
Received	14	Total									
Aid FROM	2	Arlington EMS	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
		Arlington EMS	AMR Arlington n 1	04/20/2022 13:45:38	2173537	2	Fort Worth	28C02 - X - Stroke (CVA) / Transient Ischemic Attack (TIA) - No test evidence of stroke (< T hours) - P2	01:09:37		1
		Arlington EMS	AMR Arlington n 1	04/01/2022 16:34:35	2150490	2	Fort Worth	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - P2	00:01:56	FD/PD Cancelled MedStar	0
Crowley	8	Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
		Crowley	Crowley 254	04/27/2022 17:51:00	2183161	2	Burleson	19C04 - Heart Problems / A.I.C.D. - P2	01:09:49		1
		Crowley	Crowley 254	04/18/2022 17:27:35	2171272	1	Burleson	31D02 - Unconscious / Fainting (Near) - P1	00:03:04		0
		Crowley	Crowley 254	04/26/2022 15:52:29	2181535	1	Burleson	10D02 - Chest Pain / Chest Discomfort (Non-Traumatic) - P1	01:42:37		1
		Crowley	Crowley 254	04/13/2022 17:37:29	2165449	2	Burleson	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	00:07:21		0
		Crowley	Crowley 54	04/03/2022 16:54:42	2153126	2	Burleson	17B04 - G - Falls - P2	00:06:25		0
		Crowley	Crowley 254	04/05/2022 21:40:03	2156011	2	Burleson	25B06 - Psychiatric / Abnormal Behavior / Suicide Attempt - P2	01:09:30		1
		Crowley	Crowley 54	04/07/2022 14:09:43	2157889	2	Burleson	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	01:05:20		1
		Crowley	Crowley 254	04/07/2022 17:45:43	2158253	2	Burleson	19C02 - Heart Problems / A.I.C.D. - P2	00:15:55		0
Eagle Mountain	3	Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX



MedStar Mutual Aid Response Task Time Report

Criteria: **Period: 04/01/2022 thru 04/30/2022**

	Eagle Mountain	Eagle Mountain	04/26/2022 16:42:31	2181643	2	Fort Worth	29B01 - V - Traffic Collision / Transportation Incident - Multiple patients - P2	00:51:40	AMA - Assessed and/or Treated & Released	0
	Eagle Mountain	Eagle Mountain	04/17/2022 23:51:18	2170431	1	Fort Worth	10D05 - Chest Pain / Chest Discomfort (Non-Traumatic) - P1	01:24:33		1
	Eagle Mountain	Eagle Mountain	04/07/2022 16:00:24	2158069	2	Fort Worth	31C01 - Unconscious / Fainting (Near) - P2	02:32:10		1
Life Care EMS	1									
	Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted in TX
	Life Care EMS	Life Care EMS (Willow Park)	04/07/2022 16:01:42	2158095	3	Fort Worth	05A01 - Back Pain (Non-Traumatic or Non-Recent Trauma) - P3	01:11:00		1



MedStar Response Time Reliability and AVG Response Time Performance

Period: Apr 01 2022 to Apr 30 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	5	5	00:10:02	3	40.0%	0	5	3	40.0%
	2	10	10	00:07:01	0	100.0%	0	10	0	100.0%
	3	7	5	00:08:29	0	100.0%	0	7	0	100.0%
Total Blue Mound		22	20							
Burleson	1	109	104	00:08:13	22	79.8%	5	109	22	79.8%
	2	180	168	00:09:52	34	81.1%	13	180	34	81.1%
	3	127	101	00:10:19	13	89.8%	1	127	13	89.8%
	4	73	72	00:26:14	3	95.9%	0	73	3	95.9%
Total Burleson		489	445							
Edgecliff Village	1	9	9	00:07:43	0	100.0%	0	9	0	100.0%
	2	10	10	00:06:09	0	100.0%	0	10	0	100.0%
	3	6	6	00:10:45	0	100.0%	0	6	0	100.0%
Total Edgecliff Village		25	25							
Forest Hill	1	39	38	00:08:13	4	89.7%	1	39	4	89.7%
	2	92	84	00:09:10	9	90.2%	2	92	9	90.2%
	3	43	41	00:11:23	3	93.0%	2	43	3	93.0%
Total Forest Hill		174	163							
Fort Worth	1	2950	2816	00:08:14	425	85.6%	59	2950	425	85.6%
	2	4865	4625	00:08:54	544	88.8%	69	4865	544	88.8%
	3	3337	3043	00:09:55	286	91.4%	53	3337	286	91.4%
	4	1323	1311	00:23:54	42	96.8%	15	1323	42	96.8%
Total Fort Worth		12475	11795							
Haltom City	1	93	91	00:08:47	19	79.6%	1	93	19	79.6%
	2	139	127	00:09:32	22	84.2%	3	139	22	84.2%
	3	98	90	00:09:41	9	90.8%	0	98	9	90.8%
	4	1	1	00:46:23	0	100.0%	0	1	0	100.0%
Total Haltom City		331	309							
Haslet	1	7	7	00:07:26	1	85.7%	0	7	1	85.7%
	2	13	12	00:08:10	2	84.6%	1	13	2	84.6%



MedStar Response Time Reliability and AVG Response Time Performance

Period: Apr 01 2022 to Apr 30 2022

Member City	Pri	Calls	On Scene	Avg RT	Current Month			100 Response Compliance Period			
					Late Responses	On Time %	Extended Responses Count	Compliance Calculated Responses	Late Responses	On Time %	
Total Haslet		26	6	00:07:17	0	100.0%	0	0.0%	6	0	100.0%
Lake Worth		32	30	00:06:34	2	93.8%	1	3.1%	32	2	93.8%
		69	65	00:07:41	6	91.3%	0	0.0%	69	6	91.3%
		29	26	00:10:17	3	89.7%	0	0.0%	29	3	89.7%
		1	1	00:29:35	0	100.0%	0	0.0%	1	0	100.0%
Total Lake Worth		131	122								
Lakeside		5	5	00:12:11	1	80.0%	1	20.0%	5	1	80.0%
		4	4	00:09:06	1	75.0%	0	0.0%	4	1	75.0%
		1	1	00:14:08	0	100.0%	0	0.0%	1	0	100.0%
Total Lakeside		10	10								
River Oaks		21	21	00:08:55	8	61.9%	1	4.8%	21	8	61.9%
		23	23	00:07:52	3	87.0%	1	4.3%	23	3	87.0%
		11	10	00:11:02	3	72.7%	0	0.0%	11	3	72.7%
Total River Oaks		55	54								
Saginaw		42	41	00:06:55	7	83.3%	0	0.0%	42	7	83.3%
		54	50	00:07:48	5	90.7%	1	1.9%	54	5	90.7%
		46	39	00:11:26	6	87.0%	1	2.2%	46	6	87.0%
		53	52	00:24:47	2	96.2%	0	0.0%	53	2	96.2%
Total Saginaw		195	182								
Sansom Park		21	21	00:08:04	3	85.7%	1	4.8%	21	3	85.7%
		39	38	00:08:37	2	94.9%	0	0.0%	39	2	94.9%
		24	22	00:09:09	1	95.8%	0	0.0%	24	1	95.8%
		6	5	00:18:35	0	100.0%	0	0.0%	6	0	100.0%
Total Sansom Park		90	86								
Westover Hills		1	1	00:06:20	0	100.0%	0	0.0%	1	0	100.0%
		1	1	00:07:15	0	100.0%	0	0.0%	1	0	100.0%
		1	1	00:10:14	0	100.0%	0	0.0%	1	0	100.0%
Total Westover Hills		3	3								



MedStar Response Time Reliability and AVG Response Time Performance

Period: Apr 01 2022 to Apr 30 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	10	10	00:07:46	1	90.0%	0	10	1	90.0%
	2	25	25	00:09:41	4	84.0%	1	25	4	84.0%
	3	11	10	00:13:09	3	72.7%	1	11	3	72.7%
Total Westworth Village		46	45							
White Settlement	1	67	66	00:08:03	15	77.6%	0	67	15	77.6%
	2	89	87	00:08:30	11	87.6%	3	89	11	87.6%
	3	53	49	00:09:37	6	88.7%	1	53	6	88.7%
	4	3	3	00:18:47	0	100.0%	0	3	0	100.0%
Total White Settlement		212	205							
System Wide	1	3411	3265	00:08:13	511	85.0%	70	3411	511	85.0%
	2	5613	5329	00:08:55	643	88.5%	94	5613	643	88.5%
	3	3800	3450	00:09:58	333	91.2%	59	3800	333	91.2%
	4	1460	1445	00:24:05	47	96.8%	15	1460	47	96.8%
Total System Wide		14284	13489							

Tab H – FRAB

Tab I – 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