



Metropolitan Area EMS Authority (MAEMSA)

dba MedStar Mobile Healthcare

Board of Directors

June 28, 2022

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

Date and Time: June 28, 2022, at 10:00 a.m.

Location: Rough Creek Lodge Retreat & Resort, 5165 County Road 2013, Glen Rose, TX 76043

The public may observe the meeting in person, at <https://meetings.ringcentral.com/j/1442740676> , or by phone at (469) 445-0100 (meeting ID: 144 274 0676).

AGENDA

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|-------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| I. | CALL TO ORDER | | Dr. Janice Knebl |
| II. | INTRODUCTION OF GUESTS | | Dr. Janice Knebl |
| III. | CITIZEN PRESENTATIONS | <p>Members of the public may address the Board on any posted agenda item and any other matter related to Authority business. All speakers are required to register prior to a meeting using the link on the Authority's website, (see, http://www.medstar911.org/board-of-directors/ where more details can be found, including information on time limitations). The deadline for registering is 4:30 p.m. June 27, 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 – 1516 | Approval of Board Minutes for May 25, 2022 | Dr. Janice Knebl
Pg. 5 |
| | BC – 1517 | Approval of Check Register for May 2022 | Dr. Janice Knebl
Pg. 10 |
| V. | NEW BUSINESS | | |
| | BC – 1518 | Purchase of Air Conditioning Cooling Towers | Kenneth Simpson |
| | IR – 227 | Medical Director Recruiting Committee Update | Dr. Brad Commons |

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.	FRAB	Fire Chief Jim Davis Fire Chief Doug Spears
G.	Operations	Kenneth Simpson
H.	Compliance Officer/Legal	Chad Carr Kristofer Schleicher
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

**MAEMSA
BOARD COMMUNICATION**

Date: 06.28.2022	Reference #: BC-1516	Title: Approval of Board of Directors Minutes
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RECOMMENDATION:

It is recommended that the Board of Directors approve the board minutes for May 25, 2022.

DISCUSSION:

N/A

FINANCING:

N/A

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

MINUTES

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

Meeting Date and Time: May 25, 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 10:02 a.m.

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

Guests on phone or in person as attendees: Dr. Brian Miller, Dr. Brian Wong, Fire Chief Ryan Arthur, Fire Chief Brian Jacobs, Anita Meadows, Ben Coogan, Brandon Pate, Brian White, Chris Cunningham, Chris Roberts, Dwayne Howerton, Diana Anderson, David Hume, Desiree Partain, Heath Stone, Joleen Quigg, Kier Brister, Kristine Martinez, Lindy Curtis, Maerissa Thomas, Matthew Willens, Misti Skinner, Nancy Cychol, Rick Freeman, Ricky Hyatt, Shaun Curtis, and Will Mercer.

II. CONSENT AGENDA

BC-1514 Approval of Board minutes for April 27, 2022

BC-1515 Approval of Check Register for April 2022

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

III. NEW BUSINESS

Dr. Brad Commons provided an update to the Board regarding the Medical Director Recruiting committee. The committee received a letter of interest from UNTHSC regarding the Medical Director position and discussed their resources. Dr. Commons suggested that it made sense to consider opportunities for more collaboration between MedStar and UNTHSC, perhaps with a committee of the Board of Directors.

Ken Simpson provided an update on the MedStar Foundation. Ken Simpson and Kristofer Schleicher will be meeting with a potential new member of the board on Thursday, May 26th. They are actively working on finding replacements for the other Board member. An overview of the MedStar Foundation has been provided to Counselman Flores and Teneisha Kennard.

IV. MONTHLY REPORTS

- A. Chief Executive Officer-** Ken Simpson referred to Tab A and reminded the Board that between November and December we started to outsource our billing. Collections since outsourcing billing have lagged slightly, some of which was anticipated, but EMS|MC has been very active in working with us regarding the steps they are taking to improve collections and meet their agreed upon collection amount. Ken Simpson provided an overview of the contract terms with EMS|MC. He also informed the Board that MedStar has been invited to the mid-point review of Fort Worth's Fire Department Staffing Study on Thursday, June 9th. This review will not have all the conclusions formulated, but it is an opportunity to discuss where the data is pointing and to make sure there is a common understanding about the data and no patent errors or misunderstandings. Ken reminded the Board that the next meeting will be the Board of Directors Strategic Planning Retreat at Rough Creek, with Don Jones serving as the facilitator.

- B. Office of the Medical Director-** Dr. Vithalani referred to Tab B and noted that the Office of the Medical Director spends a large amount of time on cardiac arrest work such as quality assurance improvement initiatives and survival tracking. MedStar participates in the national cardiac arrest database called CARES. They provide an annual report broken down by agency, state and nationally. The MAEMSA system cardiac survival rate is not great compared to recent years, and OMD is actively working to improve it. Quarterly CE has been mainly focused on resuscitation initiatives.

Dr. Vithalani asked to Board to keep in mind when filling the Chief Medical Officer position that this is a very diverse system made up of agencies of differing sizes, interests, resources and abilities. He shared that some First Responders in the system felt as though several important projects should be placed on hold until a new Chief Medical Officer takes over, but he is concerned that is not the right thing to do for our patients or the system. Dr. Vithalani sought guidance from the Board as to whether initiatives should be on hold until the Chief Medical Officer position has been filled. Dr. Knebl stated that putting programs on hold did not make sense to her. Chief Doug Spears suggested this might be a topic to discuss in more detail at next month's strategic planning sessions.

- C. Chief Transformation Officer-** Matt Zavadsky informed the Board that MedStar will be hosting a CPR/ Stop the Bleed class on June 11th and Carter Blood Care will also be onsite. The ET3 model is continuing to go very well, and Matt referred to the report. HHSC Medicaid released their draft rules for their implementation of the ET3 model for the Medicaid population, traditional and managed; the new rules will go into effect on September 1, 2022. We are continuing to work with our commercial payors and our internal project to reduce hot vehicle responses is moving along. Matt offered kudos to Whitney Morgan for matching patient experience scores to ambulance arrival times on our priority three responses. The preliminary

results show there is no correlation between the patient's satisfaction rating and the arrival time. This analysis will be expanded to include our priority one through three calls, with the hope of developing this into a published study. The MedStar Foundation Clayshoot is next Tuesday with 50-60 participants signed up so far. Matt Zavadsky offered kudos to Desiree Partain for her efforts planning and implementing EMS week activities.

- D. Chief Financial Officer- Steve Post reviewed the financials with the Board and referred to Tab D.
- E. Chief Human Resources Officer- Leila Peoples reviewed the reports with the Board and referred to Tab E.
- F. Compliance and Legal- Chad Carr referred to Tab F.
- G. Operations- Ken Simpson referred to Tab G and noted the rise in call volume this month. In accordance with the Board's recent approval of replacement of our power loads and stretchers, the power load component is currently being installed by Stryker and should be completed by the end of the week. The stretcher replacement has been delayed due to supply chain issues. Our Fleet Department was able to locate four ambulance chassis. One was used to remount a wrecked ambulance and the other three were sent to the ambulance manufacturer. They should be completed in the next 60-90 days. Our Communications Department is continuing to work on lowering the ring to answer time and onboarding potential new hires to meet the increasing call volume. Ken Simpson offered kudos to the Logistics Department on their efforts to stay ahead of the supply chain challenges.
- H. FRAB- Chief Spears did not have an update to the Board.
- I. EPAB- Dr. Commons informed the Board, hospital emergency room volume is currently rising, and they are seeing a lot more variety of illnesses. Dr. Commons offered kudos to Dr. Veer Vithalani for his work throughout the past several years.

V. REQUEST FOR FUTURE AGENDA ITEMS

None.

VI. CLOSED SESSION

None.

VII. ADJOURNMENT

The meeting was adjourned at 10:57 a.m.

Respectfully submitted,

Douglas Spears
Secretary

**MAEMSA
BOARD COMMUNICATION**

Date: 06.28.2022	Reference #: BC-1517	Title: Approval of Check Register for May
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RECOMMENDATION:

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

DISCUSSION:

N/A

FINANCING:

N/A

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

AP Check Details Over 5000.00
For Checks Between 5/1/2022 and 5/31/2022



Check Number	CK Date	Vendor Name	Check Amount	Description
108372	5/5/2022	AT&T	14,285.85	Cell Phones & Aircards
108374	5/5/2022	Bound Tree Medical LLC	14,678.90	Various Medical Supplies
108381	5/5/2022	Founder Project RX Inc	5,728.97	Various Medical Supplies
108385	5/5/2022	Maintenance of Ft Worth, Inc.	6,687.39	Janitorial Supplies and Services
108386	5/5/2022	Mansfield Service Partners South, LLC	5,092.70	Bulk DEF
108389	5/5/2022	Medline Industries, Inc.	9,939.22	Various Medical Supplies
108403	5/5/2022	XL Parts	6,072.75	Various Parts
108415	5/12/2022	All-Pro Construction & Commerical	19,486.88	Annual Gas Sensor Inspection and monthly maintenace inspection
108416	5/12/2022	Applause Promotional Products	7,900.00	Uniform T-Shirts
108421	5/12/2022	Bound Tree Medical LLC	22,945.38	medical supplies
108428	5/12/2022	CyrusONE	7,717.68	Colocation Charges - Jun22
108445	5/12/2022	ImageTrend	35,753.00	Annual Fee - Auto Export/FTP and monthly fee for MedStar and FROs
108456	5/12/2022	Medline Industries, Inc.	13,568.79	Various Medical Supplies
108465	5/12/2022	Paranet Solutions	44,255.10	IT Monthly Services - May22
108471	5/12/2022	Stryker	28,314.34	Annual Maintenance
108477	5/12/2022	Texas Wrap Studios LLC	9,312.00	M23 Code100 decal replacement and New decals for M605 and M602
108528	5/18/2022	Bound Tree Medical LLC	15,979.51	Various Medical Supplies
108533	5/18/2022	Founder Project RX Inc	6,370.95	Various Medical Supplies
108534	5/18/2022	HF Custom Solutions	7,027.64	EMS Week T-shirts
108540	5/18/2022	Medline Industries, Inc.	12,113.20	Various Medical Supplies
108541	5/18/2022	NRS	7,139.58	Collection Services
108547	5/18/2022	Vairkko	5,208.15	Subscription 4/21-5/20/22
108564	5/26/2022	Bound Tree Medical LLC	20,834.32	Various Medical Supplies
108579	5/26/2022	Masimo Americas, Inc	7,040.00	Various Medical Supplies
108580	5/26/2022	Medline Industries, Inc.	12,973.15	Various Medical Supplies
108581	5/26/2022	Multipurpose Arena Fort Worth	23,529.75	Holiday Party 2022 - Deposit
108584	5/26/2022	Ogletree Deakins Nash Smoak & Stewart	6,217.20	Legal Services
108587	5/26/2022	Ken Simpson	7,033.50	Reimburse for Main Event Employee Event - EMS Week
108594	5/26/2022	T & W Tire	6,348.24	Ram tires
108595	5/26/2022	The State of Texas	5,283.49	Microsoft Subscription - Apr22
108599	5/26/2022	XL Parts	5,009.46	Various Parts
2017079	5/2/2022	Frost	39,363.52	Frost Loan #39001
2023881	5/3/2022	UMR Benefits	49,697.23	Health Insurance - May Premium
2031699	5/5/2022	Integrative Emergency Service Physician Group	15,000.00	Consulting Services-A Cornelius - Apr
2062856	5/13/2022	WEX Bank	168,469.48	Fuel
2068524	5/16/2022	M Davis and Company Inc	5,240.00	Detection of Elder Abuse - Apr
2117201	5/31/2022	UT Southwestern Medical Center	12,833.33	Contract Services - B Miller
2118138	5/31/2022	Integrative Emergency Service Physician Group	15,000.00	Contract Services - A Cornelius - May
2238187	5/25/2022	Direct Energy Business	8,388.04	Electric Services
5022022	5/2/2022	Frost	61,053.88	Frost Loan #30001

AP Check Details Over 5000.00
 For Checks Between 5/1/2022 and 5/31/2022



Check Number	CK Date	Vendor Name	Check Amount	Description
5032022	5/3/2022	Frost	38,540.62	Frost Loan #4563-001
5162022	5/16/2022	JP Morgan Chase Bank, N.A.	19,414.89	MasterCard Bill
5252022	5/25/2022	Frost	52,993.77	Frost Loan #4563-002

**MAEMSA
BOARD COMMUNICATION**

Date: 06.28.2022	Reference #: BC-1518	Title: Cooling Tower Replacement
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RECOMMENDATION:

It is recommended that the Board of Directors approved the replacement of the HVAC cooling towers and vehicle bay cooling system in an amount not to exceed \$395,720.93 to replace units that have degraded beyond reasonable repair.

DISCUSSION:

The cooling towers that provide climate control for the entire facility at 2900 Alta Mere have degraded beyond reasonable repair. Our HVAC vendor has recommended the replacement of both cooling towers to improve reliability and reduce recurring repair costs. This bid was the lowest of three quotes obtained. The work will be performed by a local vendor. A mechanical engineer also reviewed the HVAC building plans and confirmed the decision to maintain a water-cooled system.

The current HVAC system does not have the capacity to cool the vehicle bay below 95 degrees. To maintain a temperature of 80 degrees or less, our HVAC vendor has recommended the installation of two, 20-ton roof top units. This will help maintain the recommended temperatures for medication and equipment storage. In addition, it will provide a more comfortable and safer working environment for the logistics, fleet, and operations team.

FINANCING:

This purchase will be made with cash on hand.

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

DATE 06/28/22	REQUISITIONER Shaun Curtis	DEPARTMENT LOG	COST CENTER 980000	ACCT CODE	CAPITAL TRACKING # BC-1518
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Budgeted Funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF YES - LIST BUDGET NUMBER (s)					
	BUDGET #	AMOUNT \$395,721	MONTH	BUDGET #	AMOUNT	MONTH

PROJECT TITLE: Cooling Tower Replacement	CAPITAL CATEGORY: <u>1</u> <u>2</u> <u>3</u> Choose "X" only one (priority)
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DESCRIPTION OF ITEMS BEING REQUESTED:

The two cooling towers that provide climate control for the building have degraded beyond reasonable repair. To improve reliability and reduce recurring repair costs, our vendor has recommended the replacement of the towers. Additionally, the vehicle bay is not effectively climate controlled. To mitigate medication spoilage in the vehicles and storage areas, the HVAC vendor has recommended the installation of two, 20 ton roof top units to cool the bay to less than 80 degrees.

QUALITATIVE JUSTIFICATION: (Attach supporting documentation if necessary)

Cooling Tower w/ installation: \$ 274,746.30
 Cooling tower plumbing: \$10,000
 Cooling tower crane: \$ 2,000
 RTU units and installation: \$58,000
 RTU electrical: \$10,000
 RTU custom curb: \$5,000
Contingency: \$35,974.63
 Total cost: \$395,720.93

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

DATE	SIGNATURES	REQUESTED EXPENDITURE		
	DEPT./DIRECTOR LEVEL: Chris Cunningham	PROPOSED CAPITAL (Tax Exempt)	\$	395,720.93
	CHIEF FINANCIAL OFFICER Steve Post	OTHER RELATED EXPENSE (EXPLAIN ABOVE)	\$	{Annual} 0
	EXECUTIVE DIRECTOR Kenneth J. Simpson	PROPOSED PROJECT TOTAL (Total of capital & other exp.)	\$	395,720.93
	CHAIR OF THE BOARD OF DIRECTORS Dr. Janice Knebl	Opened:	Closed:	Actual:

Revised 09/12

Tab A – Chief Executive Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Chief Executive Officer's Report- May 31, 2022

Council Presentations – Our council presentations will be completed June 21, 2022. We have had positive engagement from most of our member cities. 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 is working on setting a day to begin working through the reprioritization methodology and how that might relate to response times, lights and sirens responses and response plans for some cities. The main objectives of these projects are to provide data driven methodology to determine the safest responses, and potentially responding parties, to calls.

We are looking forward to taking this back up, 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.

Fort Worth Study- We had the opportunity to participate in a mid-study review of the City of Fort Worth's staffing study. The time we spent reviewing information was primarily dedicated to the subject matter related to MedStar and EMS response in the City of Fort Worth. It was a positive collaborative meeting, and we are looking forward to participating in future discussions with the group as they evaluate options and continue to move forward. They have requested that information discussed not be shared publicly at this point as the objective of the meeting was to discuss any questions anyone had about the data, assumptions made, or other criteria used in their analysis.

We continue to be appreciative of the communication and inclusion in this process and the willingness that has been displayed by the city to work together to find solutions to sensitive issues.

Human Resources- We have implemented the leave management module in ADP, and we anticipate implementing the final module, scheduling in mid-July. The payroll, finance, and HR teams are working to address some items that are creating manual work in some of the modules we are already using. Our internal Human Resources team will be transitioning to an increasing focus on team member recruitment and retention through engagement and wellness activities as they allow ADP to handle the transactional areas that human resources is currently handling. 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. They have provided monthly cash projections, and we were excited to see they exceeded those projections in May. While we continue to find some errors, they are making improvements, engaged in the quality assurance process, and we are looking forward to continuing to see this improvement in billing accuracy and collections.

There are reasons to be optimistic, but, as a reminder, due to the inherent lag in the billing and collections process it is difficult to predict whether the total collections per trip goal will

be met until we are several months after the date of service, which is why the contract allowed for the first evaluation to be made twelve months into the contract. This is one of the more significant variables as we build the 2022/23 budget. We will continue to support EMS|MC with pre-billing assistance, continue working closely with their team to help assure mutual success, and will continue to track performance.

University of North Texas Health Science Center- Prior to the May Board meeting we had the opportunity to talk with some of the senior leadership from UNTHSC. They initially approached the hiring committee in response to the medical director position, but the subsequent conversation primarily revolved around organizational partnership and our mutual interest in exploring opportunities for stronger collaboration around projects to benefit the communities we serve.

We determined that there are great opportunities to partner and build programs to improve the health and wellness of the communities we serve, but these partnerships do not require UNTHSC to provide the medical director to be successful. As such, the hiring committee is moving the current candidates through the process, and MedStar's leadership is setting up further discussions with UNTHSC to determine what opportunities might exist for collaboration, coordination, and partnership. We are looking forward to these conversations, and we are excited about the possibilities.

Tab B –Office of the Medical Director

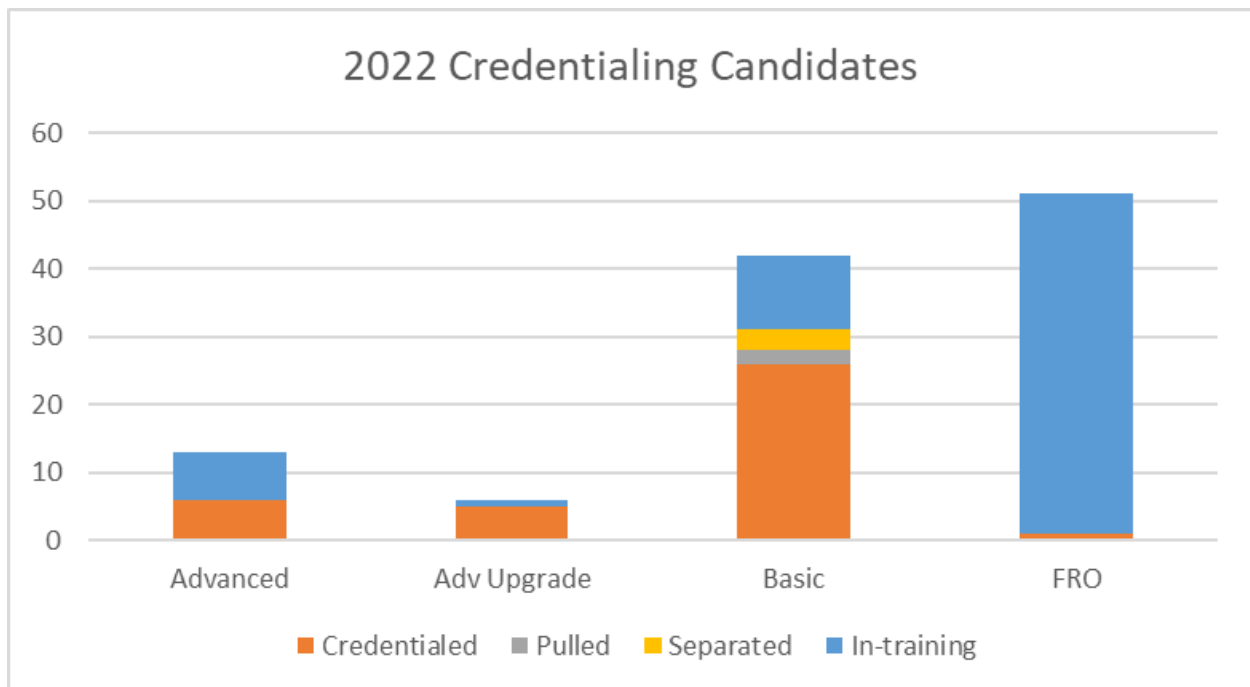
Discussion

Education and Training

- System MCD Training
 - FROs in-process
- OMD 22Q2CE – June
 - In-process
 - EKG Rhythm recognition and STEMI identification

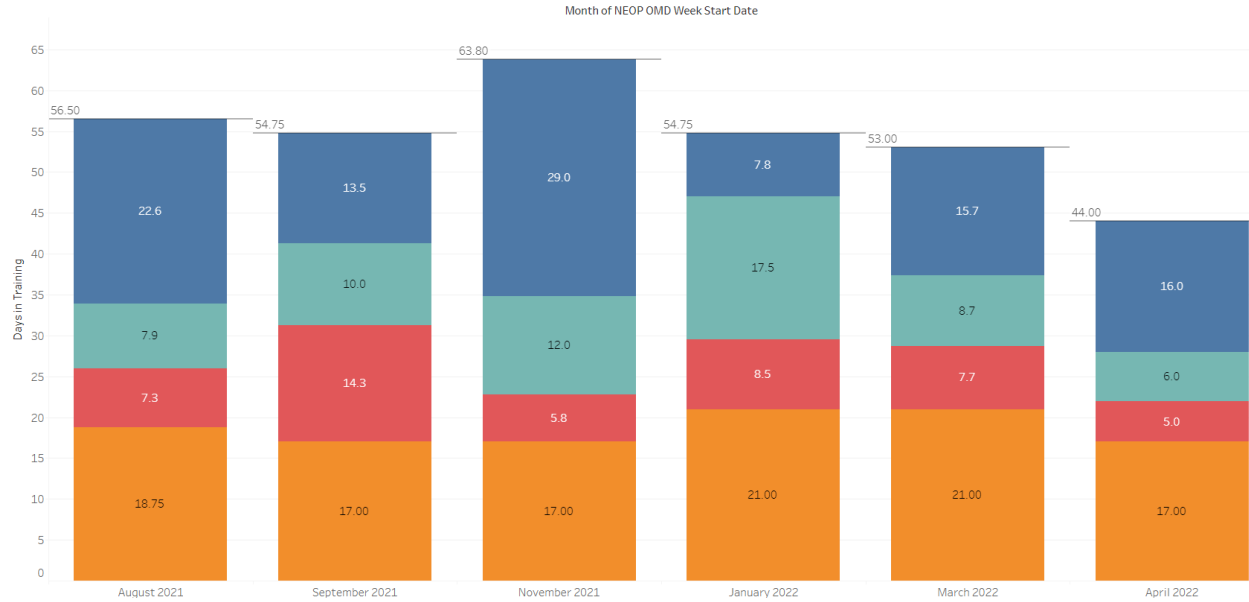
Course Attendance	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	37	38	19	37	38	3
FRO	0	2	0	8	3	0
External	5	0	0	1	2	0

Credentiaing



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

Time in Phases by Year



* Begins with the first day of clinical NEOP through credentialing.

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

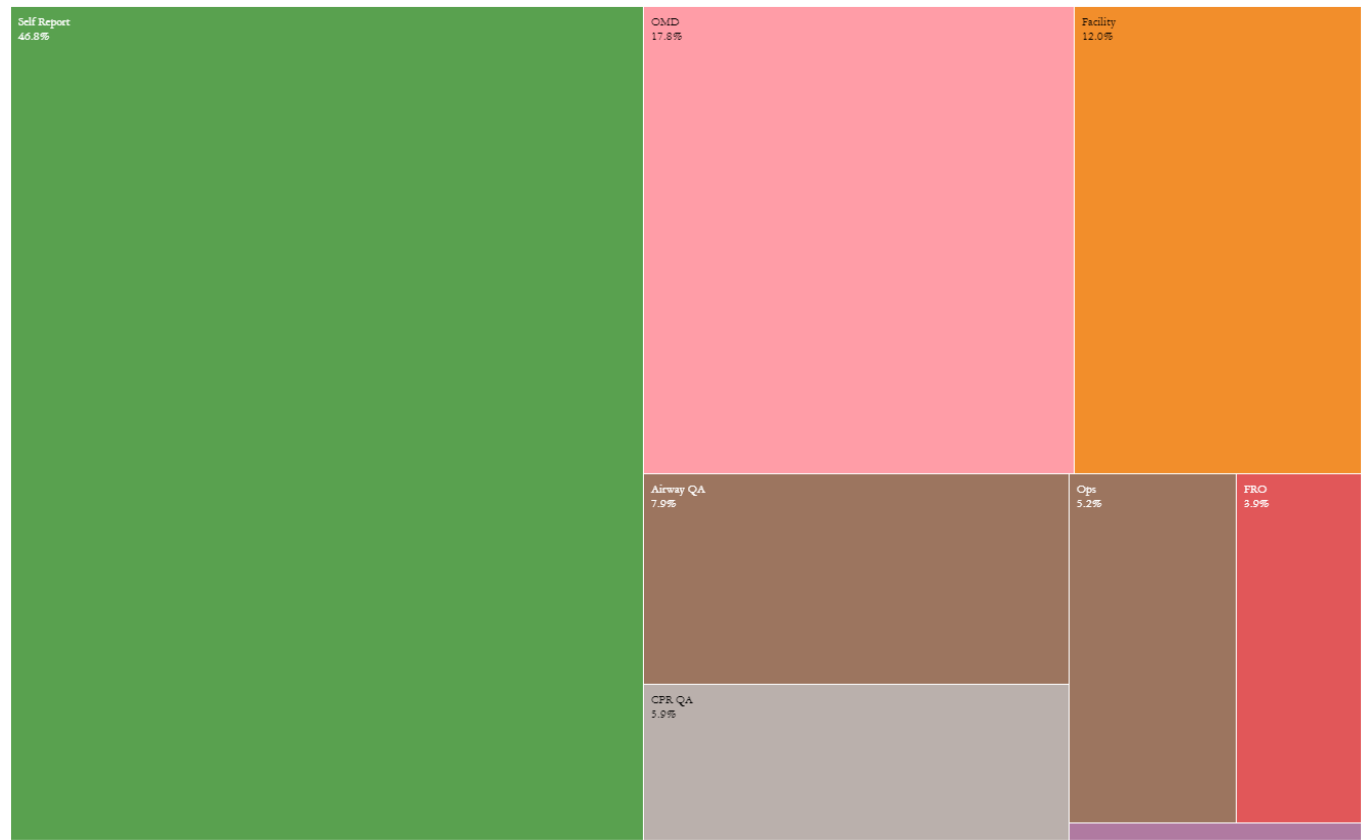


Quality Assurance

Case Acuity		
	April 2022	May 2022
High		2 (2.6%)
Moderate	20 (31.7%)	25 (32.1%)
Low	32 (50.8%)	40 (51.3%)
Non QA/QI	11 (17.5%)	11 (14.1%)
Grand Total	63 (100.0%)	78 (100.0%)

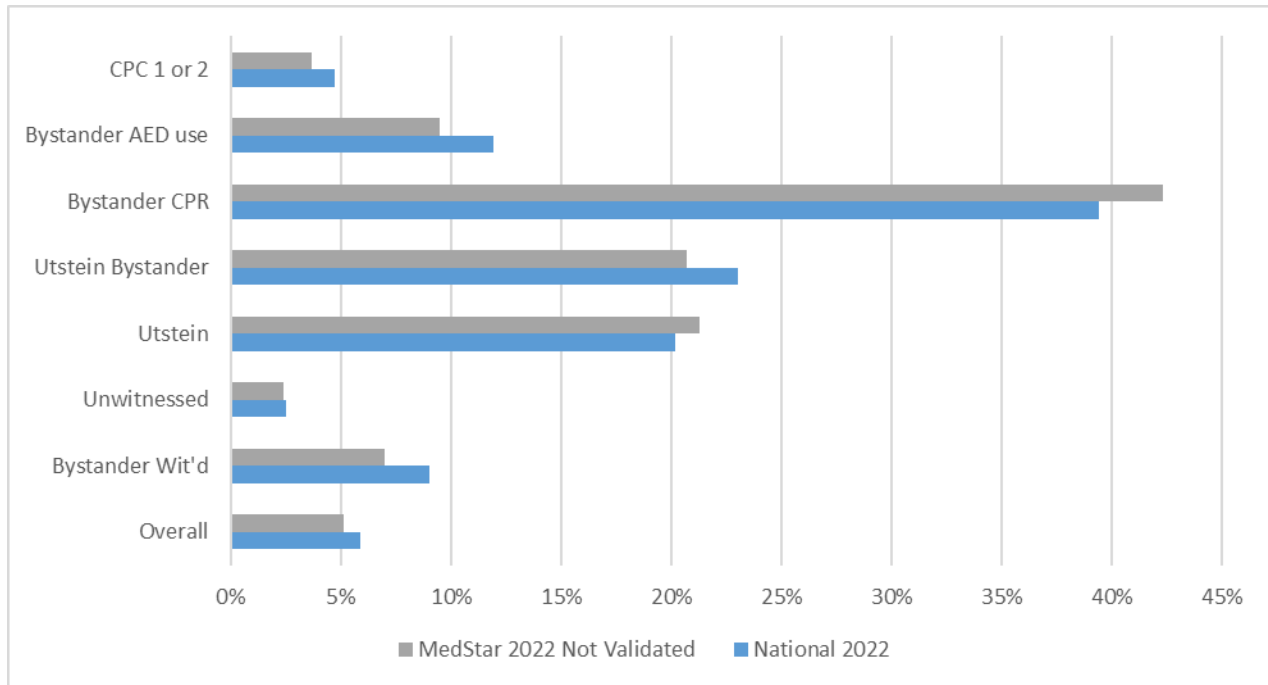
Case Disposition		
	April 2022	May 2022
Clinically Appropriate	1 (1.6%)	
Needs Improvement	46 (73.0%)	58 (74.4%)
Forwarded	2 (3.2%)	5 (6.4%)
No Fault	12 (19.0%)	14 (17.9%)
Pending	2 (3.2%)	1 (1.3%)
Grand Total	63 (100.0%)	78 (100.0%)

Cases by Origin



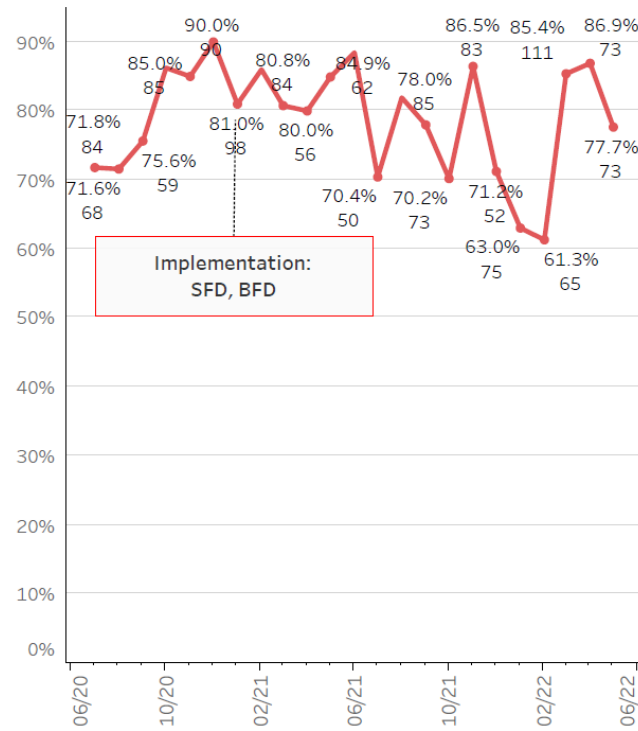
The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

- CARES 2022
 - 550 worked cardiac arrest
 - 35 pending hospital outcomes

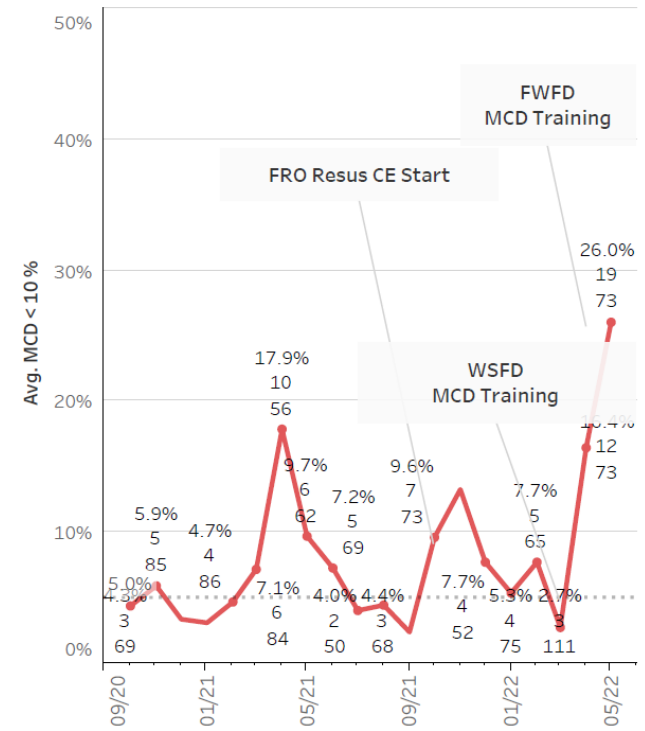


The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

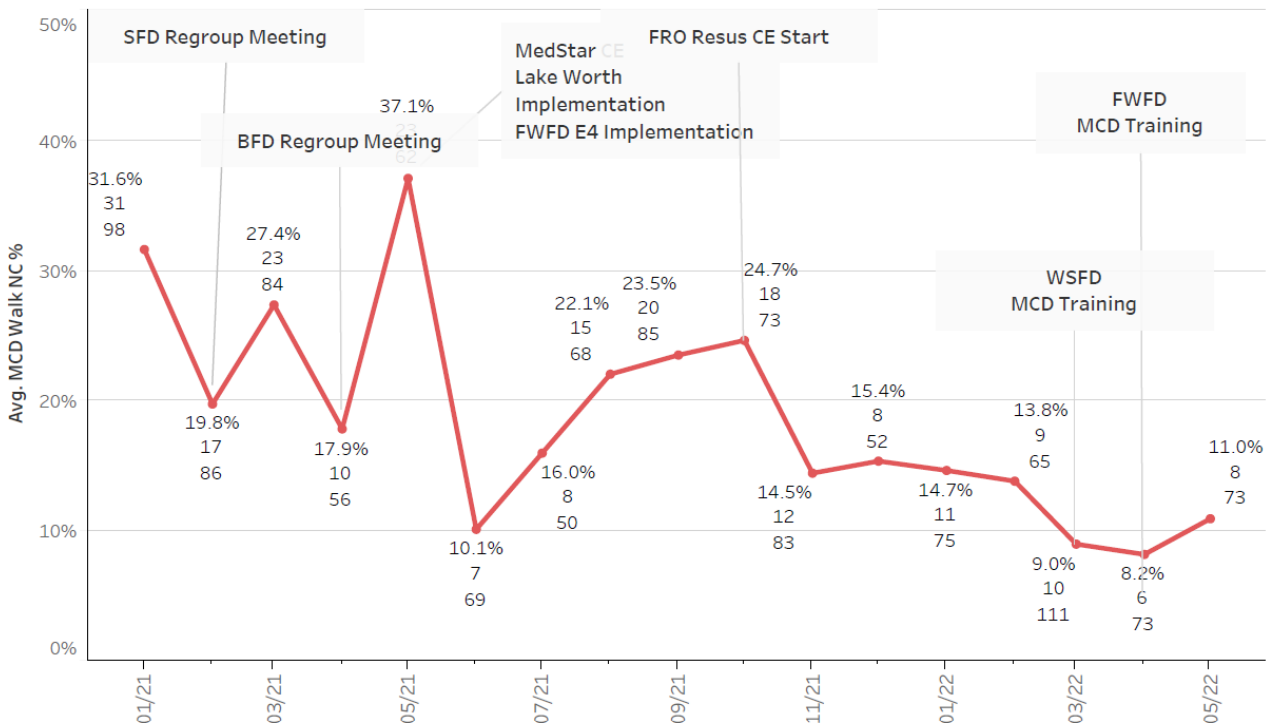
MCD Placement %



MCD Placement < 10 sec %



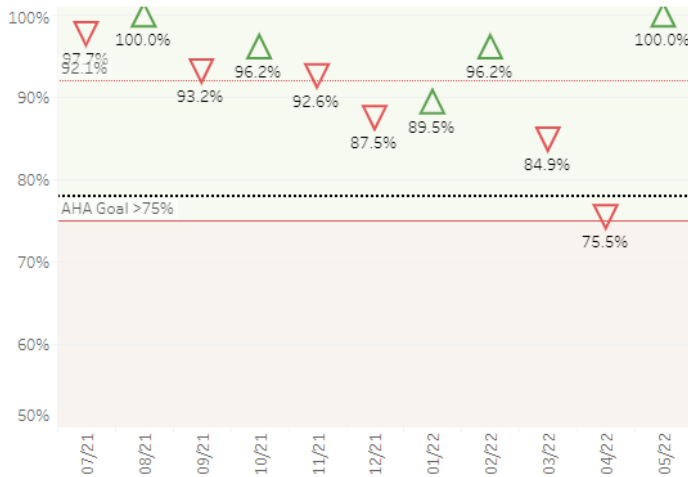
% of Uncorrected MCD Walk/Overall placement



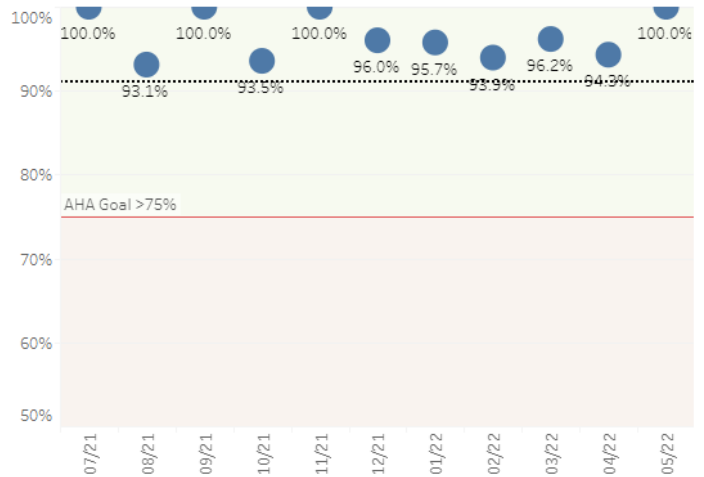
The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

- T-CPR

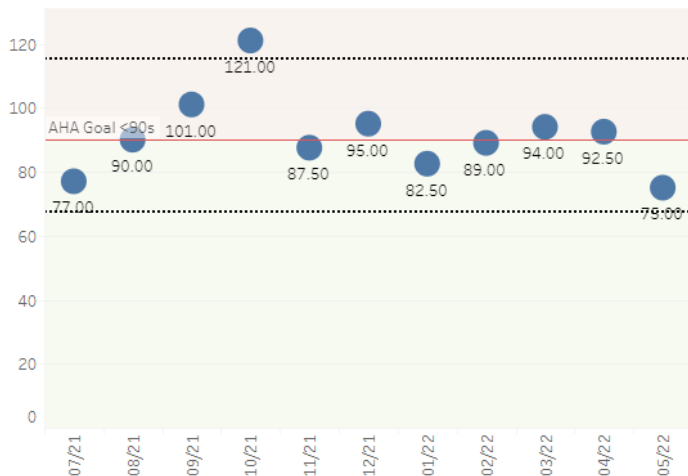
Percentage of OHCA Identified by PSAP



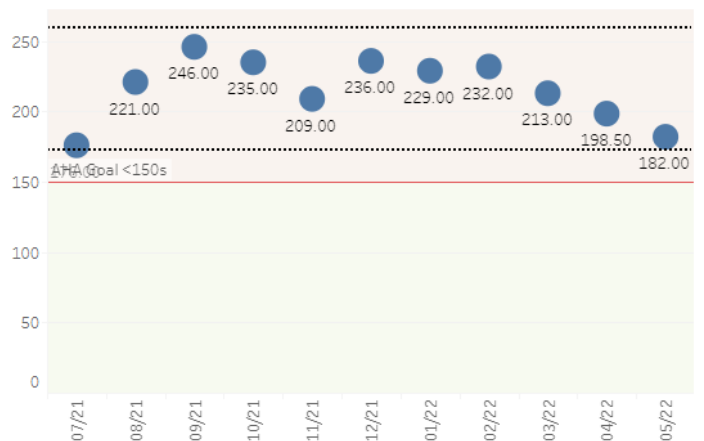
Percentage of Recognized OHCA Receiving T-CPR



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



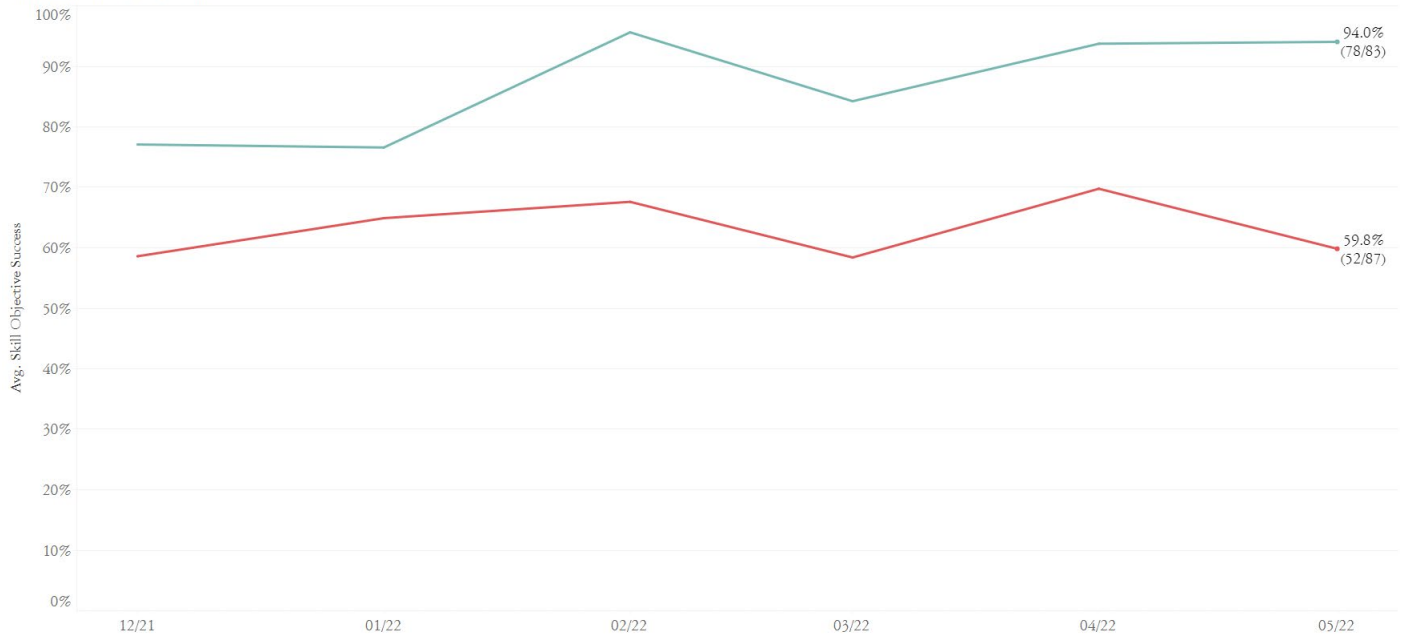
Median Time Between 9-1-1 Call and First T-CPR-Directed Compression



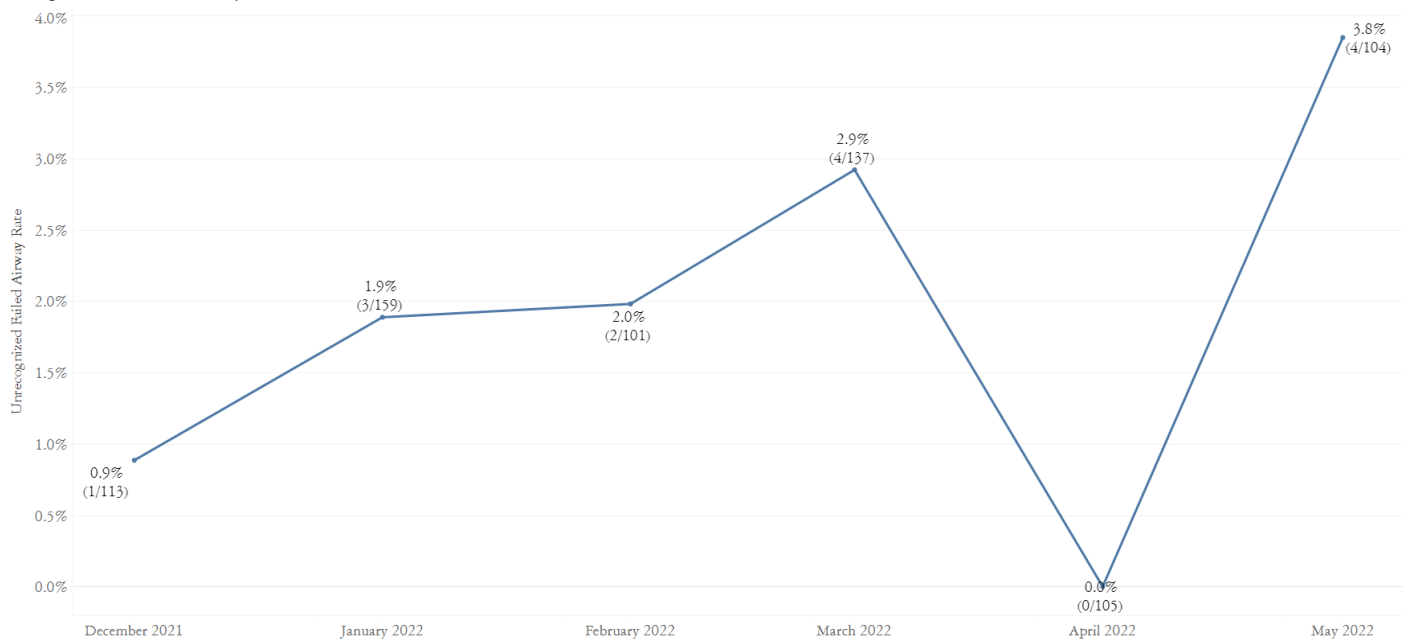
The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

- **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.



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%	0:01:22	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		0.0%
% 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%		98.6%
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		0.1%
% 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%		35.7%
% 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	Current Avg.
% 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%	96.3%	94.3%
% of suspected STEMI patients w/NTG admin (in the absence of contraindications)		84.4%	81.3%	87.5%	85.7%	81.6%	81.3%	80.0%	89.3%	86.7%	87.9%	88.9%	94.3%	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%	54.0%	77.8%	85.7%	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%	65.6%	72.2%	74.1%	62.8%
% 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		96.6%	96.9%	100.0%	100.0%	94.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.3%	99.6%
% 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%
STEMI BUNDLE COMPLIANCE		33.3%	33.3%	16.7%	33.3%	33.3%	33.3%	33.3%	16.7%	16.7%	33.3%	50.0%	33.3%	25.0%

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www.fwomd.org

Tab C – Chief Transformation Officer

Transformation Report

June 2022

Alternate Payment Models & Expanded Services

- **ET3 Model**
 - Focused effort to increase enrollments through FTOs
 - ET3 Steering Committee held 6/3
 - Well attended by area stakeholders (hospitals, payers, providers, etc.)
 - Updated outcomes **attached**.
 - Nice upward trend of enrollments and patient consent
 - Updates being provided through OMD CE in June
- Work continues with **Medical City** on a project to provide services to patients admitted to Hospital in the Home
 - Transportation and ? MIH services
- **Medicaid Payment for "ET3-Like" services**
 - Rules published as required
 - TxEMSA and Texas EMS Coalition for Innovation comments submitted
 - HHSC is on target for a 9/1/22 launch
- Work continues with Anthem BCBS/Amerigroup on payment model for CHP patients and ET3 alternate dispositions

Member City Updates:

- Member city council MedStar updates completed

Reducing HOT Vehicle Operations Project

- Continuing to submit data to NEMSQA and meet with internal team
- Project plan and timeline completed and shared with MAEMSA FROs (**attached**)
- All member city councils/managers briefed on the project and goals
- Draft community perception survey finalized and will be launched in late June (**attached**)

MedStar Foundation Clay Shoot, May 31, 2022

- 9 total sponsors
- 70 shooters, including MedStar team members, area PD's Westworth Village PD, and local dignitaries/city council members!
- Full accounting underway
- Next scheduled clay shoot, **5/30/23**
 - Partner organization will be [A Wish With Wings](#)

Stop the Bleed/Hands Only CPR Training

- 414 people signed up for the 6/11 class
- 284 watched the video
- 138 came for the skills training
- 14 MedStar and hospital personnel assisted with the skills training
- 21 pints of blood donated by attendees!

Upcoming Presentations:

<u>Event (location)</u>	<u>Date</u>	<u>Attendees</u>
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}		
Iowa State EMS Conference	Nov. 2022	~600

Media Summary

Local –

- **A Day in the Life of MedStar**
 - Feature story, **FRONT PAGE**, Star-Telegram
- Hot weather safety/kids in hot cars (**124 media reports that included MedStar**)
 - NBC 5, CBS 11, FOX 4, ABC 8, KRLD, WBAP, Star-Telegram
- Water Safety – Drowning Prevention
 - NBC 5, CBS 11, KRLD, WBAP
- Stop the Bleed Kits & Training
 - CBS 11
- Opioid overdose prevention partnership with Recovery Resource Council
 - FOX 4

National –

- ABC News national story on rising fuel prices impact on EMS agencies
 - MedStar data and quote used in the story

A day on the job at MedStar: What's it like to be a paramedic or 911 dispatcher?

BY JESSIKA HARKAY

MAY 23, 2022

Fort Worth Star-Telegram

<https://www.star-telegram.com/news/local/article261635822.html>



MedStar paramedic Chandler Ashley answers a call on Friday, May 20, 2022. AMANDA MCCOY amccoy@star-telegram.com

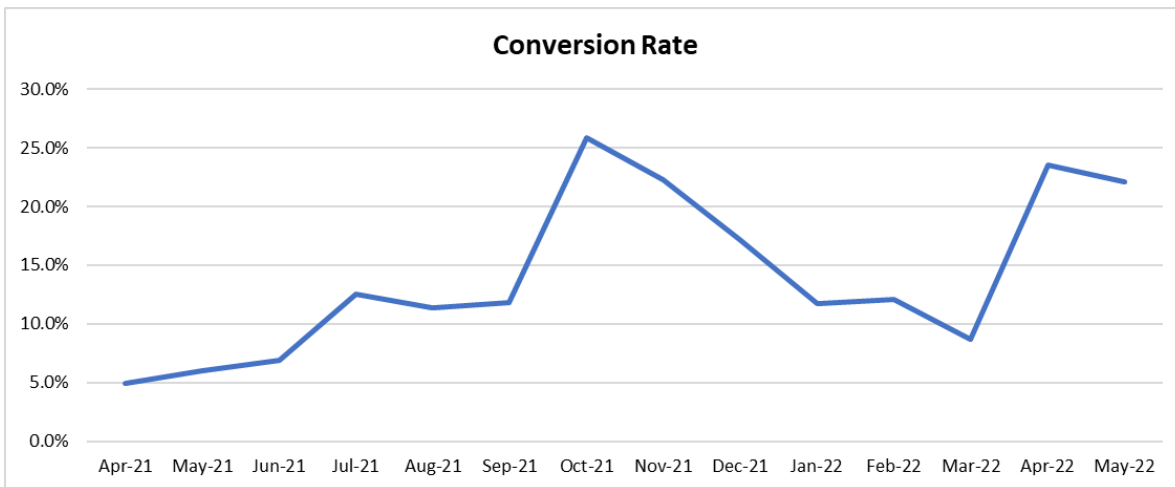
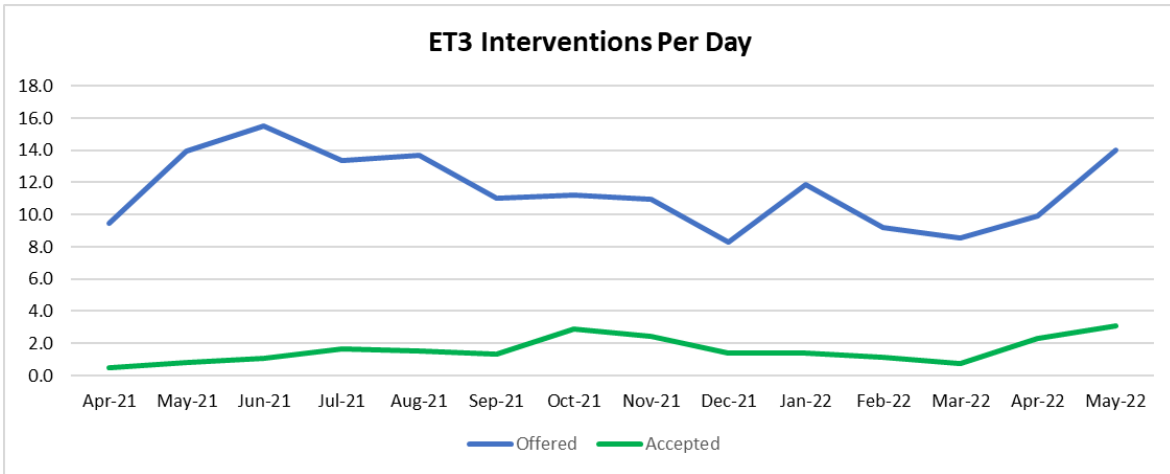
For first responders at MedStar, no day is ever the same, and not every day is high-intensity. But there's one thing that remains the same day in and day out when they clock in for their 12-hour shifts — maybe they'll help save or change a life that day — and that alone is enough to make them love what they do.

The Metropolitan Area EMS Authority, also known as MedStar, serves millions of people in Tarrant County across 15 cities. The ambulance service responds to upwards of 155,000 calls per year with its 65 emergency vehicles, 550-person staff and an efficient operations system that other ambulance service providers from 46

states and five countries have come to Fort Worth to pick up tips from.

ET3 Model Outcome Summary:

ET3 Program Summary		
April 5, 2021 through:		6/12/2022
Overall Emergency Response Volume (No Card 33 or 37)		
Documented Medicare Patient Contacts	43,508	
≥ 65	31,862	73.2%
< 65	11,566	26.6%
Not Documented	80	
Transported	37,687	86.6%
AMA (incl. Refused All Care & Refusal w/o Capacity)	3,503	8.1%
ET3 Intervention Offered	3,925	9.0%
ET3 Intervention Accepted	705	18.0%
IES	701	
MHMR	3	
Outcomes		
Transported	64	9.1%
Hospital ED	59	
Other	5	
TIP	641	91.4%
Dispatch Health Referral	284	44.3%
MCOT Referral	5	



Reducing HOT Response Vehicle Operations Workplan/Timeline	= Completed = Planned	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		<p>Introduce concept to MedStar leadership team.</p> <p>Join NEMSQA L&S Reduction Project.</p> <p>Introduce concept to EMS System Performance Committee and invite FRO participants.</p> <p>Explain why this is an area of emphasis and why now. (Data showing increased risk during driving hot, data showing marginal improvement in response times, data showing % of calls that time makes clinical difference, data showing # of MVCs we're involved in driving hot despite nationally recognized driver training, data showing injuries from driving hot to scene and from scene).</p> <p>Evaluate EMD codes with patient presentations with low instances of acute medical emergencies, ALS interventions, HOT transports, or critical ALS treatments.</p> <p>Mine and submit Data to NEMSQA project monthly.</p> <p>Create MedStar internal workgroup.</p> <p>Create AIM Statement and Driver Diagram.</p> <p>Create/Approve internal MedStar employee HOT operations perception survey.</p> <p>Develop Community Perception Survey/seek stakeholder input.</p> <p>Conduct internal MedStar employee HOT operations survey.</p> <p>Brief Member City Councils on the Project.</p> <p>Analyze average time differences for HOT vs. COLD operations.</p> <p>Publish results from MedStar employee perception survey.</p> <p>Conduct Comparison of "Timely Ambulance Arrival" from EMS Survey Team Patient Experience Survey w/Response Times From Priority 3 Responses.</p> <p>Revise MedStar operations policy regarding HOT vehicle operations.</p> <p>Distribute FRO & Community Perception surveys.</p> <p>Establish HOT/COLD & response priority criteria for Each EMD classification (OMEGA, ALPHA, BRAVO, CHARLIE, DELTA, ECHO), potentially including sub-determinant.</p> <p>Conduct comparison of "Timely Ambulance Arrival" from EMS Survey Team Patient Experience Survey w/response times from all priority responses.</p> <p>Conclude FRO/Public Perception survey, summarize and publish results.</p> <p>Seek Medical Director approval for revised response priorities for 6 month PDSA.</p> <p>Establish QI process for mandatory clinical review of HOT transports.</p> <p>Include checks and balances to make sure there is no detrimental impact to clinical care from tested changes.</p> <p>Identify metrics and a dashboard reporting process.</p> <p>Establish feedback loop for field staff for responses dispatched COLD they feel should have been dispatched HOT.</p> <p>Establish QI Review Process for these notifications.</p> <p>Review/Re-evaluate EMD determinants that are identified more than once.</p> <p>Review PDSA data for a 6-month trial.</p> <p>Make any necessary adjustments to EMD Determinant response modes.</p> <p>Evaluate data from 6 month trial and make recommendations to MAEMSA Board.</p>														

Community/Stakeholder Red Lights and Siren Vehicle Operation Survey



Background:

Emergency Medical Service (EMS) vehicle operations using lights and siren pose a significant risk to both EMS practitioners and the public. In 2009, there were 1,579 ambulance crash injuries, and most EMS vehicle crashes occur when operating with lights and siren. Emergency medical vehicle crashes are more often at intersections, more often at traffic signals, and more often with multiple injuries, including 84% involving three or more people.

Over a dozen studies show that the average time saved with lights and siren response or transport ranges from 42 seconds to 3.8 minutes.

Lights and siren responses increases the chance of an EMS vehicle crash by 50% and almost triples the chance of crash during patient transport.

Last year, MedStar ambulances were involved in 28 crashes while operating with lights and siren, resulting in injuries to 11 MedStar personnel.

In February 2022, 14 national and international EMS and Fire associations published a [joint statement](#) encouraging agencies to reduce lights and siren responses.

To help make responses safer for the community, and our personnel, MedStar is participating with over 40 other EMS agencies across the country in a quality improvement project to evaluate processes to only use lights and siren operations for truly time-critical medical responses, such as heart attacks, serious breathing problems, and serious trauma.

Part of that evaluation is assessing *public perception* of lights and siren EMS vehicle operation, and your response to this quick survey is a crucial part of that evaluation.

We encourage our community to take 3 minutes to answer a few questions regarding their perspectives on lights and siren EMS vehicle operation.

Have you ever had, or witnessed, a "close encounter" with an emergency vehicle while they were driving with lights and siren (*i.e.: near crash with the vehicle, near/actual crash with other vehicles as you/they moved out of the way, or merged back into traffic after the emergency vehicle passed*)?

- Yes
- No

On average, how much time do you believe a MedStar ambulance **responding** with lights and siren saves?

- Less than 1 minute
- 1-2 minutes
- 2-5 minutes
- 5-8 minutes
- More than 8 minutes

On average, how much time do you believe a MedStar ambulance **transporting a patient to the hospital** with lights and siren saves?

- Less than 1 minute
- 1-2 minutes
- 2-5 minutes
- 5-8 minutes
- More than 8 minutes

What % of MedStar's 911 EMS responses do you believe are for a **patient experiencing a life-threatening** medical emergency?

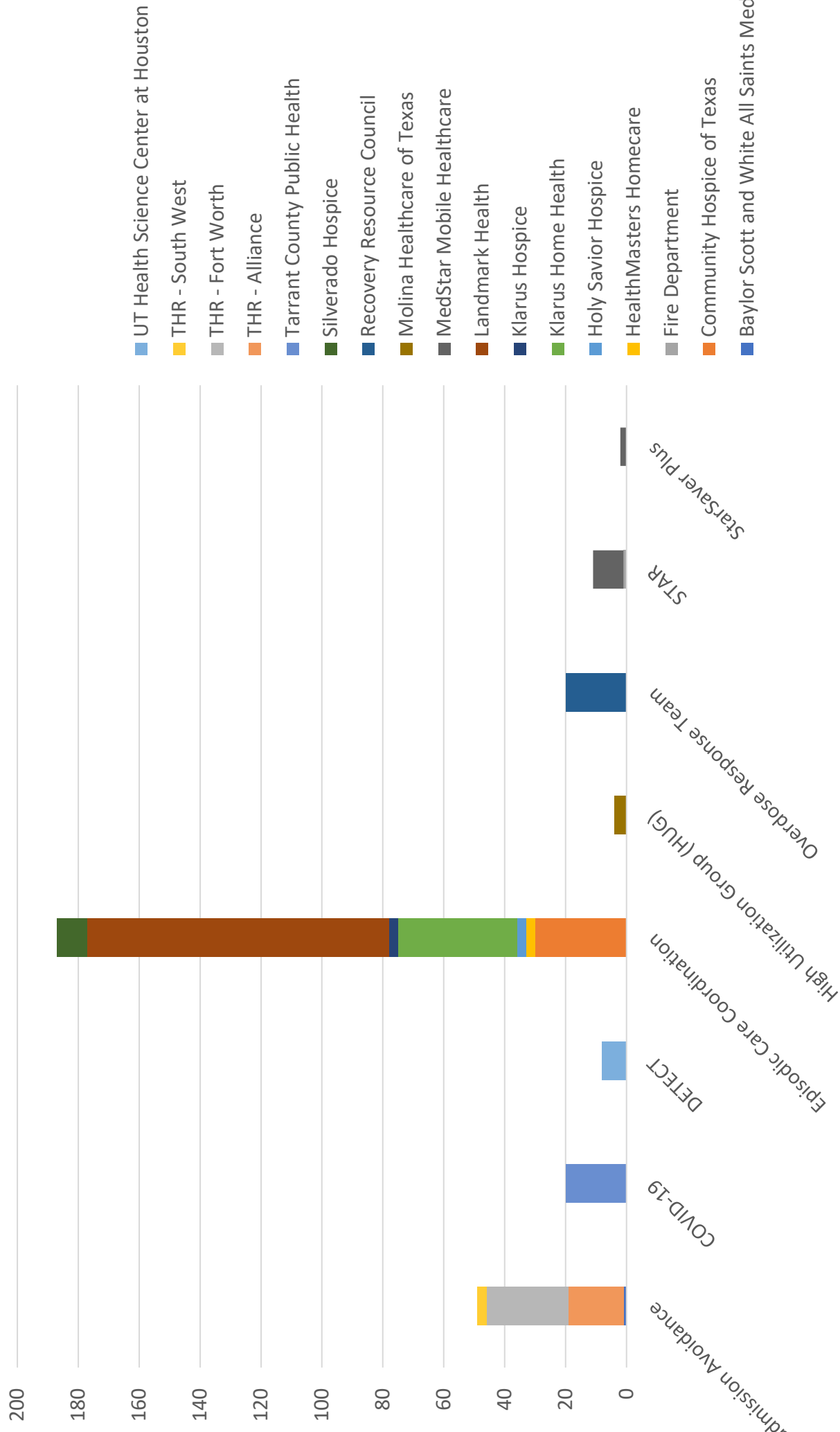
- More than 80%
- 50-80%
- 25-50%
- 10-25%
- Less than 10%

Do you feel a patient with a **minor medical issue**, (*like neck pain, leg pain, back pain, nausea*) should receive the same response priority and response time as a patient with a **life-threatening medical condition**, such as a heart attack, choking, or major trauma?

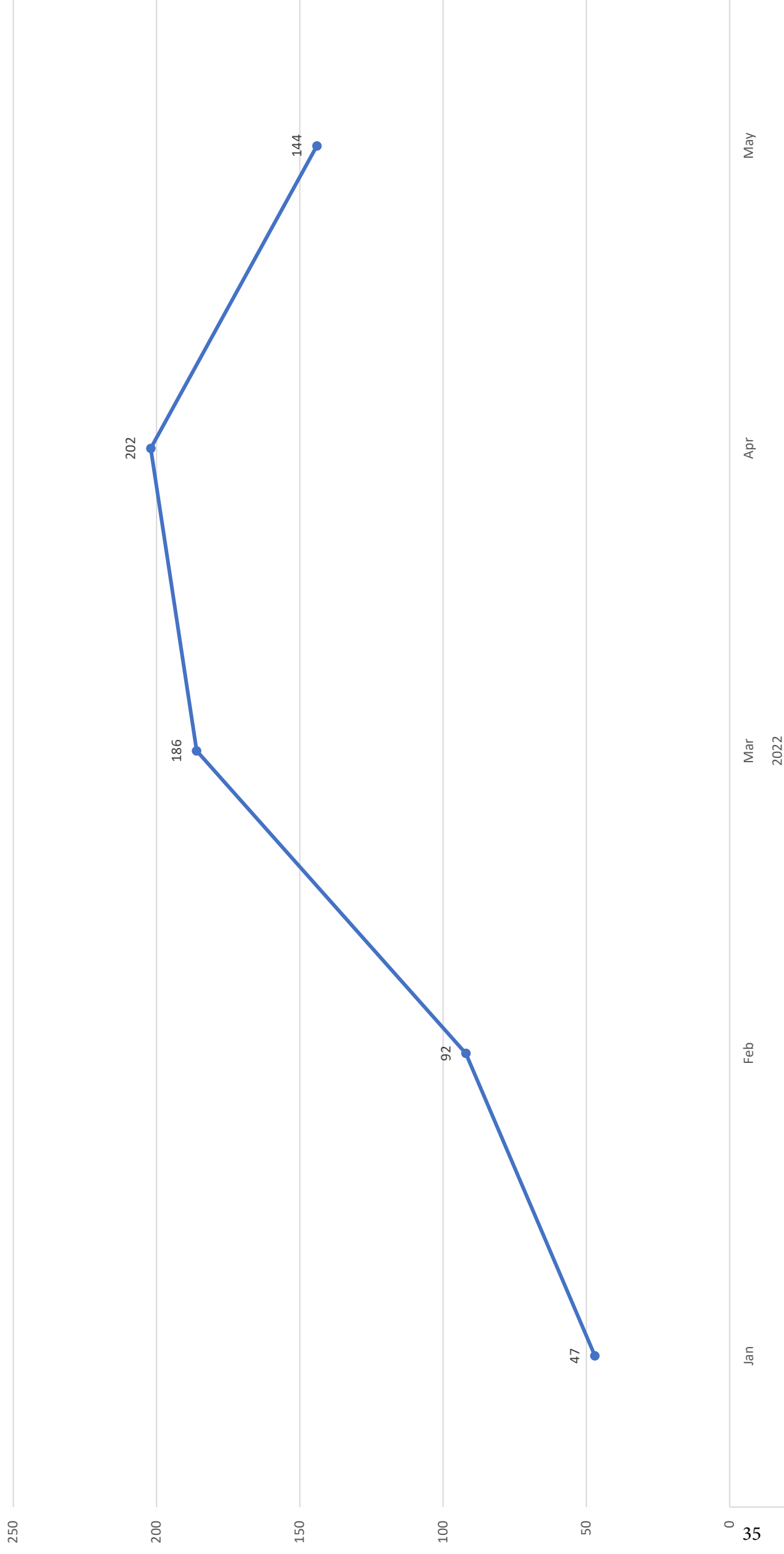
- Yes
- No

We welcome any other comments you would like to share regarding lights and sirens usage.

MIH Enrollments - May 2022

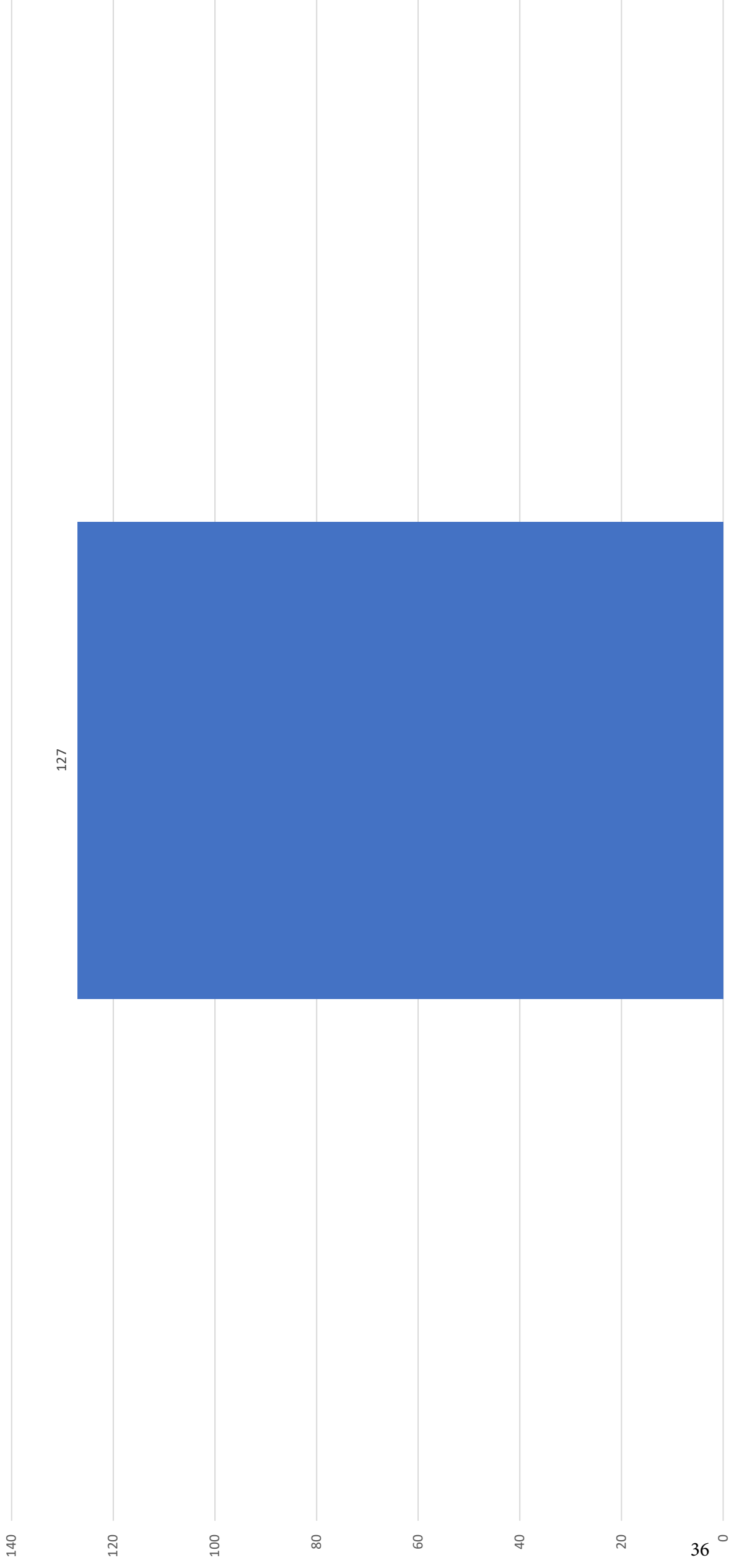


Overdose Response Team - Referrals by Month

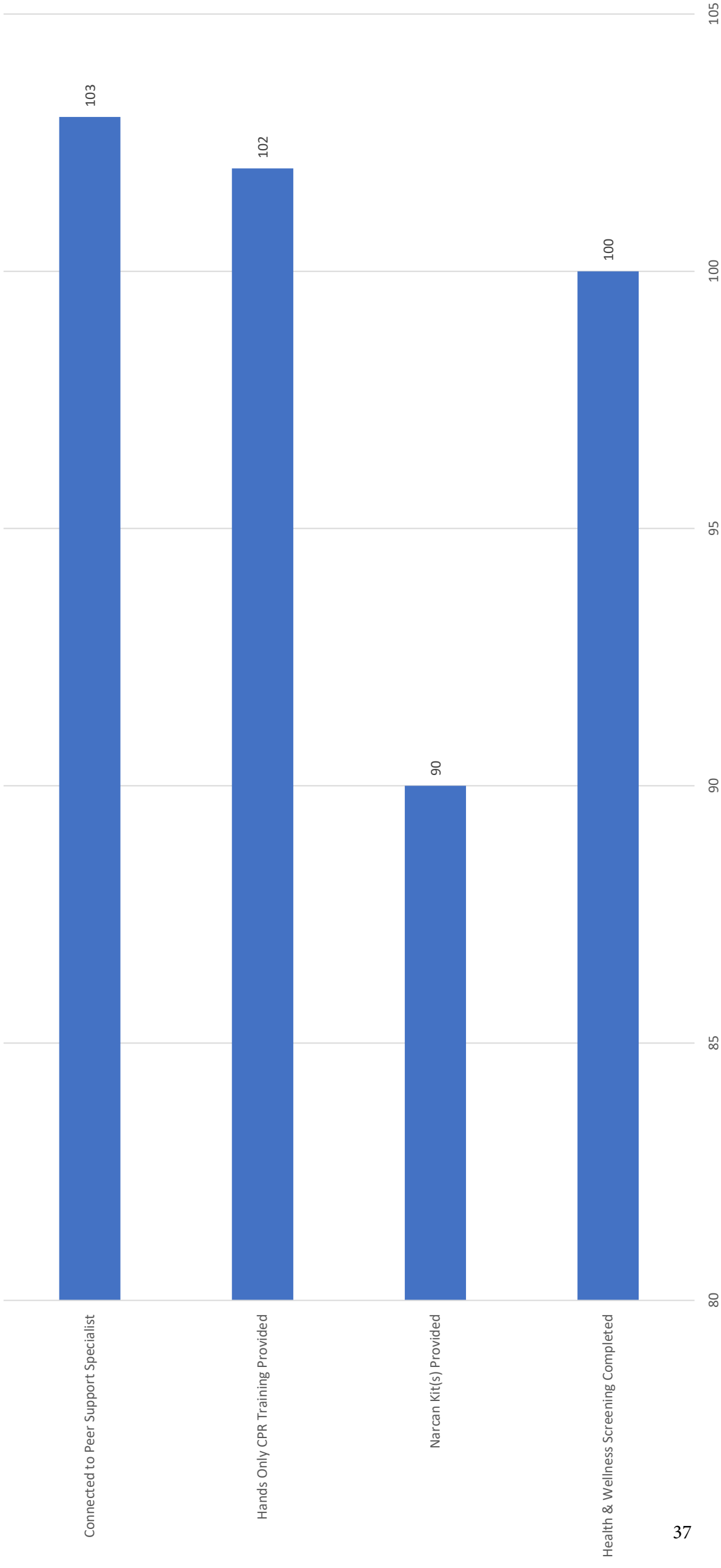


Overdose Response Team

Count of Patients that Received at Least One Program Service

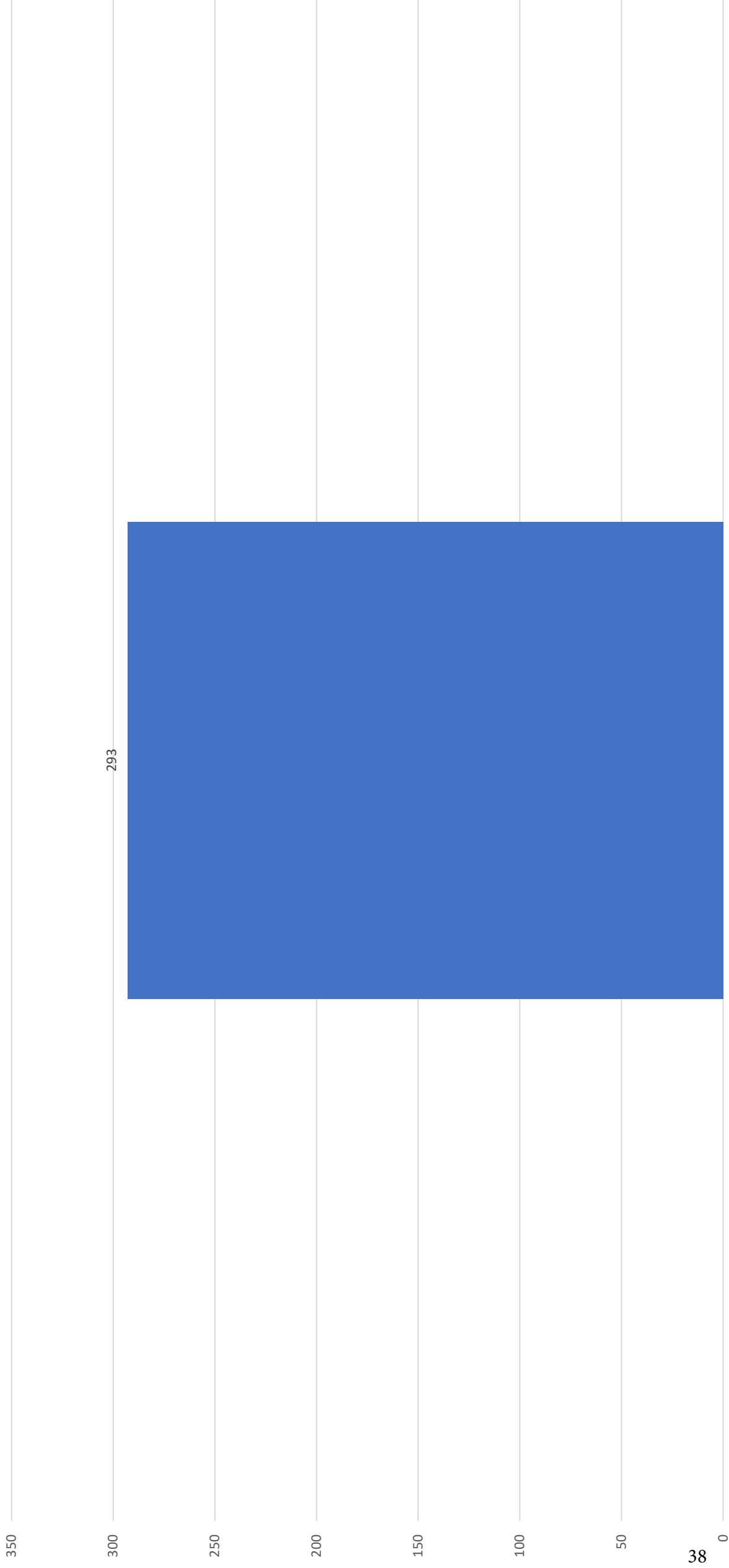


Overdose Response Team Program Services Provided



Overdose Response Team

of Narcan Kits Distributed



Tab D – Chief Financial Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Finance Report – May 31, 2022

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

Statement of Revenues and Expenses:

Month to Date: Net Income for the month of May 2022 is a loss of (\$372,383) as compared to a budgeted gain of \$5,120 for a negative variance of (377,503). EBITDA for the month of May 2022 is a loss of (\$52,795) compared to a budgeted gain of \$338,648 for a negative variance of (\$391,443).

- Transport volume in May ended the month 105% to budget.
- Net Revenue in May is 108% to budget or \$328,577 above budget.
- Total Expenses ended the month 116% to budget or \$706,080 over budget. In May, MedStar incurred additional expenses in Salaries and Overtime of \$183K, Benefits and Taxes of \$344K (Driven by a one-time large insurance claim along with higher than usual over all insurance claims paid), Fuel of \$80K, and Professional Fees of \$62K. The total of all other line items is above budget by \$6K.

Year to Date: EBITDA is \$943,010 as compared to a budget of \$2,360,495 for a negative variance of (\$1,417,485)

- 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 1.07% to budget. The main driver for this overage is salaries and overtime, health insurance claims, fuel, medical supplies and professional fees. The total of all other expense lines is below budget by (\$275K) for the year.

Key Financial Indicators:

- Current Ratio – MedStar has \$9.68 in current assets (Cash, receivables) for every dollar in current debt. (Goal: a score of \$1.00 would mean sufficient current assets to pay debts.)
- Cash Reserves – The Restated Interlocal Cooperative Agreement mandates 3 months of operating capital. As of May 31, 2022, there is 4.4 months of operating capital.
- Accounts Receivable Turnover – This statistic indicates MedStar’s effectiveness in extending credit and collecting debts by indicating the average age of the receivables. MedStar’s goal is a ratio greater than 3.0 times; current turnover is 6.8 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 May, the return is -3.41%.

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

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Balance Sheet By Character Code

For the Period Ending May 31, 2022

Assets	Current Year	Last Year
Cash	\$20,926,379.41	\$20,194,812.36
Accounts Receivable	\$7,594,777.09	\$9,131,355.38
Inventory	\$383,481.43	\$358,989.75
Prepaid Expenses	\$1,003,996.10	\$760,036.61
Property Plant & Equ	\$63,393,008.92	\$59,862,171.69
Accumulated Deprecia	(\$27,698,532.14)	(\$24,389,556.85)
Total Assets	\$65,603,110.81	\$65,917,808.94
Liabilities		
Accounts Payable	(\$533,154.05)	(\$1,040,935.36)
Other Current Liabil	(\$1,827,030.29)	(\$1,822,417.46)
Accrued Interest	(\$7,781.31)	(\$7,781.31)
Payroll Withholding	(\$84,605.64)	(\$15,688.87)
Long Term Debt	(\$3,450,155.82)	(\$3,803,747.06)
Other Long Term Liab	(\$9,536,316.27)	(\$7,973,421.91)
Total Liabilities	(\$15,439,043.38)	(\$14,663,991.97)
Equities		
Equity	(\$52,884,378.49)	(\$55,208,105.09)
Control	\$2,720,311.06	\$3,954,288.12
Total Equities	(\$50,164,067.43)	(\$51,253,816.97)
Total Liabilities and Equities	(\$65,603,110.81)	(\$65,917,808.94)

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

Revenue	Current Month		Current Month		Year to Date		Year to Date	
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Variance
Transport Fees	\$21,023,394.81	\$17,827,613.19	\$3,195,781.62	\$149,140,654.91	\$138,112,726.07	\$11,027,928.84	\$11,027,928.84	
Contractual Allow	(\$9,732,245.86)	(\$7,773,946.64)	(\$1,958,299.22)	(\$51,834,422.37)	(\$60,197,781.00)	\$8,363,358.63	\$8,363,358.63	
Provision for Uncoll	(\$6,779,828.45)	(\$5,799,076.64)	(\$980,751.81)	(\$63,984,560.51)	(\$44,905,317.95)	(\$19,079,242.56)	(\$19,079,242.56)	
Education Income	\$95.00	\$1,050.00	(\$955.00)	\$79,440.30	\$75,850.00	\$3,590.30	\$3,590.30	
Other Income	\$98,206.78	\$43,760.75	\$54,446.03	\$1,070,422.07	\$562,686.00	\$507,736.07	\$507,736.07	
Standby/Subscription	\$90,149.59	\$71,195.23	\$18,954.36	\$726,694.57	\$524,909.84	\$201,784.73	\$201,784.73	
Pop Health PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
interest on Investme	(\$98.48)	\$500.00	(\$598.48)	\$3,925.32	\$4,000.00	(\$74.68)	(\$74.68)	
Gain(Loss) on Dispos	\$0.00	\$0.00	\$0.00	\$29,495.27	\$0.00	\$29,495.27	\$29,495.27	
Total Revenue	\$4,699,673.39	\$4,371,095.89	\$328,577.50	\$35,231,649.56	\$34,177,072.96	\$1,054,576.60	\$1,054,576.60	
Expenditures								
Salaries	\$2,798,862.52	\$2,615,367.66	\$183,494.86	\$22,434,243.88	\$20,637,925.28	\$1,796,318.60	\$1,796,318.60	
Benefits and Taxes	\$846,640.74	\$502,254.00	\$344,386.74	\$3,866,700.49	\$3,698,613.00	\$168,087.49	\$168,087.49	
Interest	\$33,096.33	\$33,500.00	(\$403.67)	\$277,397.27	\$268,000.00	\$9,397.27	\$9,397.27	
Fuel	\$176,561.47	\$96,087.92	\$80,473.55	\$1,098,404.75	\$772,416.36	\$325,988.39	\$325,988.39	
Medical Supp/Oxygen	\$209,250.88	\$193,273.15	\$15,977.73	\$1,622,945.06	\$1,498,982.95	\$123,962.11	\$123,962.11	
Other Veh & Eq	\$55,660.40	\$40,581.00	\$15,079.40	\$349,665.13	\$309,464.00	\$40,201.13	\$40,201.13	
Rent and Utilities	\$50,217.38	\$66,269.52	(\$16,052.14)	\$480,726.22	\$529,656.16	(\$48,929.94)	(\$48,929.94)	
Facility & Eq Mtc	\$57,755.64	\$72,626.26	(\$14,870.62)	\$561,898.76	\$606,067.08	(\$44,168.32)	(\$44,168.32)	
Postage & Shipping	\$2,813.16	\$3,521.55	(\$708.39)	\$21,370.69	\$28,172.40	(\$6,801.71)	(\$6,801.71)	
Station	\$33,843.27	\$43,399.01	(\$9,555.74)	\$289,210.76	\$408,725.08	(\$119,514.32)	(\$119,514.32)	
Comp Maintenance	\$135,009.46	\$62,274.99	\$72,734.47	\$568,133.42	\$498,199.92	\$69,933.50	\$69,933.50	
Insurance	\$47,665.66	\$44,026.52	\$3,639.14	\$385,923.19	\$352,212.16	\$33,711.03	\$33,711.03	
Advertising & PR	\$0.00	\$2,792.00	(\$2,792.00)	\$2,823.99	\$38,436.00	(\$35,612.01)	(\$35,612.01)	
Printing	\$3,080.93	\$3,615.41	(\$534.48)	\$36,180.59	\$28,923.28	\$7,257.31	\$7,257.31	
Travel & Entertain	\$3,317.64	\$6,478.00	(\$3,160.36)	\$32,941.31	\$75,604.00	(\$42,662.69)	(\$42,662.69)	
Dues & Subs	\$102,768.99	\$133,664.00	(\$30,895.01)	\$855,713.41	\$1,080,019.00	(\$224,305.59)	(\$224,305.59)	
Continuing Educ Ex	\$5,981.50	\$18,407.00	(\$12,425.50)	\$106,304.18	\$165,678.00	(\$59,373.82)	(\$59,373.82)	
Professional Fees	\$217,675.12	\$125,865.71	\$91,809.41	\$1,481,042.51	\$1,071,730.68	\$409,311.83	\$409,311.83	
Education Expenses	\$150.00	\$0.00	\$150.00	\$16,805.30	\$0.00	\$16,805.30	\$16,805.30	

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

Revenue	Current Month		Current Month		Year to Date		Year to Date	
	Actual	Budget	Variance	Actual	Budget	Variance		
Miscellaneous	\$5,213.90	\$1,944.00	\$3,269.90	\$77,605.75	\$15,752.00	\$61,853.75		
Depreciation	\$286,491.31	\$300,028.00	(\$13,536.69)	\$2,467,064.87	\$2,400,224.00	\$66,840.87		
Total Expenditures	\$5,072,056.30	\$4,365,975.70	\$706,080.60	\$37,033,101.53	\$34,484,801.35	\$2,548,300.18		
Net Rev in Excess of Expend	(\$372,382.91)	\$5,120.19	(\$377,503.10)	(\$1,801,451.97)	(\$307,728.39)	(\$1,493,723.58)		
EBITDA	(\$52,795.27)	\$338,648.19	(\$391,443.46)	\$943,010.17	\$2,360,495.61	(\$1,417,485.44)		

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Key Financial Indicators
May 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	9.68

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

Cash as % of Annual Expenditures	> 25%	55.06%	47.07%	42.95%	51.76%	44.45%	36.93%
-----------------------------------------	-------	--------	--------	--------	--------	--------	--------

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	6.83
-------------------------------------	----	------	------	------	------	------	------

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%	-3.41%
-----------------------------	--------	--------	--------	-------	-------	--------	--------

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 05/31/2022			<u><u>\$ 475,470.69</u></u>

Tab E – Chief Human Resources Officer

Human Resources - May 2022

Turnover:

- May turnover – 2.37%
 - FT – 1.75%
 - PT – 8.0%
- Year to date turnover –19.76%
 - FT –18.20%
 - PT – 34.0%

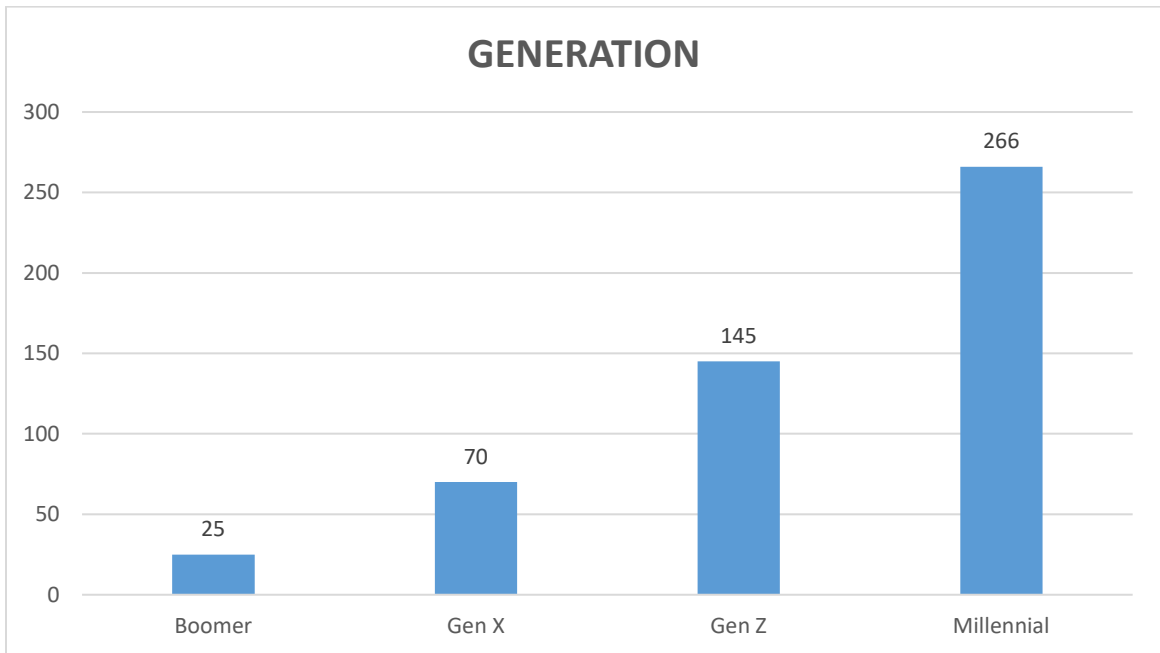
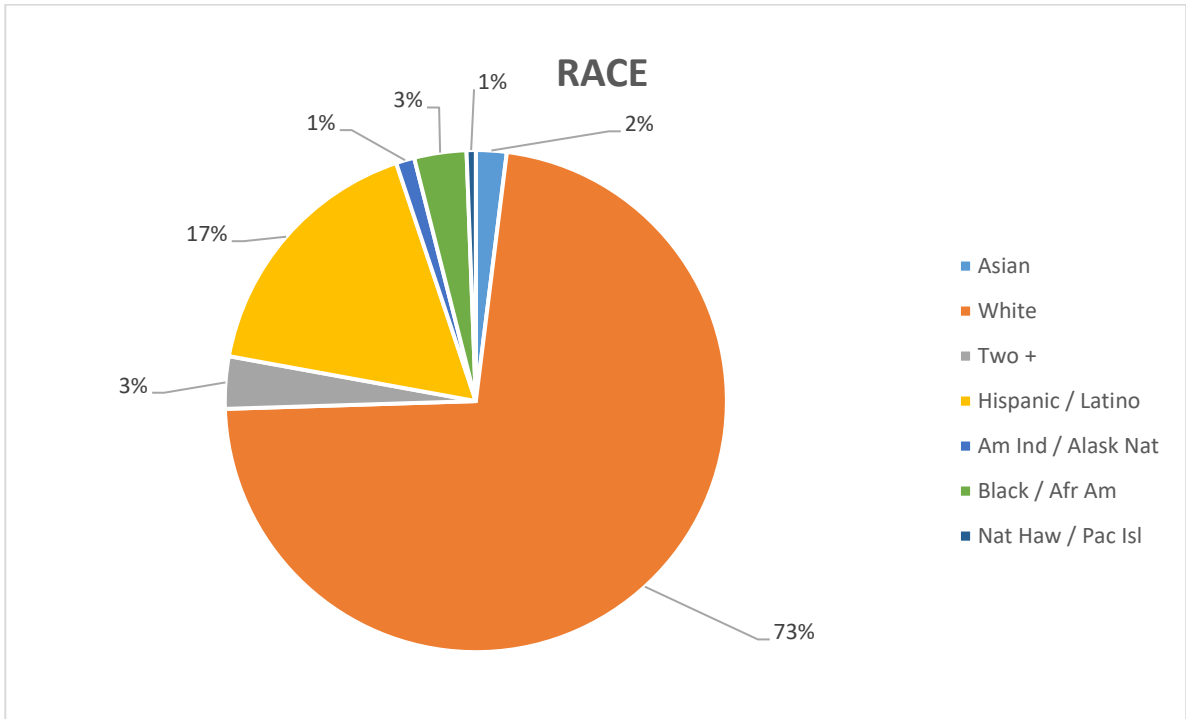
Leaves:

- 32 employees on FMLA / 7.02% of workforce
 - 21 cases on intermittent
 - 11 cases on a block
- Top FMLA request reasons/conditions
 - Neurological (5)
 - FMLA Child (5)
 - FMLA Spouse (5)
- COVID Administrative Leave
 - 239:00 hours in May
 - 26703:10 hours to date

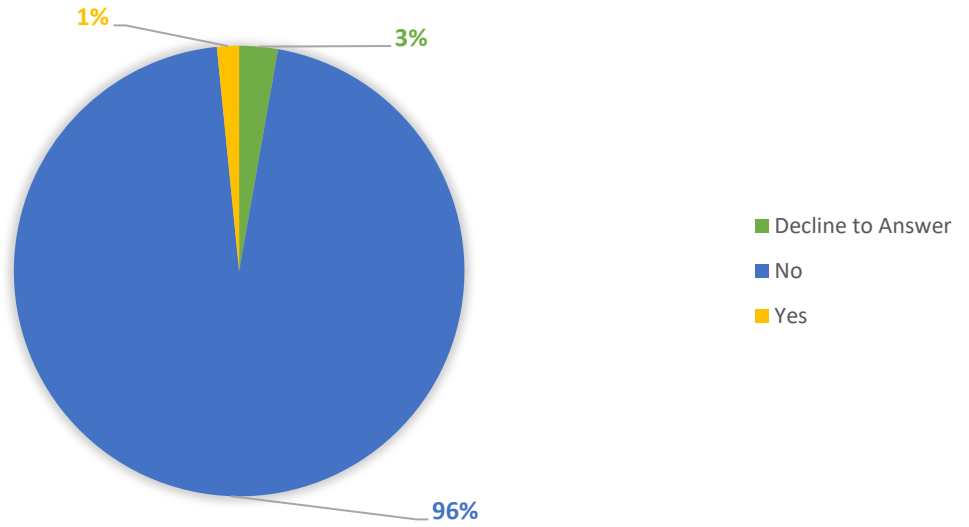
Staffing

- 14 hires in May
- 104 hires FYTD

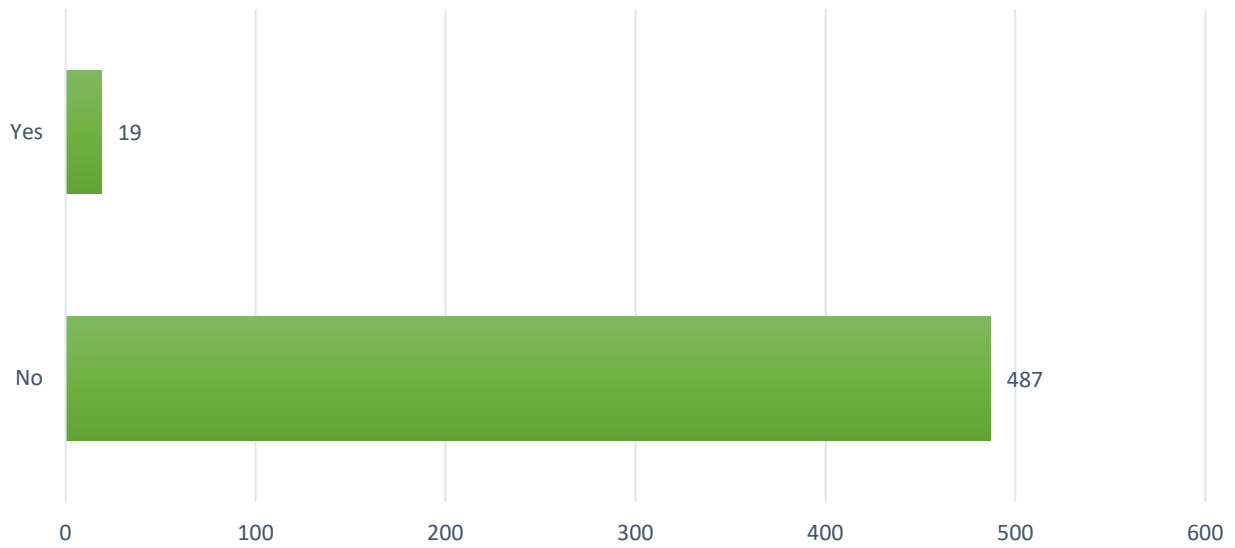
MAY 2022 DIVERSITY STATISTICS

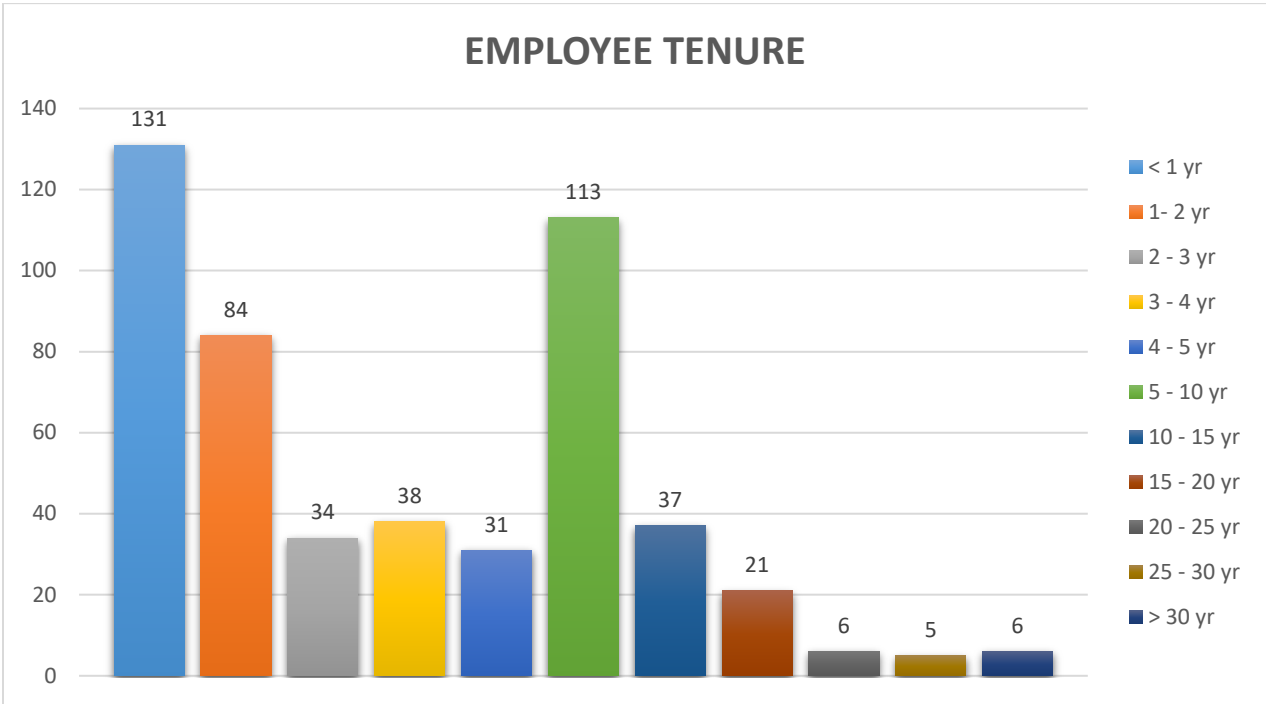
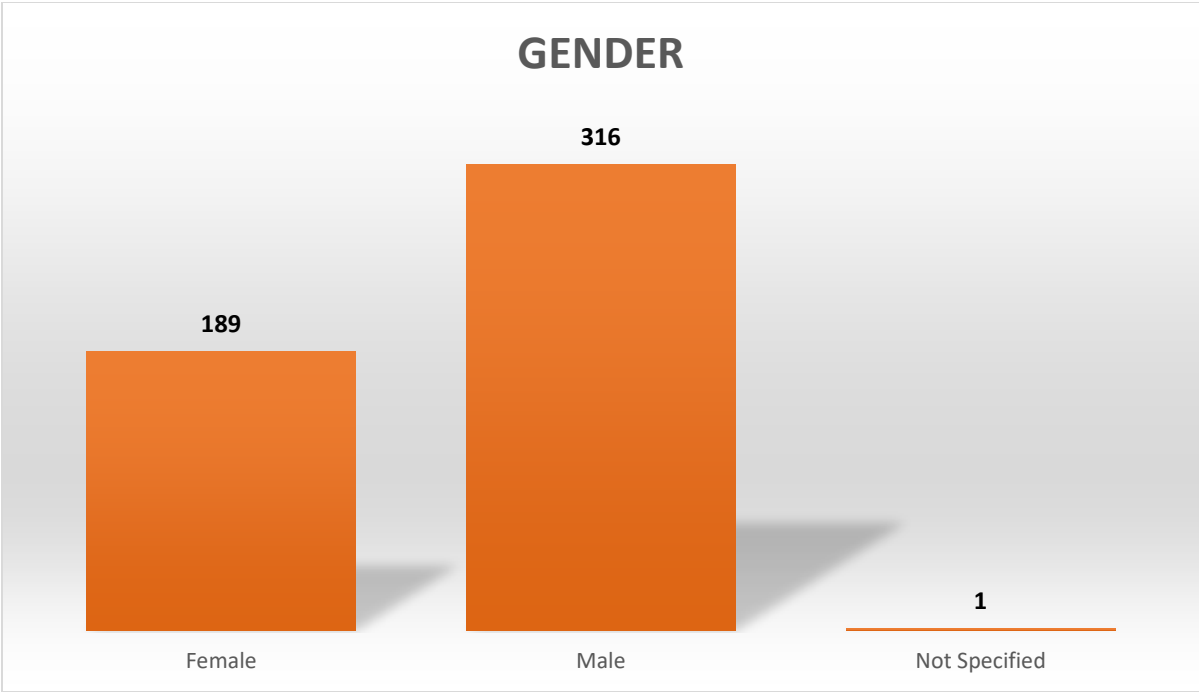


DISABILITY STATUS



VETERAN STATUS





FMLA Leave of Absence (FMLA Detailed Report)
Fiscal Year 2/1/2022 thru 5/31/2022
Percentages by Department/Conditions

Reason/Condition	Count
FMLA - Child	5
FMLA - Parent	4
FMLA - Spouse	5
Internal Medicine	2
Mental Health	3
Neurological	5
Obstetrics	2
Orthopedic	1
Pulmonary	3
FMLA - Sibling (in loco parentis)	1
Cardiology	1
Grand Total	32

Department	Percentage by Department				
	# of Ees	# on FMLA	% by FTE	% by FMLA	% by Dept HC
Advanced	131	9	1.97%	28.13%	6.87%
Basic	165	8	1.75%	25.00%	4.85%
Business Office	12	1	0.22%	3.13%	8.33%
Communications	41	4	0.88%	12.50%	9.76%
Controller - Payroll, Purchasing, A/P	6	2	0.44%	6.25%	33.33%
Field Managers/Supervisors - Operations	25	1	0.22%	3.13%	4.00%
Mobile Integrated Health	5	1	0.22%	3.13%	20.00%
Executive	7	1	0.22%	3.13%	14.29%
Support Services - Facilities, Fleet, S.E., Logistics	30	5	1.10%	15.63%	16.67%
Grand Total	422	32			
Total # of Full Time Employees - April 2022	456				
% of Workforce using FMLA	7.02%				
TYPE OF LEAVES UNDER FMLA	# of Ees	% on Leave			
Intermittent Leave	21	65.63%			
Block of Leave	11	34.38%			
Total	32	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	159:56	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	1805:37	1805:37	1805:37	1805:37	1805:37	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	98:40	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	240:00	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	372:00	372:00	372:00	372:00	372:00	0:00
FY 20-21	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	

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

FMLA LOA for Fiscal Year 2021 - 2022

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	AVG
Hours/Mo	677:50	863:04	806:26	544:58	424:08	1379:46	1334:56	806:13	0:00	0:00	0:00	0:00	683:44
FY 21-22	677:50	1540:54	2347:20	2892:18	3316:26	4696:12	6031:08	6837:21	6837:21	6837:21	6837:21	6837:21	6837:21
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	6888:19	0:00	0:00	0:00	0:00	4962:10
FY 21-22	5684:35	11698:56	20034:01	26229:26	31507:31	37262:37	42733:29	49621:48	49621:48	49621:48	49621:48	49621:48	4962:10
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	208:00	204:00	0:00	0:00	0:00	0:00	125:42
FY 21-22	166:00	372:00	418:00	430:00	619:00	845:00	1053:00	1257:00	1257:00	1257:00	1257:00	1257:00	125:42
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	1410:09	0:00	0:00	0:00	0:00	1027:11
FY 21-22	1103:37	2317:27	3562:48	4370:13	5167:47	6962:43	8861:49	10271:58	10271:58	10271:58	10271:58	10271:58	1027:11
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	1806:37	2272:36	372:00	4962:48	6837:21	1257:00	10271:58
Goal-Compare	3254:00	2162:30	0:00	69441:53	1096:00	93451:29	

	Current Month		
	Vol	Invol	Total
Full Time Separations	8	0	8
Part Time Separations	4	0	4
Total Separations	12	0	12

	Year to Date		
	Vol	Invol	Total
Full Time Separations	53	30	83
Part Time Separations	16	1	17
Total Separations	69	31	100

	Full Time	Part Time	Total
Total Turnover %	1.75%	8.00%	2.37%

	Full Time	Part Time	Total
Total Turnover %	18.20%	34.00%	19.76%

	YTD Compared to Apr'21		Headcount May-21
	Apr'21	%	
Full Time Separations	51	11.64%	438
Part Time Separations	21	60.00%	35
Total Separations	72	15.22%	473
Difference		4.543%	

Separations by Department

	Current Month		
	Vol	Invol	Total
Advanced	2	0	2
Basics	4	0	4
Business Office			
Communications	1	0	1
Controller - Payroll, Purchasing, A/P			
Executives			
Field Manager/Supervisors - Operations			
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	1	0	1
Total	8	0	8

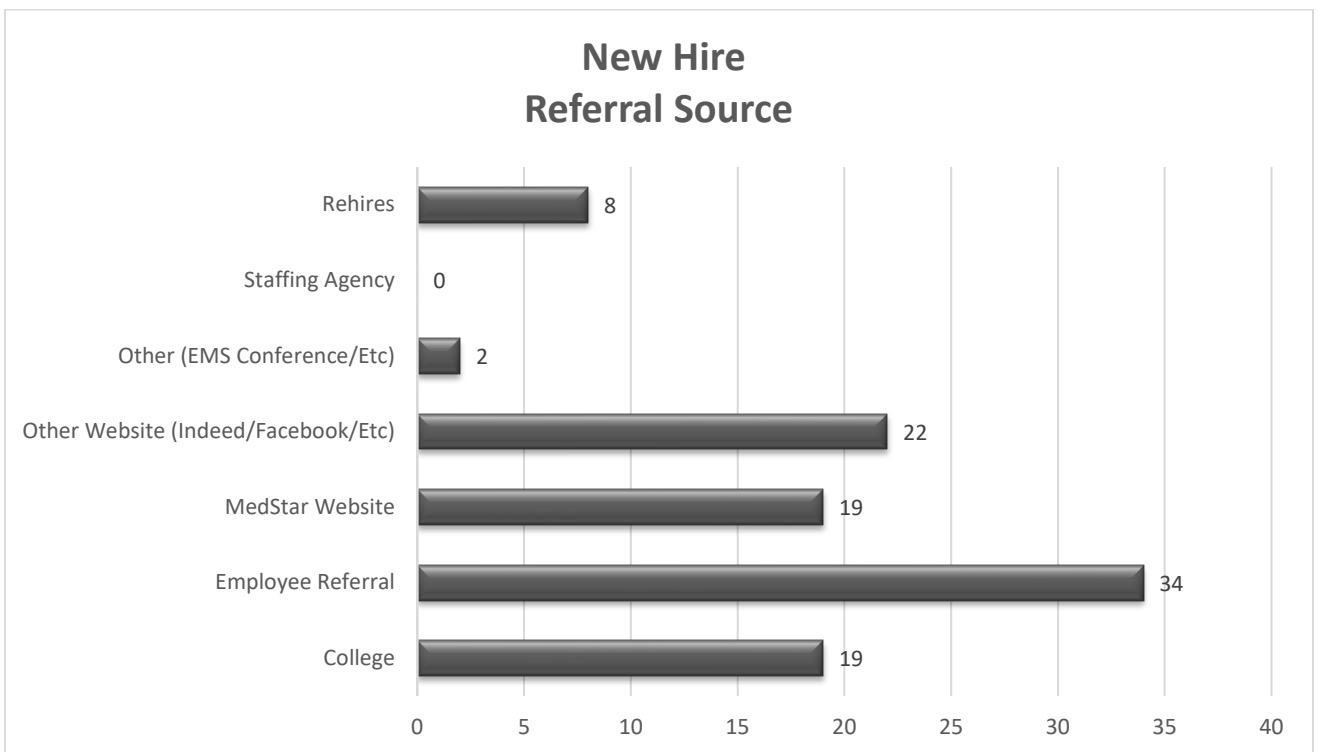
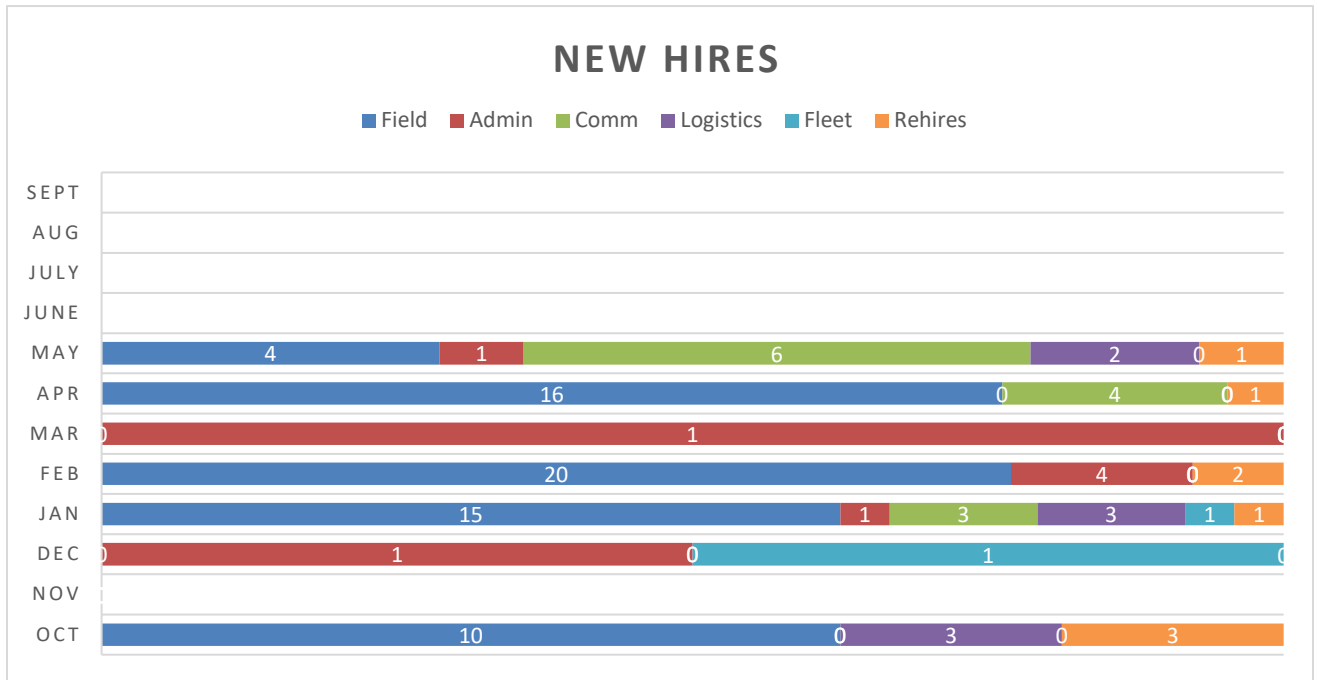
	Year to Date			Headcount May-22
	Vol	Invol	Total	
	14	0	14	131
	24	8	32	165
	3	9	12	12
	5	11	15	41
	1	0	1	6
				7
	0	0	1	25
				7
				3
	1	1	2	5
				3
				2
	0	1	1	5
				13
				1
	5	0	5	30
Total	53	30	83	456

	Current Month		
	Vol	Invol	Total
Advanced	2	0	2
Basics	1	0	1
Business Office			
Communications	1	0	1
Controller - Payroll, Purchasing, A/P			
Executives			
Field Manager/Supervisors - Operations			
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	4	0	4
Total	4	0	4

	Year to Date			Headcount May-22
	Vol	Invol	Total	
	7	0	7	17
	6	1	7	23
	1	0	1	
	1	0	1	5
	1	0	1	
	16	1	17	50

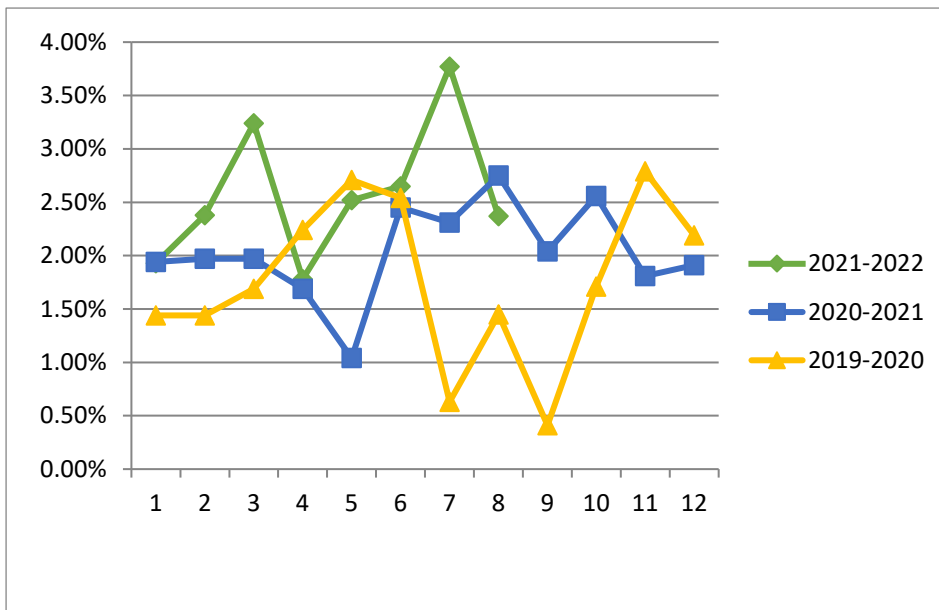
Recruiting & Staffing Report

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	2.37%	2.75%	1.45%	1.75%
June		2.04%	0.41%	
July		2.56%	1.71%	
August		1.81%	2.79%	
September		1.91%	2.19%	
Actual Turnover	19.76%	16.17%	19.91%	18.20%



Tab F – FRAB

Tab G – Operations

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

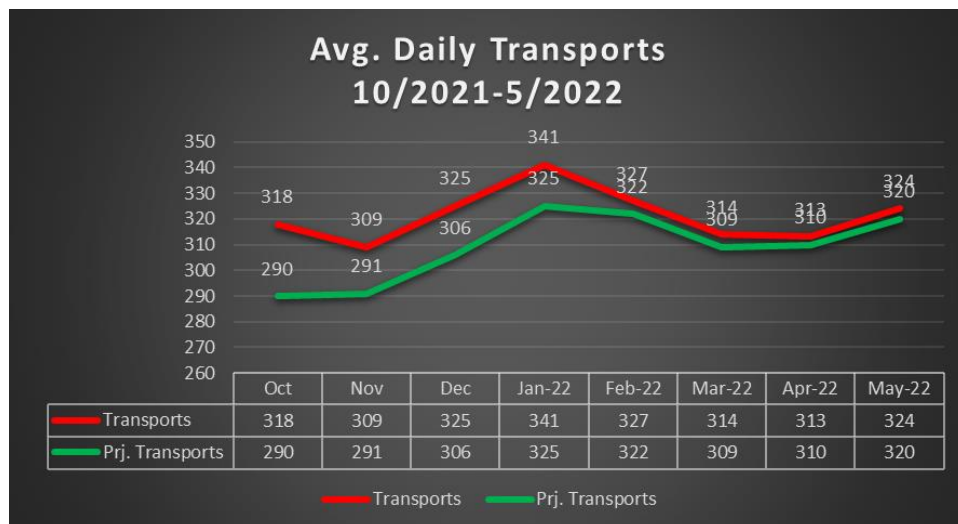
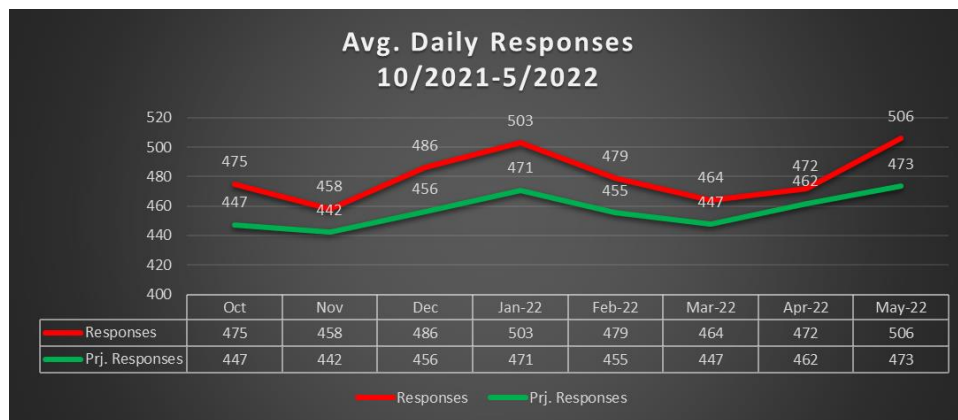
Operations Report- May 2022

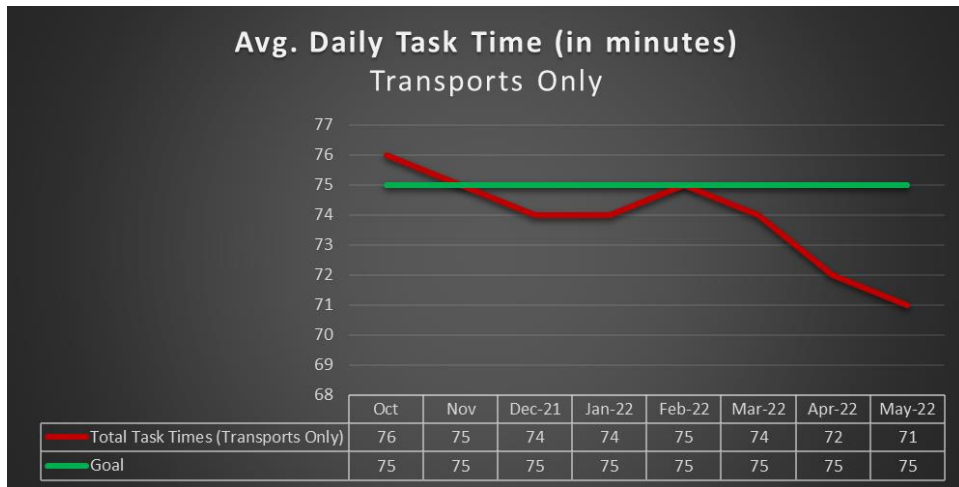
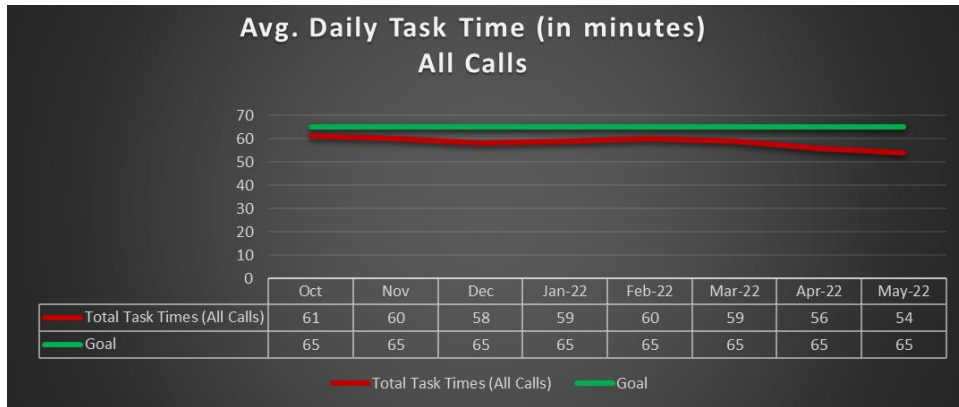
The following summarizes significant operational items through May 31st, 2022:

Field Operations:

- May transport volume exceeded budget expectations by approximately 1%.
- May Call volume (Responses) exceeded projections by approximately 7%.
- 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 along with battling the increasing summer temperatures

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
- Actively searching for Ambulance chassis
- Fleet team continues to keep units up and available for deployment
- Support vehicle replacements, approved earlier this fiscal year, have been completed

Special Operations:

- Completed 85 events for the month of May 2022
- Processed multiple requests for state mission standbys (severe weather, wildland fire, etc.)
- Deployed 2 units for medical support of wildland fires in the western part of the state

Mobile Integrated Health:

- Increase in MHP referrals from existing program partners
- EMT-B for DETECT program has proven to be very effective
- See Chief Transformation Officer report for ongoing 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 in production use.
- Configuring mobile gateways to allow connections from FRO 12-lead monitors.

Business Intelligence:

- Working with Fort Worth team to ensure correct analysis of our response times
- Finishing the conversion of outstanding projects to a daily report format
- Continued work on report cards
- Transitioning Dr. Vithalani out of OMD report management to BI taking helm
- Ad hoc reporting as requested

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
- Fourteen (14) controllers in various stages of training; 6 in call-take training, 6 in Dispatch 2 training, 2 in Dispatch 1 training
- Focusing on meeting 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
March 2022	10,135	280.5	88.57%	91.79%
April 2022	10,163	277.9	90.94%	93.69%
May 2022	11,542	206.2	85.86%	93.69%



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 05/01/2022 thru 05/31/2022

Mutual Aid Recv'd	Total Calls	% Mutual Aid
33	15678	0.210%

Aid Type	Total										
Given	35										
Aid TO	Total										
Arlington	5	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted in TX
		Arlington	M29	05/13/2022 12:59:28	2204270	2	Arlington	06C01 - Breathing Problems - P2	00:49:00		1
		Arlington	M78	05/26/2022 20:50:40	2222968	3	Arlington	26A11 - Sick Person (Specific Diagnosis) - P3	01:18:28		1
		Arlington	M52	05/02/2022 23:57:47	2189943	3	Arlington	01A01 - Abdominal Pain / Problems - P3	01:00:29		1
		Arlington	M72	05/04/2022 09:44:25	2191440	2	Arlington	28C04 - U - Stroke (CVA) / Transient Ischemic Attack (TIA) - Unknown when the symptoms started - P2	00:02:23	Calling Party Cancelled	0
		Arlington	M572	05/09/2022 08:45:39	2198264	2	Arlington	29B05 - V - Vehicle vs. vehicle - Multiple patients - P2	01:01:07		1
Azle	1	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted in TX
		Azle	M40	05/15/2022 06:21:48	2206781	3	Azle		01:25:29		1
Benbrook	20	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted in TX
		Benbrook	M53	05/30/2022 19:00:10	2228744	2	Benbrook	17B01 - Falls - P2	01:03:47		1
		Benbrook	M61	05/30/2022 19:47:26	2228790	1	Benbrook	12D04 - E - Convulsions / Seizures - Epileptic or Previous seizure diagnosis - P1	01:23:12		1
		Benbrook	M30	05/27/2022 07:49:24	2223470	3	Benbrook	17A03 - Falls - ECNS Eligible	01:00:53		1
		Benbrook	M30	05/30/2022 20:57:04	2228845	2	Benbrook	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	01:09:50		1
		Benbrook	M42	05/19/2022 18:39:59	2213126	2	Benbrook	31C02 - Falls - P2	01:15:58		1
		Benbrook	M76	05/25/2022 00:04:54	2220441	2	Benbrook	10C03 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	01:14:45		1
		Benbrook	M61	05/27/2022 05:14:05	2223359	2	Benbrook	33C01 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2	01:31:51		1
		Benbrook	M56	05/26/2022 19:00:57	2222841	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2	01:05:43		1
		Benbrook	M34	05/01/2022 23:46:20	2188594	2	Benbrook	17B01 - Transfer / Interfacility / Palliative Care - P2	00:47:47		1
		Benbrook	M63	05/04/2022 15:28:13	2191821	2	Benbrook	33C01 - T - Transfer/Interfacility - Transfer/Interfacility - P2	00:53:48		1
		Benbrook	M54	05/05/2022 19:13:52	2193532	3	Benbrook	31A02 - Unconscious / Fainting (Near) - P3	00:28:05	AMA - Assessed and/or Treated & Released	0



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 05/01/2022 thru 05/31/2022

Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Benbrook	M30	05/06/2022 07:33:07	2194049	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2	01:03:40	1
	Benbrook	M535	05/06/2022 08:54:06	2194130	3	Benbrook	17B04 - Falls - P2	01:24:16	1
	Benbrook	M800	05/06/2022 08:54:06	2194126	3	Benbrook	17B04 - Falls - P2	00:00:14	0
	Benbrook	M801	05/06/2022 08:54:06	2194131	3	Benbrook	17B04 - Falls - P2	01:22:06	1
	Benbrook	M27	05/09/2022 00:28:34	2197930	1	Benbrook	17D04 - G - Falls - On the ground or floor - P1	01:38:56	1
	Benbrook	M77	05/09/2022 07:22:09	2198185	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2	01:07:31	0
	Benbrook	M76	05/09/2022 18:40:32	2199032	2	Benbrook	17B01 - Falls - P2	00:55:15	0
	Benbrook	M45	05/09/2022 20:38:44	2199258	2	Benbrook	26C02 - Sick Person (Specific Diagnosis) - P2	00:14:39	0
	Benbrook	M47	05/11/2022 08:41:32	2201304	2	Benbrook	17B04 - G - Falls - On the ground or floor - P2	01:13:21	1
Crowley									
	Crowley	M45	05/23/2022 13:56:42	2218256	2	Crowley	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - P2	01:21:32	1
	Crowley	M20	05/23/2022 14:26:49	2218296	2	Crowley	28C12 - U - Stroke (CVA) / Transient Ischemic Attack (TIA) - Unknown when the symptoms started - P2	01:23:15	1
Richland Hills									
	Richland Hills	M27	05/07/2022 22:48:03	2196525	2	Richland Hills	29B05 - U - Traffic Collision / Transportation Incident - Unknown number of patients - P2	01:11:06	1
Roanoke									
	Roanoke	M39	05/22/2022 20:24:30	2217408	2	Roanoke	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - P2	00:20:19	0
Tarrant County									
	Tarrant County	M51	05/25/2022 12:53:38	2221001	2	Tarrant County	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - P2	00:35:23	0
	Tarrant County	M33	05/25/2022 12:53:38	2221002	2	Tarrant County	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - P2	01:13:02	1
	Tarrant County	M62	05/05/2022 11:56:06	2192985	2	Tarrant County	23C07 - I - Overdose / Poisoning (Ingestion) - Intentional - P2	01:22:03	1



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 05/01/2022 thru 05/31/2022

Watauga		Tarrant County	M561	05/10/2022 08:33:36	2199811	2	Tarrant County	17B01 - Falls - P2	01:31:53	1
Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX	
Watauga	M59	05/25/2022 21:51:11	2221568	2	Watauga	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	01:07:14		1	
33										
Total										
9										
Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX	
Arlington EMS	AMR Arlington n 1	05/29/2022 13:32:41	2226846	1	Fort Worth	21D03 - T - Hemorrhage (Bleeding) / Lacerations - TRAUMA - P1	02:15:11		0	
Arlington EMS	AMR Arlington n 1	05/13/2022 12:10:48	2204218	1	Fort Worth	01C05 - Abdominal Pain / Problems - P2	00:59:55		1	
Arlington EMS	AMR Arlington n 1	05/27/2022 17:03:48	2224273	3	Fort Worth	02O02 - Allergies (Reactions) / Envenomations (Stings, Bites) - P3	01:01:44		1	
Arlington EMS	AMR Arlington n 1	05/12/2022 16:04:44	2203303	3	Fort Worth	25A02 - V - Psychiatric / Abnormal Behavior / Suicide Attempt - Violent - P3	00:34:09	FD/FPD Cancelled MedStar	0	
Arlington EMS	AMR Arlington n 1	05/17/2022 08:57:15	2209611	2	Fort Worth	29B05 - U - Traffic Collision / Transportation Incident - P2	00:11:00	FD/FPD Cancelled MedStar	0	
Arlington EMS	AMR Arlington n 1	05/24/2022 12:54:28	2219549	2	Fort Worth	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - P2	00:00:19	FD/FPD Cancelled MedStar	0	
Arlington EMS	AMR Arlington n 1	05/19/2022 11:30:15	2212530	2	Fort Worth	06C01 - E - Breathing Problems - COPD (Emphysema/Chronic bronchitis) - P2	01:31:09		1	
Arlington EMS	AMR Arlington n 1	05/06/2022 17:01:38	2194785	3	Fort Worth	13O01 - Diabetic Problems - P3	01:27:25		1	
Arlington EMS	AMR Arlington n 1	05/09/2022 00:13:55	2197915	1	Fort Worth	06D02 - A - Breathing Problems - Asthma - P1	00:38:59		0	
2										
Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX	
Benbrook	Benbrook Medic 1	05/07/2022 13:16:36	2195901	3	Fort Worth	01A03 - Abdominal Pain / Problems - P3	01:09:24		1	
Benbrook	Benbrook Medic 1	05/10/2022 08:41:10	2199840	2	Fort Worth	29B05 - Vehicle vs. vehicle - P2	00:08:07	AMA - Assessed and/or Treated & Released	0	
4										
Crowley										



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 05/01/2022 thru 05/31/2022

Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Crowley 54	05/13/2022 16:48:59	2204627	2	Burleson	06C01 - Breathing Problems - P2	01:09:41		1
	Crowley 254	05/27/2022 17:03:35	2224282	1	Burleson	20D01 - H - Heat exposure - Heat exposure - P1	00:12:24		0
	Crowley 54	05/05/2022 10:32:41	2192857	2	Burleson	31C01 - Unconscious / Fainting (Near) - P2	11:17:41		1
	Crowley 54	05/10/2022 08:51:04	2199853	2	Burleson	28C03 - K - Stroke (CVA) / Transient Ischemic Attack (TIA) - CLEAR evidence of stroke (≥ T hours) - P2	01:03:47		1
14									
Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Eagle Mountain	Eagle Mountain	05/22/2022 11:07:32	2216842	1	Fort Worth	21D03 - M - Hemorrhage (Bleeding) / Lacerations - MEDICAL - P1	01:02:37		1
Eagle Mountain	Eagle Mountain	05/21/2022 14:17:13	2215798	1	Lake Worth	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	01:03:49		1
Eagle Mountain	Eagle Mountain	05/15/2022 14:19:31	2207177	3	Fort Worth	17A01 - G - Falls - On the ground or floor - P3	01:59:00		1
Eagle Mountain	Eagle Mountain	05/14/2022 05:21:34	2205343	1	Fort Worth	25D03 - Psychiatric / Abnormal Behavior / Suicide Attempt - P1	00:12:34		0
Eagle Mountain	Eagle Mountain	05/19/2022 09:52:02	2212380	1	Fort Worth	06D02 - A - Breathing Problems - Asthma - P1	00:43:39	AMA - Assessed and/or Treated & Released	0
Eagle Mountain	Eagle Mountain	05/27/2022 16:51:08	2224233	3	Lake Worth	12A01 - E - Convulsions / Seizures - Epileptic or Previous seizure diagnosis - P3	00:55:36		0
Eagle Mountain	Eagle Mountain	05/20/2022 15:42:31	2214265	1	Fort Worth	10D01 - Sick Person (Specific Diagnosis) - P1	00:59:14		1
Eagle Mountain	Eagle Mountain	05/11/2022 16:43:51	2201973	2	Fort Worth	28C12 - U - Stroke (CVA) / Transient Ischemic Attack (TIA) - Unknown when the symptoms started - P2	00:14:52	No Pt Found/Pt Left Scene	0
Eagle Mountain	Eagle Mountain	05/26/2022 10:30:36	2222101	2	Fort Worth	01C03 - Abdominal Pain / Problems - P2	00:45:32		1
Eagle Mountain	Eagle Mountain	05/20/2022 18:19:26	2214528	2	Fort Worth	10C03 - Heat / Cold Exposure - P2	01:01:33		1
Eagle Mountain	Eagle Mountain	05/24/2022 10:52:34	2219287	2	Fort Worth	21B02 - M - Hemorrhage (Bleeding) / Lacerations - MEDICAL - P2	01:15:03		1
Eagle Mountain	Eagle Mountain	05/19/2022 20:54:21	2213327	2	Fort Worth	18C04 - X - Headache - No test evidence of stroke (< T hours) - P2	00:29:32		0



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 05/01/2022 thru 05/31/2022

	Eagle Mountain	Eagle Mountain	05/28/2022 15:30:44	2225573	2	Fort Worth	29A02 - Traffic Collision / Transportation Incident - P3	01:07:31		1
	Eagle Mountain	Eagle Mountain	05/06/2022 16:50:26	2194747	3	Fort Worth	12A03 - Convulsions / Seizures - P3	00:04:42	FD/PPD Cancelled MedStar	0
Life Care EMS	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)	05/11/2022 17:59:06	2202123	2	Fort Worth	06C01 - Breathing Problems - P2	00:05:11	FD/PPD Cancelled MedStar	0
Watauga										
	Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted in TX
	Watauga	Watauga	05/28/2022 13:21:36	2225345	2	Fort Worth	12C04 - Convulsions / Seizures - P2	00:46:32		1
	Watauga	Watauga	05/21/2022 12:22:33	2215565	1	Haltom City	04D04 - A - Assault / Sexual Assault / Stun Gun - Assault - P1	01:13:44		1
	Watauga	Watauga	05/04/2022 13:37:00	2191714	2	Fort Worth	17B04 - Falls - P2	00:20:16		0



MedStar Response Time Reliability and AVG Response Time Performance

Period: May 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 %
Blue Mound	1	6	6	00:07:28	0	100.0%	0	49	10	79.6%
	2	11	10	00:10:44	4	63.6%	0	89	12	86.5%
	3	1	1	00:08:53	0	100.0%	0	38	5	86.8%
Total Blue Mound		18	17							
Burleson	1	107	104	00:07:31	16	85.0%	3	107	16	85.0%
	2	169	153	00:09:14	27	84.0%	8	169	27	84.0%
	3	129	99	00:09:29	14	89.1%	4	129	14	89.1%
	4	90	90	00:33:15	6	93.3%	3	163	9	94.5%
Total Burleson		495	446							
Edgecliff Village	1	6	6	00:06:54	1	83.3%	0	61	8	86.9%
	2	12	12	00:08:26	2	83.3%	0	45	7	84.4%
	3	5	5	00:09:30	0	100.0%	0	53	3	94.3%
Total Edgecliff Village		23	23							
Forest Hill	1	56	54	00:09:18	12	78.6%	3	56	12	78.6%
	2	78	72	00:09:45	10	87.2%	0	170	19	88.8%
	3	47	38	00:09:44	4	91.5%	1	130	10	92.3%
	4	1	1	00:27:54	0	100.0%	0	1	0	100.0%
Total Forest Hill		182	165							
Fort Worth	1	3338	3184	00:08:13	510	84.7%	68	3338	510	84.7%
	2	5417	5161	00:08:59	633	88.3%	107	5417	633	88.3%
	3	3749	3380	00:10:13	357	90.5%	83	3749	357	90.5%
	4	1228	1221	00:25:56	45	96.3%	13	1228	45	96.3%
Total Fort Worth		13732	12946							
Haltom City	1	93	90	00:09:17	31	66.7%	5	186	50	73.1%
	2	145	137	00:09:56	28	80.7%	4	145	28	80.7%
	3	98	81	00:10:01	6	93.9%	0	98	6	93.9%
	4	5	4	00:28:06	0	100.0%	0	6	0	100.0%
Total Haltom City		341	312							
1	12	12	00:06:48	1	91.7%	0	88	26	70.5%	



MedStar Response Time Reliability and AVG Response Time Performance

Period: May 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	14	12	00:10:07	2	85.7%	1	45	10	77.8%					
	3	14	12	00:09:38	1	92.9%	0	61	4	93.4%					
Total Haslet		40	36												
Lake Worth															
	1	31	29	00:09:21	11	64.5%	3	31	11	64.5%					
	2	58	53	00:08:11	4	93.1%	0	58	4	93.1%					
	3	24	23	00:10:44	5	79.2%	1	75	9	88.0%					
	4	1	1	00:14:40	0	100.0%	0	13	0	100.0%					
Total Lake Worth		114	106												
Lakeside															
	1	3	3	00:11:42	3	0.0%	0	30	12	60.0%					
	2	12	11	00:15:18	7	41.7%	2	58	24	58.6%					
	3	7	6	00:13:27	2	71.4%	0	23	9	60.9%					
Total Lakeside		22	20												
River Oaks															
	1	19	18	00:08:21	3	84.2%	1	80	20	75.0%					
	2	25	23	00:08:10	5	80.0%	0	25	5	80.0%					
	3	32	26	00:10:23	4	87.5%	1	91	12	86.8%					
Total River Oaks		76	67												
Saginaw															
	1	40	39	00:07:17	4	90.0%	0	129	15	88.4%					
	2	71	65	00:08:07	8	88.7%	1	125	13	89.6%					
	3	61	55	00:10:06	6	90.2%	3	107	12	88.8%					
	4	67	66	00:19:55	1	98.5%	0	120	3	97.5%					
Total Saginaw		239	225												
Sansom Park															
	1	18	18	00:09:40	6	66.7%	1	86	18	79.1%					
	2	38	36	00:09:48	8	78.9%	2	38	8	78.9%					
	3	30	26	00:09:40	2	93.3%	0	91	6	93.4%					
	4	9	9	00:37:31	3	66.7%	0	33	4	87.9%					
Total Sansom Park		95	89												
Westover Hills															
	2	1	1	00:10:38	0	100.0%	0	10	2	80.0%					
	3	1	1	00:12:57	0	100.0%	0	2	0	100.0%					
Total Westover Hills		2	2												



MedStar Response Time Reliability and AVG Response Time Performance

Period: May 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	6	5	00:06:51	0	100.0%	0	95	16	83.2%
	2	26	26	00:10:12	5	80.8%	0	81	18	77.8%
	3	16	15	00:12:59	2	87.5%	0	27	5	81.5%
	4	1	1	00:45:14	0	100.0%	0	12	0	100.0%
Total Westworth Village		49	47							
White Settlement	1	64	63	00:07:41	10	84.4%	2	64	10	84.4%
	2	108	102	00:08:49	13	88.0%	6	197	24	87.8%
	3	73	65	00:08:55	5	93.2%	2	126	11	91.3%
	4	5	5	00:12:24	0	100.0%	0	36	2	94.4%
Total White Settlement		250	235							
System Wide	1	3799	3631	00:08:14	608	84.0%	86	4406	736	83.3%
	2	6185	5874	00:09:02	756	87.8%	131	6672	834	87.5%
	3	4287	3833	00:10:11	408	90.5%	95	4800	463	90.4%
	4	1407	1398	00:26:19	55	96.1%	16	1614	63	96.1%
Total System Wide		15678	14736							

Tab H – Compliance and Legal



Compliance Officer's Report May 19, 2022-June 23, 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.
- Four Narcotic Anomalies occurred during this reporting period:
 - Paramedic inadvertently took a narcotic pouch home at the end of shift.
 - Paramedic inadvertently left their narcotic pouch on scene
 - Fentanyl vial broken
 - Ketamine vial cap dislodge
 - Midazolam vial cap dislodgeIn all occurrences no foul play is suspected.
- Provider assault reporting project: the committee has defined assault within the MedStar system as: Intentional physical contact with an individual that is reasonably believed to be offensive, or a direct verbal threat to cause physical harm to an individual.

Paralegal Duties

- 18 DFPS reports were made for suspected abuse, neglect, or exploitation.
- 4 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, negotiated, and executed agreements with outside parties as needed.

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

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

Tab I – EPAB

COMMONLY USED ACRONYMS

A

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

B

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

C

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

D

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

E

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

F

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

G

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

H

HIPAA – Health Insurance Portability & Accountability Act of 1996

I

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

J

JEMS – Journal of Emergency Medical Services

K

L

LMS – Learning Management System

M

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

COMMONLY USED ACRONYMS

N

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

O

OMD – Office of the Medical Director

P

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

Q

QRV – Quick Response Vehicle

R

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

S

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

T

U

V

VFIB – Ventricular fibrillation; an EKG rhythm

W

X/Y/Z