



Metropolitan Area EMS Authority  
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(817) 923-3700  
[www.medstar911.org](http://www.medstar911.org)

***MEMORANDUM***

DATE: July 27, 2022  
TO: MAEMSA Board of Directors  
FROM: Kenneth J. Simpson, CEO  
SUBJECT: Board of Directors ePacket for July 2022

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Enclosed are the board reports for July 2022. If you have any questions, please feel free to contact me at (817) 522-2865 or [ksimpson@medstar911.org](mailto:ksimpson@medstar911.org).

**Our Mission:**

*To provide world class mobile healthcare with the highest quality customer service  
and clinical excellence in a fiscally responsible manner*

# TABLE OF CONTENTS

## **Chief Executive Officer**

- Chief Executive Officer Report Pg. 3-4

## **Office of the Medical Director**

- Office of the Medical Director Report Pg. 5-12

## **Chief Transformation Officer**

- Transformation Report July 2022 Pg. 13-17
- MIH Referrals- June 2022 Pg. 18-22

## **Chief Financial Officer**

- Summary Board Report June 30, 2022 Pg. 23
- June 2022 Balance Sheet Pg. 24
- June 2022 Income Statement Pg. 25-26
- June 2022 Key Financial Indicators Pg. 27
- EPAB Cash Expenditure Detail Pg. 28

## **Chief Human Resources Officer**

- Human Resources Cover Page Pg. 29
- June 2022 Diversity Statistics Pg. 30-32
- June 2022 FMLA Detail Pg. 33
- June 2022 Leave of Absence Pg. 34
- June 2022 Separation Statistics Pg. 35
- June 2022 Staffing Pg. 36
- June 2022 Turnover Pg. 37

## **Operations**

- June 2022 Operations Report Pg. 38-40
- June 2022 Mutual Aid Pg. 41-45
- June 2022 System Performance Pg. 46-48

## **Compliance and Legal**

- Compliance Officer's Report Pg. 49

## **Metropolitan Area EMS Authority dba MedStar Mobile Healthcare**

### **Chief Executive Officer's Report- June 30, 2022**

**Fort Worth Study**- Several stakeholders in Fort Worth's staffing study gathered with the City Gate consultant to discuss the recommendations and findings. It has been recommended that we find short- and long-term solutions to the dispatch process that will give residents a better, more patient centered experience when they call 911.

Another recommendation is to continue through the reprioritization process to evaluate whether the priorities assigned to specific call types are as accurate as they can be, which will also allow for those cities interested in evaluating the calls they respond to a better basis for determining what resources to send when. It was also suggested that response time standards be analyzed with input from different perspectives in the community. As of this writing we have had our first meeting regarding reprioritization, which resulted in positive conversation about steps for progressive action and proactive communication.

There are some steps the Board of Directors should take with regard to how the Interlocal specifies the Performance Standards Committee should be appointed. This change was made with the last revision as previous revisions made System Performance Committee makeup the responsibility of Authority Staff. This change provides the opportunity insight from a diverse makeup of committee members.

Both representatives from the consulting group and City of Fort Worth Staff have been inclusive and expressed commitment to finding solutions to the challenges the we are all facing from this exponential growth. We will be having further discussions about how to develop groups to analyze call center processes, ensure advanced life support access remains equitable, and how we can work together to build a better, stronger system of care for Fort Worth and the surrounding communities. We remain encouraged by the openness, inclusiveness, and communication we've seen throughout the process.

**Texas Wristband**- MedStar participated in a pilot program to evaluate the effectiveness of patient tracking program that required the application of a wristband to all transported patients and the entry of the wristband number into the patient's electronic patient record. This program was hosted by the Trauma Regional Advisory Councils in the State.

The goal of this program is to provide better patient tracking during mass casualty incidents, and, possibly, better resident tracking during things like natural disasters when people may have to be moved multiple times between various locations. The intent of making this widely available is the understanding that processes used on a daily basis will likely be replicated during unusual events like mass casualty events and natural disasters.

The results of the pilot project were positive so the Trauma Regional Advisory Councils are scaling this program up and will require all EMS providers to utilize the wristbands and are working to require all hospitals to have a field in their electronic charting for the number listed on each wristband. Additionally, the State is sponsoring a program called Pulsara, which consists of electronic notification and reporting to the hospitals of the

patients that are coming to them. MedStar is in the process of trialing this software with our electronic patient care software.

**Human Resources-** The final module for the ADP implementation should be completed by August 1, 2022. This is the scheduling and timekeeping module. Our current vendor provided all their customers notice that they were changing the clock-in and clock-out procedures we us, so this implementation will be timely in avoiding that change. The HR team continues to work diligently on recruitment and retention, and we have seen an increase in the providers utilized to respond to calls.

You will note, from the operations section, we have experienced record setting call volume increases. Our HR team is working with operations, transformation, and other departments to plan activities that will allow our frontline providers to enjoy fun filled activities and allow us an opportunity to express our appreciation for how hard they are working.

**Billing/EMS | MC-** We continue to see some billing challenges with our outside billing company with errors and cash projections. Their cash collections in May and June did increase, but July has been down slightly. We have hired some additional pre-billers to help with the insurance verification process, and we continue to work with them to identify the cause of the errors that are found and correct those errors.

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 after go live. This is one of the more significant variables as we build the 2022/23 budget. We are monitoring the performance closely and will take additional steps if necessary.

**Chief Operating Officer-** The Chief Operating Officer position has remained in the budget, but the position has gone unfilled. We are evaluating the job description of the COO and will begin the process of filling that position and setting the reporting structure soon.

**University of North Texas Health Science Center-** After a meeting with some of the leadership at UNTHSC we are working on finishing a high-level memorandum of understanding that will lay the groundwork for future collaboration and discussion about ways we can work together with other community organizations and departments to improve the quality of life and health in the communities we serve.



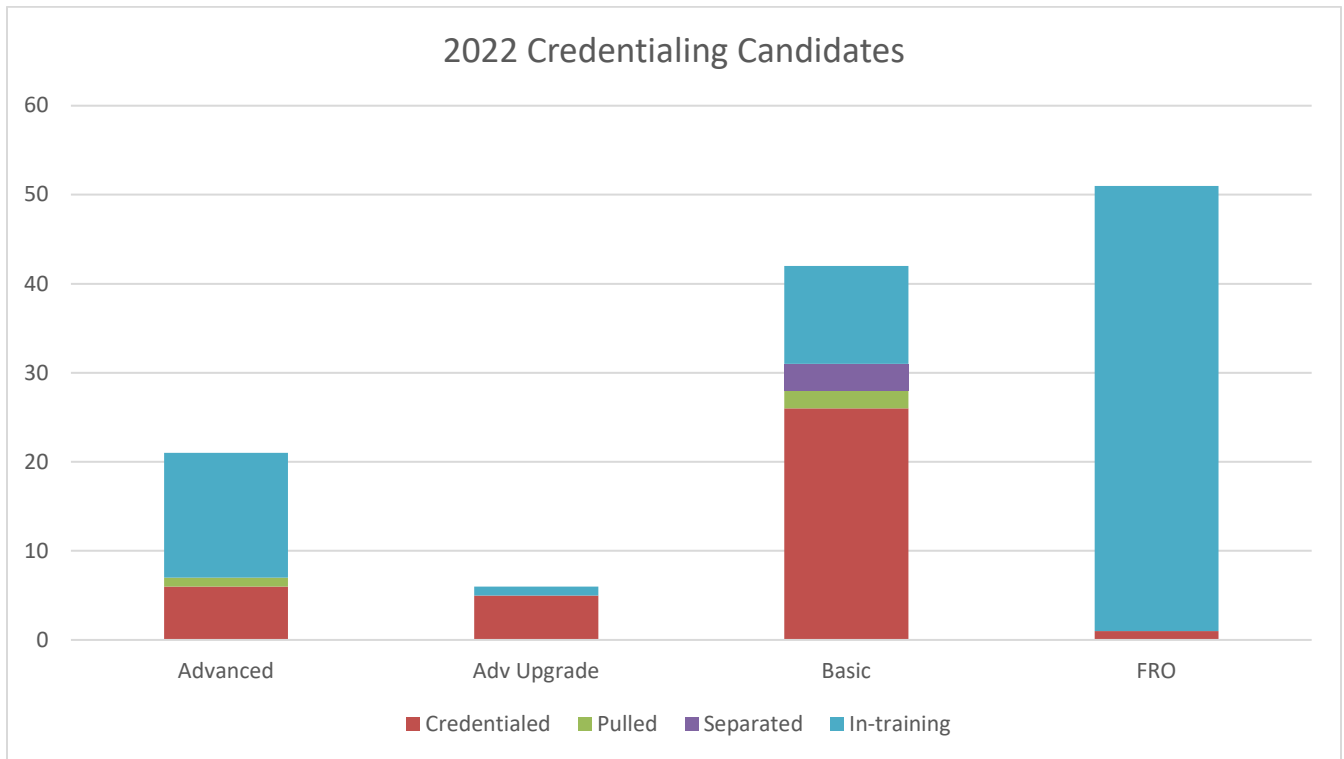
## **Education and Training**

- System MCD Training
  - FROs in-process
- OMD 22Q2CE – June
  - Completed
  - EKG Rhythm recognition and STEMI identification
- OMD 22Q3 CE – September
  - Resuscitation / ECPR / VAD Management

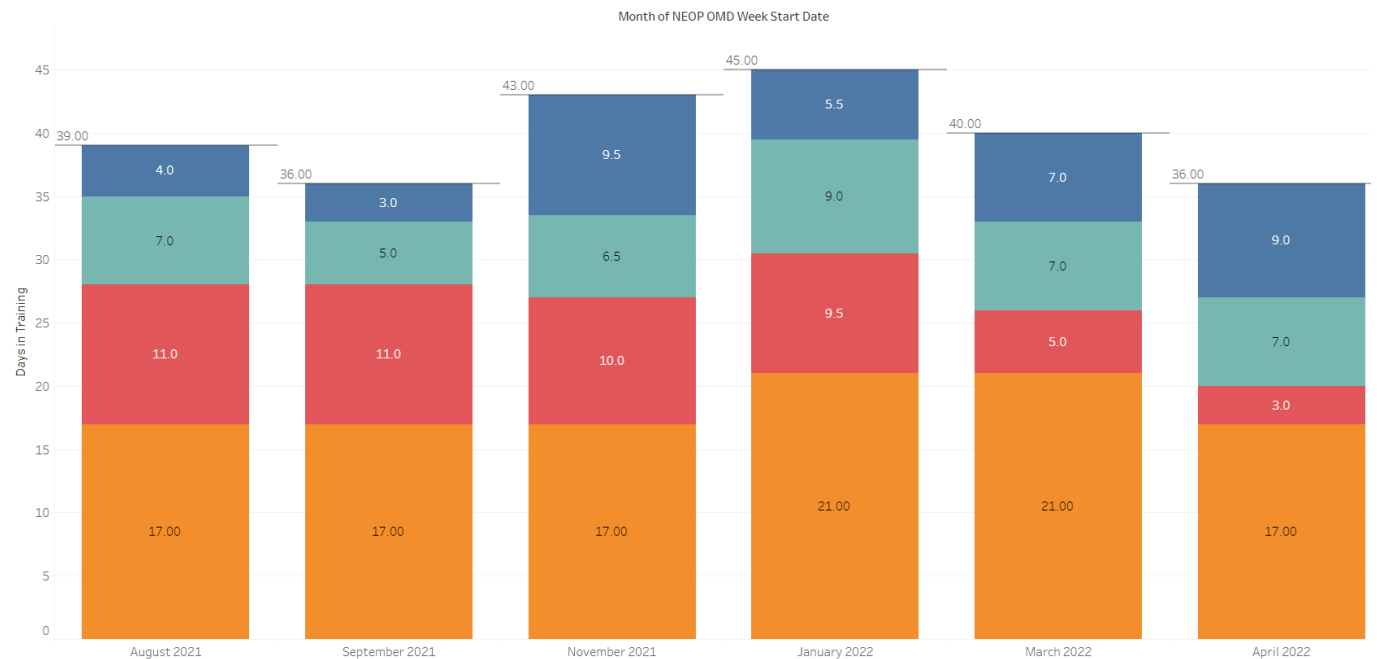
Course Attendance	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	37	38	19	37	38	3
FRO	0	2	0	8	3	0
External	5	0	0	1	2	0

## **Credentialing**

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.

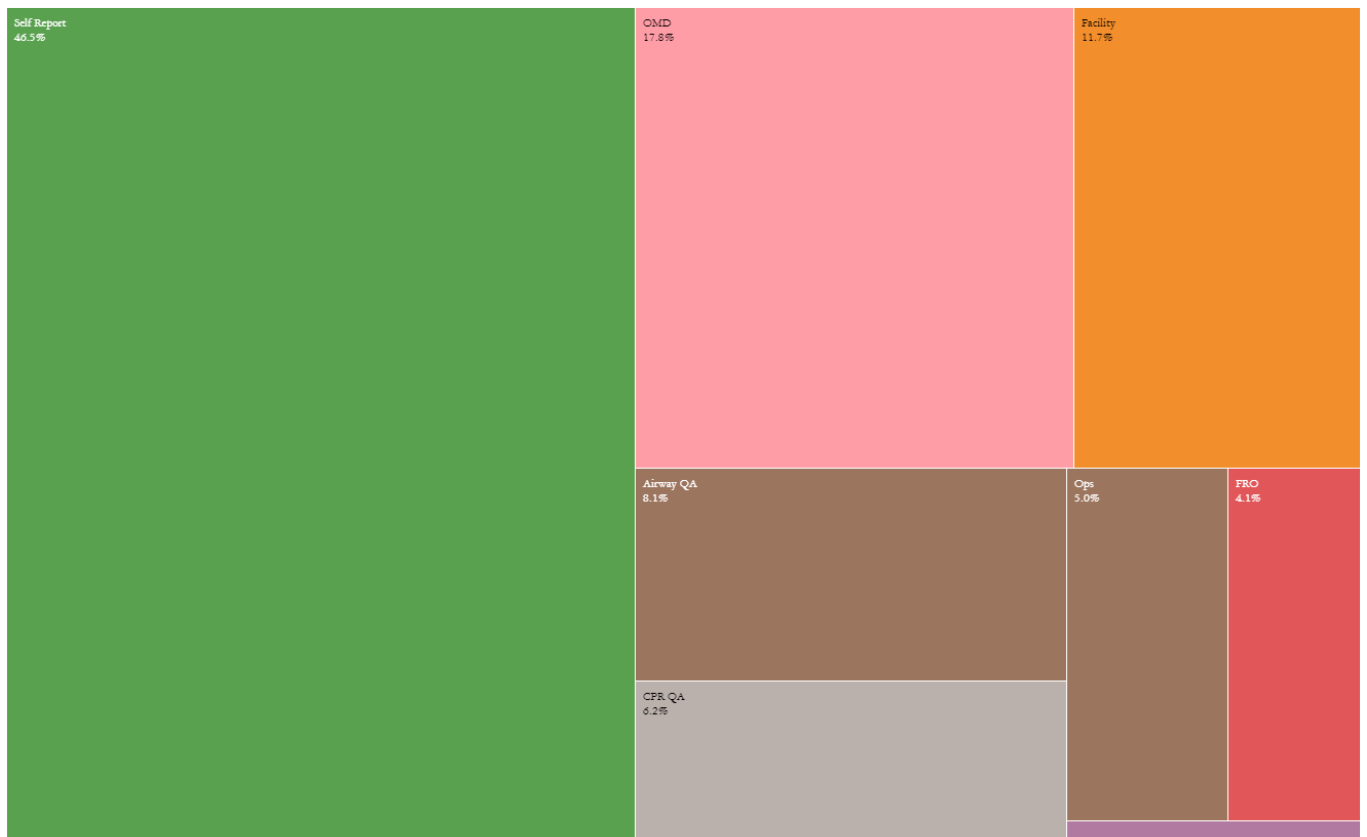
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## Quality Assurance

Case Acuity		
	May 2022	June 2022
High	2 (2.6%)	3 (5.0%)
Moderate	25 (32.1%)	14 (23.3%)
Low	40 (51.3%)	36 (60.0%)
Non QA/QI	11 (14.1%)	7 (11.7%)
Grand Total	78 (100.0%)	60 (100.0%)

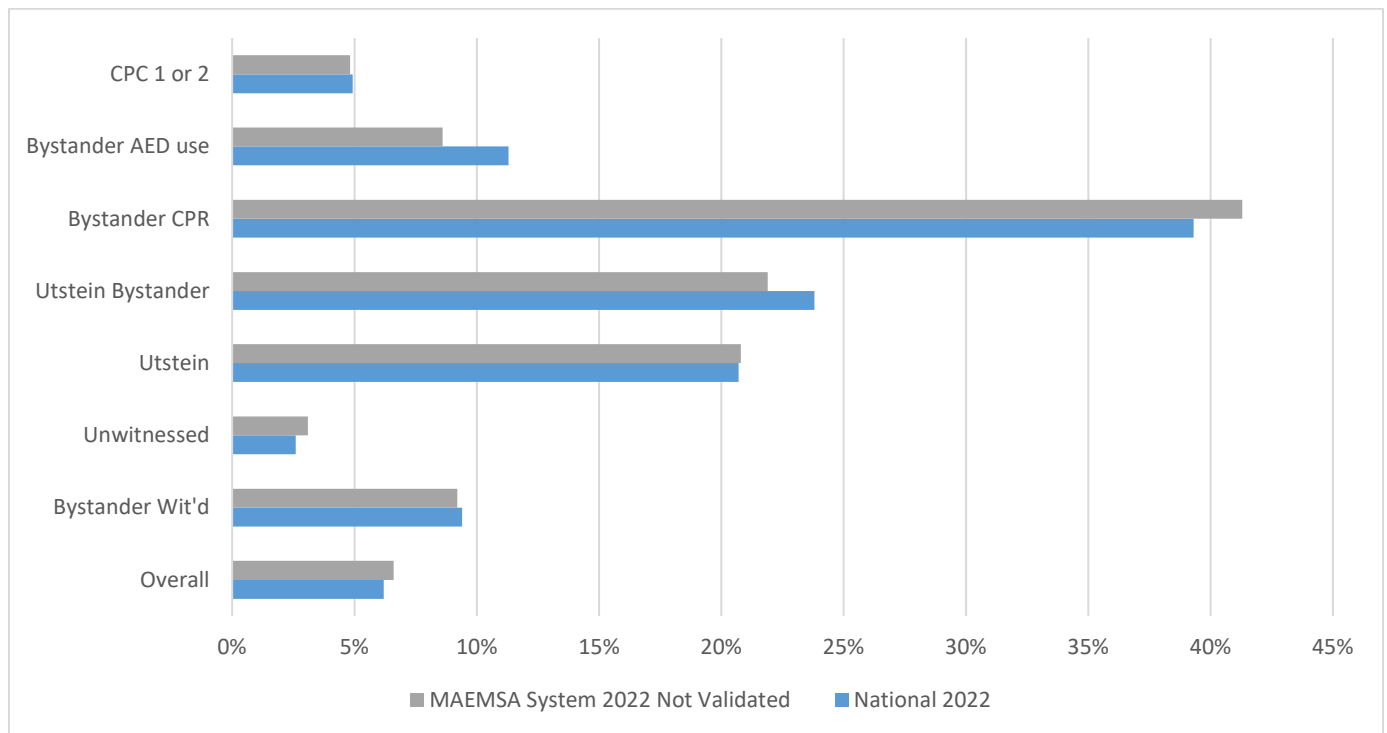
Case Disposition		
	May 2022	June 2022
Needs Improvement	58 (74.4%)	40 (66.7%)
Forwarded	5 (6.4%)	
No Fault	14 (17.9%)	19 (31.7%)
Pending	1 (1.3%)	1 (1.7%)
Grand Total	78 (100.0%)	60 (100.0%)

Cases by Origin



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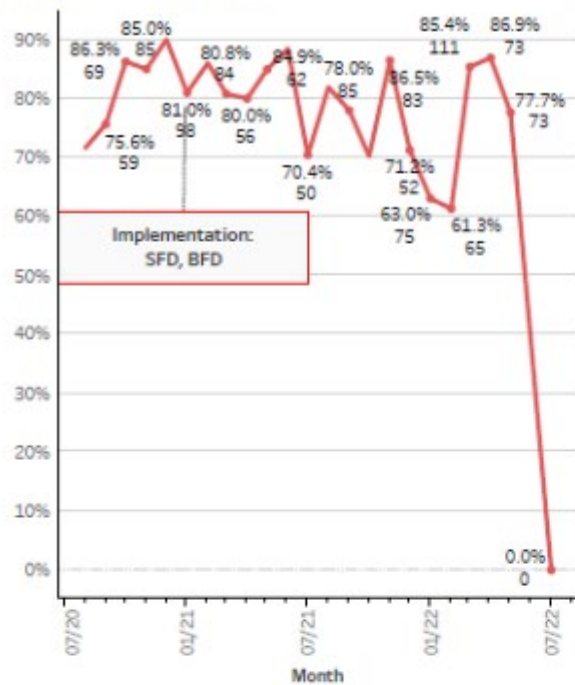
- CARES 2022
  - A shift is happening with hopes of a trend to follow
    - Overall survival: MedStar > National
    - CPC 1 or 2: MedStar (4.83%) = National (4.93%) Close enough!
    - Utstein: MedStar > National
    - Area for improvement, Utstein Bystander. This reflects the lack of Public AED use. This is a public education opportunity. If we can get more AEDs to the scene and people to use them, a shift in this area would also be appreciated
  - 664 worked cardiac arrest
  - 35 pending hospital outcomes



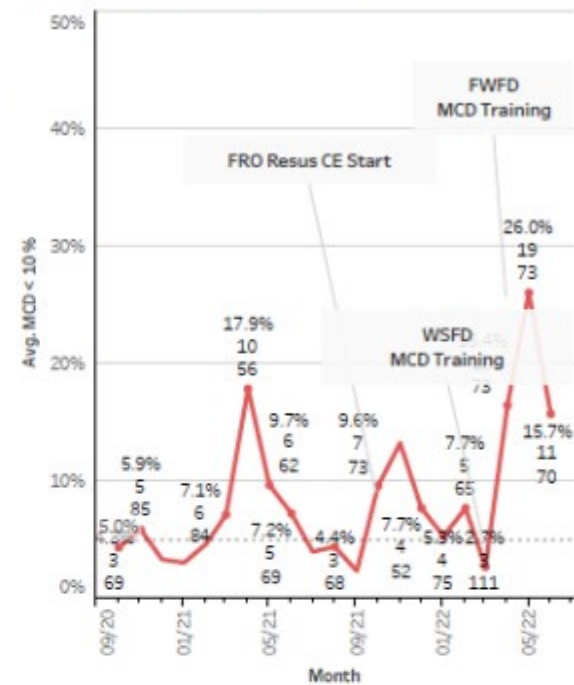
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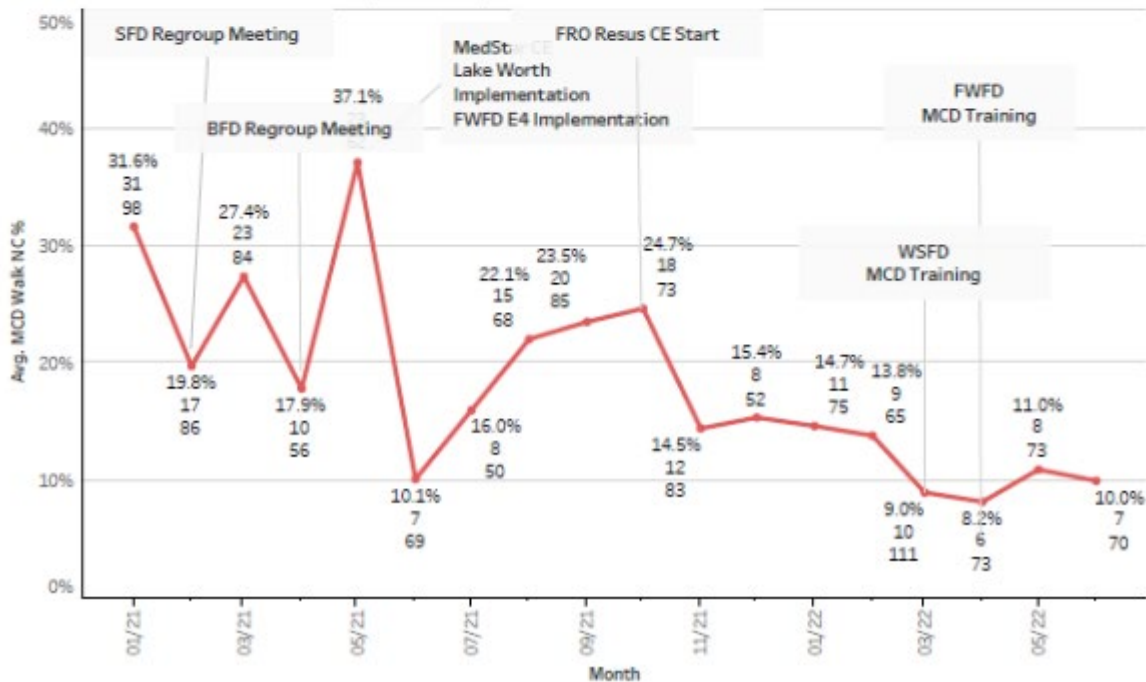
MCD Placement %



MCD Placement < 10 sec %



% of Uncorrected MCD Walk/Overall placement

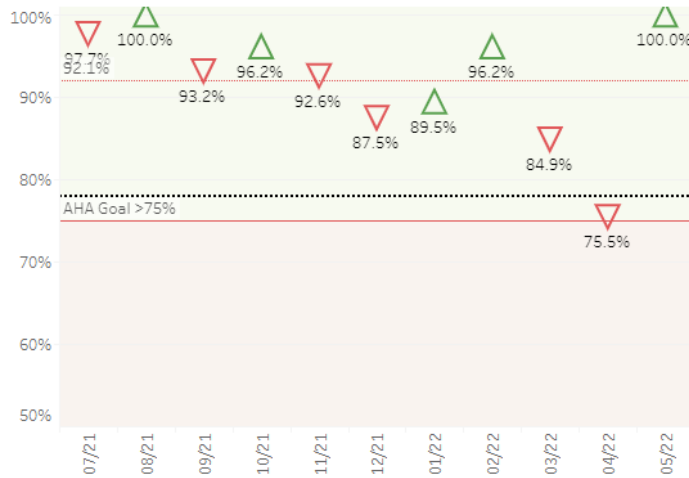


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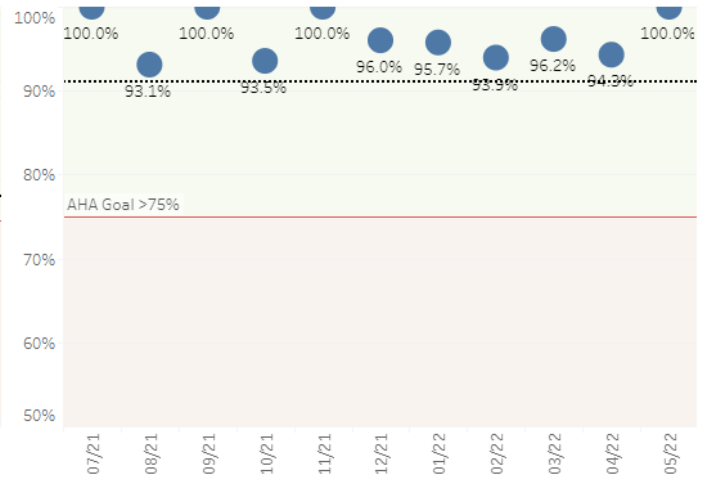
\*MCD Placement % for July not available

- T-CPR

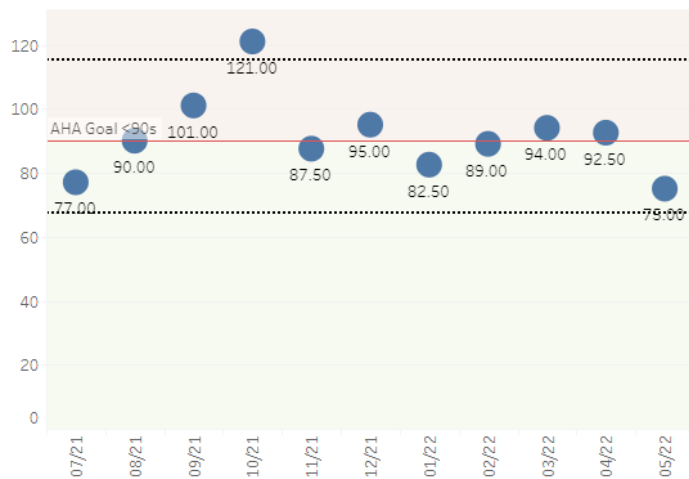
Percentage of OHCA Identified by PSAP



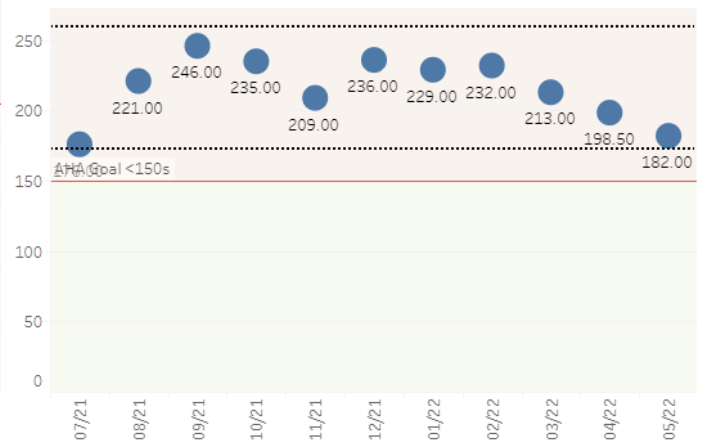
Percentage of Recognized OHCA Receiving T-CPR



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



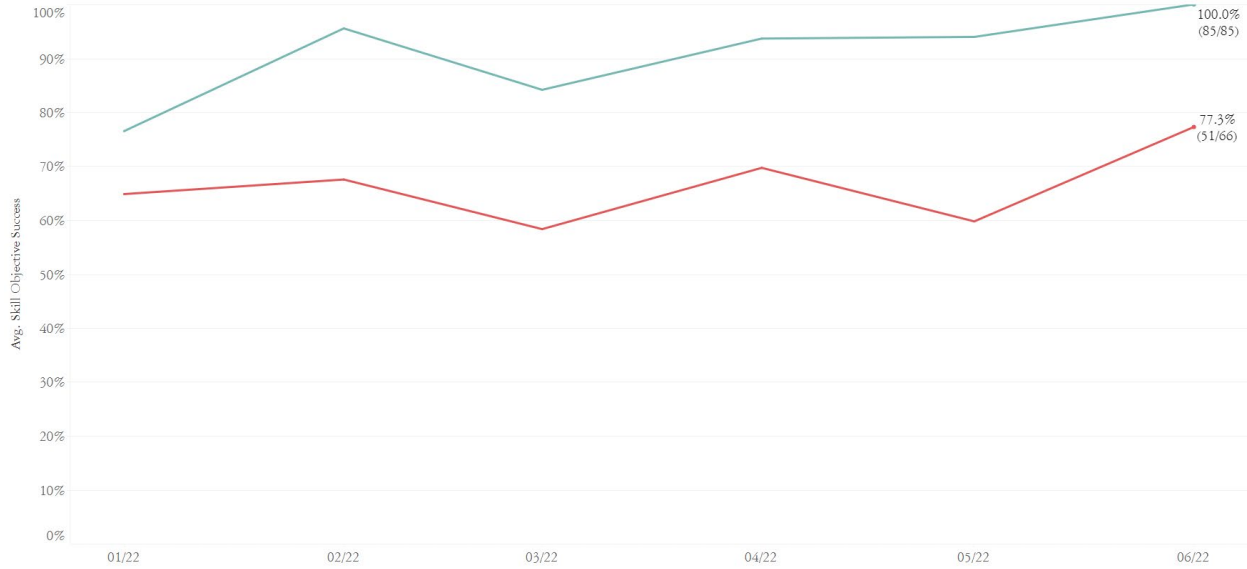
Median Time Between 9-1-1 Call and First T-CPR-Directed Compression



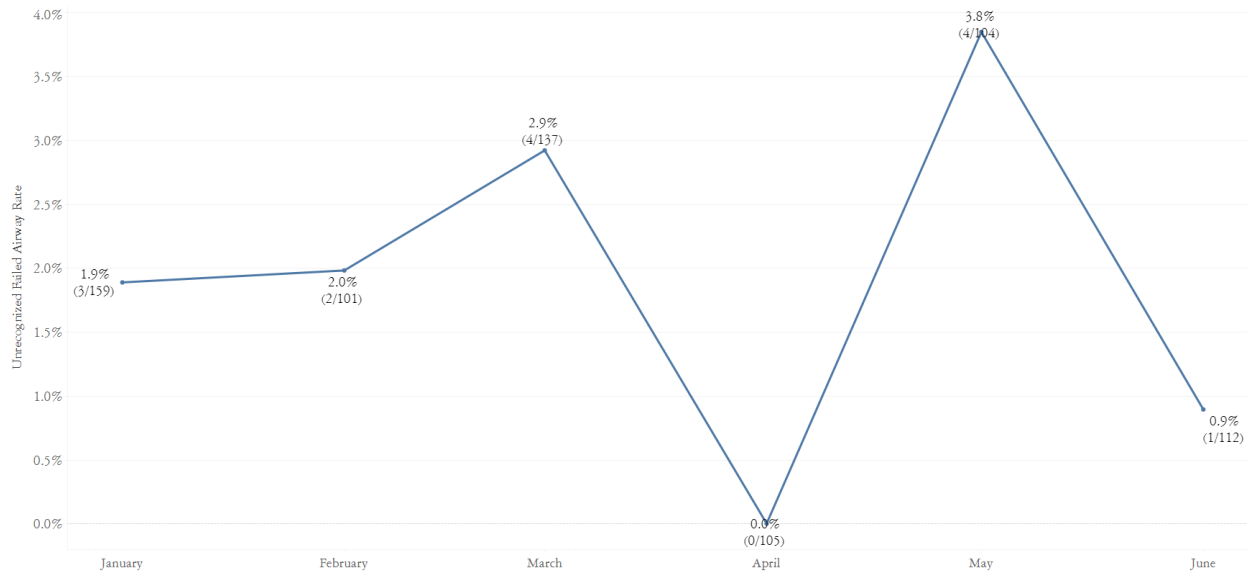
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- Airway Management**

Airways Skill Success - ET & King



Unrecognized Failed Advanced Airway Rate



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## System Diagnostics

Cardiac Arrest	Goal	Jan-22	Feb-22	Mar-22	Apr-22	May-22		Current Avg.		Goal
% of recognizable Out-of-Hospital Cardiac Arrests (OHCA) cases correctly identified by Dispatch	x	89.6%	96.2%	84.9%	75.5%			86.0%		75%
Median time between 9-1-1 call and OHCA recognition		0:01:22	0:01:29	0:01:22	0:01:33			0.0%		< 0:01:30
% of recognized 2nd party OHCA cases that received tCPR	x	95.7%	93.9%	93.6%	94.3%			98.6%		75%
Median time between 9-1-1 Access to tCPR hands on chest time for OHCA cases		0:03:49	0:03:52	0:03:05	0:03:19			0.1%		<0:02:30
% of cases with time to tCPR < 180 sec from first key stroke		67.8%	75.9%	60.7%	69.1%			71.3%		
% of cases with CCF > 90%		70.0%	75.0%	59.0%	70.0%			79.9%		90%
% of cases with compression rate 100-120 cpm 90% of the time		95.6%	94.7%	94.5%	93.4%			89.7%		90%
% of cases with compression depth that meet appropriate depth benchmark 90% of the time		46.2%	44.0%	52.7%	34.4%			33.7%		90%
% of cases with mechanical CPR device placement with < 10 sec pause in chest compression		10.5%	11.4%	7.0%	30.3%			19.9%		
% of cases with Pre-shock pause < 10 sec	x							89.2%		
% arrive at E/D with ROSC	x	15.7%	11.6%	18.5%	21.0%			16.7%		
% discharged alive	x	4.3%	5.3%	4.6%	9.9%			7.1%		
% neuro intact at discharge (Good or Moderate Cognition)	x	3.6%	4.2%	2.3%	7.4%			5.3%		
% of cases with bystander CPR		36.4%	44.2%	47.7%	40.7%			48.7%		
% of cases with bystander AED use		25.0%	24.2%		16.0%			19.8%		
STEMI	Goal	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Current Avg.		Goal
% of suspected STEMI patients correctly identified by EMS		40.7%	51.6%	52.6%	66.7%	60.9%	61.1%	62.0%	75.0%	75%
% of suspected STEMI patients w/ASA admin (in the absence of contraindications)		86.7%	93.9%	94.4%	96.3%	97.1%	90.9%	94.5%	90.0%	90%
% of suspected STEMI patients w/NTG admin (in the absence of contraindications)		86.7%	87.9%	94.4%	88.9%	94.3%	81.8%	87.7%	90.0%	90%
% of suspected STEMI patients with 12L acquisition within 10 minutes of patient contact		66.7%	54.6%	77.8%	66.7%	85.7%	78.8%	72.1%	90.0%	90%
% of suspected STEMI patients with 12L transmitted within 5 minutes of transport initiation		66.7%	63.6%	72.2%	74.1%	74.3%	66.7%	62.4%	90.0%	90%
% of suspected STEMI patients with PCI facility notified of suspected STEMI within 10 minutes of EMS patient contact		3.3%	12.1%	8.3%	14.8%	31.4%	33.3%	18.5%	75.0%	75%
% of patients with Suspected STEMI Transported to PCI Center		100.0%	100.0%	100.0%	96.3%	100.0%	100.0%	99.6%	100.0%	90%
% of suspected STEMI patients with EMS activation to Cath Lab intervention time < 90 minutes		0.0%	7.7%	12.5%	25.0%	40.0%	22.2%	32.7%	50.0%	50%

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# Transformation Report

July 2022

## Alternate Payment Models & Expanded Services

- ET3 Model
  - Updated outcomes **attached.**
  - Updates provided to field staff during OMD CE in June
- Medicaid Payment for “ET3-Like” services
  - TxEMSA and Texas EMS Coalition for Innovation submitted comments
  - Overall, rules are excellent!
  - HHSC is on target for a 9/1/22 launch
- Expansion of ET3 model to Medicaid and Cigna patients planned for 9/1/22

## Reducing HOT Vehicle Operations Project

- Continuing to submit data to NEMSQA and meet with internal team
- Project plan and timeline on target (**attached**)
- Patient perception of ambulance response timeliness completed (**attached**)
  - For P3, ambulance only responses
  - No correlation to patient satisfaction and response time
    - Even for responses > 30 minutes
- FRO perception survey provided to FRO chiefs 6/23/22 for their departments
  - 10 responses received so far
- Community perception survey finalized and launched 7/6/22
  - **Thanks to City of Fort Worth for assisting with distribution!**
  - 216 responses received so far

## MedStar Foundation Clay Shoot, May 31, 2022

- **Net proceeds = \$25,312**
  - **\$12,656 each to the MedStar Foundation and Jordan Elizabeth Harris Foundation**
- Next scheduled clay shoot, **5/30/23**
  - Partner organization will be [A Wish With Wings](#)

## 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
ICMA Annual Conference (Columbus, OH)	Sept 2022	~1,500
<b>{4-hour workshop on effective EMS system design}</b>		
Amer. Amb. Assoc. Annual Conf. (Nashville, TN)	Sept 2022	~750
EMS Expo (Orlando, FL)	Oct 2022	~3,000
South Carolina EMS Leadership Conf. (Greenville, SC)	Oct 2022	~500
California Ambulance Association (Anaheim, CA)	Sept 2022	~500
Texas EMS Conference (Austin, TX)	Nov 2022	~1,500
Iowa State EMS Conference	Nov 2022	~600

## Media Summary

Local –

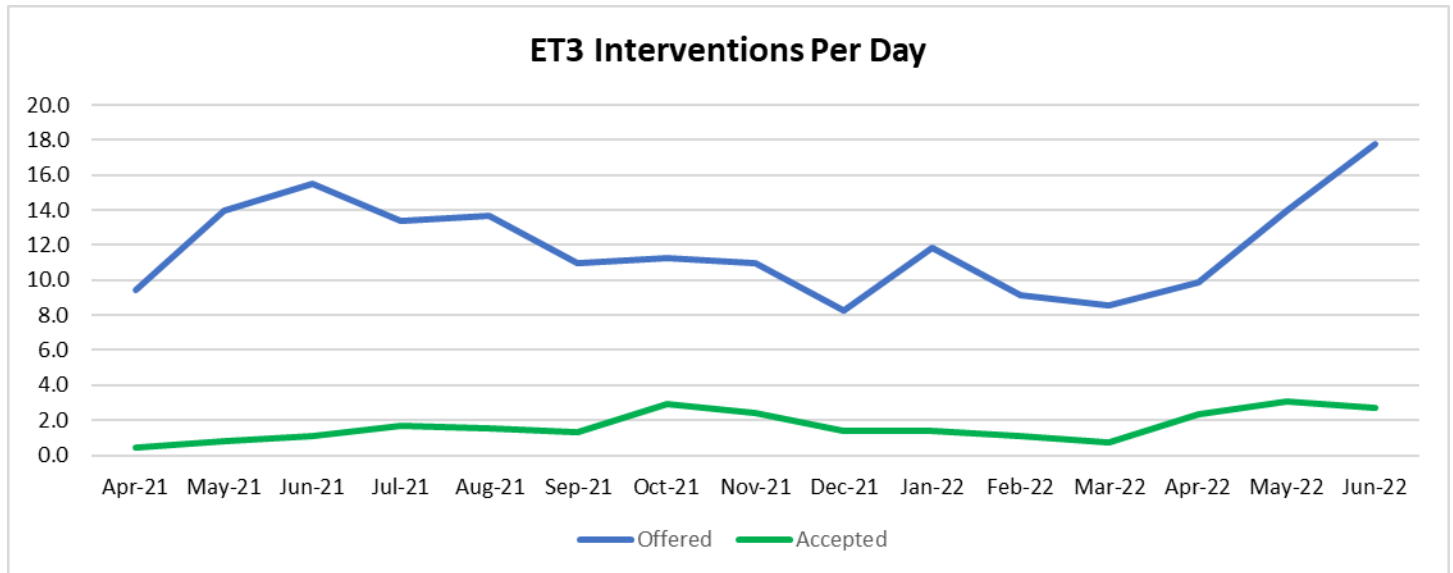
- Hot weather safety/kids in hot cars (**351 media reports that included MedStar**)
  - NBC 5, CBS 11, FOX 4, ABC 8, KRLD, WBAP, Star-Telegram

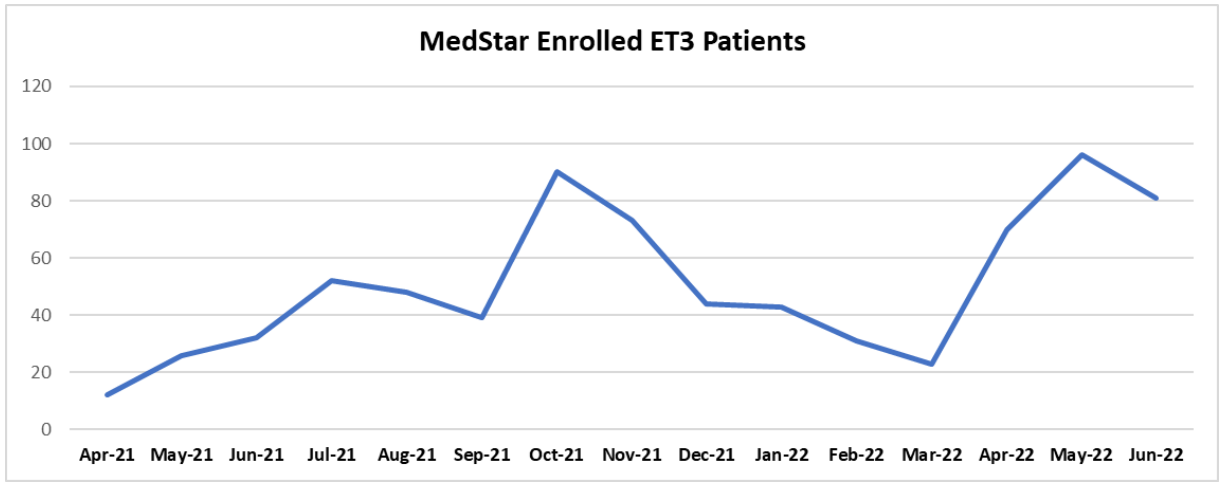
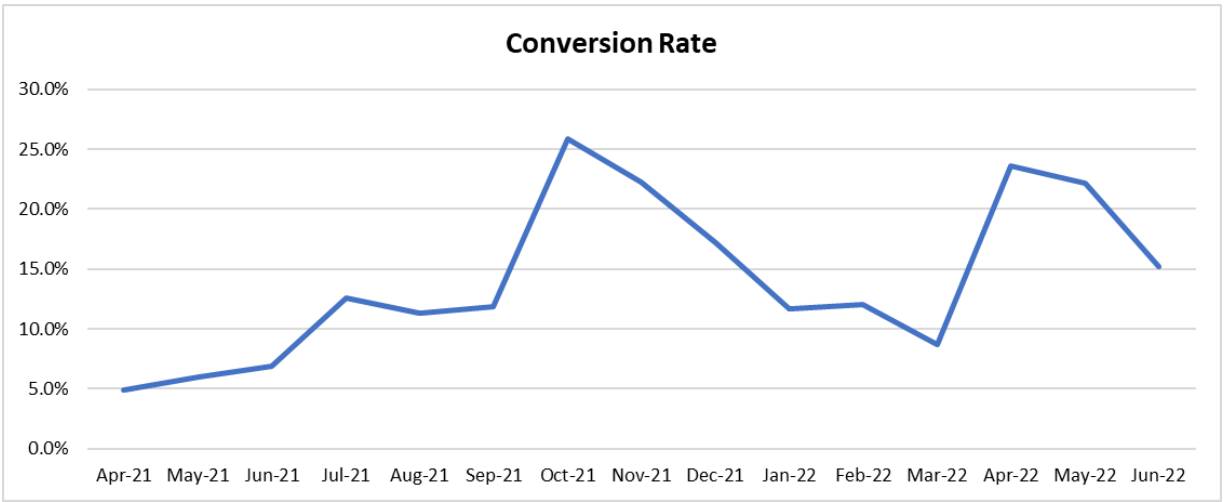
National –

- ABC News national story heat – and live from MedStar
- CBS National news story on heat

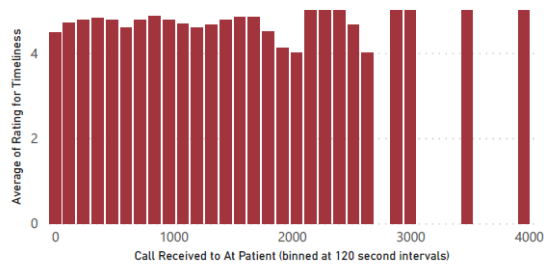
**ET3 Model Outcome Summary:**

<b>ET3 Program Summary</b>			
April 5, 2021 through:		<b>7/10/2022</b>	
<b>Overall Emergency Response Volume (No Card 33 or 37)</b>			
			<u>Notes</u>
Documented Medicare Patient Contacts	38,893		
≥ 65	28,192	72.5%	
< 65	10,640	27.4%	
Not Documented	61		
Transported	33,096	85.1%	
AMA (incl. Refused All Care & Refusal w/o Capacity)	3,746	9.6%	
ET3 Intervention Offered	5,987	15.4%	(All Payers)
ET3 Intervention Accepted	789	13.2%	(All Payers)
IES	783		
MHMR	5		
Outcomes			
Transported	62	7.9%	
Hospital ED	57		
Other	5		
TIP	727	92.8%	
Dispatch Health Referral	346	47.6%	
MCOT Referral	4		

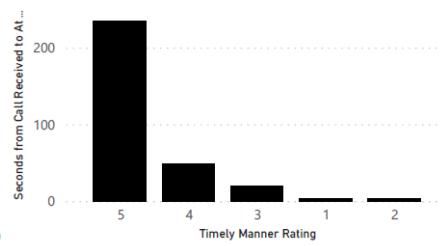




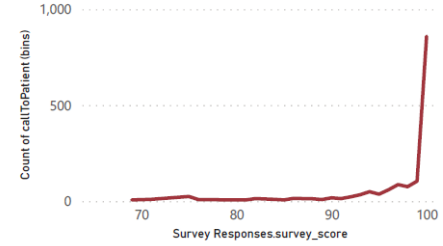
**Average Survey Response per 2-minute binned response time**



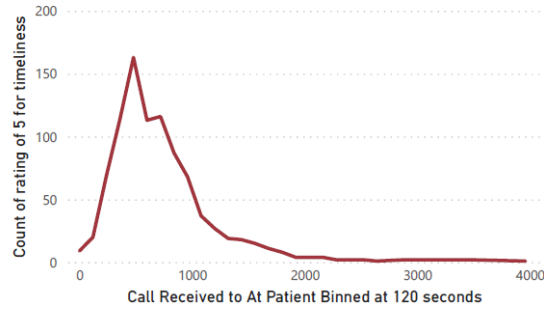
**Seconds from Call Received to At Patient by Timely Manner Rating**



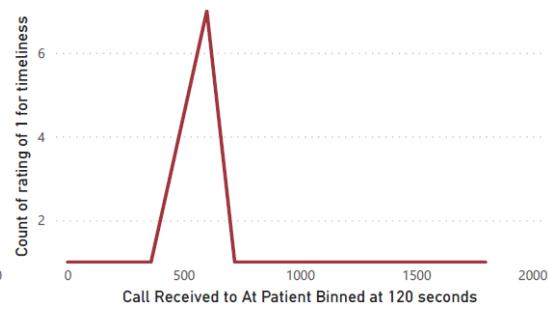
**Impact of Seconds from Call Received to At Patient on Overall Survey Score**



**Count of Rating of 5 versus Time to Patient**



**Count of Rating of 1 versus Time to Patient**



No correlation between time response and survey score. Coefficient: 0.0174607

No correlation between time response and rating on ambulance arriving in a timely manner: -0.01038471





## Reducing HOT Response Vehicle Operations

### Workplan/Timeline

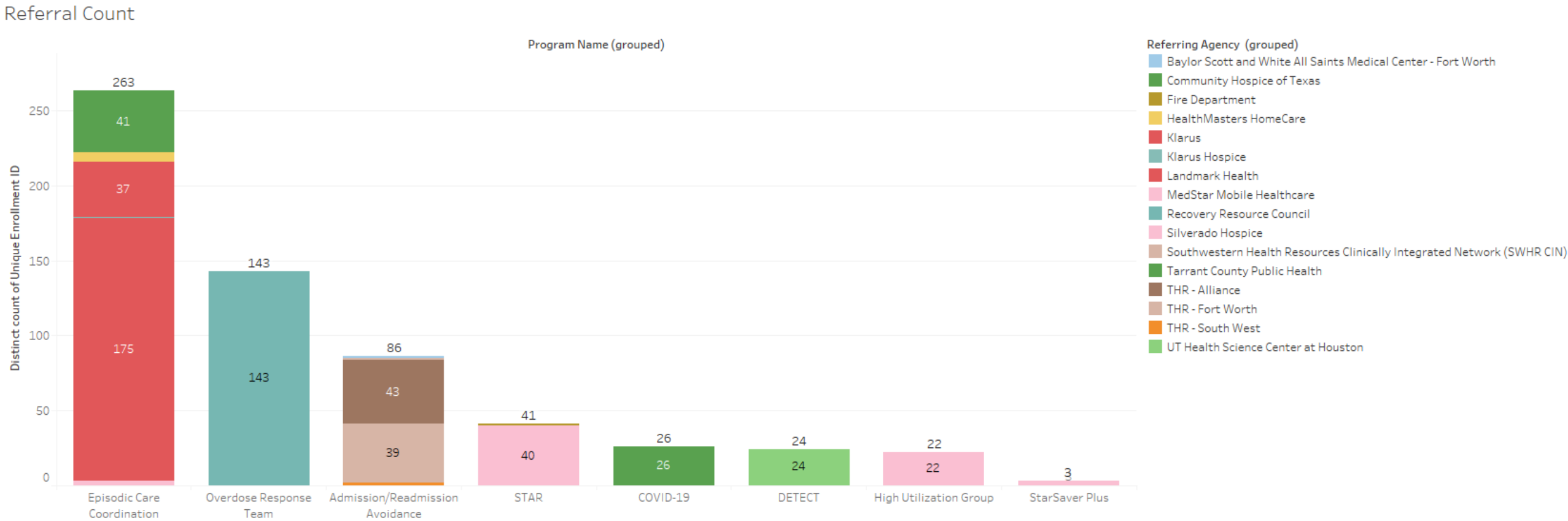


= Completed

= Planned

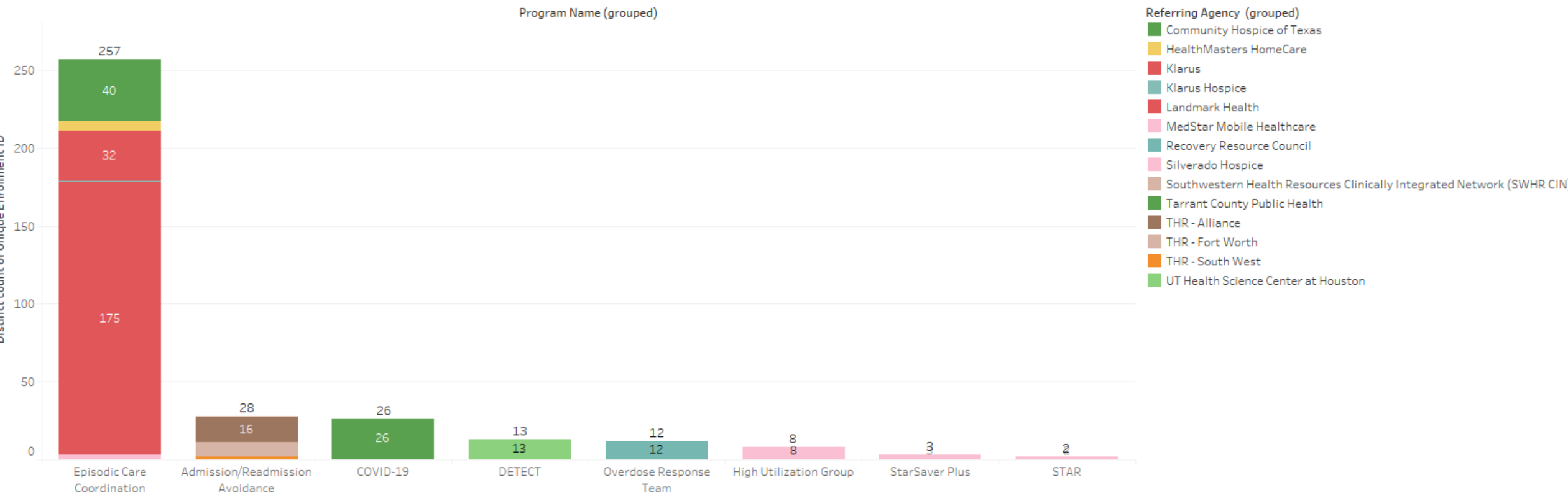
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Introduce concept to MedStar leadership team.	Completed														
Join NEMSQA L&S Reduction Project.	Completed														
Introduce concept to EMS System Performance Committee and invite FRO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

# MIH Referrals – June 2022



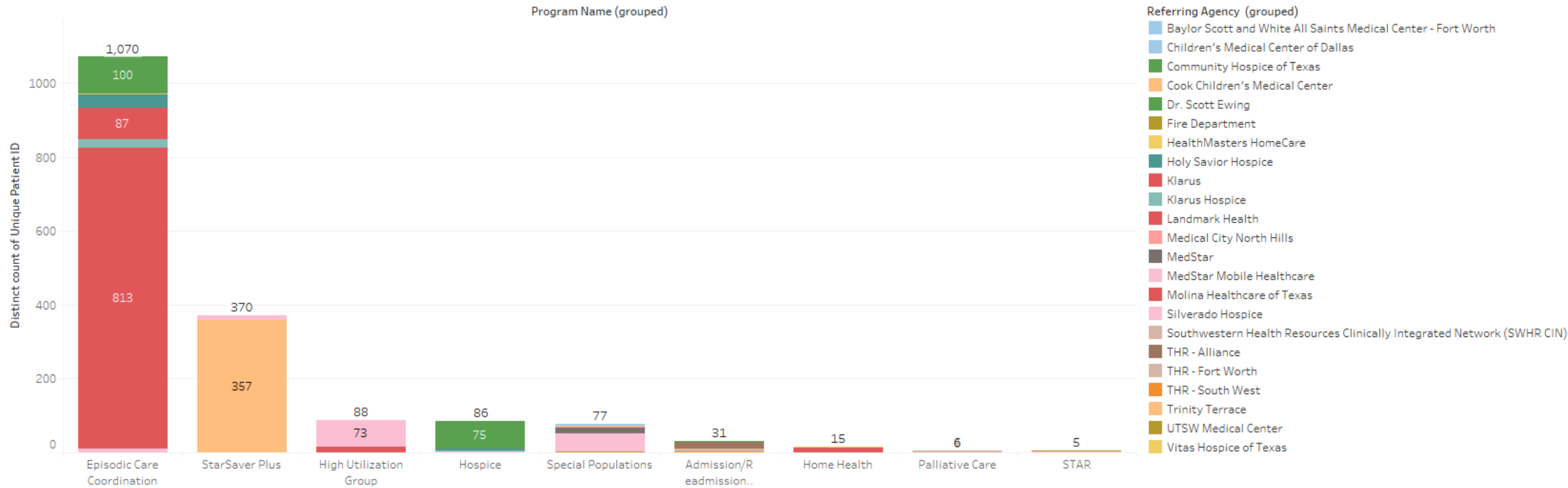
# MIH Enrollments – June 2022

Enrollment Count



# MIH Clients – Currently Enrolled

Currently Enrolled



# MIH Outcomes – THR Alliance

Hospital Utilization	THAL				
As of:	6/30/2022				
	Before Enrollment (1)	Enrollment Period (2)	After Graduation (3)	Change	30-Day Readmission (4)
Sample Size (5)	316				
Emergency Department Utilization	168	56	132	-21.43%	14.87%
Unplanned Admission	365	47	182	-50.14%	
<b>Notes:</b>					
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					
4. Anticipated readmission rate of 100%					
5. Patient enrollment criteria requires a prior 30-day readmission and/or the referral source expects the patient to have a 30-day readmission					

# MIH Outcomes – THR Alliance

Patient Self-Assessment of Health Status (1)			
As of:	6/30/2022		
	Admission / Readmission Avoidance		
	Enrollment	Graduation	Change
<b>Sample Size</b>	<b>280</b>		
Mobility (2)	2.28	2.49	<b>8.9%</b>
Self-Care (2)	2.54	2.69	5.8%
Perform Usual Activities (2)	2.33	2.54	<b>9.4%</b>
Pain and Discomfort (2)	2.33	2.58	<b>10.6%</b>
Anxiety/Depression (2)	2.51	2.70	7.4%
<b>Overall Health Status (3)</b>	5.24	6.98	<b>33.3%</b>
<b>Notes:</b>			
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			

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

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

Statement of Revenues and Expenses:

**Month to Date:** Net Income for the month of June 2022 is a gain of \$10,015 as compared to a budgeted gain of \$132,840 for a negative variance of (\$122,825). EBITDA for the month of June 2022 is a gain of \$329,486 compared to a budgeted gain of \$466,368 for a negative variance of (\$136,881).

- Transport volume in June ended the month 103.6% to budget.
- Net Revenue in June is 105% to budget or \$238,411 above budget.
- Total Expenses ended the month 108% to budget or \$361K over budget. In June, MedStar incurred additional expenses in Salaries and Overtime of \$110K, Benefits and Taxes of \$20K, Fuel of \$124K, and Professional Fees of \$162K. The total of all other line items is below budget by \$52K.

**Year to Date:** EBITDA is \$1,272,497 as compared to a budget of \$2,826,864 for a negative variance of (\$1,554,367)

- 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 is 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 (\$324K) for the year.

Key Financial Indicators:

- Current Ratio – MedStar has \$10.66 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 June 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 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 June, the return is -3.39%.

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

**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare**

**Balance Sheet By Character Code**

For the Period Ending June 30, 2022

<b>Assets</b>	<b>Current Year</b>	<b>Last Year</b>
Cash	\$21,233,813.38	\$19,869,377.75
Accounts Receivable	\$7,450,311.65	\$8,875,610.50
Inventory	\$383,481.43	\$358,989.75
Prepaid Expenses	\$854,363.52	\$627,789.19
Property Plant & Equ	\$63,515,829.42	\$61,583,541.70
Accumulated Deprecia	(\$27,984,505.38)	(\$24,698,291.66)
<b>Total Assets</b>	<b>\$65,453,294.02</b>	<b>\$66,617,017.23</b>
<b>Liabilities</b>		
Accounts Payable	(\$336,125.64)	(\$410,322.42)
Other Current Liabil	(\$1,978,401.12)	(\$1,997,967.79)
Accrued Interest	(\$7,781.31)	(\$7,781.31)
Payroll Withholding	(\$5,621.87)	(\$52,819.43)
Long Term Debt	(\$3,420,343.67)	(\$3,774,916.03)
Other Long Term Liab	(\$9,426,188.68)	(\$7,895,387.24)
<b>Total Liabilities</b>	<b>(\$15,174,462.29)</b>	<b>(\$14,139,194.22)</b>
<b>Equities</b>		
Equity	(\$52,884,378.49)	(\$55,208,105.09)
Control	\$2,605,546.76	\$2,730,272.05
<b>Total Equities</b>	<b>(\$50,278,831.73)</b>	<b>(\$52,477,833.04)</b>
<b>Total Liabilities and Equities</b>	<b>(\$65,453,294.02)</b>	<b>(\$66,617,027.26)</b>



**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare**

**Statement of Revenue and Expenditures**

June 30, 2022

<b>Revenue</b>	<b>Current Month Actual</b>	<b>Current Month Budget</b>	<b>Current Month Variance</b>	<b>Year to Date Actual</b>	<b>Year to Date Budget</b>	<b>Year to Date Variance</b>
Transport Fees	\$20,879,533.76	\$18,344,262.22	\$2,535,271.54	\$170,020,188.67	\$156,456,988.29	\$13,563,200.38
Contractual Allow	(\$8,763,456.61)	(\$8,002,440.38)	(\$761,016.23)	(\$60,597,878.98)	(\$68,200,221.38)	\$7,602,342.40
Provision for Uncoll	(\$7,597,369.91)	(\$5,969,520.38)	(\$1,627,849.53)	(\$71,581,930.42)	(\$50,874,838.33)	(\$20,707,092.09)
Education Income	\$295.00	\$1,690.00	(\$1,395.00)	\$79,735.30	\$77,540.00	\$2,195.30
Other Income	\$145,965.28	\$43,760.75	\$102,204.53	\$1,216,387.35	\$606,446.75	\$609,940.60
Standby/Subscription	\$64,197.50	\$67,997.87	(\$3,800.37)	\$790,892.07	\$592,907.71	\$197,984.36
Pop Health PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
interest on Investme	\$122.92	\$500.00	(\$377.08)	\$4,048.24	\$4,500.00	(\$451.76)
Gain(Loss) on Dispos	\$0.00	\$4,626.00	(\$4,626.00)	\$29,495.27	\$4,626.00	\$24,869.27
<b>Total Revenue</b>	<b>\$4,729,287.94</b>	<b>\$4,490,876.08</b>	<b>\$238,411.86</b>	<b>\$39,960,937.50</b>	<b>\$38,667,949.04</b>	<b>\$1,292,988.46</b>
<b>Expenditures</b>						
Salaries	\$2,686,370.54	\$2,576,053.66	\$110,316.88	\$25,120,614.42	\$23,213,978.94	\$1,906,635.48
Benefits and Taxes	\$518,588.05	\$498,537.00	\$20,051.05	\$4,385,288.54	\$4,197,150.00	\$188,138.54
Interest	\$33,498.55	\$33,500.00	(\$1.45)	\$310,895.82	\$301,500.00	\$9,395.82
Fuel	\$229,026.29	\$105,461.92	\$123,564.37	\$1,327,431.04	\$877,878.28	\$449,552.76
Medical Supp/Oxygen	\$196,295.66	\$198,682.65	(\$2,386.99)	\$1,819,240.72	\$1,697,665.60	\$121,575.12
Other Veh & Eq	\$72,234.14	\$39,924.00	\$32,310.14	\$421,899.27	\$349,388.00	\$72,511.27
Rent and Utilities	\$53,857.04	\$66,144.52	(\$12,287.48)	\$534,583.26	\$595,800.68	(\$61,217.42)
Facility & Eq Mtc	\$69,270.95	\$73,711.26	(\$4,440.31)	\$631,169.71	\$679,778.34	(\$48,608.63)
Postage & Shipping	\$577.21	\$3,521.55	(\$2,944.34)	\$21,947.90	\$31,693.95	(\$9,746.05)
Station	\$32,926.78	\$45,630.01	(\$12,703.23)	\$322,137.54	\$454,355.09	(\$132,217.55)
Comp Maintenance	\$63,475.16	\$62,274.99	\$1,200.17	\$631,608.58	\$560,474.91	\$71,133.67
Insurance	\$48,783.15	\$44,026.52	\$4,756.63	\$434,706.34	\$396,238.68	\$38,467.66
Advertising & PR	\$1,778.90	\$292.00	\$1,486.90	\$4,602.89	\$38,728.00	(\$34,125.11)
Printing	\$2,278.61	\$3,615.41	(\$1,336.80)	\$38,459.20	\$32,538.69	\$5,920.51
Travel & Entertain	\$7,627.01	\$5,958.00	\$1,669.01	\$40,568.32	\$81,562.00	(\$40,993.68)
Dues & Subs	\$124,538.68	\$146,421.00	(\$21,882.32)	\$980,252.09	\$1,226,440.00	(\$246,187.91)
Continuing Educ Ex	\$6,932.85	\$28,943.00	(\$22,010.15)	\$113,237.03	\$194,621.00	(\$81,383.97)
Professional Fees	\$282,685.51	\$123,365.71	\$159,319.80	\$1,763,728.02	\$1,195,096.39	\$568,631.63
Education Expenses	\$503.10	\$0.00	\$503.10	\$17,308.40	\$0.00	\$17,308.40

**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare**

**Statement of Revenue and Expenditures**

**June 30, 2022**

<b>Revenue</b>	<b>Current Month Actual</b>	<b>Current Month Budget</b>	<b>Current Month Variance</b>	<b>Year to Date Actual</b>	<b>Year to Date Budget</b>	<b>Year to Date Variance</b>
Miscellaneous	\$2,051.36	\$1,944.00	\$107.36	\$79,657.11	\$17,696.00	\$61,961.11
Depreciation	\$285,973.24	\$300,028.00	(\$14,054.76)	\$2,753,038.11	\$2,700,252.00	\$52,786.11
<b>Total Expenditures</b>	<b>\$4,719,272.78</b>	<b>\$4,358,035.20</b>	<b>\$361,237.58</b>	<b>\$41,752,374.31</b>	<b>\$38,842,836.55</b>	<b>\$2,909,537.76</b>
<b>Net Rev in Excess of Expend</b>	<b>\$10,015.16</b>	<b>\$132,840.88</b>	<b>(\$122,825.72)</b>	<b>(\$1,791,436.81)</b>	<b>(\$174,887.51)</b>	<b>(\$1,616,549.30)</b>
<b>EBITDA</b>	<b>\$329,486.95</b>	<b>\$466,368.88</b>	<b>(\$136,881.93)</b>	<b>\$1,272,497.12</b>	<b>\$2,826,864.49</b>	<b>(\$1,554,367.37)</b>

**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare**

**Key Financial Indicators**

**June 30, 2022**

	Goal	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
<b>Current Ratio</b>	<b>&gt; 1</b>	<b>8.97</b>	<b>9.49</b>	<b>11.59</b>	<b>10.48</b>	<b>8.43</b>	<b>10.66</b>

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.

<b>Cash as % of Annual Expenditures</b>	<b>&gt; 25%</b>	<b>55.06%</b>	<b>47.07%</b>	<b>42.95%</b>	<b>51.76%</b>	<b>44.45%</b>	<b>37.18%</b>
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Indicates compliance with Ordinance which specifies 3 months cash on hand.

<b>Accounts Receivable Turnover</b>	<b>&gt;3</b>	<b>4.96</b>	<b>4.28</b>	<b>3.65</b>	<b>5.44</b>	<b>6.34</b>	<b>7.03</b>
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A measure of how these resources are being managed. Indicates how long accounts receivable are being aged prior to collection. Our goal is a turnover rate of greater than 3 .

<b>Return on Net Assets</b>	<b>-1.00%</b>	<b>10.35%</b>	<b>10.11%</b>	<b>4.04%</b>	<b>0.00%</b>	<b>-4.03%</b>	<b>-3.39%</b>
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Reveals management's effectiveness in generating profits from the assets available.

Emergency Physicians Advisory Board  
Cash expenditures Detail

	<u>Date</u>	<u>Amount</u>	<u>Balance</u>
Balance 1/1/17			\$ 609,665.59
J29 Associates, LLC	2/27/2017	\$ 1,045.90	\$ 608,619.69
Bracket & Ellis	10/30/2017	\$ 12,118.00	\$ 596,501.69
Brackett & Ellis	11/19/2018	\$ 28,506.50	\$ 567,995.19
FWFD Grant	4/3/2019	\$ 56,810.00	\$ 511,185.19
Brackett & Ellis	4/3/2019	\$ 20,290.50	\$ 490,894.69
Brackett & Ellis	11/27/2019	\$ 9,420.00	\$ 481,474.69
Bracket & Ellis	2/6/2020	\$ 1,382.50	\$ 480,092.19
Bracket & Ellis	2/29/2020	\$ 4,621.50	\$ 475,470.69
Balance 06/30/2022			<u>\$ 475,470.69</u>

## Human Resources - June 2022

### Turnover:

- June turnover – 1.60%
  - FT – 1.32%
  - PT – 4.17%
- Year to date turnover –21.36%
  - FT –19.65%
  - PT – 37.50%

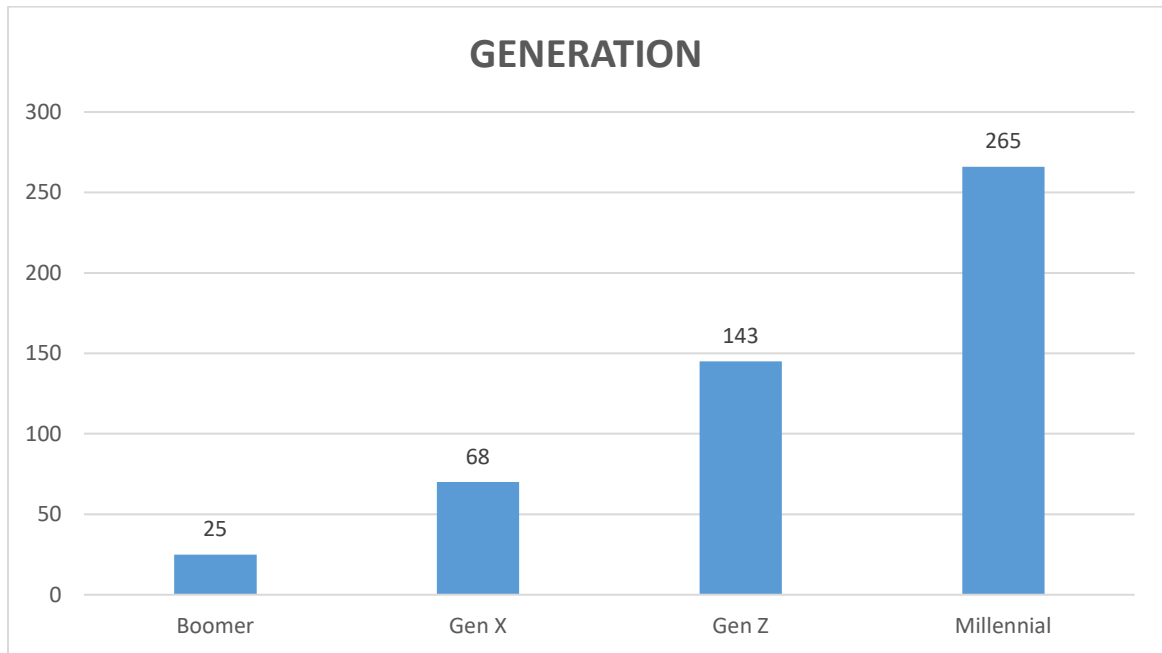
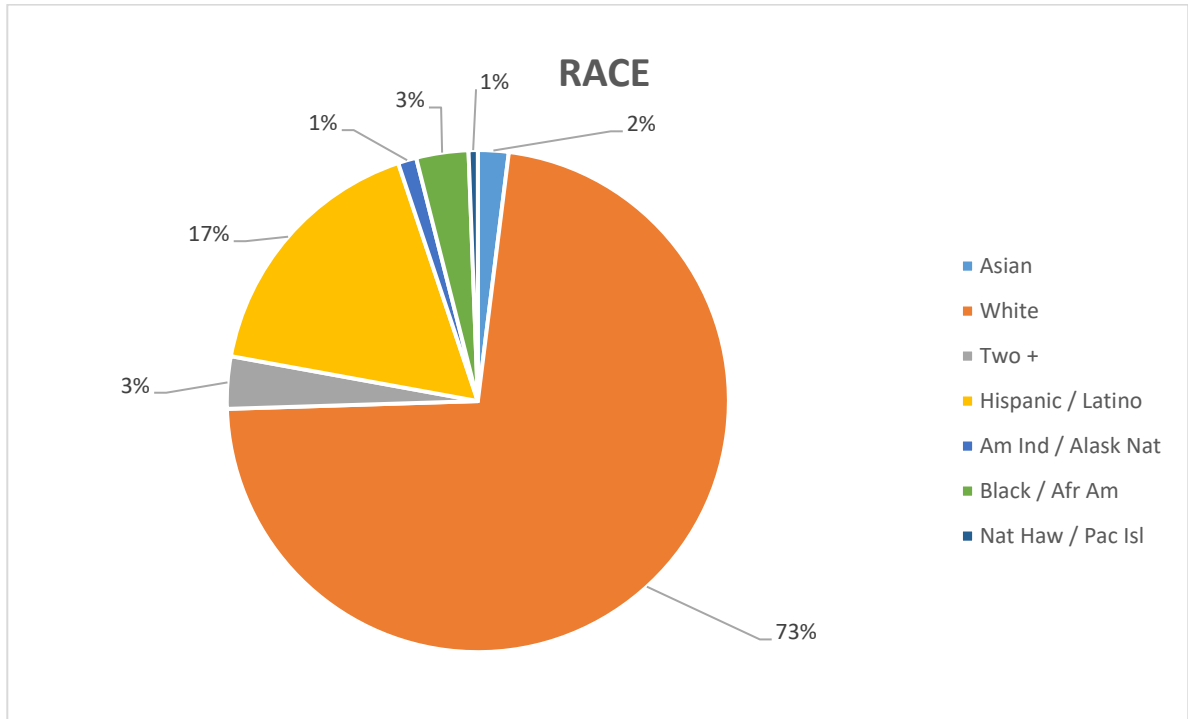
### Leaves:

- 34 employees on FMLA / 7.51% of workforce
  - 23 cases on intermittent
  - 11 cases on a block
- Top FMLA request reasons/conditions
  - Neurological (5)
  - FMLA Child (6)
  - FMLA Spouse (5)
- COVID Administrative Leave
  - 362:18 hours in June
  - 27065:28 hours to date

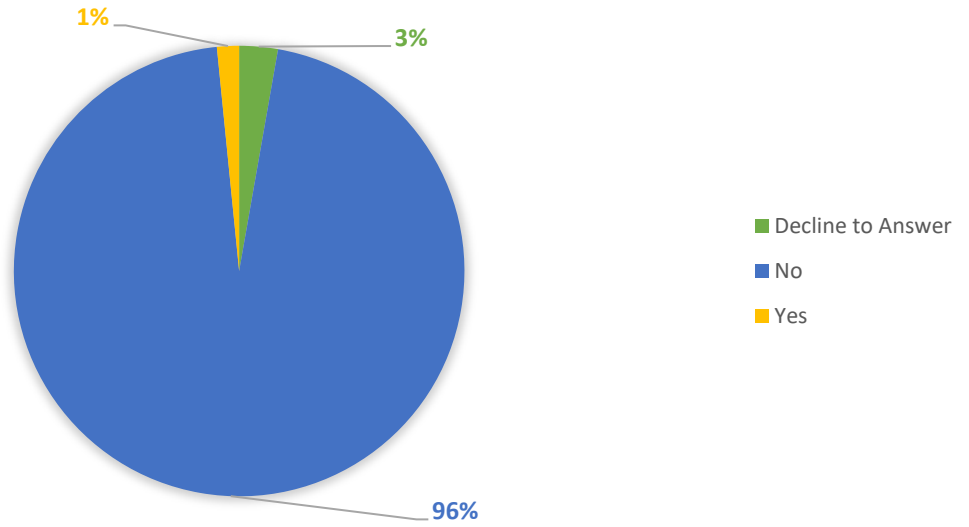
### Staffing

- 0 hires in June
- 104 hires FYTD

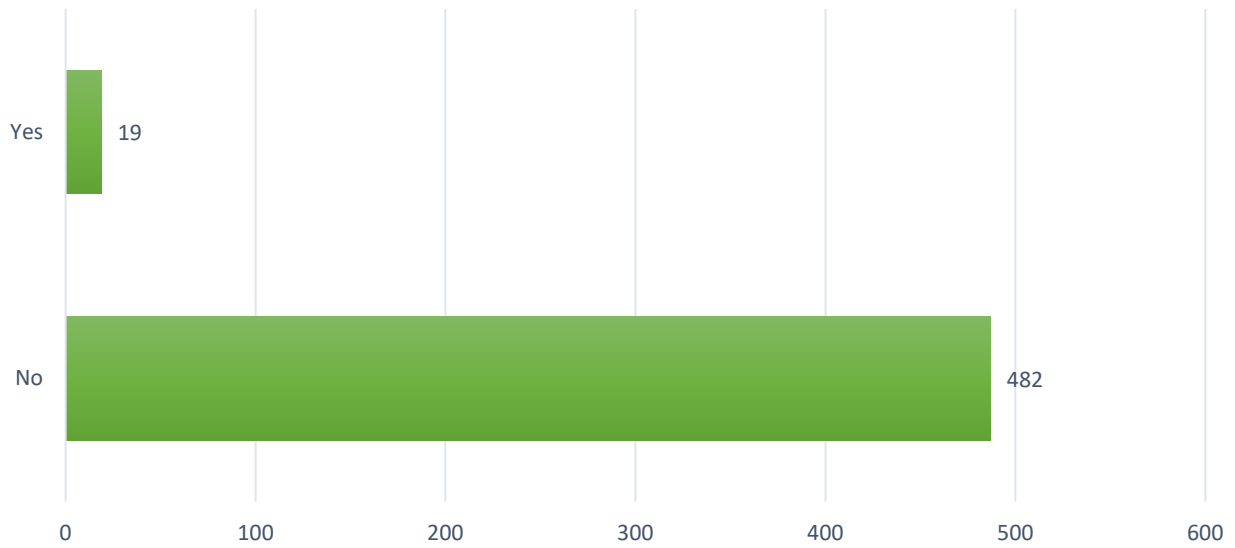
# JUNE 2022 DIVERSITY STATISTICS

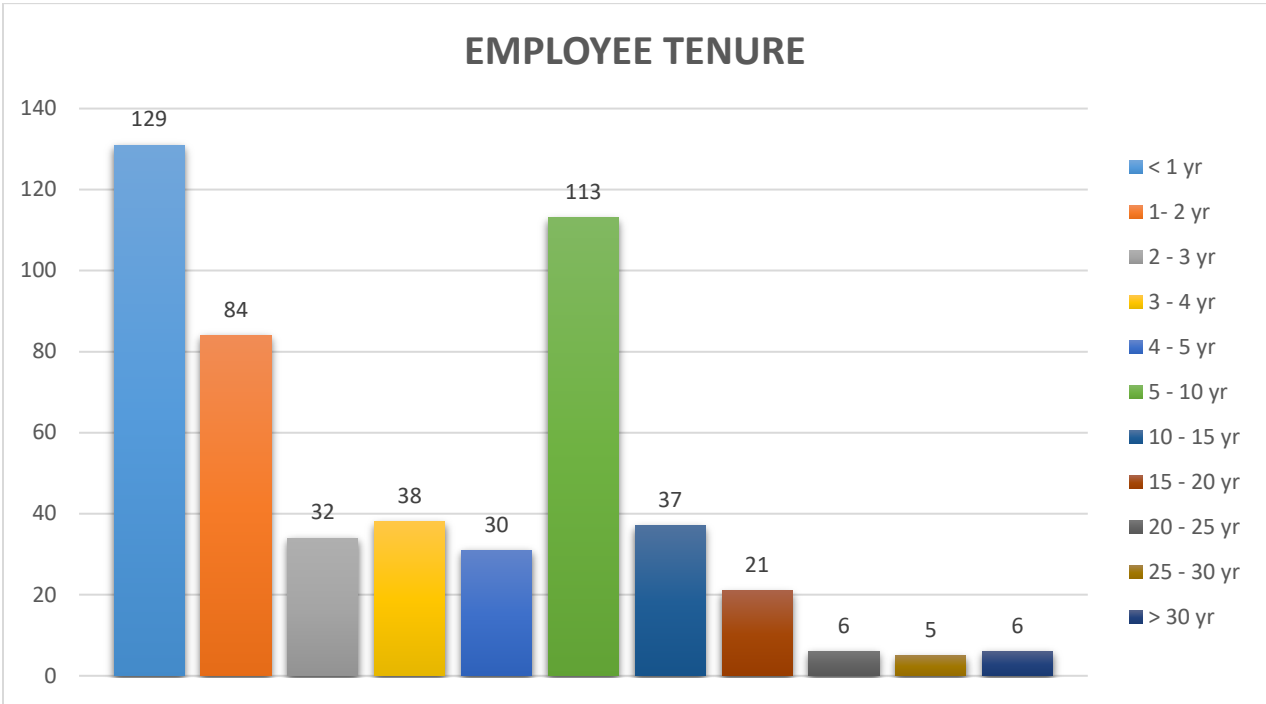
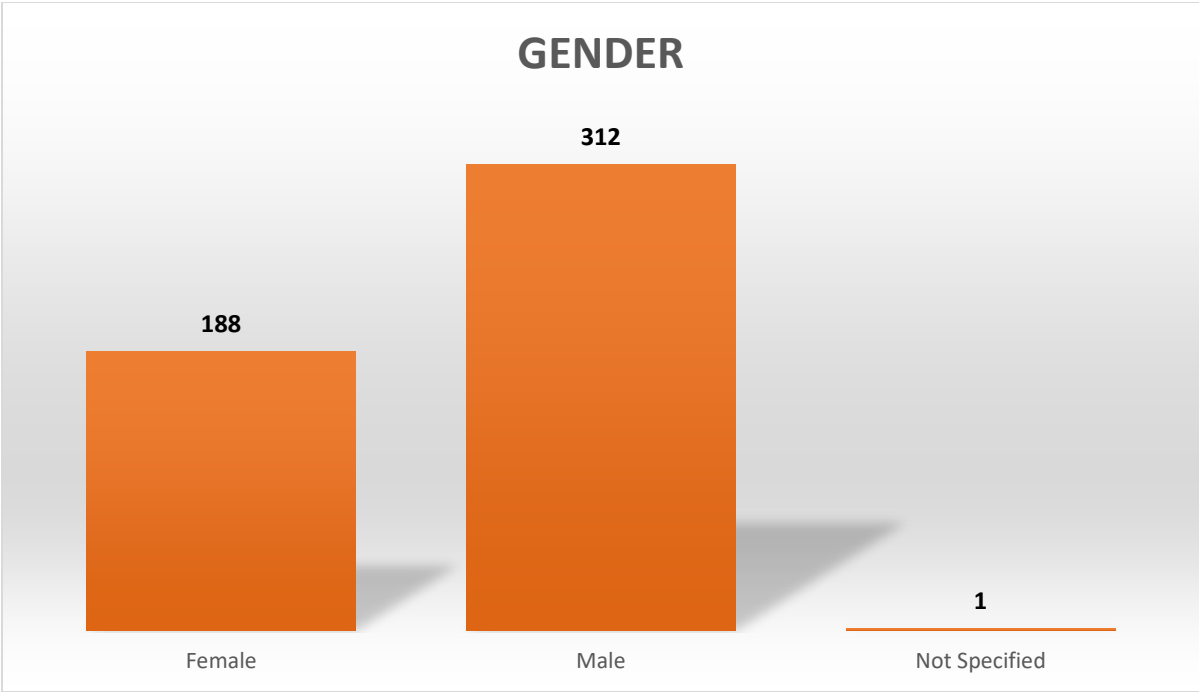


### DISABILITY STATUS



### VETERAN STATUS







**FMLA Leave of Absence (FMLA Detailed Report)  
Fiscal Year 2/1/2022 thru 6/31/2022  
Percentages by Department/Conditions**

Conditions	
Cardiology	1
FMLA - Child	6
FMLA - Parent	4
FMLA - Sibling (in loco parentis)	1
FMLA - Spouse	5
Internal Medicine	2
Mental Health	4
Neurological	5
Obstetrics	2
Orthopedic	1
Pulmonary	3
<b>Grand Total</b>	<b>34</b>

Percentage by Department						
Department	# of Ees	# on FMLA	% by FTE	% by FMLA	% by Dept HC	
Advanced	129	10	2.21%	29.41%	7.75%	
Basic	164	9	1.99%	26.47%	5.49%	
Business Office	12	1	0.22%	2.94%	8.33%	
Communications	40	4	0.88%	11.76%	10.00%	
Controller - Payroll, Purchasing, A/P	6	2	0.44%	5.88%	33.33%	
Executive	7	1	0.22%	2.94%	14.29%	
Field Managers/Supervisors - Operations	24	1	0.22%	2.94%	4.17%	
Mobile Integrated Health	6	1	0.22%	2.94%	16.67%	
Support Services - Facilities, Fleet, S.E., Logistics	30	5	1.10%	14.71%	16.67%	
<b>Grand Total</b>	<b>418</b>	<b>34</b>				
<b>Total # of Full Time Employees - June 2022</b>	453					
<b>% of Workforce using FMLA</b>	7.51%					
<b>TYPE OF LEAVES UNDER FMLA</b>	<b># of Ees</b>	<b>% on Leave</b>				
Intermittent Leave	23	67.65%				
Block of Leave	11	32.35%				
<b>Total</b>	<b>34</b>	<b>100.00%</b>				

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	228:32	431:44	1102:08	1649:08	1876:05	1889:04	2029:09	2189:44	2272:36	2162:30
FY 20-21	674:38	940:59	1106:34	1106:34	1106:34	1154:34	1571:41	1761:31	1971:08	2103:08	2180:38	2402:47	

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

Worker's Comp LOA for Fiscal Year 2021 - 2022													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Goal
Hours/Mo	0:00	24:00	0:00	0:00	0:00	0:00	108:00	240:00	294:05	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	666:05	666:05	666:05	666:05	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	328:00	0:00	0:00	0:00	716:32
FY 21-22	677:50	1540:54	2347:20	2892:18	3316:26	4696:12	6031:08	6837:21	7165:21	7165:21	7165:21	7165:21	
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	7888:19	9124:48	0:00	0:00	0:00	5974:39
FY 21-22	5684:35	11698:56	20034:01	26229:26	31507:31	37262:37	42733:29	50621:48	59746:36	59746:36	59746:36	59746:36	
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	432:00	0:00	0:00	0:00	168:54
FY 21-22	166:00	372:00	418:00	430:00	619:00	845:00	1053:00	1257:00	1689:00	1689:00	1689:00	1689:00	
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	6788:12	7228:11	9580:26	7002:50	6075:39	7550:02	7369:58	9298:28	10178:53	0:00	0:00	0:00	7107:15
FY 21-22	6788:12	14016:23	23596:49	30599:39	36675:18	44225:20	51595:18	60893:46	71072:39	71072:39	71072:39	71072:39	
FY 20-21	2182:31	4192:21	6681:37	9019:50	11030:56	12886:12	14447:23	15488:25	16935:54	18658:17	20829:39	22555:35	71602:36:00

Summary of Fiscal Year 2020-2021							
	WC Light Duty	HR Light Duty	Worker's Comp	FMLA	All Other Leave	Military	Total
YTD	1805:37	2272:36	666:05	7165:21	59746:36	1689:00	71072:39
Goal-Compare	3254:00	2162:30	0:00	17497:06	69441:53	1096:00	93451:29

### MedStar Mobile Health Care Separation Statistics June 2022

	Current Month			Year to Date			YTD Compared to Jun'21		Headcount
	Vol	Invol	Total	Vol	Invol	Total	Jun'21	%	Jun-22
Full Time Separations	4	2	6	57	32	89	54	15.25%	453
Part Time Separations	2	0	2	17	1	18	20	52.63%	48
Total Separations	6	2	8	74	33	107	74	18.88%	501
	<b>Full Time</b>	<b>Part Time</b>	<b>Total</b>	<b>Full Time</b>	<b>Part Time</b>	<b>Total</b>	Difference 2.477%		
Total Turnover %	1.32%	4.17%	1.60%	19.65%	37.50%	21.36%			

### Separations by Department

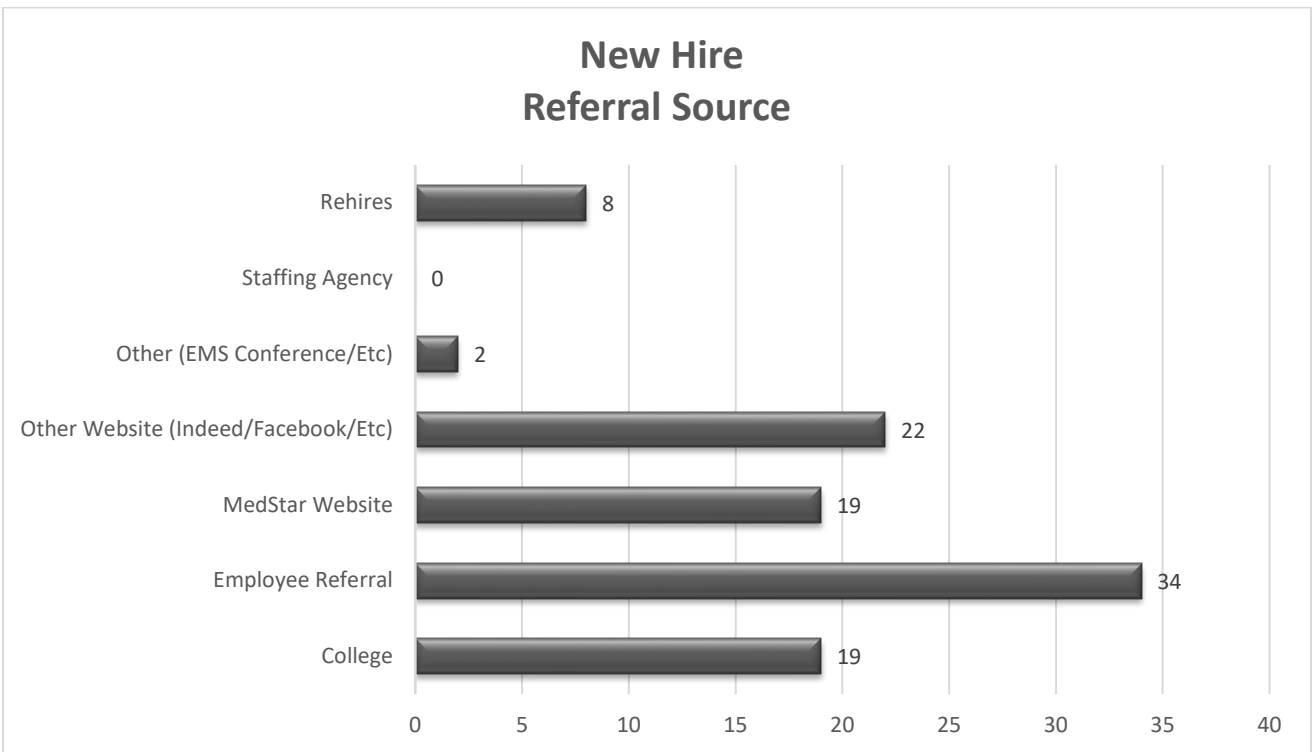
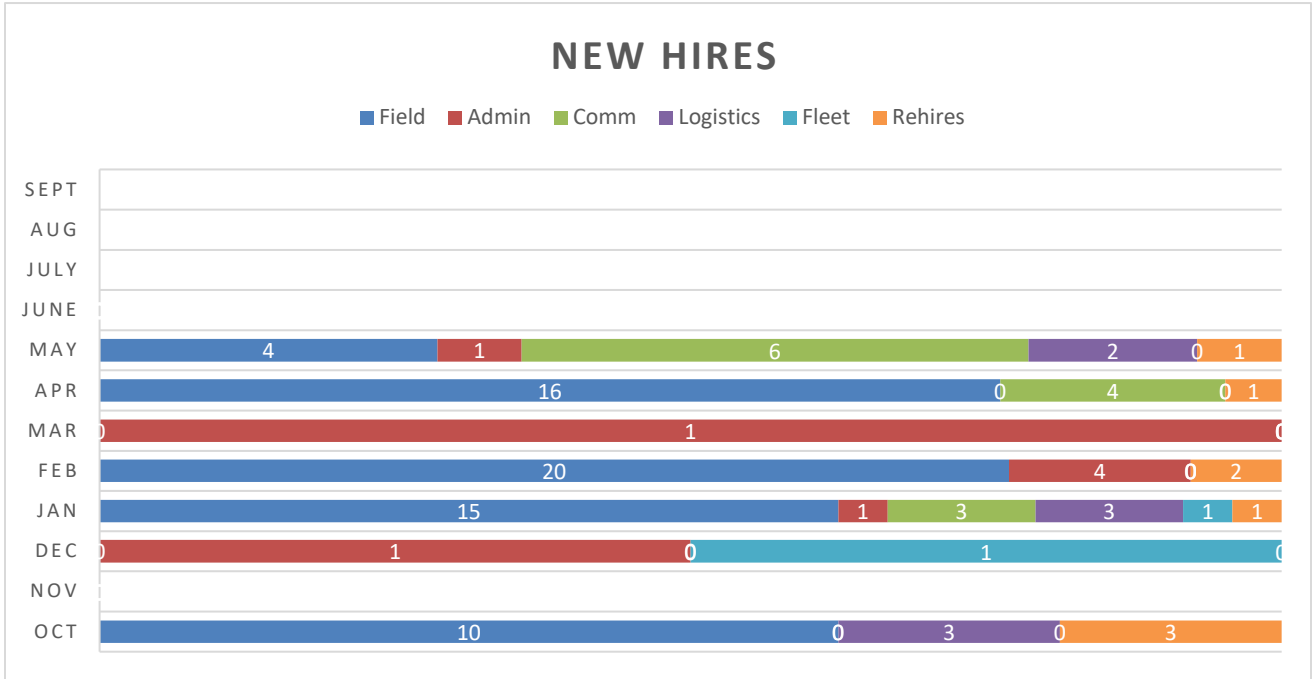
Full Time	Current Month			Year to Date			Headcount
	Vol	Invol	Total	Vol	Invol	Total	Jun-22
Advanced	3	0	3	17	0	17	129
Basics	1	1	2	25	9	34	164
Business Office				3	9	12	12
Communications				5	11	15	40
Controller - Payroll, Purchasing, A/P				1	0	1	6
Executives							7
Field Manager/Supervisors - Operations				0	0	1	24
Field Operations Other							7
Health Information Systems							3
Human Resources				1	1	2	5
Information Technology							4
Legal/Compliance							2
Mobile Integrated Health				0	1	1	6
Office of the Medical Director	0	1	1	0	1	1	13
Public Information							1
Support Services - Facilities, Fleet, S.E., Logistics				5	0	5	30
<b>Total</b>	<b>4</b>	<b>2</b>	<b>6</b>	<b>57</b>	<b>32</b>	<b>89</b>	<b>453</b>

Part Time	Current Month			Year to Date			Headcount
	Vol	Invol	Total	Vol	Invol	Total	Jun-22
Advanced				7	0	7	17
Basics	2	0	2	8	1	8	22
Business Office							
Communications				1	0	1	5
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	4
<b>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>17</b>	<b>1</b>	<b>17</b>	<b>48</b>

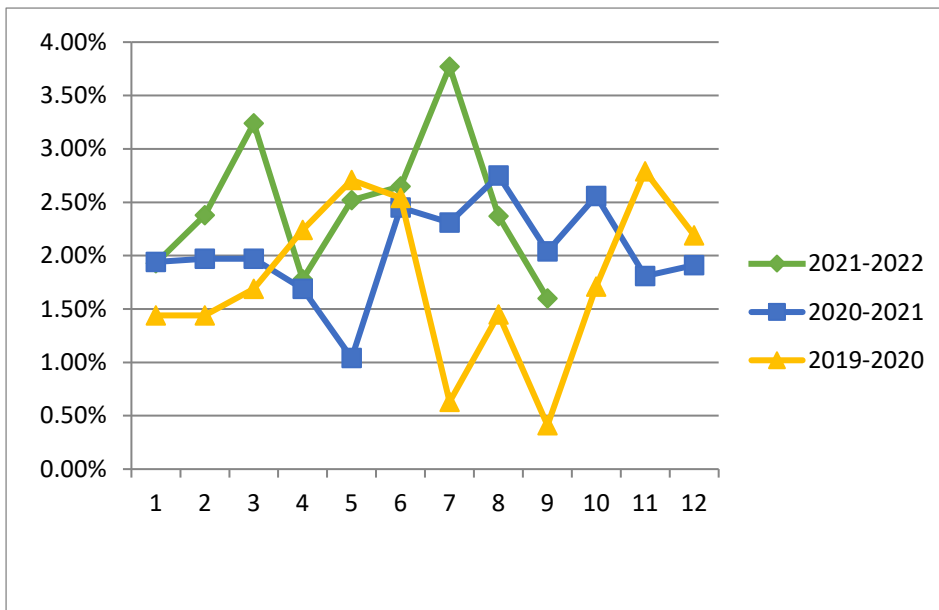
# Recruiting & Staffing Report

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	1.60%	2.04%	0.41%	1.32%
July		2.56%	1.71%	
August		1.81%	2.79%	
September		1.91%	2.19%	
Actual Turnover	21.36%	16.17%	19.91%	19.65%



**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare**

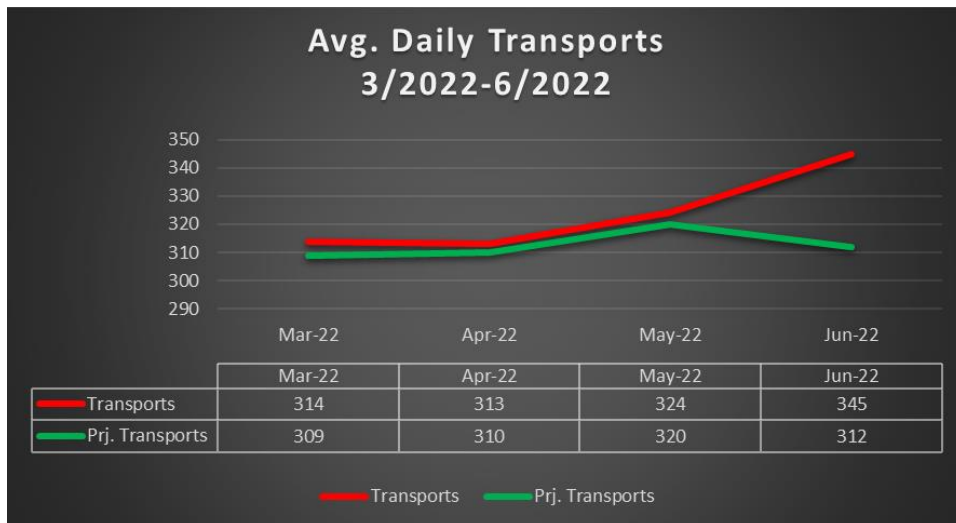
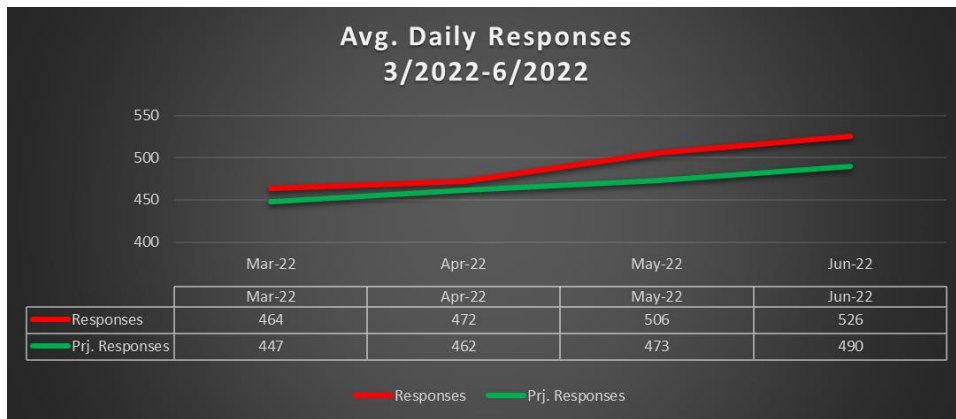
**Operations Report- June 2022**

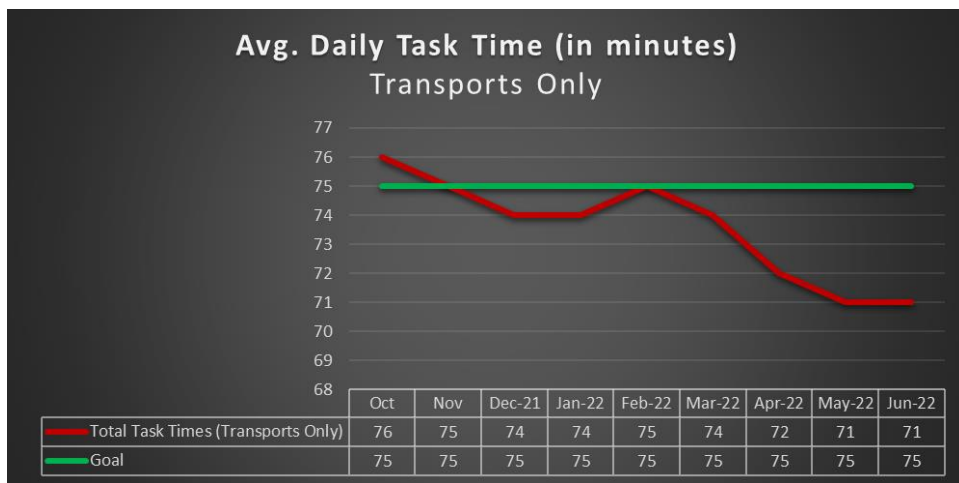
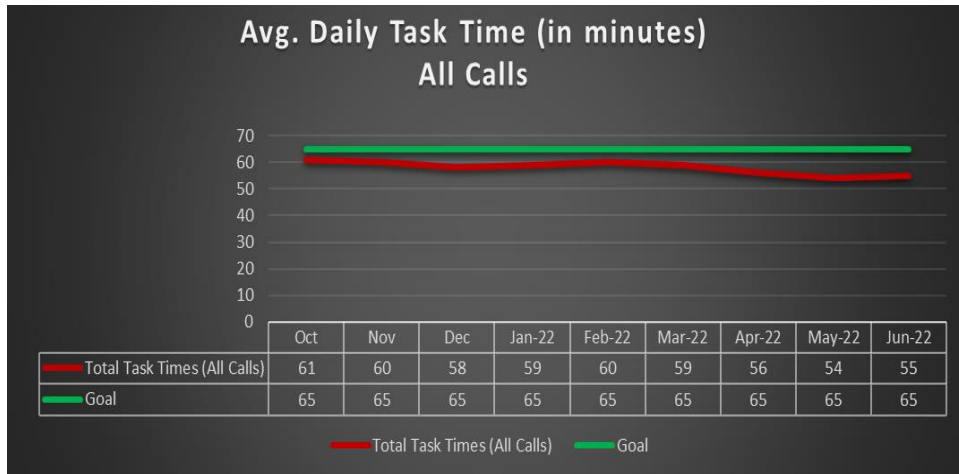
The following summarizes significant operational items through June 30<sup>th</sup>, 2022:

**Field Operations:**

- June transport volume exceeded budget expectations by approximately 7%.
- June call volume (responses) exceeded projections by approximately 11%.

**Field Ops Metrics**





**Fleet/Logistics:**

- Two new Dodge ambulances arrived with another on the way, should arrive the week of the 25<sup>th</sup>
- HVAC work approved by the board last month is progress

**Special Operations:**

- Completed 55 special events for the month of June 2022
- Gearing up for fall event season, football standbys will begin in August 2022

**Mobile Integrated Health:**

- Increase in MHP referrals from existing program partners
  - 52.7% increase in referrals from Q1/Q2 of 2021 to Q1/Q2 of 2022
  - 1,740 clients are currently enrolled
- EMT-B for DETECT program has proven to be very effective, evaluating other ways to utilize EMT-B's on MIH programs
- 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 have been successfully completed. All controllers have been recertified.
- 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
- Converted to Automated Call Distribution on June 29<sup>th</sup> for better management of inbound calls.
- Fourteen (13) controllers in various stages of training; 10 in Dispatch 2 training, 3 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	Total # All Calls	# 911 Calls	Average Duration	% 911 Answered	
				≤ 15 Secs	≤ 20 Secs
April 2022	21,919	10,163	277.9	90.94%	93.69%
May 2022	24,199	11,542	206.2	85.86%	93.69%
June 2022	23,925	11,519	278.7	88.79%	92.02%







# MedStar Mutual Aid Response Task Time Report

Criteria:

Period: 06/01/2022 thru 06/30/2022

Total Calls	Aid Received	% Aid Received
15,641	34	0.22%

	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Benbrook	M80	06/13/2022 00:20:15	2247951	2	Benbrook	33C02 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2	01:05:21		1
	Benbrook	M65	06/14/2022 17:33:15	2250599	2	Benbrook	17B01 - Falls - P2	00:40:32	AMA - Assessed and/or Treated & Released	0
	Benbrook	M41	06/16/2022 17:27:21	2253924	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2	00:49:11		1
	Benbrook	M47	06/17/2022 11:51:42	2255022	1	Benbrook	12D04 - Convulsions / Seizures - P1	01:04:14		1
	Benbrook	M43	06/17/2022 13:03:49	2255200	3	Benbrook	33C06 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P3	00:55:58		1
	Benbrook	M79	06/20/2022 08:58:45	2259500	2	Benbrook	17B04 - Falls - P2	00:53:21	AMA - Assessed and/or Treated & Released	0
	Benbrook	M52	06/21/2022 07:38:36	2260994	3	Benbrook	17A01 - G - Falls - On the ground or floor - P3	01:27:16		1
<b>Crowley</b>	3									
	<b>Aid TO</b>	<b>Unit</b>	<b>Inc Date</b>	<b>Incident Number</b>	<b>Priority</b>	<b>Area</b>	<b>Problem</b>	<b>Task Time (Assign to Clear)</b>	<b>Cancel Reason</b>	<b>Resulted In TX</b>
	Crowley	M73	06/27/2022 18:46:59	2271028	3	Crowley		01:06:10		1
	Crowley	M38	06/08/2022 11:00:09	2241089	3	Crowley	05A01 - Back Pain (Non-Traumatic or Non-Recent Trauma) - P3	01:27:04		1
	Crowley	M20	06/08/2022 22:22:19	2241822	2	Crowley	22B02 - Inaccessible Incident / Other Entrapments (Non-Traffic) - P2	01:05:21		1
<b>Tarrant County</b>	5									
	<b>Aid TO</b>	<b>Unit</b>	<b>Inc Date</b>	<b>Incident Number</b>	<b>Priority</b>	<b>Area</b>	<b>Problem</b>	<b>Task Time (Assign to Clear)</b>	<b>Cancel Reason</b>	<b>Resulted In TX</b>
	Tarrant County	M64	06/23/2022 19:41:55	2265238	1	Tarrant County	12D04 - Convulsions / Seizures - P1	01:44:12		1
	Tarrant County	M56	06/26/2022 17:22:09	2269595	1	Tarrant County	21D03 - M - Hemorrhage (Bleeding) / Lacerations - MEDICAL - P1	00:04:28	FD/PD Cancelled MedStar	0
	Tarrant County	M42	06/26/2022 16:22:05	2269544	2	Tarrant County	20O01 - H - Heat / Cold Exposure - Heat exposure - P3B	00:45:28	AMA - Assessed and/or Treated & Released	0
	Tarrant County	M81	06/11/2022 15:18:30	2245864	2	Tarrant County	12B01 - Convulsions / Seizures - P2	00:31:47	FD/PD Cancelled MedStar	0
	Tarrant County	M32	06/21/2022 02:42:36	2260764	2	Tarrant County	20B02 - H - Heat / Cold Exposure - Heat exposure - P2	01:02:04		1
<b>Received</b>	34									
	<b>Aid FROM</b>	<b>Total</b>								
	Arlington EMS	9								



# MedStar Mutual Aid Response Task Time Report

Criteria:

Period: 06/01/2022 thru 06/30/2022

Total Calls	Aid Received	% Aid Received
15,641	34	0.22%

	Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Arlington EMS	AMR Arlington 1	06/26/2022 15:49:40	2269504	2	Fort Worth	26C02 - Sick Person (Specific Diagnosis) - P2	00:58:20		1
	Arlington EMS	AMR Arlington 1	06/24/2022 13:49:28	2266258	2	Fort Worth	10C03 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	01:10:34		1
	Arlington EMS	AMR Arlington 1	06/10/2022 10:50:45	2243861	3	Fort Worth	31A01 - Unconscious / Fainting (Near) - P3	01:06:51		1
	Arlington EMS	AMR Arlington 1	06/10/2022 11:20:42	2243870	2	Fort Worth	06C01 - A - Breathing Problems - Asthma - P2	00:58:35		1
	Arlington EMS	AMR Arlington 1	06/11/2022 14:52:51	2245817	1	Fort Worth	10D02 - Chest Pain / Chest Discomfort (Non-Traumatic) - P1	00:56:59		1
	Arlington EMS	AMR Arlington 1	06/13/2022 18:07:41	2249140	2	Fort Worth	23C05 - I - Overdose / Poisoning (Ingestion) - Intentional - P2B	01:06:28		1
	Arlington EMS	AMR Arlington 1	06/16/2022 18:36:21	2254047	2	Fort Worth	20O01 - H - Heat exposure - Heat exposure - P3B	00:39:56		0
	Arlington EMS	AMR Arlington 1	06/17/2022 20:59:04	2256003	2	Fort Worth	06C01 - E - Breathing Problems - COPD (Emphysema/Chronic bronchitis) - P2	01:19:40		1
	Arlington EMS	AMR Arlington 1	06/20/2022 10:36:29	2259718	2	Fort Worth	17A03 - G - Falls - On the ground or floor - P3	01:17:51		1
<b>Benbrook</b>					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	06/04/2022 23:20:40	2236055	1	Fort Worth	10D02 - Chest Pain / Chest Discomfort (Non-Traumatic) - P1			1
	Benbrook	Benbrook Medic 1	06/18/2022 10:26:23	2256799	2	Fort Worth	29B01 - V - Solitary vehicle - Multiple patients - P2B	00:48:18		1
<b>Crowley</b>					4					
	Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Crowley	Crowley 254	06/24/2022 16:32:14	2266490	2	Burleson	19C04 - Heart Problems / A.I.C.D. - P2	01:01:50		1



# MedStar Mutual Aid Response Task Time Report

Criteria:

Period: 06/01/2022 thru 06/30/2022

Total Calls	Aid Received	% Aid Received
15,641	34	0.22%

		Crowley	Crowley 54	06/28/2022 21:58:11	2272645	2	Burleson	33A01 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2	01:22:37		1
		Crowley	Crowley 254	06/06/2022 16:14:42	2238316	2	Burleson	29B05 - U - Traffic Collision / Transportation Incident - Unknown number of patients - P2B	00:07:48		0
		Crowley	Crowley 54	06/15/2022 17:03:06	2252137	2	Burleson	33C01 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2	01:21:38		1
<b>Eagle Mountain</b>	12										
		<b>Aid FROM</b>	<b>Unit</b>	<b>Inc Date</b>	<b>Incident Number</b>	<b>Priority</b>	<b>Area</b>	<b>Problem</b>	<b>Task Time (Assign to Clear)</b>	<b>Cancel Reason</b>	<b>Resulted In TX</b>
		Eagle Mountain	Eagle Mountain	06/21/2022 16:55:27	2261685	2	Saginaw	29B02 - V - Vehicle vs. vehicle - Multiple patients - P2	01:07:56		1
		Eagle Mountain	Eagle Mountain	06/23/2022 08:36:09	2264339	3	Fort Worth	17A02 - G - Falls - On the ground or floor - P3	01:21:01		1
		Eagle Mountain	Eagle Mountain	06/26/2022 15:45:44	2269510	2	Fort Worth	29B01 - V - Traffic Collision / Transportation Incident - P2B	01:47:19		1
		Eagle Mountain	Eagle Mountain	06/01/2022 16:56:40	2231406	2	Fort Worth	19C02 - Heart Problems / A.I.C.D. - P2	00:50:51	AMA - Assessed and/or Treated & Released	0
		Eagle Mountain	Eagle Mountain	06/04/2022 17:30:19	2235581	2	Saginaw	12C04 - Convulsions / Seizures - P2	01:08:55		1
		Eagle Mountain	Eagle Mountain	06/08/2022 18:04:25	2241586	3	Fort Worth	32B03 - Unknown Problem (Person Down) - P3	00:07:13	FD/PD Cancelled MedStar	0
		Eagle Mountain	Eagle Mountain	06/09/2022 17:07:40	2242905	2	Fort Worth	29B01 - V - Vehicle vs. vehicle - Multiple patients - P2B	01:28:42		1
		Eagle Mountain	Eagle Mountain	06/10/2022 11:35:40	2243898	2	Saginaw	31C02 - Unconscious / Fainting (Near) - P2	00:14:46	AMA - Assessed and/or Treated & Released	0
		Eagle Mountain	Eagle Mountain	06/11/2022 10:48:58	2245510	2	Saginaw	01C03 - Abdominal Pain / Problems - P2	01:33:19		1
		Eagle Mountain	Eagle Mountain	06/15/2022 13:15:33	2251752	2	Fort Worth	06C01 - Breathing Problems - P2	00:45:09		1
		Eagle Mountain	Eagle Mountain	06/15/2022 16:57:12	2252125	1	Fort Worth	06D04 - Breathing Problems - P1	01:08:59		1



# MedStar Mutual Aid Response Task Time Report

Criteria:

Period: 06/01/2022 thru 06/30/2022

Total Calls	Aid Received	% Aid Received
15,641	34	0.22%

	Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Eagle Mountain	Eagle Mountain		06/18/2022 10:10:22	2256785	2	Fort Worth	19C04 - Heart Problems / A.I.C.D. - P2	01:07:28		1
<b>Johnson County</b>										1
	Johnson County	AMR JC 1	06/07/2022 16:28:34	2240006	1	Burleson	06D02 - E - Breathing Problems - COPD (Emphysema/Chronic bronchitis) - P1	01:10:24		1
<b>Justin EMS</b>										1
	Justin EMS	Justin EMS	06/16/2022 09:42:39	2253232	3	Fort Worth	17A02 - G - Falls - On the ground or floor - P3	01:24:00		1
<b>Life Care EMS</b>										1
	Life Care EMS	Life Care EMS (Willow Park)	06/11/2022 10:23:10	2245435	2	Fort Worth	06C01 - O - Breathing Problems - Other lung problems - P2	01:04:53		1
<b>Roanoke</b>										1
	Roanoke	Roanoke	06/04/2022 20:29:24	2235798	2	Fort Worth	17B04 - G - Falls - On the ground or floor - P2	01:15:52		1
<b>Watauga</b>										3
	Watauga	Watauga	06/23/2022 08:50:17	2264365	2	Fort Worth	23C07 - A - Overdose / Poisoning (Ingestion) - Accidental - P2	00:04:45	FD/PD Cancelled MedStar	0
	Watauga	Watauga	06/07/2022 13:00:03	2239566	2	Fort Worth	12C04 - Convulsions / Seizures - P2	01:07:00		1
	Watauga	Watauga	06/20/2022 10:37:14	2259667	3	Fort Worth	01A01 - Abdominal Pain / Problems - P3	00:55:01		1



## MedStar Response Time Reliability and AVG Response Time Performance

Period: Jun 2022

Member City	Pri	Current Month						100 Response Compliance Period			
		Calls	On Scene	Avg RT	Late Responses	On Time %	Extended Responses Count	Extended Responses %	Compliance Calculated Responses	Late Responses	On Time %
Blue Mound	1	5	5	00:11:30	2	60.0%	1	20.0%	54	12	77.8%
	2	16	15	00:10:40	3	81.3%	1	6.3%	105	15	85.7%
	3	10	10	00:10:02	0	100.0%	0	0.0%	48	5	89.6%
<b>Total Blue Mound</b>		<b>31</b>	<b>30</b>								
Burleson	1	108	107	00:07:54	17	84.3%	4	3.7%	108	17	84.3%
	2	221	210	00:08:35	24	89.1%	8	3.6%	221	24	89.1%
	3	167	130	00:09:55	25	85.0%	7	4.2%	167	25	85.0%
	4	76	75	00:33:16	4	94.7%	2	2.6%	76	4	94.7%
<b>Total Burleson</b>		<b>572</b>	<b>522</b>								
Edgecliff Village	1	9	9	00:07:26	1	88.9%	0	0.0%	70	9	87.1%
	2	7	7	00:08:27	0	100.0%	0	0.0%	52	7	86.5%
	3	7	6	00:10:08	1	85.7%	0	0.0%	60	4	93.3%
<b>Total Edgecliff Village</b>		<b>23</b>	<b>22</b>								
Forest Hill	1	51	48	00:09:00	11	78.4%	1	2.0%	107	23	78.5%
	2	75	68	00:09:05	8	89.3%	0	0.0%	75	8	89.3%
	3	65	56	00:11:52	7	89.2%	2	3.1%	65	7	89.2%
	4	1	1	00:28:27	1	0.0%	1	100.0%	2	1	50.0%
<b>Total Forest Hill</b>		<b>192</b>	<b>173</b>								
Fort Worth	1	3283	3126	00:08:35	616	81.2%	102	3.1%	3283	616	81.2%
	2	5403	5114	00:09:31	799	85.2%	139	2.6%	5403	799	85.2%
	3	3565	3214	00:10:39	393	89.0%	98	2.7%	3565	393	89.0%
	4	1296	1284	00:28:47	72	94.4%	29	2.2%	1296	72	94.4%
<b>Total Fort Worth</b>		<b>13547</b>	<b>12738</b>								
Haltom City	1	115	113	00:09:40	33	71.3%	5	4.3%	115	33	71.3%
	2	178	174	00:10:39	37	79.2%	8	4.5%	178	37	79.2%
	3	119	102	00:11:43	20	83.2%	2	1.7%	217	26	88.0%
<b>Total Haltom City</b>		<b>412</b>	<b>389</b>								
Haslet	1	13	13	00:10:39	5	61.5%	1	7.7%	101	31	69.3%
	2	21	18	00:08:18	4	81.0%	0	0.0%	66	14	78.8%



## MedStar Response Time Reliability and AVG Response Time Performance

Period: Jun 2022

Member City	Pri	Current Month						100 Response Compliance Period			
		Calls	On Scene	Avg RT	Late Responses	On Time %	Extended Responses Count	Extended Responses %	Compliance Calculated Responses	Late Responses	On Time %
	3	10	9	00:14:01	4	60.0%	1	10.0%	71	8	88.7%
<b>Total Haslet</b>		<b>44</b>	<b>40</b>								
Lake Worth	1	28	26	00:07:55	7	75.0%	1	3.6%	59	18	69.5%
	2	62	60	00:08:10	8	87.1%	0	0.0%	120	12	90.0%
	3	28	27	00:11:50	4	85.7%	2	7.1%	103	13	87.4%
	4	5	5	00:39:28	1	80.0%	1	20.0%	18	1	94.4%
<b>Total Lake Worth</b>		<b>123</b>	<b>118</b>								
Lakeside	1	6	6	00:13:14	4	33.3%	1	16.7%	36	16	55.6%
	2	3	3	00:17:49	2	33.3%	1	33.3%	61	26	57.4%
	3	2	1	00:20:45	2	0.0%	0	0.0%	25	11	56.0%
<b>Total Lakeside</b>		<b>11</b>	<b>10</b>								
River Oaks	1	11	10	00:09:00	3	72.7%	0	0.0%	91	23	74.7%
	2	32	31	00:10:25	9	71.9%	2	6.3%	57	14	75.4%
	3	23	20	00:09:18	3	87.0%	0	0.0%	114	15	86.8%
<b>Total River Oaks</b>		<b>66</b>	<b>61</b>								
Saginaw	1	42	40	00:08:46	10	76.2%	1	2.4%	42	10	76.2%
	2	57	54	00:08:49	9	84.2%	1	1.8%	57	9	84.2%
	3	61	58	00:10:11	11	82.0%	2	3.3%	61	11	82.0%
	4	53	53	00:28:10	3	94.3%	1	1.9%	53	3	94.3%
<b>Total Saginaw</b>		<b>213</b>	<b>205</b>								
Sansom Park	1	27	27	00:07:18	5	81.5%	0	0.0%	113	23	79.6%
	2	43	39	00:09:13	10	76.7%	0	0.0%	81	18	77.8%
	3	21	21	00:11:21	3	85.7%	0	0.0%	112	9	92.0%
	4	2	2	00:50:52	1	50.0%	0	0.0%	35	5	85.7%
<b>Total Sansom Park</b>		<b>93</b>	<b>89</b>								
Westover Hills	2	1	1	00:05:49	0	100.0%	0	0.0%	11	2	81.8%
	3	1	1	00:18:00	1	0.0%	0	0.0%	3	1	66.7%
<b>Total Westover Hills</b>		<b>2</b>	<b>2</b>								
	1	9	9	00:09:19	1	88.9%	1	11.1%	104	17	83.7%



## MedStar Response Time Reliability and AVG Response Time Performance

Period: Jun 2022

Member City	Pri	Current Month						100 Response Compliance Period			
		Calls	On Scene	Avg RT	Late Responses	On Time %	Extended Responses Count	Extended Responses %	Compliance Calculated Responses	Late Responses	On Time %
Westworth Village	2	26	26	00:09:08	4	84.6%	0	0.0%	107	22	79.4%
	3	19	19	00:12:18	3	84.2%	0	0.0%	46	8	82.6%
<b>Total Westworth Village</b>		<b>54</b>	<b>54</b>								
White Settlement	1	65	61	00:09:02	18	72.3%	4	6.2%	129	28	78.3%
	2	120	114	00:08:46	18	85.0%	1	0.8%	120	18	85.0%
	3	65	61	00:10:36	8	87.7%	0	0.0%	65	8	87.7%
	4	8	8	00:25:30	0	100.0%	0	0.0%	44	2	95.5%
<b>Total White Settlement</b>		<b>258</b>	<b>244</b>								
System Wide	1	3772	3600	00:08:37	733	80.6%	122	3.2%	4418	878	80.1%
	2	6265	5934	00:09:28	935	85.1%	161	2.6%	6714	1025	84.7%
	3	4163	3735	00:10:41	485	88.3%	114	2.7%	4722	544	88.5%
	4	1441	1428	00:29:09	82	94.3%	34	2.4%	1544	88	94.3%
<b>Total System Wide</b>		<b>15641</b>	<b>14697</b>								





## **Compliance Officer's Report June 24, 2022- July 20, 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.
  - Rocuronium vial was inadvertently broken
  - Versed vial cap dislodged in the narc pouch during a shiftIn all occurrences no foul play is suspected and the anomaly process was followed.

### **Paralegal Duties**

- 21 DFPS reports were made for suspected abuse, neglect, or exploitation.
- 3 Pre-Trial meeting were held with the Tarrant Co. District Attorney's Office.
- 2 court appearances were made.
- Conducted multiple employee investigations regarding various employment and compliance matters.
- 6 Subpoenas(s) for witness appearance processed and served.
- Drafted, reviewed, negotiated, and executed agreements with third 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