



**Metropolitan Area EMS Authority (MAEMSA)**

**dba MedStar Mobile Healthcare**

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**Board of Directors**

**September 28, 2022**

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

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

**Location:** MedStar Board Room, 2900 Alta Mere Drive, Fort Worth, TX 76116

The public may observe the meeting in person, at <https://meetings.ringcentral.com/j/1496163889> , or by phone at (469) 445-0100 (meeting ID: 149 616 3889).

**AGENDA**

- |             |                               |   |                           |
|-------------|-------------------------------|---|---------------------------|
| <b>I.</b>   | <b>CALL TO ORDER</b>          |   | Dr. Janice Knebl          |
| <b>II.</b>  | <b>INTRODUCTION OF GUESTS</b> |   | Dr. Janice Knebl          |
| <b>III.</b> | <b>CITIZEN PRESENTATIONS</b>  | <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, <a href="http://www.medstar911.org/board-of-directors/">http://www.medstar911.org/board-of-directors/</a> where more details can be found, including information on time limitations). The deadline for registering is 4:30 p.m. September 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> |                           |
| <b>IV.</b>  | <b>CONSENT AGENDA</b>         | <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>  |                           |
|             | <b>BC – 1528</b>              | Approval of Board Minutes for August 24, 2022   | Dr. Janice Knebl<br>Pg. 1 |
|             | <b>BC – 1529</b>              | Approval of Board Minutes for September 14, 2022  | Dr. Janice Knebl<br>Pg. 5 |
|             | <b>BC – 1530</b>              | Approval of Check Register for August   | Dr. Janice Knebl<br>Pg. 8 |

**V. NEW BUSINESS**

	Jordan Elizabeth Harris Foundation Presentation	Desiree Partain
<b>BC – 1531</b>	Approval of 2023 Meeting Dates	Kenneth Simpson
<b>BC – 1532</b>	Approval of Additional UEScopes	Fire Chief Doug Spears
<b>IR – 228</b>	Overview of Fort Worth Staffing Study	David Cooke

**VI. MONTHLY REPORTS**

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

**VII. OTHER DISCUSSIONS**

<b>A.</b>	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**

<b>Date:</b> 09.28.2022	<b>Reference #:</b> BC-1528	<b>Title:</b> Approval of Board of Directors Minutes
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**RECOMMENDATION:**

It is recommended that the Board of Directors approve the board minutes for August 24, 2022.

**DISCUSSION:**

N/A

**FINANCING:**

N/A

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

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

**Meeting Date and Time: August 24, 2022, at 10:02am**

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. Brad Commons, Dr. Chris Bolton, Fire Chief Jim Davis, Bryce Davis, Fire Chief Doug Spears, Councilman Carlos Flores, Susan Alanis, Teneisha Kennard, and Dr. Veer Vithalani (Ex-officio). Board members physically present were Chair Dr. Janice Knebl and Ken Simpson (Ex-officio). Others present were General Counsel Kristofer Schleicher, Chad Carr, Steve Post, Dwayne Howerton, Leila Peoples and Matt Zavadsky.

**Guests on phone or in person as attendees:** Dr. Brian Miller, Fire Chief Jeff Ballew, Fire Chief Ryan Arthur, Blair Brame, Bob Strickland, Bradley Crenshaw, Brandon Pate, Brian White, Cerenity Jenkins- Jones, Chris Roberts, David Hume, Desiree Partain, Erin Lincoln, Heath Stone, Joleen Quigg, Jose Talavera, Kerby Johnson, Kier Brister, Kristine Martinez, Laura Long, Maerissa Thomas, Matthew Willens, Monica Cruz, Nancy Cychol, Pete Rizzo, Ricky Hyatt, Shaun Curtis, Susan Swagerty, Tiffany Pleasant, Tyler Stein, Whitney Morgan, Will Mercer, and William Gleason.

#### **II. CONSENT AGENDA**

**BC-1519 Approval of Strategic Planning Workshop Minutes for July 27, 2022**

**BC-1520 Approval of Board Minutes for July 28, 2022**

**BC-1521 Approval of Check Register for June/July 2022**

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

#### **III. NEW BUSINESS**

**BC-1523 Purchase of Network Equipment**

Ken Simpson informed the Board; the purchase of network equipment will be to replace any IT equipment which is currently at end-of-life; this was allocated within the fiscal year's capital budget at \$500,000 and the amount spent will be \$391,412.06. The motion to approve was made by Doug Spears and seconded by Carlos Flores. The motion carried unanimously.

**BC-1524            Approval of Appointment of Kenneth J. Simpson  
to serve as a member of MedStar Foundation Board of Directors**

The motion to approve was made by Susan Alanis and seconded by Doug Spears. The motion carried unanimously.

**BC-1525            Appointment of System Performance Committee**

Ken Simpson provided an overview of the system performance committee to the Board. Dr. Janice Knebl and Councilman Carlos Flores recommended the following individuals to the committee: David Cooke- City Manager of Fort Worth, Dr. Karen Duncan- CEO/President of JPS, and Jessica Regal- UNTHSC. Councilman Carlos Flores confirmed David Cooke has committed to serving on the committee and are waiting for a response from Dr. Karen Duncan and Jessica Regal. The motion to approve was made by Carlos Flores and seconded by Jim Davis. The motion carried unanimously.

**BC-1527            Review and Approval of FY2023 Budget**

Ken Simpson provided the Board with an overview of 2023 fiscal year budget. The motion to approve was made by Susan Alanis and seconded by Chris Bolton. The motion carried unanimously. Ken Simpson stated that high inflation and increasing expenses are requiring reserve funds to be utilized for capital purchases at a faster rate than they can be replenished. This means that we will need to have further conversations with the Board of Directors, and likely, member cities in the coming year about supplemental funding, at least in the short term to maintain current operations. Additional meetings will be scheduled for a more comprehensive conversation around utilization of funds as well as comparators with other systems.

**BC-1526            Approval of Ambulance Purchase**

The motion to approve was made by Doug Spears and seconded by Chris Bolton. The motion carried unanimously.

**IV.    MONTHLY REPORTS**

Ken Simpson deferred from presenting the monthly reports due to the Board having a closed session.

**V. REQUEST FOR FUTURE AGENDA ITEMS**

The board requested to have further discussion regarding FY2023 Budget.

**VI. CLOSED SESSION**

Dr. Knebl called the meeting into a closed session at 11:18 a.m. under Section 551.071 of the Texas Government Code to deliberate the Selection of Finalist for Employment as Chief Medical Officer/System of Medical Director (BC-1522). No further action was taken following the closed session.

**VII. ADJOURNMENT**

The board stood adjourned at 12:25 p.m.

Respectfully submitted,

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Douglas Spears  
Secretary





**METROPOLITAN AREA EMS AUTHORITY  
DBA MEDSTAR MOBILE HEALTHCARE  
MINUTES OF CALLED MEETING**

**Meeting Date and Time: September 14, 2022, at 10:00 a.m.**

The Metropolitan Area EMS Authority Board of Directors conducted a called 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.

Board members participating through video conferencing: Dr. Chris Bolton, Dr. Brad Commons, Fire Chief Doug Spears Councilman Carlos Flores, Bryce Davis, Teneisha Kennard, Susan Alanis, and Dr. Veer Vithalani (Ex-officio). Board members physically present were Chair Dr. Janice Knebl and Ken Simpson (Ex-officio). Others present were General Counsel Kristofer Schleicher and Leila Peeples.

**I. CALL TO ORDER**

Dr. Janice Knebl called the meeting to order at 10:02 a.m.

**II. INTRODUCTION OF GUESTS**

Dr. Brian Miller introduced two JPS residents doing rotations at MedStar.

**III. CITIZEN PRESENTATIONS**

There were no citizen presentations.

**IV. OLD BUSINESS**

**Item BC-1522** (Designation of Jeffrey L. Jarvis, M.D. as finalist for employment as Chief Medical Officer and System Medical Director and authorization to execute contract on terms approved by the Board)

This item was first deliberated by the Board in closed session.

**V. CLOSED SESSION**

The Board of Directors went into a closed session at 10:04 a.m. to deliberate item BC-1522 under Sections 551.071 & 551.074 of the Texas Government Code. The Board returned to open session at 10:11 a.m.

**VI. ACTION AFTER RETURN TO OPEN SESSION**

**Item BC-1522** Doug Spears moved the Board to designate Dr. Jeffrey L. Jarvis as the sole finalist for the position of Chief Medical Officer and System Medical Director. Second by Dr. Chris Bolton. The motion passed unanimously.

Doug Spears moved the Board to authorize the Chair to execute a contract with Dr. Jarvis in the form presented to the Board. Second by Dr. Chris Bolton. The motion passed unanimously.

## **VII. ADJOURNMENT**

The meeting was adjourned at 10:13 a.m.



AP Check Details Over 5000.00  
For Checks Between 8/1/2022 and 8/31/2022



Check Number	CK Date	Vendor Name	Check Amount	Description
109326	8/4/2022	Bound Tree Medical LLC	12,567.49	Various Medical Supplies
109332	8/4/2022	Founder Project RX Inc	7,303.08	Various Medical Supplies
109339	8/4/2022	Maintenance of Ft Worth, Inc.	7,043.84	Janitorial Supplies and Maintenance
109343	8/4/2022	Medline Industries, Inc.	6,621.24	Various Medical Supplies
109352	8/4/2022	Stryker	2,101,433.05	Stretchers and stairchair
109355	8/4/2022	Vairkko	5,300.61	eLearning Cloud Subscription
109360	8/11/2022	Airgas USA, LLC	5,219.48	Cylinders Rental
109361	8/11/2022	All-Pro Construction & Commerical	9,413.77	Monthly Maintenance/Fire Services
109369	8/11/2022	Bound Tree Medical LLC	20,830.42	Various Medical Supplies
109375	8/11/2022	CyrusONE	7,865.68	Colocation/Bandwidth Charges
109384	8/11/2022	Founder Project RX Inc	5,533.98	Various Medical Supplies
109391	8/11/2022	Logis Solutions	5,433.45	HERE License - Jul22
109397	8/11/2022	Medline Industries, Inc.	24,003.91	Various Medical Supplies
109400	8/11/2022	Modern Mobility	509,886.69	(3) Ambulance Modules - M65 M58 M67
109403	8/11/2022	NRS	10,103.43	Collection Services
109412	8/11/2022	Paranet Solutions	43,734.64	IT Monthly Services - Aug22
109428	8/11/2022	TML Intergovernmental Risk Pool	19,434.39	Liability Deductible - May22
109432	8/11/2022	VLI Tech Inc	5,500.00	Vanguard Application & Analytic
109463	8/18/2022	ImageTrend	25,628.00	Monthly Fee - Elite EMS SaaS
109476	8/18/2022	Paranet Solutions	52,879.88	Cisco SmartNet Maint. Renewal
109499	8/25/2022	Bound Tree Medical LLC	29,133.83	Various Medical Supplies
109510	8/25/2022	Founder Project RX Inc	12,705.50	Various Medical Supplies
109516	8/25/2022	KnowBe4 Inc.	10,603.80	Security Awareness Training
109518	8/25/2022	M-Pak, Inc.	5,081.52	Uniforms
109520	8/25/2022	Mansfield Service Partners South, LLC	6,311.50	Bulk DEF
109523	8/25/2022	Medline Industries, Inc.	23,914.72	Various Medical Supplies
109525	8/25/2022	Modern Mobility	125,983.54	New Ram Chassis
109526	8/25/2022	Mutual of Omaha	5,513.92	Critical Care/Accident - Aug22
109534	8/25/2022	PERCOMOnline Inc	6,500.00	Paramedic Tuition - A Schwartz
109545	8/25/2022	T & W Tire	13,793.10	RAM Tires
109546	8/25/2022	The State of Texas	7,030.85	Microsoft Subscription - Jul22
109551	8/25/2022	XL Parts	11,926.97	Various Parts
109552	8/25/2022	Zoll Data Systems Inc	8,012.02	Qtly Maintenance - 9/15-12/14/22
2341470	8/1/2022	Frost	39,363.52	Frost Loan #39001
2369121	8/9/2022	M Davis and Company Inc	5,240.00	Detection of Elder abuse - Jul
2387113	8/12/2022	UMR Benefits	50,267.76	Health Insurance Premium - Aug
2420100	8/23/2022	Vairkko	10,540.75	eLearning Cloud Subscription
2450574	8/31/2022	UT Southwestern Medical Center	12,833.33	Consulting Services - B Miller
2450667	8/31/2022	Integrative Emergency Service Physician	15,000.00	Consulting Services - A Cornelius

AP Check Details Over 5000.00  
For Checks Between 8/1/2022 and 8/31/2022



Check Number	CK Date	Vendor Name	Check Amount	Description
8012022	8/1/2022	Frost	61,053.88	Frost Loan #30001
8022022	8/2/2022	Frost	38,540.62	Frost Loan #4563-001
8162022	8/16/2022	JP Morgan Chase Bank, N.A.	25,426.51	MasterCard Bill
8252022	8/25/2022	Frost	52,993.77	Frost Loan #4563-002
18473121	8/4/2022	AT&T	12,016.26	Cell Phone/Aircards - Jul22
103424606	8/24/2022	Chase Ink Cardmember Service	5,726.61	Chase Bill
112210802	8/2/2022	WEX Bank	197,167.92	Fuel Bill
258553941	8/18/2022	City of Fort Worth Water Department	6,172.83	Water Services
550720466	8/10/2022	Monday.com	22,958.50	Work OS Enterprise Plan 7/15/2



**MAEMSA  
BOARD COMMUNICATION**

<b>Date:</b> 09.28.2022	<b>Reference #:</b> BC- 1532	<b>Title:</b> Supplemental VL Device Request
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**RECOMMENDATION:**

It is recommended that the Board of Directors approve the purchase of 20 additional video laryngoscope devices for the Fort Worth Fire Department. The cost of this equipment is \$25,000, and we request the Board of Directors to approve an amount not to exceed \$27,500 to include a 10% contingency for any price changes.

**DISCUSSION:**

Near the beginning of the COVID-19 pandemic the Board of Directors approved the purchase of video laryngoscope devices for the safety of first responders and MedStar personnel. (BC-1426 June 2020) UEScope was selected as the VL device in the System after an RFP process with each System provider who had requested devices, receiving their requested amount. In June of 2021, the Board of Directors approved a request by FWFD, purchasing 20 additional UEScopes to replace VL devices that FWFD had purchased on their own. (BC-1465)

This supplementary request for 20 additional devices is being made to begin upgrading additional FWFD apparatuses to have ALS capability, equipping apparatuses at new fire stations, and provide devices for departmental training.

It is not intended for this to be an ongoing request as stations get added or devices reach end of life. The practice is that replacement and/or addition of items such as these shall be the responsibility of the FRO.

The Office of the Medical Director encourages uniformity of medical equipment within the System to promote conformity in provider familiarity, operation, replacement of disposables, and quality assurance.

**FINANCING:**

This item is not budgeted. It will be purchased with cash on hand.

<b>Submitted by:</b> <u>Douglas Spears</u>	<b>Board Action:</b>	<input type="checkbox"/> Approved
		<input type="checkbox"/> Denied
		<input type="checkbox"/> Continued until _____



# Tab A – Chief Executive Officer

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

### **Chief Executive Officer's Report- August 31, 2022**

**Fort Worth Study**- An overview of the Fort Worth staffing study will be provided during our regularly scheduled September Board meeting.

**Reprioritization Subcommittee/EMS System Performance**- We recently conducted a meeting with the reprioritization subcommittee to begin working on aggregating a document outlining the reprioritization efforts and discussing potential response times. Two recently added members, David Cooke from the City of Fort Worth and Jessica Rangel from UNTHSC were able to join the meeting. We are still working on contacting Dr. Duncan from JPS to see if she is interested in participating. The sub-committee is making good progress as we are discussing transparency, accountability, and how we measurably provide more comprehensive care to both the acutely ill patients and the non-acute patients.

**Billing/EMS | MC**- We continue to work with EMS | MC to address issues as they occur. They have added some additional leadership, and our cash collections have been positive. Some of the payors that denied claims due to timely filing issues from November-February are agreeing to re-evaluate those claims. We are monitoring collections goals and performance and look for the improvement to continue as they achieve their goal.

**Grant Award**- Last year we applied for an Assistance to Firefighters grant since there was an EMS component to that grant program. We specifically applied for funds related to training equipment, stretchers, power loads, and radios. Our grant application was recently approved! We are working with FEMA, our legal department, and finance department to assure we meet the requirements of the grant as we make purchases under the grant.

**Budget Review Workshop**- A date of October 19<sup>th</sup> has been established for our budget review workshop. The leadership team is working on compiling a comparison of the projected 2021-22 actual revenue and expenses to the 2022-23 budget. It will also include a summary of the purpose and function of each department. A summary of headcount moved or added this budget year, and any reductions made over the past few years as we have worked to maintain fiscal efficiency. We are also working to compile some comparisons with other agencies, but this may not be completed in time for the budget workshop.

**Fiscal Year End**- As we approach the end of another fiscal year we have worked through a lot of adversity, achieved a lot, and are continuing to work through new challenges. Our call volume has far exceeded the budgeted amounts, and we have been successful in adding team members and unit hours. The competition has significantly increased for team members, and we are working to mitigate some anticipated losses as many agencies have significantly ramped up compensation and benefits. Our entire team has done a tremendous job as we have replaced our Human Resources Information System, shifted our billing processes, and we continue building both non-traditional and traditional lines of business. These are significant accomplishments and speak to the resiliency, professionalism, and dedication of our team

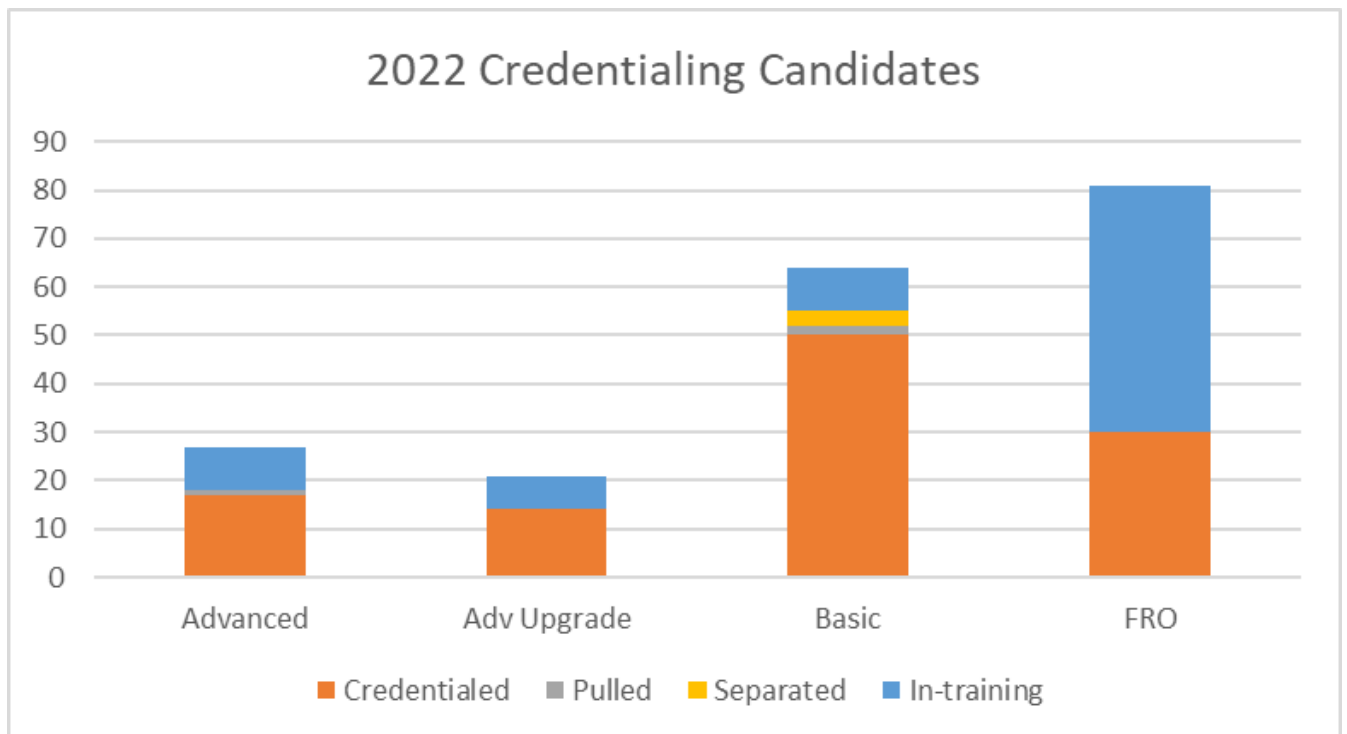
# Tab B --Office of the Medical Director

## Education and Training

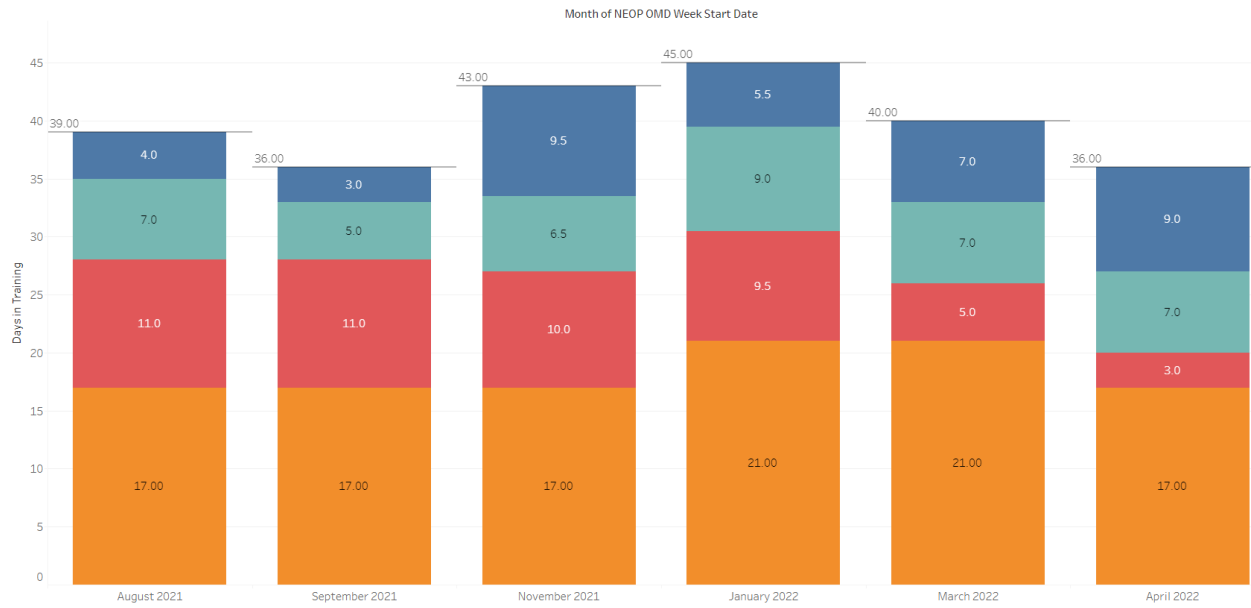
- OMD 22Q3 CE - September
  - Resuscitation / ECPR / VAD Management
- OMD 22Q4 CE - December/January
  - Airway / Advanced Procedure Cadaver Lab

Course Attendance	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	70	53	31	60	43	6
FRO	0	3	0	36	3	0
External	5	0	0	3	4	0

## Credentialing



Time in Phases by Year

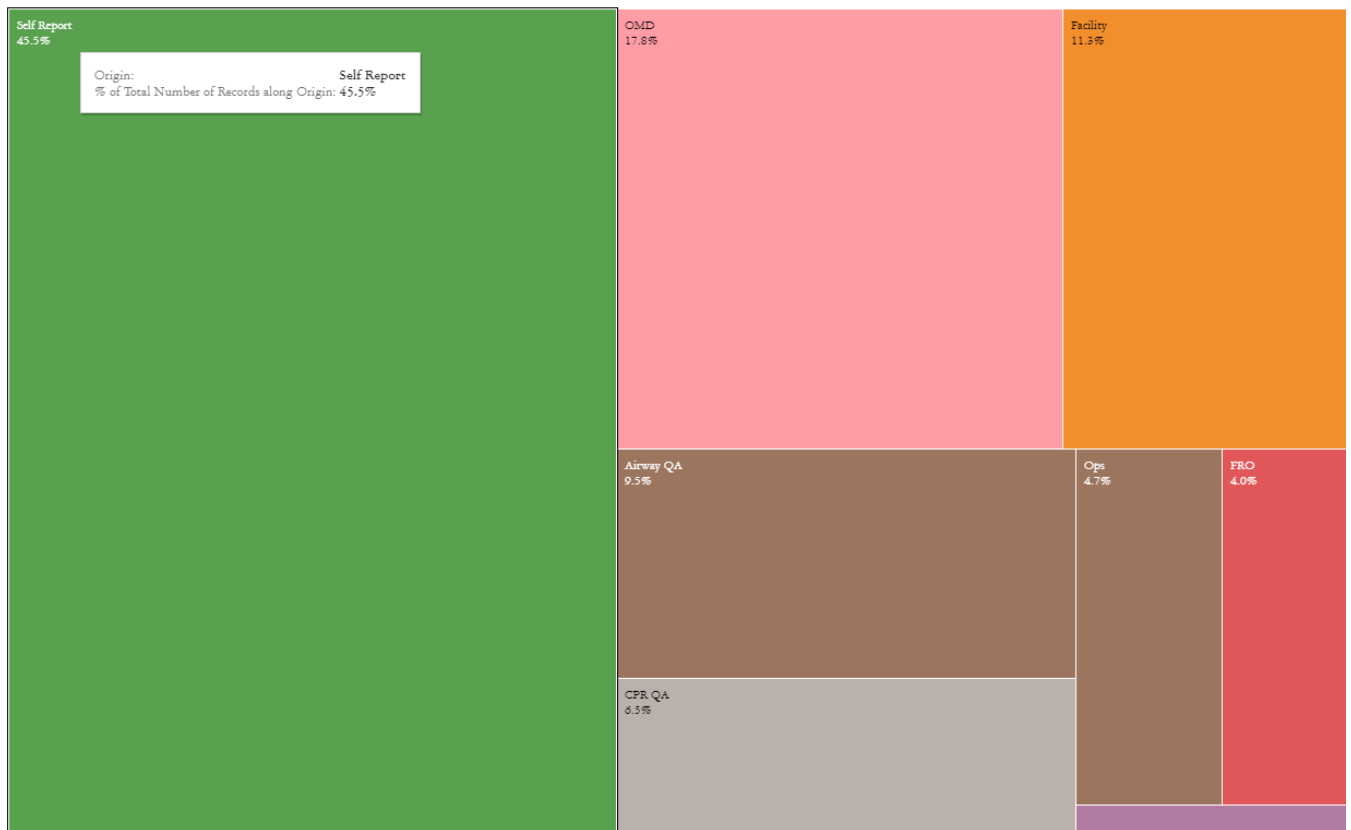


\* Begins with the first day of clinical NEOP through credentialing.

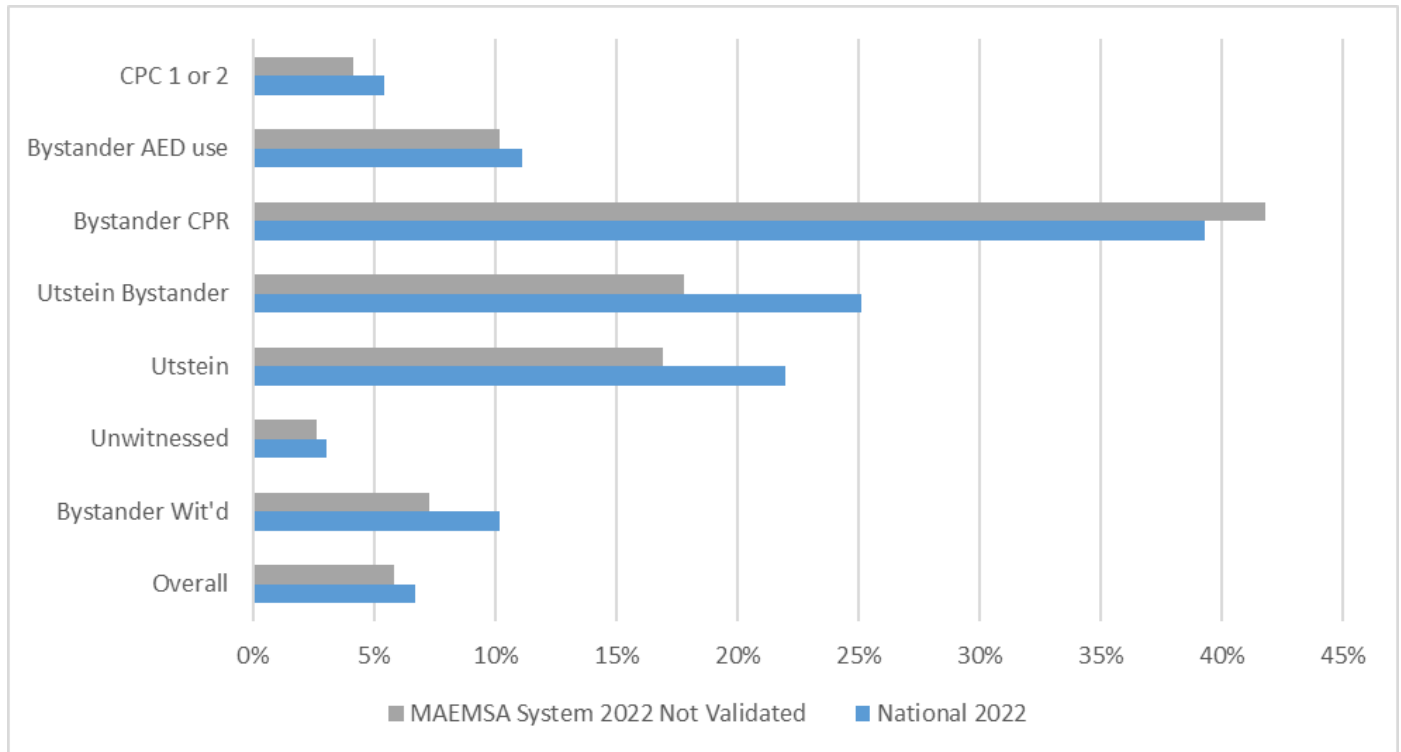
## Quality Assurance

Case Acuity		
	July 2022	August 2022
High	11 (14.5%)	4 (5.6%)
Moderate	17 (22.4%)	17 (23.9%)
Low	40 (52.6%)	43 (60.6%)
Non QA/QI	8 (10.5%)	7 (9.9%)
Grand Total	76 (100.0%)	71 (100.0%)

Case Disposition		
	July 2022	August 2022
Clinically Appropriate	1 (1.3%)	1 (1.4%)
Needs Improvement	64 (84.2%)	52 (73.2%)
Forwarded	1 (1.3%)	2 (2.8%)
No Fault	7 (9.2%)	16 (22.5%)
Pending	3 (3.9%)	
Grand Total	76 (100.0%)	71 (100.0%)



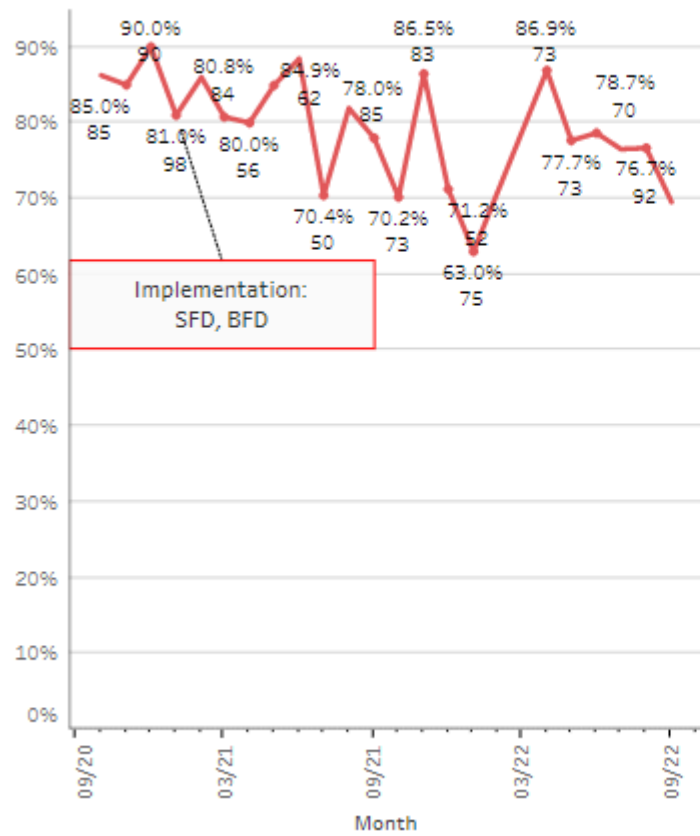
- CARES 2022
  - 850 worked cardiac arrest
  - 51 pending hospital outcomes



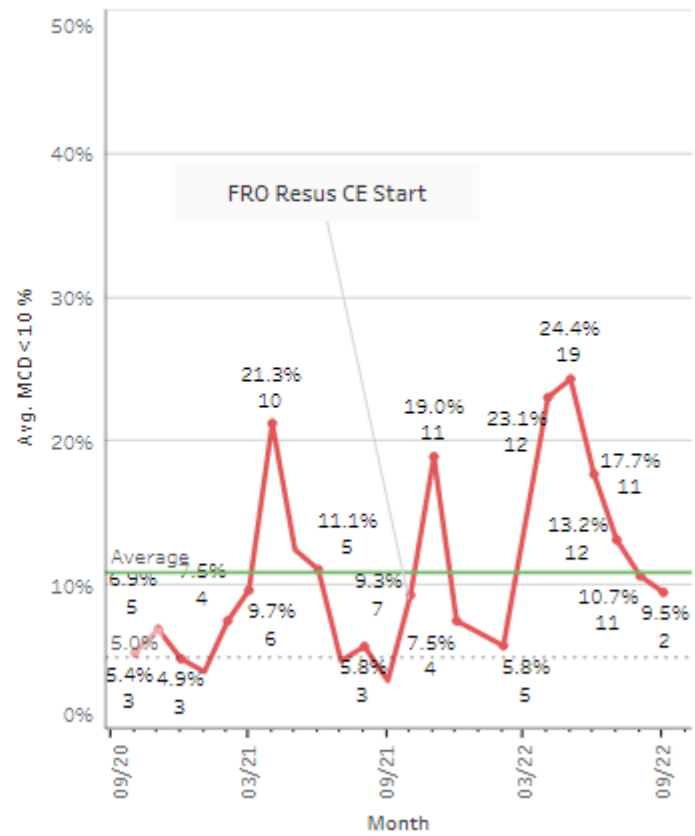
Review of last 100 worked arrests and outcome by hospital.

Hospital	Worked Arrest	Avg Age	Male	Female	ROSC at end of EMS care	Admitted to hospital	Discharged from hospital	Discharged CPC 1or2	% CPC 1or2
1	100	63	55	45	32	37	18	11	29.73
2	100	55	75	25	28	41	10	8	19.51
3	100	58	69	31	21	27	8	5	18.52
4	100	68	49	51	44	36	13	9	25.00
5	100	60	63	37	19	24	8	7	29.17
6	100	64	62	38	31	25	10	8	32.00
7	100	63	54	46	27	33	13	12	36.36
8	100	63	58	42	21	30	10	9	30.00
<b>Median</b>	<b>100</b>	<b>63</b>	<b>60</b>	<b>40</b>	<b>27.5</b>	<b>31.5</b>	<b>10</b>	<b>8.5</b>	<b>29.45</b>

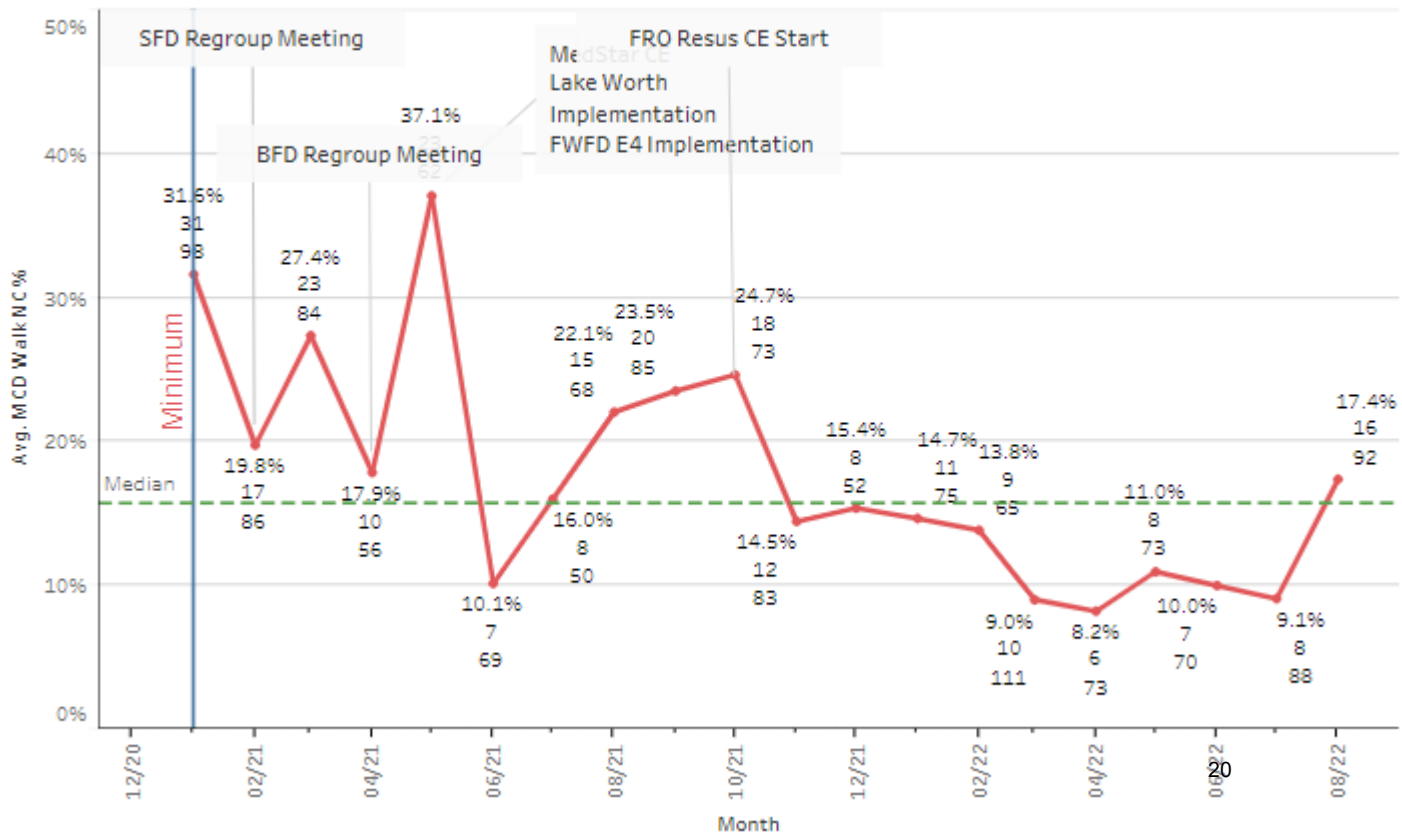
MCD Placement %



MCD Placement < 10 sec %



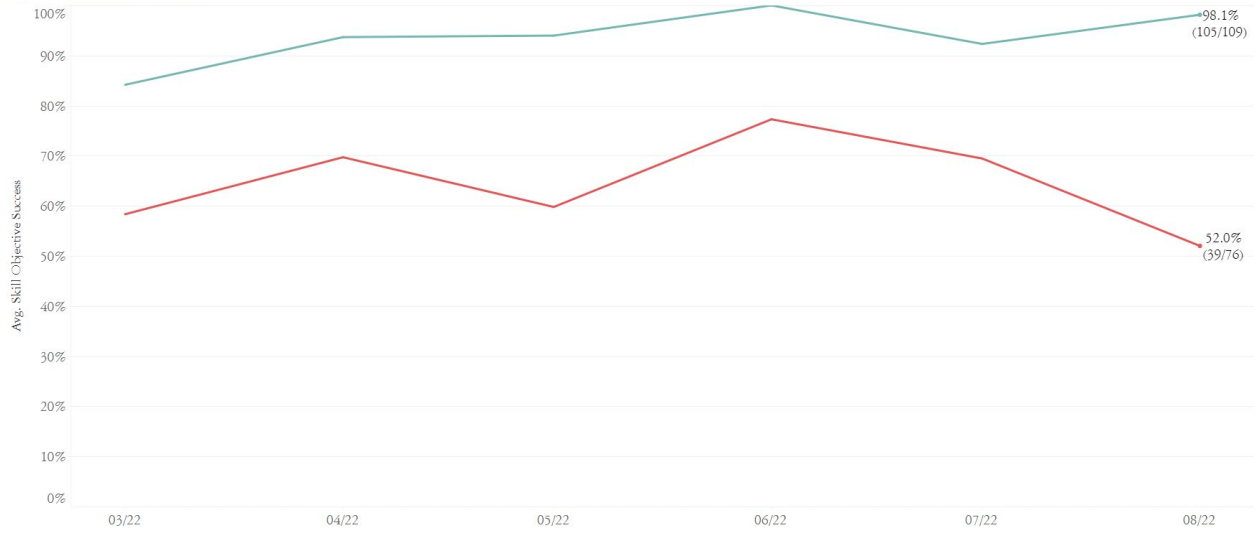
% of Uncorrected MCD Walk/Overall placement



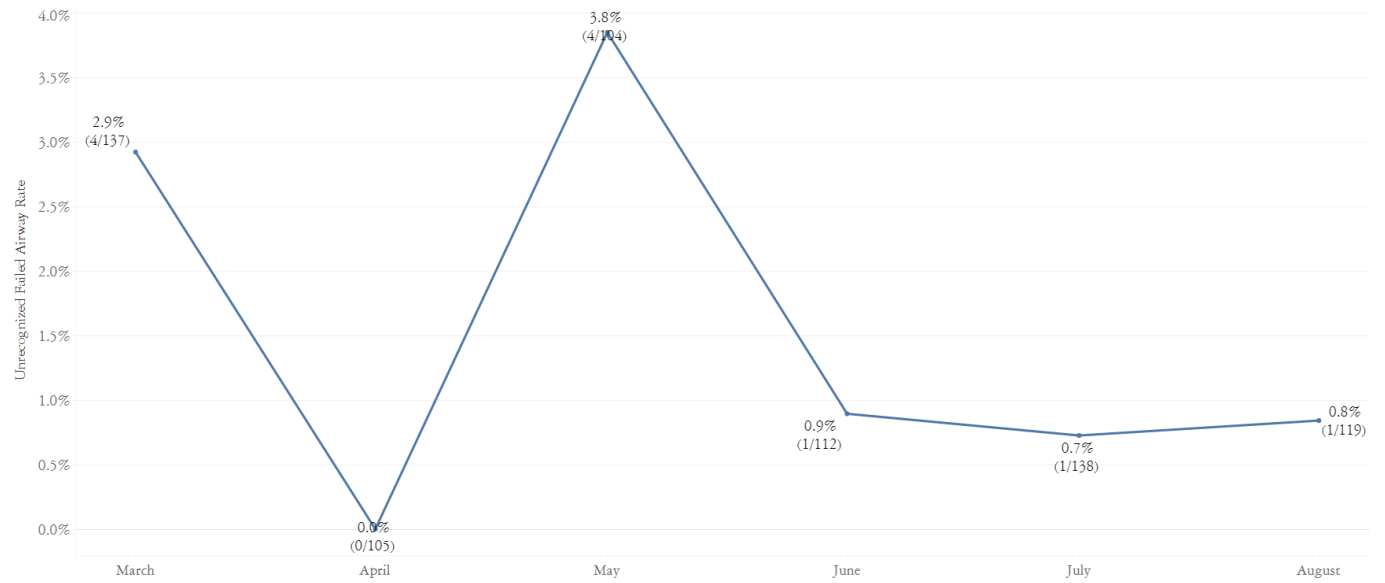


- Airway Management**

Airways Skill Success - ET & King



Unrecognized Failed Advanced Airway Rate



## System Diagnostics

	Goal	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Current Avg.	Goal
<b>Cardiac Arrest</b>								
% 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							
% 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%	
<b>STEMI</b>								
% of suspected STEMI patients correctly identified by EMS	55.2%	66.7%	59.4%	59.4%	53.3%		62.0%	75%
% of suspected STEMI patients w/ASA admin (in the absence of contraindications)	94.4%	96.3%	97.1%	93.9%	92.1%		94.5%	90%
% of suspected STEMI patients w/NTG admin (in the absence of contraindications)	94.4%	88.9%	94.3%	93.9%	76.3%		87.7%	90%
% of suspected STEMI patients with 12L acquisition within 10 minutes of patient contact	77.8%	66.7%	85.7%	81.8%	92.1%		72.1%	90%
% of suspected STEMI patients with 12L transmitted within 5 minutes of transport initiation	72.2%	74.1%	74.3%	84.9%	68.4%		62.4%	90%
% of suspected STEMI patients with PCI facility notified of suspected STEMI within 10 minutes of EMS patient contact	8.3%	14.8%	31.4%	36.4%	34.2%		18.5%	75%
% of patients with suspected STEMI Transported to PCI Center	100.0%	100.0%	100.0%	100.0%	100.0%		99.6%	90%
% of suspected STEMI patients with EMS activation to Cath Lab intervention time < 90 minutes	23.1%	25.0%	33.3%	37.5%	37.5%		32.7%	50%

# Tab C – Chief Transformation Officer

# Transformation Report

September 2022

## Alternate Payment Models & Expanded Services

- Medicaid and Cigna eligibility for “ET3-Like” services kicked off 9/1
  - A few minor bumps with DH for eligibility determinations
  - Dispatch Health not an option for Cigna commercial patients due to being out of network
    - Would require payment guarantee at time of appointment scheduling
  - JPS Urgent Care stepping up

## Reducing HOT Vehicle Operations Project

- Community perception survey to be distributed to community and media partners this month
- 28 FRO perception surveys completed (*summary attached*)
- Coalition of agencies submitting for national study linking patient responses to EMS Survey Team data for timeliness arrival to actual response time

## Balance Billing (Patient Protection Initiative)

- Texas Legislature planning to re-introduce ground ambulance balance billing issue next session
- Beginning work on plans to frame ‘Patient Protection’ legislation for program similar to one the legislature did for physicians with arbitration
- Still awaiting formation of Congressional committee on similar topic

## StarSaver+PLUS

- Analysis on fiscal soundness of StarSaver program completed (attached)
- Enrollment campaign for StarSaver+PLUS initiated (*flyer attached*)

## Ride for Life Event, September 10, 2022

- 26 motorcycles, 36 individuals attended
- Information provided on First Responder suicide provided

## 9/11 Events

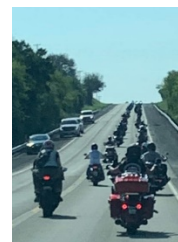
- Several MedStar team members participated in stair climb
- MedStar Honor Guard participated in First Responder Day at Cowboys game 9/11
- Fort Worth Harley Owners Group visited MedStar to say ‘Thanks’

## AHA Heart Walk 9/24

- Pancake breakfast fundraised hugely successful with ~ \$1,200 raised
- MedStar Team participating in the walk
- MedStar Comms Supervisor Raylon Bryant doing a GREAT job!

## Hope Week

- Hope Squad conducted ‘Hope Week’ 9/4 – 9/10
  - Bring awareness to stress and suicide
- Several events held, including “Serving our Own” event on 9/9
  - Leadership team served team members
- Sidewalk art updated at central and north deployment centers



### Upcoming Presentations:

<u>Event (location)</u>	<u>Date</u>	<u>Attendees</u>
ICMA Annual Conference (Columbus, OH) <i>{4-hour workshop on effective EMS system design &amp; evaluation}</i>	Sept 2022	~1,500
Amer. Amb. Assoc. Annual Conf. (Nashville, TN)	Sept 2022	~750
California Ambulance Association (Anaheim, CA)	Sept 2022	~500
EMS MC EMSPire Leadership Conference (Greensboro, NC)	Sept 2022	~300
EMS Expo (Orlando, FL)	Oct 2022	~3,000
South Carolina EMS Leadership Conf. (Greenville, SC)	Oct 2022	~500
Texas EMS Conference (Austin, TX)	Nov 2022	~1,500
Iowa State EMS Conference (Des Moines, IA)	Nov 2022	~600
NAEMSP Annual Conference (Tampa, FL)	Jan 2023	~700
FDIC/JEMSSCon	Apr 2023	~7,000

### Media Summary

#### Local –

- Adverse Weather Safety
  - NBC 5, CBS 11, FOX 4, ABC 8, KRLD, WBAP, Star-Telegram
- School Bus Safety
  - CBS 11, NBC 5, FOX 4, KRLD, WBAP, KLIF, Star-Telegram
- W7th Bike Team Partnership
  - FOX 4, Star-Telegram, KRLD, WBAP/KLIF
- Ride for Life/First Responder Suicide
  - KRLD

#### National –

- W7th Bike Team Partnership
  - EMS1, JEMS
- StarSaver+PLUS Rollout
  - EMS1
- Age Friendly EMS
  - EMS World, Cover Story (**attached**)

StarSaver Analysis: 2021-2022

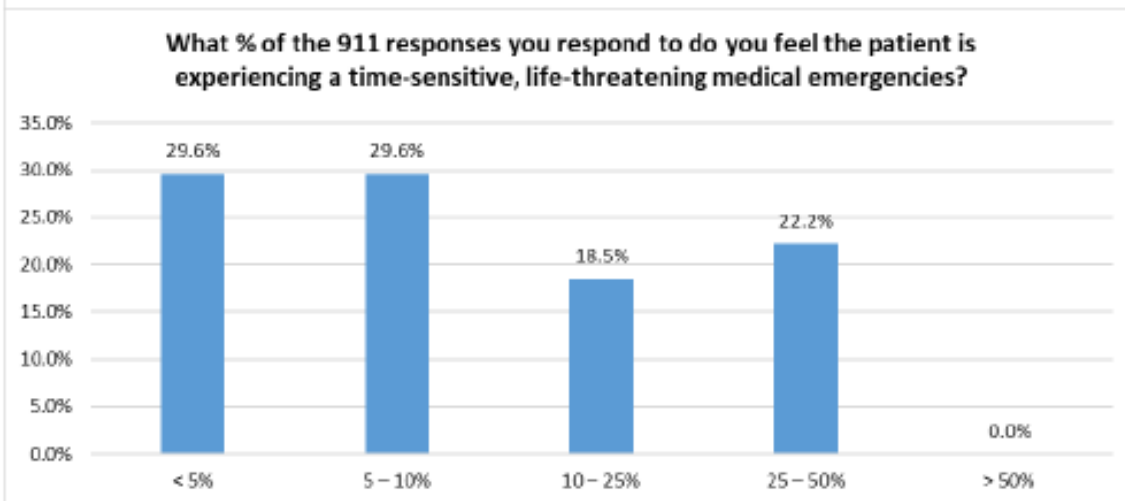
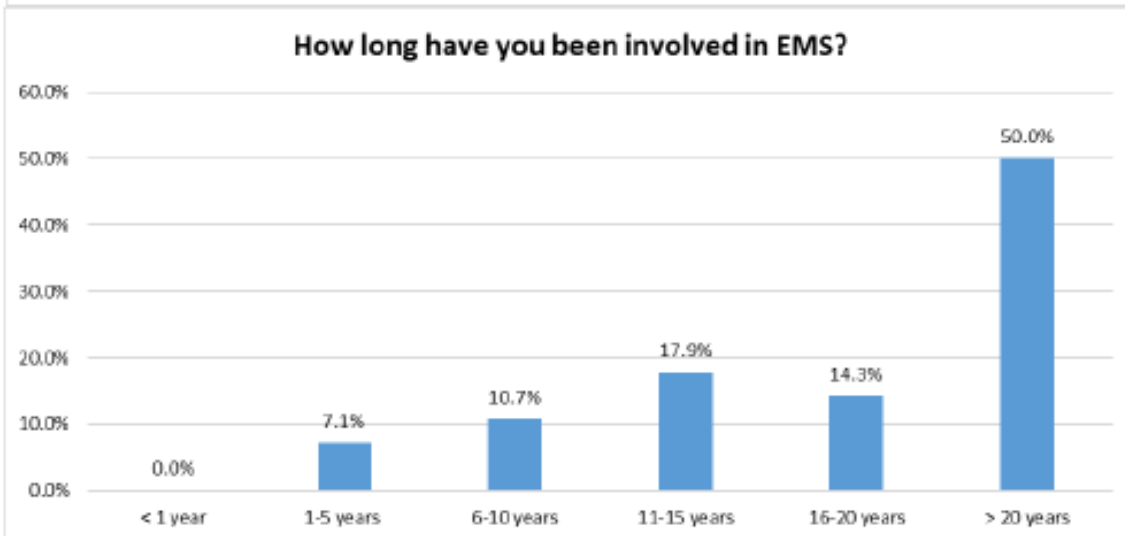
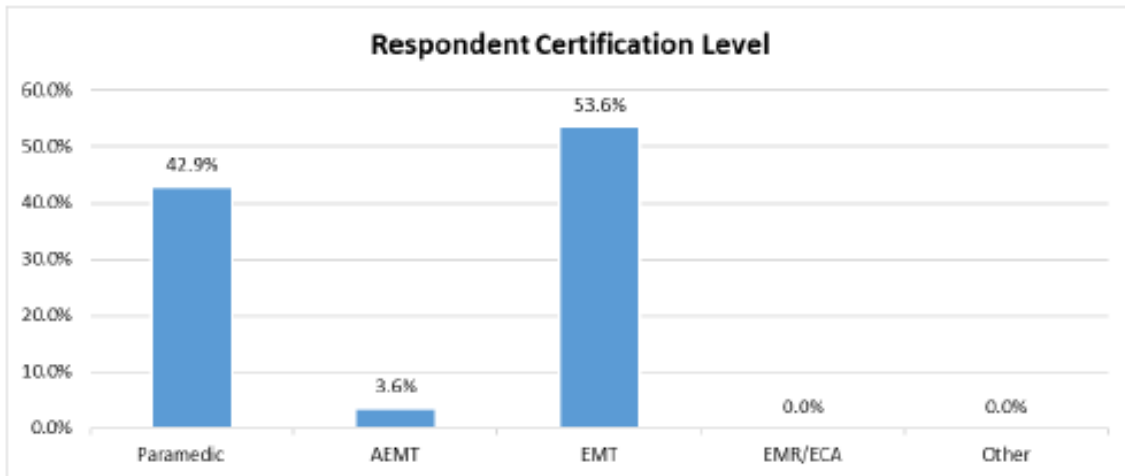
Row Labels	Count of Run #	Sum of Net Charges	Sum of Payments	Sum of Membership Adj	Opportunity Loss
<b>Membership Adj After Ins</b>	<b>732</b>	<b>\$ 330,017.9</b>	<b>\$ 319,056.4</b>	<b>\$ 240,433.1</b>	
Insurance	136	\$ 119,279	\$ 118,631	\$ 125,675	\$ 25,135
Medicaid MCO	3	\$ 422	\$ 422	\$ 1,671	\$ 334
Medicare	157	\$ 61,262	\$ 57,506	\$ 14,552	\$ 2,910
Medicare Advantage	404	\$ 123,141	\$ 125,402	\$ 87,233	\$ 17,447
Other Govt. Payers	5	\$ 4,030	\$ 1,425	\$ 1,275	\$ 255
Patient	25	\$ 19,699	\$ 13,485	\$ 9,880	\$ 198
TPL	2	\$ 2,186	\$ 2,186	\$ 147	\$ 29
<b>Membership Adj AMA</b>	<b>50</b>	<b>\$ 9,600</b>	<b>\$ 0</b>	<b>\$ 16,435</b>	
Insurance	4	\$ -	\$ -	\$ 1,850	\$ 370
Medicare	13	\$ 2,100	\$ -	\$ 4,400	\$ 880
Medicare Advantage	11	\$ 1,500	\$ 0	\$ 5,185	\$ 1,037
Other Govt. Payers	2	\$ 300	\$ -	\$ 700	\$ 140
Patient	20	\$ 5,700	\$ -	\$ 4,300	\$ 86
<b>Membership Discount Write Off</b>	<b>57</b>	<b>\$ 62,613</b>	<b>\$ -</b>	<b>\$ 47,958</b>	
Patient	57	\$ 62,613	\$ -	\$ 47,958	\$ 959
<b>(blank)</b>					
(blank)					
<b>Grand Total</b>	<b>839</b>	<b>\$ 402,231</b>	<b>\$ 319,056</b>	<b>\$ 304,826</b>	<b>\$ 49,780</b>

Membership Fees	\$ 220,800.00
Opportunity Loss	\$ 49,780.33
Net	\$ 171,019.67

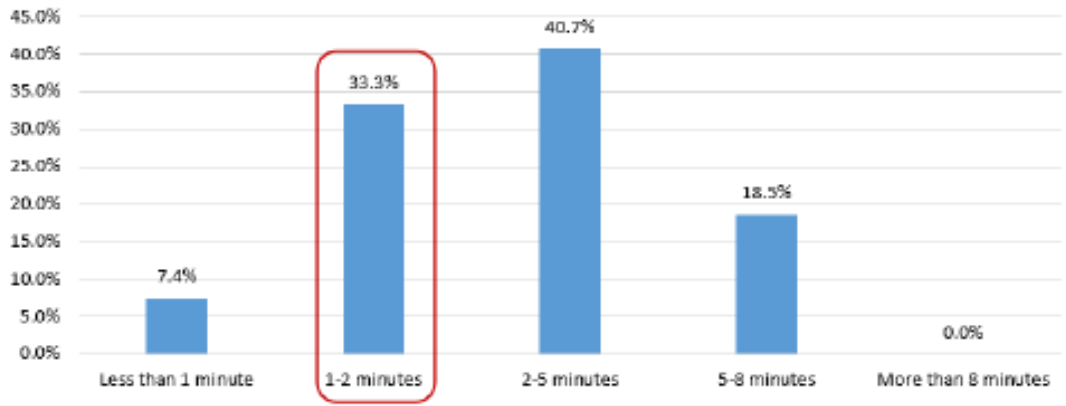
# First Responder Survey - Ambulance Lights and Siren Operation

## August 2022

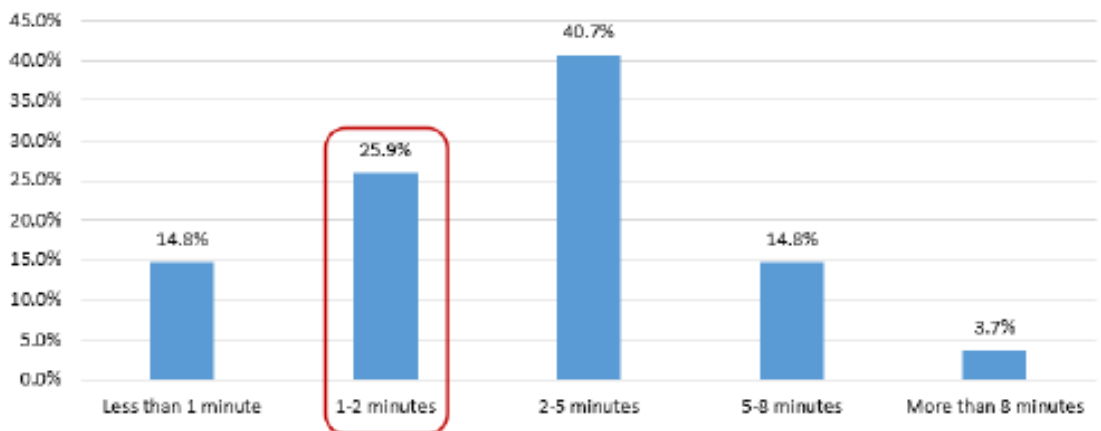
### Overall



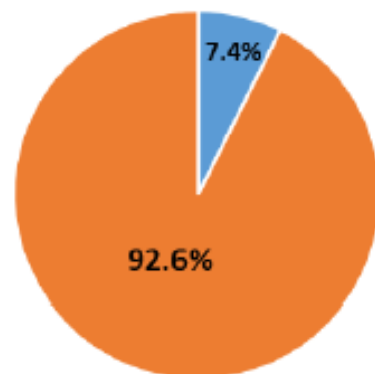
**On average, how much time do you believe a MedStar ambulance responding with lights and siren saves?**



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



**Do you feel a patient with a low-acuity 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?**

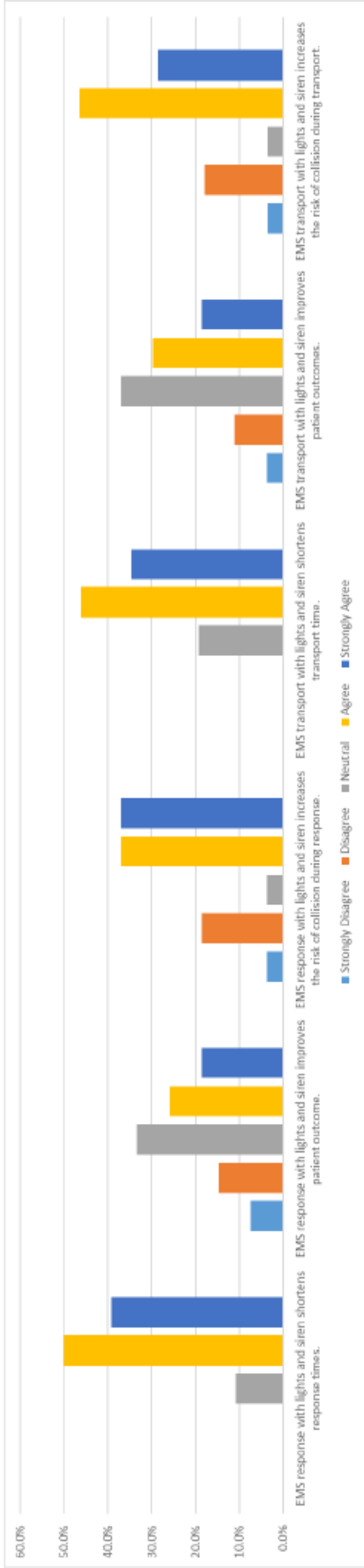


■ Yes ■ No





Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total Responses
EMS response with lights and siren shortens response times.	0	0	3	14	11	28
EMS response with lights and siren improves patient outcome.	2	4	9	7	5	27
EMS response with lights and siren increases the risk of collision during response.	1	5	1	10	10	27
EMS transport with lights and siren shortens transport time.	0	0	5	12	9	26
EMS transport with lights and siren improves patient outcomes.	1	3	10	8	5	27
EMS transport with lights and siren increases the risk of collision during transport.	1	5	1	13	8	28



Respondent City	Total
Blue Mound	1
Burleson	6
Edgecliff Village	2
Fort Worth	195
Halton City	3
Haslet	3
Lake Worth	2
Lakeside	1
River Oaks	2
Saginaw	1
Sansom Park	1
Westworth Village	1
<b>Total</b>	<b>270</b>



# MedStar saves lives. Membership saves money.

**There's no need to worry** when trouble strikes because MedStar's industry leading health heroes are always around the corner to swoop in and take care of your urgent medical needs. And now, MedStar can save you from financial

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*One low price*

+



Mobile Medical Care  
*Worry-free service*

=



Peace of Mind  
*Ambulance ride covered*



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## StarSaver+PLUS Benefits:

- ✓ **Physical & medical assessment of the Primary and Secondary StarSaver+Plus Member**
  - Identification of any perceived medical or healthcare gaps
  - Medication inventory
  - Documentation of any relevant medical documentation
- ✓ **Registration in MedStar's Mobile Integrated Healthcare (MIH) Program**
  - Notification to the Primary and Secondary Member's Primary Care Physician (PCP) of their enrollment into the StarSaver+Plus program
  - Specialized protocols used in the MIH program
  - Primary and Secondary member tracked in MedStar's 9-1-1 Dispatch System
  - Up to two (2) additional non-emergency in-home visits per year at the request of the primary or secondary StarSaver Plus Member

Join today | [www.medstarsaver.org](http://www.medstarsaver.org)  
[Membership@medstar911.org](mailto:Membership@medstar911.org) |  
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# EMSWORLD®

Charting the Future of Out-of-Hospital Care

AGE-FRIENDLY EMS

## SENIOR SERVICE

Can tools from the IHI help improve care of the aged in a major 9-1-1 system?

Page 18

### PLUS

How to Think About First-Pass Success

Page 12

Hypothermia-Induced Cardiac Arrest

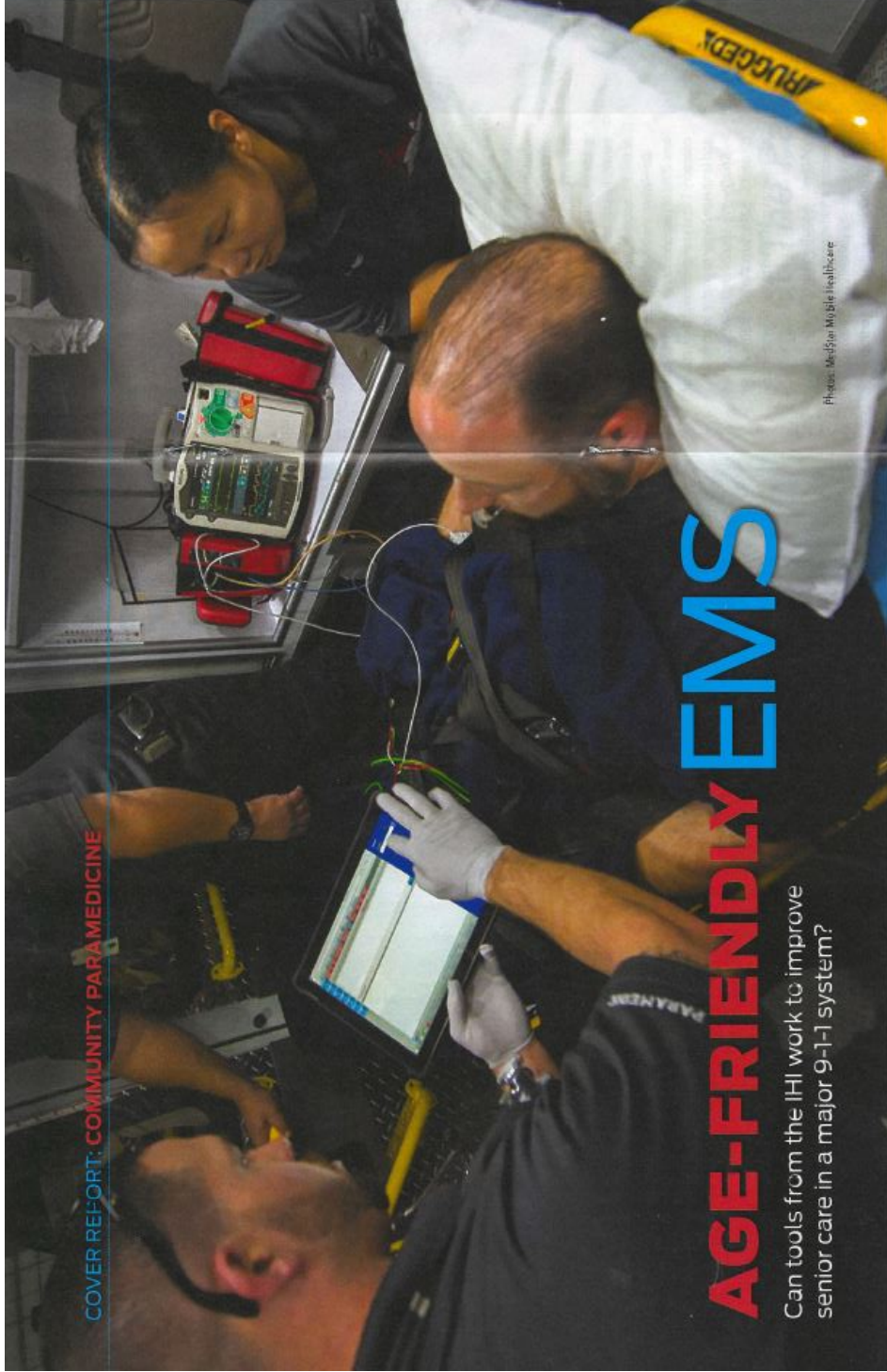
Page 24

A New Look at Excited Delirium

Page 28

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HMP Global



# AGE-FRIENDLY EMS

Can tools from the IHI work to improve senior care in a major 9-1-1 system?

By Kate Taylor, DNP, FNP-C, CPPS; Desiree Partain, CCP-C, MHA; Brandon Pate, MPH, CPH, CP-C, CCP-C; Laura McEntire, LCSW, ACSW; Audrey Kwik; and Teresa Wagner, DrPH, MS, CPH, RD/LD, CPPS, CHWI, DipACLM, CHWC

**O**ur population is aging. The US population 65 and older is expected to nearly double over the next 30 years, from 43.1 million in 2012 to an estimated 83.7 million by 2050.<sup>1</sup> Older populations have an increased risk of multimorbidities, adverse drug events, and dementia. Older adults who utilize emergency services deserve specialized attention to address these complexities.

The Age-Friendly Health Systems (AFHS) initiative is a movement of the John A. Hartford Foundation in collaboration with the Institute

for Healthcare Improvement (IHI), American Hospital Association, and Catholic Health Association of the United States. The AFHS has 3 goals in improving care: Follow an essential set of evidence-based practices, cause no harm, and align with what matters to older adults and their family caregivers.<sup>2</sup>

The AFHS approach centers around 4 elements called the 4 M's: what matters, medications, mobility, and mentation. What matters means to know and align care with the older adult's goals and preferences, including end-of-life care. Addressing medications

means ensuring necessary medications do not interfere with the other elements of AFHS. The element of mobility examines the safe movement of older adults to maintain function and participate in what matters. Lastly, mentation means addressing dementia, depression, and delirium in all care settings.<sup>3</sup>

The benefits offer by care setting. In the inpatient setting the biggest are reduced costs resulting from fewer iatrogenic complications, fewer undesired medical interventions, and improved patient safety. Savings are reflected in fewer and shorter hospital stays and lower costs per day. In the outpatient setting the gains come chiefly from added revenues resulting from expanding appropriate outpatient services.<sup>3</sup>

When applying the 4 M's to emergency medical services, the benefits include avoiding unnecessary transports and helping patients stay healthy and safe in their homes. When looking at what matters,

this could translate to avoiding unwanted emergency room visits or hospitalizations and focusing on quality of life. Regarding medications, the benefit is to avoid mismanagement of medications or adverse drug events. The value of AFHS related to mobility is to avoid injurious falls, wandering, or decline of functionality. Lastly, the benefit of addressing mentation is to avoid or address behavioral issues related to dementia, depression, and delirium.<sup>4</sup>

## Setting

MedStar is a local governmental agency created by 15 cities in north-central Texas and serves more than 1 million residents. It provides a wide range of services that include acute emergency medical response, flu vaccines, and a mobile integrated health (MIH) program. In 2009 MedStar implemented MIH to identify high system users and develop individual care plans for them. The typical care plan has several interventions but consists mainly of regular home visits by paramedics who perform medical and medication assessments and encourage patients to follow up with their primary care providers.<sup>5</sup> MIH goals are to provide health care services directly to patients on location, minimize unwarranted trips to hospitals, and reduce persistent readmissions for the same conditions.

Our AFHS interventions targeted MedStar 9-1-1 calls and the MedStar MIH program. Embedding the interventions in the electronic medical record (EMR) ensured their use by MedStar providers each time they evaluated a patient.

In 2021 there were 1256 people over age 65 served by the MedStar MIH program. Almost half had significant multimorbidities or were receiving home health services or hospice care. MedStar answered 34,337 9-1-1 calls in 2021, transporting 28,120 patients. About 10% of patients were assessed, treated, and stayed at home.

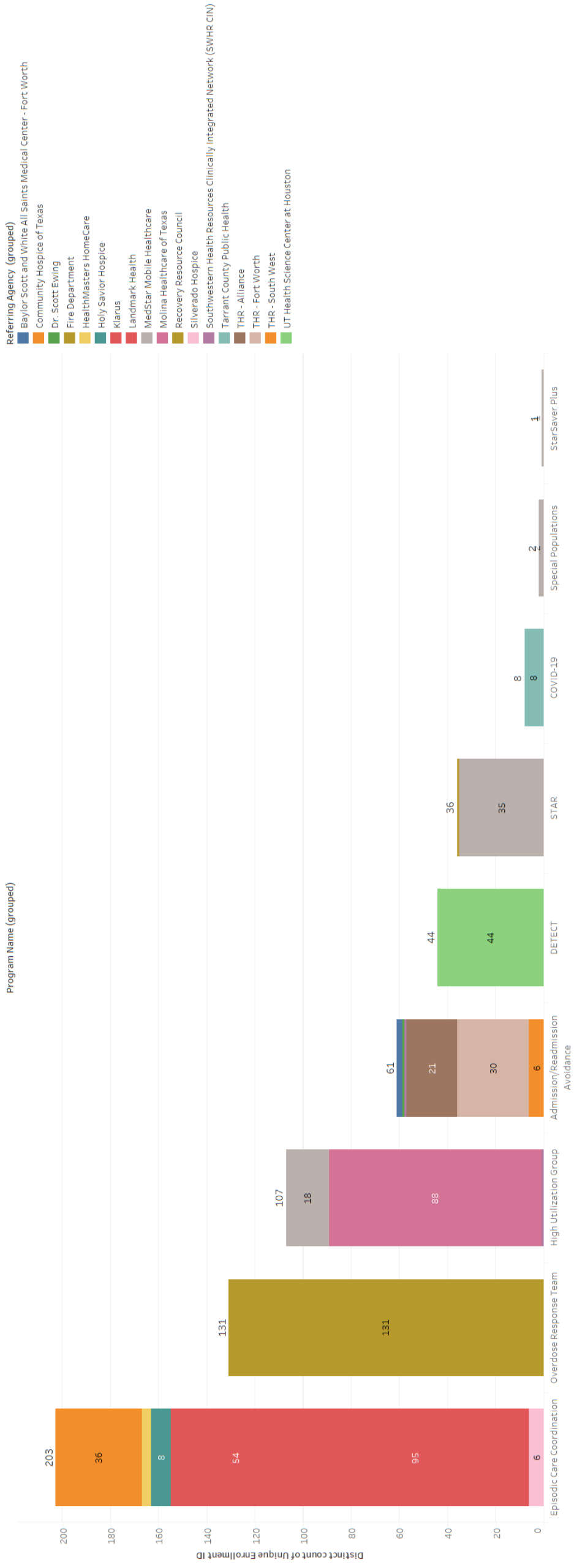
Embedding AFHS screenings in emergency care empowers paramedics to ascertain the true issues patients may be encountering and consider solutions that do not require transport, thus minimizing future usage. Older adults face a high risk of low health literacy due to age-related changes that compound previous baseline gaps in understanding health information. In Tarrant County, where MedStar is based, approximately 52%–97% of seniors read at or below the 5th-grade level.<sup>6</sup> With these facts in mind, our team developed interventions to address these challenges faced by both seniors and paramedics.

## Methods

We selected the plan-do-study-act (PDSA) cycle frequently utilized by health care systems as our implementation method. The components of the PDSA cycle are:

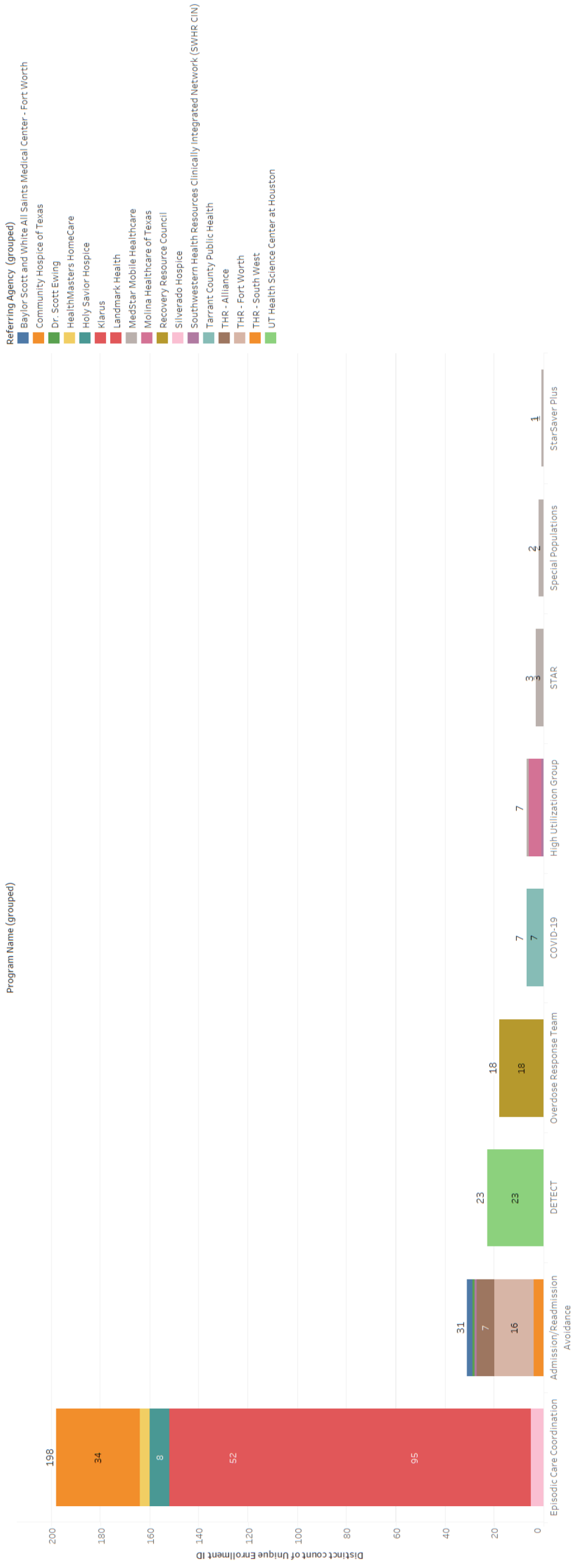
# MIH Referrals – August 2022

Referral Count



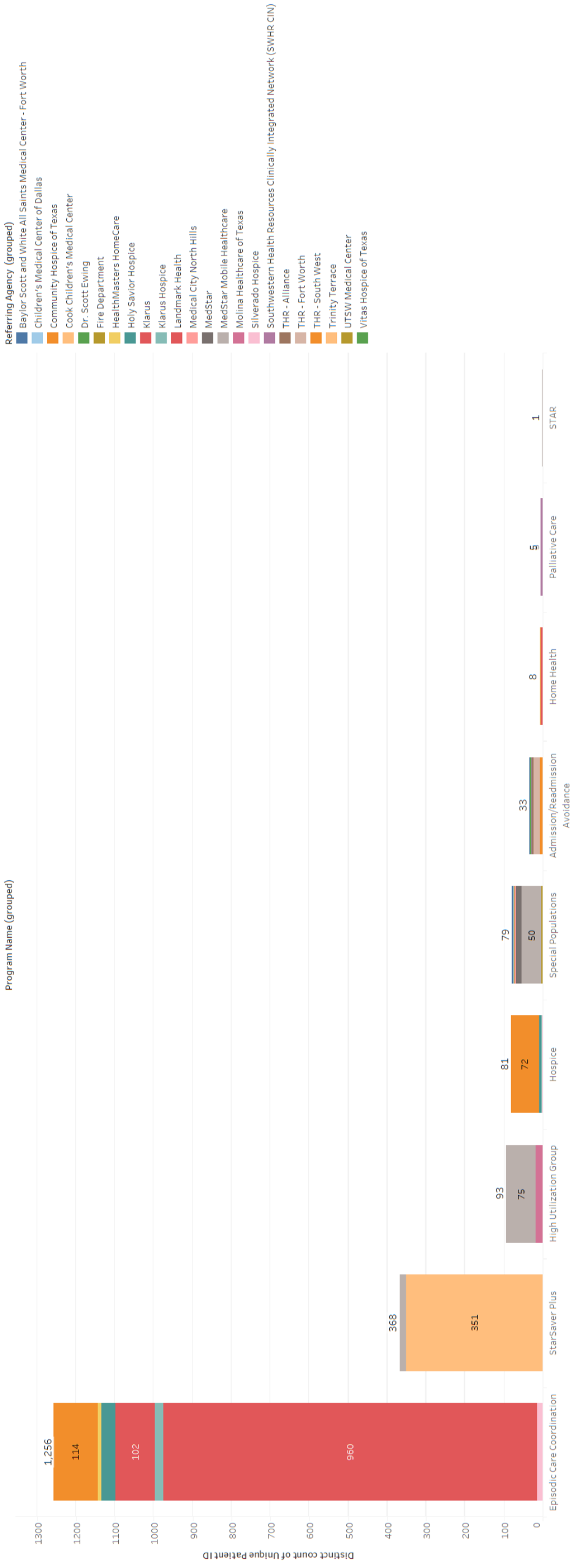
# MIH Enrollments – August 2022

Enrollment Count

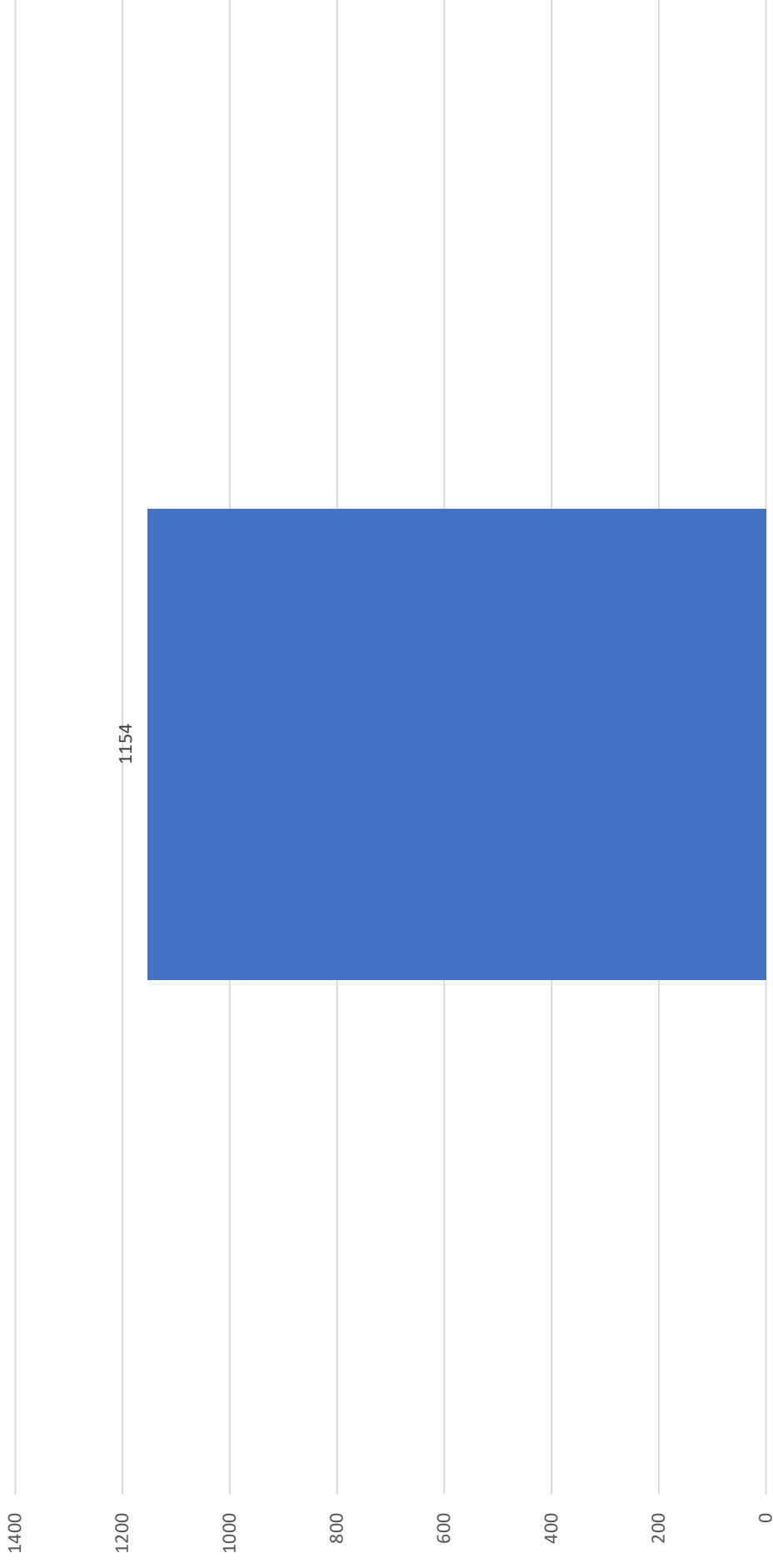


# Currently Enrolled MIH Clients

Currently Enrolled

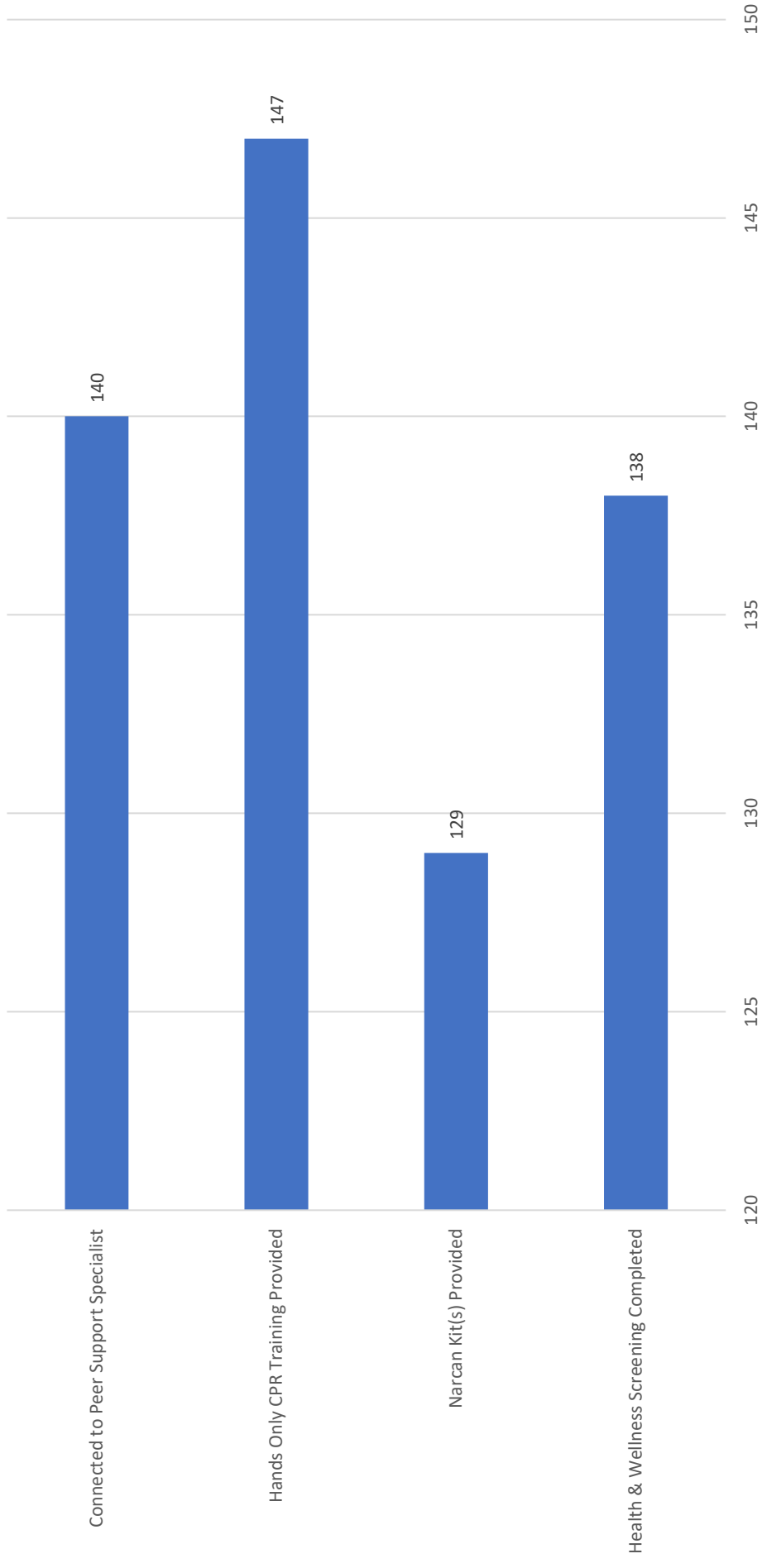


# Overdose Response Team Referrals

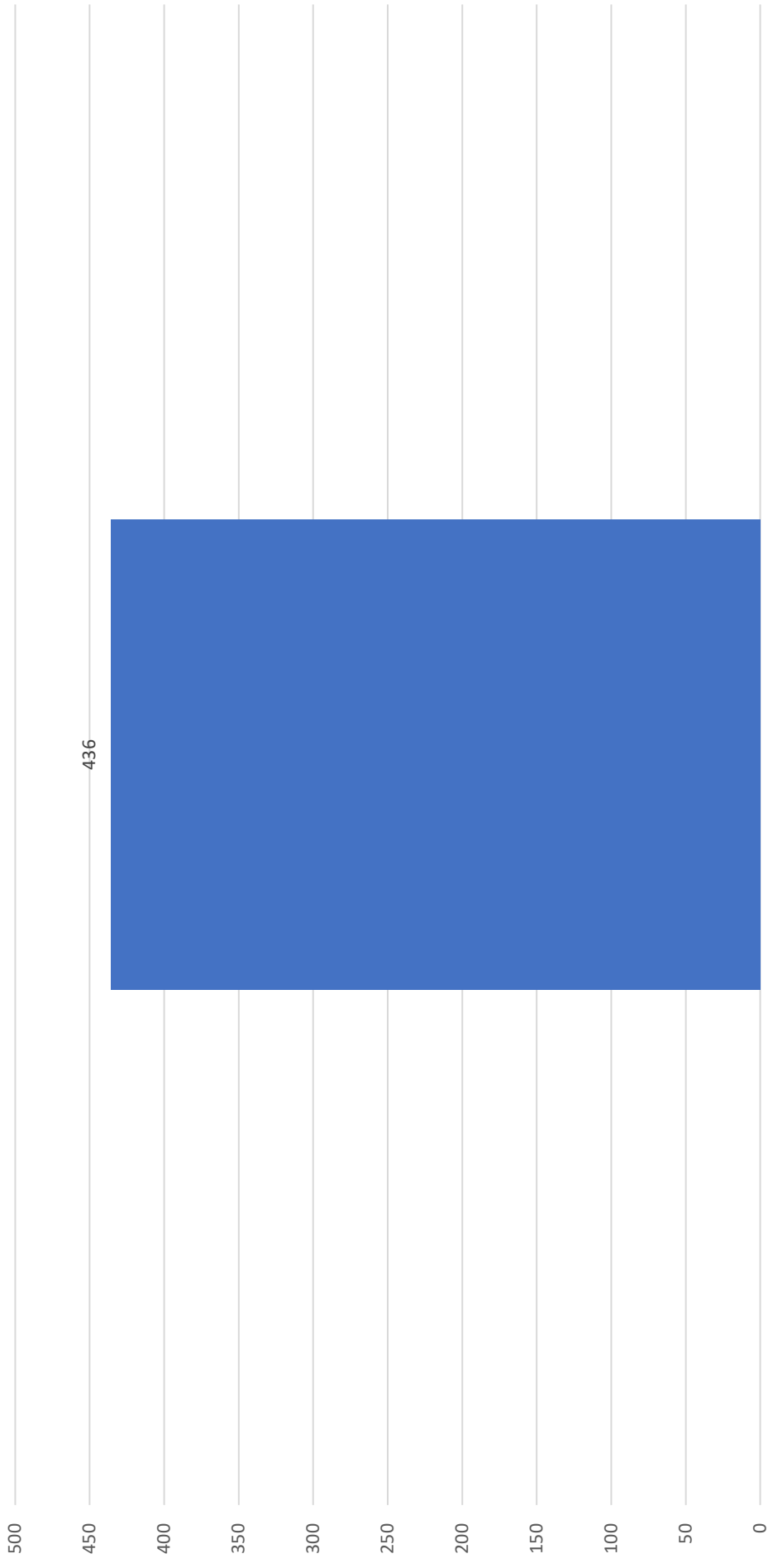




# Overdose Response Team – Program Services Provided



# Overdose Response Team – # of Narcan Kits Provided



# Tab D – Chief Financial Officer

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

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

Statement of Revenues and Expenses:

**Month to Date:** Net Income for the month of August 2022 is a loss of (\$508,114) as compared to a budgeted loss of (\$238,592) for a negative variance of (\$269,521). EBITDA for the month of August 2022 is a loss of (\$196,508) compared to a budgeted gain of \$94,935 for a negative variance of (\$291,443).

- Transport volume in August ended the month 108% to budget.
- Net Revenue in August is 111% to budget or \$473K above budget.
- Total Expenses ended the month 116% to budget or \$742K over budget. In August, MedStar incurred additional expenses in Salaries and Overtime of \$167K, Benefits and Taxes of \$249K, Fuel of \$82K, Medical Supplies of \$66K and Professional Fees of \$131K. The total of all other line items is above budget by \$45K.

**Year to Date:** EBITDA is \$1,509,330 as compared to a budget of \$3,156,275 for a negative variance of (\$1,646,944)

- The main drivers for this variance are YTD patient encounters are 104% to budget and YTD net revenue is 1.05% to budget. Year to date expenses is 1.08% 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 (\$312K) for the year.

Key Financial Indicators:

- Current Ratio – MedStar has \$11.6 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 August 31, 2022, there is 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 8.66 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 August, the return is -4.12%.

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

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

**Balance Sheet By Character Code**

For the Period Ending August 31, 2022

<b>Assets</b>	<b>Current Year</b>	<b>Last Year</b>
Cash	\$19,348,398.62	\$24,743,904.80
Accounts Receivable	\$6,152,125.52	\$8,033,937.43
Inventory	\$383,481.43	\$358,989.75
Prepaid Expenses	\$1,039,128.85	\$457,401.47
Property Plant & Equ	\$63,515,829.42	\$62,788,513.23
Accumulated Deprecia	(\$28,545,772.77)	(\$25,333,129.68)
<b>Total Assets</b>	<b>\$61,893,191.07</b>	<b>\$71,049,617.00</b>
<b>Liabilities</b>		
Accounts Payable	(\$611,257.67)	(\$422,282.07)
Other Current Liabil	(\$1,541,183.38)	(\$2,608,934.23)
Accrued Interest	(\$7,781.31)	(\$7,781.31)
Payroll Withholding	(\$389.48)	(\$5,800.65)
Long Term Debt	(\$3,360,160.04)	(\$3,716,681.50)
Other Long Term Liab	(\$9,143,107.91)	(\$10,691,827.35)
<b>Total Liabilities</b>	<b>(\$14,663,879.79)</b>	<b>(\$17,453,307.11)</b>
<b>Equities</b>		
Equity	(\$52,884,378.49)	(\$55,208,105.09)
Control	\$5,655,067.21	\$1,611,785.17
<b>Total Equities</b>	<b>(\$47,229,311.28)</b>	<b>(\$53,596,319.92)</b>
<b>Total Liabilities and Equities</b>	<b>(\$61,893,191.07)</b>	<b>(\$71,049,627.03)</b>

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

Revenue	Current Month		Current Month		Year to Date		Year to Date		Year to Date Variance
	Actual	Budget	Variance	Actual	Budget	Actual	Budget		
Transport Fees	\$20,915,234.64	\$17,449,292.77	\$3,465,941.87	\$212,585,534.30	\$191,355,573.83	\$21,229,960.47	\$21,229,960.47	\$21,229,960.47	\$21,229,960.47
Contractual Allow	(\$11,882,864.86)	(\$7,606,630.26)	(\$4,276,234.60)	(\$82,242,167.82)	(\$83,413,481.90)	\$1,171,314.08	(\$83,413,481.90)	\$1,171,314.08	\$1,171,314.08
Provision for Uncoll	(\$4,465,948.50)	(\$5,674,264.81)	\$1,208,316.31	(\$83,281,013.85)	(\$62,223,367.95)	(\$21,057,645.90)	(\$62,223,367.95)	(\$21,057,645.90)	(\$21,057,645.90)
Education Income	\$495.00	\$1,370.00	(\$875.00)	\$96,685.30	\$79,960.00	\$16,725.30	\$79,960.00	\$16,725.30	\$16,725.30
Other Income	\$101,113.81	\$43,760.75	\$57,353.06	\$1,412,359.61	\$763,968.25	\$648,391.36	\$763,968.25	\$648,391.36	\$648,391.36
Standby/Subscription	\$79,823.08	\$60,973.79	\$18,849.29	\$940,327.48	\$714,855.29	\$225,472.19	\$714,855.29	\$225,472.19	\$225,472.19
Pop Health PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
interest on Investme	\$467.38	\$500.00	(\$32.62)	\$5,017.24	\$5,500.00	(\$482.76)	\$5,500.00	(\$482.76)	(\$482.76)
Gain(Loss) on Dispos	\$0.00	\$0.00	\$0.00	\$29,495.27	\$4,626.00	\$24,869.27	\$4,626.00	\$24,869.27	\$24,869.27
<b>Total Revenue</b>	<b>\$4,748,320.55</b>	<b>\$4,275,002.24</b>	<b>\$473,318.31</b>	<b>\$49,546,237.53</b>	<b>\$47,287,633.52</b>	<b>\$2,258,604.01</b>	<b>\$47,287,633.52</b>	<b>\$2,258,604.01</b>	<b>\$2,258,604.01</b>
<b>Expenditures</b>									
Salaries	\$2,821,540.92	\$2,654,391.33	\$167,149.59	\$30,741,570.56	\$28,535,041.93	\$2,206,528.63	\$28,535,041.93	\$2,206,528.63	\$2,206,528.63
Benefits and Taxes	\$853,171.03	\$603,854.00	\$249,317.03	\$5,730,325.10	\$5,304,788.00	\$425,537.10	\$5,304,788.00	\$425,537.10	\$425,537.10
Interest	\$32,702.78	\$33,500.00	(\$797.22)	\$375,917.41	\$368,500.00	\$7,417.41	\$368,500.00	\$7,417.41	\$7,417.41
Fuel	\$205,611.29	\$123,005.92	\$82,605.37	\$1,744,547.32	\$1,111,159.12	\$633,388.20	\$1,111,159.12	\$633,388.20	\$633,388.20
Medical Supp/Oxygen	\$255,969.10	\$189,312.00	\$66,657.10	\$2,234,020.40	\$2,076,289.60	\$157,730.80	\$2,076,289.60	\$157,730.80	\$157,730.80
Other Veh & Eq	\$66,827.99	\$42,790.00	\$24,037.99	\$545,833.76	\$438,413.00	\$107,420.76	\$438,413.00	\$107,420.76	\$107,420.76
Rent and Utilities	\$54,183.51	\$66,284.52	(\$12,101.01)	\$638,652.53	\$728,354.72	(\$89,702.19)	\$728,354.72	(\$89,702.19)	(\$89,702.19)
Facility & Eq Mtc	\$69,922.08	\$67,461.26	\$2,460.82	\$758,957.67	\$827,173.86	(\$68,216.19)	\$827,173.86	(\$68,216.19)	(\$68,216.19)
Postage & Shipping	\$1,460.51	\$3,521.55	(\$2,061.04)	\$23,646.29	\$38,737.05	(\$15,090.76)	\$38,737.05	(\$15,090.76)	(\$15,090.76)
Station	\$52,549.71	\$44,899.01	\$7,650.70	\$415,455.17	\$542,653.11	(\$127,197.94)	\$542,653.11	(\$127,197.94)	(\$127,197.94)
Comp Maintenance	\$82,667.95	\$62,274.99	\$20,392.96	\$792,218.15	\$685,024.89	\$107,193.26	\$685,024.89	\$107,193.26	\$107,193.26
Insurance	\$54,886.97	\$44,026.52	\$10,860.45	\$551,767.88	\$484,291.72	\$67,476.16	\$484,291.72	\$67,476.16	\$67,476.16
Advertising & PR	\$7,043.00	\$292.00	\$6,751.00	\$12,008.39	\$39,312.00	(\$27,303.61)	\$39,312.00	(\$27,303.61)	(\$27,303.61)
Printing	\$444.68	\$3,615.41	(\$3,170.73)	\$41,692.60	\$39,769.51	\$1,923.09	\$39,769.51	\$1,923.09	\$1,923.09
Travel & Entertain	\$8,858.11	\$8,888.00	(\$29.89)	\$59,019.03	\$105,943.00	(\$46,923.97)	\$105,943.00	(\$46,923.97)	(\$46,923.97)
Dues & Subs	\$140,230.28	\$128,536.00	\$11,694.28	\$1,239,242.40	\$1,483,369.00	(\$244,126.60)	\$1,483,369.00	(\$244,126.60)	(\$244,126.60)
Continuing Educ Ex	\$10,143.45	\$11,605.00	(\$1,461.55)	\$133,619.87	\$215,126.00	(\$81,506.13)	\$215,126.00	(\$81,506.13)	(\$81,506.13)
Professional Fees	\$255,099.63	\$123,365.71	\$131,733.92	\$2,270,265.25	\$1,454,327.81	\$815,937.44	\$1,454,327.81	\$815,937.44	\$815,937.44

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

Revenue	Current Month		Current Month		Year to Date		Year to Date	
	Actual	Budget	Variance	Actual	Budget	Variance		
Education Expenses	\$1,405.38	\$0.00	\$1,405.38	\$19,128.78	\$0.00	\$19,128.78		
Miscellaneous	\$2,813.28	\$1,944.00	\$869.28	\$84,935.70	\$21,584.00	\$63,351.70		
Depreciation	\$278,903.13	\$300,028.00	(\$21,124.87)	\$3,314,305.50	\$3,300,308.00	\$13,997.50		
<b>Total Expenditures</b>	<b>\$5,256,434.78</b>	<b>\$4,513,595.22</b>	<b>\$742,839.56</b>	<b>\$51,727,129.76</b>	<b>\$47,800,166.32</b>	<b>\$3,926,963.44</b>		
<b>Net Rev in Excess of Expend</b>	<b>(\$508,114.23)</b>	<b>(\$238,592.98)</b>	<b>(\$269,521.25)</b>	<b>(\$2,180,892.23)</b>	<b>(\$512,532.80)</b>	<b>(\$1,668,359.43)</b>		
<b>EBITDA</b>	<b>(\$196,508.32)</b>	<b>\$94,935.02</b>	<b>(\$291,443.34)</b>	<b>\$1,509,330.68</b>	<b>\$3,156,275.20</b>	<b>(\$1,646,944.52)</b>		

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

	Goal	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
<b>Current Ratio</b>	> 1	8.97	9.49	11.59	10.48	8.43	11.60

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>	> 25%	55.06%	47.07%	42.95%	51.76%	44.45%	33.26%
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Indicates compliance with Ordinance which specifies 3 months cash on hand.

<b>Accounts Receivable Turnover</b>	>3	4.96	4.28	3.65	5.44	6.34	8.66
-------------------------------------	----	------	------	------	------	------	------

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>	-1.00%	10.35%	10.11%	4.04%	0.00%	-4.03%	-4.12%
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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 08/31/2022			<u><u>\$ 475,470.69</u></u>

# Tab E – Chief Human Resources Officer

## Human Resources - August 2022

### Turnover:

- August turnover – 1.92%
  - FT – 1.69%
  - PT – 4.08%
- Year to date turnover –23.22%
  - FT – 21.40%
  - PT – 40.82%

### Leaves:

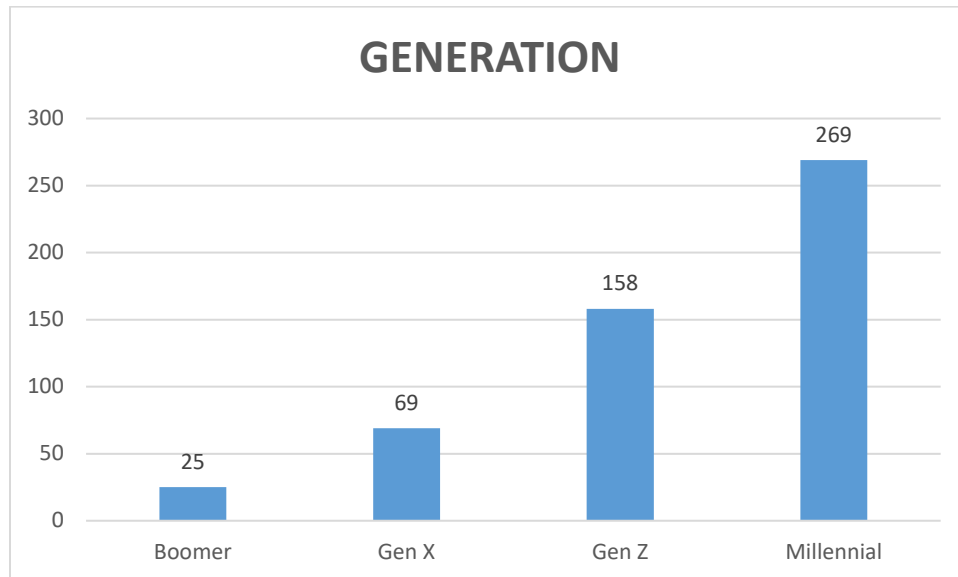
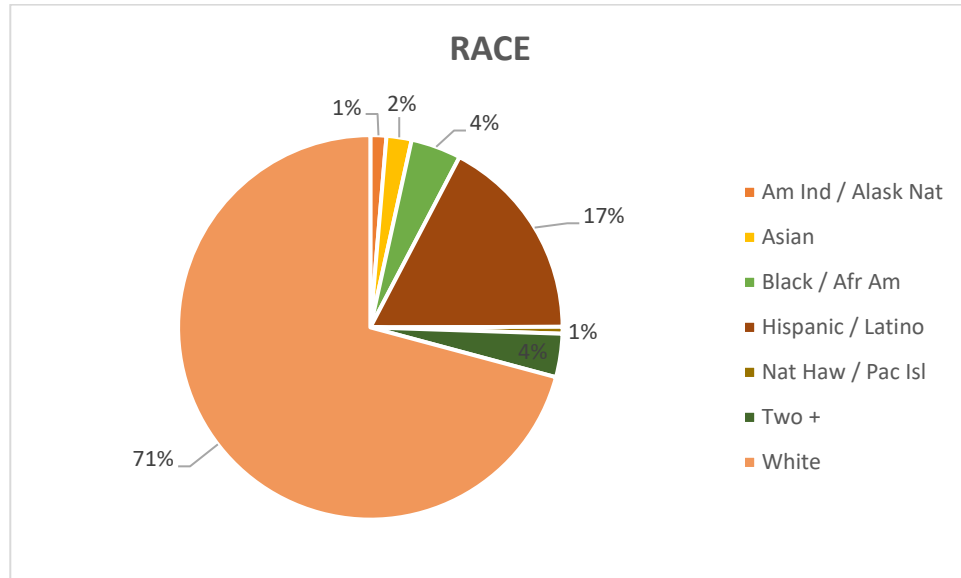
- 19 employees on FMLA / 4.03% of workforce
  - 16 cases on intermittent
  - 3 cases on a block
- Top FMLA request reasons/conditions
  - Internal Medicine (4)
  - FMLA - Child (3)

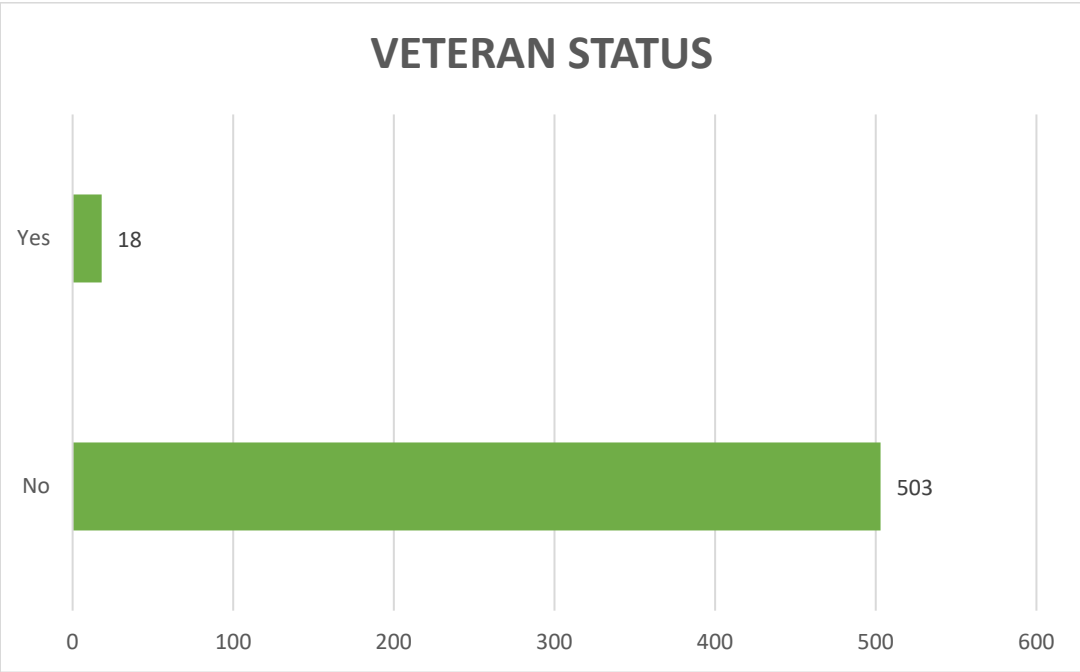
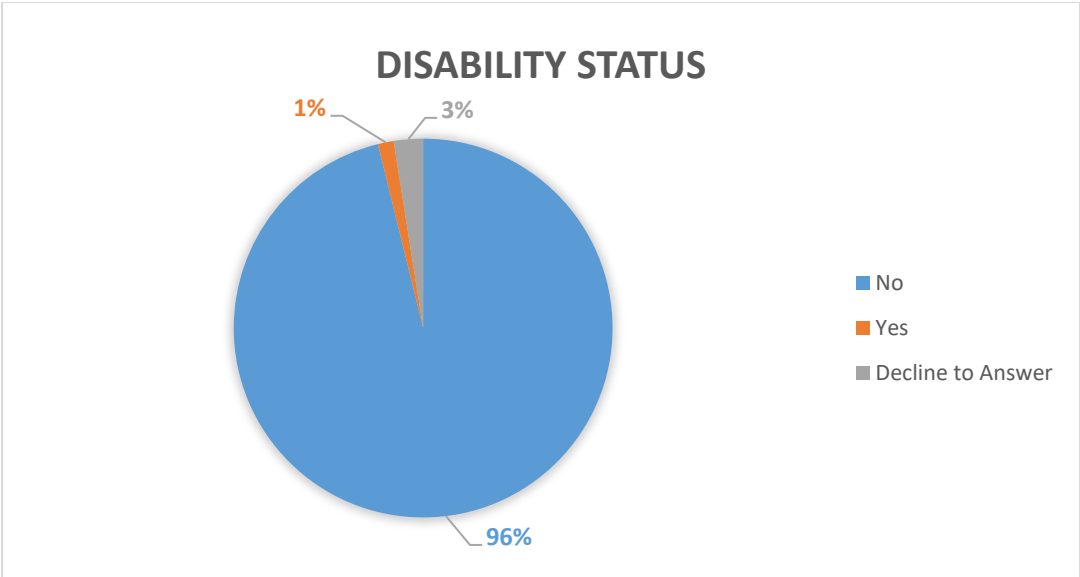
Due to the time and attendance software system change I am not able to provide a report on LOA and COVID hours. We are working on getting it set up and I will include them in a future board packet.

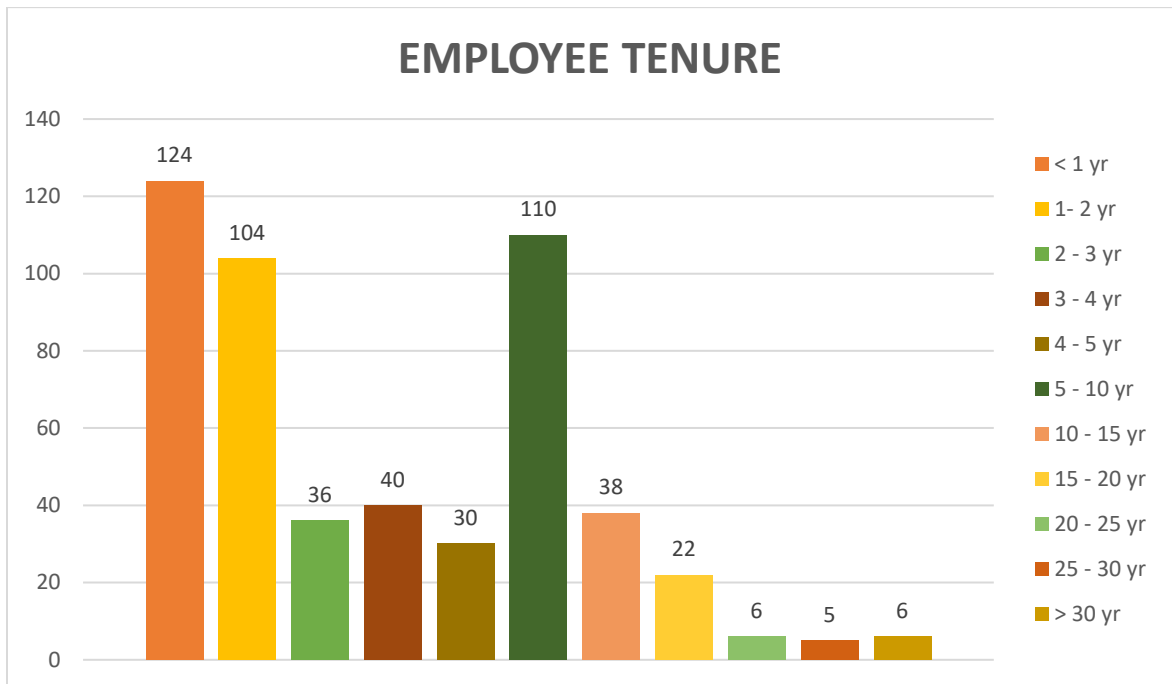
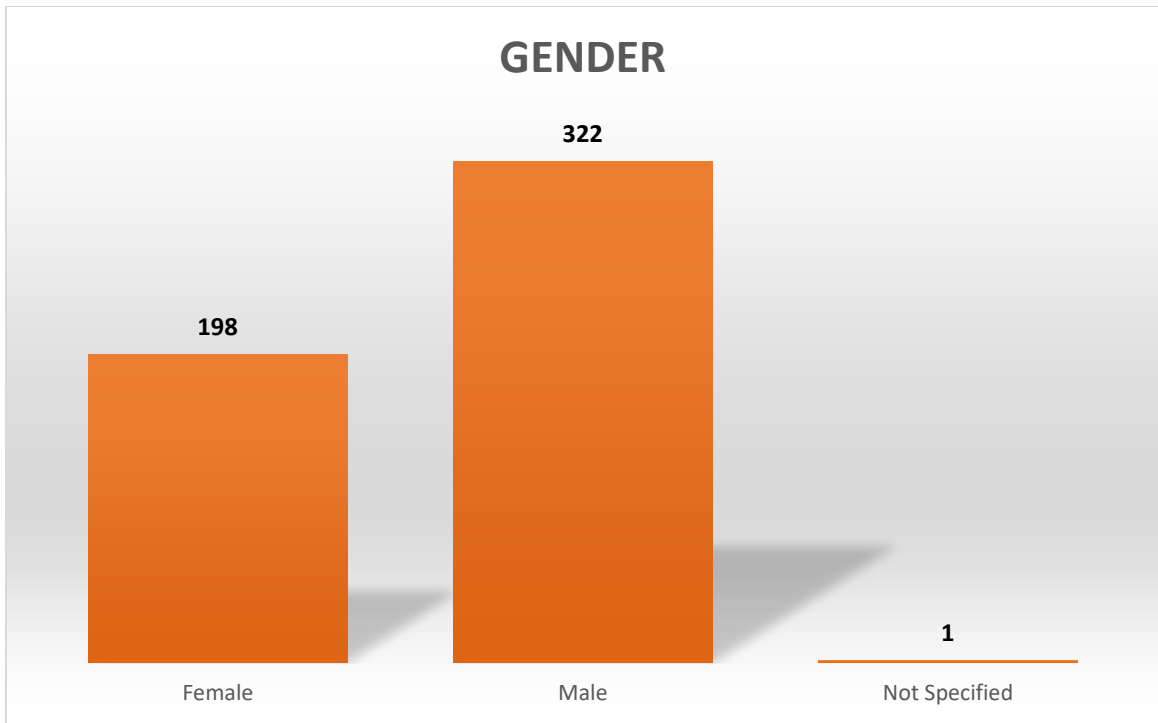
### Staffing

- 18 hires in August
- 140 hires FYTD

# AUGUST 2022 DIVERSITY STATISTICS







**FMLA Leave of Absence (FMLA Detailed Report)  
Fiscal Year 2/1/2022 thru 8/31/2022  
Percentages by Department/Conditions**

Department	Percentage by Department			
	# of Ees	# on FMLA	% by FTE	% by FMLA
Advanced	133	7	1.48%	36.84%
Basic	171	4	0.85%	21.05%
Business Office	12	1	0.21%	5.26%
Communications	43	4	0.85%	21.05%
Controller - Payroll, Purchasing, A/P	6	1	0.21%	5.26%
Support Services - Facilities, Fleet, S.E., Logistics	32	2	0.42%	10.53%
<b>Grand Total</b>	<b>397</b>	<b>19</b>		
<b>Total # of Full Time Employees - August 2022</b>	<b>472</b>			
<b>% of Workforce using FMLA</b>	<b>4.03%</b>			
<b>TYPE OF LEAVES UNDER FMLA</b>	<b># of Ees</b>	<b>% on Leave</b>		
Intermittent Leave	16	84.21%		
Block of Leave	3	15.79%		
<b>Total</b>	<b>19</b>	<b>100.00%</b>		

Conditions	
FMLA - Child	3
FMLA - Parent	2
FMLA - Sibling (in loco parentis)	1
FMLA - Spouse	2
General Surgery	1
Internal Medicine	4
Mental Health	1
Neurological	1
Obstetrics	1
Oncology	1
Orthopedic	1
Pulmonary	1
<b>Grand Total</b>	<b>19</b>

### MedStar Mobile Health Care Separation Statistics August 2022

Full Time Separations  
Part Time Separations  
Total Separations

Current Month		
Vol	Invol	Total
6	2	8
2	0	2
8	2	10

Year to Date		
Vol	Invol	Total
65	36	101
19	1	20
84	37	121

YTD Compared to Aug'21		Headcount
Aug'21	%	Aug-22
70	15.38%	472
24	58.54%	49
94	18.95%	521
Difference	4.275%	

	Full Time	Part Time	Total
Total Turnover %	1.69%	4.08%	1.92%

	Full Time	Part Time	Total
	21.40%	40.82%	23.22%

### Separations by Department

Full Time	Current Month		
	Vol	Invol	Total
Advanced	3	1	4
Basics	2	0	2
Business Office	0	1	1
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			
<b>Total</b>	<b>6</b>	<b>2</b>	<b>8</b>

Year to Date			Headcount
Vol	Invol	Total	Aug-22
21	1	22	133
28	10	38	171
3	11	14	12
6	11	16	43
1	0	1	6
			7
0	0	1	26
			7
			3
1	1	2	6
			4
			2
0	1	1	6
0	1	1	13
			1
5	0	5	32
<b>65</b>	<b>36</b>	<b>101</b>	<b>472</b>

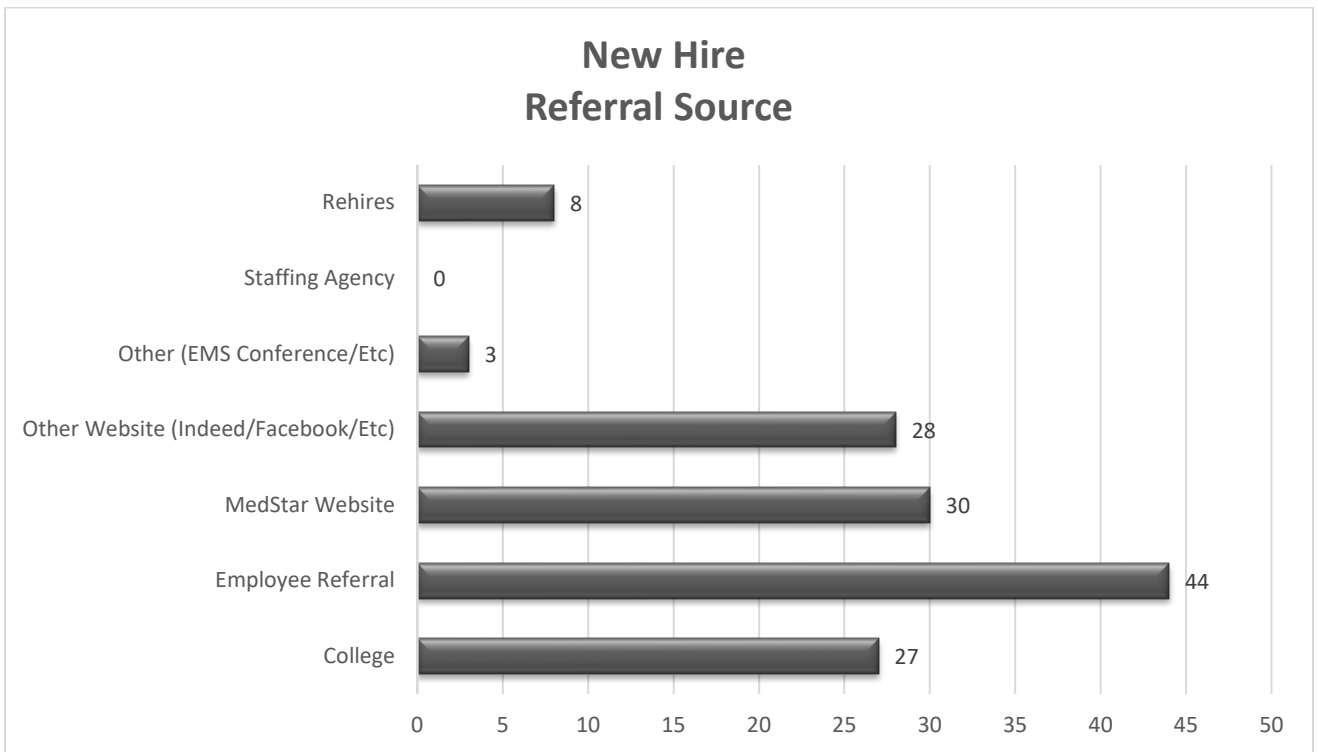
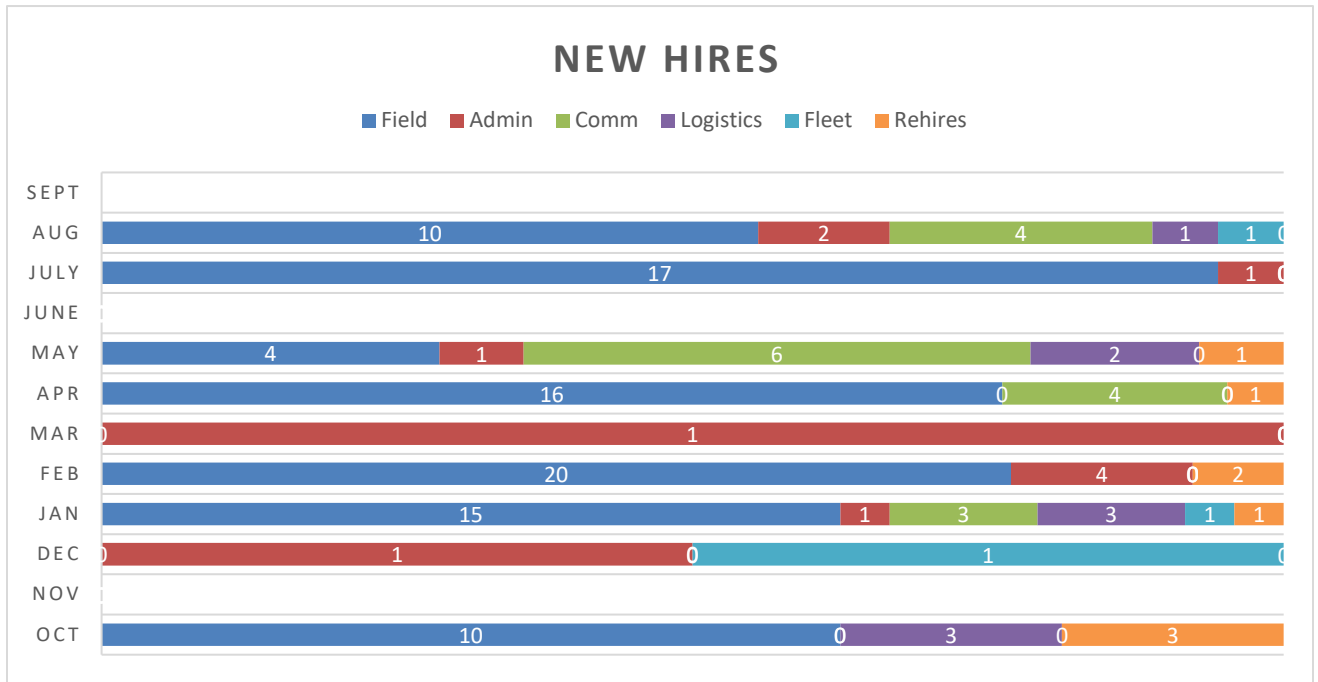
Part Time	Current Month		
	Vol	Invol	Total
Advanced	2	0	2
Basics			
Business Office			
Communications			
Controller - Payroll, Purchasing, A/P			
Executives			
Field Manager/Supervisors - Operations			
Field Operations Other			
Health Information Systems			
Human Resources			
Information Technology	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

Year to Date			Headcount
Vol	Invol	Total	Aug-22
9	0	9	17
8	1	8	24
1	0	1	5
1	0	1	3
<b>19</b>	<b>1</b>	<b>19</b>	<b>49</b>



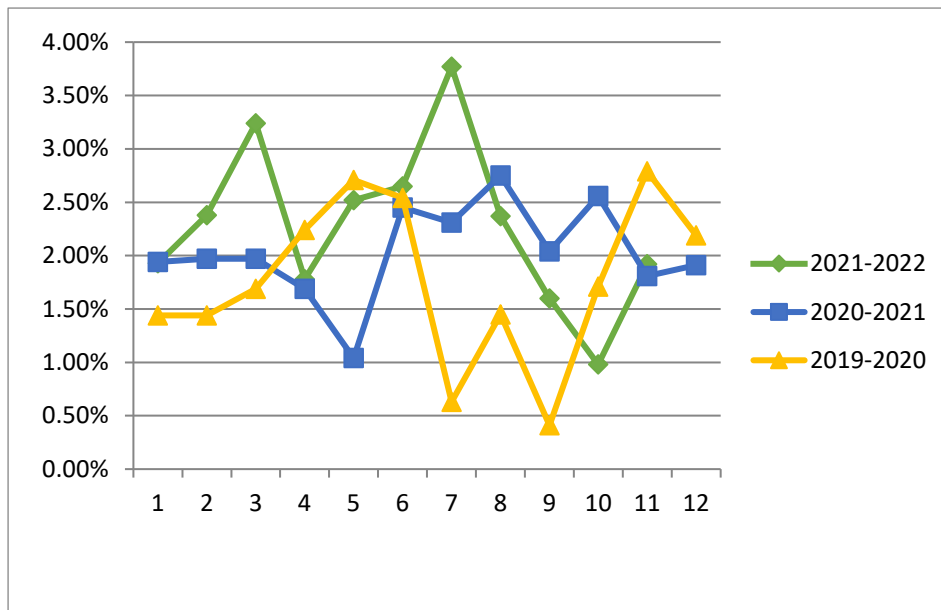
# Recruiting & Staffing Report

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	0.98%	2.56%	1.71%	0.86%
August	1.92%	1.81%	2.79%	1.69%
September		1.91%	2.19%	
Actual Turnover	21.36%	16.17%	19.91%	19.65%



# Tab F – FRAB

# Tab G – Operations

## Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

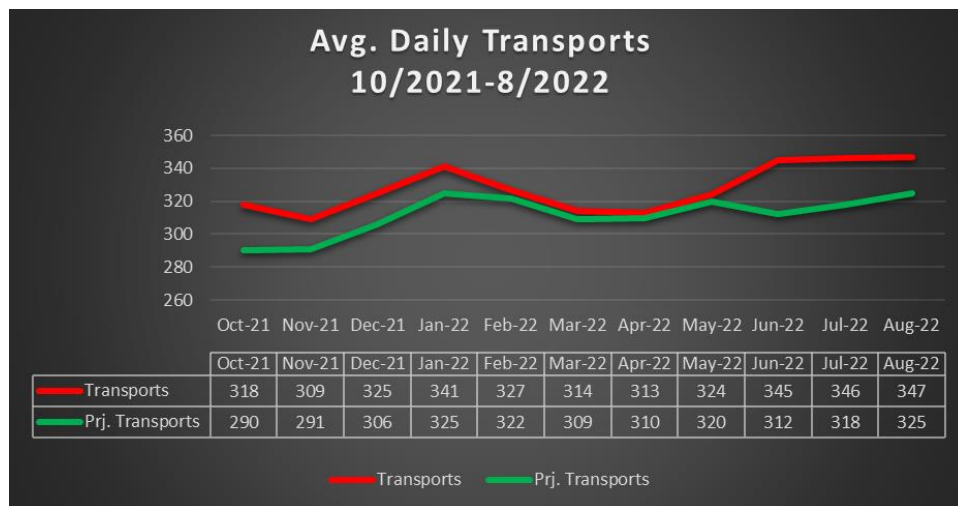
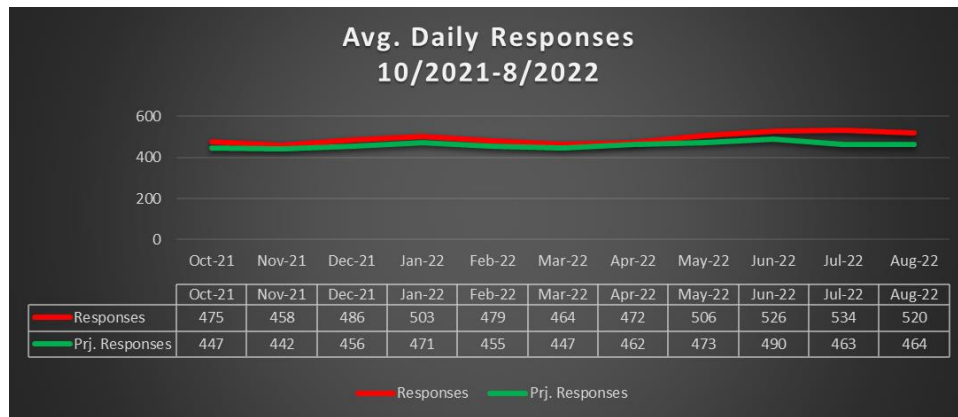
### Operations Report- August 2022

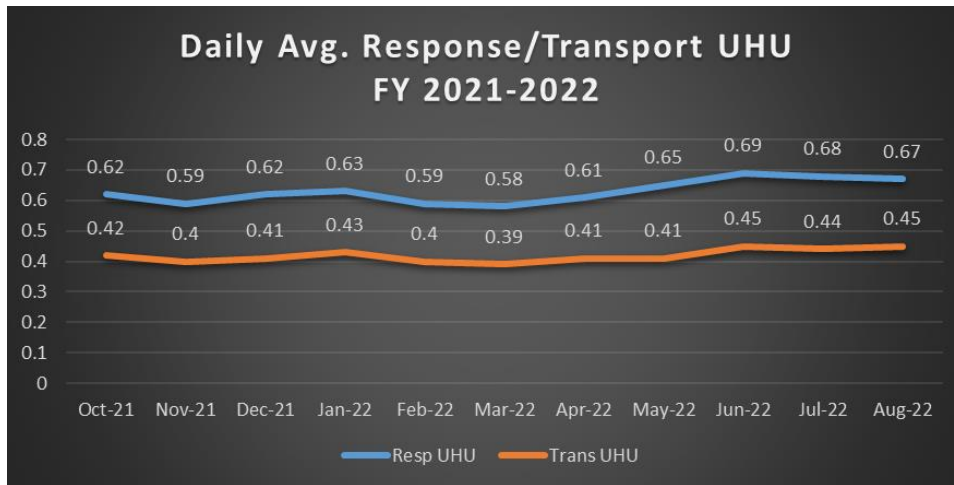
The following summarizes significant operational items through August 30<sup>th</sup>, 2022:

#### Field Operations:

- August transport volume exceeded budget expectations by approximately 7%.
- August call volume (responses) exceeded projections by approximately 12%.

#### Field Ops Metrics





### Emergent, P1-P3, Response Time Breakdown

Priority 1		Priority 2		Priority 3	
Time	Aug-22	Time	Aug-22	Time	Aug-22
≤ 11:00 On Time	80.7%	≤ 13:00 On Time	<b>83.4%</b>	≤ 17:00 On Time	<b>87.3%</b>
11:01-11:15	81.8%	13:01-13:15	84.2%	17:01-17:15	87.6%
11:16-11:30	83.5%	13:16-13:30	<b>85.1%</b>	17:16-17:30	87.9%
11:30-11:45	84.6%	13:30-13:45	86.0%	17:31-17:45	88.5%
11:46-12:00	<b>85.8%</b>	13:46-14:00	86.9%		
12:01-13:00	89.7%	14:01-15:00	89.9%		

#### Fleet/Logistics/Building Maintenance:

- Working to secure equipment for new ambulances approved August board meeting
- HVAC work approved by the board in progress
- Working on staying ahead of supply chain concerns
- The team has worked to assure units are ready for service and was able to get additional support vehicles in service as well, despite the increase in daily temperatures and workload on the team

**Special Operations:**

- Fall peak events season has begun, several football games (HS/TCU) and local event coverage
- Completed 67 special events for the month of August 2022
- Deployed a unit to support wildland fire operations

**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
  - 1,827 clients are currently enrolled
- Seen an increase in SCT volume due to additional facilities caring for ventilator patients
- See Chief Transformation Officer report for ongoing program updates

**Information Technology:**

- Began procurement process for replacing network equipment that has reached the end of its vendor-supported life cycle.
- Began implementation of enterprise project tracking tool.
- Supporting CAD upgrade project.
- Supporting transition to new timekeeping and scheduling software.

**Business Intelligence:**

- Began interviewing candidates for Analytics Programmer/Analyst position.
- GoSB medical record conversion project.
- Various reports for departments ongoing.
- Reprioritization project.
- Ad hoc reporting as requested.

**Communications:**

- RQI-T Q3 assignments and simulations in progress
- LOGIS v4 testing complete. Upgrade to the live system tentatively scheduled for Sept 21.
- Sixteen (16) controllers in various stages of 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
June 2022	23,925	11,519	278.7	88.79%	92.02%
July 2022	24,945	12,370	281.8	84.82%	87.20%
August 2022	24,140	11,945	274.3	88.56%	90.67%







# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 08/01/2022 thru 08/31/2022

Benbrook	M54	08/23/2022 10:10:23	2353833	2	Benbrook	01:25:57	1
Benbrook	M55	08/30/2022 12:50:35	2364403	1	Benbrook	01:33:53	1
Benbrook	M61	08/16/2022 18:02:55	2345053	3	Benbrook	01:18:40	1
Benbrook	M55	08/22/2022 11:59:51	2352700	3	Benbrook	01:09:51	1
Benbrook	M25	08/18/2022 06:24:58	2347000	3	Benbrook	01:04:53	1
Benbrook	M75	08/19/2022 12:52:59	2348518	1	Benbrook	01:25:55	1
Benbrook	M28	08/19/2022 13:03:05	2348621	3	Benbrook	00:57:30	1
Benbrook	M85	08/25/2022 01:37:38	2356516	2	Benbrook	01:04:15	1
Benbrook	M29	08/01/2022 20:07:29	2323379	3	Benbrook	00:09:13	0
Benbrook	M52	08/02/2022 09:23:04	2324044	3	Benbrook	01:27:58	1
Benbrook	M81	08/02/2022 18:45:23	2324881	2	Benbrook	01:17:15	1
Benbrook	M73	08/04/2022 14:05:03	2327337	3	Benbrook	01:26:47	1
Benbrook	M35	08/05/2022 11:48:29	2328797	2	Benbrook	01:03:48	1
Benbrook	M77	08/06/2022 07:56:46	2330524	2	Benbrook	01:01:06	1
Benbrook	M79	08/07/2022 04:12:27	2331796	2	Benbrook	01:00:44	1
Benbrook	M81	08/08/2022 19:30:07	2333821	3	Benbrook	00:53:06	1
Benbrook	M30	08/13/2022 00:55:27	2340066	2	Benbrook	01:27:55	1
Benbrook	M77	08/13/2022 20:00:18	2341245	3	Benbrook	00:02:47	0
Benbrook	M51	08/14/2022 13:52:00	2342098	3	Benbrook	00:01:16	0
Benbrook	M52	08/15/2022 09:57:59	2343016	2	Benbrook	01:50:52	1
							4

Crowley



# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 08/01/2022 thru 08/31/2022

Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Task Time (Assign to Clear)	Resulted In TX
	M32	08/31/2022 21:43:46	2366388	1	Crowley	01:11:52	1
	M73	08/03/2022 17:47:32	2326212	1	Crowley	01:26:22	1
	M30	08/09/2022 18:32:41	2335203	2	Crowley	00:17:40	0
	M38	08/13/2022 22:07:07	2341357	2	Crowley	01:15:42	1
Joshua			3				
Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Task Time (Assign to Clear)	Resulted In TX
Joshua	M81	08/31/2022 12:52:15	2365789	2	Joshua	00:36:18	0
Joshua	M58	08/19/2022 21:11:53	2349248	1	Joshua	01:40:08	1
Joshua	M38	08/01/2022 12:41:31	2322554	3	Joshua	01:27:48	1
Southlake			1				
Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Task Time (Assign to Clear)	Resulted In TX
Southlake	M30	08/17/2022 15:30:11	2346229	3	Southlake	05:01:06	0
Watauga			1				
Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Task Time (Assign to Clear)	Resulted In TX
Watauga	M52	08/31/2022 17:56:57	2366197	2	Watauga	01:19:15	1
Received			53				
<b>Aid FROM</b>	<b>Total</b>						
Arlington EMS			13				
Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Task Time (Assign to Clear)	Resulted In TX



# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 08/01/2022 thru 08/31/2022

Arlington EMS	AMR Arlinto n 1	08/17/2022 13:28:57	2346067	2	Fort Worth	01:02:39	1
Arlington EMS	AMR Arlinto n 1	08/23/2022 10:43:34	2353947	1	Fort Worth	01:08:14	1
Arlington EMS	AMR Arlinto n 1	08/18/2022 10:42:37	2347237	3	Fort Worth	01:08:37	1
Arlington EMS	AMR Arlinto n 2	08/30/2022 18:20:50	2364865	3	Fort Worth	01:17:53	1
Arlington EMS	AMR Arlinto n 1	08/18/2022 13:07:12	2347396	3	Fort Worth	01:16:01	1
Arlington EMS	AMR Arlinto n 1	08/23/2022 11:30:29	2354031	1	Fort Worth	00:40:48	0
Arlington EMS	AMR Arlinto n 1	08/21/2022 05:44:58	2350980	3	Fort Worth	00:16:13	0
Arlington EMS	AMR Arlinto n 1	08/22/2022 11:12:31	2352651	1	Fort Worth	00:23:23	1
Arlington EMS	AMR Arlinto n 1	08/03/2022 12:07:10	2325735	2	Fort Worth	01:15:56	1
Arlington EMS	AMR Arlinto n 1	08/06/2022 16:40:11	2331121	2	Forest Hill	00:48:57	1
Arlington EMS	AMR Arlinto n 1	08/09/2022 16:31:36	2335038	2	Fort Worth	01:13:46	1
Arlington EMS	AMR Arlinto n 1	08/12/2022 15:37:48	2339317	2	Fort Worth	00:16:47	0
Arlington EMS	AMR Arlinto n 1	08/13/2022 14:33:50	2340798	2	Fort Worth	01:09:40	1

12

Crowley



# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 08/01/2022 thru 08/31/2022

Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Task Time (Assign to Clear)	Resulted in TX
Crowley	Crowley 54	08/26/2022 08:51:31	2358287	2	Burleson	00:50:48	1
Crowley	Crowley 54	08/16/2022 17:06:13	2344936	2	Burleson	01:00:12	1
Crowley	Crowley 54	08/19/2022 18:16:22	2349079	2	Burleson	00:18:25	0
Crowley	Crowley 54	08/17/2022 13:51:13	2346100	1	Burleson	00:01:38	0
Crowley	Crowley 54	08/30/2022 10:27:24	2364107	1	Burleson	00:02:19	0
Crowley	Crowley 54	08/21/2022 05:41:32	2350982	1	Burleson	00:48:00	1
Crowley	Crowley 54	08/29/2022 16:11:18	2363111	2	Burleson	00:09:18	0
Crowley	Crowley 54	08/03/2022 14:06:37	2325905	2	Burleson	01:55:31	0
Crowley	Crowley 54	08/04/2022 14:45:17	2327415	2	Burleson	00:08:31	0
Crowley	Crowley 54	08/05/2022 16:10:52	2329158	2	Burleson	01:14:09	1
Crowley	Crowley 254	08/12/2022 14:06:03	2339199	2	Burleson	00:07:34	0
Crowley	Crowley 54	08/15/2022 17:38:17	2343590	2	Burleson	01:22:09	1
16							
<b>Eagle Mountain</b>							
Eagle Mountain	Eagle Mountain	08/23/2022 09:16:47	2353777	1	Fort Worth	01:04:56	1
Eagle Mountain	Eagle Mountain	08/30/2022 11:12:05	2364220	2	Fort Worth	01:38:19	1
Eagle Mountain	Eagle Mountain	08/25/2022 09:46:22	2356895	1	Fort Worth	00:58:11	1



# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 08/01/2022 thru 08/31/2022

Eagle Mountain	Eagle Mountain	08/20/2022 15:49:11	2350197	2	Saginaw	01:08:33	1
Eagle Mountain	Eagle Mountain	08/31/2022 13:03:31	2365841	2	Saginaw	01:43:09	1
Eagle Mountain	Eagle Mountain	08/27/2022 06:11:27	2359808	3	Lake Worth	01:10:03	1
Eagle Mountain	Eagle Mountain	08/17/2022 13:59:20	2346106	2	Fort Worth	00:12:25	0
Eagle Mountain	Eagle Mountain	08/17/2022 14:36:26	2346148	2	Fort Worth	01:04:44	1
Eagle Mountain	Eagle Mountain	08/23/2022 13:49:31	2354253	1	Fort Worth	00:20:45	0
Eagle Mountain	Eagle Mountain	08/02/2022 02:48:55	2323736	2	Fort Worth	00:14:44	0
Eagle Mountain	Eagle Mountain	08/02/2022 16:08:05	2324652	2	Fort Worth	00:20:46	0
Eagle Mountain	Eagle Mountain	08/05/2022 11:34:20	2328754	2	Fort Worth	01:02:41	0
Eagle Mountain	Eagle Mountain	08/06/2022 10:24:10	2330663	2	Fort Worth	01:05:50	1
Eagle Mountain	Eagle Mountain	08/07/2022 18:21:53	2332399	2	Fort Worth	00:14:38	0
Eagle Mountain	Eagle Mountain	08/13/2022 14:06:23	2340745	2	Fort Worth	00:44:11	0
Eagle Mountain	Eagle Mountain	08/15/2022 20:56:46	2343797	2	Fort Worth	00:49:09	1

3

Johnson County



# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 08/01/2022 thru 08/31/2022

Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Task Time (Assign to Clear)	Resulted in TX
<b>Justin EMS</b>							
Johnson County	AMR JC 2	08/25/2022 10:20:12	2356940	3	Burleson	01:11:03	1
Johnson County	AMR JC 1	08/09/2022 17:12:45	2335092	2	Burleson	00:59:35	1
Johnson County	AMR JC 1	08/11/2022 13:18:51	2337596	2	Burleson	01:19:53	1
Justin EMS	Justin EMS	08/01/2022 23:04:25	2323542	1	Fort Worth	00:08:00	0
<b>Life Care EMS</b>							
Life Care EMS	Life Care EMS (Willow Park)	08/25/2022 09:37:01	2356876	2	Fort Worth	00:52:03	1
Life Care EMS	Life Care EMS (Willow Park)	08/25/2022 11:09:16	2357031	2	Fort Worth	01:06:51	1
<b>Roanoke</b>							
Roanoke	Roanoke	08/02/2022 19:40:46	2324951	1	Fort Worth	01:42:22	1
Roanoke	Roanoke	08/03/2022 12:30:18	2325782	2	Fort Worth	01:00:29	1
<b>Watauga</b>							
Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Task Time (Assign to Clear)	Resulted in TX



# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 08/01/2022 thru 08/31/2022

	Watauga	Watauga a	08/30/2022 10:08:56	2364084	1	Haltom City	00:55:33	1
	Watauga	Watauga a	08/29/2022 16:26:11	2363176	2	Fort Worth	00:47:00	1
	Watauga	Watauga a	08/01/2022 18:36:12	2323242	1	Fort Worth	00:46:43	1
	Watauga	Watauga a	08/13/2022 16:46:19	2340964	2	Fort Worth	00:47:00	1



MedStar Response Time Reliability and AVG Response Time Performance

Period: Aug 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	3	3	00:10:01	1	66.7%	0	64	17	73.4%
	2	8	8	00:09:00	0	100.0%	0	17	1	94.1%
	3	3	3	00:12:11	1	66.7%	0	56	6	89.3%
<b>Total Blue Mound</b>		<b>14</b>	<b>14</b>							
Burleson	1	113	107	00:08:06	18	84.1%	6	113	18	84.1%
	2	188	179	00:09:35	32	83.0%	9	188	32	83.0%
	3	146	110	00:09:42	20	86.3%	8	146	20	86.3%
	4	85	85	00:32:32	4	95.3%	3	85	4	95.3%
<b>Total Burleson</b>		<b>532</b>	<b>481</b>							
Edgecliff Village	1	7	7	00:08:33	1	85.7%	0	86	12	86.0%
	2	8	8	00:10:06	1	87.5%	0	70	8	88.6%
	3	6	5	00:08:18	0	100.0%	0	79	5	93.7%
<b>Total Edgecliff Village</b>		<b>21</b>	<b>20</b>							
Forest Hill	1	51	51	00:10:15	16	68.6%	6	103	28	72.8%
	2	88	83	00:11:06	20	77.3%	5	88	20	77.3%
	3	55	48	00:10:16	4	92.7%	0	55	4	92.7%
<b>Total Forest Hill</b>		<b>194</b>	<b>182</b>							
Fort Worth	1	3548	3401	00:08:42	665	81.3%	93	3548	665	81.3%
	2	5360	5074	00:09:42	870	83.8%	164	5360	870	83.8%
	3	3758	3391	00:10:47	460	87.8%	107	3758	460	87.8%
	4	1455	1435	00:29:39	92	93.7%	49	1455	92	93.7%
<b>Total Fort Worth</b>		<b>14121</b>	<b>13301</b>							
Haltom City	1	90	88	00:09:51	23	74.4%	5	90	23	74.4%
	2	155	146	00:10:35	34	78.1%	3	155	34	78.1%
	3	96	83	00:11:58	19	80.2%	4	96	19	80.2%
	4	4	4	00:20:30	0	100.0%	0	12	0	100.0%
<b>Total Haltom City</b>		<b>345</b>	<b>321</b>							
Haslet	1	13	13	00:09:49	4	69.2%	1	27	11	59.3%
	2	14	14	00:09:02	2	85.7%	1	98	20	79.6%





# MedStar Response Time Reliability and AVG Response Time Performance

Period: Aug 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 %	
<b>Total Haslet</b>		<b>35</b>	<b>8</b>	<b>00:09:38</b>	<b>1</b>	<b>87.5%</b>	<b>1</b>	<b>12.5%</b>	<b>87</b>	<b>12</b>	<b>86.2%</b>
<b>Lake Worth</b>		<b>34</b>	<b>34</b>	<b>00:09:23</b>	<b>9</b>	<b>73.5%</b>	<b>1</b>	<b>2.9%</b>	<b>132</b>	<b>35</b>	<b>73.5%</b>
		<b>54</b>	<b>49</b>	<b>00:09:33</b>	<b>9</b>	<b>83.3%</b>	<b>1</b>	<b>1.9%</b>	<b>131</b>	<b>20</b>	<b>84.7%</b>
		<b>25</b>	<b>21</b>	<b>00:10:33</b>	<b>4</b>	<b>84.0%</b>	<b>1</b>	<b>4.0%</b>	<b>47</b>	<b>9</b>	<b>80.9%</b>
		<b>1</b>	<b>1</b>	<b>00:36:12</b>	<b>0</b>	<b>100.0%</b>	<b>0</b>	<b>0.0%</b>	<b>24</b>	<b>1</b>	<b>95.8%</b>
<b>Total Lake Worth</b>		<b>114</b>	<b>105</b>								
<b>Lakeside</b>		<b>7</b>	<b>7</b>	<b>00:12:45</b>	<b>6</b>	<b>14.3%</b>	<b>0</b>	<b>0.0%</b>	<b>47</b>	<b>24</b>	<b>48.9%</b>
		<b>5</b>	<b>5</b>	<b>00:12:45</b>	<b>2</b>	<b>60.0%</b>	<b>0</b>	<b>0.0%</b>	<b>72</b>	<b>28</b>	<b>61.1%</b>
		<b>1</b>	<b>1</b>	<b>00:14:35</b>	<b>0</b>	<b>100.0%</b>	<b>0</b>	<b>0.0%</b>	<b>32</b>	<b>14</b>	<b>56.3%</b>
<b>Total Lakeside</b>		<b>13</b>	<b>13</b>								
<b>River Oaks</b>		<b>21</b>	<b>21</b>	<b>00:07:44</b>	<b>3</b>	<b>85.7%</b>	<b>0</b>	<b>0.0%</b>	<b>21</b>	<b>3</b>	<b>85.7%</b>
		<b>20</b>	<b>18</b>	<b>00:10:18</b>	<b>5</b>	<b>75.0%</b>	<b>1</b>	<b>5.0%</b>	<b>94</b>	<b>23</b>	<b>75.5%</b>
		<b>14</b>	<b>13</b>	<b>00:11:09</b>	<b>1</b>	<b>92.9%</b>	<b>0</b>	<b>0.0%</b>	<b>37</b>	<b>3</b>	<b>91.9%</b>
<b>Total River Oaks</b>		<b>55</b>	<b>52</b>								
<b>Saginaw</b>		<b>32</b>	<b>31</b>	<b>00:08:42</b>	<b>7</b>	<b>78.1%</b>	<b>2</b>	<b>6.3%</b>	<b>114</b>	<b>24</b>	<b>78.9%</b>
		<b>76</b>	<b>72</b>	<b>00:08:36</b>	<b>10</b>	<b>86.8%</b>	<b>1</b>	<b>1.3%</b>	<b>76</b>	<b>10</b>	<b>86.8%</b>
		<b>72</b>	<b>59</b>	<b>00:09:42</b>	<b>14</b>	<b>80.6%</b>	<b>1</b>	<b>1.4%</b>	<b>72</b>	<b>14</b>	<b>80.6%</b>
		<b>62</b>	<b>59</b>	<b>00:25:39</b>	<b>1</b>	<b>98.4%</b>	<b>1</b>	<b>1.6%</b>	<b>62</b>	<b>1</b>	<b>98.4%</b>
<b>Total Saginaw</b>		<b>242</b>	<b>221</b>								
<b>Sansom Park</b>		<b>22</b>	<b>21</b>	<b>00:07:50</b>	<b>4</b>	<b>81.8%</b>	<b>0</b>	<b>0.0%</b>	<b>44</b>	<b>9</b>	<b>79.5%</b>
		<b>46</b>	<b>43</b>	<b>00:09:37</b>	<b>9</b>	<b>80.4%</b>	<b>0</b>	<b>0.0%</b>	<b>46</b>	<b>9</b>	<b>80.4%</b>
		<b>29</b>	<b>28</b>	<b>00:14:50</b>	<b>6</b>	<b>79.3%</b>	<b>4</b>	<b>13.8%</b>	<b>54</b>	<b>10</b>	<b>81.5%</b>
		<b>1</b>	<b>1</b>	<b>00:16:47</b>	<b>0</b>	<b>100.0%</b>	<b>0</b>	<b>0.0%</b>	<b>38</b>	<b>5</b>	<b>86.8%</b>
<b>Total Sansom Park</b>		<b>98</b>	<b>93</b>								
<b>Westover Hills</b>		<b>2</b>	<b>2</b>	<b>00:14:24</b>	<b>0</b>	<b>100.0%</b>	<b>0</b>	<b>0.0%</b>	<b>7</b>	<b>2</b>	<b>71.4%</b>
<b>Total Westover Hills</b>		<b>2</b>	<b>2</b>								
		<b>5</b>	<b>5</b>	<b>00:09:25</b>	<b>2</b>	<b>60.0%</b>	<b>0</b>	<b>0.0%</b>	<b>17</b>	<b>5</b>	<b>70.6%</b>
<b>Westworth Villano</b>		<b>35</b>	<b>34</b>	<b>00:11:30</b>	<b>8</b>	<b>77.1%</b>	<b>3</b>	<b>8.6%</b>	<b>58</b>	<b>13</b>	<b>77.6%</b>



# MedStar Response Time Reliability and AVG Response Time Performance

Period: Aug 2022

Member City	Pri	Calls	On Scene	Current Month				100 Response Compliance Period			
				Avg RT	Late Responses	On Time %	Extended Responses Count	Extended Responses %	Compliance Calculated Responses	Late Responses	On Time %
Westworth Village	3	13	11	00:13:37	2	84.6%	1	7.7%	71	10	85.9%
	4	3	3	00:30:16	0	100.0%	0	0.0%	19	0	100.0%
<b>Total Westworth Village</b>		<b>56</b>	<b>53</b>								
White Settlement	1	71	70	00:07:41	15	78.9%	1	1.4%	133	23	82.7%
	2	131	129	00:09:38	24	81.7%	6	4.6%	131	24	81.7%
	3	67	59	00:11:26	13	80.6%	3	4.5%	67	13	80.6%
	4	10	10	00:26:28	0	100.0%	0	0.0%	60	3	95.0%
<b>Total White Settlement</b>		<b>279</b>	<b>268</b>								
System Wide	1	4017	3859	00:08:43	774	80.7%	115	2.9%	4545	899	80.2%
	2	6188	5862	00:09:44	1026	83.4%	194	3.1%	6597	1114	83.1%
	3	4295	3842	00:10:47	545	87.3%	130	3.0%	4664	601	87.1%
	4	1621	1598	00:29:38	97	94.0%	53	3.3%	1759	107	93.9%
<b>Total System Wide</b>		<b>16121</b>	<b>15161</b>								

# Tab H – Compliance and Legal



## **Legal Team Report August 17, 2022-September 21, 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 multiple criminal investigations, records requests, missing persons investigations, and crew member witness interviews as needed.
- Assisted Tarrant County Medical Examiner's office with multiple death investigations, and records requests.
- Processed, reviewed, and approved several outside agency event medical permit applications and event plans.
- Reviewed multiple legal & privacy matters for compliance and provided guidance as needed.

### **Paralegal Duties**

- 21 DFPS reports were made for suspected abuse, neglect, or exploitation.
- 5 Pre-Trial meeting were held with the Tarrant Co. District Attorney's Office.
- 5 court appearance was made as a state's witness.
- Conducted several employee investigations regarding various employment matters.
- 9 Subpoenas(s) for witness appearance processed and served.
- Drafted, reviewed, negotiated, and executed agreements with outside parties as needed.
- Worked with outside counsel regarding active litigation(s).

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**