



**Metropolitan Area EMS Authority (MAEMSA)**

**dba MedStar Mobile Healthcare**

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**Board of Directors**

**October 26, 2022**

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

**Date and Time:** October 26, 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/1460910582>, or by phone at (469) 445-0100 (meeting ID: 146 091 0582).

**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>  | 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. October 25, 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. |                           |
| <b>IV.</b>  | <b>CONSENT AGENDA</b>         | 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:  |                           |
|             | <b>BC – 1533</b>              | Approval of Board Minutes for September 28, 2022   | Dr. Janice Knebl<br>Pg. 1 |
|             | <b>BC – 1534</b>              | Approval of Check Register September   | Dr. Janice Knebl<br>Pg. 5 |

**V. NEW BUSINESS**

<b>BC – 1535</b>	Approval of Ambulance Surplus	Kenneth Simpson
<b>BC – 1536</b>	Purchase of Deployment Software	Kenneth Simpson
<b>BC – 1537</b>	Annual Review of Executive Performance and Compensation	Dr. Janice Knebl

**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 Peoples
<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**



## MINUTES

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

**Meeting Date and Time: September 28, 2022, at 10:00am**

The Metropolitan Area EMS Authority Board of Directors conducted a meeting at the offices of the Authority, with some members participating by video conference call pursuant to Section 551.127(c) of the Texas Government Code. The public was invited to observe the meeting at that location, or by phone or video conference.

#### **I. CALL TO ORDER**

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

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

**Guests on phone or in person as attendees:** Dr. Angela Cornelius, Dr. Brian Miller, Fire Chief Brian Jacobs, Fire Chief Jeff Ballew, Andrew Malone, Anita Meadows, Blair Brame, Bob Strickland, Bradley Crenshaw, Brian White, Cerenity Jenkins-Jones, Chris Roberts, Desiree Partain, David Cooke, Diana Anderson, Joleen Quigg, Jose Talavera, Kerby Johnson, Kier Brister, Lindy Curtis, Maerissa Thomas, Matthew Willens, Michael Griffith, Misti Skinner, Monica Cruz, Nancy Cychol, Pete Rizzo, Ricky Hyatt, Susan Swagerty, Tyler Stein, Valerie Washington, Whitney Morgan, and Will Mercer.

Dr. Janice Knebl introduced Fort Worth City Manager, David Cooke, and Fort Worth Assistant City Manager, Valerie Washington. Mr. Cooke and Ms. Washington will be providing an overview of the Fort Worth Staffing Study conducted by CityGate.

Desiree Partain introduced Matt Verecke and Erin Buck from The Jordan Elizabeth Harris Foundation. The MedStar Foundation and The Jordan Elizabeth Harris Foundation collaborated to raise funds through the MedStar Foundation Clay Shoot, totaling approximately \$25,312.00. Desiree Partain presented a check of approximately \$12,656.00 to The Jordan Elizabeth Harris Foundation.

Dr. Brian Miller introduced JPS physician resident, Dr. Beyer.

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

**BC-1528 Approval of Board Minutes for August 24, 2022**  
**BC-1529 Approval of Board Minutes for September 14, 2022**  
**BC-1530 Approval of Check Register for August**

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-1531 Approval of 2023 Meeting Dates**

The motion to approve was made by Doug Spears and seconded by Carlos Flores. The motion carried unanimously.

#### **BC-1532 Approval of purchase of Additional UEScopes for Fort Worth Fire Department**

The motion to approve was made by Doug Spears and seconded by Dr. Brad Commons. The motion carried unanimously.

#### **IR – 228 Overview of Fort Worth Staffing Study**

Following the closed session noted below, Fort Worth City Manager David Cooke reviewed the City of Fort Worth Fire Department Staffing Study for the Board. Mr. Cooke and Ms. Washington answered questions from the Board.

### **IV. MONTHLY REPORTS**

- A.** Chief Executive Officer- Ken Simpson referred to Tab A and informed the Board that we are actively working with the Re prioritization subcommittee to schedule our next meeting. Fort Worth City Manager, David Cooke, and Jessica Rangel with UNTHSC participated in the last EMS System Performance subcommittee meeting. We have been working with our outside billing vendor and have seen some improvement with their performance. We were awarded an Assistant Firefighters Grant totaling under a million dollars, including our match. The MAEMSA Budget Workshop is scheduled for October 19, 2022.
- B.** Office of the Medical Director- Dr. Veer Vithalani referred to Tab B and informed the Board that his office has been focusing largely on re-prioritization, ensuring the data is clean and accurate. We are continuing our quarterly CE. EPAB approved an updated set of clinical policies at their last meeting.
- C.** Chief Transformation Officer- Desiree Partain referred to Tab C and informed the Board that we are continuing efforts to reduce hot vehicle operations, surveying FRO perception, and are building a survey to send out to the community and our media partners.

- D. Chief Financial Officer- Steve Post reviewed the financials with the Board and referred to Tab D. Ken Simpson informed the Board that they would receive the annual letter from the auditors providing an overview of what will be reviewed.
- E. Chief Human Resources Officer- Leila Peoples referred to Tab E and informed the Board, that we have completed all implementation projects for HRIS and will be shifting focus to employee engagement, retention, and recruitment for next fiscal year's hiring processes. FMLA leave is currently down which is due to working closely with Operations to improve healthy work/life balance.
- F. FRAB- Chief Spears informed the Board that re-prioritization was the main topic of discussion, during the FRAB meeting on September 7<sup>th</sup>. Nominations were taken for officer elections but, due to a lack of a quorum, the election was moved to the next meeting. City of Lake Worth Fire Chief Ryan Arthur was nominated to be the new FRAB Chair.
- G. Operations- Chris Cunningham referred to Tab G.
- H. Compliance and Legal- Chad Carr referred to Tab H.
- I. EPAB- Dr. Commons informed the Board, EPAB Board met last Thursday for the last time under Dr. Veer Vithalani' s leadership. The next meeting will be held with our new Medical Director, Dr. Jeff Jarvis. The EPAB Board approved a program called M.O.U.D. (Medication for Opioid Use Disorders).

**V. REQUEST FOR FUTURE AGENDA ITEMS**

None.

**VI. CLOSED SESSION**

Dr. Knebl called the meeting into a closed session at 10:09 a.m. under Section 551.071 of the Texas Government Code. The Board returned to open session at 10:25 a.m. No further action was taken following the closed session.

**VII. ADJOURNMENT**

The board stood adjourned at 11:48 a.m.

Respectfully submitted,

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Douglas Spears  
Secretary



**MAEMSA  
BOARD COMMUNICATION**

<b>Date:</b> 10.26.2022	<b>Reference #:</b> BC-1534	<b>Title:</b> Approval of Check Register for September
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**RECOMMENDATION:**

It is recommended that the Board of Directors approve the Check Register for September 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 _____

AP Check Details Over 5000.00  
For Checks Between 9/1/2022 and 9/30/2022



Check Number	CK Date	Vendor Name	Check Amount	Description
109609	9/1/2022	AT&T	12,198.53	Cell Phones/Aircards - Aug22
109611	9/1/2022	AVI-SPL	8,667.32	HR Director and Café equipment and labor
109612	9/1/2022	Bound Tree Medical LLC	17,713.25	Various Medical Supplies
109616	9/1/2022	Express Fleet Autobody and Paint	13,111.12	Code 100 repiars M39
109617	9/1/2022	Fort Worth Heat & Air	7,460.00	cooling tower water pump
109618	9/1/2022	Fort Worth Police Bike Support Group	5,000.00	Table and Station Sponsor-Shoot the Blue
109619	9/1/2022	Founder Project RX Inc	7,302.85	Various Medical Supplies
109627	9/1/2022	Masimo Americas, Inc	6,978.00	Various Medical Supplies
109629	9/1/2022	Medline Industries, Inc.	10,706.65	Various Medical Supplies
109630	9/1/2022	MetLife - Group Benefits	37,426.62	Dental/Basic Life/Suppl Life/STD
109653	9/1/2022	XL Parts	6,991.01	Various Parts
109661	9/8/2022	American Communications	66,454.82	portable radios
109667	9/8/2022	Bound Tree Medical LLC	17,956.79	Various Medical Supplies
109670	9/8/2022	Dell Marketing LP	5,025.00	New Laptops HR, Anita, Pete
109675	9/8/2022	Founder Project RX Inc	10,298.70	Various Medical Supplies
109678	9/8/2022	ImageTrend	9,785.00	Annual Fee - FTP Auto Export
109682	9/8/2022	Maintenance of Ft Worth, Inc.	6,319.14	Monthly Cleaning Services - Aug 22
109685	9/8/2022	Medline Industries, Inc.	6,897.86	Various Medical Supplies
109700	9/8/2022	Roger Williams Automall	7,538.05	Various Parts
109701	9/8/2022	Teleflex Medical	9,575.00	Various Medical Supplies
109705	9/8/2022	XL Parts	7,817.64	Various Parts
109707	9/9/2022	Jeremy L Brown	6,771.64	Mule 1 and Mule 2 bed refurbish
109709	9/15/2022	Medic Built LLC	62,991.77	New Ram Chassis 8777
109710	9/15/2022	Southwest Ambulance Sales LLC	125,983.54	New Ram Chassis 8786/8784
109712	9/15/2022	Airgas USA, LLC	5,417.96	Cylinder Rentals
109713	9/15/2022	All-Pro Construction & Commerical	6,854.77	Monthly Maintenance/Inspections
109719	9/15/2022	Bound Tree Medical LLC	17,597.44	Various Medical Supplies
109722	9/15/2022	CyrusONE	7,865.68	Colocation / Bandwidth Charges
109729	9/15/2022	Founder Project RX Inc	5,301.33	Various Medical Supplies
109730	9/15/2022	Hig Smith Company LLC	45,000.00	Compensation Services - Q4 202
109732	9/15/2022	ImageTrend	25,175.00	Monthly Fee-Elite EMS SaaS-Aug
109739	9/15/2022	Medline Industries, Inc.	7,549.62	Various Medical Supplies
109747	9/15/2022	Paranet Solutions	50,949.24	Upgrade legacy Siren databases
109758	9/15/2022	Teleflex Medical	43,529.90	Various Medical Supplies
109766	9/15/2022	VLI Tech Inc	5,500.00	Vanguard Application & Analytics
109771	9/15/2022	Zoll Data Systems Inc	7,283.59	RescueNet Qtly Maint

AP Check Details Over 5000.00  
For Checks Between 9/1/2022 and 9/30/2022



Check Number	CK Date	Vendor Name	Check Amount	Description
109774	9/16/2022	Simple Leadership Strategies LLC	9,900.00	Transformation Leader-Manager
109815	9/22/2022	Bound Tree Medical LLC	21,766.68	Various Medical Supplies
109823	9/22/2022	Founder Project RX Inc	17,212.76	Various Medical Supplies
109828	9/22/2022	Logis Solutions	11,504.82	HERE / Support Hours - Aug22
109832	9/22/2022	Mansfield Service Partners South, LLC	5,166.30	Bulk oil
109835	9/22/2022	Medical Priority Consultants	23,600.00	ESP License Renewal
109836	9/22/2022	Medline Industries, Inc.	12,155.09	Various Medical Supplies
109837	9/22/2022	MetLife - Group Benefits	38,607.01	Dental/Basic Life/Suppl Life/STD
109839	9/22/2022	Mutual of Omaha	10,071.09	Critical Care/Accident
109844	9/22/2022	Axon Education LLC	6,275.00	Paramedic Tuition - N Vasquez
109849	9/22/2022	Southwest Ambulance Sales LLC	275,358.40	2022 Gen-T Type 1 Ambulance
109852	9/22/2022	T & W Tire	14,593.08	Ram Tires
109854	9/22/2022	The State of Texas	5,284.50	Microsoft Subscription - Aug22
109870	9/29/2022	AT&T	12,768.88	Cell Phones/Aircards - Sep22
109871	9/29/2022	Bound Tree Medical LLC	46,258.63	Various Medical Supplies
109875	9/29/2022	EfurnitureMax	8,490.00	Dispatch Chairs 2022
109877	9/29/2022	Fort Worth Heat & Air	99,073.82	Bay AC
109878	9/29/2022	Founder Project RX Inc	5,306.88	Various Medical Supplies
109882	9/29/2022	Maintenance of Ft Worth, Inc.	6,322.50	Monthly Cleaning - Sept 22
109885	9/29/2022	Medline Industries, Inc.	16,302.98	Various Medical Supplies
109895	9/29/2022	Axon Education LLC	6,275.00	Paramedic School - R Labrosse
109900	9/29/2022	Southwest Ambulance Sales LLC	530,640.10	(2) 2022 Gen-T Type 1 Ambulance
109910	9/29/2022	XL Parts	6,654.25	Various Parts
2316340	9/1/2022	Direct Energy Business	9,293.34	Electric Services
2334841	9/29/2022	Direct Energy Business	9,885.93	Electric Services
2455294	9/1/2022	Frost	39,363.52	Frost Loan #39001
2468931	9/6/2022	WEX Bank	203,182.73	Fuel
2468975	9/6/2022	M Davis and Company Inc	5,240.00	Detection of Elder abuse - Aug
2546515	9/27/2022	UMR Benefits	49,777.94	Health Insurance Premium - Sep
2555209	9/29/2022	Integrative Emergency Service Physician	15,000.00	Consultant Services - A Cornelius
2555220	9/29/2022	UT Southwestern Medical Center	12,833.33	Consultant Services - B Miller
9012022	9/1/2022	Frost	61,053.88	Frost Loan #30001
9022022	9/2/2022	Frost	38,540.62	Frost Loan #4563-001
9162022	9/16/2022	JP Morgan Chase Bank, N.A.	26,317.47	MasterCard Bill
9262022	9/26/2022	Frost	52,993.77	Frost Loan #4563-002
257465241	9/15/2022	Hub International Insurance Services	8,131.69	Errors & Omissions Liability





# Tab A – Chief Executive Officer

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

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

**Reprioritization Subcommittee/EMS System Performance-** The reprioritization subcommittee will meet again on October 25, 2022. We will be further discussing the reprioritization effort, what performance metrics will be tracked, how they will be tracked, and how they will be reported. We will also be discussing the best way to implement any recommendations to be able to track and trend changes and their impact on patient outcomes for both acute and 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.

**Fiscal Year End-** The finance team has been working tirelessly to complete the fiscal year end activities. They are preparing for our annual audit and double checking the methodology we utilize to project cash collections. We finished FY 21/22 with over 180,000 calls and over 120,000 transports. That means we exceeded our budgeted transports by 5.2% and our budgeted calls by 7.4%. The call volume increases helped offset some of the expense increases we have seen, but it also meant that the system was much busier than anticipated. Leadership is working to add an additional new hire class to help reduce some of the workload.

**FY 2023-** While it is early in the fiscal year we are seeing sustained increases in call volume over what has been projected and what we have seen in previous years. We are continuing to monitor this. Between the call volume increases and the number of organizations hiring between now and February 2023 we are also evaluating the viability of adding an additional hiring class at the end of 2022. A compensation study is currently being conducted for all positions in the organization, and we anticipate that will be completed in late 2022. Additionally, as we evaluate reprioritization opportunities, we will also be discussing different deployment options. You will see a request for software to help evaluate these options.

**Ambulance Procurement-** The Medix ambulances the board approved have been coming in and are getting put in service, and the crews seem happy with them. Demers provided notification to us this week that they will be unable to make their December/January delivery due to staffing issues, and they anticipate delivery in February. We are working with them on options and next steps.

# Tab B –Office of the Medical Director

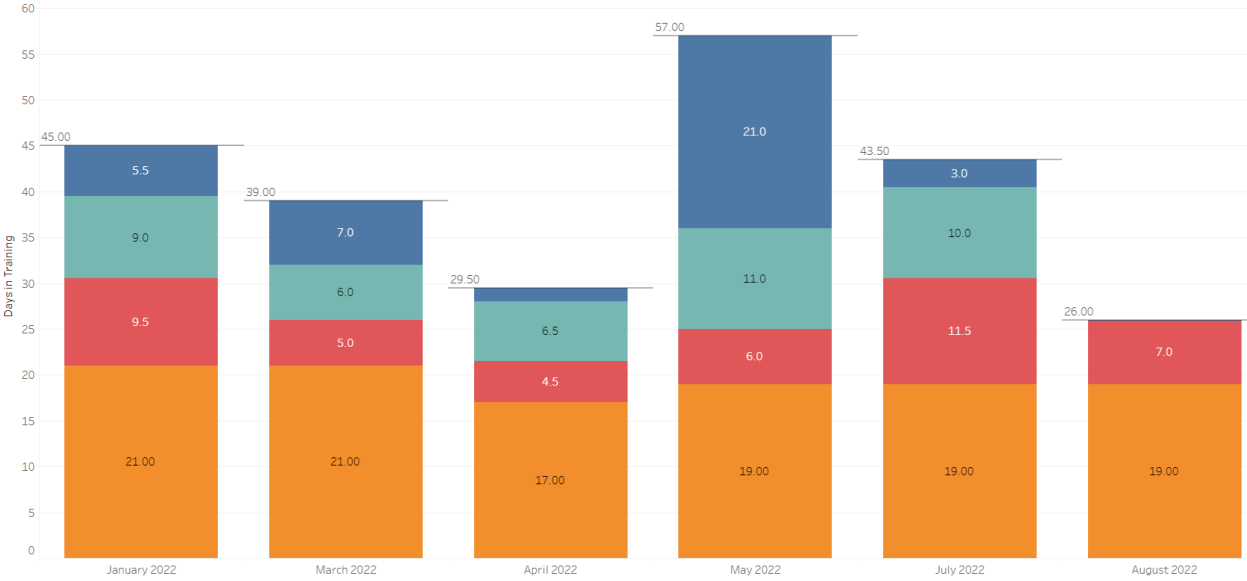
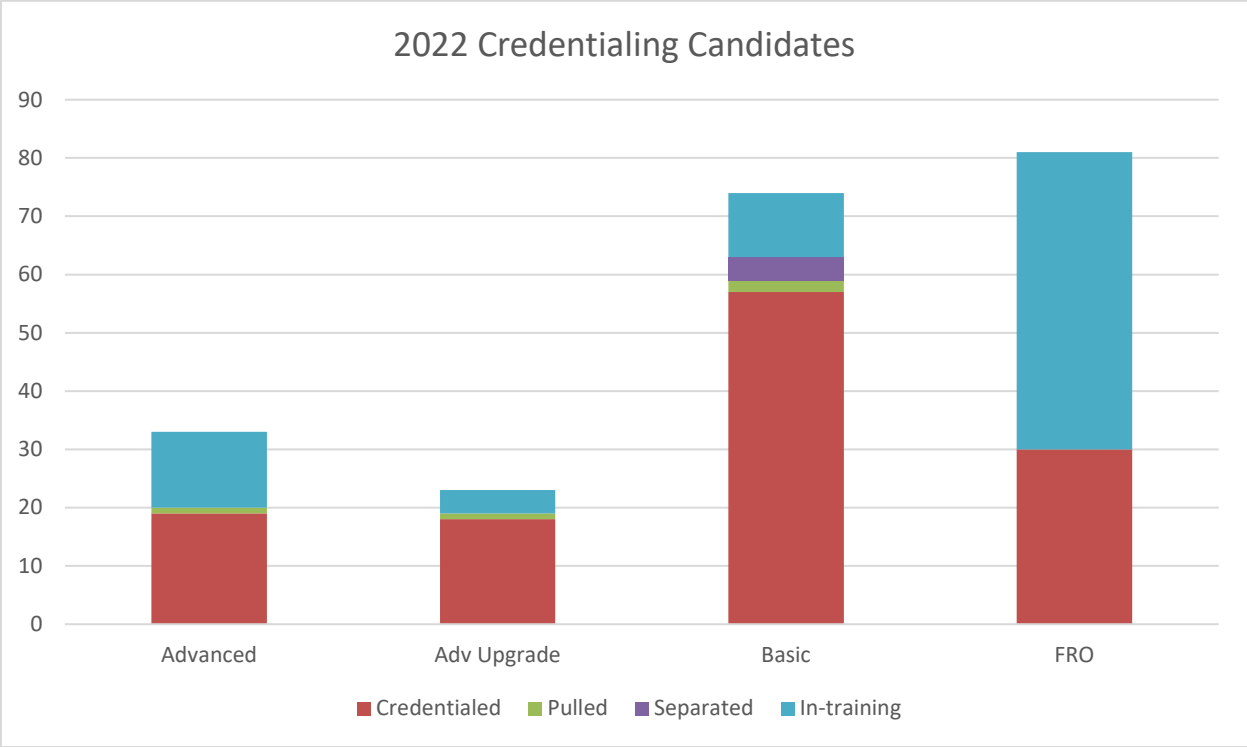


## **Education and Training**

- OMD 22Q4 CE – December/January
  - Airway / Advanced Procedure Cadaver Lab
- System Education Committee
  - Designing monthly System CE
    - October – Pediatrics
    - November – Cold Emergencies / CO

Course Attendance	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	76	58	41	70	48	6
FRO	0	3	0	37	3	0
External	5	0	1	3	4	0

## **Credentialing**



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

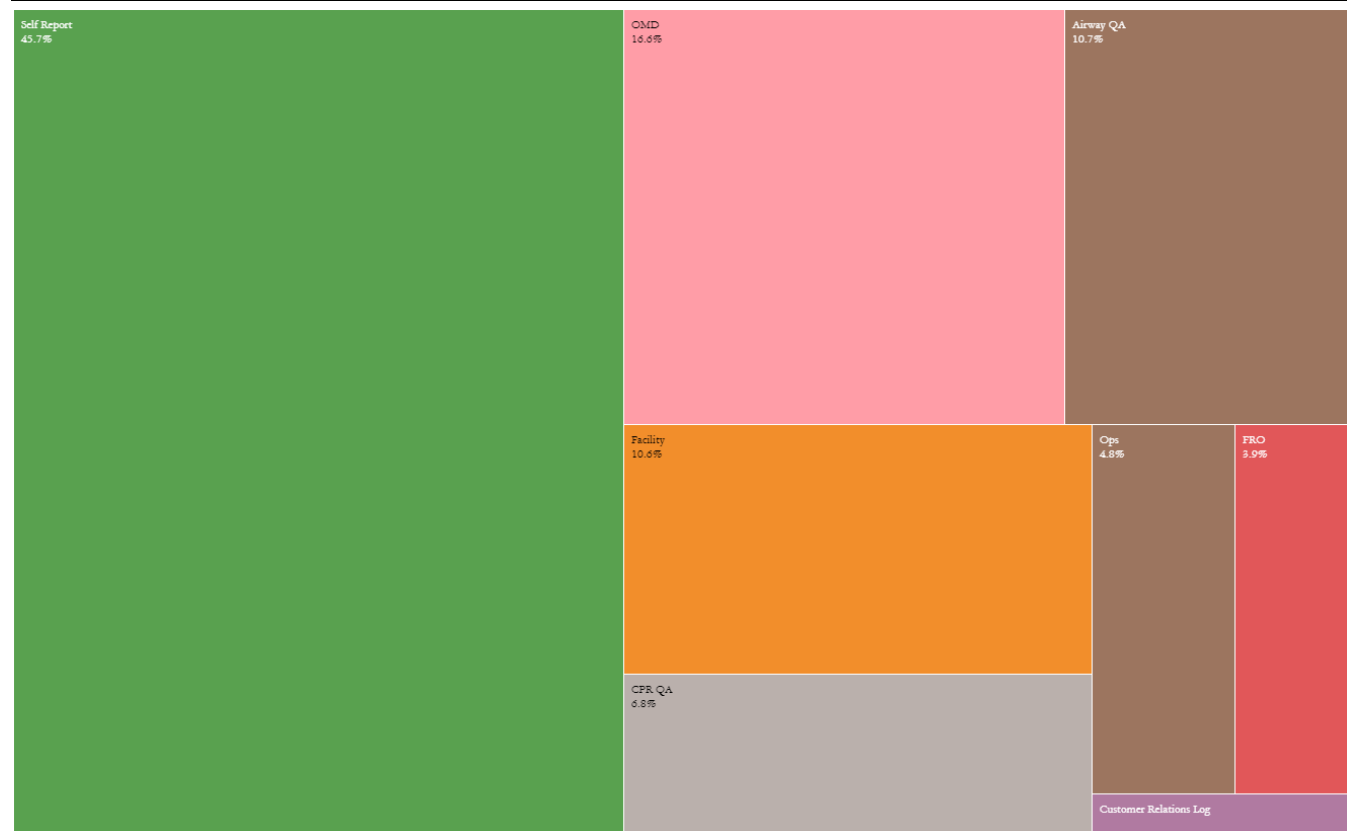
- System Credentialing Committee

- Review of current credentialing requirements on hold for Medical Director transition

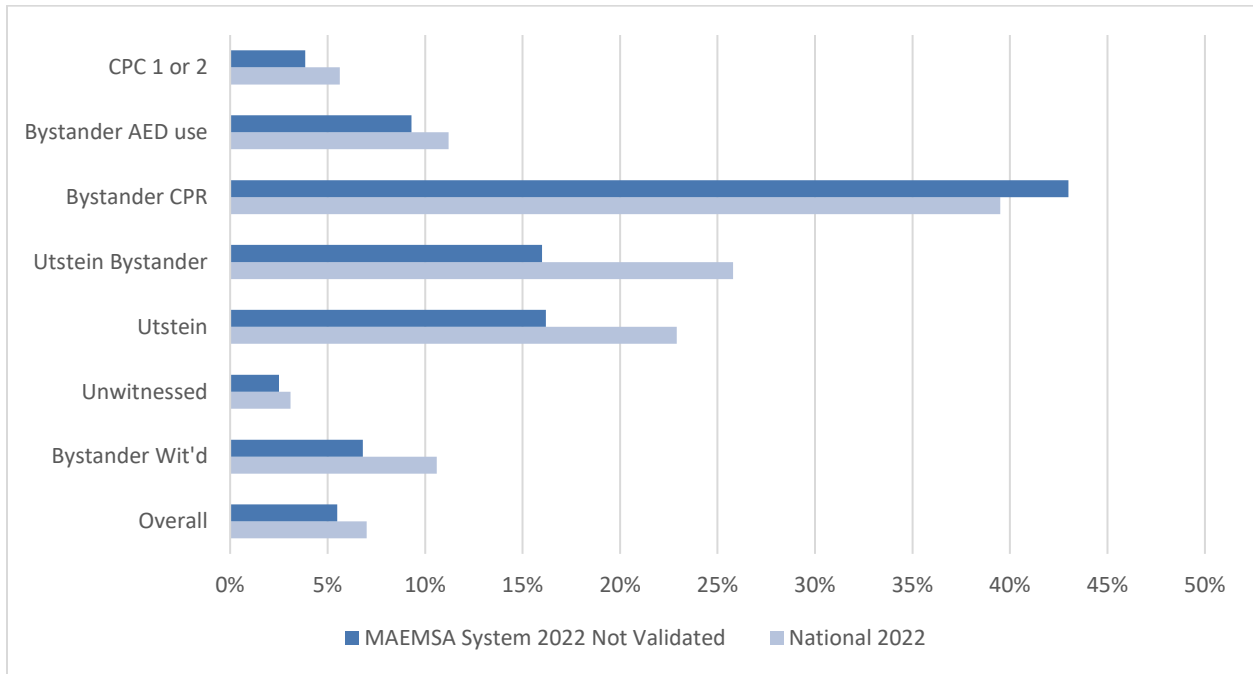
## Quality Assurance

Case Acuity		
	August 2022	September 2022
High	4 (5.6%)	5 (7.5%)
Moderate	17 (23.9%)	13 (19.4%)
Low	43 (60.6%)	39 (58.2%)
Non QA/QI	7 (9.9%)	10 (14.9%)
Grand Total	71 (100.0%)	67 (100.0%)

Case Disposition		
	August 2022	September 2022
Clinically Appropriate	1 (1.4%)	1 (1.5%)
Needs Improvement	52 (73.2%)	45 (67.2%)
Clinically Inappropria..		1 (1.5%)
Forwarded	2 (2.8%)	
No Fault	16 (22.5%)	17 (25.4%)
Pending		3 (4.5%)
Grand Total	71 (100.0%)	67 (100.0%)



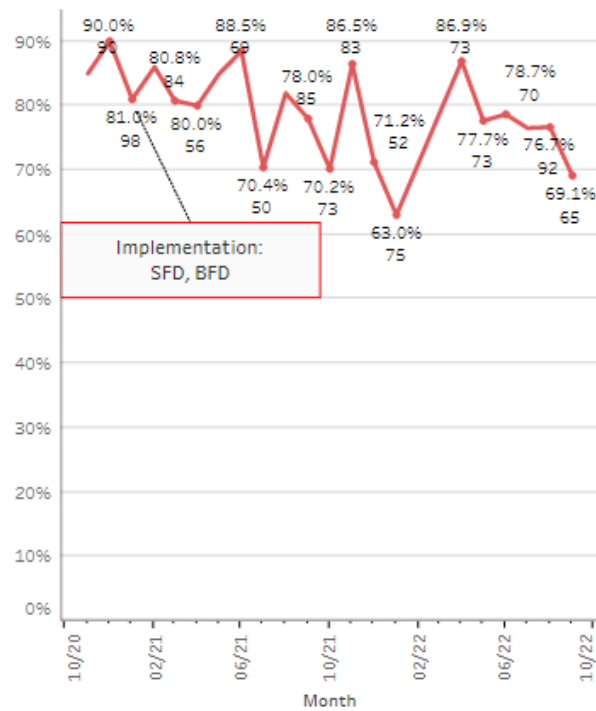
- CARES 2022
  - 962 worked cardiac arrest
  - 85 pending hospital outcomes



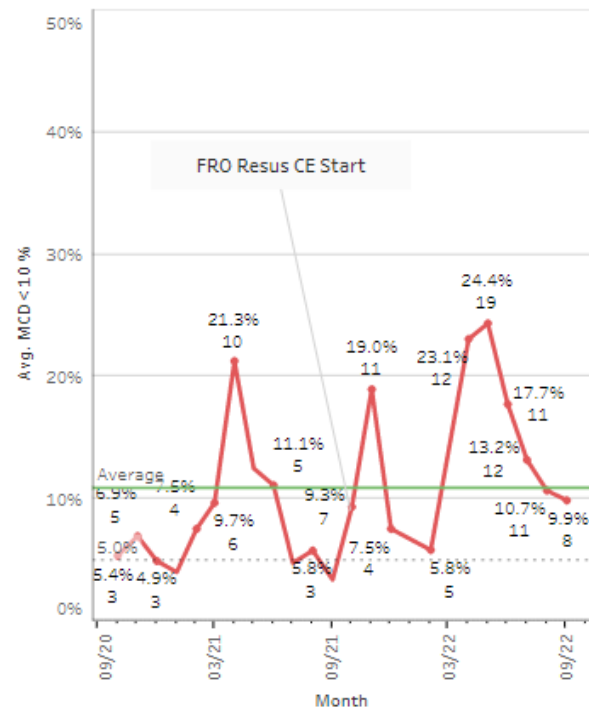
- Resuscitation Center - ECPR

ECPR Outcome Measures										
Measure	Goal	Total	22-Feb	22-Mar	22-Apr	22-May	22-Jun	22-Jul	22-Aug	22-Sep
Patients meeting prehospital criteria		59	13	10	5	10	5	8	8	4
Patients transported to an ECPR center		25	1	2	3	4	3	6	6	4
Patients meeting hospital criteria		10	1	2	2	2	0	2	1	
% of eligible patients discharged with CPC 1or2 that received ECPR	35%									
Overall hospital survival rate of those receiving ECPR	Track	0%	0	0	0	0	0	0	0	
Arrival at ECPR Center in less than 30-minutes of FMC	85%	40%	100.00%	0.00%	33.33%	75.00%	33.33%	50.00%	16.67%	0.00%
Avg time from FMC to ECPR Center		0:39:04	0:28:52	0:47:22	0:44:47	0:28:18	0:30:30	0:32:51	0:51:54	0:47:55
Appropriate protocol initiation	85.00%	48.24%	7.69%	20.00%	60.00%	40.00%	60.00%	75.00%	75.00%	100.00%
Prehospital notification given to receiving ECPR Center prior to transport	100%	33.33%	100.00%	100.00%	33.33%	0.00%	0.00%	0.00%	0.00%	0.00%
Prehospital notification given			1	2	1					
Patients cannulated		4	0	1	1	1	0	1	0	
Avg time from FMC to ECMO cannulation	< 45 min	0:52:26		0:56:55	0:59:35	0:34:03		0:59:10		
% of patients meeting ECPR Center exclusion criteria	Track	82%	92.31%	80.00%	60.00%	80.00%	100.00%	75.00%	87.50%	100.00%
Avg hospital length of stay	Track	0								

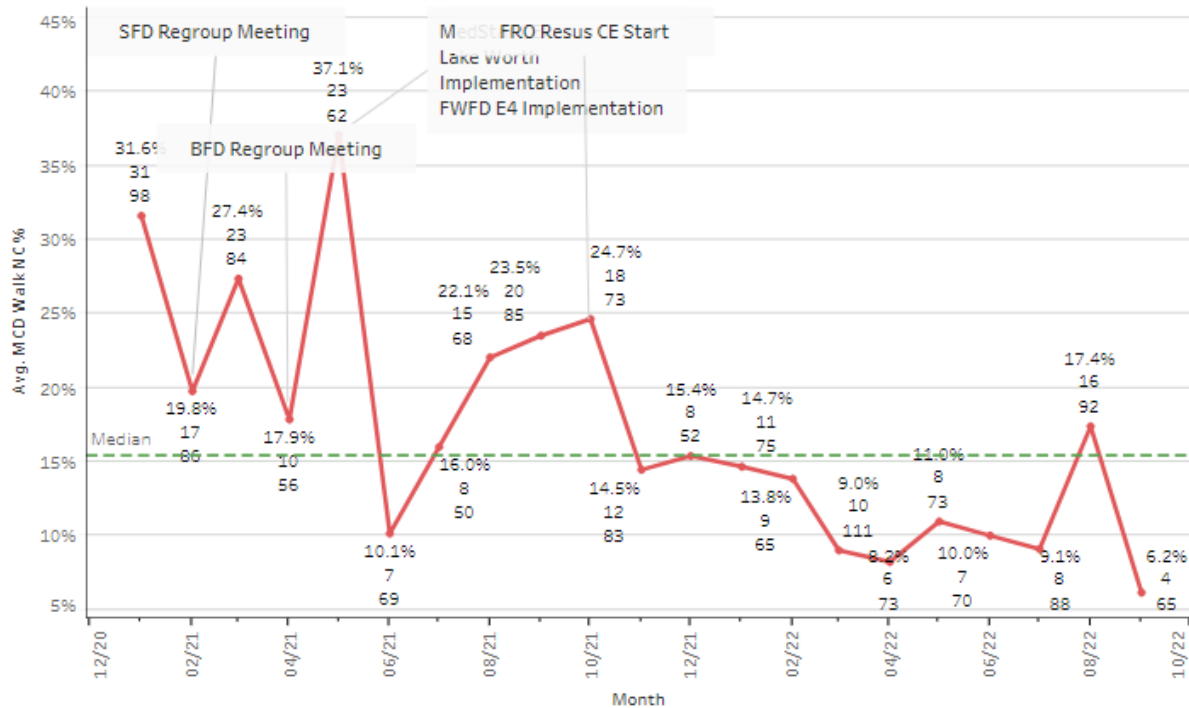
MCD Placement %



MCD Placement < 10 sec %

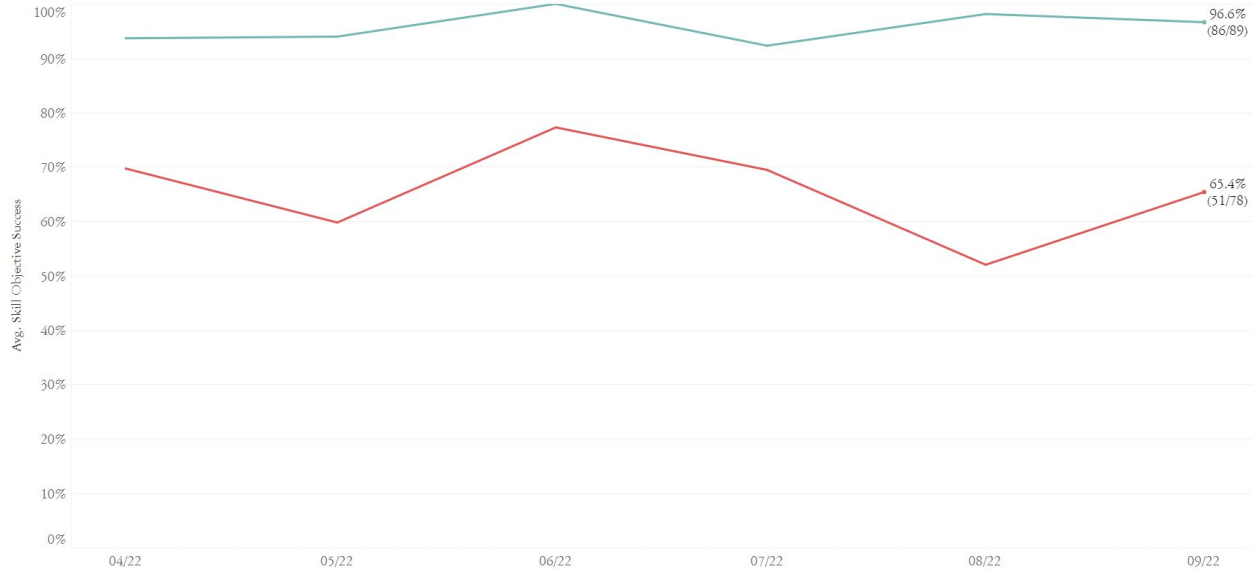


% of Uncorrected MCD Walk/Overall placement

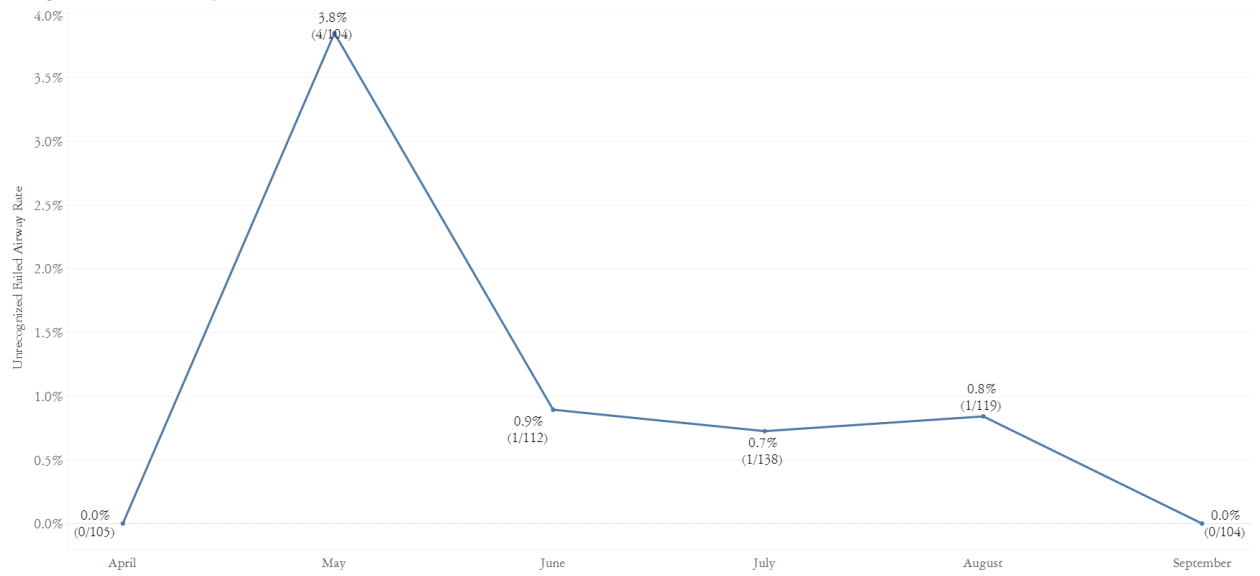


- **Airway Management**

Airways Skill Success - ET & King



Unrecognized Failed Advanced Airway Rate



## System Diagnostics

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Current Avg.	Goal
<b>Cardiac Arrest</b>								
% of recognizable Out-of-Hospital Cardiac Arrests (OHCA) cases correctly identified by Dispatch	84.9%	75.5%					86.0%	75%
Median time between 9-1-1 call and OHCA recognition	0:01:22	0:01:33					0:0%	< 0:01:30
% of recognized 2nd party OHCA cases that received tCPR	93.6%	94.3%					98.6%	75%
Median time between 9-1-1 Access to tCPR hands on chest time for OHCA cases	0:03:05	0:03:19					0:1%	<0:02:30
% of cases with time to tCPR < 180 sec from first key stroke	60.7%	69.1%					71.3%	
% of cases with CCF ≥ 90%	59.0%	70.0%	64.2%	62.3%	70.3%	65.0%	79.9%	90%
% of cases with compression rate 100-120 cpm 90% of the time	94.5%	93.4%	92.9%	97.5%	92.2%	96.4%	89.7%	90%
% of cases with mechanical CPR device placement with < 10 sec pause in chest compression	52.7%	34.4%	49.4%	59.3%	43.7%	44.1%	33.7%	90%
% of cases with Pre-shock pause < 10 sec	7.0%	30.3%	24.4%	17.7%	13.2%	10.7%	19.9%	
% arrive at E/D with ROSC	18.5%	21.0%	13%	21.1%	9.3%	16.4%	16.7%	
% discharged alive	5.4%	9.9%	7.1%	7.8%	4.1%		7.1%	
% neuro intact at discharge (Good or Moderate Cognition)	3.8%	7.4%	5.9%	4.4%	4.1%		5.3%	
% of cases with bystander CPR	47.7%	40.7%	37.6%	45.4%	40.0%	61.3%	48.7%	
% of cases with bystander AED use	16.9%	17.3%	25.9%	17.8%	24.7%	24.5%	19.8%	
<b>STEMI</b>								
% of suspected STEMI patients correctly identified by EMS	55.2%	66.7%	59.4%	59.4%	53.3%	37.5%	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%	92.3%	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%	80.8%	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%	50.0%	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%	65.4%	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%	23.1%	18.5%	75%
% of patients with Suspected STEMI Transported to PCI Center	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.6%	100.0%
% of suspected STEMI patients with EMS activation to Cath Lab intervention time < 90 minutes	23.1%	25.0%	33.3%	37.5%	37.5%	0.0%	32.7%	50%



# Tab C – Chief Transformation Officer

# Transformation Report

October 2022

## **Alternate Payment Models & Expanded Services**

- Additional eligibility expanding enrollment on ET3 Model
  - Full report attached
  - Working with Ops Team on QI project enhance enrollments of eligible patients
- Participated as invited panelist for CMS hosted national webinar for commercial payers on 10/10/22
  - Designed to educate them on the model to encourage multi-payer alignment
- Still working with BCBS on possible alternate payment model

## **Reducing HOT Vehicle Operations Project**

- MedStar presented research poster at national EMS World Expo Conference on patient perception of response times (attached)
  - Big topic of discussion at the conference
- Continuing to track with Re-Prioritization project
  - OMD/Data Analyst refining clinical outcome data based on EMD Determinant
  - Goal = reduce HOT responses to ~30-40% of calls
    - Currently ~70% of calls

## **Balance Billing (Patient Protection Initiative)**

- Texas Legislature planning to re-introduce ground ambulance balance billing issue next session
- Plans set for Texas EMS Alliance 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

## **Medicaid Rate Increase**

- Working with Texas EMS Alliance on effort to increase Medicaid reimbursement rate
- Goal = Medicare Parity
- Last rate change, 2007

## **StarSaver+PLUS**

- Enrollment campaign for StarSaver+PLUS initiated (flyer attached)
  - Enrollment growing – Currently ~400 StarSaver+PLUS member households

## **Trick or Treat Event**

- Recruiting nominations
- Great push from our media partners
  - Flyer attached

## **High Performance EMS Projects**

- AIMHI releasing quarterly data on clinical, operational, and financial performance and structure of High Performance/High Value EMS systems
  - Including system design transformation, response time goals and Medical First Response utilization
  - 1<sup>st</sup> Quarter Report attached
- Developing "EMS: Structured for Quality" guide and inform policy makers on the hallmarks and measures of effective EMS system design, implementation and evaluation based on metrics that matter for patient outcomes
  - May release in partnership with ICMA

## **Pink Gloves Campaign**

- Pink gloves issues to on-duty units for Breast Cancer Awareness Month


**Upcoming Presentations:**

<b>Event (location)</b>	<b>Date</b>	<b>Attendees</b>
South Carolina EMS Leadership Conf. (Greenville, SC)	Oct 2022	~500
Iowa State EMS Conference (Des Moines, IA)	Nov 2022	~600
Texas EMS Conference (Austin, TX)	Nov 2022	~1,500
NAEMSP Annual Conference (Tampa, FL)	Jan 2023	~700
North Carolina EMS Leadership Conf. (Greensboro, NC)	March 2023	~150
FDIC/JEMSCon	Apr 2023	~7,000
National EMS Safety Summit/Financial Symposium (Denver, CO)	Apr 2023	~300

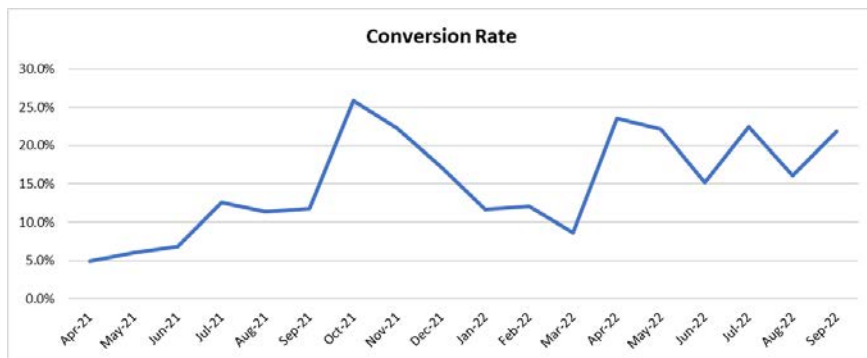
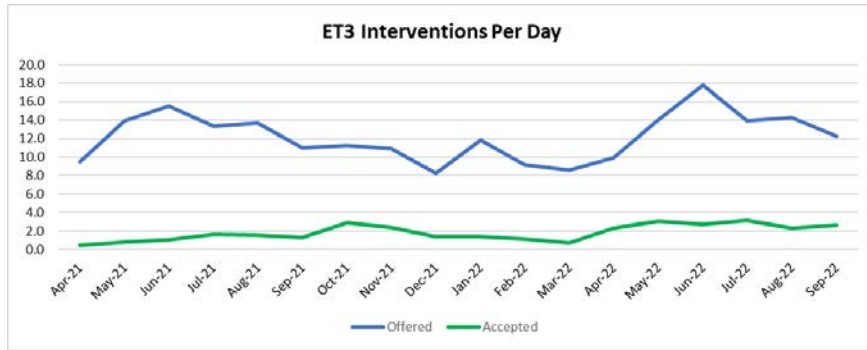
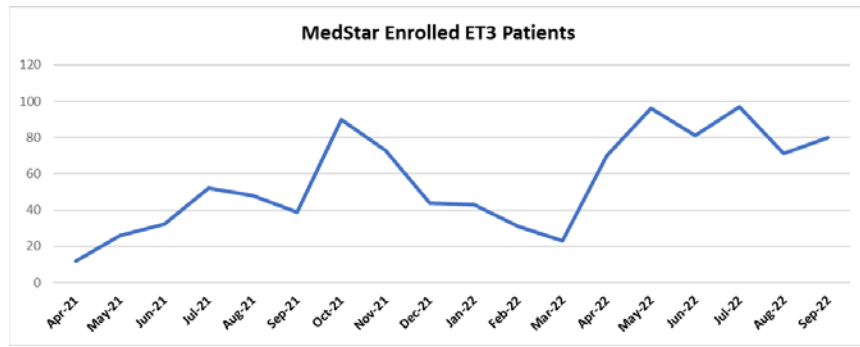
**Media Summary**

Local –

- Trick or Treat Promo
  - NBC 5, CBS 11, ABC 8, KRLD, Star-Telegram

<b>ET3 Program Summary</b>			
<b>April 5, 2021 through:</b>		<b>10/3/2022</b>	
			
<b>Overall Emergency Response Volume (No Card 33 or 37)</b>			<u>Notes</u>
Documented Medicare Patient Contacts	48,273		
≥ 65	35,005	72.5%	
< 65	13,191	27.3%	
Not Documented	77		
Transported	41,089	85.1%	
AMA (incl. Refused All Care & Refusal w/o Capacity)	4,607	9.5%	
ET3 Intervention Offered	6,863	14.2%	(All Payers)
ET3 Intervention Accepted	1016	14.8%	(All Payers)
IES	999		
MHMR ICARE	17		
Outcomes			
Transported	100	10.0%	
Hospital ED	91		
Other	9		
TIP	927	92.8%	
Dispatch Health Referral	476	51.3%	
MCOT Referral	6		

<b>Times on Task Analysis</b>		Through:	10/3/2022
No Transport Scene Time w/Telehealth Completed	0:58:05	N = 1,180	
Treat in Place Scene Time w/o Telehealth Attempted	0:32:45	N = 27,307	
AMA Scene Time Difference with and w/o Telehealth	0:25:20		
AMA w/Telehealth Completed	0:58:05	N = 1,180	
AMA w/Telehealth Started, but Not Completed	0:51:20	N = 81	
Difference	0:06:45		
<b>Total Task Times</b>			
Average Task Time - All Calls	0:59:33		
Average Task Times - Transport	1:14:24		
<i>Pulse Report April 5, 2021 - October 3, 2022</i>			
<b>Summary</b>			
Task Time Difference Telehealth Completed vs. Transport	0:16:19	Less Time	



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

**Seth Wells, Rebecca Hoke**

"MXX responded to a call at a residence for a male complaining of a possible infection of left foot since previous amputation due to poor vascular perfusion leading gangrene. Upon arrival he was A&Ox4 and sitting in recliner. We assessed and took vitals. - see treatment plan. Patient assessment indicated patient would be a good candidate for ET3, patient accepted tele health treatment in place of transportation to ED. After a brief conversation with Doctor Saife he agreed with plan of advising patient to call his PCP in the morning with a follow up appointment for further care and administering Toradol IM to right shoulder for current pain management. The patient accepted treatment plan and agreed to contact his PCP in the morning."

**Jacob Metzger, Delena Bentley**

"MedStar XX arrived and found the patient, a XX-year-old female, alert and oriented, in obvious respiratory distress, seated inside her living room. The patient's neighborhood experienced an electricity outage, resulting in difficulty in accessing her medications as her pharmacy was not open to refill them. Consequently, the patient was unable to complete her evening regiment of COPD medications and is now experiencing significant respiratory distress. The patient was wheezing bilaterally with decreased oxygen saturations, accessory muscle usage, and significantly increased respiratory effort. The patient was placed on oxygen and transferred to the ambulance via stretcher due to scene lighting/safety concerns. Once in the ambulance, the patient was provided with 2x DuoNeb treatments via nebulizer with significant improvement and a return to normal baseline. The patient was also administered 125mg of SoluMedrol IM for the long acting prevention. A telemedicine consult was completed with Dr. Safi of IES, who approved of the treatment plan and the patient remaining in place provided that she gains access to her medications via 24hr pharmacy. The patient was advised to reactive EMS for any changes in condition."

**Daniel Vidal, Allyson Roberson**

"MedStar XX arrived on scene to find a XX-year-old female with altered mentation secondary to hypoglycemia. The patient was lying in bed altered and diaphoretic. He had an initial BGL of 41 mg/dL. An IV was established and 250 mL of D10% was administered. The patient returned to his normal mentation with vitals within baseline per his wife. The patient agreed to TeleHealth. The IES physician stated that the patient is okay to stay at home and should eat a nutritious meal. The last BGL recorded was 261 mg/dL. All signatures were obtained."

**Pamela Moore, Austin Walker**

"Pt reports that she went to the ER at THR SW on 9/18 and was diagnosed with Sciatica. She produced paperwork that indicated they had performed a CT Lumbar and Pelvis without contrast and she was discharged with flexaril and hydrocodone/acetaminophen. Pt states she was hesitant to go back to the ER because she didn't want to go through the same thing again. Pt denies any falls or trauma that could have exacerbated the pain. Pt denies any loss of bowel or bladder control or difficulty. Pt denies any paralysis or paresthesia. Pt states she is able to walk but it is painful. Pt is observed to be a XX y/o Caucasian female in no visible distress, laying right lateral recumbent in her bed. Pt has no immediate life threats visible, ABC's intact, GCS 15. Pt vitals were unremarkable. Physical exam noted tenderness to the left lower lumbar with pain radiating down her left leg. EMS diagnosis is Sciatica. PT was met in her bedroom where vitals were assessed, physical exam was performed, and history was gathered. Pt was offered ET3 for consult and agreed. Physician was contacted via IES Mobile App and agreed with EMS plan for IM steroids today with the physician providing prescription for steroid pack over the next 5 days and pt follow up with spinal surgeon and PCP. TeleHealth physician provided orders for IM Dexamethasone 6mg and called in prescription to pts pharmacy. Pt confirmed to have no further questions and signed necessary documentation. MXX returned to service."

# Patient Perception of Lights and Siren EMS Response

Whitney Morgan, MS, NRP; Jeremie Davidson, EMT-B; Christopher Cunningham, BAAS, NRP,  
Angela Cornelius, M.D., FACEP; Matt Zawadzky, MS-HSA, NREMT



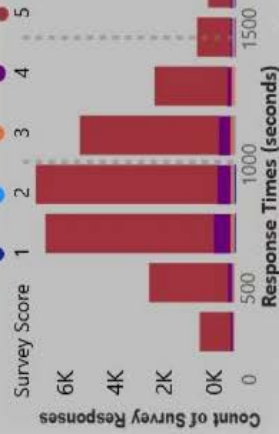
## Background

- The efficacy of lights and siren (L&S) use during EMS vehicle operations has been challenged in recent papers and position statements.
- "Public expectation" has been used as a reason to not reduce L&S use.
- A retrospective analysis of patient experience scores for timely arrival of the ambulance was conducted comparing scores with ambulance response time data.

## Objective

Determine the correlation of lights and siren response with the patient's perception of timeliness of ambulance arrival.

## Patient Experience Score vs. Response Time



## Methods

- **4,975** customer experience surveys for EMS responses that received an ambulance-only, non-L&S response were stratified with response time data between **1/1/2018** and **12/31/2021**.
- Surveys were performed by an outside third party.
- Patient survey selection was randomized.
- Surveys were cross walked for the timely ambulance arrival rating and actual ambulance response time.
- Ambulance response time was calculated from first keystroke at the agency PSAP to unit arrival on scene.

## Results

- Average customer ranking of timeliness of ambulance arrival was **4.8** out of **5**.
- Increasing response time did not seem to have direct impact on the patient perception of timeliness.
- Confirmed utilizing the Kendall correlation coefficient with a very weak correlation score of **- 0.01437**

## Future Directions

- Further analysis of the survey results examining patient population factors, including race, sex, age.
- Related patient complaint and EMD determinants will be examined.
- Outcomes analysis will be performed.





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# 2022 High-Performance EMS Benchmarking Study

## Part 1: System Demographics and Operational Performance

# AIMHI

ACADEMY OF  
INTERNATIONAL  
MOBILE HEALTHCARE  
INTEGRATION

The AIMHI benchmarking studies perform a fundamental service to EMS by providing tools through which we can continue to learn about the successes and opportunities of today’s emergency care system, ensure its progress and growth, and work to expand the reputation and efficiency of EMS nationally and internationally. The 2022 study is the latest addition to the body of knowledge required for effective service delivery and improvement.

Since the first study in 1998, AIMHI has developed valuable **evidenced-based** studies to share **clinical, operational, and economic** data across EMS systems serving diverse geographic and demographic communities. Our goal is to provide the EMS community, elected and appointed officials, and regulators with tools, data, and outcomes that demonstrate the value of high-performance, high-value mobile healthcare as the initial point of entry to, and the safety net of, the healthcare continuum.

Agency Name	Organizational Structure
Emergency Medical Services Authority (Oklahoma City, OK)	Public Utility Model: Self-Operated
Emergency Medical Services Authority (Tulsa, OK)	Public Utility Model: Self-Operated
Mecklenburg EMS Agency (Charlotte, NC)	Public Utility Model: Self-Operated
Medic Ambulance (Solano, CA)	Private
MEDIC EMS (Davenport, IA)	501c3
MedStar Mobile Healthcare (Fort Worth, TX)	Public Utility Model: Self-Operated
Metropolitan EMS (Little Rock, AR)	Public Utility Model: Self-Operated
Niagara Emergency Medical Services (Region of Niagara, CA)	Third Service Model
Northwell Health Center for EMS (Syosset, NY)	Health System Based EMS Agency
Novant Health New Hanover EMS (New Hanover County, NC)	Hospital-Based
Pinellas County EMS - Sunstar (Pinellas County, FL)	Public Utility Model: Contracted
Pro EMS (Cambridge, MA)	Contractor
Regional Emergency Medical Services (Reno, NV)	Public Utility Model: Self-Operated
Richmond Ambulance Authority (Richmond, VA)	Public Utility Model: Self-Operated

### What Is High Performance/High Value EMS (HP/HVEMS)?

HP/HVEMS systems share key features of system design rarely associated with less cost-effective systems. Characteristics typically include:

- **Sole provider:** All emergency and non-emergency ambulance services are granted to a sole and often competitively selected provider for a specific population or service area.
- **Control center operations:** The ambulance provider has control of the dispatch center.
- **Accountability:** HP/HVEMS systems have performance requirements that can result in financial penalties or replacement of the provider when the requirements are not met. HP/HVEMS systems use and collect data regularly to meet these performance requirements, which has allowed for the ability to collect data for the HP/HVEMS Market Study.
- **Revenue maximization:** HP/HVEMS systems incorporate the business function into their operations, resulting in an understanding of the billing requirements, thus collecting all appropriate revenues from Medicare, Medicaid, self-pay and other third-party payors.
- **Flexible production strategy:** HP/HVEMS match scheduled resources with predicted changes in response demand based on time of day, day of week and time of year.
- **System Status Management (SSM):** HP/HVEMS systems use the dynamic deployment techniques to position resources in anticipation of when and where ambulances will be needed.



## Key Metrics & Takeaways

- **36%** of the HP/HVEMS systems have **transitioned from an all-ALS ambulance deployment to a Tiered Deployment (ALS/BLS)** to better match resources with emergency needs and enhance ALS provider utilization and experience.
- **64%** of HP/HVEMS systems **do not use Medical First Response on all calls**, reserving MFR for calls with a higher medical acuity, based on EMD determinants derived through an accredited communications center.
  - Across these systems, **an average of 52% of EMS calls do not receive Medical First Responders.**
- **61%** of the emergency responses in the HP/HVEMS systems **receive a lights & siren (HOT) response.**
  - **9%** of the patients transported to hospitals receive a **HOT transport.**
- The **Median ambulance response time** for high acuity responses in HP/HVEMS systems is **8 minutes, 41 seconds.**
  - The response time calculation begins at time call received in **42%** of HP/HVEMS systems
- AIMHI Member agencies serve a **combined population of 17.6 million** people and a geography of over **14,000 square miles.**
- Member agencies responded to **1.5 million emergency ambulance calls** in 2021, **transporting 996,080** patients for a **transport ratio of 67.8%.**
- **100% of AIMHI member agencies hold at least one accreditation. 93% are accredited by the Commission on the Accreditation of Ambulance Services (CAAS) and 79% of member dispatch centers are accredited by the International Academies of Emergency Dispatch.**

**CURRENT AIMHI MEMBERS**

Emergency Health Service Halifax, NS	Medic Ambulance Vallejo, CA	New Hanover EMS Wilmington, NC	Pinellas County EMS Authority/Sunstar Paramedics Largo, FL	Richmond Ambulance Authority Richmond, VA
Emergency Medical Services Authority Tulsa & Oklahoma City, OK	MEDIC Emergency Medical Services Davenport, IA	Niagara Emergency Medical Services Niagara-On-The-Lake, ON	Pro EMS Cambridge, MA	Three Rivers Ambulance Authority Fort Wayne, IN
Mecklenburg EMS Agency Charlotte, NC	MedStar Mobile Healthcare Fort Worth, TX	Northwell Health Center for EMS Syosset, NY	Regional EMS Authority Reno, NV	Learn more about membership at <a href="http://www.aimhi.mobi">www.aimhi.mobi</a>
	Metropolitan Emergency Medical Services Little Rock, AR			

### About the Academy of International Mobile Healthcare Integration

The Academy of International Mobile Healthcare Integration (AIMHI) represents high performance emergency medical and mobile healthcare providers in the U.S. and abroad. Member organizations employ business practices from both the public and private sectors. By combining industry innovation with close government oversight, AIMHI affiliates are able to offer unsurpassed service excellence and cost efficiency. [www.aimhi.mobi](http://www.aimhi.mobi) | [hello@aimhi.mobi](mailto:hello@aimhi.mobi) | [@AIMHI MIH](https://www.facebook.com/aimhihealthcare) | [www.fb.me/aimhihealthcare](http://www.fb.me/aimhihealthcare)

## Table 1: EMS System Delivery Changes

Agency	What was the change?
Emergency Medical Services Authority (Oklahoma City, OK)	Transitioned from a contracted provider to a self-operated PUM. Changed from all ALS to tiered ambulance deployment.
Emergency Medical Services Authority (Tulsa, OK)	Transitioned from a contracted provider to a self-operated PUM. Changed from all ALS to tiered ambulance deployment.
Mecklenburg EMS Agency (Charlotte, NC)	Changed response time goal for low-acuity medical responses.
MedStar Mobile Healthcare (Fort Worth, TX)	Changed from all ALS to tiered ambulance deployment.
Niagara Emergency Medical Services (Region of Niagara, CA)	Recent update to MPDS v13.3 Omega included a determinant-by-determinant review that included linked hospital outcome data.  This data was used in to update response priorities based on information such as aggregate 1- and 7-day mortality, number of ER interventions, length of stay, SCU admissions and length of stay.
Pinellas County EMS - Sunstar (Pinellas County, FL)	Changed from all ALS to tiered ambulance deployment.
Regional Emergency Medical Services (Reno, NV)	Changed from all ALS to tiered ambulance deployment. Additional further utilization of Nurse Health Line for low acuity call determinants.

## Table 2: Medical First Response Utilization

Agency Name	Percentage of calls with Medical First Response (MFR)
Emergency Medical Services Authority (Oklahoma City, OK)	46%
Emergency Medical Services Authority (Tulsa, OK)	53%
Mecklenburg EMS Agency (Charlotte, NC)	77%
MEDIC EMS (Davenport, IA)	75%
MedStar Mobile Healthcare (Fort Worth, TX)	70%
Metropolitan EMS (Little Rock, AR)	40%
Novant Health New Hanover EMS (New Hanover County, NC)	31%
Regional Emergency Medical Services (Reno, NV)	40%
Richmond Ambulance Authority (Richmond, VA)	40%

**Table 3: HOT Vehicle Operations**

Agency Name	HOT Response %	HOT Transport %
Emergency Medical Services Authority (Oklahoma City, OK)	36.7%	8.4%
Emergency Medical Services Authority (Tulsa, OK)	31.5%	7.9%
Mecklenburg EMS Agency (Charlotte, NC)	21.0%	6.1%
Medic Ambulance (Solano, CA)	79.2%	4.2%
MEDIC EMS (Davenport, IA)	73.9%	13.7%
MedStar Mobile Healthcare (Fort Worth, TX)	72.4%	4.8%
Metropolitan EMS (Little Rock, AR)	98.1%	7.4%
Niagara Emergency Medical Services (Region of Niagara, CA)	25.0%	20.6%
Northwell Health Center for EMS (Syosset, NY)	80.0%	16.0%
Novant Health New Hanover EMS (New Hanover County, NC)	68.8%	9.4%
Pinellas County EMS - Sunstar (Pinellas County, FL)	71.1%	2.0%
Pro EMS (Cambridge, MA)	100.0%	0.0%
Regional Emergency Medical Services (Reno, NV)	74.6%	6.8%
Richmond Ambulance Authority (Richmond, VA)	75.2%	0.6%
<b>Overall Average</b>	<b>60.9%</b>	<b>8.9%</b>

**Table 4: Accreditations by Agency**

Agency Name	Agency Accreditations or Awards
Emergency Medical Services Authority (Oklahoma City, OK)	CAAS; IAED/ACE
Emergency Medical Services Authority (Tulsa, OK)	CAAS; IAED/ACE
Mecklenburg EMS Agency (Charlotte, NC)	CAAS; IAED/ACE
Medic Ambulance (Solano, CA)	CAAS; IAED/ACE; AMBY (AAA) / CAASE (CAA)
MEDIC EMS (Davenport, IA)	CAAS; IAED/ACE
MedStar Mobile Healthcare (Fort Worth, TX)	CAAS; IAED/ACE; AMBY (AAA)
Metropolitan EMS (Little Rock, AR)	CAAS; IAED/ACE
Niagara Emergency Medical Services (Region of Niagara, CA)	IAED
Northwell Health Center for EMS (Syosset, NY)	CAAS; IAED/ACE; CAMTS
Novant Health New Hanover EMS (New Hanover County, NC)	CAAS; Mission: Lifeline Gold Plus
Pinellas County EMS - Sunstar (Pinellas County, FL)	CAAS; IAED/ACE; CAMTS
Pro EMS (Cambridge, MA)	CAAS
Regional Emergency Medical Services (Reno, NV)	CAAS; IAED/ACE
Richmond Ambulance Authority (Richmond, VA)	CAAS; IAED/ACE

**Table 5: Population, Service Area & Population Density**

Agency Name	Jurisdiction Type	Service Area Population	Service Area (Sq. Miles)	Population Density
Emergency Medical Services Authority (Oklahoma City, OK)	Multiple	787,047	714	1,102
Emergency Medical Services Authority (Tulsa, OK)	Multiple	514,100	261	1,973
Mecklenburg EMS Agency (Charlotte, NC)	Single	1,115,482	546	2,043
Medic Ambulance (Solano, CA)	Single	451,716	821	550
MEDIC EMS (Davenport, IA)	Multiple	175,000	450	389
MedStar Mobile Healthcare (Fort Worth, TX)	Multiple	1,139,236	433	2,631
Metropolitan EMS (Little Rock, AR)	Multiple	400,000	1,800	222
Niagara Emergency Medical Services (Region of Niagara, CA)	Single	481,727	716	673
Northwell Health Center for EMS (Syosset, NY)	Multiple	10,253,230	1,455	7,049
Novant Health New Hanover EMS (New Hanover County, NC)	Single	229,018	192	1,193
Pinellas County EMS - Sunstar (Pinellas County, FL)	Single	980,810	280	3,503
Pro EMS (Cambridge, MA)	Multiple	350,000	200	1,750
Regional Emergency Medical Services (Reno, NV)	Multiple	486,492	6,302	77
Richmond Ambulance Authority (Richmond, VA)	Single	226,610	63	3,622
<b>Total/Average</b>		<b>17,590,468</b>	<b>14,232</b>	<b>1,236</b>

**Table 6: System EMS Responses**

Agency Name	Total Emergency Responses
Emergency Medical Services Authority (Oklahoma City, OK)	110,500
Emergency Medical Services Authority (Tulsa, OK)	108,835
Mecklenburg EMS Agency (Charlotte, NC)	139,327
Medic Ambulance (Solano, CA)	48,000
MEDIC EMS (Davenport, IA)	27,083
MedStar Mobile Healthcare (Fort Worth, TX)	138,993
Metropolitan EMS (Little Rock, AR)	91,000
Niagara Emergency Medical Services (Region of Niagara, CA)	64,428
Northwell Health Center for EMS (Syosset, NY)	164,740
Novant Health New Hanover EMS (New Hanover County, NC)	46,693
Pro EMS (Cambridge, MA)	15,000
Pinellas County EMS - Sunstar (Pinellas County, FL)	170,059
Regional Emergency Medical Services (Reno, NV)	71,659
Richmond Ambulance Authority (Richmond, VA)	48,292
<b>Total</b>	<b>1,244,609</b>

**Table 7: Response Time Goal**

Agency Name	High Acuity Call Compliance Standard	Low Acuity Call Compliance Standard
Emergency Medical Services Authority (Oklahoma City, OK)	90% < 10:59	90% < 24:59
Emergency Medical Services Authority (Tulsa, OK)	90% < 10:59	90% < 24:59
Mecklenburg EMS Agency (Charlotte, NC)	90% < 10:59	90% < 60:00
Medic Ambulance (Solano, CA)	9:00	25:00
MEDIC EMS (Davenport, IA)	90% < 07:59	90% < 14:59
MedStar Mobile Healthcare (Fort Worth, TX)	85% < 11 minutes, no more than 1.5% > 16:30	85% < 17 minutes, no more than 1.5% > 25:30
Metropolitan EMS (Little Rock, AR)	90% < 08:59	90% < 12:59
Niagara Emergency Medical Services (Region of Niagara, CA)	SCA 55% < 6:00; CTAS 1 80% < 8:00	CTAS 2 90% < 15:00; CTAS 3 90% < 60:00
Northwell Health Center for EMS (Syosset, NY)	90% < 12:00	90% < 30:00
Novant Health New Hanover EMS (New Hanover County, NC)	N/A	90% < 19:59
Pinellas County EMS - Sunstar (Pinellas County, FL)	91% < 10:00	No Standard
Pro EMS (Cambridge, MA)	90% < 14:59	No Standard
Regional Emergency Medical Services (Reno, NV)	8:59	90% < 20:59
Richmond Ambulance Authority (Richmond, VA)	90% < 8:59	90% < 29:59

**Table 8: Average Response Time**

Agency Name	High Acuity Average Response Time	Low Acuity Average Response Time
Emergency Medical Services Authority (Oklahoma City, OK)	11:23	18:37
Emergency Medical Services Authority (Tulsa, OK)	08:20	14:07
Mecklenburg EMS Agency (Charlotte, NC)	08:10	11:44
Medic Ambulance (Solano, CA)	05:00	10:52
MEDIC EMS (Davenport, IA)	06:45	09:36
MedStar Mobile Healthcare (Fort Worth, TX)	09:13	12:16
Metropolitan EMS (Little Rock, AR)	07:30	12:59
Niagara Emergency Medical Services (Region of Niagara, CA)	06:18	09:31
Northwell Health Center for EMS (Syosset, NY)	09:47	17:41
Novant Health New Hanover EMS (New Hanover County, NC)	05:56	07:53
Pinellas County EMS - Sunstar (Pinellas County, FL)	06:30	10:30
Regional Emergency Medical Services (Reno, NV)	06:48	09:30
Richmond Ambulance Authority (Richmond, VA)	09:19	20:56
<b>Median</b>	<b>08:41</b>	<b>12:31</b>





## NOMINATION DEADLINE EXTENDED

### MedStar Seeking Special Kids for Trick or Treat Event

**Know a child who would like to go out on Halloween for Trick or Treat, but needs medical support to be able to do so?**

For the 9<sup>th</sup> year, MedStar is offering to take one or two children out for Halloween in a very special Fort Worth neighborhood. This program is designed for kids who might not normally be able to go trick or treating due to medical restrictions.



The child will be picked up at home, brought to a specially selected neighborhood in a fully decorated MedStar ambulance. The child and their family will be escorted through a specially selected neighborhood on one of our stretchers, with full medical support, until their goody bag is full!

To nominate a child for this event, contact Matt Zavadsky at [MZavadsky@medstar911.org](mailto:MZavadsky@medstar911.org) or by phone at 817-991-4487.

**~~Nomination deadline is Tuesday, October 18<sup>th</sup>~~**

#### Participation Guidelines:

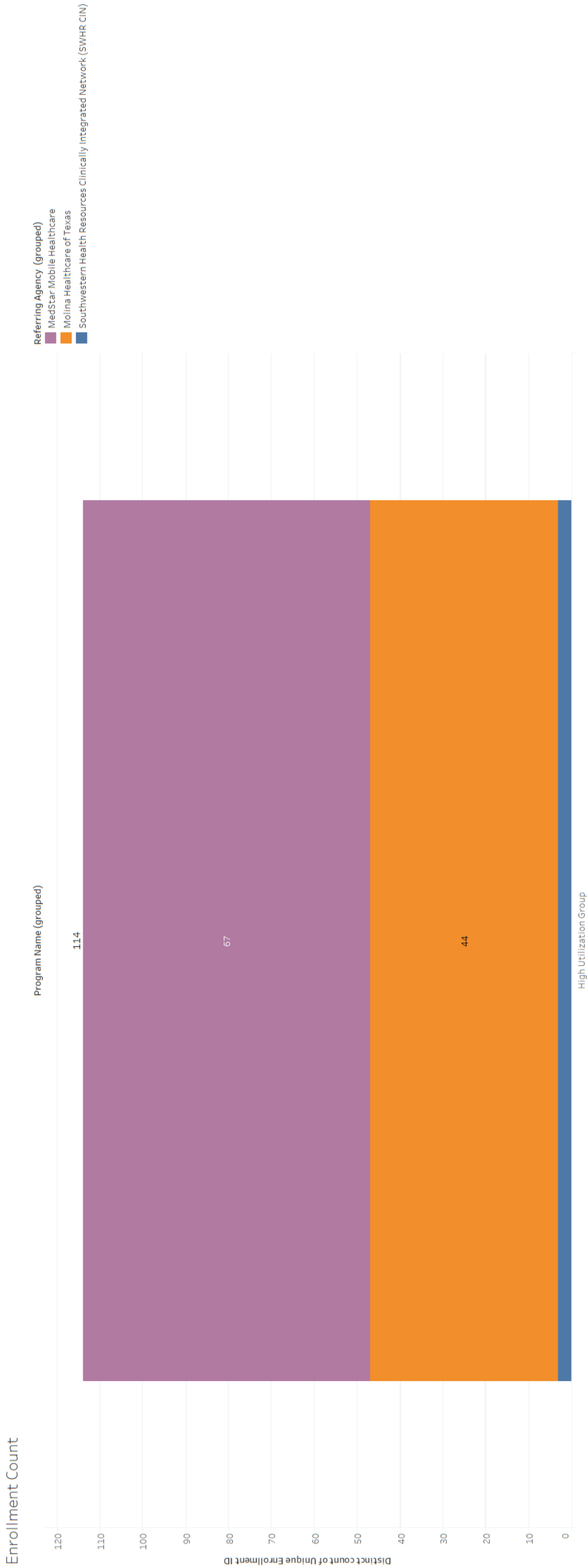
- Date of event will be October 29<sup>th</sup>, between 6p and 9p
- Child and parents should live, or be temporarily residing in the [MedStar service area](#)
  - Children in a hospital, or other medical facility are eligible, and we will coordinate with the facility to determine feasibility.
- Child should be between 5 and 15 years old
- Child and parents should be willing to share their experience with media partners and sign a media release
- MedStar shall make the final determination of clinical appropriateness for participation



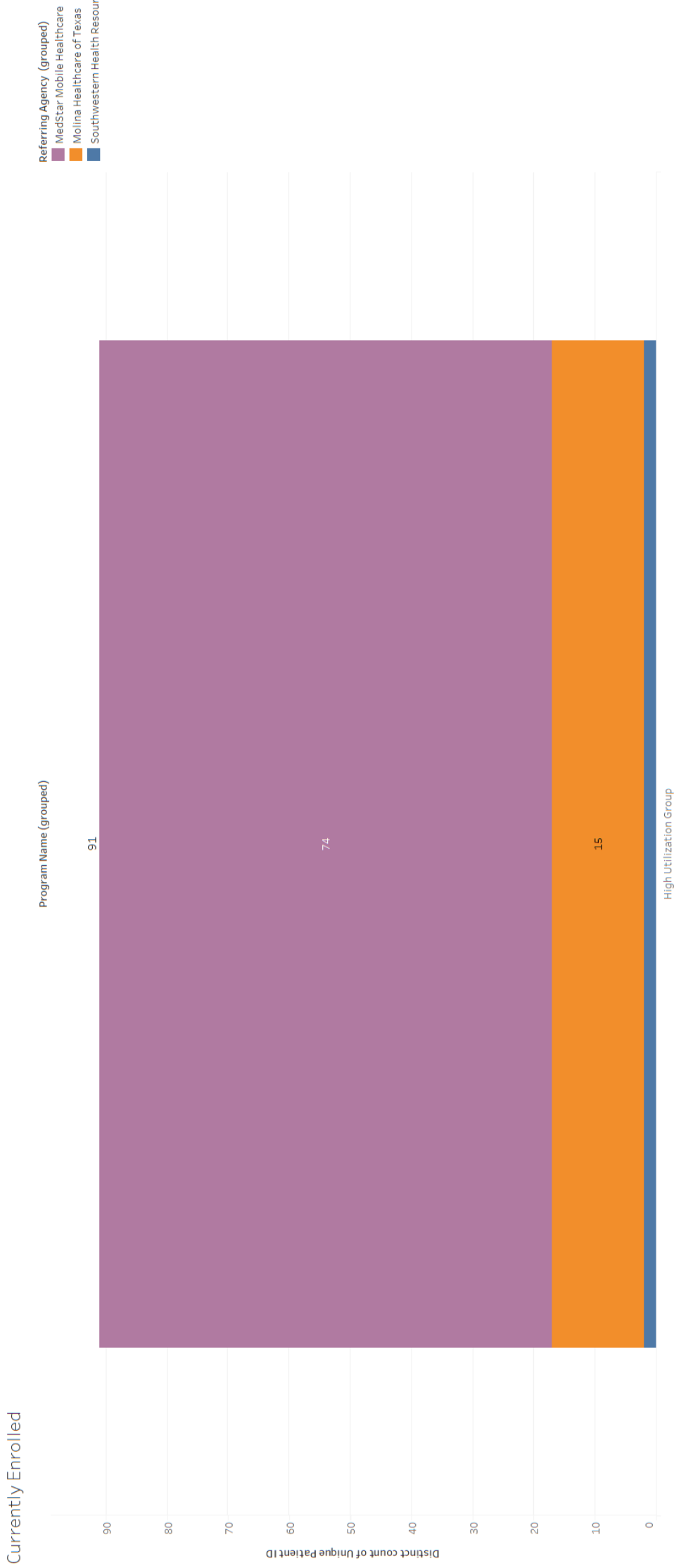
#### About MedStar:

Responding to over 180,000 calls each year, MedStar Mobile Healthcare is the governmental administrative agency providing exclusive emergency and non-emergency ambulance services to over 1 million residents throughout Fort Worth and 14 other member cities. Established in 1986, MedStar is governed by the Metropolitan Area EMS Authority board of directors and is accredited by the Commission on Accreditation of Ambulance Services and the International Academies of Emergency Dispatch.

# High Utilization Group Enrollments: FY2021-22



# High Utilization Group: Currently Enrolled





# High Utilization Group Outcomes: Utilization Metrics

911 Encounters					
	Before Enrollment	Enrollment Period	Post Graduation	Difference	% Difference
Responses	12582	8698	6781	5801	-46.11%
Transports	11468	6355	6002	5466	-47.66%

# High Utilization Group Outcomes: Utilization Metrics

Referral Source	Southwestern Health Resources			Change
As of:	12/31/2021			
	Before Enrollment (1)	Enrollment Period (2)	After Graduation (3)	
Sample Size (5)	148			
Emergency Department Utilization	452	55	217	-51.99%
Inpatient Admissions	557	67	274	-50.81%
<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				

\*Based on claims data provided by SWHR

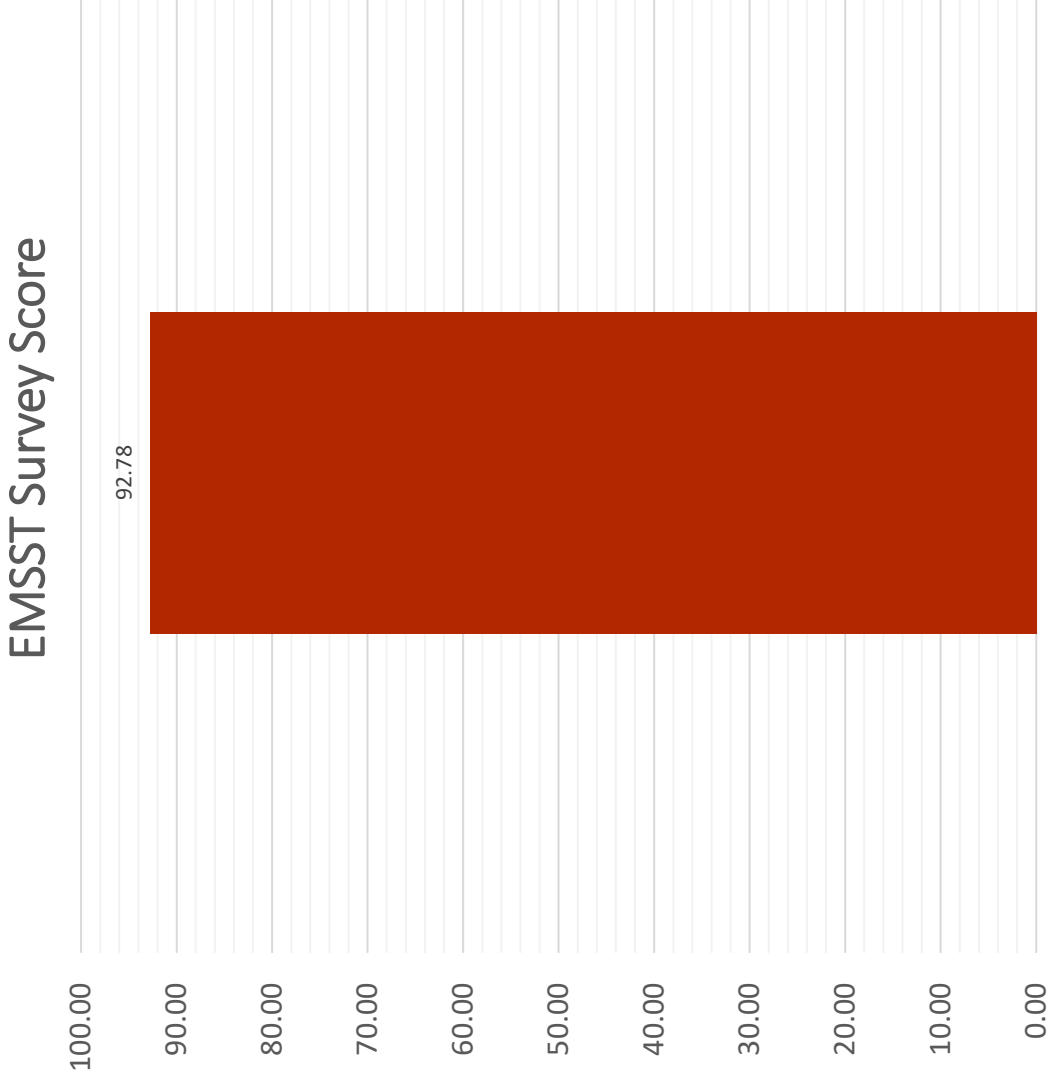
# High Utilization Group Outcomes: Experience of Care

Patient Self-Assessment of Health Status (1)			
As of: 9/30/2022			
High Utilizer Group			
	Enrollment	Graduation	Change
<b>Sample Size</b>	<b>338</b>		
Mobility (2)	2.30	2.51	9.5%
Self-Care (2)	2.55	2.73	6.8%
Perform Usual Activities (2)	2.26	2.59	<b>14.7%</b>
Pain and Discomfort (2)	2.01	2.35	<b>17.1%</b>
Anxiety/Depression (2)	2.21	2.52	<b>14.0%</b>
<b>Overall Health Status (3)</b>	5.23	6.91	<b>32.2%</b>

**Notes:**

1. Average scores of pre and post enrollment data from EuroQol EQ-5D-3L Assessment Questionnaire
2. Score 1 - 3 with 3 most favorable
3. Score 1 - 10 with 10 most favorable

# High Utilization Group Outcomes: Experience of Care



# Tab D – Chief Financial Officer

# Tab E – Chief Human Resources Officer

## **Human Resources - September 2022**

With the completion of software implementations, the department has turned its full attention to recruitment, retention, and engagement. We have 10 planned NEOPs for the coming fiscal year and continue to plan engagement events and education for employees.

### **Turnover:**

- September turnover – 1.52%
  - FT – 1.48%
  - PT – 1.96%
- Year to date turnover –24.57%
  - FT – 22.78%
  - PT – 41.18%

### **Leaves:**

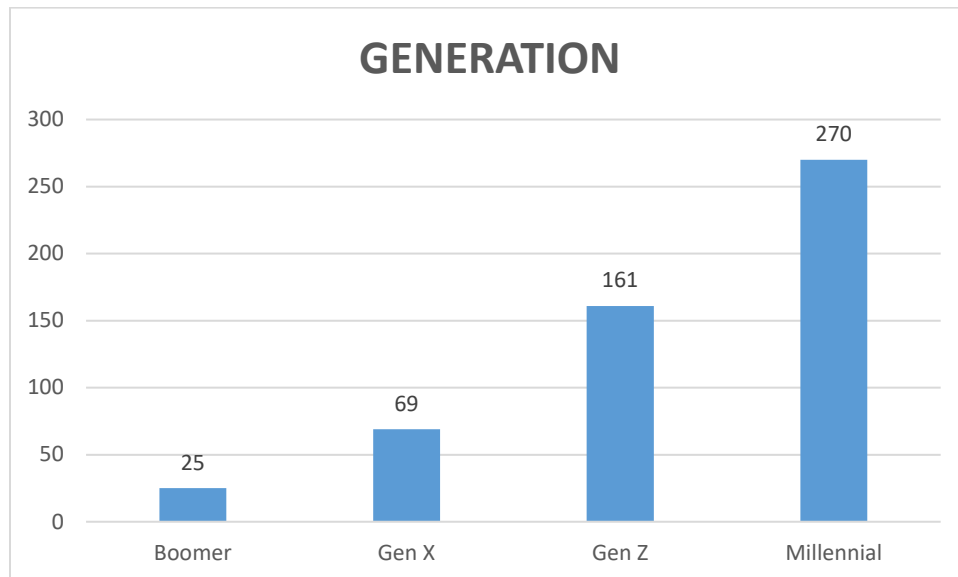
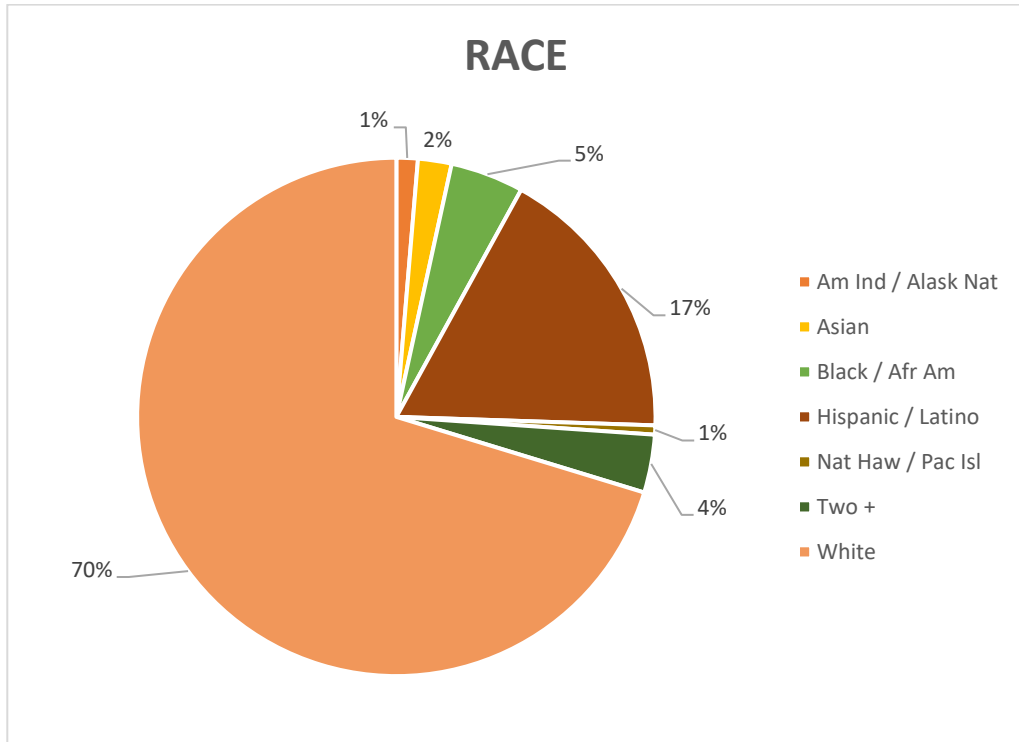
- 30 employees on FMLA / 6.33% of workforce
  - 21 cases on intermittent
  - 9 cases on a block
- Top FMLA request reasons/conditions
  - FMLA - Parent (4)
  - FMLA – Child (3)
  - Internal Medicine (3)
  - Mental Health (3)
  - Bonding (3)

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.

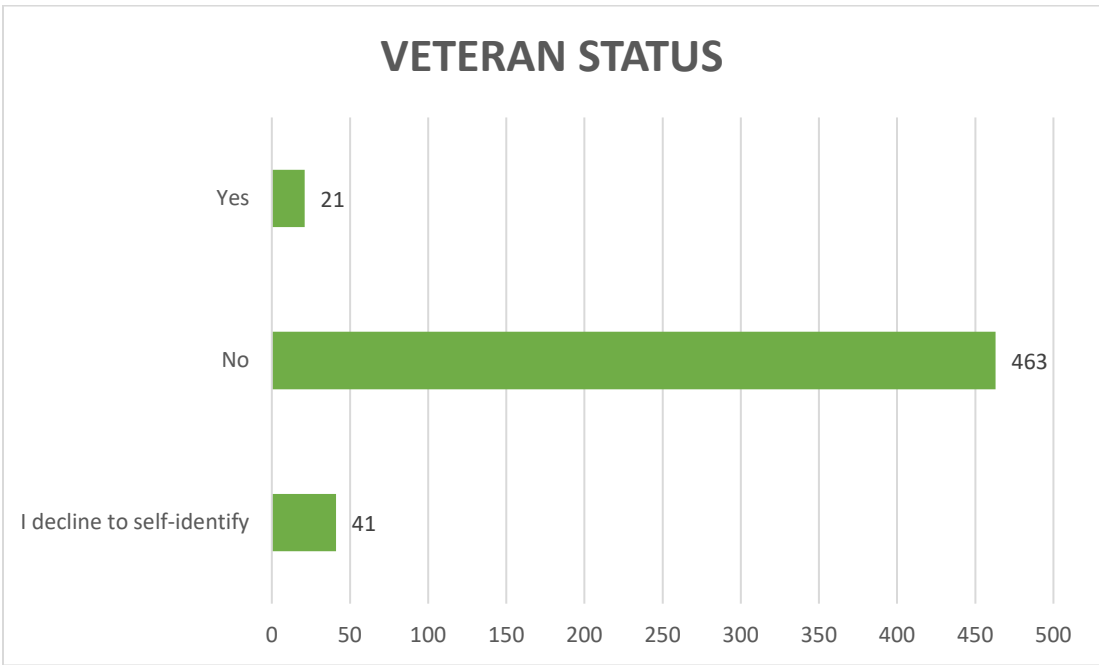
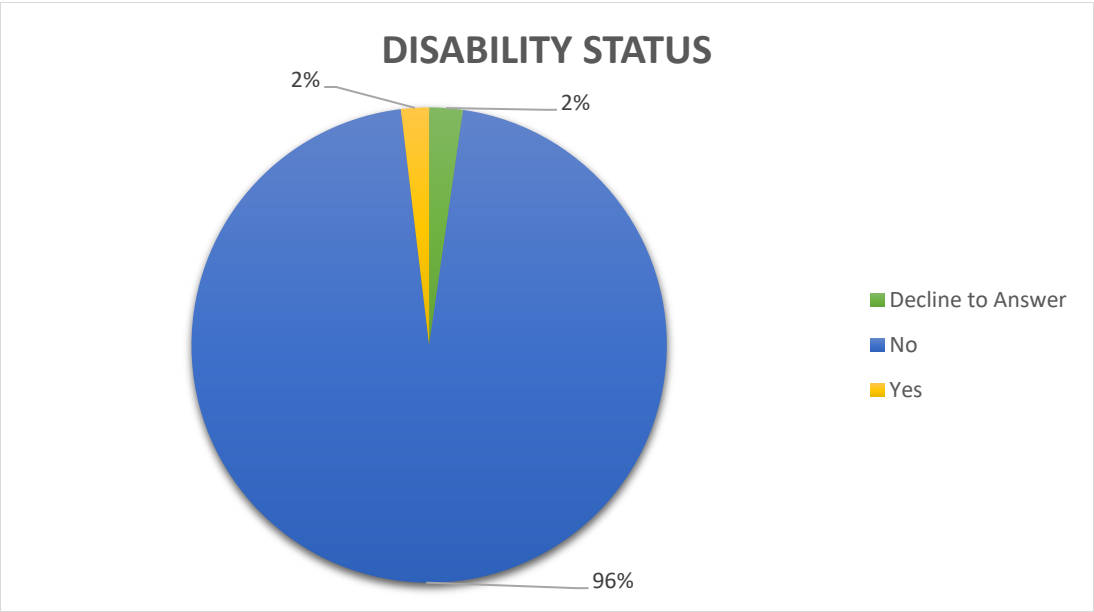
### **Staffing**

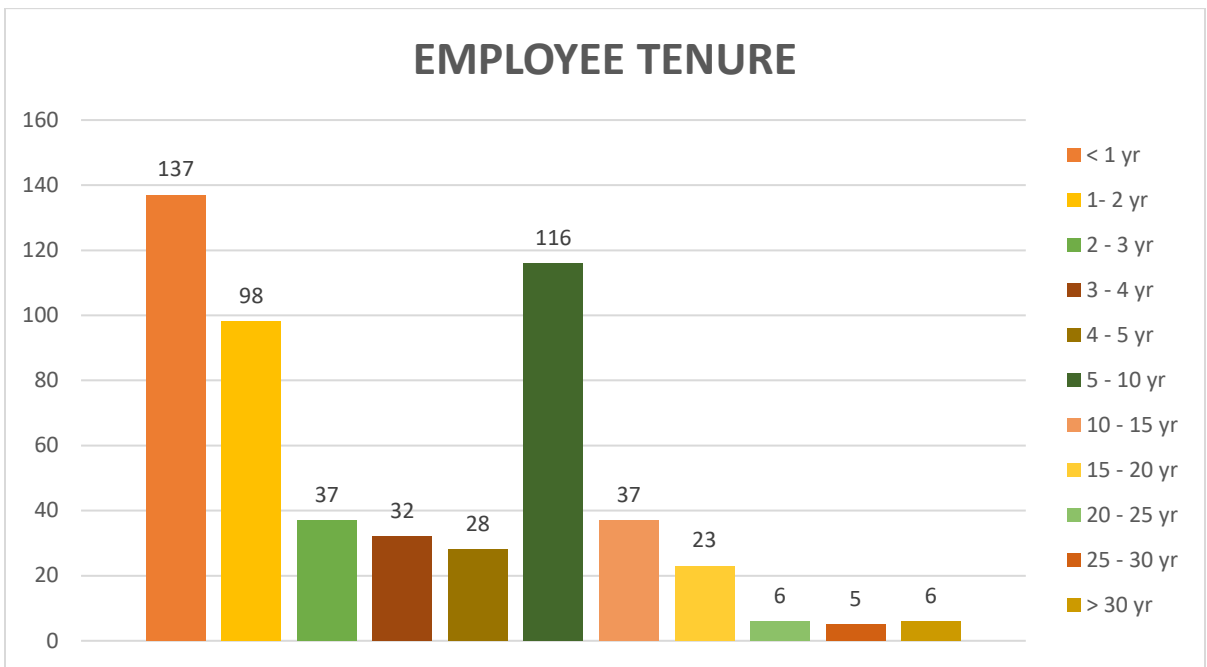
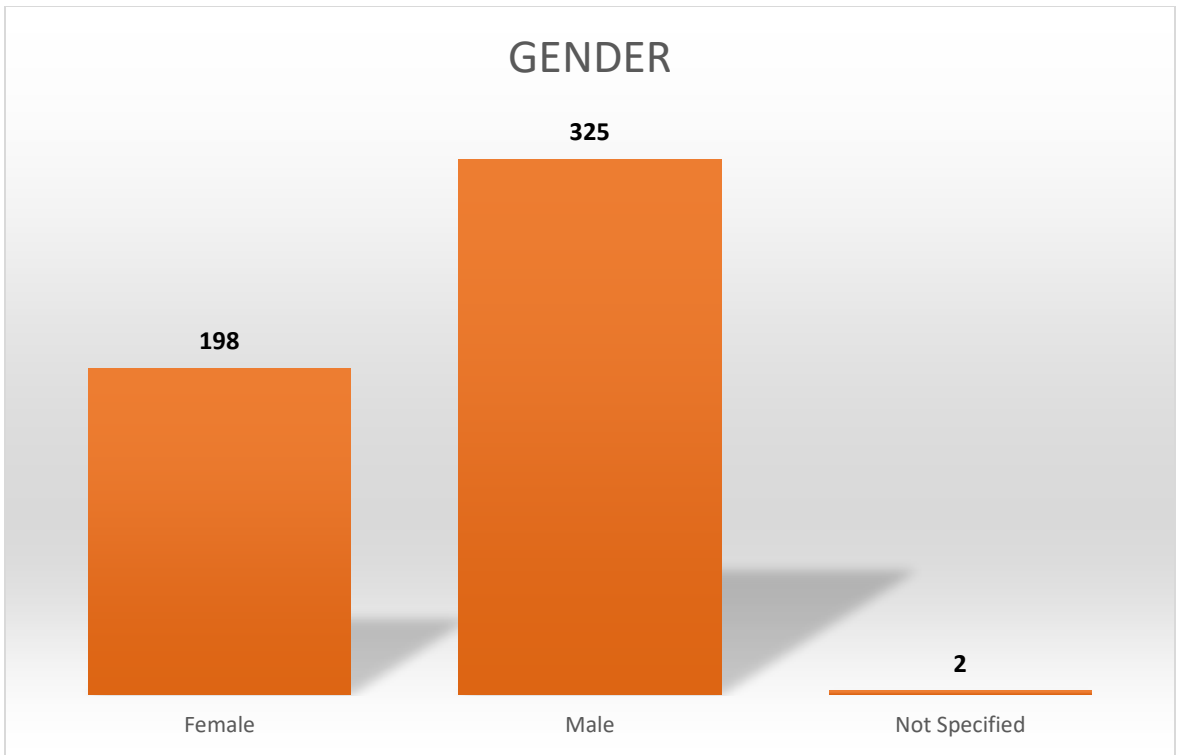
- 14 hires in September
- 154 hires FYTD

# SEPTEMBER 2022 DIVERSITY STATISTICS









**FMLA Leave of Absence (FMLA Detailed Report)  
Fiscal Year 10/01/2021 thru 9/30/2022  
Percentages by Department/Conditions**

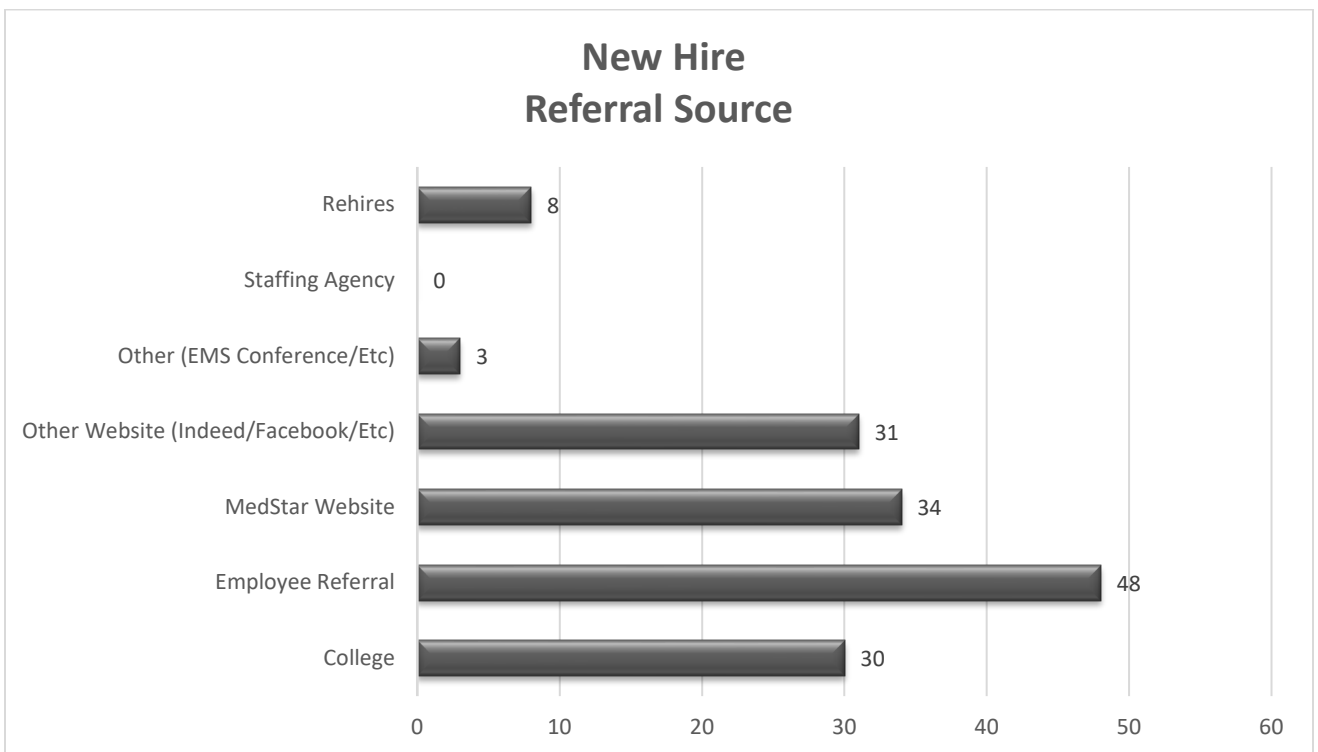
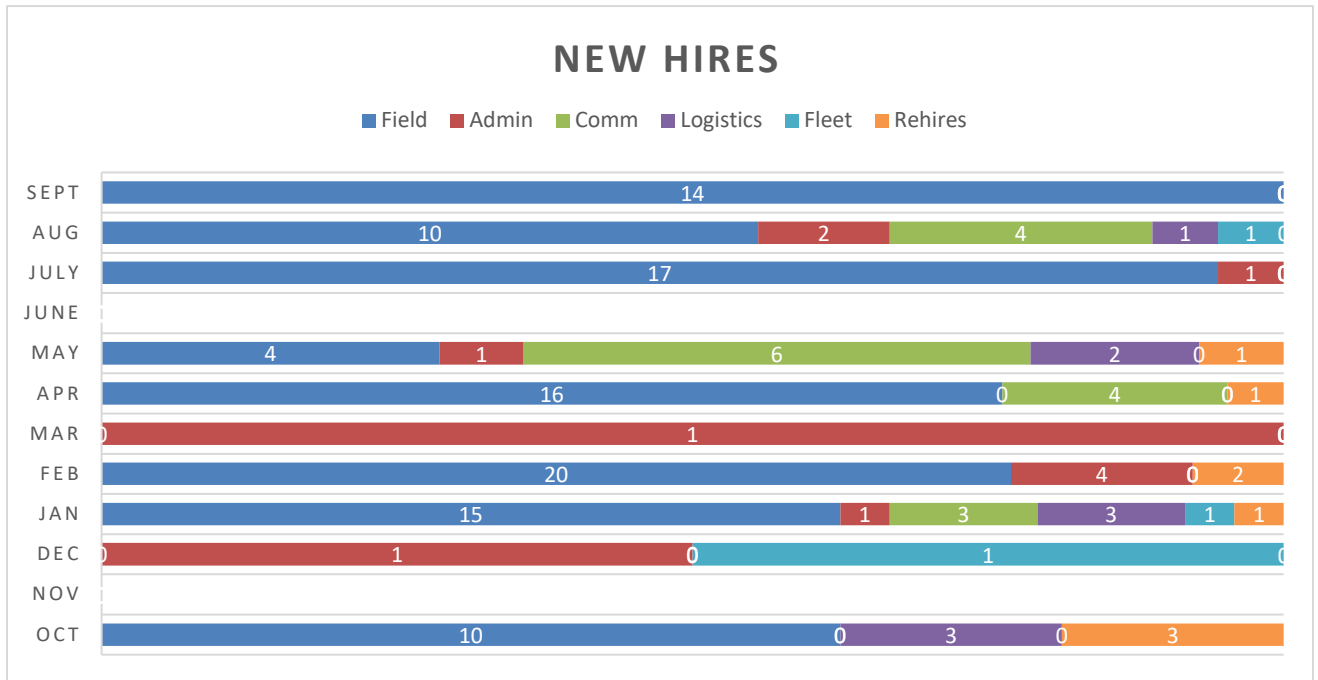
Conditions	
FMLA - Sibling (in loco parentis)	1
Internal Medicine	3
Mental Health	3
Neurological	2
Obstetrics	2
Oncology	1
Orthopedic	2
Pulmonary	1
FMLA-Parent	4
FMLA-Child	3
FMLA-Spouse	2
Gastrological	2
Bonding	3
Auto Immune	1
<b>Grand Total</b>	<b>30</b>

Department	Percentage by Department			
	# of Ees	# on FMLA	% by FTE	% by Dept HC
Advanced	133	10	2.11%	7.52%
Basic	173	8	1.69%	4.62%
Business Office	12	1	0.21%	8.33%
Communications	42	5	1.05%	11.90%
Controller - Payroll, Purchasing, A/P	6	1	0.21%	16.67%
Field Manager/Supervisors - Operations	25	1	0.21%	4.00%
Mobile Integrated Health	7	1	0.21%	14.29%
Support Services - Facilities, Fleet, S.E., Logistics	31	3	0.63%	9.68%
<b>Grand Total</b>	<b>429</b>	<b>30</b>		
<b>Total # of Full Time Employees - Sept 2022</b>	<b>474</b>			
<b>% of Workforce using FMLA</b>	<b>6.33%</b>			
<b>TYPE OF LEAVES UNDER FMLA</b>		<b># of Ees</b>	<b>% on Leave</b>	
Intermittent Leave		21	70.00%	
Block of Leave		9	30.00%	
<b>Total</b>		<b>30</b>	<b>100.00%</b>	



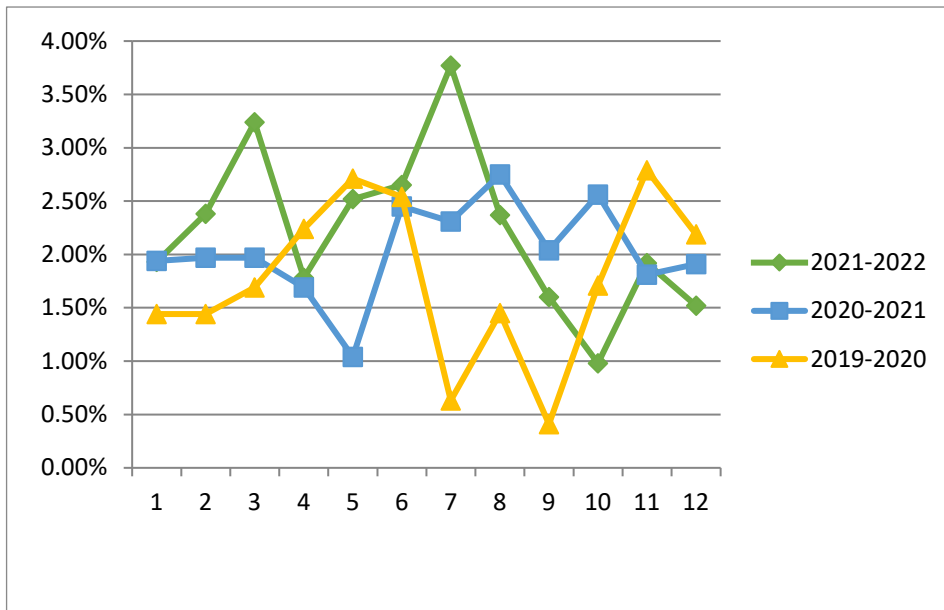
# Recruiting & Staffing Report

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	2021-2022
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	1.52%	1.91%	2.19%	1.48%
Actual Turnover	24.57%	16.17%	19.91%	22.78%



# Tab F – FRAB

# Tab G – Operations



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

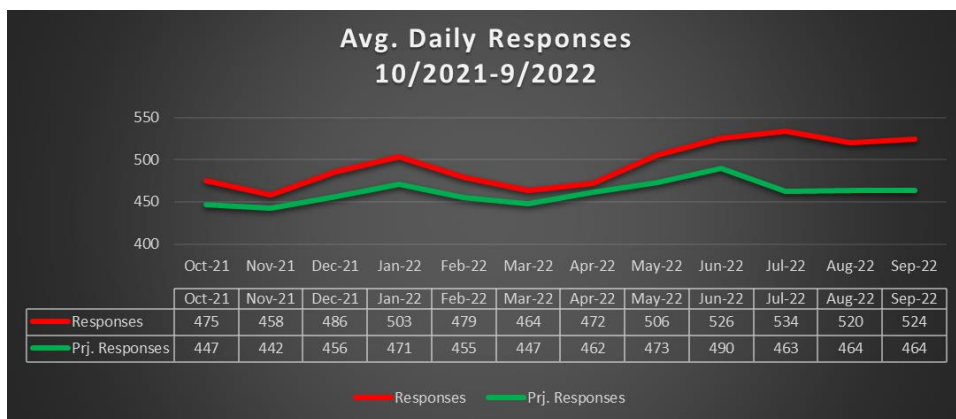
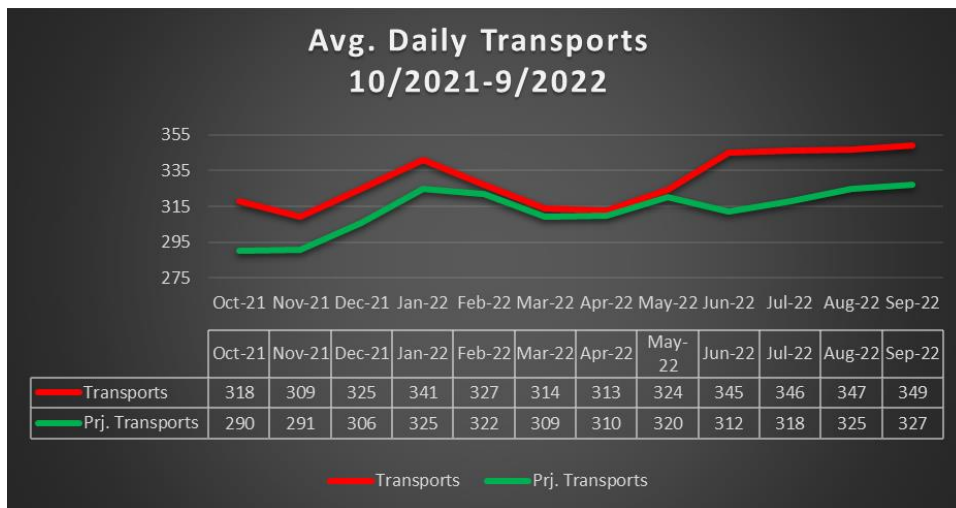
**Operations Report- September 2022**

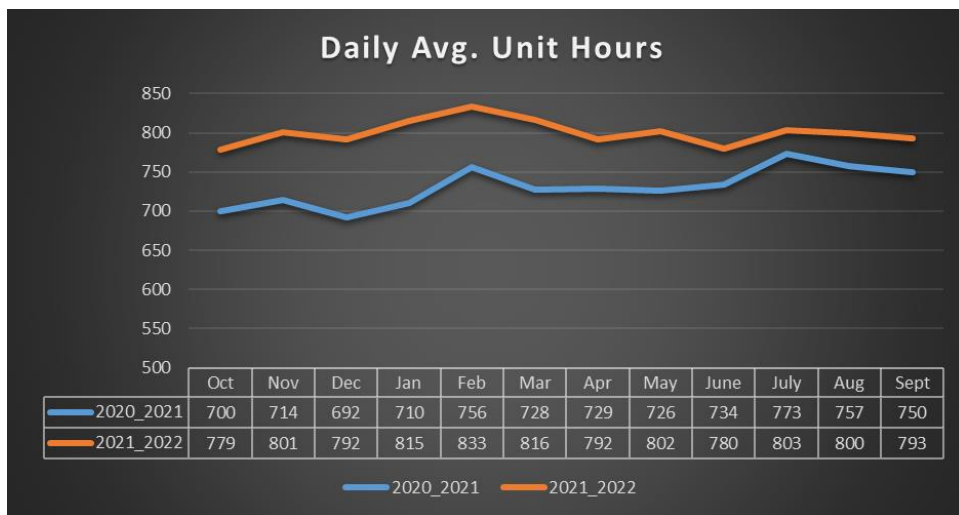
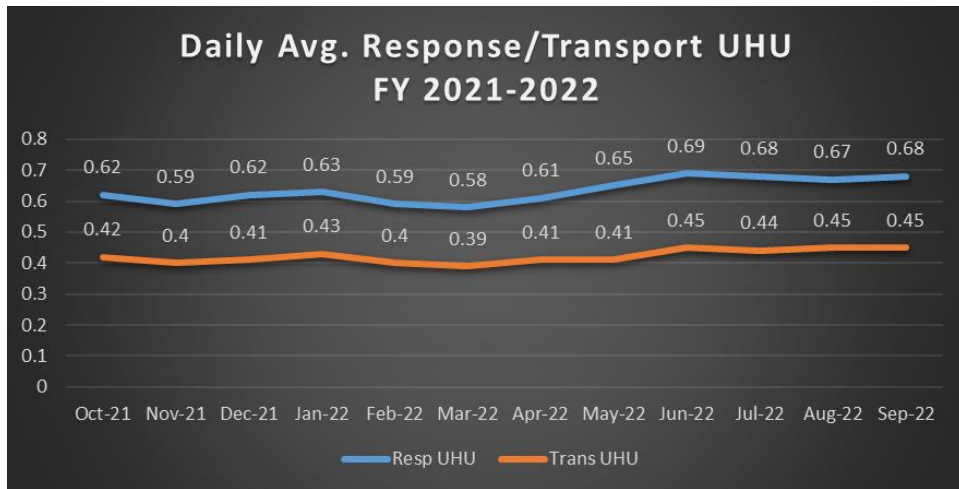
The following summarizes significant operational items through September 30<sup>th</sup>, 2022:

**Field Operations:**

- September transport volume exceeded budget expectations by approximately 7%.
- September call volume (responses) exceeded projections by approximately 13%.

**Field Ops Metrics**





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

Priority 1		Priority 2		Priority 3	
Time	Sep-22	Time	Sep-22	Time	Sep-22
≤ 11:00 On Time	78.8%	≤ 13:00 On Time	82.2%	≤ 17:00 On Time	86.2%
11:01- 11:15	79.8%	13:01- 13:15	83.0%	17:01- 17:15	86.7%
11:16- 11:30	81.1%	13:16- 13:30	83.8%	17:16- 17:30	87.0%

11:30-11:45	82.5%		13:30-13:45	84.7%		17:31-17:45	87.6%
11:46-12:00	83.8%		13:46-14:00	85.7%			
12:01-13:00	88.0%		14:01-15:00	88.9%			

**Fleet/Logistics/Building Maintenance:**

- HVAC projects are in process
- New ambulance units are arriving and being placed in service

**Special Operations:**

- Currently in peak fall events season
- Completed 167 special events for the month of September 2022

**Mobile Integrated Health:**

- Continued increase in MHP referrals from existing program partners.
  - 1,983 clients are currently enrolled.
- September 2020 MIH Encounters
  - Scheduled Visits: 416
  - Unscheduled Visits: 27
  - 911 Encounters on Enrolled Clients: 61
- Trained an additional CCP to assist with the increasing request for SCT services.
- Hired additional part time CCP and MHP team members to assist with being able to flex to meet increasing demands from contracted providers and SCT volume.
- Initiated hiring process for Mobile Health EMT.
- See Chief Transformation Officer report for ongoing program updates.

**Information Technology:**

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

**Business Intelligence:**

- Have hired two new programmer/analysts to support the growing demand for data analysis. Christine Cope, AS, has been with Medstar for 20 years and is transferring from Communications. Jennifer Fee, MS, comes to us after a career of teaching and earning a master's in bioinformatics.

- Reprioritization project in tandem with Dr. Vithalani. Moving past coding/organizational phase to tangible analysis and pre-deployment review.
- Evaluating best approach for system optimization in lieu of pending response time / priority changes.
- Presented lights and siren research poster to an audience of 3,000 people at EMS World with good reception.
- Ad hoc reporting as requested.

**Communications:**

- Luvinia Warren has been selected for the Communications Training Coordinator position. She will move into the position in a few weeks after her replacement has been trained.
- Interviewing internal candidates for two (2) Communications Supervisor positions.
- LOGIS v4 deployed to the live environment on 10/5.
- 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 #	# 911	Average	% 911 Answered	
	All Calls	Calls	Duration	≤ 15 Secs	≤ 20 Secs
July 2022	24,945	12,370	281.8	84.82%	87.20%
August 2022	24,140	11,945	274.3	88.56%	90.67%
September 2022	23,819	11,358	276.1	86.76%	89.26%



# MedStar Response Time Reliability and AVG Response Time Performance

Period: Sep 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 %
Blue Mound	1	5	4	00:08:13	1	80.0%	1	20.0%	69	18	73.9%
	2	4	4	00:06:35	0	100.0%	0	0.0%	21	1	95.2%
	3	3	3	00:11:39	0	100.0%	0	0.0%	59	6	89.8%
<b>Total Blue Mound</b>		<b>12</b>	<b>11</b>								
Burleson	1	121	115	00:08:29	23	81.0%	6	5.0%	121	23	81.0%
	2	191	179	00:08:36	23	88.0%	9	4.7%	191	23	88.0%
	3	155	111	00:09:46	25	83.9%	6	3.9%	155	25	83.9%
	4	91	91	00:38:42	8	91.2%	3	3.3%	176	12	93.2%
<b>Total Burleson</b>		<b>558</b>	<b>496</b>								
Edgecliff Village	1	10	10	00:06:31	0	100.0%	0	0.0%	96	12	87.5%
	2	7	7	00:08:41	0	100.0%	0	0.0%	77	8	89.6%
	3	4	4	00:10:05	0	100.0%	0	0.0%	83	5	94.0%
<b>Total Edgecliff Village</b>		<b>21</b>	<b>21</b>								
Forest Hill	1	61	58	00:09:17	17	72.1%	0	0.0%	61	17	72.1%
	2	81	67	00:09:47	12	85.2%	4	4.9%	169	32	81.1%
	3	62	55	00:11:41	11	82.3%	1	1.6%	117	15	87.2%
<b>Total Forest Hill</b>		<b>204</b>	<b>180</b>								
Fort Worth	1	3514	3347	00:09:01	727	79.3%	129	3.7%	3514	727	79.3%
	2	5238	4964	00:09:56	929	82.3%	193	3.7%	5238	929	82.3%
	3	3562	3201	00:11:00	486	86.4%	122	3.4%	3562	486	86.4%
	4	1463	1452	00:33:19	136	90.7%	72	4.9%	1463	136	90.7%
<b>Total Fort Worth</b>		<b>13777</b>	<b>12964</b>								
Haltom City	1	93	92	00:10:15	35	62.4%	7	7.5%	183	58	68.3%
	2	140	132	00:11:01	39	72.1%	9	6.4%	140	39	72.1%
	3	94	81	00:10:44	10	89.4%	0	0.0%	190	29	84.7%
	4	5	5	00:46:42	1	80.0%	1	20.0%	17	1	94.1%
<b>Total Haltom City</b>		<b>332</b>	<b>310</b>								
Haslet	1	8	8	00:09:56	3	62.5%	2	25.0%	35	14	60.0%
	2	13	12	00:07:43	2	84.6%	1	7.7%	111	22	80.2%
	3	10	9	00:14:15	3	70.0%	2	20.0%	97	15	84.5%



# MedStar Response Time Reliability and AVG Response Time Performance

Period: Sep 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>31</b>	<b>29</b>									
1		44	41	00:08:42	9	79.5%	1	2.3%	44	9	79.5%	
2		59	51	00:09:35	12	79.7%	1	1.7%	59	12	79.7%	
3		21	18	00:12:23	4	81.0%	0	0.0%	68	13	80.9%	
4		4	4	00:23:05	0	100.0%	0	0.0%	28	1	96.4%	
<b>Total Lake Worth</b>		<b>128</b>	<b>114</b>									
2		8	6	00:09:23	0	100.0%	0	0.0%	80	28	65.0%	
3		3	2	00:14:57	2	33.3%	0	0.0%	35	16	54.3%	
<b>Total Lakeside</b>		<b>11</b>	<b>8</b>									
1		14	14	00:08:53	3	78.6%	0	0.0%	35	6	82.9%	
2		27	24	00:07:59	2	92.6%	0	0.0%	121	25	79.3%	
3		12	11	00:15:13	2	83.3%	2	16.7%	49	5	89.8%	
<b>Total River Oaks</b>		<b>53</b>	<b>49</b>									
1		47	44	00:08:33	10	78.7%	1	2.1%	47	10	78.7%	
2		56	50	00:09:31	13	76.8%	3	5.4%	132	23	82.6%	
3		46	42	00:09:53	5	89.1%	3	6.5%	118	19	83.9%	
4		54	52	00:32:47	4	92.6%	1	1.9%	116	5	95.7%	
<b>Total Saginaw</b>		<b>203</b>	<b>188</b>									
1		27	27	00:09:33	9	66.7%	1	3.7%	71	18	74.6%	
2		39	38	00:09:33	8	79.5%	1	2.6%	85	17	80.0%	
3		24	19	00:10:14	3	87.5%	1	4.2%	78	13	83.3%	
4		8	8	00:26:18	0	100.0%	0	0.0%	46	5	89.1%	
<b>Total Sansom Park</b>		<b>98</b>	<b>92</b>									
2		1	1	00:07:49	0	100.0%	0	0.0%	14	2	85.7%	
3		1	1	00:13:13	0	100.0%	0	0.0%	8	2	75.0%	
<b>Total Westover Hills</b>		<b>2</b>	<b>2</b>									
1		10	9	00:07:12	1	90.0%	0	0.0%	27	6	77.8%	
2		20	20	00:10:04	4	80.0%	0	0.0%	78	17	78.2%	
3		12	12	00:14:05	2	83.3%	0	0.0%	83	12	85.5%	
4		1	1	00:00:00	0	100.0%	0	0.0%	20	0	100.0%	



MedStar Response Time Reliability and AVG Response Time Performance

Period: Sep 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 Westworth Village</b>		<b>43</b>	<b>42</b>									
1		70	66	00:08:47	17	75.7%	5	70	17	75.7%		
2		98	94	00:09:40	21	78.6%	3	98	21	78.6%		
3		70	61	00:10:53	9	87.1%	4	137	22	83.9%		
4		8	8	00:34:42	1	87.5%	1	68	4	94.1%		
<b>Total White Settlement</b>		<b>246</b>	<b>229</b>									
1		4024	3835	00:09:01	855	78.8%	153	4426	961	78.3%		
2		5982	5649	00:09:53	1065	82.2%	224	6614	1199	81.9%		
3		4079	3630	00:10:59	562	86.2%	141	4839	683	85.9%		
4		1634	1621	00:33:37	150	90.8%	78	1938	165	91.5%		
<b>Total System Wide</b>		<b>15719</b>	<b>14735</b>									







# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 09/01/2022 thru 09/30/2022

	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Cleburne	Benbrook	M54	09/19/2022 15:23:55	2393316	3	Benbrook	26A08 - Sick Person (Specific Diagnosis) - P3B	01:01:08		1
	Benbrook	M42	09/09/2022 21:40:39	2379582	1	Benbrook	26D01 - Sick Person (Specific Diagnosis) - P1	01:08:32		1
	Benbrook	M31	09/07/2022 10:35:39	2375530	3	Benbrook	17A02 - G - Falls - On the ground or floor - P3	01:15:25		1
	Benbrook	M72	09/16/2022 13:08:57	2388579	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2	01:01:58		1
	Benbrook	M46	09/05/2022 10:33:58	2372421	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2	01:03:45	AMA - Assessed and/or Treated & Released	0
	Benbrook	M66	09/07/2022 17:31:45	2376331	3	Benbrook	17A02 - Falls - P3	01:19:01		1
	Benbrook	M58	09/22/2022 15:01:56	2398230	2	Benbrook	17B01 - Falls - P2	01:23:11		1
	Benbrook	M81	09/07/2022 05:47:46	2375321	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2	01:44:24		1
	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Cleburne	M72	09/30/2022 14:59:44	2409750	2	Cleburne	29B05 - U - Solitary vehicle - Unknown number of patients - P2B	00:03:17	FD/PD Cancelled MedStar	0
Crowley										
	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Crowley	M56	09/29/2022 16:25:44	2408467	2	Crowley	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - P2B	01:23:11		1
	Crowley	M26	09/14/2022 16:23:41	2386142	1	Crowley	09E01 - Unwitnessed Cardiac Arrest (time unknown) - P1+QRY	01:08:01	DOS	0
Irving										
	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Irving	M27	09/01/2022 21:44:17	2367579	3	Irving		00:02:06	FD/PD Cancelled MedStar	0
Joshua										
	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Joshua	M38	09/12/2022 09:10:08	2382888	2	Joshua	28C12 - U - Stroke (CVA) / Transient Ischemic Attack (TIA) - Unknown when the symptoms started - P2	01:23:44		1
	Joshua	M54	09/12/2022 12:38:03	2383071	1	Joshua	31D04 - Unconscious / Fainting (Near) - P1	01:14:34		1
Keller										
	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Keller	M71	09/08/2022 14:33:54	2377528	2	Keller	29B01 - V - Traffic Collision / Transportation Incident - Multiple patients - P2B	00:45:18	RAS - Release At Scene	0
Tarrant County										
	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Tarrant County	M41	09/05/2022 18:41:07	2372950	2	Tarrant County	17B04 - Falls - P2	01:03:04		1
Watauga										





# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 09/01/2022 thru 09/30/2022

Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX	
Benbrook	Arlington EMS	09/22/2022 11:02:37	2397803	2	Fort Worth	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	01:15:50		1	
	Arlington EMS	09/22/2022 11:00:55	2397785	3	Fort Worth	26A03 - Sick Person (Specific Diagnosis) - P3	01:12:50		1	
	Arlington EMS	09/20/2022 19:06:10	2395324	1	Fort Worth	30B01 - Traumatic Injuries (Specific) - P2	01:07:53		1	
	Arlington EMS	09/06/2022 13:44:43	2374270	2	Fort Worth	06C01 - E - Breathing Problems - COPD (Emphysema/Chronic bronchitis) - P2	01:02:10		1	
	Arlington EMS	09/07/2022 17:24:38	2376329	3	Fort Worth	25001 - Psychiatric / Abnormal Behavior / Suicide Attempt - P3B	00:56:15		1	
	Arlington EMS	09/06/2022 14:09:20	2374298	2	Fort Worth	29B01 - V - Vehicle vs. vehicle - Multiple patients - P2B	01:05:57		1	
	Arlington EMS	09/20/2022 07:44:54	2394264	2	Fort Worth	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - P2B	00:10:13		0	
	Arlington EMS	09/10/2022 14:44:16	2380619	2	Fort Worth	06C01 - Breathing Problems - P2	00:24:13		0	
Crowley	Benbrook	09/20/2022 07:31:46	2394236	1	Fort Worth	10D02 - Chest Pain / Chest Discomfort (Non-Traumatic) - P1	00:57:48		1	
	Benbrook	09/03/2022 11:08:25	2369779	1	Fort Worth	26D01 - Sick Person (Specific Diagnosis) - P1	01:01:07		1	
	Benbrook	09/24/2022 07:29:04	2401027	2	Fort Worth	06C01 - Breathing Problems - P2	00:35:04	AMA - Assessed and/or Treated & Released	0	



# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 09/01/2022 thru 09/30/2022

Eagle Mountain		Crowley	Crowley	09/21/2022	17:44:45	2396753	2	Burleson	10C03 - Sick Person (Specific Diagnosis) - P2	01:28:49		1
Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX			
Eagle Mountain	Eagle Mountain	09/24/2022 17:26:21	2401654	3	Fort Worth	01A01 - Abdominal Pain / Problems - P3	01:41:07		1			
Eagle Mountain	Eagle Mountain	09/23/2022 15:27:32	2400079	2	Lakeside	29B03 - V - Vehicle vs. vehicle - Multiple patients - P2	00:42:02		1			
Eagle Mountain	Eagle Mountain	09/22/2022 10:50:52	2397767	2	Lake Worth	29B05 - V - Vehicle vs. vehicle - Multiple patients - P2B	00:13:16	FD/PD Cancelled MedStar	0			
Eagle Mountain	Eagle Mountain	09/06/2022 13:11:51	2374172	2	Fort Worth	33C02 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2	01:08:35		1			
Eagle Mountain	Eagle Mountain	09/22/2022 09:16:05	2397602	2	Fort Worth	12C04 - Convulsions / Seizures - P2	01:00:24		0			
Eagle Mountain	Eagle Mountain	09/08/2022 12:48:21	2377428	2	Fort Worth	21B02 - T - Hemorrhage (Bleeding) / Lacerations - TRAUMA - P2	00:16:33		0			
Eagle Mountain	Eagle Mountain	09/22/2022 10:54:13	2397832	3	Saginaw	05A01 - Back Pain (Non-Traumatic or Non-Recent Trauma) - P3	01:14:37		1			
Eagle Mountain	Eagle Mountain	09/16/2022 06:26:47	2388189	1	Fort Worth	06D04 - A - Breathing Problems - Asthma - P1	00:42:07		0			
Eagle Mountain	Eagle Mountain	09/03/2022 18:03:00	2370299	2	Fort Worth	17B01 - Falls - P2	00:39:03		1			
Eagle Mountain	Eagle Mountain	09/27/2022 16:24:41	2405528	2	Fort Worth	17B04 - Falls - P2	01:03:54		1			
Eagle Mountain	Eagle Mountain	09/30/2022 11:32:20	2409537	1	Saginaw	06D01 - A - Breathing Problems - Asthma - P1	01:22:24		1			
Eagle Mountain	Eagle Mountain	09/07/2022 08:22:39	2375404	1	Fort Worth	06D02 - O - Breathing Problems - Other lung problems - P1	01:45:26		0			
Eagle Mountain	Eagle Mountain	09/21/2022 13:16:02	2396381	2	Fort Worth	10C03 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	01:10:10		1			
Eagle Mountain	Eagle Mountain	09/18/2022 09:55:39	2391494	2	Fort Worth	17B04 - G - Falls - On the ground or floor - P2	01:13:39		1			
Eagle Mountain	Eagle Mountain	09/07/2022 17:23:28	2376318	2	Fort Worth	25B01 - B - Psychiatric / Abnormal Behavior / Suicide Attempt - P2	00:13:28		0			
Eagle Mountain	Eagle Mountain	09/28/2022 10:07:16	2406522	1	Fort Worth	12D02 - Convulsions / Seizures - P1	00:22:41		0			
Eagle Mountain	Eagle Mountain	09/10/2022 04:44:28	2379942	2	Fort Worth	17B04 - Falls - P2	01:02:58		1			



# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 09/01/2022 thru 09/30/2022

Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Eagle Mountain	Eagle Mountain	09/07/2022 20:13:59	2376590	3	Fort Worth	25A01 - B - Psychiatric / Abnormal Behavior / Suicide Attempt - Both Violent and Weapons - P3	01:31:15		1
Eagle Mountain	Eagle Mountain	09/03/2022 14:00:46	2369968	3	Fort Worth	30A02 - Traumatic injuries (Specific) - P3	00:01:27	No Pt Found/Pt Left Scene	0
Eagle Mountain	Eagle Mountain	09/25/2022 17:19:24	2402950	3	Fort Worth	26A05 - Sick Person (Specific Diagnosis) - P3	00:31:20		0
Eagle Mountain	Eagle Mountain	09/07/2022 13:04:50	2375758	1	Fort Worth	06D01 - Breathing Problems - P1	01:29:07		1
Eagle Mountain	Eagle Mountain	09/13/2022 15:56:24	2384784	1	Fort Worth	06D02 - Breathing Problems - P1	01:09:22		1
Eagle Mountain	Eagle Mountain	09/13/2022 13:35:43	2384528	1	Fort Worth	09E02 - Witnessed or Just Occurred Cardiac Arrest - P1+QRV	01:22:31		1
Eagle Mountain	Eagle Mountain	09/24/2022 07:38:00	2401035	2	Fort Worth	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2	01:14:48		1
Eagle Mountain	Eagle Mountain	09/16/2022 19:39:45	2389339	1	Fort Worth	17D06 - Falls - P1	00:53:51		1
Eagle Mountain	Eagle Mountain	09/30/2022 17:47:38	2409979	1	Fort Worth	06D02 - Breathing Problems - P1+FD	01:09:48		1
<b>Johnson County</b>									
Johnson County	AMR JC	09/10/2022 05:34:43	2380032	2	Burleson	29B05 - Traffic Collision / Transportation Incident - P2B	00:04:01	FD/PT Cancelled MedStar	0
<b>Justin EMS</b>									
Justin EMS	Justin EMS	09/03/2022 03:03:15	2369452	3	Fort Worth	12A01 - E - Convulsions / Seizures - Epileptic or Previous seizure diagnosis - P3	00:33:00		0
Justin EMS	Justin EMS	09/22/2022 18:52:04	2398763	2	Fort Worth	28C01 - J - Stroke (CVA) / Transient Ischemic Attack (TIA) - CLEAR evidence of stroke (< T hours) - P2	01:02:25		1
<b>Life Care EMS</b>									
Life Care EMS	Life Care EMS	09/22/2022 11:02:30	2397791	1	Fort Worth	26D01 - Sick Person (Specific Diagnosis) - P1	00:46:38		1
Life Care EMS	Life Care EMS	09/13/2022 13:39:40	2384557	1	Fort Worth	10D05 - Chest Pain / Chest Discomfort (Non-Traumatic) - P1	01:12:59		1



# MedStar Mutual Aid Response Task Time Report

Criteria: Period: 09/01/2022 thru 09/30/2022

Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Life Care EMS	Life Care EMS (Willow Park)	09/02/2022 10:35:46	2368262	3	Fort Worth	19A01 - Heart rate number known (from device) - P3	01:17:56		1
Life Care EMS	Life Care EMS (Willow Park)	09/06/2022 13:31:18	2374261	3	Fort Worth	26A10 - Sick Person (Specific Diagnosis) - P3B	01:20:37		1
<b>Watauga</b>									
Watauga	Watauga <sup>a</sup>	09/03/2022 14:12:00	2369978	2	Fort Worth	17B01 - Falls - P2	00:34:00		1
Watauga	Watauga <sup>a</sup>	09/06/2022 12:32:38	2374111	2	Fort Worth	28C01 - J - Stroke (CVA) / Transient Ischemic Attack (TIA) - CLEAR evidence of stroke (< T hours) - P2	00:39:23		1
Watauga	Watauga <sup>a</sup>	09/22/2022 11:45:17	2397921	2	Fort Worth	06C01 - A - Breathing Problems - Asthma - P2	00:21:41		0
Watauga	Watauga <sup>a</sup>	09/11/2022 02:09:04	2381489	2	Haltom City	33C06 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P3	01:34:20		1
Watauga	Watauga <sup>a</sup>	09/10/2022 14:12:32	2380589	2	Fort Worth	06C01 - A - Breathing Problems - Asthma - P2	00:56:47		1
Watauga	Watauga <sup>a</sup>	09/28/2022 11:57:04	2406678	2	Fort Worth	12C03 - E - Convulsions / Seizures - Epileptic or Previous seizure diagnosis - P2	01:08:46		1
Watauga	Watauga <sup>a</sup>	09/13/2022 14:40:55	2384686	2	Fort Worth	17B01 - G - Falls - On the ground or floor - P2	01:30:39		1
Watauga	Watauga <sup>a</sup>	09/20/2022 08:54:19	2394396	3	Haltom City	12A02 - Convulsions / Seizures - P3	01:07:42		1

# Tab H – Compliance and Legal



## Legal Team Report September 22, 2022- October 18, 2022

### Compliance Officer Duties

- Submitted EMS provider roster changes to the DSHS as required by TX Admin Code 157.11.
- Assisted MAEMSA jurisdiction Police departments with 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.
- 2 narcotic Anomalies occurred during this reporting period:
  - 2 Paramedics inadvertently took a narcotic pouch home at the end of shift.
- Reviewed multiple legal & privacy matters for compliance and provided guidance as needed.

### Paralegal Duties

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

Chad Carr

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



# Tab I – EPAB

# COMMONLY USED ACRONYMS

## A

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

## B

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

## C

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

## D

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

## E

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

## F

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

## G

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

## H

HIPAA – Health Insurance Portability & Accountability Act of 1996

## I

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

## J

JEMS – Journal of Emergency Medical Services

## K

## L

LMS – Learning Management System

## M

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

# COMMONLY USED ACRONYMS

## **N**

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

## **O**

OMD – Office of the Medical Director

## **P**

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

## **Q**

QRV – Quick Response Vehicle

## **R**

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

## **S**

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

## **T**

## **U**

## **V**

VFIB – Ventricular fibrillation; an EKG rhythm

## **W**

## **X/Y/Z**