



Metropolitan Area EMS Authority (MAEMSA)

dba MedStar Mobile Healthcare

Board of Directors

February 22, 2023

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

Date and Time: February 22, 2023 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/1440159842> or by phone at (469) 445-0100 (meeting ID: 144 015 9842).

AGENDA

- | | | | |
|-------------|-------------------------------|--|---------------------------|
| I. | CALL TO ORDER | | Dr. Janice Knebl |
| II. | INTRODUCTION OF GUESTS | | Dr. Janice Knebl |
| III. | CITIZEN PRESENTATIONS | <p>Members of the public may address the Board on any posted agenda item and any other matter related to Authority business. All speakers are required to register prior to a meeting using the link on the Authority's website, (see, http://www.medstar911.org/board-of-directors/ where more details can be found, including information on time limitations). The deadline for registering is 4:30 p.m. February 21, 2023. 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> | |
| IV. | CONSENT AGENDA | <p>Items on the consent agenda are of a routine nature. To expedite the flow of business, these items may be acted upon as a group. Any board member may request an item be removed from the consent agenda and considered separately. The consent agenda consists of the following:</p> | |
| | BC – 1544 | Approval of Board Minutes for January 18, 2023 | Dr. Janice Knebl
Pg. 1 |
| | BC – 1545 | Approval of Check Register for January | Dr. Janice Knebl
Pg. 5 |
| V. | NEW BUSINESS | | |
| | BC – 1546 | Approval of AFG Matching Funds | Kenneth Simpson |
| | BC – 1547 | MAEMSA Clinical Bundle Performance | Dr. Jeff Jarvis |

VI. MONTHLY REPORTS

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

VII. OTHER DISCUSSIONS

A.	Requests for future agenda items	Dr. Janice Knebl
-----------	----------------------------------	------------------

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;
or
2. 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.

XI. ADJOURNMENT

**MAEMSA
BOARD COMMUNICATION**

Date: 02.22.2023	Reference #: BC-1544	Title: Approval of Board of Directors Minutes
-------------------------	-----------------------------	--

RECOMMENDATION:

It is recommended that the Board of Directors approve the board minutes for January.

DISCUSSION:

N/A

FINANCING:

N/A

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

MINUTES

METROPOLITAN AREA EMS AUTHORITY DBA MEDSTAR MOBILE HEALTHCARE BOARD OF DIRECTORS REGULAR MEETING JANUARY 18, 2023

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 10:03 a.m.

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

Guests on phone or in person as attendees: Fire Chief Jeff Ballew, Fire Chief Kirt Mays, Fire Chief Ryan Arthur, Dr. Veer Vithalani, Dr. Angela Cornelius, Dr. Brian Miller, Andrew Malone, Ben Coogan, Brandon Pate, Bradley Crenshaw, Cerenity Jenkins-Jones, Chris Roberts, Desiree Partain, Heath Stone, Jason Weimer, Joleen Quigg, Kristine Martinez, Lindy Curtis, Maerissa Thomas, Matthew Willens, Pete Rizzo, Shaun Curtis, Susan Swagerty, Tiffany Pleasant, and Tim Statum.

II. INTRODUCTION OF GUESTS

Matt Zavadsky introduced Police Chief Kevin Reaves of Westworth Village, who recognized and expressed appreciation for the work and professionalism of MedStar employees on a recent call in his city.

III. CONSENT AGENDA

BC-1542 Approval of Board Minutes for December 7, 2022
BC-1543 Approval of Check Register for November/December

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.

IV. MONTHLY REPORTS

- A.** Chief Executive Officer- Ken Simpson informed the Board, our stakeholders and Executive and Management teams went through an after-action process with The Oklahoma Quality Foundation last week. Ken Simpson referred to Tab A and informed the Board that the EMS System Performance Subcommittee has been meeting regarding response times, clinical standards, and reprioritization. The go-live date for reprioritization has been moved from February 1st to March 1st. Ken Simpson then reviewed the methodology of the reprioritization efforts and explained that changes to response time standards, if any, are still being discussed. We are continuing to work through the Optima deployment modeling software implementation and anticipate it being operational by April. We will be releasing some potential dates for our budget kickoff.
- B.** Office of the Medical Director – Dr. Jeff Jarvis recognized Dr. Veer Vithalani for all his outstanding efforts throughout his time with the system. Dr. Jarvis referred to Tab B and commented to the Board that reprioritization is one part of a larger focus on how building on our current foundation and continuing to move the organization forward. Dr. Jarvis stated we are looking to standardize our reporting format based on performance measures.
- C.** Chief Transformation Officer – Matt Zavadsky referred to Tab C.
- D.** Chief Financial Officer- Steve Post referred to Tab D and reviewed the month of November financials.
- E.** Chief Human Resources Officer- Leila Peoples referred to Tab E and informed the Board that we are continuing to focus on our recruitment and engagement efforts.
- F.** FRAB – Chief Spears informed the Board, the main priorities have been the EMS System Performance Committee, Reprioritization, and Credentialing Committee. He agreed the FRAB has had opportunity to provide input into the process and the project has the FRAB’s support.
- G.** Operations – Chris Cunningham referred to Tab G.
- H.** Compliance and Legal- Chad Carr referred to Tab H.
- I.** EPAB – Dr. Chris Bolton informed the Board that the EPAB board will be meeting in the next couple of weeks, and he welcomed Dr. Jarvis on behalf of EPAB.

V. REQUEST FOR FUTURE AGENDA ITEMS

None.

VI. CLOSED SESSION

Dr. Knebl called the meeting into a closed session at 11:03 a.m. under Section 551.071 and 551.076 of the Texas Government Code.

VII. ADJOURNMENT

The board stood adjourned at 11:28 a.m.

Respectfully submitted,

Douglas Spears
Secretary

**MAEMSA
BOARD COMMUNICATION**

Date: 02.22.2023	Reference #: BC-1545	Title: Approval of Check Register
-------------------------	-----------------------------	--

RECOMMENDATION:

It is recommended that the Board of Directors approve the check register for January.

DISCUSSION:

N/A

FINANCING:

N/A

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

AP Check Details Over 5000.00
For Checks Between 1/1/2023 and 1/31/2023



Check Number	CK Date	Vendor Name	Check Amount	Description
110537	1/5/2023	AE Tools & Computers	5,350.00	Ram annual subscription-diagnostic
110540	1/5/2023	AMBU Inc	7,444.30	Various Medical Supplies
110551	1/5/2023	Bound Tree Medical LLC	7,429.65	Various Medical Supplies
110557	1/5/2023	Express Fleet Autobody and Paint	8,796.49	M603 Code 100 Repairs
110562	1/5/2023	Kno2 LLC	8,750.00	Annual EMS Customer Instance Fees
110568	1/5/2023	Medic Built LLC	61,343.00	New F450 chassis DA16139
110606	1/17/2023	Airgas USA, LLC	5,875.44	Cylinders Rentals
110607	1/17/2023	All-Pro Construction & Commerical	5,125.85	Onsite Tech and Pole Lights S Parking Lot
110612	1/17/2023	Bound Tree Medical LLC	6,997.41	Various Medical Supplies
110619	1/17/2023	CyrusONe	8,060.48	Colocation/Bandwidth Charges
110626	1/17/2023	Founder Project RX Inc	9,740.28	Various Medical Supplies
110629	1/17/2023	Gulfstream Outsourcing and Specialized	75,633.99	Aged / Historical Project
110640	1/17/2023	Logis Solutions	32,996.07	HERE License / Support Hrs and 2023 Maintenance
110642	1/17/2023	Maintenance of Ft Worth, Inc.	6,028.00	Janitorial Supplies and Services
110677	1/17/2023	TML Intergovernmental Risk Pool	14,221.08	Liability Deductible Credit
110680	1/17/2023	Whitley Penn, LLC	18,811.00	Audit of Financial Statements
110784	1/26/2023	All-Pro Construction & Commerical	5,984.58	Monthly Maintenance/Fire Services/Warehouse Service Pre Maint
110786	1/26/2023	AMBU Inc	5,113.36	Various Medical Supplies
110791	1/26/2023	Bound Tree Medical LLC	8,756.76	Various Medical Supplies
110800	1/26/2023	ImageTrend	30,106.50	Annual Fee - CAD Distribution
110805	1/26/2023	Medic Built LLC	249,215.00	New Ford F450 Chassis V#5106
110806	1/26/2023	Medline Industries, Inc.	5,929.11	Various Medical Supplies
110810	1/26/2023	Oklahoma State Quality Award Foundation	10,000.00	Cyber Security Excellence Buil
110811	1/26/2023	Paranet Solutions	47,126.05	IT Monthly Fees - Jan23
110828	1/26/2023	XL Parts	9,727.92	Various Parts
1032023	1/3/2023	Frost	61,053.88	Frost Loan #30001
1042023	1/4/2023	Frost	38,540.62	Frost Loan #4563-001
1182023	1/18/2023	JP Morgan Chase Bank, N.A.	18,530.63	MasterCard Bill
1252023	1/25/2023	Frost	52,993.77	Frost Loan #4563-002
2907544	1/3/2023	Frost	39,363.52	Frost Loan #39001
2919352	1/5/2023	MetLife - Group Benefits	35,785.88	Dental/STD/Basic Life/Supp Life
2919372	1/5/2023	UMR Benefits	51,964.09	Health Insurance Premium - Jan
2919377	1/5/2023	M Davis and Company Inc	5,240.00	Detection of Elder Abuse - Dec
2935641	1/10/2023	WEX Bank	152,696.92	Fuel
3012782	1/31/2023	Integrative Emergency Service Physician	15,000.00	Consulting Services - A Cornelius
3012856	1/31/2023	UT Southwestern Medical Center	12,833.33	Consulting Services - B Miller
18569951	1/9/2023	AT&T	13,462.16	Cell Phone / Aircards - Dec22

**MAEMSA
BOARD COMMUNICATION**

Date: 02.22.2023	Reference #: BC- 1546	Title: Approval of AFG matching funds
-------------------------	------------------------------	--

RECOMMENDATION:

It is recommended that the Board of Directors the Assistance to Firefighters Grant match of \$126,103.75.

DISCUSSION:

MedStar applied for, and received, a grant from the Assistance to Firefighters Grant (“AFG”) for fiscal year 2021. The total award is \$966,795.38. \$840,691.63 will come from Federal funding provided that MedStar provides the remaining 15%, or \$126,103.75 in matching funds. The funds are to be used for Stryker Power Load system, Stryker Power Pro-XT stretchers, portable radios, mobile radios, and several types of training mannikins. This is advantageous for the organization as it allows us to purchase these items with cash on hand.

FINANCING:

This will be paid with cash on hand.

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

MedStar REQUEST FOR CAPITAL EXPENDITURE (RCE)

DATE 02/22/23	REQUISITIONER Shaun Curtis	DEPARTMENT Logistics	COST CENTER	ACCT CODE 2500.0000	CAPITAL TRACKING # BC-1546
------------------	-------------------------------	-------------------------	-------------	------------------------	-------------------------------

Budgeted Funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF YES - LIST BUDGET NUMBER (s)					
	BUDGET #	AMOUNT	MONTH	BUDGET #	AMOUNT	MONTH
		\$126,104				

PROJECT TITLE: AFG Equipment	CAPITAL CATEGORY: <u>1</u> <u>2</u> <u>3</u> Choose "X" only one (priority)
---------------------------------	--

DESCRIPTION OF ITEMS BEING REQUESTED:

1. Assistance to firefighters grant cost share..... \$126,103.75

QUALITATIVE JUSTIFICATION: (Attach supporting documentation if necessary)

Equipment
Stryker Power Load
Stryker Power Pro-XT
Portable Radios
Mobile Radios
Airway mannikins

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

DATE	SIGNATURES	REQUESTED EXPENDITURE		
	DEPT./DIRECTOR LEVEL: Shaun Curtis	PROPOSED CAPITAL (Tax Exempt)	\$	126,103.75
	CHIEF FINANCIAL OFFICER Steve Post	OTHER RELATED EXPENSE (EXPLAIN ABOVE)	\$	{Annual} 0
	EXECUTIVE DIRECTOR Ken Simpson	PROPOSED PROJECT TOTAL (Total of capital & other exp.)	\$	126,103.75
	CHAIRMAN OF THE BOARD OF DIRECTORS Dr. Janice Knbel	Opened:	Closed:	Actual:
Revised 09/12				

Award Letter

U.S. Department of Homeland Security
Washington, D.C. 20472

Effective date: 09/06/2022



Kenneth Simpson
METROPOLITAN AREA EMS AUTHORITY
2900 ALTA MERE DRIVE
FORT WORTH, TX 76116

EMW-2021-FG-00178

Dear Kenneth Simpson,

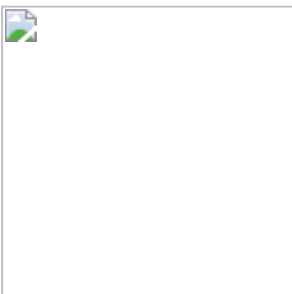
Congratulations on behalf of the Department of Homeland Security. Your application submitted for the Fiscal Year (FY) 2021 Assistance to Firefighters Grant (AFG) Grant funding opportunity has been approved in the amount of \$840,691.63 in Federal funding. As a condition of this grant, you are required to contribute non-Federal funds equal to or greater than 15.00% of the Federal funds awarded, or \$126,103.75 for a total approved budget of \$966,795.38. Please see the FY 2021 AFG Notice of Funding Opportunity for information on how to meet this cost share requirement.

Before you request and receive any of the Federal funds awarded to you, you must establish acceptance of the award through the FEMA Grants Outcomes (FEMA GO) system. By accepting this award, you acknowledge that the terms of the following documents are incorporated into the terms of your award:

- Summary Award Memo - included in this document
- Agreement Articles - included in this document
- Obligating Document - included in this document
- 2021 AFG Notice of Funding Opportunity (NOFO) - incorporated by reference

Please make sure you read, understand, and maintain a copy of these documents in your official file for this award.

Sincerely,



PAMELA WILLIAMS
Assistant Administrator, Grant Programs

Summary Award Memo

Program: Fiscal Year 2021 Assistance to Firefighters Grant

Recipient: METROPOLITAN AREA EMS AUTHORITY

UEI-EFT: WDSKG4VJT5U5

DUNS number: 194285474

Award number: EMW-2021-FG-00178

Summary description of award

The purpose of the Assistance to Firefighters Grant program is to protect the health and safety of the public and firefighting personnel against fire and fire-related hazards. After careful consideration, FEMA has determined that the recipient's project or projects submitted as part of the recipient's application and detailed in the project narrative as well as the request details section of the application - including budget information - was consistent with the Assistance to Firefighters Grant Program's purpose and was worthy of award.

Except as otherwise approved as noted in this award, the information you provided in your application for Fiscal Year (FY) 2021 Assistance to Firefighters Grants funding is incorporated into the terms and conditions of this award. This includes any documents submitted as part of the application.

Amount awarded table

The amount of the award is detailed in the attached Obligating Document for Award.

The following are the budgeted estimates for object classes for this award (including Federal share plus your cost share, if applicable):

Object Class	Total
Personnel	\$0.00
Fringe benefits	\$0.00
Travel	\$0.00
Equipment	\$966,795.38
Supplies	\$0.00
Contractual	\$0.00
Construction	\$0.00
Other	\$0.00
Indirect charges	\$0.00
Federal	\$840,691.63
Non-federal	\$126,103.75
Total	\$966,795.38
Program Income	\$0.00

Approved scope of work

After review of your application, FEMA has approved the below scope of work. Justifications are provided for any differences between the scope of work in the original application and the approved scope of work under this award. You must submit scope or budget revision requests for FEMA's prior approval, via an amendment request, as appropriate per 2 C.F.R. § 200.308 and the FY2021 AFG NOFO.

Approved request details:

Equipment

Power Lift System

DESCRIPTION

Styker MTS Power Load

	QUANTITY	UNIT PRICE	TOTAL	BUDGET CLASS
Cost 1	14	\$23,000.00	\$322,000.00	Equipment

EMS Training Aids

DESCRIPTION

AirSim Child Combo X airway mannequin

	QUANTITY	UNIT PRICE	TOTAL	BUDGET CLASS
Cost 1	4	\$2,727.00	\$10,908.00	Equipment

Mobile Radios (must be P-25 Compliant)

DESCRIPTION

12 Kenwood P25 Mobile Radios

	QUANTITY	UNIT PRICE	TOTAL	BUDGET CLASS
Cost 1	12	\$3,550.78	\$42,609.36	Equipment

Portable Radios (must be P-25 Compliant, limited to number of AFG approved seated positions)

DESCRIPTION

Kenwood VP 6230 P-25 compliant portable radio

	QUANTITY	UNIT PRICE	TOTAL	BUDGET CLASS
Cost 1	94	\$2,102.83	\$197,666.02	Equipment

EMS Training Aids

DESCRIPTION

AirSim Combo X airway mannequin

	QUANTITY	UNIT PRICE	TOTAL	BUDGET CLASS
Cost 1	4	\$3,408.00	\$13,632.00	Equipment

EMS Training Aids

DESCRIPTION

TruBabyX airway mannequin

	QUANTITY	UNIT PRICE	TOTAL	BUDGET CLASS
Cost 1	4	\$7,495.00	\$29,980.00	Equipment

Power Lift Cot

DESCRIPTION

Stryker Power-Pro XT MTS Stretcher

	QUANTITY	UNIT PRICE	TOTAL	BUDGET CLASS
Cost 1	14	\$25,000.00	\$350,000.00	Equipment

**MAEMSA
BOARD COMMUNICATION**

Date: 02.22.2023	Reference #: BC- 1547	Title: MAEMSA Clinical Bundle Performance
-------------------------	------------------------------	--

RECOMMENDATION:

Within the Cardiac Arrest clinical bundle performance, the System Performance Committee is recommending the following metric changes at the request of OMD.

Change % of cases with CCF \geq 90% to % of cases with CCF \geq 80%
Add % Utstein Survival

DISCUSSION:

CCF at or above goal of 90% have an unintended consequence to the evaluation of rhythm checks thus creating a potential delay in recognition of shockable rhythms. The AHA standard of 80% provides a better balance for rhythm checks and administration of appropriate intervention.

The addition of Utstein (witnessed cardiac arrest with initial shockable rhythm) is a better indicator of system performance than overall survival. Overall survival includes patients that cannot be helped no matter the performance of the System. Additionally, Utstein survival is a widely recognized benchmark for System performance in out-of-hospital cardiac arrest.

FINANCING:

Submitted by: <u>Jeff Jarvis, MD</u>	Board Action:	<input type="checkbox"/> Approved
		<input type="checkbox"/> Denied
		<input type="checkbox"/> Continued until _____

**MAEMSA
BOARD COMMUNICATION**

Date: 02.22.2023	Reference #: BC- 1548	Title: Education Media Production Specialist
-------------------------	------------------------------	---

RECOMMENDATION:

We recommend that Board of Directors approve the FTE addition to the Office of the Medical Director for the position of an Education Media Production Specialist.

The salary range \$65,358 to \$76,570 per year.

DISCUSSION:

The Education Media Production Specialist is responsible for developing and advancing the quality of educational and promotional activities through the production and management of audio, video, and other digital media activities.

This position is vital to remake our processes for education and quality improvement into a faster and more efficient way of delivering content, making clinical improvements, and promoting the activities of the Authority. It will remove substantial existing obstacles in taking advantage of the equipment and studio previously purchased. This person will produce content enabling our office to “flip” content delivery from an entirely in-person to an online experience in a rapid fashion. The position will also help the organization produce podcasts to help with education and system promotion (which improves recruitment) as well as helping promote community relations and public information.

FINANCING:

This item is not budgeted.

Compensation for the remainder of FY-23 is 100% funded by EPAB Reserve Fund.
Compensation for FY-24 is 50% budgeted and 50% funded by EPAB Reserve Fund.
Compensation for FY-25 is 100% budgeted.

Submitted by: <u>Jeff Jarvis, MD</u>	Board Action:	<input type="checkbox"/> Approved
		<input type="checkbox"/> Denied
		<input type="checkbox"/> Continued until _____



JOB DESCRIPTION

JOB TITLE:	Education Media Production Specialist
REPORTS TO:	Chief of Staff
FLSA CLASS:	Non- Exempt
DATE REVISED:	January 19, 2023

SUMMARY:

The Education Media Production Specialist is responsible for developing and advancing the quality of educational activities through the production and management of audio, video, and other digital media activities of the Office of the Medical Director and MAEMSA System. The Education Media Production Specialist will work collaboratively with the OMD, MedStar, and external stakeholders to ensure that the System goals are achieved in accordance with the vision and mission of OMD and the MAEMSA.

ESSENTIAL FUNCTIONS:

- Oversees audio, video, and other digital media production of distributive education to the System.
- Designs video, photo, and visual materials for clinical education and informational purposes to be used internally and externally.
- Assist in the direction, creation, and maintenance of video and digital media productions of the System.
- Ensure visual elements and quality standards are maintained across the entire video production process.
- Effectively manage simultaneous production projects.
- Maintains the website and social media accounts of the OMD.
- Maintain appropriate physical and mental health required to perform the essential functions of this job.
- Ensure regular and timely physical attendance during assigned work hours.
- Perform overtime work required in emergencies and as otherwise directed or assigned by the Medical Director or designee.

ESSENTIAL SKILLS:

- Plan, prepare, capture, edit, upload audio and video content.
- Capture high-quality still images.
- Contribute to a positive work environment.
- Exhibit well-developed skills in effectively and comfortably interacting with all levels of management and employees.
- Work effectively as member of the OMD and System in alignment with OMD vision and mission.
- Appropriate time management to ensure that all areas of essential functions are adequately covered.
- Excellent communication and interpersonal skills.
- Demonstrate passion, humility, integrity, a positive attitude, and is mission-driven and self-directed.
- Maintain confidentiality of protected health information in compliance with current HIPAA laws and all other discretionary information.

JOB DUTIES:

- Function as photographer and videographer / audio producer for in-studio, on-location, and live audio and video events.
- Edit video and audio in the development of a wide range of content in audio podcast and video format.
- Collaborate with OMD and System team members in development and evaluation of media productions.
- Assist with Continuing Education (CE) activity development, implementation, and evaluation for the System.
- Collaborate with co-workers, peers, and others to develop innovative educational programs designed to meet the needs of the EMS community and EMS providers.
- Complete other projects and/or responsibilities as assigned by the Medical Director or designee.

WORKING CONDITIONS:

- Air-conditioned office environment

- Occasionally: Confined areas, extreme hot and cold, wet and/or humid conditions, noise, vibration, mechanical and electrical equipment, moving objects, high places, fumes/odors/mists, dirt and dust, gasses, toxic conditions, human excrement, blood, urine, mucous, tissue. Frequently works alone, with and around others, face to face and verbal contact, inside and outside temperature changes. Work hours may vary due to office needs.

PHYSICAL DEMANDS:

- Sit for extended periods of time.
- Walk, stand, bend, squat, twist, and reach.
- Simple grasping and fine manipulation
- Extended keyboarding
- Occasionally smelling, lifting up to 125 lbs, pushing, pulling, typing (30 wpm), climbing, balancing, carrying no more than 70 pounds, kneeling, stooping, bending, leaning, upper and lower body flexibility, running distance, driving ambulance, car or truck, multiple physical activities performed at the same time (driving, talking and seeing). Constantly seeing. Frequently hearing/listening, clear speech, touching, walking inside and outside, sitting.

MINIMUM REQUIREMENTS:

- Associate degree in related field, or equivalent experience
- Two years in digital media production (audio, video, photography, and other digital media)
- Proficient in all aspects of video development, design, editing, and production.
- Proficient in all aspects of video and digital media equipment and editing software.
- Competent with social media platforms and management.
- Competent with website development and management.
- Knowledge of online Learning Management Systems.
- Familiar with competency based educational principles and methods.
- Competent with basic computer applications, including Microsoft Excel, Word, and PowerPoint.
- High-level of integrity and objectivity in performance review of clinical care and the ability to provide constructive feedback.
- Excellent communication and interpersonal skills.
- No exclusion by the OIG to participate in Federally Funded Health Care Programs.

PREFERRED REQUIRMENTS:

- Bachelor's degree in related field, or equivalent experience
- 5 or more years' experience as a videographer producer.
- Photography and graphic design experience.
- Experience producing podcasts and videos for YouTube or similar platforms.
- EMS provider experience.

Tab A – Chief Executive Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Chief Executive Officer's Report- February 1, 2023

Reprioritization Subcommittee/EMS System Performance- The initial reprioritization is still on track to take place March 1, 2023. The Communications Department has been working hard to get the programming changes made and tested. We have also included the CAD vendor to provide the messaging requested by our first response organizations that explains how the ambulance is coming to the call. We are working on scheduling follow-up reprioritization meetings to evaluate how the changes are working and continue discussions around response times.

We will utilize similar response time goals although the subcommittee understands that, without adding additional resources, it is unlikely we will achieve response time goals in each area. However, this period of time will help determine where the system is with the resources we have, and it will allow MedStar the opportunity to add resources in anticipation of decreasing response times.

The deployment plan will result in a reduction of lights and sirens responses, and it is the first steps in taking a much more patient centric approach to patient triage and treatment. We are working on establishing the next meeting to evaluate progress and prepare next steps.

Billing/EMS | MC- We continue to work with EMS | MC to address issues as they occur. EMS | MC is continuing to work through the billing and collections process. They are working through the calls that occurred during the cyberattack and are working towards hitting their collections goals.

Optima- We hosted the Optima deployment staff during the week of February 13th for their initial onsite observations and data collection. We are anticipating that the modeling software will be able to be utilized around April. This should be very useful as we work through different deployment options for response times and response plans.

Ongoing Discussions- We have been engaged in discussion with some of Fort Worth's team about opportunities to adjust the system to provide those accessing the 911 system with the necessary resources to address their particular complaint.

Budget Process- We have scheduled our budget retreat for March 22nd-24th at the Botanic Gardens. The Board of Directors will join for a half day on March 24th to provide feedback on the strategic direction and initiatives.

EMT Training- The State of Texas has provided funding for EMT programs and for non-budgeted paramedic programs. We are evaluating opportunities to take advantage of this initiative.

Tab B --Office of the Medical Director

Discussion

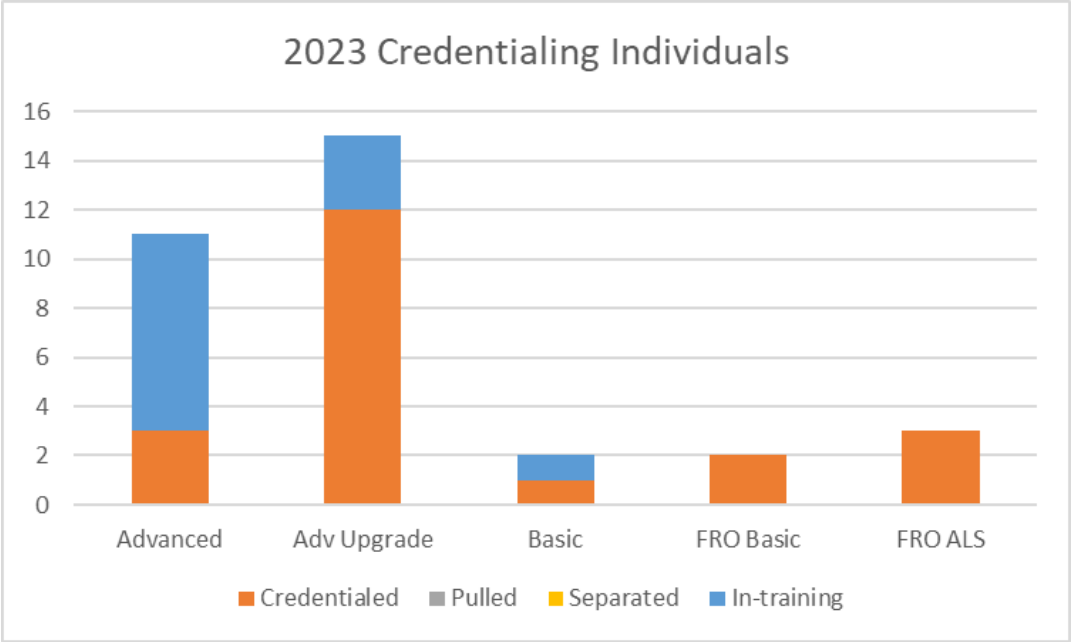
- Videographer

Education and Training

- OMD 23Q1CE – March/April
 - Critical Thinking and Decision Making
 - Trauma / Medical Case presentation
- System Education Committee
 - Annual System CE plan developed
- MHP Course scheduled in early Spring

Course Attendance	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	86	64	43	80	60	7
FRO	0	3	0	39	3	0
External	5	0	1	3	4	0

Credentialing



Quality Assurance

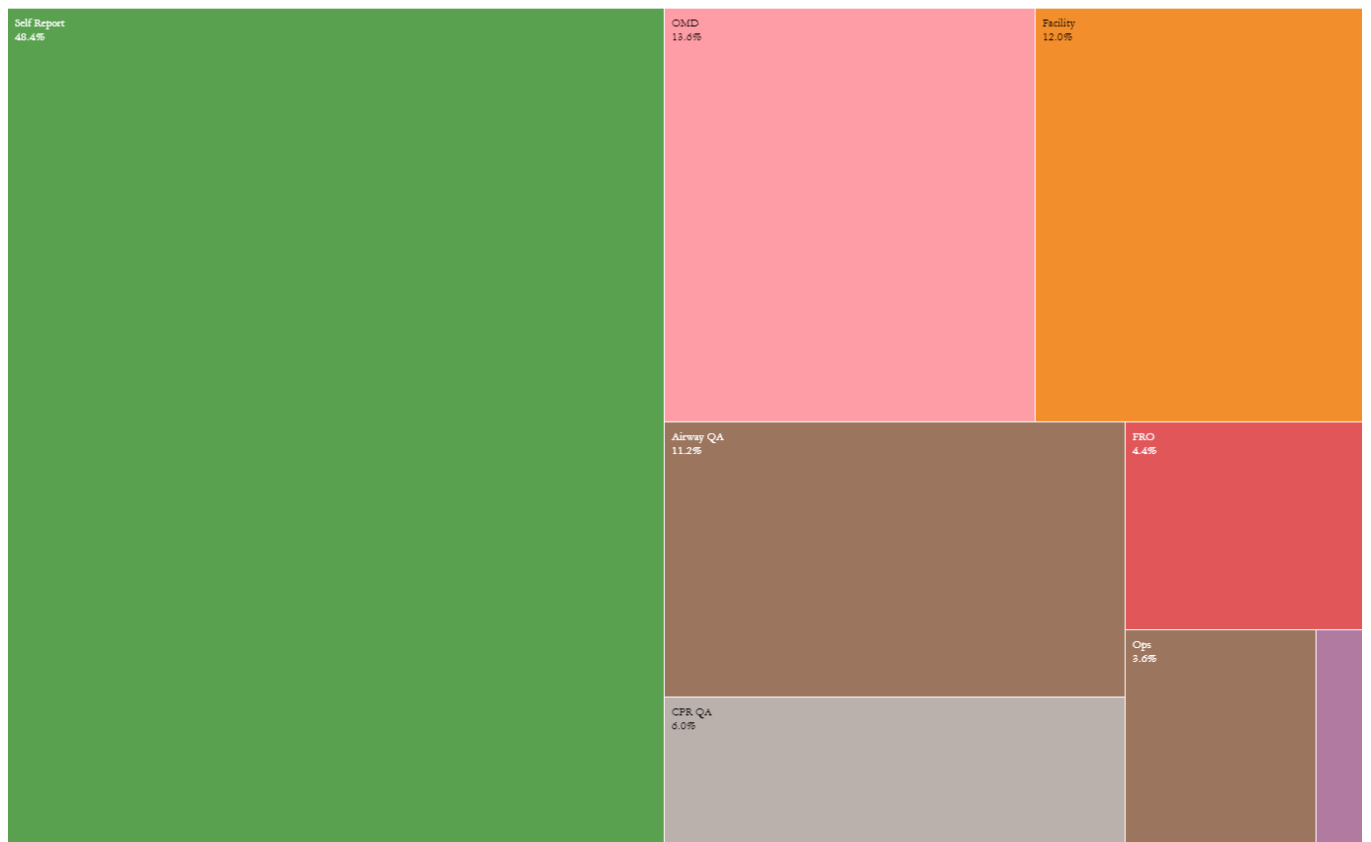
Case Acuity

	December 2022	January 2023
High	4 (4.6%)	4 (6.5%)
Moderate	21 (24.1%)	12 (19.4%)
Low	52 (59.8%)	42 (67.7%)
Non QA/QI	10 (11.5%)	4 (6.5%)
Grand Total	87 (100.0%)	62 (100.0%)

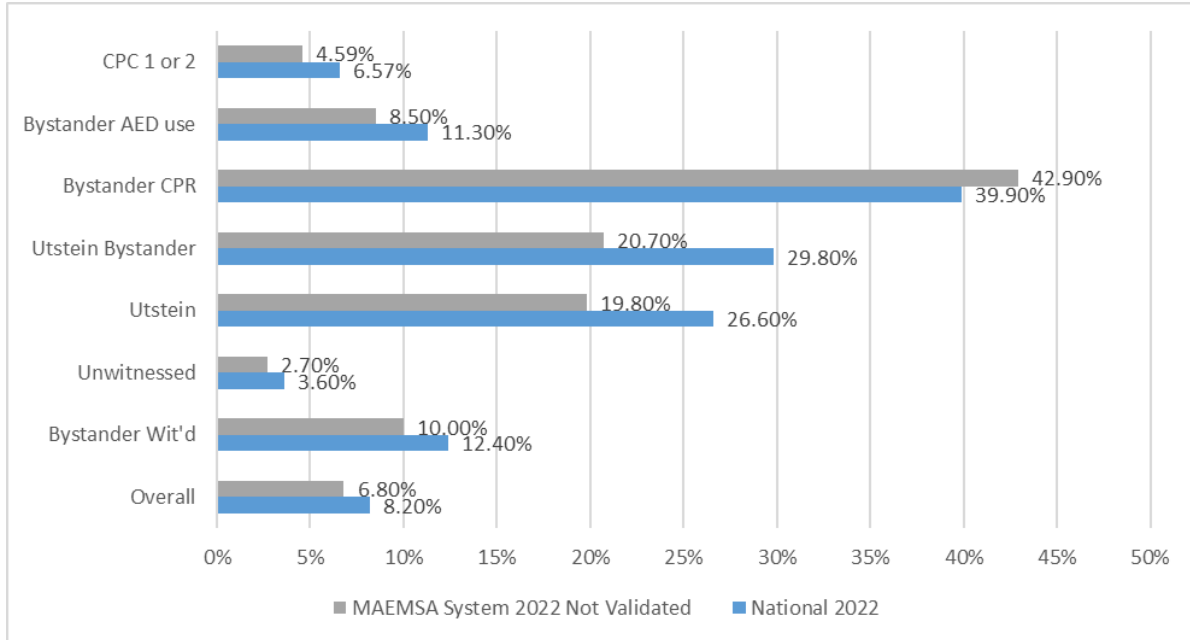
Case Disposition

	December 2022	January 2023
Needs Improvement	59 (67.8%)	41 (66.1%)
Forwarded	3 (3.4%)	2 (3.2%)
No Fault	25 (28.7%)	19 (30.6%)
Grand Total	87 (100.0%)	62 (100.0%)

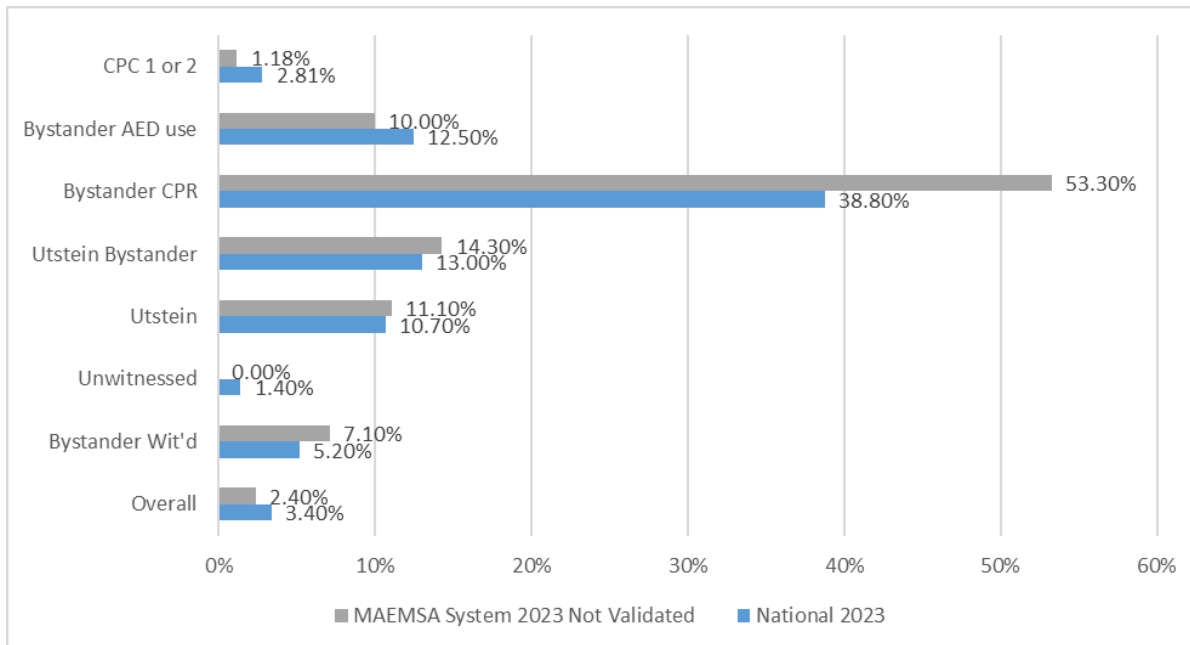
Cases by Origin

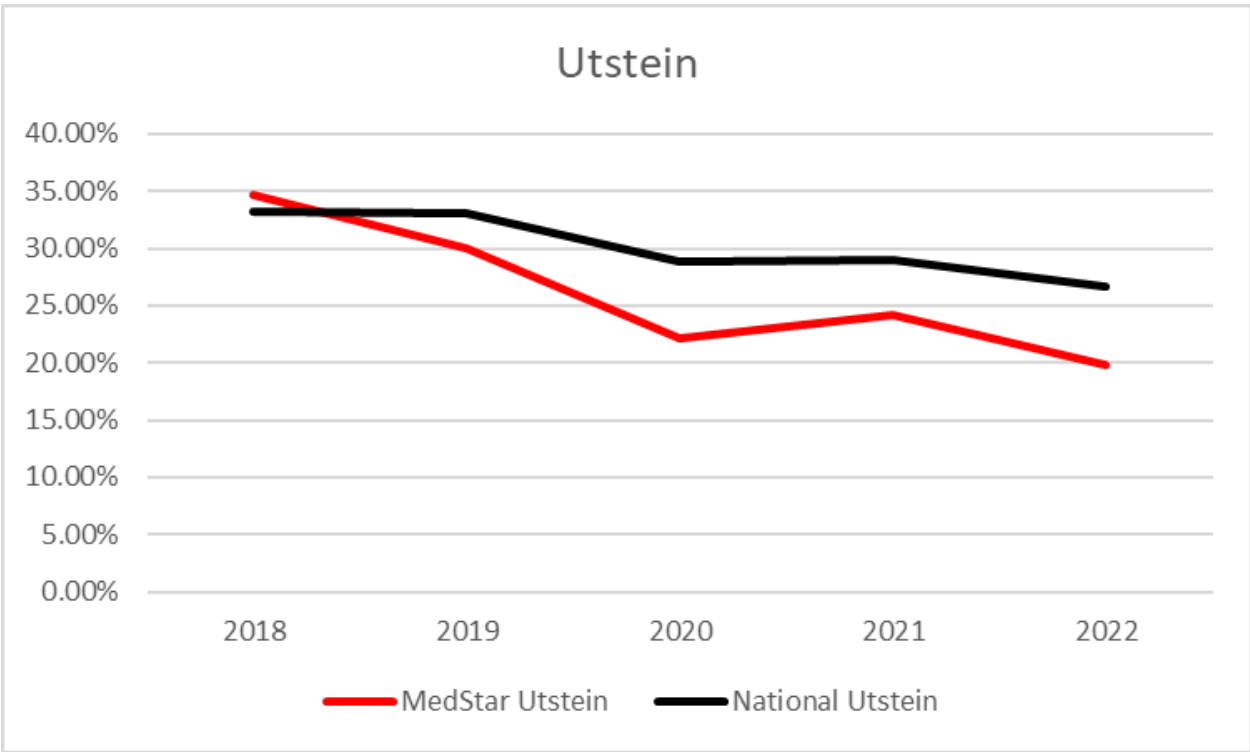
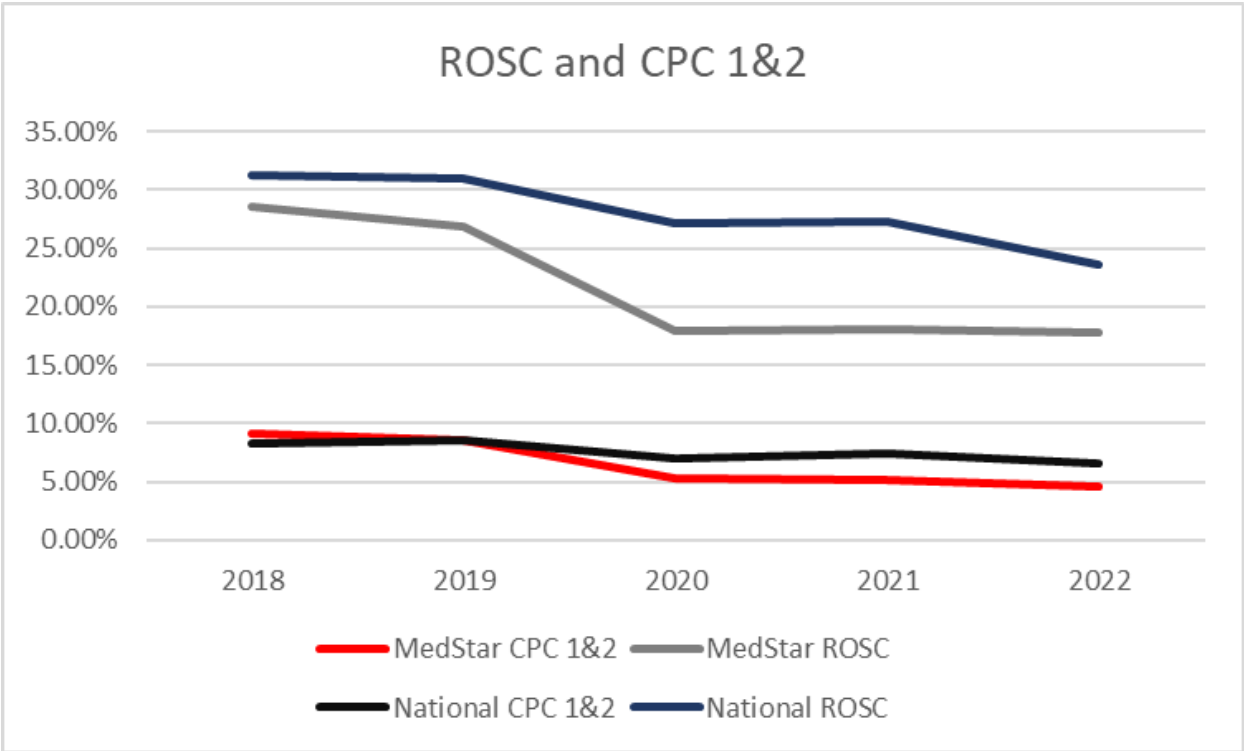


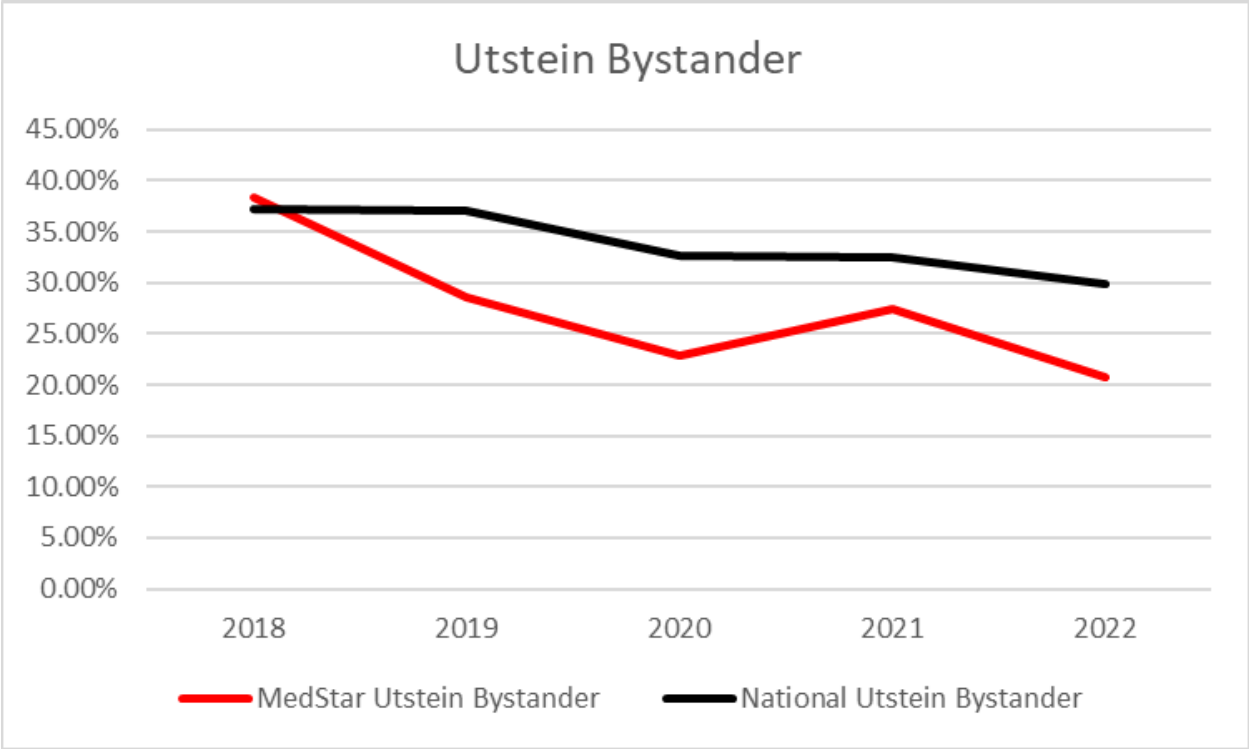
- CARES 2022
 - 1199 worked cardiac arrest



- CARES 2023
 - 85 worked cardiac arrest in January





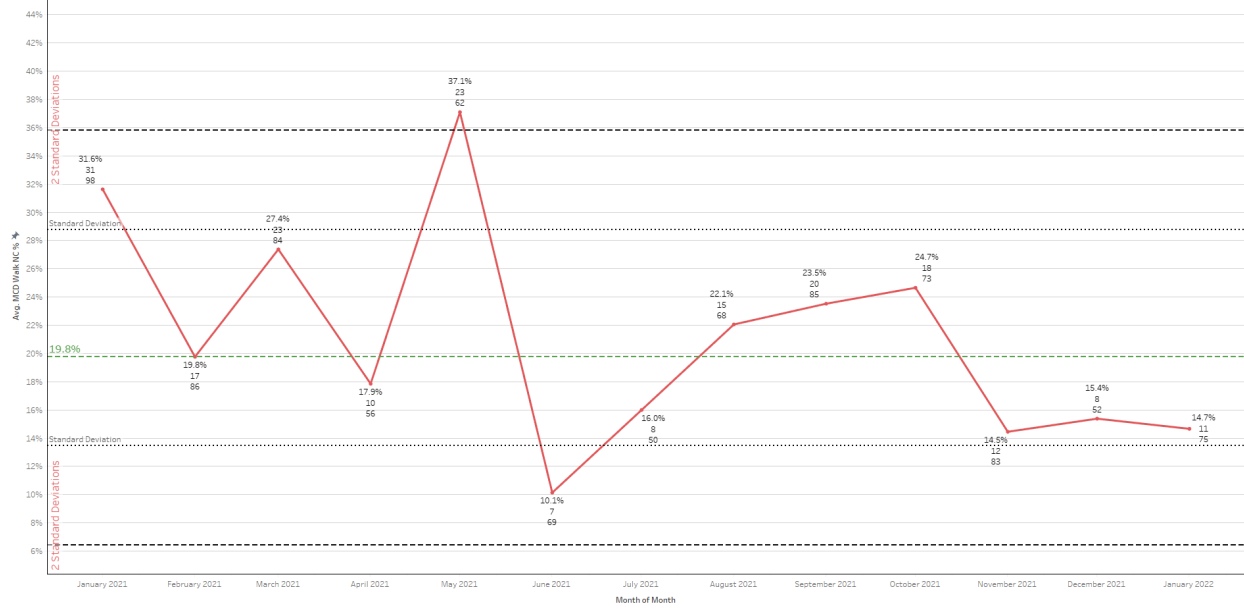


- Resuscitation Center - ECPR

ECPR Outcome Measures													
Measure	Goal	Total	22-Feb	22-Mar	22-Apr	22-May	22-Jun	22-Jul	22-Aug	22-Sep	22-Oct	22-Nov	22-Dec
Patients meeting prehospital criteria		85	13	10	5	10	5	8	8	4	8	9	5
Appropriate protocol initiation	85.00%	48.24%	7.69%	20.00%	60.00%	40.00%	60.00%	75.00%	75.00%	75.00%	75.00%	55.56%	40.00%
Patients transported to an ECPR center		41	1	2	3	4	3	6	6	3	6	5	2
Prehospital notification given to receiving ECPR Center prior to transport	100%	59.52%	100.00%	100.00%	33.33%	50.00%	66.67%	33.33%	33.33%	0.00%	50.00%	80.00%	50.00%
Prehospital notification given			1	2	1	2	2	2	2	0	3	4	1
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%	0.00%	0.00%	0.00%
Avg time from FMC to ECPR Center		0:39:48	0:28:52	0:47:22	0:44:47	0:28:18	0:30:30	0:32:51	0:51:54	0:47:55	0:38:31	0:40:21	0:46:28
Patients meeting hospital criteria		12	1	2	2	2	0	2	1	0	1	1	0
% of patients meeting ECPR Center <i>exclusion</i> criteria	Track	86%	92.31%	80.00%	60.00%	80.00%	100.00%	75.00%	87.50%	100.00%	87.50%	88.89%	100.00%
Patients cannulated		8	0	1	1	1	0	1	0	0	1	2	1
Avg time from FMC to ECMO cannulation	< 45 min	0:52:09		0:56:55	0:59:35	0:34:03		0:59:10			0:51:00		
% of eligible patients discharged with CPC 1or2 that received ECPR	35%	25%	0	0	0	0	0	0	0	0	1	1	0
Overall hospital survival rate of those receiving ECPR	Track	25%	0	0	0	0	0	0	0	0	1	1	
Avg hospital length of stay	Track	0											

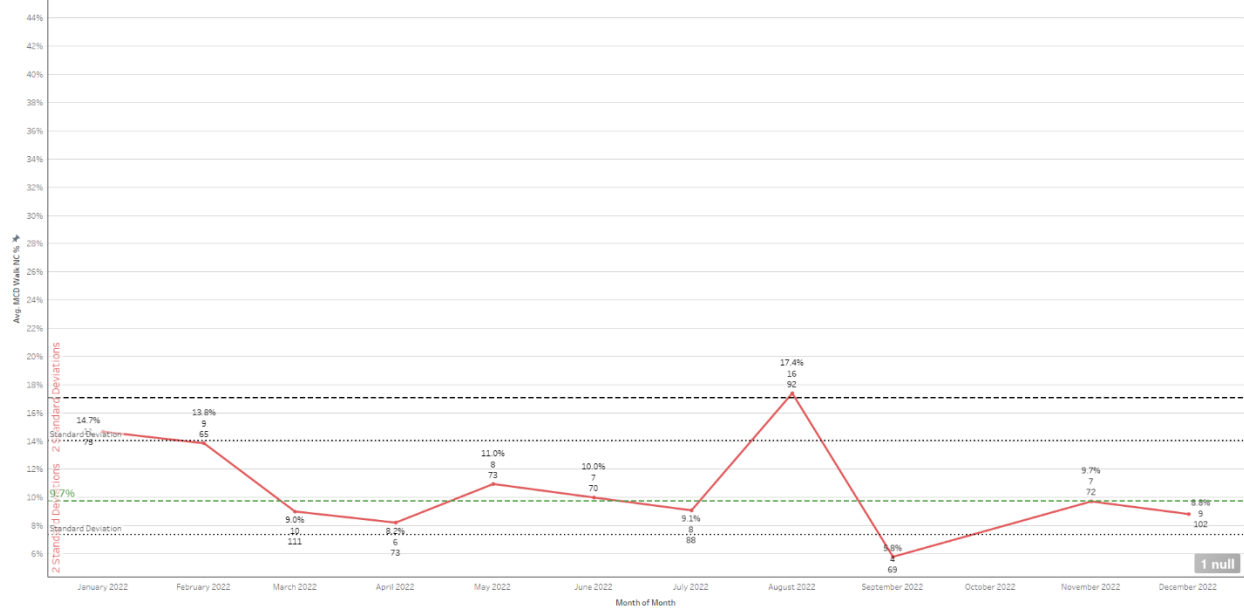
- Mechanical Compression Device (MCD) incident of “Walk” pre-intervention

% of Uncorrected MCD Walk/Overall placement
1/1/2021 - 1/31/2022



- Mechanical Compression Device “Walk” post-intervention

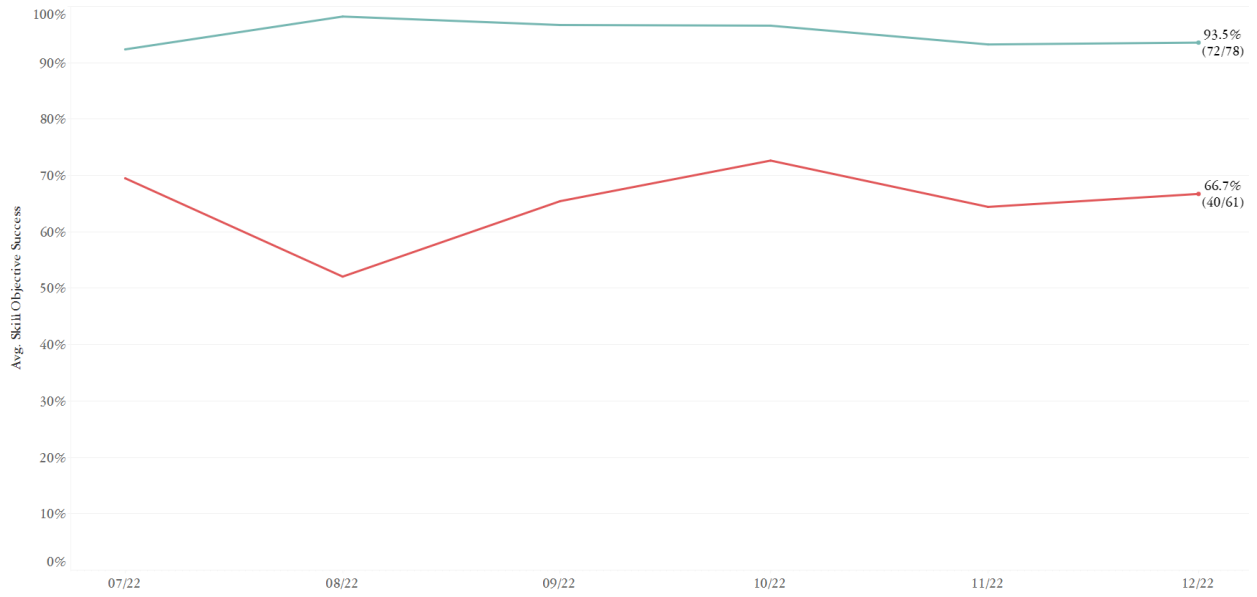
% of Uncorrected MCD Walk/Overall placement
1/1/2021 - 1/31/2022



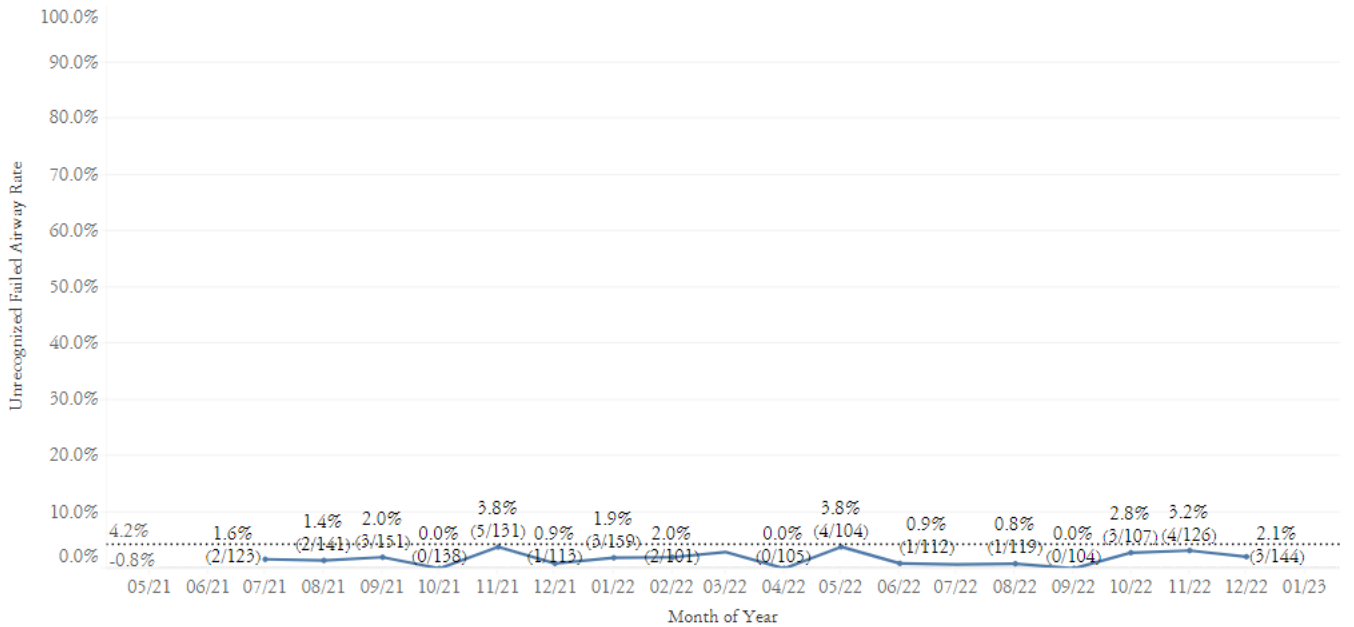
• Airway Management

Type ■ ET ■ King

Airways Skill Success - ET & King



Unrecognized Failed Advanced Airway Rate



System Diagnostics

	Goal	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Current Avg.	Goal
Cardiac Arrest									
% of recognizable Out-of-Hospital Cardiac Arrests (OHCA) cases correctly identified by Dispatch	x	89.1%	89.1%	82.6%	90.2%		89.1%	86.0%	75%
Median time between 9-1-1 call and OHCA recognition		0:01:42	0:01:46	0:01:43	0:01:31		0:01:47	0:0%	< 0:01:30
% of recognized 2nd party OHCA cases that received tCPR	x	80.0%	83.6%	81.2%	90.2%		89.1%	98.6%	75%
Median time between 9-1-1 Access to tCPR hands on chest time for OHCA cases		0:04:31	0:04:21	0:02:15	0:03:41		0:03:58	0.1%	<0:02:30
% of cases with time to tCPR < 180 sec from first key stroke								71.3%	
% of cases with CCF ≥ 90%		62.3%	70.3%	65.0%	66.2%	66.7%	59.5%	79.9%	90%
% of cases with compression rate 100-120 cpm 90% of the time		97.5%	92.2%	96.4%	94.0%	95.3%	94.3%	89.7%	90%
% of cases with compression depth that meet appropriate depth benchmark 90% of the time		59.3%	43.7%	44.1%	50.0%	44.7%	58.0%	33.7%	90%
% of cases with mechanical CPR device placement with < 10 sec pause in chest compression		17.7%	13.2%	10.7%	10.5%	13.4%	3.4%	19.9%	
% of cases with Pre-shock pause < 10 sec	x							89.2%	
% arrive at E/D with ROSC	x	21.1%	9.3%	17.3%	22.9%	17.8%	8.3%	16.7%	
% discharged alive	x	7.8%	4.1%	4.5%	10.8%	6.7%	0.0%	7.1%	
% neuro intact at discharge (Good or Moderate Cognition)	x	4.4%	4.1%	4.5%	6.0%	4.4%	0.0%	5.3%	
% of cases with bystander CPR		45.4%	40.0%	61.3%	57.4%	42.1%	42.4%	48.7%	
% of cases with bystander AED use		17.8%	24.7%	24.5%	6.2%	0.0%	0.0%	19.8%	

	Goal	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Current Avg.	Goal
STEMI									
% of suspected STEMI patients correctly identified by EMS		59.4%	53.3%	37.5%	60.6%	53.9%	33.3%	62.0%	75%
% of suspected STEMI patients w/ASA admin (in the absence of contraindications)		93.9%	92.1%	92.3%	100.0%	100.0%	86.4%	94.5%	90%
% of suspected STEMI patients w/NTG admin (in the absence of contraindications)		93.9%	76.3%	80.8%	97.3%	86.4%	72.7%	87.7%	90%
% of suspected STEMI patients with 12L acquisition within 10 minutes of patient contact		81.8%	92.1%	50.0%	83.8%	81.8%	59.1%	72.1%	90%
% of suspected STEMI patients with 12L transmitted within 5 minutes of transport initiation		84.9%	68.4%	65.4%	78.4%	63.6%	59.1%	62.4%	90%
% of suspected STEMI patients with PCI facility notified of suspected STEMI within 10 minutes of EMS patient contact		36.4%	34.2%	23.1%	35.1%	27.3%	22.7%	18.5%	75%
% of patients with Suspected STEMI Transported to PCI Center		100.0%	100.0%	100.0%	100.0%	95.5%	100.0%	99.6%	90%
% of suspected STEMI patients with EMS activation to Cath Lab intervention time < 90 minutes		37.5%	37.5%	0.0%	52.6%	25.0%	20.0%	32.7%	50%

Tab C – Chief Transformation Officer

Transformation Report

February 2023

Alternate Payment Models & Expanded Services

- Request by Cook Children's Health Plan to explore enhanced services for their members being discussed.
- Conversations with Amerigroup on potential alternate service delivery and payment models.

Ambulance Supplemental Payment Program (ASPP)

- Leading an effort with Dallas FD, Houston FD, Texas City FD, and Public Consulting Group (PCG) to push HHSC to implement the changes they agreed to in 2019 to reform the ASPP program.
 - Include Managed Medicaid payments.
 - Change from cost-based to Average Commercial Rate (ACR)-based.
 - The latter is much more favorable to MedStar.
- Wrote to HHSC Commissioner Young (**attached**)
 - As a result, she requested a meeting to discuss.
 - Met with HHSC Commissioner Young and her team to discuss on January 31st.
 - Follow ups may yield results.
- Preparing for potential legislative solution if no significant movement from HHSC.
 - Similar to our Medicaid ET3 payment model approach.

Medicare Waivers for EMS Treatment in Place, Transport to Alternate Destinations and Telehealth

- End of the PHE on 5/11 sunsets these active waivers that allow reimbursement for these services during the PHE.
 - Renewed emphasis on making these waivers permanent.
- Leading an effort with NAEMT for Congressional action to make the waivers permanent.
- **Drafted language for legislation.**
 - **Language agreed to by several potential congressional sponsors and sent to Legislative Counsel for official language development.**

CMS ET3 Project

- **CMS invitation to work with their Multi-Payer Alignment Affinity Group accepted.**
 - Involved in several initiatives with CMS to engage commercial payers in the payment model.
- Work on the ET3 Quality Measures Workgroup continues.
 - 1st Measure: ED Recidivism (ED visit within 72 hours of ET3 intervention)
 - **Received reply from CMS on our data question**
 - **They are only tracking paid FFS claims vs. all patient interventions.**
- **Update: CMS has notified all ET3 participants that they are suspending publications of Monthly Dashboard Reports while they evaluate the process for the data being reported.**

Reducing HOT Vehicle Operations Project

- Continuing to track with Re-Prioritization project
 - Goal = reduce HOT responses to ~30-40% of calls
 - Currently 74% of calls are dispatched HOT.
- Implementation plan drafted.
 - Including collaboration with the City of Fort Worth on community message points on reasons for, and goals of, the change

Texas Legislative Session

- Have met with several local state legislators to educate them on our legislative priorities.
 - Patient Protection from Surprise Insurance Payments
 - Medicaid Rate Increase to Parity with Medicare Allowable
 - Resolution to the ASPP revision
- Participating in Texas EMS Alliance’s EMS Day at the Capital on March 7th to continue advocating for these changes.

Ground Ambulance & Patient Billing Advisory Committee

- First planned meeting postponed.
 - Several national fire and EMS associations questioning committee member appointee make-up.
- Invited to present our recommendations on “Potential Legislative and Regulatory Options to Prevent Balance Billing”.
 - Recommending:
 - Assure Medicare & Medicaid reimbursement adequacy based on reasonable cost of service delivery
 - Require insurance plans to include ambulance service as a covered benefit
 - Assure commercial insurance reimbursement adequacy
 - Assure commercial insurance reimbursement to provider, not patient
 - Protect the patient from payment disputes through arbitration between payer and provider

White House COVID Response Team

- Invited to participate in discussions with them for opportunities for scaling up efforts to leverage community paramedicine to ensure patients are getting the COVID-19 treatments they need to stay out of the hospital.
 - Have met with them three times, so far
 - Led to discussions regarding the economic model for EMS that does not reimburse for non-transport related role in the community.
 - Interest on the part of the task force, including HHS/ASPR to advocate for economic model change.

Upcoming Presentations:

<u>Event (location)</u>	<u>Date</u>	<u>Attendees</u>
North Carolina EMS Leadership Conf. (Greensboro, NC)	Mar 2023	~150
Michigan EMS Summit HOT ops and Response Times (Detroit, MI)	Mar 2023	~150
IAED Navigator (Denver, CO)	Apr 2023	~1,000
FDIC/JEMSCon (Indianapolis, IN)	Apr 2023	~7,000
National EMS Safety Summit/Financial Symposium (Denver, CO)	Apr 2023	~300
Michigan EMS Expo (Traverse City, MI)	May 2023	~500
First There/First Care Conference (Ft. Lauderdale, FL)	June 2023	~750

Media Summary

Local –

- Hazardous weather conditions
 - FOX 4, NBC 5, ABC 8, CBS 11, WBAP, KRLD, Star-Telegram
 - Over 136 local & national media hits during 4 days
 - Daily live interviews on morning news shows
- Live, in-studio CPR and AED instruction, partnership with the American Heart Association
 - NBC 5

Cecile Young, Executive Commissioner, HHSC

Dear Commissioner Young,

The government owned and operated emergency medical services (EMS) provider community has been working collaboratively with HHSC staff for nearly four years to address Medicaid reimbursement challenges. After a series of meetings in 2018 and into 2019, HHSC agreed to re-establish Medicaid supplemental payment programs that were eliminated as a result of the transition of the Uncompensated Care program (UCP) to a charity care pool (CCP) funding stream authorized under Texas' Section 1115 Medicaid waiver. At the time, it was estimated public ambulance providers would incur a loss of \$75,000,000 in federal funds to first responders.

In September of 2019, HHSC formally communicated to the EMS provider community its support to re-establish a Medicaid fee for service supplemental payment program and Medicaid managed care directed payment program based upon an average commercial rate (ACR) methodology. Although the ACR methodology was not cost-based like previous UC reimbursement, the provider community acquiesced given HHSC's commitment to use the ACR methodology to also implement a Medicaid managed care directed payment program. As HHSC is aware, the Medicaid MCO program represents approximately ninety percent (90%) of all transports and is a critical funding stream to the providers.

Since HHSC's initial commitment to support the re-establishment of Medicaid supplemental payment streams, the support garnered by the provider community *has since deteriorated*. It has been almost three years since HHSC filed the Medicaid state plan amendment (SPA) to authorize the ACR FFS supplemental payment program with no approval timeline in sight. HHSC has repeatedly communicated that establishing the Medicaid FFS ACR program is a crucial first step to developing the necessary framework to implement a Medicaid managed care directed payment program. HHSC has not collaborated with the government owned and operated provider community nor utilized the resources made available by the provider community to move the SPA forward. The SPA has been "off the clock" for over a year now, and the most recent concerns communicated by HHSC expressed by the Centers for Medicare and Medicaid Services (CMS) have not been prioritized for resolution. Furthermore, none of the concerns raised by CMS are considered roadblocks and simply require action and coordination from the provider community to submit necessary data to satisfy CMS' requests for additional information. Given the lack of progress with the FFS program in the last year, the provider community is beginning to doubt that HHSC is still invested in getting the program approved.

Secondly, since the efforts to reinstate Medicaid funding streams began, HHSC has changed positions and now has communicated they no longer will be supporting or developing a Medicaid managed care directed payment program. This is extremely troubling, as Medicaid managed care transports represent approximately 90% of all emergency transports provided to Medicaid patients. HHSC has indicated the reasoning for not supporting a Medicaid managed care program is due to Medicaid budget neutrality concerns. These same concerns were communicated prior to HHSC indicating their support for the program. It is unclear what has changed and why HHSC can no longer prioritize Medicaid funding for first responders versus other providers and priorities.

Thirdly, while some of the EMS provider community has been able to adapt and participate in the Charity Care program, the funding pool continues to be unpredictable, and participation has significantly decreased since the transition to the Charity Care program. In fact, the EMS provider community has endured the following:

- ***Qualifying providers have decreased from 141 providers in 2019 to 81 as of 2021.*** This is a 43% reduction in providers that receive supplemental funding due to a lack of resources and infrastructure to establish a charity care program. This has disproportionately hurt smaller and rural EMS providers whose need for funding is as critical to their larger and urban based providers.
- ***The Charity Care Funding Pool has decrease from \$148 million dollars in 2019 to \$84 million dollars in 2021, another 43% reduction in funding.*** EMS providers have incurred a significant reduction of available dollars since the transition to a Charity Care program, exacerbating the decrease in available funding in absence of a Medicaid supplemental payment program.

In summary, Medicaid reimbursement rates remain woefully inadequate, only covering an ***average 20% of a Provider's cost to provide Medicaid transports*** (according to submitted cost reports accepted by HHSC). The Medicaid rates for ambulance service have not changed since 2007, while costs have soared, especially during and after the COVID pandemic. It is imperative that HHSC move forward with the changes to the ASPP, as well as a review of the 15-year-old Medicaid reimbursement levels.

The provider community respectfully requests a more proactive approach to obtain approval of the Medicaid FFS ACR program, as well as support to move forward with the Medicaid managed care directed payment program. Furthermore, the provider community suggests a re-prioritization of designing and implementing a Medicaid managed care directed payment program on a parallel path.

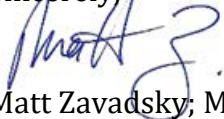
We respectfully request the following:

- Conduct a working meeting to develop a plan of action for responding to the latest request for information from CMS on the Medicaid FFS ACR program.
- Commit to putting the Medicaid FFS ACR SPA back on the clock by the end of the calendar year or as soon as the provider community provides the necessary data to respond to the CMS requests.
- Continue monthly meetings to report out on progress and work through solutions to preserve critical funding streams.
- HHSC will recommit its support to design a Medicaid managed care rate increase or state directed fee schedule in accordance with federal regulatory guidance, specifically CFR §438.6(c)(1)(iii). This program should be implemented with an effective date no later than April 1st, 2023.

The provider community commits to provide technical resources and input throughout the process to minimize the administrative burden to the Commission to develop solutions to restore funding.

Thank you in advance for your support in preserving Medicaid funding streams for the public emergency medical services and first responder community.

Sincerely,



Matt Zavadsky, MS-HSA, NREMT
Chief Transformation Officer
MedStar Mobile Healthcare

CC: Chief Wells, City of Houston Fire Department
Rachelle McHenry, City of Houston Fire Department
Captain Wiley, City of Texas City Fire Department
Chief Artis, City of Dallas Fire and Rescue
Richard Ngugi, City of Dallas Fire and Rescue
Matt Zavadsky, MedStar Mobile Healthcare
Victoria Grady, Deputy Director of Rate Analysis, HHSC

From: [Matt Zavadsky](#)
To: [Cecile.Young@hhs.texas.gov](#); [Marissa.Prifogle@hhs.texas.gov](#); [Kate.Hendrix@hhs.texas.gov](#); [Trey.Wood@hhs.texas.gov](#); [Joey.Longley@hhs.texas.gov](#)
Cc: [Williams_Delridge](#); [Wendell.Wiley](#); [Coffman, Alina](#); [Seime, Jill](#); [Roland Leal](#); [Dachos, James](#)
Subject: EMS Stakeholder Follow-up
Date: Monday, February 6, 2023 9:46:00 AM
Attachments: [image001.png](#)
[image002.png](#)
[ASPP Medicaid Funding Commissioner Young 11162022.pdf](#)
[CTA 202211280002 - Matt Zavadsky.pdf](#)
[Medicaid MCO rate negotiations with Public EMS Providers.pdf](#)
[TEMSA Costs Infographic Primary REV4.pdf](#)
[TEMSA Costs Infographic Supporting REV5.pdf](#)
[TX ASPP Executive Commissioner Presentation Final_013123.pdf](#)

Dear Executive Commissioner Young and HHSC Staff,

Thank you for the opportunity to meet last week to discuss the Texas Ambulance Medicaid Reimbursement Program and impact of ASPP changes, current funding challenges, and the need to re-establish Medicaid supplemental payment programs.

Thank you also for changing the meeting from in-person to virtual – that was very helpful with the adverse weather conditions!

For your reference, we have attached a copy of the presentation, as well as some supplemental materials documenting the financial challenges the EMS industry is facing today and referenced on the call.

Below, please find a quick meeting summary and we look forward to continued conversations and progress.

- The transition to UC Charity Care Program with decreased provider participation and reduced funding has resulted in significant financial burdens on the EMS Community that is already facing serious economic challenges:
 - EMS stakeholders expressed that MCOs benchmark their reimbursement and payment negotiation based on currently Medicaid FFS rates that are outdated and inadequate.
 - EMS stakeholders stressed that they are under critical financial pressures as private ambulance providers pull out of their areas and EMS public providers are left to meet the need. Operating costs continue to increase, and EMS providers are also addressing staffing shortages, thus adding to the need for fair reimbursement.
- Re-establishing Medicaid Supplemental Payment Programs:
 - HHSC **reaffirmed its commitment to implementing Medicaid supplemental payment strategies.**
 - HHSC noted that they have had several conversations with CMS regarding the Medicaid FFS SPA and they have or plan to submit responses to the latest RAIs in order to start the clock again. Goal is to continue with the ACR methodology and focus on this program first before MCO.
 - The provider community recommended that HHSC move forward with the **MCO program as quickly as possible**, as this program will have the most benefit to the EMS

community.

- EMS stakeholders expressed that most of their transports are Medicaid MCO. Attempts to contract with ***MCOs have been unsuccessful as MCOs suggested inadequate reimbursement rates.***
 - HHSC expressed commitment to support an **MCO program strategy**, which the provider community certainly was pleased to hear as more recent communication from HHSC suggested otherwise.
- Next Steps:
 - The provider community will share details on the FL MCO and other approved MCO program designs.
 - The TX ASPP Stakeholder Group is available to provide guidance to HHSC to respond to current/future CMS requests regarding Medicaid FFS ACR program.

Matt Zavadsky, MS-HSA, NREMT

Chief Transformation Officer



2900 Alta Mere Drive
Fort Worth, TX 76116
O: 817.632.0522
C: 817.991.4487

At-Large Director



"It's not what you look at that matters, it's what you see."

- **Henry David Thoreau**

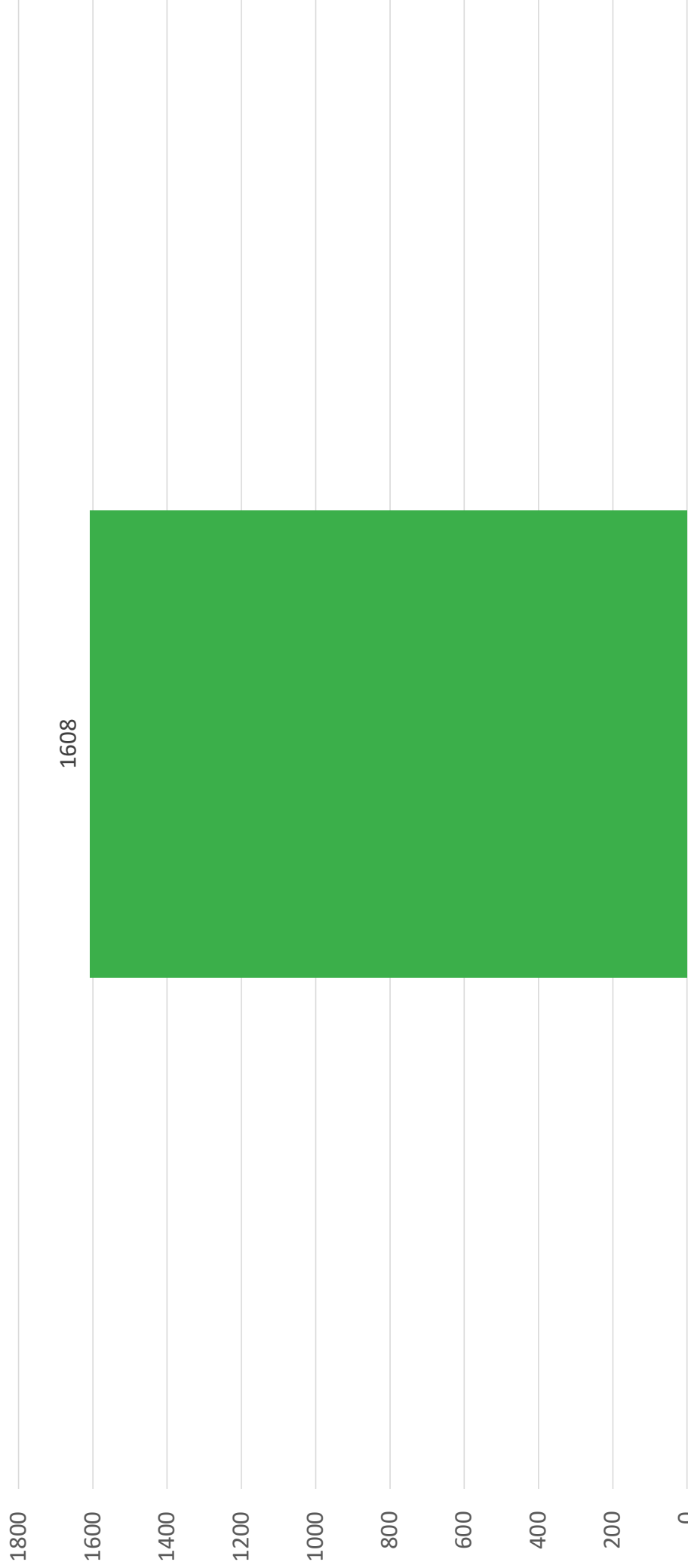
Want to meet? View my calendar [here](#)

Episodic Care Coordination

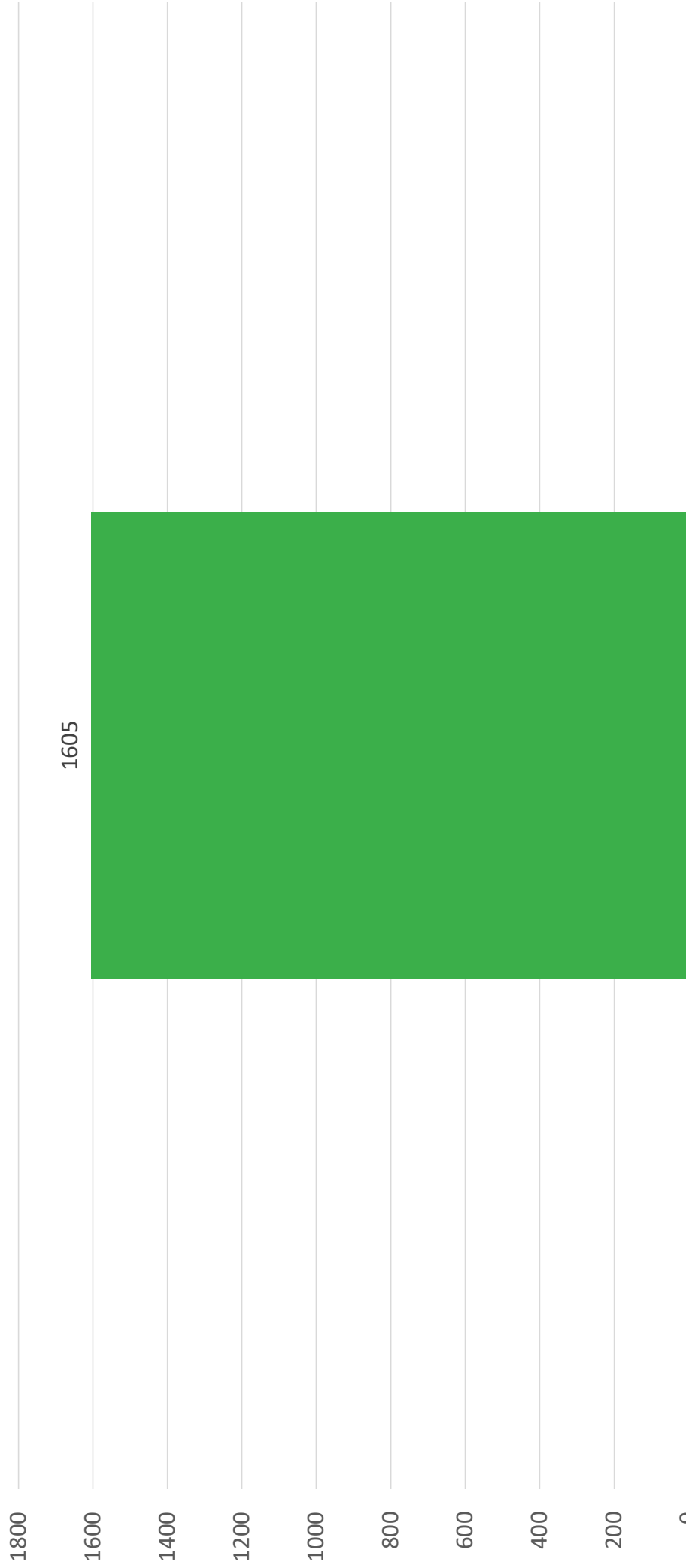
12/01/2021 – 01/31/2023



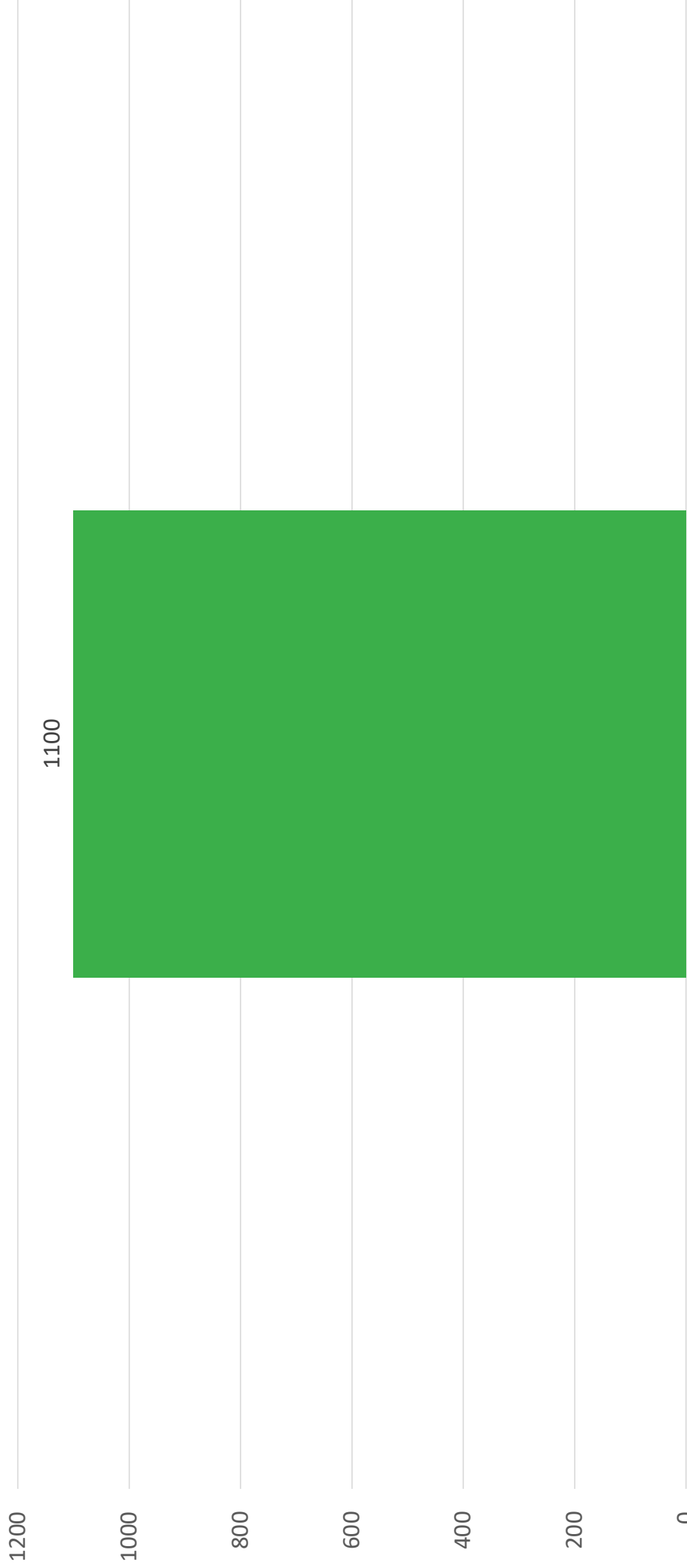
Landmark Health - Referrals



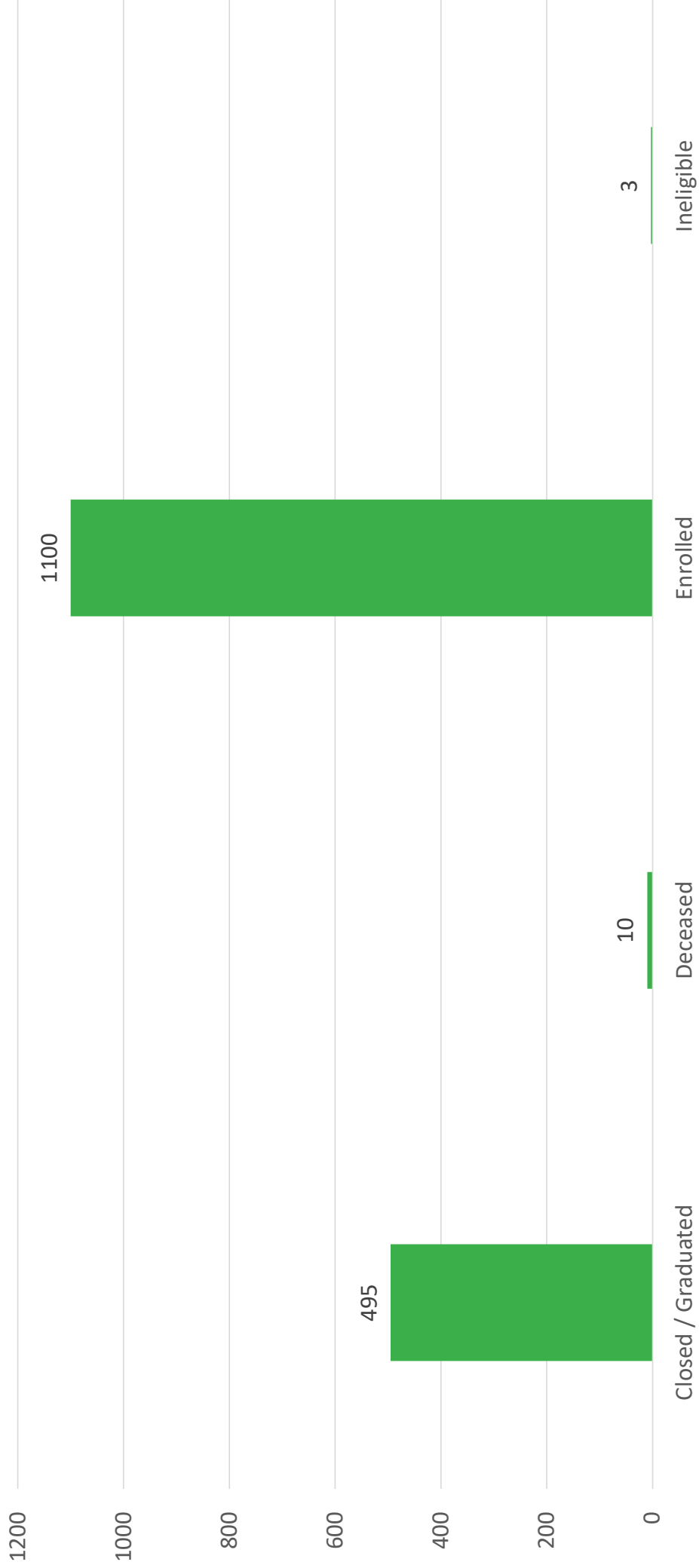
Landmark Health - Enrollments



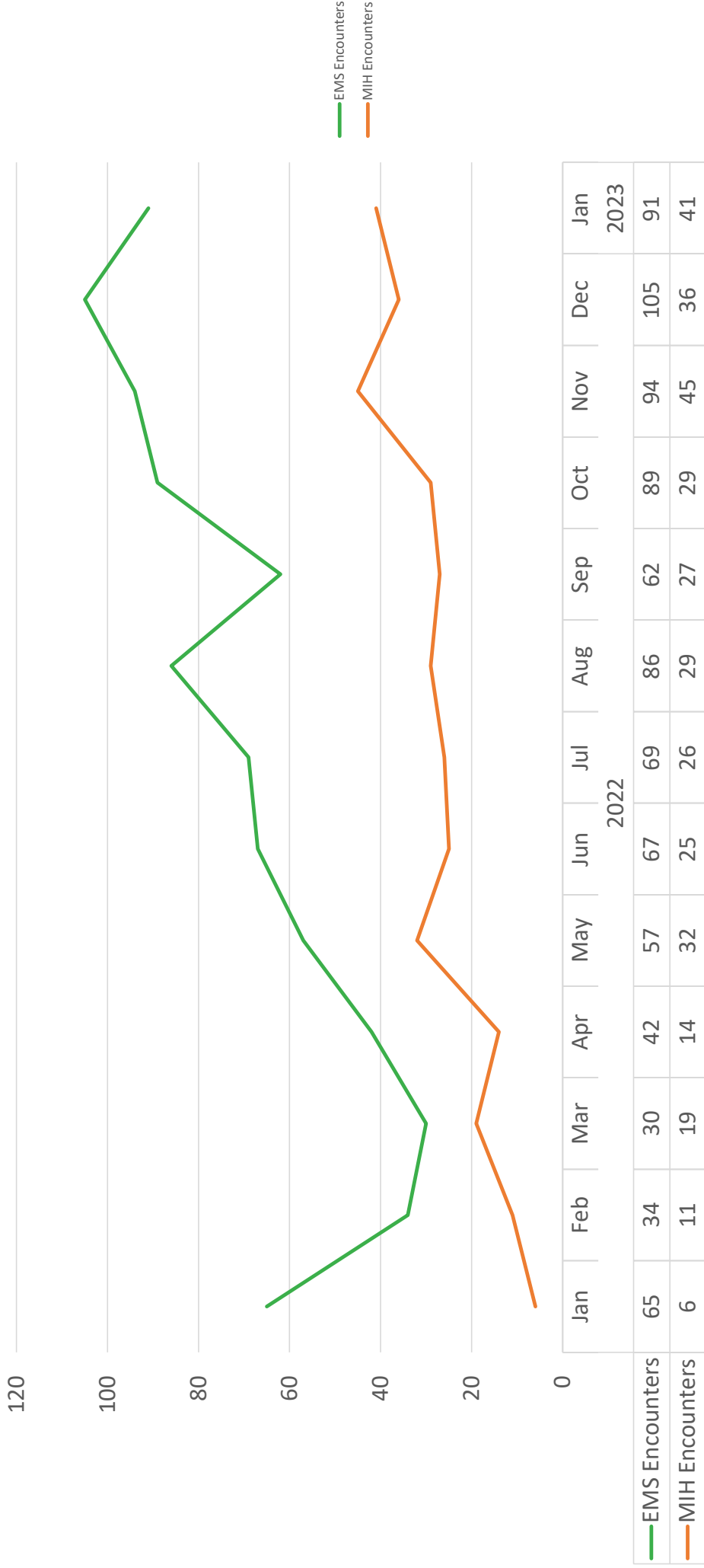
Landmark Health - Currently Enrolled Clients



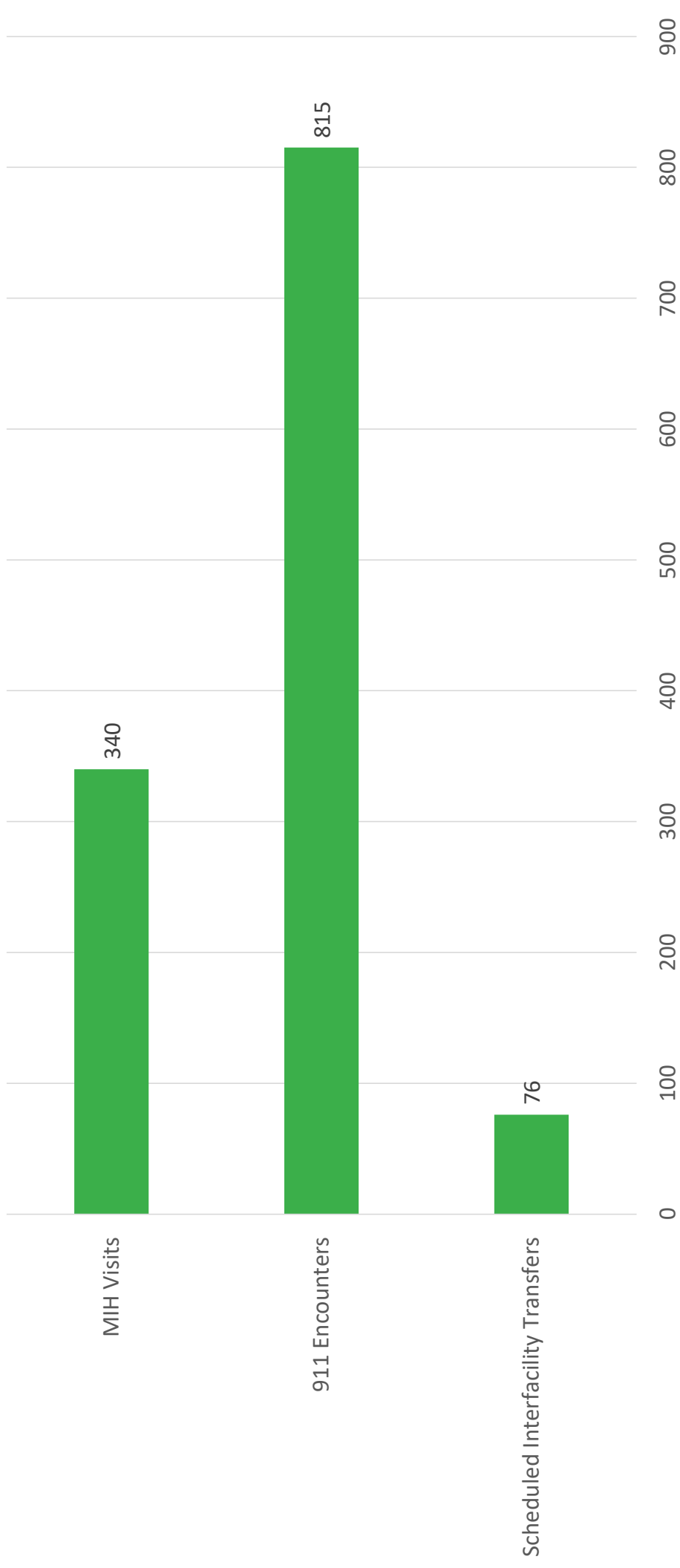
Landmark Health Enrollments



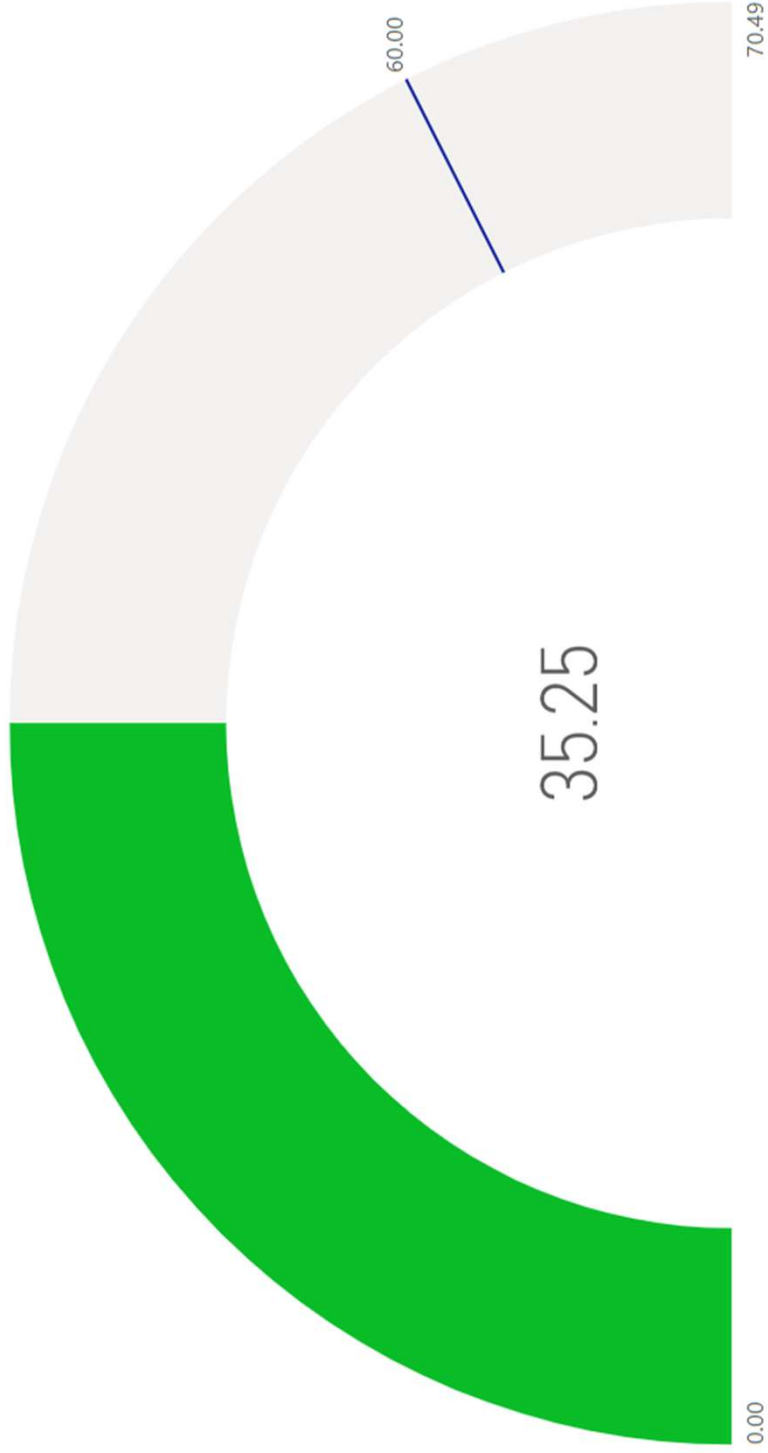
Landmark Health Encounters by Month



Landmark Encounters



Landmark Health Median Response Time to Unscheduled Visit Requests (in minutes)



Landmark Health Encounter Outcomes

	Total	Transported to ED	Transported to ED (%)	Not Transported to ED	Not Transported to ED (%)
9-1-1 Calls	818	641	78.4%	177	21.6%
Unscheduled Visits	115	11	9.6%	104	90.4%

MHP Calls*	CCP Transports	CCP Transport %	P1,P2,P3 Calls	Sum	MHP Responded	MHP Response %	MHP OS	MHP OS %	MHP OS Transport %	MHP Not OS	MHP Not OS Transport %	< with MHP OS
340	14	4.12%	818	1158	503	61.49%	394	48.17%	76.40%	424	80.19%	-3.79%

*includes all home visits on Landmark Health clients (all referral sources)



Tab D – Chief Financial Officer

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

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

Statement of Revenues and Expenses:

Month to Date: Net Income for the month of January 2022 is a gain of \$375,827 as compared to a budgeted gain of \$156,117 for a positive variance of 219,710. EBITDA for the month of January 2022 is a gain of \$748,459 compared to a budgeted gain of \$538,792 for a positive variance of \$209,667.

- Transport volume in January ended the month 102% to budget.
- Net Revenue in January is \$201K over budget.
- Total Expenses ended the month 99.6% to budget or \$18K under budget. In January, MedStar incurred additional expenses in Salaries and Overtime of \$57K, Benefits and Taxes of \$132K (all in health insurance claims paid) and Fuel of \$3K. The total of all other line-item expense is below budget by \$212K.

Year to Date: EBITDA is \$1,478,512 as compared to a budget of \$1,935,571 for a negative variance of (\$457,059)

- The main drivers for this variance are YTD patient encounters are 103% to budget and YTD net revenue is 103% to budget. Year to date expense is 105% to budget. The main driver for this overage is salaries and overtime, health insurance claims, fuel, computer software and maintenance and Ransom attack expense. Total ransom attach expense is \$550K. The total of all other expense lines is below budget by (\$375K) for the year.

Key Financial Indicators:

- Current Ratio – MedStar has \$5.24 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 January 31, 2022, there is 3.44 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 10.6 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 January, the return is -0.02%.

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

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Balance Sheet By Character Code

For the Period Ending January 31, 2023

Assets	Current Year	Last Year
Cash	\$17,131,064.02	\$19,970,268.80
Accounts Receivable	\$7,674,431.35	\$10,256,503.08
Inventory	\$409,910.36	\$383,481.43
Prepaid Expenses	\$1,930,158.25	\$1,144,302.24
Property Plant & Equ	\$68,769,880.95	\$63,836,802.18
Accumulated Deprecia	(\$28,825,196.52)	(\$26,946,248.03)
Total Assets	\$67,090,248.41	\$68,645,109.70
Liabilities		
Accounts Payable	(\$1,043,975.52)	(\$571,060.95)
Other Current Liabil	(\$2,815,516.66)	(\$2,496,965.38)
Accrued Interest	(\$7,781.31)	(\$7,781.31)
Payroll Withholding	\$14,898.95	(\$6,673.12)
Long Term Debt	(\$3,161,627.22)	(\$3,569,839.58)
Other Long Term Liab	(\$8,541,461.89)	(\$10,056,218.65)
Total Liabilities	(\$15,555,463.65)	(\$16,708,538.99)
Equities		
Equity	(\$52,500,769.40)	(\$52,884,378.49)
Control	\$965,984.64	\$947,807.78
Total Equities	(\$51,534,784.76)	(\$51,936,570.71)
Total Liabilities and Equities	(\$67,090,248.41)	(\$68,645,109.70)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures
January 31, 2023

Revenue	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
Transport Fees	\$21,690,583.60	\$21,050,406.31	\$640,177.29	\$84,922,799.26	\$81,700,979.44	\$3,221,819.82
Contractual Allow	(\$8,071,682.64)	(\$9,074,451.72)	\$1,002,769.08	(\$36,402,955.47)	(\$35,411,152.85)	(\$991,802.62)
Provision for Uncoll	(\$8,561,711.58)	(\$7,015,085.00)	(\$1,546,626.58)	(\$29,242,368.29)	(\$27,374,905.00)	(\$1,867,463.29)
Education Income	\$163.70	\$1,050.00	(\$886.30)	(\$5,756.30)	\$69,480.00	(\$75,236.30)
Other Income	\$160,157.17	\$96,223.00	\$63,934.17	\$491,207.32	\$437,492.00	\$53,715.32
Standby/Subscription	\$127,564.46	\$93,309.00	\$34,255.46	\$605,031.75	\$434,488.00	\$170,543.75
Pop Health PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
interest on Investme	\$1.00	\$500.00	(\$499.00)	\$878.12	\$2,000.00	(\$1,121.88)
Gain(Loss) on Dispos	\$8,175.00	\$0.00	\$8,175.00	\$22,475.00	\$0.00	\$22,475.00
Total Revenue	\$5,353,250.71	\$5,151,951.59	\$201,299.12	\$20,391,311.39	\$19,858,381.59	\$532,929.80
Expenditures						
Salaries	\$3,026,945.64	\$2,969,837.33	\$57,108.31	\$11,966,254.47	\$11,640,970.32	\$325,284.15
Benefits and Taxes	\$576,434.26	\$443,612.00	\$132,822.26	\$1,897,836.19	\$1,578,013.00	\$319,823.19
Interest	\$30,703.70	\$33,500.00	(\$2,796.30)	\$123,721.13	\$134,000.00	(\$10,278.87)
Fuel	\$161,213.79	\$157,589.00	\$3,624.79	\$718,512.44	\$636,027.00	\$82,485.44
Medical Supp/Oxygen	\$172,410.77	\$235,569.00	(\$63,158.23)	\$771,038.26	\$898,155.00	(\$127,116.74)
Other Veh & Eq	\$47,215.96	\$49,156.01	(\$1,940.05)	\$173,901.38	\$182,703.04	(\$8,801.66)
Rent and Utilities	\$54,378.30	\$59,711.92	(\$5,333.62)	\$217,372.30	\$238,847.68	(\$21,475.38)
Facility & Eq Mtc	\$69,806.92	\$105,152.78	(\$35,345.86)	\$270,495.09	\$313,102.12	(\$42,607.03)
Postage & Shipping	\$2,695.78	\$4,451.33	(\$1,755.55)	\$6,926.03	\$12,225.32	(\$5,299.29)
Station	\$26,922.26	\$54,783.25	(\$27,860.99)	\$187,894.09	\$187,385.50	\$508.59
Comp Maintenance	\$41,961.50	\$48,822.84	(\$6,861.34)	\$280,586.78	\$239,159.40	\$41,427.38
Insurance	\$27,967.06	\$50,654.32	(\$22,687.26)	\$225,403.44	\$209,717.62	\$15,685.82
Advertising & PR	\$3,441.36	\$3,292.00	\$149.36	\$11,823.63	\$21,092.00	(\$9,268.37)
Printing	\$4,861.83	\$2,117.43	\$2,744.40	\$13,656.18	\$9,069.72	\$4,586.46
Travel & Entertain	\$7,250.44	\$11,792.00	(\$4,541.56)	\$20,815.78	\$38,543.00	(\$17,727.22)
Dues & Subs	\$107,097.95	\$125,680.00	(\$18,582.05)	\$430,079.94	\$474,697.00	(\$44,617.06)
Continuing Educ Ex	\$5,267.33	\$26,644.00	(\$21,376.67)	\$73,966.70	\$89,235.00	(\$15,268.30)
Professional Fees	\$252,610.45	\$261,532.34	(\$8,921.89)	\$1,075,024.85	\$1,138,279.36	(\$63,254.51)
Education Expenses	\$3,829.00	\$1,225.00	\$2,604.00	\$5,033.12	\$6,340.00	(\$1,306.88)
Miscellaneous	\$12,480.20	\$1,537.00	\$10,943.20	\$566,178.20	\$9,248.00	\$556,930.20
Depreciation	\$341,929.09	\$349,175.00	(\$7,245.91)	\$1,367,388.68	\$1,396,700.00	(\$29,311.32)
Total Expenditures	\$4,977,423.59	\$4,995,834.55	(\$18,410.96)	\$20,403,908.68	\$19,453,510.08	\$950,398.60
Net Rev in Excess of Expend	\$375,827.12	\$156,117.04	\$219,710.08	(\$12,597.29)	\$404,871.51	(\$417,468.80)
EBITDA	\$748,459.91	\$538,792.04	\$209,667.87	\$1,478,512.52	\$1,935,571.51	(\$457,058.99)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Key Financial Indicators
January 31, 2023

	Goal	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Current Ratio	> 1	9.49	11.59	10.48	8.43	6.04	5.24

of debt. Ratio should be greater than 1, so that assets are available to retire debt when due.

Cash as % of Annual Expenditures	> 25%	47.07%	42.95%	51.76%	44.45%	33.49%	28.62%
---	-------	--------	--------	--------	--------	--------	--------

Indicates compliance with Ordinance which specifies 3 months cash on hand.

Accounts Receivable Turnover	>3	4.28	3.65	5.44	6.34	9.06	10.60
-------------------------------------	----	------	------	------	------	------	-------

A measure of how these resources are being managed. Indicates how long accounts receivable are being aged prior to collection. Our goal is a turnover rate of greater than 3 .

Return on Net Assets	-1.00%	10.11%	4.04%	0.00%	-4.03%	-0.07%	0.02%
-----------------------------	--------	--------	-------	-------	--------	--------	-------

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 12/31/2022			 <u><u>\$ 475,470.69</u></u>

Tab E – Chief Human Resources Officer

Human Resources - January 2023

Turnover:

- January turnover – 1.32%
 - FT – 0.62%
 - PT – 7.84%
- Year to date turnover –6.02%
 - FT – 5.41%
 - PT – 4.99%

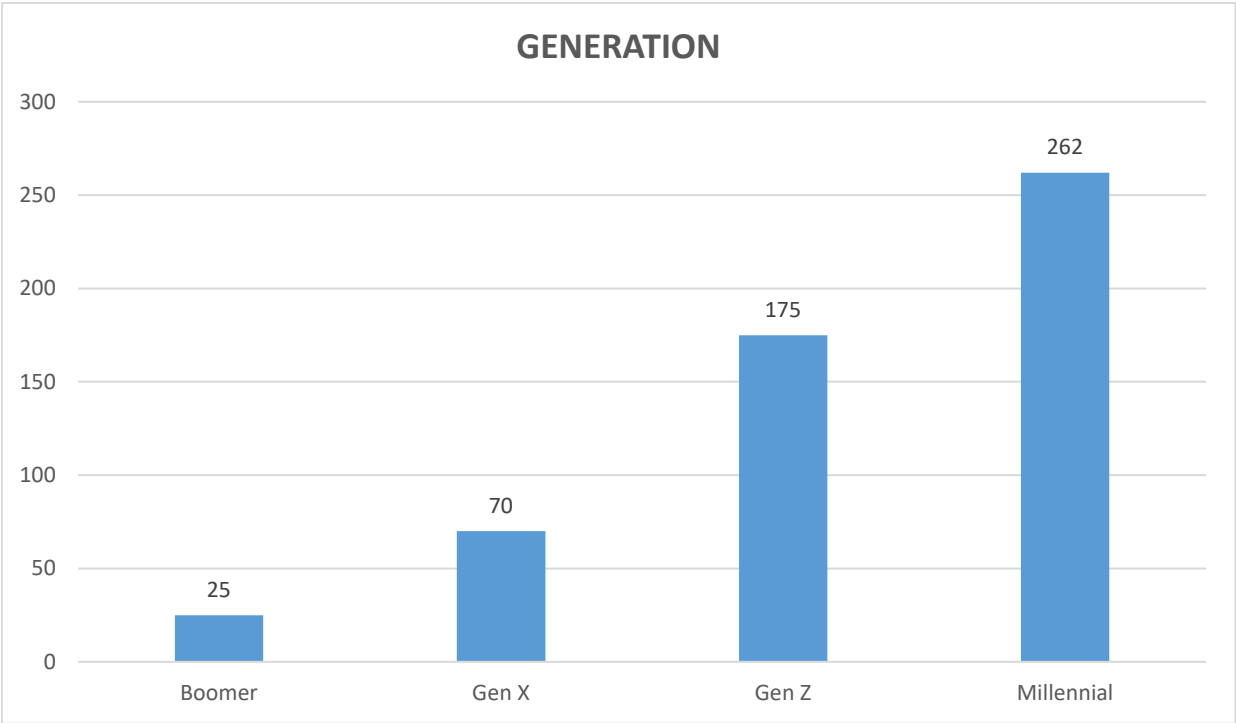
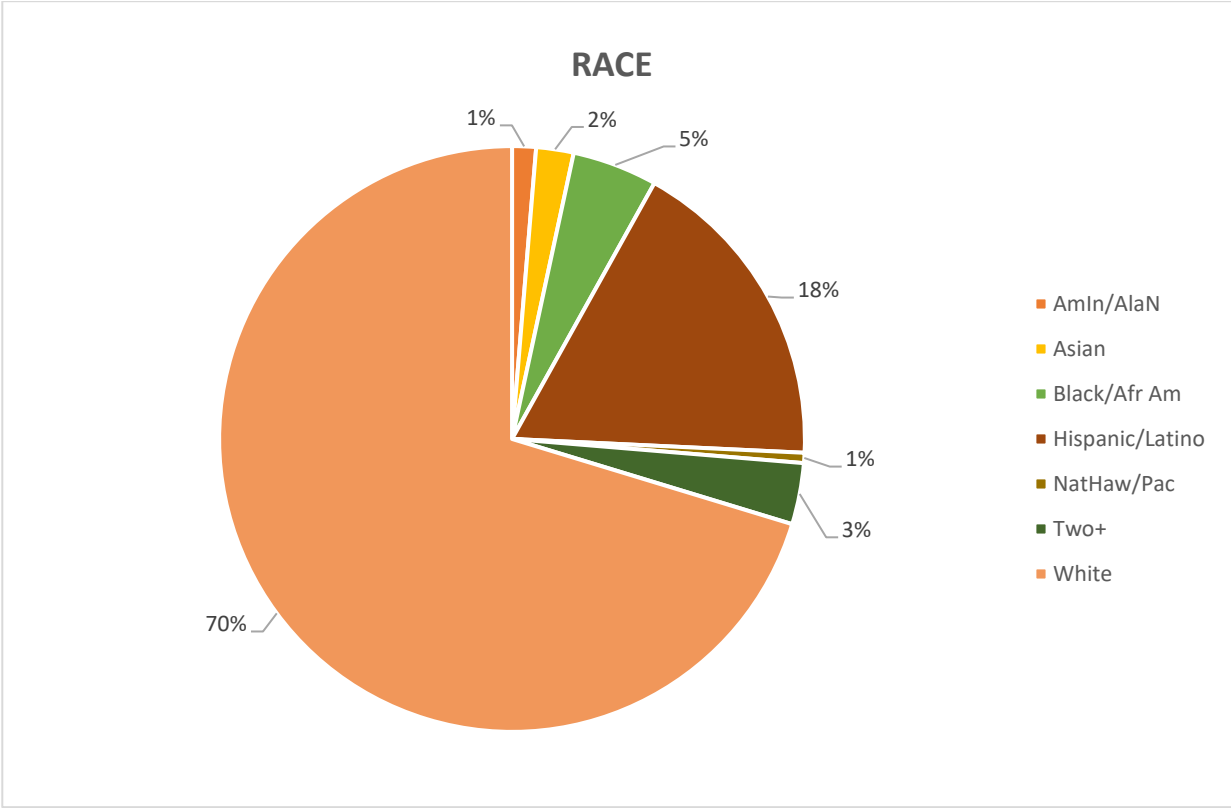
Leaves:

- 26 employees on FMLA / 5.41% of eligible workforce
 - 15 cases on intermittent
 - 11 cases on a block
- Top FMLA request reasons/conditions
 - Baby Bonding (8)

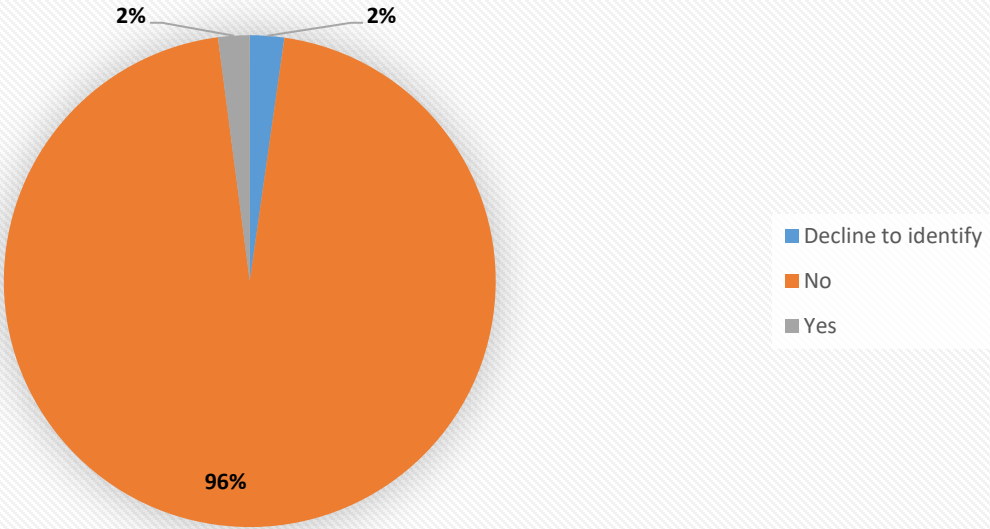
Staffing

- 9 hires in January
- 40 hires FYTD

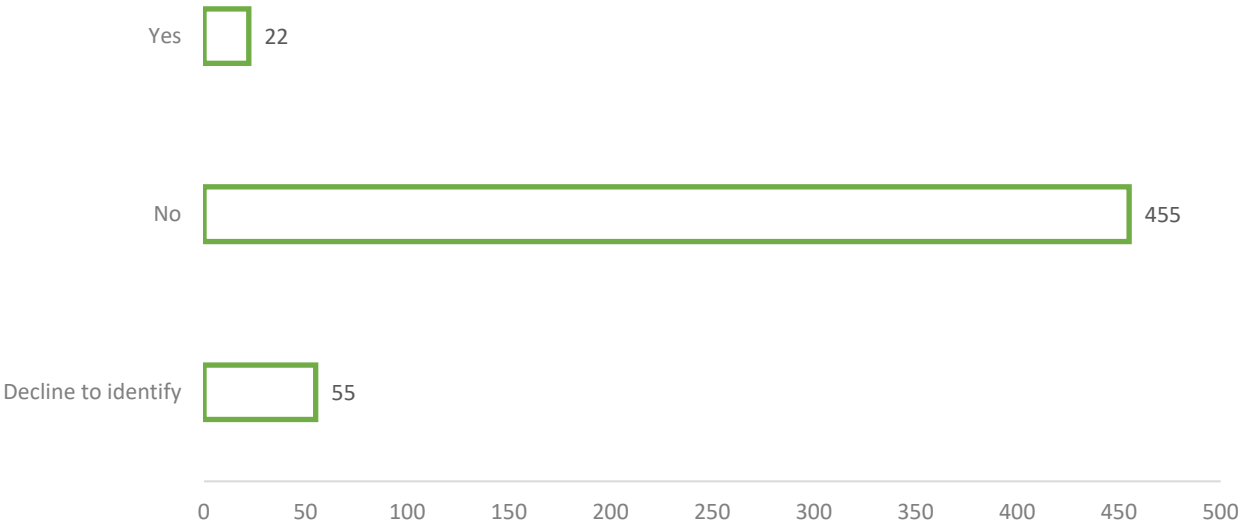
JANUARY 2023 DIVERSITY STATISTICS



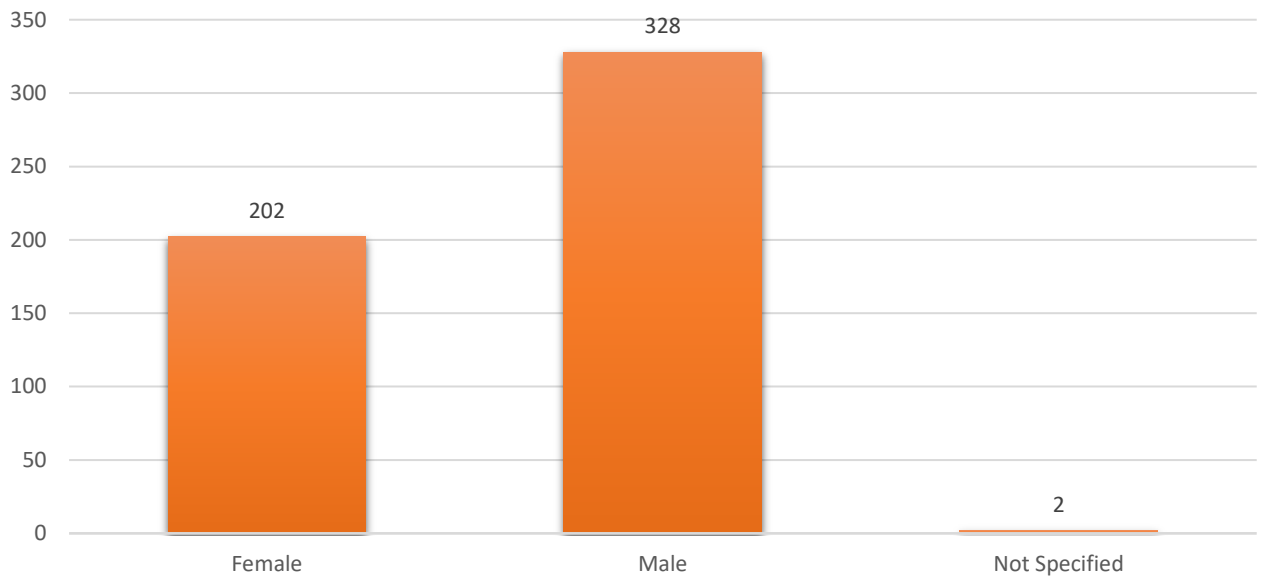
DISABILITY STATUS



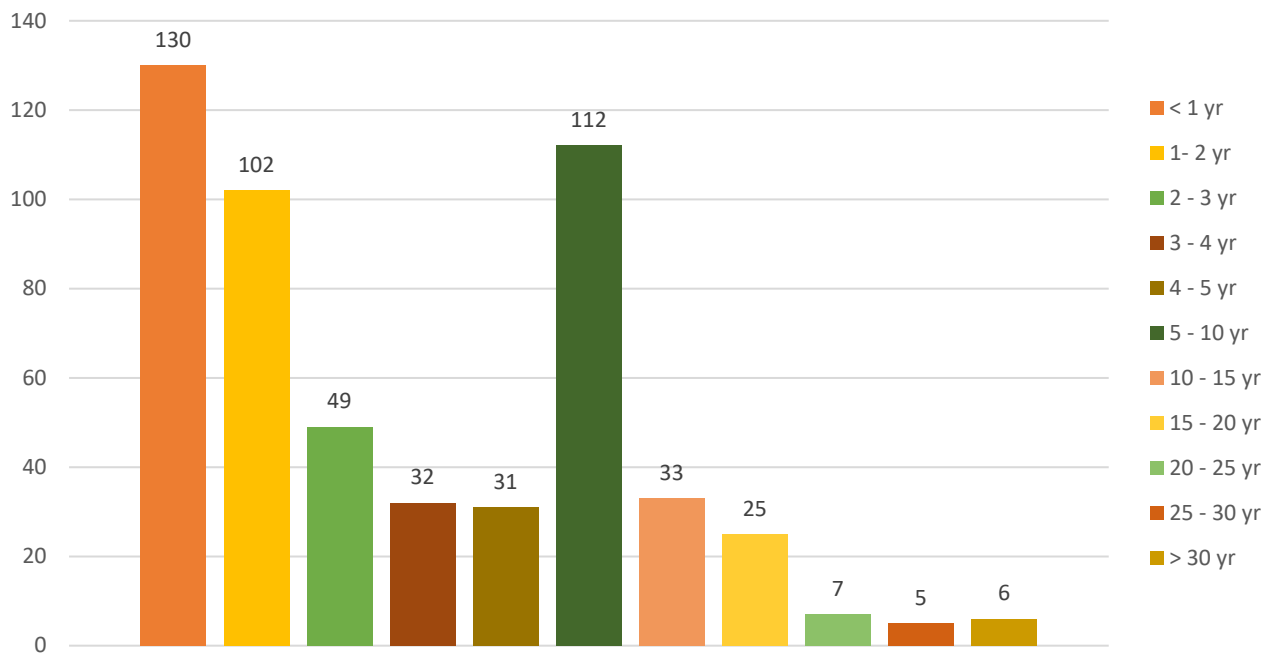
VETERAN DEMOGRAPHICS



GENDER DEMOGRAPHICS



EMPLOYEE TENURE



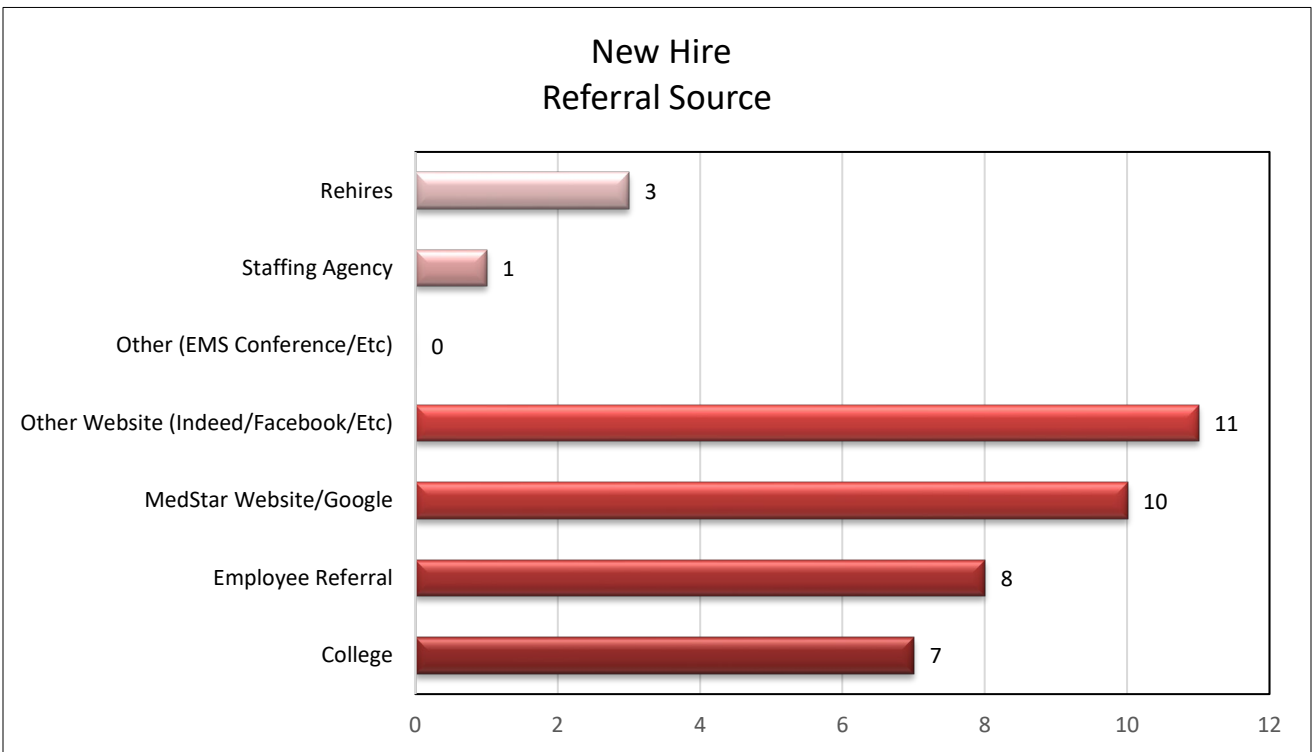
FMLA Leave of Absence (FMLA Detailed Report)
Fiscal Year 10/01/2022 thru 01/31/2023
Percentages by Department/Conditions

Conditions	
Baby Bonding	8
Digestive	1
FMLA - Child	2
FMLA - Parent	2
FMLA - Spouse	3
Mental Health	2
Neurological	2
Obstetrics/Gynecology	3
Orthopedic	3
Grand Total	26

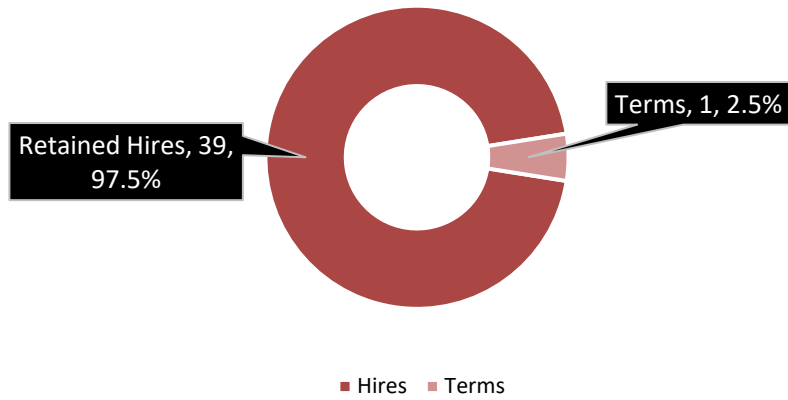
Percentage by Department						
Department	# of Ees	# on FMLA	% by FTE	% by FMLA	% by Dept HC	
Advanced	139	8	1.66%	30.77%	5.76%	
Basic	175	7	1.46%	26.92%	4.00%	
Communications	40	6	1.25%	23.08%	15.00%	
Controller - Payroll, Purchasing, A/P	5	1	0.21%	3.85%	20.00%	
Field Managers/Supervisors - Operations	25	2	0.42%	7.69%	8.00%	
Support Services - Facilities, Fleet, S.E., Logistics	32	2	0.42%	7.69%	6.25%	
Grand Total	416	26				
Total # of Full Time Employees - December 2021	481					
% of Workforce using FMLA	5.41%					
TYPE OF LEAVES UNDER FMLA	# of Ees	% on Leave				
Intermittent Leave	15	57.69%				
Block of Leave	11	42.31%				
Total	26	100.00%				

Recruiting & Staffing Report

Fiscal Year 2022-2023



2022-2023 FY Separations



Fiscal Year Statistics
Total hires to date 40
Total separations from hires 1

Separation Reasons:
Better Opportunity – 1

MedStar Mobile Health Care Separation Statistics January 2023

Full Time Separations
Part Time Separations
Total Separations

Current Month		
Vol	Invol	Total
3	0	3
4	0	4
7	0	7

Year to Date		
Vol	Invol	Total
24	2	26
6	0	6
30	2	32

YTD Compared to Jan'22		Headcount
22-Jan	%	Jan-22
38	8.28%	459
7	14.89%	47
45	8.89%	506
Difference	-2.875%	

	Full Time	Part Time	Total
Total Turnover %	0.62%	7.84%	1.32%
Voluntary Turnover %	0.62%	7.84%	1.32%

	Full Time	Part Time	Total
	5.41%	11.76%	6.02%
	4.99%	11.76%	5.64%

Separations by Department

Full Time	Current Month		
	Vol	Invol	Total
Advanced			
Basics	2	0	2
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	1	0	1
Public Information			
Support Services - Facilities, Fleet, S.E., Logistics			
Total	3	0	3

Year to Date			Headcount
Vol	Invol	Total	Jan-23
8	0	8	139
15	2	17	175
			12
0	0	0	40
			5
			7
			25
			7
			3
			7
			7
			2
			8
1	0	1	11
			1
			32
24	2	26	481

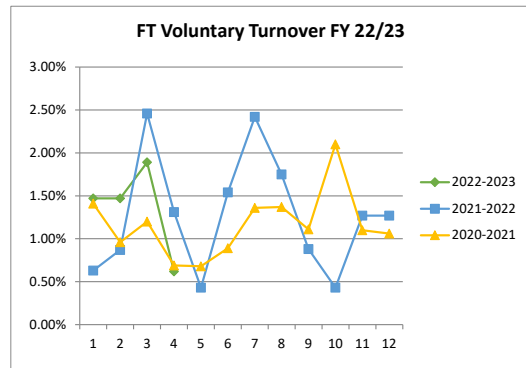
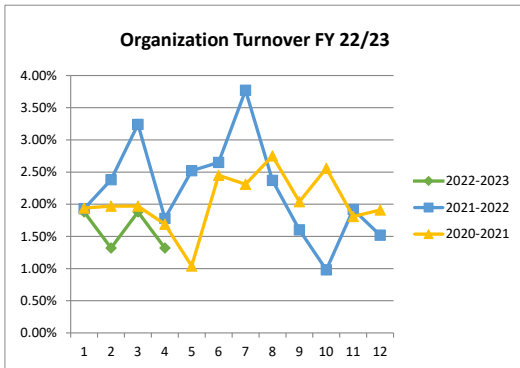
Part Time	Current Month		
	Vol	Invol	Total
Advanced	4	0	4
Basics			
Business Office			
Communications			
Controller - Payroll, Purchasing, A/P			
Executives			
Field Manager/Supervisors - Operations			
Field Operations Other			
Health Information Systems			
Human Resources			
Information Technology	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

Year to Date			Headcount
Vol	Invol	Total	Jan-23
4	0	4	23
2	0	2	18
			5
			1
			1
			3
6	0	6	51

MedStar Mobile Healthcare Turnover
Fiscal Year 2022 - 2023

	Full & Part Time Turnover			Full Time Only
	2022-2023	2021-2022	2020-2021	2022-2023
October	1.88%	1.93%	1.94%	1.89%
November	1.32%	2.38%	1.97%	1.47%
December	1.88%	3.24%	1.97%	1.89%
January	1.32%	1.78%	1.69%	0.63%
February		2.52%	1.04%	
March		2.65%	2.45%	
April		3.77%	2.31%	
May		2.37%	2.75%	
June		1.60%	2.04%	
July		0.98%	2.56%	
August		1.92%	1.81%	
September		1.52%	1.91%	
Actual Turnover	6.02%	24.57%	16.17%	5.41%

	Full Time Voluntary Turnover		
	2022-2023	2021-2022	2020-2021
October	1.47%	0.63%	1.41%
November	1.47%	0.87%	0.96%
December	1.89%	2.46%	1.20%
January	0.62%	1.31%	0.69%
February		0.43%	0.68%
March		1.54%	0.89%
April		2.42%	1.36%
May		1.75%	1.37%
June		0.88%	1.11%
July		0.43%	2.10%
August		1.27%	1.10%
September		1.27%	1.06%
Actual Turnover	5.04%	15.25%	13.58%



Tab F – FRAB

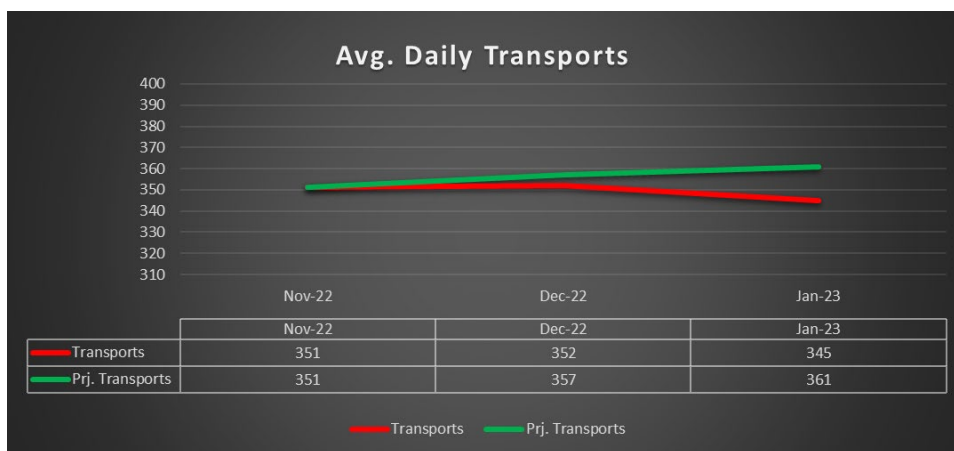
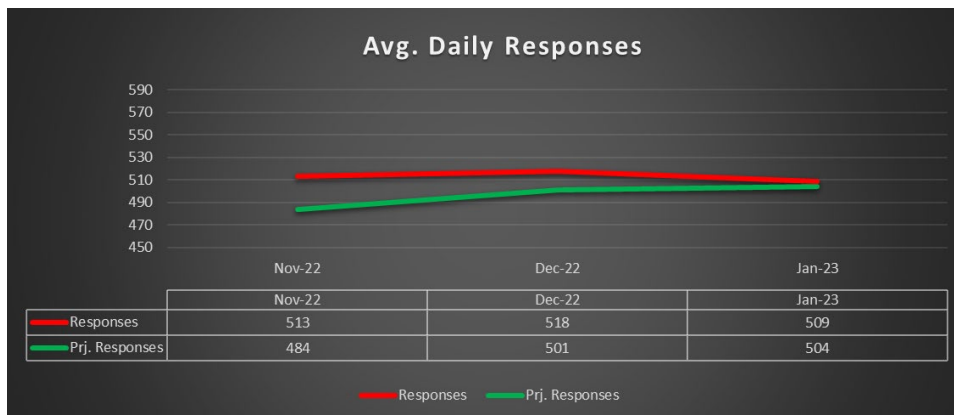
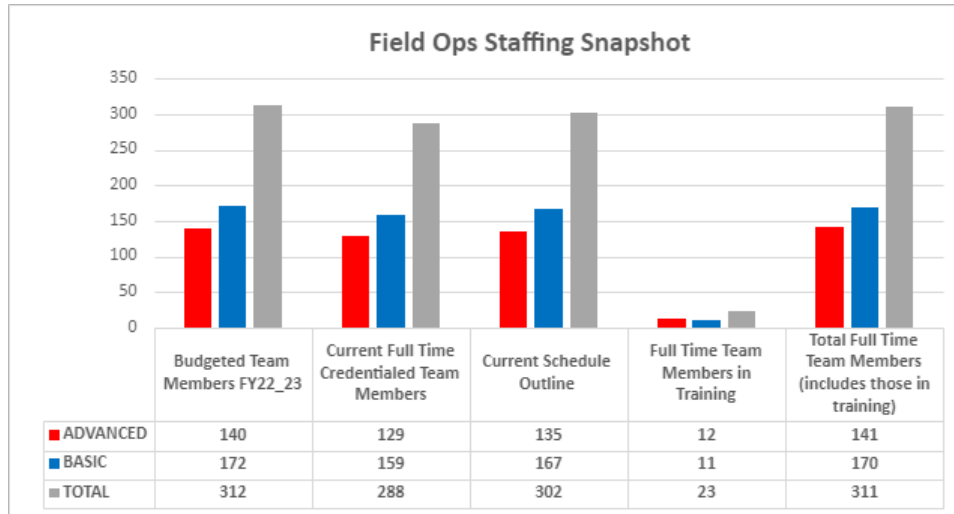
Tab G – Operations

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Operations Report- January 2023

The following summarizes significant operational items through January 31st, 2023:

Field Operations:



Fleet/Logistics/Building Maintenance:

- Continue procurement efforts of chassis for ambulance replacement
- Continue our mitigation strategies for various medical supplies that may be on back order or increasing in cost

Special Operations:

- Completed 84 special events for the month of January 2023
- Participated in the All Western and MLK Day Parades
- The Rodeo Team supported Justin Sports Medicine at the Fort Worth Stock Show and Rodeo, starting January 13th for three weeks' worth of events.

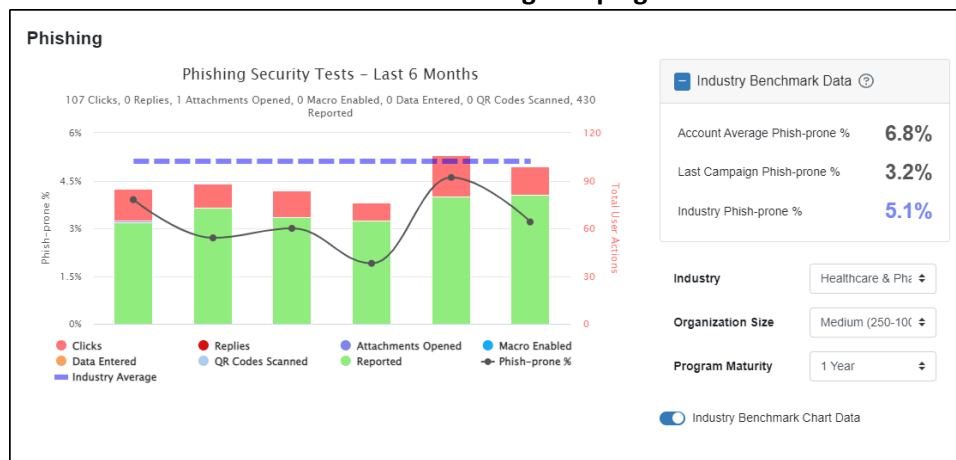
Mobile Integrated Health:

- 2,080 clients are currently enrolled
- 90 clients are pending enrollment
- 770 MIH responses in January 2023
- Sustained increase in referrals from hospital partners and other healthcare organizations
 - THR-Fort Worth is looking to expand the partnership by referring more patients at risk for readmission
 - Working with UNTHSC to establish a program and process to follow-up on patients that demonstrate a risk for falls

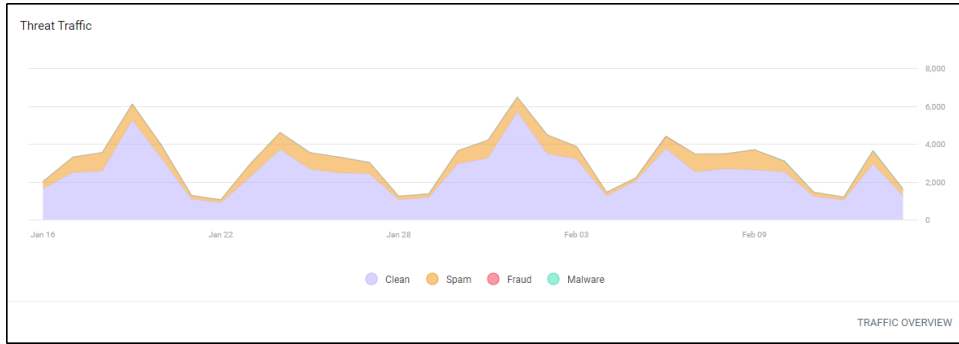
Information Technology:

Began the migration of the fleet management software from on-premises to the latest software as a service version. This should be complete within the next two weeks. Began the upgrade of our billing software to the latest vendor-supported version. Recovery from the cyber incident is substantially complete. We continue to review and strengthen our security posture. Below are a few cyber-security statistics for review.

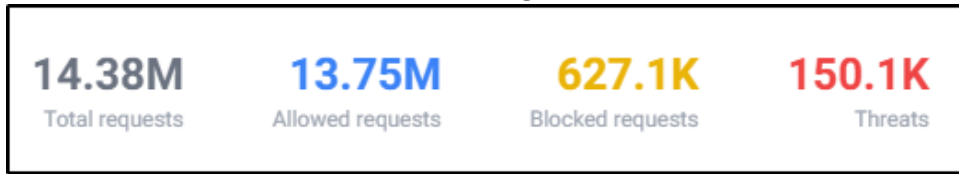
Simulated Phishing Campaigns



Email Threats



Web Filtering Stats



Business Intelligence:

- Dispatcher –Assisted CPR Metrics:

Dispatcher CPR Instructions	
Dispatcher recognized need for CPR	47 (87.0%)
CPR instructions started	44 (81.5%)
CPR instructions refused	0 (0.0%)
Compressions started	33 (61.1%)
Time Intervals	
Call receipt to CPR recognition	43
Mean	01:57
Median	01:35
Call receipt to CPR instruction	43
Mean	02:25
Median	02:01
Call receipt to first compression	33
Mean	04:11
Median	03:52

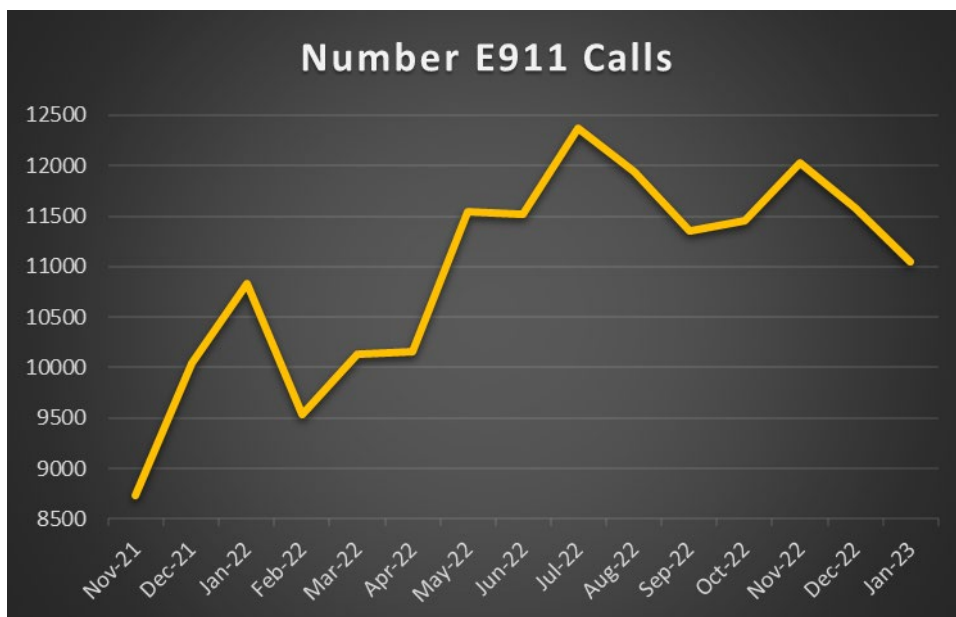
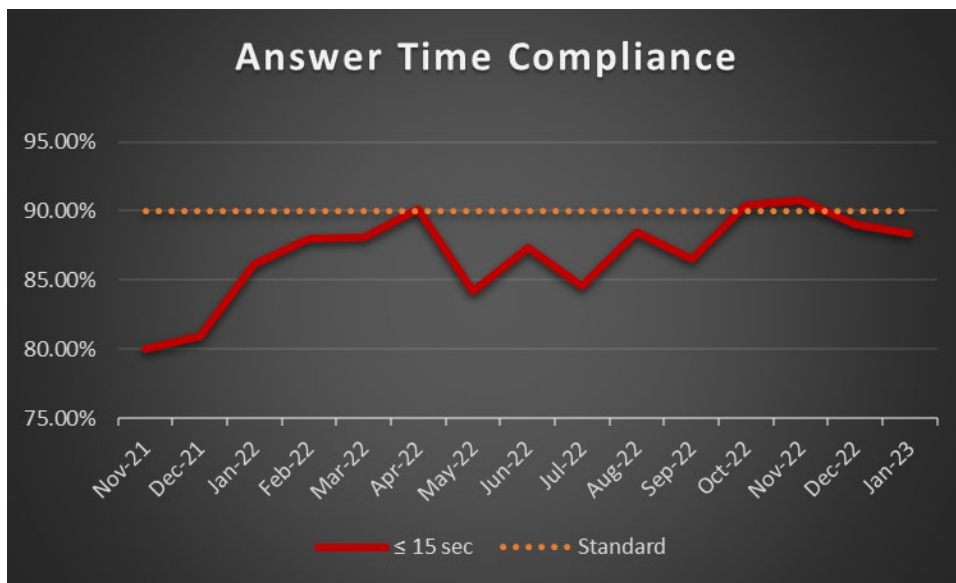
- EMD Compliance Review:

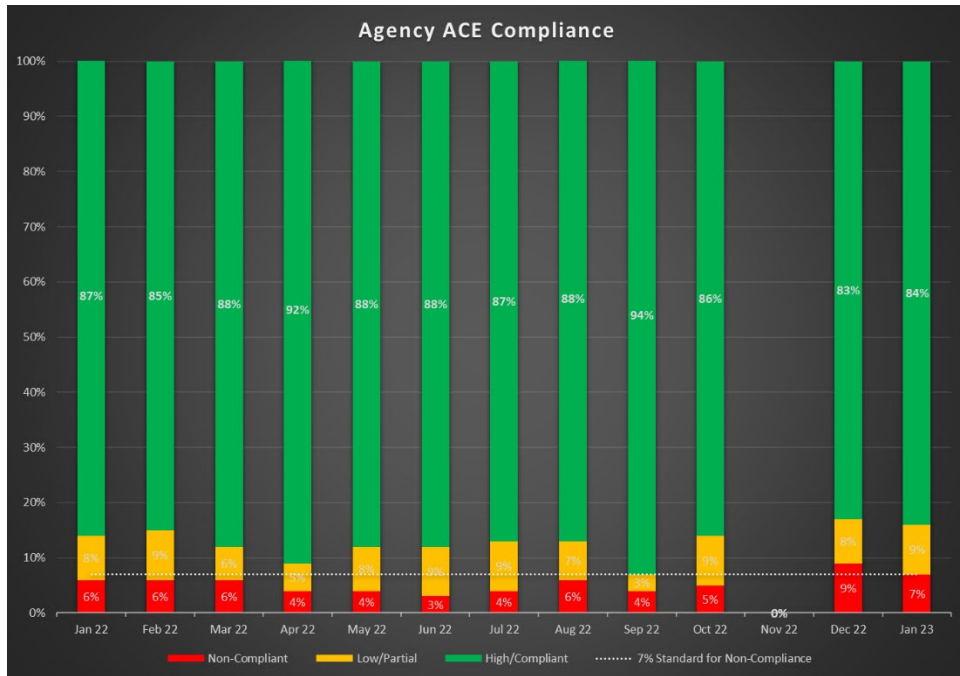
High Compliance		66%	240
Compliant		18%	65
Partial Compliance		6%	23
Low Compliance		4%	14
Non-Compliant		7%	24
Totals		100%	366

Communications:

- Focusing on fine-tuning the LOGIS configurations for reprioritization in the Pre-Production environment.
- Have Sixteen (16) controllers in various stages of training.
- Recruiting efforts being made to fill three (3) controller positions.
- November ACE activity was exempted by IAED.

Month	Admin In	Admin Out	Admin Total	Admin Avg Dur	E911	E911 Avg Dur	E911 Ans ≤15 sec	E911 Ans ≤20 sec	All Calls Total
Nov-22	7,668	4,356	12,024	148.3	12,024	277.5	90.78%	92.79%	23,504
Dec-22	8,036	4,345	12,381	153.4	11,589	275.6	89.02%	91.44%	23,970
Jan-23	7,617	3,777	11,394	156.1	11,394	273.2	88.37%	90.89%	22,442







MedStar Response Time Reliability and AVG Response Time Performance

Period: Jan 01 2023 to Jan 31 2023

Member City	Pri	Calls	On Scene	Avg RT	Current Month				100 Response Compliance Period			
					Compliance Calculated Responses	Late Responses	On Time %	Extended Responses Count	Extended Responses %	Compliance Calculated Responses	Late Responses	On Time %
Blue Mound	1	5	4	00:08:04	5	0	100.0%	0	0.0%	5	0	100.0%
	2	4	4	00:09:24	4	1	75.0%	0	0.0%	4	1	75.0%
	3	5	5	00:13:04	5	1	80.0%	0	0.0%	5	1	80.0%
Total Blue Mound		14	13									
Burleson	1	124	118	00:08:13	120	20	83.3%	4	3.2%	120	20	83.3%
	2	191	180	00:09:59	184	37	79.9%	14	7.3%	184	37	79.9%
	3	141	104	00:08:46	138	9	93.5%	4	2.8%	138	9	93.5%
	4	84	84	00:27:02	82	2	97.6%	1	1.2%	82	2	97.6%
Total Burleson		540	486									
Edgecliff Village	1	9	9	00:07:51	9	0	100.0%	0	0.0%	9	0	100.0%
	2	5	5	00:07:32	5	0	100.0%	0	0.0%	5	0	100.0%
	3	8	5	00:08:52	8	2	75.0%	0	0.0%	8	2	75.0%
	4	1	1	00:00:00	1	0	100.0%	0	0.0%	1	0	100.0%
Total Edgecliff Village		23	20									
Forest Hill	1	65	64	00:09:52	63	19	69.8%	2	3.1%	63	19	69.8%
	2	88	78	00:10:12	84	12	85.7%	2	2.3%	84	12	85.7%
	3	56	50	00:11:39	53	6	88.7%	0	0.0%	53	6	88.7%
Total Forest Hill		209	192									
Fort Worth	1	3279	3142	00:08:45	3180	542	83.0%	95	2.9%	3180	542	83.0%
	2	5275	4999	00:09:34	5087	731	85.6%	149	2.8%	5087	731	85.6%
	3	3228	2949	00:10:35	3114	308	90.1%	52	1.6%	3114	308	90.1%
	4	1607	1592	00:26:55	1549	68	95.6%	36	2.2%	1549	68	95.6%
Total Fort Worth		13389	12682									



MedStar Response Time Reliability and AVG Response Time Performance

Period: Jan 01 2023 to Jan 31 2023

Member City	Pri	Calls	On Scene	Avg RT	Current Month				100 Response Compliance Period			
					Compliance Calculated Responses	Late Responses	On Time %	Extended Responses Count	Extended Responses %	Compliance Calculated Responses	Late Responses	On Time %
Haltom City	1	105	104	00:09:52	100	26	74.0%	5	4.8%	100	26	74.0%
	2	159	151	00:09:43	154	19	87.7%	2	1.3%	154	19	87.7%
	3	86	73	00:11:24	84	12	85.7%	3	3.5%	84	12	85.7%
	4	5	5	00:30:44	5	0	100.0%	0	0.0%	5	0	100.0%
Total Haltom City		355	333									
Haslet	1	12	12	00:09:02	12	3	75.0%	0	0.0%	12	3	75.0%
	2	12	10	00:09:06	12	1	91.7%	0	0.0%	12	1	91.7%
	3	15	11	00:07:00	14	0	100.0%	0	0.0%	14	0	100.0%
Total Haslet		39	33									
Lake Worth	1	20	20	00:08:19	19	5	73.7%	0	0.0%	19	5	73.7%
	2	54	50	00:10:00	54	8	85.2%	3	5.6%	54	8	85.2%
	3	38	34	00:12:41	38	6	84.2%	3	7.9%	38	6	84.2%
	4	1	1	00:24:08	1	0	100.0%	0	0.0%	1	0	100.0%
Total Lake Worth		113	105									
Lakeside	1	4	4	00:13:14	3	1	66.7%	0	0.0%	3	1	66.7%
	2	8	8	00:16:24	8	6	25.0%	2	25.0%	8	6	25.0%
	3	1	1	00:20:24	1	1	0.0%	0	0.0%	1	1	0.0%
Total Lakeside		13	13									
River Oaks	1	22	21	00:07:46	22	4	81.8%	1	4.5%	22	4	81.8%
	2	20	20	00:10:49	19	3	84.2%	1	5.0%	19	3	84.2%
	3	10	9	00:10:51	10	1	90.0%	0	0.0%	10	1	90.0%
Total River Oaks		52	50									
Saginaw	1	74	74	00:09:09	71	19	73.2%	6	8.1%	71	19	73.2%



MedStar Response Time Reliability and AVG Response Time Performance

Period: Jan 01 2023 to Jan 31 2023

Member City	Pri	Calls	On Scene	Avg RT	Current Month				100 Response Compliance Period			
					Compliance Calculated Responses	Late Responses	On Time %	Extended Responses Count	Extended Responses %	Compliance Calculated Responses	Late Responses	On Time %
Saginaw	2	91	86	00:09:03	91	17	81.3%	3	3.3%	91	17	81.3%
	3	43	34	00:12:23	41	8	80.5%	4	9.3%	41	8	80.5%
	4	66	66	00:24:02	65	3	95.4%	1	1.5%	65	3	95.4%
	Total Saginaw		274	260								
Sansom Park	1	25	24	00:08:59	25	9	64.0%	0	0.0%	25	9	64.0%
	2	43	40	00:09:22	42	5	88.1%	1	2.3%	42	5	88.1%
	3	28	24	00:10:17	27	3	88.9%	0	0.0%	27	3	88.9%
	4	6	6	00:00:46	6	1	83.3%	1	16.7%	6	1	83.3%
Total Sansom Park		102	94									
Westover Hills	1	1	1	00:06:37	1	0	100.0%	0	0.0%	1	0	100.0%
Total Westover Hills		1	1									
Westworth Village	1	12	12	00:08:28	11	1	90.9%	0	0.0%	11	1	90.9%
	2	31	31	00:10:07	30	3	90.0%	2	6.5%	30	3	90.0%
	3	14	14	00:11:44	14	2	85.7%	0	0.0%	14	2	85.7%
	4	2	2	00:27:23	1	0	100.0%	0	0.0%	1	0	100.0%
Total Westworth Village		59	59									
White Settlement	1	74	71	00:07:01	72	5	93.1%	0	0.0%	72	5	93.1%
	2	115	110	00:09:09	108	16	85.2%	2	1.7%	108	16	85.2%
	3	62	55	00:11:32	60	7	88.3%	1	1.6%	60	7	88.3%
	4	7	7	00:20:53	7	0	100.0%	0	0.0%	7	0	100.0%
Total White Settlement		258	243									
System Wide	1	3831	3680	00:08:45	3713	654	82.4%	113	2.9%	3713	654	82.4%
	2	6096	5772	00:09:36	5882	859	85.4%	181	3.0%	5882	859	85.4%



MedStar Response Time Reliability and AVG Response Time Performance

Period: Jan 01 2023 to Jan 31 2023

Member City	Pri	Calls	On Scene	Avg RT	Current Month				100 Response Compliance Period			
					Compliance Calculated Responses	Late Responses	On Time %	Extended Responses Count	Compliance Calculated Responses	Late Responses	On Time %	
System Wide	3	3735	3368	00:10:36	3607	366	89.9%	67	1.8%	3607	366	89.9%
	4	1779	1764	00:26:45	1717	74	95.7%	39	2.2%	1717	74	95.7%
Total System Wide		15441	14584									



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 01/01/2023 thru 01/31/2023

Given 73	Received 19	Total Calls 12822	% Mutual Aid = 0.148%
Total			

Given 73

Aid TO	Received 19	Total Calls 12822	% Mutual Aid = 0.148%	Total					
Arlington	8			8					
Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted in TX
Arlington	M71	01/09/2023 15:52:35	2604000	1	Arlington	29D02 - m - Traffic Collision / Transportation Incident - Auto vs. pedestrian - P1+FD+PD	01:00:51		1
Arlington	M21	01/09/2023 15:54:49	2604008	1	Arlington	29D02 - m - Traffic Collision / Transportation Incident - Auto vs. pedestrian - P1+FD+PD	00:07:23	Calling Party Cancelled	0
Arlington	M42	01/26/2023 08:27:16	2625942	3	Arlington	26A10 - Sick Person (Specific Diagnosis) - B3+FD	01:21:03		1
Arlington	M36	01/26/2023 08:41:58	2625953	3	Arlington	17A02 - Falls - P3+FD	01:11:33	Telemedicine Consult - Treated in Place	0
Arlington	M79	01/06/2023 16:22:13	2600446	2	Arlington	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - B2+FD+PD	00:02:10	Calling Party Cancelled	0
Arlington	M37	01/09/2023 15:48:42	2603998	3	Arlington	26A04 - C - Sick Person (Specific Diagnosis) - Suspected coronavirus illness - P3+FD	00:51:31	Telemedicine Consult - Treated in Place	0
Arlington	M75	01/02/2023 11:00:14	2594601	2	Arlington	06C01 - Breathing Problems - P2+FD	01:23:10		1
Arlington	M68	01/02/2023 21:34:36	2595407	3	Arlington	01A01 - Abdominal Pain / Problems - P3+FD	00:54:41		1

Azle 5

Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted in TX
Azle	M71	01/19/2023 16:47:44	2617281	3	Azle	01A01 - Abdominal Pain / Problems - P3+FD	01:11:39		1
Azle	M55	01/31/2023 23:37:29	2633278	2	Azle	29D02 - p - Rollover - Rollovers - P1+FD+PD	02:16:22		1
Azle	M78	01/31/2023 11:26:13	2632349	1	Azle	06E01 - Breathing Problems - P1+FD	00:02:54	FD/PPD Cancelled MedStar	0
Azle	M71	01/19/2023 15:47:17	2617173	1	Azle	06E01 - Breathing Problems - P1+FD	01:07:27		1
Azle	M35	01/01/2023 14:44:31	2593481	1	Azle	06D02 - E - Breathing Problems - COPD (Emphysema/Chronic bronchitis) - P1+FD	01:09:58		1

Benbrook 21

Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted in TX
Benbrook	M85	01/20/2023 06:13:30	2617974	1	Benbrook	17D04 - Falls - P1+FD	01:20:26		1
Benbrook	M37	01/10/2023 08:15:51	2604926	2	Benbrook	17B04 - Falls - P2+FD	00:32:23	AMA - Assessed and/or Treated & Released	0
Benbrook	M56	01/25/2023 20:43:35	2625548	2	Benbrook	17B01 - Falls - P2+FD	00:38:42	AMA - Assessed and/or Treated & Released	0
Benbrook	M32	01/07/2023 13:25:42	2601438	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2+FD	01:34:55		1
Benbrook	M25	01/17/2023 09:52:42	2614144	3	Benbrook	26A08 - Sick Person (Specific Diagnosis) - B3+FD	01:00:49		1
Benbrook	M31	01/10/2023 03:37:11	2604733	2	Benbrook	33C02 - T - Transfer / Interfacility / Palliative Care - Transfer/interfacility - P2+FD	00:53:40		1
Benbrook	M85	01/05/2023 00:34:50	2598419	2	Benbrook	17B04 - G - Falls - On the ground or floor - P2+FD	00:36:56	FD/PPD Cancelled MedStar	0
Benbrook	M71	01/31/2023 19:19:23	2623996	3	Benbrook	17A02 - Falls - P3+FD	01:44:36		1
Benbrook	M37	01/06/2023 13:53:21	2600296	3	Benbrook	26A05 - Sick Person (Specific Diagnosis) - P3+FD	01:12:18		1
Benbrook	M82	01/29/2023 01:58:40	2629399	2	Benbrook	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2+FD	01:49:31		1
Benbrook	M47	01/10/2023 08:20:05	2604930	2	Benbrook	17B01 - Falls - P2+FD	01:05:09		1
Benbrook	M32	01/06/2023 22:57:46	2600815	1	Benbrook	17D04 - Falls - P1+FD	01:08:24		1
Benbrook	M25	01/17/2023 11:23:25	2614222	3	Benbrook	26A05 - Sick Person (Specific Diagnosis) - P3+FD	01:31:30		1
Benbrook	M43	01/08/2023 09:45:29	2602325	3	Benbrook	25A01 - Psychiatric / Abnormal Behavior / Suicide Attempt - P3+FD	01:38:10		1



MedStar Mutual Aid Response Task Time Report

Period: 01/01/2023 thru 01/31/2023

Criteria:

Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted in TX
Crowley	M74	01/07/2023 20:05:53	2601790	2	Benbrook	26C01 - Sick Person (Specific Diagnosis) - P2+FD	01:18:47		1
	M64	01/14/2023 06:42:00	2610505	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2+FD	01:06:58		1
	M50	01/19/2023 07:01:32	2616743	1	Benbrook	17D04 - G - Falls - On the ground or floor - P1+FD	00:57:07		1
	M83	01/14/2023 11:03:33	2610677	1	Benbrook	06D02 - Breathing Problems - P1+FD	01:07:35		1
	M68	01/28/2023 09:35:19	2628419	3	Benbrook	01A03 - Abdominal Pain / Problems - P3-FD	01:19:22		1
	M53	01/17/2023 08:42:29	2614066	3	Benbrook	33C06 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P3-FD	01:00:32		1
	M68	01/02/2023 06:19:15	2594375	2	Benbrook	17B01 - Falls - P2+FD	01:17:57		1
	M64	01/19/2023 12:05:24	2616986	3	Crowley	26A10 - Sick Person (Specific Diagnosis) - B3-FD	01:23:15		1
	M38	01/23/2023 09:28:48	2622150	1	Crowley	21D03 - M - Non-Traumatic (medical) bleeding - MEDICAL - P1+FD	00:58:24		1
	M78	01/12/2023 08:12:51	2607872	2	Crowley	06C01 - Breathing Problems - P2+FD	00:56:42		1
M20	01/13/2023 15:23:20	2609758	1	Crowley	21D03 - T - Hemorrhage (Bleeding) / Lacerations - TRAUMA - P1+FD	00:25:45	AMA - Assessed and/or Treated & Released	0	
M76	01/31/2023 03:58:38	2632037	3	Crowley	26A10 - Sick Person (Specific Diagnosis) - B3-FD	01:22:09		1	
M44	01/12/2023 21:28:01	2608874	3	Crowley	01A01 - Abdominal Pain / Problems - P3-FD	01:17:45		1	
M26	01/11/2023 11:20:51	2606599	3	Crowley	26A02 - Sick Person (Specific Diagnosis) - P3-FD	01:55:28		1	
M59	01/10/2023 21:21:13	2605981	1	Crowley	26D01 - Sick Person (Specific Diagnosis) - P1+FD	01:19:51		1	
M44	01/20/2023 23:54:32	2619134	2	Crowley	10C03 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2+FD	01:13:02		1	
M28	01/17/2023 20:47:29	2614919	2	Crowley	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2+FD	00:02:01	FD/DP Cancelled MedStar	0	
Grand Prairie	M77	01/13/2023 09:22:58	3142672	3	Grand Prairie	04B03 - A - Assault / Sexual Assault / Stun Gun - Assault - B3+FD+PD	Task Time (Assign to Clear) 00:24:04		Resulted in TX 0
Hurst	M71	01/31/2023 22:42:58	2633226	2	Hurst	28B05 - U - Solitary vehicle - Unknown number of patients - B2+FD+PD	Task Time (Assign to Clear) 01:02:41		Resulted in TX 0
Joshua	M38	01/28/2023 23:05:43	2623261	2	Joshua	23C07 - I - Overdose / Poisoning (Ingestion) - Intentional - P2+FD+PD	Task Time (Assign to Clear) 01:26:24		Resulted in TX 1
Keene	M38	01/13/2023 09:05:23	2609271	2	Keene	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2+FD	Task Time (Assign to Clear) 01:09:55		Resulted in TX 1
North Richland Hills	M23	01/23/2023 13:42:37	2622384	2	North Richland Hills	12B01 - Convulsions / Seizures - P2+FD	Task Time (Assign to Clear) 01:04:54		Resulted in TX 1
Parker County	M28	01/11/2023 15:40:44	2606893	3	North Richland Hills	26A03 - Sick Person (Specific Diagnosis) - P3-FD	Task Time (Assign to Clear) 00:53:37		Resulted in TX 1



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 01/01/2023 thru 01/31/2023

Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted in TX																														
Pelican Bay	M82	01/24/2023 06:11:11	2623403	1	Parker County	29D02 - p - Rollover - Rollovers - P1+FD+PD	00:07:12	FD/PPD Cancelled MedStar	0																														
Richland Hills	M82	01/09/2023 19:11:19	2604372	2	Pelican Bay	06C01 - Breathing Problems - P2+FD	00:48:05	AMA - Assessed and/or Treated & Released	0																														
Richland Hills	M79	01/28/2023 05:08:35	2628277	3	Richland Hills	26A10 - Sick Person (Specific Diagnosis) - B3+FD	00:41:27		1																														
Richland Hills	M87	01/26/2023 12:50:57	2626162	2	Richland Hills	06C01 - Breathing Problems - P2+FD	01:27:31		1																														
Richland Hills	M40	01/13/2023 11:23:53	2609433	2	Richland Hills	28C06 - U - Stroke (CVA) / Transient Ischemic Attack (TIA) - Unknown when the symptoms started - P2+FD	01:12:42		1																														
Richland Hills	M801	01/09/2023 10:24:54	2603626	3	Richland Hills	28C12 - U - Stroke (CVA) / Transient Ischemic Attack (TIA) - Unknown when the symptoms started - P2+FD	00:01:18	Documentation Only	0																														
Richland Hills	M79	01/16/2023 13:17:53	2613088	2	Richland Hills	06C01 - Breathing Problems - P2+FD	01:30:24		1																														
Richland Hills	M84	01/29/2023 13:10:01	2629876	2	Richland Hills	06C01 - Breathing Problems - P2+FD	00:07:45	FD/PPD Cancelled MedStar	0																														
Richland Hills	M24	01/11/2023 10:35:46	2606553	2	Richland Hills	06C01 - Breathing Problems - P2+FD	01:09:13		1																														
Richland Hills	M59	01/13/2023 06:56:30	2609165	2	Richland Hills	26C01 - Sick Person (Specific Diagnosis) - P2+FD	01:04:22		1																														
Richland Hills	M56	01/04/2023 09:46:32	2597377	1	Richland Hills	31D04 - Unconscious / Fainting (Near) - P1+FD	01:27:58		1																														
Richland Hills	M45	01/26/2023 20:07:54	2626762	2	Richland Hills	06C01 - Breathing Problems - P2+FD	00:59:13		1																														
Richland Hills	M34	01/03/2023 23:45:50	2596968	3	Richland Hills	01A01 - Abdominal Pain / Problems - P3+FD	01:00:48		1																														
Richland Hills	M56	01/17/2023 23:29:15	2615015	2	Richland Hills	13C01 - Diabetic Problems - P2+FD	01:06:50		1																														
Richland Hills	M37	01/20/2023 13:53:01	2616378	2	Richland Hills	17B04 - Falls - P2+FD	01:16:46		1																														
Richland Hills	M70	01/29/2023 22:43:58	2630263	1	Richland Hills	17D03 - Falls - P1+FD	01:40:25		1																														
Richland Hills	M23	01/27/2023 15:22:18	2627567	3	Richland Hills	17A02 - Falls - P3+FD	01:18:15		1																														
Richland Hills	M25	01/25/2023 19:05:51	2625459	1	Richland Hills	21D03 - M - Hemorrhage (Bleeding) / Lacerations - MEDICAL - P1+FD	01:10:52		1																														
Richland Hills	M28	01/01/2023 13:56:57	2593441	1	Richland Hills	31D04 - Unconscious / Fainting (Near) - P1+FD	00:13:59	FD/PPD Cancelled MedStar	0																														
Richland Hills	M26	01/02/2023 14:22:03	2594834	3	Richland Hills	33A03 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - B4, ASAP60	00:05:46	FD/PPD Cancelled MedStar	0																														
Richland Hills	M81	01/02/2023 16:01:09	2595048	3	Richland Hills	02B01 - Allergies (Reactions) / Envenomations (Stings, Bites) - P2+FD	00:09:04	FD/PPD Cancelled MedStar	0																														
Tarrant County	M43	01/01/2023 08:29:12	2593195	2	Tarrant County	17B01 - Falls - P2+FD	00:20:38	Calling Party Cancelled	0																														
Tarrant County	M88	01/03/2023 02:18:20	2595595	2	Tarrant County	02B01 - Allergies (Reactions) / Envenomations (Stings, Bites) - P2+FD	01:08:20		1																														
Arlington EMS	AMR Arlington n 1	01/28/2023 14:06:11	2626675	1	Fort Worth	06E01 - Cardiac or Respiratory Arrest / Death - P1+FD+PD	01:26:41		1																														
Arlington EMS	AMR Arlington n 1	01/21/2023 11:15:35	2619685	2	Fort Worth	25B03 - Psychiatric / Abnormal Behavior / Suicide Attempt - B2+FD+PD	00:24:47	FD/PPD Cancelled MedStar	0																														
Crowley																																							
<table border="1"> <tr> <td>Received</td> <td>19</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Aid FROM Arlington EMS</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>21</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										Received	19									Aid FROM Arlington EMS	2									Total	21								
Received	19																																						
Aid FROM Arlington EMS	2																																						
Total	21																																						



MedStar Mutual Aid Response Task Time Report

Period: 01/01/2023 thru 01/31/2023

Criteria:

Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted in TX
Eagle Mountain	Crowley 254	01/29/2023 02:05:39	2629410	1	Burleson	06D01 - Breathing Problems - P1+FD	01:13:32		1
	Crowley 54	01/04/2023 15:57:09	2657892	2	Burleson	17B01 - G - Falls - On the ground or floor - P2+FD	01:20:37		1
	Crowley 254	01/23/2023 18:08:14	2622762	2	Burleson	29B01 - V - Traffic Collision / Transportation Incident - Multiple patients - B2+FD+PD	00:52:17		1
	Crowley 254	01/24/2023 05:37:04	2623396	2	Burleson	06C01 - O - Breathing Problems - Other lung problems - P2+FD	00:18:25		0
	Eagle Mountain	01/11/2023 19:24:14	2607294	3	Fort Worth	17A02 - G - Falls - On the ground or floor - P3+FD	01:03:11		1
	Eagle Mountain	01/31/2023 13:10:11	2632455	2	Fort Worth	31C03 - Unconscious / Fainting (Near) - P2+FD	00:17:45	No PI Found/PI Left Score	0
	Eagle Mountain	01/23/2023 16:35:38	2622605	2	Lakeside	17B01 - G - Falls - On the ground or floor - P2+FD	01:16:16		1
	Eagle Mountain	01/23/2023 18:18:43	2622800	2	Fort Worth	17B01 - G - Falls - On the ground or floor - P2+FD	01:03:28		1
	Eagle Mountain	01/11/2023 17:02:09	2607057	3	Fort Worth	26A10 - Sick Person (Specific Diagnosis) - B3FD	00:53:04		1
	Eagle Mountain	01/11/2023 14:49:45	2606836	3	Lake Worth	30A02 - Traumatic Injuries (Specific) - P3-FD	00:55:50		1
	Eagle Mountain	01/28/2023 15:11:47	2628754	2	Fort Worth	33A01 - T - Transfer / Interfacility / Palliative Care - Transfer/interfacility - P2-FD	00:59:14		1
Watauga	Eagle Mountain	01/21/2023 10:58:19	2619634	2	Fort Worth	28C01 - J - Stroke (CVA) / Transient Ischemic Attack (TIA) - CLEAR evidence of stroke (< T hours) - P2+FD	00:35:20		0
	Eagle Mountain	01/17/2023 17:50:13	2614704	2	Saginaw	17B01 - E - Falls - Environmental problems (rain, heat, cold) - P2+FD	01:03:56		1
	Eagle Mountain	01/18/2023 11:26:49	2615626	2	Fort Worth	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2+FD	01:04:10		1
	Eagle Mountain	01/02/2023 16:07:48	2595076	2	Fort Worth	13C01 - Diabetic Problems - P2+FD	01:25:38		1
	Watauga	01/28/2023 19:22:17	2629043	2	Fort Worth	29B01 - V - Vehicle vs. vehicle - Multiple patients - B2+FD+PD	00:34:43		1
Watauga	01/27/2023 16:16:08	2627697	1	Fort Worth	06D04 - Breathing Problems - P1+FD	00:40:55		0	

Tab H – Compliance and Legal



Legal Team Report January 13, 2023-February 15, 2023

Compliance Officer Duties

- Submitted EMS provider team member roster changes to the DSHS.
- DSHS provider license renewal process began (due May).
- Completed Medical Director change for MAEMSA 13 FRO's, several are pending for FRO AOM change.
- Assisted MAEMSA jurisdiction Police departments with multiple criminal investigations, records requests, missing persons investigations, and crew member statements, witness interviews as needed.
- Assisted Tarrant County Medical Examiner's office with multiple death investigations, and records requests.
- Reviewed multiple legal & privacy matters for compliance and provided guidance as needed.
- 3 narcotic Anomalies occurred during this reporting period:

The MedStar narcotic anomaly process was followed, drug screens were conducted, and no foul play was suspected.

Paralegal Duties

- 7 Subpoenas(s) for witness appearance processed and served.
- 4 Pre-Trial meeting were held with the Tarrant Co. District Attorney's Office.
- 22 DFPS reports were made for suspected abuse, neglect, or exploitation.
- 1 court appearance was made as a state's witness in a criminal case.
- Conducted multiple employee internal affairs conduct investigations regarding various matters.
- 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

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