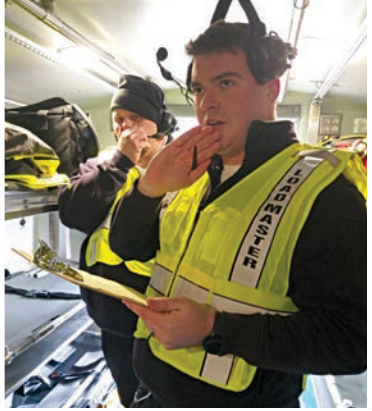
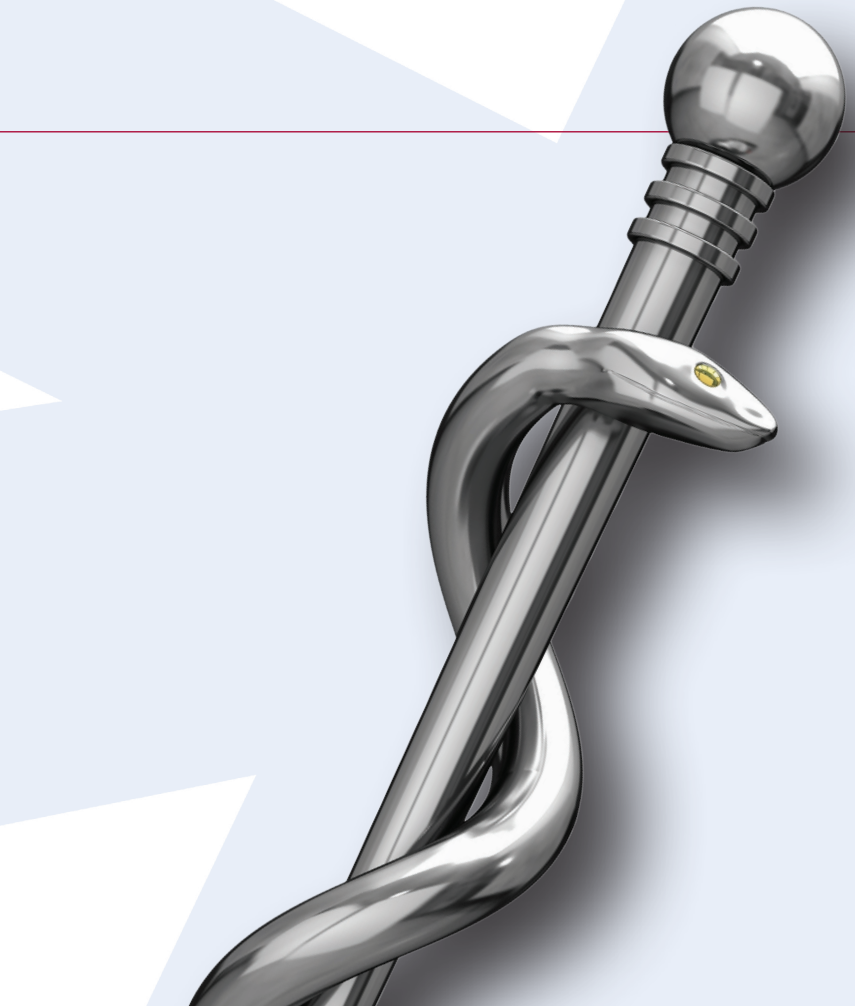





Connecting Care Across the Continuum

ANNUAL CAREHOLDERS' REPORT: 2019



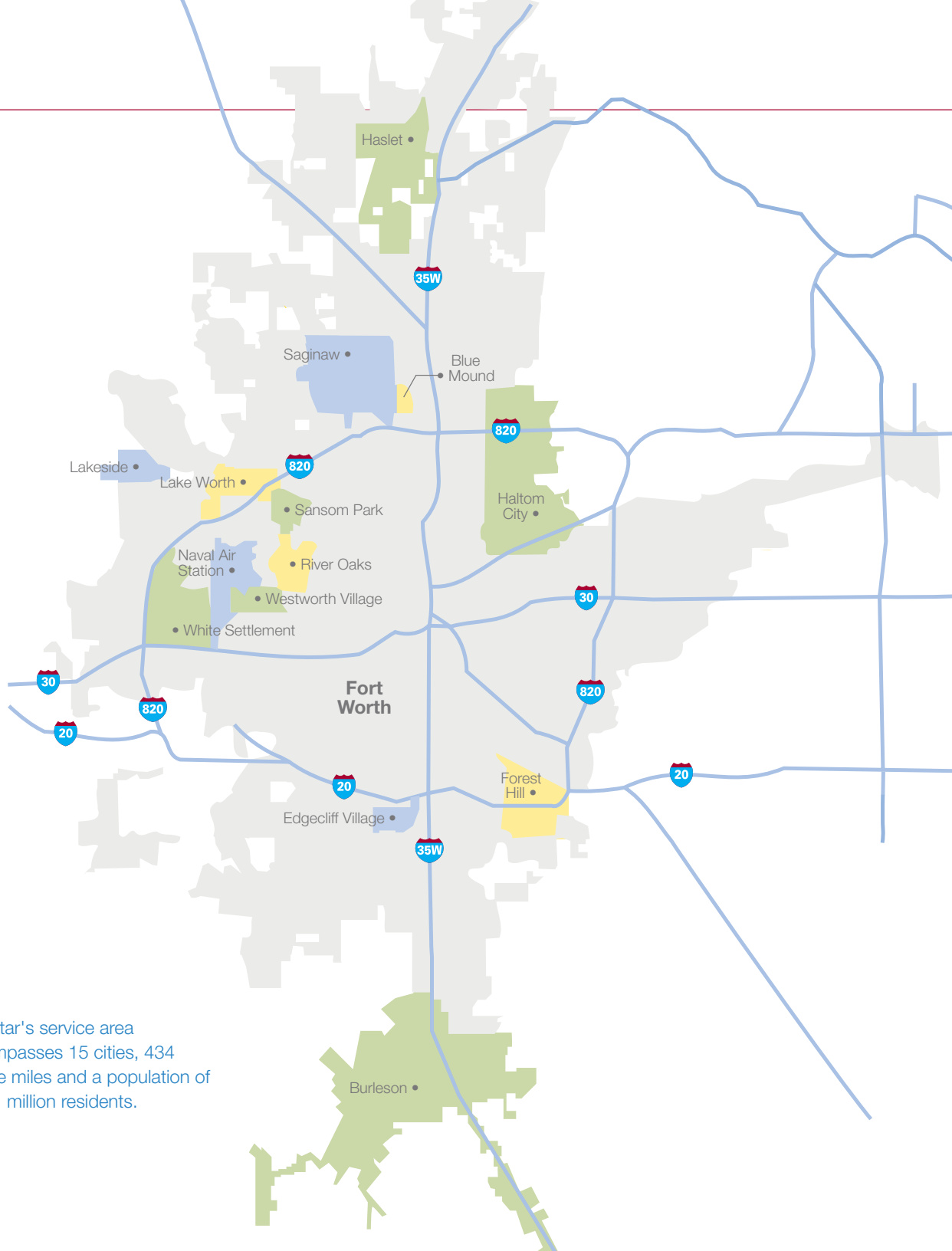
MEDSTAR MOBILE HEALTHCARE

MedStar911.org

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

MEDSTAR'S MISSION STATEMENT

Connecting Care Across the Continuum
Careholders' Report 2019



MedStar's service area encompasses 15 cities, 434 square miles and a population of over 1 million residents.

A Transformative Year

2018 was, in many respects, a transformative year for MedStar!

Our teams bring incredible value to our stakeholders. We continually meet the needs of our growing community in a way that has made MedStar among the most clinically proficient, operationally effective and fiscally efficient Emergency Medical Services (EMS) systems in the world. As a result, we are blessed to be one of the most recognized EMS agencies locally, nationally and even internationally.

MedStar made a significant investment in our community this year with the decision to change the type of ambulances we operate. Since MedStar entered service some 33 years ago, we've operated ambulances mounted on a van chassis (Type III ambulance).

Due to enhancements in chassis and patient compartment design, and with significant design input from our field staff, we made a $13.5 million commitment, over five years, to the safety and comfort of our patients and ambulance crews by contracting for 60 new ambulances that are mounted on a pick-up truck chassis (Type I). Since MedStar operates without tax subsidy, this investment does not use any taxpayer funding.

Some of the features specifically designed to MedStar's specifications include:

- An integrated, under-the-hood generator that powers a dual high-performance air conditioning system, critical to providing mobile healthcare services to patients in the hot Texas environment.

Left, two of MedStar's new 60-truck fleet (Type I). Right, a pair of MedStar's venerable Type III ambulances.

- A specially designed “floating” patient compartment to smooth the ride not only for patients, but also crew members who perform medical care in the back of the moving ambulance.
- Revolutionary new crew seating that allows paramedics to complete patient care interventions while fully secured in a four–point harness for safety.
- A refrigerated safe to secure medications.
- Five “live-view” cameras on the ambulance, allowing the personnel to observe patient care, and providing an exterior view from the sides, front and rear of the ambulance.

With the growth of our community, we also made a significant change in how MedStar deploys resources to serve our member cities. For 33 years we operated from one central facility, with on-duty units deployed to designated “posts,” to cover geography and anticipated response volume.

The rapid population growth in the northern and southern areas of our region led us to acquire land for a north deployment center in Fort Worth’s Alliance development. Over the next year, we will construct a center that will house 14 ambulances to enhance services we provide to the rapidly growing northern region.

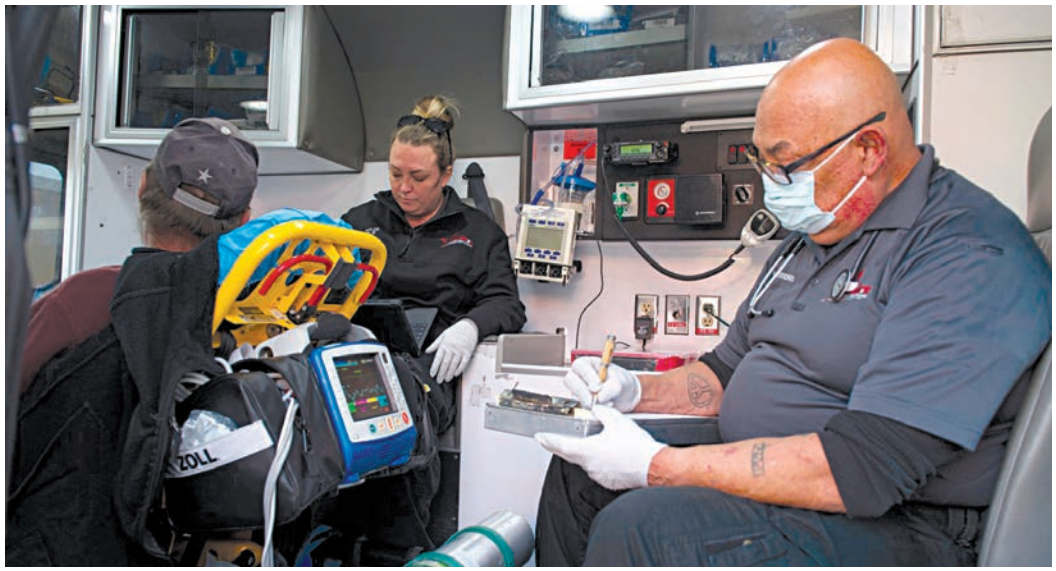
Plans are in the development stage to potentially add a deployment center for the southern region of our service area.

MedStar continues to be the “go-to” source for healthcare systems and EMS providers across the country who are considering testing new models for EMS service delivery. Our Mobile Integrated Healthcare (MIH) service delivery model continues to lead the EMS industry’s transformation from essentially a “you call, we haul” model, to a model that navigates patients through the healthcare system to improve patient outcomes, enhance the patient’s experience of care, and reduce expenditures.

In collaboration with multiple stakeholders and community groups, we developed new programs this year for patients receiving palliative care, and partnered with the University of Texas on a grant awarded by the Department of Justice to help identify patients who may be at risk of elder abuse and refer them to resources that can help.

We are extremely blessed to have the opportunity to serve this community. Speaking on behalf of the entire MedStar team, I can assure the community that we will continue to work tirelessly, every day, for every patient.

Douglas R. Hooten, MBA, CEO



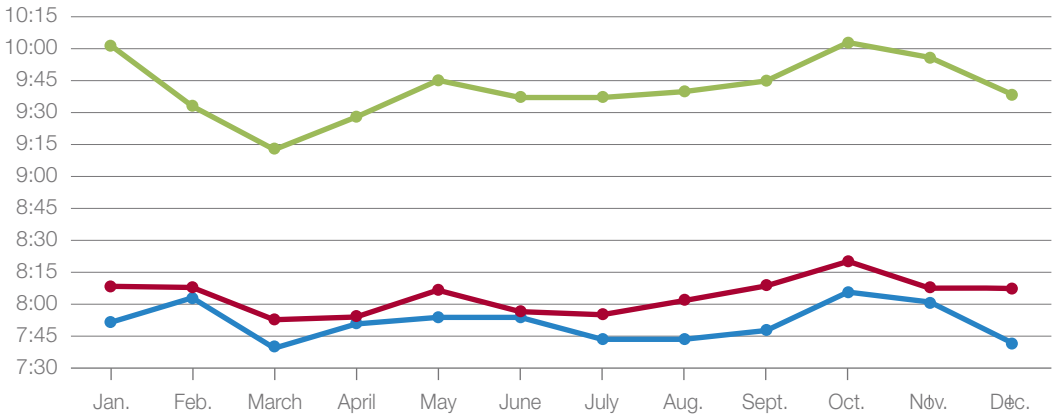
Community Profile

- Resident population 1,016,963
- Service Area Square Miles 434
- Median Household Income $55,888
- Age ..... 34.5 yrs.

2018 Fleet Facts

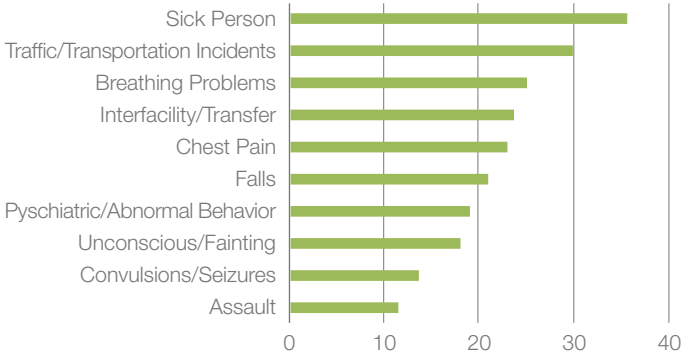
	annually	monthly
• Ambulance miles	2,658,082	221,506
• Support miles	255,785	21,315
• Total miles	2,913,867	242,821
• Mobile Intensive Care Unit (MICU) gallons of fuel consumed	403,714	33,642
• MICU engine hours	180,418	15,035

2018 MONTHLY RESPONSE TIMES

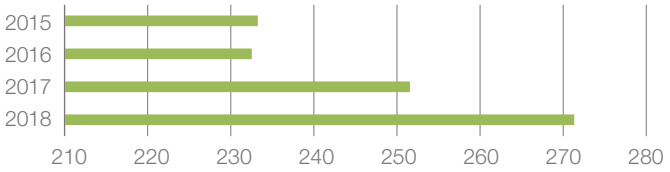


MedStar's response times average less than 8 minutes for Priority 1 emergencies, which are life threatening or potentially life threatening. Priority 2 refers to emergencies involving unknown circumstances, and Priority 3 signifies emergencies that are not life threatening.

TOP 10 EMERGENCY MEDICAL DISPATCH (x1,000)



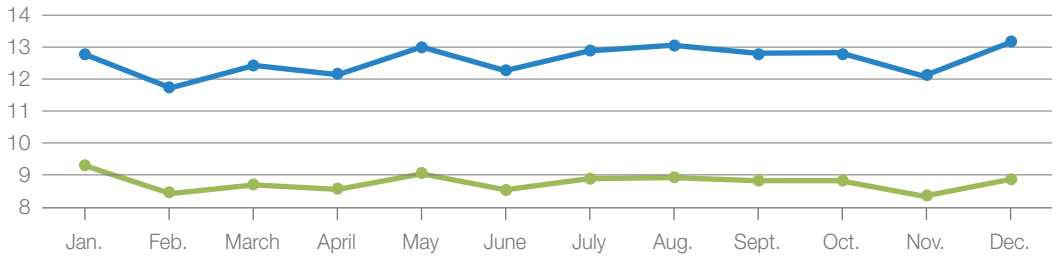
STAFFED UNIT HOURS (x1,000)



2018 Milestones

- 12 new ambulances deployed in the system—new platform designed by field EMS crews
- New payment model tested with a large commercial payer in MedStar's service area
- Commission on the Accreditation of Ambulance Services (CAAS) issued reaccreditation to MedStar with perfect score during its on-site CAAS review
- MedStar received Injury Prevention Award from the Texas State Department of Health Services for its partnership with the University of North Texas to identify and refer potential elder abuse victims to Adult Protective Services
- MedStar implemented Hope Squad, a peer-driven program to help team members with stress-related issues
- MedStar's golf tournament raised $30,000 for the MedStar Foundation and One Safe Place, an agency devoted to preventing crime and violence in Tarrant County's neighborhoods, schools and homes
- MedStar launched mobile flu vaccine clinics

MONTHLY RESPONSE AND TRANSPORT VOLUME (x1,000) Total Responses Total Transports



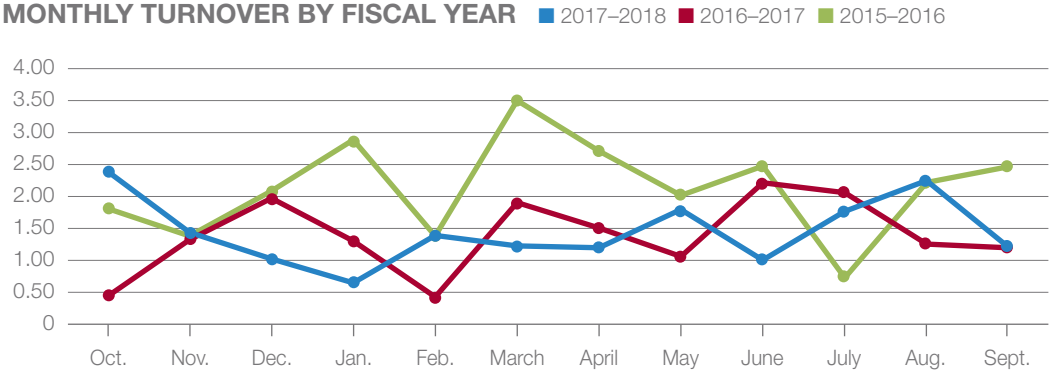
MedStar responded to over 150,000 ambulance dispatches in 2018 and had over 100,000 total transports.

2018 Training Academy Courses

Class	Internal Employees	External Students
Pediatric Advanced Life Support	30	2
Stop the Bleed/AED Training	12	346
CPR	131	181
Advanced Cardiac Life Support	84	36
Pre-Hospital Trauma Life Support	82	35
Emergency Pediatric Care	26	0
Advanced Medical Life Support	97	54
Tactical Emergency Casualty Care	12	5
Neuro Symposium	22	9
EMT	3	141
EMR/ECA	0	5
Psychological Trauma in EMS Patients	18	29
Paramedic	10	3
STEMI Case Review	9	9
Mobile Integrated Healthcare Practitioner	3	12
BaylorCardiac/Transplant Symposium	10	40
Overall Total:	**549**	**907**

TOTAL NUMBER OF STUDENTS: 1,456

MONTHLY TURNOVER BY FISCAL YEAR



"I understand how important my role is in assuring that these vehicles get to where they need to be, without fail—lives depend on it! MedStar is like my family and the community, they both rely on me."

~Josh Enlow,
MedStar Fleet Team Member

MedStar EMT Blake Lena received the 2018 Representative Charles Geren Veteran Citizen of the Year Award.

2018 Stars of Life Award recipient, Brandon Pate, MIH Supervisor.

Medstar Media Interviews

Over 70 media interviews conducted on topics including:

- Surviving during extreme weather
- Flu prevention
- Disinfecting ambulances after an EMS call
- Smart phone emergency health information
- Ambulance emergency warning equipment
- Trauma and CPR survivors' reunions
- Drowning Prevention
- Mass CPR training event at DFW Airport

Survivors' Meet and Greet

Survivors' Meet and Greet

Fleet Team Members

Fleet Team Members

2018 Supplies Used

Intravenous Needles (IV)

16 g	1,350
18 g	21,950
20 g	32,300
22 g	4,162
Start Kits	48,417

Intraosseous Needles (IO)

All Sizes	1,090

Endotracheal Tube (ETT)

7.0	380
7.5	460
8.0	160
All Sizes	2,512

Monitor Supplies

Stat Pads	1,606
Stat Pad Connectors	11
Electrocardiogram (ECG) Cables	37
12 Lead Cables	31

Bedding

Sheets	83,490
Blankets	30,880

Bandages

Adhesive Bandages	79,800
Gauze Rolls	11,000

Saline

1000 ml	16,758
250 ml	1,116

Narcotics

Fentanyl	1,139,276 mg
Midazolam	22,083 mg

Explorer Post

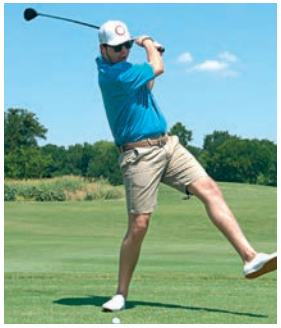
Celebrated MedStar Explorer Post 664's first year helping the area's youth learn about EMS careers.

Community Initiatives and Involvement

MedStar continued to partner with our local community through various task forces, committees, and work groups. This has been a busy year with Fort Worth Safe Communities Coalition as we co-chair the new Cardiac Emergency Preparedness Task Force, which submitted and approved on behalf of the City of Fort Worth a Heart Safe Community Accreditation.

The MedStar Foundation

The MedStar Foundation hosted its 12th annual golf tournament, which benefited One Safe Place. Through this event we were able to donate over $15,000 to One Safe Place, which helped enrich the lives of children affected by family violence by providing opportunities for them to attend Camp Hope. Camp Hope offers a curriculum to help children gain independence and build resilience.



MedStar makes Christmas toy delivery to One Safe Place.

Holiday Festivities

We continued a MedStar Tradition of taking 2 medically challenged children and their families trick-or-treating in decorated ambulances. Our staff went all out in dressing up for the occasion! For Thanksgiving we were able to reunite 2 families for a Thanksgiving feast. These families would not otherwise have been at home due to transportation concerns for the patients.

Left, Beautiful Feet Ministries and MedStar team to help homeless.

Below, Several MedStar team members participate as reading coaches for the ML Phillips Elementary School as part of the “Score a Goal in the Classroom” reading program.

Fort Worth Safe Communities Coalition

MedStar serves in leadership roles for several Fort Worth Safe Communities Coalition task forces:

- Falls prevention
- Road safety
- Elder abuse
- Disaster preparedness
- Overdose prevention and drug safety

2018 Donated Standby Services—Value

MedStar regularly donates standby ambulance services at public events. The value of the donation in services was over $58,000, and over $129,000 in discounted services covering:

- 253 community events
- 601 standby events

Some of the major standby events with 10,000 people attending or more include:

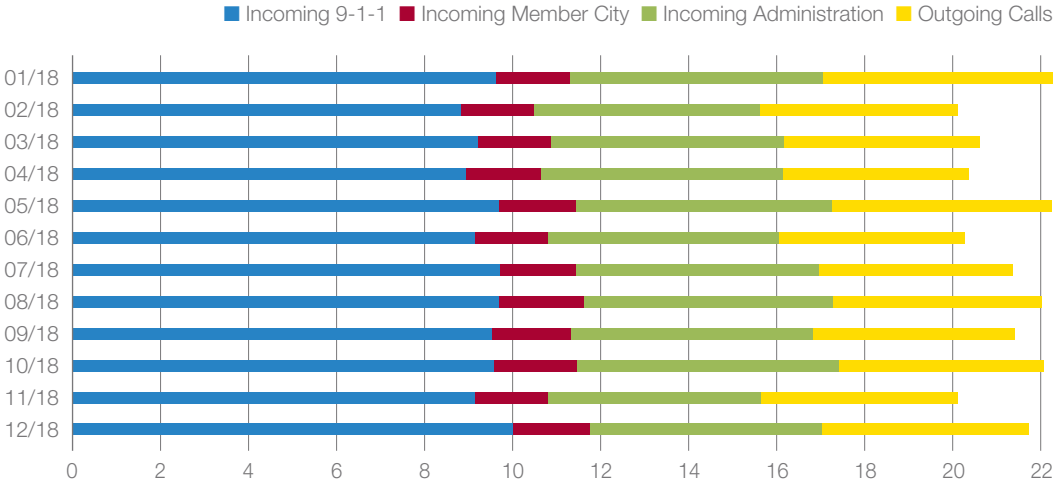
- All Western Parade
- Fort Worth Stock Show and Rodeo
- Cowtown Marathon
- Spring Break at the Zoo
- Texas Motor Speedway (3 times per year)
- Alliance Air Show
- Main Street Arts Festival
- ArtsGoggle
- Red Bull Air Race (at TMS)
- Together 2018 (at TMS)

MedStar's Mobile Integrated Healthcare Expenditure Savings Analysis (June 2012–October 2018)

	—Ambulance Transports—			—ED Visits—			—Hospital Admissions—		
	Avoided	Expenditure	Savings	Avoided	Expenditure	Savings	Avoided	Expenditure	Savings
9-1-1 Nurse Triage	3,834	$419	$1,606,446	2,919	$969	$2,828,511	—	—	—
High Utilizer Program	5,116	$419	$2,143,604	2,961	$969	$2,869,209	1,072	$10,500	$11,256,000
Readmission Prevention	81	$419	$33,939	78	$969	$75,582	179	$10,500	$1,879,500
Sub-Total			**$3,783,989**			**$5,773,302**			**$13,135,500**

TOTAL EXPENDITURE SAVINGS: $22,692,971

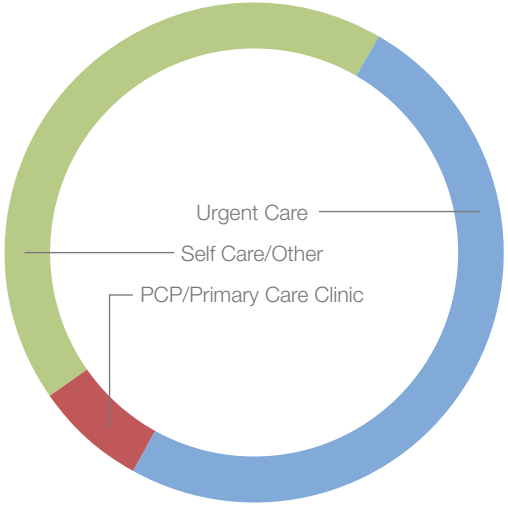
2018 CALL VOLUME (x1,000)



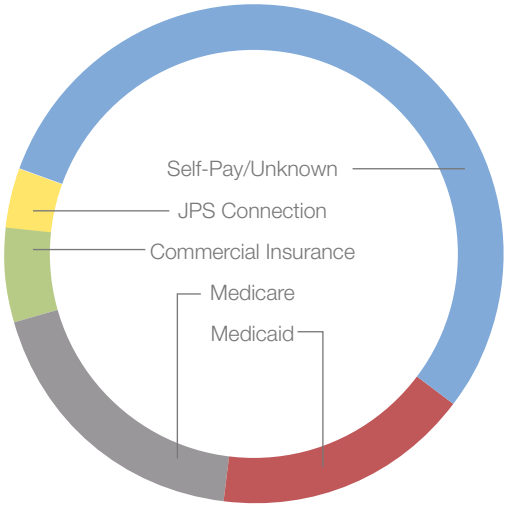
Metropolitan Area EMS Authority Payer Mix Analysis (FY 2016–2018)

	—Billed—		—Cash Collected—		
	Amount	% of Total	Amount	% of $ Billed	% of Collected
Medicare	$179,199,193	37.3%	$48,746,679	27.2%	37.6%
Insurance	$65,114,000	13.5%	$51,642,936	79.3%	39.8%
Medicaid	$77,931,951	16.2%	$15,776,388	20.2%	12.2%
Facility	$10,272,166	2.1%	$8,452,447	82.3%	6.5%
Bill Patient	$148,115,165	30.8%	$5,053,332	3.4%	3.9%
Total	**$480,632,475**	**100.0%**	**$129,671,781**	**27.0%**	**100.0%**

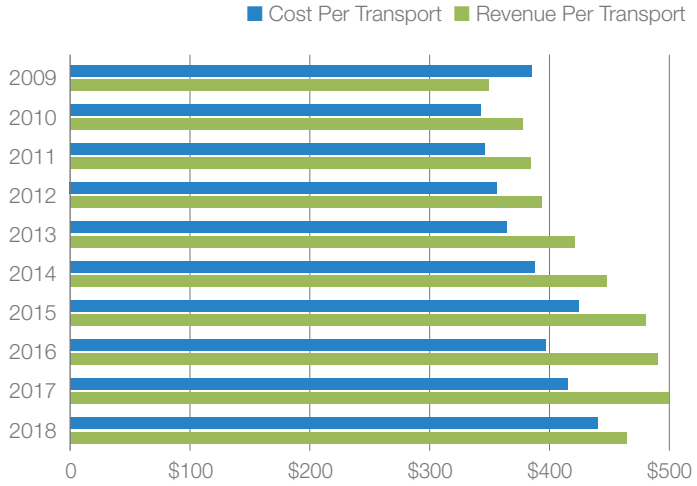
ALTERNATE DESTINATION BY TYPE



PAYER MIX



COST AND REVENUE PER TRANSPORT



Expenditure Savings Analysis[1]—High-Utilizer Program

All referral sources, based on Medicare rates.

- Analysis dates: Oct. 1, 2013 – Oct. 31, 2018
- Number of patients enrolled:[2,3] 670
- Ambulance trip to ED reduction: -52.8%

	—Utilization Change—		
	Base	Avoided	Savings
Ambulance Payment[4]	$419	5,116	$2,143,604
ED Visits[5]	$969	2,961	$2,869,209
Admissions[6]	$10,900	1,072	$11,684,800
Total Expenditure Savings			**$16,697,613**
Per Patient Enrolled Expenditure Savings—HUG			**$24,922**

1. Comparison for enrolled patients based on use for 12 months prior to enrollment vs. 12 months post-program graduation. 2. Patients with data 12 months before and 12 months after graduation 3. Includes High-Utilizer and Designated System Abusers 4. Medicare Tables from CY 2012 as published 5. 10.1377/hlthaff.2018.0083 HEALTH AFFAIRS 37 NO. 7 (2018): 1109–1114 6. www.hcup-us.ahrq.gov/reports/statbriefs/sb225-Inpatient-US-Stays-Trends.jsp

Readmission Program Analysis (Through 10/2018)

Program Partner	Enrollments	30-Day ED Visits	30-Day Readmissions	Percent
NTSP	46	6	17	37.0%
JPS	239	49	130	54.4%
THRHMFW	9	1	0	0.0%
Baylor Scott & White	54	14	22	40.7%
Totals	**348**	**70**	**169**	**48.6%**

1. Patient enrollment criteria requires a prior 30-day readmission, with the referral source expecting the patient to have an additional 30-day readmission. 2. Compared to the anticipated 100% readmission rate. 3. Enrollment period at least 30 days and less than 90 days. 4. www.hcup-us.ahrq.gov/reports/projections/2013-01.pdf

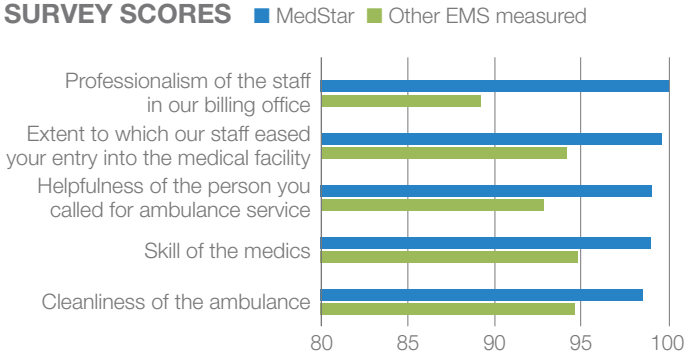
Like all successful healthcare systems, MedStar prioritizes accountability to patient experience. Out of more than 20,000 EMS agencies nationwide, MedStar is among the top 150 that apply the highest survey standards, using pure data collection methods generated by an outside agency.

MedStar's EMS Survey Team Patient Experience report from December 2018 was exceptional. MedStar's overall score of 97.22 out of 100 is within the top two scores ever attained since starting the EMSST patient experience surveying process in October 2013.

Every department of the MedStar organization received exceptionally high patient satisfaction scores.

MedStar scored the highest in every category for similar sized agencies, all agencies in Texas (EMSST's largest participation state) and all agencies accredited by the Commission on the Accreditation of Ambulance Services (C.A.A.S.).

TOP FIVE HIGHEST EMSST PATIENT SURVEY SCORES



Patient Self-Assessment of Health Status[1] (As of 10/31/2018)

	—High Utilizer Group—			—Readmission Avoidance—		
	Enrollment	Graduation	Change	Enrollment	Graduation	Change
Sample Size	**187**			**469**		
Mobility[2]	2.28	2.49	9.0%	2.33	2.55	9.6%
Self-Care[2]	2.58	2.75	6.5%	2.60	2.80	7.4%
Perform Usual Activities[2]	2.27	2.61	14.8%	2.32	2.61	12.6%
Pain and Discomfort[2]	1.93	2.38	23.1%	2.46	2.64	7.2%
Axiety/Depression[2]	2.11	2.44	15.8%	2.50	2.71	8.4%
Overall Health Status[3]	4.85	6.84	41.0%	5.40	7.00	29.5%

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

Expenditure Savings Analysis—9-1-1 Nurse Triage Program

Based on Medicare rates

- Analysis dates: June 1, 2012 – Oct. 31, 2018
- Number of calls referred: 11,262
- Percent of calls with alternate response: 34.0%
- Percent of calls with alternate destination: 25.9%

	Base	Avoided[4]	Savings
Ambulance Expenditure[1]	$419	3,834	$1,606,446
ED Expenditure[2]	$969	2,919	$2,828,511
ED Bed Hours[3]	6	2,919	$17,514
Total Payment Avoidance			**$4,434,957**
Per Patient Enrolled Payment Avoidance—ECNS			**$1,157**

1. From Medicare Payment Tables. 2. 10.1377/hlthaff.2018.0083 HEALTH AFFAIRS 37. 3. Provided by John Peter Smith Health Network.
4. Result of EPAB-approved change to allow locus of care to include ED visit by alternate transportation

National and State Industry Leadership

MedStar's leadership team contributes to the advancement of the EMS profession through volunteer participation in numerous national and state level associations and groups:

CMS Quality Measures Task Force

- Acute Coronary Syndrome Outcome Measures
- ED Throughput

National Association of EMTs (NAEMT)

- President
- Chair, EMS Transformation Committee
- Member, Education Committee
- State Education Coordinator
- EMS Education Committee

American Ambulance Association (AAA)

- Board of Directors
- Rural EMS Task Force
- Communications Committee
- Payment Reform Committee

National Fire Protection Association (NFPA)

- EMS 450 Standards Committee
- EMS 451 Mobile Integrated Healthcare Standards Committee

Academy of International Mobile Healthcare Integration

- President
- Chair, Education Committee
- Chair, Reimbursement Committee
- Membership Committee
- Communications Committee

National EMS Management Association (NEMSMA)

- EMS Health and Safety Officer Committee

Texas Medical Association (TMA)

- Chair, EMS and Trauma Committee

Texas EMS Alliance (TEMSA)

- Board of Directors

Texas Governor's EMS & Trauma Advisory Council

- Chair, EMS Education Committee
- EMS Committee

Texas Chapter of the National Association of EMS Physicians

- Board of Directors

Letter from the Medical Director

The Emergency Physicians Advisory Board (EPAB), through the Office of the Medical Director (OMD), is responsible for medical direction and oversight of the entire 9-1-1 EMS in our service area. Our perspective however, is as an integral part of this system, rather than an external force applied to the system.

Medical Direction & Oversight spans multiple critical functions including Quality Assurance (QA), protocol development, provider credentialing, training, education, research, and inter-hospital relations. We have continued to perform these critical functions with the same transparency, integrity, and independence required of us by the citizens we serve.

More specifically, credentialing directly addresses the provider's knowledge of medical protocols, skills and procedures to operate effectively under the Medical Director's license. QA assures that, once credentialed, prehospital personnel provide the highest quality medical care, from the first seconds of a 9-1-1 call to stabilization and transfer of patient care. Training and education develops the knowledge, skills, and attitudes requisite to clinically perform in a system such as ours.

The continuum of prehospital care has more recently been extended to the entire out-of-hospital environment, and now medical direction includes nontraditional oversight of a variety of programs for hospital readmission avoidance, chronic home care, hospice or palliative care, nurse triage, and alternative navigation of 9-1-1 patients.

We are proud to actively collaborate with our colleagues in operations, communications, administration, and finance as we navigate this exciting realm of patient-centered and population-based healthcare. We are equally privileged to work with our EMT and Paramedic colleagues, who are no longer technicians, but clinicians, and who provide the highest quality out-of-hospital healthcare to our entire community.

Veer D. Vithalani, MD, FACEP, FAEMS

Credentialing

The OMD is responsible for the clinical proficiency of all prehospital providers who perform patient care in the system. All newly-hired EMTs and Paramedics at MedStar go through a rigorous training process including in-classroom lectures, high-fidelity patient simulation, and field mentorship. Culminating in an in-person medical case interview, this process ensures that the clinicians of this system are held to the highest standard of care.

Number of Providers Trained and Credentialed

	Paramedics		EMTs	
	Trained	Credentialed	Trained	Credentialed
2016	50	33	51	49
2017	71	53	60	57
2018	45	31	53	49

EMS Survey Team recognizes four MedStar team members for receiving the highest patient satisfaction scores.

Quality Assurance

The OMD is committed to providing our community with the highest quality patient care, based on evidence-based best practices. Our success as an organization relies on developing a culture of clinical excellence, and establishing a foundation for ingenuity, transparency, resourcefulness, and innovation.

QUALITY ASSURANCE

While QA cases come to our attention through a number of avenues (hospitals, patients, physicians, etc.), the data reflects the majority of these events are self-reported by EMTs and Paramedics in the field.

To achieve these goals, our quality assurance (QA) processes are designed to track, monitor, and critically evaluate both individual sentinel events as well as system-based trends, and is founded on the following principles:

- Quality cannot be assumed, but must actively be built into the system.
- If you do not measure, you cannot improve.
- Every clinical event provides an opportunity for individual and system improvement.

Our QA program has been designed to be strictly educational in nature, with a keen focus on remediation and knowledge translation. Providers are encouraged to identify and refer all perceived clinical care concerns without fear of retribution for themselves or their peers. By fostering a culture of self-evaluation and growth, we have been proud to find that most cases are brought to our attention for review through this “self-report” process.

Out-of-Hospital Cardiac Arrest (OOHCA)

National survival rates from out-of-hospital cardiac arrest (OOHCA) remain dismal due to weak links in every step of the “chain-of-survival”—from 9-1-1 call to arrival in the Emergency Department.

Unfortunately, 9-1-1 EMS systems have traditionally focused the lion’s share of their efforts on response time—from the moment the ambulance’s wheels begin rolling, to the time the crew arrives on-scene. Even with the enormous resources devoted to narrowing the window for resuscitation, and even with national initiatives to improve the rates of bystander CPR, many of our communities have

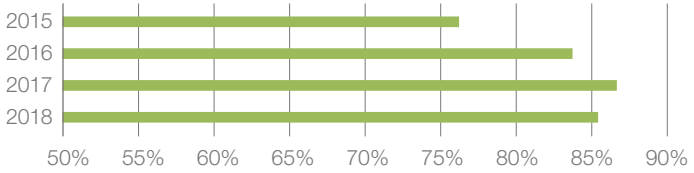
made little progress with this complex problem.

To address this issue in our own community, the OMD has taken a laser-like focus on what actually happens on-scene during a cardiac resuscitation, instead of solely focusing on how long it takes to get there. Every case of OOHCA is individually reviewed for the proportion of time spent doing chest compressions; the rate, depth, and quality of individual compressions; recognition and treatment of lethal heart rhythms; and objective confirmation of airway and breathing management.

For example, scientific research has proven the critical value of spending as much time as possible on the patient's chest performing CPR, even while placing IVs, administering medications, and managing the patient's breathing. The OMD has set the benchmark for time-on-the-chest or chest compression fraction (CCF) at 90% (higher than the current AHA recommendation of 60–80%).

In addition to monitoring, measuring, and quality assuring overall 9-1-1 system performance, OMD's responsibilities extend to the

CHEST COMPRESSION FRACTION MEDSTAR PERFORMANCE



MedStar has significantly improved its ability to recognize failed airway placements.

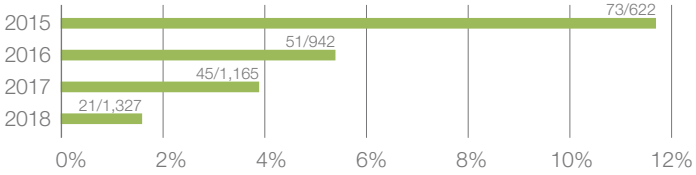
larger public health environment with the monitoring of our community's critical involvement in the chain-of survival for cardiac arrest—in particular, bystander CPR and the use of public access defibrillation (PAD).

To accomplish this, the entire system participates in the Cardiac Arrest Registry to Enhance Survival (CARES), which allows for the benchmarking of our community's performance against national survival statistics.

Airway Management

Prehospital advanced airway management for patients unable to effectively breathe on their own remains challenging for all EMS systems across the country. While anesthesiologists and emergency physicians spend years in training developing these skills in the relatively controlled and supervised environments of an operating room or emergency department, our EMS and first responder personnel have to perform these procedures in some of the most challenging situations imaginable, whether in the streets or in our homes.

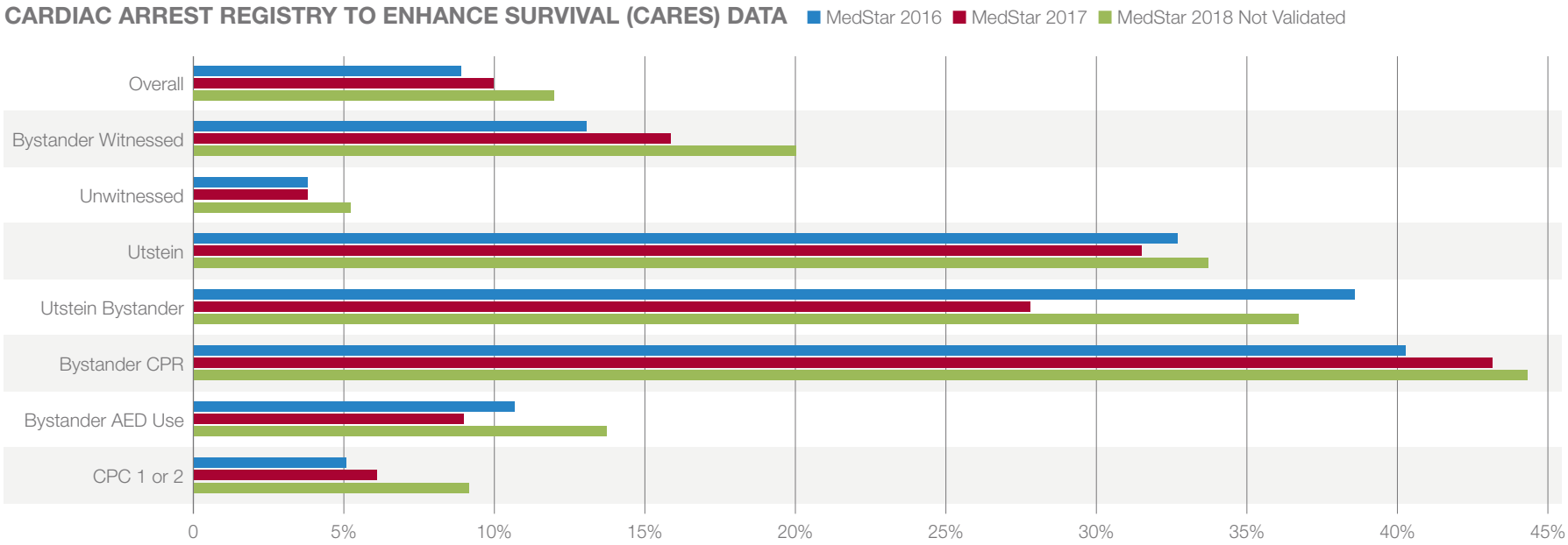
RATE OF UNRECOGNIZED FAILED AIRWAY PLACEMENT



MedStar has had year-on-year improvement in successful recognition of misplaced advanced airway devices (lower is better).

While many systems rely solely on their EMS providers' subjective assessment to measure the effectiveness of airway management, our system personnel are provided sophisticated electronic technology and tools to guide, measure, and thereby ensure, effective performance. As a result, MedStar has made significant improvements to reduce the rate of unrecognized failed airways through continuous, focused, quality improvement initiatives.

CARDIAC ARREST REGISTRY TO ENHANCE SURVIVAL (CARES) DATA



The MedStar community has had continuous improvement in the rates of bystander CPR, bystander automated external defibrillator (AED) use, and neurologically-intact survival, as well as exceeding national averages.

Executive Team:

- Douglas Hooten, Chief Executive Officer
- Dr. Veer Vithalani, Interim Medical Director
- Dwayne Howerton, OMD Chief of Staff
- Joan Jordan, Chief Financial Officer
- Kristofer Schleicher, General Counsel
- Kenneth Simpson, Chief Operations Officer
- Matt Zavadsky, Chief Strategic Integration Officer

Management Team:

- Richard Brooks, Customer Integration Manager
- Chad Carr, Compliance Officer, Paralegal
- Christopher Cunningham, Field Operations Manager
- Shaun Curtis, Support Services Manager
- William Gleason, Clinical Quality Manager
- Stacy Harrison, Controller
- Ricky Hyatt, Medical Records Manager
- Desiree Partain, Mobile Integrated Healthcare Manager
- Leila Peeples, Assistant Human Resources Manager
- Michael Potts, Risk and Safety Manager
- Pete Rizzo, Information Technology Manager
- Dale Rose, Communications Manager
- Tina Smith, Human Resources Manager
- Heath Stone, Assistant Field Operations Manager
- Bob Strickland, Business Intelligence Manager
- Susan Swagerty, Business Office Manager
- Macara Trusty, Education and Community Programs Manager

Voting Members—Metropolitan Area EMS Authority Board of Directors:


Dr. Brian Byrd, Chairman


Dr. John Geesbreght


Dr. Janice Knebl


Steve Tatum


Dr. Rajesh Gandhi


Paul Harral

Emergency Physicians Advisory Board

Board Member	Representing	Specialty
Holly Baselle	Medical City-Alliance	Emergency Medicine
Michelle Beeson	THR-South West	Emergency Medicine
Chris Bolton	Baylor All Saints	Emergency Medicine
Brett Cochrum	Tarrant County Medical Society	Family Medicine
Brad Commons	THR-Alliance	Emergency Medicine
Gary Floyd, Chairman	Tarrant County Medical Society	Pediatrics
Rajesh Gandhi	JPS (Trauma)	Trauma Surgery
John Geesbreght	THR-Harris Methodist Fort Worth	Emergency Medicine
Dan Goggin	Tarrant County Medical Society	Psychiatry
Dan Guzman	Cook Children's	Pediatrics
Steven Martin	Tarrant County Medical Society	Occupational Medicine
Anant Patel	JPS	Emergency Medicine
Shawn Sanderson	THR-Huguley	Emergency Medicine
Angela Self	Tarrant County Medical Society	Cardiology
Alana Synder	Medical City-Fort Worth	Emergency Medicine
William Witham	THR (Trauma)	Trauma Surgery

MedStar acquired new ambulances—including many enhancements.

Above right, Revolutionary new crew seating that allows paramedics to complete patient care interventions while fully secured in a four-point harness for safety.

Right, Live-view monitor that allows the personnel to observe patient care.

Far right, Refrigerated safe to secure medications.



MedStar Mobile Healthcare

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MOBILE HEALTHCARE

MedStar wishes to thank and acknowledge the photos in this report were taken by Bob Strickland, who is also a MedStar Business Intelligence Manager.