



Metropolitan Area EMS Authority (MAEMSA)

d.b.a. MedStar Mobile Healthcare

Board of Directors Meeting

October 28, 2020

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

Date and Time: October 28, 2020 at 10:00 a.m.

The meeting will be conducted by conference call-in, pursuant to the Governor’s March 16, 2020 suspension of certain provisions of the Open Meetings Act. The public may observe the meeting by clicking this URL: <https://webinar.ringcentral.com/j/1483503222> or join by phone: Dial US: (720) 902-7700, meeting ID 148 350 3222

AGENDA

- | | | | |
|-------------|---|--|---------------------------------------|
| I. | CALL TO ORDER | | Dr. Brian Byrd |
| II. | INTRODUCTION OF GUESTS | | Dr. Brian Byrd |
| | | Awards presentation | Matt Zavadsky |
| III. | CITIZEN PRESENTATIONS AND PUBLIC COMMENT | Members of the public may address the Board on any posted agenda item and any other matter related to Authority business at this time. All speakers are required to register prior to a meeting using the link on the Authority’s website (see, https://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. <u>October 27, 2020</u> . 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. | |
| IV. | CONSENT AGENDA | 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: | |
| | BC – 1445 | Approval of Board Minutes for September 29, 2020 | Dr. Brian Byrd
Pg. 4 |
| | BC – 1446 | Approval of Check register for September 2020. | Dr. Brian Byrd
Pg. 7 |
| V. | NEW BUSINESS | | |
| | IR – 215 | Report on Executive Search Firm RFQ | Kristofer Schleicher
Leila Peeples |
| | BC – 1447 | Approval of draft policy for hiring CEO | Kristofer Schleicher
Pg. 9 |
| | BC – 1448 | Approval of draft policy on Public Comment | Kristofer Schleicher
Pg. 13 |
| VI. | MONTHLY REPORTS | | |
| | A. | Chief Executive Officer’s Report | Kenneth Simpson |
| | B. | Office of the Medical Director Report | Dwayne Howerton
Dr. Veer Vithalani |

C.	Chief Financial Officer	Steve Post
D.	Human Resources	Leila Peeples
E.	Compliance Officer/Legal	Chad Carr Kristofer Schleicher
F.	Chief Operations Officer	Kenneth Simpson
G.	FRAB	Fire Chief Jim Davis Fire Chief Doug Spears
H.	Chief Strategic Integration Officer	Matt Zavadsky

VII. OTHER DISCUSSIONS

A.	Requests for future agenda items	Dr. Brian Byrd
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VIII. CLOSED SESSION

The Board of Directors may conduct a closed meeting in order to discuss matters permitted by any of the following sections of Chapter 551 of the Texas Government Code:

1. Section 551.071: To seek the advice of its attorney(s) concerning pending or contemplated litigation or a settlement offer, or on any matter in which the duty of the attorney to the Board and the Authority to maintain confidentiality under the Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act, including without limitation, consultation regarding legal issues related to matters on this Agenda;
2. Section 551.072: To deliberate the purchase, exchange, lease, or value of real property if deliberation in an open meeting would have a detrimental effect on the position of the Authority in negotiations with a third person;
3. Section 551.074: To (1) deliberate the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of an Authority officer or employee; or (2) to hear a complaint or charge against an officer or employee; or
4. Section 551.089: To deliberate security assessments or deployments relating to information resources technology; network security information; or the deployment of, or specific occasions for implementation, of security personnel, critical infrastructure, or security devices.

IX. ADJOURNMENT

There will be no further action or proceedings following the closed session and the meeting will stand adjourned.

**MAEMSA
BOARD COMMUNICATION**

Date: 10/28/2020	Reference #: BC-1445	Title: Approval board minutes for September 29, 2020.
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RECOMMENDATION:

It is recommended that the Board of Directors approve the minutes for board meeting on September 29, 2020.

DISCUSSION:

N/A

FINANCING:

N/A

Submitted by: <u>Ken 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 EMERGENCY MEETING

Meeting Date and Time: September 29, 2020; 1:30 p.m.

The Metropolitan Area EMS Authority Board of Directors conducted a meeting by video and conference call-in, pursuant to the Governor's March 16, 2020 suspension of certain provisions of the Open Meetings Act. The public participated by an URL and phone. A recording of the meeting is available.

I. CALL TO ORDER

Chairman Brian Byrd called the meeting to order at 1:33 p.m.

Board members participating through video conferencing were: Chairman Dr. Brian Byrd, Dr. Janice Knebl, Paul Harral, Matthew Aiken, Dr. Chris Bolton, Dr. Brad Commons, Dr. Rajesh Gandhi, Fire Chief Doug Spears, Fire Chief Jim Davis, and Dr. Veer Vithalani (Ex-officio). Kristofer Schleicher; General Counsel for the board, also participated.

Guests on phone: Fire Chief Brian Jacobs, Jeremy Bishop Fire 440, Police Chief Dave Burgess, Fire Chief Casey Davis, James McBride; Chad Carr, Dwayne Howerton, Elizabeth Paoli, Ken Simpson, Leila Peeples, Matt Zavadsky, Melba Fowler, Misti Skinner, Bob Strickland, Rita Simpson, Pete Rizzo, Sherry Willingham, Steve Post, Susan Swagerty, Monica Cruz, Mike Potts and Marianne Schmidt.

II. NEW BUSINESS

Discussion of Items BC-1443 and BC-1444 was moved to Closed Session.

III. CLOSED SESSION

The Board entered a closed session under Texas Government Code sections 551.071 and 551.074 at 1:35 p.m. The Board returned from closed session at 2:22 p.m.

IV. ACTION AFTER CLOSED SESSION

BC-1443 Approval of release agreement in connection with resignation and retirement of Douglas Hooten.

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

BC-1444 Deliberate leadership transition plan.

Dr. Raj Gandhi made a motion to appoint Kenneth J. Simpson as the Interim CEO and to give Mr. Simpson a 20% increase in salary for the time he serves as interim CEO. The motion was seconded by Paul Harral and carried unanimously.

IV. REQUEST FOR FUTURE AGENDA ITEMS

Fire Chief Doug Spears asked if the board would consider adding an agenda item for public comment at future meetings.

V. ADJOURNMENT

There being no further business, Chairman Byrd adjourned the meeting at 2:29 p.m.

Respectfully submitted,

Janice Knebl
Secretary

**MAEMSA
BOARD COMMUNICATION**

Date: 10/28/2020	Reference #: BC-1446	Title: Approval of Check Register for September, 2020.
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RECOMMENDATION:

It is recommended that the Board of Directors approve the Check Register for checks over \$5000 in the month of September 2020.

DISCUSSION:

FINANCING:

Submitted by: Ken Simpson **Board Action:** Approved
 Denied
 Continued until _____



AP Check Details Over 5000.00
For Checks Between 9/1/2020 and 9/30/2020

Check Number	CK Date	Vendor Name	Check Amount	Description
102156	9/3/2020	Bound Tree Medical LLC	9,722.50	Medical Supplies
102159	9/3/2020	City of Fort Worth Water Department	7,227.97	Water Service
102160	9/3/2020	Communication Center Specialists Inc.	5,625.00	Console Cleaning
102162	9/3/2020	Direct Energy Business	10,869.96	Electric Service
102169	9/3/2020	ImageTrend	11,862.00	Elite EMS SaaS - April - Month
102173	9/3/2020	Maintenance of Ft Worth, Inc.	6,562.89	Janitorial Services/Supplies
102176	9/3/2020	MetLife - Group Benefits	38,086.83	Dental/Vision/STD/LTD/Supp Life
102178	9/3/2020	Mutual of Omaha	5,243.84	Critical Care/Accident - Sept
102188	9/3/2020	The EMS Training School, LLC	5,850.00	C Hughes - Paramedic School
102199	9/3/2020	Zoll Data Systems Inc	7,283.59	Rescue Net: 09/15/20-12/14/20
102211	9/10/2020	Bound Tree Medical LLC	12,625.09	Medical Supplies
102216	9/10/2020	CyrusONe	7,573.68	Colocation Hosting Charges
102224	9/10/2020	ImageTrend	14,825.00	Elite EMS SaaS - Sept
102225	9/10/2020	Infor	48,919.00	Talent Science
102233	9/10/2020	NRS	12,806.65	Collection agency fees
102247	9/10/2020	The EMS Training School, LLC	5,850.00	H Hogue - Paramedic School
102248	9/10/2020	ReCept Pharmacy	5,296.04	Medical Supplies
102254	9/10/2020	Teleflex Medical	6,600.00	EZIO Needles
102265	9/10/2020	Zoll Medical Corporation	13,985.35	Monitor Supplies
102267	9/10/2020	AT&T	6,833.15	Point to Point Circuit
102289	9/17/2020	AT&T Mobility	14,767.34	air cards and cellphone
102308	9/17/2020	Medline Industries, Inc.	7,285.10	Medical Supplies
102326	9/17/2020	Zoll Medical Corporation	5,015.26	Monitor Supplies
102389	9/25/2020	Bound Tree Medical LLC	21,171.12	Medical Supplies
102395	9/25/2020	City of Fort Worth Water Department	12,875.03	Water service
102410	9/25/2020	Medline Industries, Inc.	21,218.26	Medical Supplies
102412	9/25/2020	NCTTRAC	6,462.88	Membership
102413	9/25/2020	NRS	13,677.98	Collection agency fees
102421	9/25/2020	Paranet Solutions	55,932.46	Managed Services - Sept
102423	9/25/2020	ReCept Pharmacy	20,449.59	Medical Supplies
102429	9/25/2020	Teleflex Medical	6,600.00	EZIO Needles
102437	9/25/2020	ZirMed Inc	8,760.46	Verification, Invoices, Claims
102457	9/30/2020	Care Now Corporate	6,205.00	Randoms/New Hires/Return to Work
102461	9/30/2020	Fort Worth Heat & Air	8,934.50	seasonal maint- sept
102478	9/30/2020	Bound Tree Medical LLC	23,952.08	Medical Supplies
102483	9/30/2020	Direct Energy Business	10,104.23	Electric Service
102489	9/30/2020	Medline Industries, Inc.	26,441.43	Medical Supplies
255792	9/18/2020	WEX Bank	68,403.68	Fuel
260732	9/22/2020	UMR Benefits	58,091.94	Health Insurance Premium - Sept
271172	9/28/2020	Frost	30,067.92	Frost Loan - September
274758	9/29/2020	UT Southwestern Medical Center	12,833.33	Contract Services - B Miller - Sept
9152020	9/15/2020	Frost	8,841.93	Interest
16360918	9/18/2020	American Express	7,570.42	Credit Card Bill

**MAEMSA
BOARD COMMUNICATION**

Date: 10/28/2020	Reference #: BC-1447	Title: Approval of draft policy for hiring CEO.
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RECOMMENDATION:

It is recommended that the Board of Directors approve the draft policy for hiring a CEO.

DISCUSSION:

FINANCING:

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

BOARD POLICY - SELECTION OF CHIEF EXECUTIVE OFFICER

Whereas, Section 2.9 of the Restated and Amended Interlocal Cooperative Agreement (2020) requires that the Board establish written protocols and procedures for the hiring, employment, direction and discharge of Executive Personnel, the Board adopts the following policy regarding the selection of a Chief Executive Office.

I. BACKGROUND.

Section 2.9.1 of the Restated and Amended Interlocal Cooperative Agreement (“ICA”) provides that the Chief Executive Officer shall:

- (i) be hired by a majority affirmative vote of the Board;
- (ii) have the responsibility of operating, managing, and directing the operations of the Authority, including the employment of individuals (except employees of the General Counsel and Medical Director) to carry out the purposes and operations of the Authority; and
- (iii) perform any other duties as assigned by the Board.

II. SELECTION PROCESS

Whenever there is a need to select a new Chief Executive Officer (“CEO”), the following process will be initiated. When there is advance notice of a vacancy, such as a planned retirement, the Board may initiate the selection process prior to the expected date of the opening, with the goal of having a new CEO in place on or soon after the date the position becomes open.

- A. **Recruiting Committee:** The Board shall appoint a Recruiting Committee to work with Human Resources to oversee and direct the selection process. Members of the Recruiting Committee shall be designated by the Chair and shall include the Chair (or the Chair’s Designee), one FRAB appointee member, one EPAB appointee member, and one additional Member Jurisdiction-appointed Board member. The Recruiting Committee will establish the timeline for process milestones, in consultation with the Human Resources Manager.
- B. **Outside Recruiting Services:** The Board may, in its discretion, retain the services of an executive search firm or other consultants to perform any or all of the tasks set forth in paragraphs C, D, E, G and I below, in coordination with the Recruiting Committee and either in place of or in coordination with Human Resources.
- C. **Job Description and Salary:** Human Resources will develop a job description for the CEO position, which must be approved by the Board. Human Resources and the Chief Financial Officer shall also recommend a salary range and benefit package to the Board, based on industry research. Any amendments to the job description or departure from the approved salary range and benefits must be approved by the Board before or at the time a contract has been negotiated with the final candidate.

- D. Recruitment of Candidates: Human Resources will distribute notice of the job opening to industry publications, bulletin boards, blogs, and other job posting sites. The opening shall also be posted on the MedStar Mobile Healthcare website.
- E. Screening of Candidates: Human Resources will screen applicants for those meeting the minimum qualifications for the CEO position and for employment eligibility (credit checks, exclusion from government healthcare programs, background checks, etc.). Human Resources may also qualify candidates who may not meet all the minimum requirements but have exceptional experience or expertise (if such a candidate becomes the finalist, the minimum qualification would need to be amended to reflect the finalist's experience and expertise).
- F. Preliminary Screening Panel: The Recruiting Committee shall serve as a preliminary screening panel ("Panel") to narrow the field of candidates for preliminary interviews and/or to participate in preliminary interviews of candidates. The Committee may also invite MedStar employees to serve on the Panel or otherwise assist in the preliminary screening of candidates and/or in the preliminary interviews. Such employees may include up to two members of the Executive Team and up to two other employee representatives selected with the help of the Manager of Human Resources.
- G. Screening for Interviews: When there are more than ten qualified candidates, the Panel will first review the applications and resumes of all qualified candidates. Each Panel member will select their ten most qualified candidates, after which the Panel will meet and jointly identify a final list of up to ten candidates for preliminary interviews.
- H. Preliminary Interviews: The Panel shall interview up to ten candidates. Interviews may be conducted in person or by video conference. Candidates will be evaluated by each Panel member using a scoring and comment sheet developed by Human Resources or the outside search firm.
- I. Selection of Finalists: After all interviews have been completed, Human Resources shall create a spreadsheet showing the individual and the aggregate scores received by each candidate and the comments of Panelists, but without identifying individual scorers or commenters. The Panel shall meet and review the scoring of candidates and Panelist's comments and shall then identify the three most qualified candidates for consideration by the Board. In the event the Panel determines there are less than three suitable candidates, the Panel shall report this fact to the Recruiting Committee and the Committee shall decide whether to:
- (1) proceed with only the candidates deemed suitable by the Panel;
 - (2) direct the Panel to revisit the process to identify additional suitable candidates; or
 - (3) direct Human Resources or the search firm to take additional steps to enlarge the candidate pool.
- J. Final Interviews and Selection by Board: Human Resources and the Recruiting Committee shall prepare a report for the Board at the conclusion of the Panel interviews, identifying the suitable candidates recommended for final interviews with the Board. The Board shall interview each finalist in person or by video conference using a scoring and comment sheet developed by Human Resources or the outside search firm. The

Board shall discuss the interviews and select a final candidate by majority vote, subject to the negotiation of an acceptable contract and salary and benefits.

- K. Contract of Employment: The General Counsel, in consultation with the Board Chair, Chief Financial Officer, and Human Resources Manager, shall negotiate a proposed contract with the candidate selected by the Board. Human Resources shall recommend the amount of salary based on industry standards and the candidate's expertise and experience. Upon approval of an employment contract and salary, the Board shall authorize the Chair to execute the contract.

Adopted by Board of Directors on _____.

Attest: _____

**Secretary, Board of Directors
Metropolitan Area EMS Authority**

DRAFT

**MAEMSA
BOARD COMMUNICATION**

Date: 10/28/2020	Reference #: BC-1448	Title: Approval of draft policy on Public Comment
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RECOMMENDATION:

It is recommended that the Board of Directors approve draft policy on Public Comment.

DISCUSSION:

FINANCING:

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

**METROPOLITAN AREA EMS AUTHORITY
BOARD OF DIRECTORS**

Rules and Procedures for Citizen Presentations and Public Comment at Board Meetings

Under the agenda item entitled “Citizen Presentations”, members of the public may address the Board at Board meetings on any posted agenda item or any other matter related to Authority business, subject to the following rules.

a. Registration

All speakers are required to register prior to a meeting using the Speaker’s Card found at: <https://www.medstar911.org/wp-content/uploads/2020/10/MAEMSA-PUBLIC-COMMENT-CARD.pdf>. Speaker cards must be emailed to Marianne Schmidt at mschmidt@medstar911.org.

The deadline to register for meetings scheduled for 10 a.m. or earlier is 4:30 p.m. the preceding day. For meetings scheduled after 10 a.m., the deadline for registering is two hours before the scheduled start time. No person shall be permitted to speak on an agenda item or address the Board during Citizen Presentations unless that person has timely registered and has been recognized by the Chair.

b. Present when Called

A person registered to speak must be present in order to give the speaker’s time to another registered speaker. No time may be given to a person that is not registered to speak.

c. Manner and Time for Presentation

A person desiring to speak shall address the Chair and the Board Members, not the audience or the Authority’s staff. Each speaker shall be limited to three minutes. Each speaker who requires the assistance of a translator to addresses the Chair and Board Members shall be limited to six minutes.

The Chair has discretion to extend the time allotted to a speaker or may reduce the time allotted to each speaker to two minutes for such reasons as the time allocated for the meeting, the number and complexity of agenda items, or the number of persons wishing to address the Board. Each speaker who requires the assistance of a translator to addresses the Board shall be given at least twice the amount of time given to a member of the public that does not require a translator.

No persons other than a Board Member or the person having the floor shall be permitted to enter into the discussion directly with a member of the Board without the permission of the Chair.

d. Group Presentations:

Presentation by a representative of an organized group consisting of a minimum of five persons, shall be limited to six minutes. A representative of such a group who requires the assistance of a translator to addresses the Chair and Board Members shall be limited to twelve minutes.

The names of the five persons must be provided at the time the representative registers to speak and those five persons must be present in the Board Chamber when the matter is called. The five persons shall stand and be recognized by the Chair before the representative is allowed to address the Board. A person counted as one of the five individuals represented shall not be permitted to speak on the same subject.

If the representative fails to list the names of five persons when he or she registers to speak, or the five persons are not present at the meeting (or logged in to a virtual meeting) when their names are called by the Chair, the representative's time to speak shall be limited to three minutes. At the discretion of the Chair, the Chair may extend the time allotted to a speaker or may reduce the time allotted to each speaker for such reasons as the time allocated for the meeting, the number and complexity of agenda items, or the number of persons wishing to address the Board. Each speaker who requires the assistance of a translator to address the Chair and Board Members shall be given at least twice the amount of time given to a member of the public that does not require a translator.

e. Submission of Written Comments

Persons or representatives may submit written comments in support or opposition to a particular agenda item of a Board meeting in lieu of presenting verbal testimony, provided such written testimony is submitted by the registration deadline outlined in this Section.

f. Speaker's Use of Electronic Media

Any person wishing to make a presentation during a Board meeting that includes video or another form of electronic media must provide that information in digital format to Marianne Schmidt at mschmidt@medstar911.org no later than three o'clock (3:00 p.m.) the day before a Board meeting. Authority staff shall review the information as to form and content. The information shall not contain any statements, graphics, or pictures that are offensive or reflect personal attacks on other individuals, Board members, or Authority staff. The digital format must be compatible with the Authority's technology equipment. The presentation will be tested prior to the Board meeting to ensure that it is compatible.

g. Response by Board Members to Citizen Presentations:

Responses to a citizen's presentation and public comments by the Board and staff shall be in accordance with Texas Open Meetings Act requirements. If a citizen or Board member raises a subject that has not been included in the public notice for the Board meeting, a response may consist only of a statement of specific factual information or a recitation of existing policy. The Board shall not discuss or take action relative to any public comments made during the citizen presentation portion of the Board meeting.

h. Decorum and Conduct:

Citizen presentations and public comments shall not contain any offensive or obscene language or include personal attacks on other individuals, Board members, or Authority staff. At the discretion of the Chair, violation of the Board's *Rules and Procedures for Citizen Presentations and Public Comment at Board Meetings* may result in the forfeiture of a speaker's remaining time.

Tab A – Chief Executive Officer

Tab B –Office of the Medical Director



Discussion

- AMA-Alternate Disposition Pilot
- Protocol Update
- OMD staffing update

M.E.D.S. Committee

- Next meeting Nov 17

Education and Training

- OMD 20Q3 CE – FROs (MedStar completed)
 - AMA-Alternate Disposition Pilot
 - Crashing Patient Medical / Trauma
 - Traumatic Cardiac Arrest
- OMD 20Q4 CE - System
 - Protocol update review
 - OB emergencies / Child birth
 - Pediatric emergencies

Research

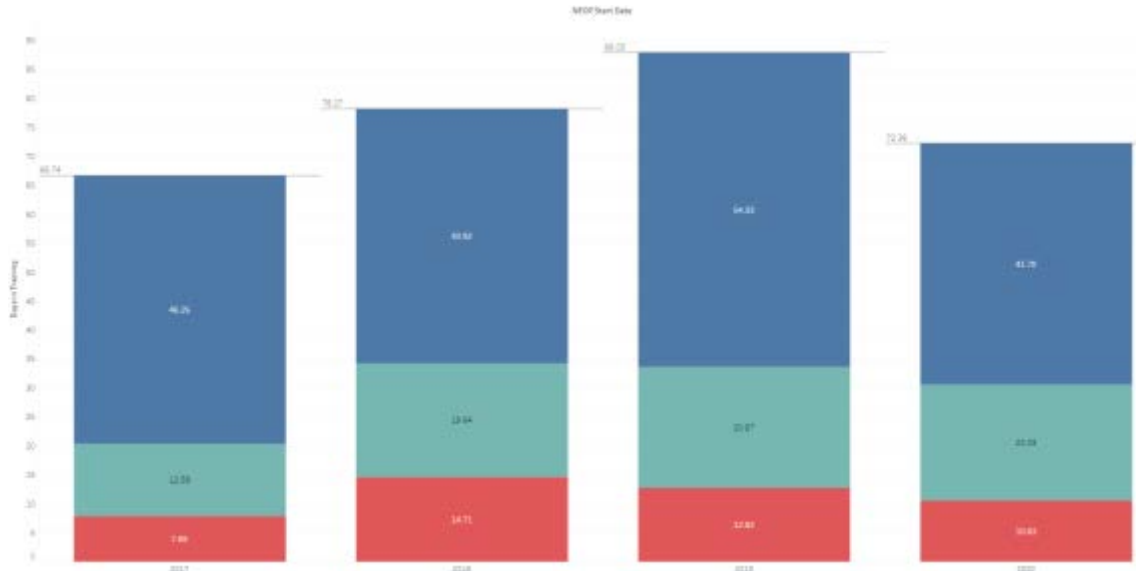
- NAEMSP accepted all of the submitted abstracts
- Submitted to Texas EMS Conference
 - Sudden Ambulance Death Syndrome: Movement of Unstable Prehospital Patients
 - Relief of Nausea from Isopropyl Alcohol Compared to Ondansetron in the Prehospital Setting
 - A Standardized Template for Measuring Telecommunicator Cardiopulmonary Resuscitation in Pediatric Out-of-Hospital Cardiac Arrest
 - Dose Limitation of Intravenous Epinephrine and Outcomes in Out of Hospital Cardiac Arrest
 - Evaluation of MPDS Protocol 36 in Identifying Suspected EMS Patients with COVID-19
 - Non-Transport and Referral of Suspected COVID-19 EMS Patients

The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

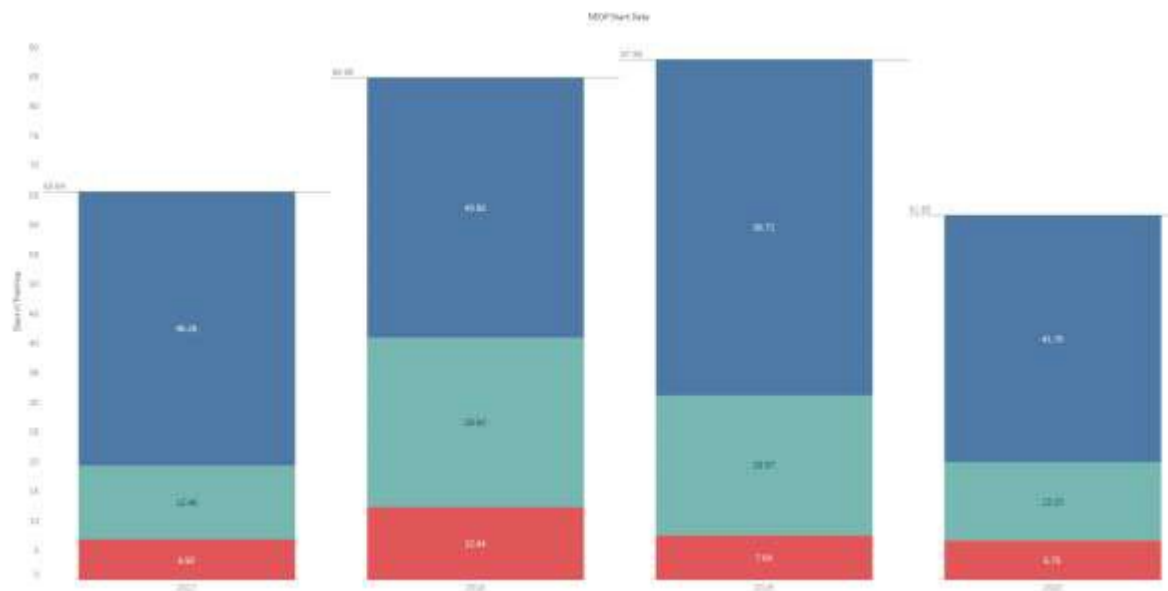
Credentialing

2020	Candidates	Credentialed	Pulled	Separated	In-training
Advanced	17	10	0	1	6
Adv Upgrade	13	6	2	0	5
Basic	34	25	1	1	7

- Overall Credentialing – Time in training by phase

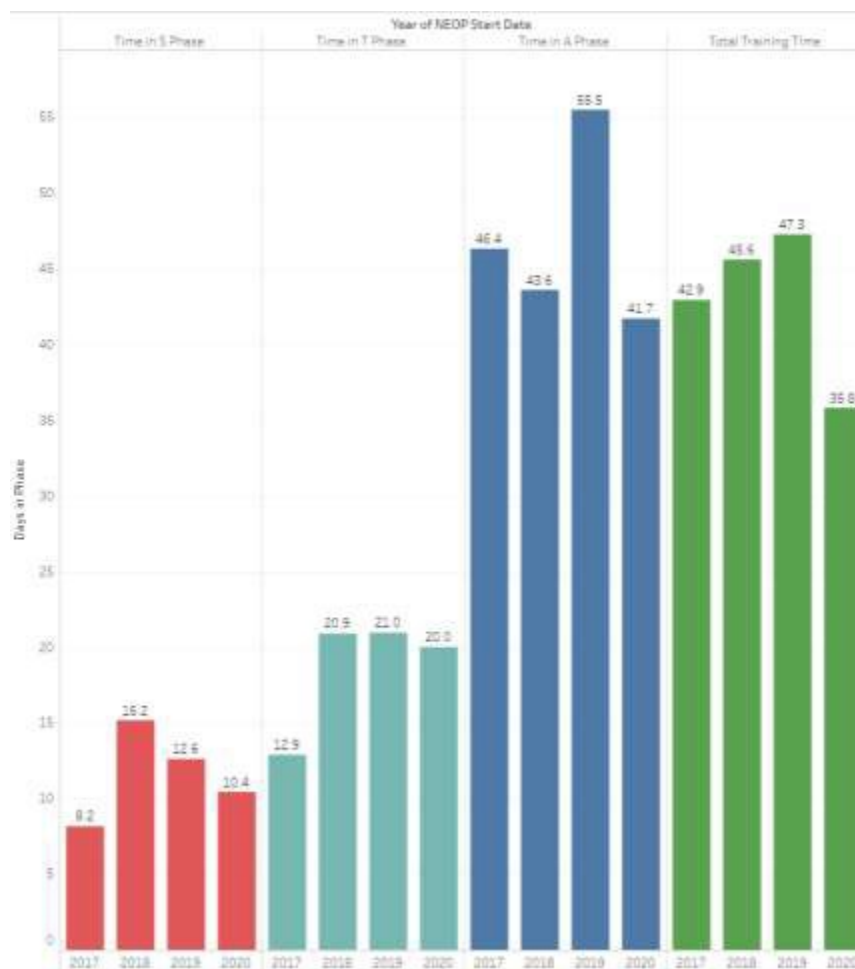
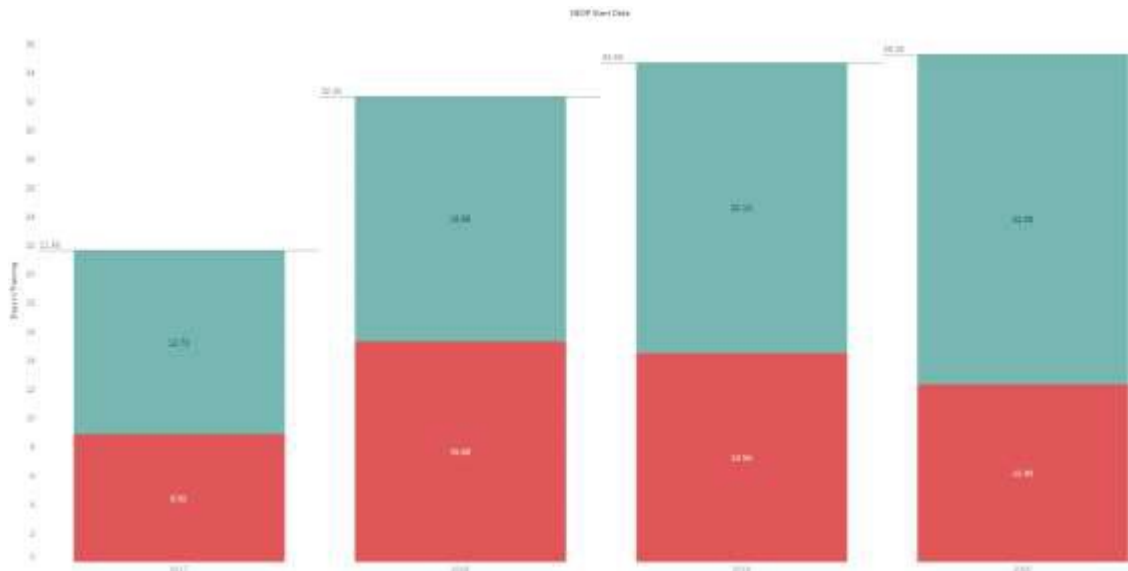


- Advance Credentialing – Time in training by phase



The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

- Basic Credentialing – Time in training by phase



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QA

Case Acuity		
	August 2020	September 2020
High	8 (10.0%)	2 (2.9%)
Moderate	17 (21.3%)	15 (22.1%)
Low	52 (65.0%)	42 (61.8%)
Non QA/QI	3 (3.8%)	9 (13.2%)
Grand Total	80 (100.0%)	68 (100.0%)

Case Disposition		
	August 2020	September 2020
Needs Improvement	28 (35.0%)	28 (41.2%)
Clinically Inappropria..	3 (3.8%)	1 (1.5%)
Forwarded	9 (11.3%)	8 (11.8%)
No Fault	36 (45.0%)	24 (35.3%)
Pending	4 (5.0%)	7 (10.3%)
Grand Total	80 (100.0%)	68 (100.0%)

Case Metrics (Time to MD Review, Time to Closure)			
Acuity	Avg. Created-Review Days	Avg. Review-Closure Days	Avg. Created-Closure Days
High	2.5 days	2.2 days	5.0 days
Moderate	4.1 days	7.2 days	10.4 days
Low	4.3 days	2.3 days	6.5 days
Non QA/QI	4.2 days	0.0 days	4.3 days
Grand To..	4.1 days	2.9 days	6.7 days

Case Origin		System Clinical Issues	
<div style="background-color: #4CAF50; color: white; padding: 5px;"> Self Report 67 45.3% </div> <div style="background-color: #F08080; color: white; padding: 5px; margin-top: 10px;"> OMD 35 23.6% </div>	<div style="background-color: #FF9800; color: white; padding: 5px;"> Facility 18 12.2% </div> <div style="background-color: #795548; color: white; padding: 5px; margin-top: 10px;"> 10 </div> <div style="background-color: #9C27B0; color: white; padding: 5px; margin-top: 10px;"> 5 </div> <div style="background-color: #E53935; color: white; padding: 5px; margin-top: 10px;"> 5 </div>	August ..	Septem..
		Equipment Issues	1
			2
		3	1
		1	
Case Status			
		August 2020	September 20..
Closed		75 (93.8%)	39 (57.4%)
Open		5 (6.3%)	29 (42.6%)
Grand Total		80 (100.0%)	68 (100.0%)

The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

System Diagnostics

- **System Performance Bundles**

- o @ end of report

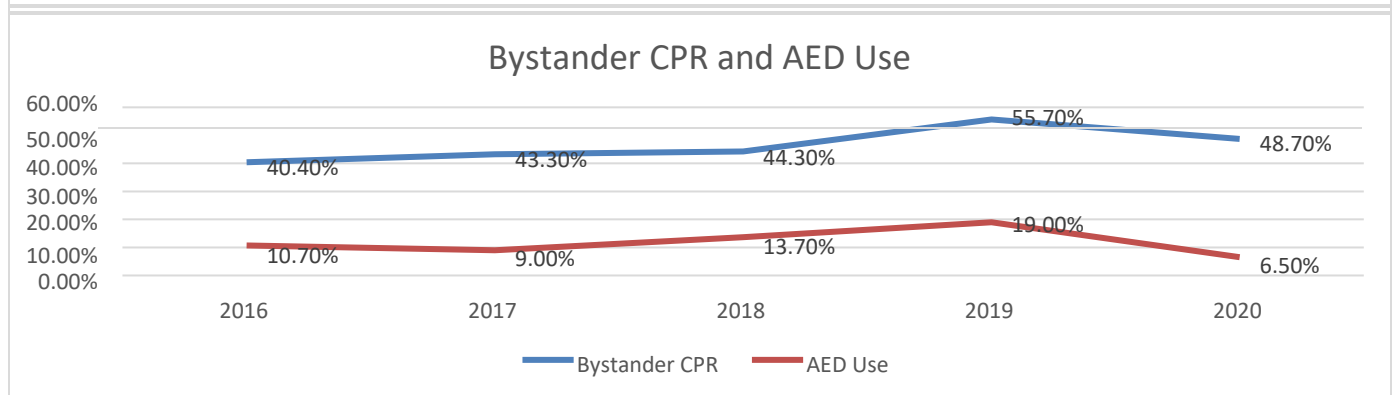
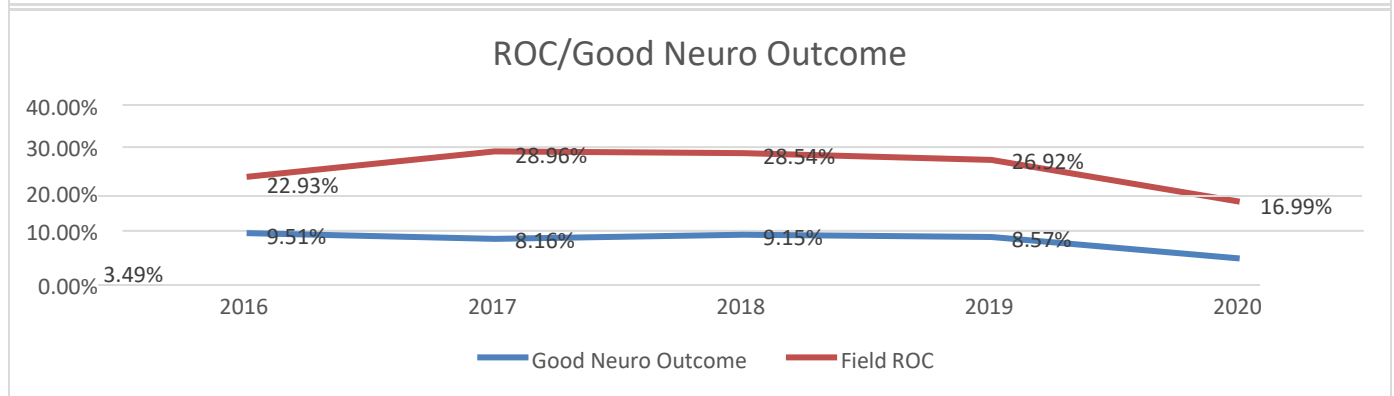
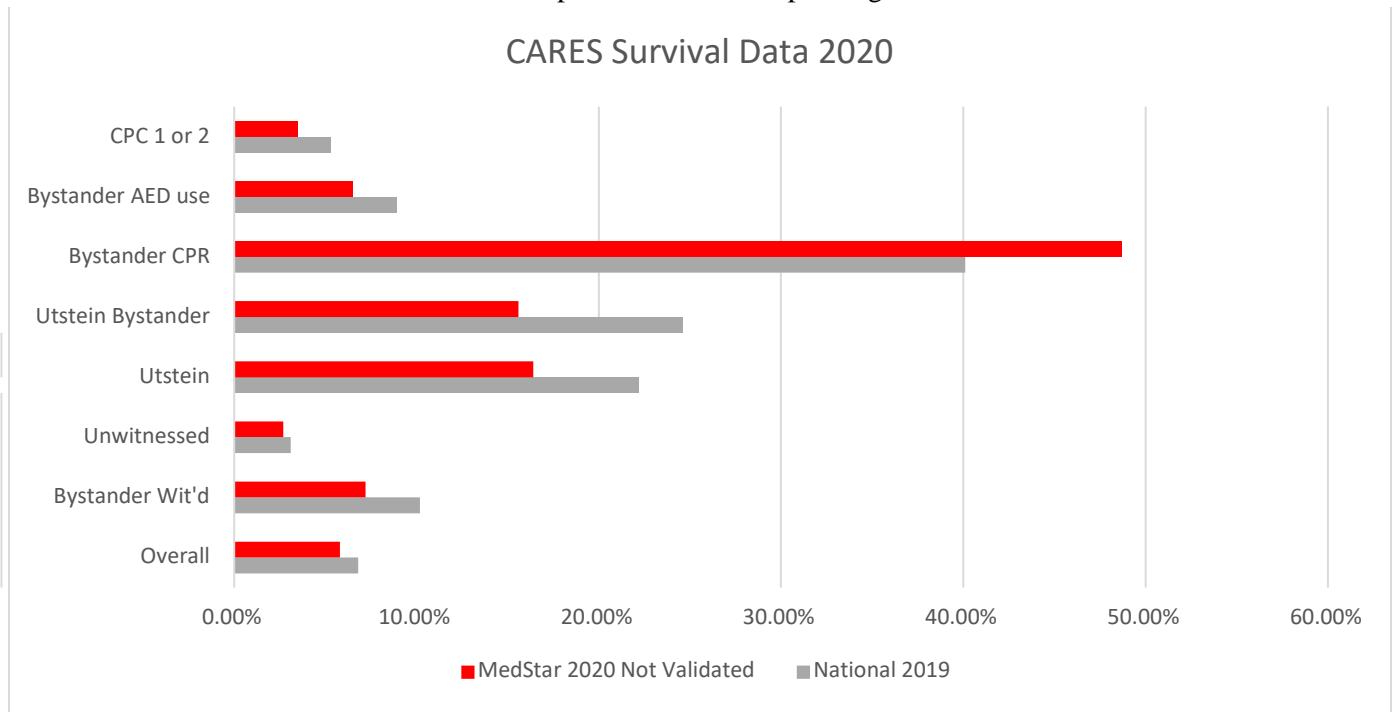
- **Clinical Bundles**



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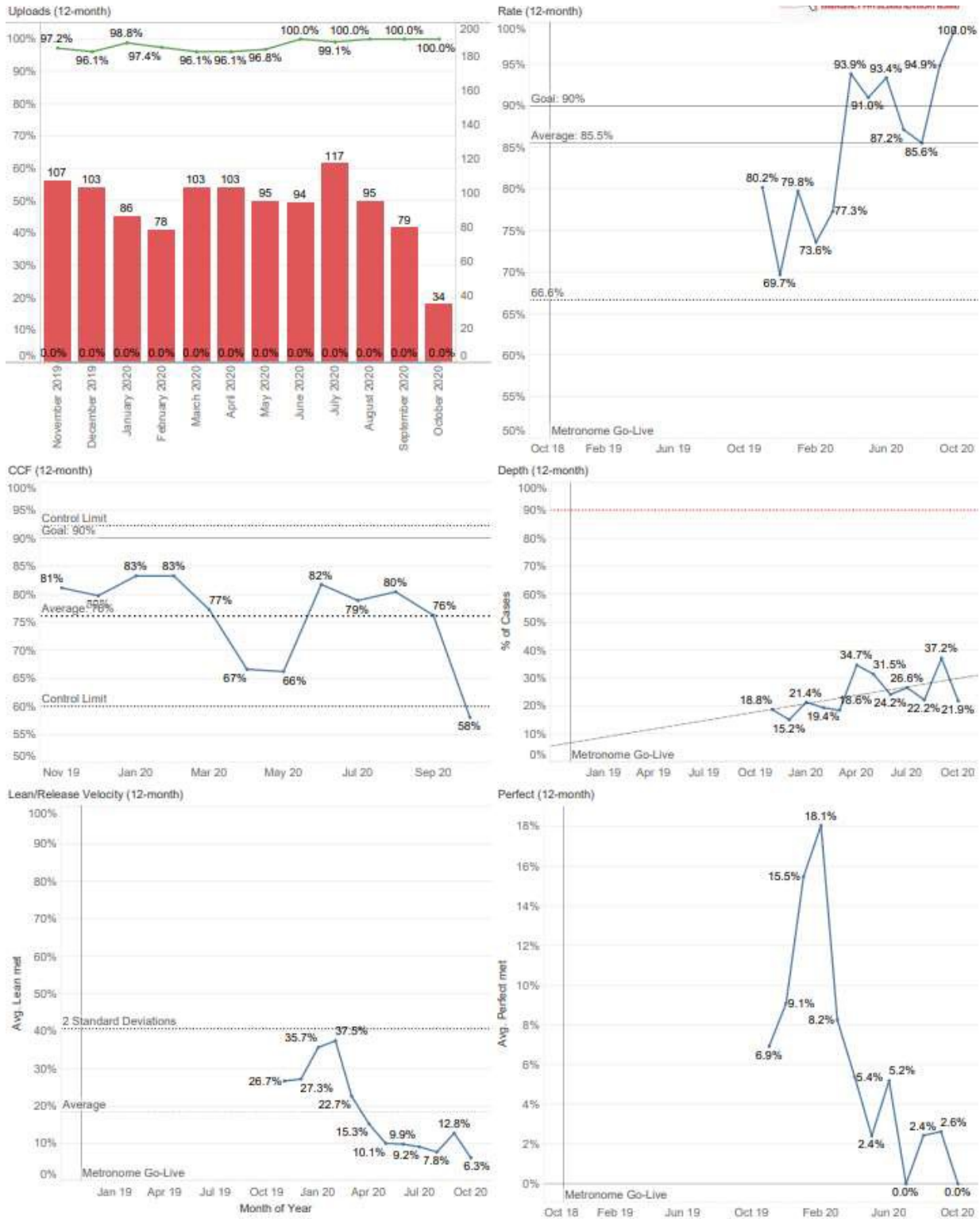
- **Resuscitation**

- o **CARES: 743-resuscitations attempted / 49-outcomes pending**



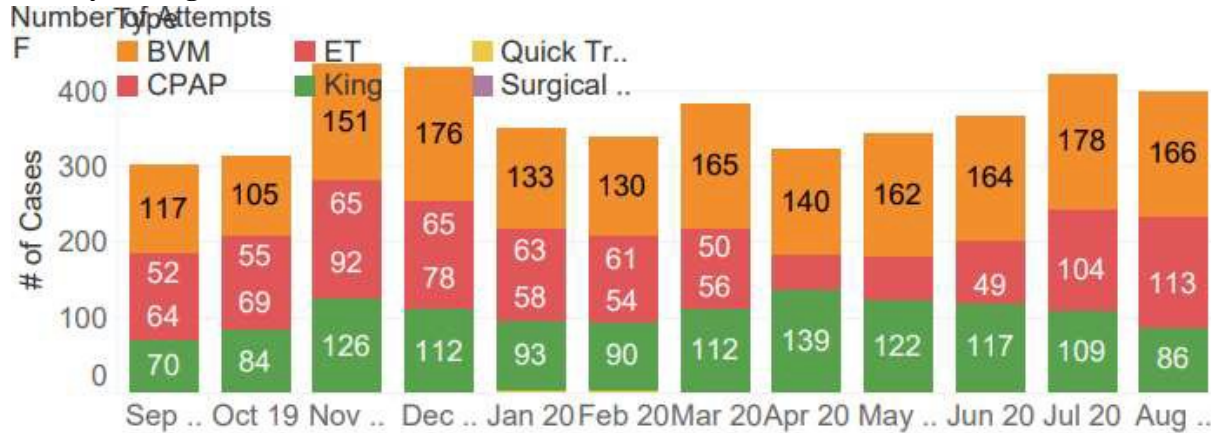
The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

Cardiac Arrest Performance

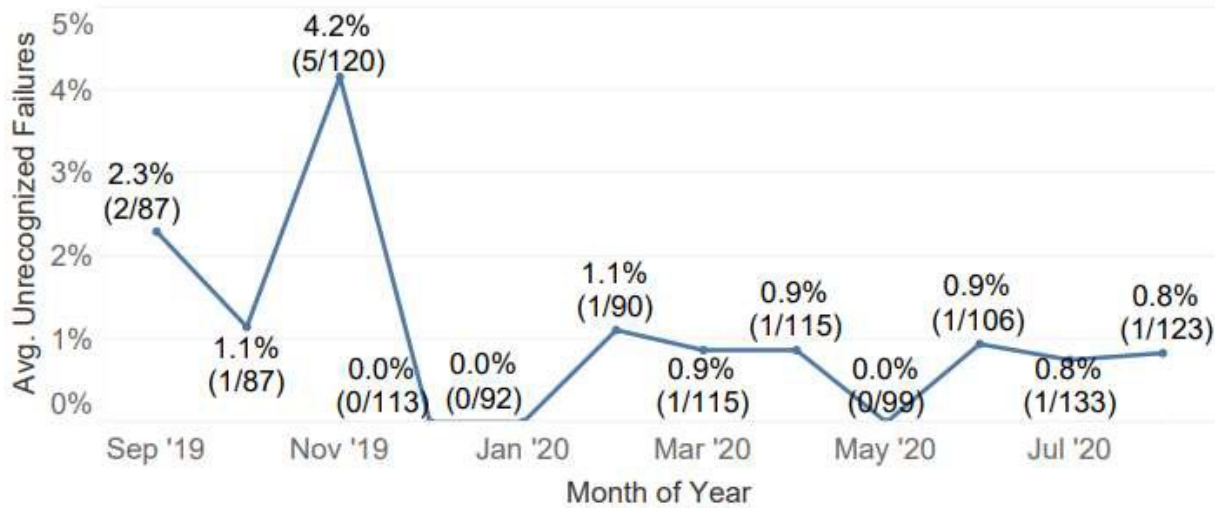


The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

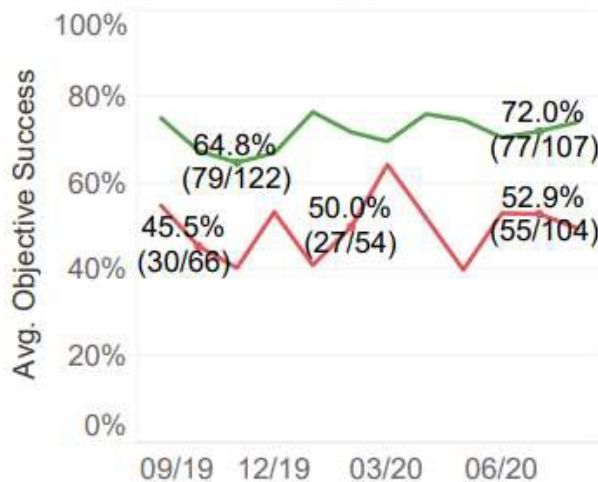
Airway Management



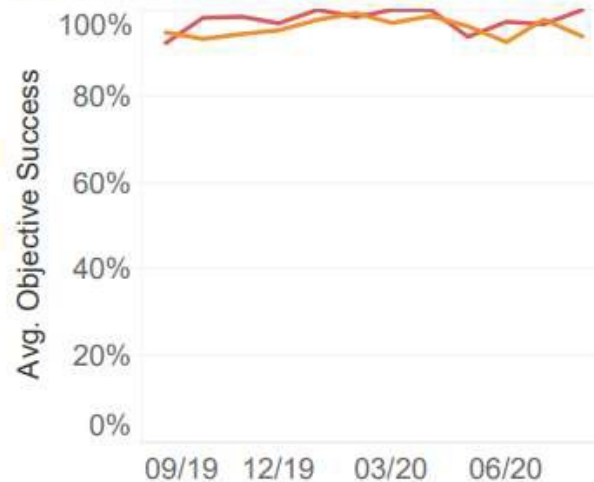
Unrecognized Failed Advanced Airway Rate



Airways Success - ET & King



Airways Success - BVM & CPAP



The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.



Cardiac Arrest	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Current Avg.	Goal
% of recognizable Out-of-Hospital Cardiac Arrests (OHCA) cases correctly identified by Dispatch	78.9%	91.4%	91.4%	89.6%	90.0%	74.4%	
Median time between 9-1-1 call and OHCA recognition	0:00:35	0:00:39	0:00:47	0:00:43	0:00:46	0:00:40	
% of recognized 2nd party OHCA cases that received tCPR	97.8%	100.0%	98.0%	100.0%	98.4%	97.8%	
Median time between 9-1-1 Access to tCPR hands on chest time for OHCA cases	0:01:56	0:02:00	0:01:18	0:02:25	0:02:18	0:02:07	
% of cases with time to tCPR < 180 sec from first key stroke	64.5%	79.7%	68.8%	69.2%	81.7%	61.3%	
System response time < 5 mins for Dispatch-presumed cardiac arrest							
% of cases with CCF ≥ 90%	67.0%	66.0%	82.0%	79.0%	80.0%	79.6%	
% of cases with compression rate 100-120 cpm 90% of the time	93.9%	91.9%	93.4%	87.2%	85.6%	82.2%	
% of cases with compression depth that meet appropriate depth benchmark 90% of the time	34.7%	31.5%	24.2%	26.6%	22.2%	24.3%	
% of cases with mechanical CPR device placement with < 10 sec pause in chest compression	26.8%	15.6%	18.8%	18.2%	28.6%	35.9%	
% of cases with Pre-shock pause < 10 sec	75.8%	66.7%	64.3%	68.7%	71.6%	80.5%	
% arrive at E/D with ROSC	14.6%	21.3%	13.7%	15.0%	9.7%	19.7%	
% discharged alive	3.1%	4.5%	6.3%	5.8%	1.1%	7.2%	
% neuro intact at discharge (Good or Moderate Cognition)	0.0%	3.4%	7.4%	5.0%	1.1%	5.7%	
% of cases with bystander CPR	56.2%	50.5%	54.2%	63.0%	65.6%	51.6%	
% of cases with bystander AED use	14.6%	14.6%	10.5%	22.5%	16.1%	19.2%	
# of people trained in CCR							
Ventilation Management	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Current Avg.	Goal
% of cases with etCO2 use for non-invasive ventilation management (CPAP, BVM) when equipped	99.3%	99.4%	99.0%	100.0%	97.6%	97.8%	
% of cases with etCO2 use for invasive ventilation management (KA, ETT, Cric)	99.3%	99.3%	95.2%	100.0%	97.9%	98.3%	
% of successful ventilation management as evidenced by etCO2 waveform throughout the case							
% of successful King Airway placement	75.9%	74.6%	70.5%	72.0%	74.1%	72.4%	
% of successful endotracheal tube placement	52.0%	40.0%	53.1%	52.9%	49.6%	46.9%	
System response time < 5 mins for Dispatch-presumed compromised airway							

The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.



STEMI	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Current Avg.	Goal
% of suspected STEMI patients correctly identified by EMS	69.2%	68.9%	55.8%	63.3%	59.3%	72.1%	
% of suspected STEMI patients w/ASA admin <i>(in the absence of contraindications)</i>	92.3%	96.5%	100.0%	96.7%	100.0%	92.3%	
% of suspected STEMI patients w/NTG admin <i>(in the absence of contraindications)</i>	80.7%	89.7%	94.1%	100.0%	92.6%	84.7%	
% of suspected STEMI patients with 12L acquisition within 10 minutes of patient contact	61.5%	72.4%	82.4%	76.7%	77.8%	73.2%	
% of suspected STEMI patients with 12L transmitted within 5 minutes of transport initiation	46.2%	75.9%	61.8%	63.3%	55.6%	51.9%	
% of suspected STEMI patients with PCI facility notified of suspected STEMI within 10 minutes of EMS patient contact	11.5%	17.2%	8.8%	20.0%	18.5%	21.7%	
% of patients with Suspected STEMI Transported to PCI Center	100.0%	100.0%	100.0%	96.7%	100.0%	98.2%	
% of suspected STEMI patients with EMS activation to Cath Lab intervention time < 90 minutes		60.0%	47.1%	53.3%	55.6%		
Stroke	Apr-20	May-20	Jun-20	Jul-20		Current Avg.	Goal
% of suspected Stroke patients correctly identified by EMS							
% of suspected Stroke patients w/BGL measured	87.7%	86.8%	90.0%	95.1%	80.3%	89.3%	
% of suspected Stroke patients w/CSS measured	75.3%	77.2%	73.2%	73.2%	73.7%	78.4%	
% of suspected Stroke patients w/positive CSS scores receiving Los Angeles Motor Score (LAMS) measured	79.3%	74.7%	80.2%	71.3%	80.9%	79.8%	
% of suspected stroke patients with stroke facility notified of suspected stroke within 10 minutes of EMS patient contact							
% of suspected stroke patients w/LAMS scores 4 - 5 transported to Comprehensive Stroke Center	100.0%	100.0%	100.0%	96.3%	96.1%	98.9%	

The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

Tab C – Chief Financial Officer

**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Finance Report – September 30, 2020**

The following summarizes significant items in the September 30, 2020 Financial Reports:

Statement of Revenues and Expenses:

Month to Date: Net Income for the month of September 2020 is a gain of \$461,375 as compared to a budgeted gain of \$104,724.82 for a positive variance of \$356,651.16. EBITDA for the month of September 2020 is a gain of \$800,166 compared to a budgeted gain of \$423,033 for a positive variance of \$377,132.

- Transport volume in September ended the month -4.4% to budget. Average Patient Charges are 0.6% above budget.
- Net Revenue in September is up 11% to budget. MedStar received the final ASPP payment of \$1.7MM which offset the shortfall in transport volume for the month.
- Total Expenses ended the month 2% or \$88,435 above budget. In September, MedStar had a couple large expenses; health insurance claims, cost report invoice and SIM family, which offset the savings seen in the salaries and fuel line items.

Year to Date: EBITDA is \$4,311,663 as compared to a budget of \$5,260,640 for a negative variance to budget of (\$948,977).

- The negative variance to budget for EBITDA is driven by lower than expected transport volume during the COVID-19 pandemic and expenses directly related to COVID-19.

Key Financial Indicators:

- Current Ratio – MedStar has \$10.48 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 as % of Annual Expenditures – The Restated Interlocal Cooperative Agreement mandates 3 months of operating capital. As of September 30, 2020 there is 6.2 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 5.44 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 September, the return is 0.0%.

MAEMSA/EPAB cash reserve balance as of September 30, 2020 is \$475,470.69.

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Balance Sheet By Character Code
For the Period Ending September 30, 2020

Assets	Current Year	Last Year
Cash - Unrestricted	\$12,884,152.06	\$9,694,394.76
Cash - Restricted	\$10,000,000.00	\$10,000,000.00
Accounts Receivable	\$10,243,189.04	\$12,349,394.14
Inventory	\$285,156.66	\$285,156.66
Prepaid Expenses	\$459,897.77	\$767,796.86
Property Plant & Equ	\$60,287,631.78	\$53,481,912.74
Accumulated Deprecia	(\$22,391,076.39)	(\$21,055,057.66)
Total Assets	\$71,768,950.92	\$65,523,597.50
Liabilities		
Accounts Payable	(\$745,524.28)	(\$1,127,436.63)
Other Current Liabil	(\$2,474,296.30)	(\$1,718,040.98)
Accrued Interest	(\$7,781.31)	(\$7,781.31)
Payroll Withholding	(\$5,211.83)	(\$1,664.99)
Long Term Debt	(\$3,996,996.23)	(\$4,246,498.89)
Other Long Term Liab	(\$8,499,037.08)	(\$2,852,118.07)
Total Liabilities	(\$15,728,847.03)	(\$9,953,540.87)
Equities		
Equity	(\$55,631,813.63)	(\$57,098,485.04)
Control	(\$408,290.26)	\$1,528,428.41
Total Equities	(\$56,040,103.89)	(\$55,570,056.63)
Total Liabilities and Equities	(\$71,768,950.92)	(\$65,523,597.50)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Statement of Revenue and Expenditures

Sept. 30, 2020

	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
Revenue						
Transport Fees	\$15,460,920.30	\$14,262,325.00	\$1,198,595.30	\$170,881,031.71	\$174,157,199.00	(\$3,276,167.29)
Contractual Allow	(\$6,044,772.28)	(\$3,878,146.00)	(\$2,166,626.28)	(\$71,675,420.88)	(\$47,355,310.00)	(\$24,320,110.88)
Provision for Uncoll	(\$4,885,921.37)	(\$6,334,311.00)	\$1,448,389.63	(\$53,835,954.93)	(\$77,349,664.00)	\$23,513,709.07
Education Income	\$6,291.00	\$26,000.00	(\$19,709.00)	\$65,648.79	\$120,700.00	(\$55,051.21)
Other Income	\$109,274.94	\$55,239.55	\$54,035.39	\$2,193,590.14	\$662,887.69	\$1,530,702.45
Standby/Subscription	\$54,010.59	\$80,313.58	(\$26,302.99)	\$674,493.19	\$714,387.96	(\$39,894.77)
Pop Health PMPM	\$0.00	\$0.00	\$0.00	(\$1.00)	\$0.00	(\$1.00)
interest on Investme	\$50,269.45	\$0.00	\$50,269.45	\$73,612.37	\$0.00	\$73,612.37
Gain(Loss) on Dispos	(\$93,565.22)	\$0.00	(\$93,565.22)	(\$90,481.22)	\$20,000.00	(\$110,481.22)
Total Revenue	\$4,656,507.41	\$4,211,421.13	\$445,086.28	\$48,286,518.17	\$50,970,200.65	(\$2,683,682.48)
Expenditures						
Salaries	\$2,027,967.02	\$2,425,403.63	(\$397,436.61)	\$28,759,325.57	\$28,897,225.00	(\$137,899.43)
Benefits and Taxes	\$531,081.14	\$457,451.00	\$73,630.14	\$4,684,313.62	\$5,612,157.00	(\$927,843.38)
Interest	\$18,009.01	\$16,250.00	\$1,759.01	\$233,180.24	\$197,800.00	\$35,380.24
Fuel	\$72,986.78	\$125,929.00	(\$52,942.22)	\$939,434.03	\$1,424,632.00	(\$485,197.97)
Medical Supp/Oxygen	\$175,226.81	\$172,612.00	\$2,614.81	\$2,167,532.91	\$2,106,344.00	\$61,188.91
Other Veh & Eq	\$41,988.22	\$39,068.88	\$2,919.34	\$475,019.25	\$468,826.56	\$6,192.69
Rent and Utilities	\$98,999.46	\$60,772.00	\$38,227.46	\$816,299.04	\$725,031.00	\$91,268.04
Facility & Eq Mtc	\$59,559.00	\$61,629.66	(\$2,070.66)	\$822,426.62	\$774,770.95	\$47,655.67
Postage & Shipping	\$4,146.01	\$3,604.00	\$542.01	\$41,741.20	\$42,440.00	(\$698.80)
Station	\$63,388.83	\$26,604.84	\$36,783.99	\$483,668.75	\$340,508.00	\$143,160.75
Comp Maintenance	\$103,171.55	\$132,549.00	(\$29,377.45)	\$1,310,824.10	\$1,602,099.00	(\$291,274.90)
Insurance	\$27,851.29	\$33,809.47	(\$5,958.18)	\$408,535.60	\$405,703.64	\$2,831.96
Advertising & PR	\$1,250.00	\$608.00	\$642.00	\$62,551.43	\$39,796.00	\$22,755.43
Printing	\$5,050.44	\$3,798.00	\$1,252.44	\$43,007.50	\$46,334.00	(\$3,326.50)
Travel & Entertain	(\$43.77)	\$7,115.00	(\$7,158.77)	\$51,263.44	\$110,953.00	(\$59,689.56)
Dues & Subs	\$17,535.74	\$6,213.00	\$11,322.74	\$105,554.60	\$135,790.00	(\$30,235.40)
Continuing Educ Ex	\$760.03	\$13,268.00	(\$12,507.97)	\$40,430.62	\$171,598.00	(\$131,167.38)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Statement of Revenue and Expenditures

Sept. 30, 2020

	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
Professional Fees	\$254,757.96	\$216,387.00	\$38,370.96	\$2,052,451.02	\$2,786,582.00	(\$734,130.98)
Education Expenses	\$339.63	\$0.00	\$339.63	\$40,985.87	\$0.00	\$40,985.87
Miscellaneous	\$370,324.80	\$1,565.00	\$368,759.80	\$669,489.91	\$18,770.00	\$650,719.91
Depreciation	\$320,781.48	\$302,058.83	\$18,722.65	\$4,076,247.84	\$3,624,705.96	\$451,541.88
Total Expenditures	\$4,195,131.43	\$4,106,696.31	\$88,435.12	\$48,284,283.16	\$49,532,066.11	(\$1,247,782.95)
Net Rev in Excess of Expenditures	\$461,375.98	\$104,724.82	\$356,651.16	\$2,235.01	\$1,438,134.54	(\$1,435,899.53)
EBITDA	\$800,166.47	\$423,033.65	\$377,132.82	\$4,311,663.09	\$5,260,640.50	(\$948,977.41)

**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Key Financial Indicators
September 30, 2020**

	Goal	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Current Ratio	> 1	8.88	7.19	8.97	9.49	20.71	10.48

Indicates the total short term resources available to service each dollar of debt. Ratio should be greater than 1, so that assets are available to retire debt when due.

Cash as % of Annual Expenditures	> 25%	49.02%	65.31%	55.06%	47.07%	42.95%	51.76%
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Indicates compliance with Ordinance which specifies 3 months cash on hand.

Accounts Receivable Turnover	>3	5.47	4.16	4.96	4.28	3.65	5.44
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A measure of how these resources are being managed. Indicates how long accounts receivable are being aged prior to collection. Our goal is a turnover rate of greater than 3 .

Return on Net Assets	7.04%	13.95%	11.60%	10.35%	10.11%	4.04%	0.00%
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Reveals management's effectiveness in generating profits from the assets available.

**Emergency Physicians Advisory Board
Cash expenditures Detail**

	<u>Date</u>	<u>Amount</u>	<u>Balance</u>
Balance 1/1/17			\$ 609,665.59
J29 Associates, LLC	2/27/2017	\$ 1,045.90	\$ 608,619.69
Bracket & Ellis	10/30/2017	\$ 12,118.00	\$ 596,501.69
Brackett & Ellis	11/19/2018	\$ 28,506.50	\$ 567,995.19
FWFD Grant	4/3/2019	\$ 56,810.00	\$ 511,185.19
Brackett & Ellis	4/3/2019	\$ 20,290.50	\$ 490,894.69
Brackett & Ellis	11/27/2019	\$ 9,420.00	\$ 481,474.69
Bracket & Ellis	2/6/2020	\$ 1,382.50	\$ 480,092.19
Bracket & Ellis	2/29/2020	\$ 4,621.50	\$ 475,470.69
 Balance 09/30/2020			 <u><u>\$ 475,470.69</u></u>



Business Gold Rewards

MEDSTAR/MAEMSA
DOUGLAS R HOOTEN
Closing Date 09/27/20 Next Closing Date 10/28/20
Account Ending 1

Customer Care: 1-800-492-3344
TTY: 1-800-221-9950
Website: americanexpress.com

New Balance \$4,269.78
Minimum Payment Due \$449.28
Payment Due Date 10/22/20*

Late Payment Warning: Your Payment Due Date is 10 / 22/20. If you do not pay your Minimum Payment Due by your Next Closing Date, you may have to pay a late fee of up to \$39.00 and your Pay Over Time APR may be increased to the Penalty APR of 29.24%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Pay Over Time balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	14 years	\$8,484

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Please refer to the **IMPORTANT NOTICES** section on **page 7**.

For information on your Pay Over Time feature and limit, see **page 5**

APPROVED :

Membership Rewards® Points
Available and Pending as of 08/31/20
124,225
For more details about Rewards, please visit americanexpress.com/rewardsinfo

Account Summary

Pay In Full Portion	
Previous Balance	\$436.65
Payments/ Credits	-\$436.65
New Charges	+\$410.28
Fees	+\$0.00
New Balance =	\$410.28

Pay Over Time Portion	
Previous Balance	\$7,133.77
Payments/ Credits	-\$7,133.77
New Charges	+\$3,859.50
Fees	+\$0.00
Interest Charged	+\$0.00
New Balance =	\$3,859.50
Minimum Due	\$39.00

Account Total	
Previous Balance	\$7,570.42
Payments / Credits	-\$7,570.42
New Charges	+\$4,269.78
Fees	+\$0.00
Interest Charged	+\$0.00
New Balance	\$4,269.78
Minimum Payment Due	\$449.28

Pay Over Time Limit	\$55,000.00
Available Pay Over Time Limit	\$51,140.50
Days in Billing Period:	30

-1- Please fold on the perforation below, detach and return with your payment -1-

!!!! Payment Coupon
1...1 Do not staple or use paper clips

1:1 Pay by Computer
1111 americanexpress.com/
business

91'.11 Pay by Phone
111 1-800-472-9297

Enter 15 digit account# on all payments.
Make check payable to American Express.

DOUGLAS R HOOTEN
MEDSTAR/MAEMSA
2900 ALTA MERE DR
FORT WORTH TX 76116-4115

Payment Due Date	10/22/20
New Balance	\$4,269.78
Minimum Payment Due	\$449.28

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
P.O. BOX 650448
DALLAS TX 75265-0448

\$ _____
Amount Enclosed





Business Gold Rewards

MEDSTAR/MAEMSA
DOUGLAS R HOOTEN
Closing Date 09/27/20

~~XXXXXXXXXXXXXXXXXXXX~~

Customer Care & Billing Inquiries
International Collect
Large Print & Braille Statements
Lost or Stolen Card
Express Cash

1-800-678-0745
1-336-393-1111
1-800-678-0745
1-800-678-0745
1-800-CASH-NOW
Hearing Impaired
ITV: 1-800-221-9950
FAX: 1-623-707-4442
In NY: 1-800-522-1897

I:J Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535
Payments
P.O. BOX 650448
DALLAS TX 75265-0448

Payments and Credits

Summary

	Pay In Full	Pay Over Time +	Total
Payments	-\$436.65	-\$7,133.77	-\$7,570.42
Credits	\$0.00	\$0.00	\$0.00
Total Payments and Credits	-\$436.65	-\$7,133.77	-\$7,570.42

[**Detail** *Indicates posting date

Payments	Amount
09/18/20* ONLINE PAYMENT-THANK YOU	-\$7,570.42

New Charges

Summary

	Pay In Full	Pay Over Time +	Total
Total New Charges	\$410.28	\$3,859.50	\$4,269.78

Detail

+ - denotes Pay Over Time activity

Ir11 DOUGLAS R HOOTEN
Q Jrat11K

					Amount
08/28/20	BRILLIANTPROMOS 8553867924	8553867924	AZ	PO 2203610	\$95.71
	<u>Hope Squad</u> "semi-colon" tattoo				
08/31/20	SOUND PRODUCTIONS INC. 01865745076116	9725500001	TX	PO 2203563	\$1,300.00 +
	PAY OVERTIME OPTION 4-channel receiver for GYM sound system				
09/01/20	SLADEK CONFERENCE SERVICE 899000002503	HUTIO	TX	PO 2203602	\$249.00 +
	BSLA DEK @sc s- Ev E NTs. co M K .E th r id g e attending CADS Certification Virtual Course PAY OVERTIME OPTION				
09/01/20	CONCUR TECHNOLOGIES 588-895-4815	588-895-4815	WA	PO 2203772	\$15 0.00 +
	PAY OVERTIME OPTION TVL website fee				
09/02/20	PAYFLOW/PAYPAL 0045 888-883-9770	LAVISTA	NE	PO 2203657	\$30.00
09/03/20	WWW.DOODLE.COM 8778877815	ZURICH	ZH	PO 2203605	\$180.00 +
	PAY OVER TIME OPTION Renewal of Doodle.com membership				
09/04/20	WEBSITEHOSTINGBILLCOM 4059488300	OKLAHOMA CITY	OK	PO 2203658	\$69.00
09/05/20	TWILIO, INC. COMPUTER STORE	SAN FRANCISCO		PO 2203668	\$10.02

Detail Continued						+ denotes Pay Over Time activity
						Amount
09/09/20	TCEQ EPAYMENT 0000 512-239-6261 PAY OVERTIME OPTION	AUSTIN Storm Water Discharge Permit (STEERS)	TX	PO 2203655	\$100.00 +	
09/10/20	NTIA AUTOCHARGE TOLLS TOLL FEES PAY OVER TIME OPTION	PLANO	TX	PO 2203873	\$240.00 +	
09/11/20	EASYKEYSCOMINC0541 877-839-5397	CHARLOTTE Replacement desk keys	NC	PO 2203678	\$76.45	
09/17/20	IWILIO, INC. COMPUTER STORE	SAN FRANCISCO		PO 2203872	\$10.02	
09/21/20	FULLBARS CELL PHONE ANDC00-080311605 ELECTRONICSREPAIR PAY OVERTIME OPTION	FORTWORTH Fixed iPad cracked screen	TX	PO 2203773	\$379.00 +	
09/23/20	Amazon Prime SHIPPINGCLUB PAY OVER TIME OPTION	Amazon.com Mbrship fee for Business Prime Essentials	WA	PO 2203867	\$179.00 +	
09/24/20	RITASPARTYRENTALS squareup.com/receipts	Fort Worth Deposit for Tables & Chairs rental	TX	PO 2203888	\$25.00	
09/24/20	RITAS PARTY RENTALS squareup.com/receipts	Fort Worth Rental fee for Tables & chairs	TX	PO 2203888	\$94.08	
09/25/20	SANTOS TACOS squareup.com/receipts PAY OVERTIME OPTION	CROWLEY Food Truck	TX	PO 2021001	\$1,082.50 +	

Fees

						Amount
Total Fees for this Period						\$0.00

Interest Charged

						Amount
Total Interest Charged for this Period						\$0.00

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full and on time each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2020 Fees and Interest Totals Year-to-Date	
	Amount
Total Fees in 2020	\$175.00
Total Interest in 2020	\$0.00

Tab D – Human Resources

Human Resources - September 2020

Turnover:

- **September turnover – 2.19%**
 - **FT – 1.90%**
 - **PT – 5.41%**
- **Year to date turnover – 19.91%**
 - **FT – 15.95%**
 - **PT – 64.86%**

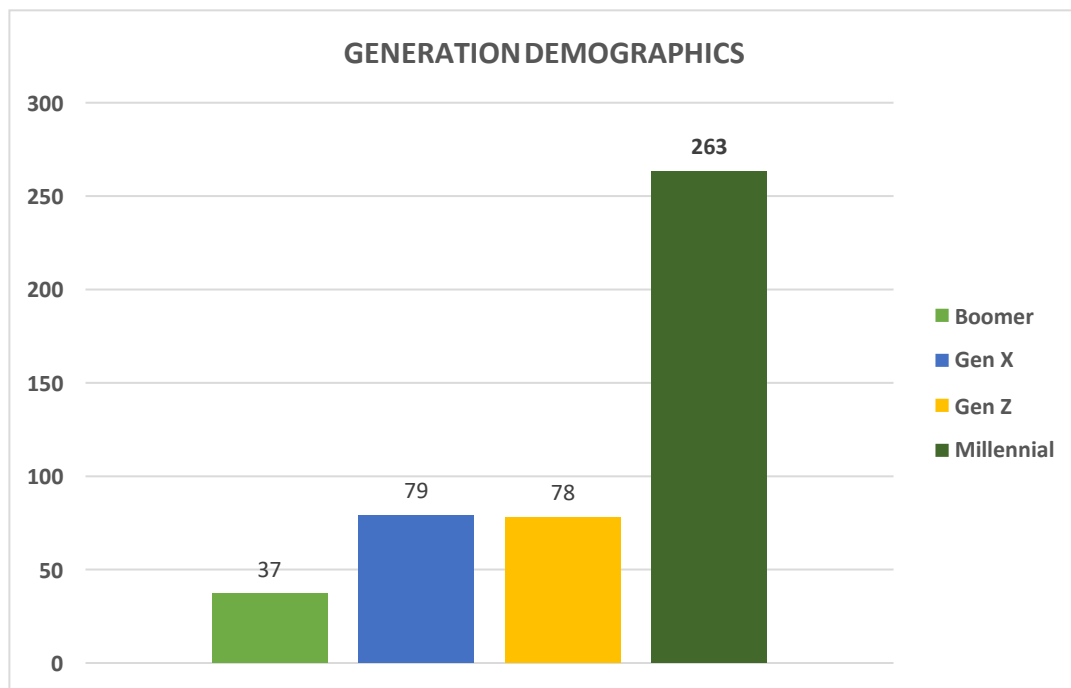
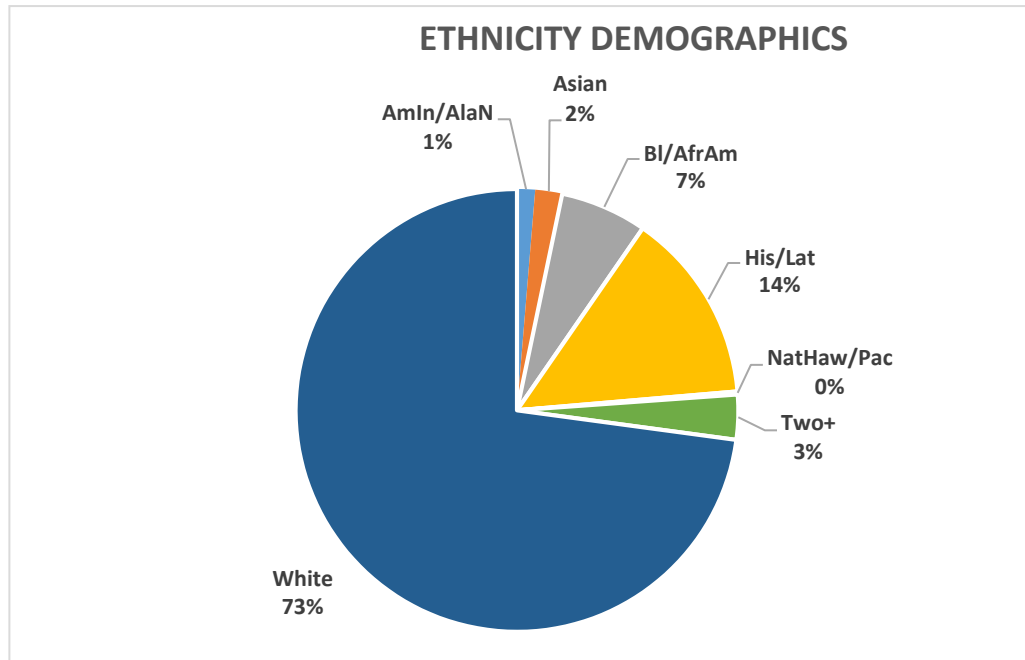
Leaves:

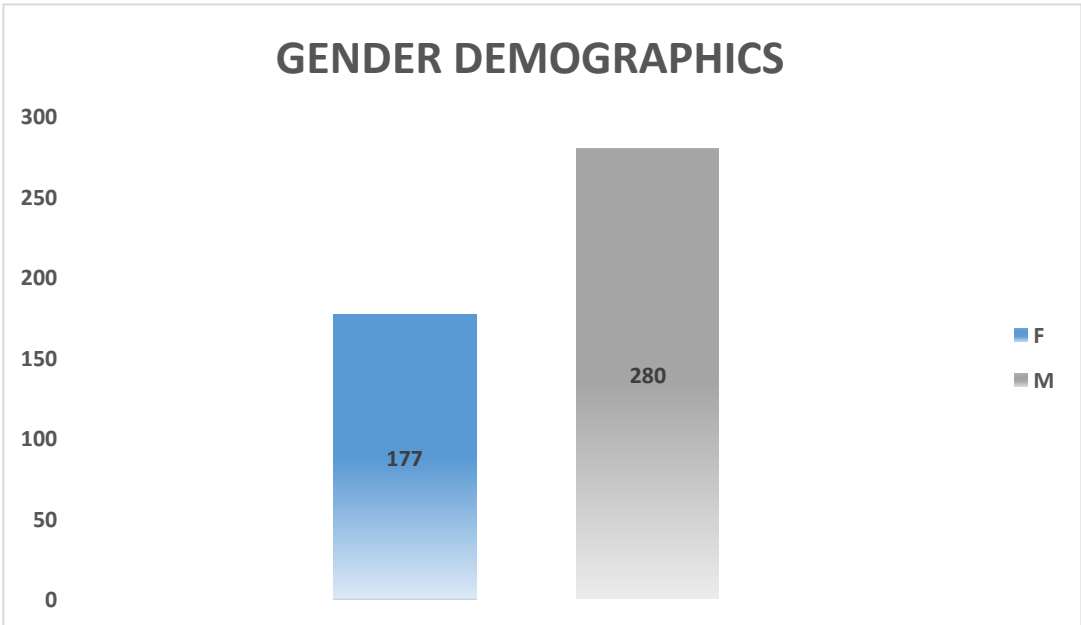
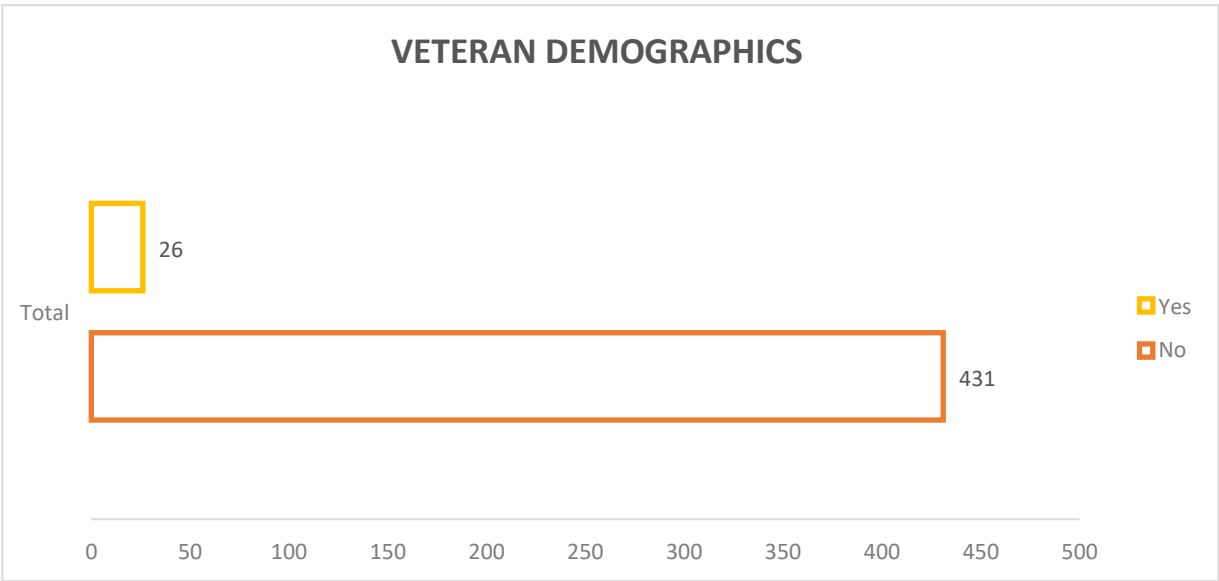
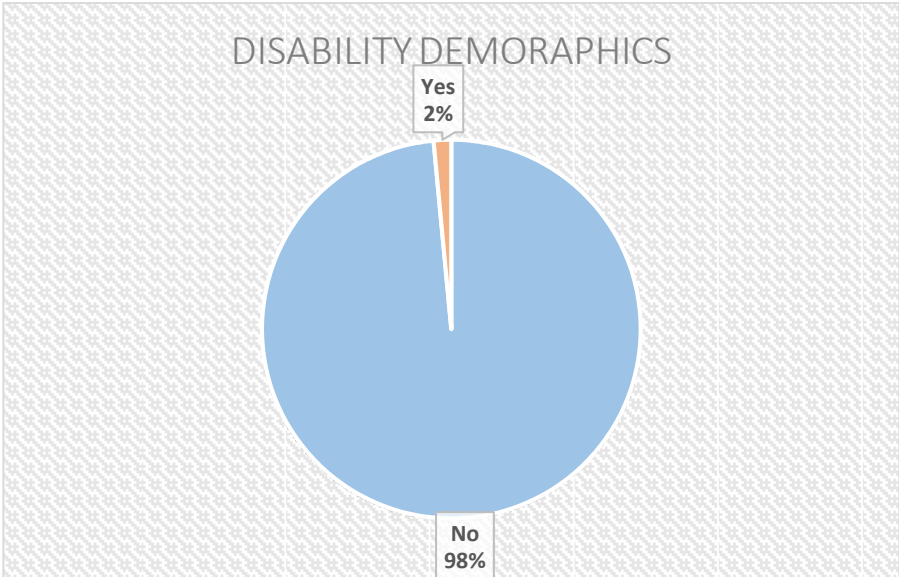
- **50 employees on FMLA / 11.90% of workforce**
 - **35 cases on intermittent**
 - **15 case on a block**
- **Top request reasons/conditions**
 - **Mental Health (9)**
 - **Obstetrics (7)**
 - **Neurological (7)**

COVID-19:

- **203 tests conducted**
- **31 positive**
- **COVID Administrative Leave**
 - **133:00 hours in September**
 - **5,181:02 hours to date**

AUGUST DIVERSITY STATISTICS





FMLA Leave of Absence (FMLA Detailed Report)
Fiscal Year 10/1/19 - 09/30/2020
Percentages by Department/Conditions

Conditions	
Row Labels	Count of Last
Cardiology	3
FMLA - Child	6
FMLA - Parent	6
FMLA - Spouse	4
Mental Health	9
Neurological	7
Obstetrics	7
Pulmonary	1
Orthopedic	7
Grand Total	50

Department	Percentage by Department				
	# of Ees	# on FMLA	% by FTE	% by FMLA	% by Dept HC
Advanced	120	11	2.62%	22.00%	9.17%
Basic	136	20	4.76%	40.00%	14.71%
Business Office	25	6	1.43%	12.00%	24.00%
Communications	35	3	0.71%	6.00%	8.57%
Field Managers/Supervisors - Operations	18	1	0.24%	2.00%	5.56%
Mobile Integrated Health	12	4	0.95%	8.00%	33.33%
Support Services - Facilities, Fleet, S.E., Logistics	33	5	1.19%	10.00%	15.15%
Grand Total	379	50			
Total # of Full Time Employees - Aug 2020	420				
% of Workforce using FMLA	11.90%				
TYPE OF LEAVES UNDER FMLA	# of Ees	% on Leave			
Intermittent Leave	35	70.00%			
Block of Leave	15	30.00%			
Total	50	100.00%			

MedStar Mobile Healthcare
Leave of Absence Report - Fiscal Year 2013-2014

Light Duty WC for Fiscal Year 2019-2020													Goal
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Hours/Mo	860:09	519:58	423:16	357:35	44:24	99:05	377:46	188:35	193:53	171:14	391:50	340:58	
FY 19-20	860:09	1380:07	1803:23	2160:58	2205:22	2304:27	2682:13	2870:48	3064:41	3235:55	3627:45	3968:43	5189:07
FY 18-19	350:17	592:25	1117:25	1447:17	1747:31	1964:44	2198:51	2475:11	2694:00	3546:44	4735:28	5765:42	

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

Light Duty HR for Fiscal Year 2019-2020													Goal
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Hours/Mo	674:38	266:21	165:35	0:00	0:00	48:00	417:07	189:50	209:37	132:00	77:30	222:09	
FY 19-20	674:38	940:59	1106:34	1106:34	1106:34	1154:34	1571:41	1761:31	1971:08	2103:08	2180:38	2402:47	0:00
FY 18-19													

Worker's Comp LOA for Fiscal Year 2019-2020													Goal
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Hours/Mo	7:46	0:00	0:00	0:00	8:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
FY 19-20	7:46	7:46	7:46	7:46	15:46	15:46	15:46	15:46	15:46	15:46	15:46	15:46	149:13
FY 18-19	5:10	5:10	21:48	21:48	21:48	21:48	129:48	165:48	165:48	165:48	165:48	165:48	

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

FMLA LOA for Fiscal Year 2019-2020													AVG
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Hours/Mo	2034:59	2051:20	2016:20	877:32	1019:22	1208:26	1368:31	1529:54	1486:55	1310:22	1805:56	1377:18	1490:22
FY 19-20	2034:59	4086:19	6102:39	6980:11	7999:33	9207:59	10576:30	12106:24	13593:19	14903:41	16709:37	18086:55	
FY 18-19	1693:07	3187:29	4463:04	5841:46	6902:34	8114:18	9213:02	10296:18	11291:28	12442:54	14432:44	16159:57	8669:53

All Other Leave for Fiscal Year 2019-2020*													AVG
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Hours/Mo	6910:47	5898:25	6928:46	5941:14	5814:56	6118:22	4188:53	4921:11	5953:48	7348:20	6226:32	5351:22	6002:28
FY 19-20	6910:47	12809:12	19737:58	25679:12	31494:08	37612:30	41801:23	46722:34	52676:22	60024:42	66251:14	71602:36	
FY 18-19													0:00

*includes all other leaves (LOA, MLOA, Vacation, Sick, Jury, etc.)

Military Leave for Fiscal Year 2019-2020													AVG
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Hours/Mo	95:00	74:00	24:00	48:00	120:00	68:00	180:00	360:00	318:00	332:00	348:00	595:00	161:54
FY 19-20	95:00	169:00	193:00	241:00	361:00	429:00	609:00	969:00	1287:00	1619:00	1967:00	2562:00	
FY 18-19	72:00	120:00	192:00	308:00	367:00	487:00	584:00	750:00	1046:00	1096:00	1096:00	1096:00	109:36

Total Leave Hours													AVG
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Hours/Mo	10583:19	8810:04	9557:57	7224:21	7006:42	7541:53	6532:17	7189:30	8162:13	9293:56	8849:48	7886:47	8190:13
FY 19-20	10583:19	19393:23	28951:20	36175:41	43182:23	50724:16	57256:33	64446:03	72608:16	81902:12	90752:00	98638:47	
FY 18-19	2120:34	3905:04	5794:17	7618:51	9038:53	10587:50	12125:41	13687:17	15197:16	17251:26	20430:00	23187:27	1725:08

Summary of Fiscal Year 2019-2020							
	Light Duty- WC	Light Duty - HR	Worker's Comp	FMLA	All Other Leave	Military	Total
YTD	3968:43	2402:47	15:46	18086:55	71602:36	2562:00	98638:47
Goal / Compare	5189:07	0:00	149:13	16159:57	0:00	1096:00	22594:18

Revision #2 9/24/2014

MedStar Mobile Health Care Separation Statistics - September 2020

	Current Month			Year to Date			Compared to Aug		Headcount
	Vol	Invol	Total	Vol	Invol	Total	Sept '19	%	Sep-20
Full Time Separations	4	4	8	53	14	67	77	-13%	420
Part Time Separations	2	0	2	22	2	24	43	-44%	37
Total Separations	6	4	10	75	16	91	120	-24%	457

	Full Time	Part Time	Total	Full Time	Part Time	Total
Total Turnover %	1.90%	5.41%	2.19%	15.95%	64.86%	19.91%

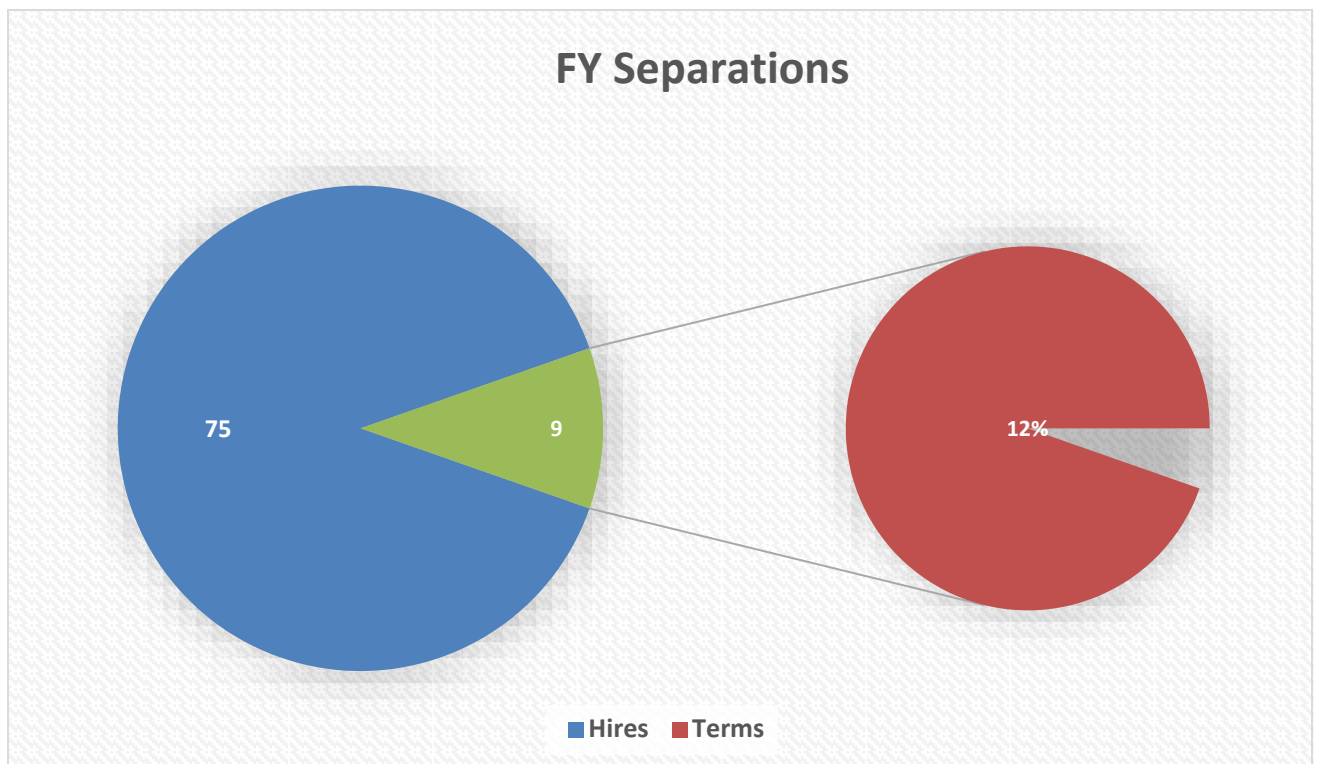
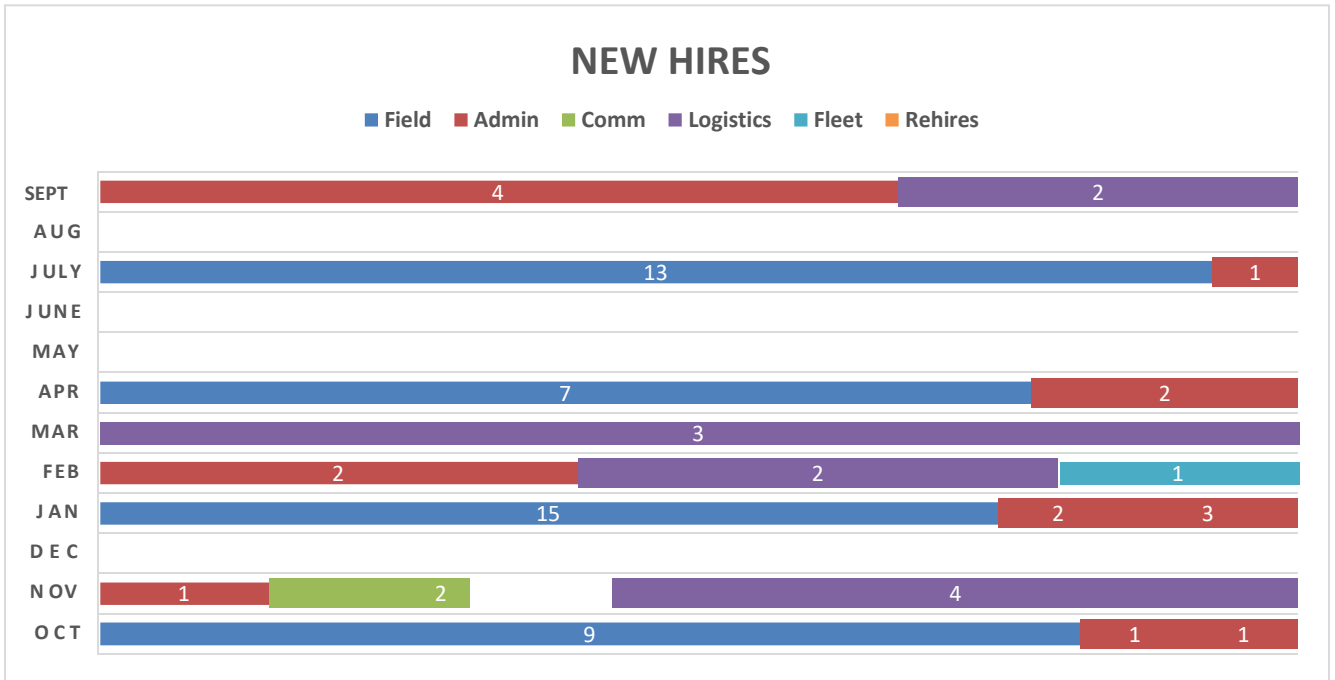
Separations by Department

Full Time	Current Month			Year to Date			Headcount
	Vol	Invol	Total	Vol	Invol	Total	Sep-20
Administration				1	0	1	1
Advanced	2	1	3	16	3	19	120
Basics	0	2	2	18	4	22	136
Business Intelligence - Deployment, QI, Scheduler							3
Business Office	1	0	1	4	1	5	25
Communications				0	2	2	35
Compliance							2
Controller - Payroll, Purchasing, A/P				1	0	1	6
Executives							7
Field Manager/Supervisors - Operations				1	0	1	18
Human Resources				4	0	4	6
Information Technology							2
Medical Records							2
Mobile Integrated Health	0	1	1	0	2	2	12
MTAC - MedStar Training Academy				2	0	2	0
Office of the Medical Director	1	0	1	2	0	2	10
Risk and Safety							2
Support Services - Facilities, Fleet, S.E., Logistics				4	2	6	33
Total	4	4	8	53	14	67	420

Part Time	Current Month			Year to Date			Headcount
	Vol	Invol	Total	Vol	Invol	Total	Sep-20
Advanced	1	0	1	8	0	8	22
Basics	1	0	1	13	1	14	8
Business Intelligence - Deployment, QI, Scheduler							
Business Office							
Communications							3
Compliance							
Controller - Payroll, Purchasing, A/P							
Field Manager/Supervisors - Operations							
Human Resources							
Information Technology							
Medical Records							
Mobile Integrated Health Department				0	1	1	2
MTAC - MedStar Training Academy							
Office of the Medical Director							
Risk and Safety							
Support Services - Facilities, Fleet, S.E., Logistics				1	0	1	2
Total	2	0	2	22	2	24	37

Recruiting & Staffing Report

Fiscal Year 2019-2020

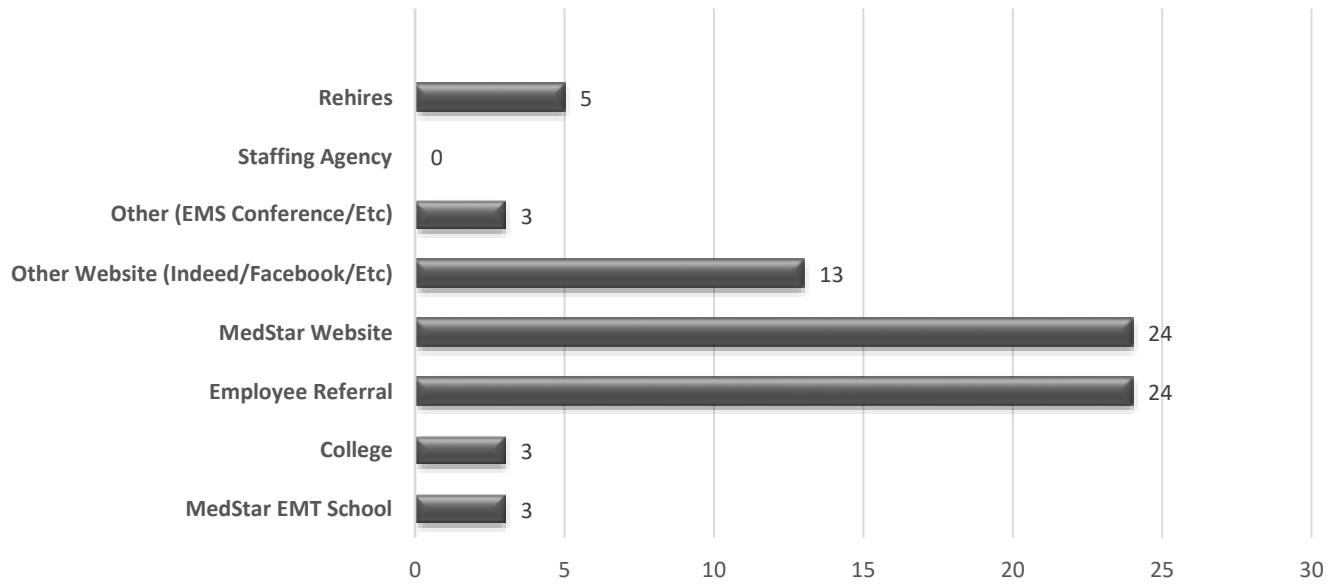


Fiscal Year Statistics
 Total hires to date 69
 Total separations from hires 7

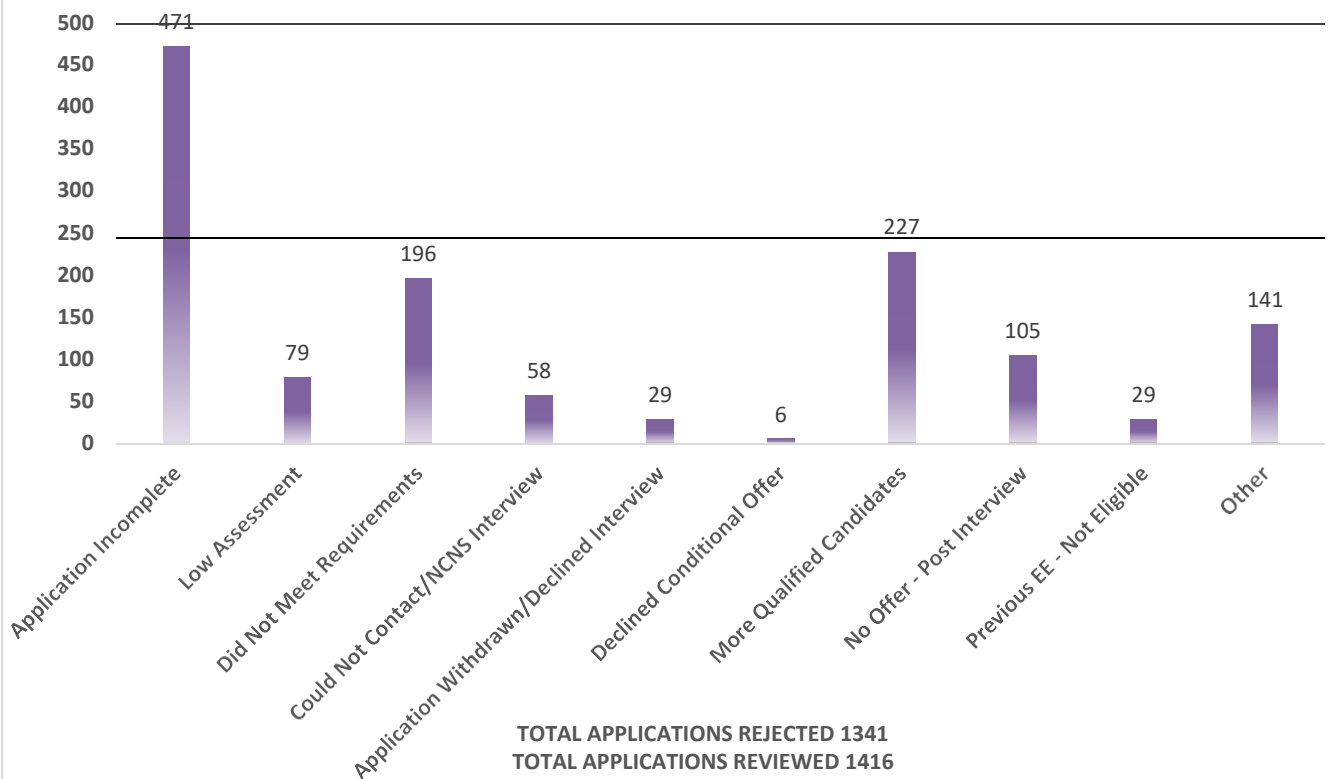
Reasons for Separation

- Another opportunity – 2
- Didn't feel ready to be an EMT – 1
- Job abandonment/Attendance – 3
- Personal – 1
- Didn't like working in busy 911 system - 1
- Nursing School - 1

New Hire Referral Source

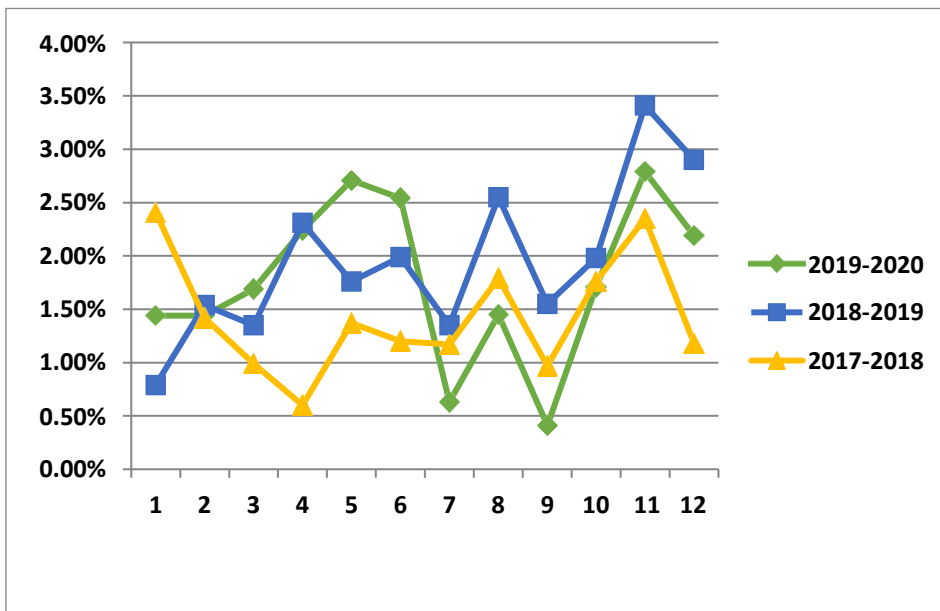


APPLICANT REJECTION REASONS



**MedStar Mobile Healthcare Turnover
Fiscal Year 2019 - 2020**

	Full & Part Time Turnover			Full Time Only
	2019-2020	2018-2019	2017-2018	2019-2020
October	1.44%	0.79%	2.41%	1.59%
November	1.44%	1.54%	1.42%	1.14%
December	1.69%	1.35%	0.99%	1.63%
January	2.24%	2.31%	0.60%	0.89%
February	2.71%	1.76%	1.37%	1.58%
March	2.54%	1.99%	1.20%	2.30%
April	0.63%	1.35%	1.17%	0.46%
May	1.45%	2.55%	1.79%	1.34%
June	0.41%	1.55%	0.97%	0.45%
July	1.71%	1.98%	1.76%	0.92%
August	2.79%	3.41%	2.35%	2.56%
September	2.19%	2.90%	1.18%	1.90%
Actual Turnover	19.91%	24.84%	17.13%	13.75%



Tab E – Compliance and Legal



Compliance Officer's Report September 18, 2020 to October 20, 2020

Compliance Officer Duties

- Submitted clinical employee roster changes to the DSHS as required by TX Admin Code §157.11
- Provided compliance consulting to ESD-11 regarding DSHS provider licensure
- Applied for DEA Controlled Substance Ordering System (CSOS) which allows for secure electronic transmission of DEA 222 forms in the future.
- Review multiple claims and prepared responses for two external payor (Cotiviti & Aetna) audit submissions
- Updated DSHS Provider license to reflect new Administrator of Records and Interim CEO
- Prepared multiple documents for CAAS renewal application submission and site audit
- The following three narcotic anomaly occurred during this reporting period:
 1. A Paramedic inadvertently took a narcotics pouch home at the end of shift. The pouch was immediately returned.
 2. A Critical Care Paramedic inadvertently left this narcotics pouch on another unit during after assisting with patient care. The pouch was secured by 2nd crew on the unit and recovered by a Field Supervisor.
 3. A Logistics Technician dropped a vial while inspecting the narcotics at the end of shift. The narcotics anomaly process was followed in each occurrence. No foul play was discovered.

Paralegal Duties

- 30 DFPS reports made for suspected abuse, neglect, or exploitation
- 1 Pre-trial witness meeting held with the Tarrant Co. District Attorney's office
- 3 Law Enforcement agency interviews coordinated and hosted
- 5 Subpoenas(s) for witness appearance processed and served
- Employee, investigative interviews were conducted related to legal, compliance, and HR matters
- Created, reviewed, and processed numerous contractual agreements with GC
- Worked with ContractLogix to automate the internal contract processing workflow
- Assisted internal and external Counsel with preparing discover, and production for pending litigation

A handwritten signature in black ink, appearing to read "Chad Carr".

Chad Carr
Compliance Officer
Paralegal- Office of General Counsel
CACO, CAPO, CRC, EMT-P

Tab F – Operations

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Operations Report- September 30, 2020

The following summarizes significant operational items through September of 2020:

Field Operations:

- Call volume has decreased slightly in September from numbers seen in June-Aug
- Working with HR and OMD to hire additional Field Training Officers
- Working with HR on recruiting options to replace employees leaving to pursue other employment.
 - 6 paramedics lost to contiguous EMS service
 - 1 paramedic lost to nursing position at area hospital
 - 1 paramedic lost to Tarrant County Sherriff's Office
 - 1 paramedic lost to Austin/Travis County
 - 3 EMT resignation to flight school, missionary work and one moving out of state and getting out of EMS
 - 4 New hire medics/8 new hire EMTs/1 Returning EMT/2 EMT returning from military
 - 5 upgrading EMT credential to medic/advanced
 - 4 in Field Training and 1 in NEOP
 - 14 EMTs in paramedic school
 - 3 EMTs taking paramedic exam and then upgrading
 - 6 additional EMTs planning to start paramedic school in January 2021
- 8,609 transports completed in September (approx. 5% below budget)
- Deployed 3 ambulances, 1 strike team leader and 1 medical incident support team member to Hurricane Laura

Fleet/Logistics:

- Expanding RFID tracking pilot to all north deployment ambulances.
 - Evaluating options to streamline ambulance cleaning and prep.
- Fuel costs were under budget this year.
- Filling open positions

Safety & Risk:

- Workers Compensation time off of shift is trending down.
- Vehicle safety remains a focus with ongoing Drivecam coaching and accountability.
- Completed Safety Committee Meeting in September
 - Covering ergonomics, stretcher guidelines and focused on "Looking Ahead" Fail Safe Standard
- Helping to manage State of TX Nursing Home Outbreak COVID Testing Project.

Vehicle Incidents	Metric	FY 19 Avg	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	June 2020	July 2020	Aug 2020	Sept 2020
	Total Vehicle Incidents	10.41	12	5	6	11	14	5	10	17	12	11	8	3
	Vehicle Incidents >\$1K in Damages per 100K Miles	0.50	0.38	0.00	0.00	0.78	1.21	0.00	0.49	0.47	0.91	0.43	0.42	0.43
	Preventable Incidents per 100,000 Miles	2.49	4.20	0.76	1.94	2.72	2.42	1.22	4.40	2.81	3.62	2.60	2.96	0.85
	Incidents during a P1 or P2 Response	2	4	2	3	2	7	1	3	3	2	1	3	0
	Incidents while Backing	1	5	0	1	1	3	0	1	0	4	1	0	0
	Auto Collision Cost	\$12,155	\$2,267	\$623	\$240	\$1,068	\$1,251	\$5,244	\$1,780	\$6,199	\$568	\$2,499	\$110,139	\$2,880

2019/2020 Safety Scorecard

Health & Medical	Metric	FY 19 Avg	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	June 2020	July 2020	Aug 2020	Sept 2020
	Total Incidents	10.33	9	1	8	7	5	18	15	12	16	7	11	12
	Total Claims	6.66	8	1	3	3	2	5	10	6	6	3	8	7
	Lifting Incidents per 10,000 Scenes Made	2.46	0.80	0.81	0.69	0.75	0	0	3.84	3.52	0	0.78	1.57	1.68
	Bodily Fluid Exposures per 10,000 Scenes Made	1.68	0	0	2.07	0.75	1.69	2.48	2.88	0.88	3.31	0.78	0	0
	Incidents Occurring On-Campus	1.16	1	0	1	0	0	2	1	1	0	0	4	0
	Lost Time	565:48	1265:39	969:39	868:41	779:32	437:54	616:42	970:14	877:57	531:33	686:02	598:21	389:45
	Medical Cost	\$32,317	\$33,382	\$122	\$948	\$3,223	\$230	\$5,152	\$61,035	\$34,924	\$4,413	\$23,293	\$17,415	\$43,592

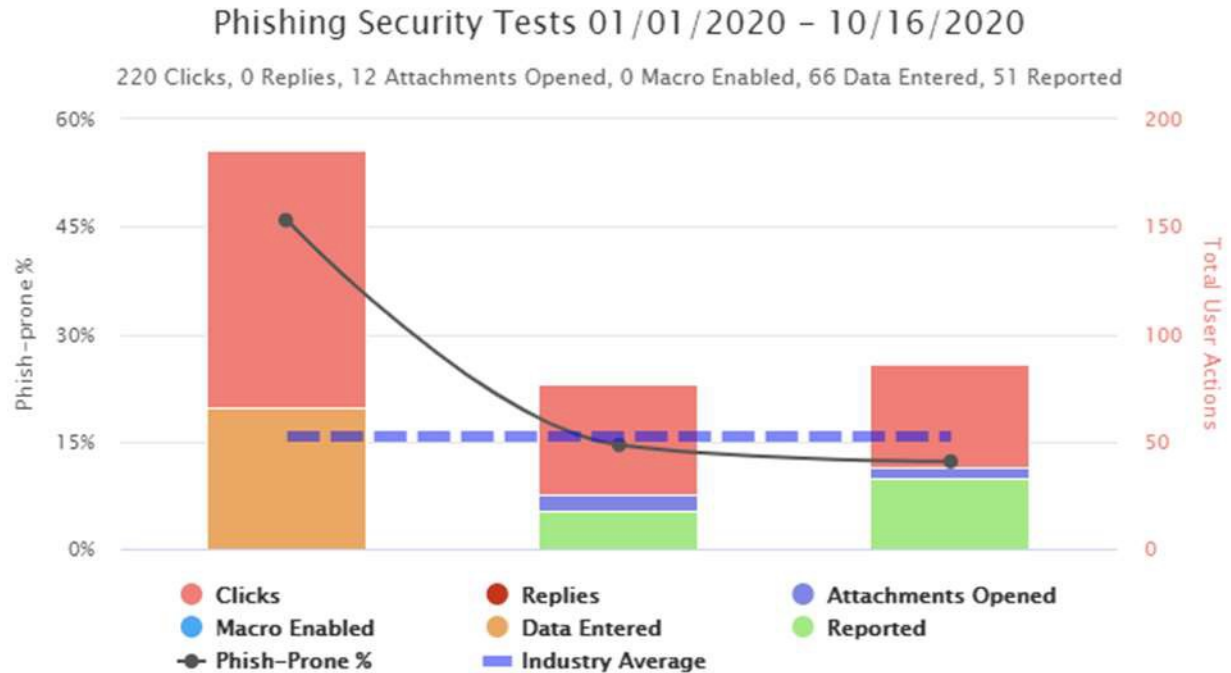
**Lost time is the total time off duty per month due to work related injury and/or illness

**Medical cost is the total medical cost incurred for the incident documented for the date the injury occurred

- Includes indemnity, medical cost, expenses and reserves

Information Technology:

- Working on implementation of Office 365 throughout the organization w/ target date 12/31/20.
- Implemented video laryngoscopy download process with OMD.
- Provided ongoing phishing training, which has yielded positive results (black line below)



Business Intelligence:

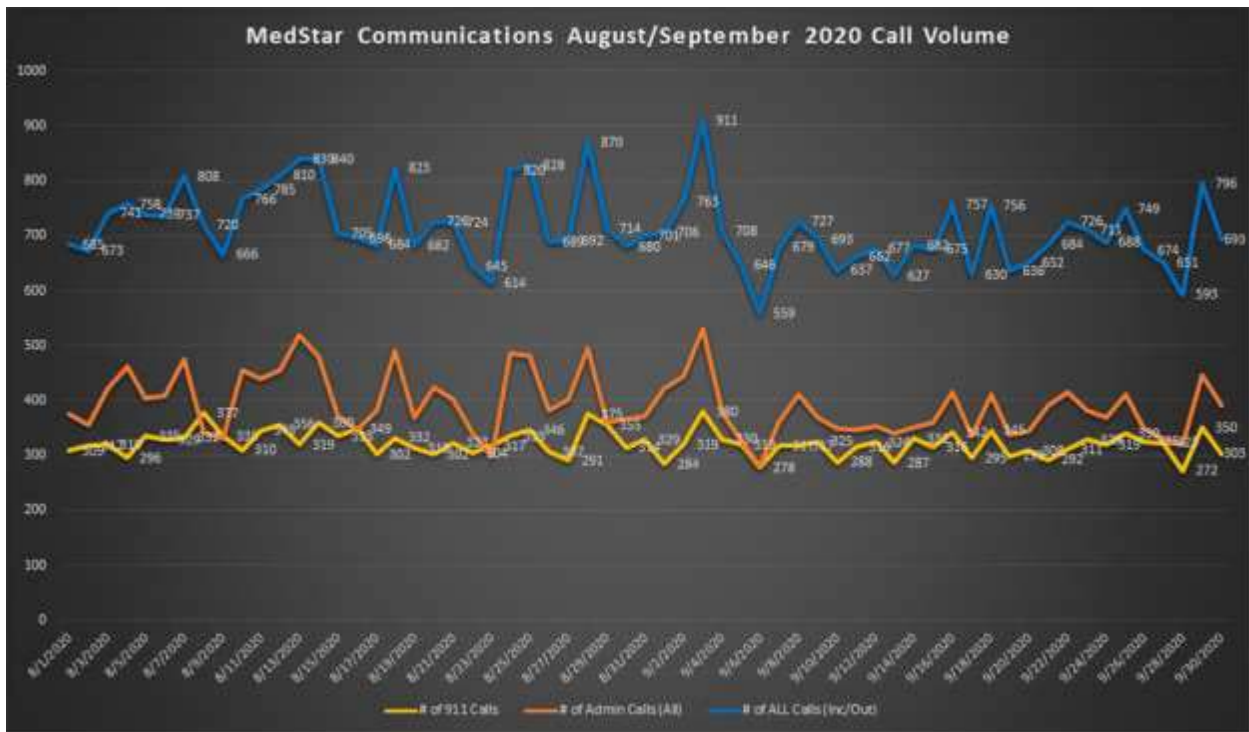
Priority 1 Compliance Summary - 2020

Time	Jan	Feb	*Mar*	*Apr*	*May*	*Jun*	*Jul*	*Aug*	*Sep*
On Time	86.4%	87.0%	84.0%	83.8%	80.1%	78.1%	76.8%	78.0%	83.0%
01-15	87.7%	88.1%	85.2%	85.1%	81.5%	79.4%	78.7%	79.8%	84.0%
16-30	88.8%	89.0%	86.4%	86.3%	83.1%	80.9%	80.3%	81.3%	84.8%
31-45	89.6%	90.0%	87.5%	87.3%	84.6%	82.1%	81.4%	82.7%	86.2%
46-60	90.3%	90.8%	88.6%	89.1%	86.1%	83.7%	82.5%	84.0%	87.0%
12:01-13:00	93.3%	93.7%	92.2%	92.2%	90.3%	88.4%	87.2%	88.9%	91.3%

- Working on operational productivity report cards for employees.
- As discussed with FROs the change for additional dispatch screening has increased response times slightly. Taking that additional dispatch time into account we would have still hit the 85% metric.
- Worked with finance to build reports for some of the cities around financial metrics.

Communications:

- Working with COFW and TC911 on back-up facility possibilities.
- Implementation of Text-To-911 by mid-November along with all Tarrant County PSAPs.
- Great data on AHA telephone CPR times- see OMD data for more
- **August Call Volume and Statistics**
 - Total Incoming 911: 10,147
 - Answer Time <15 seconds (All): 93.36% (Goal of 90.00%)
 - Answer Time <20 seconds (All): 95.07% (Goal of 95.00%)
- **September Call Volume and Statistics**
 - Total Incoming 911: 9,461
 - Answer Time <15 seconds (All): 94.62% (Goal of 90.00%)
 - Answer Time <20 seconds (All): 96.29% (Goal of 95.00%)





MedStar Response Time Reliability and AVG Response Time Performance

Period: Sep 2020

Member City	Pri	Current Month						100 Response Compliance Period			
		Calls	On Scene	Avg RT	Late Responses	On Time %	Extended Responses Count	Extended Responses %	Compliance Calculated Responses	Late Responses	On Time %
Blue Mound	1	5	5	00:06:46	0	100.0%	0	0.0%	51	9	82.4%
	2	8	8	00:11:26	0	100.0%	0	0.0%	15	0	100.0%
	3	1	1	00:12:20	0	100.0%	0	0.0%	43	5	88.4%
Total Blue Mound		14	14								
Burleson	1	82	78	00:08:09	17	79.3%	6	7.3%	175	37	78.9%
	2	167	160	00:08:40	24	85.6%	1	0.6%	167	24	85.6%
	3	72	66	00:11:17	14	80.6%	2	2.8%	138	22	84.1%
	4	154	154	00:24:28	9	94.2%	2	1.3%	154	9	94.2%
Total Burleson		475	458								
Edgecliff Village	1	3	3	00:07:18	0	100.0%	0	0.0%	51	3	94.1%
	2	12	12	00:10:56	2	83.3%	1	8.3%	54	7	87.0%
	3	7	7	00:09:57	1	85.7%	0	0.0%	61	4	93.4%
Total Edgecliff Village		22	22								
Forest Hill	1	62	57	00:08:47	8	87.1%	0	0.0%	105	16	84.8%
	2	95	91	00:09:05	10	89.5%	0	0.0%	186	25	86.6%
	3	34	29	00:11:38	3	91.2%	1	2.9%	111	14	87.4%
Total Forest Hill		191	177								
Fort Worth	1	2300	2198	00:08:36	365	84.1%	48	2.1%	2300	365	84.1%
	2	4728	4498	00:09:29	595	87.4%	69	1.5%	4728	595	87.4%
	3	2883	2677	00:11:15	306	89.4%	64	2.2%	2883	306	89.4%
	4	1039	974	00:23:51	53	94.9%	22	2.1%	1039	53	94.9%
Total Fort Worth		10950	10347								
Haltom City	1	68	66	00:09:59	22	67.6%	2	2.9%	68	22	67.6%
	2	121	117	00:10:35	27	77.7%	3	2.5%	121	27	77.7%
	3	85	79	00:12:33	13	84.7%	2	2.4%	166	29	82.5%
	4	2	1	00:10:10	0	100.0%	0	0.0%	35	0	100.0%
Total Haltom City		276	263								
Haslet	1	4	4	00:07:38	0	100.0%	0	0.0%	13	2	84.6%
	2	12	11	00:09:04	2	83.3%	0	0.0%	94	8	91.5%



MedStar Response Time Reliability and AVG Response Time Performance

Period: Sep 2020

Member City	Pri	Current Month							100 Response Compliance Period		
		Calls	On Scene	Avg RT	Late Responses	On Time %	Extended Responses Count	Extended Responses %	Compliance Calculated Responses	Late Responses	On Time %
	3	3	3	00:17:16	1	66.7%	1	33.3%	81	8	90.1%
Total Haslet		19	18								
Lake Worth	1	24	23	00:06:43	2	91.7%	0	0.0%	24	2	91.7%
	2	50	48	00:08:08	9	82.0%	2	4.0%	50	9	82.0%
	3	24	21	00:11:19	6	75.0%	2	8.3%	24	6	75.0%
	4	1	0	00:05:24	0	100.0%	0	0.0%	33	0	100.0%
Total Lake Worth		99	92								
Lakeside	1	5	5	00:14:37	4	20.0%	2	40.0%	41	24	41.5%
	2	3	3	00:12:02	1	66.7%	0	0.0%	49	24	51.0%
	3	2	1	00:19:53	2	0.0%	0	0.0%	29	8	72.4%
Total Lakeside		10	9								
River Oaks	1	23	23	00:09:12	6	73.9%	0	0.0%	105	22	79.0%
	2	18	18	00:08:39	2	88.9%	0	0.0%	18	2	88.9%
	3	18	15	00:11:56	2	88.9%	0	0.0%	92	10	89.1%
Total River Oaks		59	56								
Saginaw	1	32	30	00:10:57	15	53.1%	2	6.3%	108	51	52.8%
	2	70	56	00:12:11	24	65.7%	5	7.1%	128	42	67.2%
	3	38	33	00:15:34	13	65.8%	2	5.3%	116	35	69.8%
	4	1	0	00:02:46	0	100.0%	0	0.0%	18	1	94.4%
Total Saginaw		141	119								
Sansom Park	1	19	18	00:08:12	4	78.9%	0	0.0%	89	19	78.7%
	2	44	41	00:09:11	8	81.8%	0	0.0%	76	15	80.3%
	3	16	14	00:13:36	5	68.8%	1	6.3%	102	27	73.5%
	4	4	1	00:03:56	0	100.0%	0	0.0%	45	0	100.0%
Total Sansom Park		83	74								
Westover Hills	2	2	2	00:08:49	0	100.0%	0	0.0%	13	2	84.6%
	3	1	1	00:08:58	0	100.0%	0	0.0%	10	0	100.0%
Total Westover Hills		3	3								
	1	6	6	00:07:42	0	100.0%	0	0.0%	16	3	81.3%



MedStar Response Time Reliability and AVG Response Time Performance

Period: Sep 2020

Member City	Pri	Current Month						100 Response Compliance Period			
		Calls	On Scene	Avg RT	Late Responses	On Time %	Extended Responses Count	Extended Responses %	Compliance Calculated Responses	Late Responses	On Time %
Westworth Village	2	21	21	00:10:43	4	81.0%	1	4.8%	55	16	70.9%
	3	17	15	00:12:44	3	82.4%	1	5.9%	68	14	79.4%
Total Westworth Village		44	42								
White Settlement	1	49	48	00:09:21	14	71.4%	2	4.1%	115	27	76.5%
	2	94	94	00:08:32	8	91.5%	0	0.0%	94	8	91.5%
	3	50	49	00:10:07	6	88.0%	0	0.0%	50	6	88.0%
	4	8	4	00:04:58	0	100.0%	0	0.0%	70	0	100.0%
Total White Settlement		201	195								
System Wide	1	2682	2564	00:08:39	457	83.0%	62	2.3%	3270	603	81.6%
	2	5445	5180	00:09:30	716	86.9%	82	1.5%	5848	804	86.3%
	3	3251	3011	00:11:21	375	88.5%	76	2.3%	3974	494	87.6%
	4	1209	1134	00:23:38	62	94.9%	24	2.0%	1408	64	95.5%
Total System Wide		12587	11889								

Tab G – FRAB

Tab H – Chief Strategic Integration Officer

Strategic Integration Summary

October 2020

Alternate Payment Models

- Planning for an ET3 Model start in January 2021**
 - Updating Implementation Plan and reviewing Participation Agreement
 - Shared PA with key partners
 - CMS Webinars planned in November for onboarding and billing
 - Invited partners to attend
 - Considering ET3 Steering Committee of internal and external stakeholders
 - Helped create the **Texas EMS Coalition for Innovation**
 - All Texas ET3 Model Agencies (all provider types)
 - Coordinate implementation and payer strategies
- Congressional efforts on Medicare Reimbursement for Treatment in Place continues**
 - Jointly drafted language with other National EMS associations
 - Rep. Axne and others have agreed to sponsor the language
 - Legislative Counsel language finalized for House Ways and Means Committee and Senate Finance Committee
- Amerigroup approved pilot payment plan for Alternate Dispositions**
 - Alternate Payment Model amendment drafted for current network agreement
- Continuing to work with with BCBS, Care 'N Care, CIGNA, Cook Children's Health Plan and JPS on agreement for payment for alternate *dispositions*



Treatment in Place Model – AMA Pilot

- Staff training conducted October 12 – 23rd
- Pilot started October 26th for patients who communicate the desire to NOT be transported
 - IES will provide telehealth for potential alternate dispositions
 - Alternate dispositions will be available through DispatchHealth, JPS UCC

Medicaid Ambulance Supplemental Payment Program – ASPP

- Still working with HHSC on revised program
 - Met with HHSC in October for program update
- Continuing internal work on the charity care component of the program

Flu Vaccines

- Conducting record number of mobile flu vaccine clinic requests
- TCPH reached to see if we could be part of the distribution of flu and COVID vaccines

Syndromic Surveillance Data Connection w/TCPH

- Flexible 'triggers' for potential conditions such as COVID-19, ILI and overdose
 - Response data will be used by TCPH for public health activities

MIH Program for Eye Exams

- Requested by SWHR
 - Completed

"End of Summer" Recognition

- Special Summer 2020 Challenge Coins for all staff
- MedStar branded masks for off-duty use

One Safe Place Kid Adoption for Christmas

- 2 kids for toy collection this year



Community COVID-19 Screenings

- Screened participants at Shoot for the Blue fundraiser
- 2nd event for One Safe Place Golf Tournament 11/23

Paid Consulting Activity

- Work continues for Center for Public Safety Management (*in partnership with ICMA*)
 - County of San Diego, CA – Evaluation of EMS agency performance
 - Paradise Valley, AZ – Ambulance RFP and contracting
 - Steuben, NY – EMS evaluation and redesign
 - Lewiston, ME – Fire and EMS evaluation
 - Projects pending for Burbank, CA; Billings, MT; Madison, CT and Coalinga, CA
- Harris County ESD-11
 - Assisting with education on high-performance, high value EMS and potential transition of EMS provision in the ESD-11 area
 - Building proforma for public utility like system
 - Recruitment of Executive Director
 - Sub-contracted recruiter screening over 60 applicants
- City of Austin Dispatch Assessment/Resource Assignment Recommendations
 - Through Public Consulting Group (PCG)

Presentations

Event (all virtual)	Date	Attendees
Texas Fire Chief's Association	October 2020	50
South Carolina Office of Rural Health (multiple events)	Oct. – Nov. 2020	50
AIMHI: High Performance Finance Metrics	November 2020	~250
Texas EMS Conference (2 sessions)	November 2020	~150
Indiana State EMS Leadership Conference	November 2020	~200
National Association of EMS Physicians	January 2021	800
EMS Today	March 2021	1,500

Mobile Integrated Healthcare Report

September 2020 Activity

Hospice:

Vitas: 2 active

- 9-1-1 calls w/CCP on scene: 0

Holy Savior: 25 active

- 9-1-1 calls w/CCP on scene: 2

Embrace: 2 active

- 9-1-1 calls w/CCP on scene: 0

Community: 82 active

- 9-1-1 calls w/CCP on scene: 4

Home Health:

Klarus: 169 active

- total 9-1-1 calls w/CCP on scene: 7
 - 10-digit line request: 1

Health Masters: 17 active

- total 9-1-1 calls w/CCP on scene: 0
 - 10-digit line request: 1

Readmission Avoidance:

- Baylor: 1
- THR FW: 3
- THR Alliance: 6
- Southwestern Health Resources Clinical Integration Network: 3
- Internal: 1
- 9-1-1 Encounters w/CCP on scene: 2

High Utilizer:

- UTSW NAIP: 7
- Internal/FD: 14
- Non-Adherent High Utilizer: 9
- Southwestern Health Resources: 4
- 9-1-1 Encounters w/CCP on scene: 35

Palliative Care, Southwestern Health Resources:

- 34 active
- 9-1-1 Encounters w/CCP on scene: 6

Star Saver Plus:

- 355 Active
- 9-1-1 Encounters w/CCP on scene: 7

Detection of Elder Abuse Through Emergency Care Technicians (DETECT) Study:

- Phone interviews completed: 34
- In-person interviews completed: 31

COVID Testing

- TCPH: 707
- MedStar Employees: 138

Digital Retinal Imaging

- 27 exams

StarSaver Report

Membership New / Renewal Comparison															
	2016	Cumulative	2017	Cumulative	% Change	2018	Cumulative	% Change	2019	Cumulative	% Change	2020	Cumulative	% Change	
New Households															
January	35	35	37	37	5.7%	38	38	2.7%	21	21	-44.7%	44	44	109.5%	
February	58	93	32	69	-25.8%	41	79	14.5%	38	59	-25.3%	34	78	32.2%	
March	51	144	48	117	-18.8%	56	135	15.4%	35	94	-30.4%	92	170	80.9%	
April	40	184	68	185	0.5%	45	180	-2.7%	44	138	-23.3%	112	282	104.3%	
May	48	232	44	229	-1.3%	34	214	-6.6%	27	165	-22.9%	54	336	103.6%	
June	24	256	40	269	5.1%	36	250	-7.1%	31	196	-21.6%	55	391	99.5%	
July	22	278	29	298	7.2%	31	281	-5.7%	37	233	-17.1%	46	437	87.6%	
August	36	314	22	320	1.9%	35	316	-1.3%	31	264	-16.5%	79	516	95.5%	
September	42	356	38	358	0.6%	22	338	-5.6%	276	540	59.8%	90	606	12.2%	
October	53	409	38	396	-3.2%	16	354	-10.6%	3	543	53.4%	14	620	14.2%	
November	32	441	43	439	-0.5%	25	379	-13.7%	13	556	46.7%		620	11.5%	
December	9	450	19	458	1.8%	40	419	-8.5%	25	581	38.7%		620	6.7%	
Total New Member Households	450		458			419			581			620			
Renewing Households	2016	Cumulative	2017	Cumulative	% Change	2018	Cumulative	% Change	2019	Cumulative	% Change	2020	Cumulative	% Change	
January	454	454	344	344	-24.2%	347	347	0.9%	216	216	-37.8%	183	183	-15.3%	
February	306	760	117	461	-39.3%	546	893	93.7%	210	426	-52.3%	66	249	-41.5%	
March	192	952	78	539	-43.4%	96	989	83.5%	335	761	-23.1%	44	293	-61.5%	
April	1137	2089	788	1327	-36.5%	1293	2282	72.0%	954	1715	-24.8%	947	1240	-27.7%	
May	910	2999	1493	2820	-6.0%	453	2735	-3.0%	377	2092	-23.5%	321	1561	-25.4%	
June	354	3353	521	3341	-0.4%	395	3130	-6.3%	376	2468	-21.2%	474	2035	-17.5%	
July	357	3710	172	3513	-5.3%	287	3417	-2.7%	279	2747	-19.6%	360	2395	-12.8%	
August	335	4045	437	3950	-2.3%	335	3752	-5.0%	269	3016	-19.6%	196	2591	-14.1%	
September	326	4371	163	4113	-5.9%	132	3884	-5.6%	162	3178	-18.2%	457	3048	-4.1%	
October	192	4563	220	4333	-5.0%	269	4153	-4.2%	166	3344	-19.5%	61	3109	-7.0%	
November	165	4728	145	4478	-5.3%	75	4228	-5.6%	75	3419	-19.1%		3109	-9.1%	
December	126	4854	249	4727	-2.6%	292	4520	-4.4%	238	3657	-19.1%		3109	-15.0%	
Total Renewing Households	4854		4727			4520			3657			3109			
Total Member Households	5304		5185			4939			4238			3729			

247 are Trinity Terrace Members StarPlus Program	18 are Trinity Terrace Households StarPlus Program
	249 are Fall Trinity Terrace Households StarPlus Program

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