



Metropolitan Area EMS Authority (MAEMSA)

dba MedStar Mobile Healthcare

Board of Directors

March 24, 2023

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

Date and Time: March 24, 2023 at 8:00 a.m.

Location: Botanical Research Institute of Texas, 1700 University Dr. Fort Worth TX 76107

AGENDA

- | | | | |
|-------------|-------------------------------|---|------------------------------|
| I. | CALL TO ORDER | | Dr. Janice Knebl |
| II. | INTRODUCTION OF GUESTS | | Dr. Janice Knebl |
| III. | CITIZEN PRESENTATIONS | <p>Members of the public may address the Board on any posted agenda item and any other matter related to Authority business. All speakers are required to register prior to a meeting using the link on the Authority's website, (see, http://www.medstar911.org/board-of-directors/ where more details can be found, including information on time limitations). The deadline for registering is 4:30 p.m. March 23, 2023. No person shall be permitted to speak on an agenda item or address the Board during Citizen Presentations unless they have timely registered and have been recognized by the Chair.</p> | |
| IV. | CONSENT AGENDA | <p>Items on the consent agenda are of a routine nature. To expedite the flow of business, these items may be acted upon as a group. Any board member may request an item be removed from the consent agenda and considered separately. The consent agenda consists of the following:</p> | |
| | BC – 1549 | Approval of Board Minutes for February 22, 2023 | Dr. Janice Knebl
Pg. 1 |
| | BC – 1550 | Approval of Check Register for February | Dr. Janice Knebl
Pg. 5 |
| V. | NEW BUSINESS | | |
| | BC – 1551 | Approval of Purchase of Support Vehicles | Kenneth Simpson |
| | IR – 228 | Review of Strategic Planning and Budget Objectives | Kenneth Simpson
Cary Hill |

VI. MONTHLY REPORTS

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

VII. OTHER DISCUSSIONS

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

VIII. CLOSED SESSION

The Board of Directors may conduct a closed meeting in order to discuss matters permitted by section 551.071 of Chapter 551 of the Texas Government Code, including but not limited to any item on this agenda:

The Board may return to the open meeting after the closed session and may take action on any agenda item deliberated in the closed session.

XI. ADJOURNMENT

**MAEMSA
BOARD COMMUNICATION**

Date: 03.24.2023	Reference #: BC-1549	Title: Approval of Board of Directors Minutes
-------------------------	-----------------------------	--

RECOMMENDATION:

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

DISCUSSION:

N/A

FINANCING:

N/A

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

MINUTES

METROPOLITAN AREA EMS AUTHORITY DBA MEDSTAR MOBILE HEALTHCARE BOARD OF DIRECTORS REGULAR MEETING FEBRUARY 22, 2023

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

I. CALL TO ORDER

Chair Dr. Janice Knebl called the meeting to order at 10:06 a.m.

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

Guests on phone or in person as attendees: Dr. Brian Miller, Fire Chief Brian Jacobs, Fire Chief Jeff Ballew, Andrew Malone, Bob Strickland, Bradley Crenshaw, Brandon Pate, Cerenity Jenkins-Jones, Chris Roberts, Desiree Partain, Erin Lincoln, Jason Weimer, Joleen Quigg, Kristine Martinez, Lindy Curtis, Maerissa Thomas, Matthew Willens, Nancy Cychol, Pete Rizzo, Shaun Curtis, Susan Swagerty, Taylor Paris, and Whitney Morgan.

II. INTRODUCTION OF GUESTS

Steve Post introduced Adam Mosley and Josh Argan with Whitley Penn.

III. CONSENT AGENDA

BC-1544 Approval of Board Minutes for January 18, 2023

BC-1545 Approval of Check Register for January

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

IV. NEW BUSINESS

BC-1546 Approval of AFG Matching Funds

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

BC-1547 MAEMSA Clinical Bundle Performance

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

BC-1548 Education Media Production Specialist

The motion to approve was made by Dr. Chris Bolton and seconded by Dr. Brad Commons. The motion carried unanimously.

V. MONTHLY REPORTS

- A.** Chief Executive Officer- Ken Simpson referred to Tab A and informed the Board there have been several conversations with the City of Fort Worth and Fire Chief Davis regarding the next fiscal year and we will be starting our budget process earlier this year. We are in conversation about conducting an EMT class under Senate Bill 8 that provides grant funding for EMT/Paramedic school in exchange for a service commitment. Forty-five people are interested in attending a class and Chief Davis has volunteered his training instructors to assist. We experienced a CAD outage several weeks ago and are still investigating the cause. We will be adding a second internet line. We are looking at Tellus along with City of Fort Worth--it is a different type of CAD-to-CAD program that will provide additional visibility and transparency. We were informed by the Veterans Administration of a potential shift from a cost-based reimbursement model to a fee-based model using the Medicare fee schedule. Model. Steve Post is working with EMS|MC to assess the financial impact.
- B.** Office of the Medical Director – Dr. Jarvis referred to Tab B and informed the Board that OMD is trying to change its strategy to focus to a quality improvement model and has been spending a lot of time reviewing our metrics.
- C.** Chief Transformation Officer – Matt Zavadsky referred to Tab C and provided the Board an overview of two national surveys regarding EMS operations.
- D.** Chief Financial Officer- Steve Post referred to Tab D and provided an overview of the annual audit, with comments from Adam Mosley and Josh Argan of Whitley Penn.

- E. Chief Human Resources Officer- Leila Peeples referred to Tab E and informed the Board that Human Resources is exploring joint EMT training Fort Worth Fire along with continuing efforts on recruitment, engagement, and compensation.
- F. FRAB – Chief Spears informed the Board, FRAB held a meeting last week; nothing pertinent to report at this time.
- G. Operations – Chris Cunningham referred to Tab G and informed the Board that Operations has been focusing on pre-work implementation of the call reprioritization project, which will be going live March 1st, and continuing to fill in some of the redundancy gaps on the IT and operational sides since the cyberattack.
- H. Compliance and Legal- Chad Carr referred to Tab H.
- I. EPAB – Dr. Commons informed the Board that the EPAB Board did not hold a meeting in January or February, but the EPAB Executive Board did meet virtually. EPAB’s focus for the next meeting is to lay out the year’s meetings and connect with Dr. Jarvis on his goals/objectives.

VI. REQUEST FOR FUTURE AGENDA ITEMS

None.

VII. CLOSED SESSION

Dr. Knebl called the meeting into a closed session at 11:08 a.m. under Section 551.071 and 551.076 of the Texas Government Code. The Board returned from the closed meeting at 11:13 a.m. and took no further action.

VIII. ADJOURNMENT

The board stood adjourned at 11:13 a.m.

Respectfully submitted,

Douglas Spears
Secretary

AP Check Details Over 5000.00
For Checks Between 2/1/2023 and 2/28/2023



Check Number	CK Date	Vendor Name	Check Amount	Description
110876	2/6/2023	ADP Screening & Selection Services	10,802.28	ADP Screening Services
110893	2/6/2023	Bound Tree Medical LLC	60,436.27	Various Medical Supplies
110902	2/6/2023	Founder Project RX Inc	20,601.20	Various Medical Supplies
110908	2/6/2023	Maintenance of Ft Worth, Inc.	6,685.24	Janitorial Services and Supplies
110911	2/6/2023	Masimo Americas, Inc	8,652.06	Various Medical Supplies
110912	2/6/2023	McKesson Medical Surgical Inc	11,124.25	Various Medical Supplies
110913	2/6/2023	Medline Industries, Inc.	7,844.96	Various Medical Supplies
110925	2/6/2023	Paranet Solutions	14,804.34	CISCO MERAKI MR36 WIFI and switches for Network refresh project
110931	2/6/2023	Stryker	80,826.37	Power Pros - Medix Trucks
110935	2/6/2023	Teleflex Medical	9,579.90	Various Medical Supplies
110937	2/6/2023	The State of Texas	57,999.14	Microsoft Subscrip
110939	2/6/2023	Vairkko	5,463.51	Monthly Subscription
110942	2/6/2023	XL Parts	12,830.96	Various Parts
110943	2/6/2023	Zoll Medical Corporation	5,143.82	Various Medical Supplies
110944	2/10/2023	Five Star Ford	46,055.39	2023 Ford Explorer - VIN #8182 - to replace totaled support vehicle
111033	2/16/2023	Airgas USA, LLC	7,188.52	Cylinders and Monthly Rental
111034	2/16/2023	All-Pro Construction & Commerical	9,394.50	Annual Backflow-NDC, Fire Service Program, Warehouse Prev Maint, monthly maint and sand delivery
111037	2/16/2023	American Ambulance Association	12,900.00	Annual Membership
111042	2/16/2023	Bound Tree Medical LLC	16,715.03	Various Medical Supplies
111045	2/16/2023	Collection Management Company	5,119.39	Collection Services
111046	2/16/2023	CyrusONE	8,060.48	Colocation/Bandwidth Charges
111053	2/16/2023	FedEx	5,576.15	Shipping Charges
111055	2/16/2023	Founder Project RX Inc	7,091.23	Various Medical Supplies
111059	2/16/2023	Gulfstream Outsourcing and Specialized	5,141.47	Aged / Historical Project
111063	2/16/2023	ImageTrend	25,002.00	Annual Fee-Vault Records and Monthly Fees - Elite EMS Saas
111065	2/16/2023	Kroll Information Assurance LLC	401,963.69	Incident Response Service
111070	2/16/2023	Logis Solutions	6,889.63	HERE License / Support Hrs
111075	2/16/2023	Medline Industries, Inc.	19,164.28	Various Medical Supplies
111077	2/16/2023	Mobile Wireless, LLC	25,500.00	NetMotion Annual Subscription
111078	2/16/2023	Motorola Solutions, Inc.	187,978.88	Annual Renewal
111105	2/16/2023	Steven Parsons	6,500.00	Paramedic Tuition Reimbursement
111108	2/16/2023	The EMS Training School LLC	6,500.00	J Ayala - Paramedic School Tuition
111109	2/16/2023	Page Wolfberg & Wirth, LLC	8,550.00	PWW Client Connect Fee
111110	2/16/2023	Paranet Solutions	43,833.77	IT Monthly Services
111121	2/16/2023	Stryker	27,828.00	Stair Pros and Power Pros - Medix Trucks
111124	2/16/2023	Teleflex Medical	9,900.00	Various Medical Supplies

AP Check Details Over 5000.00
For Checks Between 2/1/2023 and 2/28/2023



Check Number	CK Date	Vendor Name	Check Amount	Description
111127	2/16/2023	TML Intergovernmental Risk Pool	23,257.52	Liability Deductible
111128	2/16/2023	TruCorp Ltd	49,088.00	AFG - Pediatric Simulators
111146	2/16/2023	Whitley Penn, LLC	21,476.00	Audit of Financial Statements
111156	2/23/2023	AMBU Inc	8,988.71	Various Medical Supplies
111165	2/23/2023	Bound Tree Medical LLC	14,608.14	Various Medical Supplies
111171	2/23/2023	Express Fleet Autobody and Paint	5,916.00	M57 code 100 repairs
111174	2/23/2023	Fort Worth Heat & Air	168,281.00	cooling tower replacement
111175	2/23/2023	Founder Project RX Inc	6,633.66	Various Medical Supplies
111191	2/23/2023	Medline Industries, Inc.	8,930.67	Various Medical Supplies
111205	2/23/2023	The State of Texas	5,768.18	Microsoft Subscription
2012023	2/1/2023	Frost	61,053.88	Frost Loan #30001
2022023	2/2/2023	Frost	38,540.62	Frost Loan #4563-001
2162023	2/16/2023	JP Morgan Chase Bank, N.A.	28,608.67	MasterCard Bill
2272023	2/27/2023	Frost	52,993.77	Frost Loan #4563-002
2429699	2/8/2023	Direct Energy Business	8,635.33	Electric Service-Main A#135137
3018558	2/1/2023	Frost	39,363.52	Frost Loan #39001
3036807	2/6/2023	UMR Benefits	51,553.95	Health Insurance Premium - Feb
3036828	2/6/2023	MetLife - Group Benefits	36,803.30	Dental/Vision/Basic Life/Supple Life/STD - Feb
3056774	2/10/2023	M Davis and Company Inc	5,240.00	Detection of Elder Abuse - Jan
3056779	2/10/2023	WEX Bank	164,846.63	Fuel
3120768	2/28/2023	UT Southwestern Medical Center	12,833.33	Consulting Services - B Miller
3121491	2/28/2023	Integrative Emergency Service Physician	15,000.00	Consulting Services - A Cornelius
18607042	2/13/2023	AT&T	14,393.38	Cell Phone / Aircards - Jan23

**MAEMSA
BOARD COMMUNICATION**

Date: 03.24.2023	Reference #: BC-1551	Title: Approval of Support Vehicle Purchase
-------------------------	-----------------------------	--

RECOMMENDATION:

It is recommended that the Board of Directors approve the request to purchase of four (4) support vehicles in an amount not to exceed the budgeted amount of \$245,000 to replace vehicles that are end of life and supplement pool vehicles.

DISCUSSION:

MedStar utilizes support vehicles for field supervisors, mobile integrated health teams, critical care paramedics, special events, and administrative functions. \$245,000 was budgeted for this purpose. The support vehicles will be Ford Explorers, and will be upfitted with lights, radios, and equipment cages. The estimated cost per vehicle is approximately \$60,000.

The vehicles are purchased through fleet pricing from dealerships as we are able to locate them. The upfitting is currently anticipated to occur in house.

FINANCING: This will be paid with cash on hand.

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

MedStar

REQUEST FOR CAPITAL EXPENDITURE (RCE)

DATE 03/24/23	REQUISITIONER Jason Weimer	DEPARTMENT OPS	COST CENTER 980000	ACCT CODE	CAPITAL TRACKING # BC-1551
------------------	-------------------------------	-------------------	-----------------------	-----------	-------------------------------

Budgeted Funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF YES - LIST BUDGET NUMBER (s)					
	BUDGET #	AMOUNT \$245,000	MONTH	BUDGET #	AMOUNT	MONTH

PROJECT TITLE: Support Vehicle and Upfitting	CAPITAL CATEGORY: <u>1</u> <u>2</u> <u>3</u> Choose "X" only one (priority)
---	--

DESCRIPTION OF ITEMS BEING REQUESTED:

MedStar utilizes support vehicles for field supervisors, mobile integrated health teams, critical care paramedics, special events, and administrative functions. \$245,000 was budgeted for this purpose. The support vehicles will be Ford Explorers, and will be upfitted with lights, radios, and equipment cages.

QUALITATIVE JUSTIFICATION: (Attach supporting documentation if necessary)

Ford Explorer: \$50,000
 Add ons to include IT equipment, lights, etc: \$8,800
 Graphics: \$1,200
Contingency: \$ 1,250
 Total per truck: \$60,000

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

DATE	SIGNATURES	REQUESTED EXPENDITURE		
	DEPT./DIRECTOR LEVEL:	PROPOSED CAPITAL (Tax Exempt)	\$	245,000.00
	CHIEF FINANCIAL OFFICER	OTHER RELATED EXPENSE (EXPLAIN ABOVE)	\$	{Annual} 0
	CHIEF EXECUTIVE OFFICER	PROPOSED PROJECT TOTAL (Total of capital & other exp.)	\$	245,000.00
	BOARD OF DIRECTORS CHAIR	Opened:	Closed:	Actual:
Revised 03/23				

Tab A – Chief Executive Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Chief Executive Officer's Report- March 1, 2022

Reprioritization Subcommittee/EMS System Performance- The agreed upon reprioritization matrix went live March 1, 2023. The process went well overall. The few items that weren't working as intended have either been remedied or are going to be remedied in the near future.

We will continue evaluating how calls are being triaged as well as what compliance looks like at each level. Likewise, we will also be reviewing level of service criteria to help assure the correct ALS or BLS resource is being utilized.

Billing/EMS | MC- We continue to work with EMS | MC to address issues as they occur. The Veterans Affairs notified the EMS industry they were going to be changing their fee schedule in February of 2024 to be closer to that of Medicare's. This would have an impact of \$1.7-\$1.9 million to MedStar. It appears as though the initial proposal was only to address a smaller subset of calls, so our Chief Transformation Officer is working with our trade associations to address the concerns around this proposed changes.

Optima- We are anticipating that the modeling software will be able to be utilized around April. This should be very useful as we work through different deployment options for response times and response plans.

Ongoing Discussions- We have been engaged in discussion with some of Fort Worth's team about opportunities to better structure the EMS system for the types and quantities of calls we are seeing today. We are considering a learn and earn program to help those interested in the industry start their careers with EMT training. The State of Texas has provided funding for EMT programs and for non-budgeted paramedic programs.

Tab B --Office of the Medical Director

Howdy y'all. I'm new around here. My name is Dr. Jeff Jarvis and I'm the new Chief Medical Officer and System Medical Director. I am so excited to join such an amazing team of passionate, compassionate, and energetic people who are committed to serving their community in a system known nationally for its innovation! In fact, it was these people and the nimbleness of the system that drew me here.

As a Texas paramedic since 1988, I've followed MedStar's history remotely since just after its inception. As I was studying EMS systems in grad school in the early 90's, the public utility model always stood out as an innovative approach to solving the Fort Worth region's challenge of how to best serve its emergency health needs in a flexible and efficient method. Interviewing here, I was struck by how the system has evolved to meet these needs even as those needs continue to change.

Our system, as with all EMS systems across the nation, is facing a dramatically different environment than the one it was designed for and the challenges we're facing are similarly different. While we were built for a community that largely had access to health care and only called 911 for high acuity emergencies, that is no longer the reality. The challenge we must now address is a rapidly growing call volume with fewer and fewer high acuity calls, all in an environment of rising costs and decreasing re-imburements. While the entire nation is facing these same issues, the MAEMSA system is uniquely situated to solve them by nature of its design: it is flexible and able to rapidly implement multiple small tests of change to find the solutions that work best for this community. Coming back to what attracted me here, we have smart people who are willing, able, and deeply committed to meeting this challenge. And, while this type of change can be scary, it is also exciting. I'd like to share a bit of the vision we are developing about how the Office of the Medical Director can help the overall system, both MedStar and our first responder partners, adapt and thrive in this new environment.

We are currently building an infrastructure that will allow us to implement the tenants of improvement science and the Model for Improvement as our management strategy throughout both OMD and MedStar. While the system has always recognized the need for specific clinical performance measures, something that already puts our organization far ahead of most EMS systems, we are working to refine and expand these measures. In the past few years, a national EMS quality movement has taken root, including an organization dedicated to developing and validating performance measures (NEMSQA). We'll adopt these measures, in addition to those already approved by the system. The system is known for its leadership in Mobile Integrated Healthcare (MIH) and our bundle of measures will most certainly include MIH measures.

We are designing the technical components to allow us to automatically monitor performance on these measures and display the results on a dashboard designed to show us variation in performance across time. These *process control charts* are how we can tell when improvement has occurred and which areas we need to focus our attention on. We are also implementing an office-wide project management strategy to help us implement the Model for Improvement. We continue to share the lessons we've learned through our improvement process with the larger EMS community. As an

example, Buck Gleason and Kerby Johnson presented the work they led on improving the use of mechanical compression devices at the National Association of EMS Physicians course on quality & safety. At that same conference, our EMS fellows Drs. Tiffany Pleasant and Erin Lincoln, along with our associate medical directors Drs Brian Miller and Angela Cornelius and former CMO Dr. Veer Vithalani presented their work. To give you an idea of the breadth of this work, here's a list of what OMD staff presented:

1. Cornelius AP, Picard E, Hinton C, Laird CH, Blair S, Blackwell J, Miller BL, Vithalani VD. Disparities in Emergency Medical Services Usage in a Large Metropolitan Area.
2. Vithalani VD, Earle M, Gleason W, Hejl L, Miller BL. Minimization of Unrecognized Failed Supraglottic Airways Using a Structured Quality Improvement Program.
3. Lincoln E, Crowe R, Cornelius AP, Vithalani VD, Miller BL. Are Characteristics of Pediatric Cardiac Arrest Associated with Social Vulnerability Index.
4. Pleasant T, Willens M, Miller BL, Vithalani VD, Pate B, Cornelius AP. A 12-Year Retrospective Analysis of a Mobile Integrated Healthcare System.
5. Pleasant T, Willens M, Miller BL, Vithalani VD, Pate B, Cornelius AP. Healthcare System Utilization Following Implementation of a High Utilizer Group Program.
6. Goebel M, Larrite D. Reed, R. J. Lolley, Ratcliff T, Jarvis J. Intraosseous Access Location Does Not Change Rates of Return of Spontaneous Circulation in Prehospital Cardiac Arrest
7. Jarvis J, Perez A, Sahni R, Verkest M, Crowe R. Association between Prehospital Advanced Airway Attempts Made On-Scene versus Enroute and First Pass Success
8. Green A, Cuellar A, Gallo P, Schwester C, Wampler D, Crowe R, Myers B, Jarvis J. The Association between Negative Prehospital Spinal Motion Restriction Screening and Spinal Cord Injury
9. Johnson K, Gleason WB, Vithalani VD. MCDQI: Improving the Safety and Effectiveness of Mechanical Compression Devices
Vithalani VD. Development of a Safe Emergency BLS Ambulance Deployment Model Using Historical Clinical Data.

In addition to the focus on building the infrastructure needed for systemic and ongoing improvement, we're looking into ways of more rapidly delivering education in a fashion that is scalable to our growing system. We'll focus on distributed learning to deliver just-in-time need-focused brief education that can also be used to bring new clinicians more rapidly in the system up to speed.

We will never forget that our fundamental mission is to provide world-class mobile integrated healthcare to our community. We look forward to continuing to enhance the knowledge and skills of our clinicians, both through education and through assuring our medicine is guided by the latest evidence. As we are emerging from the pandemic, we are facing the impact it had on our workforce, our practice, and our performance. We have seen a decrease in several of our performance measures. We look forward to using our improvement infrastructure to reverse this decrease and enhance the quality of our care.

I am truly excited to be here and am grateful to the Board for giving me the opportunity to work with this amazing team in serving our community.

Take care,
Jeff

Improving Systems and Educating Clinicians to Enhance Patient Outcomes

Education and Training

- OMD 23Q1CE – March/April
 - Critical Thinking and Decision Making
 - Trauma / Medical Case presentation

- Journal Club
 - Smida T, Menegazzi JJ, Crowe RP, Weiss LS, Salcido DD. Association of prehospital hypotension depth and dose with survival following out-of-hospital cardiac arrest. Resuscitation. 2022 Sep 30;180:99-107.
 - Smida T, Menegazzi J, Crowe R, Scheidler J, Salcido D, Bardes J. A Retrospective Nationwide Comparison of the iGel and King Laryngeal Tube Supraglottic Airways for Out-of-Hospital Cardiac Arrest Resuscitation. Prehosp Emerg Care. 2023 Feb 13:1-7.
 - Next: April 10, CE to be provided

- System Education Committee
 - Annual System CE plan developed

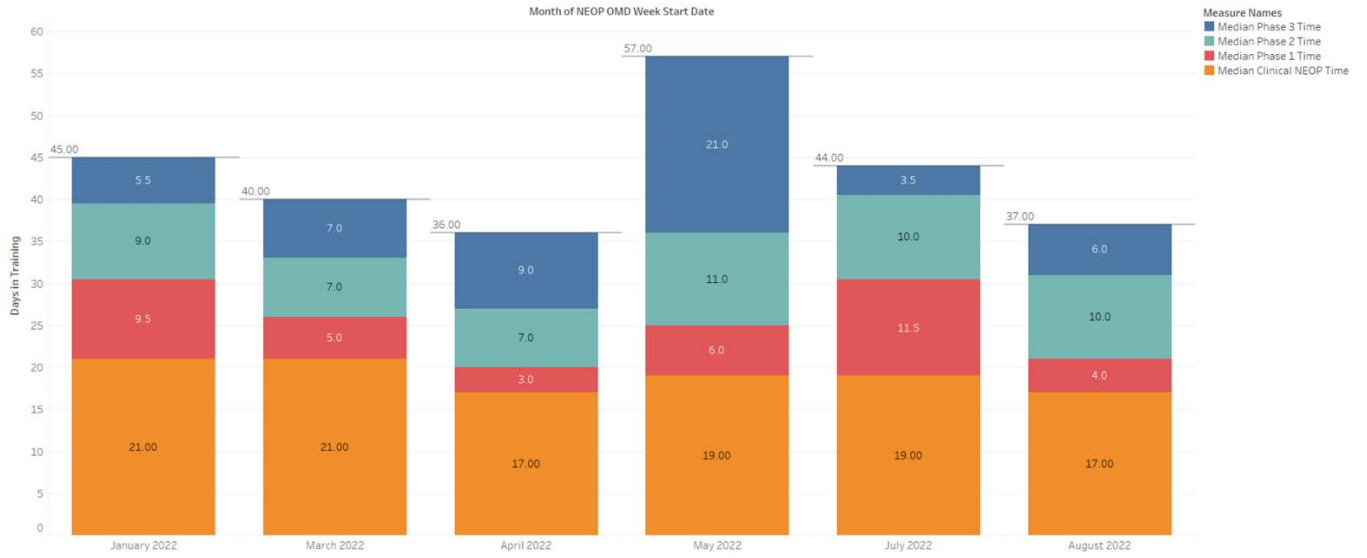
- MHP March Course
 - 9 Students
 - 4-MedStar
 - 5-Miami Dade Fire Rescue

- Card Course Attendance

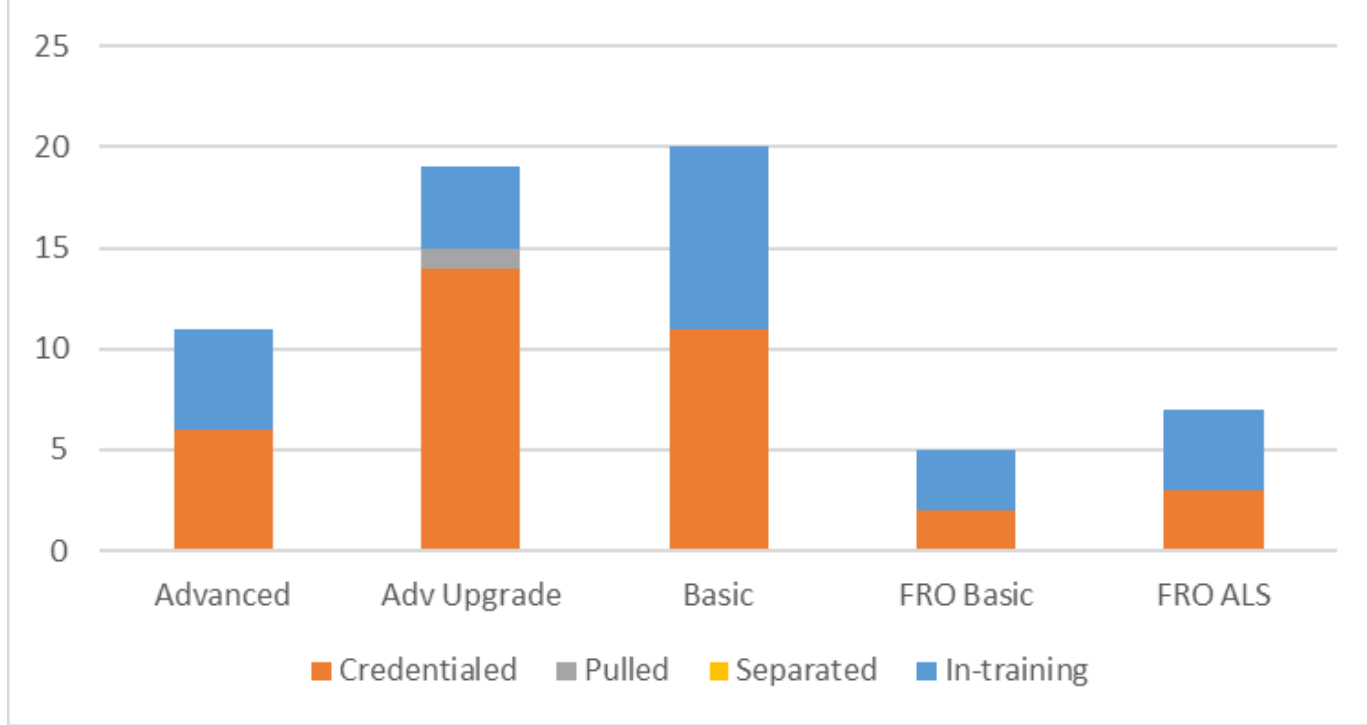
Agency	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	30	6	6	18	5	14
FRO	0	0	0	0	0	0
External	0	0	0	21	30	0

Credentiaing

Time in Phases by Year



2023 Credentiaing Individuals



Quality Assurance

Case Acuity

	January 2023	February 2023
High	4 (6.5%)	2 (2.7%)
Moderate	12 (19.4%)	10 (13.5%)
Low	42 (67.7%)	58 (78.4%)
Non QA/QI	4 (6.5%)	4 (5.4%)
Grand Total	62 (100.0%)	74 (100.0%)

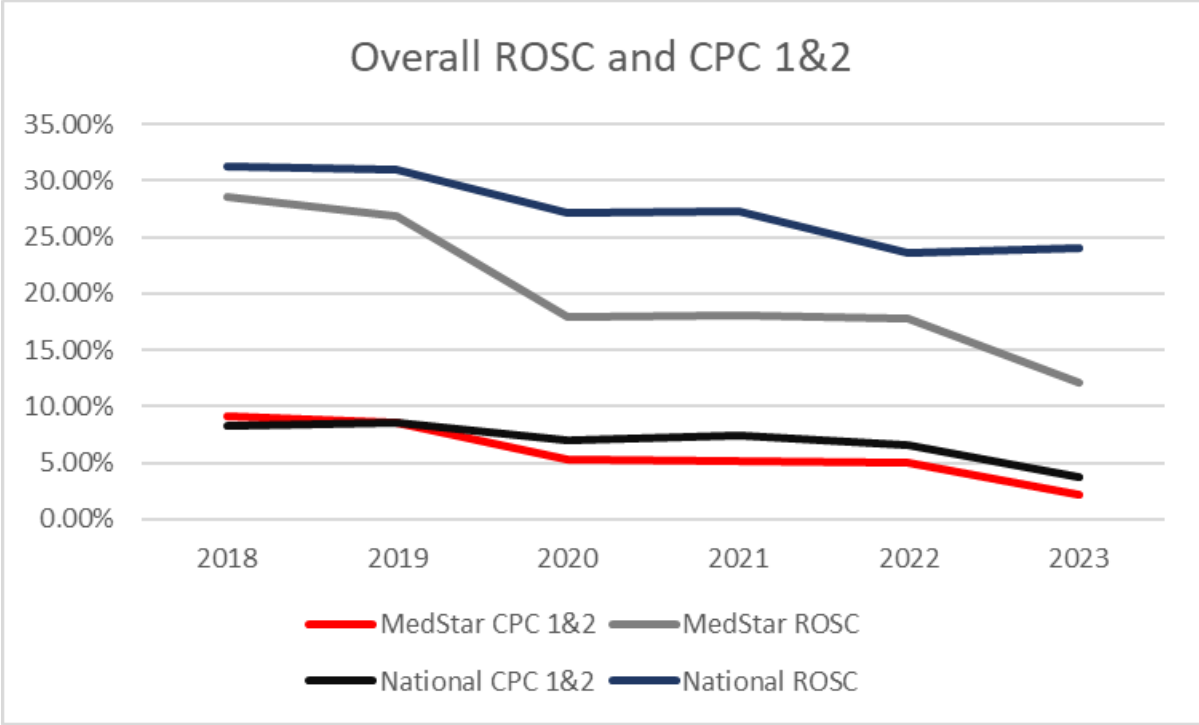
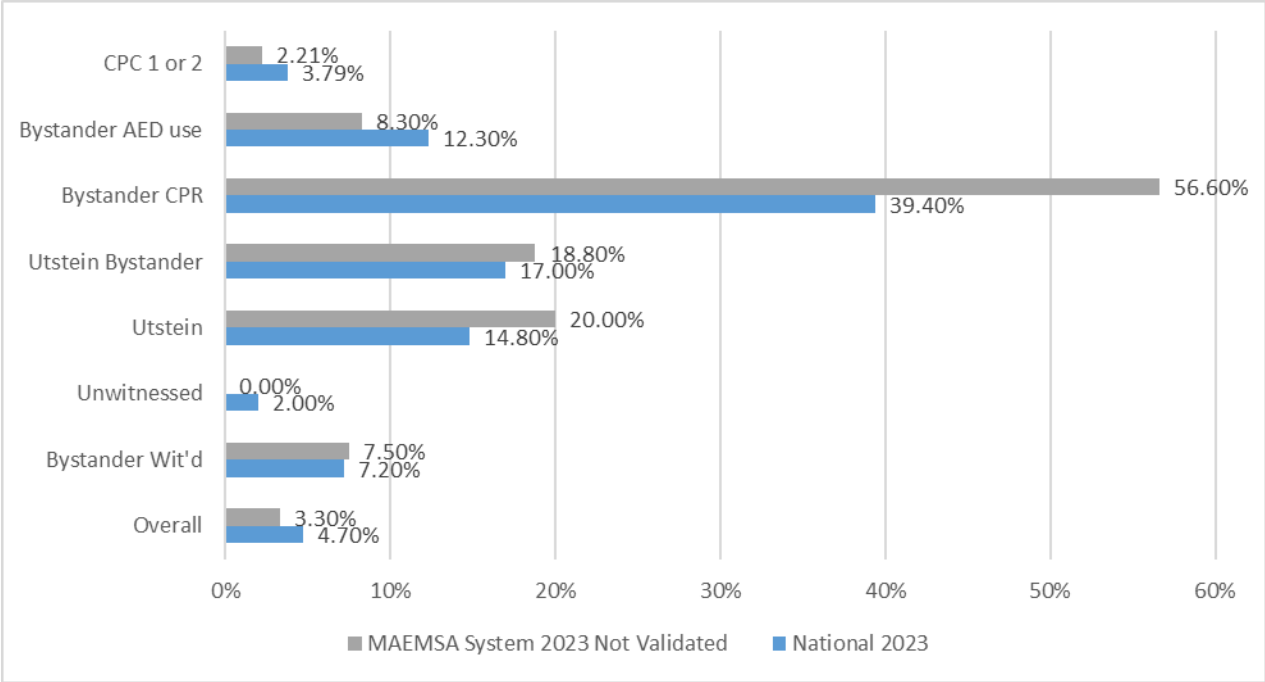
Case Disposition

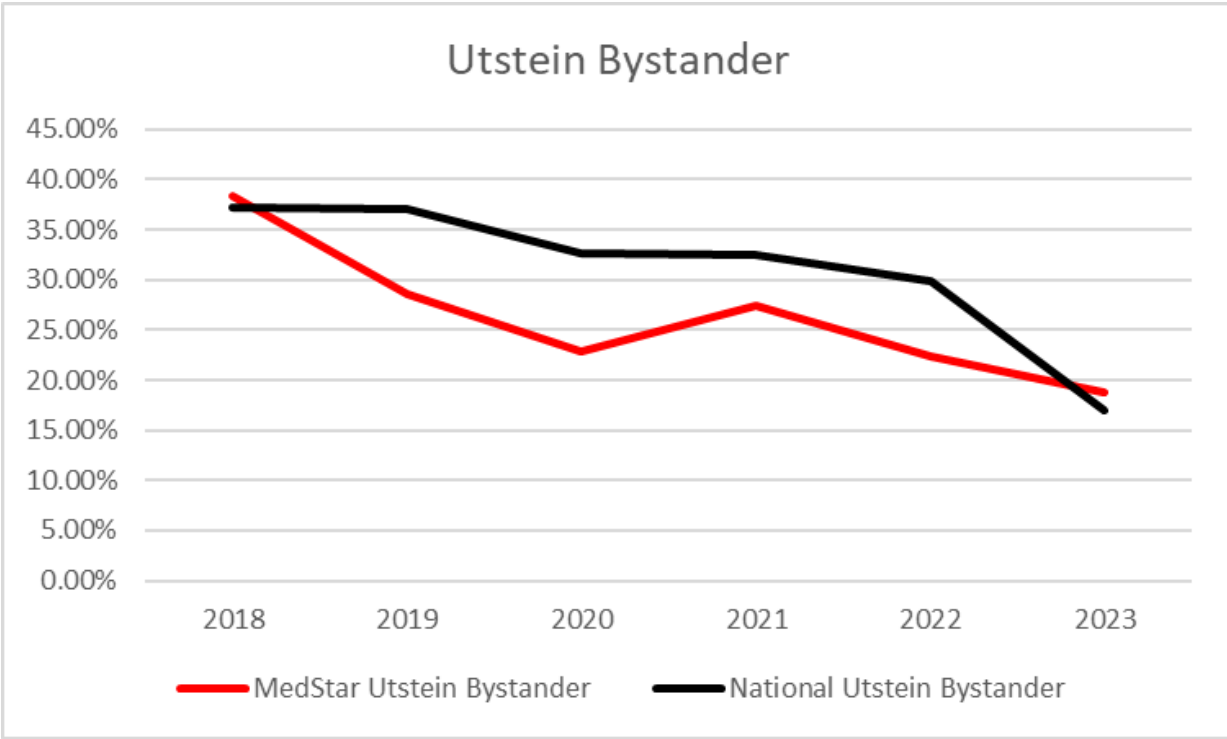
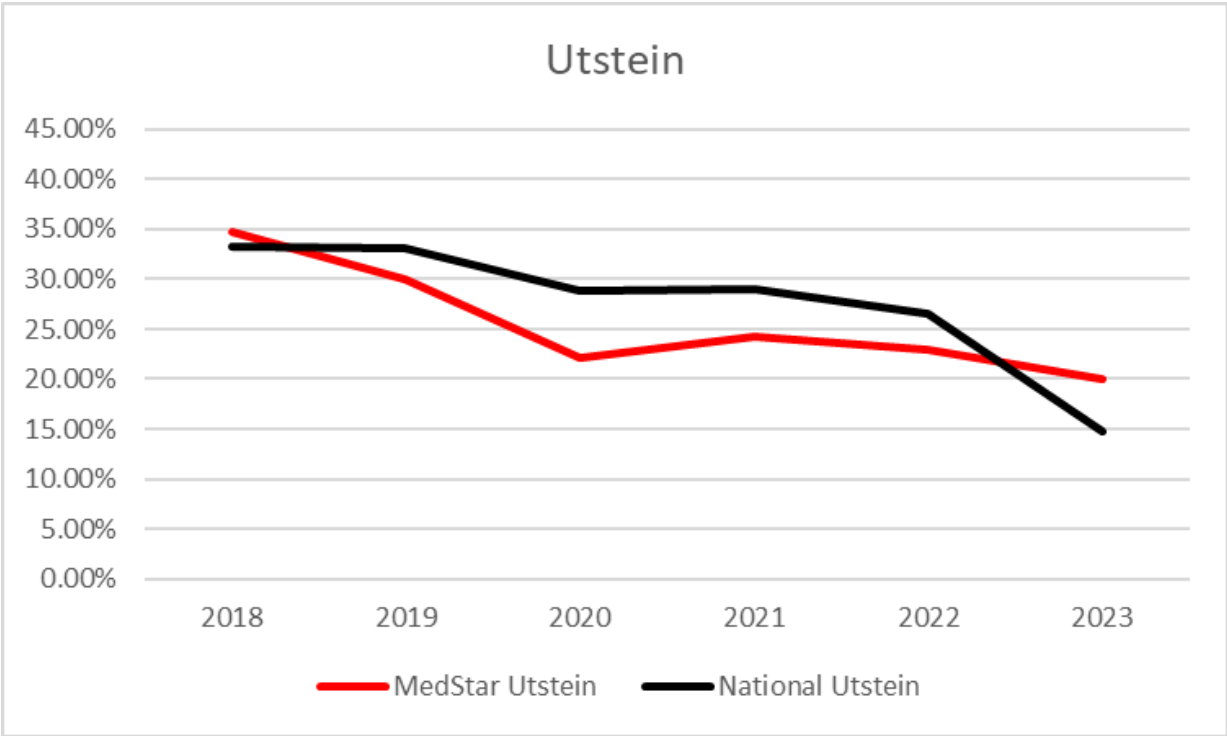
	January 2023	February 2023
Clinically Appropriate		1 (1.4%)
Needs Improvement	41 (66.1%)	56 (75.7%)
Forwarded	2 (3.2%)	3 (4.1%)
No Fault	19 (30.6%)	14 (18.9%)
Grand Total	62 (100.0%)	74 (100.0%)

Cases by Origin

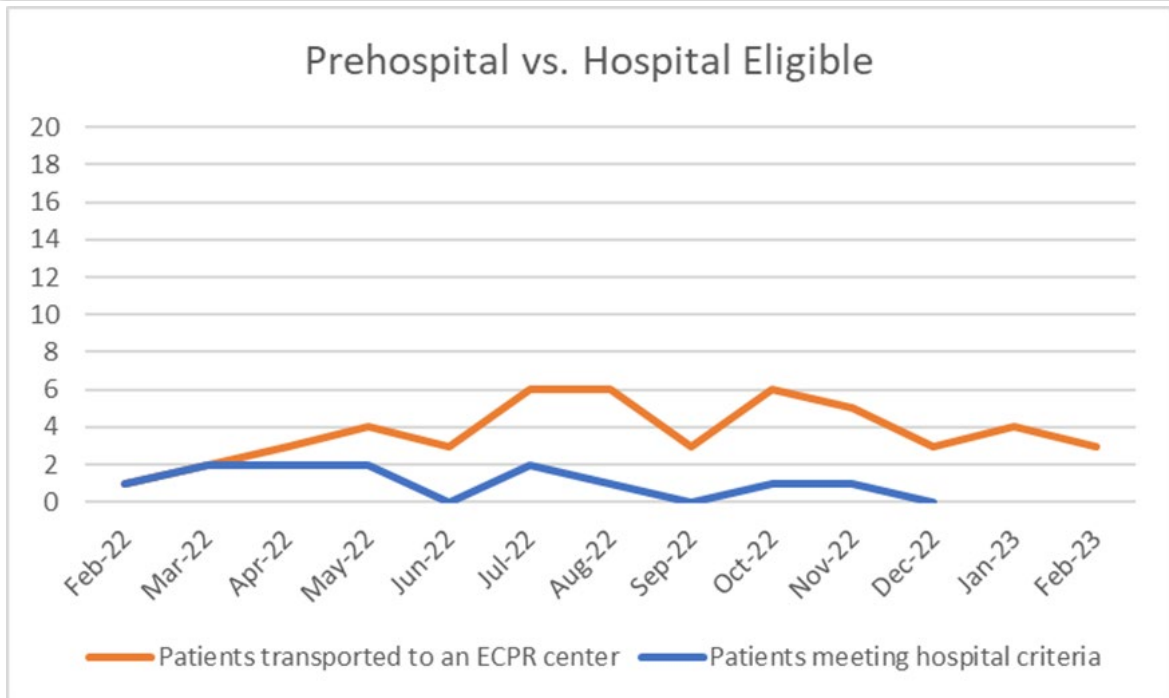
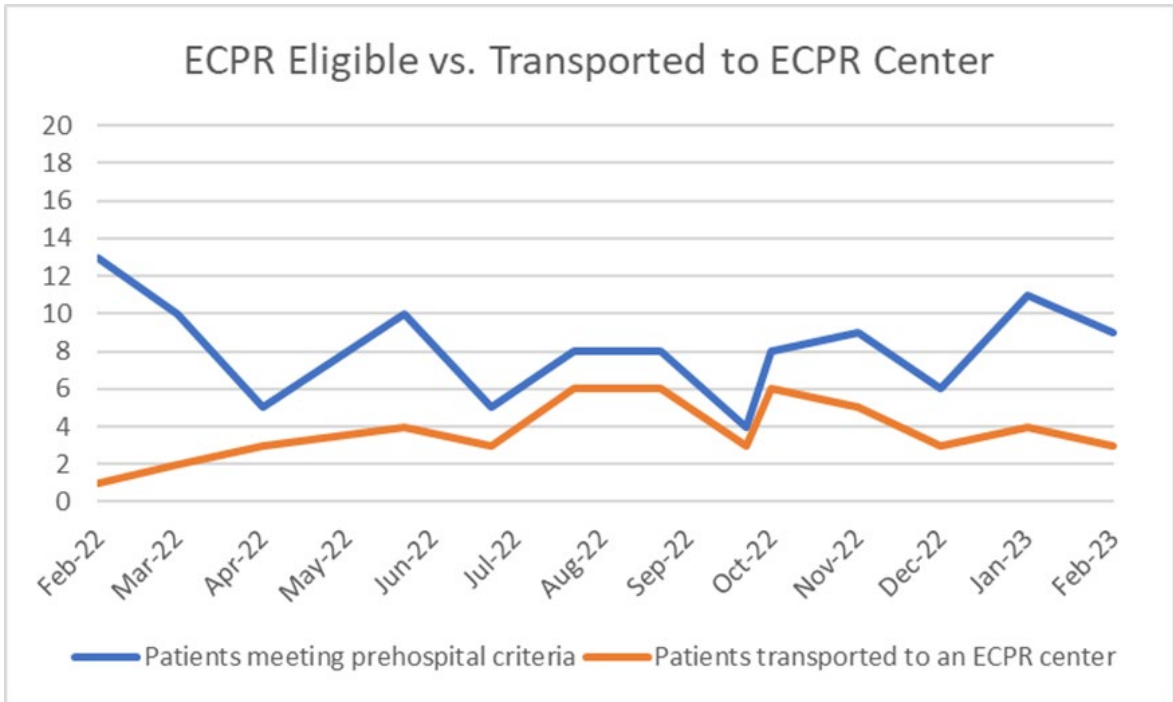


- CARES 2023
 - 181 worked cardiac arrest
 - 2022 CARES validated report published in April



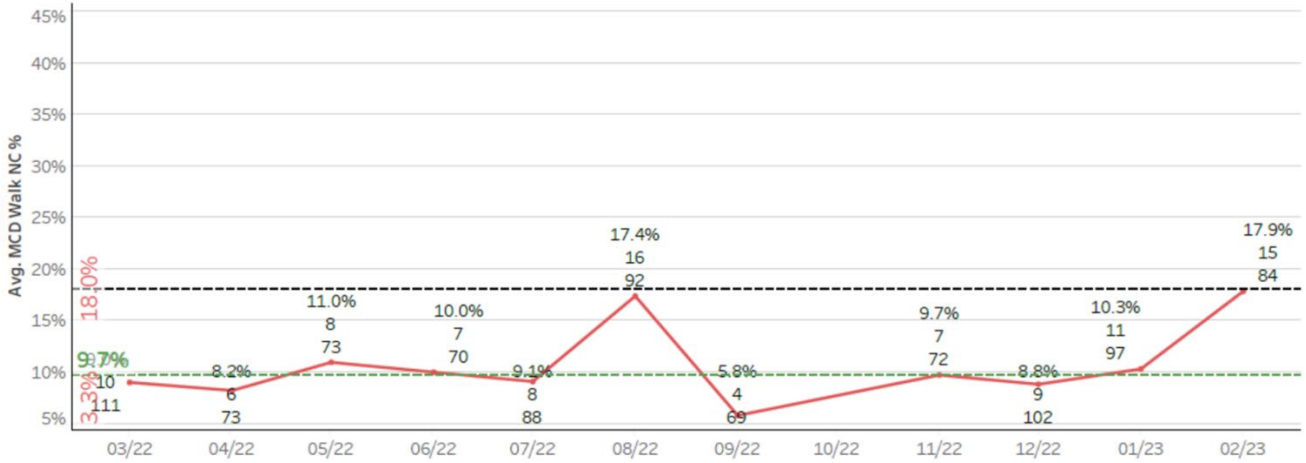


- Resuscitation Center - ECPR



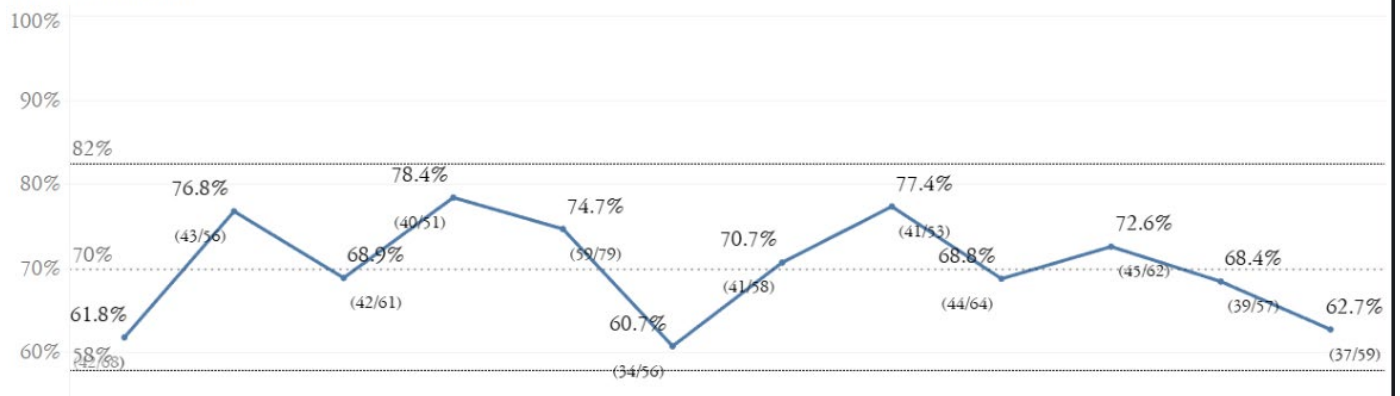
- Mechanical Compression Device (MCD) incident of “Walk”

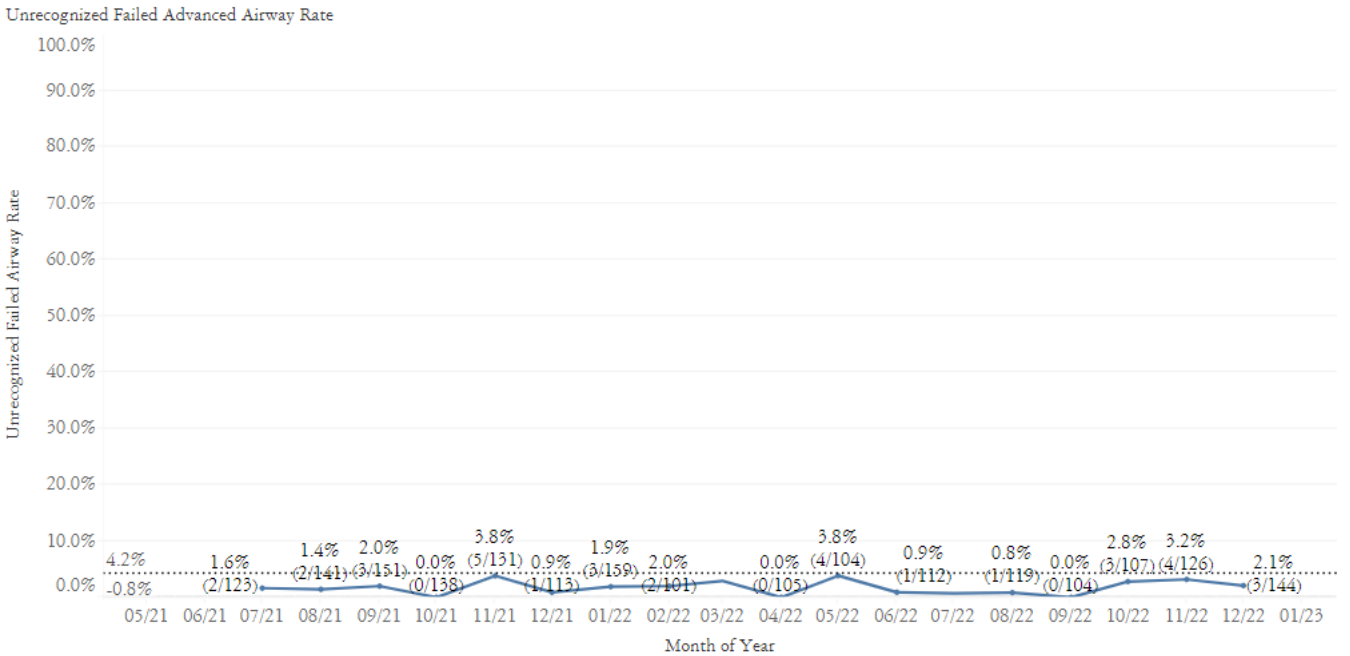
% of Uncorrected MCD Walk/Overall placement



- Airway Management

ET First Pass Success





Research

- NAEMSP Abstracts
 - MCD QI: Improving the Safety and Effectiveness of Mechanical Compression Devices
 - Minimization of Unrecognized Failed Supraglottic Airways Using a Structured Quality Improvement Program
 - Healthcare System Utilization Following Implementation of a High Utilizer Group Program
 - A 12-year Retrospective Analysis of a Mobile Integrated Healthcare System
 - Are Characteristics of Pediatric Cardiac Arrest Associated with Social Vulnerability Index
 - Disparities in Emergency Medical Services Usage in a Large Metropolitan Area
- Multi Center Studies with letters of support for:
 - AI for 911 OHCA / T-CPR
 - EPIC II
 - Pedi-PART

System Diagnostics

	Goal	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Current Avg.
<u>Cardiac Arrest</u>								
% of recognizable Out-of-Hospital Cardiac Arrests (OHCA) cases correctly identified by Dispatch	x	89.1%	82.6%	90.2%		89.1%	87.0%	86.0%
Median time between 9-1-1 call and OHCA recognition		0:01:46	0:01:43	0:01:31		0:01:47	0:01:51	0:01:51
% of recognized 2nd party OHCA cases that received tCPR	x	83.6%	81.2%	90.2%		89.1%	87.0%	98.6%
Median time between 9-1-1 Access to tCPR hands on chest time for OHCA cases		0:04:21	0:02:15	0:03:41		0:03:58	0:04:01	0:04:01
% of cases with time to tCPR < 180 sec from first key stroke								71.3%
% of cases with CCF ≥ 90%		70.3%	65.0%	66.2%	66.7%	59.5%	52.6%	79.9%
% of cases with CCF ≥ 80%		95.0%	96.1%	93.5%	95.1%	94.0%	95.7%	
% of cases with compression rate 100-120 cpm 90% of the time		92.2%	96.4%	94.0%	95.3%	94.3%	93.5%	89.7%
% of cases with compression depth that meet appropriate depth benchmark 90% of the time		43.7%	44.1%	50.0%	44.7%	58.0%	53.7%	33.7%
% of cases with mechanical CPR device placement with < 10 sec pause in chest compression		13.2%	10.7%	10.5%	13.4%	3.4%	6.0%	19.9%
% of cases with Pre-shock pause < 10 sec	x							89.2%
% arrive at E/D with ROSC	x	9.3%	17.3%	22.9%	17.8%	8.3%	23.9%	16.7%
% discharged alive	x	4.1%	4.5%	10.8%	6.7%	1.2%	6.8%	7.1%
% neuro intact at discharge (Good or Moderate Cognition)	x	4.1%	4.5%	6.0%	4.4%	1.2%	0.2%	5.3%
% of cases with bystander CPR		40.0%	61.3%	57.4%	42.1%	42.4%	46.2%	48.7%
% of cases with bystander AED use		24.7%	24.5%	6.2%	0.0%	0.0%	7.7%	19.8%
<u>Ventilation Management</u>								
% of cases with etCO2 use for non-invasive ventilation management (CPAP, BVM) when equipped		96.9%	90.5%	91.0%	90.2%	92.6%	91.9%	99.0%
% of cases with etCO2 use for invasive ventilation management (KA, ETT, Cric)		99.5%	100.0%	100.0%	99.2%	100.0%	98.3%	99.0%
% of successful ventilation management as evidenced by etCO2 waveform throughout the case		93.9%	92.0%	100.0%	97.2%	94.6%	95.9%	97.1%
% of successful King Airway placement		60.0%	72.0%	64.0%	72.1%	70.5%	62.1%	69.3%
% of successful endotracheal tube placement		58.0%	51.0%	61.0%	69.8%	60.9%	69.8%	55.0%

STEMI	Goal	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Current Avg.
% of suspected STEMI patients correctly identified by EMS		53.3%	37.5%	60.6%	53.9%	33.3%	66.7%	62.0%
% of suspected STEMI patients w/ASA admin (<i>in the absence of contraindications</i>)		92.1%	92.3%	100.0%	100.0%	86.4%	95.7%	94.5%
% of suspected STEMI patients w/NTG admin (<i>in the absence of contraindications</i>)		76.3%	80.8%	97.3%	86.4%	72.7%	90.9%	87.7%
% of suspected STEMI patients with 12L acquisition within 10 minutes of patient contact		92.1%	50.0%	83.8%	81.8%	59.1%	87.0%	72.1%
% of suspected STEMI patients with 12L transmitted within 5 minutes of transport initiation		68.4%	65.4%	78.4%	63.6%	59.1%	65.2%	62.4%
% of suspected STEMI patients with PCI facility notified of suspected STEMI within 10 minutes of EMS patient contact		34.2%	23.1%	35.1%	27.3%	22.7%	34.8%	18.5%
% of patients with Suspected STEMI Transported to PCI Center		100.0%	100.0%	100.0%	95.5%	100.0%	100.0%	99.6%
% of suspected STEMI patients with EMS activation to Cath Lab intervention time < 90 minutes		37.5%	0.0%	52.6%	25.0%	20.0%	42.9%	32.7%
Stroke								
	Goal	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
% of suspected Stroke patients w/BGL measured		90.5%	85.7%	85.4%	89.9%	88.2%	88.1%	88.9%
% of suspected Stroke patients w/CSS measured		75.7%	75.4%	77.2%	79.3%	80.1%	73.8%	75.2%
% of suspected Stroke patients w/positive CSS scores receiving Los Angeles Motor Score (LAMS) measured		88.5%	89.7%	90.5%	89.3%	90.7%	88.7%	78.0%
% of suspected stroke patients with stroke facility notified of suspected stroke within 10 minutes of EMS patient contact								#DIV/0!
% of suspected stroke patients w/LAMS scores 4 - 5 transported to Comprehensive Stroke Center		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%

Tab C – Chief Transformation Officer

Transformation Report

March 2023

Alternate Payment Models & Expanded Services

- Request by Community Healthcare of Texas to explore enhanced services for their enrolled patients being discussed.
- Ongoing conversations with BCBS & Amerigroup on potential alternate service delivery and payment models.

Ambulance Supplemental Payment Program (ASPP)

- Discussions with HHSC continue.

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

- End of the PHE on 5/11 sunsets these active waivers that allow reimbursement for these services during the PHE.
 - Renewed emphasis on making these waivers permanent.
- Leading an effort with NAEMT for Congressional action to make the waivers permanent.
 - Draft language for Congressional action drafted and submitted to Leg Counsel for formatting into Bill language.
 - Goal to have language and potential Bill by the end of March 2023
- Participating in Congressional Roundtable on the EMS crisis on 3/28 as part of NAEMT EMS on the Hill Day.

CMS ET3 Project

- At the request of CMS/CMMI, met with their leadership to discuss:
 - Industry-wide low acceptance and enrollment rates.
 - Barriers to operationalization.
 - Strategies to enhance enrollments.
 - Challenges with informed consent.
 - Revisions to the Model that may improve operationalization and enrollments.

Reducing HOT Vehicle Operations Project

- Reprioritization plan implemented 3/1/23.
- Reduces HOT responses from ~74% of EMS responses to ~41% of EMS responses

Texas Legislative Session

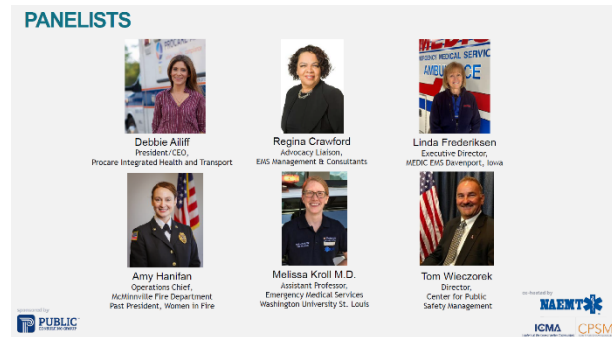
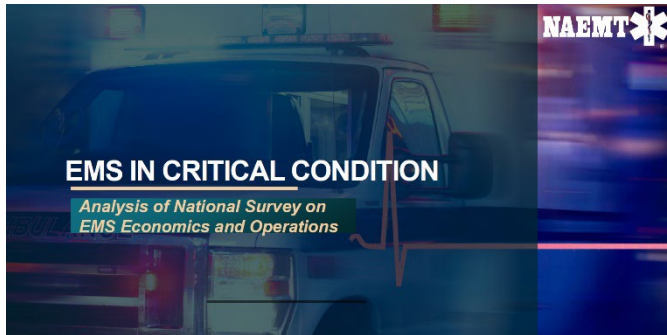
- Bill filing deadline 3/10/23.
- Texas EMS Alliance tracking over 50 EMS-related Bills.
- Full list attached.
 - Highlighted bills being actively 'worked'.

White House COVID Response Team

- Invited to participate in discussions with them for opportunities for scaling up efforts to leverage community paramedicine to ensure patients are getting the COVID-19 treatments they need to stay out of the hospital.
 - WH Task Force has requested a "Playbook" that governmental leaders can use to more actively engage with EMS on public health initiatives.
 - MedStar leading that development.

EMS Economics and Operations National Webinar

- Led a national webinar “EMS: In Critical Condition” highlighting the economic, workforce and operational crisis in EMS.
- Co-hosted by NAEMT and the International City/County Management Association
- Nearly 400 EMS and municipal leaders attended live.
 - Hundreds have viewed and/or downloaded the broadcast recording.
- Link to recording [here](#).
- Link to national survey [here](#).



EMS Staffing Initiative

- Leading a joint agency/association task force to develop model guidelines for EMS Staffing models specifically related to types of EMS responses.
 - Ambulance crew configuration
 - Response plans
- Participants include: NAEMT, IAFC, IAFF, AAA, NAEMSP, NASEMSO, IAED, NREMT, ESO
- Submitted IRB for study to evaluate EMD Determinants with actual level of care provided to the patient.

CPR Blitz at DFW Airport

- Working with DFW Airport on 2023 “CPR Blitz” to teach Hands Only CPR to passengers awaiting flight departures.
- Planning for EMS Week, May 2023.
- Prior events have led to more than 1,000 people receiving training.

AHA Partnership for Hands Only CPR, AED and Health Assessments

- AHA identifies local businesses for MedStar to conduct assessments and training
- Several conducted to date with hundreds of employees being assessed and trained

Upcoming Presentations:

Event (location)	Date	Attendees
Texas Fire Chiefs Association (Waco, TX)	March 2023	~200
IAED Navigator (Denver, CO)	Apr 2023	~1,000
FDIC/JEMSCon (Indianapolis, IN)	Apr 2023	~7,000
Michigan EMS Expo (Traverse City, MI)	May 2023	~500
First There/First Care Conference (Ft. Lauderdale, FL)	June 2023	~750

Media Summary

Local –

- Recovery Resource Council/Overdose Responses and Follow-up Team
 - FOX 4, NBC 5, ABC 8, CBS 11, WBAP, KRLD, Star-Telegram

- Cautions for Hazardous Weather
 - FOX 4, NBC 5, ABC 8, CBS 11, WBAP, KRLD, Star-Telegram, Spectrum News1

2023 Texas Legislature Bills Being Tracked by the Texas EMS Alliance



Commercial Insurance

HB 3034 – Relating to [notice regarding nonemergency ambulance and certain nonemergency health care coverage in health benefit plans.](#)

SB 2476 – Relating to [consumer protections against certain medical and health care billing by municipal ground ambulance service providers.](#)

ESDs

HB 1204 – The bill [relates to the authority of a municipality to remove territory from an ESD.](#)

SB 334 – The bill [would allow ESDs to provide preventive health services.](#)

An ESD located in a county with a population of 60,000 would be required to receive permission from the county commissioners.

HB 1775 & SB 660 – Relating to the [election of board members of certain emergency services districts.](#)

The bill would require the board of an ESD to be elected if it is in a county greater than 200,000. This would refer to approximately 24 of the 254 counties. ESD boards that are not completely in one county already have to be elected, and ESD boards in Harris County have to be elected. The legislation would expand the current scenario.

HB 1776 & SB 659 – Relating to the [expansion of the territory of an emergency services district into the territory of a municipality.](#)

The bill would give a municipality an option to address the annexation of its territory:

“Before territory in a municipality’s limits or extraterritorial jurisdiction may be annexed into a district under Section 775.051, a written request to be annexed into the district must be presented to the municipality’s governing body after the petition is filed under Section 775.051. Except as provided by Subsection (c), that territory may not be annexed into the district unless the municipality’s governing body gives its written consent on or before the 60th day after the date the municipality receives the request.”

HB 2730 – Relating to the [adoption and amendment of an annual budget by certain emergency services districts.](#)

SB 1794 & HB 2633 – Relating to [conditions imposed on an emergency services district that includes territory in the extraterritorial jurisdiction of certain municipalities.](#)

HB 4878 – Relating to the [authority of an emergency services district to determine whether other persons may provide emergency services in the district.](#)

HB 4954 & SB 2098 – Relating to [oversight by a county commissioners court of certain emergency services districts.](#)

HB 5047 – Relating to the [imposition of sales and use tax after a municipality annexes an area in an emergency services district.](#)

HB 5199 – Relating to the [creation of the Big Bend Regional Emergency Service District.](#)

SB 2435 – Relating to the [imposition of sales and use tax after a municipality annexes an area in an emergency services district.](#)

EMS General

HB 588 – Relating to a [statewide disaster alert system](#).

HB 624 – The bill [would allow a fire fighter to transport a patient in a vehicle other than an EMS vehicle if certain circumstances are met](#).

HB 689 – Relating to [civil liability for discriminatory false reports to law enforcement agencies or emergency service providers](#).

HB 1147 – Relating to the [regulation of bleeding control stations in public schools](#).

SB 525 – The bill [would require EMS agencies to have a policy for returning personal assistive mobility device protections for patients transported receiving EMS](#).

SB 573 – Relating to [municipal requirements for exterior key boxes to provide access to buildings to first responders](#).

HB 415 – The bill would [address an earlier law that requires law enforcement officers to contact EMS agencies for injuries](#).

The bill would specifically remove EMS and retain the requirement for the law enforcement officer to offer aid.

HB 2010 & SB 780 – Relating to [emergency possession of certain abandoned children by designated emergency infant care providers](#).

HB 2304 – Relating to the [authority of the Nixon Hospital District of Gonzales and Wilson Counties, Texas, to borrow money](#).

HB 2356 – Relating to a [mobile stroke unit grant program](#).

SB 997 – Relating to the [publication of certain photographs of human remains by first responders, coroners, medical examiners, and certain other employees for a purpose other than an official purpose; creating a criminal offense](#).

HB 3125 – Relating to the [use of white lights on EMS vehicles](#).

HB 3262 – Relating to [county or municipal regulation of mass gatherings and sports and community venue district duties regarding emergency services and fire suppression; authorizing fees](#).

HB 3290 – Relating to the next generation 9-1-1 service fund.

HB 3947 – Relating to the [improper taxation of properties in certain areas that do not receive full municipal services](#).

SB 1526 – Relating to the [provision of mobile emergency medical services by the Big Bend Regional Hospital District](#).

SB 1588 – Relating to [variances from Department of State Health Services rules governing the provision of emergency medical services](#).

SB 1632 – Relating to a [review by a local law enforcement agency of a school district's multihazard emergency operations plan](#).

SB 1858 – Relating to the [next generation 9-1-1 service fund](#).

HB 4273 & SB 2133 – The bill [serves as a clean-up to a 2021 dialysis transport bill related to emergencies](#).

HB 4533 & SB 2343 – Relating to [emergency possession of certain abandoned children by designated emergency infant care providers](#).

HB 4895 – Relating to the [emergency coordination of advanced communications service](#).

HB 5117 & SB 1588 – Relating to [variances from Department of State Health Services rules governing the provision of emergency medical services](#).

HB 5219 – Relating to [access by emergency medical services personnel to locations with an inaccessible front door during an emergency call](#).

HB 1246 & SB 369 – Relating to [disannexation of certain areas that do not receive full municipal services](#).

EMS Personnel

HB 425 – Relating to the [prohibition of certain employment discrimination regarding an employee who is a volunteer emergency responder](#).

HB 471 – Relating to [benefits for certain first responders and other employees related to illness and injury](#).

HB 573 – Relating to [waiving certain driver's license fees for applicants who are first responders](#).

HB 683 & SB 1350 – Relating to the [exemption of tuition and laboratory fees at public institutions at higher education for certain paramedics](#).

HB 1168 – Relating to a [program to provide housing vouchers to EMS personnel in certain counties](#).

HB 1171 & SB 66 – Relating to [applicability of civil service status to EMS personnel in certain municipalities](#).

HB 1322 – Relating to the [exemption of certain firefighters and police officers from jury service](#).

HB 1399 – Relating to the [eligibility of certain volunteer firefighters and paramedics for unemployment compensation benefits](#).

SB 386 – Relating to the [impoundment of a vehicle used in the commission of the offense of racing on a highway](#).

SB 496 – Relating to a [study on potential improvements to training provided to 9-1-1 emergency service call takers and dispatchers](#).

HB 1740 – Relating to [waivers for entrance fees to state parks for resident first responders, military service members, and veterans](#).

SB 588 – Relating to [creating a temporary educator certification for certain military service members and first responders](#).

HB 2158 – Relating to [tuition and fee exemptions for firefighters enrolled in certain courses at public institutions of higher education.](#)

SB 799 – Relating to [benefits for certain first responders and other employees related to illness and injury.](#)

HB 2233 – Relating to [required mental health awareness training for first responders.](#)

HB 2315 – Relating to [certain presumptions applicable to claims for benefits for certain public safety employees.](#)

HB 2314 – Relating to [filing death benefits claims under the workers' compensation system.](#)

HB 2316 – Relating to the [employment of certain peace officers, detention officers, county jailers, or firefighters who are injured in the course and scope of duty.](#)

HB 2317 – Relating to [certain presumptions applicable to claims for benefits or compensation by public safety employees.](#)

HB 2455 – Relating to an [annual occupational medical examination for fire fighters.](#)

HB 2470 – Relating to [prohibited adverse employment action against certain first responders based on mental illness.](#)

HB 2486 – Relating to the [confidentiality of certain information in a peace officer's or firefighter's personnel file.](#)

HB 2600 – Relating to the [employment of peace officers who seek or receive mental health care.](#)

SB 1206 – Relating to a [program to provide housing vouchers to emergency medical services personnel in certain counties.](#)

SB 1258 – Relating to the [eligibility of certain retired firefighters, police officers, and emergency medical services providers to purchase continued health benefits coverage.](#)

HB 3849 – Relating to the [eligibility of certain retired firefighters, police officers, and emergency medical services providers to purchase continued health benefits coverage.](#)

SB 1776 & HB 4147 – Relating to the [eligibility of certain first responders for workers' compensation benefits for post-traumatic stress disorder.](#)

HB 3980 – Relating to the [business leave time account for a firefighter employee organization in certain municipalities.](#)

SB 2090 – Relating to [prohibited adverse employment action against certain first responders based on post-traumatic stress disorder.](#)

EMS Personnel – Survivorship

HB 1251 & SB 288 – Relating to [eligibility for the exemption from ad valorem taxation of the residence homestead of the surviving spouse of certain first responders.](#)

Admission/Readmission Avoidance

Hospital Utilization	12/31/2022	Admission/Readmission Avoidance	
As of:	12/31/2022		
Sample Size (4)	Before Enrollment (1) 321	After Graduation (2)	30-Day Readmission (3) 629
ED Utilization	340	270	-20.59%
Unplanned Admission	776	394	-49.23%
ED Utilization			16.22%
Unplanned Admission			
Notes:			
	1. Count of ED admissions/IP admissions during the 12 months prior to enrollment		
	2. Count of ED admissions/IP admissions during the 12 months after graduation		
	3. Anticipated readmission rate of 100%		
	4. Patient enrollment criteria requires a prior 30-day readmission and/or the referral source expects the patient to have a 30-day readmission		

Tab D – Chief Financial Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Finance Report – February 28, 2022

The following summarizes significant items in the February 28, 2023 Financial Reports:

Statement of Revenues and Expenses:

Month to Date: Net Income for the month of February 2023 is a gain of \$358,574 as compared to a budgeted loss of (\$189,060) for a positive variance of \$358,574. EBITDA for the month of February 2022 is a gain of \$540,960 compared to a budgeted gain of \$193,614 for a positive variance of \$347,346.

- Transport volume in February ended the month 108% to budget.
- Net Revenue in February is \$243K over budget or 105% to budget.
- Total Expenses ended the month 97.6% to budget or (\$114K) under budget. In February, MedStar incurred additional expenses in Salaries and Overtime of \$53K, Fuel of \$32K, Computer Hardware and Maintenance of \$87K and Insurance of \$24K. The total of all other line-item expense is below budget by (\$279K).

Year to Date: EBITDA is \$1,892,781 as compared to a budget of \$2,129,185 for a negative variance of (\$236,403)

- The main drivers for this variance are YTD patient encounters are 104% to budget and YTD net revenue is 103% to budget. Year to date expense is 105% to budget. The main driver for this overage is salaries and overtime, health insurance claims, fuel, computer software and maintenance and Ransom attack expense. Total ransom attach expense is \$550K. The total of all other expense lines is below budget by (\$332K) for the year.

Key Financial Indicators:

- Current Ratio – MedStar has \$4.99 in current assets (Cash, receivables) for every dollar in current debt. (Goal: a score of \$1.00 would mean sufficient current assets to pay debts.)
- Cash Reserves – The Restated Interlocal Cooperative Agreement mandates 3 months of operating capital. As of February 28, 2022, there is 3.11 months of operating capital.
- Accounts Receivable Turnover – This statistic indicates MedStar’s effectiveness in extending credit and collecting debts by indicating the average age of the receivables. MedStar’s goal is a ratio greater than 3.0 times; current turnover is 8.93 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 February, the return is .06%.

MAEMSA/EPAB cash reserve balance as of February 28, 2022 is \$475,470.69.

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Balance Sheet By Character Code

For the Period Ending February 28, 2023

Assets	Current Year	Last Year
Cash	\$15,625,421.88	\$20,438,983.37
Accounts Receivable	\$8,477,258.37	\$9,414,679.91
Inventory	\$409,910.36	\$383,481.43
Prepaid Expenses	\$2,069,113.42	\$1,029,605.42
Property Plant & Equ	\$68,769,880.95	\$63,374,619.00
Accumulated Deprecia	(\$29,166,336.84)	(\$26,821,479.18)
Total Assets	\$66,185,248.14	\$67,819,889.95
Liabilities		
Accounts Payable	(\$1,440,925.35)	(\$483,115.00)
Other Current Liabil	(\$2,727,123.56)	(\$2,546,795.32)
Accrued Interest	(\$7,781.31)	(\$7,781.31)
Payroll Withholding	\$16,940.72	(\$4,754.29)
Long Term Debt	(\$3,131,148.78)	(\$3,540,361.24)
Other Long Term Liab	(\$8,397,942.03)	(\$9,919,744.56)
Total Liabilities	(\$15,687,980.31)	(\$16,502,551.72)
Equities		
Equity	(\$52,500,769.40)	(\$52,884,378.49)
Control	\$2,003,501.57	\$1,567,040.26
Total Equities	(\$50,497,267.83)	(\$51,317,338.23)
Total Liabilities and Equities	(\$66,185,248.14)	(\$67,819,889.95)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures
February 28, 2023

Revenue	Current Month		Current Month		Year to Date		Year to Date	
	Actual	Budget	Variance	Actual	Budget	Variance		
Transport Fees	\$20,541,356.45	\$19,095,831.44	\$1,445,525.01	\$105,464,155.71	\$100,796,810.88	\$4,667,344.83		
Contractual Allow	(\$6,102,595.35)	(\$8,256,561.52)	\$2,153,966.17	(\$42,505,550.82)	(\$43,667,714.37)	\$1,162,163.55		
Provision for Uncoll	(\$9,718,247.79)	(\$6,382,808.00)	(\$3,335,439.79)	(\$38,960,616.08)	(\$33,757,713.00)	(\$5,202,903.08)		
Education Income	\$2,800.00	\$1,690.00	\$1,110.00	(\$2,956.30)	\$71,170.00	(\$74,126.30)		
Other Income	\$72,992.30	\$96,223.00	(\$23,230.70)	\$564,199.62	\$533,715.00	\$30,484.62		
Standby/Subscription	\$90,502.62	\$89,497.50	\$1,005.12	\$695,534.37	\$523,985.50	\$171,548.87		
Pop Health PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
interest on Investme	\$1,385.29	\$500.00	\$885.29	\$2,263.41	\$2,500.00	(\$236.59)		
Gain(Loss) on Dispos	\$0.00	\$0.00	\$0.00	\$22,475.00	\$0.00	\$22,475.00		
Total Revenue	\$4,888,193.52	\$4,644,372.42	\$243,821.10	\$25,279,504.91	\$24,502,754.01	\$776,750.90		
Expenditures								
Salaries	\$2,736,582.71	\$2,683,443.33	\$53,139.38	\$14,702,837.18	\$14,324,413.65	\$378,423.53		
Benefits and Taxes	\$461,477.12	\$618,669.00	(\$157,191.88)	\$2,454,912.97	\$2,196,682.00	\$258,230.97		
Interest	\$30,307.11	\$33,500.00	(\$3,192.89)	\$154,028.24	\$167,500.00	(\$13,471.76)		
Fuel	\$172,033.50	\$140,097.00	\$31,936.50	\$890,545.94	\$776,124.00	\$114,421.94		
Medical Supp/Oxygen	\$181,446.61	\$217,005.00	(\$35,558.39)	\$952,484.87	\$1,115,160.00	(\$162,675.13)		
Other Veh & Eq	\$53,226.22	\$42,580.01	\$10,646.21	\$227,127.60	\$225,283.05	\$1,844.55		
Rent and Utilities	\$46,890.20	\$59,711.92	(\$12,821.72)	\$264,262.50	\$298,559.60	(\$34,297.10)		
Facility & Eq Mtc	\$76,137.53	\$79,675.78	(\$3,538.25)	\$346,632.62	\$392,777.90	(\$46,145.28)		
Postage & Shipping	\$1,189.38	\$2,591.33	(\$1,401.95)	\$8,115.41	\$14,816.65	(\$6,701.24)		
Station	\$39,045.04	\$51,567.25	(\$12,522.21)	\$226,939.13	\$238,952.75	(\$12,013.62)		
Comp Maintenance	\$144,118.78	\$56,322.84	\$87,795.94	\$431,595.19	\$295,482.24	\$136,112.95		
Insurance	\$74,720.56	\$50,654.34	\$24,066.22	\$300,124.00	\$260,371.96	\$39,752.04		
Advertising & PR	\$0.00	\$292.00	(\$292.00)	\$11,823.63	\$21,384.00	(\$9,560.37)		
Printing	\$517.99	\$12,117.43	(\$11,599.44)	\$14,174.17	\$21,187.15	(\$7,012.98)		
Travel & Entertain	\$18,982.81	\$8,677.00	\$10,305.81	\$39,798.59	\$47,220.00	(\$7,421.41)		
Dues & Subs	\$119,704.30	\$113,299.00	\$6,405.30	\$573,986.24	\$587,996.00	(\$14,009.76)		
Continuing Educ Ex	\$12,660.00	\$35,771.00	(\$23,111.00)	\$86,626.70	\$125,006.00	(\$38,379.30)		
Professional Fees	\$204,516.75	\$250,082.34	(\$45,565.59)	\$1,279,541.60	\$1,388,361.70	(\$108,820.10)		
Education Expenses	\$516.80	\$1,945.00	(\$1,428.20)	\$5,549.92	\$8,285.00	(\$2,735.08)		

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures
February 28, 2023

Revenue	Current Month		Current Month		Year to Date		Year to Date	
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget
Miscellaneous	\$3,466.98	\$26,257.00	(\$22,790.02)	\$569,645.18	\$35,505.00	\$534,140.18	\$569,645.18	\$35,505.00
Depreciation	\$341,140.32	\$349,175.00	(\$8,034.68)	\$1,708,529.00	\$1,745,875.00	(\$37,346.00)	\$1,708,529.00	\$1,745,875.00
Total Expenditures	\$4,718,680.71	\$4,833,433.57	(\$114,752.86)	\$25,249,280.68	\$24,286,943.65	\$962,337.03	\$25,249,280.68	\$24,286,943.65
Net Rev in Excess of Expend	\$169,512.81	(\$189,061.15)	\$358,573.96	\$30,224.23	\$215,810.36	(\$185,586.13)	\$30,224.23	\$215,810.36
EBITDA	\$540,960.24	\$193,613.85	\$347,346.39	\$1,892,781.47	\$2,129,185.36	(\$236,403.89)	\$1,892,781.47	\$2,129,185.36

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Key Financial Indicators
February 28, 2023

	Goal	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Current Ratio	> 1	9.49	11.59	10.48	8.43	6.04	4.99

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

Cash as % of Annual Expenditures	> 25%	47.07%	42.95%	51.76%	44.45%	33.49%	25.99%
---	-------	--------	--------	--------	--------	--------	--------

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

Accounts Receivable Turnover	>3	4.28	3.65	5.44	6.34	9.06	8.93
-------------------------------------	----	------	------	------	------	------	------

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

Return on Net Assets	-1.00%	10.11%	4.04%	0.00%	-4.03%	-0.07%	0.06%
-----------------------------	--------	--------	-------	-------	--------	--------	-------

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 02/28/2022			 <u><u>\$ 475,470.69</u></u>

Tab E – Chief Human Resources Officer

Human Resources - February 2023

Staffing

- 19 hires in February
- 59 hires FYTD
- Upcoming Scheduled NEOPs
 - March 27, 2023
 - May 1, 2023
 - July 10, 2023
 - August 7, 2023
 - September 18, 2023
 - October 23, 2023

Leaves:

- 34 employees on FMLA / 6.94% of workforce
 - 20 cases on intermittent
 - 14 cases on a block
- Top FMLA request reasons/conditions
 - Baby Bonding (6)
 - FMLA Child (5)
 - Orthopedic (4)

Turnover:

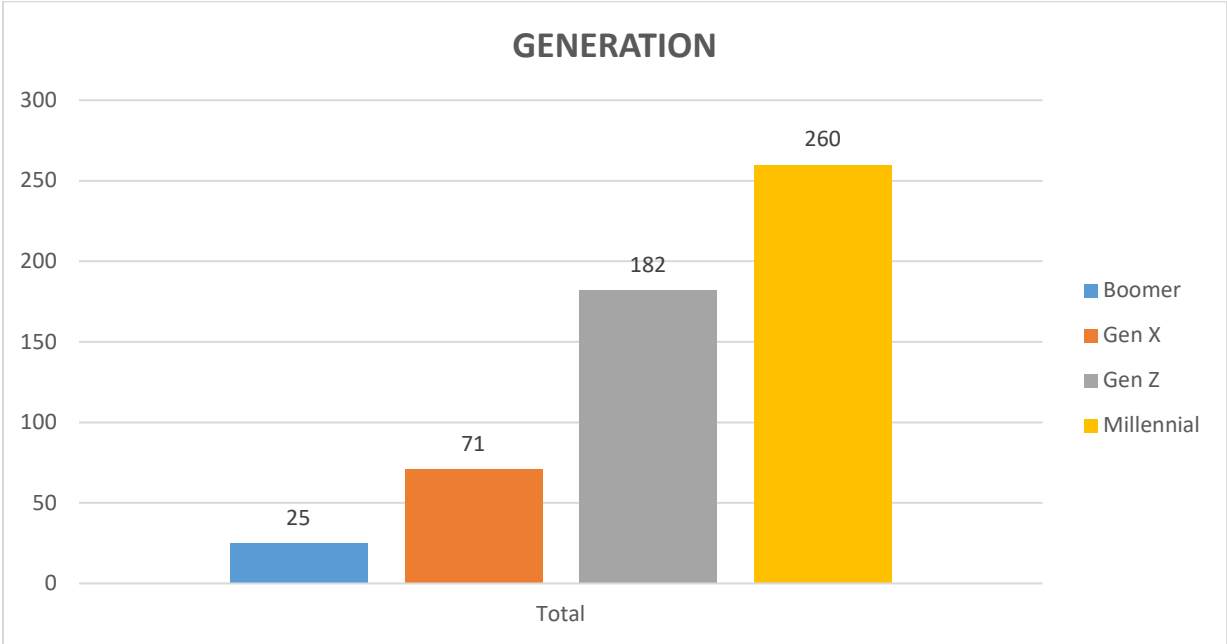
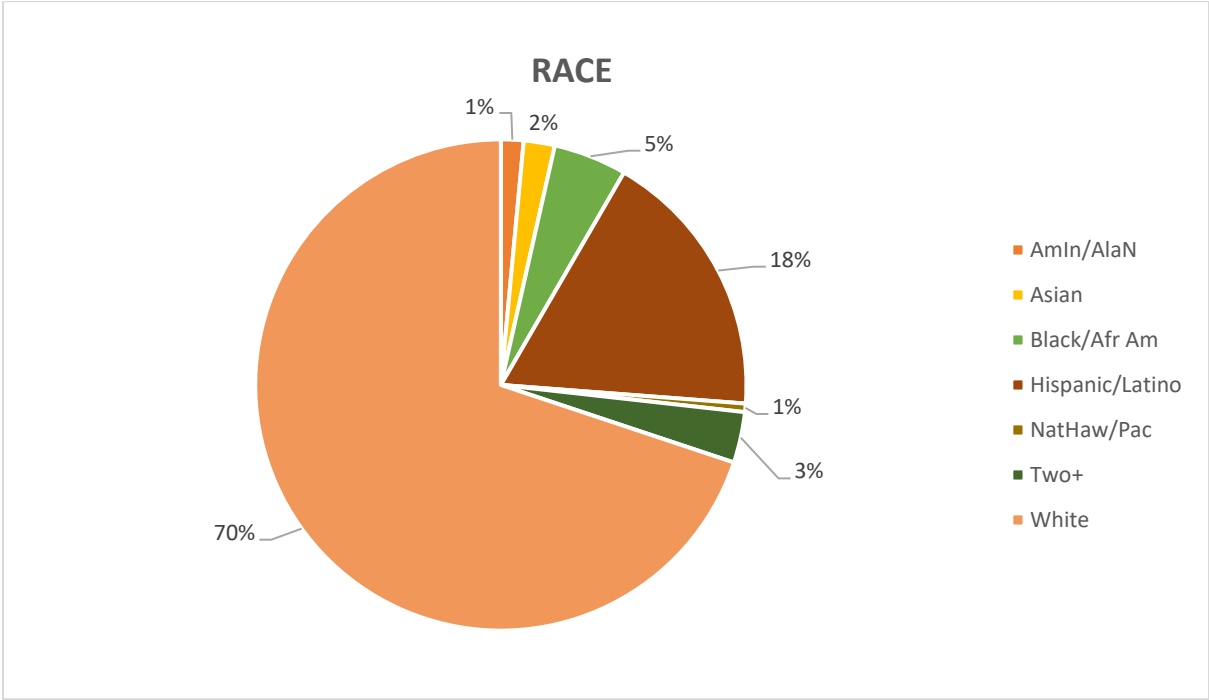
- February turnover –1.30%
 - FT – 1.22%
 - PT – 2.08%
- Year to date turnover –10.22%
 - FT –6.73%
 - PT – 45.83%

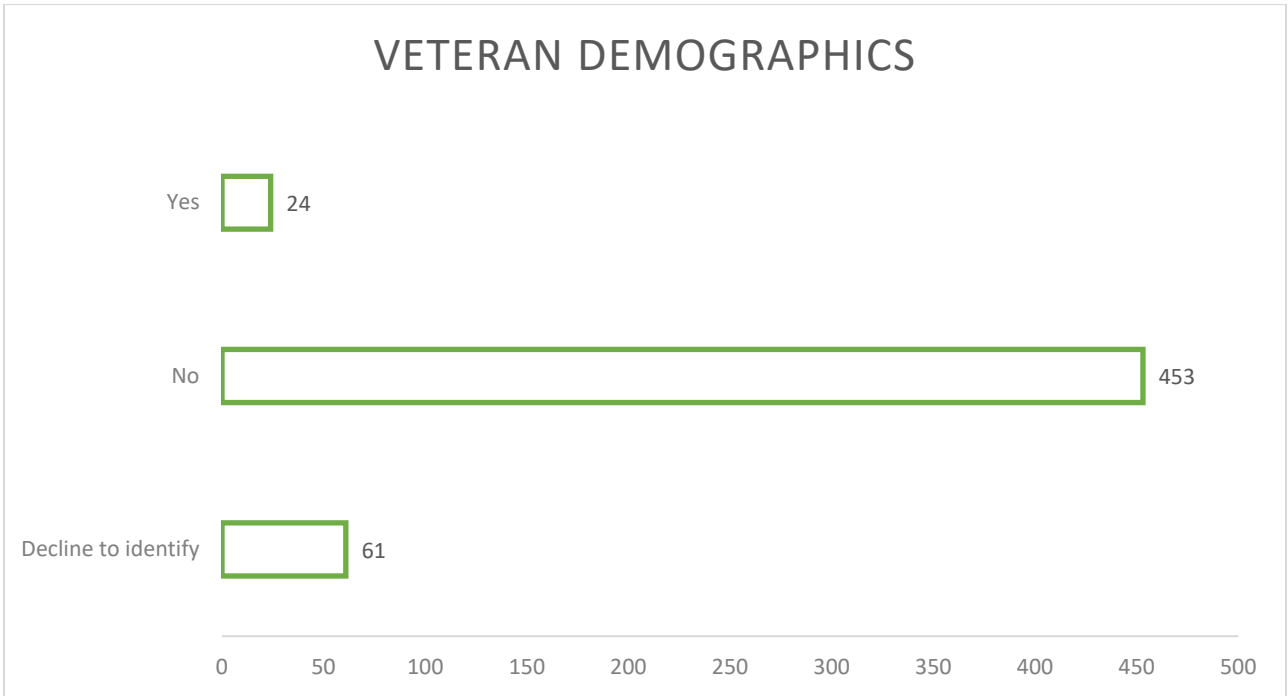
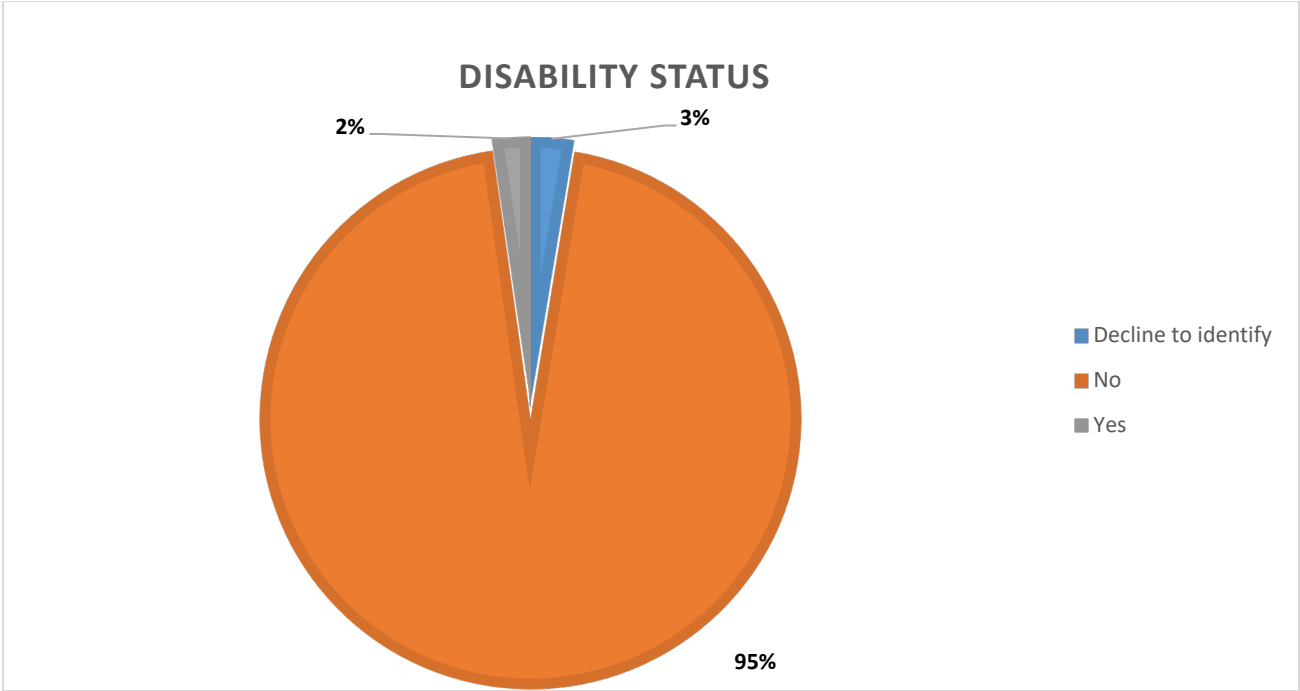
Engagement:

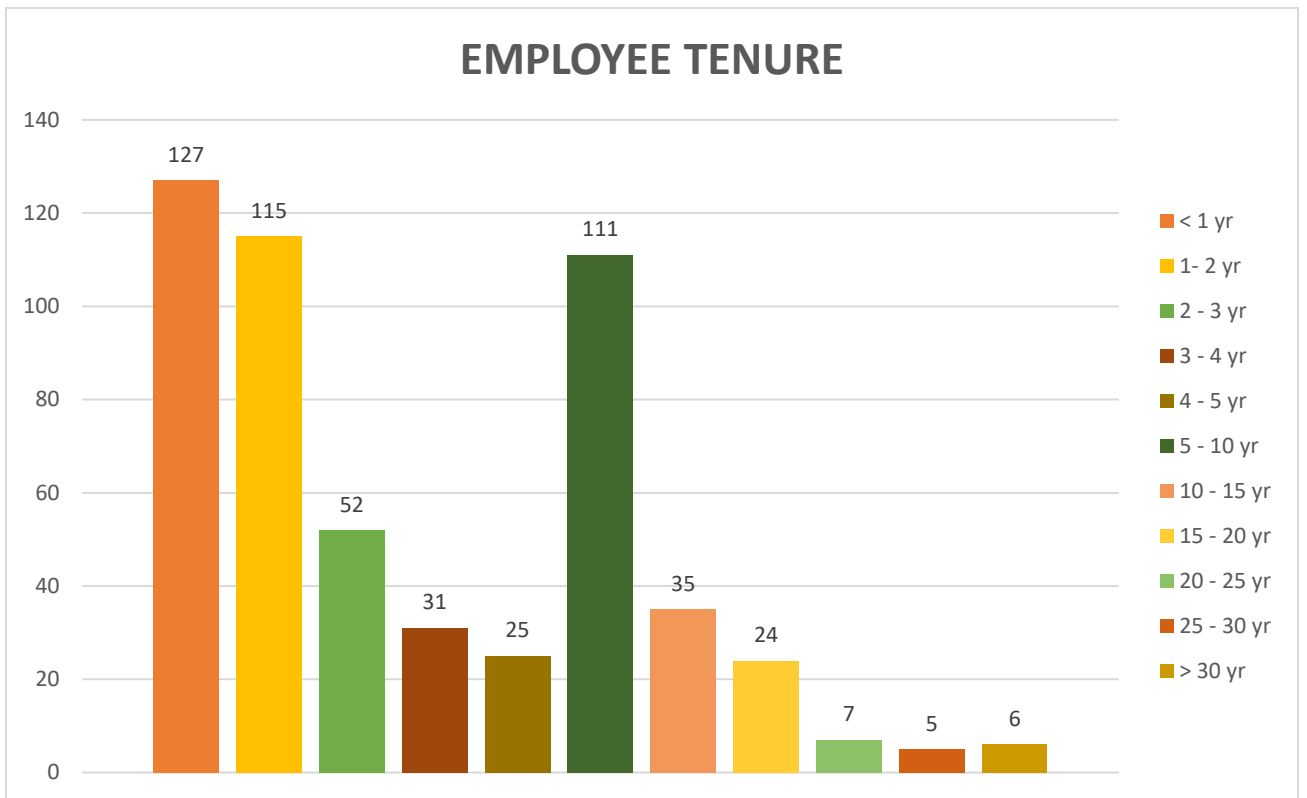
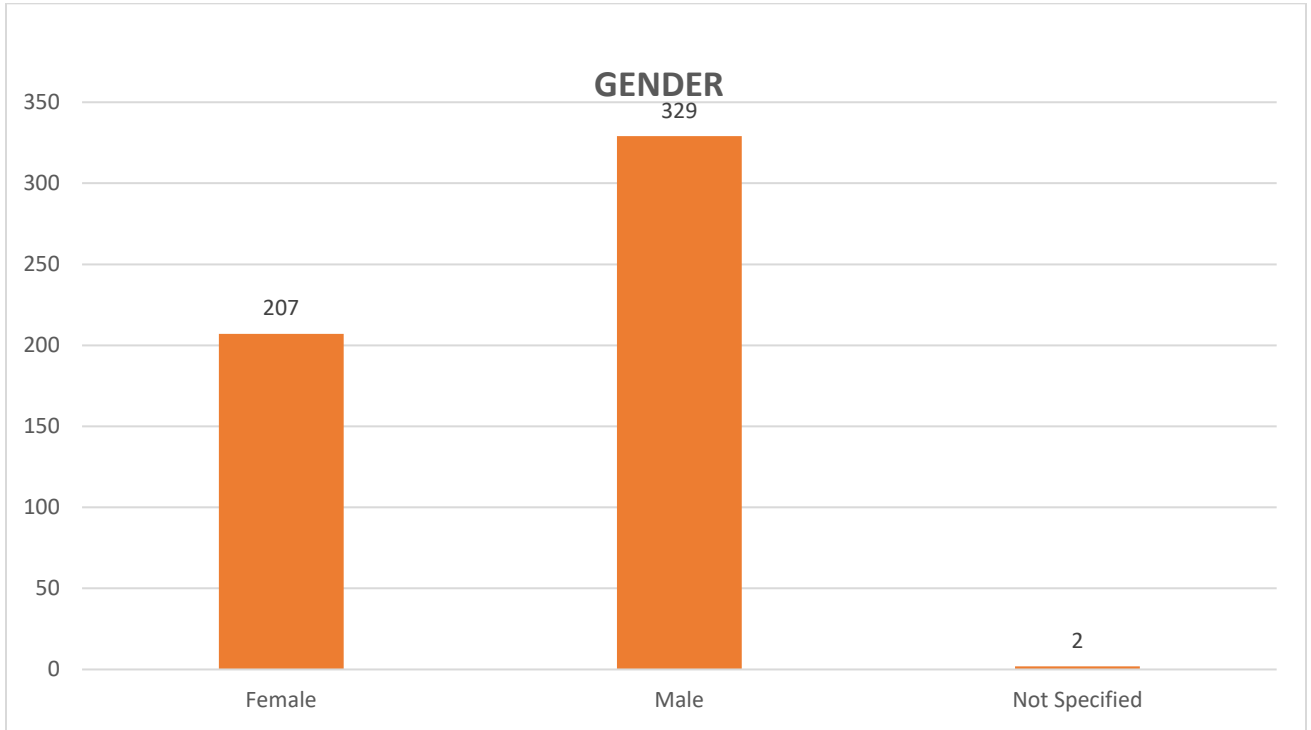
- Black History Month
- Valentine's Hot Chocolate Bar
- Fat Tuesday
- Cardiovascular Screening Event



JANUARY 2023 DIVERSITY STATISTICS





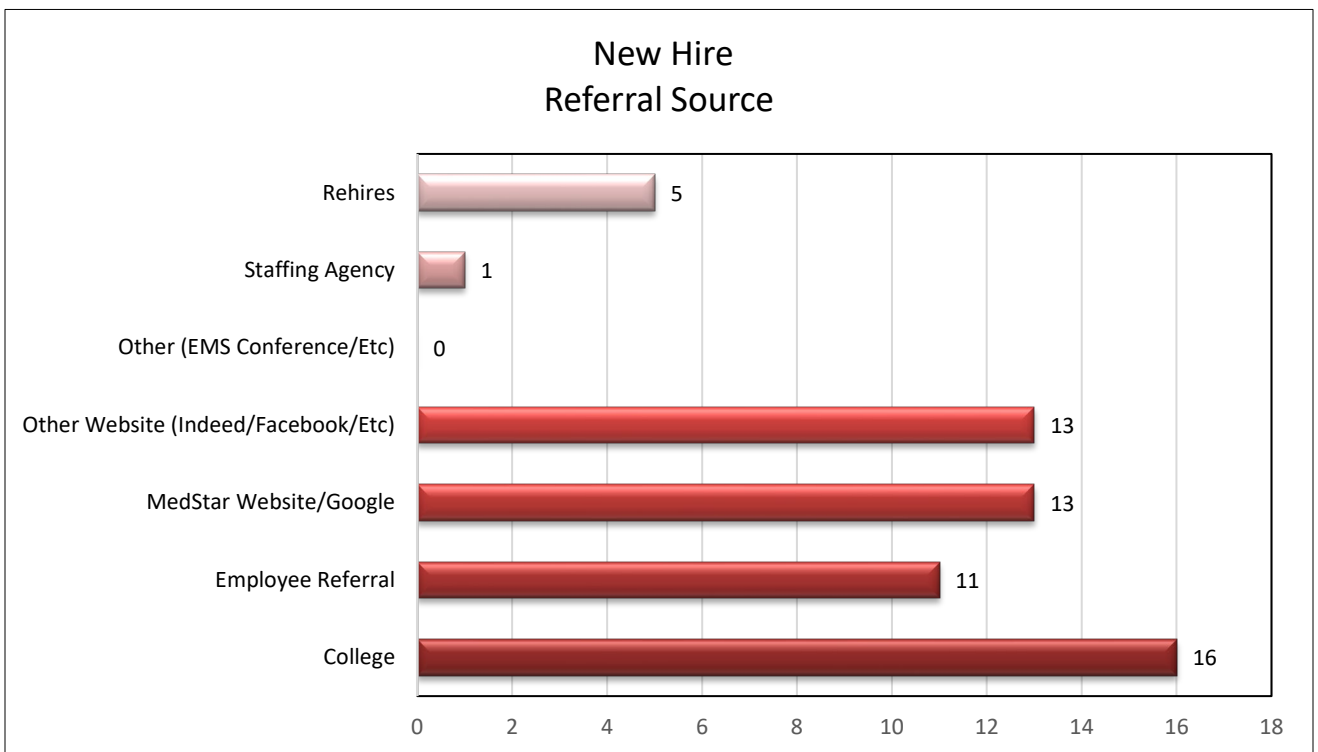
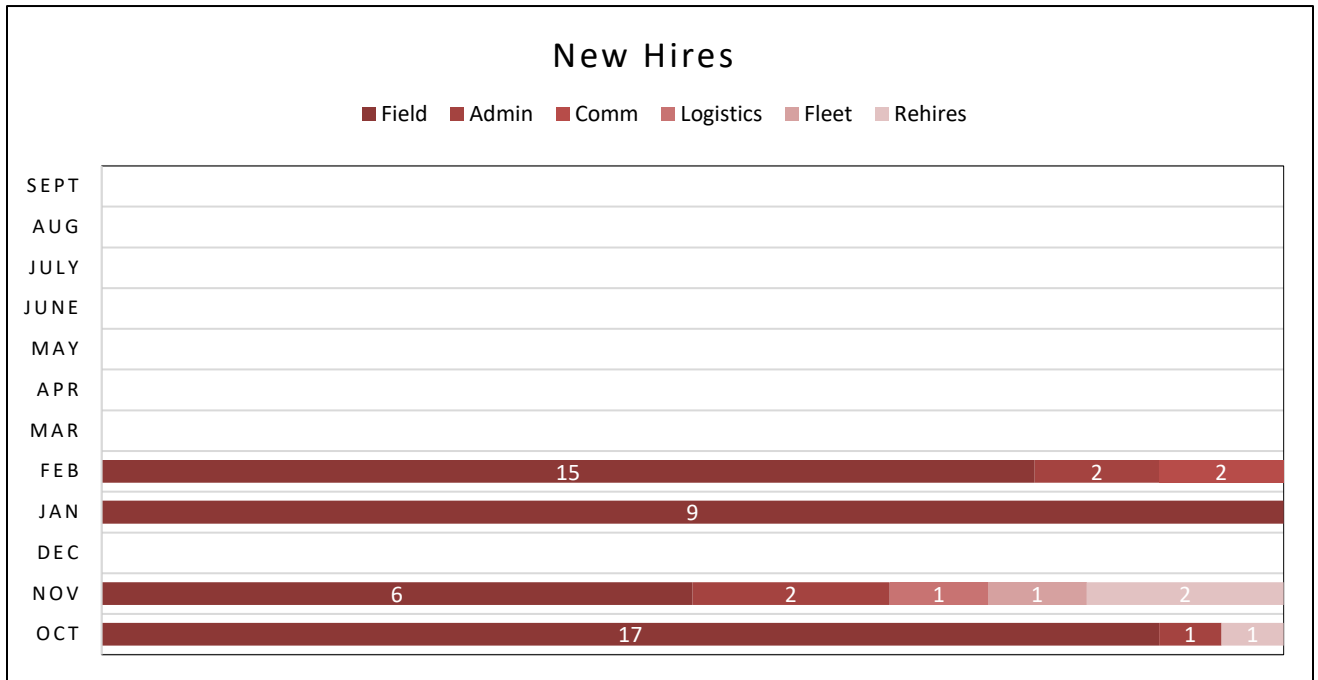


**FMLA Leave of Absence (FMLA Detailed Report)
Fiscal Year 10/01/2022 thru 02/28/2023
Percentages by Department/Conditions**

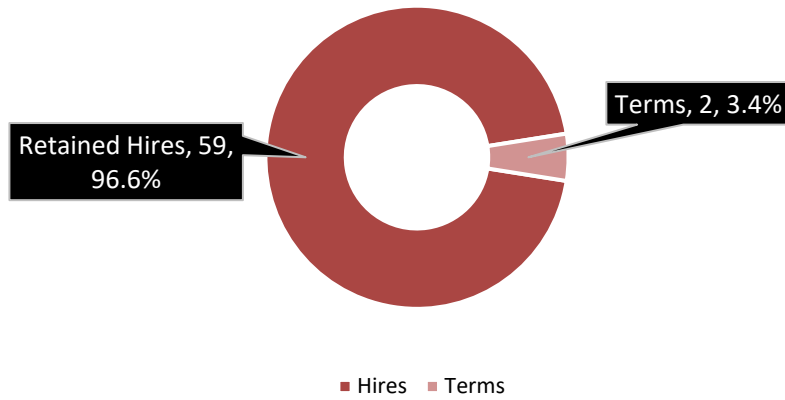
Conditions		Percentage by Department					
		Department	# of Ees	# on FMLA	% by FTE	% by FMLA	% by Dept HC
Baby Bonding	6	Advanced	137	14	2.86%	41.18%	10.22%
Digestive	2	Basic	181	5	1.02%	14.71%	2.76%
FMLA - Child	5	Communications	41	6	1.22%	17.65%	14.63%
FMLA - Parent	3	Controller - Payroll, Purchasing, A/P	5	2	0.41%	5.88%	40.00%
FMLA - Spouse	3	Field Managers/Supervisors - Operations	26	1	0.20%	2.94%	3.85%
Mental Health	3	Support Services - Facilities, Fleet, S.E., Logistics	32	4	0.82%	11.76%	12.50%
Neurological	2	Business Office	13	1	0.20%	2.94%	7.69%
Obstetrics/Gynocolo	1	Health Information Systems	3	1	0.20%	2.94%	33.33%
Behavioral Health	1						
Pregnancy/Childbirth	3						
Pulmonary	1						
Orthopedics	4						
Grand Total	34		438	34			
Total # of Full Time Employees - December 2021			490				
% of Workforce using FMLA			6.94%				
TYPE OF LEAVES UNDER FMLA			# of Ees	% on Leave			
Intermittent Leave			20	58.82%			
Block of Leave			14	41.18%			
Total			34	100.00%			

Recruiting & Staffing Report

Fiscal Year 2022-2023



2022-2023 FY Separations



Fiscal Year Statistics
Total hires to date 59
Total separations from hires 2

Separation Reasons:
Better Opportunity – 1
Unsatisfactory Introductory Period - 1

MedStar Mobile Health Care Separation Statistics February 2023

Full Time Separations
Part Time Separations
Total Separations

Current Month		
Vol	Invol	Total
4	2	6
1	0	1
5	2	7

Year to Date		
Vol	Invol	Total
28	5	33
20	2	22
48	7	55

YTD Compared to Feb'22		Headcount
22-Feb	%	Feb-22
51	11.49%	470
9	23.68%	46
60	12.45%	516
Difference	-2.227%	

	Full Time	Part Time	Total
Total Turnover %	1.22%	2.08%	1.30%
Voluntary Turnover %	0.82%	2.08%	0.93%

	Full Time	Part Time	Total
	6.73%	45.83%	10.22%
	5.71%	41.67%	8.92%

Separations by Department

Full Time	Current Month		
	Vol	Invol	Total
Advanced	1	1	2
Basics	2	1	3
Business Office			
Communications	1	0	1
Controller - Payroll, Purchasing, A/P			
Executives			
Field Manager/Supervisors - Operations			
Field Operations Other			
Health Information Systems			
Human Resources			
Information Technology			
Legal/Compliance			
Mobile Integrated Health			
Office of the Medical Director			
Public Information			
Support Services - Facilities, Fleet, S.E., Logistics			
Total	4	2	6

Year to Date			Headcount
Vol	Invol	Total	Feb-23
9	2	11	137
17	3	20	181
			13
1	0	1	41
			5
			8
			26
			2
			3
			7
			7
			2
			13
1	0	1	12
			1
			32
28	5	33	490

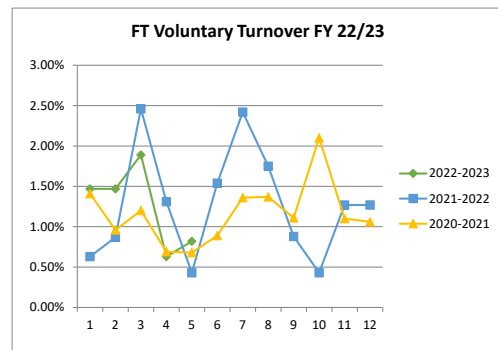
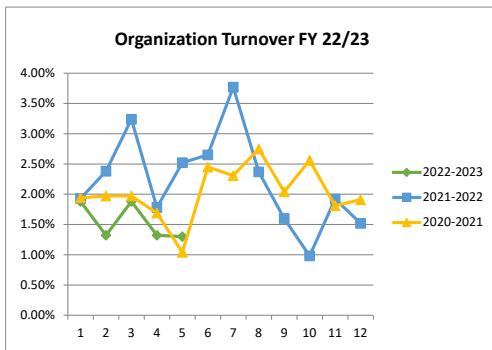
Part Time	Current Month		
	Vol	Invol	Total
Advanced			
Basics	1	0	1
Business Office			
Communications			
Controller - Payroll, Purchasing, A/P			
Executives			
Field Manager/Supervisors - Operations			
Field Operations Other			
Health Information Systems			
Human Resources			
Information Technology			
Legal/Compliance			
Mobile Integrated Health			
Office of the Medical Director			
Public Information			
Support Services - Facilities, Fleet, S.E., Logistics			
Total	1	0	1

Year to Date			Headcount
Vol	Invol	Total	Feb-23
4	0	4	24
15	2	17	15
			4
			1
1	0	1	0
			4
20	2	22	48

MedStar Mobile Healthcare Turnover
Fiscal Year 2022 - 2023

	Full & Part Time Turnover			Full Time Only
	2022-2023	2021-2022	2020-2021	2022-2023
October	1.88%	1.93%	1.94%	1.89%
November	1.32%	2.38%	1.97%	1.47%
December	1.88%	3.24%	1.97%	1.89%
January	1.32%	1.78%	1.69%	0.63%
February	1.30%	2.52%	1.04%	1.22%
March		2.65%	2.45%	
April		3.77%	2.31%	
May		2.37%	2.75%	
June		1.60%	2.04%	
July		0.98%	2.56%	
August		1.92%	1.81%	
September		1.52%	1.91%	
Actual Turnover	6.03%	24.57%	16.17%	5.46%

	Full Time Voluntary Turnover		
	2022-2023	2021-2022	2020-2021
October	1.47%	0.63%	1.41%
November	1.47%	0.87%	0.96%
December	1.89%	2.46%	1.20%
January	0.63%	1.31%	0.69%
February	0.82%	0.43%	0.68%
March		1.54%	0.89%
April		2.42%	1.36%
May		1.75%	1.37%
June		0.88%	1.11%
July		0.43%	2.10%
August		1.27%	1.10%
September		1.27%	1.06%
Actual Turnover	5.04%	15.25%	13.58%



Tab F – FRAB

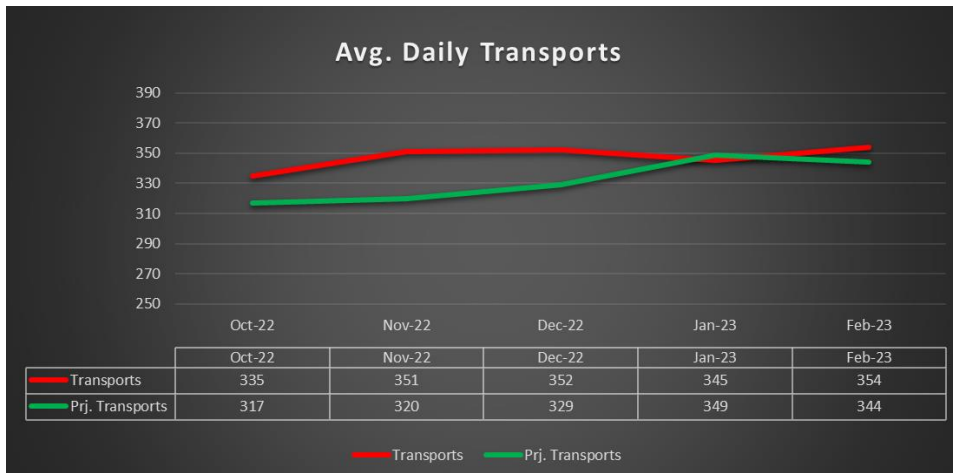
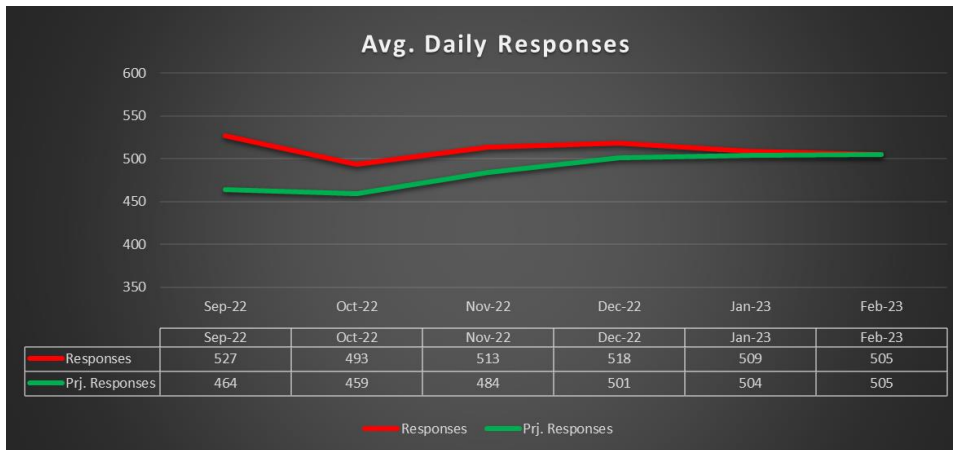
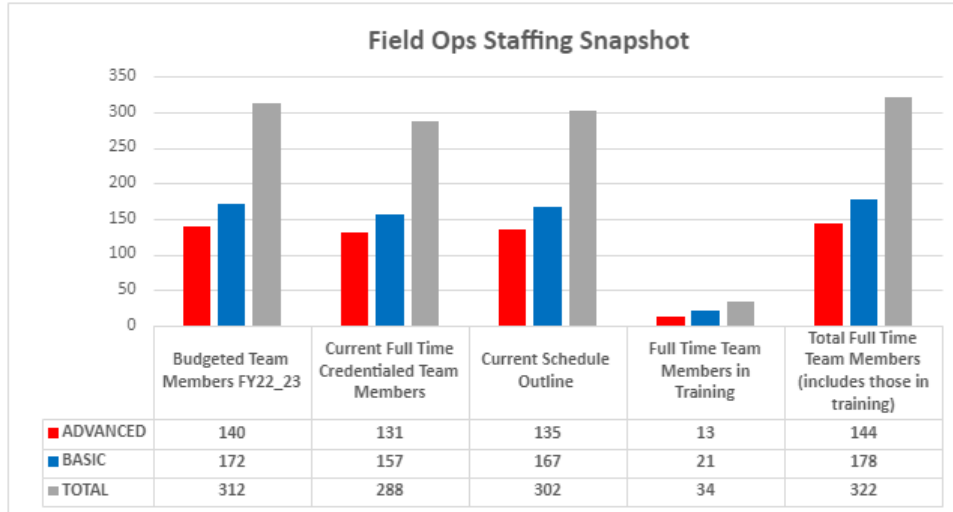
Tab G – Operations

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Operations Report- February 2023

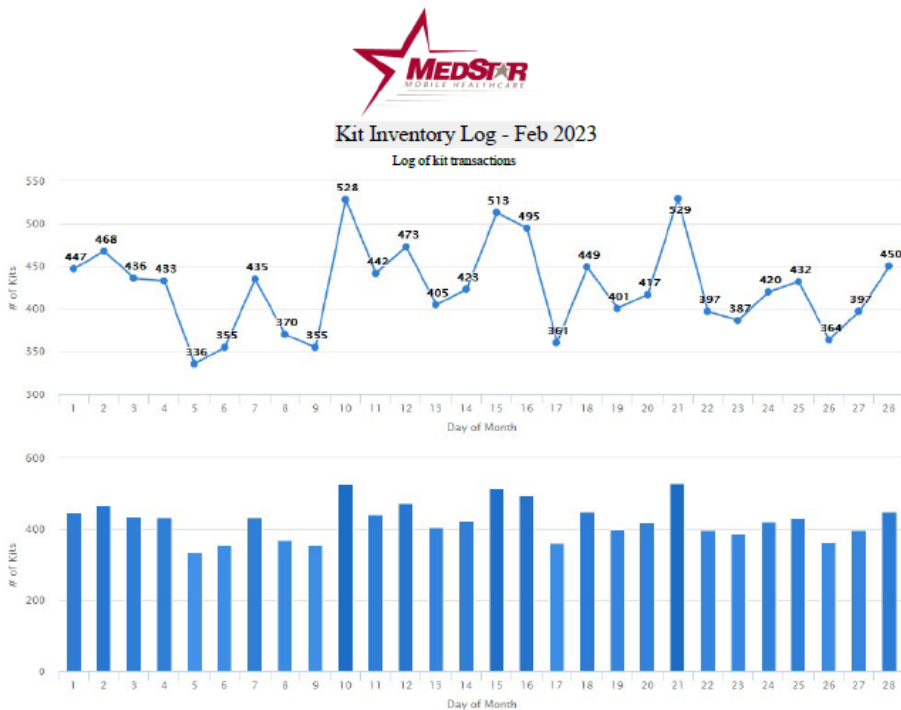
The following summarizes significant operational items through February 28th, 2023:

Field Operations:



Fleet/Logistics/Building Maintenance:

- Continue procurement efforts of chassis for ambulance replacement
- Engaged multiple vendors to diversify narcotic procurement



Special Operations:

- Completed 75 special events for the month of February 2023
- The Ambus supported local hospitals with a backlog of patients to be discharged but could not leave due to 72 hours of winter storms at the first of the month. Utilizing the AMBUS the team was able to safely transport 34 patients to other facilities, their residence, and shelters.
- Partnered with AHA in teaching Hands Only CPR and First Aid for 3 days to 200 employees at First Command Financial in Fort Worth.
- Staffed the Cowtown Marathon for two days to complete a successful event with runners from all over the world.

Mobile Integrated Health:

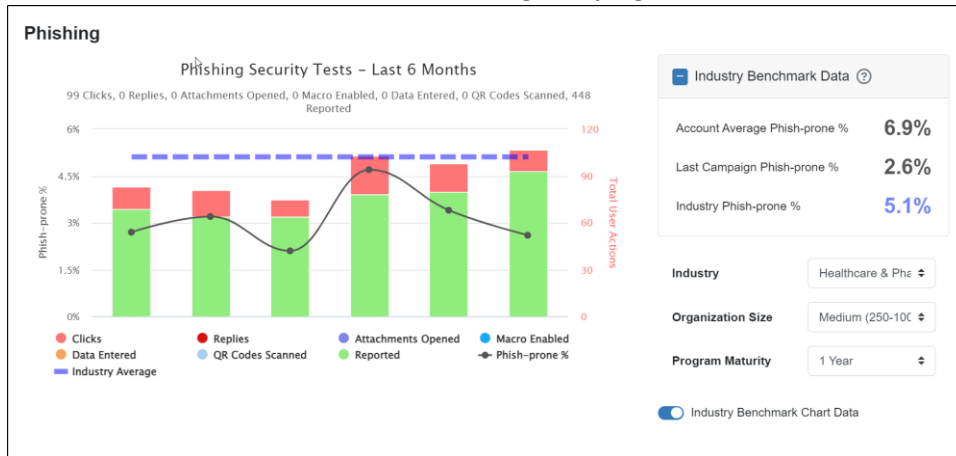
- 2,101 clients are currently enrolled
- 203 clients are pending enrollment
- 885 MIH responses in February 2023
- Sustained increase in referrals from hospital partners and other healthcare organizations

- THR-Fort Worth is looking to expand the partnership by referring more patients at risk for readmission
- Working with UNTHSC to establish a program and process to follow-up on patients that demonstrate a risk for falls

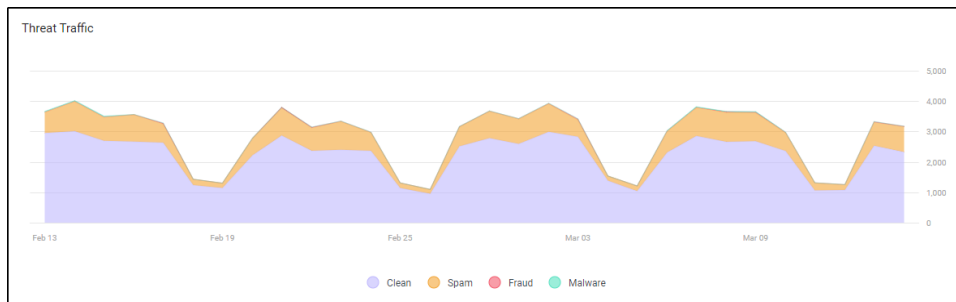
Information Technology:

Completed the migration of the fleet management software from on-premises to the latest software as a service version. Began the upgrade of our billing software to the latest vendor-supported version. Go-live is scheduled for March 20. We continue to review and strengthen our security posture. Below are a few cyber-security statistics for review.

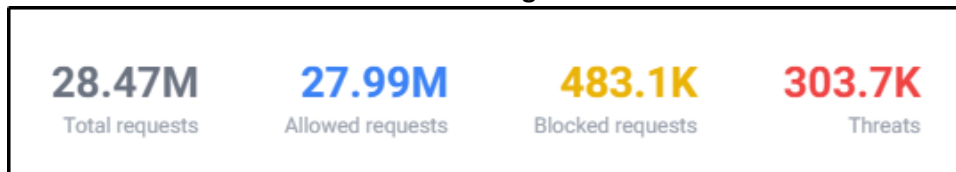
Simulated Phishing Campaigns



Email Threats



Web Filtering Stats



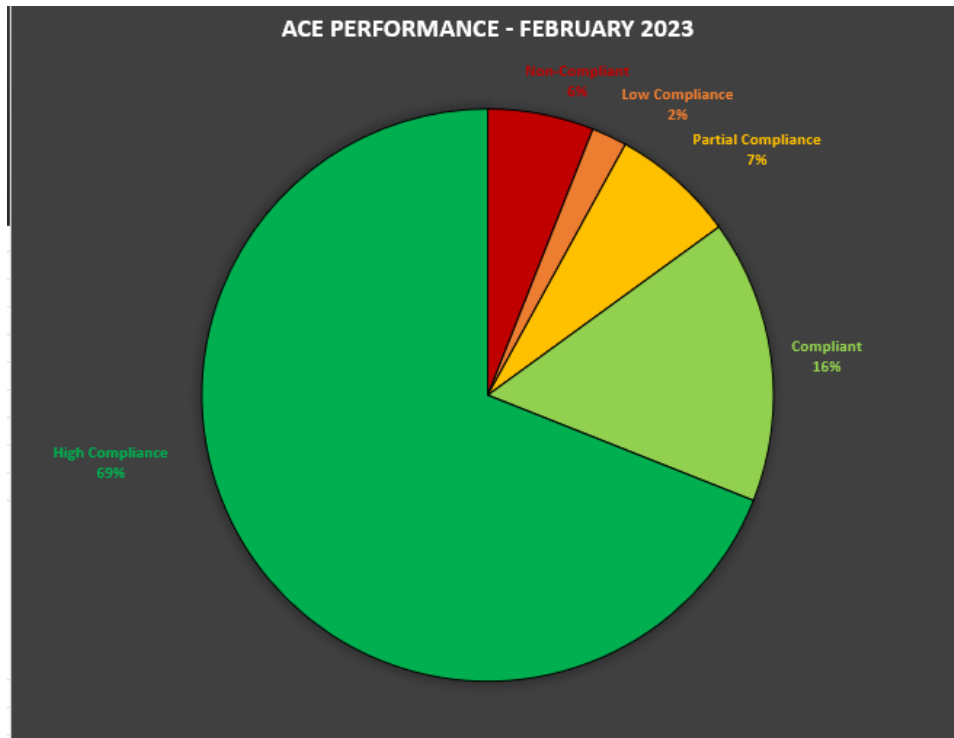
Business Intelligence:

- Optima project implementation continues to be on target
- SharePoint Migration project is on target

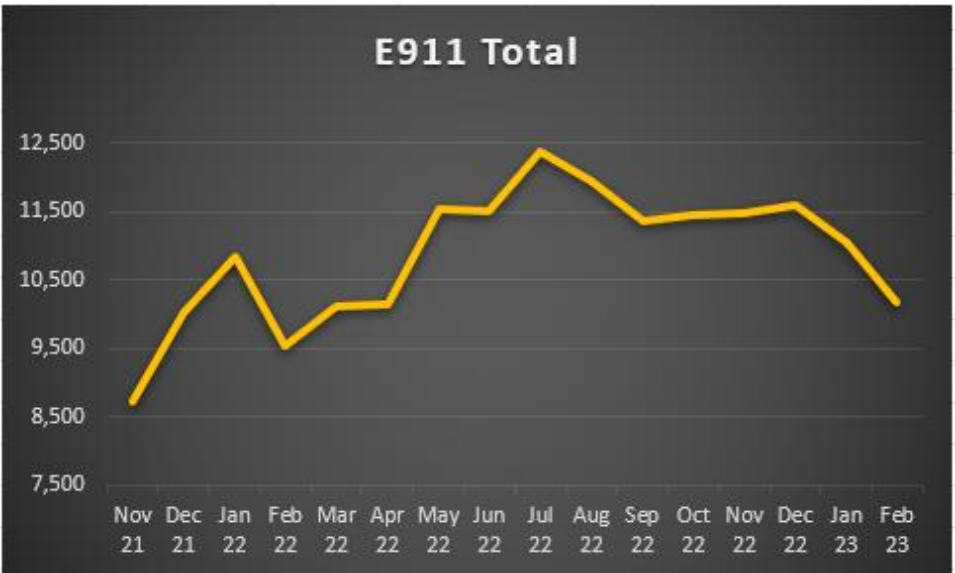
- Created and continue to fine tune the Deployment QI Process
- Updated all data projects and will be working with Exec team to prioritize based on organizational direction/priorities

Communications:

- Continuing efforts to refine LOGIS configuration settings following reprioritization.
- Sixteen (16) controllers in various stages of training.
- Recruiting efforts are being made to fill four (4) controller positions.
- November ACE activity was exempted by IAED.



Month	Admin In	Admin Out	Admin Total	Admin Avg Dur	E911	E911 Avg Dur	E911 Ans ≤15 sec	E911 Ans ≤20 sec	All Calls Total
Dec-22	8,036	4,345	12,381	153.4	11,589	275.6	89.02%	91.44%	23,970
Jan-23	7,617	3,777	11,394	156.1	11,394	273.2	88.37%	90.89%	22,442
Feb-23	7,034	3,833	10,867	151.5	10,181	276.9	85.72%	88.65%	21,048





MedStar Mutual Aid Response Task Time Report

Criteria: Period: 02/01/2023 thru 02/28/2023

Total P1-3 Calls	Mutual Aid Given	Mutual Aid Received	% Mutual Aid
12,586	48	27	0.215%

Aid Type	Total	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Given	48										
		Aid TO									
	1	Alvarado	M57	02/19/2023 13:17:27	2658025	2	Alvarado	06C01 - Breathing Problems - P2+FD	01:11:21		1
	4	Arlington									
		Aid TO									
		Arlington	M55	02/26/2023 10:02:52	2666440	3	Arlington	30A03 - Traumatic Injuries (Specific) - P3-FD	00:01:41	Calling Party Cancelled	0
		Arlington	M55	02/26/2023 10:52:30	2666488	3	Arlington	17A02 - Falls - P3+FD	01:09:13		1
		Arlington	M55	02/11/2023 17:19:10	2648498	2	Arlington	17B01 - Falls - P2+FD	00:07:01	Calling Party Cancelled	0
		Arlington	M30	02/11/2023 17:37:06	2648510	2	Arlington	17B04 - Falls - P2+FD	00:05:12	Calling Party Cancelled	0
	1	Azle									
		Aid TO									
		Azle	M25	02/12/2023 01:47:23	2648885	1	Azle	29D02 - p - Rollover - Rollovers - P1+FD+PD	01:07:13		1
	15	Benbrook									
		Aid TO									
		Benbrook	M53	02/25/2023 01:54:01	2665082	3	Benbrook		00:02:01	FD/PD Cancelled MedStar	0
		Benbrook	M84	02/26/2023 07:34:08	2666382	1	Benbrook	17D05 - G - Falls - On the ground or floor - P1+FD	01:25:52		1
		Benbrook	M34	02/20/2023 09:39:43	2658966	2	Benbrook	17B02 - G - Falls - On the ground or floor - P2+FD	00:08:25	Calling Party Cancelled	0
		Benbrook	M44	02/06/2023 23:12:13	2642731	3	Benbrook	17O01 - Transfer / Interfacility / Palliative Care - P3-FD	00:37:50	AMA - Assessed and/or Treated & Released	0
		Benbrook	M59	02/13/2023 03:24:25	2650172	3	Benbrook	26A10 - Sick Person (Specific Diagnosis) - B3-FD	00:22:28	False Call	0
		Benbrook	M63	02/23/2023 21:08:47	2663671	1	Benbrook	08D06 - M - Carbon Monoxide / Inhalation / HAZMAT / CBRN - Carbon monoxide - P1+FD	01:26:30	DOS	0
		Benbrook	M79	02/02/2023 22:54:37	2636883	2	Benbrook	33C01 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2-FD	01:59:49		1
		Benbrook	M76	02/19/2023 05:08:57	2657750	1	Benbrook	21D04 - M - Hemorrhage (Bleeding) / Lacerations - MEDICAL - P1+FD	00:57:20		1
		Benbrook	M40	02/03/2023 15:56:38	2638354	2	Benbrook	30B01 - Traumatic Injuries (Specific) - P2+FD	01:04:47		1
		Benbrook	M82	02/06/2023 07:58:37	2641623	1	Benbrook	17D04 - Falls - P1+FD	01:46:33		1
		Benbrook	M65	02/16/2023 12:03:58	2654525	3	Benbrook	21A01 - M - Hemorrhage (Bleeding) / Lacerations - MEDICAL - P3-FD	01:25:29		1



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 02/01/2023 thru 02/28/2023

Total P1-3 Calls	Mutual Aid Given	Mutual Aid Received	% Mutual Aid
12,586	48	27	0.215%

	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Crowley	Benbrook	M81	02/17/2023 05:51:37	2655309	2	Benbrook	17B01 - G - Falls - On the ground or floor - P2+FD	01:03:40		1
	Benbrook	M28	02/19/2023 00:13:26	2657523	2	Benbrook	10C03 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2+FD	01:08:55		1
	Benbrook	M70	02/20/2023 18:56:36	2659558	2	Benbrook	17B01 - Falls - P2+FD	01:04:29		1
	Benbrook	M60	02/22/2023 12:53:20	2661673	3	Benbrook	17A02 - G - Falls - On the ground or floor - P3+FD	00:50:17		1
					5					
Joshua	Crowley	M41	02/27/2023 01:02:17	3215342	3	Crowley	26A10 - Sick Person (Specific Diagnosis) - B3-FD	00:01:43		0
	Crowley	M27	02/27/2023 17:12:14	2667995	3	Crowley	26A10 - Sick Person (Specific Diagnosis) - B3-FD	01:29:41		1
	Crowley	M65	02/09/2023 18:42:18	2646231	2	Crowley	29B05 - Traffic Collision / Transportation Incident - B2+FD+PD	00:30:31	AMA - Assessed and/or Treated & Released	0
	Crowley	M23	02/02/2023 14:20:58	2636136	3	Crowley	17A02 - Falls - P3+FD	01:35:53		1
	Crowley	M37	02/21/2023 14:25:37	2660473	1	Crowley	31D04 - Unconscious / Fainting (Near) - P1+FD	01:06:11		1
				1						
Keller	Joshua	M38	02/12/2023 19:41:21	2649818	3	Joshua	26A10 - Sick Person (Specific Diagnosis) - B3-FD	01:10:37		1
North Richland Hills	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Keller	M32	02/23/2023 19:22:49	2663589	2	Keller	29B01 - V - Vehicle vs. vehicle - Multiple patients - B2+FD+PD	00:09:58	FD/PD Cancelled MedStar	0
North Richland Hills	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	North Richland Hills	M55	02/26/2023 07:30:14	2666379	2	North Richland Hills	17B04 - Falls - P2+FD	01:07:59		1
	North Richland Hills	M27	02/01/2023 23:07:31	2634995	2	North Richland Hills	29B05 - U - Traffic Collision / Transportation Incident - B2+FD+PD	00:28:02	FD/PD Cancelled MedStar	0
Richland Hills	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Richland Hills	M80	02/24/2023 20:06:52	2664798	3	Richland Hills	26A11 - Sick Person (Specific Diagnosis) - P3-FD	01:34:36		1
	Richland Hills	M81	02/25/2023 19:45:23	2665846	1	Richland Hills	23D02 - I - Overdose / Poisoning (Ingestion) - Intentional - P1+FD+PD	01:04:23		1
	Richland Hills	M77	02/25/2023 22:13:53	2666018	2	Richland Hills	05A01 - Back Pain (Non-Traumatic or Non-Recent Trauma) - Alpha	01:17:43		1
	Richland Hills	M53	02/28/2023 20:34:29	2669578	3	Richland Hills	26A10 - Sick Person (Specific Diagnosis) - B3-FD	00:59:47		1



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 02/01/2023 thru 02/28/2023

Total P1-3 Calls	Mutual Aid Given	Mutual Aid Received	% Mutual Aid
12,586	48	27	0.215%

	Richland Hills	M29	02/02/2023 23:04:33	2636891	2	Richland Hills	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - B2+FD+PD	00:03:40	FD/PD Cancelled MedStar	0
	Richland Hills	M63	02/20/2023 09:24:38	2658961	3	Richland Hills	10D04 - Chest Pain / Chest Discomfort (Non-Traumatic) - P1+FD	00:06:51	FD/PD Cancelled MedStar	0
	Richland Hills	M80	02/21/2023 15:20:29	2660513	1	Richland Hills	17B04 - Falls - P2+FD	0:03:09	Calling Party Cancelled	0
	Richland Hills	M73	02/21/2023 07:20:09	2660039	2	Richland Hills	17B04 - Falls - P2+FD	00:05:03	FD/PD Cancelled MedStar	0
	Richland Hills	M29	02/01/2023 22:35:55	2634970	2	Richland Hills	17B01 - Falls - P2+FD	01:12:38		1
	Richland Hills	M71	02/15/2023 14:17:19	2653386	2	Richland Hills	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - B2+FD+PD	01:24:20		1
	Richland Hills	M59	02/22/2023 04:41:31	2661213	1	Richland Hills	17D04 - Falls - P1+FD	01:13:31		1
	Richland Hills	M84	02/22/2023 17:30:19	2662180	2	Richland Hills	17B04 - Falls - P2+FD	01:31:14		1
	Richland Hills	M22	02/23/2023 03:07:15	2662641	2	Richland Hills	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - P2+FD	00:56:08		1
	Richland Hills	M63	02/23/2023 10:50:59	2662980	2	Richland Hills	18B01 - Headache - B2+FD	01:08:41		1
Roanoke										
	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Roanoke	M64	02/25/2023 05:53:58	2665230	3	Roanoke	01A01 - Abdominal Pain / Problems - P3-FD	01:07:09		1
Tarrant County										
	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Tarrant County	M20	02/03/2023 08:48:24	2637593	3	Tarrant County		00:01:34	FD/PD Cancelled MedStar	0
	Tarrant County	M25	02/15/2023 08:01:16	2652968	2	Tarrant County	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - B2+FD+PD	00:16:20	FD/PD Cancelled MedStar	0
	Tarrant County	M33	02/13/2023 22:15:54	2651257	1	Tarrant County	26D01 - Sick Person (Specific Diagnosis) - P1+FD	01:20:55		1
Received										
	Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Arlington EMS	AMR Arlington, n 1	02/09/2023 04:30:52	2645207	2	Fort Worth	18C02 - Headache - P2+FD	00:36:00		1
Benbrook										
	Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
	Benbrook	Benbrook Medic 1	02/01/2023 09:46:46	2633782	2	Fort Worth	30O01 - Traumatic Injuries (Specific) - P3-FD	00:35:11		0
Crowley										



MedStar Mutual Aid Response Task Time Report

Criteria: Period: 02/01/2023 thru 02/28/2023

Total P1-3 Calls	Mutual Aid Given	Mutual Aid Received	% Mutual Aid
12,586	48	27	0.215%

Eagle Mountain				Johnson County					
Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted in TX
Crowley	Crowley 254	02/03/2023 23:11:53	2638916	2	Burlison	31C01 - Unconscious / Fainting (Near) - P2+FD	00:20:00		0
Crowley	Crowley 254	02/06/2023 19:44:54	2642476	2	Burlison	01C06 - Abdominal Pain / Problems P2+FD	01:18:39		1
Crowley	Crowley 254	02/10/2023 10:48:49	2647001	2	Burlison	17B01 - G - Falls - On the ground or floor - P2+FD	01:09:23		1
13									
Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted in TX
Eagle Mountain	Eagle Mountain	02/02/2023 06:43:41	2635356	2	Lake Worth	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - B2+FD+PD	00:04:34	FD/PD Cancelled MedStar	0
Eagle Mountain	Eagle Mountain	02/03/2023 15:43:53	2638339	1	Fort Worth	06D04 - E - Breathing Problems - COPD (Emphysema/Chronic bronchitis) - P1+FD	00:52:46	AMA - Assessed and/or Treated & Released	0
Eagle Mountain	Eagle Mountain	02/17/2023 11:25:57	2655527	2	Saginaw	25B06 - V - Psychiatric / Abnormal Behavior / Suicide Attempt - Violent - P2+FD+PD	00:21:10	RAS - Release At Scene	0
Eagle Mountain	Eagle Mountain	02/04/2023 17:20:17	2639879	3	Fort Worth	26C06 - Sick Person (Specific Diagnosis) - B3-FD	00:29:23		0
Eagle Mountain	Eagle Mountain	02/01/2023 11:55:24	2634006	2	Fort Worth	05C04 - Back Pain (Non-Traumatic or Non-Recent Trauma) - P2+FD	01:25:00		1
Eagle Mountain	Eagle Mountain	02/06/2023 01:51:17	2641449	2	Fort Worth	26C02 - Sick Person (Specific Diagnosis) - Suspected coronavirus illness - P2+FD	00:51:02		1
Eagle Mountain	Eagle Mountain	02/15/2023 17:38:18	2653619	3	Fort Worth	30A02 - Traumatic Injuries (Specific) - P3-FD	00:45:09		1
Eagle Mountain	Eagle Mountain	02/01/2023 10:12:51	2633811	1	Fort Worth	26D01 - Sick Person (Specific Diagnosis) - P1+FD	01:25:30		1
Eagle Mountain	Eagle Mountain	02/02/2023 13:36:31	2636060	3	Fort Worth	26A03 - Sick Person (Specific Diagnosis) - P3-FD	00:52:20		1
Eagle Mountain	Eagle Mountain	02/03/2023 11:44:44	2637854	1	Fort Worth	06D02 - Breathing Problems - P1+FD	01:42:46		1
Eagle Mountain	Eagle Mountain	02/14/2023 17:27:18	2652321	3	Fort Worth	31A01 - Falls - P3	01:47:39		1
Eagle Mountain	Eagle Mountain	02/16/2023 11:45:37	2654509	2	Fort Worth	25B06 - Psychiatric / Abnormal Behavior / Suicide Attempt - P2+FD+PD	01:09:06		1
Eagle Mountain	Eagle Mountain	02/18/2023 20:55:05	2657360	3	Lakeside	17A02 - G - Falls - On the ground or floor - P3+FD	01:28:00		1
1									
Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted in TX



MedStar Mutual Aid Response Task Time Report

Criteria: AMR JC 02/15/2023 18:24:33 thru 02/28/2023

Total P1-3 Calls	Mutual Aid Given	Mutual Aid Received	% Mutual Aid
12,586	48	27	0.215%

Life Care EMS		Johnson County	AMR JC 02/15/2023 18:24:33	2653696	2	Burlison	33C01 - T - Transfer / Interfacility / Palliative Care - Transfer/Interfacility - P2-FD	01:26:34	1
Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Task Time (Assign to Clear)	Cancel Reason	Resulted In TX
Life Care EMS	Life Care EMS (Willow Park)	02/01/2023 15:19:25	2634358	2	Fort Worth	29B05 - U - Solitary vehicle - Unknown number of patients - B2+FD+PD	00:24:03	FD/PP Cancelled MedStar	0
Life Care EMS	Life Care EMS (Willow Park)	02/03/2023 01:29:20	2637124	2	Fort Worth	29B05 - U - Solitary vehicle - Unknown number of patients - B2+FD+PD	00:11:18	FD/PP Cancelled MedStar	0
Life Care EMS	Life Care EMS (Willow Park)	02/03/2023 13:04:53	2638004	1	Fort Worth	06D04 - Breathing Problems - P1+FD	00:23:37	AMA - Assessed and/or Treated & Released	0
Life Care EMS	Life Care EMS (Willow Park)	02/04/2023 19:12:47	2640023	1	White Settlement	01D01 - Abdominal Pain / Problems - P1+FD	00:50:36		1
4									
Watauga		Watauga	02/01/2023 11:03:31 <th>2633885 <th>2 <th>Fort Worth</th> <th>19C02 - Heart Problems / A.I.C.D. - P2+FD</th> <th>00:55:18</th> <th>1</th> </th></th>	2633885 <th>2 <th>Fort Worth</th> <th>19C02 - Heart Problems / A.I.C.D. - P2+FD</th> <th>00:55:18</th> <th>1</th> </th>	2 <th>Fort Worth</th> <th>19C02 - Heart Problems / A.I.C.D. - P2+FD</th> <th>00:55:18</th> <th>1</th>	Fort Worth	19C02 - Heart Problems / A.I.C.D. - P2+FD	00:55:18	1
Watauga	Watauga	02/03/2023 04:06:01	2637244	1	Fort Worth	17A04 - G - Falls - On the ground or floor - FD ONLY	01:30:16		1
Watauga	Watauga	02/03/2023 15:03:07	2638257	2	Haltom City	29B05 - Traffic Collision / Transportation Incident - B2+FD+PD	01:02:21		1
Watauga	Watauga	02/03/2023 17:25:32	2638496	2	Fort Worth	23C01 - A - Overdose / Poisoning (Ingestion) - Accidental - P2+FD+PD	00:56:37		1



MedStar Response Time Reliability and AVG Response Time Performance

Period: Dec 01 2022 to Dec 31 2022

Member City	Pri	Calls	On Scene	Avg RT	Current Month			Extended Responses Count	Extended Responses %	100 Response Compliance Period		
					Compliance Calculated Responses	Late Responses	On Time %			Compliance Calculated Responses	Late Responses	On Time %
Blue Mound	1	5	5	00:06:54	5	0	100.0%	0	0.0%	5	0	100.0%
	2	5	4	00:11:03	5	1	80.0%	1	20.0%	5	1	80.0%
	3	6	6	00:10:09	6	0	100.0%	0	0.0%	6	0	100.0%
Total Blue Mound		16	15									
Burleson	1	139	133	00:08:53	139	29	79.1%	12	8.6%	139	29	79.1%
	2	199	185	00:09:57	199	39	80.4%	16	8.0%	199	39	80.4%
	3	155	114	00:10:17	155	21	86.5%	7	4.5%	155	21	86.5%
	4	83	82	00:34:20	83	6	92.8%	1	1.2%	83	6	92.8%
Total Burleson		576	514									
Edgecliff Village	1	11	11	00:08:37	11	2	81.8%	0	0.0%	11	2	81.8%
	2	7	7	00:07:20	7	0	100.0%	0	0.0%	7	0	100.0%
	3	7	6	00:07:23	7	0	100.0%	0	0.0%	7	0	100.0%
Total Edgecliff Village		25	24									
Forest Hill	1	63	59	00:08:50	63	13	79.4%	2	3.2%	63	13	79.4%
	2	98	90	00:09:49	98	16	83.7%	2	2.0%	98	16	83.7%
	3	46	43	00:11:08	46	4	91.3%	0	0.0%	46	4	91.3%
Total Forest Hill		207	192									
Fort Worth	1	3470	3335	00:09:00	3470	723	79.2%	143	4.1%	3470	723	79.2%
	2	5347	5048	00:09:51	5347	917	82.9%	193	3.6%	5347	917	82.9%
	3	3520	3165	00:11:09	3520	485	86.2%	128	3.6%	3520	485	86.2%
	4	1427	1420	00:29:08	1427	95	93.3%	52	3.6%	1427	95	93.3%
Total Fort Worth		13764	12968									
Haltom City	1	117	114	00:09:45	117	36	69.2%	5	4.3%	117	36	69.2%
	2	153	147	00:11:05	153	39	74.5%	9	5.9%	153	39	74.5%
	3	114	101	00:13:02	114	21	81.6%	6	5.3%	114	21	81.6%
	4	5	4	00:25:37	5	0	100.0%	0	0.0%	5	0	100.0%
Total Haltom City		389	366									
Haslet	1	16	15	00:08:06	16	3	81.3%	1	6.3%	16	3	81.3%
	2	24	23	00:10:37	24	7	70.8%	1	4.2%	24	7	70.8%
	3	18	17	00:13:02	18	4	77.8%	2	11.1%	18	4	77.8%



MedStar Response Time Reliability and AVG Response Time Performance

Period: Dec 01 2022 to Dec 31 2022

Total Haslet	58	55																	
Lake Worth	1	31	30	00:10:42	31	13	58.1%	4	12.9%	31	13	58.1%							
	2	66	63	00:10:00	66	13	80.3%	4	6.1%	66	13	80.3%							
	3	29	24	00:12:37	29	7	75.9%	3	10.3%	29	7	75.9%							
	4	3	3	00:42:05	3	1	66.7%	0	0.0%	3	1	66.7%							
Total Lake Worth	129	120																	
Lakeside	1	3	3	00:17:43	3	3	0.0%	2	66.7%	3	3	0.0%							
	2	4	4	00:15:08	4	3	25.0%	0	0.0%	4	3	25.0%							
	3	2	1	00:22:45	2	2	0.0%	0	0.0%	2	2	0.0%							
Total Lakeside	9	8																	
River Oaks	1	18	17	00:08:50	18	5	72.2%	0	0.0%	18	5	72.2%							
	2	27	25	00:09:24	27	6	77.8%	0	0.0%	27	6	77.8%							
	3	10	10	00:08:22	10	0	100.0%	0	0.0%	10	0	100.0%							
Total River Oaks	55	52																	
Saginaw	1	44	43	00:08:24	44	9	79.5%	3	6.8%	44	9	79.5%							
	2	80	72	00:09:14	80	11	86.3%	1	1.3%	80	11	86.3%							
	3	58	48	00:10:57	58	11	81.0%	2	3.4%	58	11	81.0%							
	4	82	82	00:28:31	82	5	93.9%	1	1.2%	82	5	93.9%							
Total Saginaw	264	245																	
Sansom Park	1	20	20	00:08:16	20	3	85.0%	1	5.0%	20	3	85.0%							
	2	41	40	00:11:55	41	15	63.4%	4	9.8%	41	15	63.4%							
	3	20	19	00:14:27	20	6	70.0%	3	15.0%	20	6	70.0%							
Total Sansom Park	81	79																	
Westover Hills	3	1	1	00:06:36	1	0	100.0%	0	0.0%	1	0	100.0%							
Total Westover Hills	1	1																	
Westworth Village	1	12	11	00:09:07	12	2	83.3%	1	8.3%	12	2	83.3%							
	2	37	36	00:09:27	37	7	81.1%	1	2.7%	37	7	81.1%							
	3	12	11	00:12:22	12	2	83.3%	1	8.3%	12	2	83.3%							
	4	1	1	00:52:04	1	0	100.0%	0	0.0%	1	0	100.0%							
Total Westworth Village	62	59																	
White Settlement	1	68	65	00:08:14	68	14	79.4%	4	5.9%	68	14	79.4%							
	2	113	111	00:09:29	113	19	83.2%	3	2.7%	113	19	83.2%							
	3	82	79	00:10:17	82	7	91.5%	1	1.2%	82	7	91.5%							



MedStar Response Time Reliability and AVG Response Time Performance

Period: Dec 01 2022 to Dec 31 2022

	4	17	17	00:26:09	17	1	94.1%	0	0.0%	17	1	94.1%
Total White Settlement	280	272										
1	4017	3861	00:09:00	4017	855	78.7%	178	4.4%	4017	855	78.7%	
2	6201	5855	00:09:53	6201	1093	82.4%	235	3.8%	6201	1093	82.4%	
3	4080	3645	00:11:11	4080	570	86.0%	153	3.8%	4080	570	86.0%	
4	1618	1609	00:29:26	1618	108	93.3%	54	3.3%	1618	108	93.3%	
Total System Wide	15916	14970										



MedStar Response Time Reliability and AVG Response Time Performance

Period: Nov 01 2022 to Nov 30 2022

Member City	Pri	Calls	On Scene	Avg RT	Current Month			100 Response Compliance Period				
					Compliance Calculated Responses	Late Responses	On Time %	Compliance Calculated Responses	Late Responses	On Time %		
Blue Mound	1	4	4	00:11:15	4	1	75.0%	1	25.0%	4	1	75.0%
	2	9	9	00:09:12	9	1	88.9%	0	0.0%	9	1	88.9%
	3	7	7	00:11:02	7	0	100.0%	0	0.0%	7	0	100.0%
Total Blue Mound		20	20									
Burleson	1	123	120	00:09:39	123	35	71.5%	12	9.8%	123	35	71.5%
	2	192	177	00:09:26	192	38	80.2%	11	5.7%	192	38	80.2%
	3	162	115	00:10:24	162	24	85.2%	14	8.6%	162	24	85.2%
	4	103	103	00:39:41	103	11	89.3%	7	6.8%	103	11	89.3%
Total Burleson		580	515									
Edgecliff Village	1	6	6	00:07:37	6	0	100.0%	0	0.0%	6	0	100.0%
	2	14	14	00:09:35	14	2	85.7%	0	0.0%	14	2	85.7%
	3	7	6	00:08:31	7	0	100.0%	0	0.0%	7	0	100.0%
Total Edgecliff Village		27	26									
Forest Hill	1	64	63	00:10:00	64	25	60.9%	4	6.3%	64	25	60.9%
	2	97	90	00:09:32	97	14	85.6%	2	2.1%	97	14	85.6%
	3	44	37	00:12:57	44	7	84.1%	2	4.5%	44	7	84.1%
Total Forest Hill		205	190									
Fort Worth	1	3339	3188	00:09:22	3339	774	76.8%	162	4.9%	3339	774	76.8%
	2	5215	4870	00:10:15	5215	1070	79.5%	230	4.4%	5215	1070	79.5%
	3	3635	3286	00:11:49	3635	643	82.3%	156	4.3%	3635	643	82.3%
	4	1405	1399	00:30:11	1405	91	93.5%	38	2.7%	1405	91	93.5%
Total Fort Worth		13594	12743									
Haltom City	1	107	105	00:09:54	107	36	66.4%	5	4.7%	107	36	66.4%
	2	147	137	00:11:13	147	38	74.1%	6	4.1%	147	38	74.1%
	3	106	101	00:13:28	106	23	78.3%	6	5.7%	106	23	78.3%
	4	1	1	00:31:15	1	0	100.0%	0	0.0%	1	0	100.0%
Total Haltom City		361	344									
Haslet	1	20	19	00:11:34	20	7	65.0%	4	20.0%	20	7	65.0%
	2	24	22	00:11:24	24	7	70.8%	2	8.3%	24	7	70.8%
	3	15	14	00:13:35	15	5	66.7%	1	6.7%	15	5	66.7%



MedStar Response Time Reliability and AVG Response Time Performance

Period: Nov 01 2022 to Nov 30 2022

Total Haslet	59	55	00:10:27	23	9	60.9%	2	8.7%	23	9	60.9%
Lake Worth	1	21	00:10:27	23	9	60.9%	2	8.7%	23	9	60.9%
	2	54	00:10:57	60	20	66.7%	4	6.7%	60	20	66.7%
	3	28	00:11:54	32	7	78.1%	2	6.3%	32	7	78.1%
	4	1	00:20:31	1	0	100.0%	0	0.0%	1	0	100.0%
Total Lake Worth	116	104									
Lakeside	1	4	00:12:08	4	3	25.0%	1	25.0%	4	3	25.0%
	2	7	00:10:51	8	1	87.5%	0	0.0%	8	1	87.5%
	3	6	00:11:55	8	2	75.0%	0	0.0%	8	2	75.0%
Total Lakeside	20	17									
River Oaks	1	14	00:08:48	15	2	86.7%	1	6.7%	15	2	86.7%
	2	16	00:09:48	17	4	76.5%	0	0.0%	17	4	76.5%
	3	16	00:11:37	20	5	75.0%	1	5.0%	20	5	75.0%
Total River Oaks	52	46									
Saginaw	1	41	00:08:40	41	9	78.0%	4	9.8%	41	9	78.0%
	2	66	00:10:27	71	18	74.6%	7	9.9%	71	18	74.6%
	3	41	00:13:29	44	11	75.0%	4	9.1%	44	11	75.0%
	4	75	00:29:19	76	7	90.8%	4	5.3%	76	7	90.8%
Total Saginaw	232	223									
Sansom Park	1	14	00:08:49	14	4	71.4%	0	0.0%	14	4	71.4%
	2	33	00:11:10	34	13	61.8%	3	8.8%	34	13	61.8%
	3	18	00:15:22	20	5	75.0%	3	15.0%	20	5	75.0%
	4	3	00:43:36	3	0	100.0%	0	0.0%	3	0	100.0%
Total Sansom Park	71	68									
Westover Hills	2	2	00:08:54	2	0	100.0%	0	0.0%	2	0	100.0%
	3	1	00:08:27	2	0	100.0%	0	0.0%	2	0	100.0%
Total Westover Hills	4	3									
Westworth Village	1	7	00:08:49	7	3	57.1%	0	0.0%	7	3	57.1%
	2	21	00:13:50	22	10	54.5%	2	9.1%	22	10	54.5%
	3	6	00:11:29	7	1	85.7%	0	0.0%	7	1	85.7%
	4	2	00:38:42	2	0	100.0%	0	0.0%	2	0	100.0%
Total Westworth Village	38	36									
Total	64	62	00:08:22	64	13	79.7%	2	3.1%	64	13	79.7%



MedStar Response Time Reliability and AVG Response Time Performance

Period: Nov 01 2022 to Nov 30 2022

White Settlement	2	94	91	00:09:42	94	16	83.0%	5	5.3%	94	16	83.0%
	3	73	70	00:11:41	73	13	82.2%	3	4.1%	73	13	82.2%
	4	8	8	00:36:22	8	2	75.0%	1	12.5%	8	2	75.0%
Total White Settlement		239	231									
	1	3831	3668	00:09:24	3831	921	76.0%	198	5.2%	3831	921	76.0%
	2	6006	5609	00:10:15	6006	1252	79.2%	272	4.5%	6006	1252	79.2%
	3	4182	3752	00:11:51	4182	746	82.2%	192	4.6%	4182	746	82.2%
	4	1599	1592	00:30:58	1599	111	93.1%	50	3.1%	1599	111	93.1%
Total System Wide		15618	14621									



MedStar Response Time Reliability and AVG Response Time Performance

Period: Oct 01 2022 to Oct 31 2022

Member City	Pri	Calls	On Scene	Avg RT	Current Month			100 Response Compliance Period		
					Compliance Calculated Responses	Late Responses	On Time %	Compliance Calculated Responses	Late Responses	On Time %
Blue Mound	1	1	1	00:08:17	1	0	100.0%	0	0	100.0%
	2	2	2	00:08:26	2	0	100.0%	0	0	100.0%
	3	3	3	00:16:47	3	1	66.7%	1	1	66.7%
Total Blue Mound		6	6							
Burleson	1	82	82	00:08:09	82	12	85.4%	4	12	85.4%
	2	118	113	00:07:57	118	13	89.0%	3	13	89.0%
	3	110	86	00:08:44	110	13	88.2%	3	13	88.2%
	4	58	58	00:34:58	58	4	93.1%	2	4	93.1%
Total Burleson		368	339							
Edgecliff Village	1	3	3	00:10:05	3	1	66.7%	0	1	66.7%
	2	6	6	00:08:12	6	1	83.3%	0	1	83.3%
	3	6	5	00:10:01	6	0	100.0%	0	0	100.0%
Total Edgecliff Village		15	14							
Forest Hill	1	32	32	00:08:40	32	7	78.1%	2	7	78.1%
	2	60	57	00:09:20	60	7	88.3%	2	7	88.3%
	3	35	32	00:10:32	35	1	97.1%	0	1	97.1%
Total Forest Hill		127	121							
Fort Worth	1	2046	1957	00:08:38	2046	367	82.1%	52	367	82.1%
	2	3179	3033	00:09:18	3179	444	86.0%	69	444	86.0%
	3	2224	1989	00:10:14	2224	228	89.7%	44	228	89.7%
	4	878	871	00:27:34	878	68	92.3%	34	68	92.3%
Total Fort Worth		8327	7850							
Haltom City	1	65	62	00:08:55	65	14	78.5%	2	14	78.5%
	2	90	88	00:10:40	90	21	76.7%	6	21	76.7%
	3	56	51	00:12:24	56	12	78.6%	1	12	78.6%
	4	3	3	00:36:40	3	0	100.0%	0	0	100.0%
Total Haltom City		214	204							
Haslet	1	17	17	00:09:10	17	4	76.5%	2	4	76.5%
	2	11	8	00:08:13	11	1	90.9%	0	1	90.9%
	3	8	6	00:15:30	8	4	50.0%	2	4	50.0%



MedStar Response Time Reliability and AVG Response Time Performance

Period: Oct 01 2022 to Oct 31 2022

	3	45	40	00:08:02	45	1	97.8%	0	0.0%	45	1	97.8%
	4	6	6	00:30:25	6	0	100.0%	0	0.0%	6	0	100.0%
Total White Settlement	165	154										
	1	2353	2255	00:08:36	2353	419	82.2%	66	2.8%	2353	419	82.2%
	2	3677	3508	00:09:15	3677	515	86.0%	83	2.3%	3677	515	86.0%
	3	2601	2318	00:10:16	2601	275	89.4%	54	2.1%	2601	275	89.4%
	4	984	976	00:28:21	984	76	92.3%	36	3.7%	984	76	92.3%
Total System Wide	9615	9057										

NOTE: DATA MAY LACK ACCURACY DUE TO CYBER ATTACK THAT IMPACTED SYSTEMS.

Tab H – Compliance and Legal



Legal Team Report February 16, 2023- March 20, 2023

Compliance Officer Duties

- Submitted EMS provider team member roster changes to the DSHS.
- DSHS provider license renewal process is underway (due in May).
- Assisted MAEMSA jurisdiction Police departments with multiple criminal investigations, records requests, missing persons investigations, and crew member statements, witness interviews as needed.
- Assisted Tarrant County Medical Examiner's office with multiple death investigations, and records requests.
- Reviewed multiple legal & privacy matters for compliance / HR and provided guidance as needed.
- 2 Narcotic Anomalies occurred during this reporting period:
 - The MedStar narcotic anomaly process was followed, drug screens were conducted, and no foul play was suspected.
- Completed DEA CSOS enrollment process.

Paralegal Duties

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

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

Tab I – EPAB

COMMONLY USED ACRONYMS

A

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

B

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

C

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

D

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

E

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

F

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

G

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

H

HIPAA – Health Insurance Portability & Accountability Act of 1996

I

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

J

JEMS – Journal of Emergency Medical Services

K

L

LMS – Learning Management System

M

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

COMMONLY USED ACRONYMS

N

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

O

OMD – Office of the Medical Director

P

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

Q

QRV – Quick Response Vehicle

R

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

S

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

T

U

V

VFIB – Ventricular fibrillation; an EKG rhythm

W

X/Y/Z