Inspirational and Relatable Quotes to MedStar Team Members

“It’s not what you look at that matters, it’s what you see.”
Henry David Thoreau

“I can’t change the direction of the wind, but I can adjust my sails to always reach my destination.”
Jimmy Dean

“My mission in life is not merely to survive, but to thrive; and to do so with some passion, some compassion, some humor, and some style.”
Maya Angelou

“If I have done the public any service, it is due to my patient thought.”
Isaac Newton

“Perfection is not attainable, but if we chase perfection we can catch excellence.”
Vince Lombardi

2023 Annual Careholders’ Report
ONE TEAM - ONE MISSION

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Service Area Profile
15 Cities, included Naval Air Station

Population / 1,119,441
Square Miles / 434
Median Income / $67,977
Median Home Price / $212,300
Median Age / 32.8

The last year provided numerous examples of our team’s commitment to the patients and the community we have the honor of serving. From ice storms to record-setting heat waves to cyber-attacks, our team rose to overcome these challenges and, together, learned a few things along the way. The compassion for patients, community dedication, and resiliency displayed by our team is awe-inspiring!

In addition to continuing to provide exceptional care to the communities we serve, the MedStar team continues to be on the national forefront of organizations seeking better ways to deliver quality, healthcare options, specifically tailored to our community. Through collaboration with external partners, our teams have demonstrated success in transformative programs that field and mobile integrated healthcare EMTs and paramedics provide such as on-scene treatment and referral using telemedicine, fall risk identification and prevention, elder abuse recognition and referral, readmission avoidance, high-risk patient management, and opioid detection, overdose treatment, and intervention programs.

The success of these innovative programs is some of the things that attract EMTs and paramedics from all over the country to join the MedStar team, leading to a 19.5% increase in staffing from the previous year. This increase bucks the national trend of EMS workforce shortages.

We are excited to work with our expanding team as we find more ways to improve the health and wellness of our communities!

Ken Simpson, MedStar Mobile Healthcare CEO

The System Medical Director is an integral part of the success and advancement of the MedStar system, and this year Dr. Jeff Jarvis joined the team as the System Medical Director and Chief Medical Officer for the EMS system and MedStar. Dr. Jarvis’ national reputation for making data-driven decisions make him a natural fit for this key role as the system looks to explore innovative, sustainable ways to meet the needs of our growing community.

The environment for innovation in EMS and mobile healthcare is creating a metamorphosis driven by workforce shortages, increasing utilization of the 911 system for a growing variety of complaints, COVID-19, supply chain challenges, and a challenging economic model. Despite these challenges, MedStar’s team of healthcare providers and support staff are making positive, meaningful impacts in the lives of their patients. We are excited and encouraged by the ongoing commitment of our community partners, member cities, Board of Directors, and others who want to be part of the team that finds a better, more patient-centric way to deliver appropriate care to those in need of services in the community. That is why the theme of this year’s annual report is “One Team - One Mission”!

MedStar administered monoclonal antibody infusions, above photo.

MedStar on the scene of an accident to initiate mobile healthcare and transport to a nearby hospital.
MedStar is grounded as a People-Centered Mission around our highly-trained, professional MedStar team. The team and community have a co-dependent relationship to bring out the best in everybody. MedStar Employment Engagement Initiatives offered recognition, goodwill, fun contests, and wellness initiatives that occasionally included their families. In addition to employee spotlights, MedStar held 22 employment engagements in 2022.

Some employment engagement initiatives in 2022 included the Independence Day photo contest, Field Day, and Santa at the Star Day (photos above). MedStar also participated in honoring EMS workers who have passed with the Tree of Life - National EMS Memorial (below). MedStar helped light up the Parade of Lights in downtown Fort Worth.

- Truck Detailing project - Detailed 40 trucks in 30 days
- EMS Week
- Clay shoot
- Grilling at the Star - Ranger Game, t-shirts, kickball, paintball, food trucks, blood drive, the main event, nerf capture the flag wars
- MedStar Pet Wall
- Hope Week
- Ride For Life Motorcycle Event
- Guns and Hoses table sponsorship to support one of our own (Andrea Dornan fought)
- The Heart Walk - First Responder 5K (winning most participants and top 5 times awards)

Mental wellbeing continued to be a struggle for many in our community and the EMS profession. MedStar worked to support our employees and train staff on suicide and mental health warning signs. Various themed activities and treats are highlighted throughout Hope Week to shed light into this, too often, silent issue. In 2022, MedStar introduced a wellness room to help staff decompress and reduce anxiety.

A Year of Activities

- Field Day
- Trucks at First Responder 5K
- Ambulance decorating - Halloween and Christmas
- Survived 8 sinkers with the first responders and hospital staff that helped treat them for our survivor reunion. A Christmas Story bunny costumes
- MedStar Toy Store with MWR sponsorship for our Little Stars
- Santa @ MedStar
- Christmas Adoptions - 56 total kids adopted, internally and externally (Samaritan House, One Safe Place)
- Toy drive - 180 toys donated

2022 Hope Squad Activities

- Hope Squad Scavenger Hunt
- Messages of HOPE
- Ice cream
- Missing Man Table
- Yoga
- Green/Yellow/Teal ribbons
- Project Sanitizer
- Employee nacho bar It's Nacho Day Suicide

Some employment engagement initiatives in 2022 included the Independence Day photo contest, Field Day, and Santa at the Star Day (photos above). MedStar also participated in honoring EMS workers who have passed with the Tree of Life - National EMS Memorial (below).
People Centered Mission

MedStar employees tell us WHY they work at MedStar.

Finance - Rosa

“I have a team, a family, a commitment to be a part of here with MedStar. I admire the team and their strengths that they show every day. I enjoy being part of the success and encouraging individuals to be proud of themselves. I do this to have a part in helping the community, whether it be behind the scenes or up close. I admire MedStar’s presence in the community and the foundation it has built over the years.”

Logistics - Wayne

“I feel that I am blessed and honored to be part of the MedStar team of highly trained professionals that provide world-class mobile healthcare to the city of Fort Worth and surrounding communities. I come to work every day with the hope that I can contribute to the success of the MedStar team. They are like family.”

Mobile Integrated Healthcare - Anthony

“Let’s be clear, I am a joyful dreamer. Resilient to the core! One of the many purposes as a provider at MedStar is to utilize the natural medicine of my character. MedStar has supported me throughout my journey. In that journey, there has been a transformation that has been my inspiration to represent myself and MedStar in all my interactions. I can’t help but want to intentionally change the world around me with my gifts. I want to share my joy and contagious smile with just one more each day. Just maybe I can save just one more.”

Field Ambulance Operations - Deanna and Jenny

Deanna - “My co-workers are amazing, and we have a great support system. I love my partner. She makes coming to work fun, and we are always laughing. When we have bad calls, she can always make me feel better. MedStar has helped me advance my career by sending me to Paramedic school.”

Jenny - “I feel like EMS was a calling for me. Nowhere else will you have the privilege and responsibility of meeting new people every day and helping in their emergency.”

Communications – Stacey

“The past 36 years worked at MedStar has afforded me the opportunity to help people in a daily basis. Whether I was on the unit or now wearing a headset, I can’t help but want to intentionally change the world.”

Health Information Systems – Scott

“I chose to work for MedStar because of its true team structure, and the way MedStar treats its team. Everyone has a vital part in this System, and every part of this System is valued for their abilities. I come to work every day for my family first, and second for the family that is MedStar, and my community.”

Personal Profiles

MedStar employees tell us WHY they work at MedStar.
Demand for Mobile Healthcare continued to Rise

MedStar transported 1,237,743 in the fiscal year 2022, a 3.5% increase over 2021, while responses were up by 4.2% with 180,858.

Time is of Essence in Mobile Healthcare

Throughout the region that MedStar covers, MedStar has teams strategically positioned to reduce response times. Tracking time to reach patients helps improve outcomes. In 2022, response times for trauma and CPR (Priority 1 calls) were reduced by 8.4% from 2021, and responders shaved off 8.8% of emergency response time (Priority 2). Priority 3 is for non-emergency responses.

Staffed Hours Nearly Rebound

Meeting MedStar’s staff-budgeted hours planned since 2019 has been challenging. Despite near-record low 2022 nationwide unemployment rates and many sectors reporting staffing challenges, MedStar’s staffing efficiency improved – meeting 87% of the 335,993 hours budgeted in the 2022 fiscal year.

MedStar Welcomed New Team members

One hundred sixty-seven new hires joined MedStar in 2022 - 76% joined the Field Department. It is a particularly proud point that these team members chose to work at MedStar in 2022's highly competitive job market. New hires by department:

- Field – 127 (8 retirees)
- Administration – 13
- Communications – 17
- Logistics – 7
- Fleet – 3

Risk and Safety Planning and training are a priority at MedStar.

More Responses/Transports + Greater Fuel Costs

Fuel costs surged by 69% in price from 2021 to 2022. MedStar primarily attributes the increased cost of diesel and gas and the 11,282 more responses and transports.

2022 Fleet Facts

Total Miles Driven: 3,206,136
Engine Hours: 196,301
MedStar at a Glance

2022 News Highlights

January
• MedStar held COVID vaccine clinics.
• MedStar collaborated with 14 national and international associations on best practices for using lights and sirens.
• Media interviews remembered the epic ice storm a year ago that necessitated the use of MedStar’s AMBUS.

February
• Smoke from distant wildfires drove 87 calls for patients having trouble breathing, and MedStar transported 67 patients to area hospitals.
• MedStar collaborated with Cook Children’s to distribute vaccines to the doorsteps of the most vulnerable children.

March
• Achieved 65-minute first medical contact to Reperfusion time for a STEM patient.
• 130 community members received training on Stop the Bleed Kits and CPR with help from media publicity.

April
• Upgraded the powerLOAD systems on 65 ambulances – ensuring the safety for the entire fleet.

May
• The national program, Good Morning America, and local media coverage warned viewers about the health impact of high outside temperatures.

June
• Media covered the unique and successful partnership between MedStar and Fort Worth Police Department to effectively address night-time challenges in the West 7th District.

July
• Media interviewed the epic ice storm a year ago that necessitated the use of MedStar’s AMBUS.
• Media covered the unique and successful partnership between MedStar and Fort Worth Police Department to effectively address night-time challenges in the West 7th District.

August
• Scarcity of new ambulances due to supply chain disruptions required MedStar to incorporate an atypical ambulance into the fleet.
• MedStar’s innovative program to reduce overdoses was featured on a local newscast.

September
• Jeffrey Janus MD named as the EMS System Medical Director and Chief Medical Officer.

October
• During Crash Responder Safety Week, MedStar reinforced the need for drivers to respect our roadside heroes by observing safe driving practices.

November
• Influenza cases hit the area hard.
• MedStar held a community blood donation drive.

December
• MedStar collected gifts to give to children of families in need.

MedStar Accreditations
MedStar actively participates and has leadership roles in many healthcare-related associations that establishes and recognizes best practices and procedures.

Academy of International Mobile Health Care Integration
• Board of Directors
• Chair, Education Committee
• Chair, Reimbursement Committee
• Communications Committee

CMS Quality Measures
• Member, ED Throughput Measures Task Force
• Member, Acute Coronary Syndrome Outcome Measures Task Force

National Association of Emergency Medical Technicians
• President
• Chair, EMS Transformation Committee

National Association of Mobile Integrated Healthcare Providers
• Board of Directors

National Association of EMS Physicians Texas Chapter
• President

National EMS Management Association
• EMS Health and Safety Officer Committee

National Fire Protection Association
• EMS 450 Standards Committee
• EMS 451 Mobile Integrated Healthcare Committee

Texas EMS Alliance
• Board of Directors

U.S. Fire Administration National Fire Academy
• Instructor, Mobile Integrated Healthcare Administration

Governor’s Trauma Advisory Council
• Governor Appointed Member of the Board

MedStar at a Glance
Caring for Our Community

MedStar Innovates with New Models for On-Scene Care

MedStar is known for transforming how we deliver service to our patients and community. In 2022, we fully implemented an innovative program with the Centers for Medicare and Medicaid Services (CMS), Center for Medicare, and Medicaid Innovation (CMMI). The new program is called Emergency Triage, Treatment, and Transport, or “ET3” for short. This model allows MedStar to be reimbursed by Medicare for assessing patients on scene, determining if the patient could avoid a preventable ER visit by engaging with our partner telemedicine provider, Integrative Emergency Services (IES), to guide the patient to other, more appropriate care.

Since the program launched in April 2021, over 1,200 Medicare patients have been successfully navigated to healthcare resources other than an ER. Programs like these are model programs that dramatically change the landscape for EMS delivery and allow us to deliver patient-centered care that enhances the patient experience and dramatically reduces healthcare expenditures. We are privileged to be driving many of these transformative programs.

Programs for On-Scene Care

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Likewise, commercial insurers reimburse MedStar for treatment without transport to an ER. Programs like these are model programs that dramatically change the landscape for EMS delivery and allow us to deliver patient-centered care that enhances the patient experience and dramatically reduces healthcare expenditures. We are privileged to be driving many of these transformative programs.

Example ET3 Treat – No Transport

Cases Ro Bird, Ryan Chappell, Sokol Bajraktari (Student)

MXX dispatched to a residence for a young-adult female with chest pain. She was found by her roommate in the back bedroom, A&P with ll best, VS stable, and normal vital signs, and the patient was a candidate for ET3. The ET3 team accepted the treatment in place suggested by the physician of Toradol 10mg IM and 125mg of Solumedrol for arthritic pain in the lumbar, a chronic condition for the patient.

The patient assessment showed no abnormal findings from normal. VS was monitored throughout treatment in place with neutral changes. The patient treated in place with no additional intervention and no adverse reactions from treatment. Patient signed ePCR and stated, “I’m going to follow up with my PCP in the morning and see if I can get back into home health or some kind of rehab place.” The crew cleared the call, and no transport.

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Pharmacist

Examples of interventions by pharmacist for ET3 patients

- Reviewed patient's medication history
- Assessed patient's drug therapy
- Offered medication reconciliation
- Identified medication discrepancies
- Recommended appropriate medication changes
- Provided medication education
- Coordinated with other healthcare providers

The pharmacist plays a vital role in ensuring patient safety and improving medication outcomes. They collaborate with the medical team to develop and implement medication plans that optimize patient care. The pharmacist also monitors patient responses to medications, ensuring timely adjustments and avoiding adverse drug events.

The pharmacist’s responsibilities include:
- Conducting medication history reviews
- Assisting with medication reconciliation
- Providing educational materials
- Monitoring patient outcomes
- Consulting with healthcare providers

The pharmacist's expertise and guidance are essential in managing patients' medication needs, especially in the context of urgent situations like ET3 scenarios. The pharmacist's involvement helps ensure that patients receive appropriate and timely medication interventions, contributing to better health outcomes.

Austin Walker, Shakira Sadler

The pharmacist reports cough, fever, chills, body aches, significant shortness of breath, chills, and three days of fever.

The patient denies any vaccinations in the last year, included flu, covid, or pneumonia. The patient is observed to be in X5/y Cough, female, walking out of the shelter without difficulty meeting EMS. The patient has no known medical history.

The patient’s vitals are remarkable. Physical exam noted clear lung sounds with no increased respiratory effort, productive cough, CMS equal and intact in all extremities with remarkable weakness, skin pink/warm/clammy, mucous membranes appear moist. Mental status was noted remaining remarkable. EMS diagnosis is URI. The patient was met outside the women’s shelter, where she walked to meet the crew. The crew assisted the patient to the ambulance’s curb door, assessed the patient’s vitals, performed a physical exam, and gathered history. IES consult was offered to the patient and accepted. IES consult was conducted with Dr. Adibi. With the physician’s consent, the patient accepted the EMS plan to transport her to JPS UCC. Dr. Adibi ordered 30mg of Toradol IM for the patient’s pain during transport and the patient was given IM injection in the right deltoid. The patient was then transported to P3 ALS to JPS UCC. The patient was monitored continuously during transport.

The patient denied chest pain, fever, chills, body aches, significant shortness of breath, chills, and three days of fever. The patient was observed to be in X5/y Cough, female, walking out of the shelter without difficulty meeting EMS. The patient has no known medical history.

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ET3 INTERVENTIONS FOR PATIENTS

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ET3 INTERVENTIONS FOR PATIENTS

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OUTCOMES

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Caring for Our Community

MedStar Agreement with the Lights and Sirens Reduction Project, Joined 14 National and International Associations

In an acute effort to improve safety, fourteen national and international associations came together on the use of Lights and Siren Vehicle Operations in Emergency Medical Services (EMS) Responses. The associations recognized that increasing safety and patient outcomes could be achieved by decreasing the use of lights and sirens (L&S).

Highlights of L&S standards for emergency vehicle response to medical calls and initiatives:

• Although L&S use for selected time-sensitive medical conditions may improve the patients outcome, its use poses a significant risk to both EMS practitioners and the public. Therefore, during the response to emergencies or transport of patients by EMS, L&S should only be used for situations where the time saved by L&S operations is anticipated to be clinically important to a patient’s outcome.
• L&S should not be used when returning to the station or posting on standby assignments.
• Communication centers using best practice standards (developed with active physician medical oversight and monitored by QA programs) would call triage and call categorization to identify response resources needed and medical urgency of the call.
• L&S response or transport use would be applied where it is clinically justified.
• Clinically justified emergency response assignments would be developed at the local level with local physician medical oversight to develop and establish safe response policies.
• Emergency response agency leadership, included physician medical oversight and QA personnel should monitor the rates of use, appropriateness, EMD protocol compliance, and medical outcomes related to L&S use during response and patient transport.
• All emergency vehicle operators should complete a robust initial driver training program for emergency vehicles, and all operators should have required regular continued education on emergency vehicle driving and appropriate L&S use.

Municipal government leaders should be aware of the increased risk of crashes associated with L&S responses to the public, emergency responders, and patients. Service agreements with emergency medical services or transport agencies can mitigate the risk by using tiered response time expectations based on EMD categorization of calls. Rather than time, quality care metrics should drive these contract agreements.

Emergency vehicle crashes and near misses should trigger clinical and operational QA reviews. States and provinces should monitor and report on emergency medical vehicle crashes to better understand the use and risks of these warning devices.

EMS and fire agency leaders should work toward improving public education about the risks of L&S use to create safer expectations for the public and government officials.

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Caring for Our Community

MedStar Special Operations at 2022 Events

Medstar presence at major events is an important safety measure. In 2022, MedStar was onsite at:

Community Events – 849

1. Standby Events

• Fort Worth Stock Show and Rodeo (7 days with a peak for 3 weeks)
• Cowboy Marathon
• Spring Break at the Zoo
• Ubit Dubi Race Event
• Texas Motor Speedway (3 times per year)
• Alliance Air Show
• TCU Football (6 home games)
• TCU Sporting Events
• Armed Forces Bowl (at TCU)
• West 7th Friday and Saturday Night Partnership with FWPD Bike Patrol

The AMBUS was used at Main Street Arts Festival, Mayfest, and a TCU Football Game. Exercises were conducted with Cook Children's and TCU Fort Worth Static display at Alliance Air Show, Traffic Incident Management Conference, Weatherford College Safety Expo, and NCTTRAC General Membership Meeting.

Hands are raised in response to whether they had been personally impacted by suicide. Mental health matters.

MedStar Foundation Hosted Clay Shoot for a Good Cause

MedStar had 17 teams participate in a Clay Shoot to benefit the Jordan Elizabeth Harris Foundation, which educates the community about depression, provides suicide prevention training, and works toward erasing the stigma associated with mental illness, included First Responders.

Awards

TOP GUN AWARD / Randy Alexander from Peaton Land Solutions.
1ST PLACE / HUB International/Gus Bates
GAVE IT OUR BEST SHOT (Last Place) / Ed Kraus, Frank Testa, Matt Z., Trey Lewis
Average overall score: 78.

2ND PLACE
Peloton Land Solutions.
Awards

TOP GUN AWARD / Randy Alexander from Peaton Land Solutions.
1ST PLACE / HUB International/Gus Bates
GAVE IT OUR BEST SHOT (Last Place) / Ed Kraus, Frank Testa, Matt Z., Trey Lewis
Average overall score: 78.
One Team – One Mission: The Patient’s Experience

MedStar, we believe that putting the patient at the heart of everything we do includes not only the CLINICAL care we deliver, but also the patient’s EXPERIENCE with our communications, field, and business office team members.

MedStar is one of only 221 EMS agencies in the country that believe we should hold ourselves accountable for patient satisfaction and develop an outside agency to conduct unbiased data collection methods. Monthly, MedStar uploads all its patient data to a secure server using Emergency Medical Services Survey Team (EMSSST). The EMSSST then uses a computer algorithm to select a representative sample of patients to contact and conduct a patient experience survey.

“Outstanding assistance and help throughout my medical emergency. I thank the whole staff, in particular the 2 EMTs who were in the back with me, they were amazing, she actually got my IV line in the first shot, which is hard to do with my veins, and she kept me talking and even made small talk. She was quick and effective and made sure I was in no pain. She also made sure she got as much history out of me as possible.”

“Serious I adored them.”

“The EMTs gave absolutely the best care and attention to me. They worked together to help assure our patients have the best care possible.”

“This program improved the quality of care to the patient and the staff.”

“The program addressed senior care and drug overdose detection. Patients felt comfortable with this decision. My father passed after only 8 hours at home, but is where he would have wanted to be.”

“We are exceptionally proud of our entire team and the way they work together to help assure our patients have the best care possible. Their attention to minute details and their wonderful protocols made the whole process so much easier with their attention.”

“The program also helps to improve the patient’s EXPERIENCE with our care facilities, thereby reducing the burden on the patient and family.”

Program Participants

MedStar responded to an average of two overdoses per day in 2022. Paramedics and a Peer Support Specialist from the Recovery Resource Council followed up on overdoses that Medstar crews treated in the field. In 2022, 169 patients were connected to a Peer Support Specialist and were provided with in-patient and outpatient treatment options. Narcan, a drug that can reverse an opioid overdose, was provided to 168 overdose victim families who were also treated in CPR.

Service Delivery: MedStar has the Pulse on the Mobile Care Needs of the Greater Fort Worth Area

EMS (Emergency Medical Services) are vital health services and EMS dedicated professionals are committed to providing fast, efficient, and effective emergency medical care to those in need.

MedStar’s quick response time can mean the difference between life and death in many emergencies; thus, performance measures are tracked and situations are categorized based on the need and the urgency of the situation. These standards are mission critical to effective EMS Service Delivery.

Innovative programs have been developed by MedStar as a result of data tracking and analysis. Data helps MedStar understand what patient care delivery model is best for their patients. The Observational Admission Avoidance Procedure Coordination Program is one such program, with 97.2% of the total number of patients - the largest of MedStar’s programs. The program aims to collaborate with participating hospitals and health systems at the time of a 911 call to provide in-home care and reduce unnecessary transports to acute care facilities, thereby reducing the burden on the patient and family.

The Admit-Diag-Rescue Avoidance, COVID-19 Non-Transport for low-acuity, High Utilization Group, and Observation Admission Avoidance programs help patients maintain mobility, perform self-care and usual activities, and reduce pain and anxiety. Patients’ perceptions of their conditions are measured at enrollment and graduation in the High Utilization Group, Admission/Readmission Avoidance, and Observation Admission Avoidance programs.

On average, patients saw improvement in every quality-of-life metric. Overall health improvement increased by 30.4%, 27.1%, and 40.7%, respectively.

Programs Helped Reduce Costs

As Overdoses Surged, MedStar Works to Reduce Deaths and Addiction

MedStar responded to an average of two overdoses per day in 2022. Paramedics and a Peer Support Specialist from the Recovery Resource Council followed up on overdoses that Medstar crews treated in the field. In 2022, 169 patients were connected to a Peer Support Specialist and were provided with in-patient and outpatient treatment options. Narcan, a drug that can reverse an opioid overdose, was provided to 168 overdose victim families who were also treated in CPR.
Revenue Per Patient and Costs Continued to Increase

The cost of services outpaced the net revenue collected per patient. A decade ago, MedStar generated a revenue peak of an average of $65 over the average costs. MedStar has introduced many innovative programs to reduce uncollectable services.

In 2022, labor shortages, pandemic impacts, fuel, and uninsured/uncollectable expenses drove a continued increase in costs. MedStar will continue to work toward positive financial solutions as 2023 is projected to have slightly greater costs than collected ($460.96 cost projected vs. $458.69 projected collected average.)

AMBUS to the Rescue

AMBUS can handle multiple patients simultaneously, such as a significant traffic pile-up. MedStar also deployed it in 2022 when area hospitals had multiple discharges on treacherous snow days. MedStar’s AMBUS team expertly accomplished the mission.

Payer Distribution Remained Fairly Consistent through the Years

Payments for MedStar services come from 5 sources: Medicare, Medicaid, Insurance, Facility, and Bill Patient. These sources have remained relatively constant. Medicare accounts for 38.4% of the total revenue collected – the highest of all payer types. Medicare payments in 2022 were down 1.9% from 2021 and were less than MedStar received in the last five years. Other payers remained virtually unchanged.

Recognized as a World-Class Integrated Mobile Healthcare Provider

On average, MedStar crews assessed a patient every 98 minutes, and are on an EMS response 69% of the time they are on duty! This patient care experience level is one of the reasons MedStar is an AMBULANCE healthcare provider!

MedStar is one of the only 22 EMS agencies in the country with Dual Accreditation, both with the International Academies of Emergency Dispatch - IAED AND Commission on Accreditation of Ambulance Services (CAAS). MedStar holds itself to a higher standard!

Texas Health recognized the crew for outstanding service.

MedStar is a governmental agency providing high-performance, high-value EMS to 1.1 million residents. MedStar’s team members responded to an average of 480 calls per day without using ANY tax subsidy!

MedStar ‘posts’ ambulances throughout the community at locations like QT’s based on data-predictive models based on EMS calls. Ambulances on standby, are stationed in places to get to where they are needed quickly. Time is of essence!

MedStar is the lowest cost ambulance provider in the state, according to an independent evaluator used by public EMS agencies to report the cost-of-service delivery to Texas Medicaid.

Outstanding service, lowest cost = VALUE!

In 2022, MedStar crews treated over six times more influenza-like illnesses in patients than in 2021, yet managed a remarkably 12% staffing rate.

While the community illnesses spiked, MedStar met the mobile healthcare demand.

Special event mobile-health services/BERT are led by MedStar experts.

Some heavily-trafficked districts benefit from the use of MedStar Bicycle Emergency Response Team (BERT) members.
As an example, Buck Gleason and Kerity Johnson presented the work they led on improving the use of mechanical compression devices at the National Association of EMS Physicians council on quality & safety. At that same conference, our EMS fellow Drs. Tiffany Pleasant and Erin Lincoln, along with our associate medical directors Drs Brian Miller and Angela Cornelius and former CMD Dr. Leor Vithalani presented their work. To give you an idea of the breadth of this work, here’s a list of what OMD staff presented:

3. Lincoln E, Crowe R, Cornelini AP, Vithalani VL, Miller BL. Are Characteristics of Pediatric Cardiac Arrest Associated with Social Vulnerability Index.  

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 continued 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 patients, 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.
Clinical Cardiac Arrest Outcomes

Every second counts for someone in cardiac arrest. Therefore, bystander CPR and AED use can improve outcomes when performed right away. MedStar tracks the use of these methods. Throughout the pandemic these metrics were down, but in 2023 bystander CPR performance is projected to be near pre-pandemic levels.

ROSC Results Improve

MedStar participated in the national Cardiac Arrest Registry to Enhance Survival (CARES) program to track the Return of Spontaneous Circulation (ROSC) when a pulse is detected and the resulting outcome. While ROSC is improving the metric for good neuro outcomes is declining.

CARES Tracking

MedStar's Community CPR Training Aided Bystander CPR Responsiveness

CARES data compares MedStar’s cardiac arrest results with national benchmarks. MedStar’s bystander CPR exceeded the national benchmark in 2022. This success can be attributed to MedStar’s free CPR training to community members and community reminders that bystanders can make a difference.

Focused on Improving Results for the Most Dangerous Heart Attacks

STEMI (ST-Segment Elevation Myocardial Infarction) is a heart attack or myocardial infarction classified as the most dangerous type - typically totally blocking the artery. MedStar established aggressive goals toward survival and met them in three of the measures. Identifying STEMI correctly and notifying the PCI facility within 10 minutes of a STEMI are areas MedStar is working to improve.

STEMI GOALS

% of suspected STEMI patients correctly identified by EMS
% of suspected STEMI patients w/ASA admin (in the absence of contraindications)
% of suspected STEMI patients w/NTG admin (in the absence of contraindications)
% of suspected STEMI patients w/12L acquisition within 10 minutes of patient contact
% of suspected STEMI patients with 12L transmitted within 5 minutes of transport initiation
% of suspected STEMI patients with PCI facility notified of suspected STEMI within 10 minutes of EMS patient contact
% of suspected STEMI patients transported to PCI center

New Quick Response Vehicles were placed in service in 2022 for Field Supervisors and Critical Care Paramedic Teams.
Leadership

Executive Team
Kenneth Simpson, Chief Executive Officer
Christopher Cunningham, Chief Operations Officer
Douwe Heerwagen, CMO Chief of Staff
Dr. Jeffrey Jarvis, System Medical Director & Chief Medical Officer
Leila Peoples, Chief Human Resources Officer
Steve Post, Chief Financial Officer
Kristopher Schlecker, General Counsel & Chief Legal Officer
Matt Zawodny, Chief Transformation Officer

Management Team
Whitney Burr, Business & Data Analytics Manager
Chad Carr, Compliance Officer, Paralegal
Odelle Carrette, Controller
Dr. Angela Cornelius, Associate Medical Director
Bradley Cranston, Clinical Practice Manager
Linda Curtis, 911 Communications Center Manager
Shaun Curtis, Director of Operations
Jessica Duke, Director of Revenue
William Glessen, Clinical Quality Manager
Ricky Hyatt, Health Information Systems Manager
Dr. Brian Mikes, Associate Medical Director
Brandon Pate, Operations Manager
Desiree Puritan, Transformation Manager
Pete Ruots, Information Technology Director
Michael Skelton, Risk & Safety Manager
Health Stone, Operations Manager
Emily Westphal, Assistant Operations Manager
Jason Wehler, Operations Manager
Brian White, Assistant Operations Manager

Board of Directors
- 11 total members - nine voting members
- 4 members representing the City of Fort Worth
- 1 member representing the suburban member cities
- 2 physician representatives of the Emergency Physicians Advisory Board (EPAB)
- 2 members of the First Responder Advisory Board (FRAB)
- 2 ex officio non-voting board members: MedStar’s EMS System Medical Director/Chief Medical Officer and the EMS Authority's CEO

Emergency Physicians Advisory Board Members

Voting Member
- Chris Bolton
- Daniel Guzman
- Craig Holton
- Rajesh Gandhi
- Holly Bourke
- Alisa Snyder
- Dan Goggin
- Angela Self
- Trent McCarty
- Tonye Nekus
- Holly Baselle
- Alana Snyder
- Open
- Open
- Open
- Open
- Open

Representing
- Baylor All Saints - Fort Worth
- The Children’s Medical Center of Dallas - Fort Worth
- John Peter Smith Hospital - Fort Worth
- Tarrant County Medical Society - Fort Worth
- Tarrant County Medical Society - Trauma
- Tarrant County Medical Society - Psychiatry
- Tarrant County Medical Society - Family Medicine
- Texas Health Resources - Fort Worth
- Texas Health Resources - Alliance
- Texas Health Resources - Hugley
- Tarrant Healthcare System - Southwest
- Tarrant Healthcare System - Trauma

Specialty
- Emergency Medicine
- Pediatrics
- Emergency Medicine
- To Be Determined
- To Be Determined
- Psychiatry
- Family Medicine
- Emergency Medicine
- Emergency Medicine
- Emergency Medicine
- Emergency Medicine
- Emergency Medicine

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