



Metropolitan Area EMS Authority (MAEMSA)

dba MedStar Mobile Healthcare

Board of Directors

June 28, 2023

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

Date and Time: June 28, 2023 at 10:00 a.m.

Location: MedStar Board Room, 2900 Alta Mere Drive, Fort Worth, TX 76116

The public may observe the meeting in person, at <https://meetings.ringcentral.com/j/1453585379> or by phone at (469) 445-0100 (meeting ID: 145 358 5379).

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. June 27, 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 – 1562 | Approval of Board Minutes for May 24, 2023 | Dr. Janice Knebl
Pg. 1 |
| | BC – 1563 | Approval of Check Register for May | Dr. Janice Knebl
Pg. 5 |
| V. | NEW BUSINESS | | |
| | None. | | |

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
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VIII. CLOSED SESSION

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

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

specific occasions for implementation, of security personnel, critical infrastructure, or security devices.

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

XI. ADJOURNMENT

MINUTES

METROPOLITAN AREA EMS AUTHORITY DBA MEDSTAR MOBILE HEALTHCARE BOARD OF DIRECTORS REGULAR MEETING MAY 24, 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 video conference.

I. CALL TO ORDER

Chair Dr. Janice Knebl called the meeting to order at 10:02 a.m.

Board members participating through video conference: Councilman Carlos Flores. Board members physically present were Chair Dr. Janice Knebl, Dr. Brad Commons, Dr. Chris Bolton, Fire Chief Jim Davis, Fire Chief Doug Spears, Bryce Davis, and Teneisha Kennard, Ken Simpson (Ex-Officio) and Dr. Jeff Jarvis (Ex-Officio). 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, Dr. Angela Cornelius, Fire Chief Brian Jacobs, Fire Chief Ryan Arthur, April Huse, Blair Brame, Bob Strickland, Bradley Crenshaw, Brandon Pate, Brent Sanderson, Cerenity Jenkins-Jones, Chris Roberts, Dani Briones, David Willette, Desiree Partain, Diana Anderson, Emily Vinson, Erin Lincoln, Heath Stone, Jack Cheug, Jason Weimer, Jeff Ballew, Jeramie Davidson, Jose Talavera, Kerby Johnson, Kier Brister, Kristine Martinez, Lachandra Goynes, Leslie Elam, Lindy Curtis, Lisa Gray, Maerissa Thomas, Matthew Willens, Monica Cruz, Odelle Carrette, Pete Rizzo, Rhode Ontiveros Romero, Rick Sanderson, Ricky Hyatt, Rosa Palacios, Scott Mesick, Shaun Curtis, Taylor Paris, Tim Statum, Whitney Morgan, William Gleason, and Val Washington.

II. INTRODUCTION OF GUESTS

Chair Dr. Janice Knebl introduced Dr. McAllen, intern with JPS.

III. CONSENT AGENDA

BC-1558 Approval of Board Minutes for April 26, 2023
BC-1559 Approval of Board Minute for May 10, 2023
BC-1560 Approval of Check Register for April

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

IV. NEW BUSINESS

BC-1561 Approval of Consultant Committee

The motion to approve was made by Carlos Flores and seconded by Doug Spears. The motion carried unanimously.

Tenisha Kennard provided an update to the Board from the Evaluation/Compensation Committee.

V. MONTHLY REPORTS

- A.** Chief Executive Officer– Ken Simpson referred to Tab A and informed the Board, the Earn and Learn Program started on Monday with 14 students. Ken recognized Desiree Partain and Human Resources for their efforts creating activities for EMS week in coordination with MWR. We have been working with the City of Fort Worth and Fort Worth Fire Department on funds set aside which will be utilized for the hourly rates of employees involved in the Earn and Learn Program, Fly Cars, and enhancements on our CAD-to-CAD connection to provide more invisibility directionally regarding where resources are located will be discussed at the June 6th Council work session and will be voted on June 13th. We have made progress regarding cost savings- six ambulances have been cancelled and regrettably three positions have been eliminated.
- B.** Office of the Medical Director – Dr. Jarvis referred to Tab B.
- C.** Chief Transformation Officer – Matt Zavadsky referred to Tab C and informed the Board, we have been working with one of our large commercial payors on expanding alternate payment model to Mobile Integrated Healthcare using CPT codes. There has been a lot of focus on patient balance billing. Texas EMS Alliance has worked very extensively with the state legislature on a bill that will hopefully make it to the Governor’s Office which will eliminate balance billing by EMS agencies. This will be done by requiring insurers to pay billed charges if the jurisdiction publishes their rates or if rates are not published the payor must pay 325% of the current Medicaid allowable fee.
- D.** Chief Financial Officer– Steve Post referred to Tab D.
- E.** Chief Human Resources Officer- Leila Peebles referred to Tab E and informed the Board, Human Resources has been actively focusing on recruiting and assisting with the Earn and Learn Program.
- F.** FRAB – Chief Spears informed the Board of the FRAB meeting on May 18th.
- G.** Operations – Ken Simpson referred to Tab G and informed the Board that the Communications Department continues to do a great job dispatching units to incidents with ring to answer times less than 15 seconds 90% of the time. Communications and Operations have been working alongside Human Resources on recruiting.

H. Compliance and Legal- Chad Carr referred to Tab H.

I. EPAB – Dr. Commons informed the Board, EPAB Board will be meeting on May 25th and mentioned staffing shortages in hospitals.

VI. REQUEST FOR FUTURE AGENDA ITEMS

None.

VII. CLOSED SESSION

The board entered a Closed Session at 10:31 a.m. and returned to Open Session at 10:47 a.m. The board took no further action following the Closed Session.

VIII. ADJOURNMENT

The board stood adjourned at 10:47 a.m.

Respectfully submitted,

Douglas Spears
Secretary

**MAEMSA
BOARD COMMUNICATION**

Date: 06.28.2023	Reference #: BC-1563	Title: Approval of Check Register
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RECOMMENDATION:

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

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 _____
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AP Check Details Over 5000.00
For Checks Between 5/1/2023 and 5/31/2023

Check Number	CK Date	Vendor Name	Check Amount	Description
112185	5/4/2023	American Communications	30,653.81	AFG - Radios
112189	5/4/2023	Bound Tree Medical LLC	17,345.55	Various Medical Supplies
112191	5/4/2023	CSAM US Ltd	59,928.65	Optima milestone payment
112200	5/4/2023	Masimo Americas, Inc	8,738.90	Various Medical Supplies
112202	5/4/2023	Medical Priority Consultants	11,500.00	PDC AI SkillLab (one year)
112203	5/4/2023	Medline Industries, Inc.	9,884.91	Various Medical Supplies
112219	5/4/2023	RQI Partners	12,850.00	Annual Subscription
112229	5/4/2023	XL Parts	7,821.31	Various Parts
112230	5/4/2023	Zoll Medical Corporation	5,483.08	Various Medical Supplies
112284	5/11/2023	Bound Tree Medical LLC	20,300.50	Various Medical Supplies
112288	5/11/2023	CSAM US Ltd	59,928.65	Optima milestone payment
112289	5/11/2023	Dell Marketing LP	6,415.02	New Laptops for Kristine and Angela and Dells for Fleet and Classroom
112295	5/11/2023	Founder Project RX Inc	7,330.03	Various Medical Supplies
112300	5/11/2023	Maintenance of Ft Worth, Inc.	6,028.00	Janitorial Services and Supplies
112304	5/11/2023	Medline Industries, Inc.	5,173.58	Various Medical Supplies
112311	5/11/2023	Paranet Solutions	45,702.92	IT Monthly Services
112319	5/11/2023	Shook Hardy & Bacon LLP	10,467.50	Professional Services
112329	5/11/2023	The EMS Training School	39,000.00	Paramedic Tuition - M Mhanna, I Branson, M Mansfield, L Viera, K Behrends and J Taylor
112331	5/11/2023	TML Intergovernmental Risk Pool	24,685.76	Liability Deductible Contract
112335	5/11/2023	XL Parts	5,634.95	Various Parts
112336	5/11/2023	Zoll Data Systems Inc	5,000.00	IT Services
112387	5/18/2023	Airgas USA, LLC	7,146.47	Cylinder Rentals
112388	5/18/2023	All-Pro Construction & Commerical	5,065.71	Materials for Misc, Fire Services, Warehouse Services, Monthly Maint subscription
112391	5/18/2023	AMBU Inc	7,090.17	Various Medical Supplies
112392	5/18/2023	Applause Promotional Products	5,176.05	Polos and Summer T-Shirts
112397	5/18/2023	Bound Tree Medical LLC	13,182.71	Various Medical Supplies
112400	5/18/2023	Collection Management Company	7,854.84	Collection Services
112401	5/18/2023	CyrusONe	8,060.48	Colocation / Bandwidth Charges
112409	5/18/2023	Gulfstream Outsourcing and Specialized	6,802.18	Aged/Historical Project
112412	5/18/2023	ImageTrend	23,833.00	Monthly Fees- Elite EMS Saas
112418	5/18/2023	Logis Solutions	5,679.53	HERE License
112423	5/18/2023	Mansfield Service Partners South, LLC	6,175.10	Bulk DEF
112426	5/18/2023	Medline Industries, Inc.	8,912.23	Various Medical Supplies
112482	5/24/2023	All-Pro Construction & Commerical	6,459.69	Car Wash Repairs - NDC
112484	5/24/2023	AMBU Inc	5,384.40	Various Medical Supplies
112492	5/24/2023	Bound Tree Medical LLC	10,734.16	Various Medical Supplies
112501	5/24/2023	Kroll Information Assurance LLC	79,264.00	Incident Response Service
112505	5/24/2023	McKesson Medical Surgical Inc	9,909.67	Various Medical Supplies
112506	5/24/2023	Medline Industries, Inc.	9,789.66	Various Medical Supplies
112521	5/24/2023	Wendy Bombardier	8,130.00	EMS Week shirts
2499628	5/9/2023	Direct Energy Business	8,444.56	Electric Service
2513272	5/25/2023	Direct Energy Business	8,161.95	Electric Service
3372057	5/1/2023	Frost	39,363.52	Frost Loan #39001
3384150	5/3/2023	UMR Benefits	50,744.88	Health Insurance Premium - May
3384159	5/3/2023	MetLife - Group Benefits	36,622.76	Dental/Vision/Basic Life/Supplemental Life/STD
3411114	5/10/2023	M Davis and Company Inc	5,240.00	Detection of Elder Abuse
3411124	5/10/2023	WEX Bank	128,349.03	Fuel
3495798	5/31/2023	Integrative Emergency Service Physician	15,000.00	Contract Services - A Cornelius
3495818	5/31/2023	UT Southwestern Medical Center	12,833.33	Contract Services - B Miller
5022023	5/2/2023	Frost	38,540.62	Frost Loan #4563-01
5162023	5/16/2023	JP Morgan Chase Bank, N.A.	23,035.81	MasterCard Bill
5252023	5/25/2023	Frost	52,993.77	Frost Loan #4563-002
18674247	5/9/2023	AT&T	13,759.34	Cell Phone / Aircards
501202201	5/1/2023	Frost	61,053.88	Frost Loan #30001

Tab A – Chief Executive Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Chief Executive Officer's Report- June 1, 2023

Legislative Action- Senate Bill 2476 was signed into law effective 1/1/24, and it provides that if a governmental jurisdiction publishes its rates, then the commercial insurer must pay those rates. If a jurisdiction does not publish the rates, then the commercial insurer is required to pay at least 325% of the current Medicare allowable fee. This legislation would apply to commercial insurance plans overseen by the State of Texas, which is a smaller percentage of MedStar's commercial payors, but it is a step in the right direction. We are evaluating whether MedStar's posting of rates is sufficient or whether the municipalities will need to post rates under this program.

Work Reprioritization Subcommittee/EMS System Performance- The EMS System Performance Committee meeting occurred on June 14th as our 90-day look back of the reprioritization process. The EMS System Performance Committee is comprised of representatives of MedStar, the Office of the Medical Director, UNT Health Science Center, JPS Health, City of Fort Worth, and our medical first response (MFR) agencies. The prioritization methodology the committee supported for implementation March 1, 2023, with any requested response plan changes from MFR chiefs, is meeting its objectives. The committee agrees that the categorization and prioritization of calls is an ongoing process to assure patients with life threatening, time sensitive conditions are prioritized as such. This change in the EMS prioritization methodology has resulted in improved focus on responses for critical patients, while making ambulance responses safer for the community.

We will continue to evaluate opportunities for ongoing enhancement, and we are beginning to work on modeling different response time options. We anticipate Optima playing a large part in response time modeling, which is the deployment modeling software the Board of Directors previously approved. We anticipate MedStar staff being trained to utilize this software during the last week of July.

The two objectives of Phase One were:

- Reduce the number of non-life-threatening responses categorized as Priority 1 calls (*the highest priority*) so that the EMS system can focus on the goal of assuring the sickest patients are given the highest priority.
- Enhance public and MedStar personnel safety by reducing the use of light and siren (HOT) responses.

An evaluation of the first 90 days of the new prioritization methodology was presented to the committee on June 14th, highlighting that the plan exceeding the goals set by the committee and the EMS Authority.

Under the old methodology, 5.34% of the Priority 1 responses identified a critical patient, under the new methodology, 35.89% of the Priority 1 responses identified a critical patient. **There are approximately half as many high acuity calls falling to lower priorities with the new methodology compared to the old methodology.**

Under the old methodology, 72.56% of calls received a HOT (lights and sirens) ambulance response. Under the new methodology, 37.62% of the calls received a HOT ambulance response.

Clinical Intervention Analysis Before and After Reprioritization Plan

Before Reprioritization

Priority	Incidents	Patient Clinical Condition/Care Provided			
		% Critical Patient	% Critically Hypoxic	% Receiving ALS Care	% Transported HOT
1	11,093	5.34%	17.90%	20.64%	5.04%
2	17,539	1.09%	10.63%	12.62%	2.53%
3	16,256	0.70%	6.86%	9.89%	1.62%
Total	44,888	1.94%	10.92%	13.34%	2.74%

After Reprioritization

Priority	Incidents	Patient Clinical Condition/Care Provided			
		% Critical Patient	% Critically Hypoxic	% Receiving ALS Care	% Transported HOT
1	978	35.89%	45.60%	38.75%	12.07%
2	9,474	2.71%	17.70%	18.28%	5.22%
3	3,443	0.61%	12.75%	12.02%	4.30%
4	2,554	0.23%	2.15%	4.03%	1.41%
5	16,934	0.30%	8.74%	13.12%	1.06%
7	2,527	0.08%	4.51%	14.44%	0.47%
8	4,897	0.12%	1.86%	2.33%	0.43%
Total	40,807	1.70%	10.54%	13.06%	2.47%

Reprioritization Response Mode Analysis

Pre-Period: Jan 1 - Feb 28, 2023

Post-Period: Mar 1 - May 31, 2023

Responses	Pre	Post
Responses	23,352	41,316
Dispatched HOT	16,944	15,543
% Dispatched HOT	72.56%	37.62%
Dispatched COLD	6,408	25,773
% Dispatched COLD	27.44%	62.38%

Tab B --Office of the Medical Director

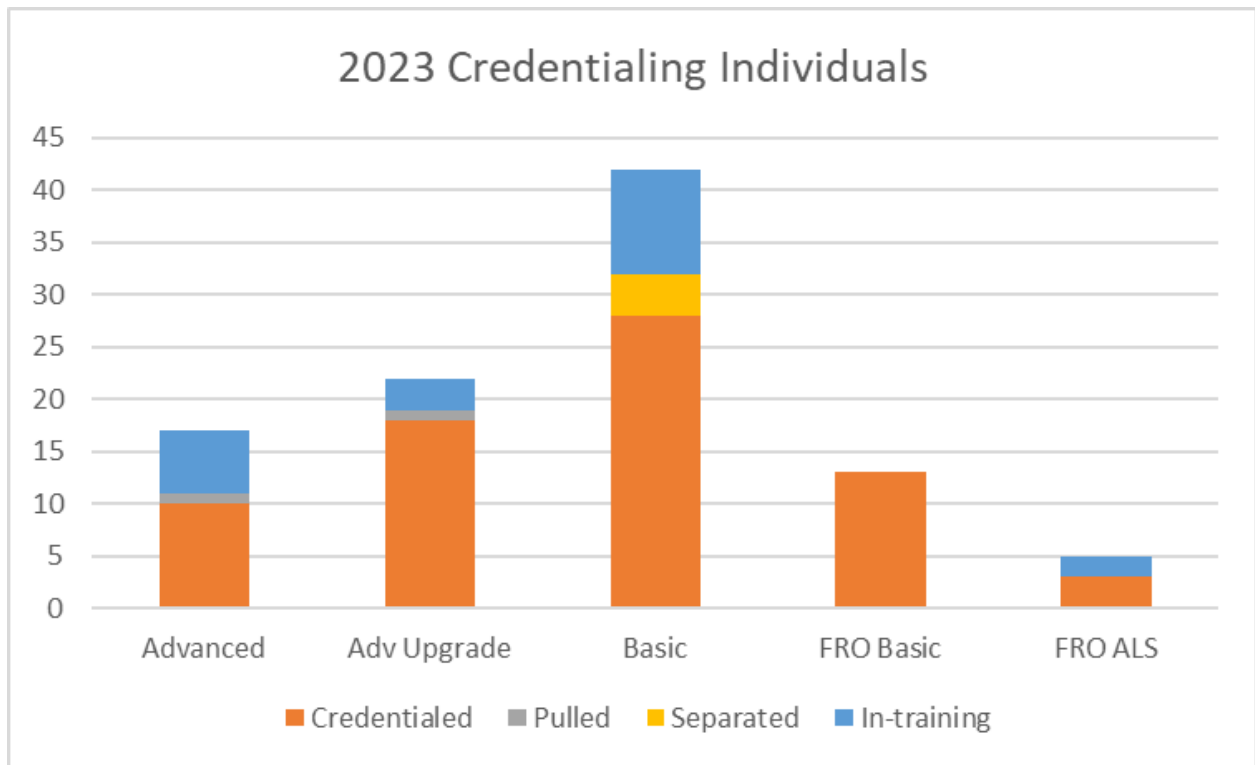
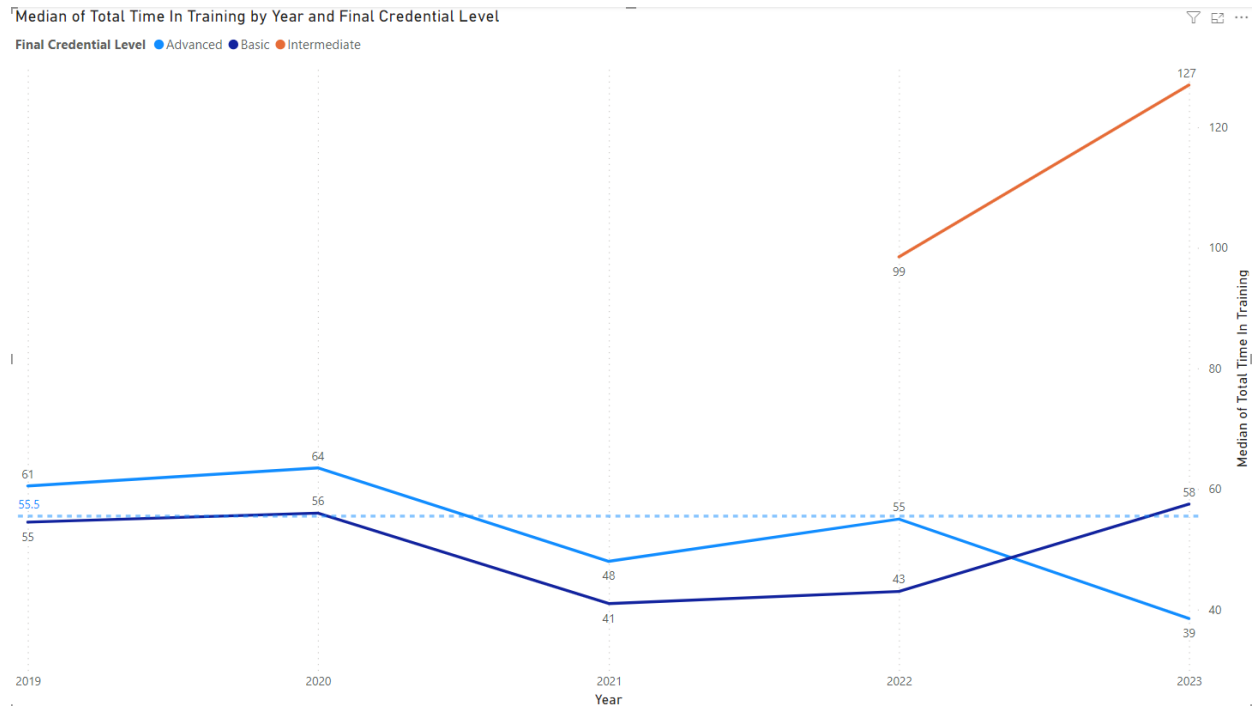
Improving Systems and Educating Clinicians to Enhance Patient Outcomes

Education and Training

- OMD 23Q2CE – June
 - Protocol Update
 - Headache, Stroke, Agitation/Capacity
- Journal Club
 - July 28 @ 12:30
- System Education Committee
 - Annual System CE plan developed
- MHP Course in July being scheduled
 - Course now accredited through TCC
- Card Course Attendance

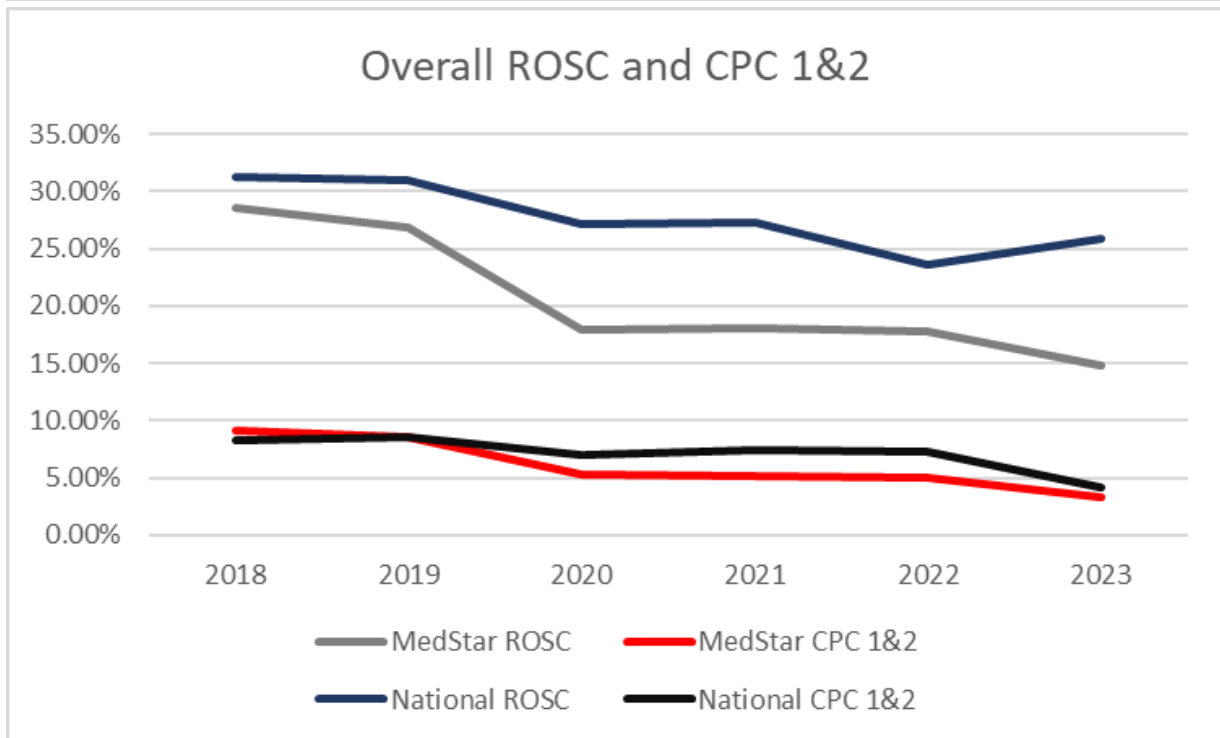
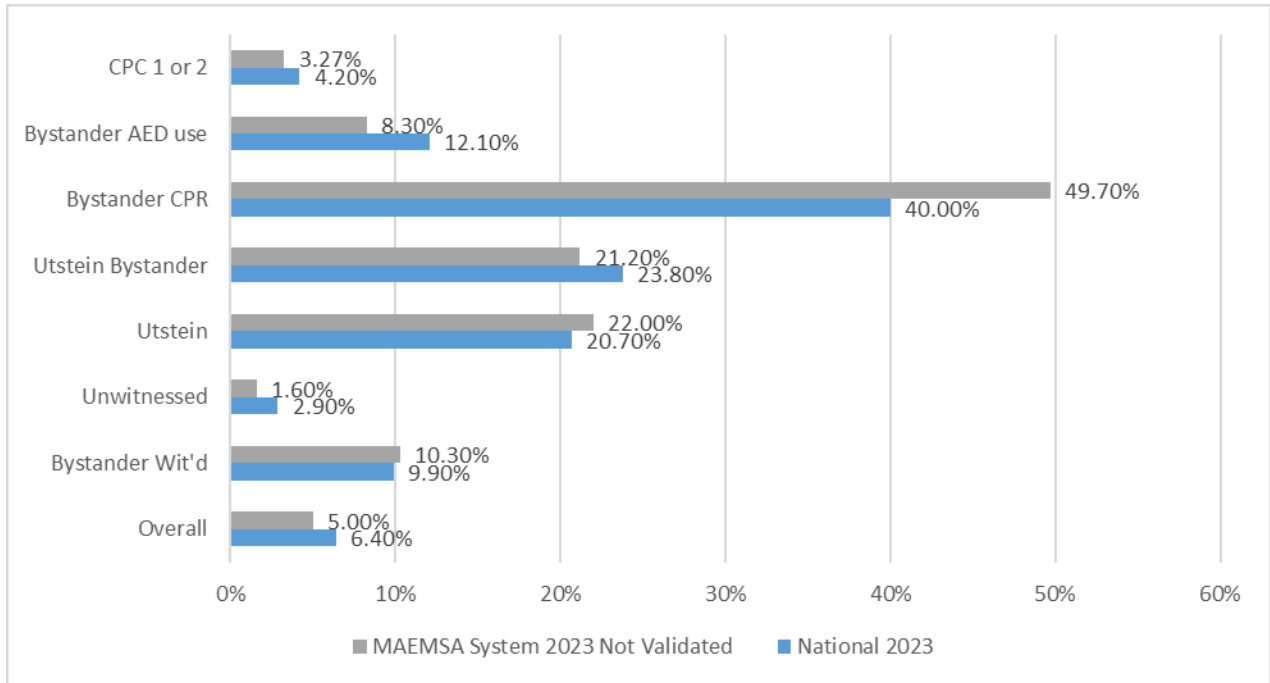
Agency	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	69	15	21	34	30	71
FRO	0	0	1	0	58	0
External	1	1	0	21	30	0

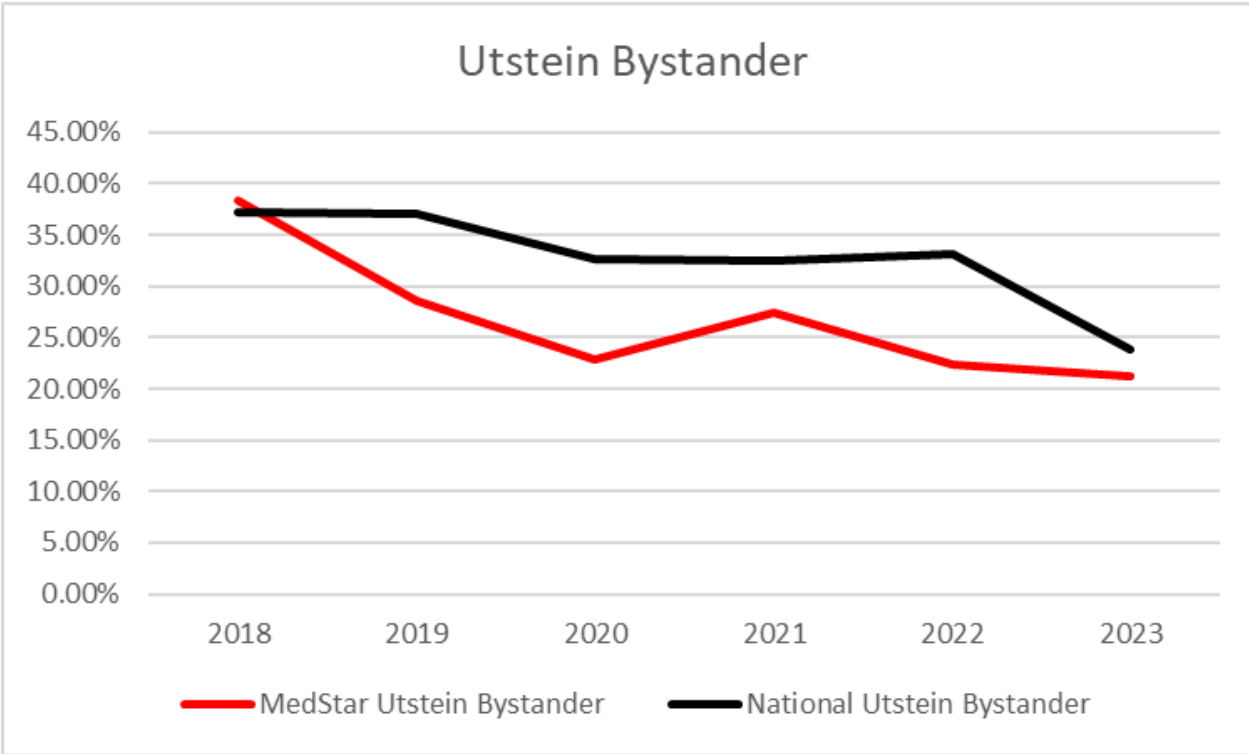
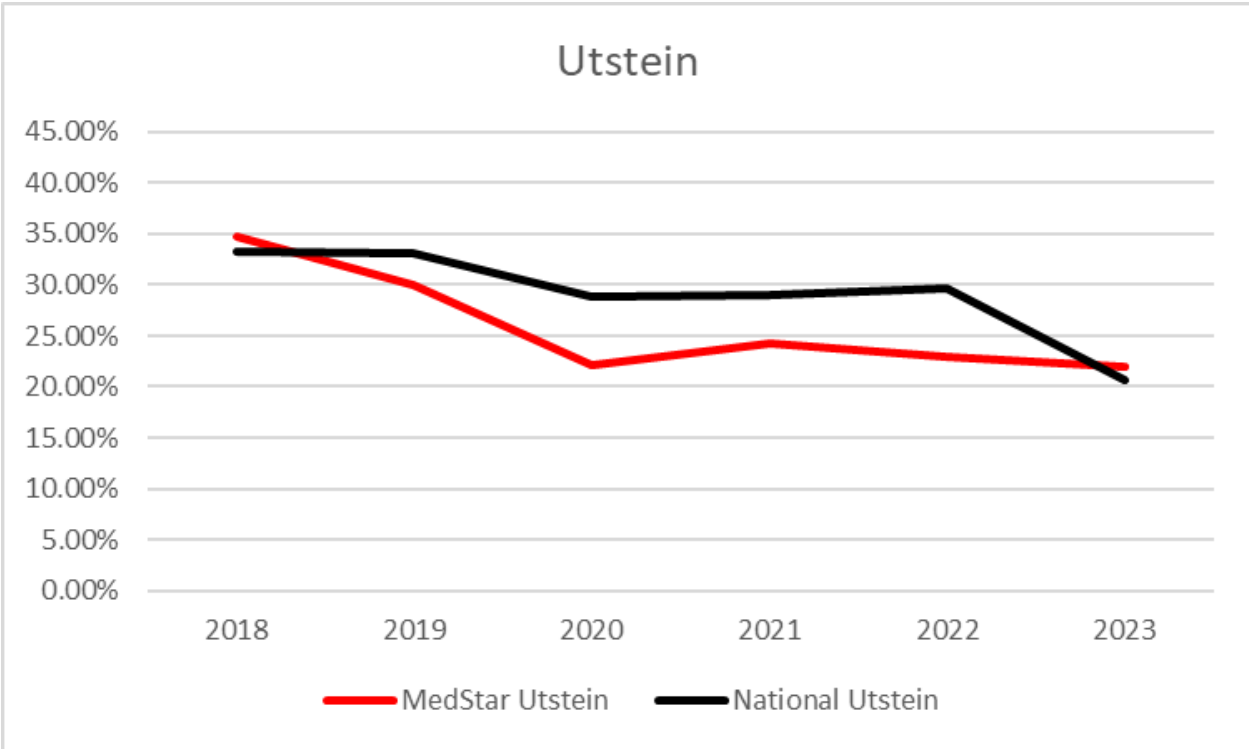
Credentialing



Quality Assurance

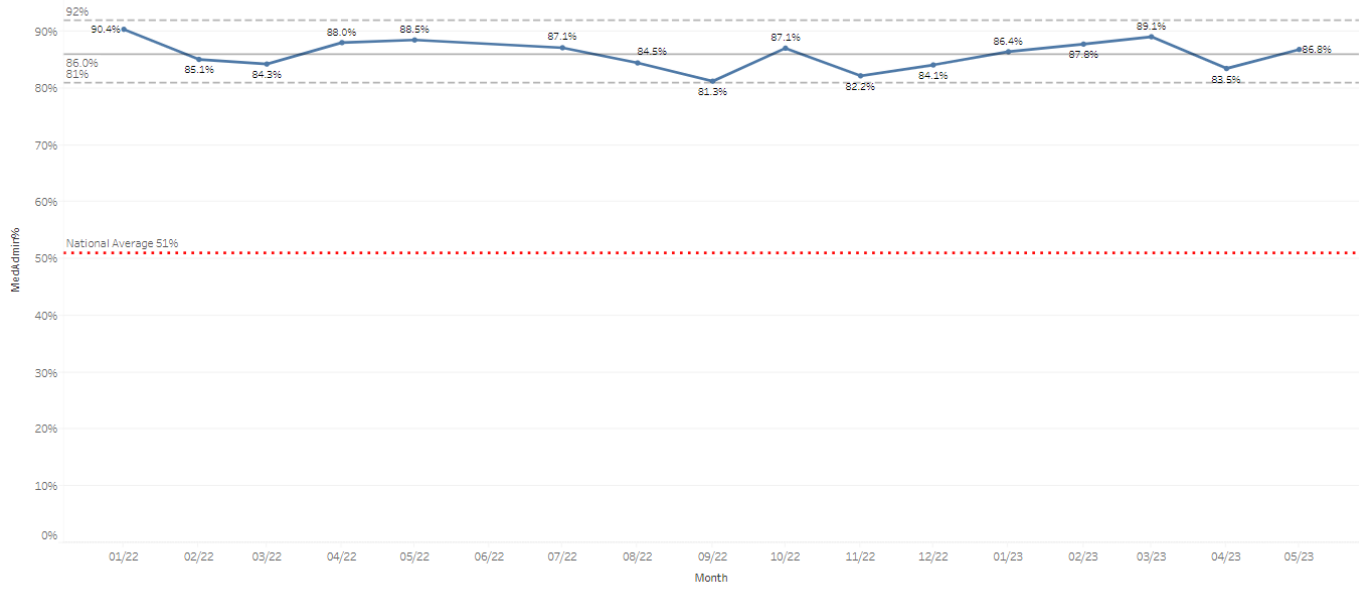
- 459 worked cardiac arrest





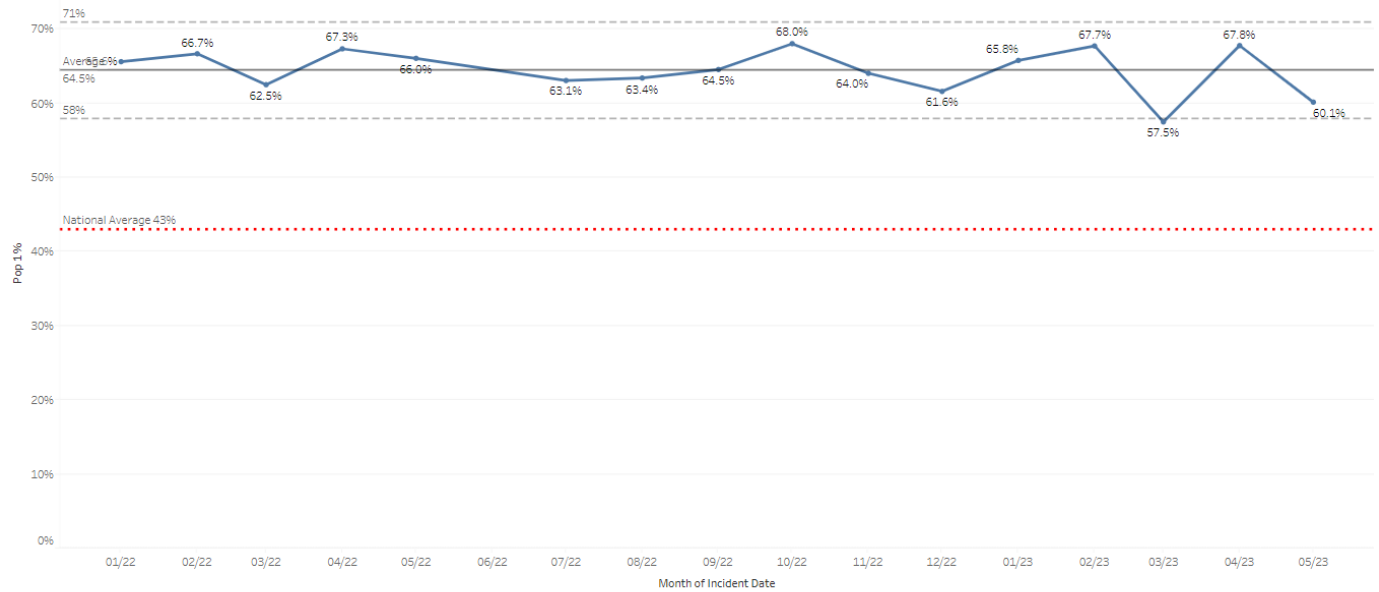
- NEMSQA Measures

Asthma-01 (Pop1)



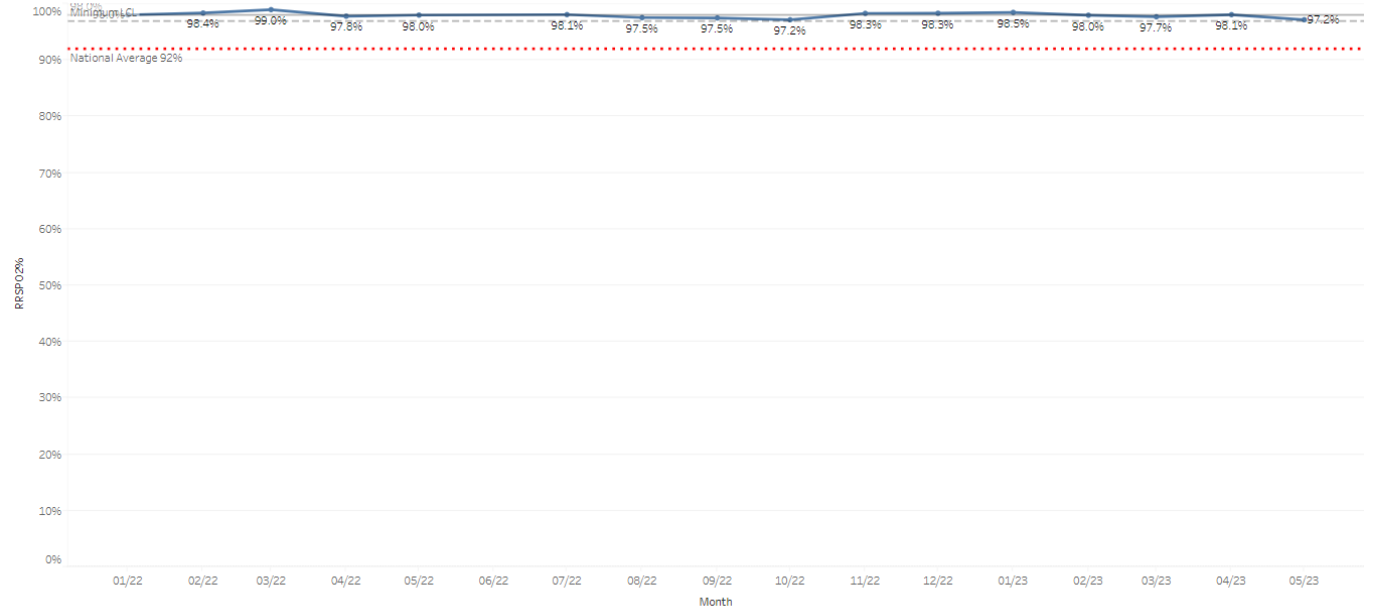
Percentage of EMS responses originating from a 911 request for patients with a diagnosis of asthma who had an aerosolized beta agonist administered.

Hypoglycemia-01 (Pop 1)



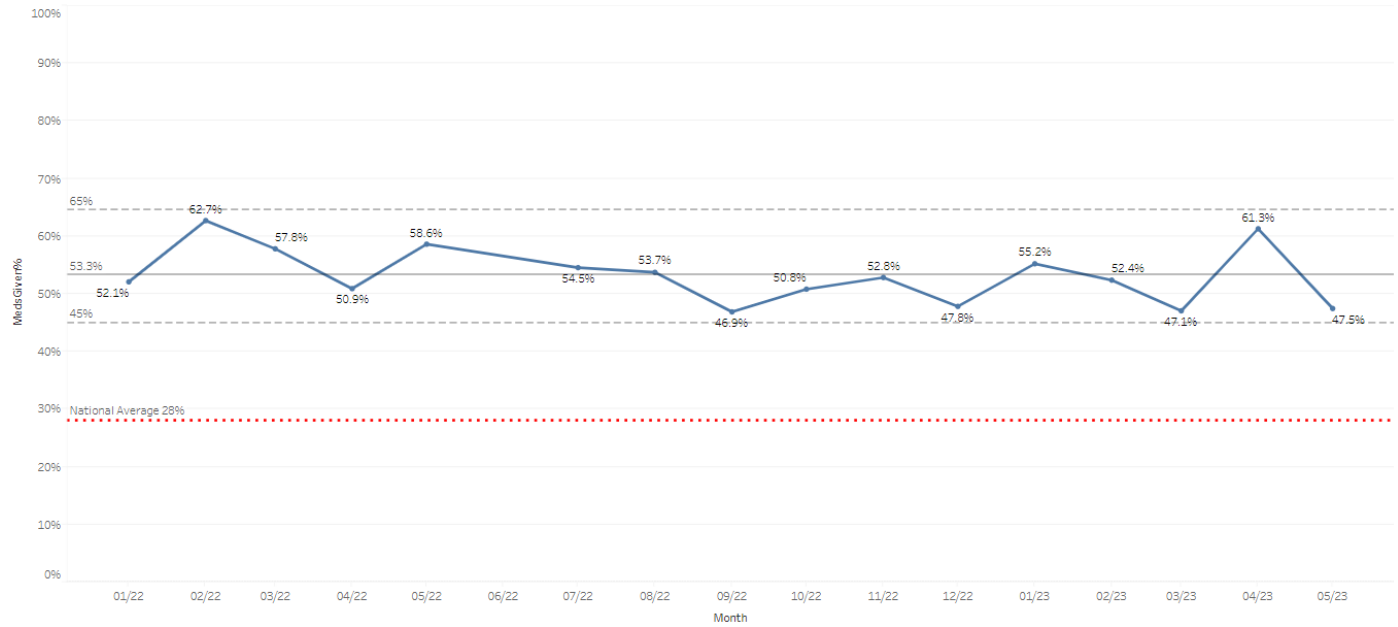
Percentage of EMS responses originating from a 911 request for patients with symptomatic hypoglycemia who received treatment to correct their hypoglycemia.

Respiratory-01 (Pop1)



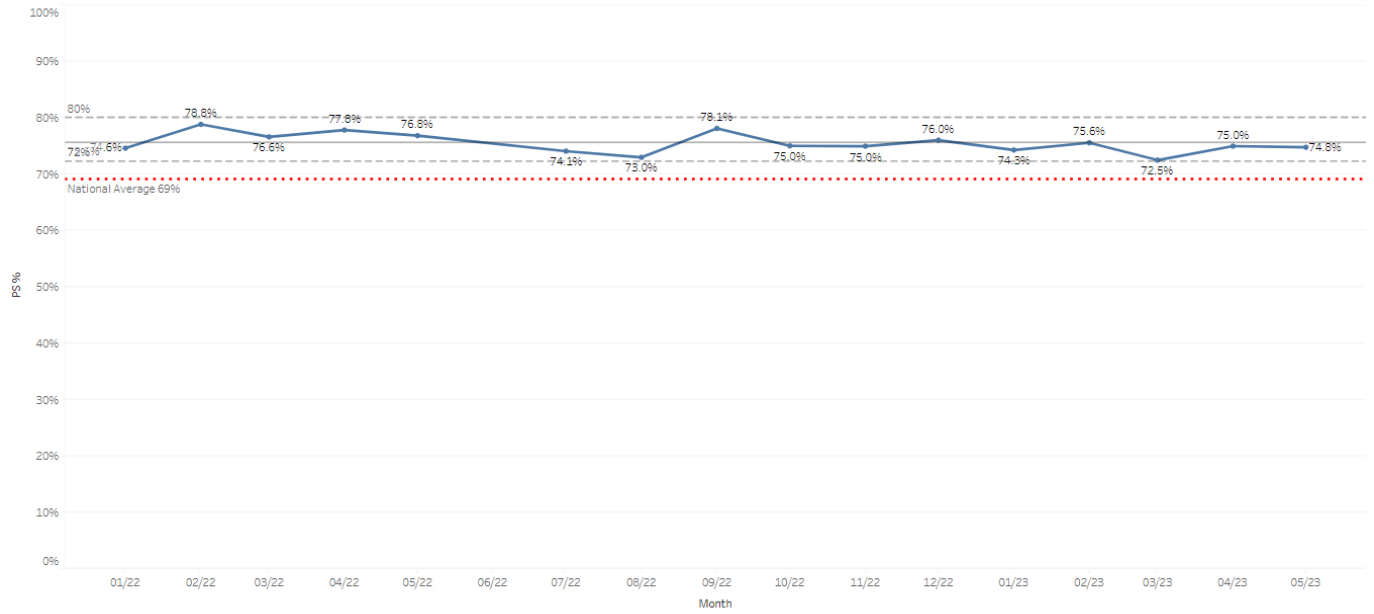
Percentage of EMS responses originating from a 911 request for patients with primary or secondary impression of respiratory distress who had a respiratory assessment.

Seizure-02 (Pop1)



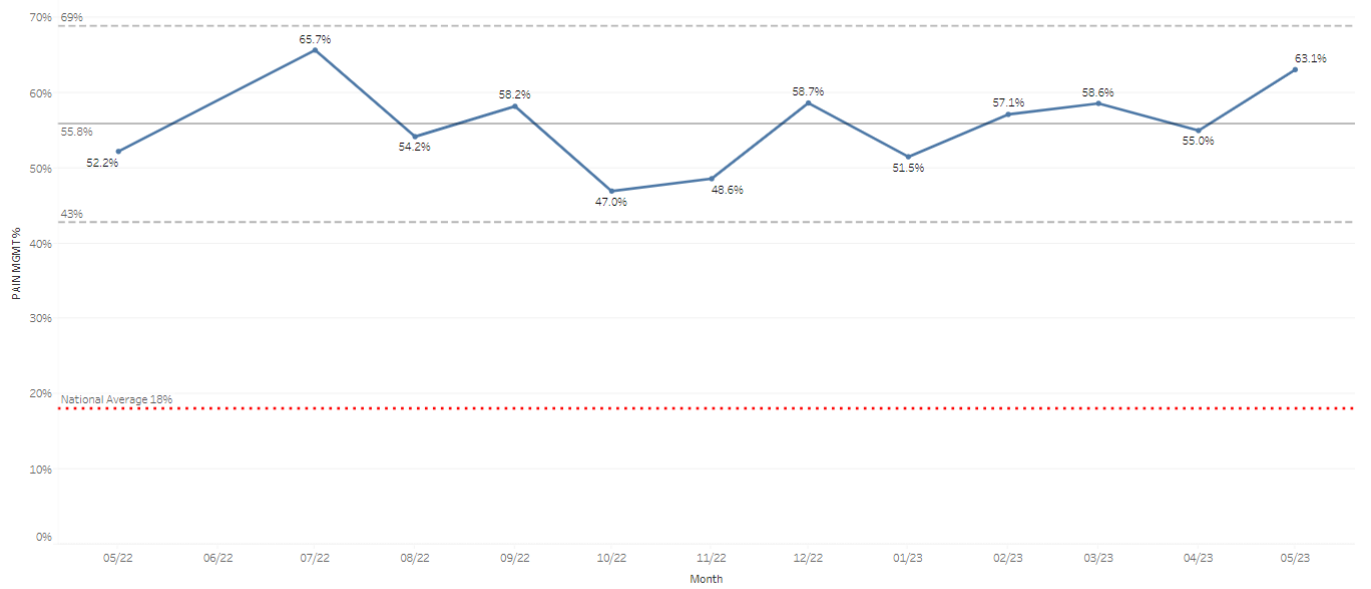
Percentage of EMS responses originating from a 911 request for patients with status epilepticus who received benzodiazepine aimed at terminating their status seizure during the EMS response.

Trauma-01 (Pop1)



Percentage of EMS transports originating from a 911 request for patients with injury who were assessed for pain.

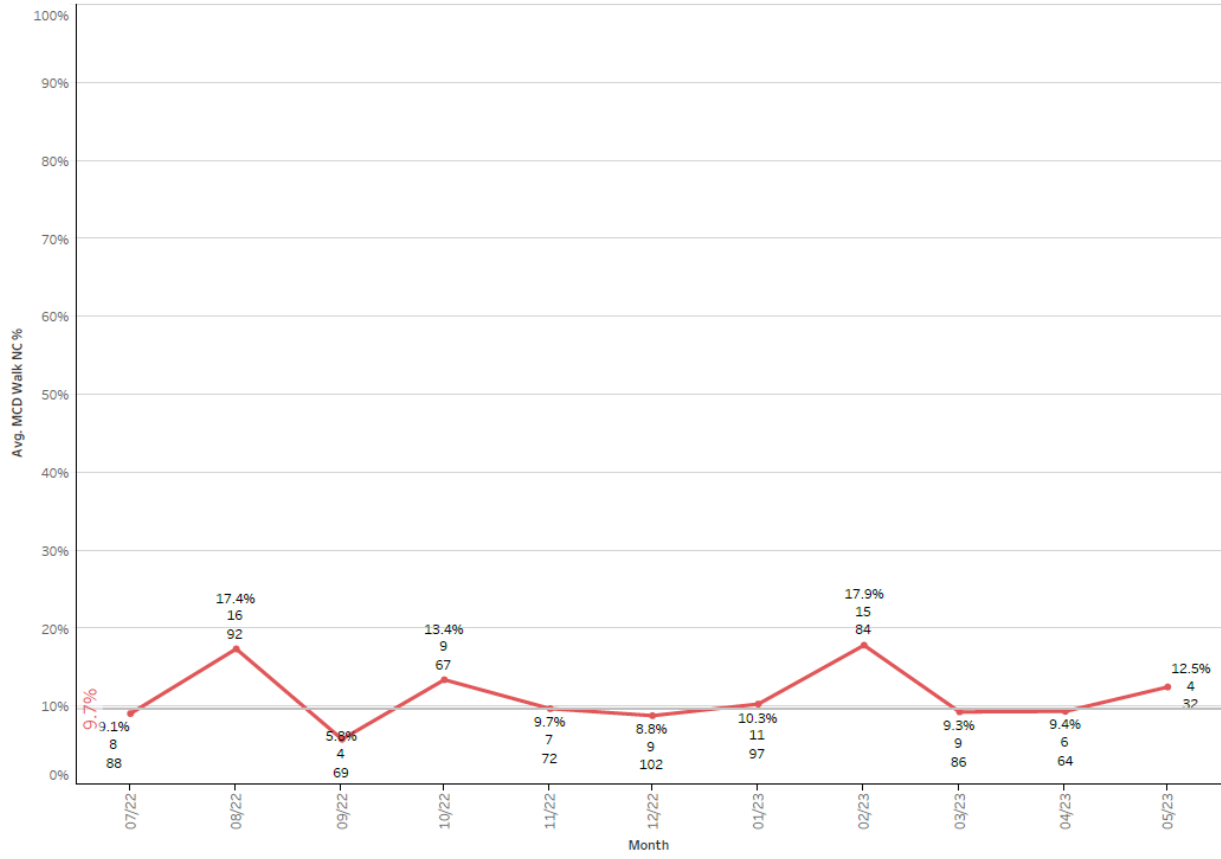
Trauma-03 (Pop1)



Percentage of EMS transports originating from a 911 request for patients whose pain score was lowered during the EMS encounter.

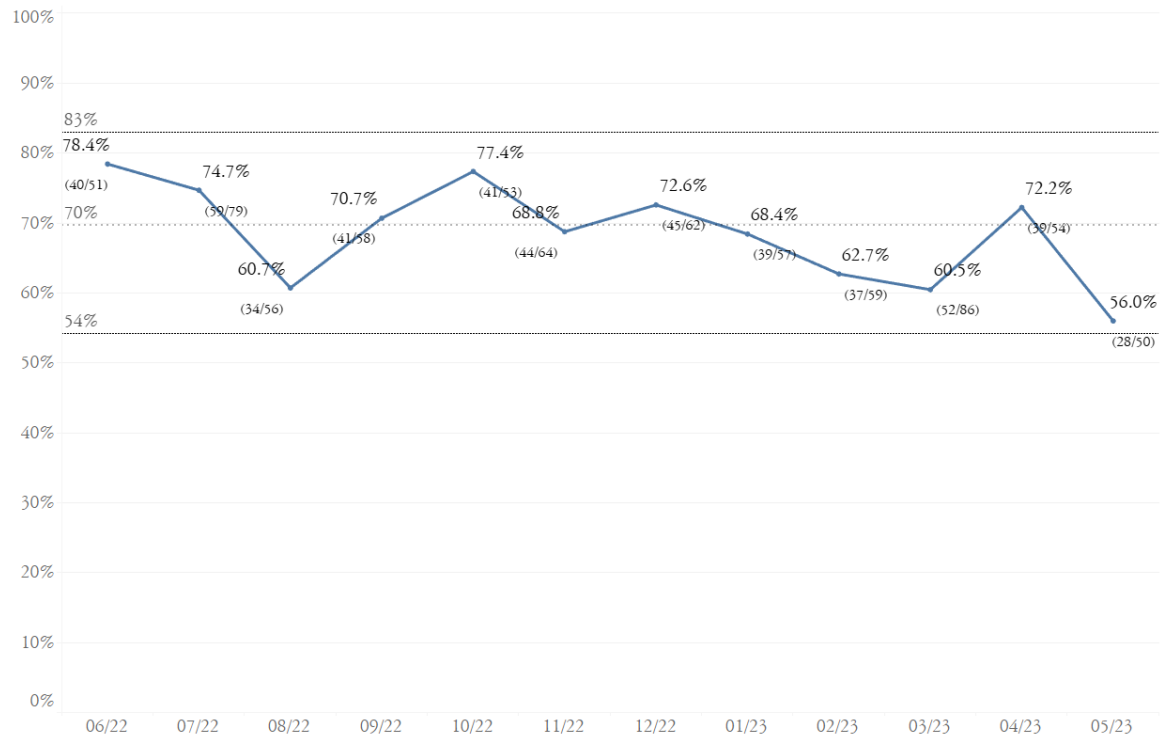
- Mechanical Compression Device (MCD) incident of “Walk”

% of Uncorrected MCD Walk/Overall placement

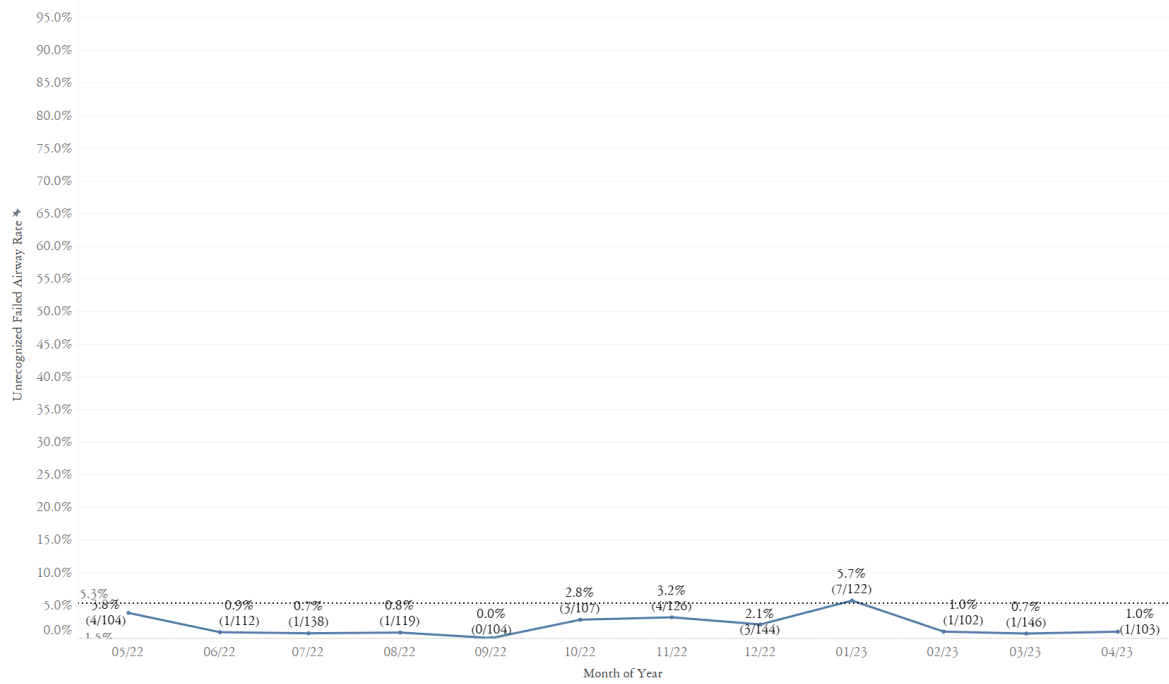


- Airway Management

ET First Pass Success



Unrecognized Failed Advanced Airway Rate



Research

- ASA Administration Study
- Multi-center National Studies with letter of support:
 - AI for 911 OHCA / T-CPR
 - EPIC II
 - Pedi-PART

System Diagnostics

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Avg.	Goal
Cardiac Arrest								
% of recognizable Out-of-Hospital Cardiac Arrests (OHCA) cases correctly identified by Dispatch	87.5%	88.9%	83.3%	81.7%	91.2%	80.7%	86.0%	75%
Median time between 9-1-1 call and OHCA recognition		0:01:47	0:01:51	0:01:38	0:01:41	0:01:32	0.0%	< 0:01:30
% of recognized 2nd party OHCA cases that received tCPR		84.4%	96.6%	73.9%	90.4%	88.9%	98.6%	75%
Median time between 9-1-1 Access to tCPR hands on chest time for OHCA cases		0:03:58	0:04:01	0:03:56	0:03:18	0:03:41	0.1%	<0:02:30
% of cases with time to tCPR < 180 sec from first key stroke							71.3%	
System response time < 5 mins for Dispatch-presumed cardiac arrest							#DIV/0!	
% of cases with CCF ≥ 90%	66.7%	59.5%	52.6%	64.5%	64.8%	68.0%	79.9%	90%
% of cases with CCF ≥ 80%	95.1%	94.0%	95.7%	99.1%	93.4%	95.1%		
% of cases with compression rate 100-120 cpm 90% of the time	95.3%	94.3%	93.5%	96.4%	93.8%	93.4%	89.7%	90%
% of cases with mechanical CPR device placement with < 10 sec pause in chest compression	44.7%	58.0%	53.7%	55.4%	38.1%	47.2%	33.7%	90%
% of cases with Pre-shock pause < 10 sec	13.4%	3.4%	6.0%				19.9%	
% arrive at E/D with ROSC	17.8%	8.4%	23.9%	11.8%	12.4%	12.1%	16.7%	
% discharged alive	6.8%	3.6%	6.8%	6.5%	%	1.0%	7.1%	
% neuro intact at discharge (Good or Moderate Cognition)	3.4%	3.6%	1.7%	4.3%	0.0%	1.0%	5.3%	
% of cases with bystander CPR	42.1%	45.8%	47.9%	36.6%	52.8%		48.7%	
% of cases with bystander AED use	0.0%	32.5%	23.1%	20.2%	18.2%		19.8%	
Ventilation Management								
% of cases with etCO2 use for non-invasive ventilation management (CPAP, BVM) when equipped	90.2%	92.6%	91.9%	%	85.8%	93.5%	99.0%	
% of cases with etCO2 use for invasive ventilation management (KA, ETT, Cric)	99.2%	100.0%	98.3%	98.8%	98.6%	99.0%	99.0%	
% of successful ventilation management as evidenced by etCO2 waveform throughout the case	97.2%	94.6%	95.9%	94.7%	93.9%	97.6%	97.1%	
% of successful King Airway placement	72.1%	70.5%	62.1%	57.3%	55.1%	63.2%	69.3%	
% of successful endotracheal tube placement	69.8%	60.9%	50.6%	56.0%	57.5%	56.5%	55.0%	

STEMI	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Current Avg.
% of suspected STEMI patients correctly identified by EMS	55.0%	28.6%	63.2%	50.0%	32.0%	37.5%	62.0%
% of suspected STEMI patients w/ASA admin (in the absence of contraindications)	100.0%	90.9%	95.7%	96.6%	96.6%	93.8%	94.5%
% of suspected STEMI patients w/NTG admin (in the absence of contraindications)	90.9%	81.8%	78.3%	86.2%	82.8%	87.5%	87.7%
% of suspected STEMI patients with 12L acquisition within 10 minutes of patient contact	86.4%	59.1%	87.0%	93.1%	82.8%	81.3%	72.1%
% of suspected STEMI patients with 12L transmitted within 5 minutes of transport initiation	68.2%	59.1%	65.2%	65.5%	58.6%	75.0%	62.4%
% of suspected STEMI patients with PCI facility notified of suspected STEMI within 10 minutes of EMS patient contact	31.8%	31.8%	34.8%	41.4%	41.4%	37.5%	18.5%
% of patients with Suspected STEMI Transported to PCI Center	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.6%
% of suspected STEMI patients with EMS activation to Cath Lab intervention time < 90 minutes	42.9%	33.3%	37.5%	60.0%	33.3%	40.0%	32.7%

Tab C – Chief Transformation Officer

Transformation Report

June 2023

Alternate Payment Models & Expanded Services

- Work continues with Cigna
 - Negotiating ET3 renewal for commercial insureds, ET3 and MIH payments for Exchange patients
 - Would be billed/paid through CPT codes, vs. HCPCS codes (traditional ambulance).
- Work continues with Cook Children's Health Plan
 - MIH payments using CPT codes, similar to Cigna.

Ambulance Supplemental Payment Program (ASPP)

- Recent conversation w/PCG:
 - CMS holding approval for GEMT/ASPP programs in pending states.
 - Want to review cost data used to reimburse FDs under the GEMT/ASPP program to assure only allowable costs are being submitted for reimbursement.
 - CMS may require a change in methodology for cost reporting to "Random Moment in Time" study.
 - Could have some impact on MedStar.

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

- Still awaiting final language from Leg Counsel
- Contractor doing the CMS ET3 Net Savings to Medicare (NSM) reporting a HUGE net savings to Medicare for ET3 enrolled patients.
 - CMS has not published that number yet

Balance Billing

- Texas
 - **SB 2476** Sent to the Governor for signature.
 - Applies to non-ERISA (state-regulated) health plans only.
 - Prohibits EMS balance billing.
 - Requires Insurers to pay BILLED CHARGES in jurisdictions that publish their rates.
 - Requires insurers to pay 325% of Medicare in jurisdictions that do not publish their rates.
 - Requires insurers to pay provider directly, not to the patient, if assignment of benefits signed.
 - Sent Texas legislation to HHS/CMS as an example of effective public policy to resolve patient balance billing.
- Meeting with Office of Domestic Policy
 - Along with reps from IAFC, IAFF and AAA, met with the director of ODP
 - ODP communicating that provisions of the No Surprised act can be applied to EMS
 - We explained economic plight of EMS in the U.S., and our support for the ongoing work on the Congressionally required GAPBAC.
 - Encouraged her to wait for GAPBAC finding/recommendations.

VA Reimbursement Issues

- VA communicated their transition away from a billed charges methodology to Medicare Allowables.
- Huge impact on the EMS industry - \$200 million in lost revenue, nationally.
- Participated in Industry call with the VA to share concerns and seek clarification.
- Awaiting some of the requested info from the VA for the industry to challenge the change w/o due process/clause.

Upcoming Presentations:

<u>Event (location)</u>	<u>Date</u>	<u>Attendees</u>
American Ambulance Association Annual Conf. (Las Vegas, NV)	June 2023	~700
Missouri EMS Conference	August 2023	~500
EMS World Expo (New Orleans, LA)	Sept 2023	~3,000

Media Summary

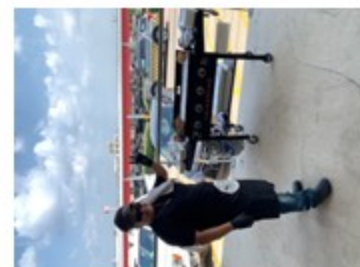
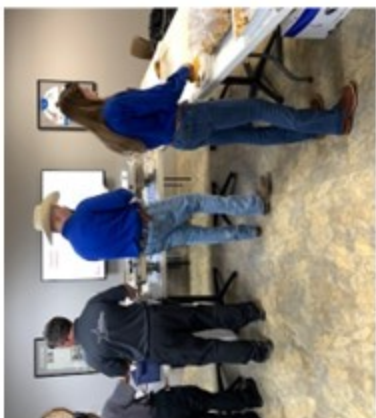
Local –

- Stop the Bleed, Hands only CPR and Narcan® administration training at MedStar
 - Including Live demos in studio AND on our site
 - CBS 11, NBC 5, Fox 4, ABC 8, Telemundo, KRLD, WBAP, Sirius
- Safe Baby Sight designations on ambulances
 - Univision
- Hot weather/Kids in Hot Cars
 - CBS 11, NBC 5, Fox 4, ABC 8
- OD Map/Image Trend Issue/Resolve
 - WFAA

National –

Engagement/Events

- EMS Week Activities
 - 5/21- MWR sponsored Rangers Game, Ehrhardt Family sponsored smoked meats and all the fixings for lunch and dinner for on-duty crews, and distribution of EMS Week t-shirt and water bottle gift
 - 5/22- Stork award for field crew delivery, A Little Bit of Spice street tacos for lunch and dinner at the Star, and nerf capture the flag began
 - 5/23- Safety-Saurus-Rex visits Medstar, 1st annual Medstar Family Feud, Frios Popsicle Truck at the Star, dessert bar sponsored by HR, and Kickball at Gateway Park
 - 5/24- Weiner Slingers hotdog cart at the Star for lunch
 - 5/25- Carter blood bus at the Star, dessert bar sponsored by HR, Kissy Cakes treats delivered to field crews, and paintball at Fun on the Run
 - 5/26- Leadership grilling at the Star for lunch and dinner and MedStar Movie Night with over 30 MedStar children in attendance
- Clay shoot benefiting the MedStar and A Wish With Wings Foundation
 - 72 total shooters, 18 shooter teams
 - Top shooter team, “Nothing but Dust” award: A Wish With Wings shooter team
 - Raised a total of \$17,745

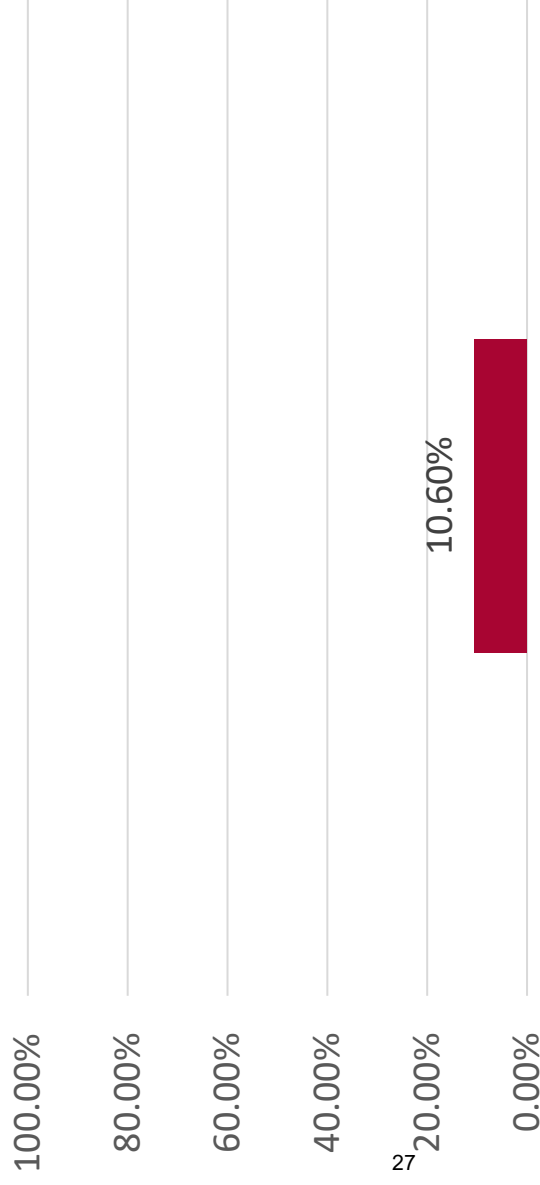


Readmission Avoidance Program

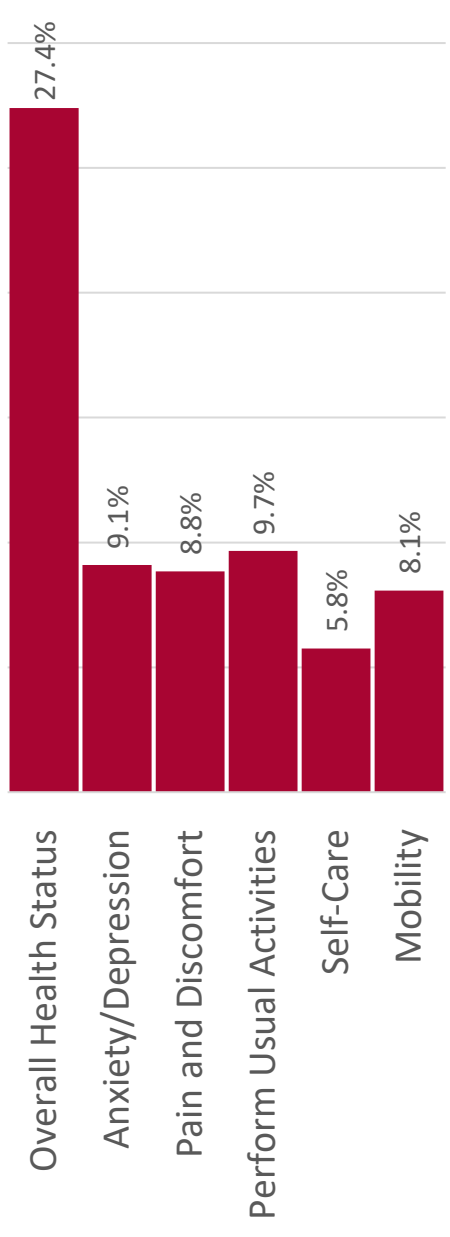


Patients at risk for a 30-day readmission are referred to MedStar by the patient's Case Manager or PCP. MedStar conducts a series of home visits to educate the patient and family on appropriate care management and loops the patient to their PCP and/or specialist. If the patient needs intervention, the MedStar Mobile Health Paramedic may coordinate in-home therapy with the patient's PCP or specialist, along with a follow-up PCP or specialist appointment.

30-Day Readmission Rate (YTD)



% Improvement in Quality of Life (EuroQol)



Tab D – Chief Financial Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Finance Report – May 31, 2023

The following summarizes significant items in the May 31, 2023, Financial Reports:

Statement of Revenues and Expenses:

Month to Date: Net Income for the month of May 2023 is a gain of \$90,435 as compared to a budgeted loss of (\$326,821) for a positive variance of \$417,256. EBITDA for the month of May 2023 is a gain of \$477,360 compared to a budgeted gain of \$55,853 for a positive variance of \$421,506.

- Patient Contact volume in May ended the month 110% to budget.
- Net Revenue in May is \$713K over budget or 115% to budget.
- Total Expenses ended the month 105.9% to budget or \$296K over budget. In May, MedStar incurred additional expenses in Salaries and Overtime of \$109K, Benefits of \$68K, Comp. Maintenance \$68K, Insurance \$19K, Professional Fees of \$27K and Misc. Ex. of \$101K. The total of all other line-item expenses is below budget by (\$98K).

Year to Date: EBITDA is \$2,721,385 as compared to a budget of \$2,243,256 for a positive variance of \$478K.

- The main drivers for this variance are YTD patient encounters are 106% to budget and YTD net revenue is 105% to budget equating to a YTD positive variance to budget for Net Revenue of \$2,039,341. Year to date expense is 104% to budget or \$1,480,766 over budget. The main driver for the overage in expense is Salaries and OT is above budget by \$711K and Misc. Expense is above budget by \$742K. The Misc. Expense is driven by the Ransom attach year to date cost of \$728K. The total of all other expense lines is above budget by a total of \$27K for the year.

Key Financial Indicators:

- Current Ratio – MedStar has \$8.73 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 May 31, 2022, there is 3.3 months of operating capital.
- Accounts Receivable Turnover – This statistic indicates MedStar’s effectiveness in extending credit and collecting debts by indicating the average age of the receivables. MedStar’s goal is a ratio greater than 3.0 times; current turnover is 5.94 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 March, the return is -.45%.

MAEMSA/EPAB cash reserve balance as of May 31, 2023, is \$475,470.69.

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Balance Sheet By Character Code

For the Period Ending May 31, 2023

Assets	Current Year	Last Year
Cash	\$16,910,576.59	\$20,926,235.07
Accounts Receivable	\$10,159,254.54	\$7,594,777.09
Inventory	\$409,910.36	\$383,481.43
Prepaid Expenses	\$1,746,375.93	\$1,003,996.10
Property Plant & Equ	\$71,890,410.03	\$63,393,008.92
Accumulated Deprecia	(\$30,199,150.77)	(\$27,698,532.14)
Total Assets	\$70,917,376.68	\$65,602,966.47
Liabilities		
Accounts Payable	(\$430,241.80)	(\$533,154.05)
Other Current Liabil	(\$2,149,504.58)	(\$1,827,030.29)
Accrued Interest	(\$7,781.31)	(\$7,781.31)
Payroll Withholding	\$14,463.86	(\$84,605.64)
Long Term Debt	(\$3,038,061.52)	(\$3,450,155.82)
Other Long Term Liab	(\$8,001,628.10)	(\$9,536,316.27)
Total Liabilities	(\$13,612,753.45)	(\$15,439,043.38)
Equities		
Equity	(\$57,564,191.40)	(\$52,884,378.49)
Control	\$259,568.17	\$2,720,455.40
Total Equities	(\$57,304,623.23)	(\$50,163,923.09)
Total Liabilities and Equities	(\$70,917,376.68)	(\$65,602,966.47)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures

Revenue	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
Transport Fees	\$22,283,008.69	\$19,914,877.28	\$2,368,131.41	\$170,137,926.67	\$159,448,396.66	\$10,689,530.01
Contractual Allow	(\$10,698,157.26)	(\$8,681,281.77)	(\$2,016,875.49)	(\$76,404,822.03)	(\$69,207,559.20)	(\$7,197,262.83)
Provision for Uncoll	(\$6,498,228.43)	(\$6,711,142.00)	\$212,913.57	(\$55,265,215.60)	(\$53,501,516.00)	(\$1,763,699.60)
Education Income	\$9,980.00	\$1,050.00	\$8,930.00	\$11,238.70	\$103,600.00	(\$92,361.30)
Other Income	\$166,802.30	\$96,223.00	\$70,579.30	\$911,923.60	\$872,384.00	\$39,539.60
Standby/Subscription	\$131,955.17	\$61,595.00	\$70,360.17	\$1,167,151.74	\$824,911.00	\$342,240.74
Pop Health PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Interest on Investme	(\$38.89)	\$500.00	(\$538.89)	\$2,880.37	\$4,000.00	(\$1,119.63)
Gain(Loss) on Dispos	\$0.00	\$0.00	\$0.00	\$22,475.00	\$0.00	\$22,475.00
Total Revenue	\$5,395,321.58	\$4,681,821.51	\$713,500.07	\$40,583,558.45	\$38,544,216.46	\$2,039,341.99
Expenditures						
Salaries	\$3,083,687.69	\$2,974,045.33	\$109,642.36	\$23,865,617.55	\$23,154,537.64	\$711,079.91
Benefits and Taxes	\$606,756.64	\$538,510.00	\$68,246.64	\$4,139,246.29	\$3,942,405.00	\$196,841.29
Interest	\$28,376.15	\$33,500.00	(\$5,123.85)	\$239,610.79	\$268,000.00	(\$28,389.21)
Fuel	\$139,353.24	\$156,851.00	(\$17,497.76)	\$1,309,873.92	\$1,239,088.00	\$70,785.92
Medical Suppl/Oxygen	\$174,830.66	\$230,067.00	(\$55,236.34)	\$1,510,429.59	\$1,783,731.00	(\$273,301.41)
Other Veh & Eq	\$48,599.67	\$51,966.01	(\$3,366.34)	\$396,367.66	\$360,924.08	\$35,443.58
Rent and Utilities	\$52,637.88	\$59,711.92	(\$7,074.04)	\$418,899.15	\$477,695.36	(\$58,796.21)
Facility & Eq Mtc	\$73,764.35	\$63,360.78	\$10,403.57	\$581,458.04	\$607,807.24	(\$26,349.20)
Postage & Shipping	\$1,406.44	\$2,591.33	(\$1,184.89)	\$12,972.84	\$22,590.64	(\$9,617.80)
Station	\$27,919.87	\$39,843.25	(\$11,923.38)	\$366,837.04	\$360,335.00	\$6,502.04
Comp Maintenance	\$133,391.62	\$64,617.84	\$68,773.78	\$774,790.79	\$492,645.76	\$282,145.03
Insurance	\$69,523.36	\$50,654.34	\$18,869.02	\$452,346.69	\$412,334.98	\$40,011.71
Advertising & PR	\$2,078.79	\$292.00	\$1,786.79	\$21,747.58	\$23,460.00	(\$1,712.42)
Printing	\$4,244.82	\$2,117.43	\$2,127.39	\$27,280.58	\$37,539.44	(\$10,258.86)
Travel & Entertain	\$7,634.94	\$10,792.00	(\$3,157.06)	\$63,193.19	\$87,121.00	(\$23,927.81)
Dues & Subs	\$103,362.18	\$110,365.00	(\$7,002.82)	\$880,463.80	\$944,124.00	(\$63,660.20)
Continuing Educ Ex	\$10,061.00	\$19,838.00	(\$9,777.00)	\$142,124.66	\$170,496.00	(\$28,371.34)
Professional Fees	\$275,530.25	\$247,582.34	\$27,947.91	\$2,108,359.36	\$2,129,108.72	(\$20,749.36)
Education Expenses	\$244.00	\$1,225.00	(\$981.00)	\$7,717.42	\$14,900.00	(\$7,182.58)
Miscellaneous	\$102,933.84	\$1,537.00	\$101,396.84	\$782,446.75	\$40,116.00	\$742,330.75
Depreciation	\$358,548.83	\$349,175.00	\$9,373.83	\$2,741,342.93	\$2,793,400.00	(\$52,057.07)
Total Expenditures	\$5,304,886.22	\$5,008,642.57	\$296,243.65	\$40,843,126.62	\$39,362,359.86	\$1,480,766.76
Net Rev in Excess of Expend	\$90,435.36	(\$326,821.06)	\$417,256.42	(\$259,568.17)	(\$818,143.40)	\$558,575.23
EBITDA	\$477,360.34	\$55,853.94	\$421,506.40	\$2,721,385.55	\$2,243,256.60	\$478,128.95

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

	Goal	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Current Ratio	> 1	9.49	11.59	10.48	8.43	6.04	8.73

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%	27.71%
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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	5.94
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A measure of how these resources are being managed. Indicates how long accounts receivable are being aged prior to collection. Our goal is a turnover rate of greater than 3 .

Return on Net Assets	-1.00%	10.11%	4.04%	0.00%	-4.03%	-0.07%	-0.45%
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Reveals management's effectiveness in generating profits from the assets available.

Emergency Physicians Advisory Board
Cash expenditures Detail

	<u>Date</u>	<u>Amount</u>	<u>Balance</u>
Balance 1/1/17			\$ 609,665.59
J29 Associates, LLC	2/27/2017	\$ 1,045.90	\$ 608,619.69
Bracket & Ellis	10/30/2017	\$ 12,118.00	\$ 596,501.69
Brackett & Ellis	11/19/2018	\$ 28,506.50	\$ 567,995.19
FWFD Grant	4/3/2019	\$ 56,810.00	\$ 511,185.19
Brackett & Ellis	4/3/2019	\$ 20,290.50	\$ 490,894.69
Brackett & Ellis	11/27/2019	\$ 9,420.00	\$ 481,474.69
Bracket & Ellis	2/6/2020	\$ 1,382.50	\$ 480,092.19
Bracket & Ellis	2/29/2020	\$ 4,621.50	\$ 475,470.69
 Balance 5/31/2022			 <u><u>\$ 475,470.69</u></u>

Tab E – Chief Human Resources Officer

Human Resources - May 2023

Staffing

- 26 hires in May
- 96 hires FYTD
- Upcoming Scheduled NEOPs
 - July 10, 2023
 - August 7, 2023
 - September 18, 2023
 - October 23, 2023

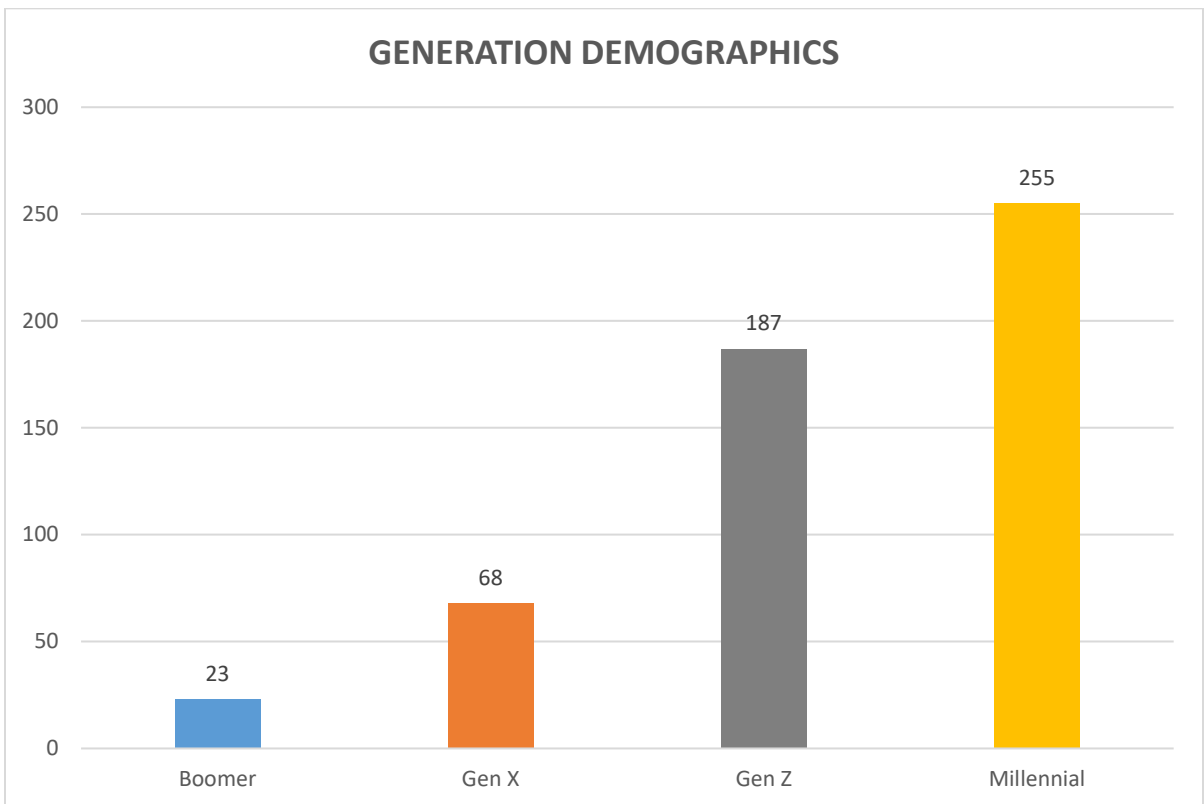
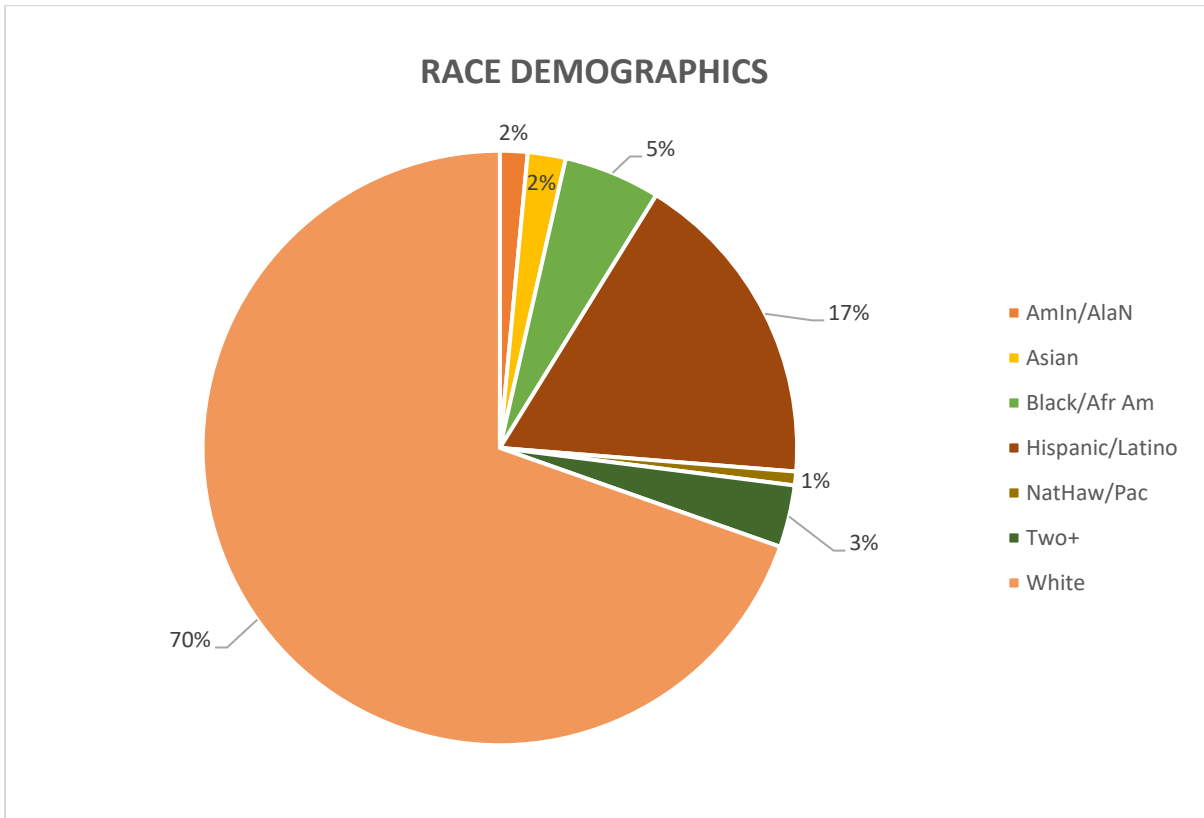
Leaves:

- 35 employees on FMLA / 7.20% of workforce
 - 19 cases on intermittent
 - 16 cases on a block
- Top FMLA request reasons/conditions
 - Orthopedic (6)
 - Baby Bonding (6)
 - FMLA Spouse (5)

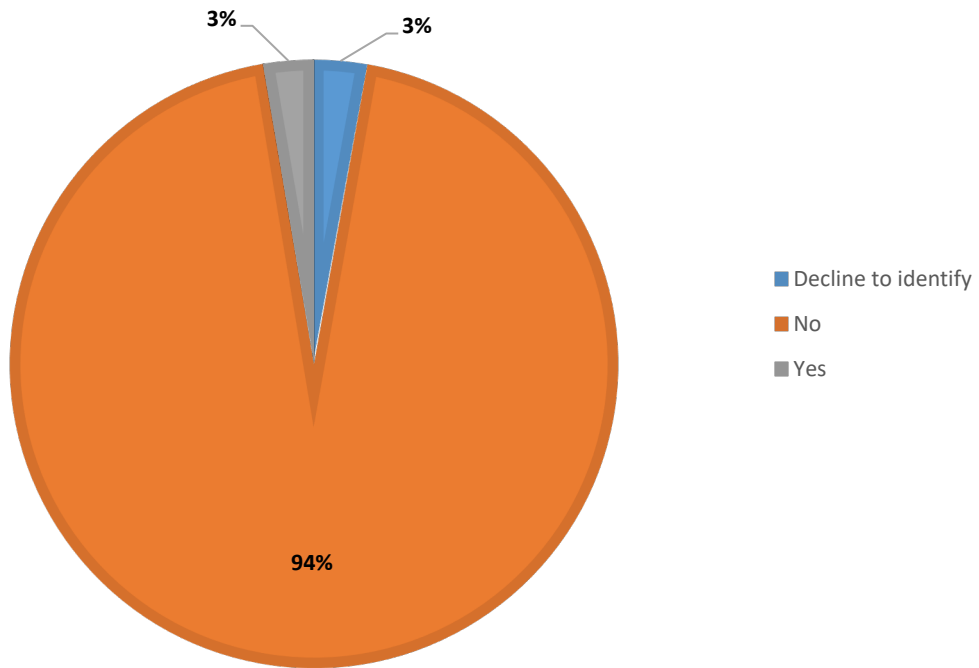
Turnover:

- May turnover –2.06%
 - FT – 1.85%
 - PT – 4.26%
- Year to date turnover –16.70%
 - FT – 11.73%
 - PT – 68.09%

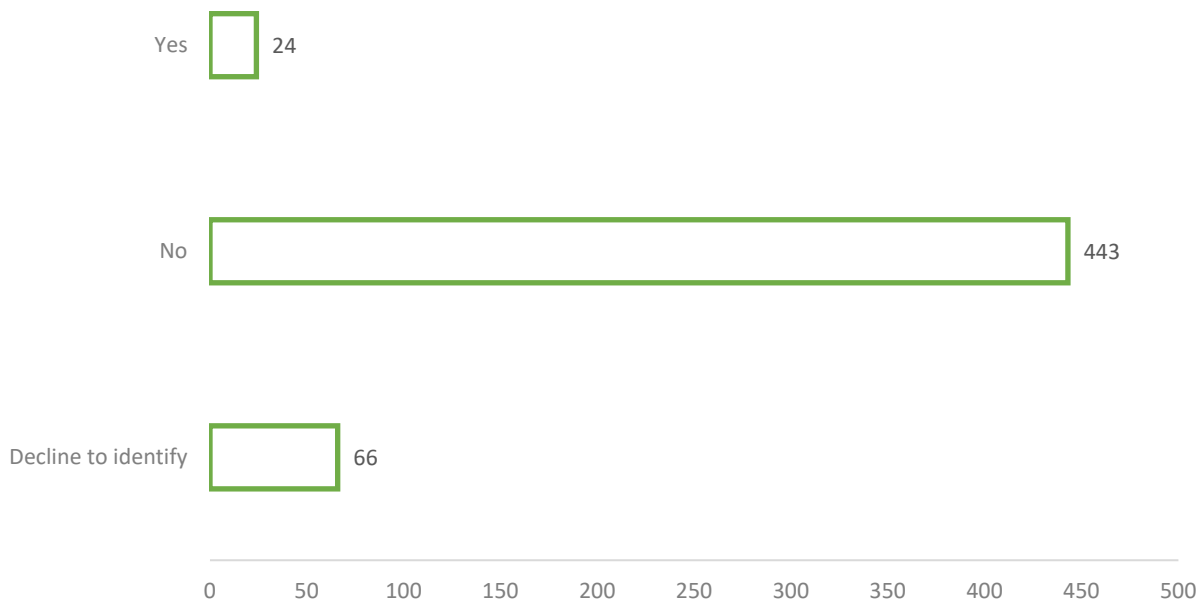
MAY 2023 DIVERSITY STATISTICS

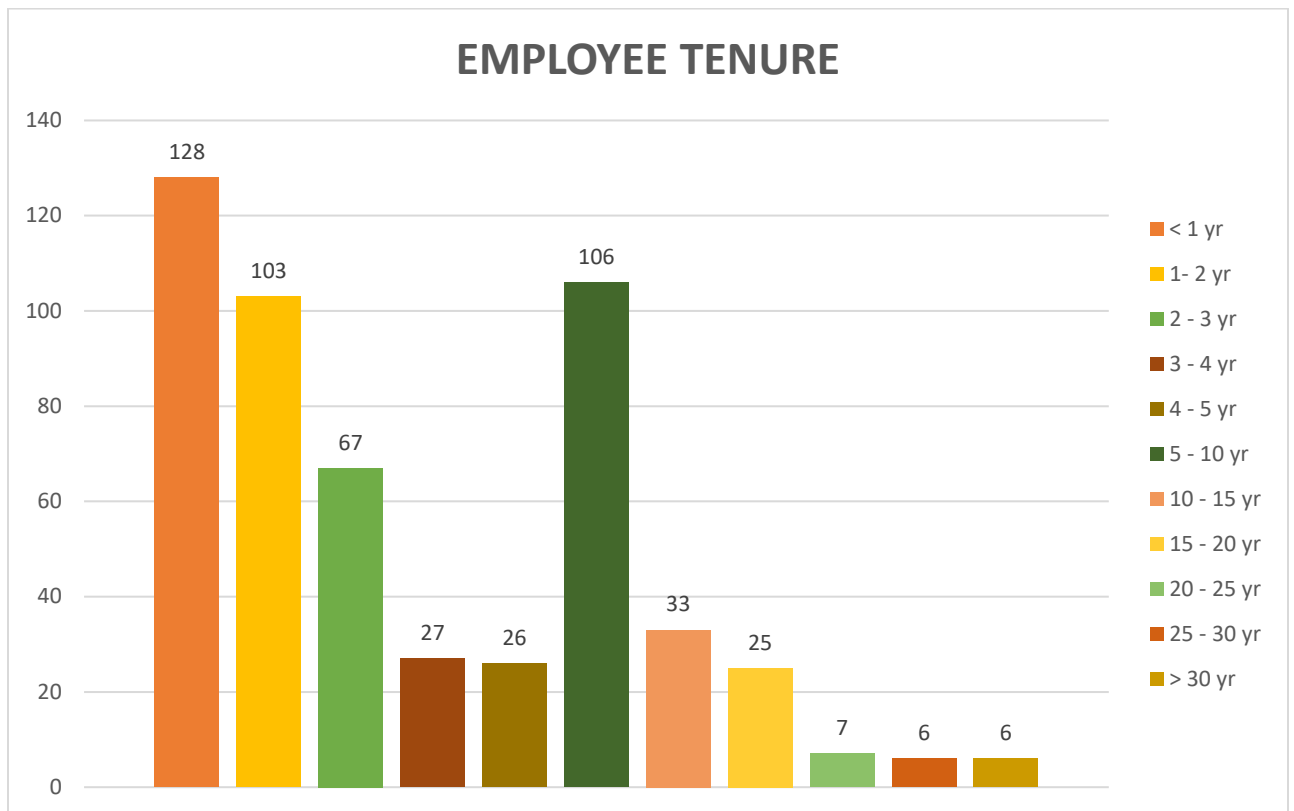
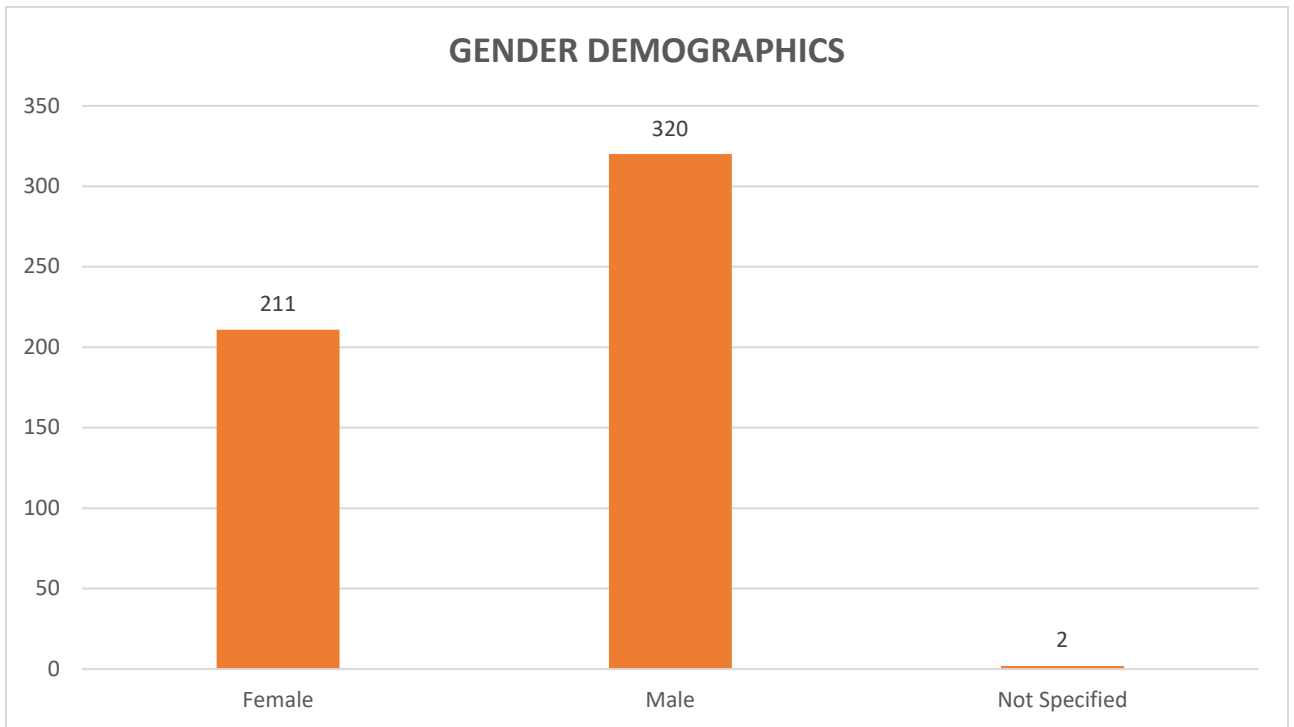


DISABILITY DEMOGRAPHICS



VETERAN DEMOGRAPHICS





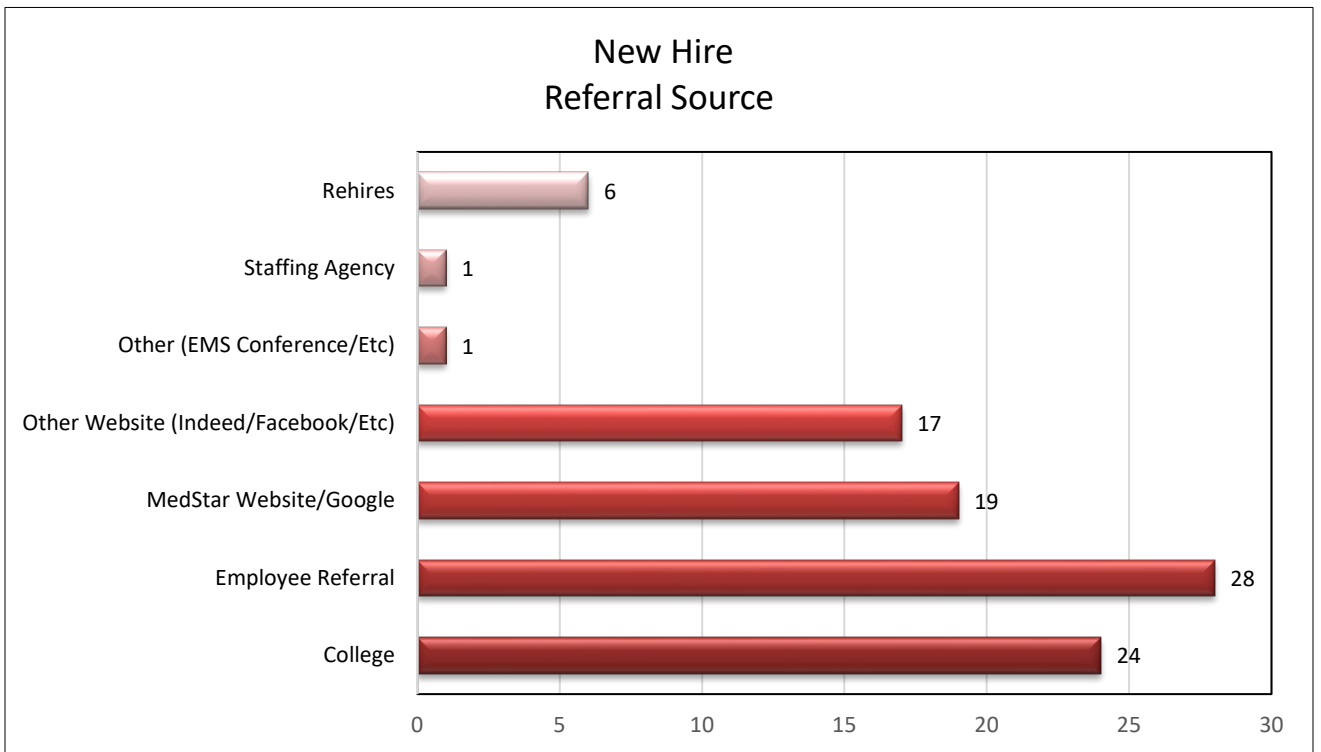
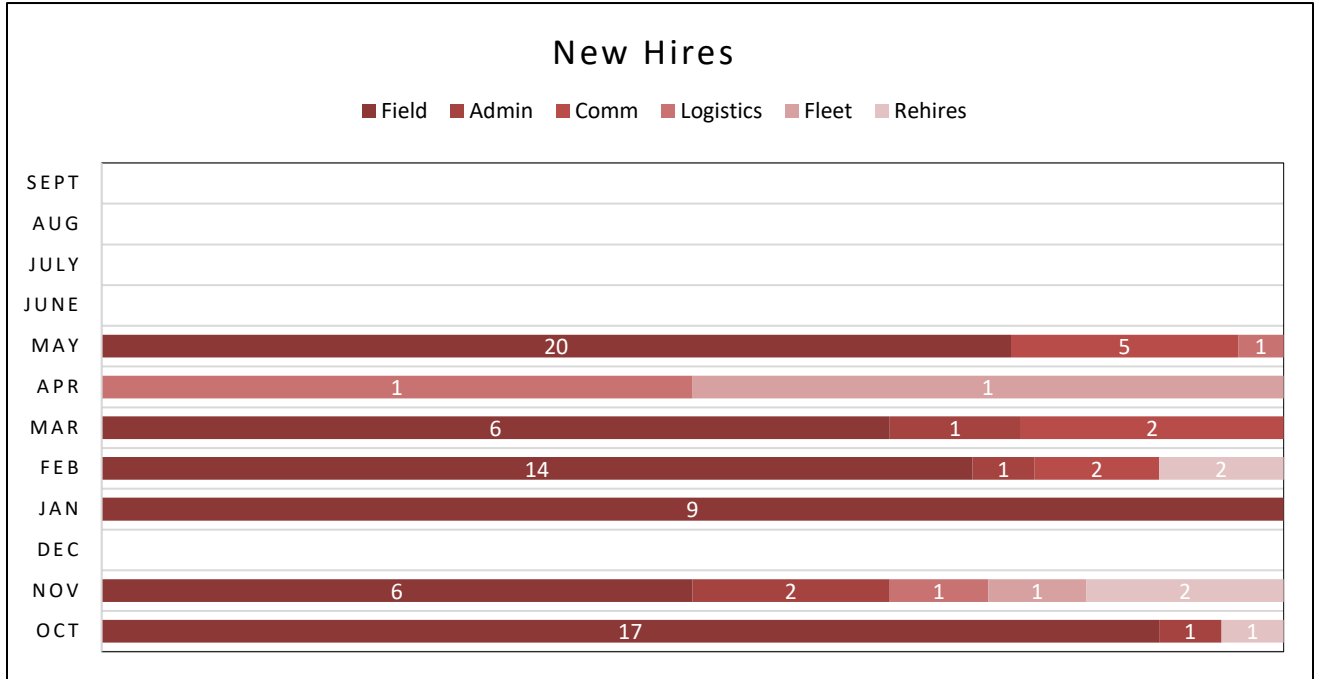
FMLA Leave of Absence (FMLA Detailed Report)
Fiscal Year 10/01/2022 thru 05/31/2023
Percentages by Department/Conditions

Conditions	
Baby Bonding	6
Cosmetic	2
Digestive	2
FMLA - Child	4
FMLA - Parent	2
FMLA - Spouse	5
Mental Health	2
Neurological	1
Obstetrics/Gynecology	1
Orthopedic	6
Pulmonary	2
Unknown	1
Urological	1
Grand Total	35

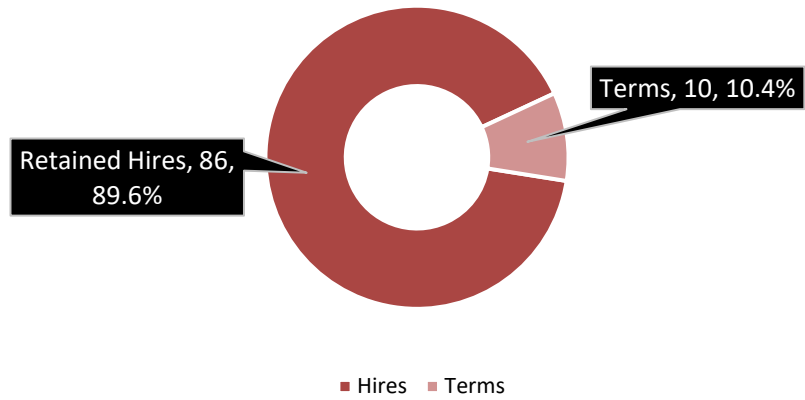
Percentage by Department						
Department	# of Ees	# on FMLA	% by FTE	% by FMLA	% by Dept HC	
Advanced	135	11	2.26%	31.43%	8.15%	
Basic	174	9	1.85%	25.71%	5.17%	
Communications	39	6	1.23%	17.14%	15.38%	
Controller - Payroll, Purchasing, A/P	6	3	0.62%	8.57%	50.00%	
Support Services - Facilities, Fleet, S.E., Logistics	26	5	1.03%	14.29%	19.23%	
Field Managers/Supervisors - Operations	26	1	0.21%	2.86%	3.85%	
Grand Total	406	35				
Total # of Full Time Employees - May 2023	486					
% of Workforce using FMLA	7.20%					
TYPE OF LEAVES UNDER FMLA		# of Ees	% on Leave			
Intermittent Leave		19	54.29%			
Block of Leave		16	45.71%			
Total		35	100.00%			

Recruiting & Staffing Report

Fiscal Year 2022-2023



2022-2023 FY Separations



Fiscal Year Statistics
Total hires to date 96
Total separations from hires 10

Separation Reasons:
Better Opportunity – 3
Unsatisfactory Introductory Period – 2
Job Abandonment – 3
Career Change – 1
Personal - 1

MedStar Mobile Health Care Separation Statistics May 2023

Full Time Separations
Part Time Separations
Total Separations

Current Month		
Vol	Invol	Total
5	4	9
2	0	2
7	4	11

Year to Date		
Vol	Invol	Total
47	10	57
30	2	32
77	12	89

YTD Compared to May'22		Headcount
22-May	%	May-22
83	18.20%	456
17	34.00%	50
100	19.76%	506
Difference	-3.062%	

	Full Time	Part Time	Total
Total Turnover %	1.85%	4.26%	2.06%
Voluntary Turnover %	1.03%	4.26%	1.31%

	Full Time	Part Time	Total
Total Turnover %	11.73%	68.09%	16.70%
Voluntary Turnover %	9.67%	63.83%	14.45%

Separations by Department

Full Time	Current Month		
	Vol	Invol	Total
Advanced	2	0	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	0	1	1
Information Technology	0	2	2
Legal/Compliance			
Mobile Integrated Health			
Office of the Medical Director			
Public Information			
Support Services - Facilities, Fleet, S.E., Logistics			
Total	5	4	9

Year to Date			Headcount
Vol	Invol	Total	Apr-23
15	3	18	135
24	4	28	174
			13
6	0	6	39
			6
			8
			26
			21
			3
0	1	1	6
0	2	2	5
			2
			8
1	0	1	13
			1
1	0	1	26
47	10	57	486

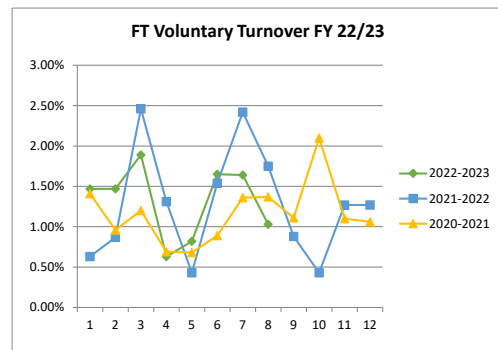
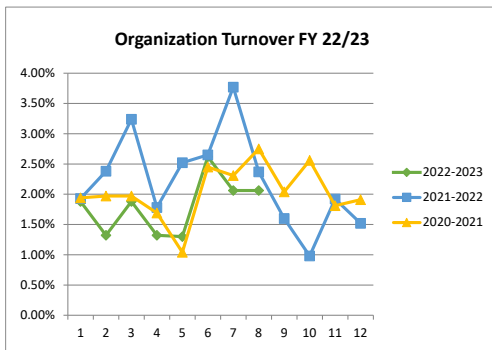
Part Time	Current Month		
	Vol	Invol	Total
Advanced			
Basics	2	0	2
Business Office			
Communications			
Controller - Payroll, Purchasing, A/P			
Executives			
Field Manager/Supervisors - Operations			
Field Operations Other			
Health Information Systems			
Human Resources			
Information Technology	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

Year to Date			Headcount
Vol	Invol	Total	May-23
10	0	10	20
17	2	19	20
2	0	2	2
			1
1	0	1	
			4
30	2	32	47

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	2.62%	2.65%	2.45%	1.65%
April	2.06%	3.77%	2.31%	1.85%
May	2.06%	2.37%	2.75%	1.85%
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	1.65%	1.54%	0.89%
April	1.64%	2.42%	1.36%
May	1.03%	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

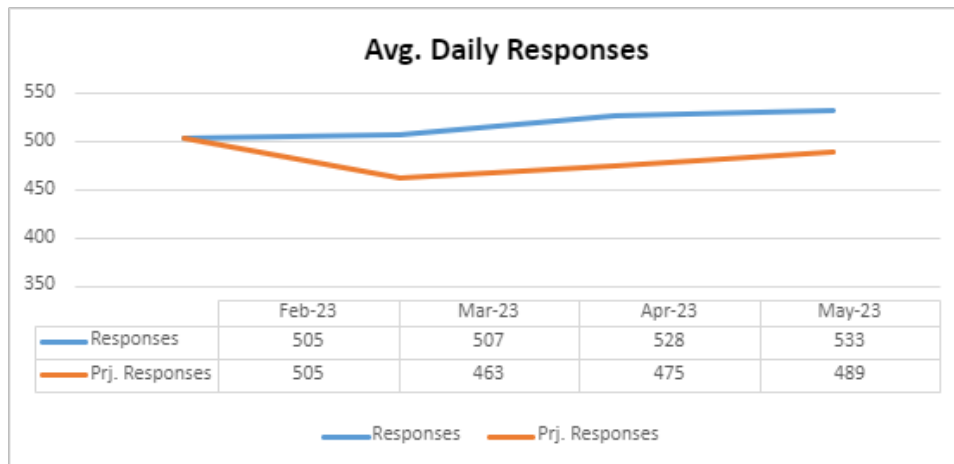
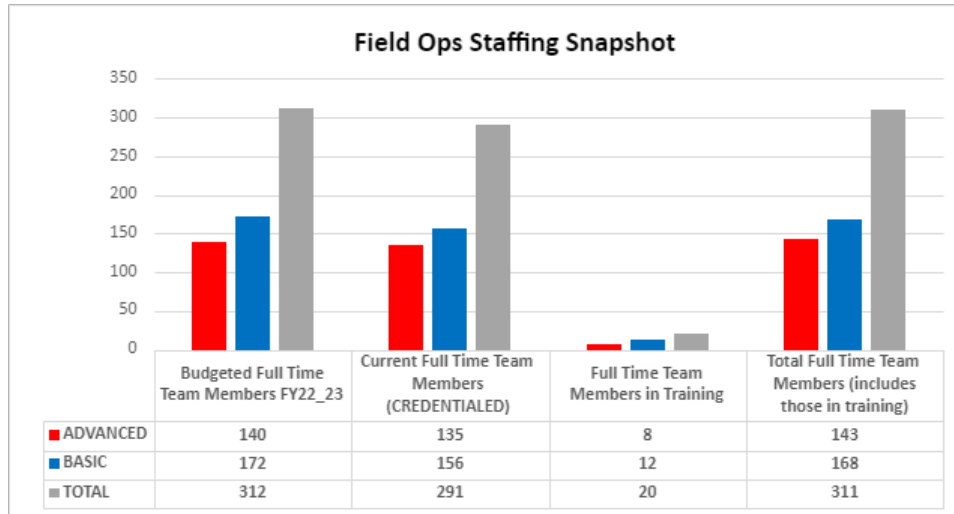
Tab G – Operations

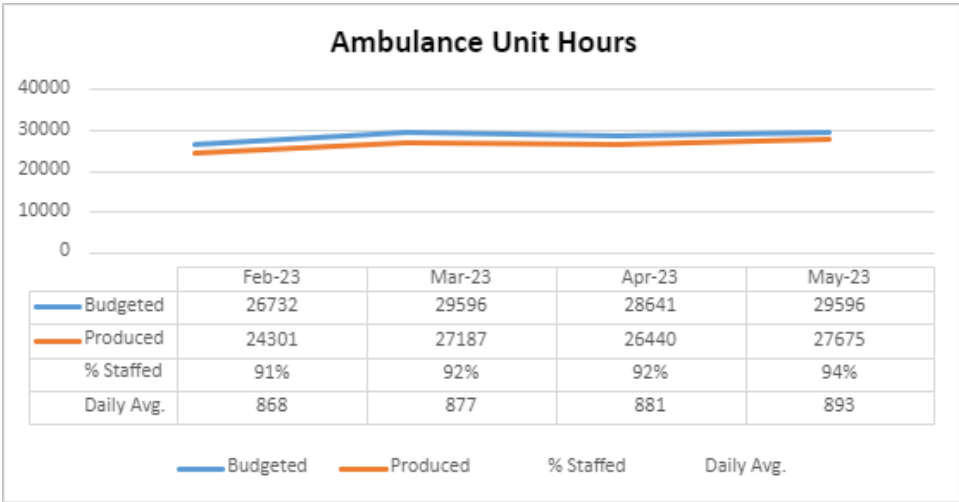
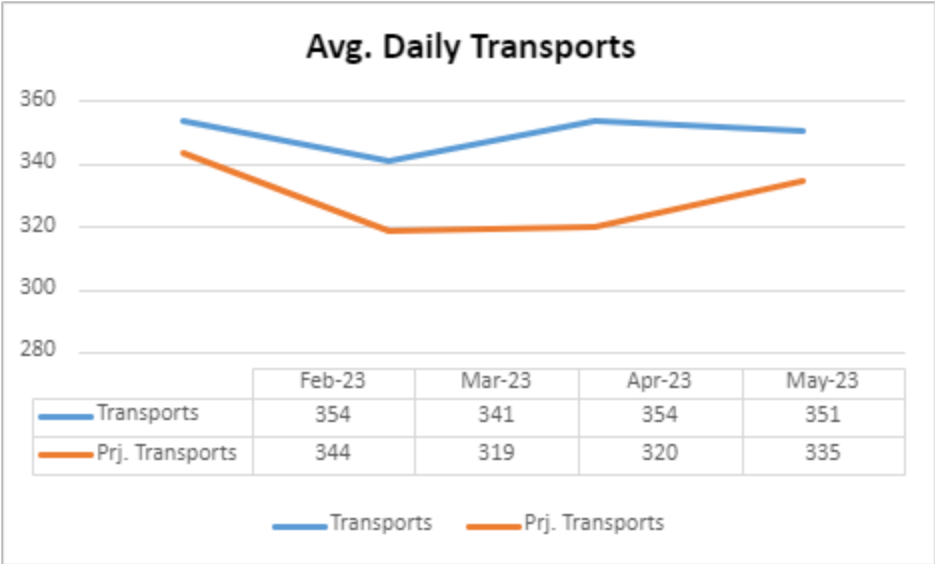
Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Operations Report- May 2023

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

Field Operations:





Fleet/Logistics/Building Maintenance:

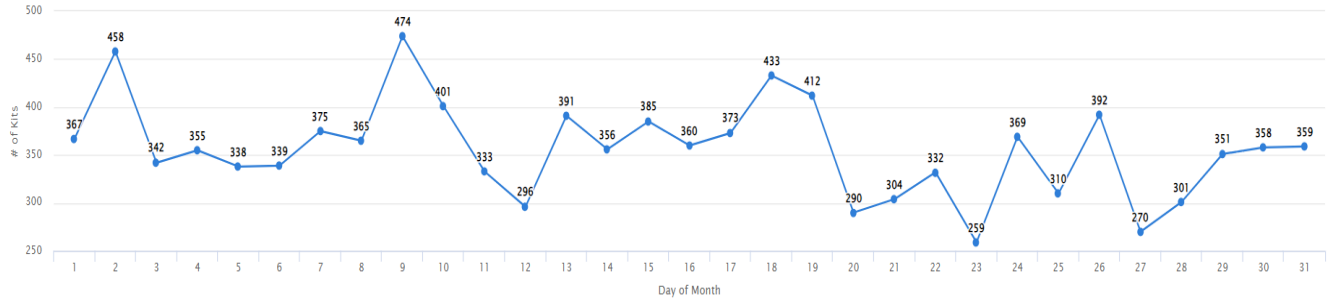
- Continue procurement opportunities for lower rates on medical supplies/equipment

Daily Kit Inventory Log May 2023



Kit Inventory Log - Month

Log of kit transactions for the previous month

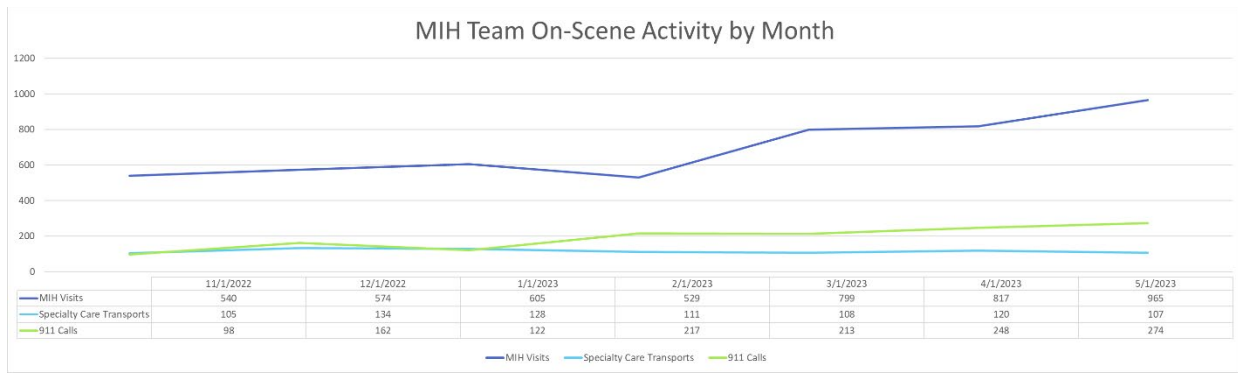


Special Operations:

- Completed 74 standby events and 27 community events for the month of May 2023
- Major events covered in May 2023
 - Mayfest
 - PBR World Finals
 - TCU Commencement
 - Tacos and Tequila Festival

Mobile Integrated Health:

- 2,426 clients are currently enrolled
- 220 clients are pending enrollment
 - Admission/Readmission Avoidance: 78
 - High Utilization Group (HUG): 111
 - Overdose Response Team: 22
 - DETECT: 19
 - STAR: 9
- 1,136 MIH responses in May 2023



Information Technology:

- We continue to review and strengthen our security posture with necessary changes to infrastructure
- Completing installation of new cradles for mobile phones on the ambulances and replacing the old phones with the new supported models
- Continue to work with communications and operations team to strengthen technology redundancies for the communications center.
- Continue to Identify several opportunities for cost and service optimization.

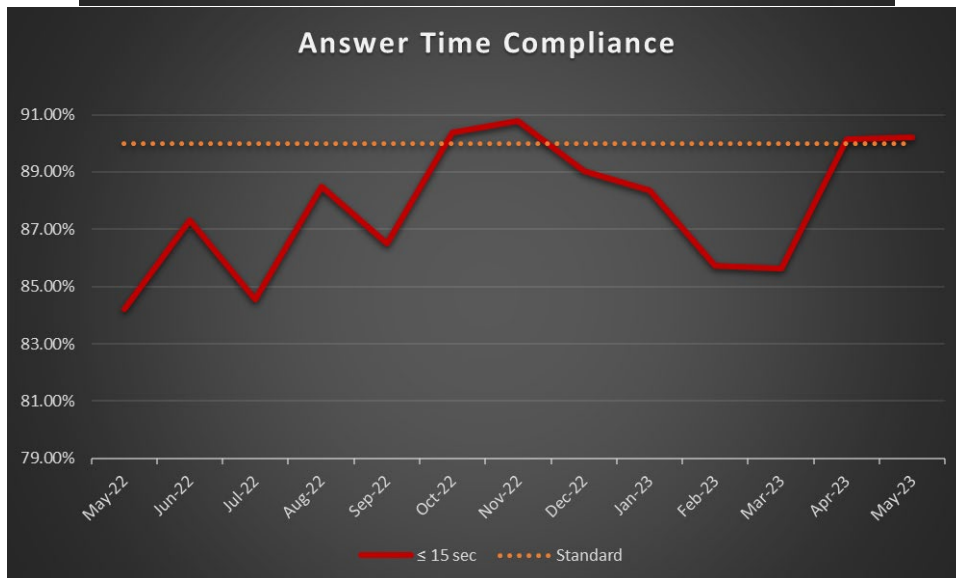
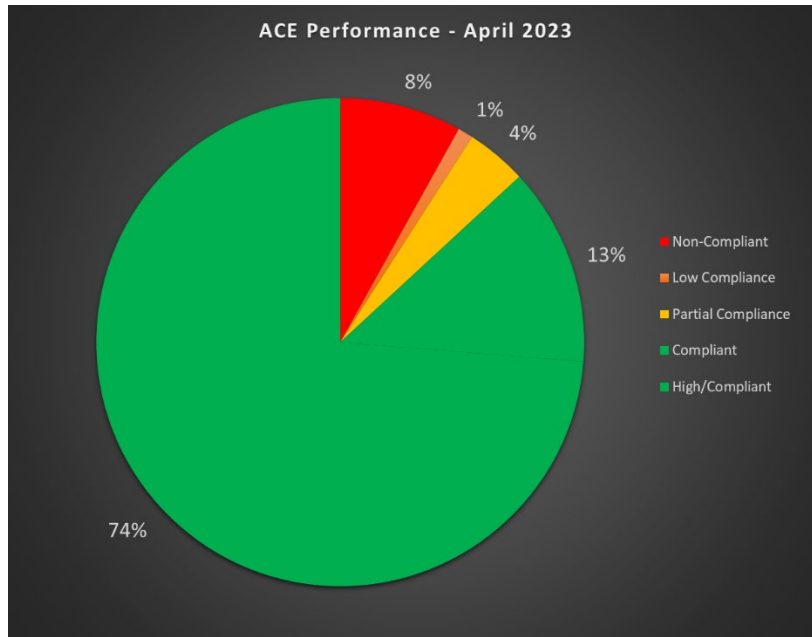
Business Intelligence:

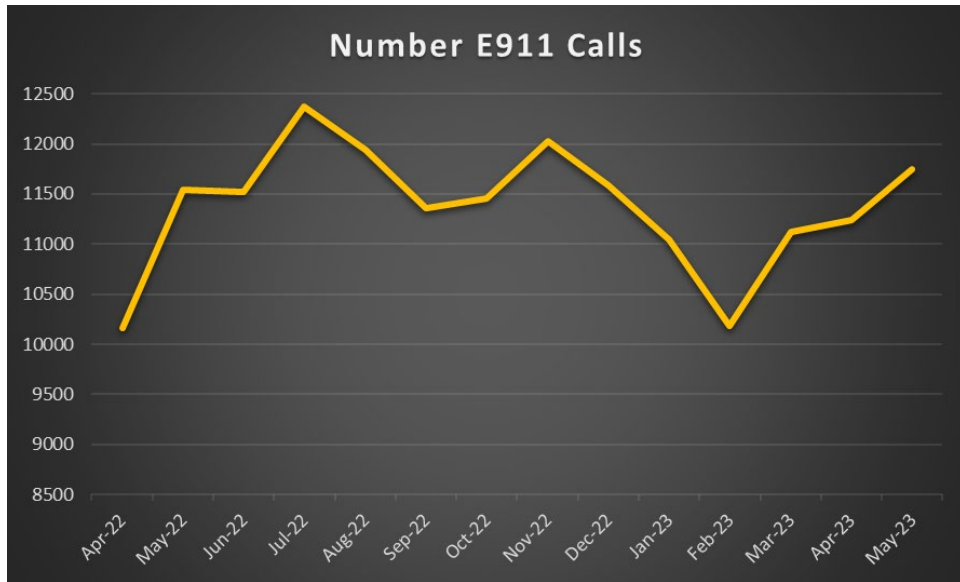
- Optima project implementation continues to be on target
 - Final training/deployment of software expected by mid-summer
- Phase 1 of reprioritization completed with on-going analysis
 - Phase 2 has begun as of 6/21/2023
- Working with external vendors on identified data warehouse complications

Communications:

- Twelve (12) controllers in various stages of training.
- Recruiting efforts are being made to fill six (6) controller positions.
- Managing the implementation of EMD Quality Performance Review through Priority Dispatch/IAED.

	Admin In	Admin Out	Admin Total	Admin Avg Dur	E911	E911 Avg Dur	E911 Ans ≤ 15 sec	E911 Ans ≤ 20 sec	Total All Calls
Mar 2023	7,705	4,105	11,810	158.3	11,120	279.6	85.64%	88.69%	22,930
Apr 2023	7,860	4,014	11,874	184.7	11,242	268	90.13%	92.79%	23,116
May 2023	7,573	3,912	11,485	147.6	11,747	264.2	90.22%	92.32%	23,232





Tab H – Compliance and Legal



Legal Team Report May 18, 2023- June 20, 2023

Compliance Officer Duties

- Prepared DSHS site visit questionnaire, in preparation for an onsite visit in July.
- 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.

Paralegal Duties

- 25 DFPS reports were made for suspected abuse, neglect, or exploitation.
- Provided internal legal support for the team members and processed requests regarding legal matters.
- 4 Subpoenas(s) for witness appearance processed and served.
- Conducted several employee internal affairs investigations regarding various conduct and behavioral matters.
- 3 Pre-Trial meeting were held with the Tarrant Co. District Attorney's Office.
- Reviewed multiple legal & privacy matters with HR and provided legal guidance as needed.
- Worked with outside counsel regarding ongoing active civil litigation negotiations.
- Drafted, reviewed, negotiated, and executed multiple agreements with outside parties as needed.

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