



Metropolitan Area EMS Authority (MAEMSA)

dba MedStar Mobile Healthcare

Board of Directors

December 6, 2023

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

Date and Time: December 6, 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/1474604400> or by phone at (469) 445-0100 (meeting ID: 147 460 4400).

AGENDA

- | | | | |
|-------------|-------------------------------|--|----------------------------|
| I. | CALL TO ORDER | | Councilman Flores |
| II. | INTRODUCTION OF GUESTS | | Councilman Flores |
| 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. December 5th, 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 – 1582 | Approval of Board Minutes for November 2, 2023 | Councilman Flores
Pg. 1 |
| | BC – 1583 | Approval of Check Register for October | Councilman Flores
Pg. 6 |

V. NEW BUSINESS

BC – 1584 Approval of FY 24 Budget Kenneth Simpson

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 Councilman Flores

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

**MAEMSA
BOARD COMMUNICATION**

Date: 12.06.2023	Reference #: BC-1582	Title: Approval of Board of Directors Minutes
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RECOMMENDATION:

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

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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MINUTES

METROPOLITAN AREA EMS AUTHORITY DBA MEDSTAR MOBILE HEALTHCARE BOARD OF DIRECTORS REGULAR MEETING NOVEMBER 2, 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 10:09 a.m.

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

Guests on phone or in person as attendees: Assistant City Manager Valarie Washington, Fort Worth City Attorney Leann Guzman, Fire Chief Brian Jacobs, Deputy Fire Chief James Horton, Assistant Fire Chief Jeremy Blackwell, Fire Chief Kirt Mays, Fire Chief Ryan Arthur, Dr. Brian Miller, April Huse, Andrew Malone, Anita Meadows, Blair Brame, Brian White, Cerenity Jenkins Jones, Dani Briones, Desiree Partain, Diana Anderson, Emily Vinson, Heath Stone, Jose Talavera, Jason Weimer, Jeremy Kelley, Kayden Bathory, Kerby Johnson, Kier Brister, Kristine Martinez, Lachandra Goynes, Lesley Leopold, Lindy Curtis, Lisa Gray, Maerissa Thomas, Matthew Willens, Odelle Carrette, Rosa Palacios, Rhode Ontiveros Romero, Ricky Hyatt, Scott Mesick, Shaun Curtis, Whitney Morgan, William Gleason, and William Mercer.

II. INTRODUCTION OF GUESTS

Dr. Janice Knebl introduced Fort Worth City Attorney Leanna Guzman, Fort Worth Assistant City Manager Valarie Washington, and Emily Wolf with the Fort Worth Report.

III. CONSENT AGENDA

BC-1575 Approval of Board Minutes for September 27, 2023
BC-1576 Approval of Check Register September

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

IV. NEW BUSINESS

BC - 1577 November- January Budget Approval

The motion to approve was made by Chris Bolton and seconded by Carlos Flores. The motion carried with James Davis and Bryce Davis voting nay, Doug Spears abstaining, and Susan Alanis not voting due to technical issues..

BC - 1578 November Ambulance Remounts

The motion to approve was made by Doug Spears and seconded by Brad Commons. The motion carried unanimously.

BC - 1579 Election of MAEMSA Officers

The motion to approve was made by Chris Bolton and seconded by Bryce Davis. The motion carried unanimously.

BC - 1580 Approval of FY 24 Board Meeting Calendar

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

BC - 1581 Approval of University of North Texas Health Science Center appointee to EMS System Performance Meeting

The motion to approve was made by Doug Spears and seconded by Teneisha Kennard. The motion carried unanimously.

V. MONTHLY REPORTS

- A.** Chief Executive Officer– Ken Simpson referred to Tab A and informed the Board that MedStar had rented an apartment in Walsh Ranch to station a 24 hour crew there to improve response time there. a The dynamic deployment system follows call volume and moves ambulances to those areas, causing challenges in some outlying areas with low call volume such as Walsh Ranch. MedStar and the City of Fort Worth have met regarding jail transport and have been invited to have discussions with JPS on November 10th. Ken offered kudos to Chris Cunningham and the Operations Department on a tremendous job with compliance for last month. The Grove location has been listed and could take up to a year to sell. Fitch & Associates is the selected consulting firm; they will be interviewing FRAB and stakeholders.
- B.** Office of the Medical Director – Dr. Jarvis referred to Tab B and informed the Board that quarterly CE starts next week, focusing on airway management with a new approach to intubation using paralytics and a specific level of care called delayed sequence intubation. Dr. Jarvis shared some data with the Board regarding a trial the department had been working on for several months. Dr. Jarvis offered kudos to Buck Gleason, Kerby Johnson, and Blair Brame on performance measures and the education team on putting together this quality improvement effort on intubation.

- C. Chief Transformation Officer – Matt Zavadsky referred to Tab C and informed the Board that we are doing everything possible to vet any potential additional revenue streams but JPS connection patients continues to be one of those issues; they have been actively working with us on a current proposal to do some shared savings models which will not only benefit the patient but also JPS and the authority by potentially increasing some of our revenue stream for patients which have never been received or reimbursed. There have been several discussions with the City and other stakeholders regarding the VA reimbursement issue, the actions being taken are an effort to mitigate the impact of the VA’s actions on our veterans, the loss of revenue to the authority that could impact our local taxpayers and our local member cities.
- D. Chief Financial Officer– Steve Post referred to Tab D.
- E. Chief Human Resources Officer- Leila Peeples referred to Tab E.
- F. FRAB –Chief Spears informed the Board that the FRAB and member cities are looking forward to interactions with the consultant when afforded those opportunities. The next FRAB meeting will be held on November 16th.
- G. Operations – Chris Cunningham referred to Tab G and informed the Board that call volume has started to decrease but will increase during the spring and summer months. In the beginning of October, we started phase three of reprioritization and continued to work with the performance committee focusing on deployment.
- H. Compliance and Legal- Chad Carr referred to Tab H and informed the Board that there would be a brief closed session to discuss ongoing litigation.
- I. EPAB – Dr. Commons offered kudos to Dr. Jarvis and his team on their continued hard work and to the Board for working through the diverse opinions on how to ensure this organization is successful.

VI. REQUEST FOR FUTURE AGENDA ITEMS

None.

VII. CLOSED SESSION

At 11:25 a.m. the Board went into a closed session pursuant to Section 551.071 of the Texas Government Code. The Board returned from closed session at 11:48 a.m. and took no action on matters discussed during the closed session.

VIII. ADJOURNMENT

The Board stood adjourned at 11:48 a.m.

Respectfully submitted,

Douglas Spears
Secretary

**MAEMSA
BOARD COMMUNICATION**

Date: 12.06.2023	Reference #: BC-1583	Title: Approval of Board of Check Register
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RECOMMENDATION:

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

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 10/1/2023 and 10/31/2023



Check Number	CK Date	Vendor Name	Check Amount	Description
114331	10/5/2023	Bound Tree Medical LLC	19,296.78	Various Medical Supplies
114336	10/5/2023	CSAM US Ltd	247,814.05	16.67% Implementation/Software
114339	10/5/2023	Founder Project RX Inc	8,555.21	Various Medical Supplies
114349	10/5/2023	Maintenance of Ft Worth, Inc.	6,148.56	Janitorial Services and Supplies
114354	10/5/2023	Medline Industries, Inc.	7,101.37	Various Medical Supplies
114358	10/5/2023	Ken Simpson	8,137.31	Walsh Ranch Station Expense
114360	10/5/2023	Paranet Solutions	11,913.53	Alta Mere Network/Network Refresh
114366	10/5/2023	Security Risk Advisors Intl, LLC	23,575.00	External Penetration Testing 2023
114376	10/10/2023	Performing Arts Fort Worth	7,735.00	Refund Bass Hall SB - Billing Submission Error
114410	10/12/2023	Addison Group	36,000.00	Placement - Director of Revenue
114411	10/12/2023	Airgas USA, LLC	6,886.60	Cylinders and Rentals
114420	10/12/2023	Bound Tree Medical LLC	17,397.87	Various Medical Supplies
114425	10/12/2023	Express Fleet Autobody and Paint	6,103.50	Code 100 Repairs M65
114427	10/12/2023	Founder Project RX Inc	9,279.10	Various Medical Supplies
114431	10/12/2023	ImageTrend	24,840.00	Monthly Fee - Elite EMS SaaS
114443	10/12/2023	Medline Industries, Inc.	27,968.78	Various Medical Supplies
114455	10/12/2023	Paranet Solutions	46,401.64	Monthly IT Services
114456	10/12/2023	ReNew Biomedical Services, LLC	9,956.25	Renew Bio - Sapphire pump 2 Year
114471	10/12/2023	XL Parts	6,923.25	Various Parts
114505	10/19/2023	Bound Tree Medical LLC	6,278.59	Various Medical Supplies
114509	10/19/2023	CyrusONe	8,218.96	Colocation/Bandwidth
114512	10/19/2023	Fifth Asset Inc	8,000.00	DebtBook-Implement/Tier SBITA
114516	10/19/2023	Gaumard Scientific Company Inc.	17,795.00	Gaumard - Warranty 9/26/23-9/26/24
114531	10/19/2023	Medline Industries, Inc.	7,830.13	Various Medical Supplies
114534	10/19/2023	NCTTRAC	8,301.56	Annual Membership Renewal
114539	10/19/2023	Paranet Solutions	8,144.50	Upgrade OS on Logis Servers/Trip Charges onsite services/Alta Mere Network
114548	10/19/2023	The State of Texas	7,477.07	Microsoft Subscription
114558	10/23/2023	TML Intergovernmental Risk Pool	99,525.00	Liability Deductible/Contribution Charges - Oct 2023
114602	10/26/2023	Bound Tree Medical LLC	18,528.31	Various Medical Supplies
114609	10/26/2023	FirstWatch Solutions Inc	17,227.44	FirstWatch Annual Maint 10/31/23-10/30/24
114610	10/26/2023	Founder Project RX Inc	5,577.26	Various Medical Supplies
114613	10/26/2023	Masimo Americas, Inc	9,074.02	Various Medical Supplies
114616	10/26/2023	Medline Industries, Inc.	12,419.03	Various Medical Supplies
114627	10/26/2023	T & W Tire	7,566.60	Ram Tires
114630	10/26/2023	The EMS Training School	8,000.00	Paramedic Tuition - T Satterfield
4004662	10/2/2023	Frost	39,363.52	Frost Loan #39000
4029881	10/6/2023	UMR Benefits	65,446.22	Health Insurance Premium - Oct

AP Check Details Over 5000.00
For Checks Between 10/1/2023 and 10/31/2023



Check Number	CK Date	Vendor Name	Check Amount	Description
4029886	10/6/2023	MetLife - Group Benefits	42,140.95	Group Benefits A#KM05965128 10
4064628	10/16/2023	WEX Bank	161,389.23	Fuel Bill
4127621	10/31/2023	Integrative Emergency Service Physician	15,000.00	Contract Services - Dr. Cornelius
4127638	10/31/2023	UT Southwestern Medical Center	12,833.33	Contract Service - Dr. Miller
10022023	10/2/2023	Frost	61,053.88	Frost Loan #30001
10032023	10/3/2023	Frost	38,540.62	Frost Loan #4563-001
10172023	10/17/2023	JP Morgan Chase Bank, N.A.	9,744.33	MasterCard Bill
10252023	10/25/2023	Frost	52,993.77	Frost Loan #4563-002
10302023	10/30/2023	Frost	60,822.42	Frost Loan #4563-003
326831252	10/18/2023	City of Fort Worth Water Department	5,384.52	Water Service - Main Bldg

Tab A – Chief Executive Officer

Tab B --Office of the Medical Director



Improving Systems and Educating Clinicians to Enhance Patient Outcomes

System Initiatives

- Chain of Survival
 - Improvement project to enhance survival of patients in cardiac arrest with a shockable rhythm.
- Operation Safe Intubation
 - Implementation project for introduction of paralytics into the invasive airway management protocol in a safe patient-centric manner.
- STEMI
 - Improvement project to capture a 12-lead EKG within 10 minutes of patient contact to enhance early identification of individuals having a heart attack.
- Quality improvement presentations at TX EMS Conference
 - Presented 3 of the top 5 posters.

Education and Training

- OMD 23Q4CE – December
 - UNTHSC Cadaver Advanced Airway Lab
 - LMA insertion
- System Education Committee
 - Annual System CE plan developed
- Card Course Attendance

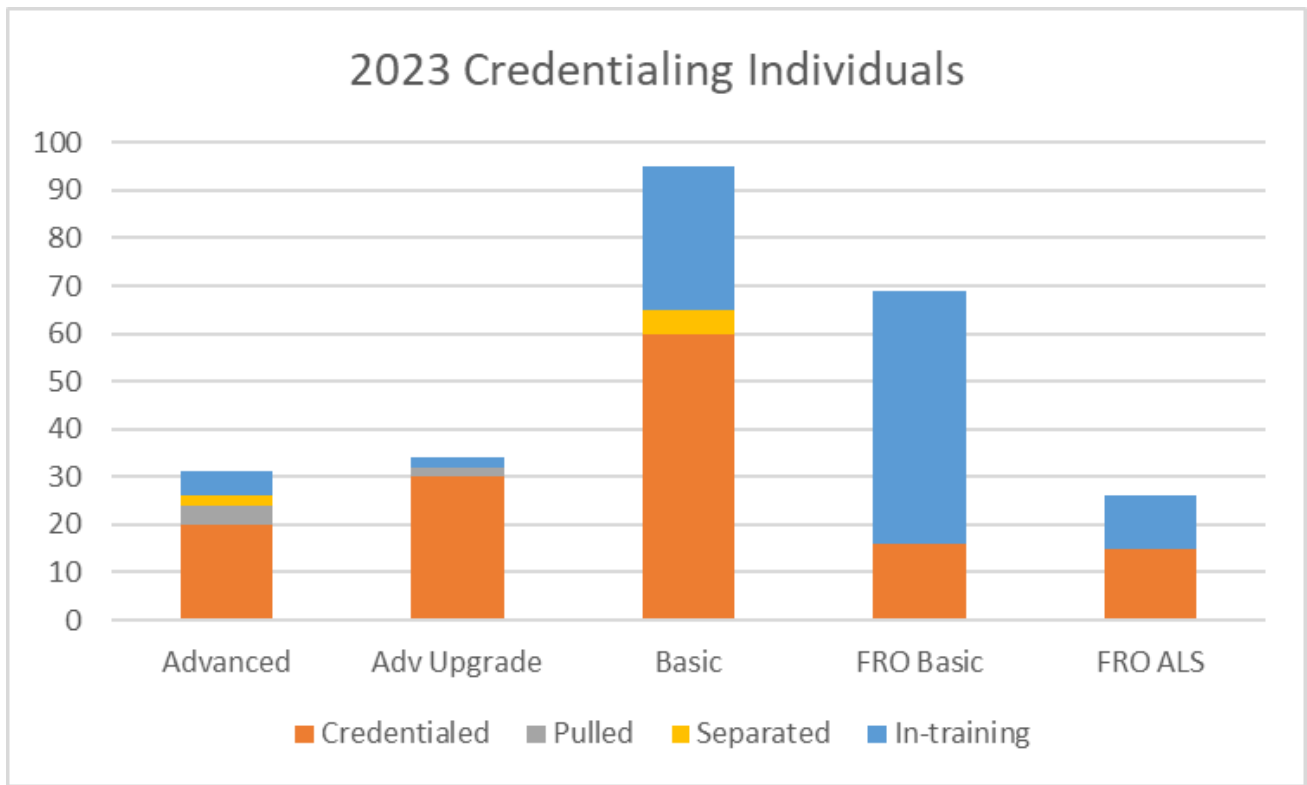
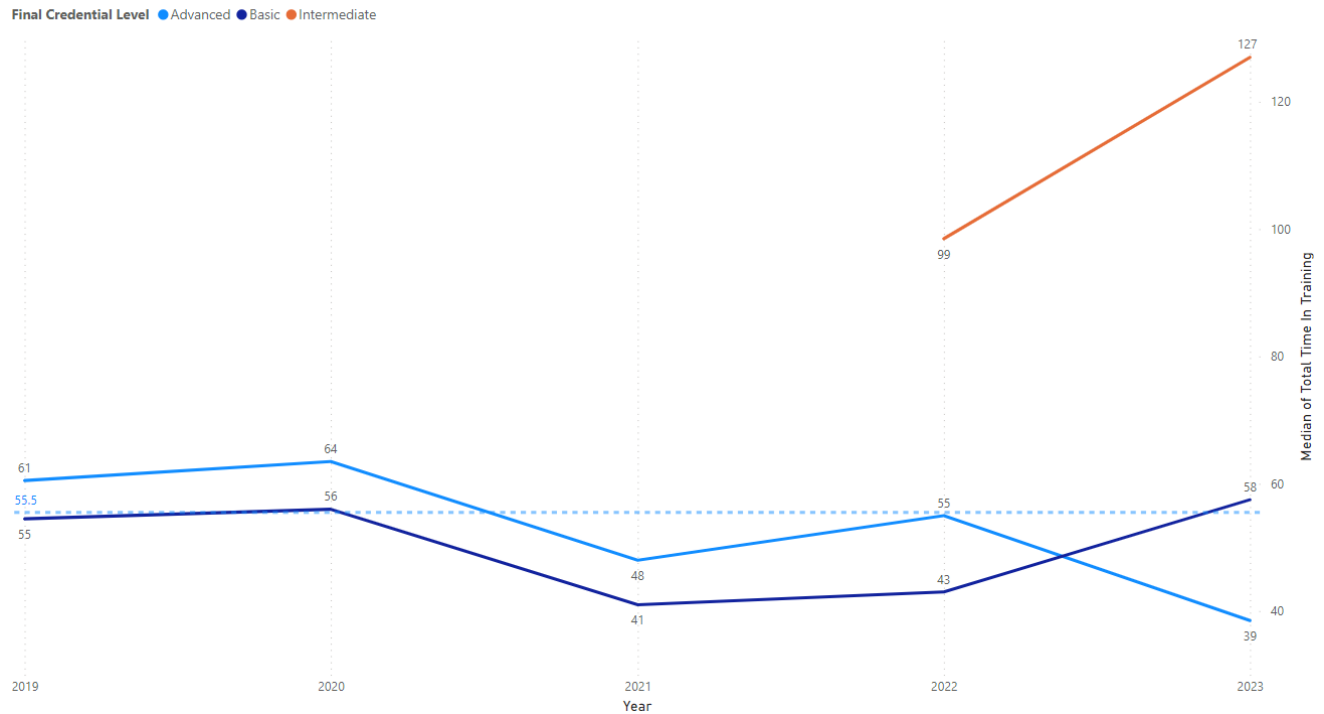
Agency	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	89	15	27	49	39	74
FRO	0	0	2	0	58	0
External	1	1	0	22	30	15

Credentialing

- System Credentialing Committee
 - Draft Evaluation and Testing Policy

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

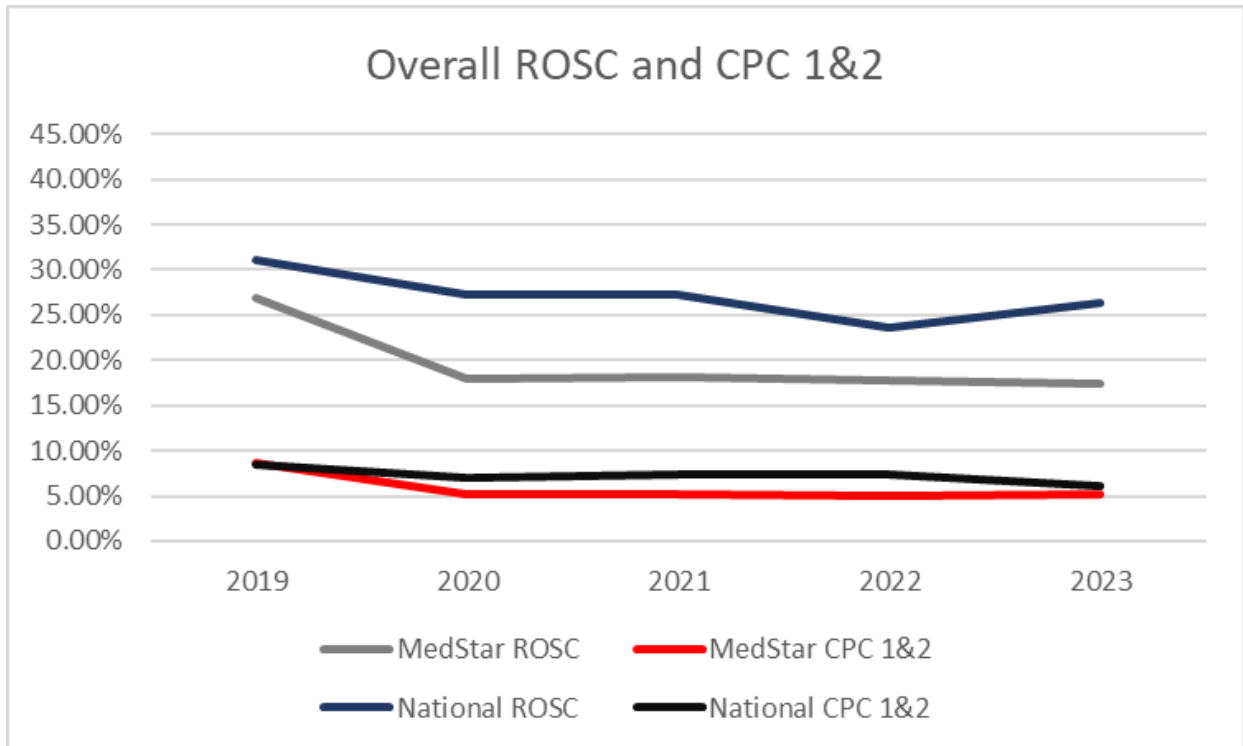
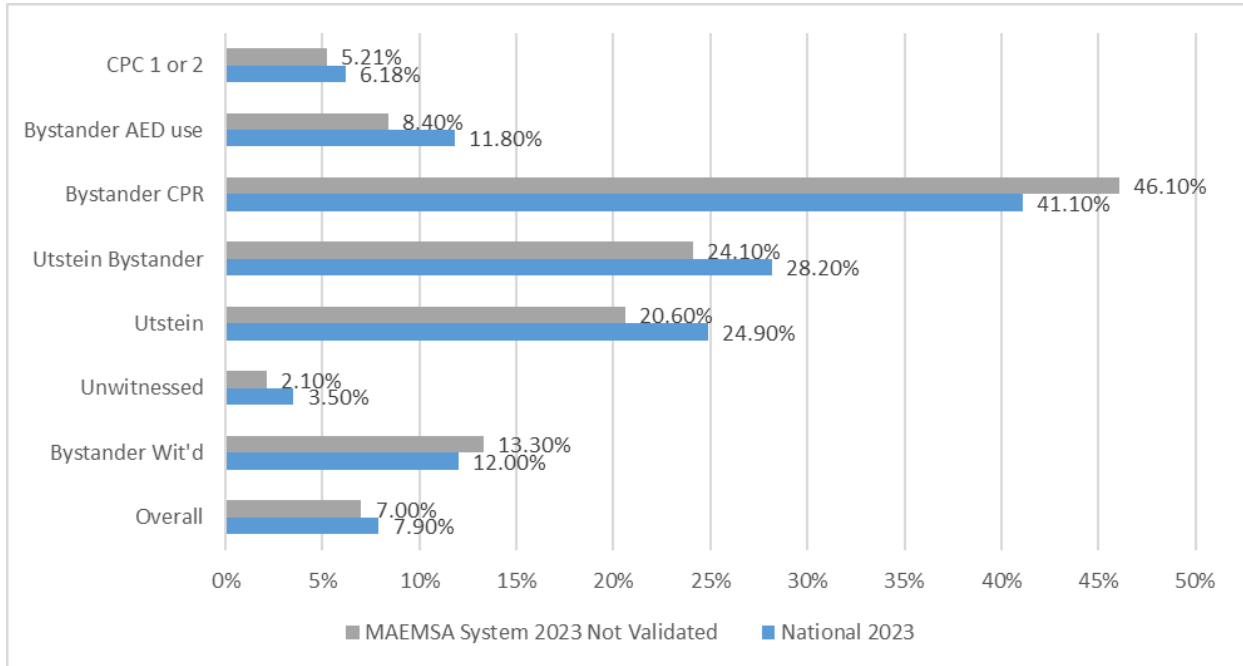
Median of Total Time In Training by Year and Final Credential Level



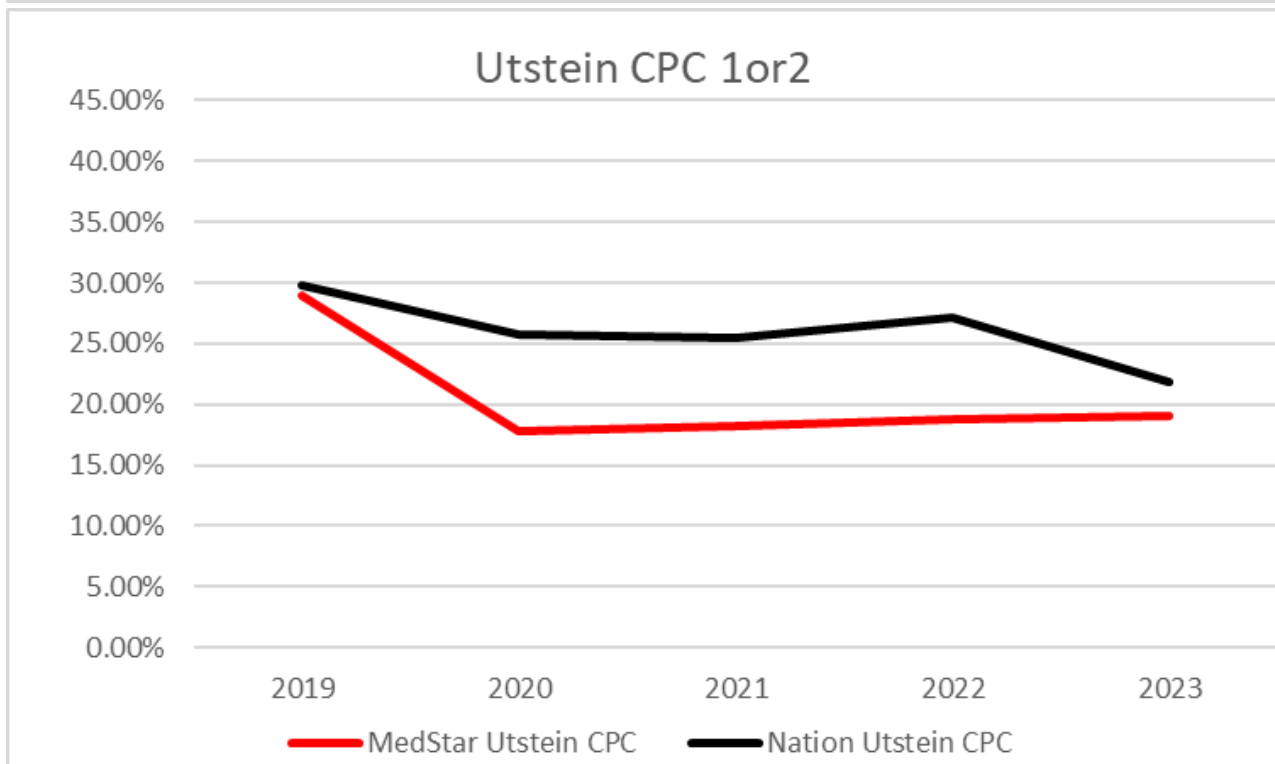
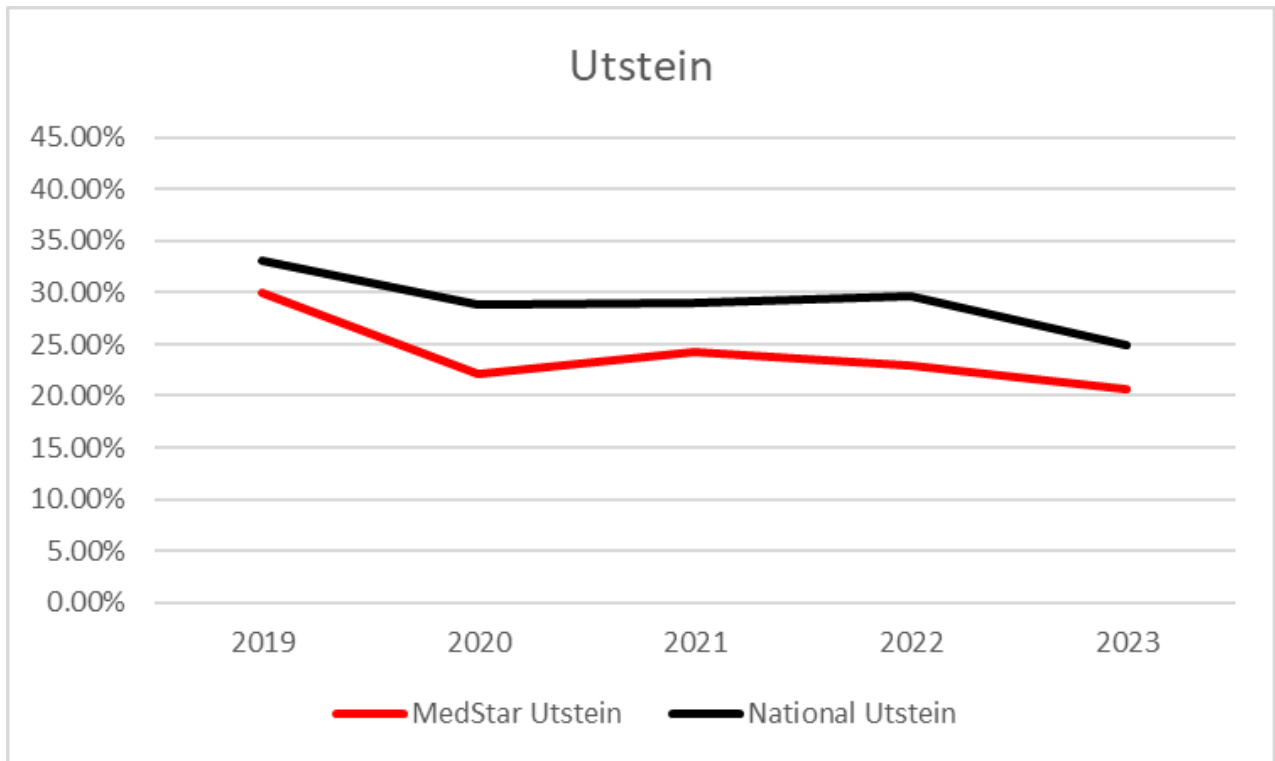
The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

Quality Improvement

- 825 worked cardiac arrest



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



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

CA 01: Percentage of OHCA Cases Correctly Identified by PSAP that were Recognizable

MAEMSA Performance

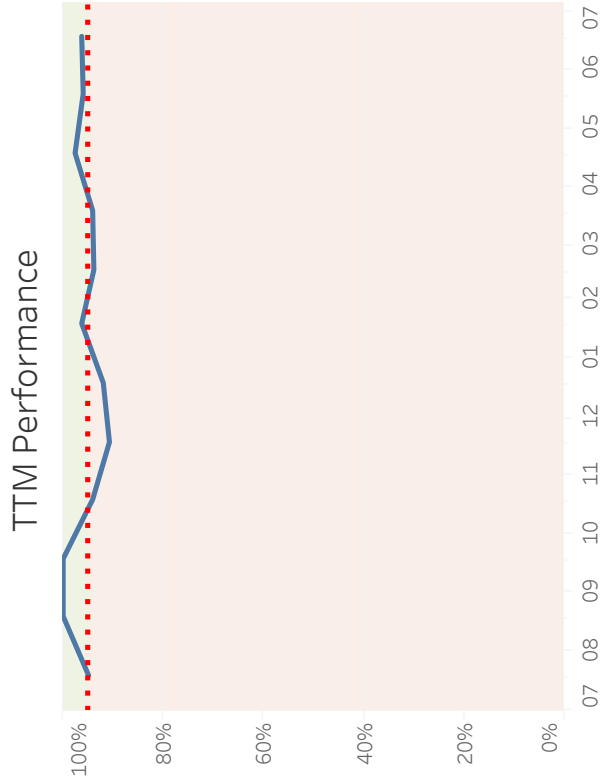
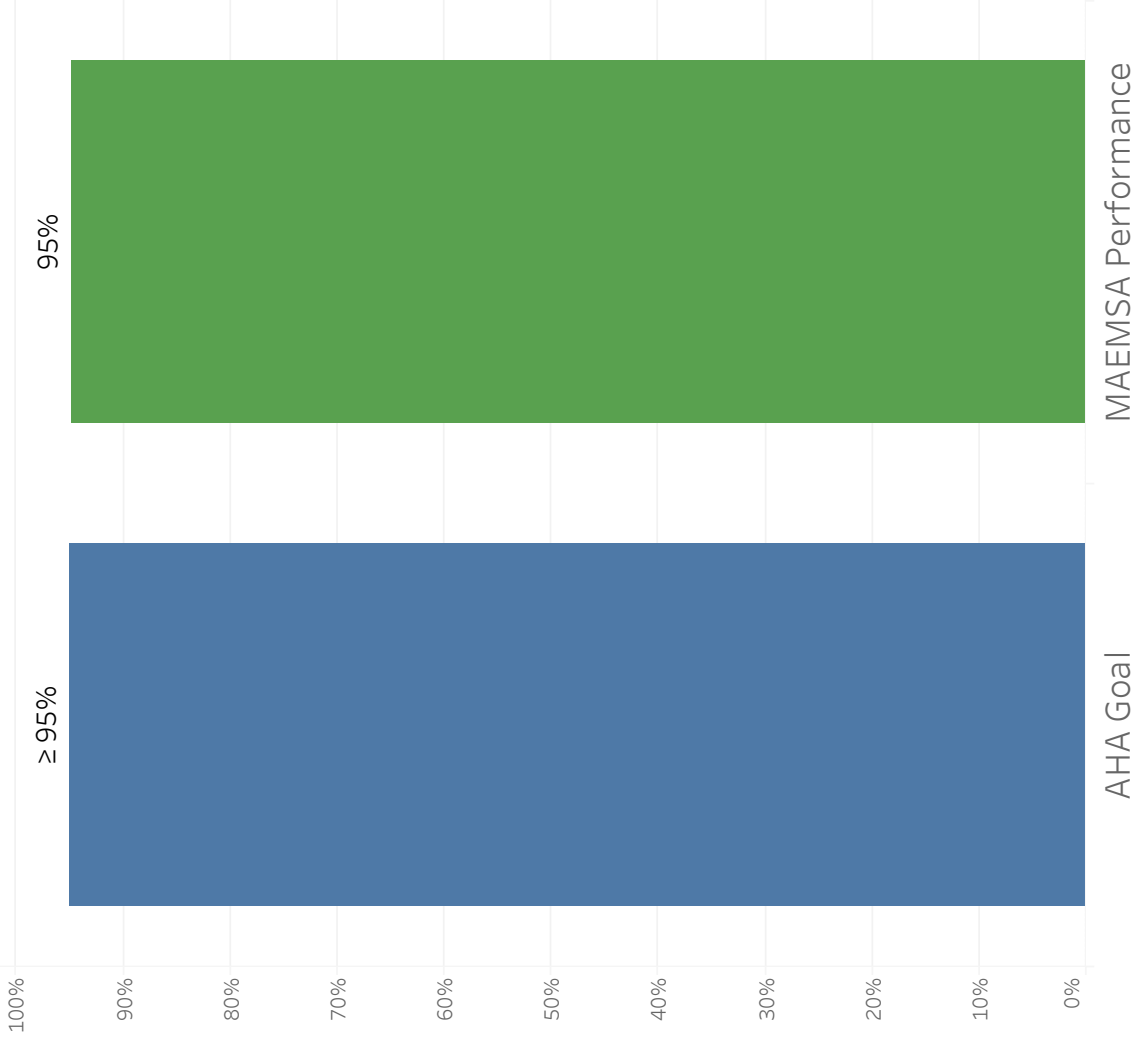
Trailing 12-Month (TTM) Performance

July 2023

96%

AHA Goal

≥ 95%



Number of telecommunicator-recognized OHCA cases receiving telecommunicator-directed T-CPR/number of telecommunicator-recognized OHCA cases

CA O2: Median Time Between 911 call and OHCA Recognition

MAEMSA Performance

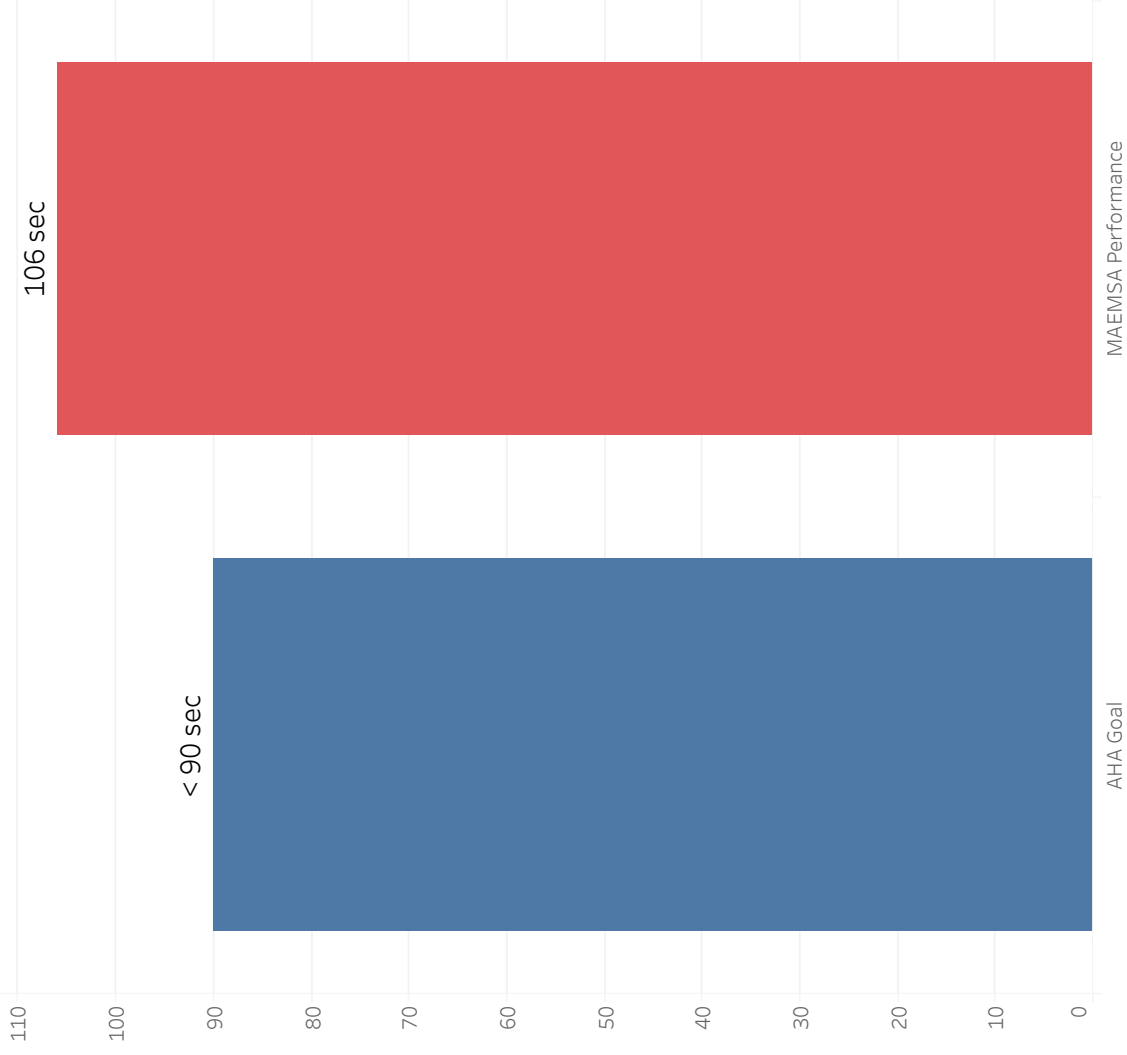
July 2023

120 sec

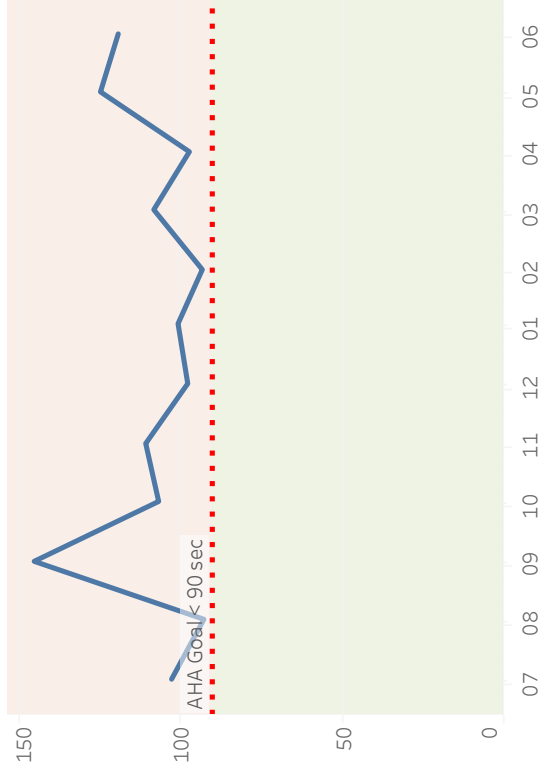
AHA Goal

< 90 sec

Trailing 12-Month (TTM) Performance



TTM Performance



Median amount of time in seconds between 9-1-1 call connection and OHCA recognition

CA 03: Percentage of Telecommunicator-Recognized OHCA Cases Receiving TCPR

MAEMSA Performance

Trailing 12-Month (TTM) Performance

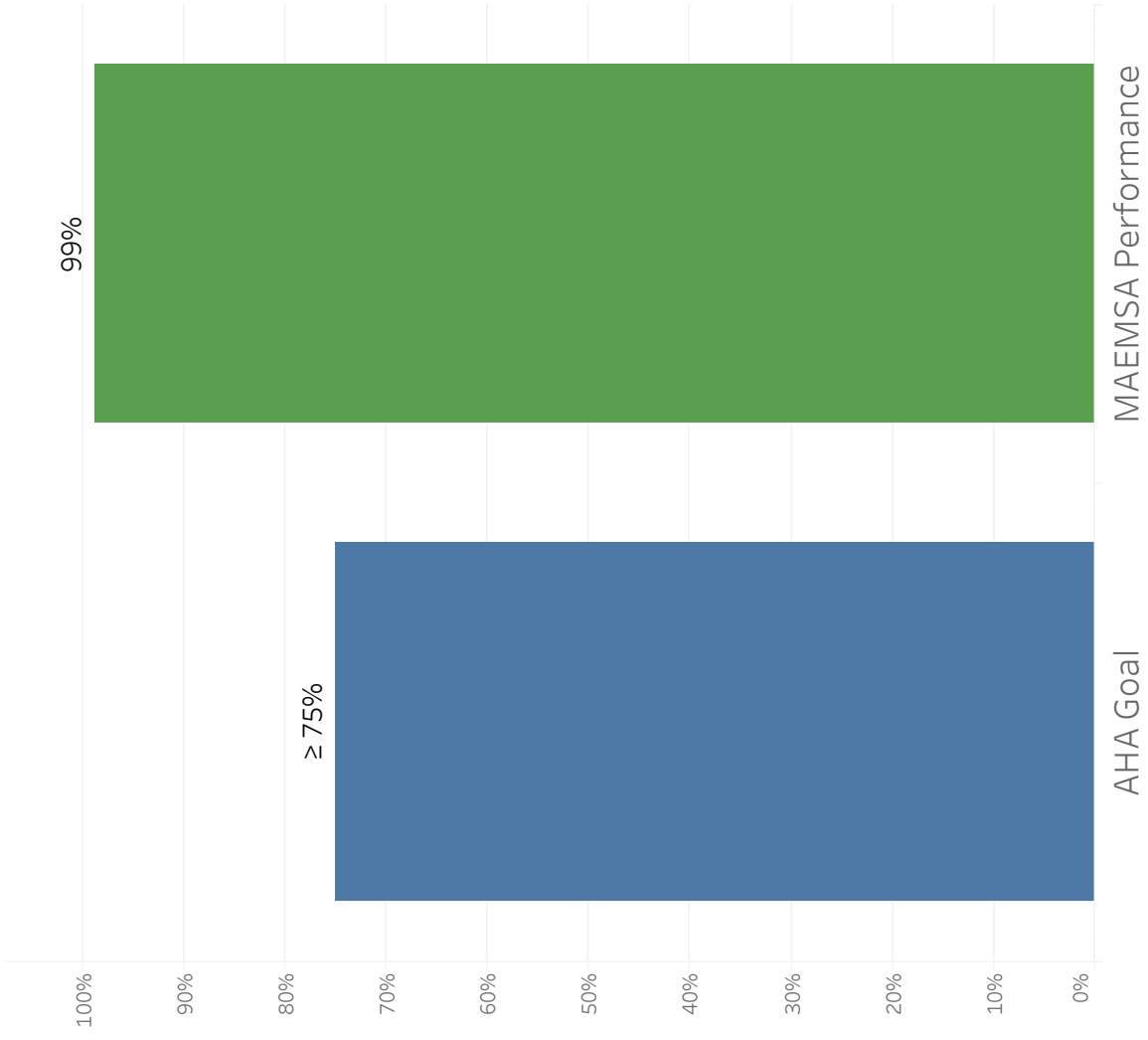
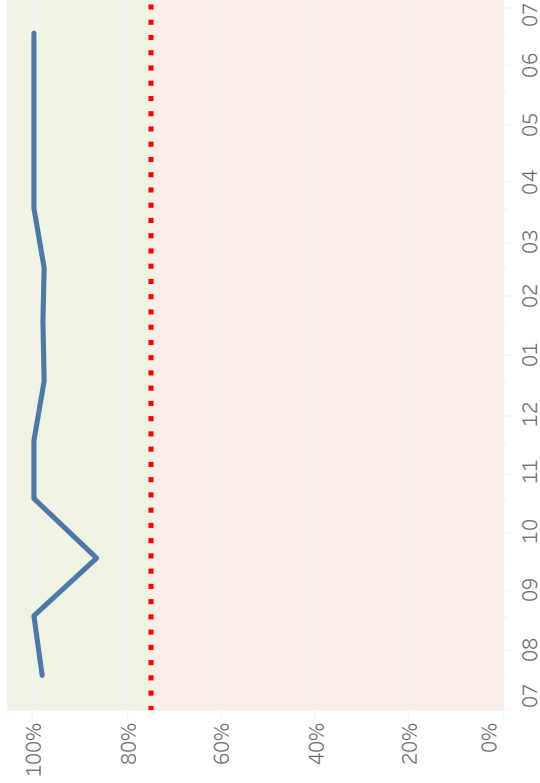
July 2023

100%

AHA Goal

≥ 75%

TTM Performance



Number of telecommunicator-recognized OHCA cases receiving telecommunicator-directed T-CPR/number of telecommunicator-recognized OHCA cases

CA 04: Median Time Between 9-1-1 Call and First T-CPR-Directed Compression

MAEMSA Performance

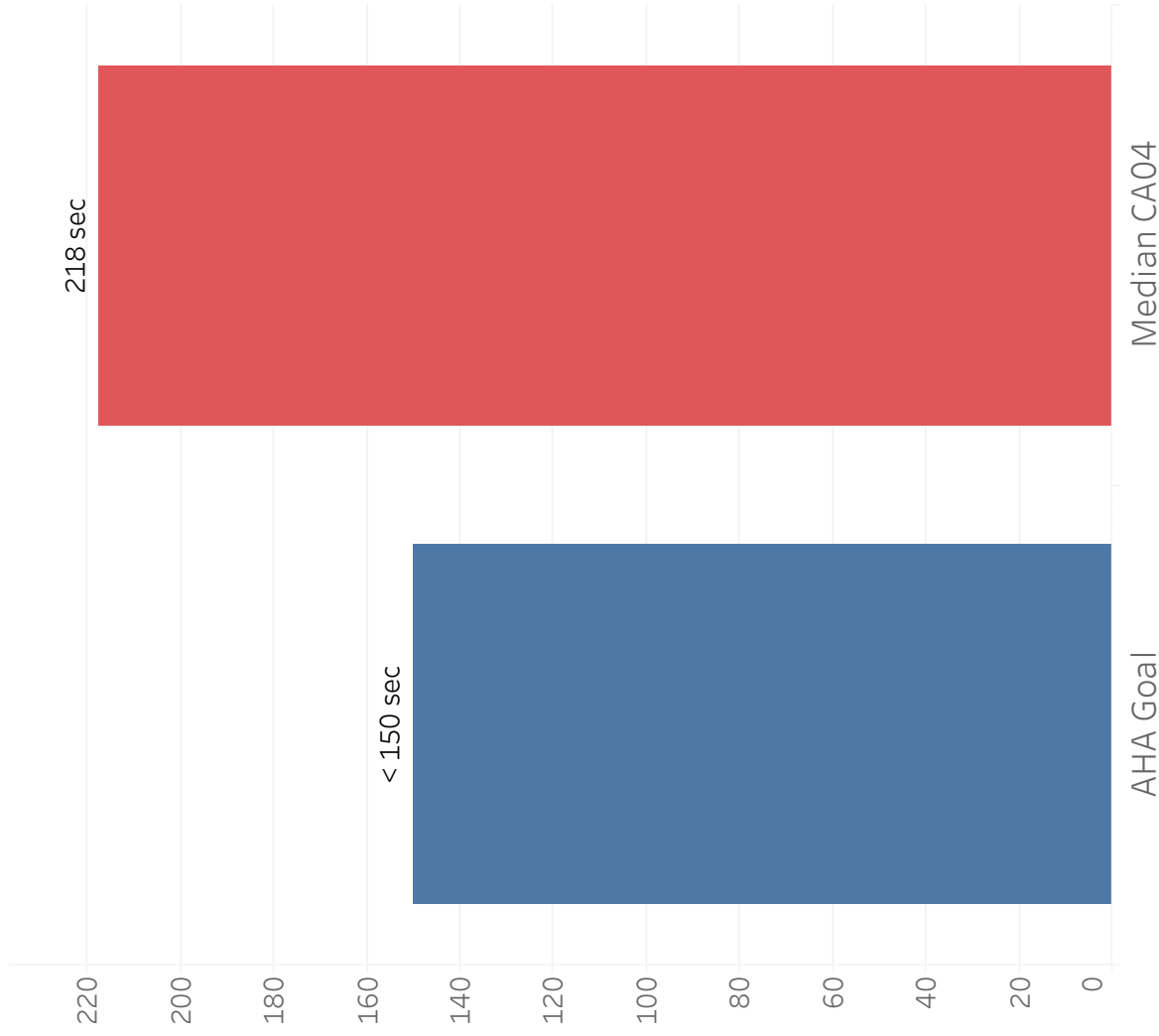
July 2023

214 sec

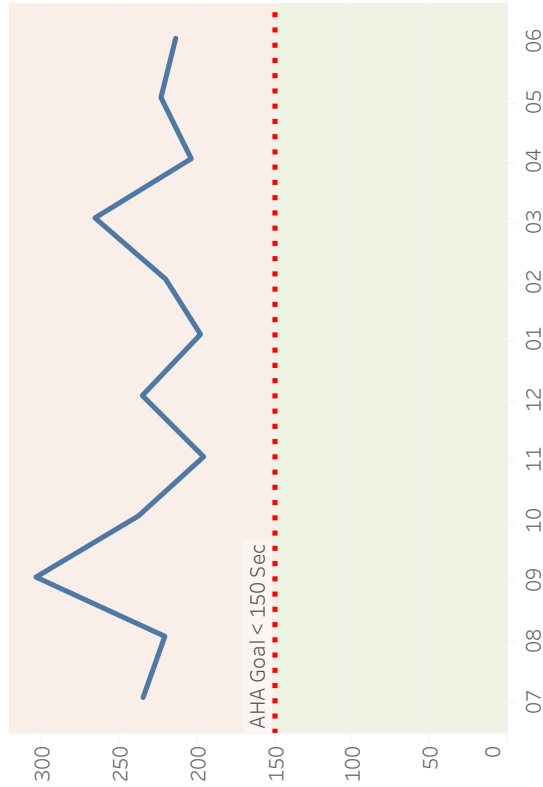
AHA Goal

<150 sec

Trailing 12-Month (TTM) Performance



TTM Performance



Median amount of time in seconds between 9-1-1 call connection and first CPR compression directed by telecommunicator

CA 05: Utstein Survival %

MAEMSA Performance

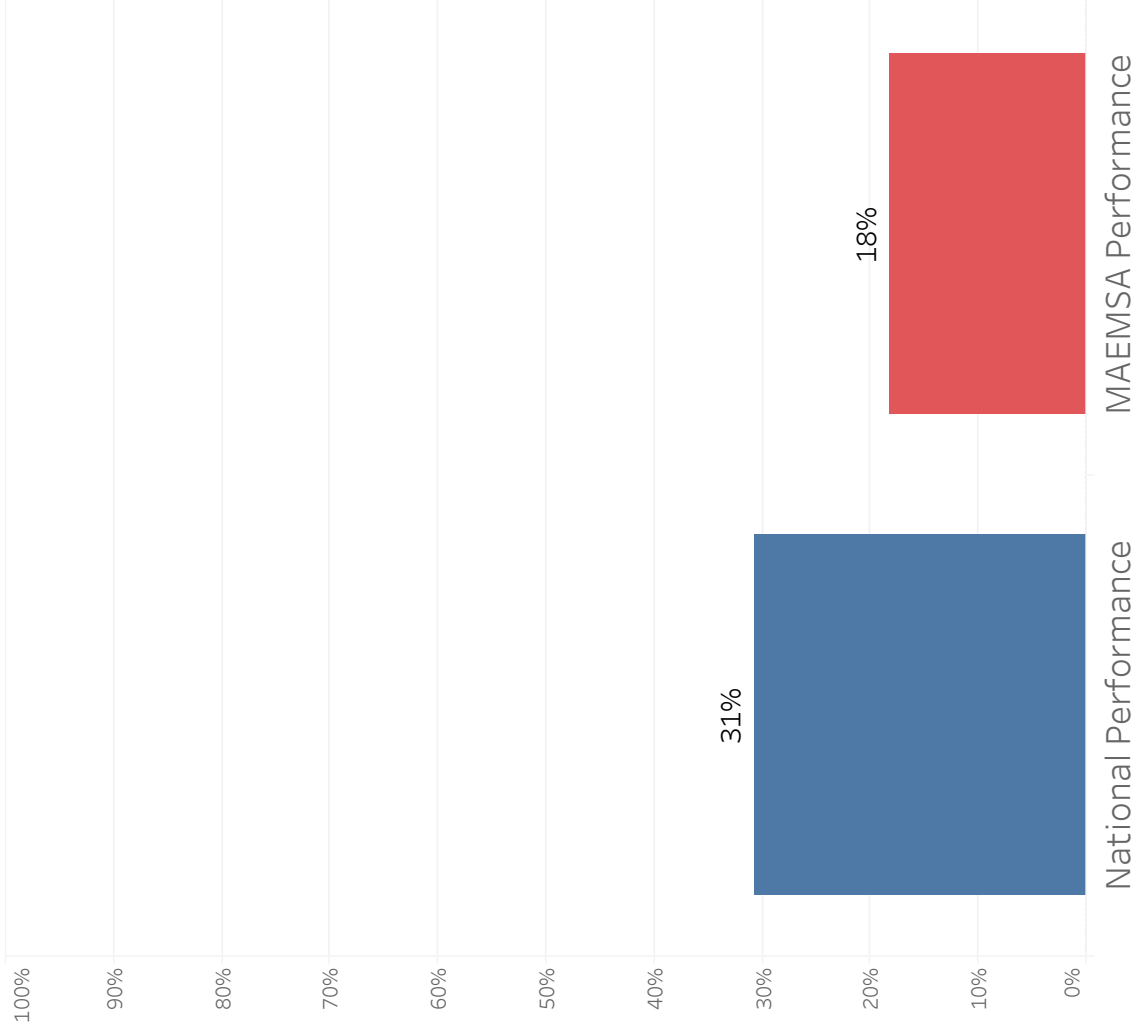
August 2023

20%

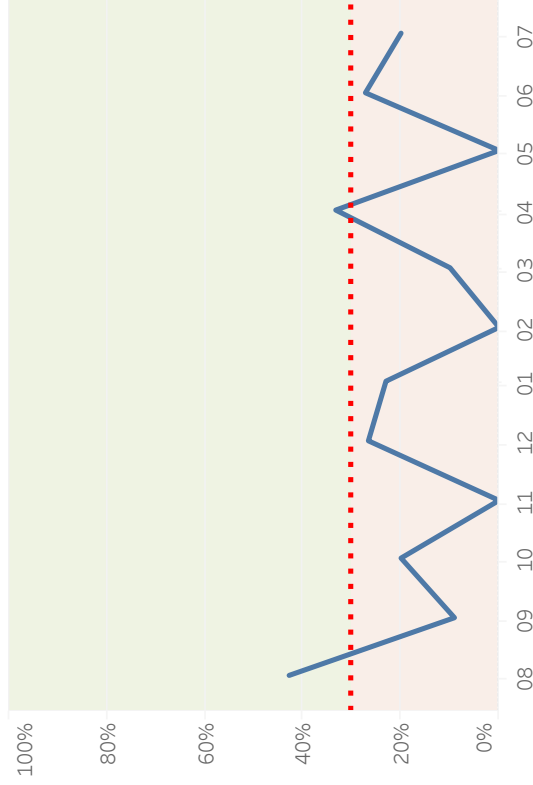
National Performance

31%

Trailing 12-Month (TTM) Performance



TTM Performance



Percentage of patients experiencing OHCA of medical etiology in which the cardiac arrest was witnessed by a bystander and the patient was found in a shockable rhythm that are discharged from the hospital alive

Airway 01: First Pass Intubation Success without Hypotension or Hypoxia

October

- System = 40%
- 6mo Avg = 29.3%
- DSI Test Group = 72.2%
- FPS = 94.4%
- National Avg = 24% (biopsatial National)

Airway O₂: Adequate Oxygen Saturation Achieved Before Intubation Procedure

October

- System = 75%
- 6mo Avg = 68%
- DSI Test Group = 94.4%
- National Average = 25% (biospatial National)

Airway 03: Waveform Capnography Airway Device Monitoring

October

- **System = 99%**
- **National Average = 3%**

Airway 05: Unrecognized Failed Airway

October

- System = 2.2%
- National Average = Pending

STEMI 02: Aspirin Administration for STEMI

MAEMSA Performance

Trailing 12-Month (TTM) Performance

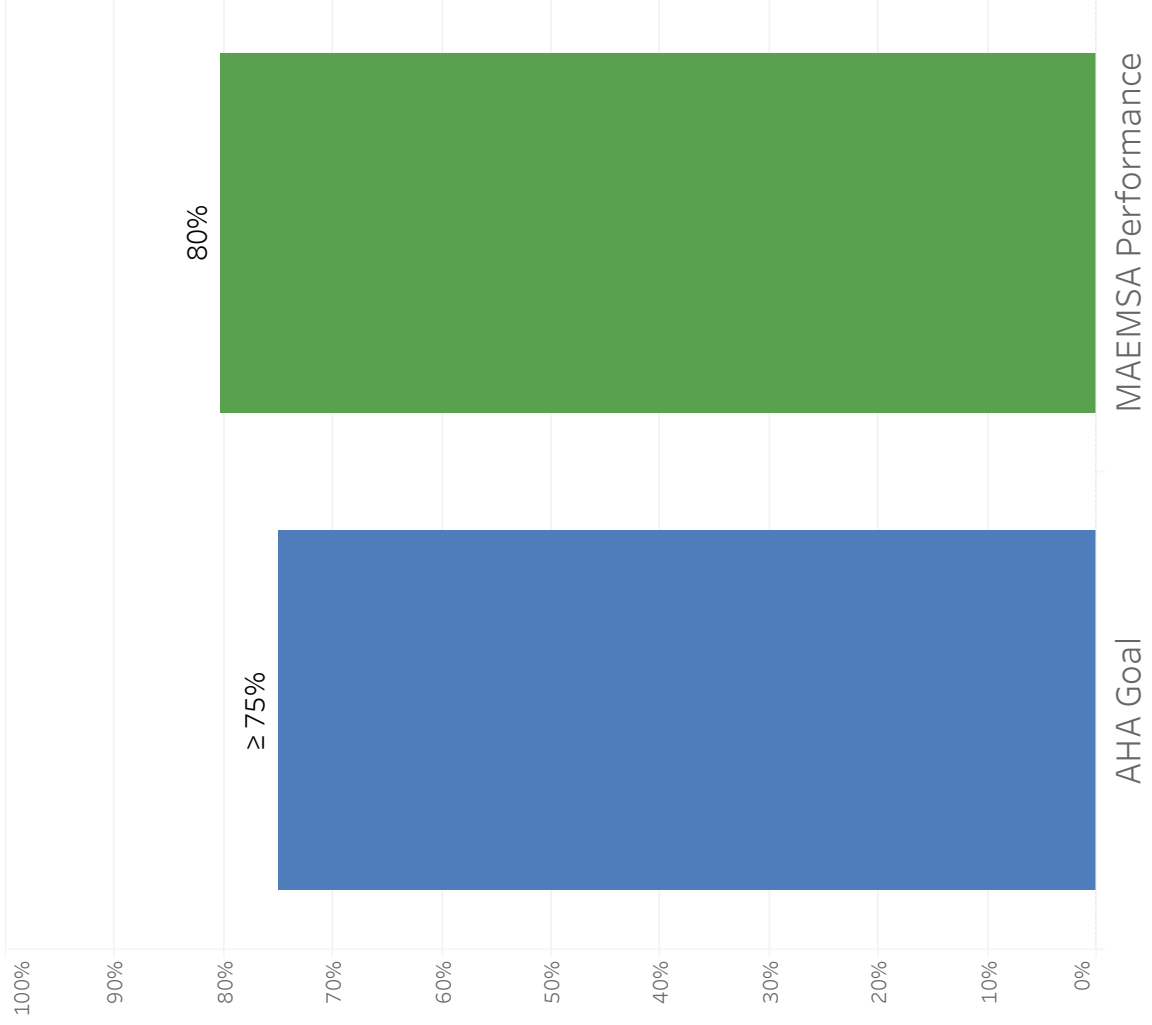
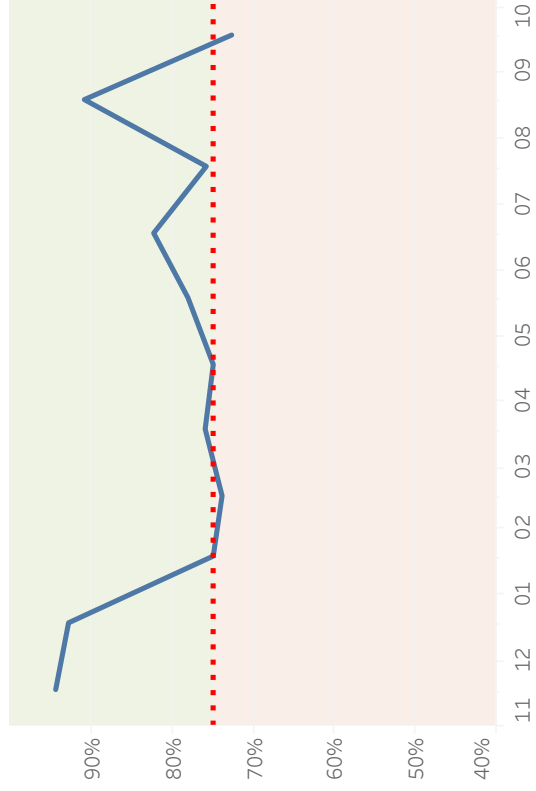
October 2023

73%

AHA Goal

≥ 75%

TTM Performance



The percentage of EMS patients aged 18 years and older transported from the scene with Aspirin administration for suspected heart attack.

STEMI 03: 12 Lead ECG Performed with 10 minutes in STEMI patients

MAEMSA Performance

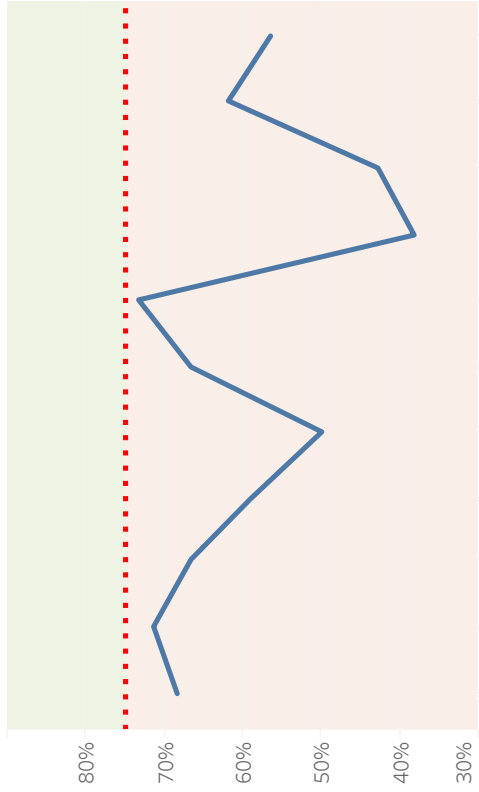
October 2023

57%

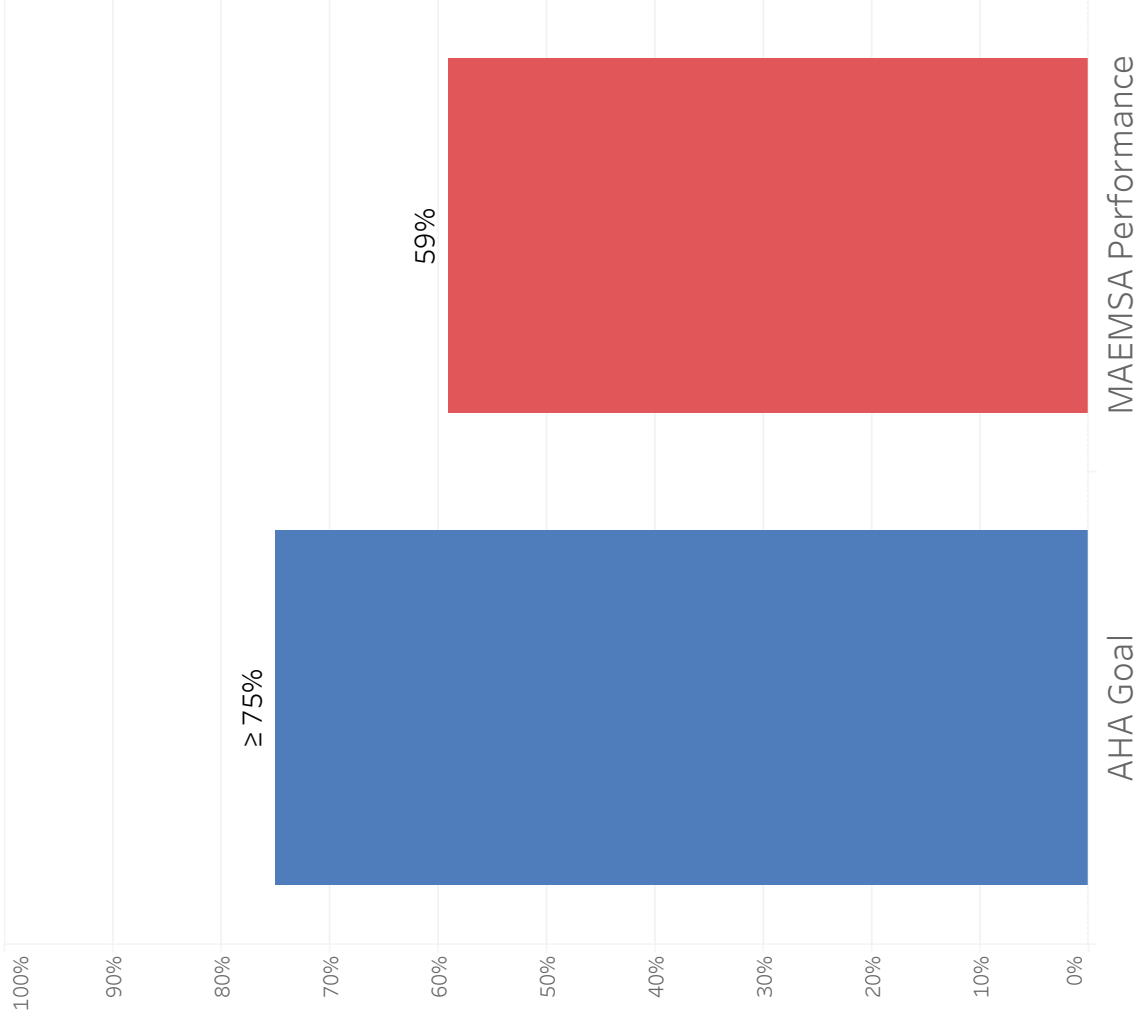
AHA Goal

≥ 75%

TTM Performance



Trailing 12-Month (TTM) Performance



The percentage of EMS patients aged 18 years and older transported from the scene with chest pain or a suspected MI for whom a 12-Lead ECG was performed ≤ 10 minutes of first medical contact.

STEMI 04: Pre-Arrival Notification ≤ 10 Minutes for Positive STEMI Heart Attack ECG

MAEMSA Performance

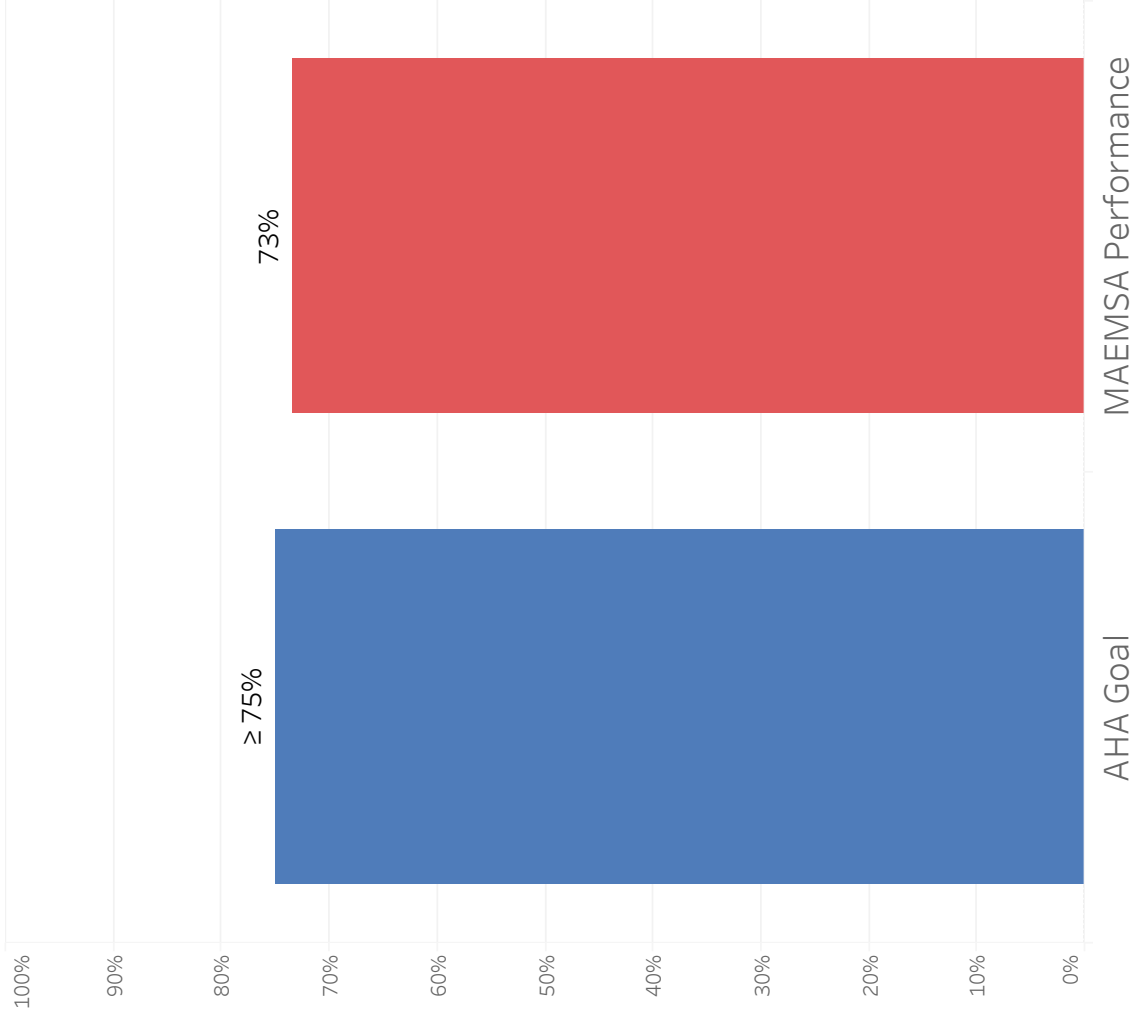
Trailing 12-Month (TTM) Performance

October 2023

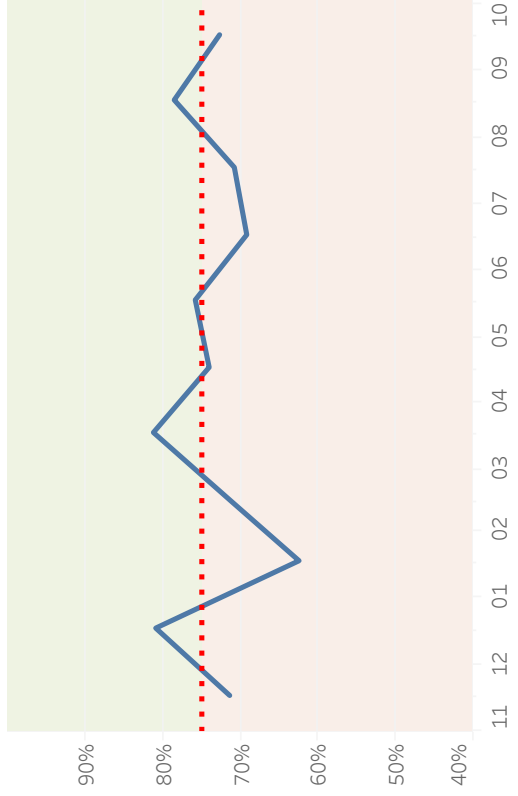
73%

AHA Goal

≥ 75%



TTM Performance



The percentage of EMS patients aged 18 years and older transported from the scene with a STEMI positive ECG for whom pre-arrival notification was activated ≤ 10 minutes of positive ECG.

Stroke 01: Evaluation of Blood Glucose for Patients with Suspected Stroke

MAEMSA Performance

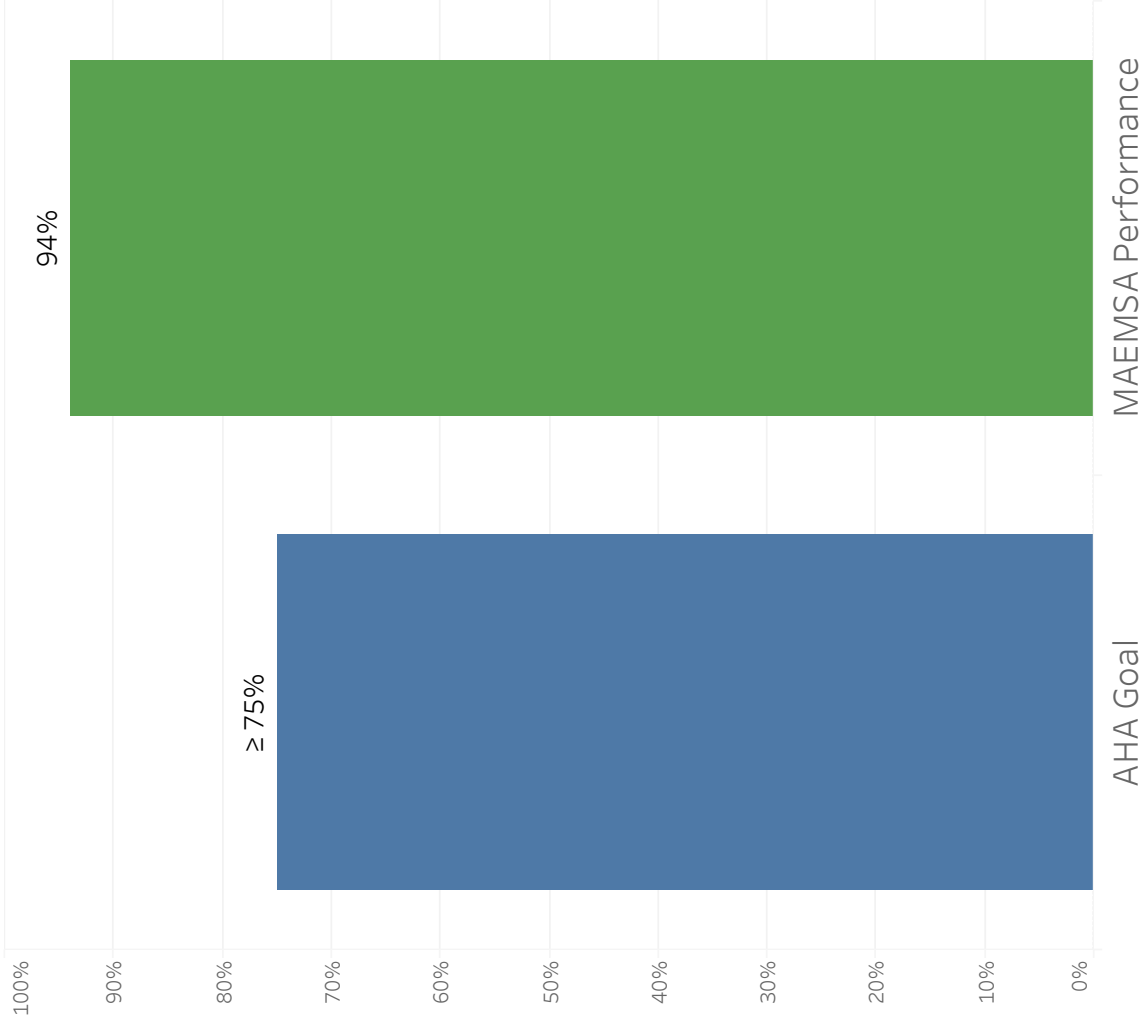
October 2023

94%

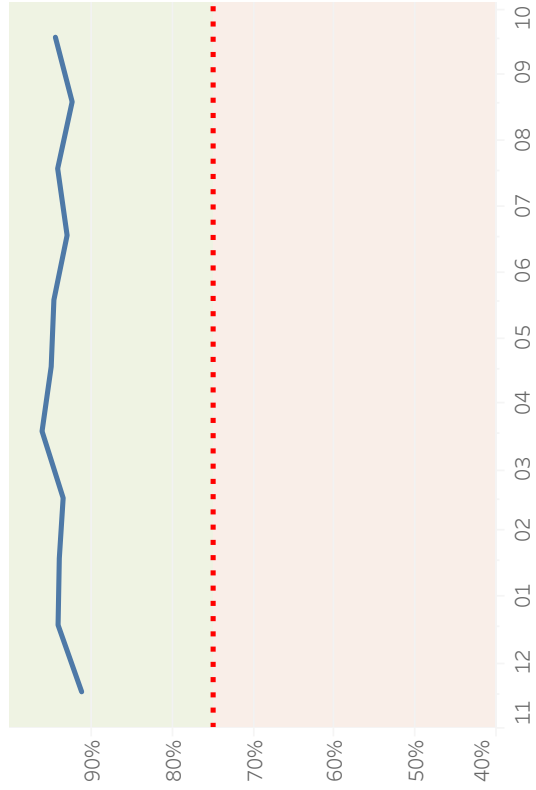
AHA Goal

≥ 75%

Trailing 12-Month (TTM) Performance



TTM Performance



The percentage of EMS patients aged 18 years and older transported from the scene with suspected stroke for whom blood glucose was evaluated during the EMS encounter.

Stroke 02: Stroke Screen Performed and Documented

MAEMSA Performance

October 2023

88%

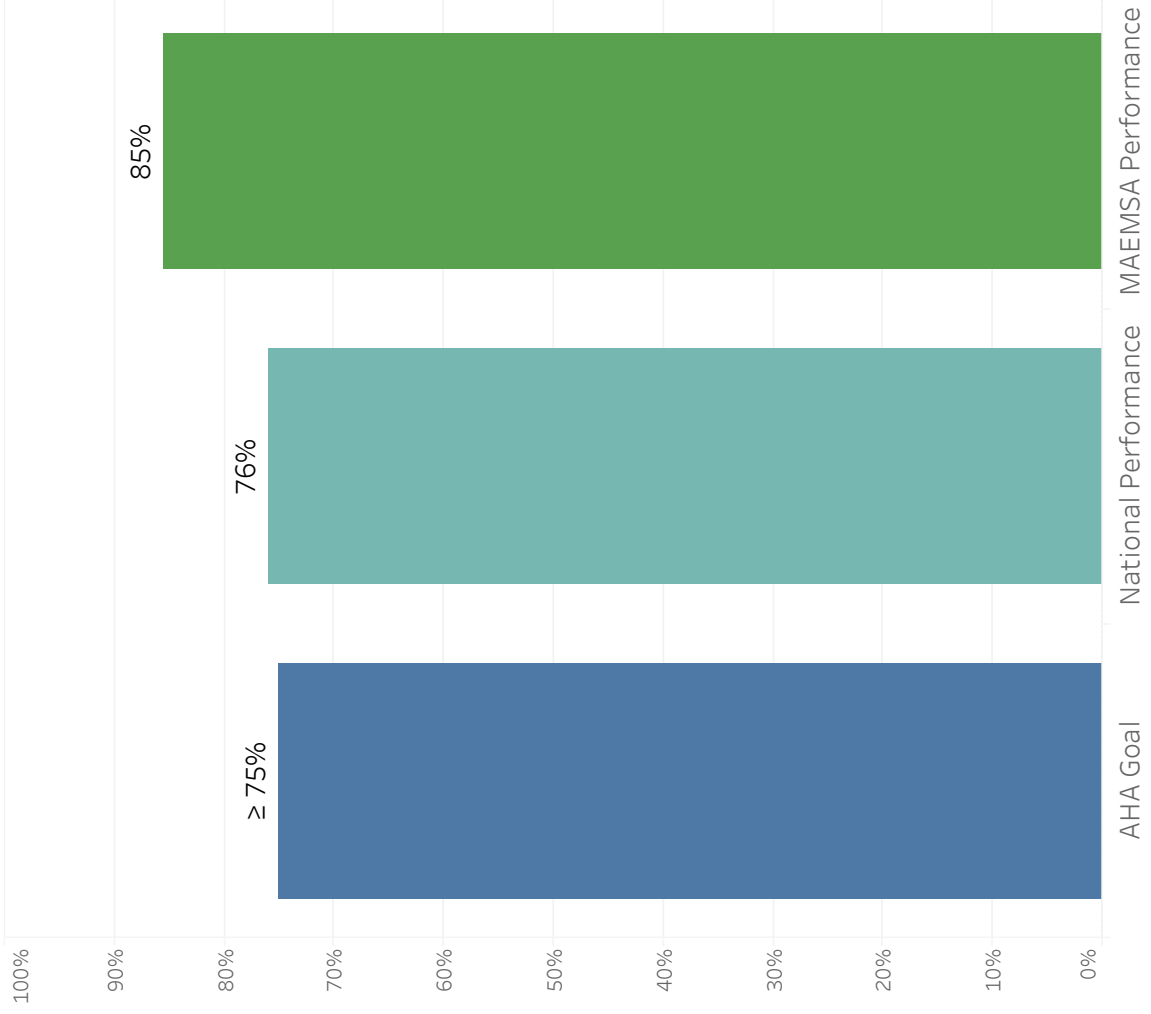
AHA Goal

≥ 75%

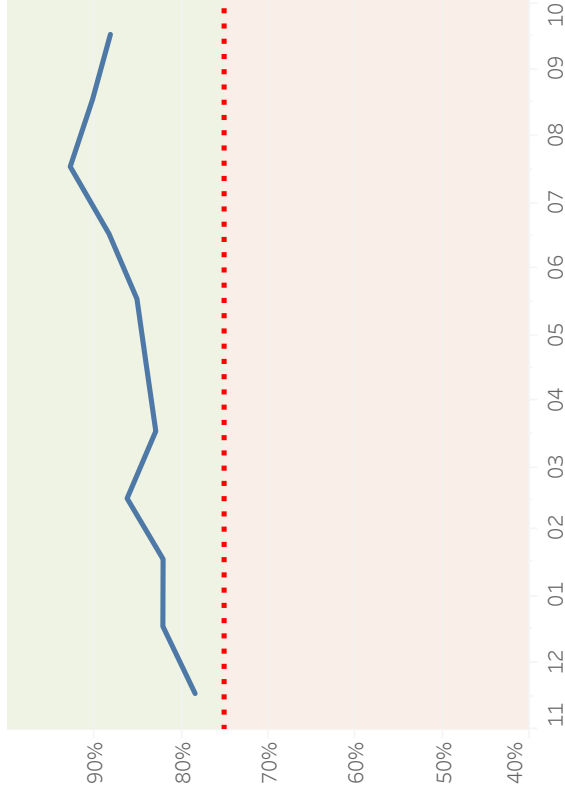
National Performance

76%

Trailing 12-Month (TTM) Performance



TTM Performance



The percentage of EMS patients aged 18 years and older transported from the scene with a suspected stroke for whom a stroke screen was performed and documented during the EMS encounter.

Stroke 03: Stroke Alert for Suspected Stroke

MAEMSA Performance

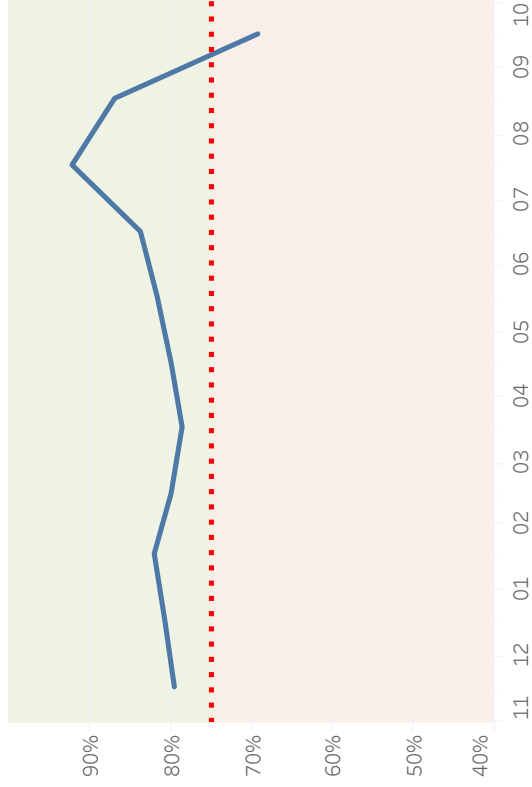
October 2023

69%

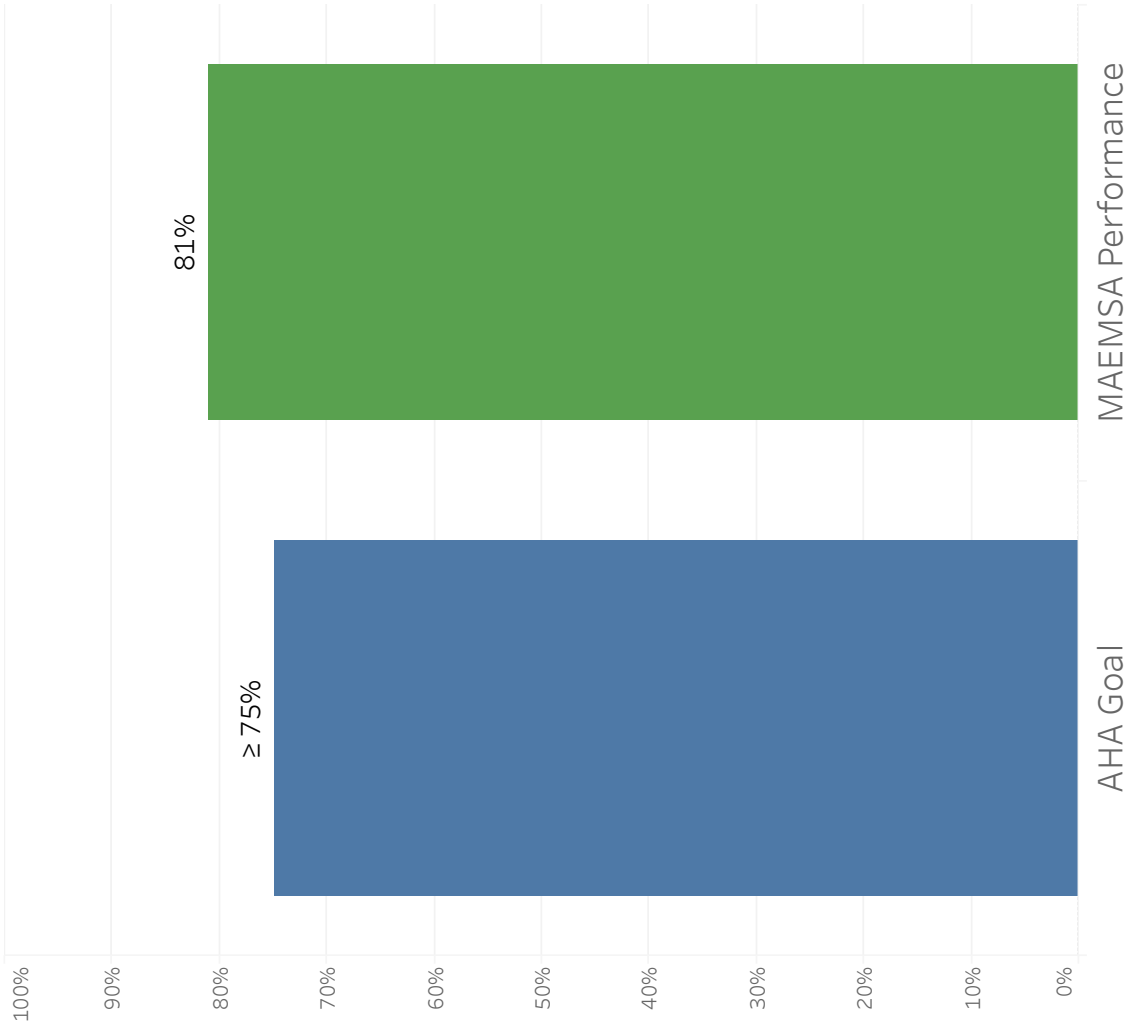
AHA Goal

≥ 75%

TTM Performance



Trailing 12-Month (TTM) Performance



The percentage of EMS patients aged 18 years and older transported from the scene with a primary or secondary impression of stroke whom a pre-arrival alert for stroke was activated during the EMS encounter.

Stroke 04: Documentation of Last Known Well for Patients with Suspected Stroke

MAEMSA Performance

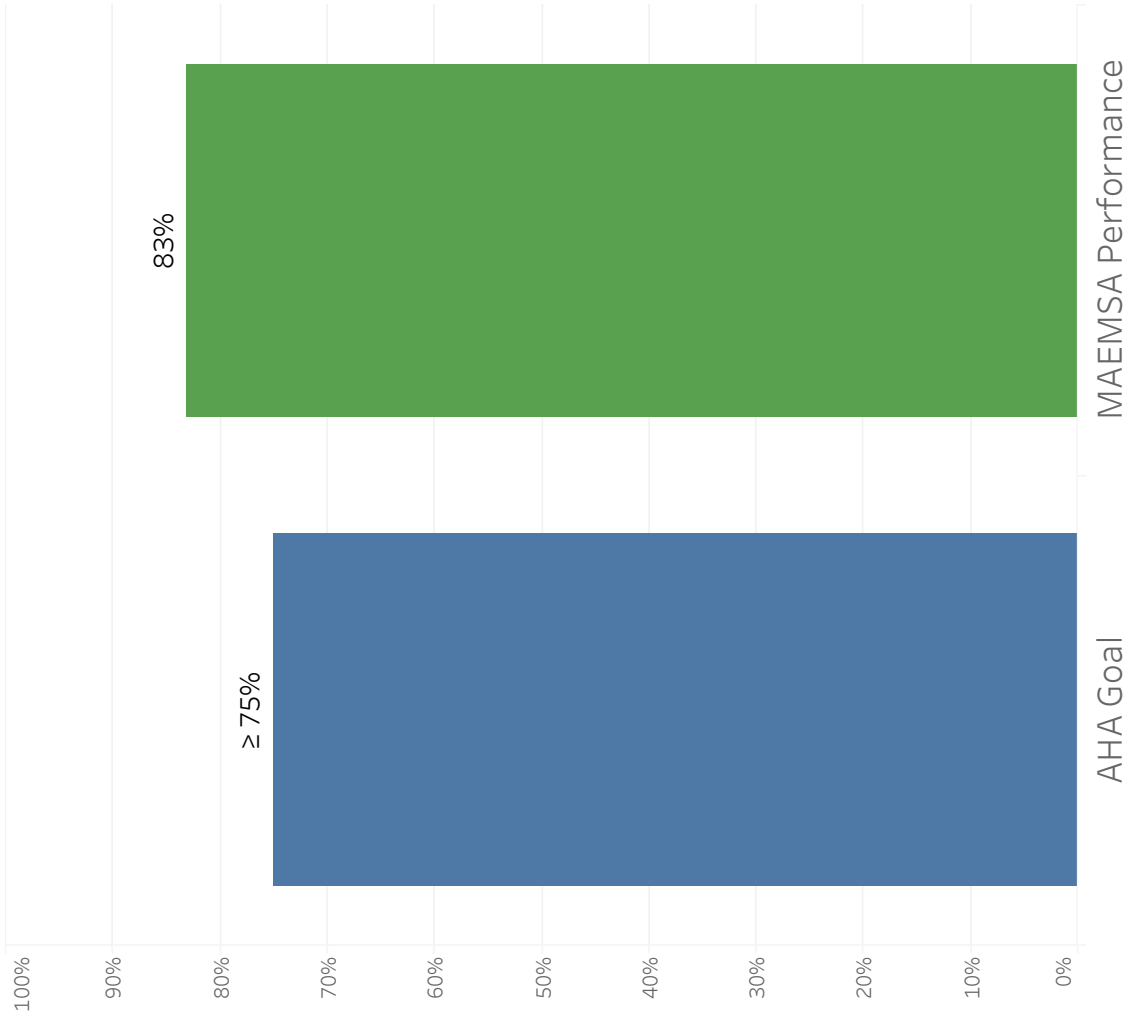
October 2023

75%

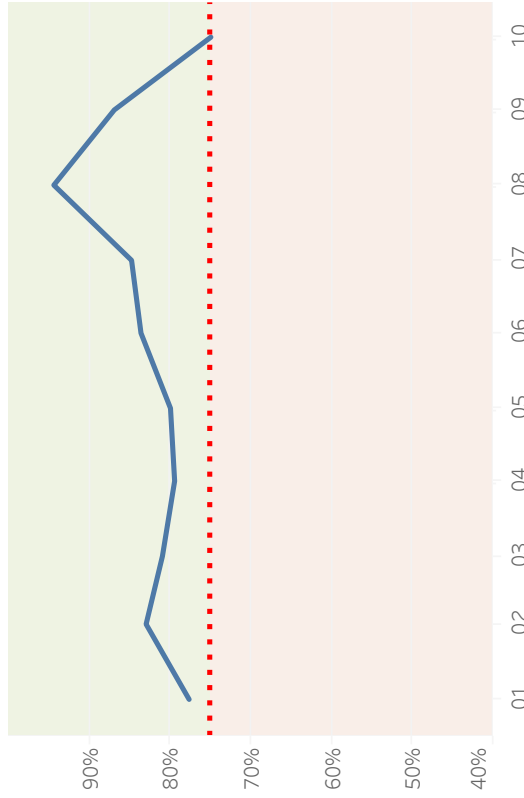
AHA Goal

≥ 75%

Trailing 12-Month (TTM) Performance



TTM Performance



The percentage of EMS patients aged 18 years and older transported from the scene with suspected stroke for whom Last Known Well was documented during the EMS encounter.

Asthma 01: Administration of a Beta Agonist for Asthma

MAEMSA Performance

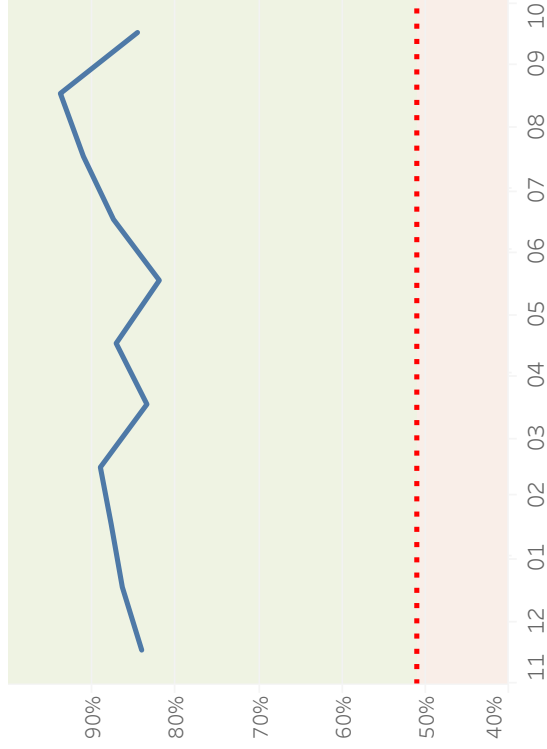
October 2023

85%

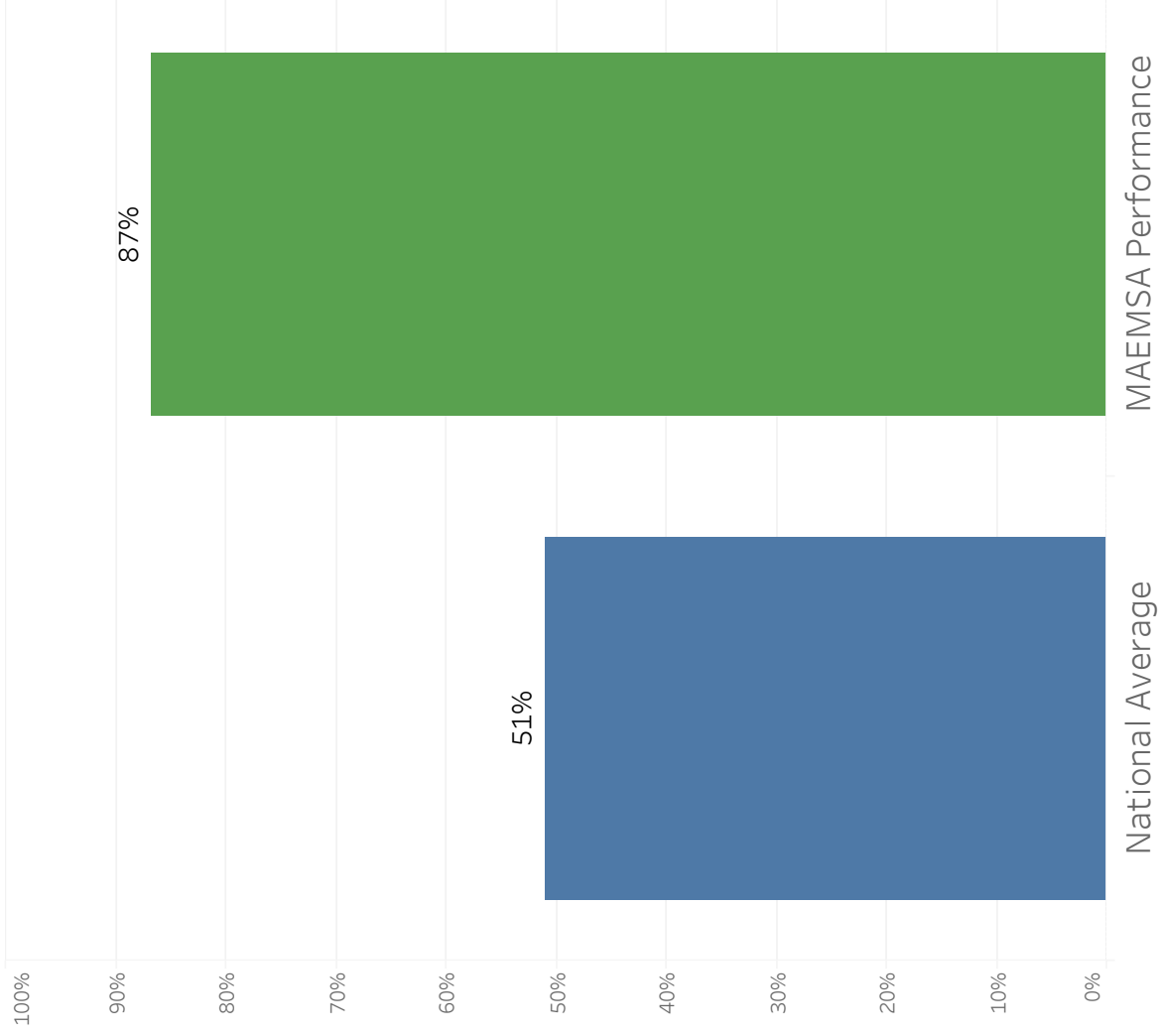
National Average

51%

TTM Performance



Trailing 12-Month (TTM) Performance



Hypoglycemia 01: Treatment Administered for Hypoglycemia

MAEMSA Performance

Trailing 12-Month (TTM) Performance

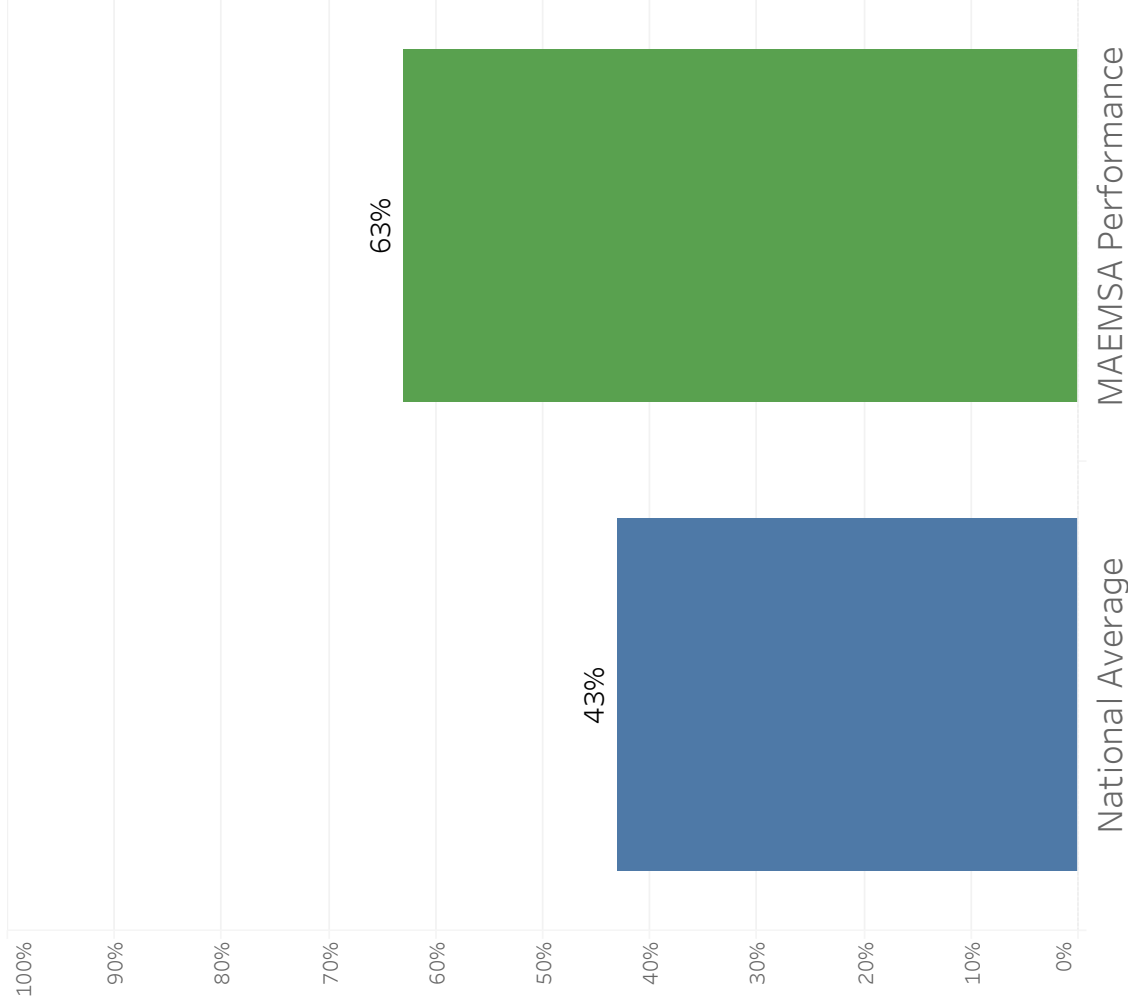
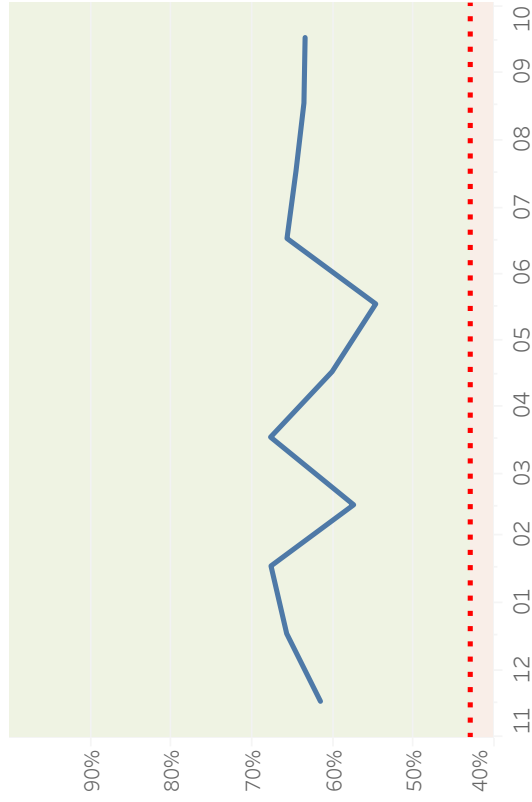
October 2023

63%

National Average

43%

TTM Performance



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

Respiratory 01: Respiratory Assessment

MAEMSA Performance

Trailing 12-Month (TTM) Performance

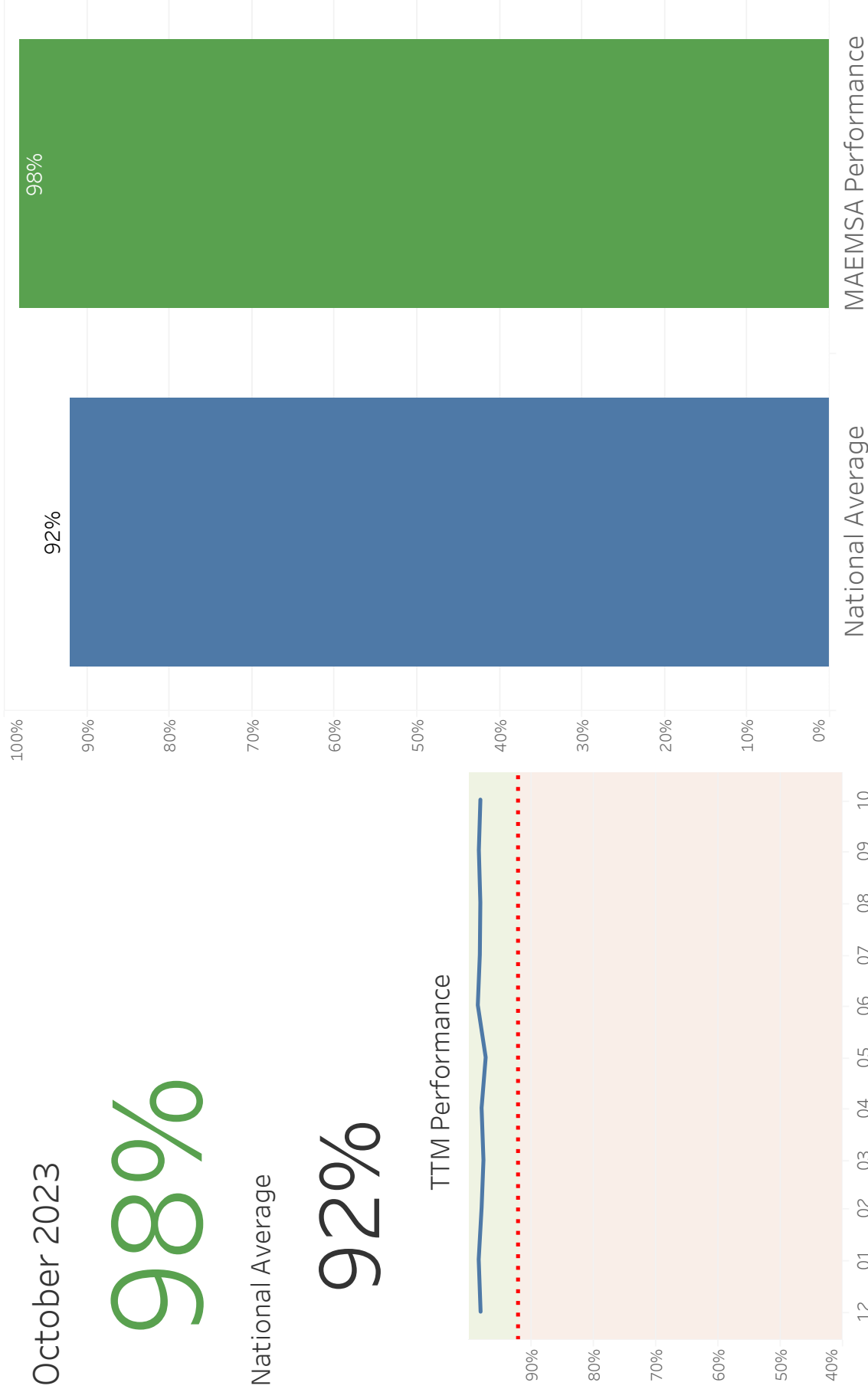
October 2023

98%

National Average

92%

TTM Performance



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: Patients with Status Epilepticus Receiving Intervention

MAEMSA Performance

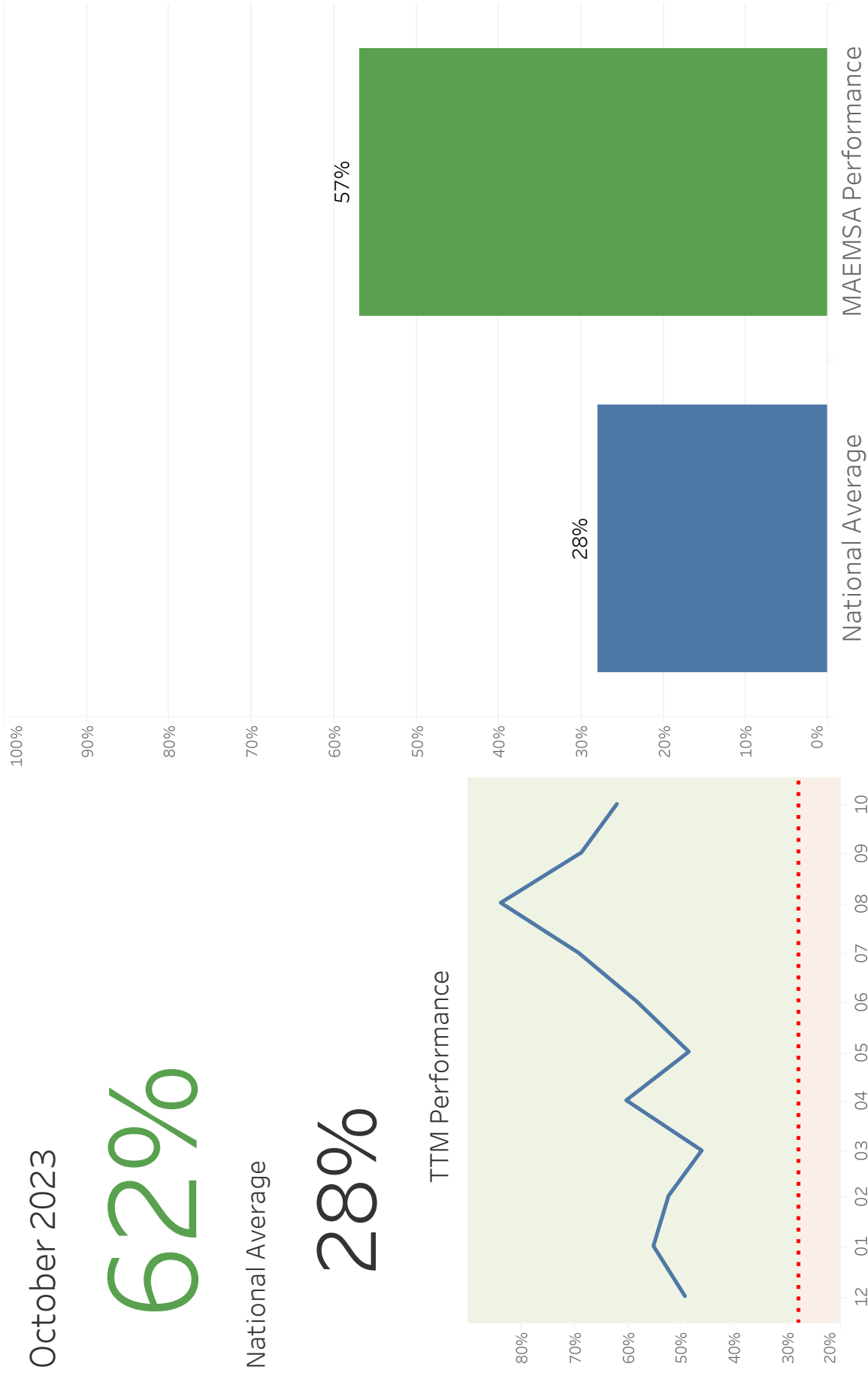
October 2023

62%

National Average

28%

Trailing 12-Month (TTM) Performance



Trauma 01: Pain Assessment of Injured Patients

MAEMSA Performance

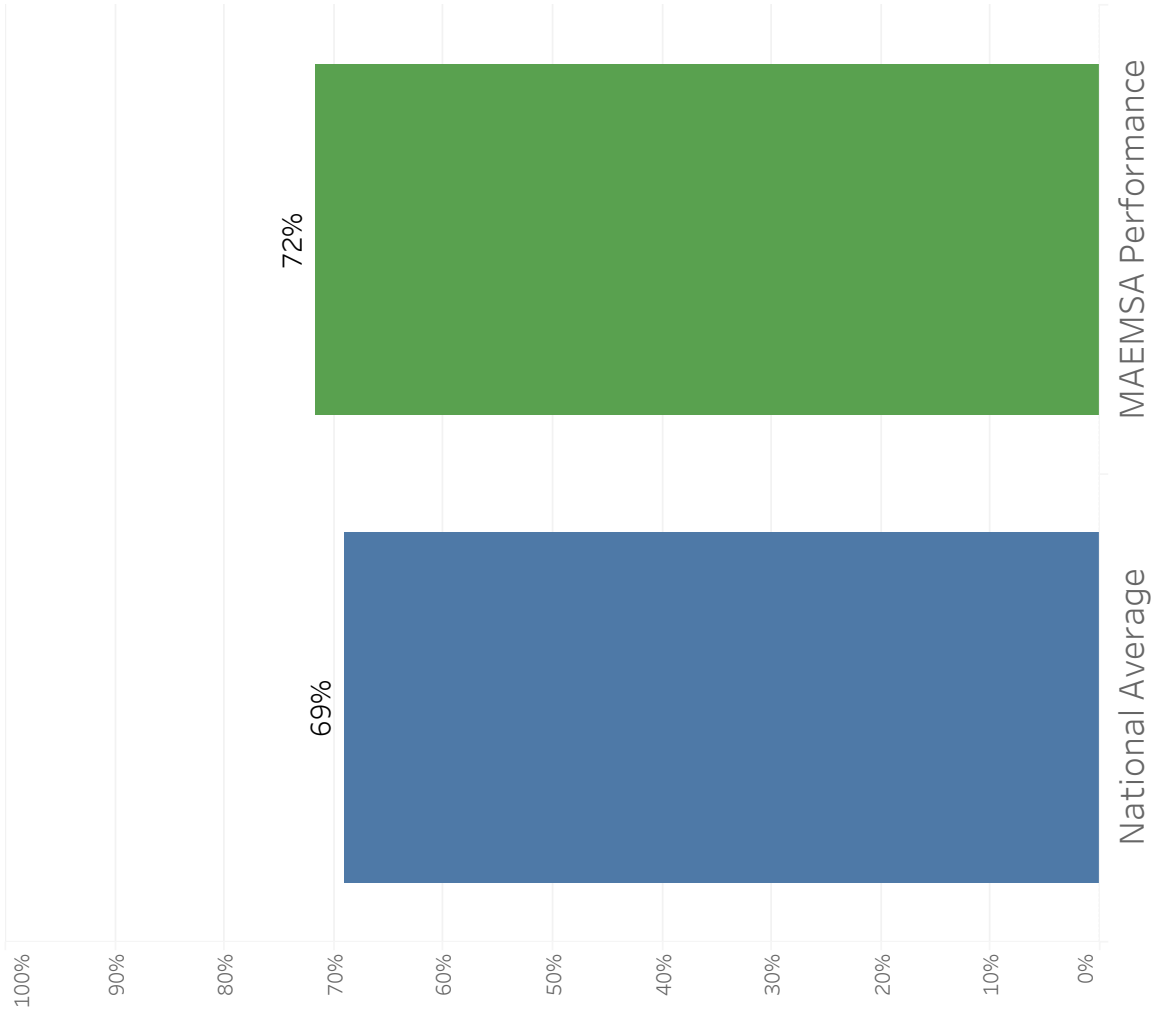
October 2023

93%

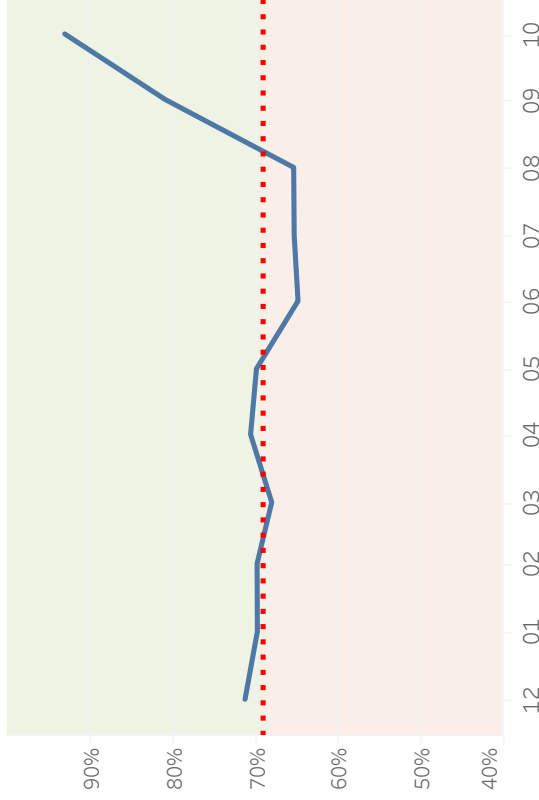
National Average

69%

Trailing 12-Month (TTM) Performance



TTM Performance



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

Trauma 03: Effectiveness of Pain Management for Injured Patients

MAEMSA Performance

Trailing 12-Month (TTM) Performance

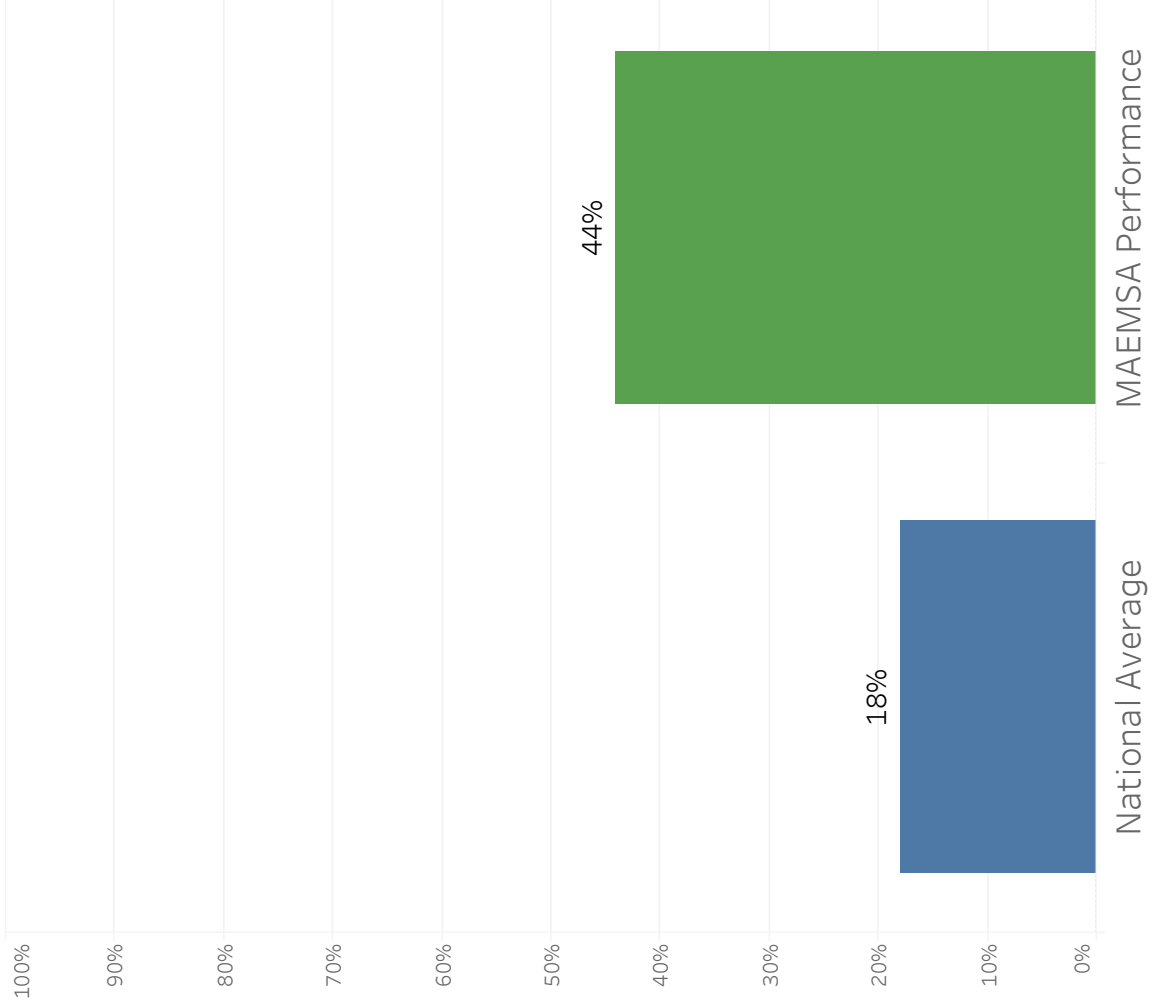
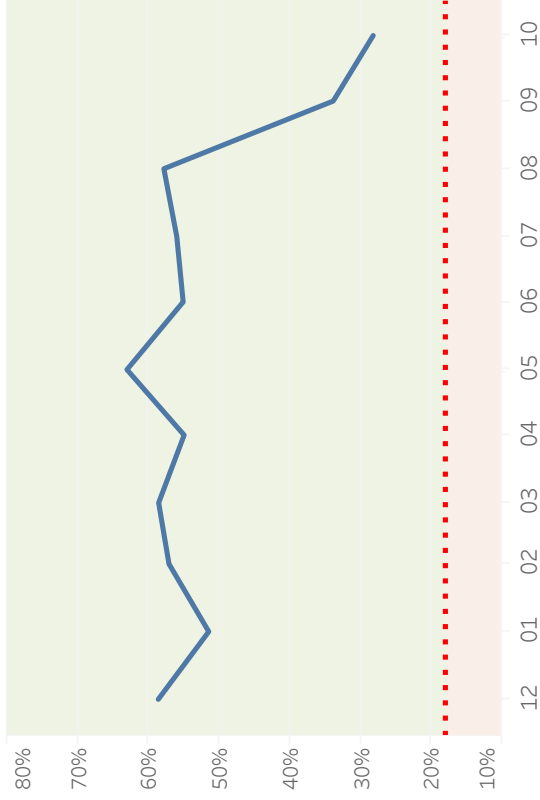
October 2023

28%

National Average

18%

TTM Performance



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

Optimizing Care for Patients Experiencing Homelessness: Reducing EMS and ED Overutilization through In-Place Treatment and Alternative Pathways

Emily Welch, MD^{1,2}, Erin Lincoln, MD, EMT-P²; Angela P. Cornelius, MD, MA, FACEP, FAEMS^{1,3}; Andrew Partain, MD^{1,2}; Jeffrey L. Jarvis, MD, MS, LP, FACEP, FAEMS^{1,3}; Brian L. Miller MD, FACEP, FAEMS^{1,3}

¹Office of the Medical Director & MedStar Mobile Healthcare, Metropolitan Area EMS Authority, Fort Worth, TX;

²Division of EMS, Disaster, Global Health (EDGH), University of Texas Southwestern Medical Center, Dallas, TX; ³Department of Emergency Medicine, JPS Health Network, Fort Worth, TX

Background

High 911 utilization for low-acuity conditions is a common issue in EMS systems serving a growing population of people experiencing homelessness. To better serve this population and reduce demands on emergency response resources, our objective was to determine what resources would be necessary for treatment-in-place (TIP) or which non-ED destinations would be appropriate.

Objectives

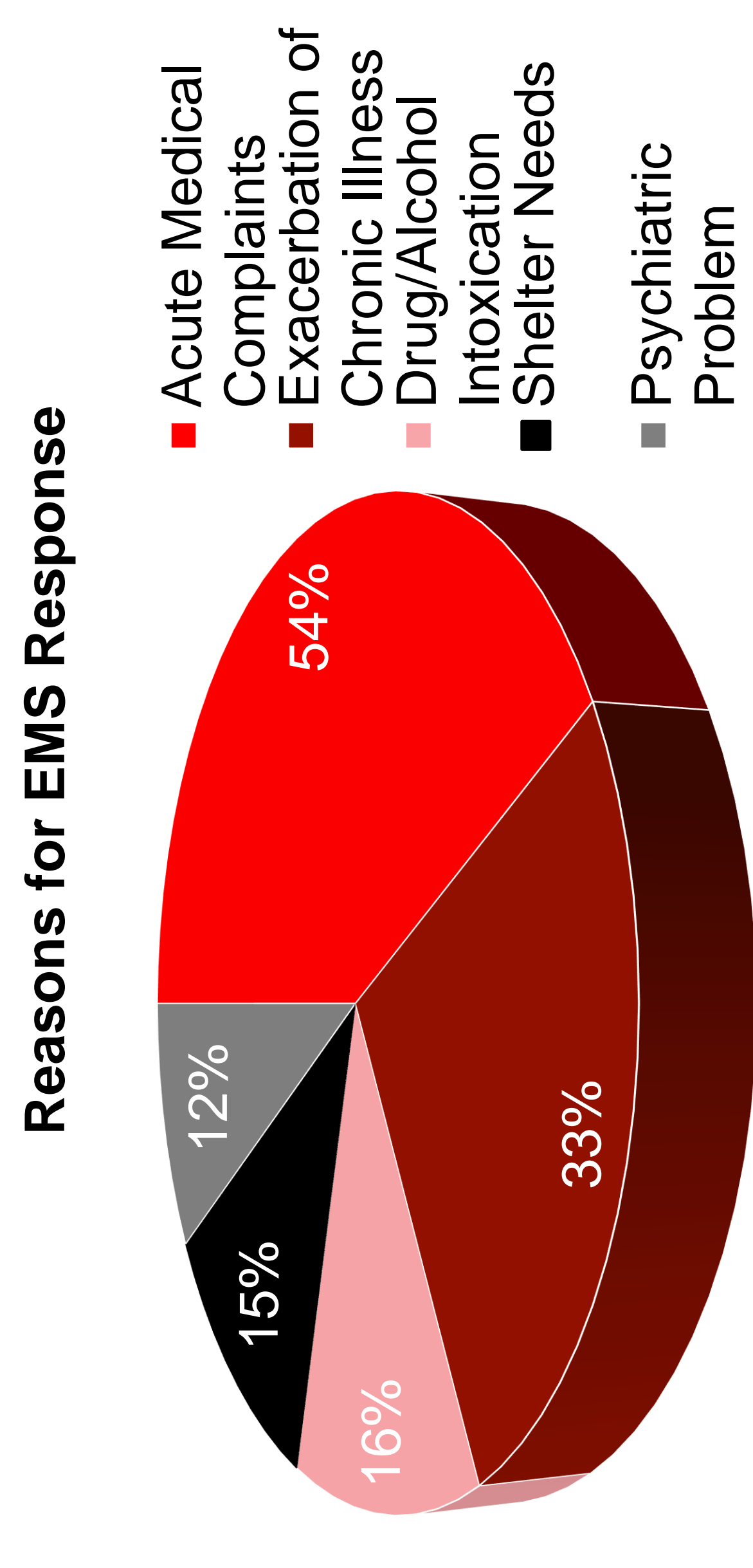
The purpose of this study was to determine if a significant portion of ED transports of undomiciled patients could be avoided by treatment-in-place or transport to alternative destinations.

Methods

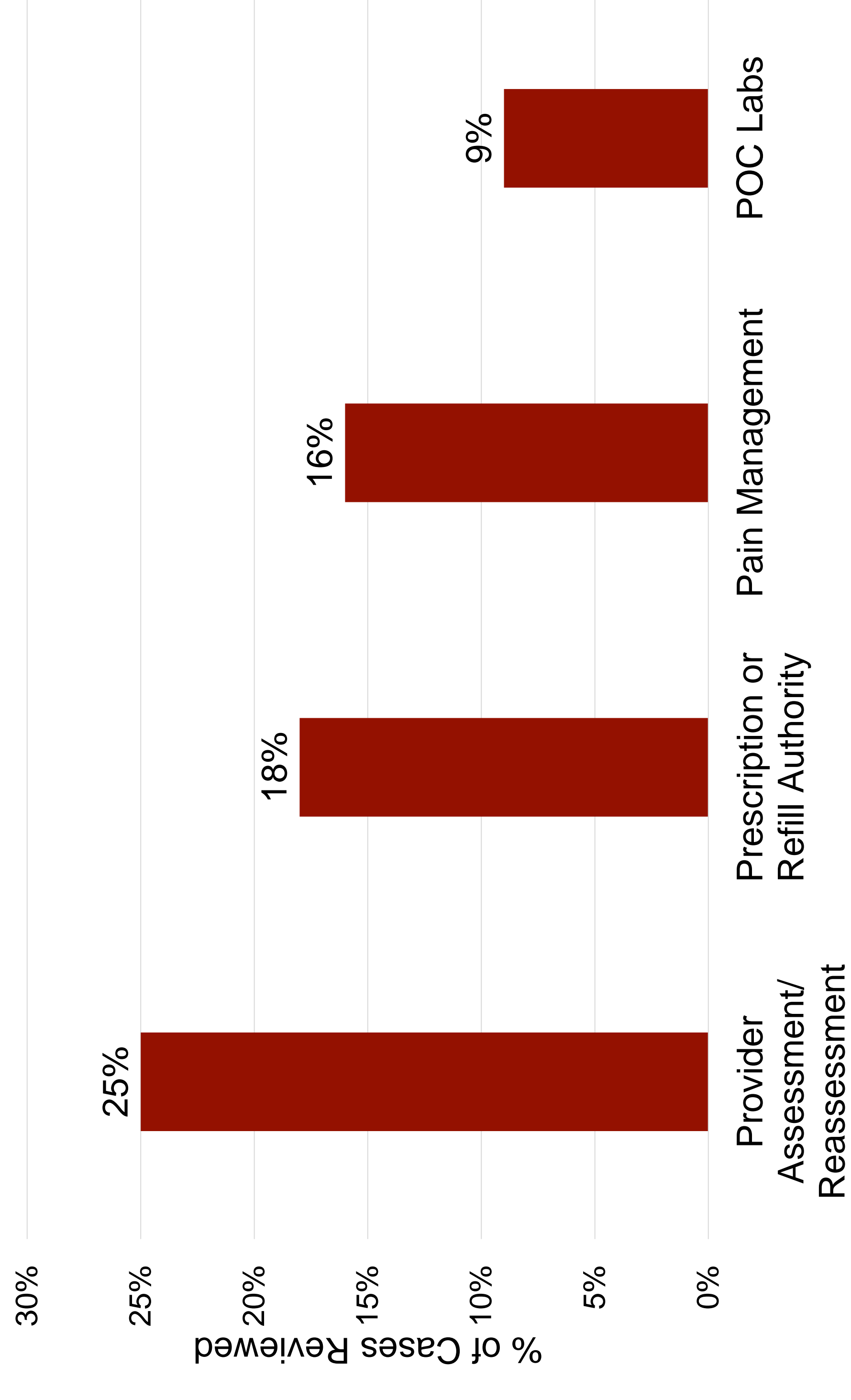
- Retrospective electronic patient care report (ePCR) review
- Large metropolitan EMS system
- 18 months (01/01/2022 - 05/31/2023) included
- 13,233 unique EMS encounters for patient likely experiencing homelessness identified
- Randomized sampling of 100 encounters were retrospectively reviewed
- Confirmed homeless status based on standardized definition
- 2 independent physician reviewers determined if transport was required based on ePCR information
 - If transport deemed not to be required, resources needed for TIP or appropriate alternate destinations were determined
- Data analyzed using descriptive statistics

Results

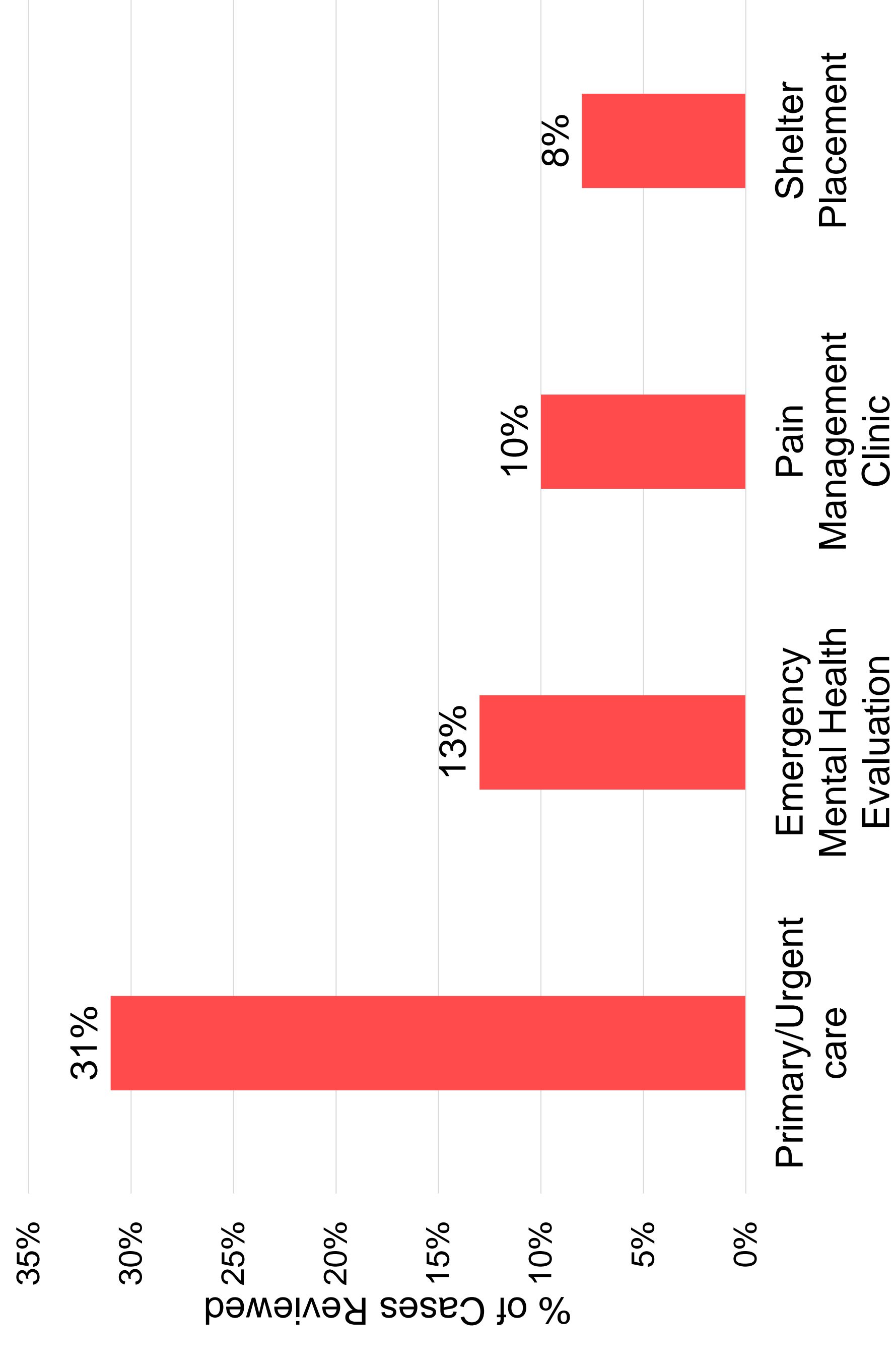
- 95 out of 100 identified as homeless after narrative review
- 56% transported to ED for non-emergent complaints
 - 69% of patients eligible for TIP
 - Most common need is provider assessment/re-evaluation after treatment
- 31% could be treated at alternate destinations
 - Most commonly primary care or urgent care level medical complaints



Treat-In-Place Resources Needed



Possible Alternate Destinations



Summary

- A significant portion of patients experiencing homelessness contact EMS for non-emergent complaints
- A majority of these patients could be treated in-place with an available medical provider with prescribing capabilities and minimal diagnostic equipment
- Alternate destinations, when available, are frequently appropriate for level of care needed to divert patients out of the Emergency Department



Impact of a Novel Definition of Intubation First Pass Success in Prehospital Airway Management

Andrew Partain, MD^{1,2}; Jeffrey Jarvis MD, MS, LP^{1,3}; Angela Cornelius, MD, MA^{1,3}; Kerby Johnson, BS, NRP¹; Whitney Burr, MS, NRP¹; Brian Miller, MD^{1,2};

¹Office of the Medical Director & MedStar Mobile Healthcare, Metropolitan Area EMS Authority, Fort Worth, TX; ²Division of EMS, Disaster, Global Health (EDGH), University of Texas Southwestern Medical Center, Dallas, TX; ³Department of Emergency Medicine, JPS Health Network, Fort Worth, TX

Background

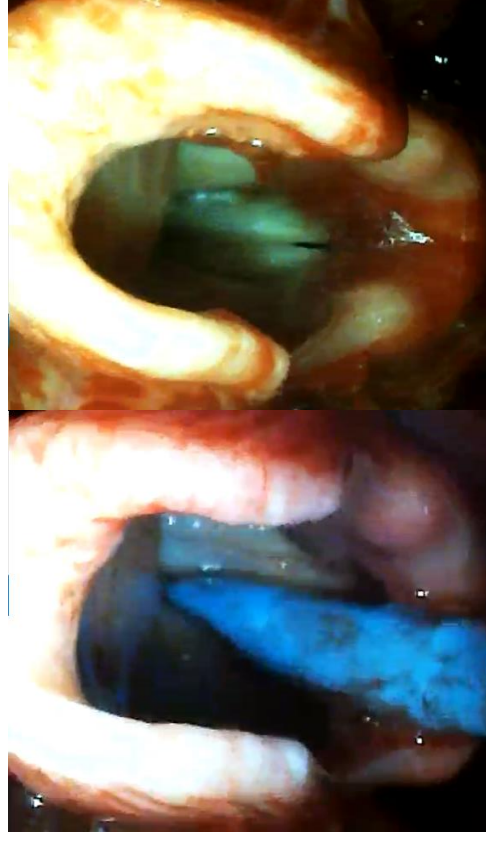
Endotracheal intubation (ETI) has long been a part of prehospital airway management, despite historically low success rates. Success has been limited with direct laryngoscopy by challenges obtaining laryngeal view. Video laryngoscopes (VL) were adopted to improve success, partly by improving visualization, however, they introduced new challenges with tube delivery. A novel definition of first pass success (FPS) has been proposed to better identify both visualization and tube delivery difficulties. The initial results showed a 5% lower FPS rate among in-hospital patients. Our objective was to determine the difference in FPS calculated with these traditional and novel definitions in the EMS setting using local historical data and VL recordings.

Methods

- Using the VL recordings and cardiac monitor files for the most recent 50 adult non-cardiac arrest intubations, an emergency physician determined FPS using two definitions:
 - Traditional FPS definition:** successful intubation as indicated by EtCO₂ and witnessed ET passage through cords within a single laryngoscopic passage
 - Novel FPS definition:** Traditional FPS AND only one attempt at passing either a bougie or endotracheal tube
- We defined a discrete attempt at bougie/tube passage as continual visualization of the bougie/tube in the VL recording.
- Intubation attempts were excluded if they were for cardiac arrest, performed by students, performed with paralytics, and if VL recordings were missing.

Results

- Of the 50 initial intubation attempts, the FPS using traditional definition was 54%.
- Using the novel definition, FPS was 44%, with a difference of 10% (95% confidence interval: -59.4 to 36.38).
- The complication rate with the traditional definition was 28% compared with 44% with the novel definition.



Summary

In this observational trial, a novel definition of FPS resulted in lower FPS than the traditional definition, confirming in-hospital data. The observed difference, however, was larger than with in-hospital data.

Limitations

- Our results are limited by observer bias and definition of continual observation.



Laryngoscopy Challenges Associated with Ketamine-Only Endotracheal Intubation

Andrew Partain, MD^{1,2}; Emily Welch, MD^{1,2}; Angela Cornelius, MD, MA^{1,3}; Brian Miller, MD^{1,2}; Kerby Johnson, BS, NRP¹; Jeffrey Jarvis MD, MS, LP^{1,3}

¹Office of the Medical Director & MedStar Mobile Healthcare, Metropolitan Area EMS Authority, Fort Worth, TX; ²Division of EMS, Disaster, Global Health (EDGH), University of Texas Southwestern Medical Center, Dallas, TX; ³Department of Emergency Medicine, JPS Health Network, Fort Worth, TX



Background

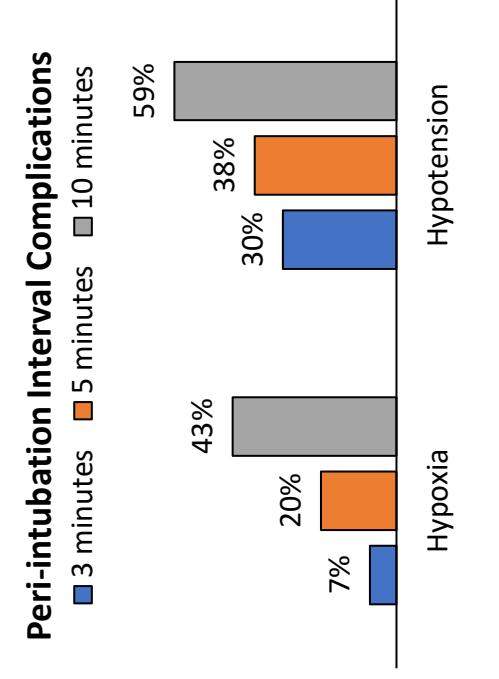
Endotracheal intubation (ETI) is a common but challenging procedure in the prehospital environment. Peri-intubation adverse events, including failed first pass success (FPS), hypoxia and hypotension are common. Drug Assisted Airway Management (DAAM), including ketamine-only intubation, is performed to minimize adverse events, but the extent to which it is successful is unclear. Our goal was to describe the FPS, peri-intubation hypoxia, and hypotension seen in a large urban EMS system utilizing ketamine-only intubation with exclusive use of video laryngoscopes (UEScope). We also describe the most common laryngoscopy challenges with this approach to DAAM.

Methods

- Using electronic patient care records (ePCR), cardiac monitor files, and video laryngoscope (VL) recordings, we performed retrospective chart review of the 50 most recent adult patients requiring ETI.
- An emergency physician reviewed each recording to categorize common challenges with the procedure.
- Hypoxia was defined as SpO₂ < 90% and hypotension was defined as SBP < 90 mmHg.
- We calculated hypoxia and hypotension during the interval before and after intubation in 3-, 5-, and 10-minute intervals
- We excluded patients in cardiac arrest, paramedic student ETI attempts, ETI with paralytics, and cases with missing VL recordings or monitor files.

Results

- FPS for Ketamine-only intubations was 54%.
- The most common laryngoscopy challenges were inadequate relaxation (58%), inadequate suction (24%), and excessive laryngoscope blade insertion depth (20%).
- Pre-intubation hypoxia (<90%) was present in 26.1% (12/46) cases.
- Pre-intubation hypotension (SBP <90 mmHg) was present in 28.6% (12/42) cases.



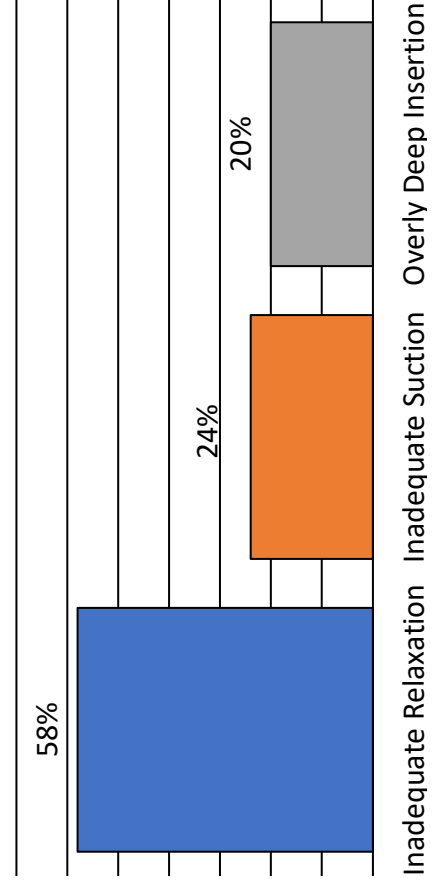
Summary

In this large, urban EMS system, we found that ketamine-only intubation was associated with peri-intubation hypoxia, hypotension, and inadequate relaxation.

Limitations

- Our results are limited by the potential for observer bias or misjudgment when classifying reasons for failure, as well as the retrospective nature of the chart review.

Most Common DAAM Challenges



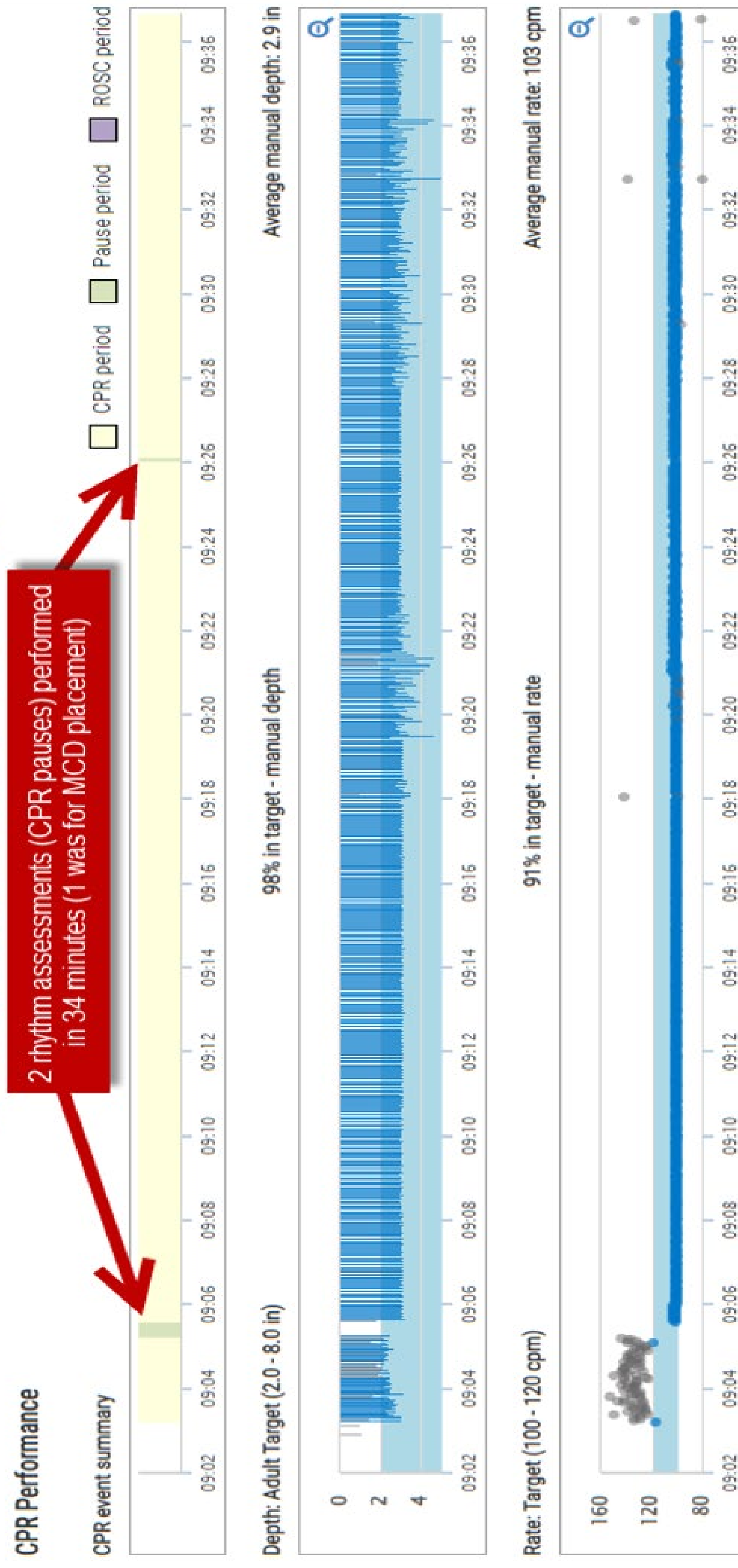
Background

Mechanical compression devices (MCDs) have become a common alternative to manual chest compressions in out-of-hospital cardiac arrest (OHCA) cases. In response to the COVID-19 pandemic, these devices were introduced in our large metropolitan EMS system. However, routine analysis of cardiac arrest cases following the implementation of MCDs revealed certain challenges. Notably, instances of continuous mechanical CPR without interruption for rhythm analysis, referred to as "Marathon CPR," were observed.

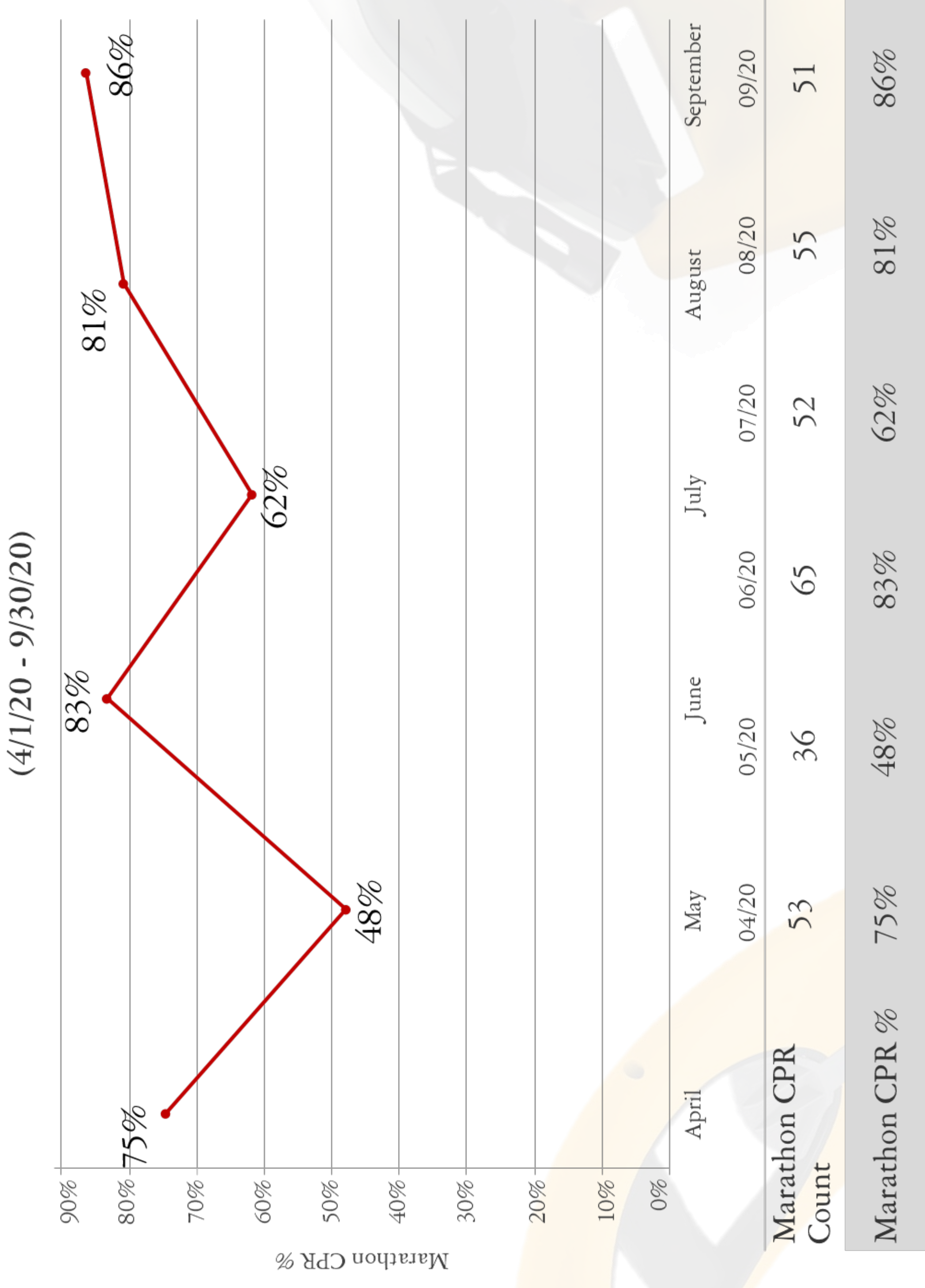
Methods

We conducted a retrospective review of monitor files previously identified from patients who were in cardiac arrest and resuscitated with an MCD in place in a large urban EMS system between 04/01/2020 and 09/30/2020. Files were initially identified during normal QI operations which review all data from all cardiac arrests. This study incorporated an analysis of only the monitor files (Zoll, Inc. Chelmsford, MA) from OHCA cases, encompassing those previously marked as involving Marathon CPR. Marathon CPR was defined as CPR performed continuously for 4 minutes or more, during which rhythm analysis was not performed while the MCD was active. Instances of Marathon CPR were tagged within respective cases. No patient-identifying information, including the patient's chart, were involved with this analysis.

Marathon CPR



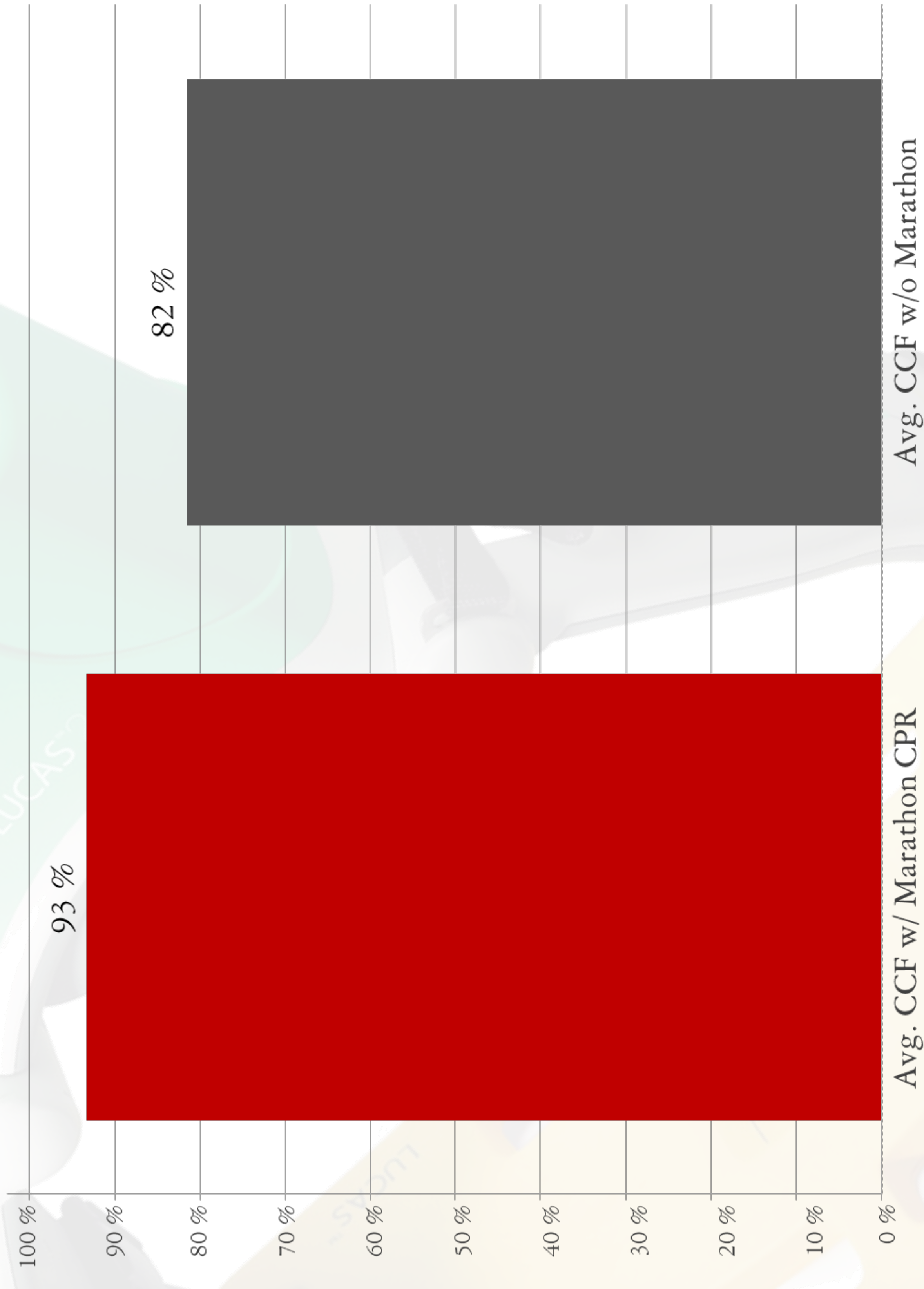
Percentage of MCD Placements with "Marathon CPR"



Results

A total of 435 OHCA resuscitations with an MCD were included in this study. Marathon CPR was identified in 349 (80.2%) cases. Cases with Marathon CPR had an average chest compression fraction (CCF) of 92.9%, compared to an average CCF of 83.2% in cases without Marathon CPR.

Marathon CPR and Chest Compression Fraction



Summary

Marathon CPR is a prevalent occurrence when employing MCDs during OHCA, potentially leading to prolonged periods without recognizing lethal rhythms. Although a higher CCF during Marathon CPR might imply improved CPR quality, our findings suggest that this approach is associated with missed rhythm analyses. This highlights the need to address the balance between continuous mechanical compressions and the essential pause for rhythm assessment.

Unveiling the Nexus: Analyzing Zip Code, Food Accessibility, Poverty Level, and EMS Usage

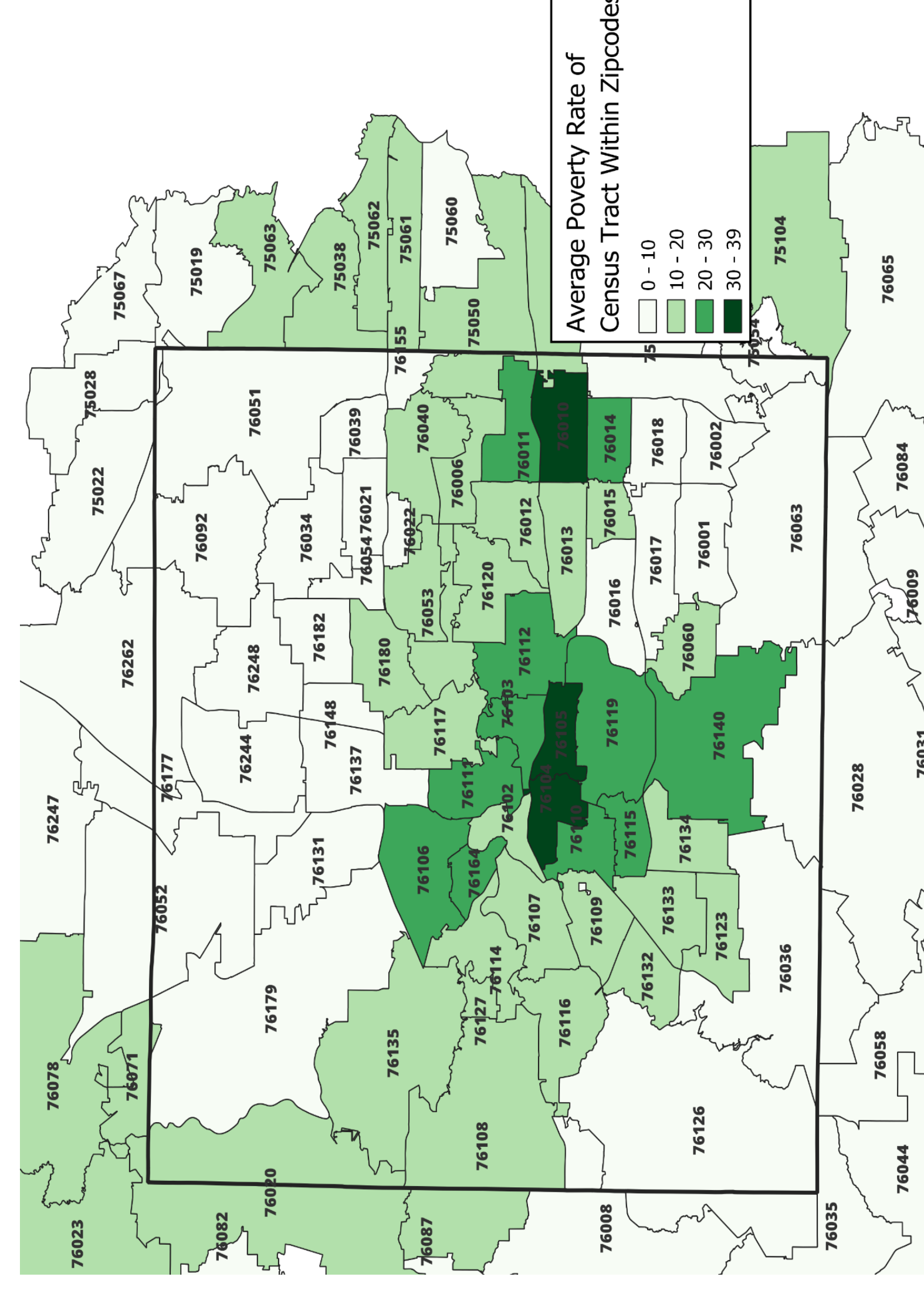
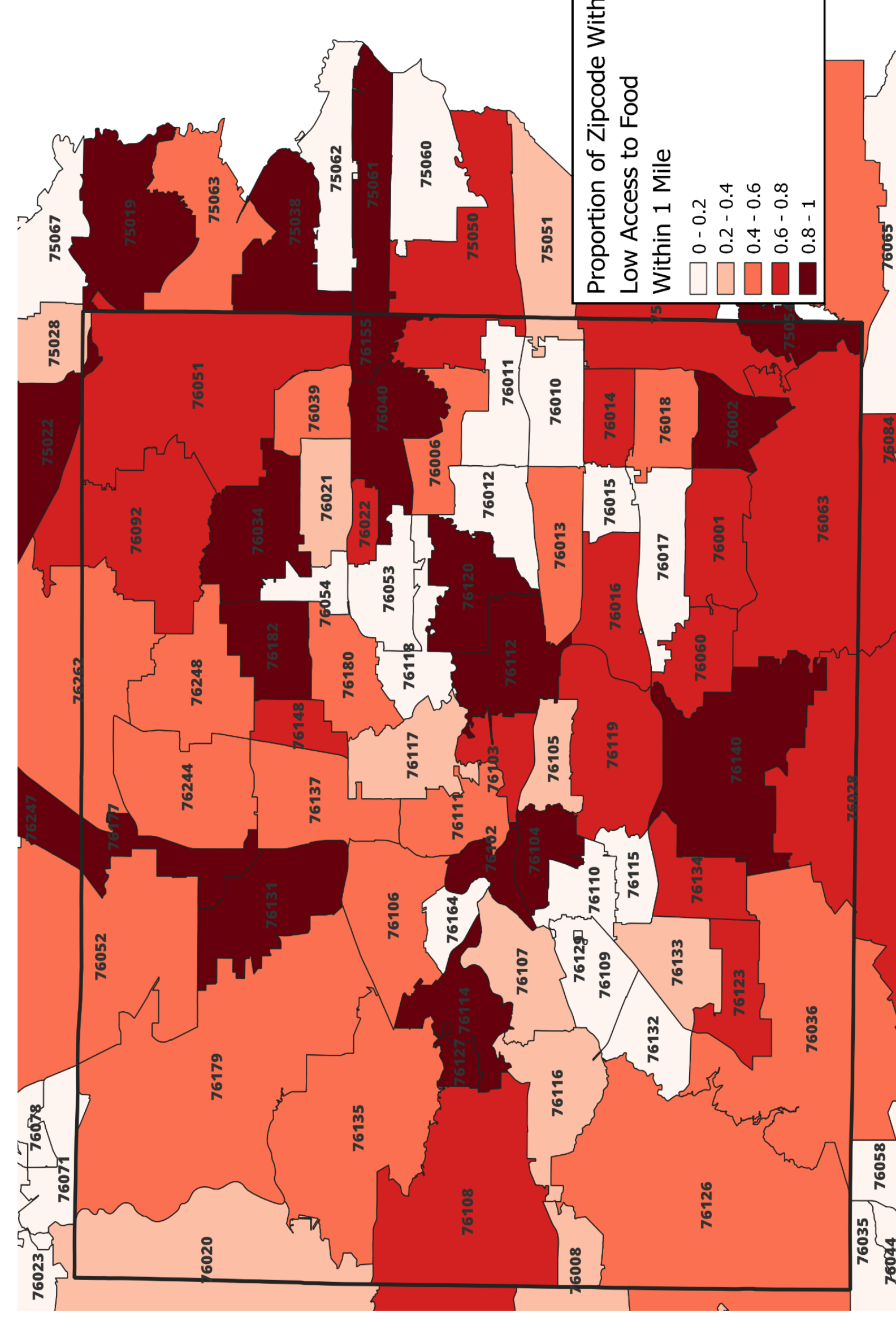
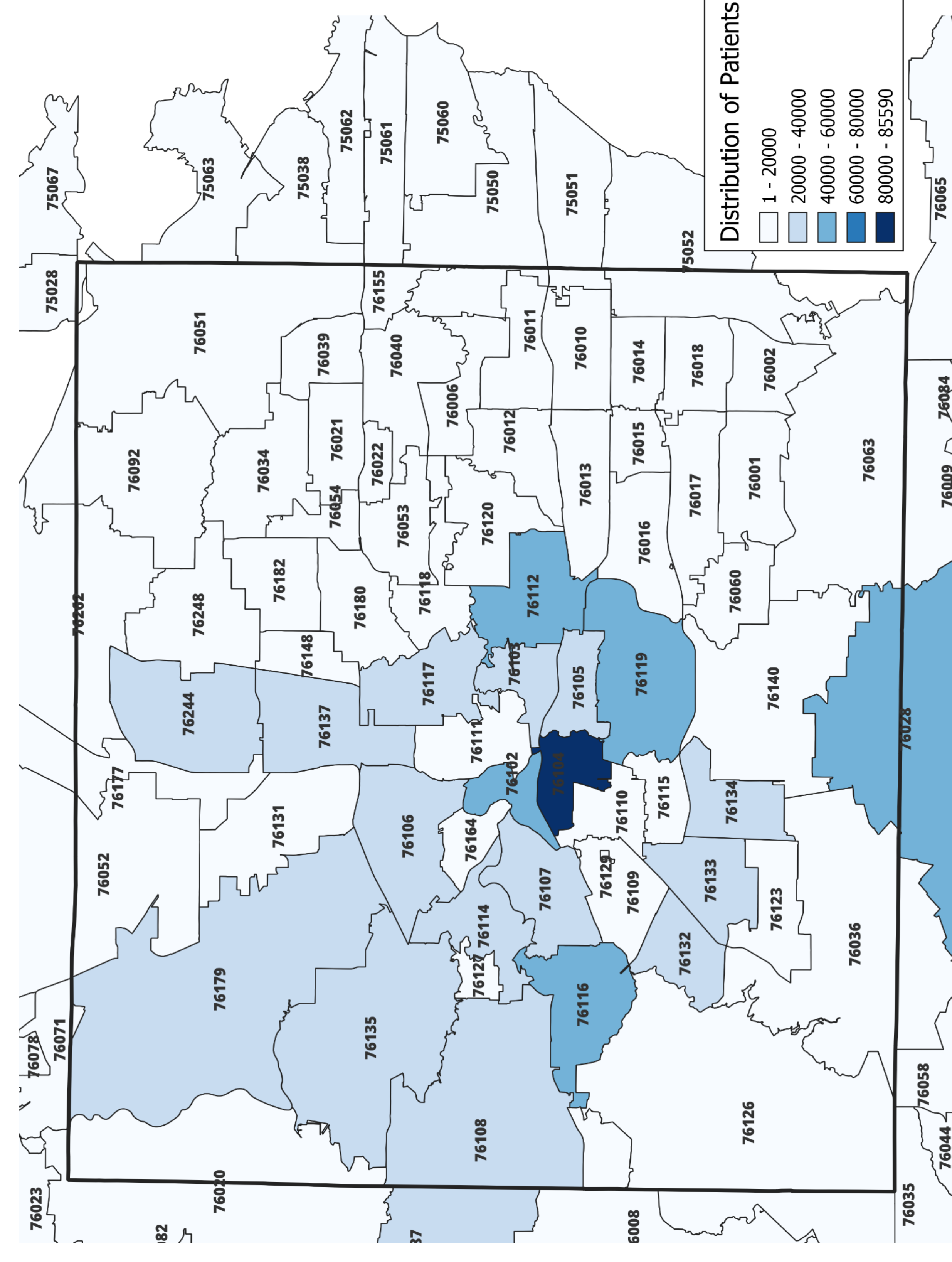
Angela Cornelius, MD, MA, FACEP, FAEMS^{1,2}; Matt Willens, NRP¹; Brandon Pate, NRP¹; Somer Blair, PhD²;
 James-Michael Blackwell MPH²; Brian Miller, MD, FACEP, FAEMS^{1,3}; Jeff Jarvis MD, MS, EMT-P, FACEP, FAEMS^{1,2}
¹Office of the Medical Director & MedStar Mobile Healthcare, Metropolitan Area EMS Authority, Fort Worth, TX; ²JPS Health Network, Fort Worth, TX; ³University of Texas Southwestern Medical Center Department of Emergency Medicine, Division of EMS, Dallas, TX

Background

The United States Department of Agriculture (USDA) defines food deserts as areas where there is limited availability of nutritious and inexpensive food. Higher poverty rate areas are more likely to contain food deserts. Over 4% of the US population live below the poverty line and in food deserts. Living in a food desert has been linked to higher use of acute care services and higher levels of risk factors for hypertension, cardiovascular disease, and chronic kidney disease. While studies have linked higher poverty rates and poorer health with increased EMS utilization, no studies have attempted to link food deserts to increased EMS use. Our objective is to determine the association between EMS utilization, poverty, and food deserts.

Methods

- 2023 USDA Food Access Research Atlas data were linked to electronic patient care reports from a large urban EMS dataset using 2010 US census tract shapefiles joined by zip-code.
- A Zip-code level map was generated detailing the proportion of residents who had access to fresh fruits, vegetables, whole grains, low-fat milk, and other items that make up a healthy diet within a mile of their homes.
- Zip-code level maps were similarly generated to assess zip-code level rate of poverty, and utilization of EMS services.
- Pearson correlations were calculated to assess the association between EMS utilization, poverty levels, and food deserts.
- All analyses were performed using SAS 9.4 and QGIS 3.28.4.



Distribution of Patients

Proportion of the Zip-code who does not have access to healthy food within 1 mile

EMS Utilization	Average Poverty Rate	Proportion of the Zip-code who does not have access to healthy food within 1 mile
1	0.44681 <.0001	0.15898 0.15
0.44681 <.0001	1	-0.18683 0.0869
0.15898 0.15	-0.18683 0.0869	1

Results

- EMS utilization was significantly correlated to poverty rate ($r = 0.447, p < 0.001$)
- EMS utilization was not significantly correlated to food deserts ($r = 0.158, p = 0.15$).
- Poverty rates were not significantly correlated to the proportion of residents living in a food desert ($r = -0.187, p = 0.087$).

Summary / Conclusion

In this large, urban system, EMS utilization was significantly correlated with poverty levels but not food accessibility. This data may inform EMS and MIH resource deployment and intervention.

Limitations

- EMS data was aggregated by zip codes and USDA data by 2010 census tracts. This data had to be harmonized and may have resulted in some errors.
- Poverty rate was from area data and is not valid for each patient contact.

Tab C – Chief Transformation Officer

Transformation Report

November 2023

Alternate Payment Models & Expanded Services

- JPS discussions continue for shared savings model for JPS Connection patients.
 - Costs for savings identified, working on type of model.
 - *Thanks to JPS!!*
- Work continues with Cook Children's Health Plan.
 - MIH payments using CPT codes, like Cigna.
 - Working with their I/T folks on data integration.

Congressional Action for Payment for Treatment in Place (TIP) and Transport to Alternate Destinations (TAD)

- S. 3236 and H.R. 6257 introduced.
 - Changes 1965 Social Security statute to make ambulance response, assessment, treatment, and no transport a Medicare covered service.
 - Lots of congressional support for this legislation
 - Talked to FTW Congressional delegation seeking support of the initiative.
 - Granger, Veasey, Burgess

Homeless High-Utilizer Program

- Working with numerous stakeholders to present an SBAR (*Situation, Background, Assessment, & Recommendation*) for a Homeless High Utilizer Group (Homeless HUG) Project.
 - Drafted with concurrence.
 - Tarrant County Homeless Coalition, FWFD, MedStar, OMD, JPS, Harris, True Worth Clinic, others.

Reimbursement for Calls at County Jails

- JPS agreed to entertain a contract to reimburse for ambulance calls at county jails.
 - Draft sent – awaiting feedback.

VA Reimbursement Issues

- Senate Bill to prevent the VA from implementing the 2/24 rule to < payments to the Medicare allowable passed the Senate on a voice vote.
- House version has over 40 cosponsors, including members of the Veteran's Administration committee.
 - Talked to FTW Congressional delegation seeking support of the initiative.
 - Granger, Veasey, Burgess
- VA has communicated their intent to delay implementation for 1 year.

Blue Cross/Blue Shield Recoupment Issue

- No further recoupment requests have been received.

MedStar Citizen's EMS Academy

- Class graduated 11/9/23.

EMS Performance Measures – National Joint Position Statement

- Co-Chairing an initiative to create a Joint Position Statement encouraging use of performance measures for EMS, beyond response times.
 - Building on the collaborative effort on the 2021 Joint Position Statement encouraging the reduction of light and siren responses.
 - 12 national associations have agreed to participate, including the ICMA.

Trick or Treat on Berkeley

- Three kiddos and families participated.
- AMAZING event, already planning next year.
- One child has since passed away.
 - Family profoundly thankful for the experience and lifelong memory.

118TH CONGRESS
1ST SESSION

S. 3236

To amend title XVIII of the Social Security Act to provide Medicare coverage of ambulance services that do not include transportation.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 7, 2023

Mr. WELCH (for himself and Mr. SANDERS) introduced the following bill;
which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to provide Medicare coverage of ambulance services that do not include transportation.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Emergency Medical
5 Services Reimbursement for On-Scene Care and Support
6 Act”.

7 **SEC. 2. COVERAGE OF AMBULANCE SERVICES THAT DO**
8 **NOT INCLUDE TRANSPORTATION.**

9 Section 1861(s)(7) of the Social Security Act (42
10 U.S.C. 1395x(s)(7)) is amended—

1 (1) by inserting “(A)” after “(7);”

2 (2) in subparagraph (A), as added by para-
3 graph (1), by inserting “and” after the semicolon;
4 and

5 (3) by adding at the end the following new sub-
6 paragraph:

7 “(B) notwithstanding subparagraph (A), ambu-
8 lance service includes such services described in such
9 subparagraph that are furnished on or after January
10 1, 2025, to an individual by a provider or supplier
11 of ambulance services regardless of whether the pro-
12 vider or supplier provides the transport for the indi-
13 vidual at a reimbursement comparable to the trans-
14 port reimbursement;”.

○

Upcoming Speaking Engagements (travel for all speaking events funded by event coordinators):

Event (location)	Date	Attendees
National Assoc. of EMS Physicians (Austin, TX)	Jan 2024	~800
South Dakota State EMS Conference (Rapid City, SD)	Feb 2024	~400
Michigan EMS Safety & Performance Measures Summit (Detroit, MI)	March 2023	~150
National EMS Safety Summit (Denver, CO)	April 2024	~500
National EMS Economics Summit (Virtual)	April 2024	~1,500
Minnesota State EMS Conference (Deluth, MN)	Jan 2025	~700

Media Summary

Local –

- Trick or Treat Event
 - NBC5, CBS11, ABC8, S-T, KRLD, WBAP/KLIF
- Halloween Safety
 - CBS11, KRLD, WBAP, NBC5
- Cold Weather Safety
 - CBS11, NBC5, Telemundo, Univision
- Stranded Vehicle Safety
 - S-T, KRLD



Recognition and Engagement:

- Patriot Award through the Department of Defense awarded to Field Operations Supervisor, David Salguero
- Golden Lobe Award presented to Sherie Newman and Matthew Futch from Medical City North Hills for a Door-To-Needle of 16 minutes
- Trauma call recognition from THR Fort Worth to Kayden Bathory, Bradley Harvey, and Haltom City FD
- Parade of Lights: Holiday Magic- Enchanted Snowflakes theme using the AMBUS



High Utilization Group

- 10-Year Lookback of EMS Transports

Expenditure Savings Analysis (1) High Utilizer Program - All Referral Sources <i>Based on Medicare Rates</i>			
Analysis Dates: 01/01/2012 - 09/30/2023			
Number of Patients Enrolled (2, 3):		820	
Ambulance Trip to ED Reduction:	-45.9%		
Utilization Change			
Category	Base	Avoided	Savings
Ambulance Payment (4)	\$419	5,528	(\$2,316,232)
ED Visits (5)	\$969	5,085	(\$4,927,365)
Admissions (6)	\$10,900	712	(\$7,759,710)
Total Expenditure Savings			(\$15,003,307)
Per Patient Enrolled			
Expenditure Savings			HUG (\$18,297)

Notes:

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

High Utilization Group

- % Change in Claims by Type of a Managed Medicaid Population

Vendor	MedStar
IP Med/Surg	-84%
IP BH	-100%
IP SNF	N/A
IP Maternity	N/A
ER	-46%
OP Other	11%
PCP	4%
Spec	-22%
Prof Other	-53%
Rx	43%
Ancillary	1%
Total Paid Dollars	-28%

High Utilization Group

Patient Self-Assessment of Health Status (1)									
As of:		9/30/2023							
Referring Facility:		All							
High Utilization Group									
Sample Size		396		Enrollment		Graduation		Change	
Mobility (2)		2.31		2.52		2.52		9.2%	
Self-Care (2)		2.57		2.73		2.72		6.4%	
Perform Usual Activities (2)		2.28		2.60		2.53		13.9%	
Pain and Discomfort (2)		2.01		2.34		2.33		16.6%	
Anxiety/Depression (2)		2.20		2.52		2.66		14.2%	
Overall Health Status (3)		5.39		6.92		6.98		28.4%	
Admission/Readmission Avoidance									
Enrollment		1481		97					
Graduation		2.31		2.49		2.52		6.6%	
Change		2.56		2.70		2.72		3.1%	
Enrollment		2.33		2.54		2.53		2.9%	
Graduation		2.35		2.55		2.33		6.6%	
Change		2.48		2.70		2.66		7.9%	
Enrollment		5.63		7.10		6.98		40.2%	
Graduation									
Change									
Obs Admit Avoidance									
Enrollment									
Graduation									
Change									
Notes:									
1. Average scores of pre and post enrollment data from EuroQol EQ-5D-3L Assessment Questionnaire									
2. Score 1 - 3 with 3 most favorable									
3. Score 1 - 10 with 10 most favorable									

Admission/Readmission Avoidance



Admission/Readmission Avoidance

Hospital Utilization	All Referral Sources					
	As of:	3/31/2023				
	Before Enrollment (1)	Enrollment Period (2)	After Graduation (3)	Change	30-Day Readmission (4)	
Sample Size (5)	684					
Emergency Department Utilization	340	134	270	-20.59%	15.79%	
Unplanned Admission	776	108	394	-49.23%		
Notes:						
	1. Count of ED admissions/IP admissions during the 12 months prior to enrollment					
	2. Count of ED admissions/Count of Clients that readmitted during enrollment period					
	3. Count of ED admissions/IP admissions during the 12 months after graduation					
	4. Anticipated readmission rate of 100%					
	5. Patient enrollment criteria requires a prior 30-day readmission and/or the referral source expects the patient to have a 30-day readmission					

Admission/Readmission Avoidance

Readmission Prevention Program Analysis	November 2016 - March 2023
Patient Enrollments (1, 3)	698
30-Day Readmissions	
Count	109
30-Day Readmission Rate (2)	15.6%
30-Day Readmission Rate Reduction	84.4%
Expenditure per Readmission (4)	\$ 15,618
Readmissions Avoided	589
Expenditure Savings	\$ (9,199,002)
Admission Savings Per Patient	\$ (13,179)
Notes:	
1. Patient enrollment criteria requires a prior 30-day readmission and/or the referral source expects the patient to have a 30-day readmission	
2. Compared to the anticipated 100% readmission rate	
3. Enrollment Period at least 30 days and less than 90 days	
4. Kwok CS, Abramov D, Parwani P, Ghosh RK, Kittleson M, Ahmad FZ, Al Ayoubi F, Van Spall HGC, Mamas MA. Cost of inpatient heart failure care and 30-day readmissions in the United States. <i>Int J Cardiol.</i> 2021 Apr 15;329:115-122. doi: 10.1016/j.ijcard.2020.12.020. Epub 2020 Dec 13. PMID: 33321128.	

Admission/Readmission Avoidance

Patient Self-Assessment of Health Status (1)																																																																																																				
As of:		9/30/2023																																																																																																		
Referring Facility:		All																																																																																																		
<table border="1"> <thead> <tr> <th rowspan="2">Sample Size</th> <th colspan="3">High Utilization Group</th> <th colspan="3">Admission/Readmission Avoidance</th> <th colspan="3">Obs Admit Avoidance</th> </tr> <tr> <th>Enrollment</th> <th>Graduation</th> <th>Change</th> <th>Enrollment</th> <th>Graduation</th> <th>Change</th> <th>Enrollment</th> <th>Graduation</th> <th>Change</th> </tr> </thead> <tbody> <tr> <td></td> <td>396</td> <td></td> <td></td> <td>1481</td> <td></td> <td></td> <td>97</td> <td></td> <td></td> </tr> <tr> <td>Mobility (2)</td> <td>2.31</td> <td>2.52</td> <td>9.2%</td> <td>2.31</td> <td>2.49</td> <td>7.9%</td> <td>2.36</td> <td>2.52</td> <td>6.6%</td> </tr> <tr> <td>Self-Care (2)</td> <td>2.57</td> <td>2.73</td> <td>6.4%</td> <td>2.56</td> <td>2.70</td> <td>5.6%</td> <td>2.64</td> <td>2.72</td> <td>3.1%</td> </tr> <tr> <td>Perform Usual Activities (2)</td> <td>2.28</td> <td>2.60</td> <td>13.9%</td> <td>2.33</td> <td>2.54</td> <td>9.0%</td> <td>2.45</td> <td>2.53</td> <td>2.9%</td> </tr> <tr> <td>Pain and Discomfort (2)</td> <td>2.01</td> <td>2.34</td> <td>16.6%</td> <td>2.35</td> <td>2.55</td> <td>8.8%</td> <td>2.19</td> <td>2.33</td> <td>6.6%</td> </tr> <tr> <td>Anxiety/Depression (2)</td> <td>2.20</td> <td>2.52</td> <td>14.2%</td> <td>2.48</td> <td>2.70</td> <td>8.9%</td> <td>2.46</td> <td>2.66</td> <td>7.9%</td> </tr> <tr> <td>Overall Health Status (3)</td> <td>5.39</td> <td>6.92</td> <td>28.4%</td> <td>5.63</td> <td>7.10</td> <td>26.0%</td> <td>4.98</td> <td>6.98</td> <td>40.2%</td> </tr> </tbody> </table>												Sample Size	High Utilization Group			Admission/Readmission Avoidance			Obs Admit Avoidance			Enrollment	Graduation	Change	Enrollment	Graduation	Change	Enrollment	Graduation	Change		396			1481			97			Mobility (2)	2.31	2.52	9.2%	2.31	2.49	7.9%	2.36	2.52	6.6%	Self-Care (2)	2.57	2.73	6.4%	2.56	2.70	5.6%	2.64	2.72	3.1%	Perform Usual Activities (2)	2.28	2.60	13.9%	2.33	2.54	9.0%	2.45	2.53	2.9%	Pain and Discomfort (2)	2.01	2.34	16.6%	2.35	2.55	8.8%	2.19	2.33	6.6%	Anxiety/Depression (2)	2.20	2.52	14.2%	2.48	2.70	8.9%	2.46	2.66	7.9%	Overall Health Status (3)	5.39	6.92	28.4%	5.63	7.10	26.0%	4.98	6.98	40.2%
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Episodic Care Coordination

	Total	Transported to ED	Transported to ED (%)	Not Transported to ED	Not Transported to ED (%)
Hospice					
9-1-1 Calls	562	334	59.4%	228	40.6%
Unscheduled Visit Request	121	4	3.3%	117	96.7%
Home Health					
9-1-1 Calls	3096	2426	78.4%	669	21.6%
Unscheduled Visit Request	245	29	11.8%	213	86.9%
Palliative Care					
9-1-1 Calls	305	209	68.5%	96	31.5%
Unscheduled Visit Request	130	10	7.7%	120	92.3%
Landmark Health					
9-1-1 Calls	1448	1155	79.8%	291	20.1%
Unscheduled Visit Request	147	12	8.2%	131	89.1%

Tab D – Chief Financial Officer

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

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

Statement of Revenues and Expenses:

Month to Date: Net Income for the month of October 2023 is a gain of \$138,618 as compared to a budgeted gain of \$10,870 for a positive variance of \$127,748. EBITDA for the month of October 2023 is a gain of \$555,873 compared to a budgeted gain of \$413,262 for a positive variance of \$142,610.

- Patient contact volume in October ended the month at 101% to budget.
- Net Revenue in October is \$234,432K over budget or 104% to budget. The main drivers of the variance are Patient Contact volume in October is over budget by 1 % or 112 billable patient contacts and MedStar billed 3.9% more Commercial Insurance trips than expected.
- Total Expenses ended the month 102% to budget or \$107K over budget. In October, MedStar incurred additional expenses in Salaries and Overtime of \$71K, and \$139K of Benefits and Taxes. The total of all other line-item expense is below budget by (\$104K).

Key Financial Indicators:

- Current Ratio – MedStar has \$7.19 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 October 31, 2022, there is 4.6 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 5.89 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 October, the return is 0.22%.

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

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Balance Sheet By Character Code

For the Period Ending October 31, 2023

Assets	Current Year	Last Year
Cash	\$24,731,105.45	\$19,772,307.36
Accounts Receivable	\$11,037,968.84	\$10,877,296.21
Inventory	\$505,000.95	\$409,910.36
Prepaid Expenses	\$1,125,876.07	\$2,091,036.14
Property Plant & Equ	\$73,058,645.79	\$68,813,040.46
Accumulated Deprecia	(\$31,318,520.01)	(\$27,930,753.68)
Total Assets	\$79,140,077.09	\$74,032,836.85
Liabilities		
Accounts Payable	(\$467,364.20)	(\$1,786,638.88)
Other Current Liabil	(\$2,776,889.98)	(\$2,389,904.94)
Accrued Interest	\$0.00	(\$7,781.31)
Payroll Withholding	\$8,820.00	(\$4,192.19)
Long Term Debt	(\$2,929,335.07)	(\$3,299,651.73)
Other Long Term Liab	(\$10,362,041.82)	(\$9,194,828.14)
Total Liabilities	(\$16,526,811.07)	(\$16,682,997.19)
Equities		
Equity	(\$62,509,792.16)	(\$57,552,004.46)
Control	(\$103,473.86)	\$202,164.80
Total Equities	(\$62,613,266.02)	(\$57,349,839.66)
Total Liabilities and Equities	(\$79,140,077.09)	(\$74,032,836.85)

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

October 31, 2023

[Actual compared with Budget]

Revenue	Current Month		Current Month		Year to Date		Year to Date		Year to Date	
	Actual	Budget	Variance	Actual	Budget	Actual	Budget	Variance	Actual	Variance
Transport Fees	\$21,368,263.35	\$21,062,821.00	\$305,442.35	\$21,368,263.35	\$21,062,821.00	\$21,062,821.00	\$21,062,821.00	\$305,442.35	\$21,062,821.00	\$305,442.35
Contractual Allow	(\$9,838,008.63)	(\$9,203,483.00)	(\$634,525.63)	(\$9,838,008.63)	(\$9,203,483.00)	(\$9,203,483.00)	(\$9,203,483.00)	(\$634,525.63)	(\$9,203,483.00)	(\$634,525.63)
Provision for Uncoll	(\$6,436,833.48)	(\$7,093,273.00)	\$656,439.52	(\$6,436,833.48)	(\$7,093,273.00)	(\$7,093,273.00)	(\$7,093,273.00)	\$656,439.52	(\$7,093,273.00)	\$656,439.52
Education Income	\$950.00	\$1,690.00	(\$740.00)	\$950.00	\$1,690.00	\$1,690.00	\$1,690.00	(\$740.00)	\$1,690.00	(\$740.00)
Other Income	\$139,762.72	\$163,883.65	(\$24,120.93)	\$139,762.72	\$163,883.65	\$163,883.65	\$163,883.65	(\$24,120.93)	\$163,883.65	(\$24,120.93)
Standby/Subscription	\$155,418.96	\$223,461.44	(\$68,042.48)	\$155,418.96	\$223,461.44	\$223,461.44	\$223,461.44	(\$68,042.48)	\$223,461.44	(\$68,042.48)
Pop Health PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
interest on Investme	\$79.57	\$100.00	(\$20.43)	\$79.57	\$100.00	\$100.00	\$100.00	(\$20.43)	\$100.00	(\$20.43)
Gain(Loss) on Dispos	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Revenue	\$5,389,632.49	\$5,155,200.09	\$234,432.40	\$5,389,632.49	\$5,155,200.09	\$5,155,200.09	\$5,155,200.09	\$234,432.40	\$5,155,200.09	\$234,432.40
Expenditures										
Salaries	\$3,209,573.45	\$3,138,003.00	\$71,570.45	\$3,209,573.45	\$3,138,003.00	\$3,138,003.00	\$3,138,003.00	\$71,570.45	\$3,138,003.00	\$71,570.45
Benefits and Taxes	\$532,131.18	\$392,603.00	\$139,528.18	\$532,131.18	\$392,603.00	\$392,603.00	\$392,603.00	\$139,528.18	\$392,603.00	\$139,528.18
Interest	\$44,339.61	\$43,434.00	\$905.61	\$44,339.61	\$43,434.00	\$43,434.00	\$43,434.00	\$905.61	\$43,434.00	\$905.61
Fuel	\$175,043.33	\$179,710.00	(\$4,666.67)	\$175,043.33	\$179,710.00	\$179,710.00	\$179,710.00	(\$4,666.67)	\$179,710.00	(\$4,666.67)
Medical Supp/Oxygen	\$183,916.90	\$213,396.00	(\$29,479.10)	\$183,916.90	\$213,396.00	\$213,396.00	\$213,396.00	(\$29,479.10)	\$213,396.00	(\$29,479.10)
Other Veh & Eq	\$55,511.63	\$52,244.00	\$3,267.63	\$55,511.63	\$52,244.00	\$52,244.00	\$52,244.00	\$3,267.63	\$52,244.00	\$3,267.63
Rent and Utilities	\$47,503.79	\$56,052.70	(\$8,548.91)	\$47,503.79	\$56,052.70	\$56,052.70	\$56,052.70	(\$8,548.91)	\$56,052.70	(\$8,548.91)
Facility & Eq Mtc	\$99,071.03	\$90,342.81	\$8,728.22	\$99,071.03	\$90,342.81	\$90,342.81	\$90,342.81	\$8,728.22	\$90,342.81	\$8,728.22
Postage & Shipping	\$1,433.69	\$1,806.83	(\$373.14)	\$1,433.69	\$1,806.83	\$1,806.83	\$1,806.83	(\$373.14)	\$1,806.83	(\$373.14)
Station	\$33,179.29	\$41,612.51	(\$8,433.22)	\$33,179.29	\$41,612.51	\$41,612.51	\$41,612.51	(\$8,433.22)	\$41,612.51	(\$8,433.22)
Comp Maintenance	\$60,870.52	\$53,245.00	\$7,625.52	\$60,870.52	\$53,245.00	\$53,245.00	\$53,245.00	\$7,625.52	\$53,245.00	\$7,625.52
Insurance	\$42,997.30	\$57,215.58	(\$14,218.28)	\$42,997.30	\$57,215.58	\$57,215.58	\$57,215.58	(\$14,218.28)	\$57,215.58	(\$14,218.28)
Advertising & PR	\$920.00	\$0.00	\$920.00	\$920.00	\$0.00	\$0.00	\$0.00	\$920.00	\$0.00	\$920.00
Printing	\$2,207.62	\$1,860.00	\$347.62	\$2,207.62	\$1,860.00	\$1,860.00	\$1,860.00	\$347.62	\$1,860.00	\$347.62
Travel & Entertain	\$144.10	\$388.00	(\$243.90)	\$144.10	\$388.00	\$388.00	\$388.00	(\$243.90)	\$388.00	(\$243.90)
Dues & Subs	\$113,485.78	\$138,871.00	(\$25,385.22)	\$113,485.78	\$138,871.00	\$138,871.00	\$138,871.00	(\$25,385.22)	\$138,871.00	(\$25,385.22)
Continuing Educ Ex	\$0.00	\$22,698.00	(\$22,698.00)	\$0.00	\$22,698.00	\$22,698.00	\$22,698.00	(\$22,698.00)	\$22,698.00	(\$22,698.00)
Professional Fees	\$272,132.56	\$290,857.00	(\$18,724.44)	\$272,132.56	\$290,857.00	\$290,857.00	\$290,857.00	(\$18,724.44)	\$290,857.00	(\$18,724.44)
Education Expenses	\$1,589.25	\$9,445.33	(\$7,856.08)	\$1,589.25	\$9,445.33	\$9,445.33	\$9,445.33	(\$7,856.08)	\$9,445.33	(\$7,856.08)

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

October 31, 2023

[Actual compared with Budget]

Revenue	Current Month		Year to Date		Year to Date	
	Actual	Budget	Actual	Budget	Actual	Variance
Miscellaneous	\$2,047.98	\$1,587.00	\$2,047.98	\$2,047.98	\$1,587.00	\$460.98
Depreciation	\$372,915.12	\$358,958.00	\$372,915.12	\$372,915.12	\$358,958.00	\$13,957.12
Total Expenditures	\$5,251,014.13	\$5,144,329.76	\$5,251,014.13	\$5,144,329.76	\$5,144,329.76	\$106,684.37
Net Rev in Excess of Expend	\$138,618.36	\$10,870.33	\$138,618.36	\$138,618.36	\$10,870.33	\$127,748.03
EBITDA	\$555,873.09	\$413,262.33	\$555,873.09	\$413,262.33	\$413,262.33	\$142,610.76

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Key Financial Indicators

October 31, 2023

	Goal	FY 2022	FY 2023	FY 2024
Current Ratio	> 1	6.04	10.88	7.19

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

Cash as % of Annual Expenditures	> 25%	33.49%	35.55%	39.13%
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Indicates compliance with Ordinance which specifies 3 months cash

Accounts Receivable Turnover	>3	9.06	6.21	5.89
-------------------------------------	--------------	-------------	-------------	-------------

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%	-0.07%	8.61%	0.22%
-----------------------------	---------------	---------------	--------------	--------------

Reveals management's effectiveness in generating profits from the

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 10/31/2023			<u><u>\$ 475,470.69</u></u>

Tab E – Chief Human Resources Officer

Human Resources - October 2023 Summary

Staffing

- 26 hires in October
- 26 hires FYTD
- Upcoming Scheduled NEOPs
 - November 27, 2023

Leaves:

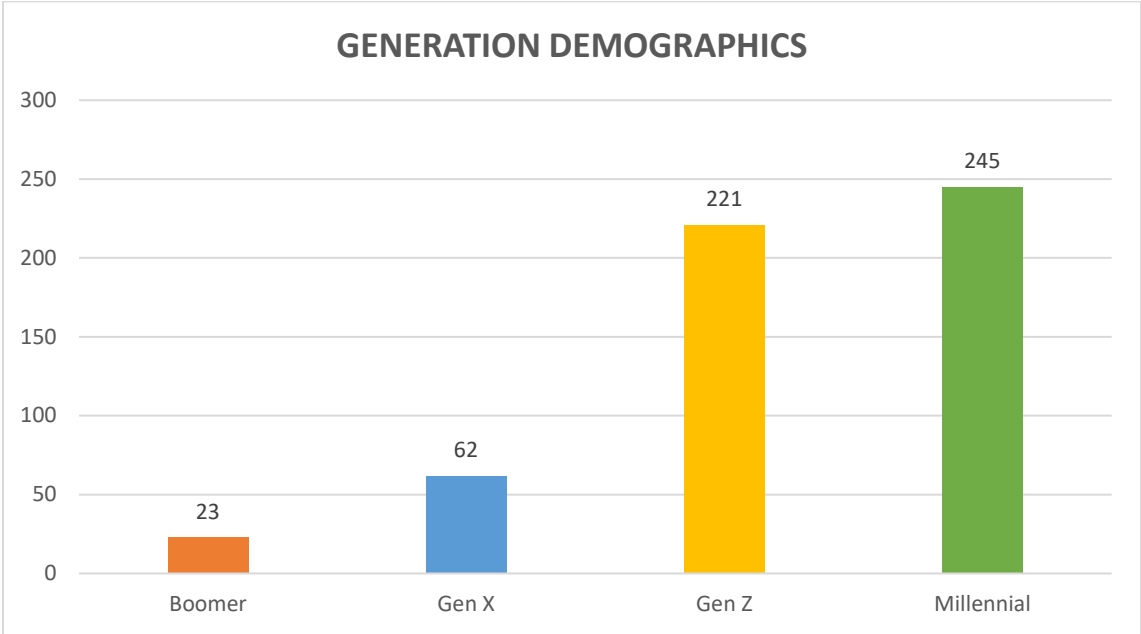
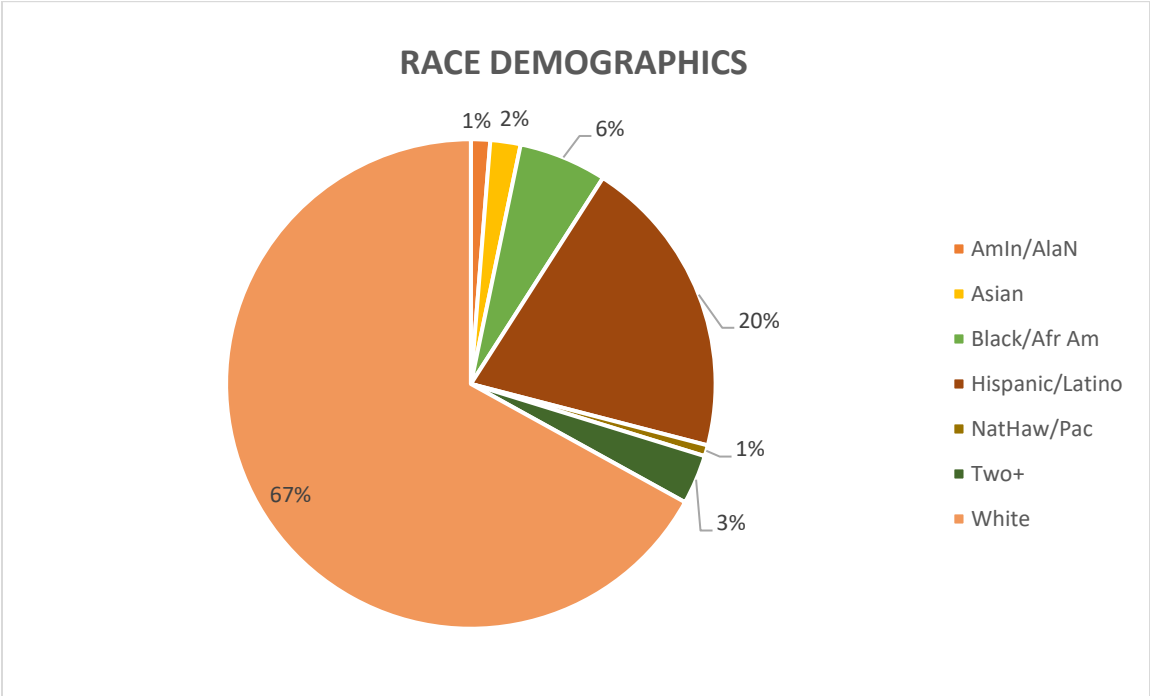
- 32 employees on FMLA / 6.45% of workforce
 - 15 cases on intermittent
 - 17 cases on a block
- Top FMLA request reasons/conditions
 - Orthopedic (8)
 - FMLA-Child (7)
 - FMLA-Spouse (4)

Turnover:

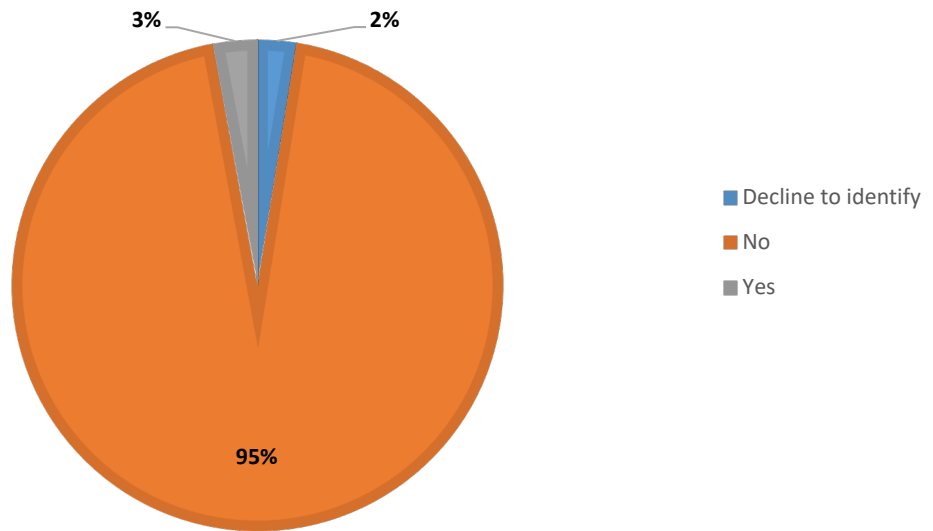
- September turnover – 1.63%
 - FT – 1.61%
 - PT – 1.82%
- Year to date turnover – 1.63%
 - FT – 1.61%
 - PT – 1.82%



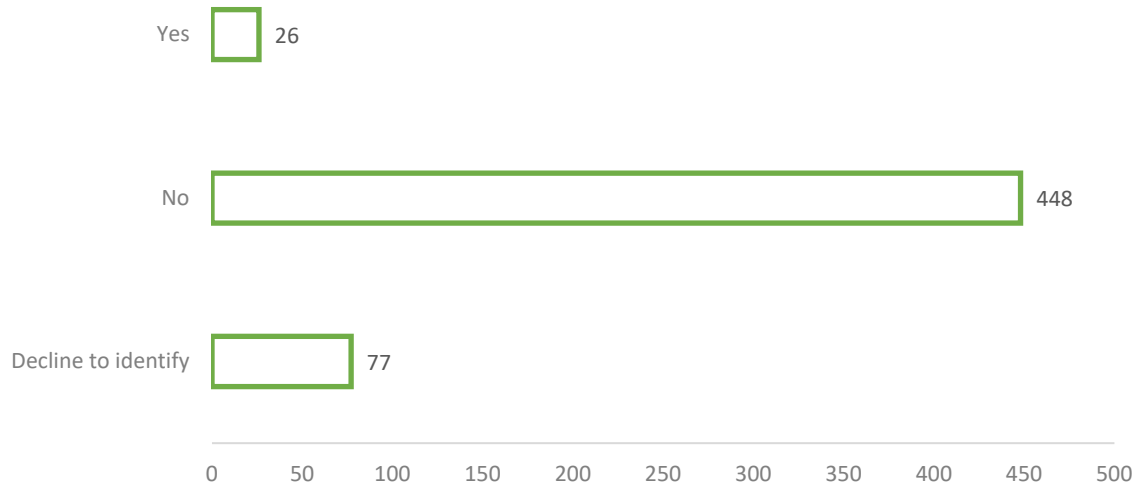
OCTOBER 2023 DIVERSITY STATISTICS

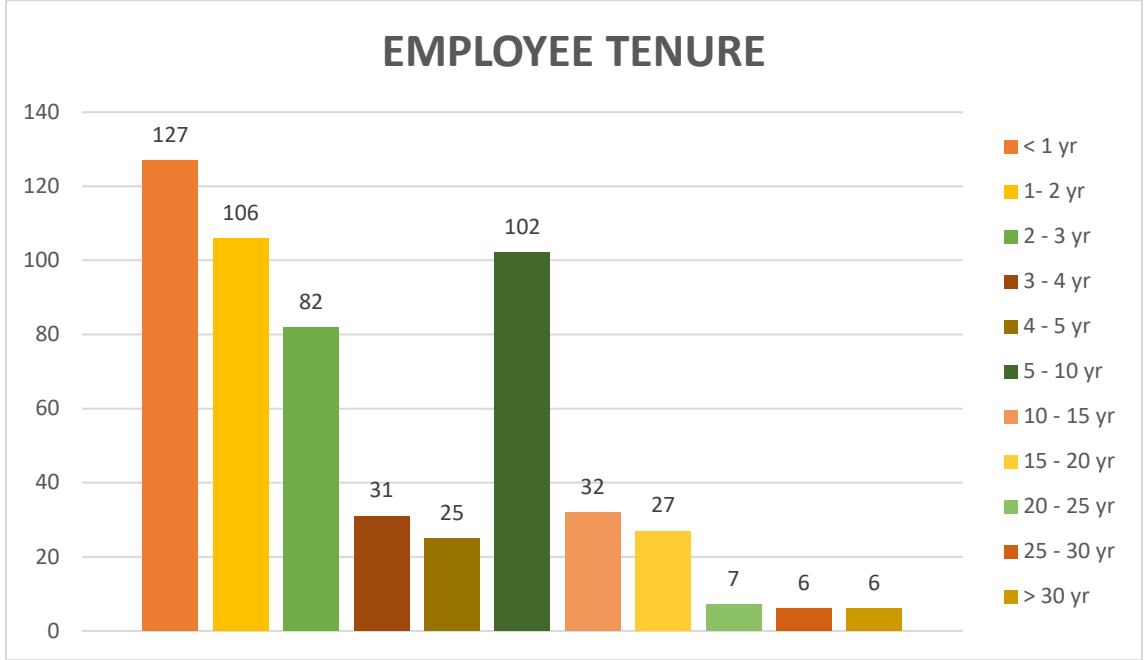
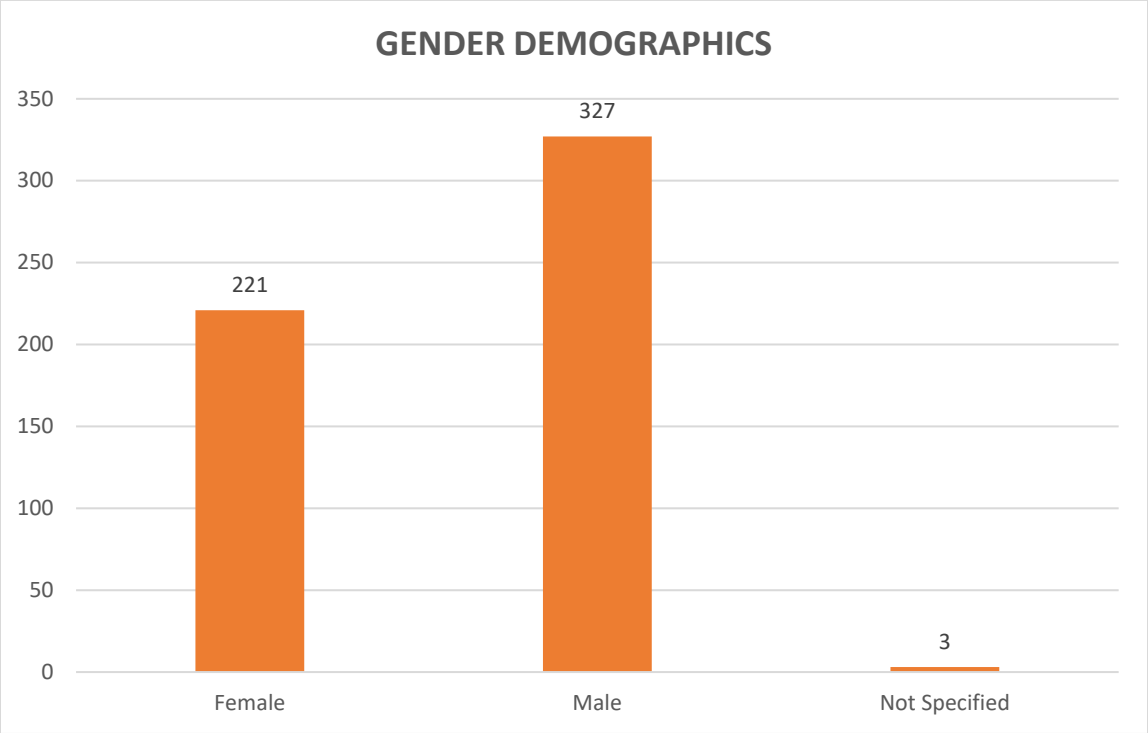


DISABILITY DEMOGRAPHICS



VETERAN DEMOGRAPHICS





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

Conditions	
Cardiology	2
Digestive	1
FMLA - Child	7
FMLA - Spouse	4
Mental Health	1
Neurological	1
Neurological	1
Obstetrics/Gynecology	3
Oncology	2
Orthopedic	8
Pulmonary	2
Grand Total	32

Percentage by Department					
Department	# of Ees	# on FMLA	% by FTE	% by FMLA	% by Dept HC
Advanced	137	9	1.81%	28.13%	6.57%
Basic	191	7	1.41%	21.88%	3.66%
Communications	46	8	1.61%	25.00%	17.39%
Controller - Payroll, Purchasing, A/P	6	3	0.60%	9.38%	50.00%
Office of the Medical Director	12	1	0.20%	0.00%	8.33%
Support Services - Facilities, Fleet, S.E., Logistics	26	4	0.81%	12.50%	15.38%
Grand Total	418	32			
Total # of Full Time Employees - October 2023					
	496				
% of Workforce using FMLA					
	6.45%				
TYPE OF LEAVES UNDER FMLA					
	# of Ees	% on Leave			
Intermittent Leave	15	46.88%			
Block of Leave	17	53.13%			
Total	32	100.00%			

MedStar Mobile Health Care Separation Statistics October 2023

Full Time Separations
Part Time Separations
Total Separations

Current Month		
Vol	Invol	Total
7	1	8
1	0	1
8	1	9

Year to Date		
Vol	Invol	Total
7	1	8
1	0	1
8	1	9

YTD Compared to Oct'22		Headcount
Oct'22	%	Oct-22
9	1.89%	476
1	1.82%	55
10	1.88%	531
Difference	-0.247%	

	Full Time	Part Time	Total
Total Turnover %	1.61%	1.82%	1.63%
Voluntary Turnover %	1.41%	1.82%	1.45%

Full Time	Part Time	Total
1.61%	1.82%	1.63%
1.41%	1.82%	1.45%

Separations by Department

Full Time	Current Month		
	Vol	Invol	Total
Advanced	5	0	5
Basics	2	0	2
Business Office			
Communications			
Controller - Payroll, Purchasing, A/P			
Deployment			
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	0	1	1
Total	7	1	8

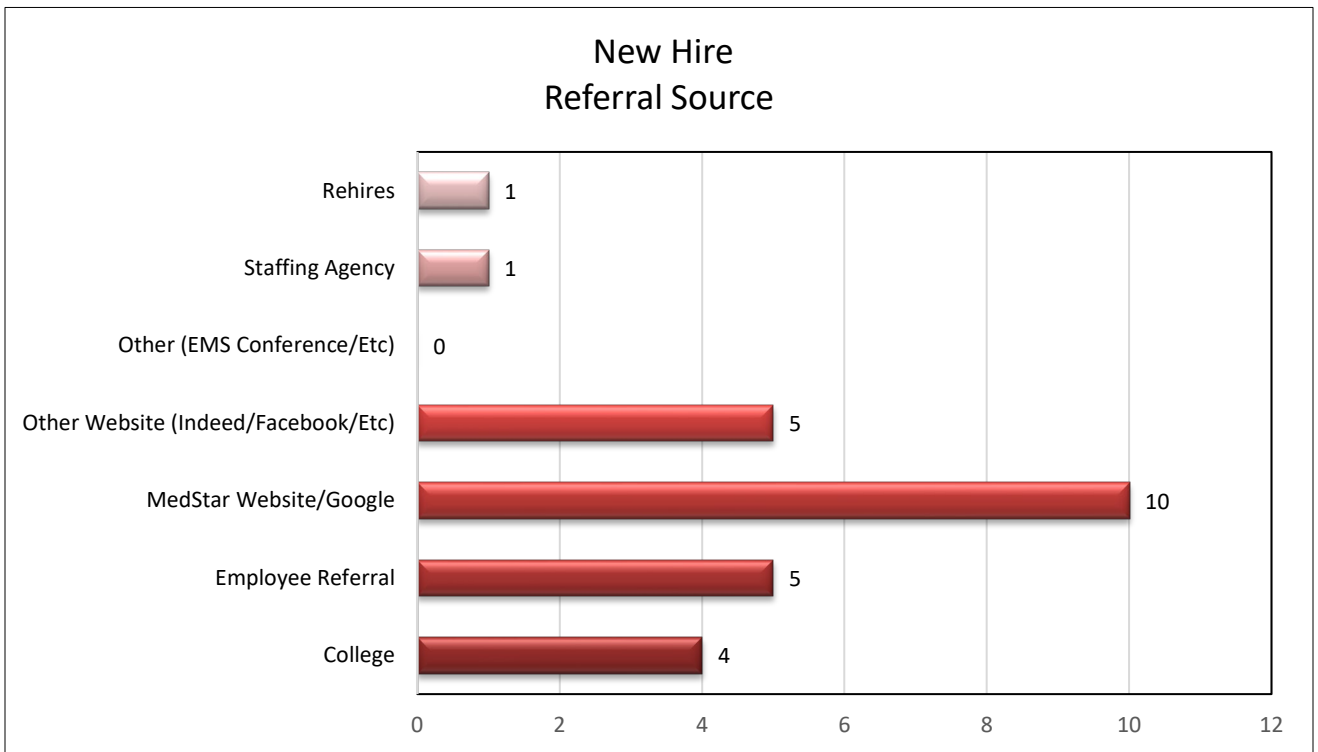
Year to Date	Headcount		
	Vol	Invol	Total
5	0	5	137
2	0	2	191
			12
			46
			6
			3
			8
			25
			7
			2
			6
			2
			2
			10
			12
			1
0	1	1	26
7	1	8	496

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

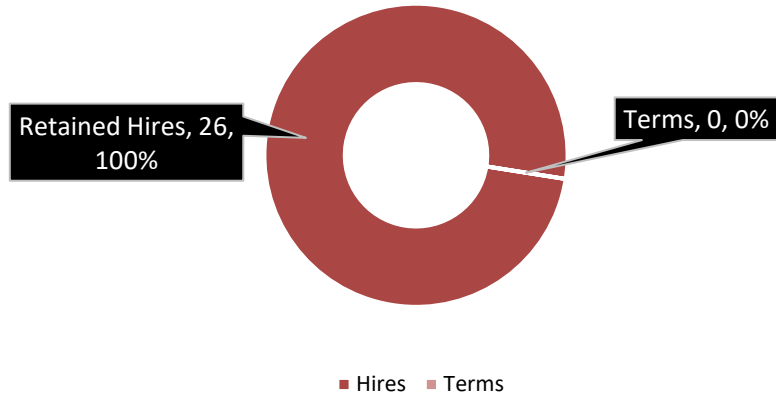
Year to Date	Headcount		
	Vol	Invol	Total
			18
1	0	1	27
			2
			1
			7
1	0	1	55

Recruiting & Staffing Report

Fiscal Year 2023-2024



2022-2023 FY Separations



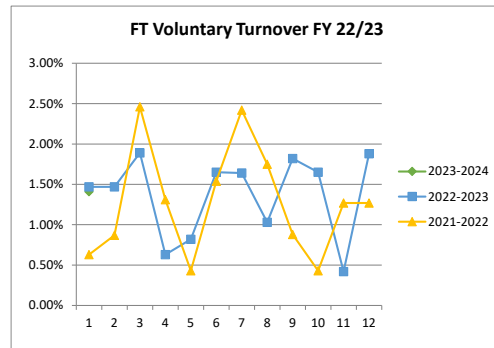
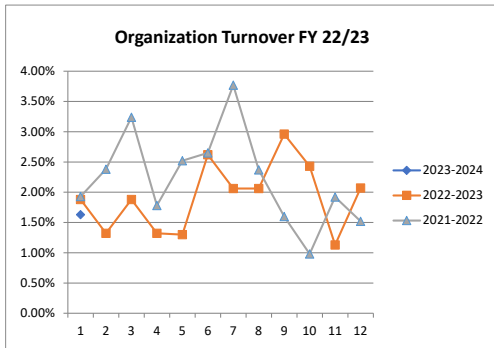
Fiscal Year Statistics
Total hires to date 26
Total separations from hires 0

Separation Reasons:

MedStar Mobile Healthcare Turnover
Fiscal Year 2022 - 2023

	Full & Part Time Turnover			Full Time Only
	2023-2024	2022-2023	2021-2022	2023-2024
October	1.63%	1.88%	1.93%	1.61%
November		1.32%	2.38%	
December		1.88%	3.24%	
January		1.32%	1.78%	
February		1.30%	2.52%	
March		2.62%	2.65%	
April		2.06%	3.77%	
May		2.06%	2.37%	
June		2.96%	1.60%	
July		2.43%	0.98%	
August		1.13%	1.92%	
September		2.07%	1.52%	
Actual Turnover	1.63%	22.01%	24.57%	14.17%

	Full Time Voluntary Turnover		
	2023-2024	2022-2023	2021-2022
October	1.41%	1.47%	0.63%
November		1.47%	0.87%
December		1.89%	2.46%
January		0.63%	1.31%
February		0.82%	0.43%
March		1.65%	1.54%
April		1.64%	2.42%
May		1.03%	1.75%
June		1.82%	0.88%
July		1.65%	0.43%
August		0.42%	1.27%
September		1.88%	1.27%
Actual Turnover	1.41%	13.20%	15.25%



Tab F – FRAB

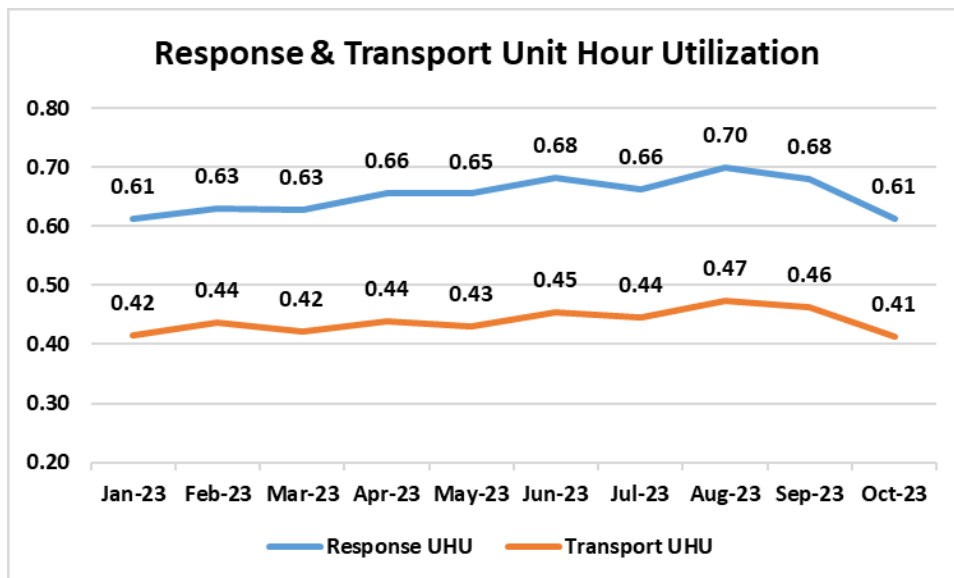
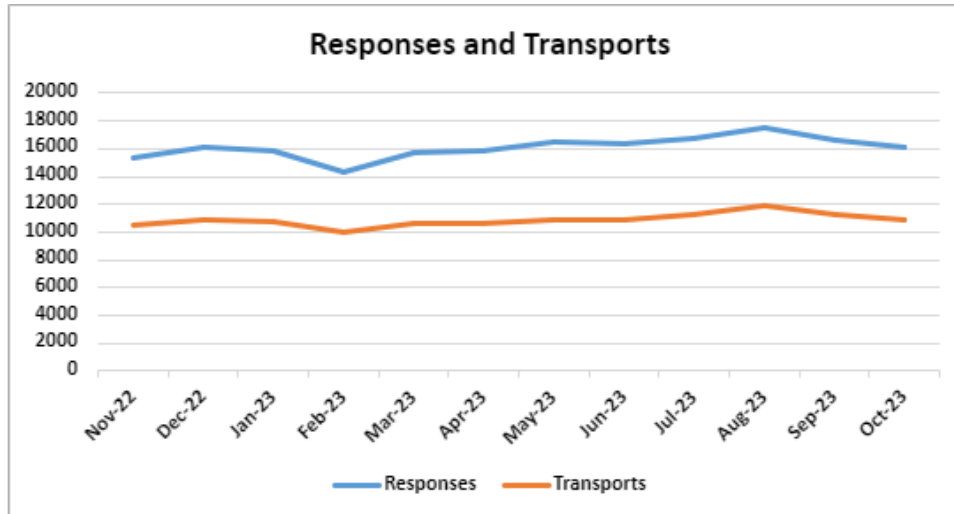
Tab G – Operations

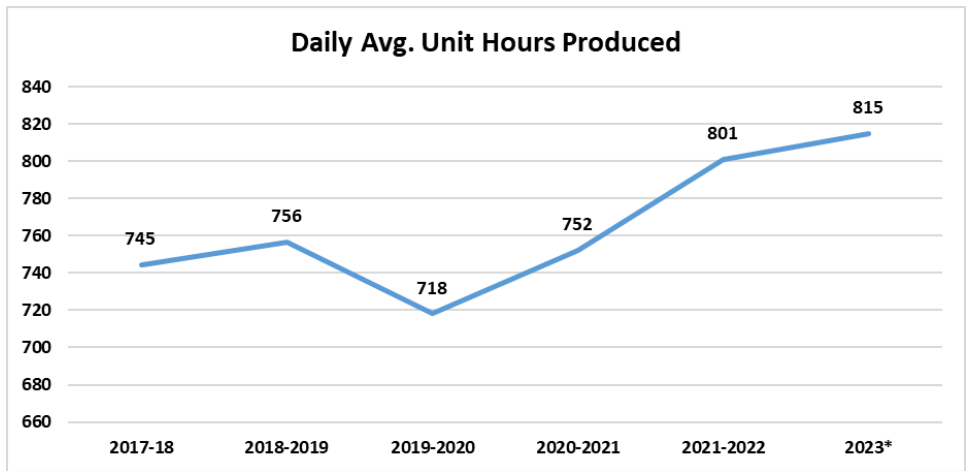
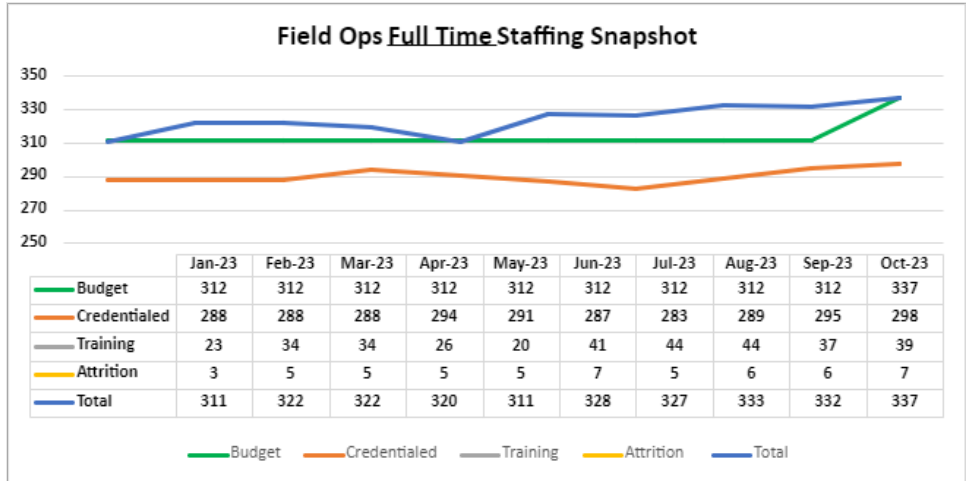
Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Operations Report- October 2023

The following summarizes significant operational items through October 31st, 2023

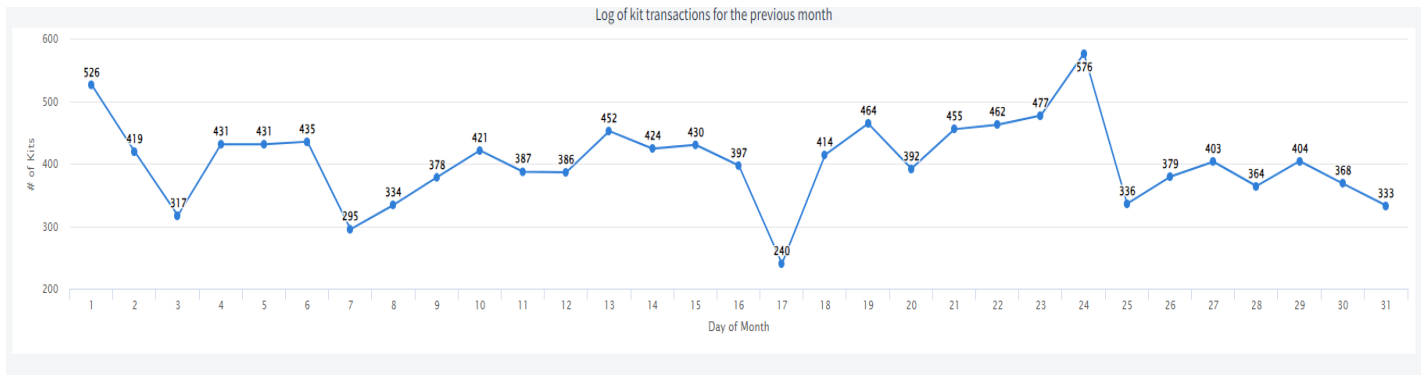
Field Operations:





Fleet/Logistics/Building Maintenance:

Daily Kit Inventory Log October 2023

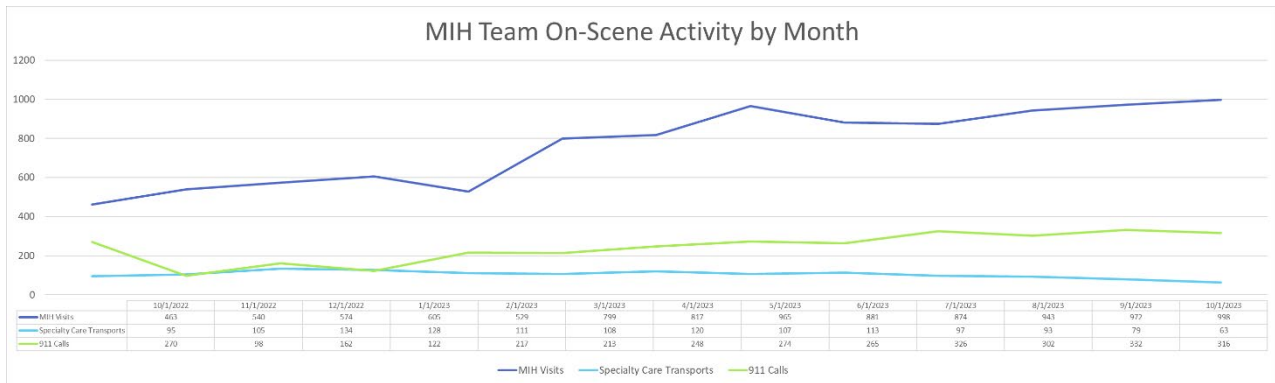


Special Operations:

- Completed 165 standby events for the month of October 2023
- Major events covered:
 - 82 - High School Football Games
 - 20 - National Night Out Community Events
 - Medstar Annual Trick or Treat Event w/ 3 Awesome Kiddos
 - Multiple TCU and TX Wesleyan Events
 - Lockheed Martin Family Day (30,000 + in attendance)

Mobile Integrated Health:

- 2,766 clients are currently enrolled
 - Admission/Readmission Avoidance: 17
 - Episodic Care Coordination: 2,118
 - High Utilization Group (HUG): 70
 - Hospital at Home: 0
 - STAR: 7
 - Star-Saver Plus: 428
- 62 clients are pending enrollment
 - Admission/Readmission Avoidance: 12
 - High Utilization Group (HUG): 14
 - Overdose Response Team: 24
 - STAR: 12



Information Technology:

- The network refresh project is complete. The focus has shifted to continuous security improvement.
- Exploring potential backup communications sites and supporting infrastructure.
- Updating GPS/CAD phones and accessories on ambulances.
- Continue to work with communications and operations team to strengthen technology redundancies for the communications center.
- Continue to identify and implement cost and service optimization strategies.
- Web filtering stats:

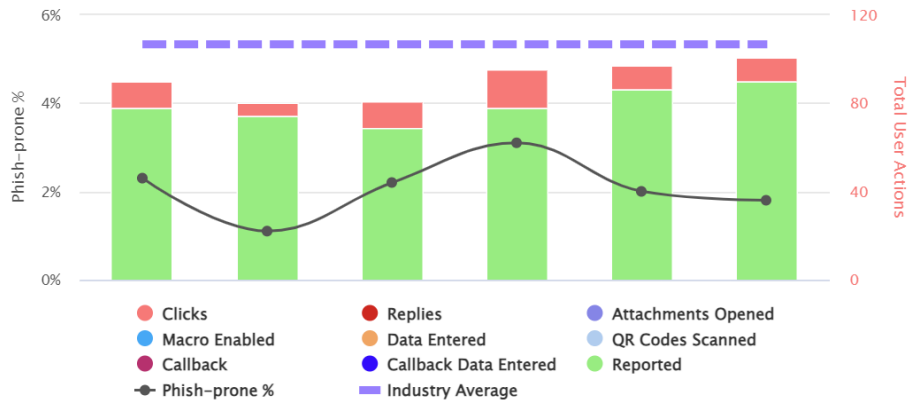


- Security Awareness Campaign:

Phishing

Phishing Security Tests – Last 6 Months

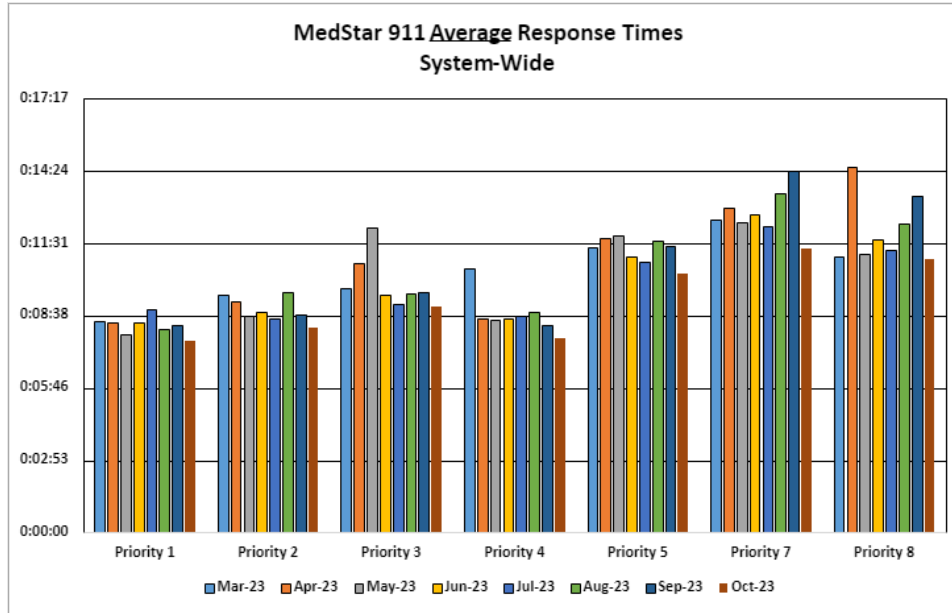
69 Clicks, 0 Replies, 0 Attachments Opened, 0 Macro Enabled, 0 Data Entered, 0 QR Codes Scanned, 0 Callback, 0 Callback Data Entered, 475 Reported



Business Intelligence:

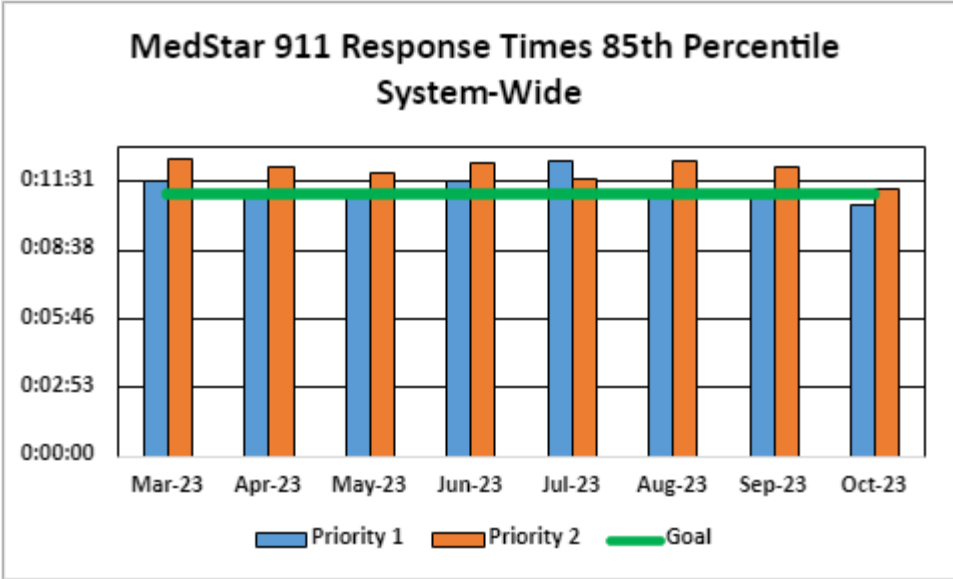
- Analysts continue to work with departments on various projects
 - SharePoint Optimization
 - Deployment Modeling
 - OMD database/reporting builds for QA
 - Analysis of all posts in system underway as a joint project between field, COMMS, and BI

- Response Times

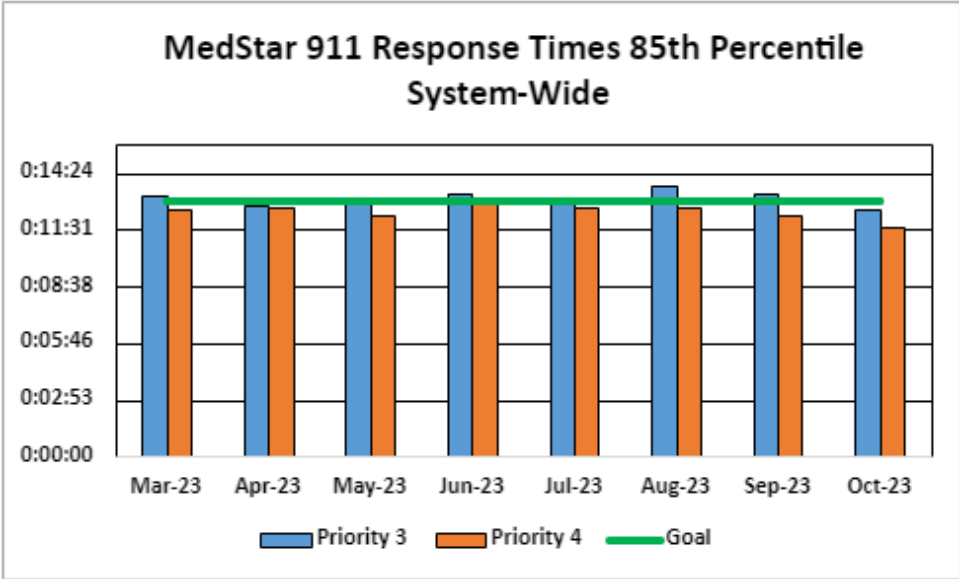


Average	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 7	Priority 8
Mar-23	0:08:24	0:09:28	0:09:44	0:10:30	0:11:23	0:12:29	0:10:59
Apr-23	0:08:22	0:09:11	0:10:45	0:08:30	0:11:44	0:12:55	0:14:33
May-23	0:07:55	0:08:38	0:12:09	0:08:29	0:11:49	0:12:21	0:11:07
Jun-23	0:08:23	0:08:46	0:09:27	0:08:32	0:11:01	0:12:41	0:11:41
Jul-23	0:08:55	0:08:33	0:09:07	0:08:38	0:10:48	0:12:13	0:11:15
Aug-23	0:08:06	0:09:33	0:09:32	0:08:46	0:11:37	0:13:32	0:12:17
Sep-23	0:08:16	0:08:41	0:09:36	0:08:15	0:11:25	0:14:25	0:13:26
Oct-23	0:07:38	0:08:08	0:09:00	0:07:43	0:10:19	0:11:20	0:10:54

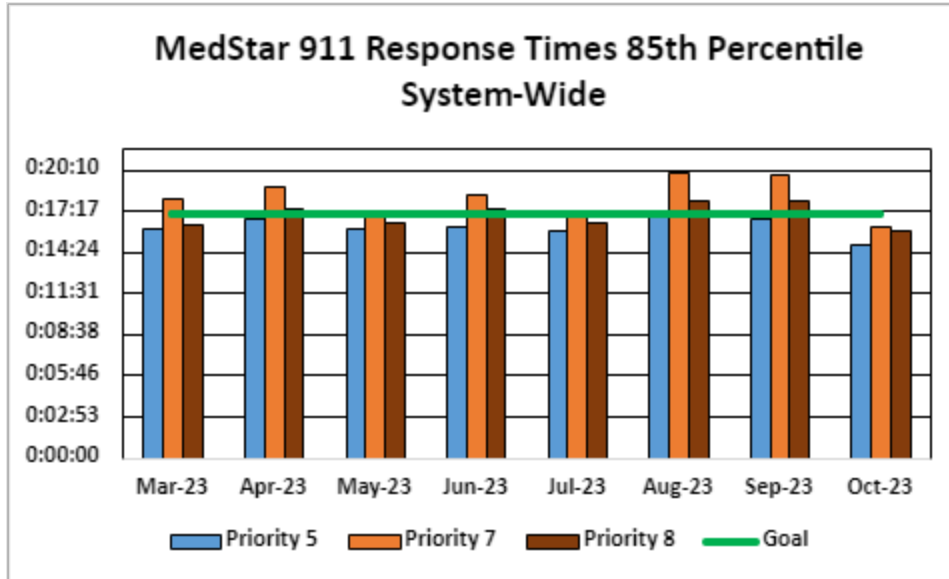
Response times measured from phone answer time to arrival on scene



85th	Priority 1	Priority 2	Goal
Mar-23	0:11:31	0:12:30	0:11:00
Apr-23	0:11:05	0:12:06	0:11:00
May-23	0:10:58	0:11:51	0:11:00
Jun-23	0:11:33	0:12:18	0:11:00
Jul-23	0:12:25	0:11:39	0:11:00
Aug-23	0:11:00	0:12:25	0:11:00
Sep-23	0:11:10	0:12:08	0:11:00
Oct-23	0:10:34	0:11:12	0:11:00



85th	Priority 3	Priority 4	Goal
Mar-23	0:13:14	0:12:32	0:13:00
Apr-23	0:12:47	0:12:41	0:13:00
May-23	0:12:49	0:12:13	0:13:00
Jun-23	0:13:21	0:12:50	0:13:00
Jul-23	0:12:53	0:12:41	0:13:00
Aug-23	0:13:44	0:12:42	0:13:00
Sep-23	0:13:24	0:12:13	0:13:00
Oct-23	0:12:33	0:11:39	0:13:00

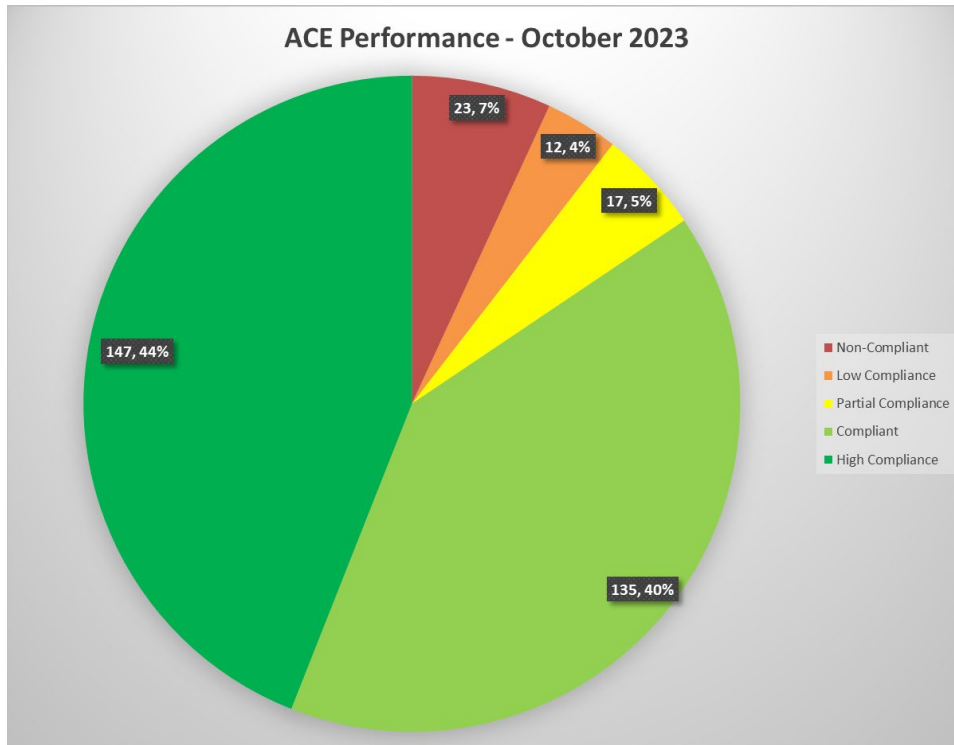


85th	Priority 5	Priority 7	Priority 8	Goal
Mar-23	0:16:06	0:18:04	0:16:23	0:17:00
Apr-23	0:16:48	0:19:01	0:17:22	0:17:00
May-23	0:16:01	0:17:19	0:16:25	0:17:00
Jun-23	0:16:09	0:18:28	0:17:25	0:17:00
Jul-23	0:15:50	0:17:03	0:16:28	0:17:00
Aug-23	0:16:49	0:20:01	0:18:00	0:17:00
Sep-23	0:16:43	0:19:45	0:18:03	0:17:00
Oct-23	0:14:53	0:16:07	0:15:54	0:17:00

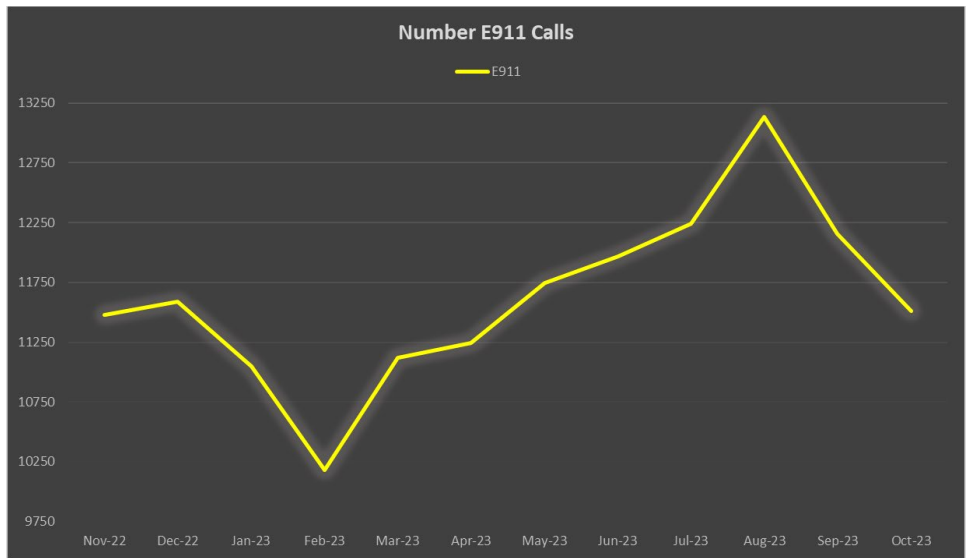
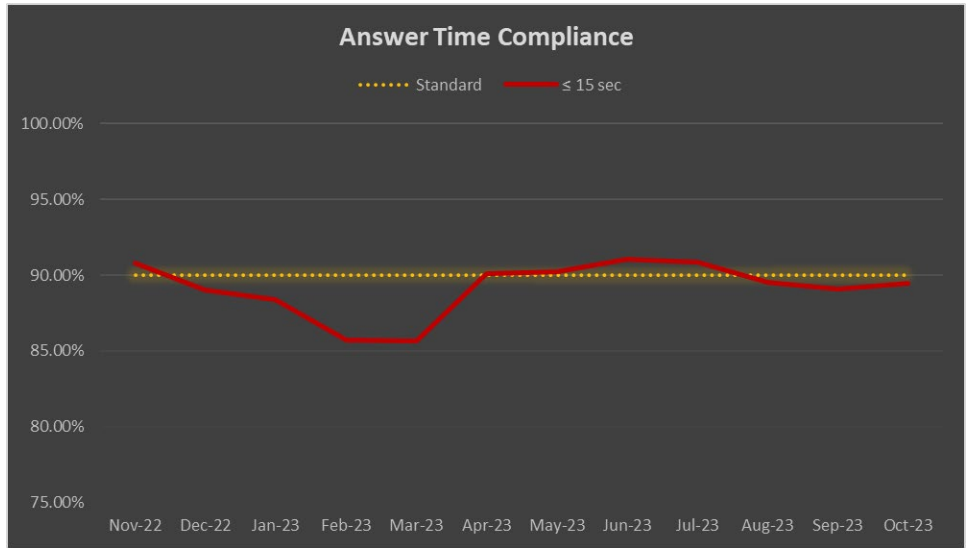
Response times measured from phone answer time to arrival on scene

Communications Center:

- Sixteen (16) controllers in various phases of training.
- Recruiting efforts to fill two (2) controller positions.
- Continual review and enhancement of LOGIS configuration to maintain optimal efficiency in deploying system resources.



	Admin In	Admin Out	Admin Total	Admin Avg Dur	E911	E911 Avg Dur	E911 Ans ≤ 15 sec	E911 Ans ≤ 20 sec	Total All Calls
Aug 2023	7,470	3,912	11,382	147.8	13,135	259.7	89.53%	92.12%	24,517
Sep 2023	7,622	3,974	11,596	152.6	12,158	261.2	89.11%	91.99%	23,754
Oct 2023	6,940	4,064	11,004	160.6	11,508	262.4	89.48%	91.92%	22,512





Medstar Mutual Aid Response Task Time Report

Period: 10/01/2023 through 10/31/2023

AID GIVEN	AID RECEIVED	TOTAL CALLS	% of Calls To Mutual Aid
101	14	16054	0.1%

GIVEN

Aid TO	Total	4	Unit	Inc Date	Incident Number	Priority	Area	Problem	Resulted in TX
Arlington			M24	10/21/2023 10:23:39 PM	2982232	5	Arlington	26A11 - Sick Person (Specific Diagnosis) - 5A	Yes
Arlington			M28	10/25/2023 9:48:25 AM	2986119	2	Arlington	12D04 - Convulsions / Seizures - 2A	Yes
Arlington			M61	10/18/2023 5:10:28 PM	2978243	5	Arlington	06C01 - Breathing Problems - 5A	Yes
Arlington			M42	10/24/2023 11:03:21 PM	2985770	5	Arlington	26A10 - Sick Person (Specific Diagnosis) - 5A	Yes

Benbrook

Aid TO	Total	43	Unit	Inc Date	Incident Number	Priority	Area	Problem	Resulted in TX
Benbrook			M22	10/20/2023 4:33:49 PM	2980613	5	Benbrook	12C07 - E - Convulsions / Seizures - Epileptic or Previous seizure diagnosis	Yes
Benbrook			M71	10/1/2023 9:14:29 AM	2959341	3	Benbrook	28C03 - M - Stroke (CVA) / Transient Ischemic Attack (TIA) - CLEAR	Yes
Benbrook			M26	10/13/2023 5:36:29 PM	2972916	7	Benbrook	28C04 - U - Stroke (CVA) / Transient Ischemic Attack (TIA) - Unknown when the	Yes
Benbrook			M37	10/18/2023 6:57:12 AM	2977651	5	Benbrook	05C04 - Back Pain (Non-Traumatic or Non-Recent Trauma) - 5A	Yes
Benbrook			M79	10/1/2023 6:44:11 AM	2959264	5	Benbrook	17B04 - Falls - 5A	No
Benbrook			M88	10/5/2023 3:23:04 PM	2964209	5	Benbrook	26C01 - Sick Person (Specific Diagnosis) - 5A	Yes
Benbrook			M89	10/17/2023 5:48:28 AM	2976548	5	Benbrook	17A02 - G - Falls - On the ground or floor - 5A	No

Benbrook	M89	10/17/2023 9:29:48 PM	2977400	5	Benbrook	17A04 - G - Falls - On the ground or floor - 5A/FDO	No
Benbrook	M34	10/4/2023 8:20:15 AM	2962577	5	Benbrook	17B01 - Falls - 5A	No
Benbrook	M54	10/19/2023 8:44:42 AM	2978840	5	Benbrook	17B01 - G - Falls - On the ground or floor - 5A	Yes
Benbrook	M47	10/10/2023 12:38:02 PM	2969359	5	Benbrook	45A01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Benbrook	M22	10/18/2023 11:16:46 AM	2977850	3	Benbrook	45C05 - Specialized Unscheduled Up-Care Transport - 3A	Yes
Benbrook	M87	10/2/2023 11:00:28 AM	2960475	1	Benbrook	45D01 - Specialized Unscheduled Up-Care Transport - 1A	Yes
Benbrook	M22	10/27/2023 6:30:16 AM	2988335	5	Benbrook	17B04 - G - Falls - On the ground or floor - 5A	No
Benbrook	M39	10/6/2023 4:41:57 AM	2964917	5	Benbrook	17B01 - G - Falls - On the ground or floor - 5A	No
Benbrook	M32	10/9/2023 11:02:59 AM	2968317	5	Benbrook	17B01 - Falls - 5A	Yes
Benbrook	M82	10/29/2023 5:54:58 AM	2990817	5	Benbrook	17B04 - Falls - 5A	Yes
Benbrook	M89	10/28/2023 9:43:18 PM	2990392	3	Benbrook	31C02 - Falls - 3A	Yes
Benbrook	M42	10/23/2023 5:15:40 PM	2984179	5	Benbrook	26A01 - Sick Person (Specific Diagnosis) - 5A	Yes
Benbrook	M90	10/26/2023 6:55:52 PM	2987898	2	Benbrook	32D01 - Unknown Problem (Person Down) - 8B	Yes
Benbrook	M58	10/30/2023 11:24:36 PM	2992835	3	Benbrook	31A01 - Falls - 3A	Yes
Benbrook	M34	10/9/2023 11:31:29 AM	2968333	5	Benbrook	17A02 - G - Falls - On the ground or floor - 5A	Yes
Benbrook	M58	10/23/2023 8:53:22 AM	2983640	5	Benbrook	17B01 - G - Falls - On the ground or floor - 5A	Yes
Benbrook	M56	10/18/2023 10:24:48 AM	2977804	7	Benbrook	01C05 - Abdominal Pain / Problems - 7A	Yes
Benbrook	M83	10/14/2023 4:08:57 PM	2973953	7	Benbrook	26O08 - Sick Person (Specific Diagnosis) - 7A	Yes

Benbrook	M32	10/9/2023 7:06:17 AM	2968167	5	Benbrook	17A04 - Falls - 5A/FDO	No
Benbrook	M40	10/30/2023 2:30:57 PM	2992375	5	Benbrook	17B04 - G - Falls - On the ground or floor - 5A	Yes
Benbrook	M43	10/28/2023 5:35:32 AM	2989675	5	Benbrook	17B01 - G - Falls - On the ground or floor - 5A	Yes
Benbrook	M64	10/8/2023 11:51:01 PM	2967948	7	Benbrook	01A03 - Abdominal Pain / Problems - 7A	Yes
Benbrook	M41	10/20/2023 12:50:13 PM	2980345	5	Benbrook	17B01 - Falls - 5A	Yes
Benbrook	M61	10/22/2023 7:53:30 PM	2983215	5	Benbrook	10D04 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	Yes
Benbrook	M61	10/28/2023 9:18:49 AM	2989819	7	Benbrook	26A08 - Sick Person (Specific Diagnosis) - 7A	Yes
Benbrook	M63	10/17/2023 7:34:52 AM	2976583	3	Benbrook	45C02 - Specialized Unscheduled Up-Care	Yes
Benbrook	M57	10/7/2023 12:14:25 PM	2966304	5	Benbrook	45A01 - Specialized Transport - 3A	Yes
Benbrook	M71	10/27/2023 5:25:54 PM	2989098	5	Benbrook	45A01 - Specialized Transport - 5A	Yes
Benbrook	M43	10/4/2023 2:48:01 PM	2962970	3	Benbrook	45C01 - Specialized Transport - Hemorrhage / Unscheduled Up-Care	Yes
Benbrook	M41	10/6/2023 4:26:31 PM	2965514	2	Benbrook	06D01 - Breathing Problems - 2A	No
Benbrook	M70	10/12/2023 12:08:40 PM	2971367	5	Benbrook	45A01 - Specialized Transport - 5A	Yes
Benbrook	M66	10/29/2023 7:14:09 PM	2991371	5	Benbrook	26A10 - Sick Person (Specific Diagnosis) - 5A	Yes
Benbrook	M61	10/30/2023 9:40:49 PM	2992751	5	Benbrook	45A01 - Specialized Transport - Back Pain	Yes
Benbrook	M83	10/23/2023 9:36:10 AM	2983703	5	Benbrook	45A01 - Specialized Transport - Diabetic	Yes
Benbrook	M57	10/29/2023 8:19:45 AM	2990894	2	Benbrook	17D04 - Falls - 2A	No
Benbrook	M21	10/26/2023 8:16:57 AM	2987201	5	Benbrook	17B04 - G - Falls - On the ground or floor - 5A	Yes

Johnson County	M28	10/3/2023 12:01:31 AM	2961214	2	Johnson County	26A10 - Sick Person (Specific Diagnosis) - 5A	Yes
Johnson County	M26	10/22/2023 9:05:38 PM	2983260	5	Johnson County	10C01 - Chest Pain / Chest Discomfort (Non-17B04 - G - Falls - On the ground or floor - 5A	Yes
Johnson County	M64	10/30/2023 9:21:11 PM	2992722	5	Johnson County	17B04 - G - Falls - On the ground or floor - 5A	No

Crowley	M38	10/30/2023 7:24:50 PM	2992620	2	Crowley	12D04 - Convulsions / Seizures - 2A	No
Crowley	M64	10/17/2023 12:18:29 PM	2976810	2	Crowley	31D02 - Unconscious / Fainting (Near) - 2A	Yes
Crowley	M25	10/3/2023 10:48:41 PM	2962284	2	Crowley	06D01 - Breathing Problems - 2A	Yes
Crowley	M54	10/3/2023 12:35:07 PM	2961717	5	Crowley	13C01 - Diabetic Problems - 5A	Yes

Richland Hills	M80	10/27/2023 4:38:47 PM	2989050	5	Richland Hills	06C01 - Breathing Problems - 5A	Yes
Richland Hills	M70	10/20/2023 3:47:13 PM	2980564	8	Richland Hills	04B01 - A - Assault - Assault - 8B	Yes
Richland Hills	M91	10/24/2023 10:14:02 PM	2985738	5	Richland Hills	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	Yes
Richland Hills	M73	10/19/2023 6:39:28 PM	2979501	5	Richland Hills	45A01 - g - Specialized Unscheduled Up-Care Transport - Falls - 5A	Yes
Richland Hills	M58	10/10/2023 4:19:41 PM	2969609	5	Richland Hills	17A02 - G - Falls - On the ground or floor - 5A	No
Richland Hills	M73	10/13/2023 7:09:03 AM	2972311	7	Richland Hills	26A08 - Sick Person (Specific Diagnosis) - 7A	Yes
Richland Hills	M33	10/5/2023 3:27:47 AM	2963684	5	Richland Hills	17B04 - Falls - 5A	No
Richland Hills	M55	10/8/2023 8:22:41 PM	2967816	2	Richland Hills	31D04 - Unconscious / Fainting (Near) - 2A	Yes
Richland Hills	M20	10/19/2023 7:27:50 PM	2979561	5	Richland Hills	17B01 - Falls - 5A	Yes

Richland Hills	M564	10/7/2023 8:07:46 PM	2966813	4	Richland Hills	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - 4B	Yes
Richland Hills	M25	10/30/2023 5:54:08 AM	2991854	5	Richland Hills	26C01 - Sick Person (Specific Diagnosis) - 5A	Yes
Richland Hills	M88	10/18/2023 5:02:01 PM	2978221	2	Richland Hills	12D04 - Convulsions / Seizures - 2A	Yes
Richland Hills	M47	10/5/2023 10:36:21 PM	2964724	2	Richland Hills	23C01 - A - Overdose / Poisoning (Ingestion) - Accidental - 2A	Yes
Richland Hills	M570	10/4/2023 3:20:08 PM	2963067	8	Richland Hills	18O01 - Headache - 8B	Yes
Richland Hills	M68	10/23/2023 9:21:14 PM	2984428	5	Richland Hills	23C02 - I - Psychiatric / Abnormal Behavior / Suicide Attempt -	Yes
Richland Hills	M71	10/3/2023 1:21:55 AM	2961255	3	Richland Hills	26D01 - Sick Person (Specific Diagnosis) - 3A	Yes
Richland Hills	M47	10/10/2023 4:07:30 PM	2969583	3	Richland Hills	45C01 - Specialized Unscheduled Up-Care Transport - 3A	Yes
Richland Hills	M85	10/29/2023 4:26:55 PM	2991223	3	Richland Hills	23C07 - I - Overdose / Poisoning (Ingestion) - 5A	Yes
Richland Hills	M79	10/14/2023 10:03:55 PM	2974198	2	Richland Hills	32B03 - Unknown Problem (Person Down) - 2A	Yes
Richland Hills	M84	10/7/2023 5:20:14 PM	2966622	4	Richland Hills	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - 4B	No
Richland Hills	M31	10/10/2023 11:00:28 AM	2969274	7	Richland Hills	17B01 - P - Falls - Public place (street, parking garage, market) - 7A	Yes
Richland Hills	M66	10/26/2023 9:50:51 AM	2987262	5	Richland Hills	26A10 - Sick Person (Specific Diagnosis) - 5A	Yes
Richland Hills	M68	10/18/2023 5:25:49 PM	2978247	2	Richland Hills	31D02 - Unconscious / Fainting (Near) - 2A	No
Richland Hills	M79	10/2/2023 7:04:45 AM	2960200	4	Richland Hills	29B01 - V - Vehicle vs. vehicle - Multiple patients	No
Richland Hills	M75	10/29/2023 9:48:32 PM	2991476	2	Richland Hills	28C01 - J - Stroke (CVA) / Transient Ischemic Attack (TIA) - CLEAR evidence of	No
Richland Hills	M40	10/30/2023 10:53:50 AM	2992134	5	Richland Hills	21A01 - W - Hemorrhage (Bleeding) / Lacerations - MEDICAL - 5A	Yes

Richland Hills	M73	10/19/2023 1:11:13 PM	2979095	2	Richland Hills	Z3C01 - D - Overdose / Poisoning (Ingestion) - Accidental and Fentanyl - 45A01 - g - Specialized	Yes
Richland Hills	M61	10/22/2023 9:40:54 PM	2983296	5	Richland Hills	Unscheduled Up-Care Transport - Falls - 5A	Yes
Richland Hills	M27	10/13/2023 11:19:29 PM	2973235	5	Richland Hills	01C03 - Abdominal Pain / Problems - 5A	Yes
Richland Hills	M29	10/8/2023 8:40:20 PM	2967824	2	Richland Hills	Z3C07 - A - Overdose / Poisoning (Ingestion) - Accidental - 2A	Yes
Richland Hills	M54	10/27/2023 5:59:57 AM	2988317	5	Richland Hills	17B04 - Falls - 5A	Yes
Richland Hills	M31	10/22/2023 8:19:06 AM	2982665	8	Richland Hills	Z1D03 - I - Hemorrhage (Bleeding) / Lacerations - TRAUUMA - 8B	Yes
Richland Hills	M73	10/24/2023 10:40:10 PM	2985756	2	Richland Hills	05A07 - Back Pain (Non-Traumatic or Non-Recent Trauma) - 7A	Yes
Richland Hills	M59	10/12/2023 5:22:55 AM	2971137	5	Richland Hills	01C06 - Abdominal Pain / Problems - 5A	Yes
Richland Hills	M55	10/22/2023 2:18:58 PM	2982943	5	Richland Hills	Z1B02 - M - Hemorrhage (Bleeding) / Lacerations - MEDICAL - 5A	Yes
Richland Hills	M31	10/8/2023 4:14:55 PM	2967661	4	Richland Hills	Z9B05 - U - Traffic Collision / Transportation Incident - Unknown	Yes
Richland Hills	M66	10/22/2023 5:30:38 PM	2983105	8	Richland Hills	26B01 - Sick Person (Specific Diagnosis) - 8B	Yes
Richland Hills	M64	10/11/2023 1:19:08 PM	2970399	2	Richland Hills	10D01 - Chest Pain / Chest Discomfort (Non-Traumatic) - 2A	Yes
Richland Hills	M85	10/6/2023 2:16:03 AM	2964844	2	Richland Hills	01D01 - Abdominal Pain / Problems - 2A	Yes
Richland Hills	M23	10/30/2023 1:18:26 PM	2992265	5	Richland Hills	17B01 - Falls - 5A	Yes
Richland Hills	M72	10/8/2023 4:38:22 PM	2967669	7	Richland Hills	30B01 - Traumatic Injuries (Specific) - 7A	Yes
Richland Hills	M68	10/7/2023 7:11:40 PM	2966763	2	Richland Hills	31D03 - Unconscious / Fainting (Near) - 2A	Yes
Richland Hills	M41	10/23/2023 1:16:20 PM	2983919	3	Richland Hills	45D05 - Specialized Transport - 3A+C	Yes

Richland Hills	M25	10/2/2023 12:11:47 PM	2960558	5	Richland Hills	^{45B01 - Specialized} Unscheduled Up-Care Transport - 5A	Yes
Richland Hills	M55	10/15/2023 12:56:29 AM	2974352	8	Richland Hills	26B01 - Sick Person (Specific Diagnosis) - 8B	Yes
Richland Hills	M70	10/14/2023 2:01:23 PM	2973871	5	Richland Hills	^{45A01 - Specialized} Unscheduled Up-Care Transport - 5A	Yes
Richland Hills	M23	10/14/2023 10:05:50 PM	2974201	5	Richland Hills	01A01 - Abdominal Pain / Problems - 5A	Yes

Total Given 101

RECEIVED

Aid FROM	Total	Aid FROM	Unit	Inc Date	Incident Number	Priority	Area	Problem	Resulted in TX
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Arlington

5	Arlington	AMR Arlington 1	10/19/2023 7:50:14 PM	2979604	8	Forest Hill	26O07 - Sick Person (Specific Diagnosis) - 8B	Yes
	Arlington	AMR Arlington 1	10/20/2023 2:11:27 PM	2980459	5	Fort Worth	26A10 - Sick Person (Specific Diagnosis) - 5A	No
	Arlington	AMR Arlington 1	10/17/2023 8:31:08 PM	2977365	5	Fort Worth	17B01 - Falls - 5A	Yes
	Arlington	AMR Arlington 1	10/2/2023 9:33:43 AM	2960394	7	Fort Worth	^{25A01 - Psychiatric} Abnormal Behavior / Suicide Attempt - 8B	Yes
	Arlington	AMR Arlington 1	10/22/2023 1:43:42 AM	2982409	8	Fort Worth	26O27 - Sick Person (Specific Diagnosis) - 8B	Yes

Benbrook

1	Benbrook	Benbrook Medic 1	10/7/2023 8:58:23 PM	2966889	2	Fort Worth	31D03 - Unconscious / Fainting (Near) - 2A	Yes
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Eagle Mountain

5	Eagle Mountain	Eagle Mountain	10/12/2023 4:09:01 PM	2971604	5	Fort Worth	^{21D04 - M - Hemorrhage} (Bleeding) / Lacerations - MEDICAL - 5A	Yes
	Eagle Mountain	Eagle Mountain	10/21/2023 6:01:05 PM	2981957	7	Fort Worth	01C05 - Abdominal Pain / Problems - 7A	Yes

Eagle Mountain	Eagle Mountain	10/20/2023 9:59:49 AM	2980119	3	Fort Worth	25D03 - V - Psychiatric / Abnormal Behavior / Suicide Attempt - Violent	No
Eagle Mountain	Eagle Mountain	10/26/2023 3:50:48 PM	2987677	3	Fort Worth	31A01 - Unconscious / Fainting (Near) - 3A	No
Eagle Mountain	Eagle Mountain	10/30/2023 10:37:47 AM	2992107	2	Saginaw	31D04 - Unconscious / Fainting (Near) - 2A	No

Justin EMS

1

Justin EMS	Justin EMS	10/8/2023 5:40:37 AM	2967258	5	Fort Worth	26A10 - Sick Person (Specific Diagnosis) - 5A	Yes
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Watauga

2

Watauga	Watauga	10/20/2023 10:42	2980199	5	Fort Worth	17A01 - G - Falls - On the ground or floor - 5A	Yes
Watauga	Watauga	10/20/2023 2:13:32 PM	2980460	5	Fort Worth	02A01 - Allergic reaction - 5A	Yes

Total Received

14

Tab H – Compliance and Legal



Legal Team Report October 24, 2023-November 28, 2023

Compliance Officer Duties

- Assisted multiple MAEMSA jurisdiction Police departments with multiple criminal investigations, records requests, missing persons investigations, and crew member statements, witness interviews for criminal investigations as needed.
- Assisted Tarrant County Medical Examiner's office with multiple death investigations, and records requests.
- Assisted FWPD and Tarrant Co. Sheriff's Office Narcotics Division with Fentanyl OD intelligence data.

Paralegal Duties

- 32 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 internal affairs employee investigation(s) regarding various complaints, and conduct.
- 2 Pre-Trial meeting were held with the Tarrant Co. District Attorney's Office.
- Reviewed multiple legal & privacy matters with field crewmembers, HR and OMD, provided legal guidance as needed.
- Drafted, reviewed, negotiated, and executed multiple agreements with outside parties for various internal departments for building maintenance, medical services, medical research, and other various business matters.

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