



Metropolitan Area EMS Authority
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(817) 923-3700
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MEMORANDUM

DATE: March 28, 2024
TO: MAEMSA Board of Directors
FROM: Kenneth J. Simpson, CEO
SUBJECT: Board of Directors ePacket for March 2024

Enclosed are the board reports for March 2024. If you have any questions, please feel free to contact me at (817) 522-2865 or ksimpson@medstar911.org.

Our Mission:

*To provide world class mobile healthcare with the highest quality customer service
and clinical excellence in a fiscally responsible manner*

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Chief Executive Officer's Report- March 1, 2024

Ad Hoc EMS & Consulting Group: The next Ad Hoc EMS meetings are scheduled to be 4/16/24 and 4/30/24 both at 9am. The consultant, Fitch and Associates, provided their final draft report at the 3/19/24 meeting with a high-level overview of recommendations and modeling options.

As we have shared before, they confirmed, among other things, that MedStar's workload is higher than it should be, that fiscal constraints have prevented increasing the number of ambulances to drive down response times, and MedStar is one of only two organizations surveyed that has provided service with no public funding. While they noted there may be some areas for improvement, overall, they were complimentary of the Office of the Medical Director processes, the time billing and finance, and operational aspects of the organization.

They have recommended that the City of Fort Worth City Council become the governing body over the EMS provider. They have also recommended that several departments be integrated into the City of Fort Worth's departments, if possible, and they recommend looking at how things like MIH and special events are integrated with the City of Fort Worth. They have also recommended the Medical Director be a contracted position and potentially changes in how the Office of the Medical Director is structured. They recommend eliminating MedStar's public information officer and deferring to Fort Worth Fire Department's PIO. They recommend an 8-minute drive time for all emergency calls at the 90th percentile, and they recommend discontinuing the interfacility market and allowing market competition for those transfers. With these recommendations Fitch has built out four possibilities for EMS model delivery. All four models are designed to mimic the system today with 12-hour shifts, street corner posting (dynamic deployment), and clinical oversight. They were designed to be an "apples to apples" comparison of models to show the cost relationship between each model. Fitch has said they can work to develop a more detailed financial model that can be operationalized if the options are reduced to one or two.

The next steps are for the Ad Hoc Committee to take a deeper dive into the report. They will have the opportunity to ask additional questions and seek clarification. It has been suggested that stakeholder groups be asked to present to the Ad Hoc committee such as the local fire union from Fort Worth Fire, MedStar, suburban cities, hospital CEOs, and EPAB. It is suggested that on April 30th the Ad Hoc vote on one or more of the models to be moved forward to the full council for briefing and vote, possibly in May.

Jail Invoices: On Thursday, March 14, 2024 the contract for the medical transportation and emergency care of County Jail Inmates was approved by JPS' Board. We anticipate executing the contract in the coming days. The contract with the City of Fort Worth for the emergency medical care and transportation of inmates at their jail facility has been to the Fort Worth City Council work session, and we are hopeful it will go before the council for a vote in March. The contracts for both facilities were negotiated at Medicare allowable rates, which are lower than our normal rates. We are working on integrating those into our revenue projections.

Progress of Projects: In late 2020 the MAEMSA Board of Directors and the leadership team set out to improve several goals. We were working through the COVID-19 pandemic, and we were faring better than many other EMS providers nationally with employee retention, but we knew we needed to bring on even more team members to better address the increasing demand of our service area. We also knew that we would need to increase the size of our ambulance fleet to add resources to the system, and we wanted to find ways to fund the expansion, and, ideally, provide more appropriate response to the needs of some of those in our service area than sending an ambulance response to everyone regardless of the complaint.

Workforce: Our team is the lifeblood of this organization, and to help recruit additional team members we felt executive representation from our human resources was required for this pivotal area of the organization, so we

promoted our Human Resources manager to Chief Human Resources Officer. She has continued to work hard to assure we are provided with updated information on market competitiveness, collaborative initiatives to improve the workplace so all feel welcomed, and strategic discussions to drive more recruiting. Through these initiatives we have added 82 additional frontline positions since 2019 and are better staffed than we have been in years. Additionally, we have been able to attract a diverse group of team members so that we can better resemble the community we serve. Continuous improvement is a focus for the organization, and our organizational culture is no exception to that focus. We value our team and understand the investment we make in them translates to the care, compassion, and professionalism they show to the residents of the member cities we serve.

Clinical Excellence: MedStar has been referred to as being among the national benchmarks for clinical quality. However, after the COVID-19 pandemic we noticed the cardiac arrest survivability numbers for our service area did not rebound from the decrease we all saw like the rest of the country. Our Office of the Medical Director has undertaken a systemwide improvement initiative, designed after the IHI's model for improvement methodology, to improve these metrics. This has involved the utilization of first responders, response plan packages, continuing education, airway and CPR skills education and pharmacological updates all designed to maximize our patient's opportunity for neurologically intact survival. While it is still early, we are seeing a pronounced improvement in outcomes. This will ultimately be verified through the cardiac arrest registry data as all the hospital outcomes are loaded. This improvement project is ongoing, and it will continue to focus on areas for improvement as cardiac arrest is one of the few time-sensitive emergencies to which we respond. It has taken a collaborative effort of individuals from all agencies willing to evaluate what is being done, decide what needs to be changed, measure the outcomes, and make further changes if needed.

Financial Outlook: During the COVID-19 pandemic we saw a decrease in our call volume and revenue contemporaneously with increased supply costs and employment costs. We wanted to ensure we were utilizing the available revenue from our insurance payors, so we worked with our member cities and the Board of Directors to implement the first rate increase in over a decade. We evaluated our back-office practices and built a proposal to partner with an outside billing company to handle our transactional billing, which allowed us to utilize some of our internal billing staff to focus on the more specialized areas of billing and collections work. These efforts have resulted in an increase of approximately 7.9% of revenue per trip between 2019 and 2022. We have continued to evaluate our contractual relationships with payors and partner facilities to assure the contracts we mutually beneficial for all involved. We have taken any steps necessary to assure that the contracts were adjusted to meet the expectations of both parties, and any necessary changes were made at a speed at which all parties were comfortable. These changes and introspective analysis were not easy. Unfortunately, we have had to make difficult decisions to replace some of our valued team members with outsourced agencies. We have tried to ensure any displaced team members would be afforded the opportunity for employment when we have had to make these decisions, and we have provided opportunities for severance, job search assistance, and resume/application help if desired. Through this we have continued to assure the organization continues to present a clear value to the member cities and patients we serve. The cumulative effect of these actions allowed us to reduce our debt load from 10.2 million in 2020 to less than 8 million without reducing investment as noted below.

Investment: We have been able to increase the size of our ambulance fleet from approximately 60 ambulances in 2020 to 78 ambulances today. We revised this target number slightly due to the financial constraints, but we have the option to add additional resources later if needed. We have also been able to open up an ambulance station in our far West region of Walsh Ranch, and we are hopeful to be able to address the challenges of accessing our outlying areas with low call volume by adding several other of these locations as the Walsh Ranch response times have improved as a result of this initiative. Thank you to our Board members who were supportive of this initiative. We have continued to perform market surveys and make pay adjustments to front line employees so we continue to be market competitive so we can attract and retain all our team members while continuing to demonstrate value to the community.

First Response Investment: Since 2019 we have been able to provide equipment and cover costs for some of our first responder agencies. As they have requested various equipment such as matching funds for a grant to cardiac monitors, to electronic patient care tablets, intubation equipment, and ongoing electronic patient care charges we have invested over \$500,000 in these initiatives.

Response Times: The system has historically measured MedStar's response times at the 85th percentile. Like many other things, throughout the COVID-19 pandemic, achieving those metrics in all categories across the system was challenging. Likewise, there is also interest in moving to a 90th percentile to better align with national standards. Through the hard work of all the departments we have been improving response times, and for this year we have met historical response time standards in the majority of categories. In February we exceeded historical response time standards in all categories. As we work with the aforementioned Ad Hoc Committee and member cities establishing response time standards for the system as we move forward is one of the tasks to be undertaken. We are hopeful we will be afforded the opportunity and resources to continue to demonstrate our ability to rise to the challenge, bring value, and, most importantly, improve the quality of life for our communities!



Improving Systems and Educating Clinicians to Enhance Patient Outcomes

System Initiatives

- Chain of Survival
 - Improvement project to enhance survival of patients in cardiac arrest.

- 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.

Education and Training

- OMD 24Q2CE – June
 - System wide joint training on Medical Cardiac Arrest protocol update

- UNTHSC – Simulation Lab
 - FTO training on simulation delivery and debriefing

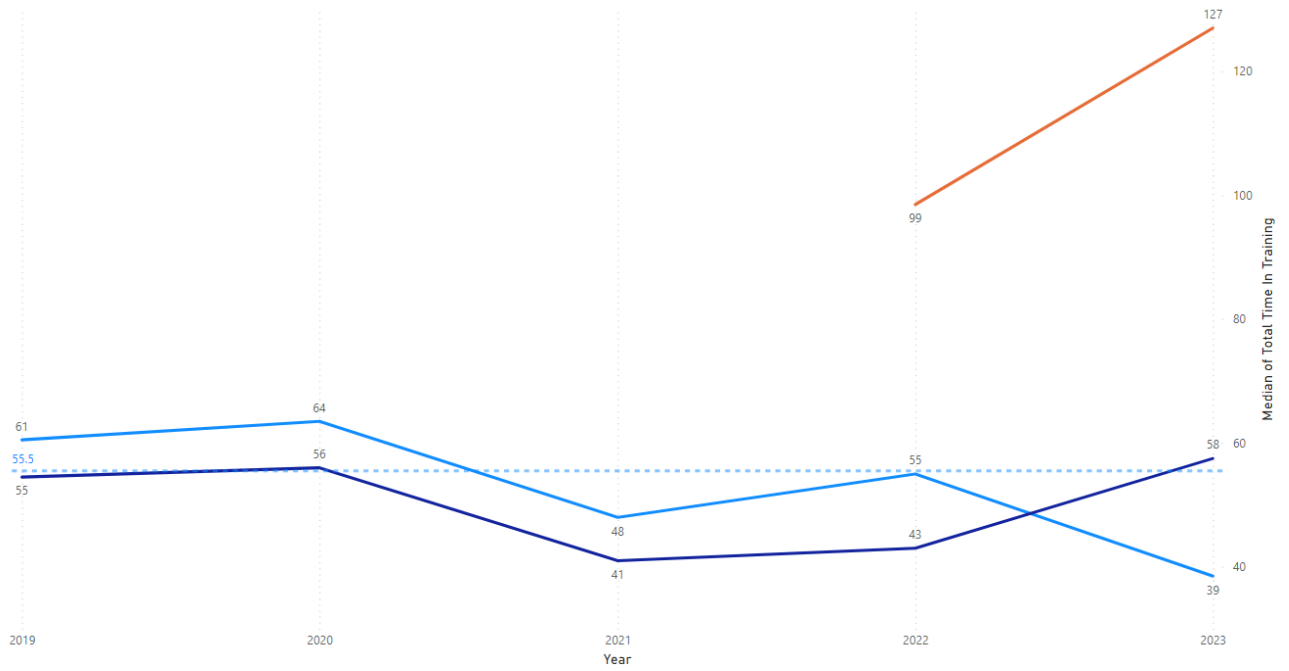
Credentialing

- Clinical Credentialing Training add additional two and a half days to initial classroom education to address deficiencies noted through an improvement project to enhance credentialing first pass success.

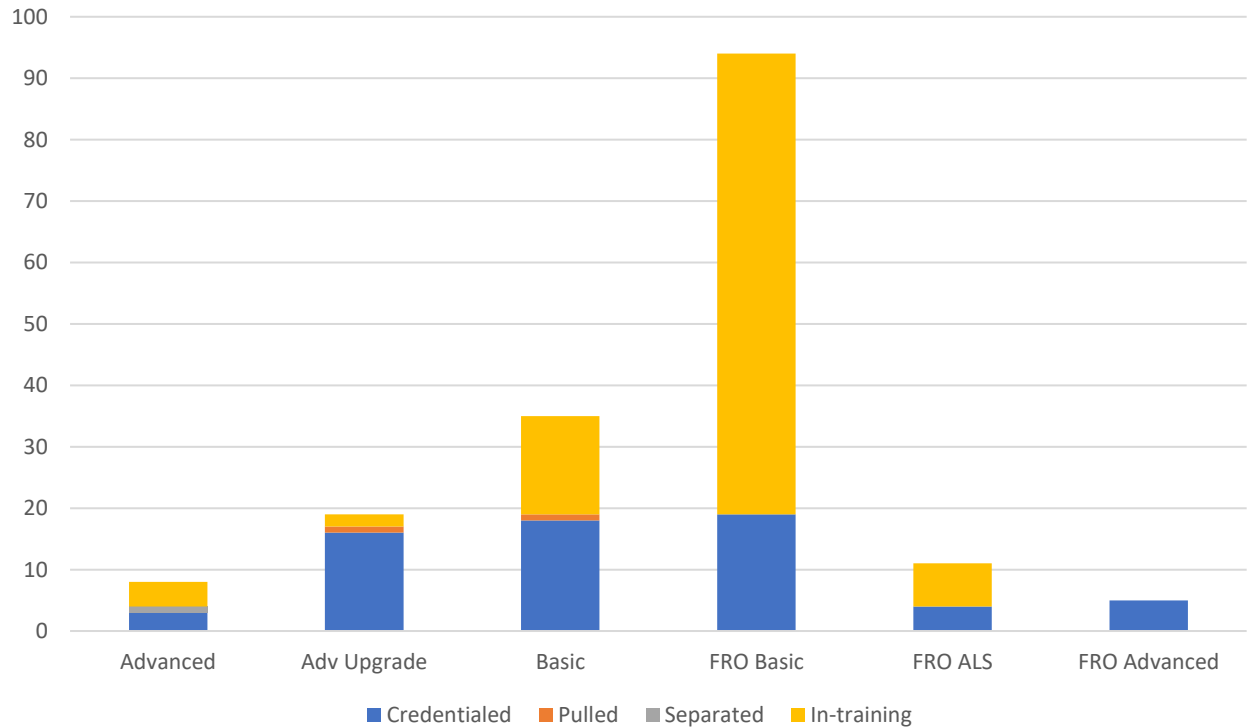
The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

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

Final Credential Level ● Advanced ● Basic ● Intermediate



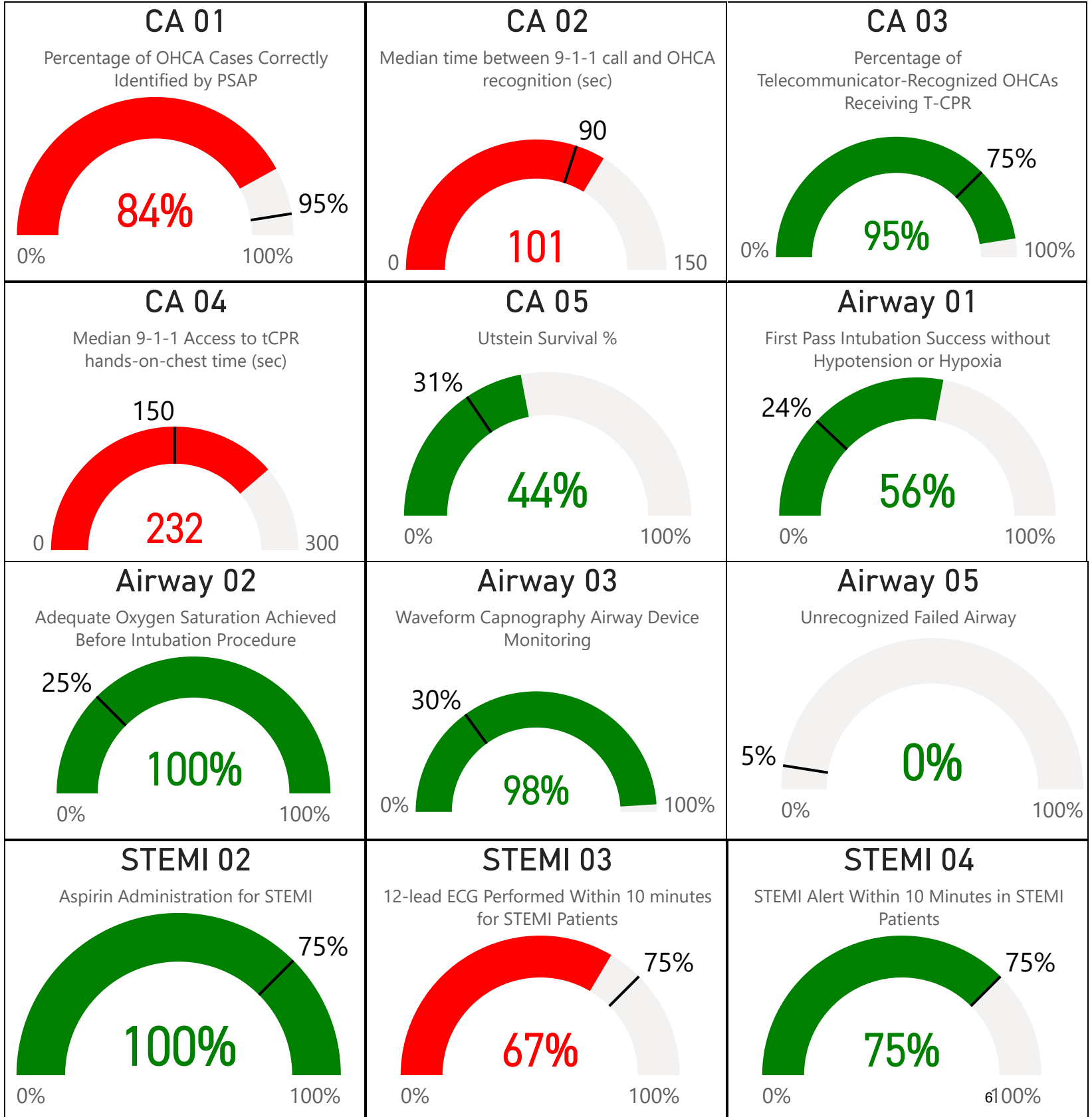
2024 Credentialing Providers



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

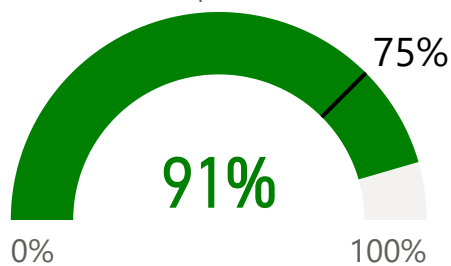


MAEMSA Clinical Performance Measures



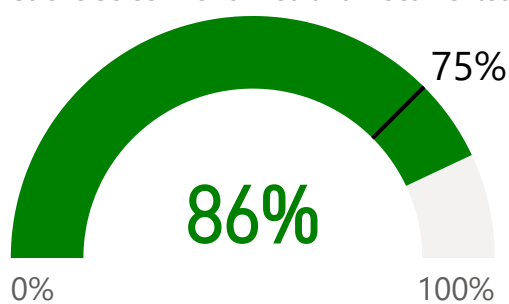
Stroke 01

Evaluation of Blood Glucose for Patients with Suspected Stroke



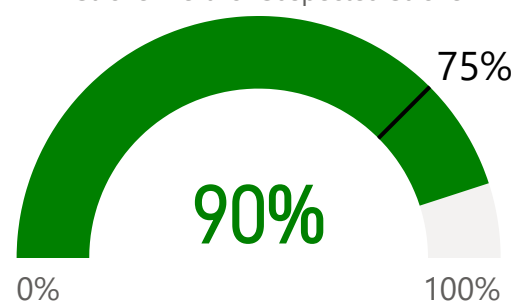
Stroke 02

Stroke Screen Performed and Documented



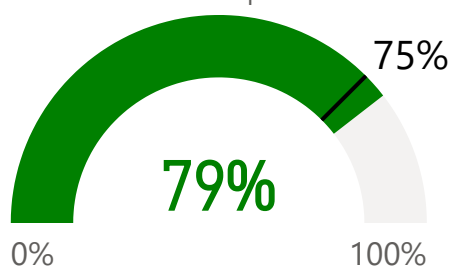
Stroke 03

Stroke Alert for Suspected Stroke



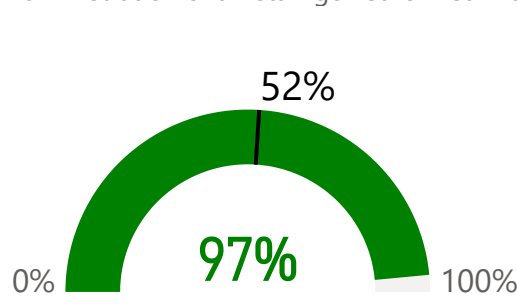
Stroke 04

Documentation of Last Known Well for Patients with Suspected Stroke



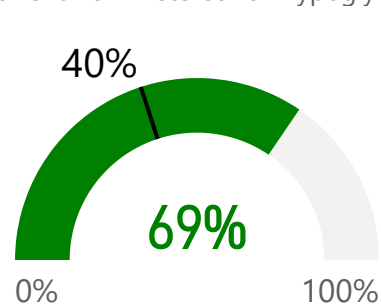
Asthma 01

Administration of a Beta Agonist for Asthma



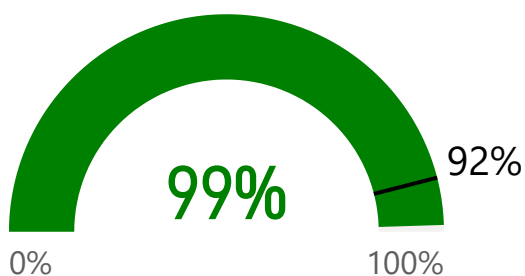
Hypoglycemia 01

Treatment Administered for Hypoglycemia



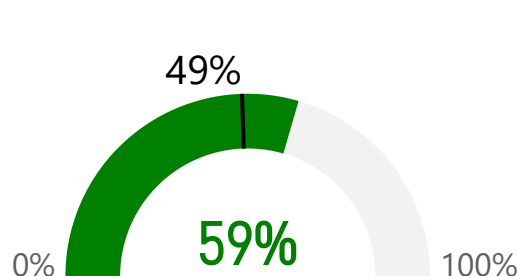
Respiratory 01

Respiratory Assessment



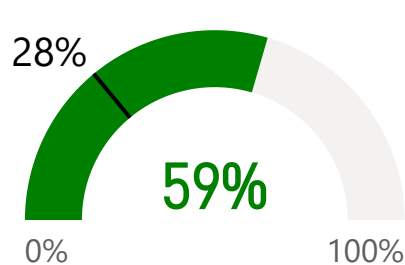
Respiratory 02

Oxygen Administration for Hypoxia



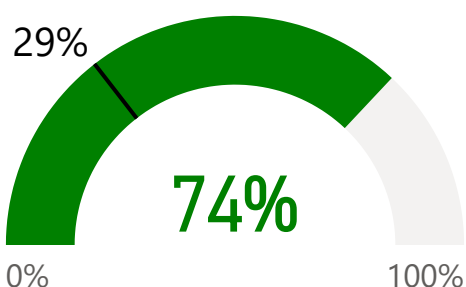
Seizure 02

Patients with Status Epilepticus Receiving Intervention



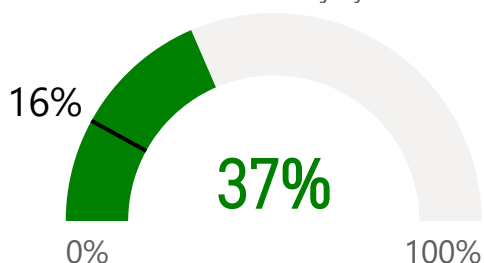
Syncope 01

ECG Performed for Syncope Patients



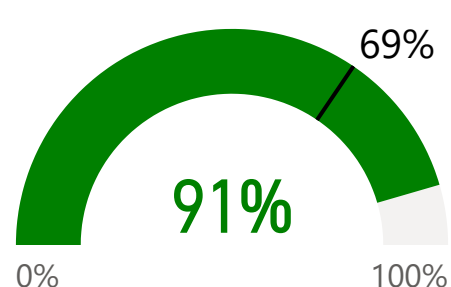
TBI 01

Clinical Assessments for Patients with Traumatic Brain Injury



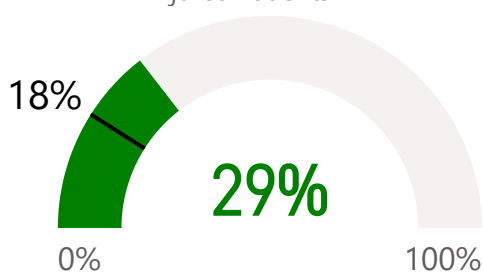
Trauma 01

Pain Assessment of Injured Patients



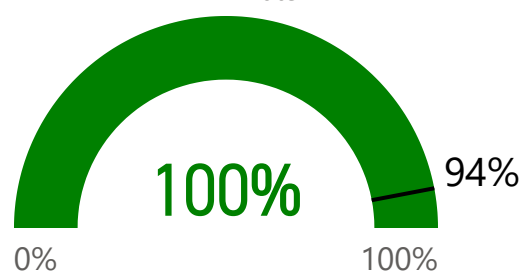
Trauma 03

Effectiveness of Pain Management for Injured Patients



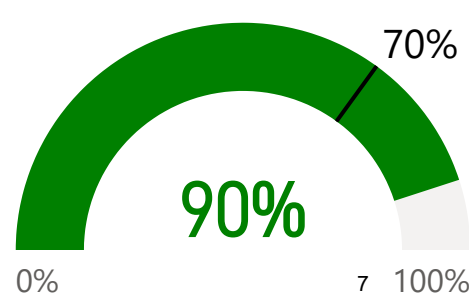
Trauma 08

Documentation of GCS, SBP, and Respiratory Rate



TTR 01

Vital Signs Documented



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

MAEMSA Performance

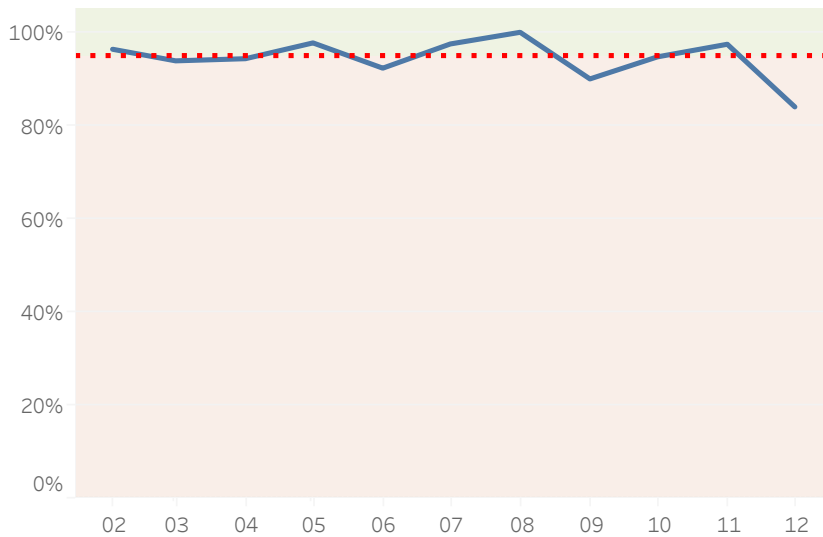
December 2023

84%

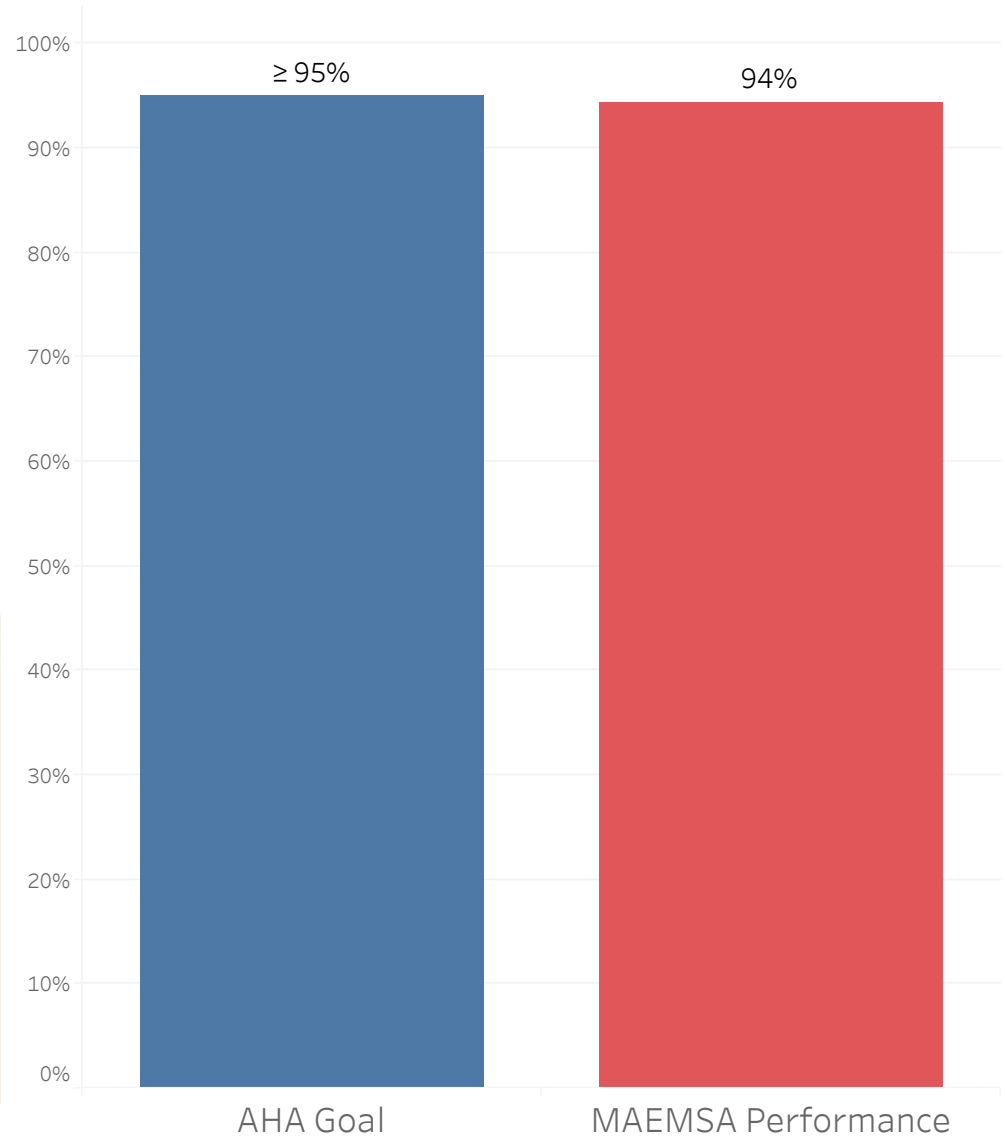
AHA Goal

≥ 95%

TTM Performance



Trailing 12-Month (TTM) Performance



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

CA 02: Median Time Between 911 call and OHCA Recognition

MAEMSA Performance

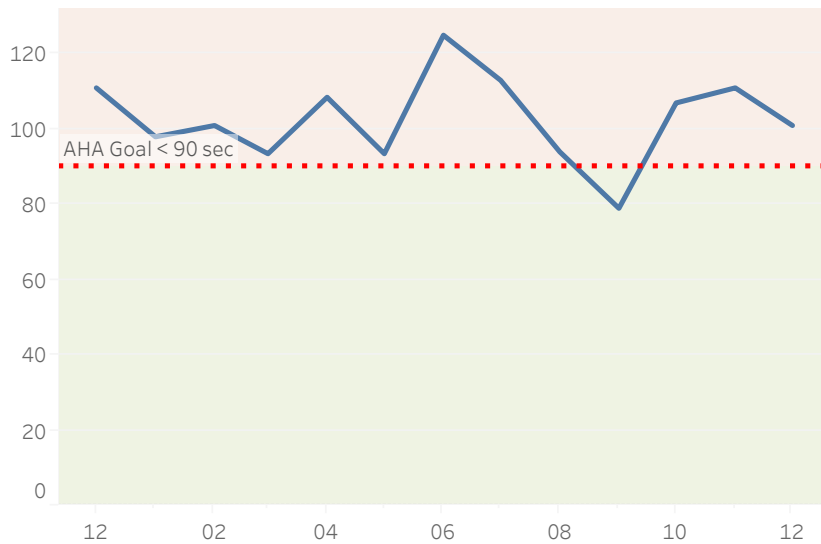
December 2023

101 sec

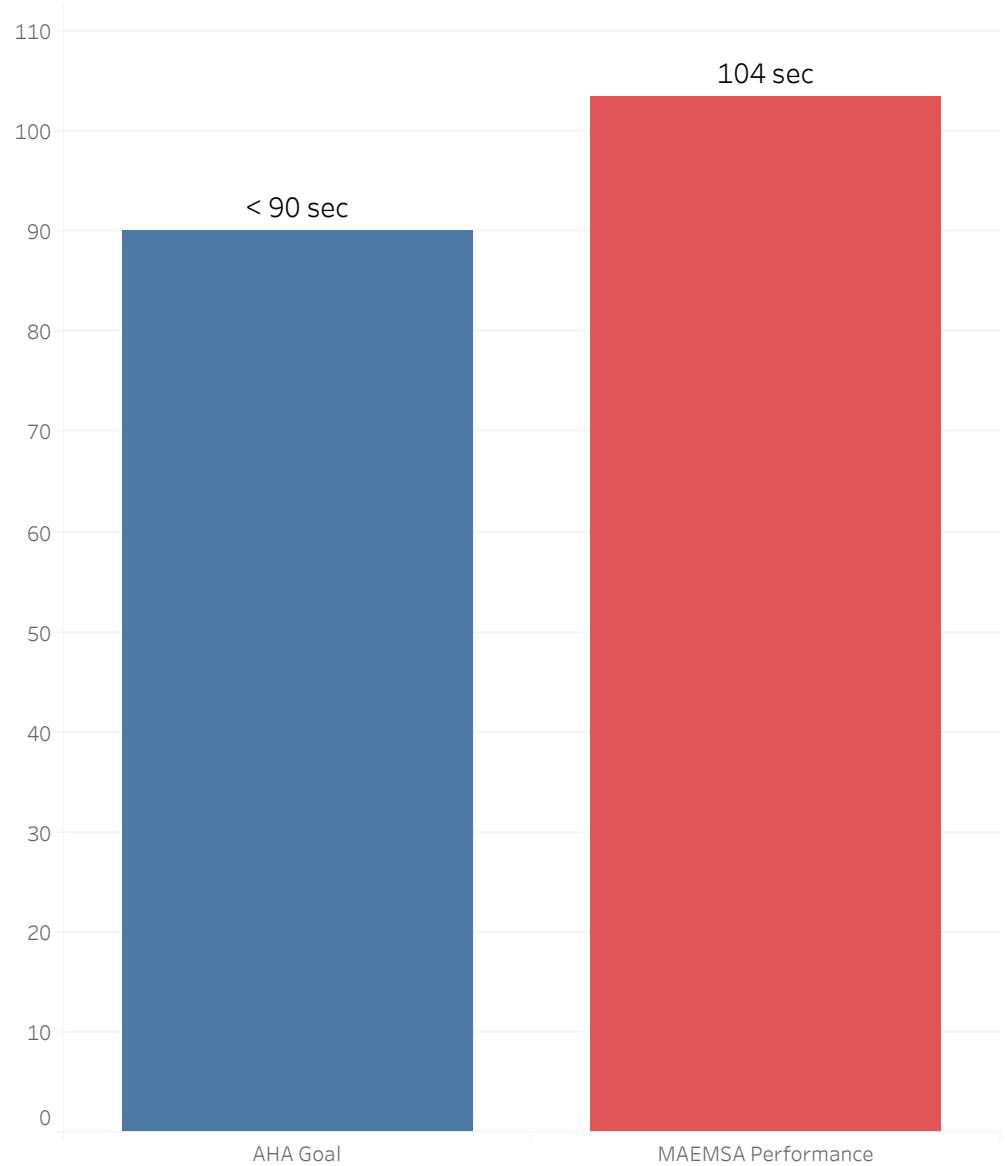
AHA Goal

< 90 sec

TTM Performance



Trailing 12-Month (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

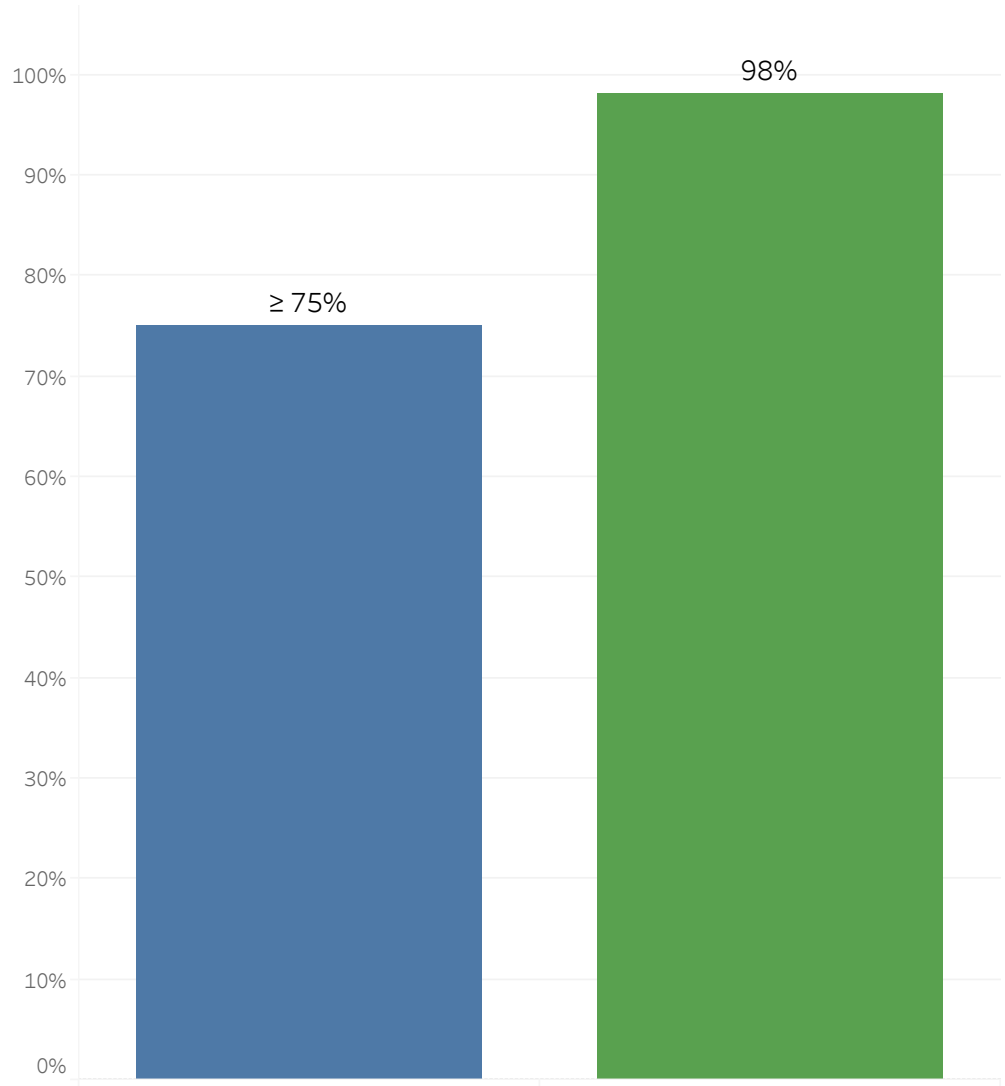
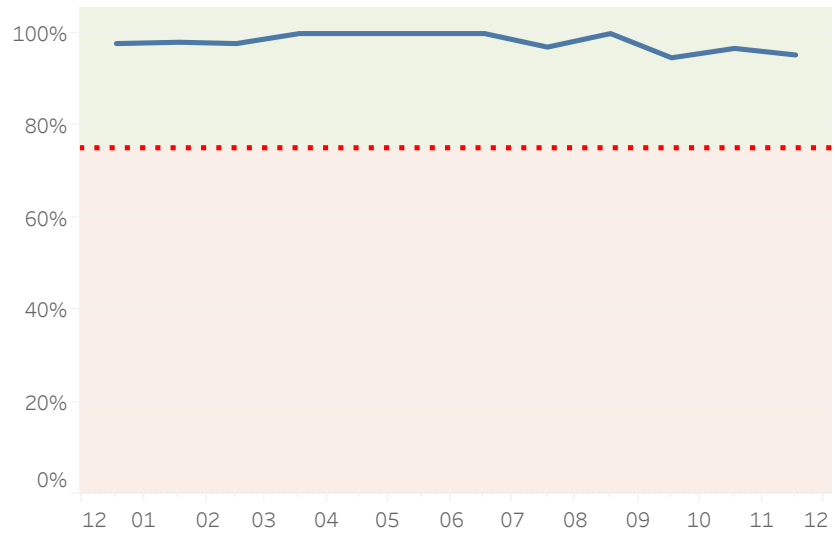
December 2023

95%

AHA Goal

≥ 75%

TTM Performance



AHA Goal

MAEMSA 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

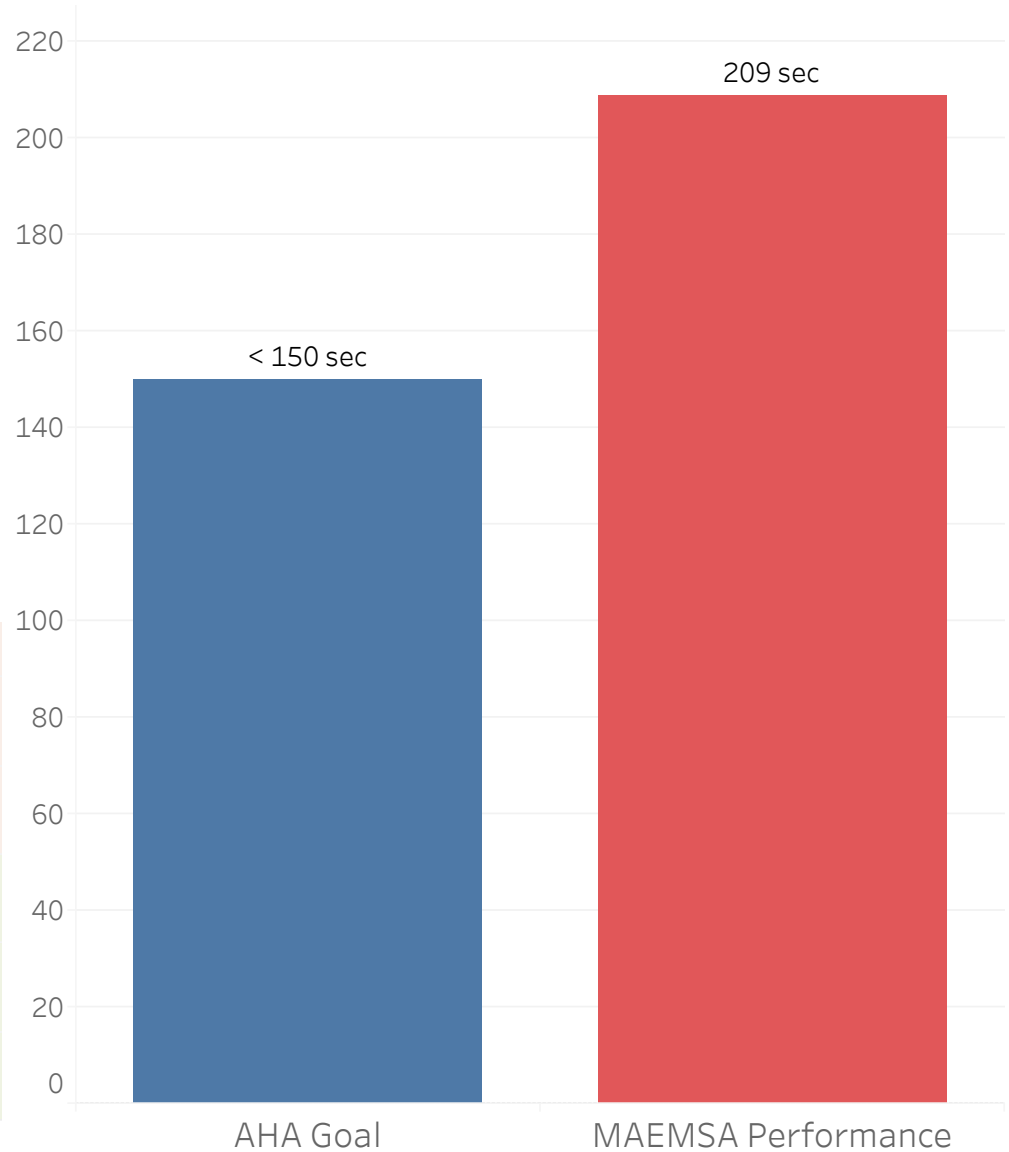
December 2023

232 sec

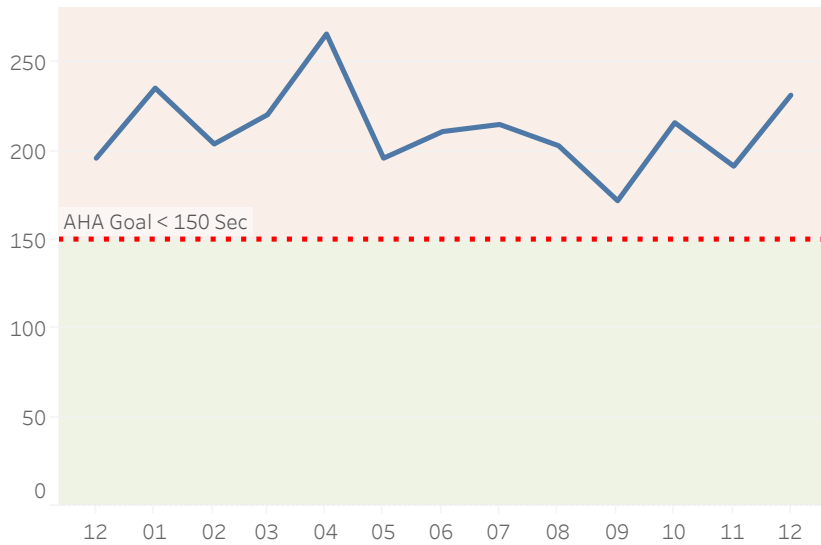
AHA Goal

<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

December 2023

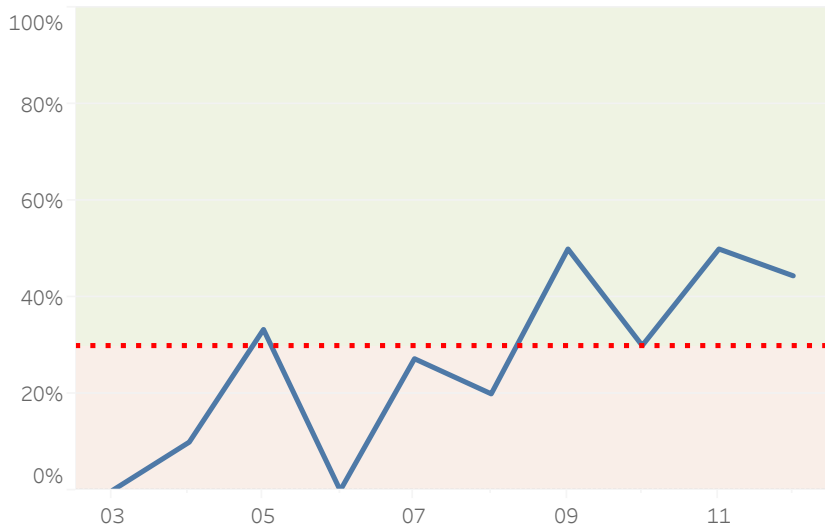
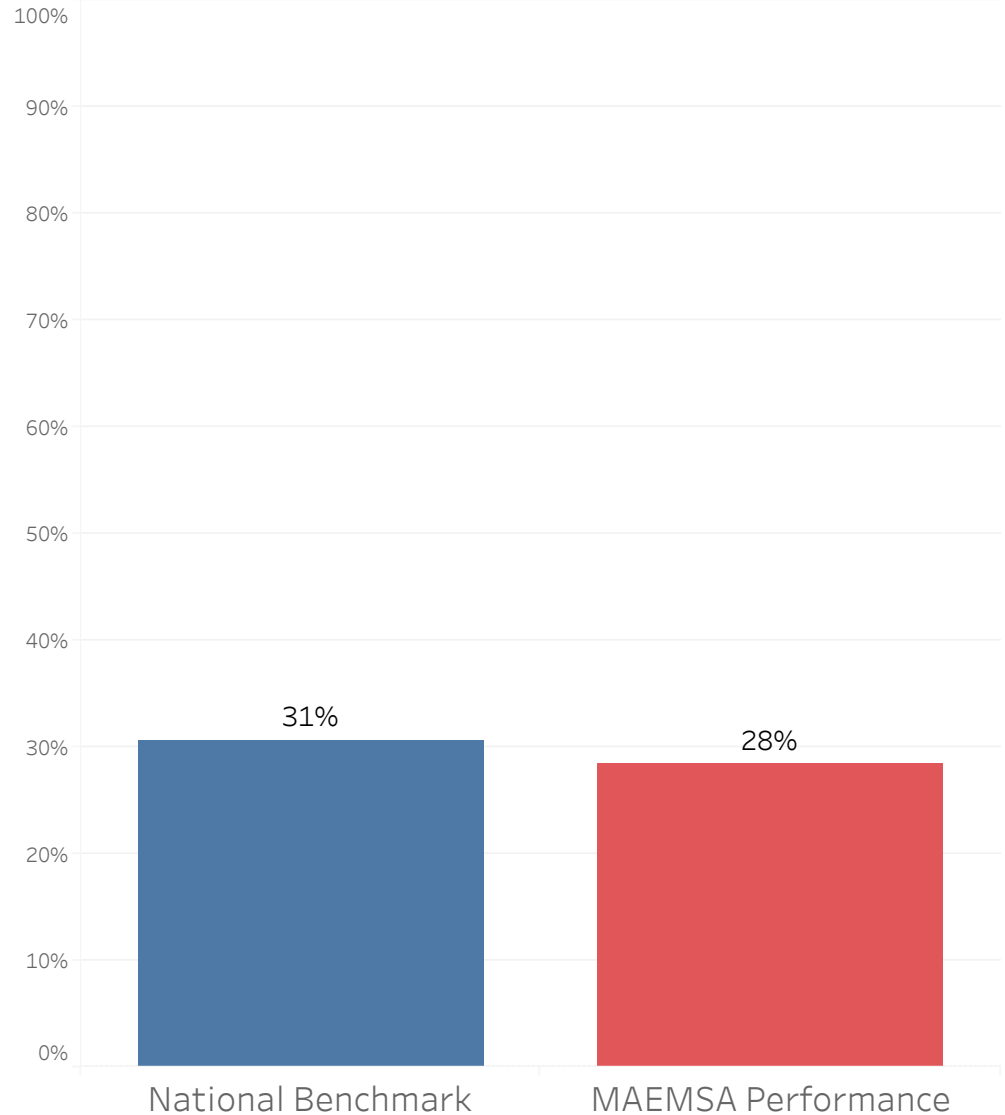
44%

National Performance

31%

TTM Performance

Trailing 12-Month (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

MAEMSA Performance

February 2024

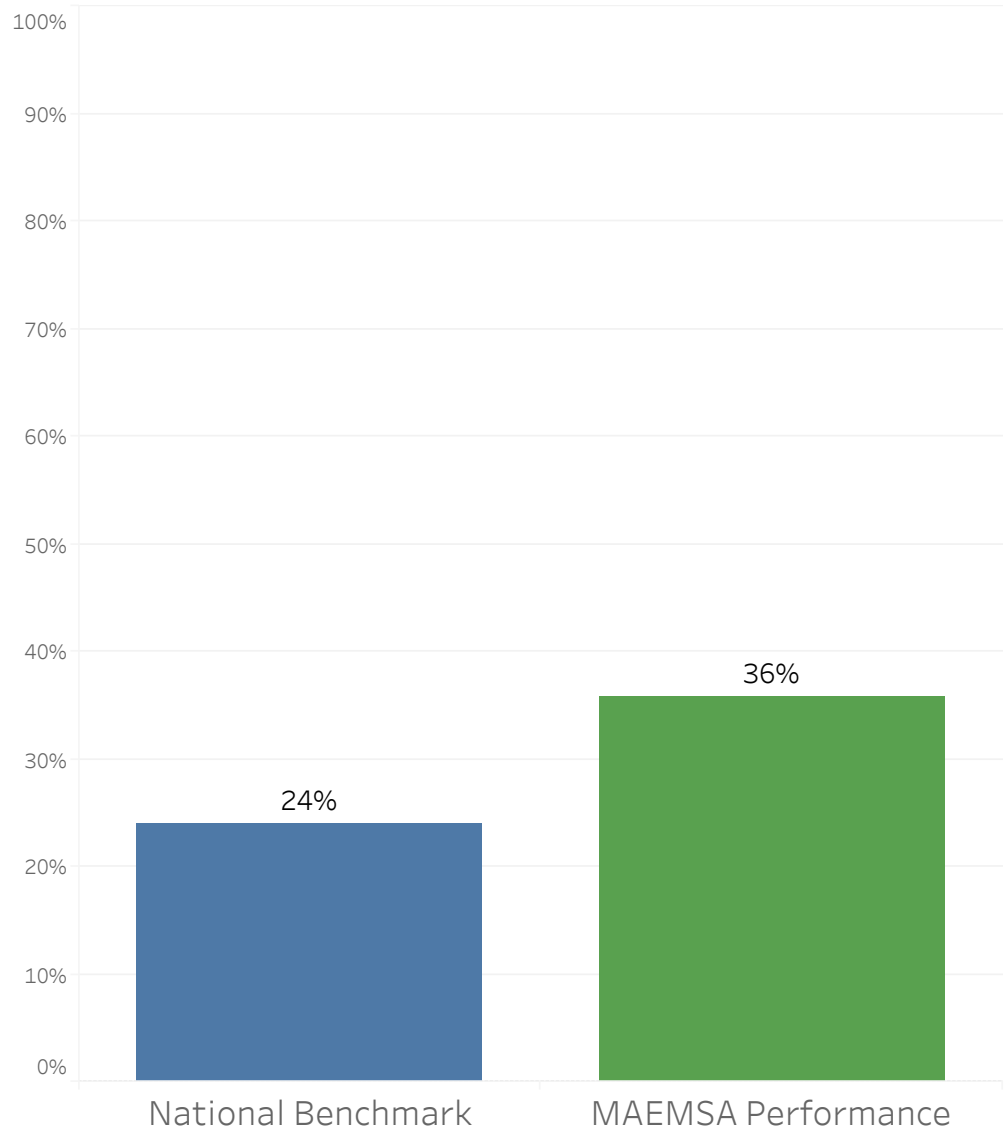
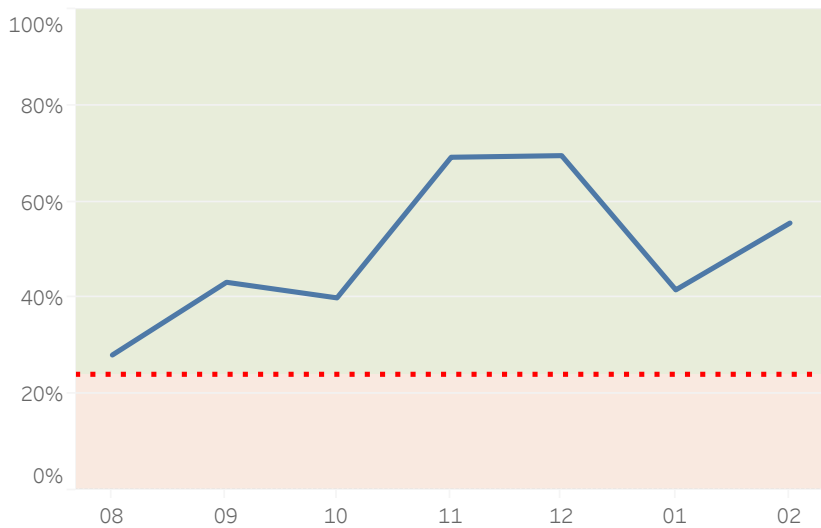
56%

National Benchmark

24%

TTM Performance

Trailing 12-Month (TTM) Performance (7mo)



Percentage of EMS responses originating from a 911 request for who receive a successful advanced airway placement on first attempt without documented hypotension or hypoxia during the peri-intubation period

Airway 02: Adequate Oxygen Saturation Achieved Before Intubation Procedure

MAEMSA Performance

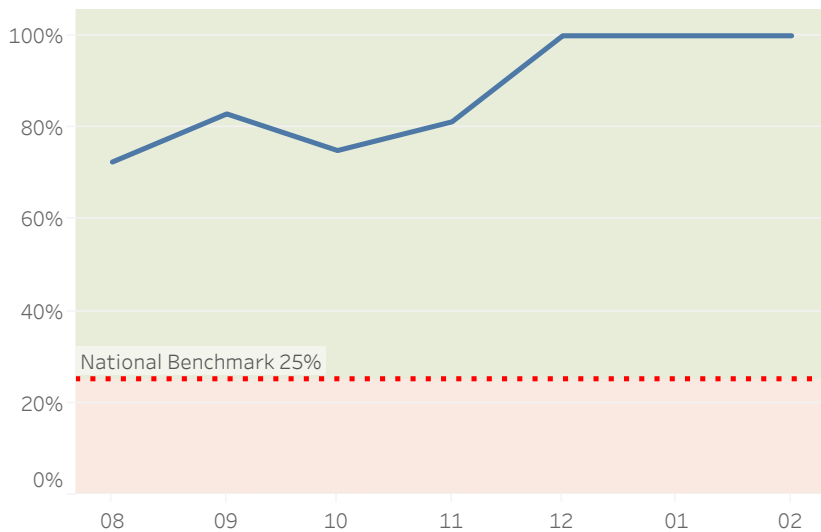
February 2024

100%

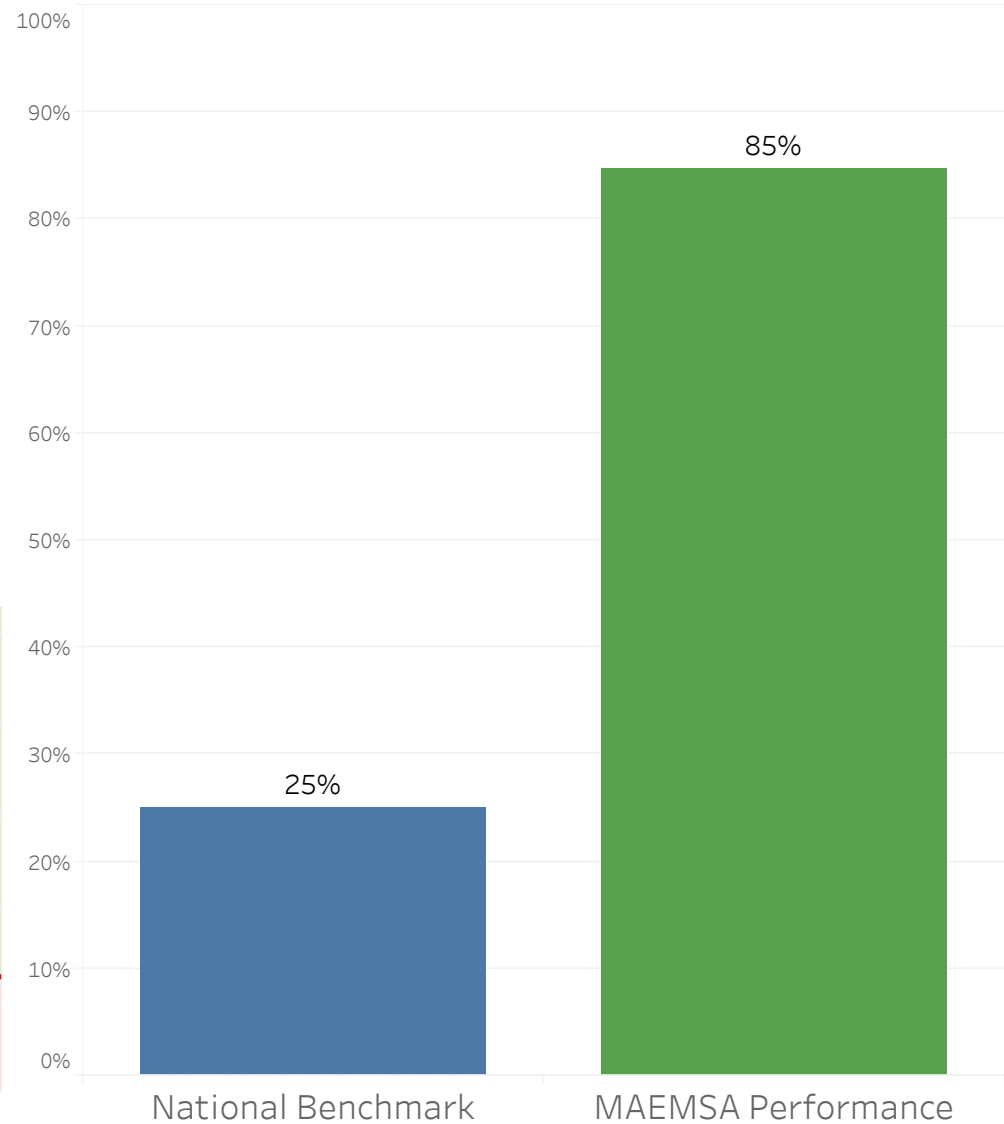
National Benchmark

25%

TTM Performance



Trailing 12-Month (TTM) Performance (7mo)



Percentage of intubation procedures performed during an EMS response originating from a 911 request in which adequate patient oxygen levels were achieved prior to intubation procedure.

Airway 03: Waveform Capnography Airway Device Monitoring

MAEMSA Performance

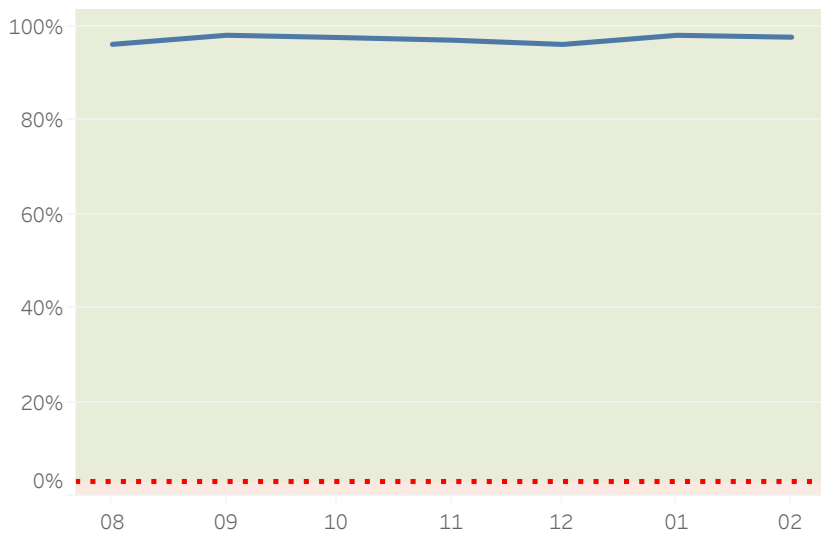
February 2024

98%

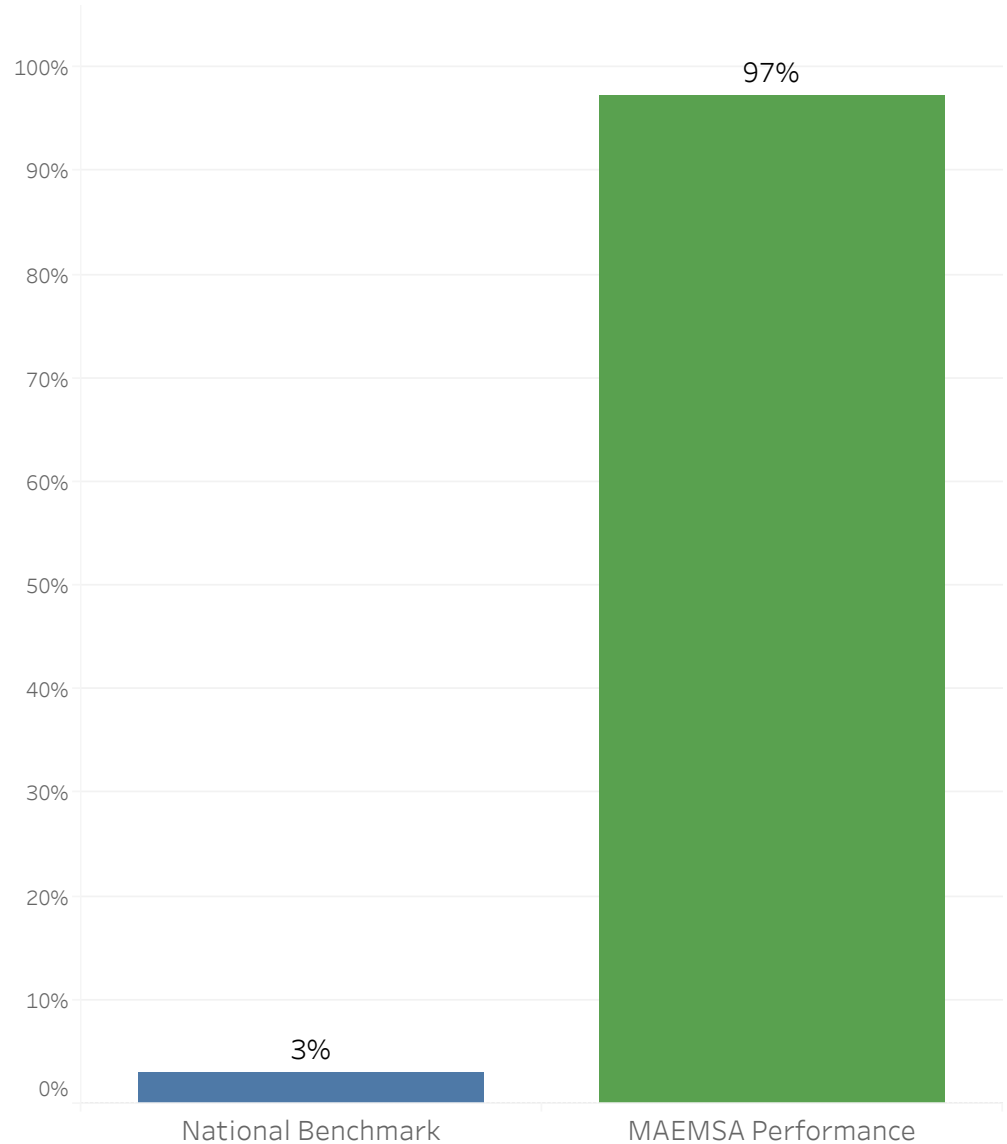
National Benchmark

3%

TTM Performance



Trailing 12-Month (TTM) Performance (7mo)



Percentage of successful advanced airway procedures performed during an EMS response originating from a 911 request in which waveform capnography is used for tube placement confirmation and monitoring.

STEMI 02: Aspirin Administration for STEMI

MAEMSA Performance

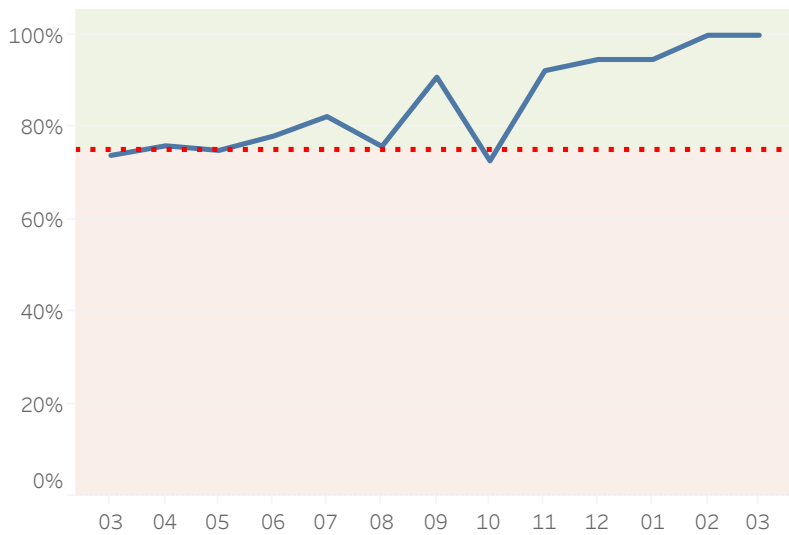
February 2024

100%

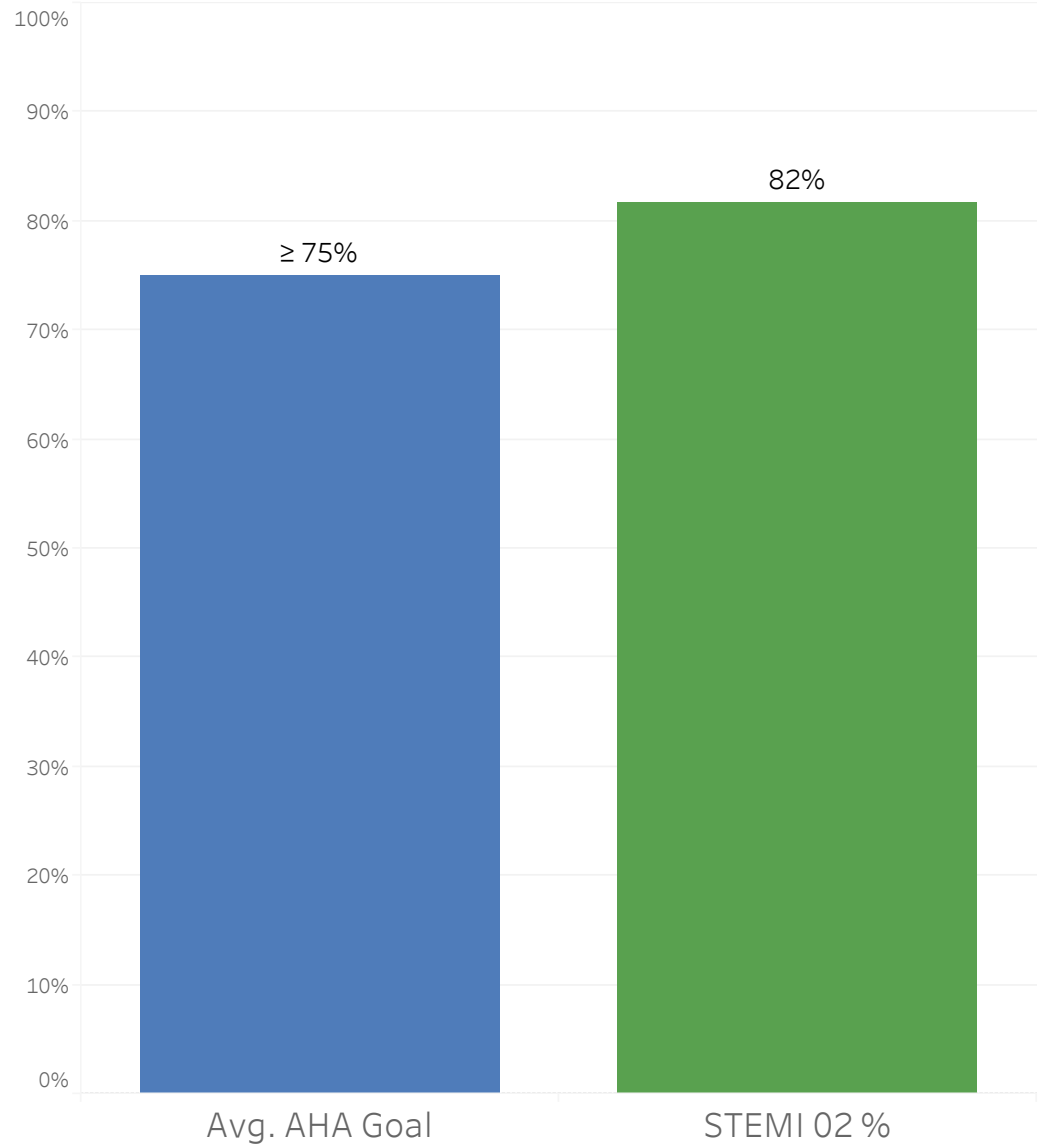
AHA Goal

≥ 75%

TTM Performance



Trailing 12-Month (TTM) Performance



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

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

MAEMSA Performance

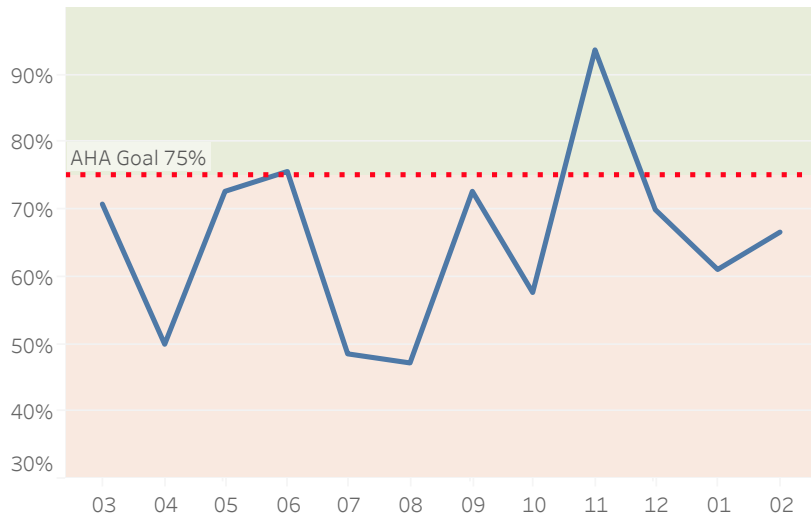
February 2024

67%

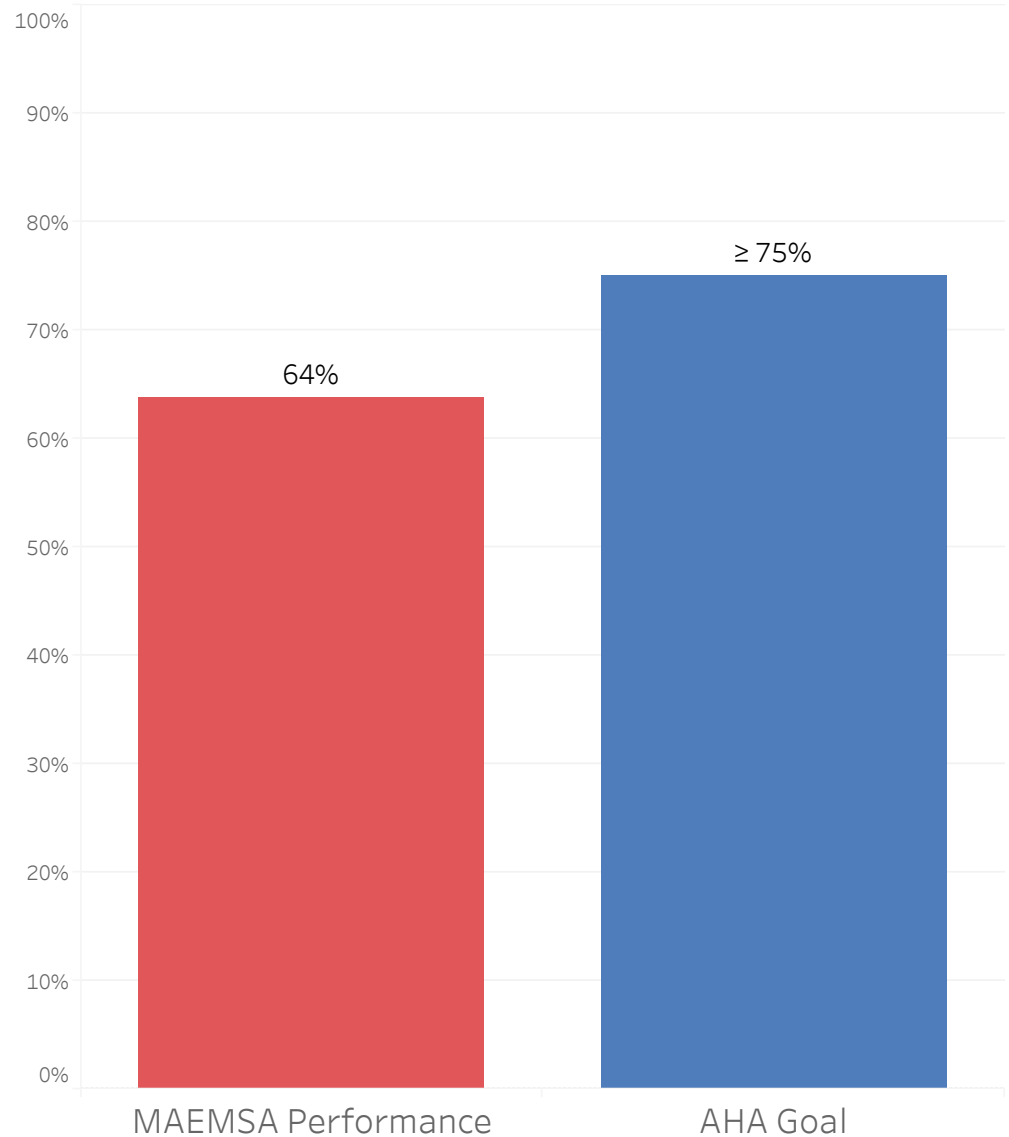
AHA Goal

≥ 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

February 2024

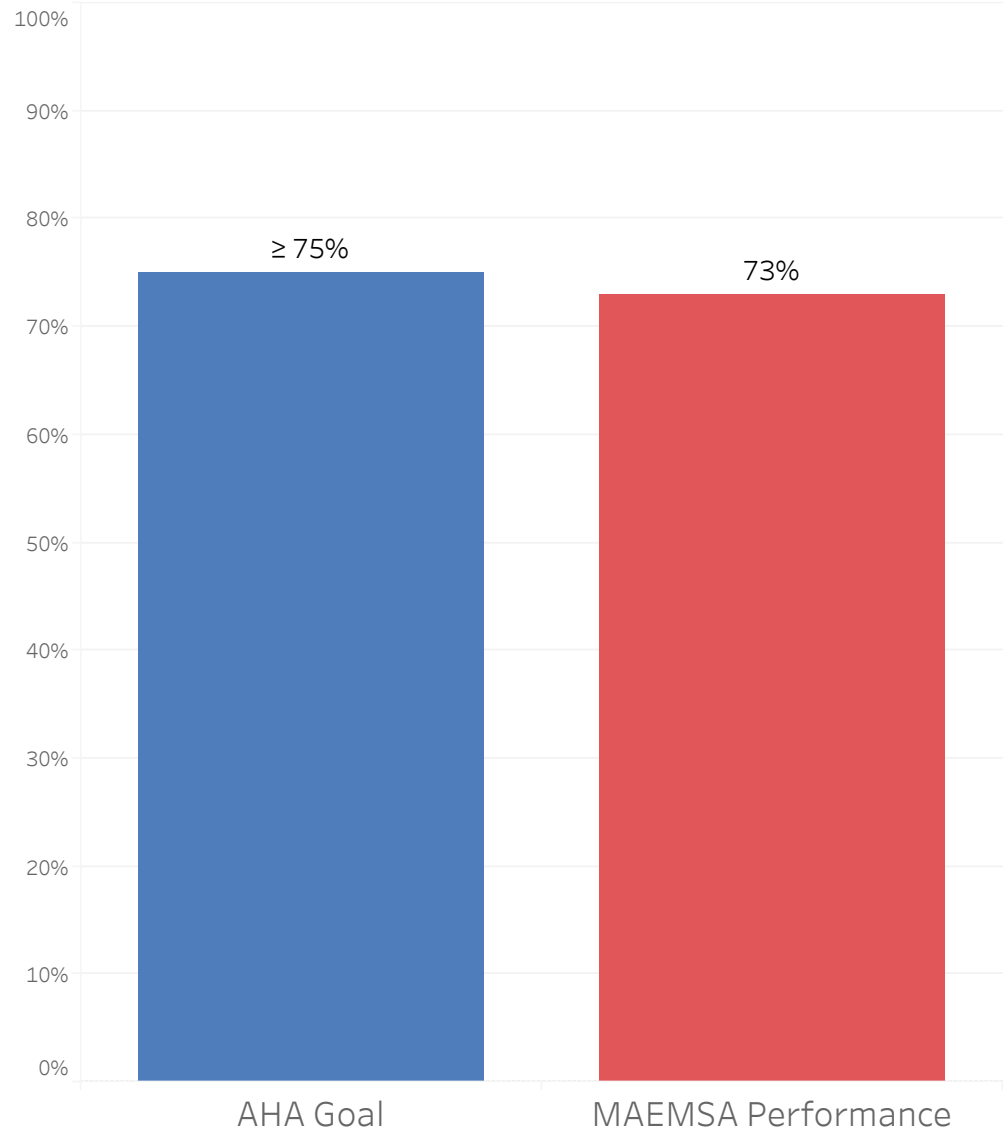
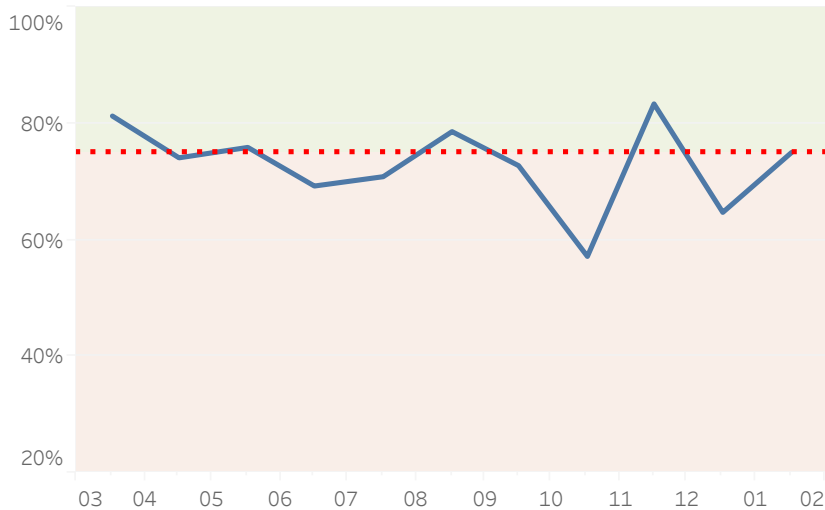
75%

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 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

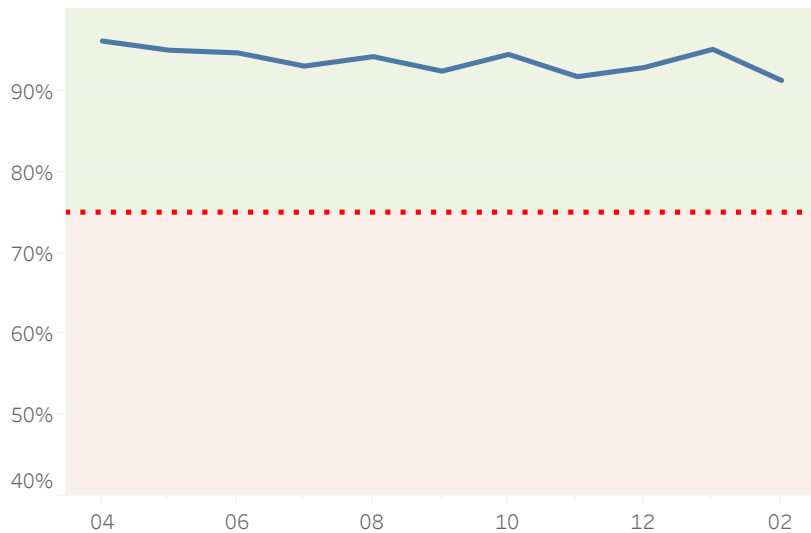
February 2024

91%

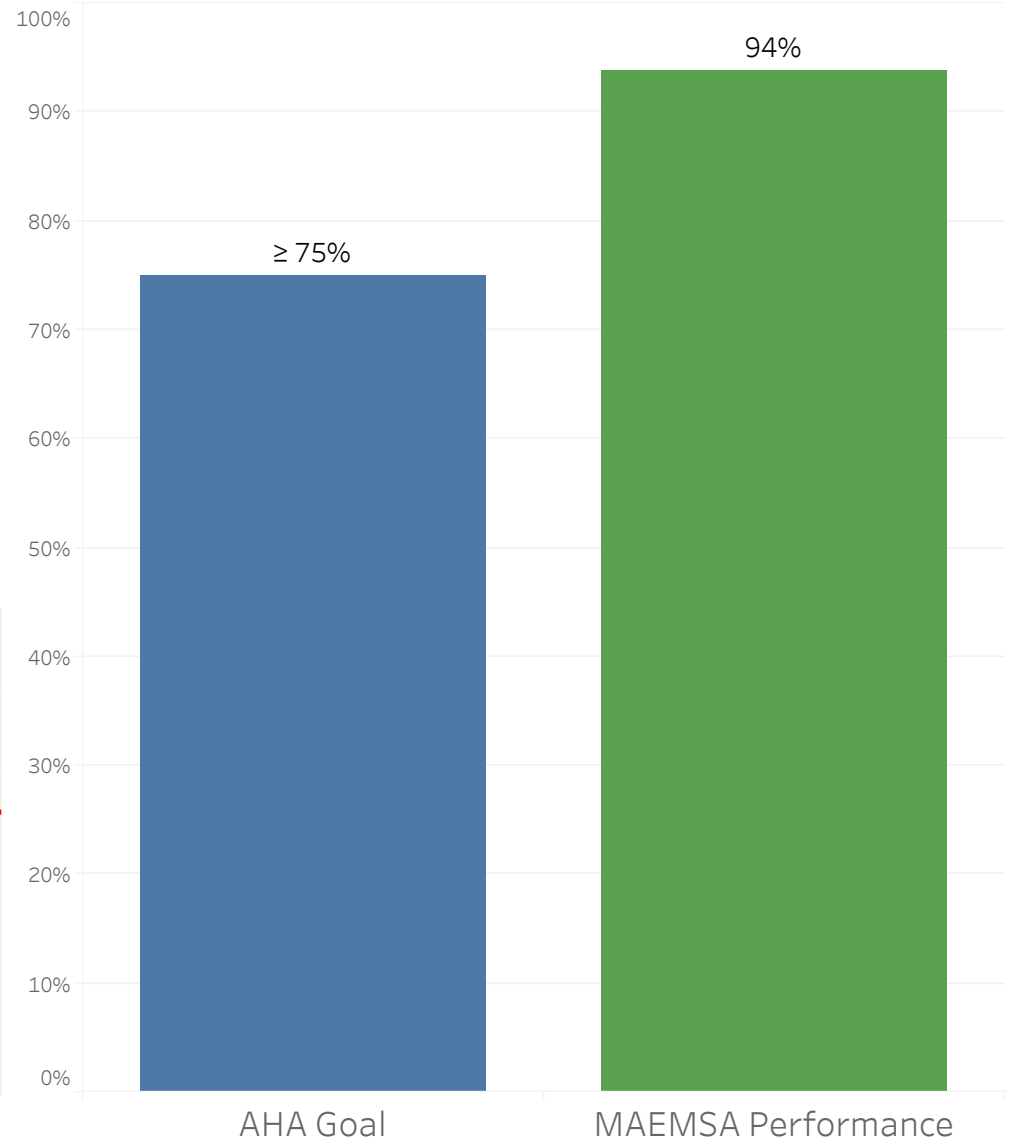
AHA Goal

≥ 75%

TTM Performance



Trailing 12-Month (TTM) Performance



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

Stroke 02: Stroke Screen Performed and Documented

MAEMSA Performance

February 2024

86%

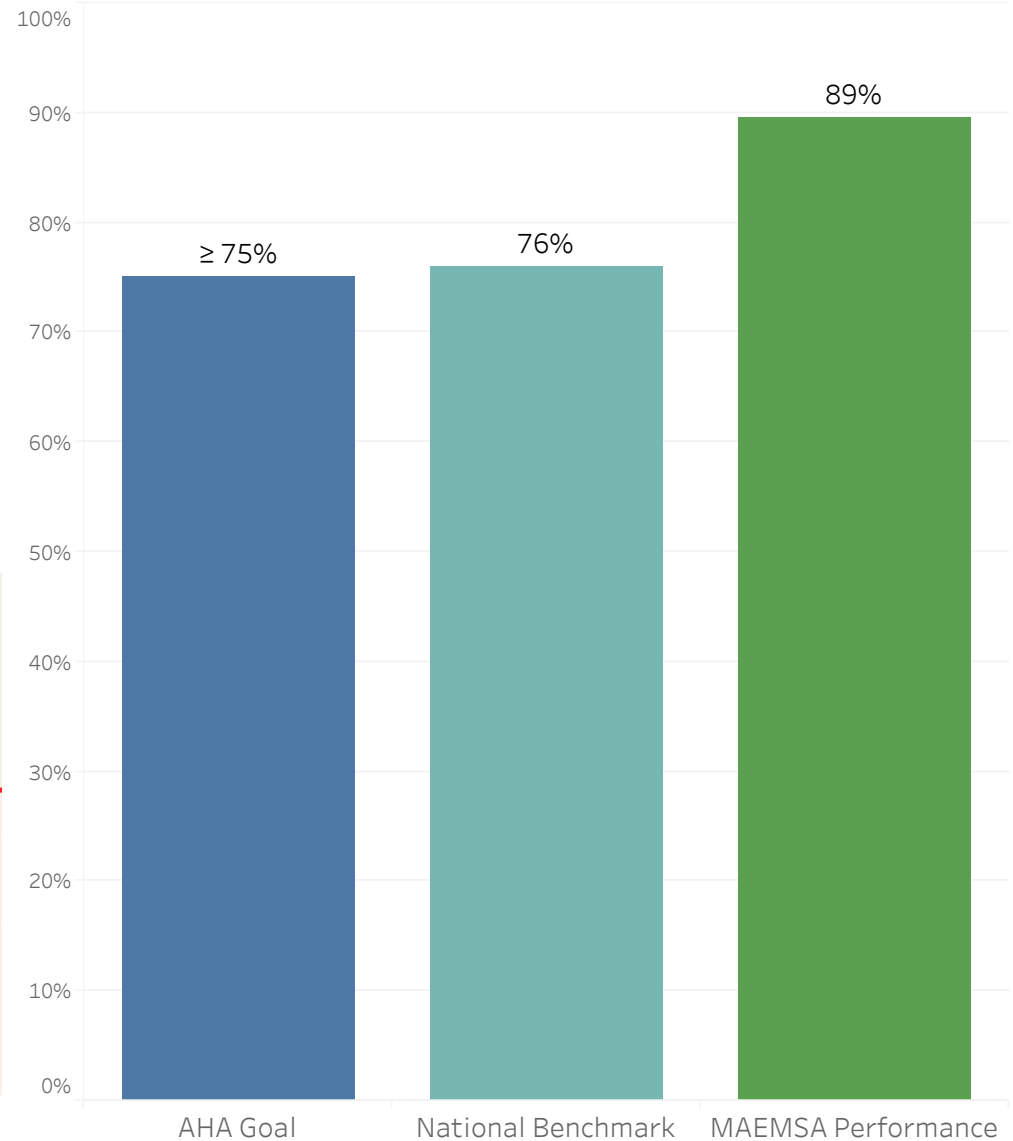
AHA Goal

≥ 75%

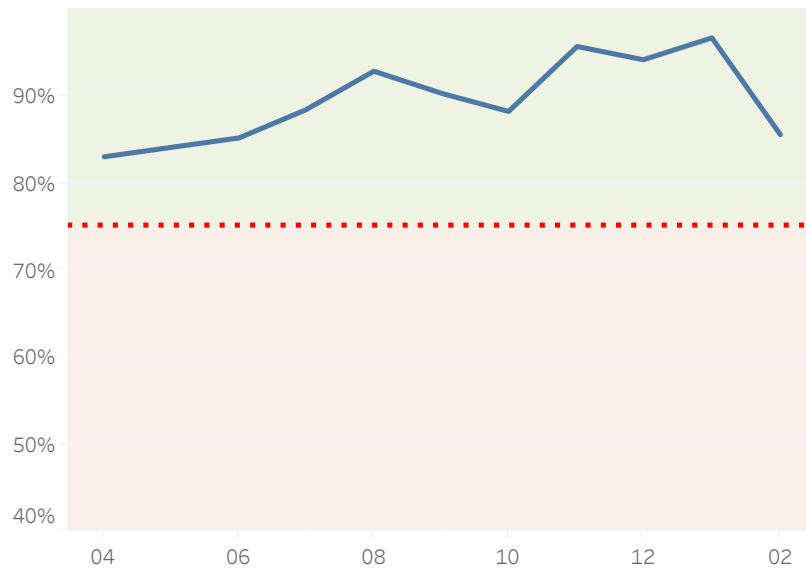
National Benchmark

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

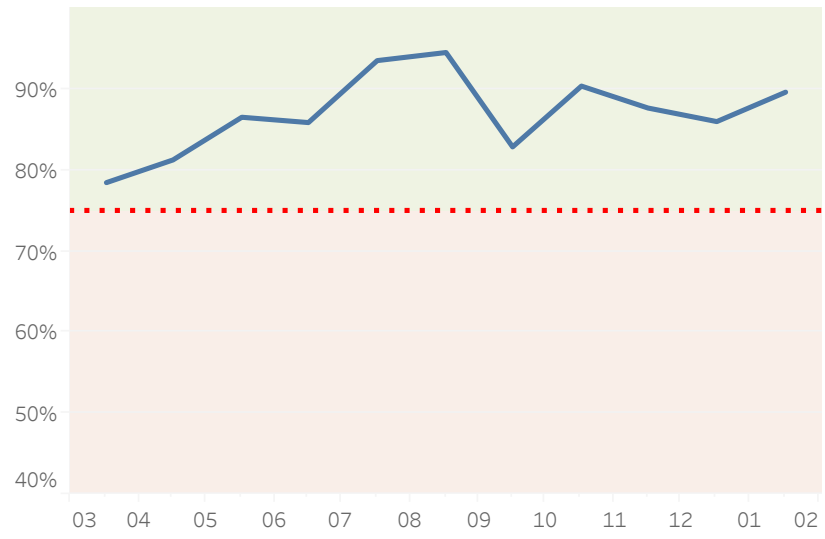
February 2024

90%

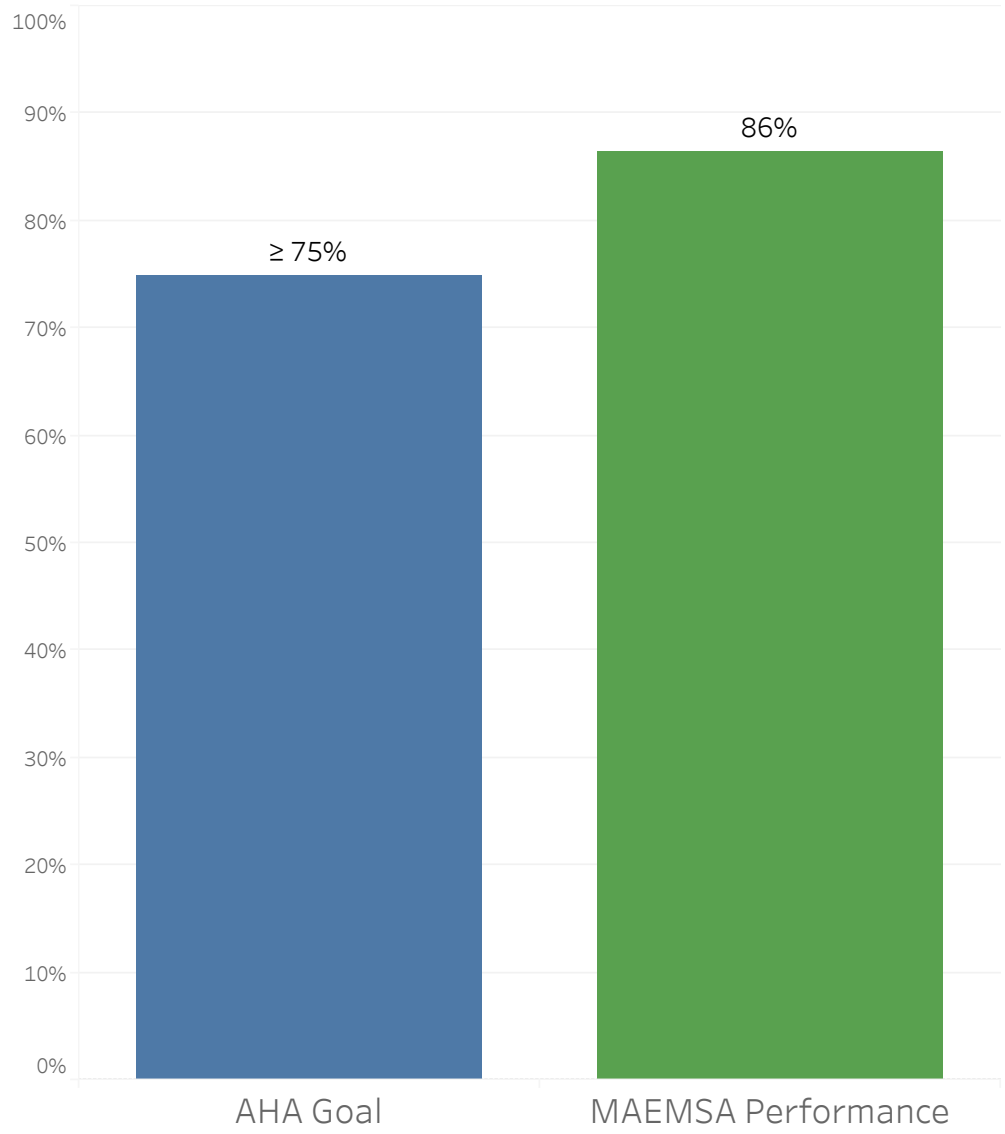
AHA Goal

≥ 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

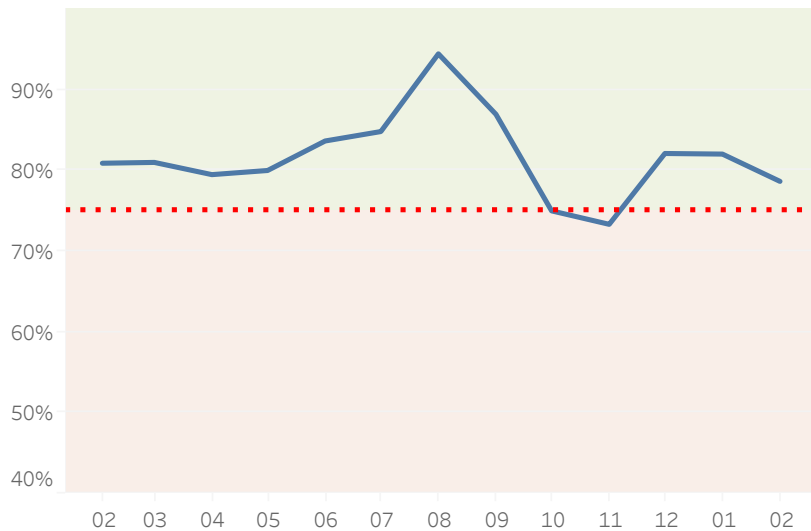
February 2024

79%

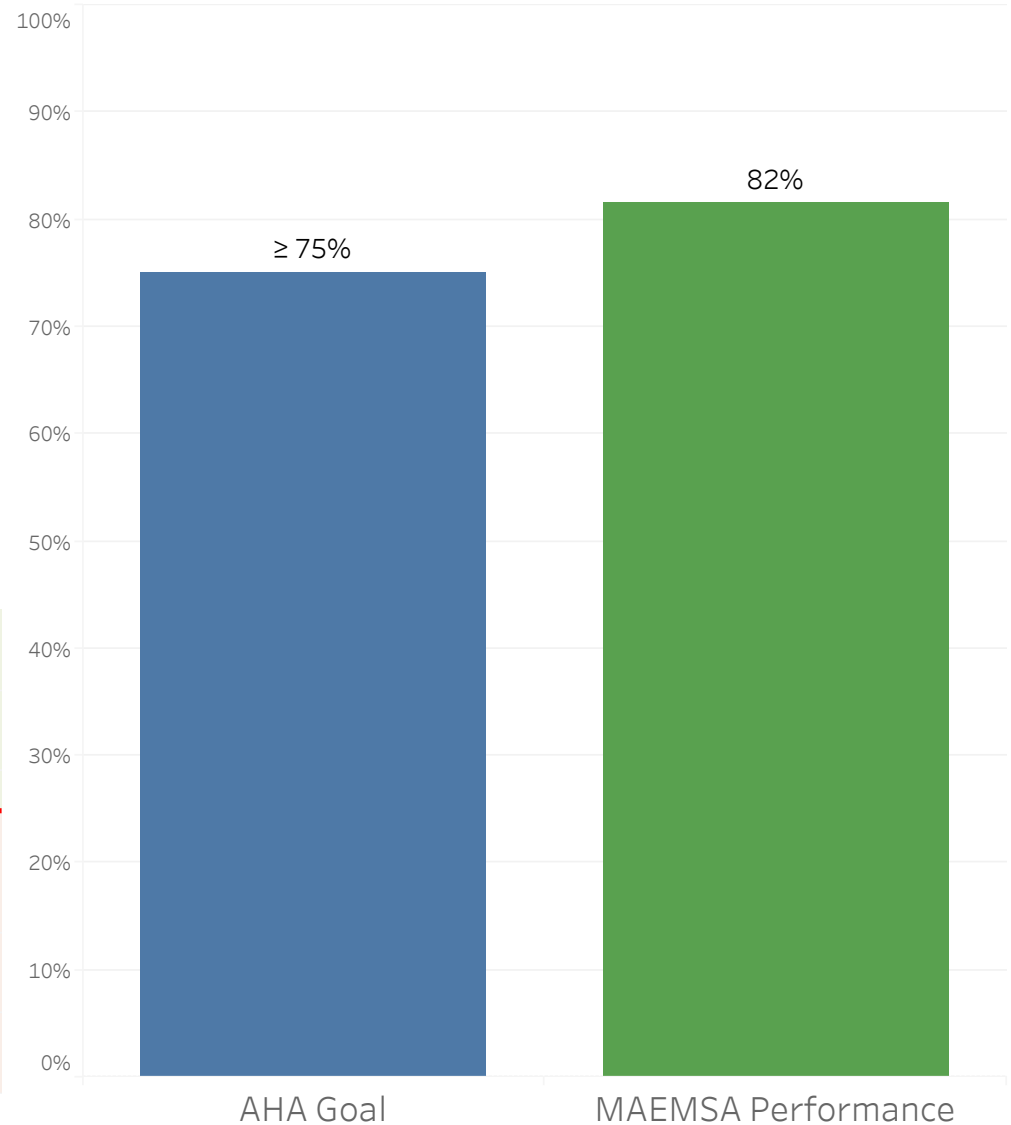
AHA Goal

≥ 75%

TTM Performance



Trailing 12-Month (TTM) Performance



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

Asthma 01: Administration of a Beta Agonist for Asthma

MAEMSA Performance

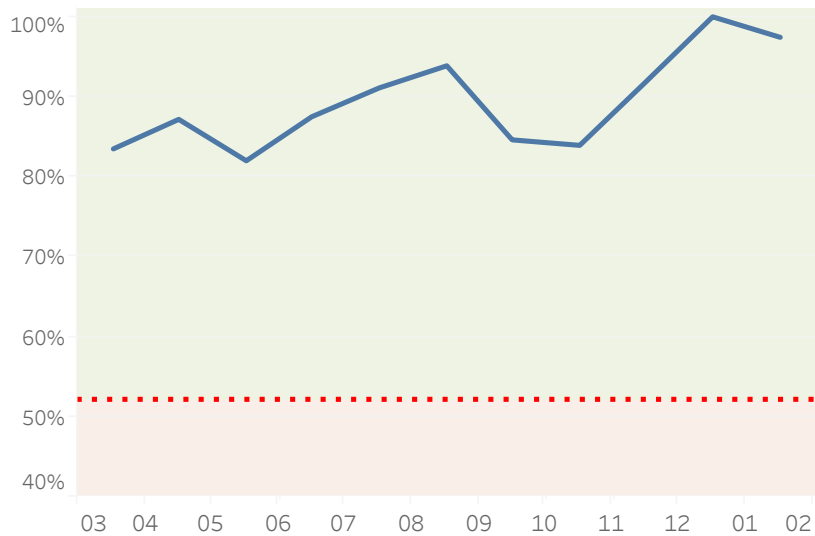
February 2024

97%

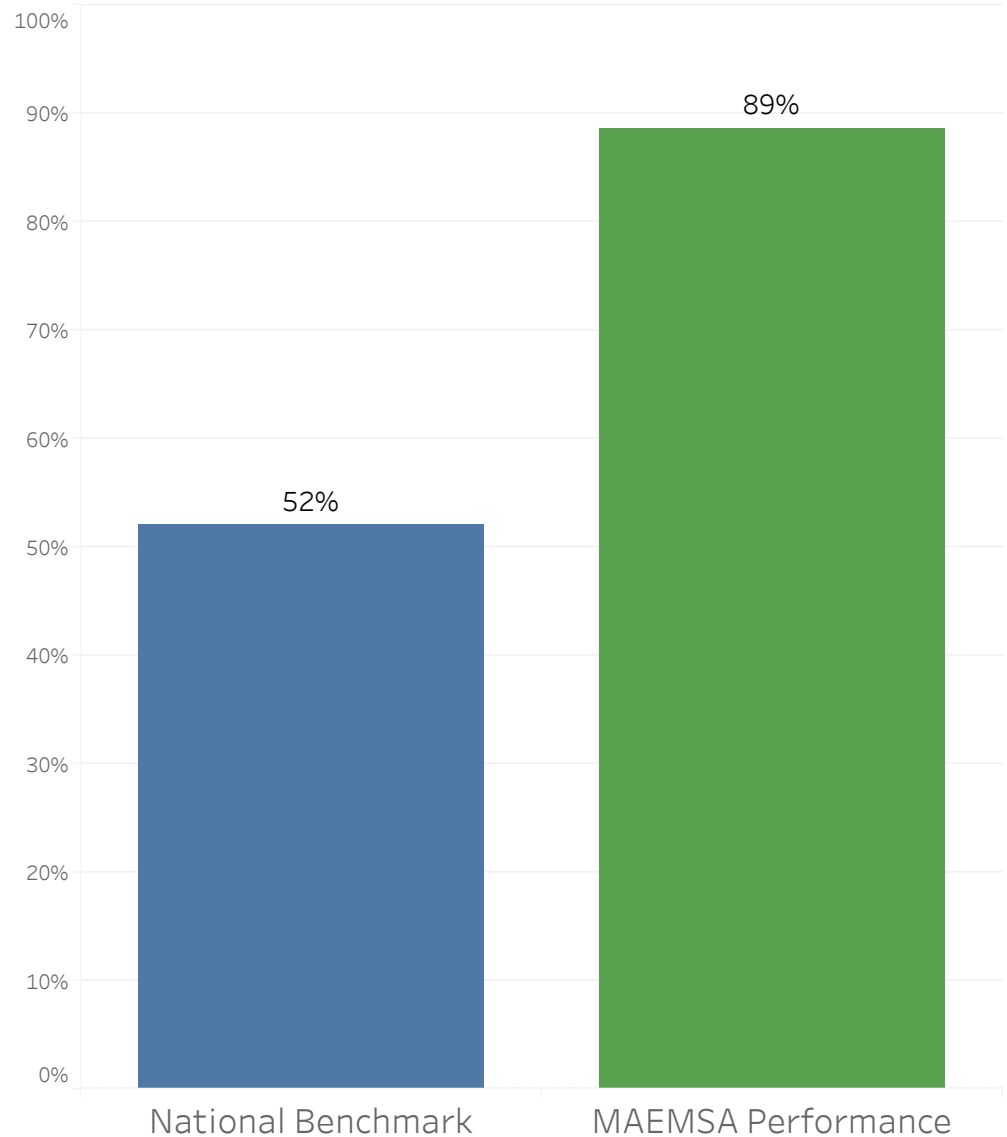
National Benchmark

52%

TTM Performance



Trailing 12-Month (TTM) Performance



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

Hypoglycemia 01: Treatment Administered for Hypoglycemia

MAEMSA Performance

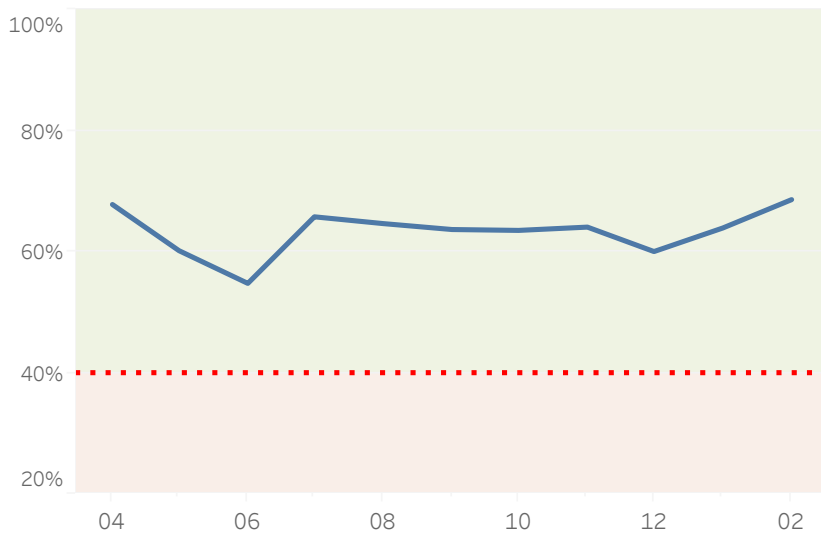
February 2024

69%

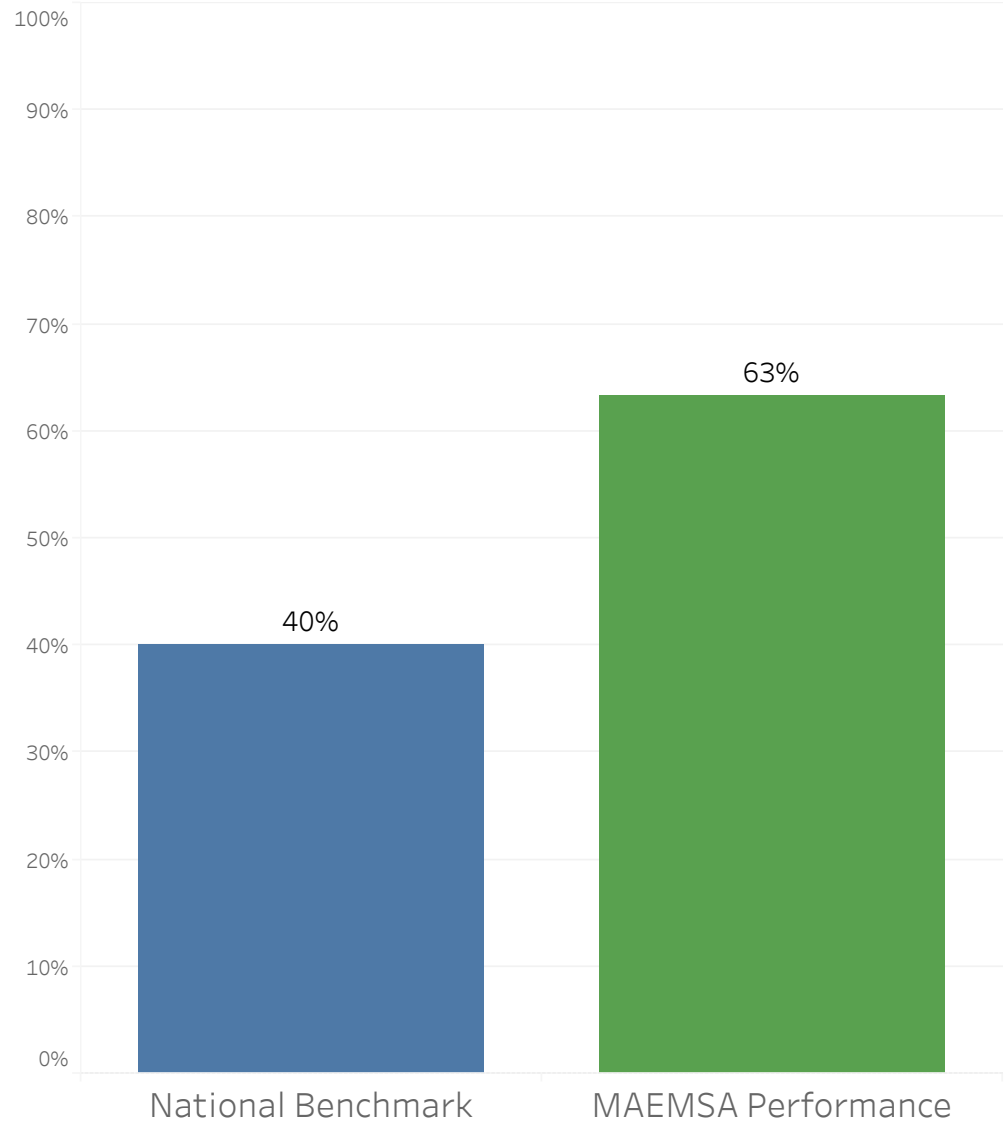
National Benchmark

40%

TTM Performance



Trailing 12-Month (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

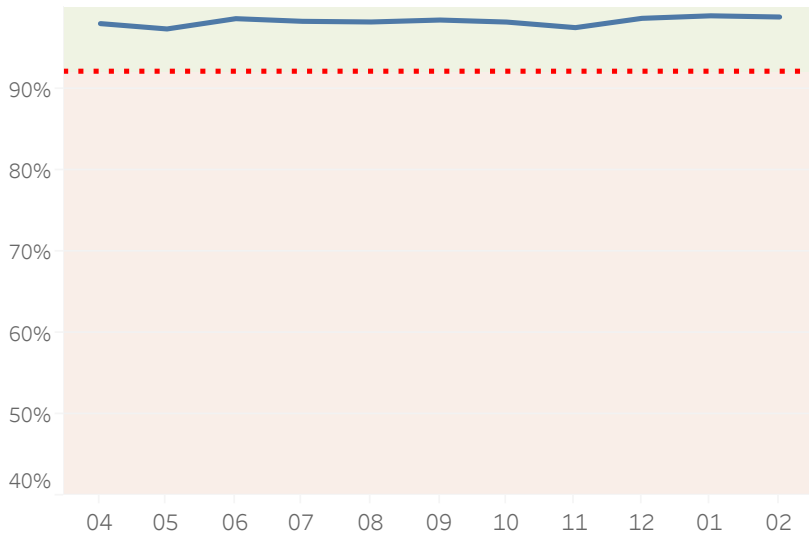
February 2024

99%

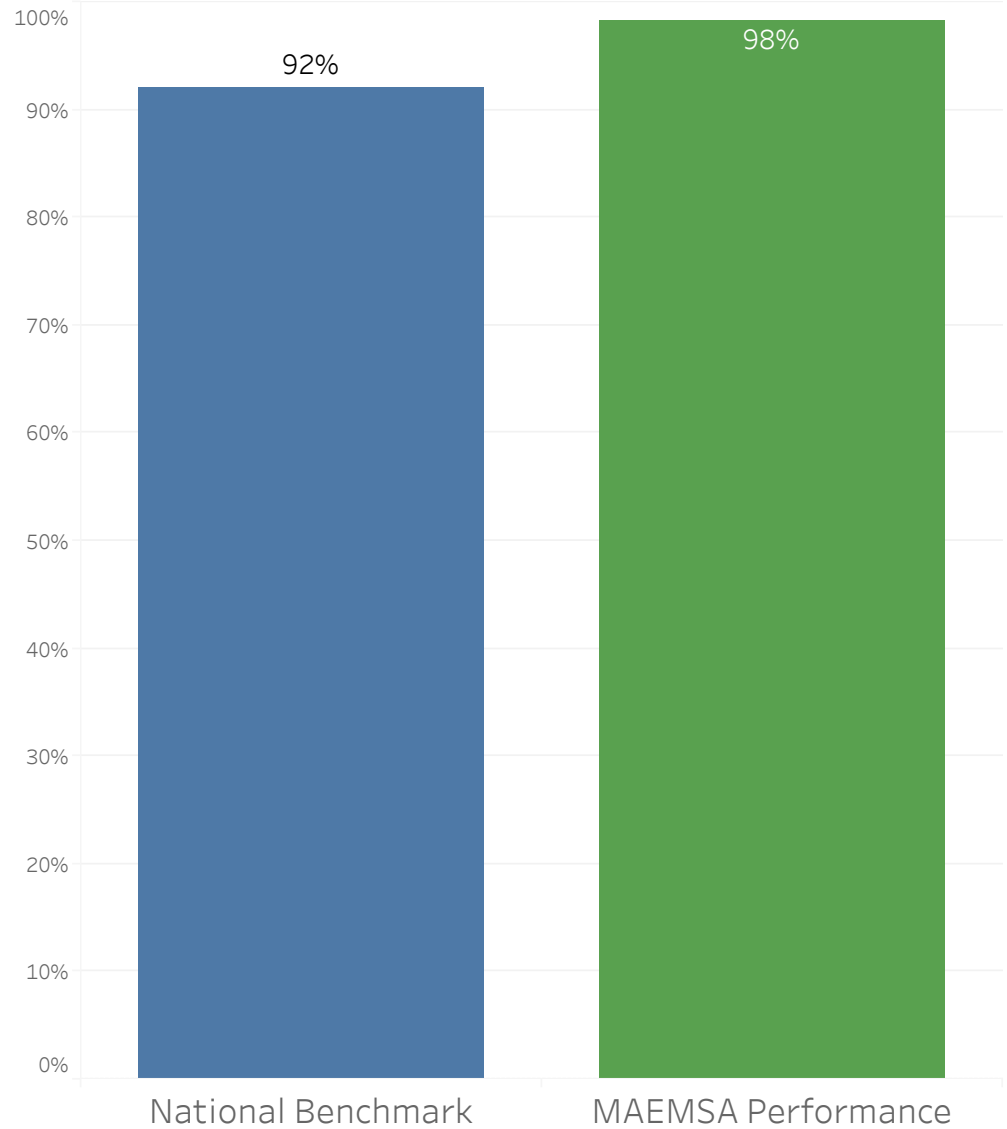
National Benchmark

92%

TTM Performance



Trailing 12-Month (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.

Respiratory-02: Oxygen Administration for Hypoxia

MAEMSA Performance

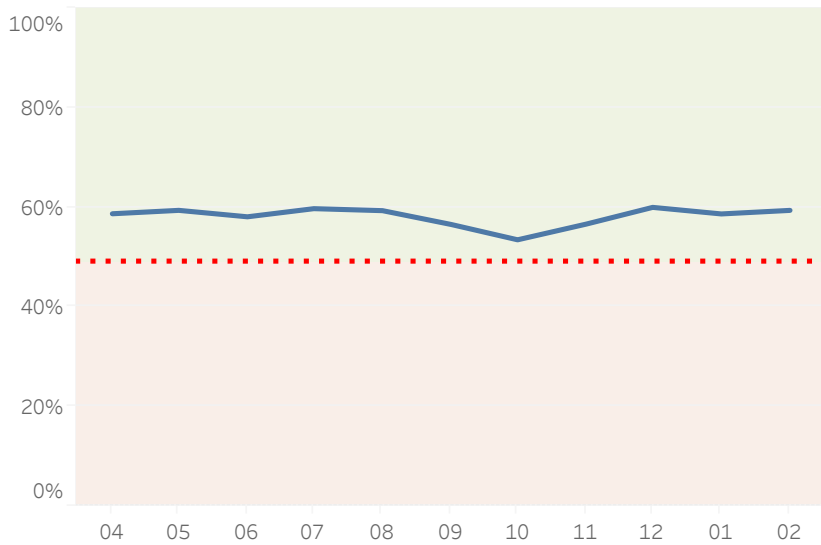
February 2024

59%

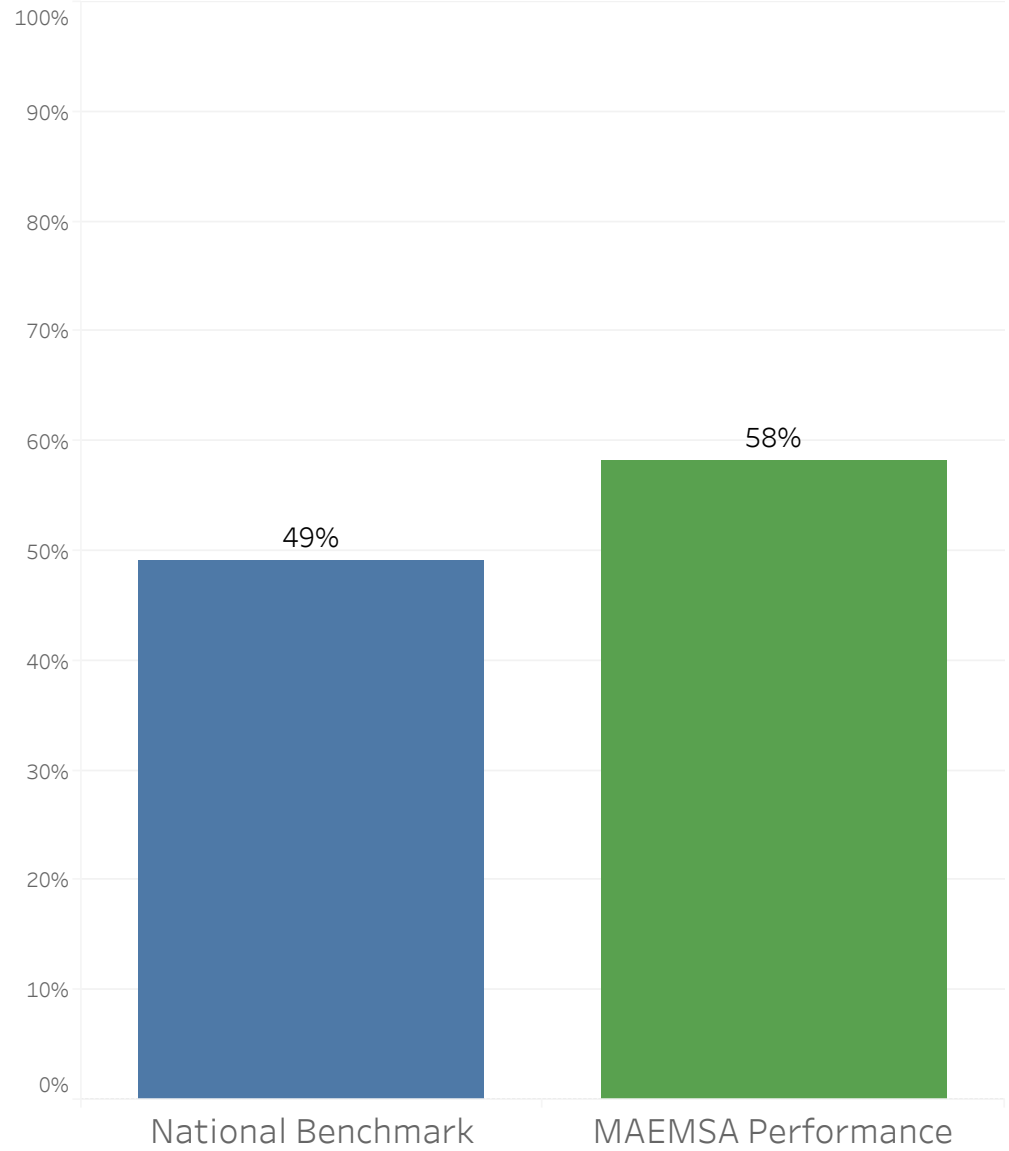
National Benchmark

49%

TTM Performance



Trailing 12-Month (TTM) Performance



Percentage of EMS responses originating from a 911 request for patients with hypoxia during which oxygen is administered.

Seizure 02: Patients with Status Epilepticus Receiving Intervention

MAEMSA Performance

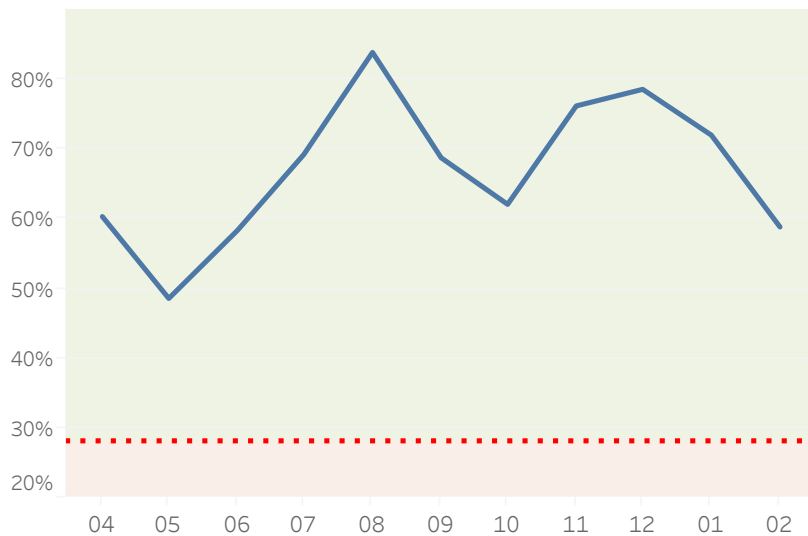
February 2024

59%

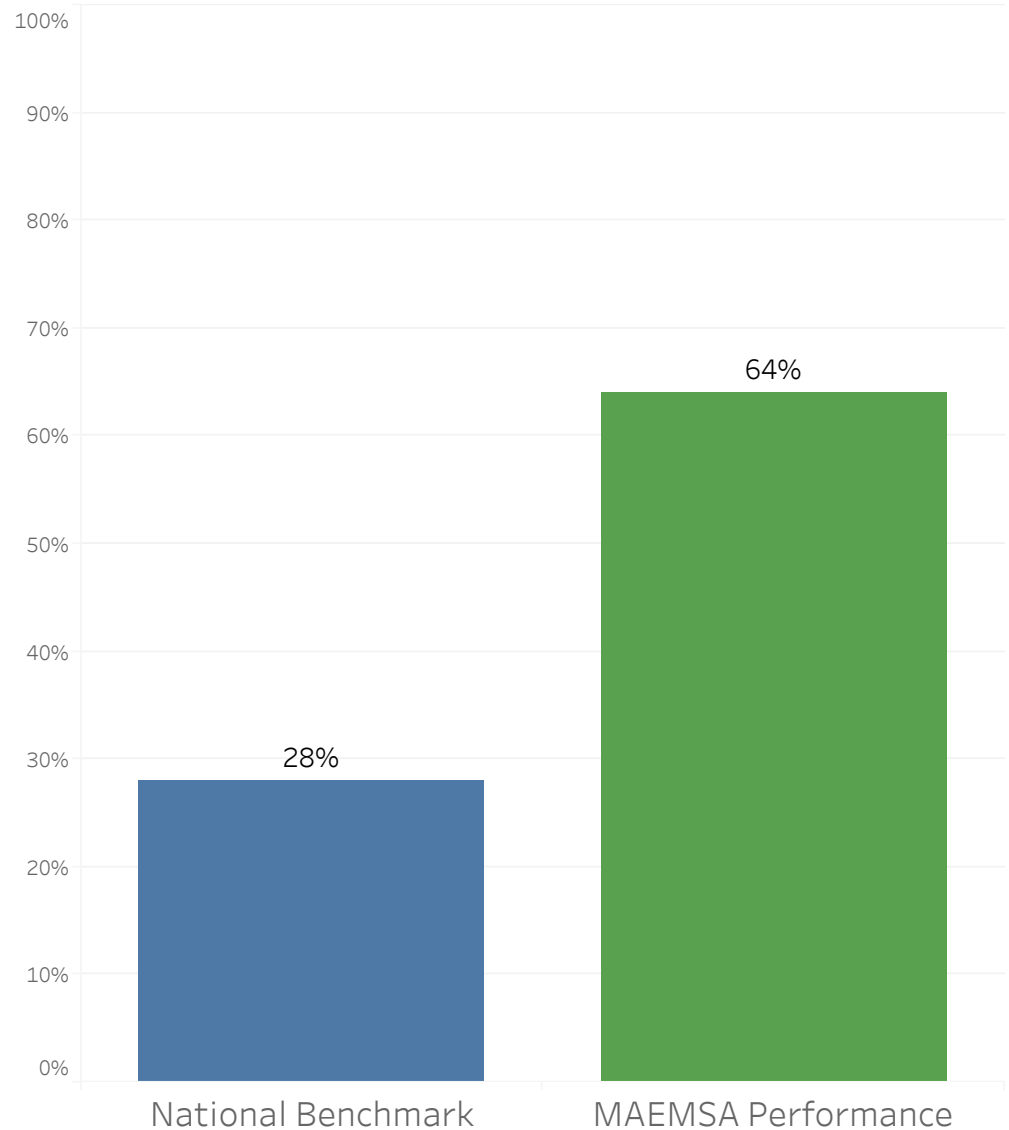
National Benchmark

28%

TTM Performance



Trailing 12-Month (TTM) Performance



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

Syncope 01: ECG Performed for Syncope Patients

MAEMSA Performance

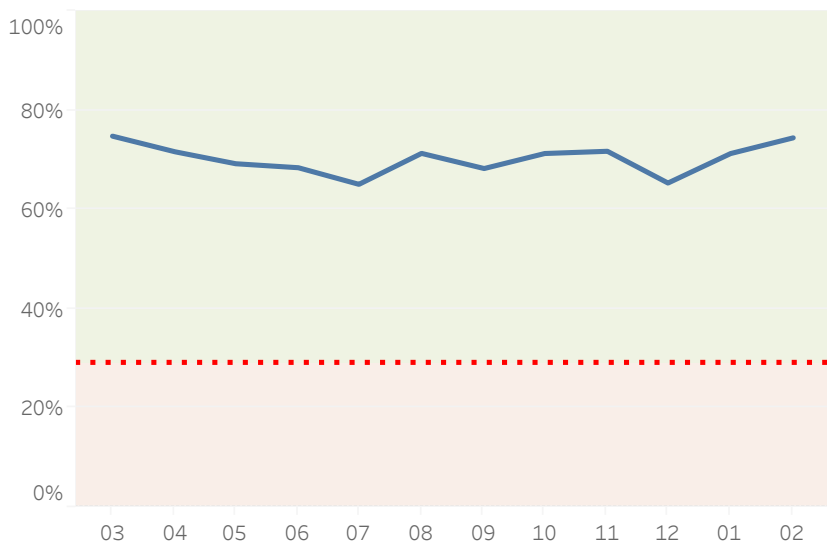
February 2024

74%

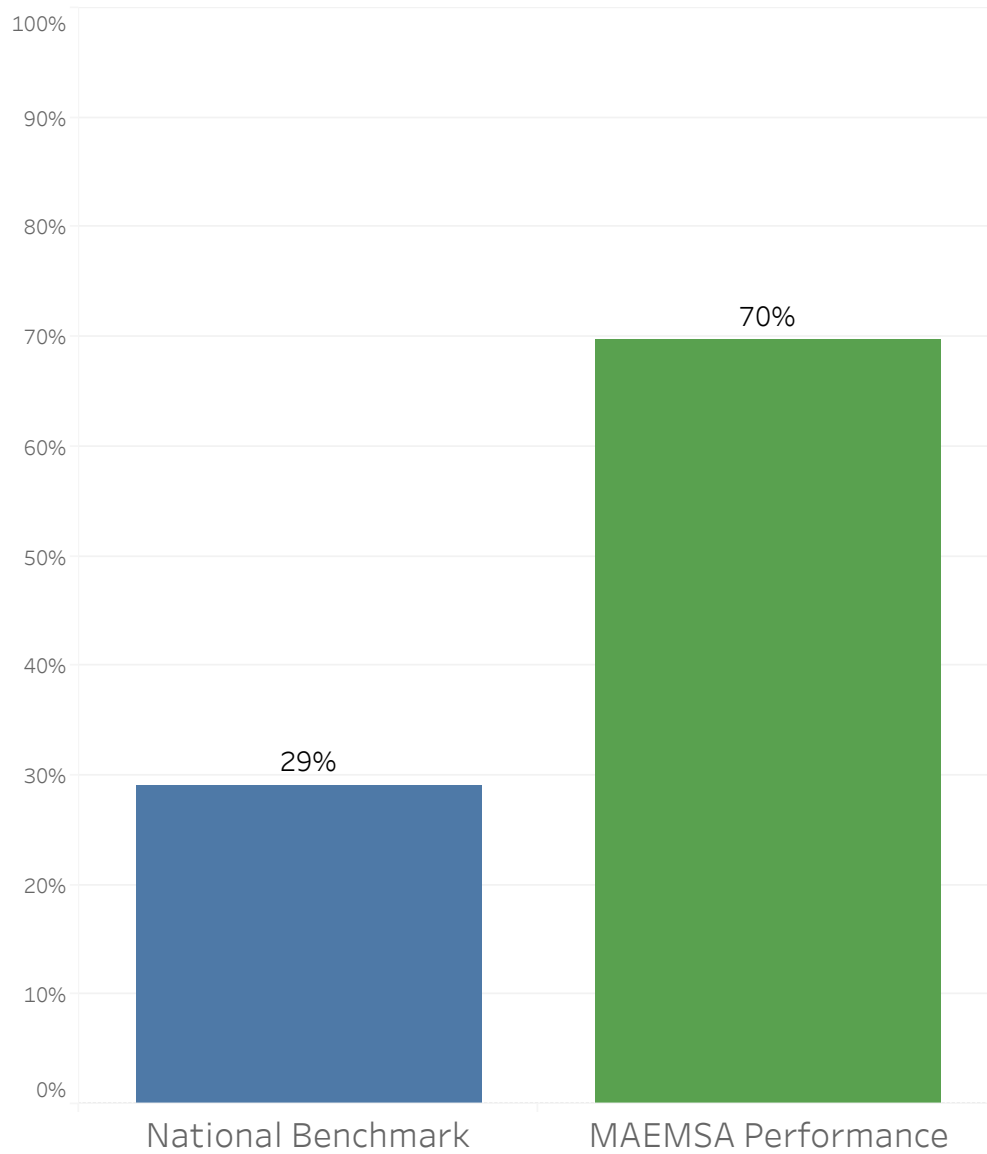
National Benchmark

29%

TTM Performance



Trailing 12-Month (TTM) Performance



Percentage of EMS responses originating from a 911 request for patients with syncope during which a 12-lead (or greater) ECG is performed.

TBI-01: Clinical Assessments for Patients with Traumatic Brain Injury

MAEMSA Performance

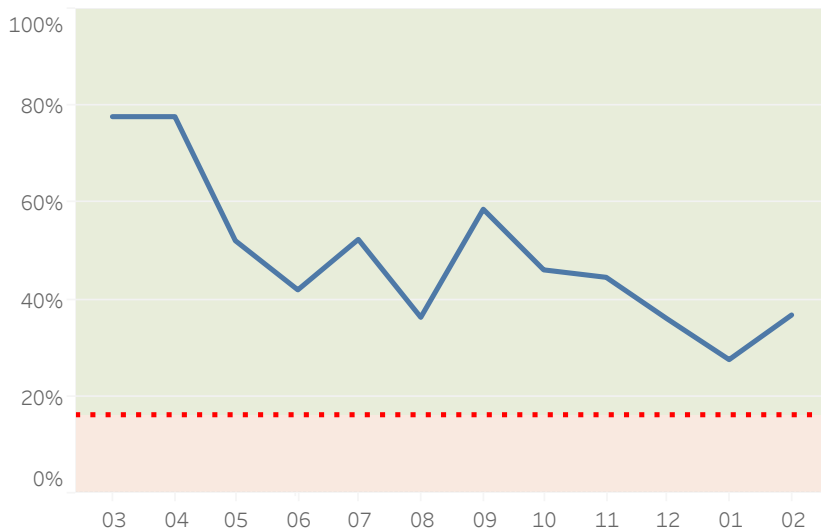
February 2024

37%

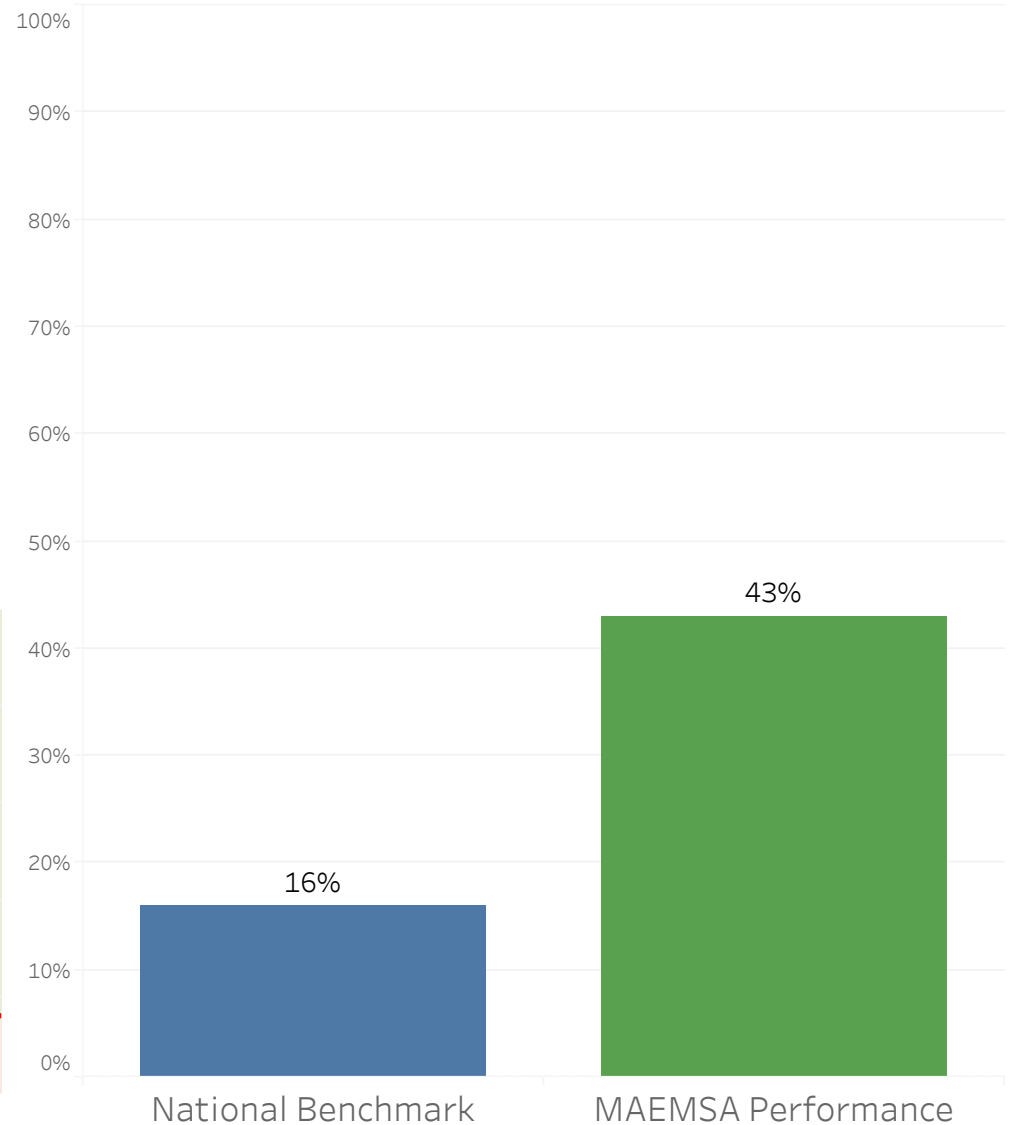
National Benchmark

16%

TTM Performance



Trailing 12-Month (TTM) Performance



Percentage of EMS transports originating from a 911 request for patients with suspected traumatic brain injury during which oxygen level, ETCO2, and systolic blood pressure are documented.

Trauma 01: Pain Assessment of Injured Patients

MAEMSA Performance

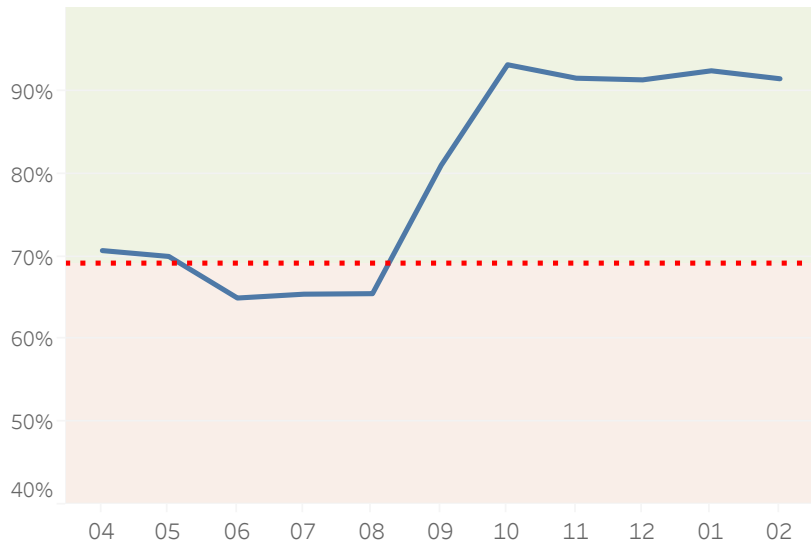
February 2024

91%

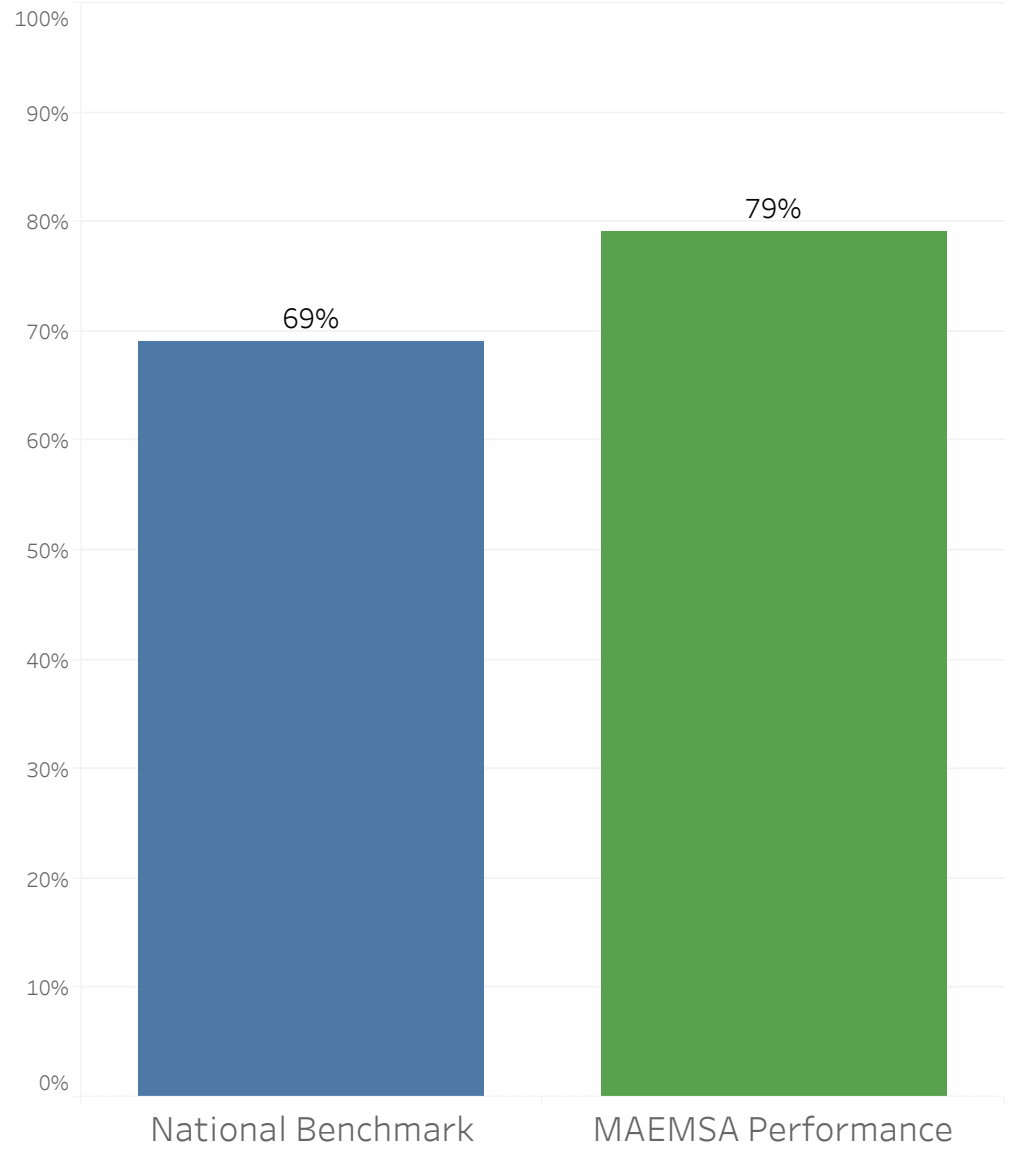
National Benchmark

69%

TTM Performance



Trailing 12-Month (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

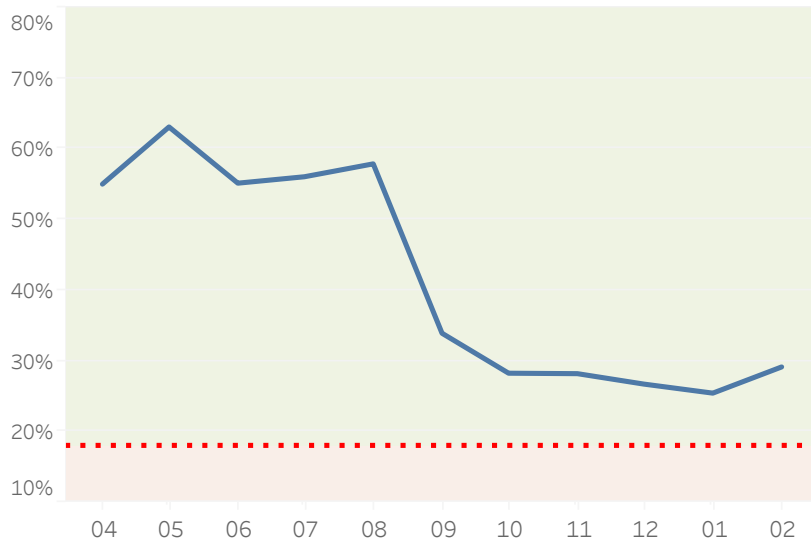
February 2024

29%

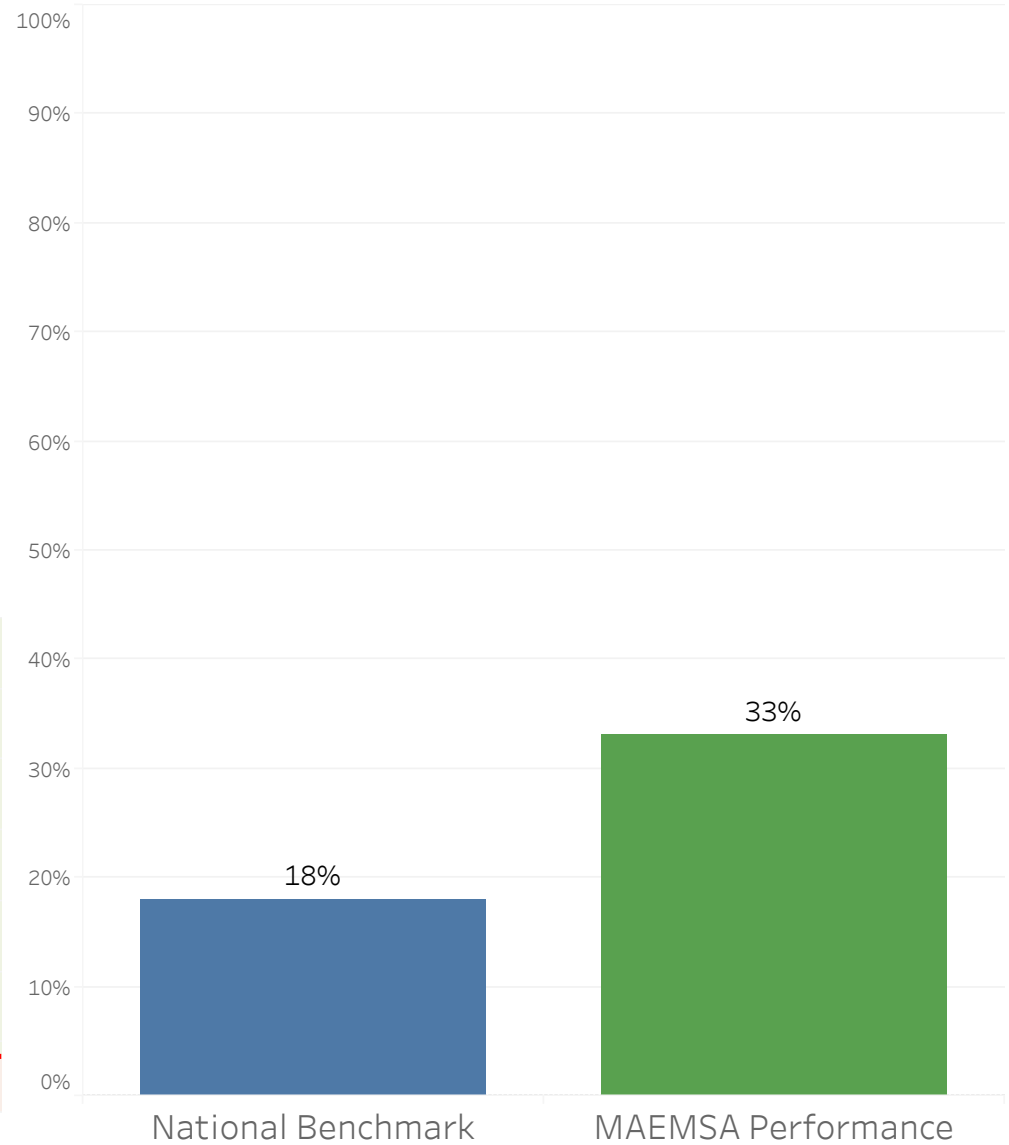
National Benchmark

18%

TTM Performance



Trailing 12-Month (TTM) Performance



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

Trauma-08: Documentation of GCS, SBP, and Respiratory Rate

MAEMSA Performance

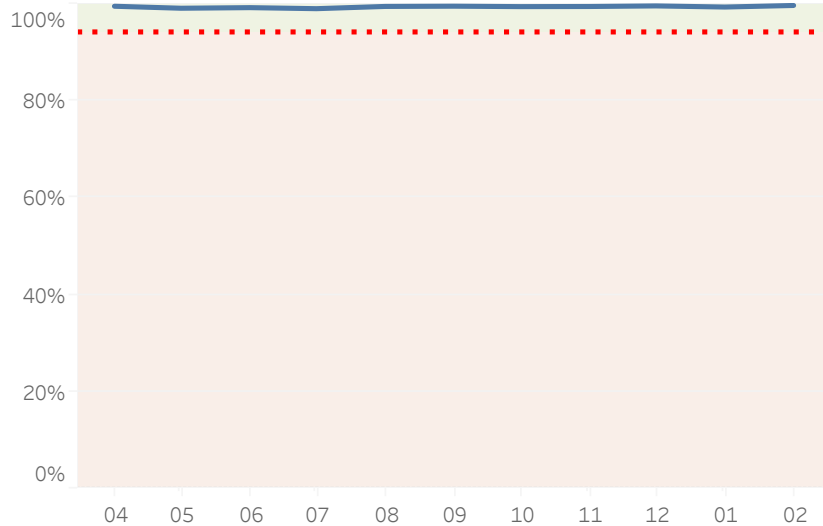
February 2024

100%

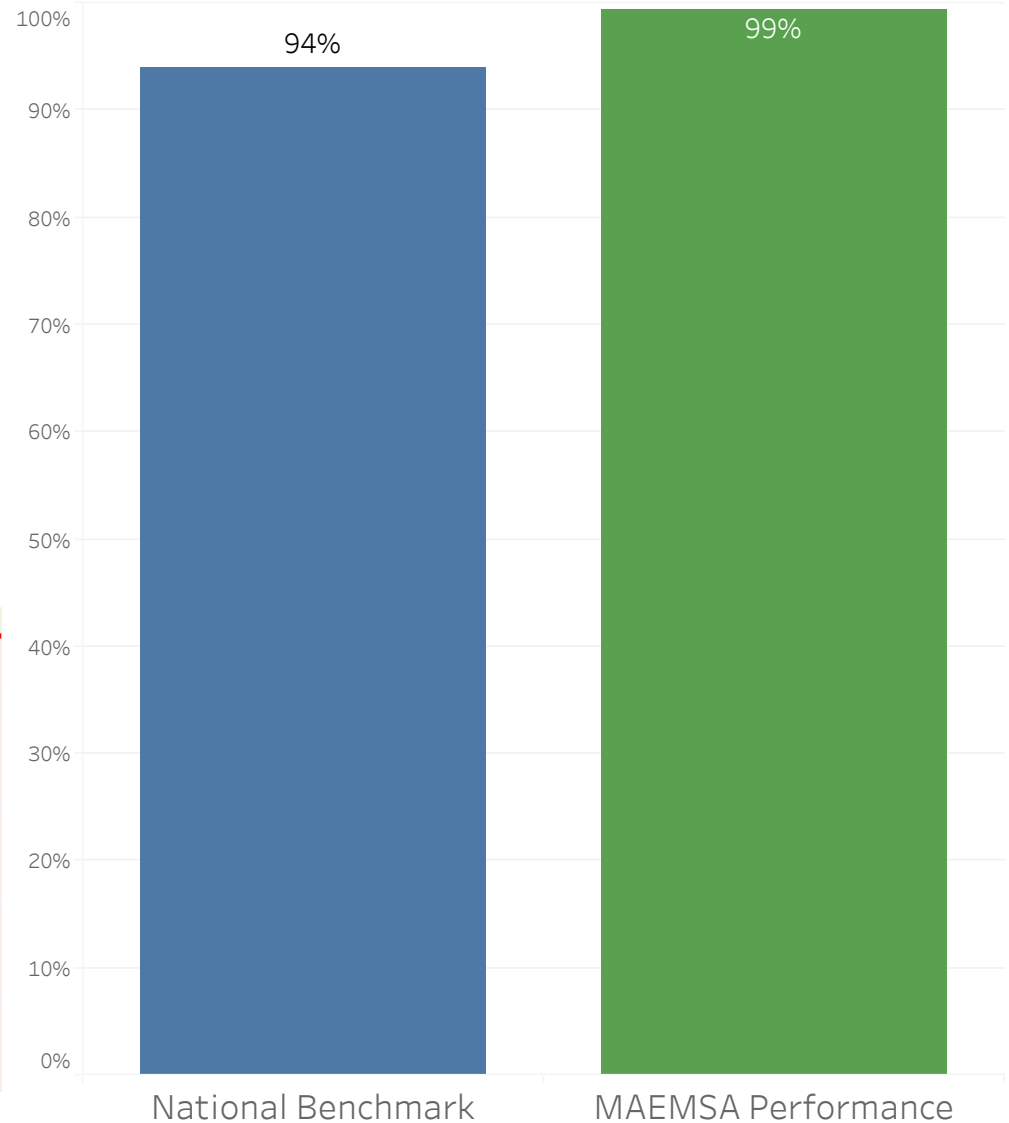
National Benchmark

94%

TTM Performance



Trailing 12-Month (TTM) Performance



Percentage of EMS transports originating from a 911 request for patients with trauma during which GCS, systolic blood pressure, and respiratory rate are documented.

TTR-01: Vital Signs Documented

MAEMSA Performance

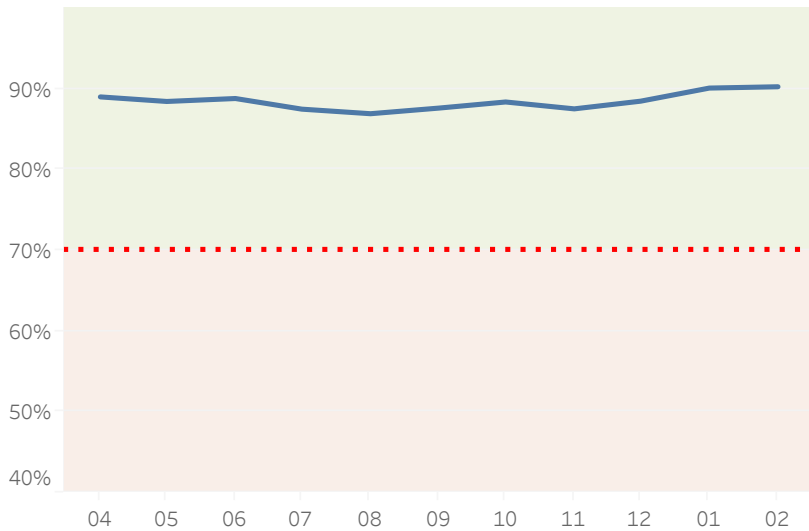
February 2024

90%

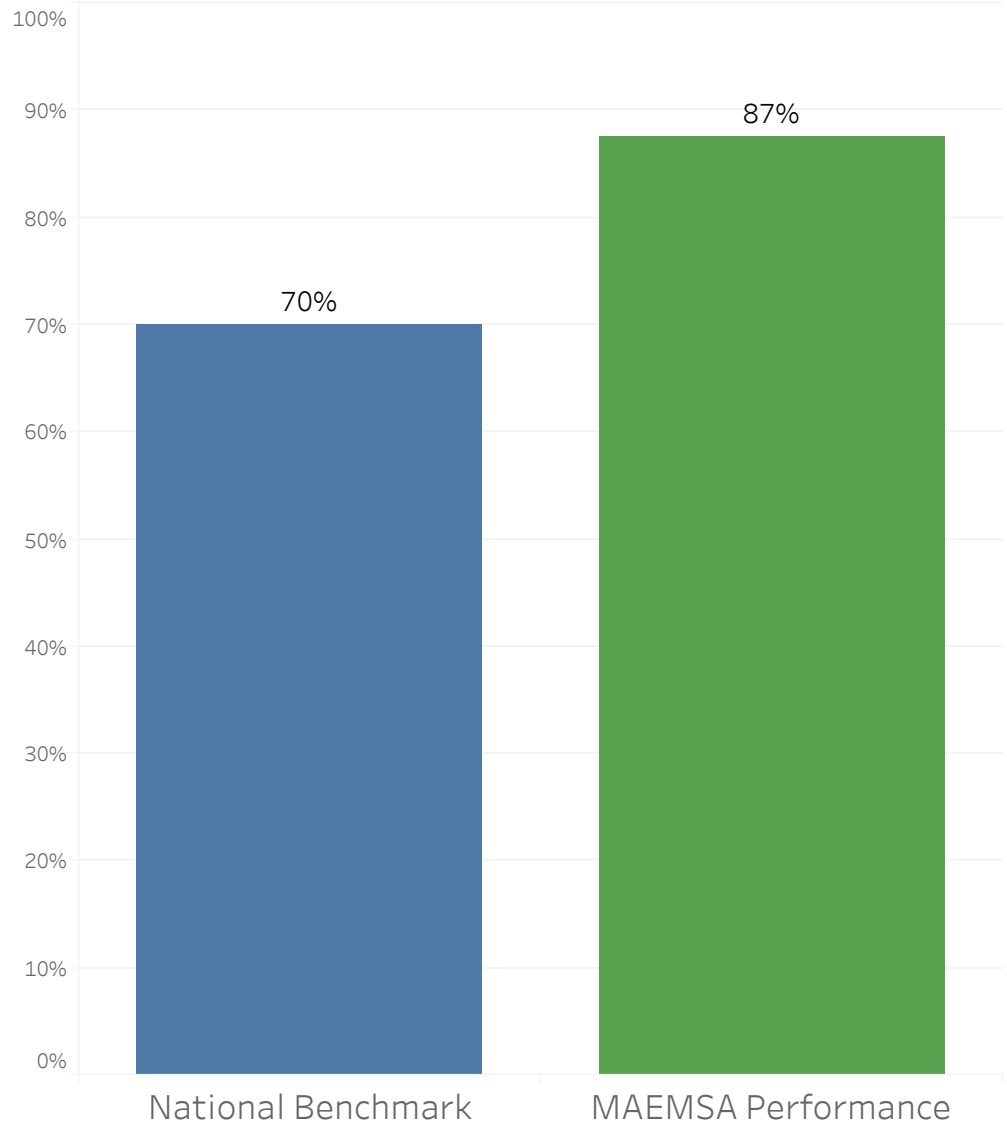
National Benchmark

70%

TTM Performance



Trailing 12-Month (TTM) Performance



Percentage of EMS responses originating from a 911 request for patients not transported by EMS during which a basic set of vital signs is documented

Transformation Report

March 2024

Alternate Payment Models & Expanded Services

- Agreement executed with Cook Children's Health Plan on high utilizer program.
 - MIH payments using CPT codes, like Cigna.
 - Data sharing hurdle resolved.

Reimbursement for Calls at Jails

- Negotiating agreements with JPS and the City of Fort Worth for reimbursement

Texas Ambulance Supplemental Payment Program (ASPP)

- Joined Public Consulting Group (PCG), Travis County ESD, Texas City Fire, and others in a meeting with Texas Medicaid to discuss status of Texas' ASPP program on 3/1/24.
 - Attempting to reach agreement with HHSC on additional supplemental funding through MCO program.

Specialized High-Utilizer Program

- With MAEMSA Board approval, launched program 3/1/24.
 - 6 patients agreed to enrollment already.
 - Still working through a HIPAA compliant method for care coordination.
 - Provided example data use and confidentiality agreements to FWFD and other partners.

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

- Co-Sponsors continue to be added to S. 3236 and H.R. 6257.
 - Changes 1965 Social Security statute to make ambulance response, assessment, treatment, and no transport a Medicare covered service.
- Additional Bill being introduced by Rep. Carey
 - 5 year pilot projects for Treatment in Place (TIP).
 - Should drop in March.
- Met with the staff of the House Ways and Means Committee to help promote the model.
 - Led to an invitation to present/provide testimony about the clinical, experiential and economic benefits of MIH and TIP options for patients and EMS agencies at a Fort Worth area hearing on access to emergency medical care on 3/18.

UNTHSC Grant Application

- UNTHSC invited us to participate in a HRSA grant application for care and treatment of older Americans.
 - Grant would fund the training of up to 105 MedStar personnel per year over 5 years, to better assess the medical needs of the elderly on 911 calls, with the goal of more easily engaging in patient navigation vs. ED transport (i.e.: clinical critical thinking skills).
 - Grant application submitted 2/28/24.

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.
 - 15 national associations, including the International City/County Management Association are participating.
 - Position paper emphasizes clinical, experiential, operational and financial metrics as primary performance measures.
 - Final draft sent to association boards for approval/ratification.

National EMS Staffing Task Force

- Leading an effort to create a guidance document for appropriate staffing levels for EMS response based on 911 call types and acuities.
 - Work continues on IRB approved study to analyze emergency medical dispatch data from 38 International Academies of Emergency Dispatch (IAED) Accredited Centers of Excellence (ACE) PSAPs to determine 911 call types and acuities to determine which call types and acuities are increasing and decreasing as a % of overall 911 EMS response volume.
 - Overall and per capita response volume changes over 5-years.
 - Will be used to make recommendations on staffing levels and response plans guidance.
 - Companion study underway by ESO to analyze ALS vs. BLS care administered based on EMD determinants.
- Will help EMS Medical Directors, agencies and communities change response configurations based on evidence-based, published data.
- Participating entities:
 - International Association of Fire Chiefs
 - International Association of Fire Fighters
 - International Academies of Emergency Dispatch
 - National Association of Emergency Medical Technicians
 - National Association of State EMS Officials
 - National Association of EMS Physicians
 - National Registry of EMTs
 - ESO Solutions

VA Reimbursement Issues

- VA issued a 'final rule' delaying implementation of reimbursement change until 2/2025.
 - Underlying issues unaddressed.
- Continuing legal actions for more permanent resolution.
 - Additional parties being considered for Amicus filings.

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

<u>Event (location)</u>	<u>Date</u>	<u>Attendees</u>
Congressional Hearing on Emergency Medical Care	Mar 2024	~100
National EMS Safety Summit (Denver, CO)	Apr 2024	~500
Texas Ambulance Association (South Padre Island, TX)	Apr 2024	~150
National EMS Finance & Economics Summit (Virtual)	Apr 2024	~500
American Ambulance Assoc Annual Conference (Nashville, TN)	Apr 2024	~1,000
Ohio EMS Reimbursement Conference (Canton, OH)	Apr 2024	~200
Michigan EMS Expo (Grand Rapids, MI)	May 2024	~300
First There, First Care Conference (Seminole, FL)	June 2024	~500
Tennessee EMS Educators Conference (Murfreesboro, TN)	July 2024	~500
EMS World Expo (Las Vegas, NV)	Sep 2024	~3,500
Minnesota State EMS Conference (Deluth, MN)	Jan 2025	~700

Media Summary

Local –

- MedStar “Rookie” Profile and Human Interest Story
 - CBS 11
- Cell Phone Outage and Safety Tips
 - FOX 4, NBC 5, ABC 8, CBS 11, Spectrum News1, Star-Telegram, WBAP, KRLD
- Spring Break Safety
 - ABC 8
- MIH Programs
 - Spectrum News1
- EMS System Redesign/Consultant Study/EMS Challenges
 - Fort Worth Report
- RRC/MedStar OD Partnership
 - Spectrum News1
- EMS Financial Challenges
 - Spectrum News1
- Cardiac arrest survivor reunion interviews of patient, family & responders
 - Sirius/XM

Community Engagement

- Hosted a group of 3rd graders at Treetops School on 2/19 who selected MedStar for their community service project.
- Taco ‘Bout Cancer Prevention Fundraiser on 2/21 for our current MedStars receiving cancer therapy. Raised over \$1000.
- Hosted a blood drive through Carter Blood Care on 2/27
 - Total donor seen: 28
 - Total units: 30
 - Largest donation at MedStar since 2016
 - In the last 2 years, MedStars have donated 128 units of blood which has helped over 300 patients.

Reunions and Recognition

- Reunited Paramedic Adam Young with a critical patient he transported to THR Fort Worth on 2/1.
- Cardiac arrest survivor reunion with our MedStar team, Tristen Fansler, Noah Burson, John Massey, and Raven Greer on 2/2.
- Cardiac arrest survivor reunion with our MedStar team (Kayla Harkrider, Caleb Marbut, Christopher Simmons, and Sara West), White Settlement Fire Department, and White Settlement Police Department on 2/2.
- Awarded MedStar call-taker Kim Rickabaugh with a Stork Award and reunited her with mother, father, and baby on 2/2.
- Jan Roberts awarded the Vince Genovese Emergency Responder of the Year Award by the Rotary Club of Fort Worth South on 2/13.



Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Finance Report – February 29, 2024

The following summarizes significant items in the February 29, 2024, Financial Reports:

Statement of Revenues and Expenses:

Month to Date: Net Income for the month of February 2024 is a loss of (\$124,356) as compared to a budgeted loss of (\$530,672) for a positive variance of \$406,315. EBITD for the month of February 2024 is a gain of \$275,444 compared to a budgeted loss of (\$152,619) for a positive variance of \$428,063.

- Patient contact volume in February ended the month at 110% to budget.
- Net Revenue in February is \$359K over budget or 108% to budget. The main drivers of the variance are MedStar billed 4% more Commercial Insurance trips than expected and patient contact volume is 110% to budget.
- Total Expenses ended the month 99% to budget or \$46.8K under budget. In February, MedStar incurred additional expenses in Insurance of \$10K and Depreciation and Amortization of \$36K. The total of all other line-item expenses is below budget by (\$93K).

Year to Date: EBITD is \$2,519,394 as compared to a budget of \$2,987,717 for a positive variance of \$531,676.

- The main drivers for this variance are YTD patient encounters are 102% to budget and YTD net revenue is 104% to budget equating to a YTD positive variance to budget for Net Revenue of \$1,013,121. Year to date expense is 102% to budget or \$539,495 over budget. The main driver for the overage in expense is the following line items are over budget: Salaries and OT is above budget by \$167K, Benefits and Taxes is above budget by \$699K and Facility and Equipment Maintenance is above budget by \$25K. The total of all other expense lines is below budget by a total of (\$353K) for the year.

Key Financial Indicators:

- Current Ratio – MedStar has \$7.8 in current assets (Cash, receivables) for every dollar in current debt. (Goal: a score of \$1.00 would mean sufficient current assets to pay debts.)
- Cash Reserves – The Restated Interlocal Cooperative Agreement mandates 3 months of operating capital. As of February 29, 2024, there are 4 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 5.2 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 0.79%.

MAEMSA/EPAB cash reserve balance as of February 29, 2024, is \$475,470.69.

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Balance Sheet By Character Code

For the Period Ending February 29, 2024

	Assets	Current Year	Last Year
11	Cash	\$22,411,288.72	\$15,605,589.44
13	Accounts Receivable	\$12,555,879.40	\$13,540,680.37
15	Inventory	\$505,000.95	\$409,910.36
17	Prepaid Expenses	\$1,509,821.06	\$2,069,113.42
18	Property Plant & Equ	\$69,543,397.57	\$68,856,981.93
19	Accumulated Deprecia	(\$27,523,863.81)	(\$28,423,533.66)
	Total Assets	\$79,001,523.89	\$72,058,741.86
	Liabilities		
21	Accounts Payable	(\$415,649.23)	(\$1,443,879.05)
24	Other Current Liabil	(\$3,460,459.77)	(\$2,852,008.40)
25	Accrued Interest	\$0.00	(\$7,781.31)
26	Payroll Withholding	\$15,093.47	\$16,940.72
28	Long Term Debt	(\$2,803,538.31)	(\$3,131,148.78)
29	Other Long Term Liab	(\$6,078,072.28)	(\$8,729,408.79)
	Total Liabilities	(\$12,742,626.12)	(\$16,147,285.61)
	Equities		
30	Equity	(\$65,757,291.76)	(\$57,552,004.46)
35	Control	(\$501,606.01)	\$1,640,548.21
	Total Equities	(\$66,258,897.77)	(\$55,911,456.25)
	Total Liabilities and Equities	(\$79,001,523.89)	(\$72,058,741.86)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Statement of Revenue and Expenditures

As of February 29, 2024

Revenue	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
Transport Fees	\$20,907,071.39	\$18,860,393.00	\$2,046,678.39	\$106,916,270.38	\$103,454,527.00	\$3,461,743.38
Contractual Allow	(\$9,828,203.87)	(\$8,241,124.00)	(\$1,587,079.87)	(\$47,685,758.08)	(\$45,204,869.00)	(\$2,480,889.08)
Provision for Uncoll	(\$6,213,556.58)	(\$6,130,515.42)	(\$83,041.16)	(\$33,275,329.82)	(\$33,741,056.10)	\$465,726.28
Education Income	\$8,417.00	\$1,690.00	\$6,727.00	\$32,350.30	\$38,670.00	(\$6,319.70)
Other Income	\$71,928.39	\$147,455.03	(\$75,526.64)	\$768,818.26	\$1,235,105.15	(\$466,286.89)
Standby/Subscription	\$167,718.77	\$115,842.44	\$51,876.33	\$676,118.36	\$658,022.70	\$18,095.66
Pop Health PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
interest on Investme	\$1.00	\$100.00	(\$99.00)	\$21,551.41	\$500.00	\$21,051.41
Gain(Loss) on Dispos	\$0.02	\$0.00	\$0.02	\$0.02	\$0.00	\$0.02
Total Revenue	\$5,113,376.12	\$4,753,841.05	\$359,535.07	\$27,454,020.83	\$26,440,899.75	\$1,013,121.08
Expenditures						
Salaries	\$3,072,201.33	\$3,103,596.00	(\$31,394.67)	\$16,084,625.35	\$15,917,053.00	\$167,572.35
Benefits and Taxes	\$640,597.04	\$644,278.20	(\$3,681.16)	\$3,228,809.45	\$2,529,043.19	\$699,766.26
Interest	\$23,730.96	\$19,094.48	\$4,636.48	\$167,066.85	\$144,423.66	\$22,643.19
Fuel	\$149,929.40	\$162,731.00	(\$12,801.60)	\$754,207.11	\$885,601.00	(\$131,393.89)
Medical Supp/Oxygen	\$189,598.80	\$182,033.00	\$7,565.80	\$956,446.39	\$993,669.00	(\$37,222.61)
Other Veh & Eq	\$53,978.74	\$49,279.00	\$4,699.74	\$284,748.09	\$262,779.00	\$21,969.09
Rent and Utilities	\$49,322.81	\$58,733.94	(\$9,411.13)	\$230,078.62	\$293,669.71	(\$63,591.09)
Facility & Eq Mtc	\$84,746.28	\$80,105.81	\$4,640.47	\$422,683.44	\$397,503.05	\$25,180.39
Postage & Shipping	\$14.59	\$1,806.83	(\$1,792.24)	\$5,423.20	\$9,034.15	(\$3,610.95)
Station	\$23,963.67	\$43,607.51	(\$19,643.84)	\$264,539.52	\$322,944.55	(\$58,405.03)
Comp Maintenance	\$61,120.69	\$54,917.00	\$6,203.69	\$217,996.46	\$291,385.00	(\$73,388.54)
Insurance	\$67,384.46	\$57,215.58	\$10,168.88	\$255,028.75	\$294,842.20	(\$39,813.45)
Advertising & PR	\$0.00	\$10,000.00	(\$10,000.00)	\$920.00	\$16,400.00	(\$15,480.00)
Printing	\$66.37	\$1,860.00	(\$1,793.63)	\$5,215.40	\$9,300.00	(\$4,084.60)
Travel & Entertain	\$6,319.66	\$388.00	\$5,931.66	\$12,526.23	\$7,940.00	\$4,586.23
Dues & Subs	\$107,383.48	\$121,327.00	(\$13,943.52)	\$522,588.15	\$639,987.00	(\$117,398.85)
Continuing Educ Ex	\$18,025.00	\$24,323.00	(\$6,298.00)	\$21,705.00	\$60,419.00	(\$38,714.00)
Professional Fees	\$292,969.63	\$282,632.00	\$10,337.63	\$1,438,837.12	\$1,473,297.00	(\$34,459.88)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures
As of February 29, 2024

Revenue	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
Education Expenses	\$141.00	\$1,945.00	(\$1,804.00)	\$2,409.60	\$15,785.00	(\$13,375.40)
Miscellaneous	\$963.84	\$25,682.00	(\$24,718.16)	\$25,481.70	\$32,530.00	(\$7,048.30)
Depreciation	\$376,069.76	\$358,958.00	\$17,111.76	\$1,830,197.79	\$1,794,790.00	\$35,407.79
Amortization Exp - Rou A Lease	\$19,205.26	\$0.00	\$19,205.26	\$62,763.67	\$0.00	\$62,763.67
Amortization Exp - ROU A Subsc	\$0.00	\$0.00	\$0.00	\$137,592.93	\$0.00	\$137,592.93
Total Expenditures	\$5,237,732.77	\$5,284,513.35	(\$46,780.58)	\$26,931,890.82	\$26,392,395.51	\$539,495.31
Net Rev in Excess of Expend	(\$124,356.65)	(\$530,672.30)	\$406,315.65	\$522,130.01	\$48,504.24	\$473,625.77
EBITD	\$275,444.07	(\$152,619.82)	\$428,063.89	\$2,519,394.65	\$1,987,717.90	\$531,676.75

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Key Financial Indicators

February 29, 2024

	Goal	FY 2022	FY 2023	FY 2024
Current Ratio	> 1	6.04	10.88	7.86

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%	34.70%
---	-----------------	---------------	---------------	---------------

Indicates compliance with Ordinance which specifies 3 months cash

Accounts Receivable Turnover	>3	9.06	6.21	5.2
-------------------------------------	--------------	-------------	-------------	------------

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%	0.79%
-----------------------------	---------------	---------------	--------------	--------------

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 02/29/2024			<u><u>\$ 475,470.69</u></u>

Human Resources - February 2024 Summary

Staffing

- 1 hire in February
- 74 hires FYTD
- Upcoming Scheduled NEOPs
 - March 11, 2024
 - April 22, 2024
 - June 3, 2024
 - July 22, 2024
 - September 9, 2024
 - October 21, 2024

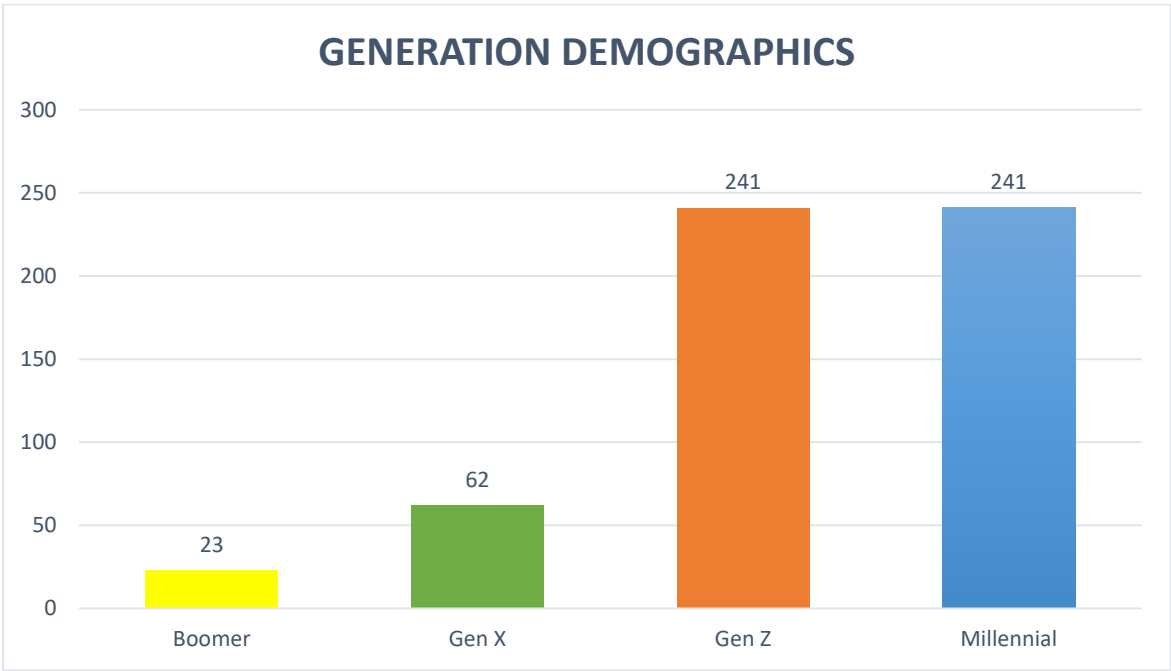
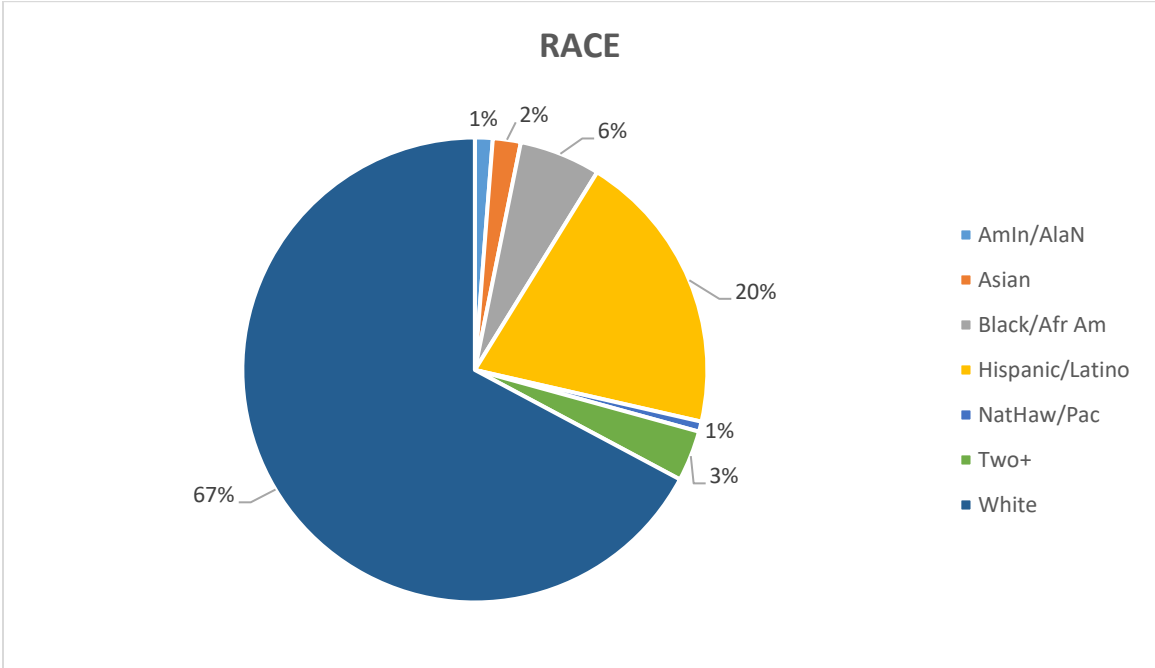
Leaves:

- 35 employees on FMLA / 6.69% of workforce
 - 18 cases on intermittent
 - 17 cases on a block
- Top FMLA request reasons/conditions
 - Orthopedic (8)
 - Obstetrics/Gynecology (6)
 - FMLA-Spouse / Neurological (4)

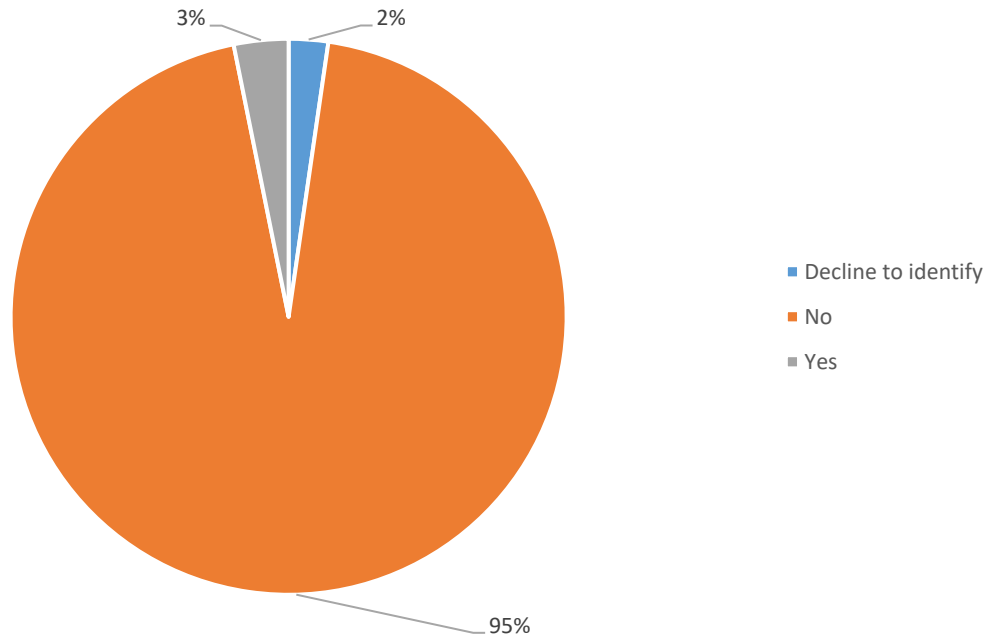
Turnover:

- Voluntary turnover – 1.23%
 - FT – 0.96%
 - PT – 4.55%
- Total turnover – 1.76%
 - FT – 1.53%
 - PT – 4.55%
- Total YTD turnover – 7.41%
 - FT – 6.50%
 - PT – 18.18%

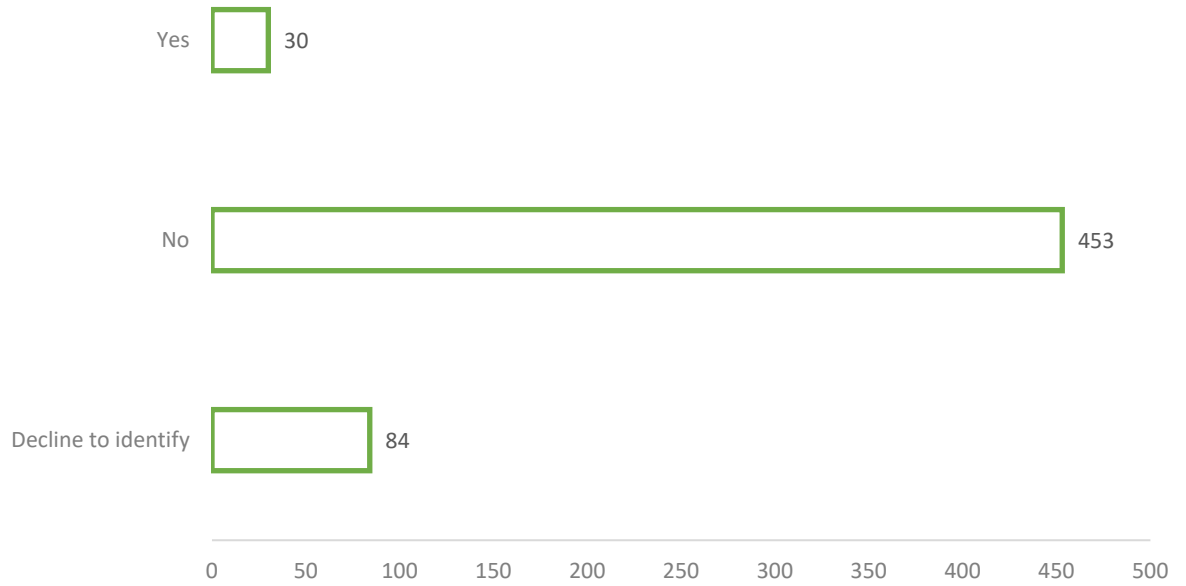
JANUARY 2024 DIVERSITY STATISTICS

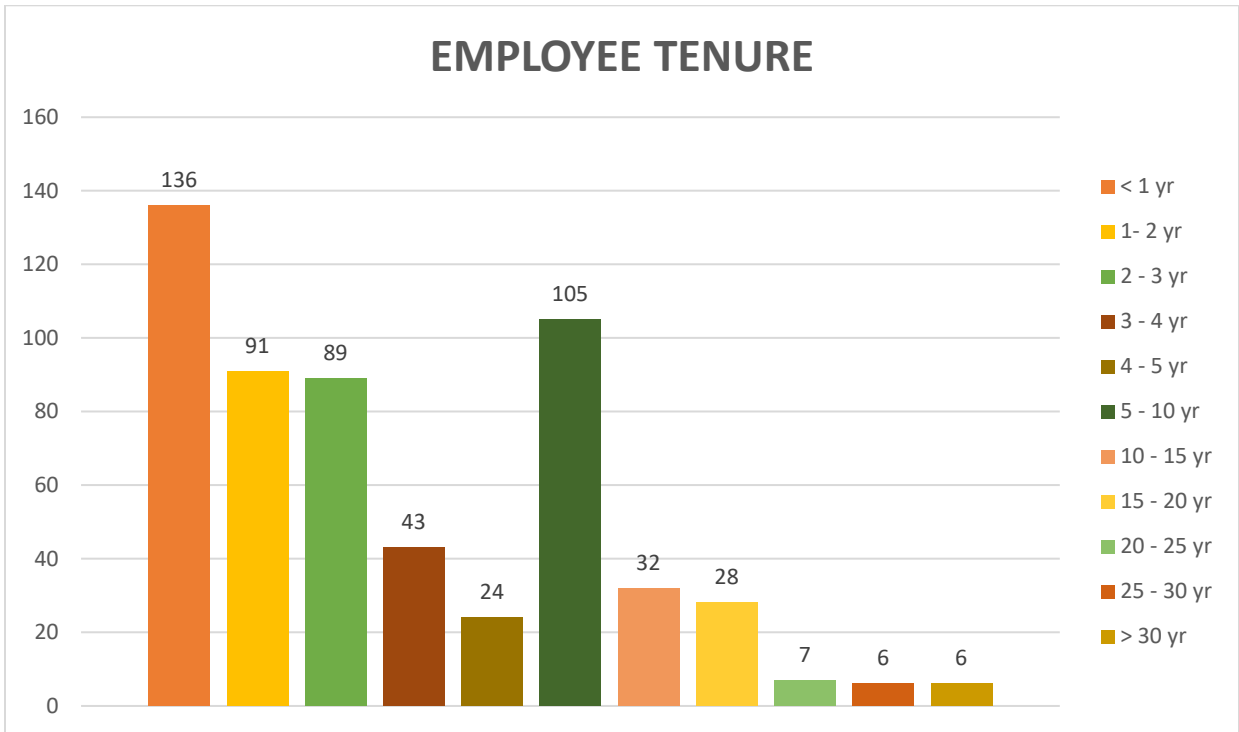
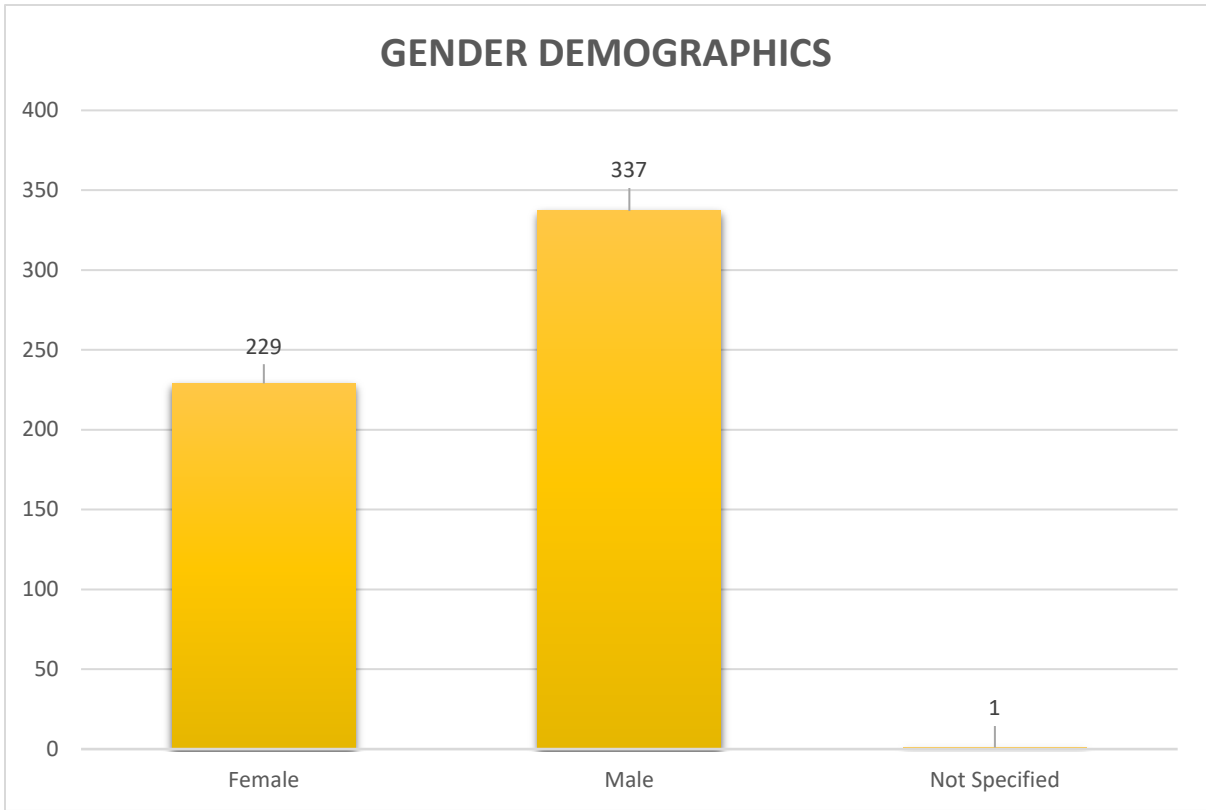


DISABILITY STATUS



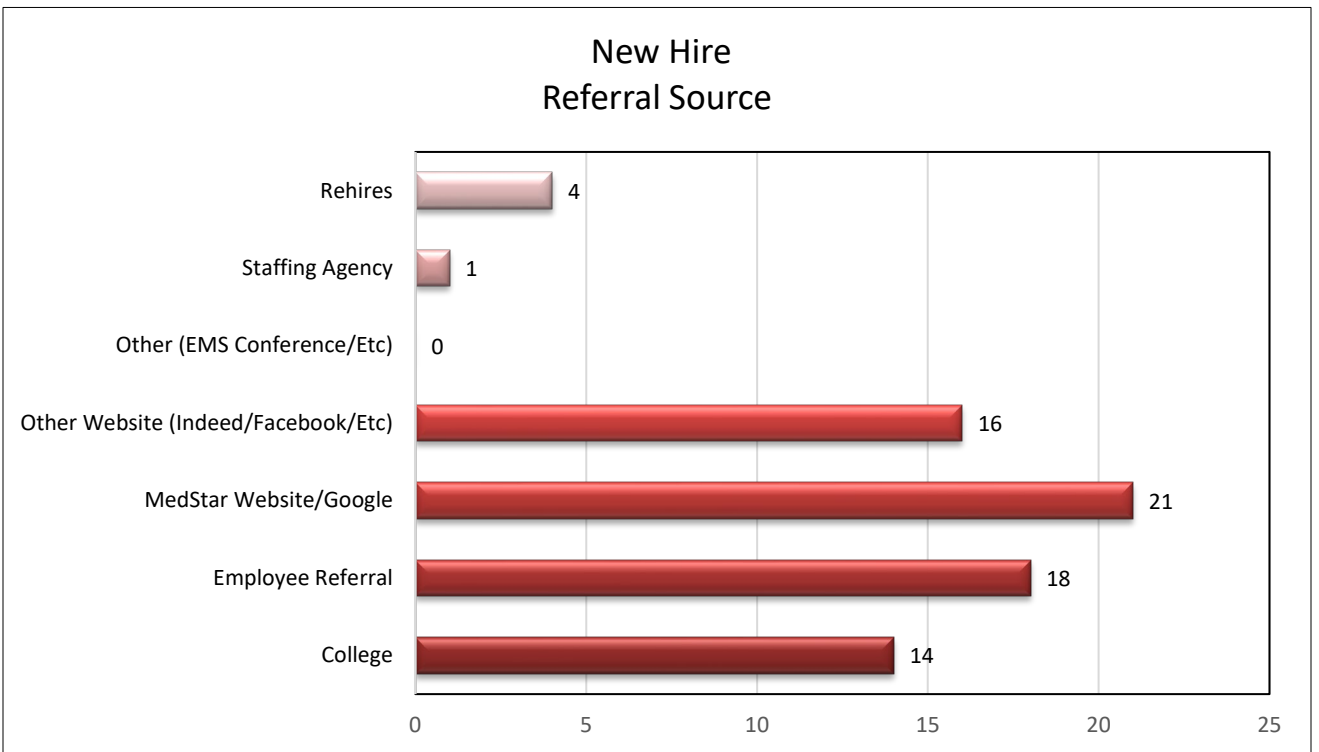
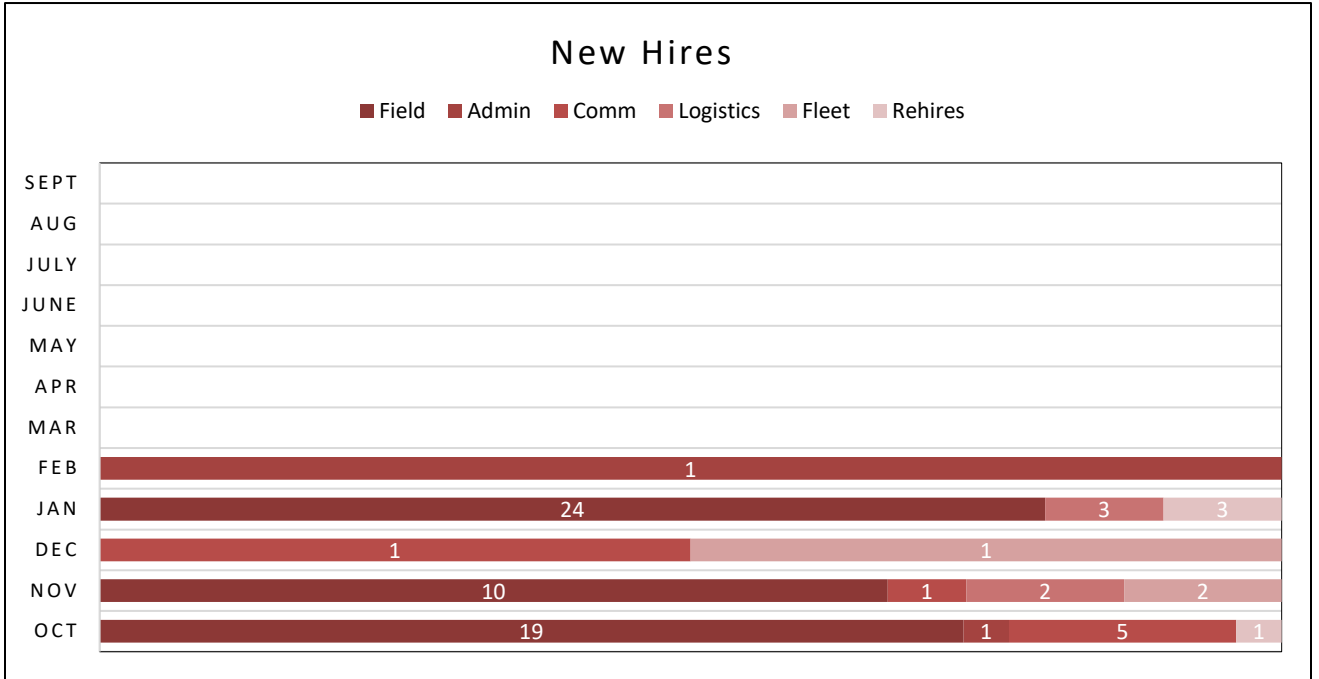
VETERAN STATUS



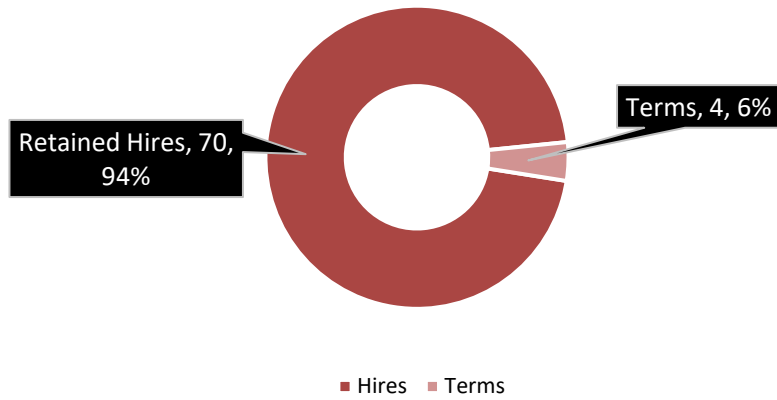


Recruiting & Staffing Report

Fiscal Year 2023-2024



2023-2024 FY Separations



Fiscal Year Statistics
Total hires to date 74
Total separations from hires 4

Separation Reasons:
Attendance – 1
Performance – 2
Personal - 1

FMLA Leave of Absence (FMLA Detailed Report)
Fiscal Year 10/01/2023 thru 02/29/2024
Percentages by Department/Conditions

Conditions	
Bonding	2
Cardiology	1
Digestive	1
FMLA - Child	3
FMLA - Spouse	4
Neurological	4
Obstetrics/Gynecology	6
Oncology	3
Orthopedic	8
Pulmonary	2
Urology	1
Grand Total	35

Percentage by Department						
Department	# of Ees	# on FMLA	% by FTE	% by FMLA	% by Dept HC	
Advanced	157	15	2.87%	42.86%	9.55%	
Basic	197	5	0.96%	14.29%	2.54%	
Business Office	10	1	0.19%	2.86%	10.00%	
Communications	47	7	1.34%	20.00%	14.89%	
Controller - Payroll, Purchasing, A/P	6	2	0.38%	5.71%	33.33%	
Deployment	3	1	0.19%	2.86%	33.33%	
Field Managers/Supervisors - Operations	26	1	0.19%	2.86%	3.85%	
Mobile Integrated Health	10	1	0.19%	2.86%	10.00%	
Support Services - Facilities, Fleet, S.E., Logistics	27	2	0.38%	5.71%	7.41%	
Grand Total	483	35				
Total # of Full Time Employees - February 2024	523					
% of Workforce using FMLA	6.69%					
TYPE OF LEAVES UNDER FMLA	# of Ees	% on Leave				
Intermittent Leave	18	51.43%				
Block of Leave	17	48.57%				
Total	35	100.00%				

MedStar Mobile Health Care Separation Statistics February 2024

Full Time Separations
Part Time Separations
Total Separations

Current Month		
Vol	Invol	Total
5	3	8
2	0	2
7	3	10

Year to Date		
Vol	Invol	Total
25	9	34
7	1	8
32	10	42

YTD Compared to Feb'23		Headcount
Feb'23	%	Feb-23
33	6.73%	490
22	45.83%	48
55	10.22%	538
Difference	-2.813%	

Total Turnover %
Voluntary Turnover %

Full Time	Part Time	Total
1.53%	4.55%	1.76%
0.96%	4.55%	1.23%

Full Time	Part Time	Total
6.50%	18.18%	7.41%
4.78%	15.91%	5.64%

Separations by Department

Full Time	Vol	Invol	Total	Current Month		
				Vol	Invol	Total
Advanced				0	1	1
Basics				3	1	4
Business Office				2	0	2
Communications				0	1	1
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						
Total	5	3	8			

Year to Date			Headcount
Vol	Invol	Total	Feb-24
8	2	10	157
11	3	14	197
3	0	3	10
1	1	2	47
			6
			3
			7
			26
			8
			2
			6
			2
			2
			10
			12
			1
2	3	5	27
25	9	34	523

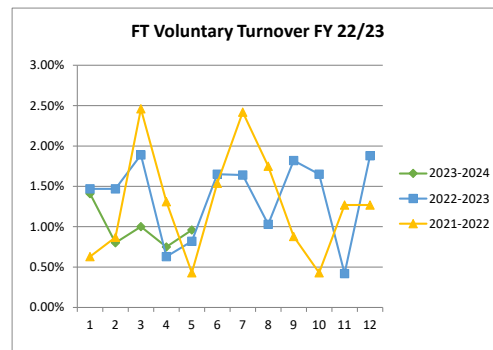
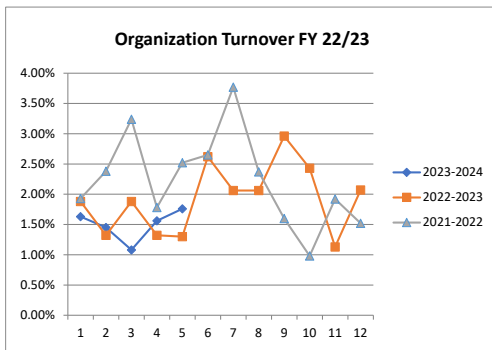
Part Time	Vol	Invol	Total	Current Month		
				Vol	Invol	Total
Advanced	2	0	2			
Basics						
Business Office						
Communications						
Controller - Payroll, Purchasing, A/P						
Executives						
Field Manager/Supervisors - Operations						
Field Operations Other						
Health Information Systems			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

Year to Date			Headcount
Vol	Invol	Total	Feb-24
3	0	3	18
3	1	4	14
			2
			1
1	0	1	9
7	1	8	44

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	1.45%	1.32%	2.38%	1.00%
December	1.08%	1.88%	3.24%	1.00%
January	1.56%	1.32%	1.78%	1.50%
February	1.76%	1.30%	2.52%	1.53%
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	7.41%	22.01%	24.57%	6.50%

	Full Time Voluntary Turnover		
	2023-2024	2022-2023	2021-2022
October	1.41%	1.47%	0.63%
November	0.80%	1.47%	0.87%
December	1.00%	1.89%	2.46%
January	0.75%	0.63%	1.31%
February	0.96%	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	4.78%	13.20%	15.25%



Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Operations Report- February 2024

The following summarizes significant operational items through February 29th, 2024.

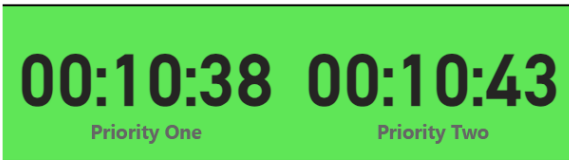
Operational Excellence	Measure	FY24 Plan	FY24 YTD
Measurable high performance is achieved through disciplined execution of efficient processes.	Compliance Response Priority 1	<u><11:00 @ 85%</u>	0:10:46
	911 calls answered <15 seconds	≥ 90%	93.73%
	Compliance to ACE standards	≥ 95%	95%

Ambulance 911 Response Times

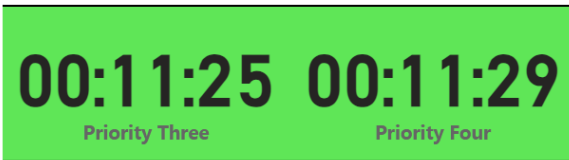
Feb 2024

Compliance Goal

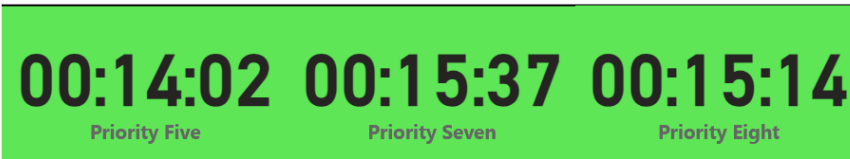
11
Minutes



13
Minutes



17
Minutes



**85th Percentile
Response
Times**

Response times measured from phone answer time to arrival on scene.

System Wide 85th	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Priority 1	0:10:34	0:10:54	0:10:53	0:10:31	0:10:38
Priority 2	0:11:12	0:11:23	0:11:24	0:11:12	0:10:43
Priority 3	0:12:33	0:12:30	0:12:03	0:12:07	0:11:25
Priority 4	0:11:39	0:11:44	0:11:41	0:12:15	0:11:29
Priority 5	0:14:53	0:15:17	0:15:12	0:14:57	0:14:02
Priority 7	0:16:07	0:16:51	0:16:14	0:17:16	0:15:37
Priority 8	0:15:54	0:16:08	0:16:07	0:15:46	0:15:14

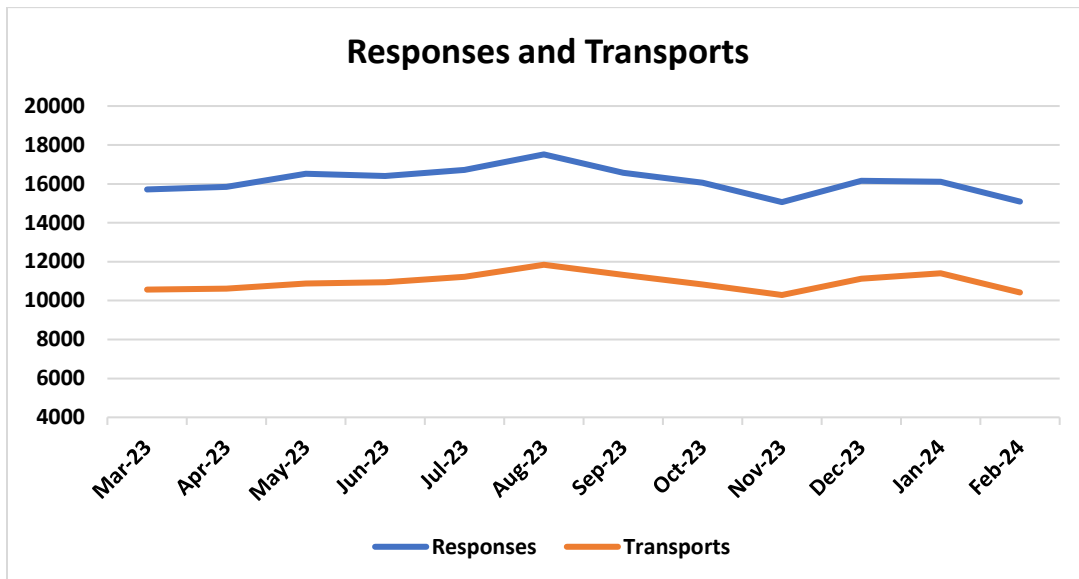
Response times measured from phone answer time to arrival on scene.

System Wide 90th	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Priority 1	0:11:33	0:11:42	0:12:07	0:11:10	0:11:33
Priority 2	0:12:12	0:12:34	0:12:28	0:12:15	0:11:36
Priority 3	0:13:43	0:13:30	0:12:55	0:12:59	0:12:26
Priority 4	0:12:42	0:12:50	0:13:01	0:13:37	0:12:53
Priority 5	0:16:24	0:16:42	0:16:36	0:16:22	0:15:17
Priority 7	0:18:14	0:18:56	0:18:46	0:19:40	0:17:27
Priority 8	0:17:48	0:17:35	0:18:24	0:17:50	0:16:49

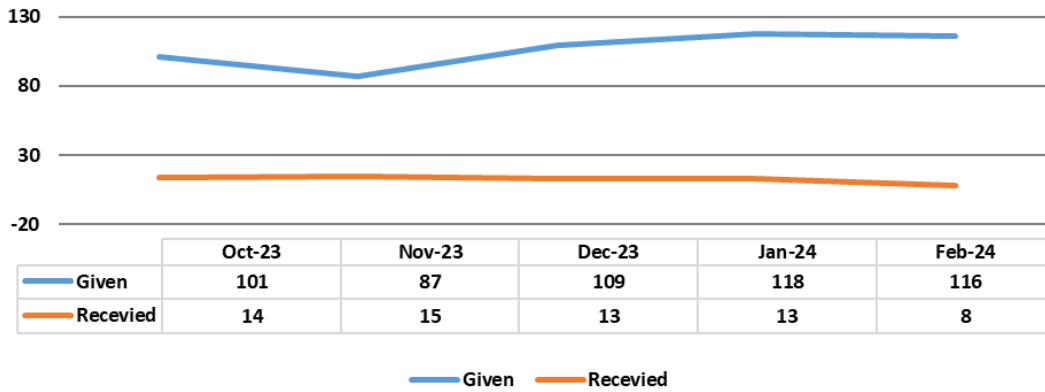
Response times measured from phone answer time to arrival on scene.

Field Operations:

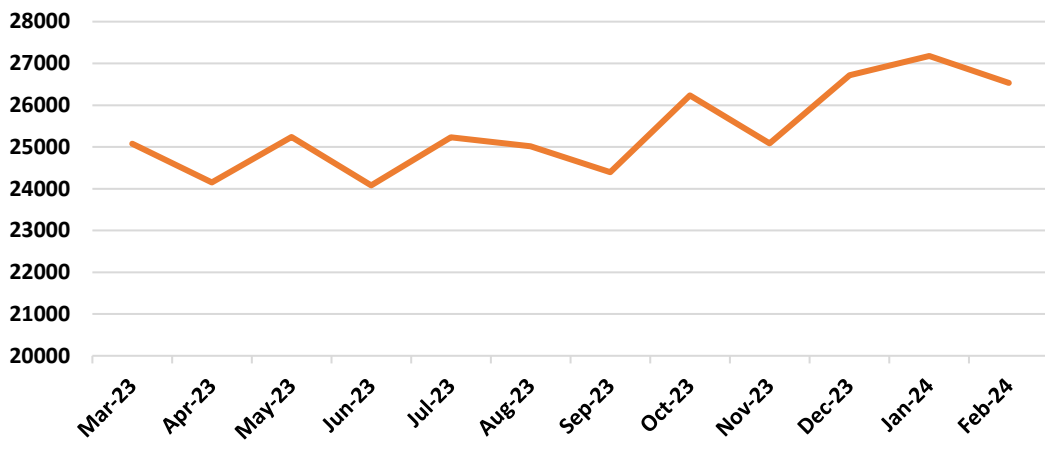
Ambulance Metrics

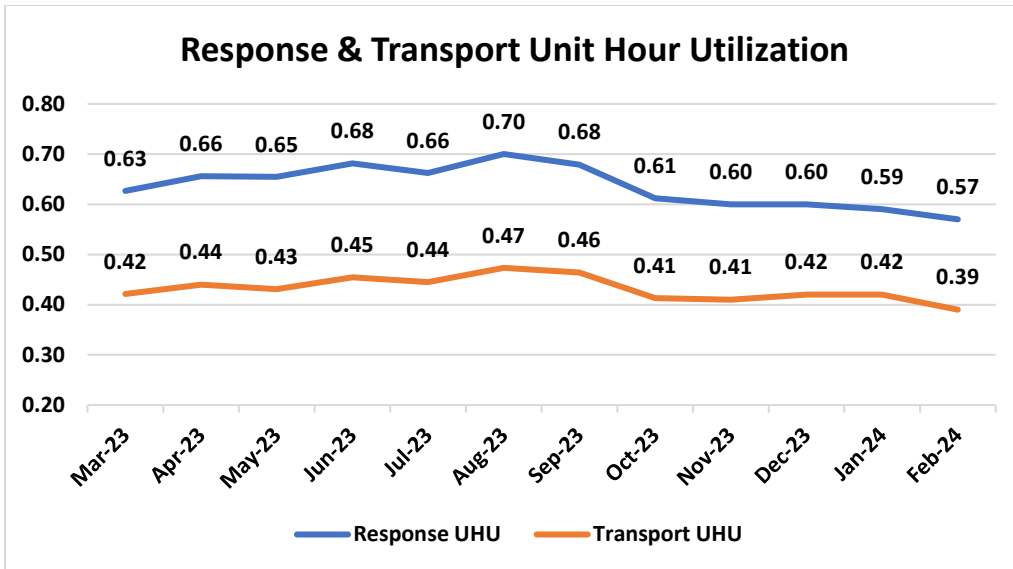


911 Mutual Aid Fiscal YTD

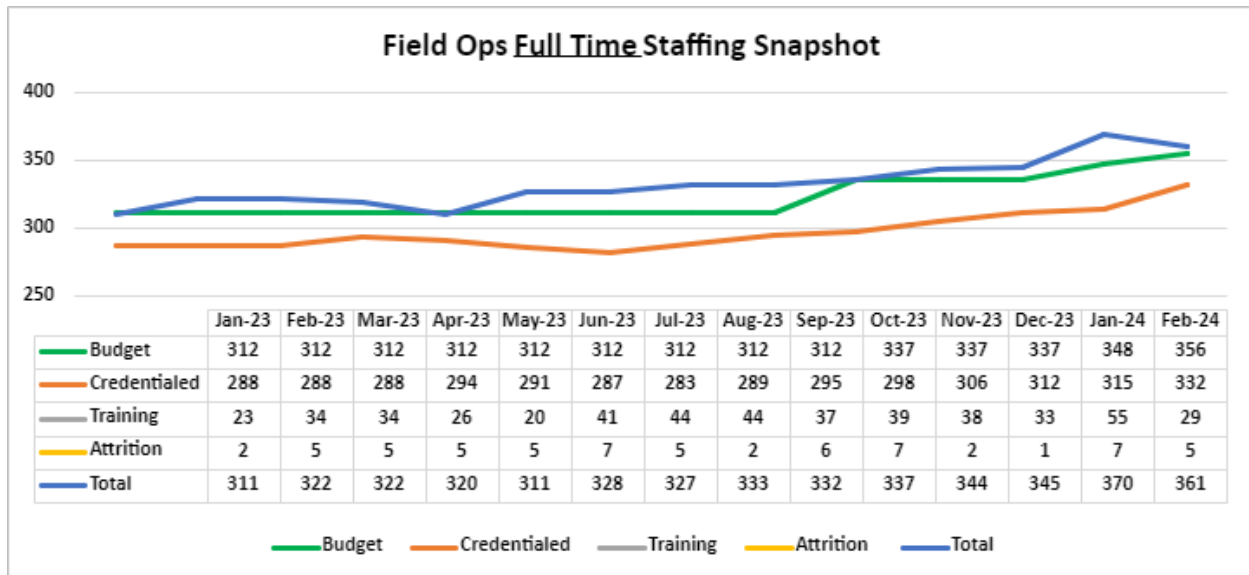


Total Ambulance Unit Hours Produced





Response UHU: Responses/Produced Unit Hours
Transport UHU: Transports/Produced Unit Hours



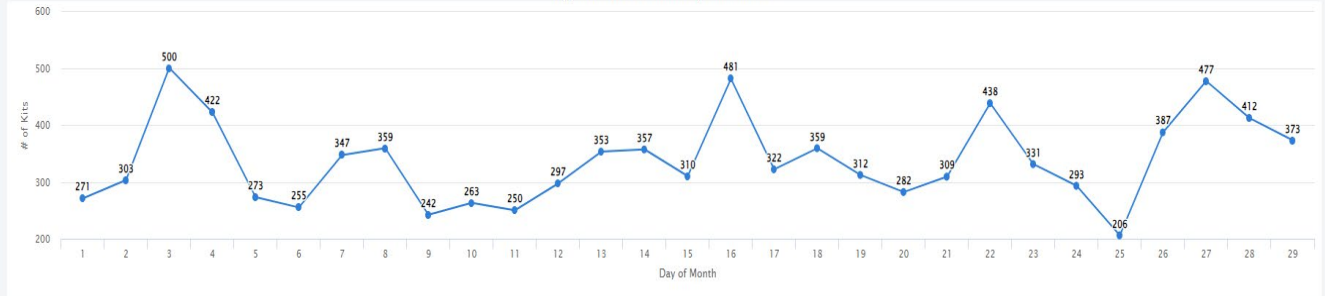
Fleet/Logistics/Building Maintenance:

Daily Kit Inventory Log February 2024



Kit Inventory Log - Month

Log of kit transactions for the previous month



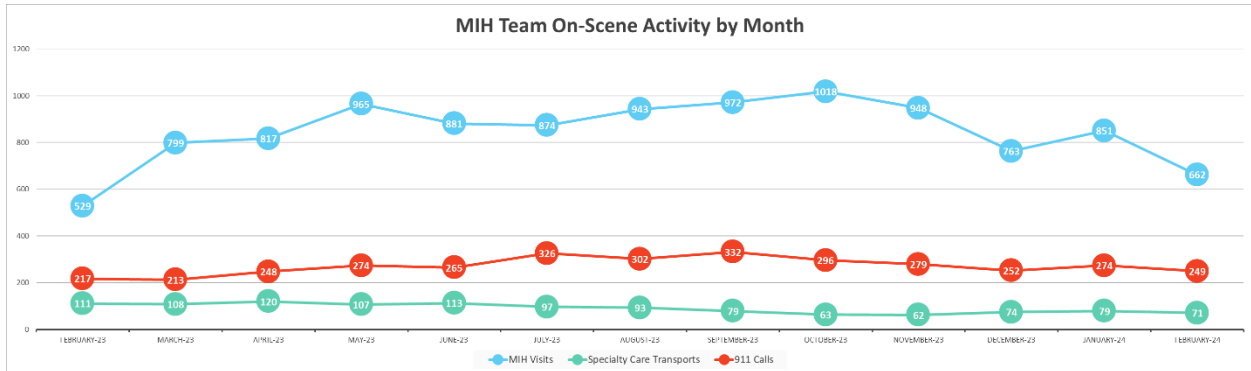
Special Operations:

- Completed **77** standby events **February 2024**
 - Fort Worth Stock Show and Rodeo Event
 - PBR and UBF at Cowtown
 - MLK Parade
 - Cowtown Marathon
 - World's Greatest Horseman
 - TCU Baseball and Basketball
 - Community Outreach and Training
 - Training with Midwife + Co
 - Ambulance demo for Cub Scouts
 - Ambulance demo at Blue Mound FD
 - Career Day at Sydney Poynter Elementary
 - CCR at Fort Worth Country Day
 - Hope Farm Dinner

Mobile Integrated Health:

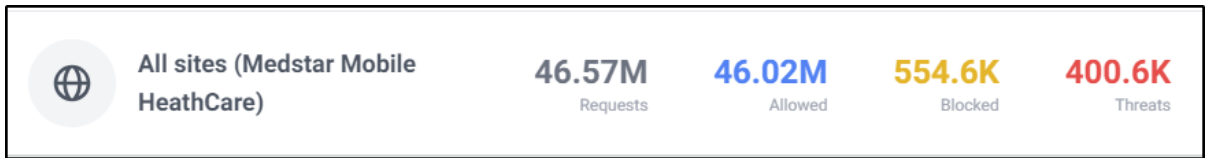
- 1,380 clients are currently enrolled
 - Admission/Readmission Avoidance: 15
 - Episodic Care Coordination: 786
 - High Utilization Group (HUG): 54
 - Hospital at Home: 1
 - Specialized High Utilization Group: 8
 - STAR: 3
 - Star-Saver Plus: 413
- 82 clients are pending enrollment
 - Admission/Readmission Avoidance: 4
 - High Utilization Group (HUG): 27

- Overdose Response Team: 29
- Specialized High Utilization Group: 11
- STAR: 12

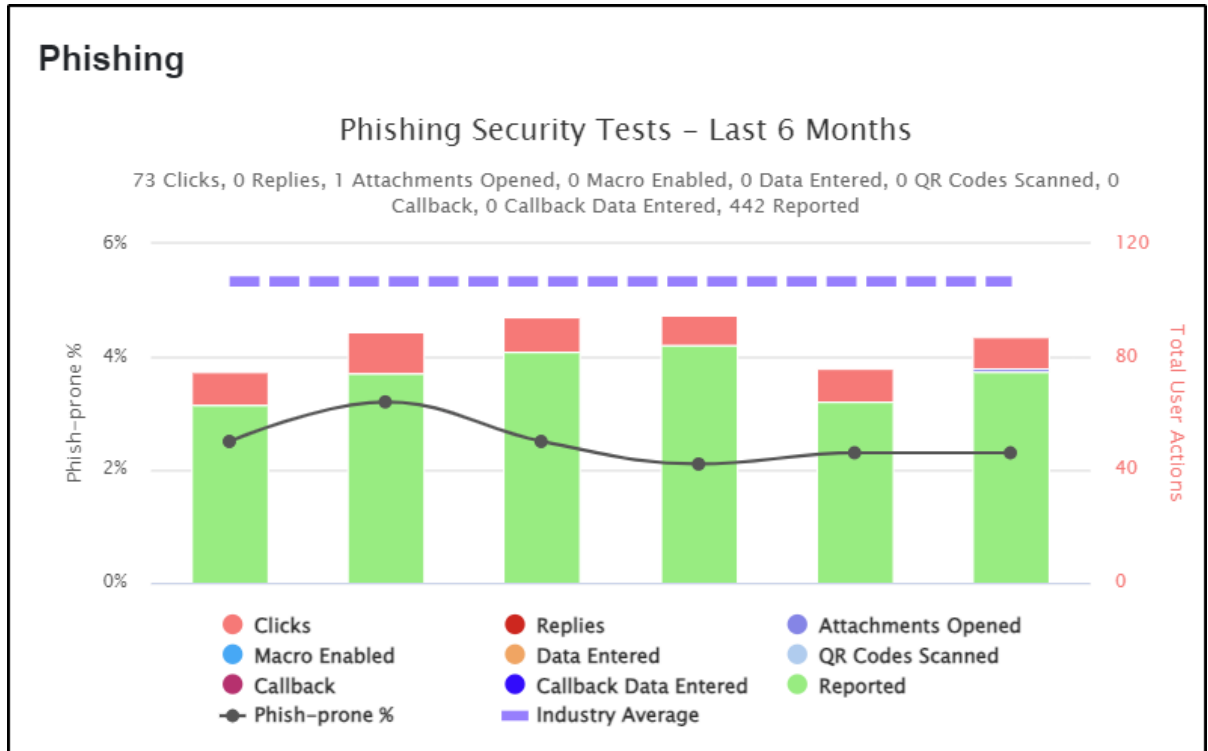


Information Technology:

- Prioritizing projects for the current fiscal year.
- Exploring potential backup communications sites and supporting infrastructure.
- Working with communications and operations team to strengthen technology redundancies for the communications center.
- Identifying and implementing cost and service optimization strategies.
- Web filtering stats:



- Security Awareness Campaign:



Business Intelligence:

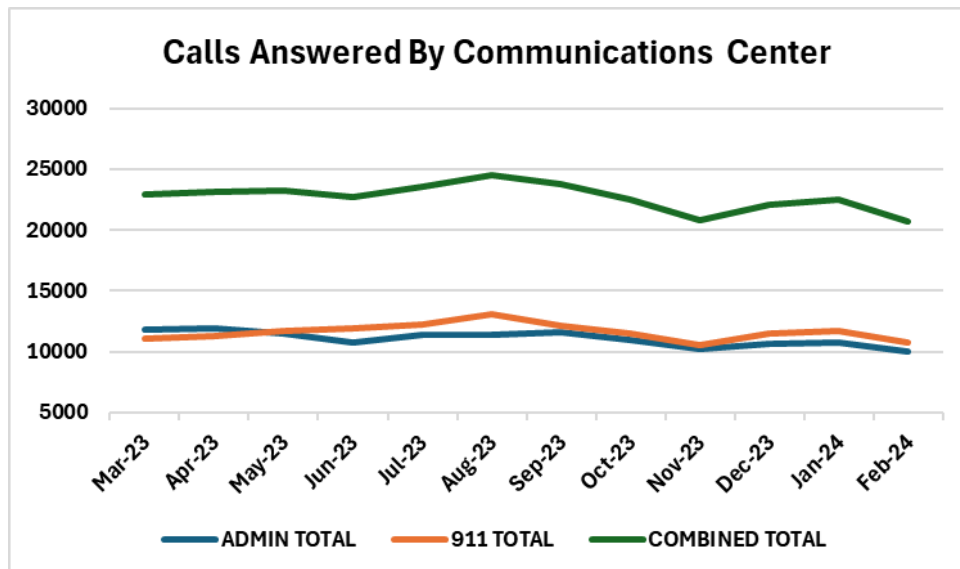
In addition to various data pull requests, deployment planning, and response time compliance QI/reporting, analysts are currently committed to:

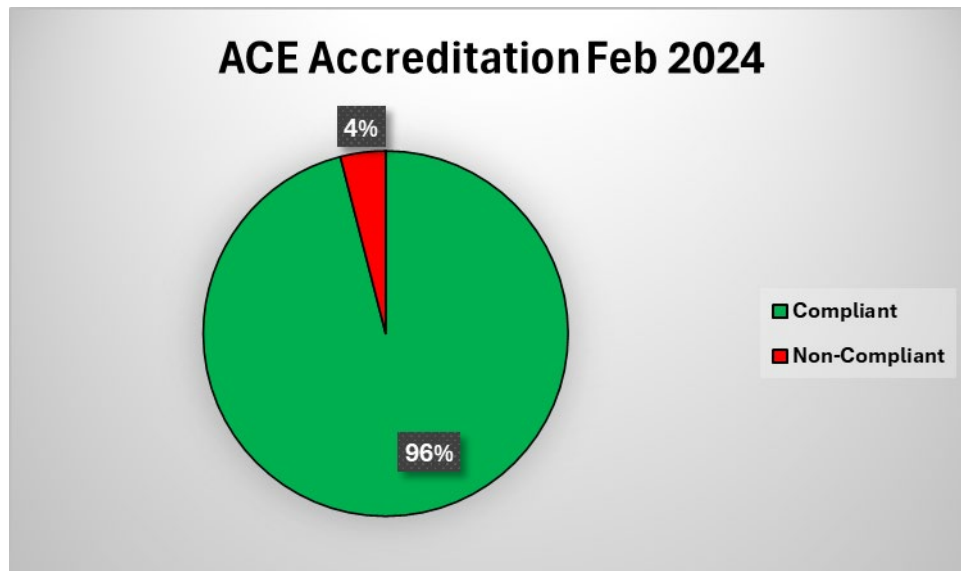
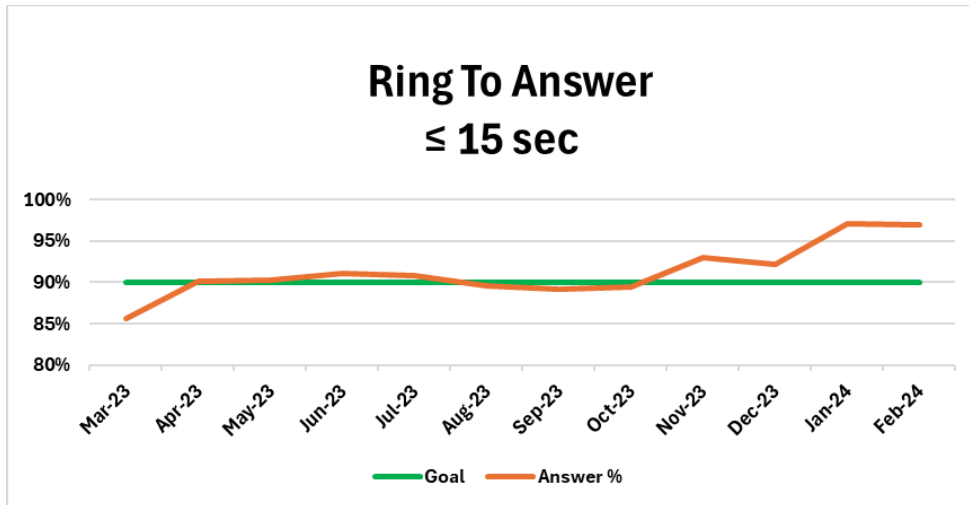
Project	Target Completion	Project Status	Comments / Remarks
Risk & Safety Reporting Application	April 2024		Finishing design & approvals
OMD Airway Auditing Database & Application	March 2024		Finishing design & approvals
Operations Schedule Database & Application	June 2024		Paused for other projects
Report Server Conversion	March 2024		Completed
Reprioritization Project Analysis & Review	April 2024		Data collection & Analysis stage

Note: RED - no active work at this time; YELLOW - project time shared with other projects; GREEN - primary focus of analyst

Communications Center:

- One (1) controller completed the last phase of training in January. Two (2) more are expected to complete the last phase in March.
- Ten (10) controllers continue in various phases of training.
- One position is open with recruiting efforts to fill. Another position is expected to transition from FT to PT at the end of March.
- Continual review and enhancement of LOGIS configuration to maintain optimal efficiency in deploying system resources.







Medstar Mutual Aid Response Task Time Report

Period: 02/01/2024 through 02/29/2024

AID GIVEN	AID RECEIVED	TOTAL CALLS	% of Calls To Mutual Aid
116	8	15084	0.05%

GIVEN

Aid TO	Total	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Resulted in TX
Arlington	4								
Arlington		Arlington	M75	2/26/2024 11:21:36 PM	3121266	5	Arlington	17B04 - G - Falls - On the ground or floor - 5A	Yes
Arlington		Arlington	M83	2/12/2024 10:34:40 AM	3105967	5	Arlington	26A10 - Sick Person (Specific Diagnosis) - 5A	Yes
Arlington		Arlington	M55	2/12/2024 10:36:19 AM	3105968	2	Arlington	31D04 - Unconscious / Fainting (Near) - 2A	Yes
Arlington		Arlington	M87	2/15/2024 11:55:04 AM	3109159	5	Arlington	26A05 - Sick Person (Specific Diagnosis) - 5A	Yes
Benbrook	36								
Benbrook		Benbrook	M65	2/9/2024 7:36:42 AM	3102724	3	Benbrook	45C01 - Specialized Unscheduled Up-Care Transport - 3A	No
Benbrook		Benbrook	M87	2/13/2024 3:29:48 PM	3107243	5	Benbrook	45A01 - g - Specialized Unscheduled Up-Care Transport -	Yes
Benbrook		Benbrook	M41	2/6/2024 5:24:56 PM	3100017	5	Benbrook	06C01 - Breathing Problems - 5A	Yes
Benbrook		Benbrook	M76	2/24/2024 10:25:57 AM	3118400	5	Benbrook	45A01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Benbrook		Benbrook	M39	2/6/2024 11:22:25 AM	3099679	3	Benbrook	45C01 - Specialized Unscheduled Up-Care Transport - 3A	Yes
Benbrook		Benbrook	M77	2/2/2024 3:42:45 PM	3095615	5	Benbrook	45C05 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Benbrook		Benbrook	M40	2/10/2024 7:44:26 PM	3104546	5	Benbrook	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	No
Benbrook		Benbrook	M84	2/11/2024 4:40:58 AM	3104894	1	Benbrook	45D01 - Specialized Unscheduled Up-Care Transport - 1A	No

Benbrook	M25	2/4/2024 12:50:00 AM	3097330	3	Benbrook	45C02 - Specialized Unscheduled Up- Care Transport - 3A	Yes
Benbrook	M83	2/8/2024 3:40:28 PM	3102144	2	Benbrook	45D02 - Specialized Unscheduled Up- Care Transport - 2A	No
Benbrook	M41	2/25/2024 11:27:09 PM	3120053	5	Benbrook	26A06 - Specialized Unscheduled Up- Care Transport - 5A	Yes
Benbrook	M46	2/27/2024 7:40:49 AM	3121517	5	Benbrook	17B01 - G - Falls - On the ground or floor - 5A	Yes
Benbrook	M60	2/10/2024 7:24:58 PM	3104532	5	Benbrook	17B01 - Falls - 5A	Yes
Benbrook	M63	2/16/2024 5:21:58 PM	3110547	7	Benbrook	26A08 - Sick Person (Specific Diagnosis) - 7A	Yes
Benbrook	M40	2/6/2024 2:53:00 PM	3099876	7	Benbrook	26A08 - Sick Person (Specific Diagnosis) - 7A	Yes
Benbrook	M36	2/24/2024 10:49:39 AM	3118421	5	Benbrook	17B01 - Falls - 5A	Yes
Benbrook	M89	2/25/2024 1:17:59 AM	3119096	2	Benbrook	06D02 - Breathing Problems - 2A	Yes
Benbrook	M67	2/4/2024 8:14:47 PM	3098016	5	Benbrook	26A05 - Sick Person (Specific Diagnosis) - 5A	Yes
Benbrook	M50	2/19/2024 11:57:23 AM	3113197	3	Benbrook	45C01 - Specialized Unscheduled Up- Care Transport - 3A	Yes
Benbrook	M67	2/1/2024 3:12:40 PM	3094451	5	Benbrook	45A01 - g - Specialized Unscheduled Up- Care Transport -	Yes
Benbrook	M27	2/11/2024 6:45:30 PM	3105363	8	Benbrook	25B03 - Psychiatric/ Mental Health Conditions / Suicide Attempt / Abnormal	No
Benbrook	M48	2/21/2024 4:11:57 PM	3115638	3	Benbrook	45C02 - Specialized Unscheduled Up- Care Transport - 3A	Yes
Benbrook	M32	2/22/2024 12:26:21 PM	3116416	5	Benbrook	45A01 - Specialized Unscheduled Up- Care Transport - 5A	Yes
Benbrook	M22	2/5/2024 12:00:50 PM	3098569	2	Benbrook	21D03 - M - Hemorrhage (Bleeding) / Lacerations -	Yes
Benbrook	M85	2/26/2024 11:30:26 AM	3120579	3	Benbrook	45C02 - Specialized Unscheduled Up- Care Transport - 3A	Yes

Benbrook	M65	2/5/2024 6:52:20 PM	3099117	3	Benbrook	45C02 - Specialized Unscheduled Up- Care Transport - 3A	Yes
Benbrook	M84	2/22/2024 12:22:13 PM	3116415	5	Benbrook	06D04 - Breathing Problems - 5A	Yes
Benbrook	M49	2/19/2024 9:59:05 AM	3113083	5	Benbrook	45A01 - Specialized Unscheduled Up- Care Transport - 5A	Yes
Benbrook	M79	2/12/2024 8:11:14 PM	3106480	2	Benbrook	13D01 - Specialized Unscheduled Up- Care Transport - 2A	Yes
Benbrook	M42	2/11/2024 8:53:57 PM	3105439	2	Benbrook	45D02 - Specialized Unscheduled Up- Care Transport - 2A	No
Benbrook	M33	2/13/2024 5:12:48 PM	3107339	3	Benbrook	45C03 - Specialized Unscheduled Up- Care Transport - 3A	Yes
Benbrook	M63	2/14/2024 7:04:06 PM	3108540	3	Benbrook	45C01 - Specialized Unscheduled Up- Care Transport - 3A	Yes
Benbrook	M30	2/27/2024 5:56:02 PM	3122082	5	Benbrook	13C01 - Diabetic Problems - 5A	No
Benbrook	M23	2/28/2024 12:43:39 AM	3122368	7	Benbrook	26A08 - Sick Person (Specific Diagnosis) - 7A	Yes
Benbrook	M89	2/28/2024 4:26:18 AM	3122460	5	Benbrook	17B01 - G - Falls - On the ground or floor - 5A	Yes
Benbrook	M45	2/19/2024 3:27:14 PM	3113428	5	Benbrook	17B01 - Falls - 5A	Yes

Burleson

1

Burleson	M47	2/16/2024 4:20:49 PM	3110461	2	Burleson	23C07 - A - Overdose / Poisoning (Ingestion) -	Yes
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Crowley

6

Crowley	M560	2/1/2024 7:31:10 PM	3094759	8	Crowley	04B03 - A - Assault - Assault - 8B	Yes
Crowley	M49	2/8/2024 4:35:46 PM	3102189	3	Crowley	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	Yes
Crowley	M60	2/24/2024 5:14:18 PM	3118766	5	Crowley	26A03 - Sick Person (Specific Diagnosis) - 5A	Yes

Crowley	M56	2/8/2024 5:11:37 PM	3102217	2	Crowley	12D04 - Convulsions / Seizures - 2A	Yes
Crowley	M81	2/12/2024 11:37:57 AM	3106015	3	Crowley	28A01 - U - Stroke (CVA) / Transient Ischemic Attack (TIA) - Unknown	Yes
Crowley	M85	2/19/2024 1:54:02 PM	3113323	5	Crowley	17B04 - Falls - 5A	Yes
Crowley	M85	2/6/2024 2:56:06 PM	3099878	5	Crowley	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	Yes

Kennedale

1

Kennedale	M578	2/25/2024 2:59:50 PM	3119632	4	Kennedale	29B05 - U - Traffic Collision / Transportation Incident - Unknown	No
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Justin

1

Justin	M76	2/2/2024 12:28:59 PM	3095387	4	Justin	29B05 - V - Vehicle vs. vehicle - Multiple patients - 4B	Yes
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Richland Hills

67

Richland Hills	M57	2/5/2024 9:33:57 PM	3099241	2	Richland Hills	28C02 - J - Stroke (CVA) / Transient Ischemic Attack (TIA) - CLEAR	Yes
Richland Hills	M28	2/8/2024 4:10:36 PM	3102165	2	Richland Hills	06D05 - Breathing Problems - 2A	No
Richland Hills	M32	2/6/2024 4:39:45 PM	3099978	5	Richland Hills		No
Richland Hills	M28	2/6/2024 12:05:54 PM	3099722	5	Richland Hills	26A10 - Sick Person (Specific Diagnosis) - 5A	Yes
Richland Hills	M67	2/2/2024 5:38:07 PM	3095773	5	Richland Hills		No
Richland Hills	M63	2/2/2024 5:35:58 PM	3095770	5	Richland Hills	26C01 - Sick Person (Specific Diagnosis) - 5A	No
Richland Hills	M40	2/25/2024 3:40:23 AM	3119180	5	Richland Hills	26A06 - Sick Person (Specific Diagnosis) - 5A	Yes
Richland Hills	M29	2/23/2024 8:39:38 PM	3117912	5	Richland Hills	21B02 - M - Hemorrhage (Bleeding) / Lacerations -	No

Richland Hills	M83	2/2/2024 10:05:43 PM	3096021	3	Richland Hills	06C01 - Breathing Problems - 5A	Yes
Richland Hills	M85	2/13/2024 5:48:55 PM	3107383	2	Richland Hills	32B03 - Unknown Problem (Person Down) - 2A	No
Richland Hills	M45	2/6/2024 6:48:09 AM	3099494	5	Richland Hills	17B01 - G - Falls - On the ground or floor - 5A	Yes
Richland Hills	M63	2/25/2024 10:58:59 AM	3119420	8	Richland Hills	26A09 - Sick Person (Specific Diagnosis) - 8B	Yes
Richland Hills	M34	2/2/2024 1:55:14 AM	3095007	5	Richland Hills	26A02 - Sick Person (Specific Diagnosis) - 5A	Yes
Richland Hills	M54	2/14/2024 11:45:59 PM	3108771	2	Richland Hills	28C01 - J - Stroke (CVA) / Transient Ischemic Attack (TIA) - CLEAR	Yes
Richland Hills	M40	2/25/2024 4:15:49 PM	3119722	2	Richland Hills	17D04 - G - Falls - On the ground or floor - 2A	Yes
Richland Hills	M42	2/6/2024 2:58:47 PM	3099880	5	Richland Hills	45A01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Richland Hills	M62	2/8/2024 1:43:09 PM	3102006	5	Richland Hills	17B04 - Falls - 5A	Yes
Richland Hills	M81	2/26/2024 7:03:50 PM	3121065	5	Richland Hills	06C01 - Breathing Problems - 5A	No
Richland Hills	M63	2/2/2024 4:59:57 PM	3095714	5	Richland Hills	26C01 - Sick Person (Specific Diagnosis) - 5A	No
Richland Hills	M26	2/17/2024 12:03:34 AM	3110903	5	Richland Hills	17A02 - Falls - 5A	Yes
Richland Hills	M29	2/4/2024 4:34:37 AM	3097442	8	Richland Hills	04B01 - A - Assault - Assault - 8B	No
Richland Hills	M58	2/17/2024 5:01:59 AM	3111057	5	Richland Hills	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	Yes
Richland Hills	M60	2/9/2024 5:36:13 PM	3103282	5	Richland Hills	32B02 - Medical Alarm (Alert) notification - 8B/FDO	Yes
Richland Hills	M44	2/20/2024 5:50:49 AM	3113995	3	Richland Hills	06C01 - E - Breathing Problems - COPD (Emphysema/Chroni	Yes
Richland Hills	M54	2/18/2024 3:42:48 PM	3112358	5	Richland Hills	11O01 - F - Choking Food - 5A	Yes

Richland Hills	M76	2/20/2024 10:41:56 AM	3114126	3	Richland Hills	45C03 - Specialized Unscheduled Up- Care Transport - 3A	Yes
Richland Hills	M54	2/2/2024 1:13:33 AM	3094993	2	Richland Hills	17D04 - Falls - 2A	Yes
Richland Hills	M34	2/19/2024 2:59:14 AM	3112811	5	Richland Hills	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	Yes
Richland Hills	M78	2/20/2024 10:56:02 PM	3114847	5	Richland Hills	26C01 - Sick Person (Specific Diagnosis) - 5A	Yes
Richland Hills	M78	2/21/2024 1:57:07 AM	3114915	5	Richland Hills	17B01 - Falls - 5A	Yes
Richland Hills	M40	2/3/2024 5:00:40 PM	3096896	8	Richland Hills	04B03 - A - Assault - Assault - BB	No
Richland Hills	M83	2/17/2024 3:26:50 PM	3111427	2	Richland Hills	17D05 - G - Falls - On the ground or floor - 2A	Yes
Richland Hills	M52	2/19/2024 11:16:47 AM	3113161	2	Richland Hills	17D04 - Falls - 2A	Yes
Richland Hills	M73	2/15/2024 8:25:20 AM	3108962	2	Richland Hills	11O01 - F - Choking Food - 5A	No
Richland Hills	M28	2/14/2024 8:29:16 AM	3107902	5	Richland Hills	45C12 - Specialized Unscheduled Up- Care Transport - 5A	Yes
Richland Hills	M81	2/17/2024 6:16:46 PM	3111561	5	Richland Hills	26A10 - Sick Person (Specific Diagnosis) - 5A	Yes
Richland Hills	M34	2/14/2024 8:54:52 AM	3107922	5	Richland Hills	10C03 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	Yes
Richland Hills	M20	2/19/2024 6:20:56 AM	3112935	3	Richland Hills	28C12 - U - Stroke (CVA) / Transient Ischemic Attack (TIA) - Unknown	Yes
Richland Hills	M57	2/25/2024 1:27:27 AM	3119100	2	Richland Hills	06D02 - E - Breathing Problems - COPD (Emphysema/Chroni	Yes
Richland Hills	M82	2/1/2024 12:20:37 PM	3094267	2	Richland Hills	12D02 - E - Convulsions / Seizures - Epileptic or Previous seizure	Yes
Richland Hills	M40	2/25/2024 2:23:09 PM	3119602	5	Richland Hills	10C01 - Chest pain (non-traumatic) - 5A	Yes
Richland Hills	M21	2/16/2024 10:13:50 AM	3110079	5	Richland Hills	17B01 - Falls - 5A	Yes

Richland Hills	M34	2/18/2024 2:12:00 PM	3112292	2	Richland Hills	11D01 - F - Choking Food - 2A	Yes
Richland Hills	M60	2/25/2024 6:51:11 PM	3119853	2	Richland Hills	28C01 - K - Stroke (CVA) / Transient Ischemic Attack (TIA) - CLEAR	Yes
Richland Hills	M64	2/20/2024 7:20:25 PM	3114695	3	Richland Hills	28C02 - L - Stroke (CVA) / Transient Ischemic Attack (TIA) - Less than "T"	Yes
Richland Hills	M84	2/7/2024 14:03	3100910	5	Richland Hills	17B01 - Falls - 5A	Yes
Richland Hills	M30	2/25/2024 6:59:43 PM	3119859	5	Richland Hills	01C06 - Abdominal Pain / Problems - 5A	Yes
Richland Hills	M58	2/24/2024 9:14:56 AM	3118339	5	Richland Hills	01A01 - Abdominal Pain / Problems - 5A	Yes
Richland Hills	M37	2/25/2024 7:28:37 PM	3119871	5	Richland Hills	17B01 - G - Falls - On the ground or floor - 5A	Yes
Richland Hills	M82	2/9/2024 2:26:31 AM	3102613	2	Richland Hills	31D03 - Unconscious / Fainting (Near) - 2A	No
Richland Hills	M73	2/26/2024 8:04:38 AM	3120368	4	Richland Hills	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - 4B	No
Richland Hills	M41	2/24/2024 7:45:19 PM	3118857	5	Richland Hills	10C03 - Sick Person (Specific Diagnosis) - 5A	Yes
Richland Hills	M32	2/26/2024 2:56:13 PM	3120803	5	Richland Hills	45A01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Richland Hills	M67	2/9/2024 8:48:30 AM	3102775	5	Richland Hills	01C02 - Abdominal Pain / Problems - 5A	Yes
Richland Hills	M82	2/3/2024 12:34:30 AM	3096157	3	Richland Hills	45C02 - Specialized Unscheduled Up-Care Transport - 3A	Yes
Richland Hills	M65	2/14/2024 10:55:54 PM	3108731	2	Richland Hills	45D02 - Specialized Unscheduled Up-Care Transport - 2A	Yes
Richland Hills	M86	2/16/2024 10:11:17 PM	3110797	2	Richland Hills	06E01 - Breathing Problems - 2A	Yes
Richland Hills	M57	2/6/2024 6:24:21 PM	3100088	5	Richland Hills	FD Standby	No
Richland Hills	M63	2/25/2024 8:55:50 AM	3119329	5	Richland Hills	10D05 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	Yes

Richland Hills	M31	2/14/2024 11:35:11 AM	3108020	5	Richland Hills	45A01 - d - Specialized Unscheduled Up-Care Transport -	Yes
Richland Hills	M31	2/14/2024 5:11:14 PM	3108402	5	Richland Hills	01C06 - Abdominal Pain / Problems - 5A	Yes
Richland Hills	M54	2/2/2024 3:35:34 PM	3095605	5	Richland Hills	45A01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Richland Hills	M34	2/8/2024 5:18:35 AM	3101579	4	Richland Hills	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - 4B	No
Richland Hills	M34	2/4/2024 5:16:41 PM	3097867	1	Richland Hills	45D01 - Specialized Unscheduled Up-Care Transport - 1A	No
Richland Hills	M55	2/19/2024 7:47:14 PM	3113622	5	Richland Hills	26A10 - Sick Person (Specific Diagnosis) - 5A	No
Richland Hills	M44	2/26/2024 5:00:18 PM	3120950	5	Richland Hills	FD Standby	No
Richland Hills	M87	2/11/2024 1:00:50 PM	3105125	8	Richland Hills	21A02 - M - Non-traumatic (medical) bleeding - MEDICAL - 8B	Yes

Total Given 116

RECEIVED

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

7

Eagle Mountain	Eagle Mountain	2/26/2024 11:09:06 AM	3120565	5	Fort Worth	25D03 - Psychiatric / Mental Health Conditions / Suicide Attempt / Abnormal	No
Eagle Mountain	Eagle Mountain	2/14/2024 18:24	3108516	5	Fort Worth	31C01 - Unconscious / Fainting (Near) - 5A	Yes
Eagle Mountain	Eagle Mountain	2/17/2024 7:45:04 PM	3111663	2	Fort Worth	27D04 - G - Gunshot wound - Gunshot - 2A	No
Eagle Mountain	Eagle Mountain	2/9/2024 8:51:14 PM	3103512	8	Saginaw	25B03 - Suicide threatened - 8B	No
Eagle Mountain	Eagle Mountain	2/13/2024 4:52:11 AM	3106761	5	Fort Worth	26C02 - Sick Person (Specific Diagnosis) - 5A	No
Eagle Mountain	Eagle Mountain	2/5/2024 19:07	3099141	8	Fort Worth	38A03 - Advanced SEND (Medical Miranda) - 8B	No

Watauga

Eagle Mountain	Eagle Mountain	2/2/2024 3:54:44 PM	3095648	5	Fort Worth	17A02 - G - Falls - On the ground or floor - 5A	Yes
1							
Watauga	Watauga	2/13/2024 6:06:36 AM	3106813	7	Haltom City	05A01 - Back Pain (Non-Traumatic or Non-Recent Trauma) - 7A	No
Total Received		8					



Legal Team Report February 15, 2024 – March 21, 2024

Compliance Officer Duties

- Assisted multiple MAEMSA jurisdiction Police departments with multiple criminal investigations, records requests, missing persons investigations, and obtained crew member statements, witness interviews as needed.
- Assisted Tarrant County Medical Examiner's office with multiple death investigations, and records requests.
- Processed seven narcotic anomalies. No foul play was suspected in any of the occurrences.

Paralegal Duties

- 17 DFPS reports were filed for suspected abuse, neglect, or exploitation.
- Provided internal legal support for MedStar team members and processed requests regarding legal matters.
- 6 Subpoenas(s) served for witness appearance.
- Conducted 4 court appearances as states witness in criminal cases.
- Reviewed multiple legal & privacy matters with field crewmembers, HR and OMD, and provided legal guidance as needed.
- Drafted, reviewed, negotiated, and executed multiple agreements with outside parties.

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