



**Metropolitan Area EMS Authority (MAEMSA)**

**dba MedStar Mobile Healthcare**

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**Board of Directors**

**April 25, 2024**

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

**Date and Time: April 25, 2024 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/1476943480>**

**or by phone at (469) 445-0100 (meeting ID : 147 694 3480).**

**AGENDA**

- |             |                               |   |                            |
|-------------|-------------------------------|---|----------------------------|
| <b>I.</b>   | <b>CALL TO ORDER</b>          |   | Councilman Flores          |
| <b>II.</b>  | <b>INTRODUCTION OF GUESTS</b> |   | Councilman Flores          |
| <b>III.</b> | <b>CITIZEN PRESENTATIONS</b>  | <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, <a href="http://www.medstar911.org/board-of-directors/">http://www.medstar911.org/board-of-directors/</a> where more details can be found, including information on time limitations). The deadline for registering is 4:30 p.m. April 24, 2024. 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> |                            |
| <b>IV.</b>  | <b>CONSENT AGENDA</b>         | <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>  |                            |
|             | <b>BC – 1593</b>              | Approval of Board Minutes for February 22, 2024   | Councilman Flores<br>Pg. 1 |
|             | <b>BC – 1594</b>              | Approval of Check Register for February and March   | Councilman Flores<br>Pg. 5 |

**V. NEW BUSINESS**

**BC – 1595**                      Approval of Early Retirement of General Counsel                      Kenneth Simpson

**VI. MONTHLY REPORTS**

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

<b>Date:</b> 04.25.2024	<b>Reference #:</b> BC-1593	<b>Title:</b> Approval of Board of Directors Minutes
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**RECOMMENDATION:**

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

**DISCUSSION:**

N/A

**FINANCING:**

N/A

<b>Submitted by:</b> <u>Kenneth Simpson</u>	<b>Board Action:</b>	<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 February 22, 2024

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 Carlos Flores called the meeting to order at 10:00 a.m.

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

**Guests on phone or in person as attendees:** Fort Worth Assistant City Manager Valarie Washington, Fire Chief Brian Jacobs, Fire Chief Jeff Ballew, Fire Chief Ryan Arthur, Dr. Brian Miller, Anita Meadows, Andrew Malone, April Huse, Blair Brame, Bob Strickland, Brandon Pate, Desiree Partain, Dani Briones, Diana Anderson, Emily Vinson, Heath Stone, Jack Cheng, Jason Weimer, Jeremy Kelly, Kaydon Bathory, Kerby Johnson, Kier Brister, Kristine Martinez, LaChandra Goynes, Lindy Curtis, Lisa Gray, Maerissa Thomas, Matt Willens, Michael Griffith, Nancy Cychol, Nick Bombardier, Odelle Carrette, Rhode Ontiveros Romero, Rosa Palacios, Ricky Hyatt, Ronnie Ikler, Scott Mesick, Shaun Curtis, Timothy Statum, Whitney Burr, William Gleason, and Will Mercer.

#### II. INTRODUCTION OF GUESTS

Chair Carlos Flores introduced City of Fort Worth Assistant Attorney Taylor Paris, City of Fort Worth Assistant City Manager Valarie Washington, and Fort Worth Reporter Emily Wolf.

#### III. CONSENT AGENDA

**BC-1589 Approval of Board Minutes for January 25, 2024**  
**BC-1590 Approval of Check Register January**

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

#### **IV. NEW BUSINESS**

##### **BC - 1591 Haslet FD UE-Scope Purchase**

The motion to approve was made by Doug Spears and seconded by Dr. Janice Knebl. The motion carried unanimously.

##### **BC - 1592 Fractile Reporting**

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

#### **V. MONTHLY REPORTS**

- A.** Chief Executive Officer – Ken Simpson provided an update to the Board on the cellular outage this morning, 911 lines and landlines were not affected but we did lose GPS tracking for several hours with FirstNet. Our Communication Center and the field crews did an excellent job tracking and dispatching units until we were back online. The Ad Hoc committee met on Tuesday, Fitch and Associates presented four models along with a summary. Ken offered kudos to our Communications Department on bringing their ring to answer times below 15 seconds 90% of the time and maintaining it consistently. Our staffing continues to improve, and additional unit hours have been added to assist with response time compliance. There is a tremendous amount of effort which goes into staffing from recruiting and hiring to credentialing, it truly is a collaborative effort from Human Resources, Field Operations, and Office of the Medical Director.
- B.** Office of the Medical Director – Dr. Jarvis offered thanks to our partners at UNTHSC for allowing our field training officers to utilize the SIM Center for Train the Trainer which assisted in improving training. Dr. Jarvis referred to Tab B and provided a summary to the Board of our performance gauges. We continue our ongoing efforts on quality improvement focusing on cardiac arrest survival, improving time to first compression, and on STEMI care in addition to airway management. The next CE session will be joint training with all our FROs focusing on cardiac arrest management in June.
- C.** Chief Transformation Officer – Matt Zavadsky referred to Tab C and informed the Board that our agreement and concept with Cook Children’s Health Plan for a high utilizer of mobile integrated health care program has been put in writing and going through the process of approval with our legal team. Matt Zavadsky provided an update on the Texas ambulance supplement payment program and reported that we joined with several chiefs from fire & EMS that participate in the ASPP to discuss this with HHSC. The implementation team for the high utilizer implementation program approved at the previous meeting held a meeting yesterday to work through some of the data sharing issues and plan to start implementation on March 1<sup>st</sup>.
- D.** Chief Financial Officer– Steve Post referred to Tab D.
- E.** Chief Human Resources Officer- Leila Peebles referred to Tab E and informed the Board, we have been continuing to focus on recruiting and retention. Leila offered kudos to

Kristine Martinez and Rhode Ontiveros Romero for overseeing recruiting and collaborating with internal teams to ensure staffing.

- F. FRAB – Chief Spears informed the Board of the FRAB held a meeting last week, they discussed response time reporting, adopting the 90<sup>th</sup> percentile versus 85<sup>th</sup> percentile, and recapped the consultant work with the Ad Hoc and member city meetings.
- G. Operations – Chris Cunningham referred to Tab G.
- H. Compliance and Legal – Kristofer Schleicher referred to Tab H and informed the Board of a few legal updates in closed session.
- I. EPAB – Dr. Commons informed the Board Dr. Jarvis presented the same content provided to the Board at the EPAB Board meeting last month, and we are excited to about the advancements on the way we report and monitor our quality.

## **VI. REQUEST FOR FUTURE AGENDA ITEMS**

Chief Davis requested data definitions for the gauges provided in the Office of the Medical Director report.

## **VII. CLOSED SESSION**

At 10:46 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 11:03 a.m. and took no action on matters discussed during the closed session.

## **VIII. ADJOURNMENT**

The Board stood adjourned at 11:03 a.m.

Respectfully submitted,

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Douglas Spears  
Secretary



**MAEMSA  
BOARD COMMUNICATION**

<b>Date:</b> 04.25.2024	<b>Reference #:</b> BC-1594	<b>Title:</b> Approval of Board of Check Register
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**RECOMMENDATION:**

It is recommended that the Board of Directors approve the check register for February and March.

**DISCUSSION:**

N/A

**FINANCING:**

N/A

<b>Submitted by:</b> <u>Kenneth Simpson</u>	<b>Board Action:</b>	<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 2/1/2024 and 2/29/2024



Check Number	CK Date	Vendor Name	Check Amount	Description
115360	2/1/2024	Bound Tree Medical LLC	21,682.85	Various Medical Supplies
115363	2/1/2024	ImageTrend	5,463.64	ImageTrend-Cad Distribution
115369	2/1/2024	Motorola Solutions, Inc.	193,018.64	Annual Renewal
115382	2/1/2024	The EMS Training School	8,000.00	Paramedic Tuition - T Chapman
115383	2/1/2024	Trillium Service Companies	6,130.00	Sanding CDC and Salt NDc
115420	2/8/2024	CyrusONe	8,374.16	Bandwidth/Colocation
115429	2/8/2024	M-Pak, Inc.	6,002.41	Uniforms
115430	2/8/2024	Maintenance of Ft Worth, Inc.	6,148.56	Janitorial Services and Supplies
115431	2/8/2024	Mansfield Service Partners South, LLC	5,286.08	Bulk DEF
115432	2/8/2024	McKesson Medical Surgical Inc	9,355.94	Various Medical Supplies
115433	2/8/2024	Medline Industries, Inc.	6,042.69	Various Medical Supplies
115438	2/8/2024	Occupational Health Solutions	5,045.00	OHS - November 2023
115447	2/8/2024	Teleflex Medical	9,350.00	Drug Testing - Randoms/Reasonable
115451	2/8/2024	TML Intergovernmental Risk Pool	141,206.78	Liability Deductible/Contribution Charges
115453	2/8/2024	Zoll Medical Corporation	10,211.70	Various Medical Supplies
115455	2/15/2024	Airgas USA, LLC	7,446.21	Cylinders and Rental
115461	2/15/2024	Bound Tree Medical LLC	28,451.58	Various Medical Supplies
115465	2/15/2024	CyrusONe	8,624.96	Bandwidth/Colocation
115468	2/15/2024	Gulfstream Outsourcing and Specialized	5,009.50	Aged/Historical Project
115471	2/15/2024	ImageTrend	23,604.00	Monthly Fee - Elite EMS Saas
115478	2/15/2024	Medic Built LLC	744,451.72	Conversion Only/Chassis and Liquid Springs
115487	2/15/2024	Paranet Solutions	41,108.92	Monthly IT Services
115490	2/15/2024	Reliable Dental Supply and Service	6,693.42	Various Medical Supplies
115492	2/15/2024	Roger Williams Automall	5,302.59	Various Parts
115504	2/15/2024	Whitley Penn, LLC	26,780.00	Professional Services - Audit
115506	2/15/2024	XL Parts	6,141.81	Various Parts
115545	2/22/2024	ADP Screening & Selection Services	11,901.41	Screening Services - Background checks
115550	2/22/2024	Applause Promotional Products	12,242.50	Uniforms
115553	2/22/2024	Bound Tree Medical LLC	25,269.46	Various Medical Supplies
115561	2/22/2024	Fort Worth Heat & Air	9,852.50	January Maintenance
115570	2/22/2024	McKesson Medical Surgical Inc	5,294.96	Various Medical Supplies
115572	2/22/2024	Medline Industries, Inc.	5,356.71	Various Medical Supplies
115575	2/22/2024	Paranet Solutions	11,304.17	Cisco maintenance
115579	2/22/2024	Reliable Dental Supply and Service	7,641.89	Various Medical Supplies
115583	2/22/2024	T & W Tire	7,150.20	Ram tires
115588	2/22/2024	XL Parts	9,434.30	Various Parts
115589	2/22/2024	Zoll Medical Corporation	6,354.42	Various Medical Supplies
115641	2/29/2024	Bound Tree Medical LLC	15,112.22	Various Medical Supplies
115646	2/29/2024	Express Fleet Autobody and Paint	10,658.90	M24- Code 100 damage repairs
115651	2/29/2024	LiquidSpring, LLC	7,045.62	Liquid spring parts
115655	2/29/2024	Medline Industries, Inc.	5,132.17	Various Medical Supplies
115673	2/29/2024	Pinnacle Pharma	5,195.05	Various Medical Supplies
115686	2/29/2024	The State of Texas	6,290.66	Microsoft Subscription
115688	2/29/2024	Tyler Technologies	138,727.52	Annual Renewal
115691	2/29/2024	Zoll Data Systems Inc	8,332.53	Zoll Data-Qtly Maintenance
2012024	2/1/2024	Frost	61,053.88	Frost Loan #30001
2022024	2/2/2024	Frost	38,540.62	Frost Loan #4563-001
2162024	2/16/2024	JP Morgan Chase Bank, N.A.	49,030.68	MasterCard Bill
2708359	2/6/2024	Direct Energy Business	7,178.27	Electric Services
2726784	2/28/2024	Direct Energy Business	6,580.08	Electric Services
4520634	2/1/2024	Frost	39,363.52	Frost Loan #39001
4530332	2/2/2024	UMR Benefits	70,641.31	Health Insurance Premium
4570140	2/13/2024	WEX Bank	142,472.08	Fuel
4641029	2/29/2024	Integrative Emergency Service Physician	15,600.00	Contract Service - A Cornelius
4641036	2/29/2024	UT Southwestern Medical Center	12,833.33	Contract Services - B Miller
18926335	2/6/2024	AT&T	16,199.41	Cell Phones/Aircards
74540846	2/6/2024	MetLife - Group Benefits	42,633.62	Dental/Vision/STD/Basic Life/Supp Life



AP Check Details Over 5000.00  
For Checks Between 3/1/2024 and 3/31/2024

Check Number	CK Date	Vendor Name	Check Amount	Description
115738	3/7/2024	Bound Tree Medical LLC	21,759.92	Various Medical Supplies
115740	3/7/2024	City of Fort Worth	59,481.38	City of FW - Radio System
115741	3/7/2024	EMS Technology Solutions, LLC	13,800.00	EMS Technology-Inventory/Asset
115747	3/7/2024	Mansfield Service Partners South, LLC	5,137.74	Bulk DEF
115749	3/7/2024	McKesson Medical Surgical Inc	5,123.25	Various Medical Supplies
115752	3/7/2024	Page Wolfberg & Wirth, LLC	8,550.00	PWW-Client Connect Fee Renewal
115767	3/7/2024	TML Intergovernmental Risk Pool	97,952.75	Liability Deductible/Contribution
115773	3/7/2024	XL Parts	6,255.65	Various Parts
115774	3/7/2024	Zoll Medical Corporation	6,616.35	Various Medical Supplies
115776	3/14/2024	Airgas USA, LLC	6,812.50	O2 Cylinders/Rental
115782	3/14/2024	Bound Tree Medical LLC	17,160.40	Various Medical Supplies
115785	3/14/2024	CyrusONe	8,457.76	Bandwidth/Colocation
115795	3/14/2024	ImageTrend	22,321.00	Monthly Fee - Elite EMS SaaS
115798	3/14/2024	Logis Solutions	6,635.81	HERE License - Feb24
115801	3/14/2024	Maintenance of Ft Worth, Inc.	6,888.80	Janitorial Services/Supplies
115805	3/14/2024	Medic Built LLC	7,742.55	Remount- Body repairs M35
115813	3/14/2024	Paranet Solutions	41,277.26	Monthly IT Services
115814	3/14/2024	Perform Yard Inc	25,650.00	Perform Yard - Year 1
115816	3/14/2024	Reliable Dental Supply and Service Company	6,067.94	Various Medical Supplies
115827	3/14/2024	The State of Texas	5,892.63	Microsoft Subscription
115834	3/14/2024	XL Parts	5,511.43	Various Parts
115835	3/14/2024	Zoll Medical Corporation	6,460.80	Various Medical Supplies
115843	3/21/2024	Bound Tree Medical LLC	17,837.69	Various Medical Supplies
115856	3/21/2024	KnowBe4 Inc.	13,653.36	KnowBe4-Security Awareness
115857	3/21/2024	LinkSquares, Inc.	17,002.00	Subscription License
115860	3/21/2024	Medline Industries, Inc.	5,780.50	Various Medical Supplies
115874	3/21/2024	The State of Texas	6,309.24	Microsoft Subscription
115877	3/21/2024	XL Parts	6,392.06	Various Parts
115882	3/28/2024	Bound Tree Medical LLC	13,705.40	Various Medical Supplies
115883	3/28/2024	Collection Management Company	16,546.07	Collection Services
115891	3/28/2024	Medic Built LLC	55,813.00	Remount Conversion M94
115916	3/28/2024	T & W Tire	9,588.60	Ram Tires
115917	3/28/2024	Teleflex Medical	9,809.80	Various Medical Supplies
3012024	3/1/2024	Frost	61,053.88	Frost Loan #30001
3042024	3/4/2024	Frost	38,540.62	Frost Loan #4563-001
3182024	3/18/2024	JP Morgan Chase Bank, N.A.	16,655.68	Mastercard Bill
4651614	3/1/2024	Frost	39,363.52	Frost Loan #39001
4658503	3/4/2024	UMR Benefits	72,928.65	Health Insurance Premium
4669334	3/6/2024	MetLife - Group Benefits	45,842.00	Dental/Vision/Supp Life/Basic Life/STD
4705988	3/14/2024	WEX Bank	135,371.27	Fuel Bill
4774764	3/29/2024	UT Southwestern Medical Center	16,224.00	Contract Services - B Miller
4774768	3/29/2024	Integrative Emergency Service Physician	15,600.00	Contract Services - A Cornelius
18953623	3/6/2024	AT&T	17,131.77	Cell Phone/Aircards
128152747	3/22/2024	Demers	9,542.36	Various Parts

**MAEMSA  
BOARD COMMUNICATION**

<b>Date:</b> 04.25.2024	<b>Reference #:</b> BC-1595	<b>Title:</b> Approval of Early Retirement of General Counsel
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**RECOMMENDATION:**

It is recommended that the Board authorize the Chair to execute an early retirement agreement with the General Counsel pursuant to Section 9 of the General Counsel's Employment Agreement.

**DISCUSSION:**

N/A

**FINANCING:**

N/A

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

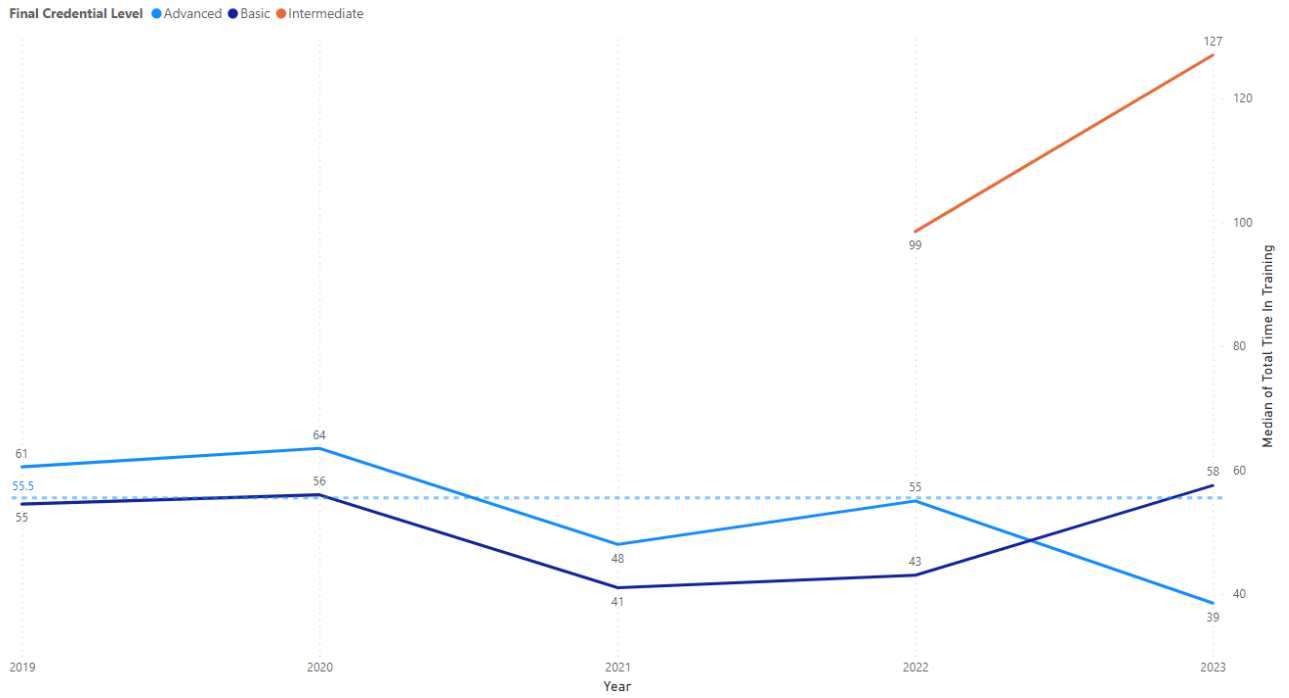
### Education and Training

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

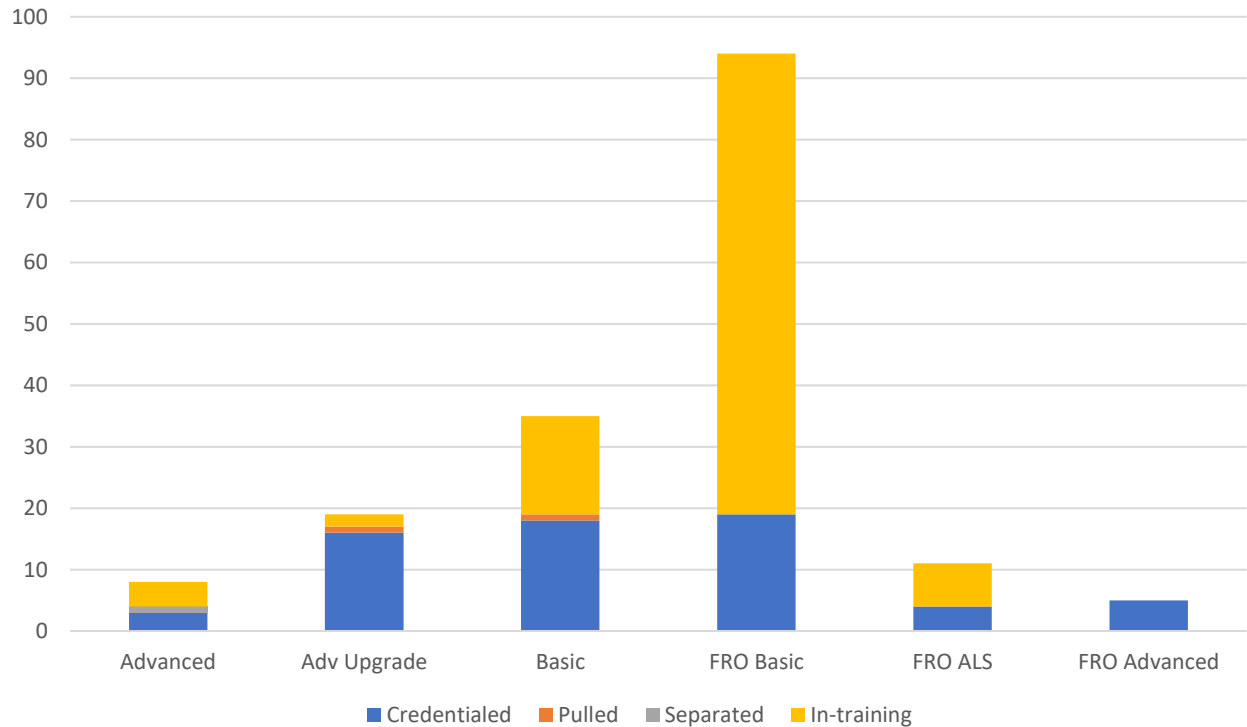
### Credentialing

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



2024 Credentialing Providers



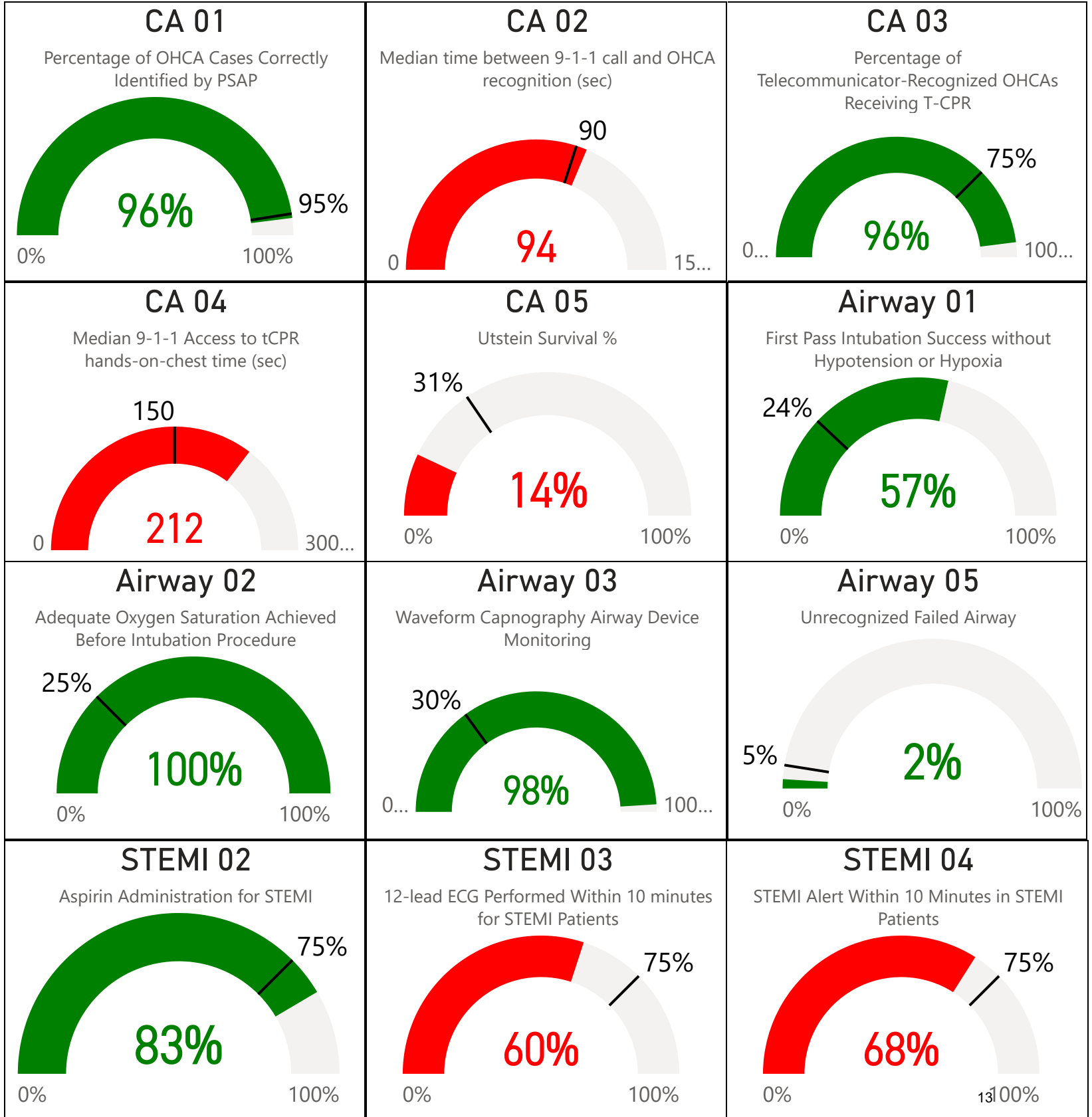
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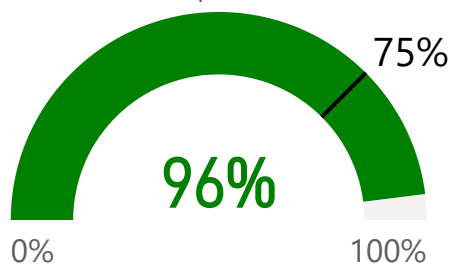
# MAEMSA Clinical Performance Measures

## March 2024



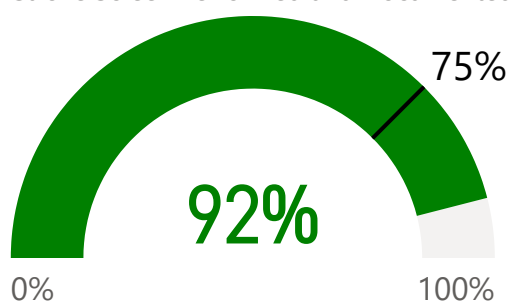
### Stroke 01

Evaluation of Blood Glucose for Patients with Suspected Stroke



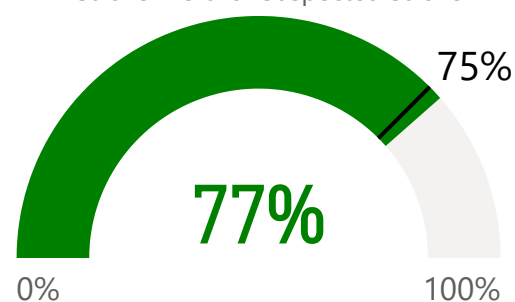
### Stroke 02

Stroke Screen Performed and Documented



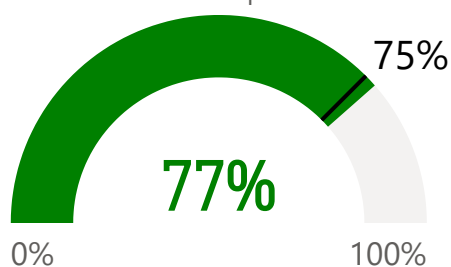
### Stroke 03

Stroke Alert for Suspected Stroke



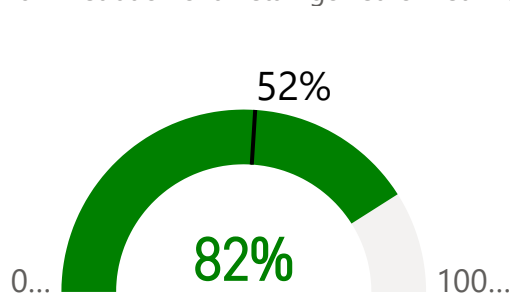
### Stroke 04

Documentation of Last Known Well for Patients with Suspected Stroke



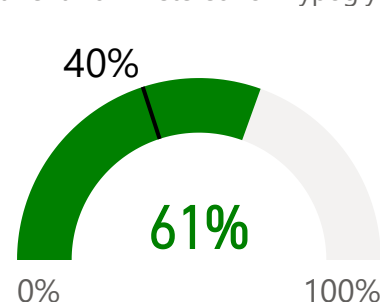
### Asthma 01

Administration of a Beta Agonist for Asthma



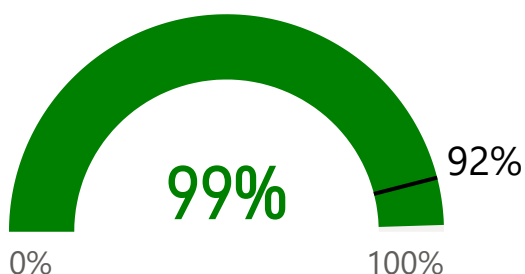
### Hypoglycemia 01

Treatment Administered for Hypoglycemia



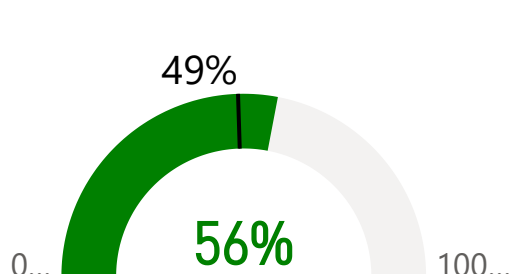
### Respiratory 01

Respiratory Assessment



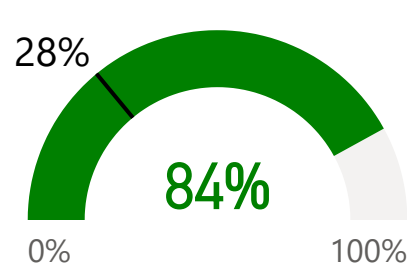
### Respiratory 02

Oxygen Administration for Hypoxia



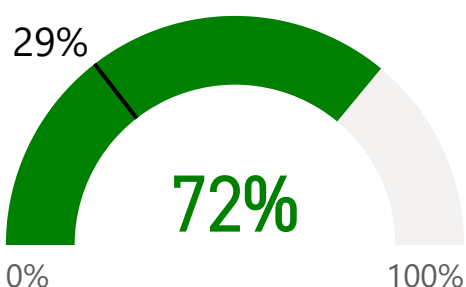
### Seizure 02

Patients with Status Epilepticus Receiving Intervention



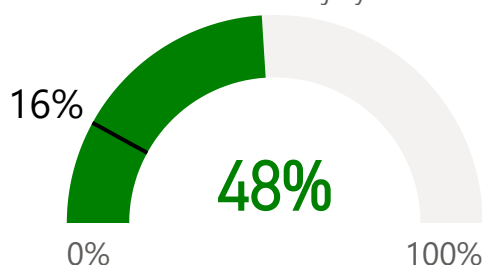
### Syncope 01

ECG Performed for Syncope Patients



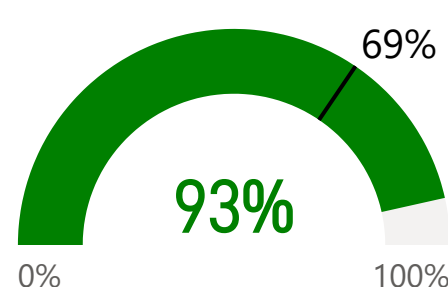
### TBI 01

Clinical Assessments for Patients with Traumatic Brain Injury



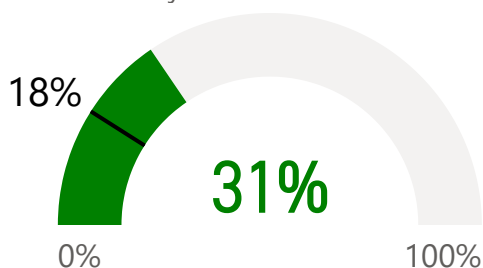
### Trauma 01

Pain Assessment of Injured Patients



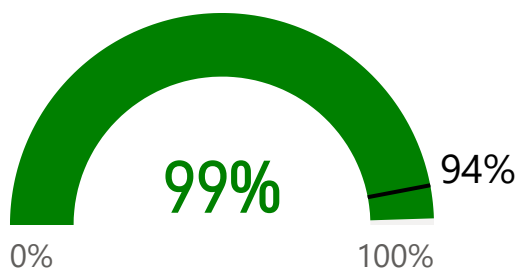
### Trauma 03

Effectiveness of Pain Management for Injured Patients



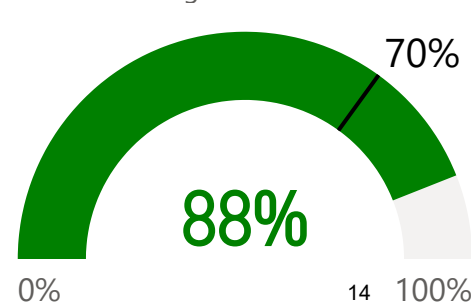
### Trauma 08

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 System Performance

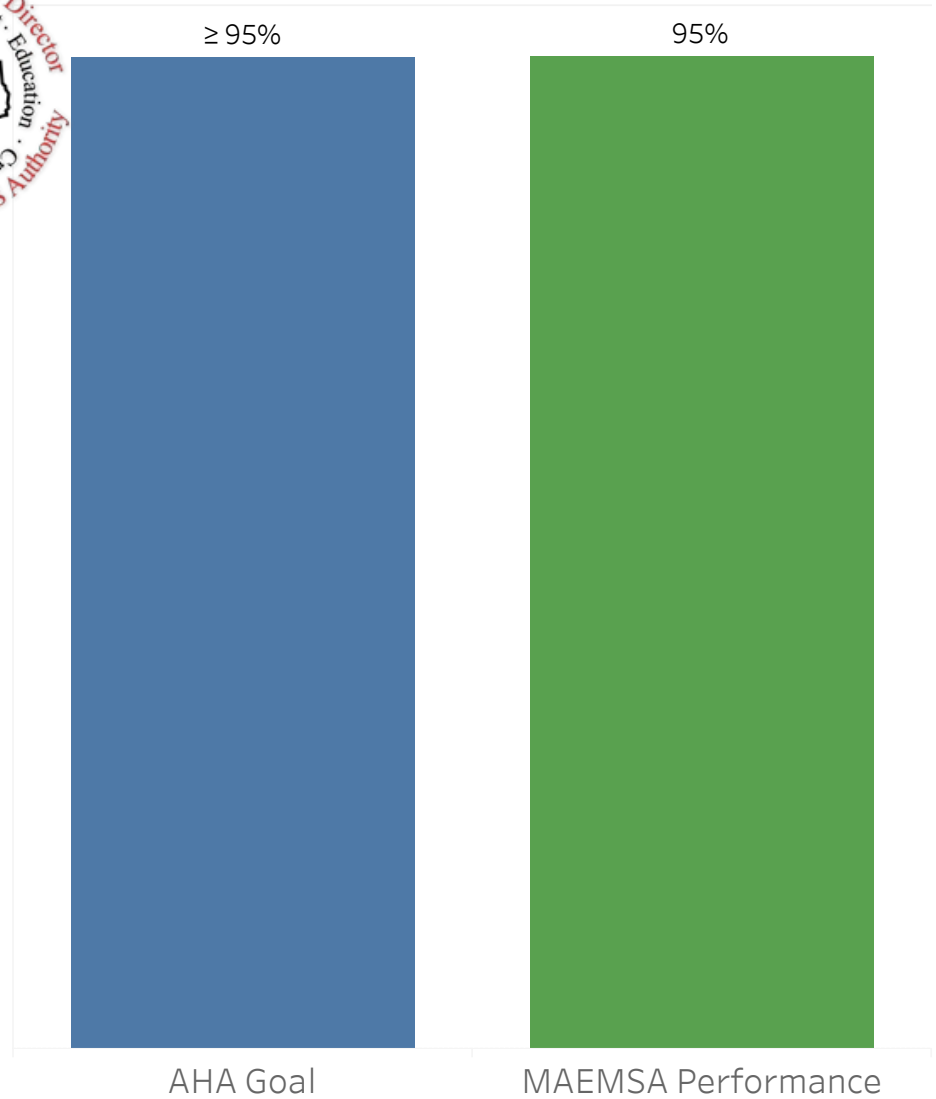
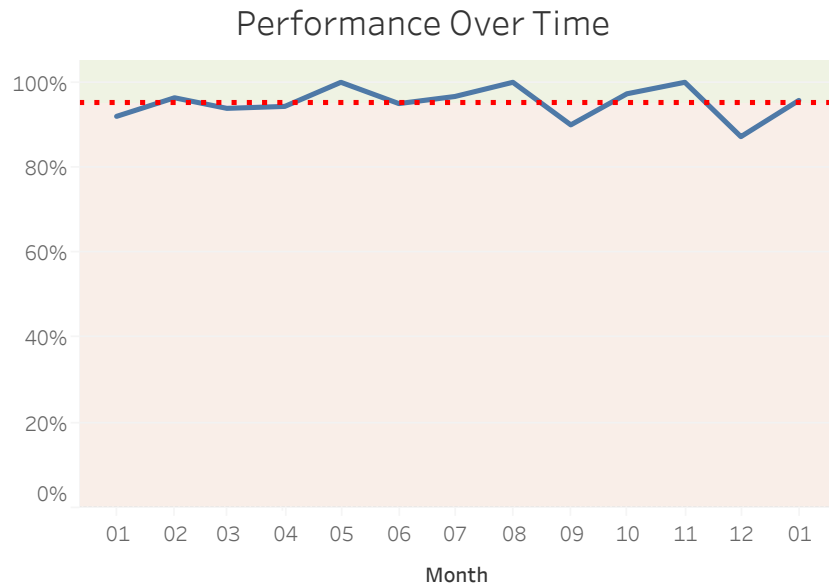
Trailing 12-Month Performance

January 2024

96%

AHA Goal

≥ 95%



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 System Performance

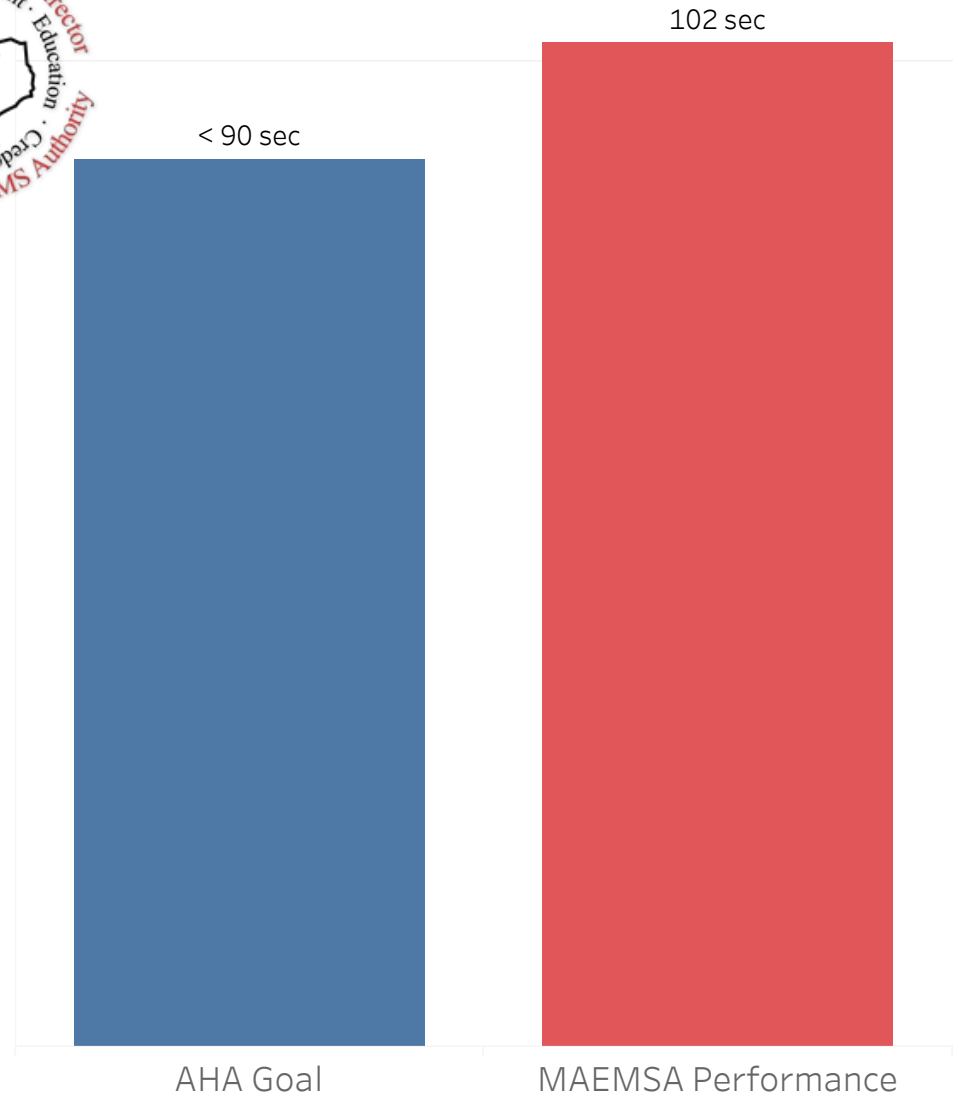
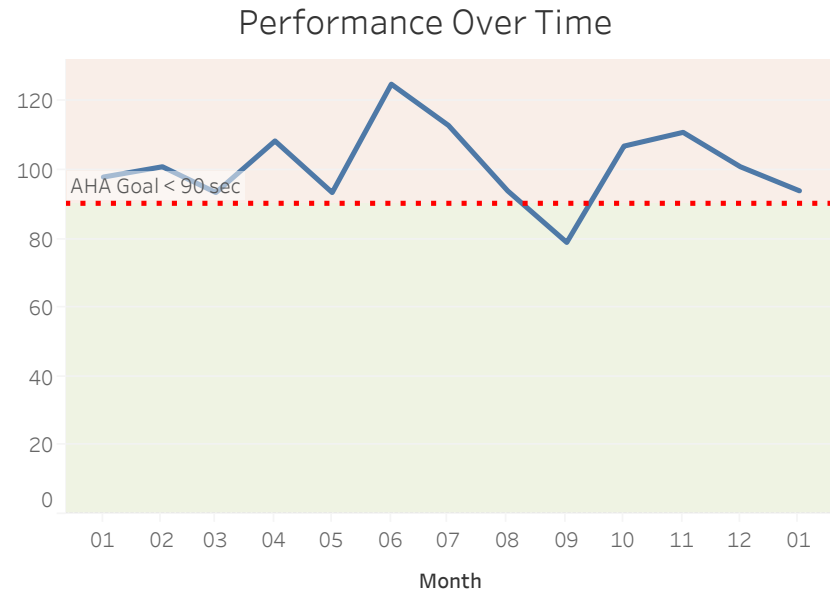
Trailing 12-Month Performance

January 2024

94 sec

AHA Goal

< 90 sec



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 System Performance

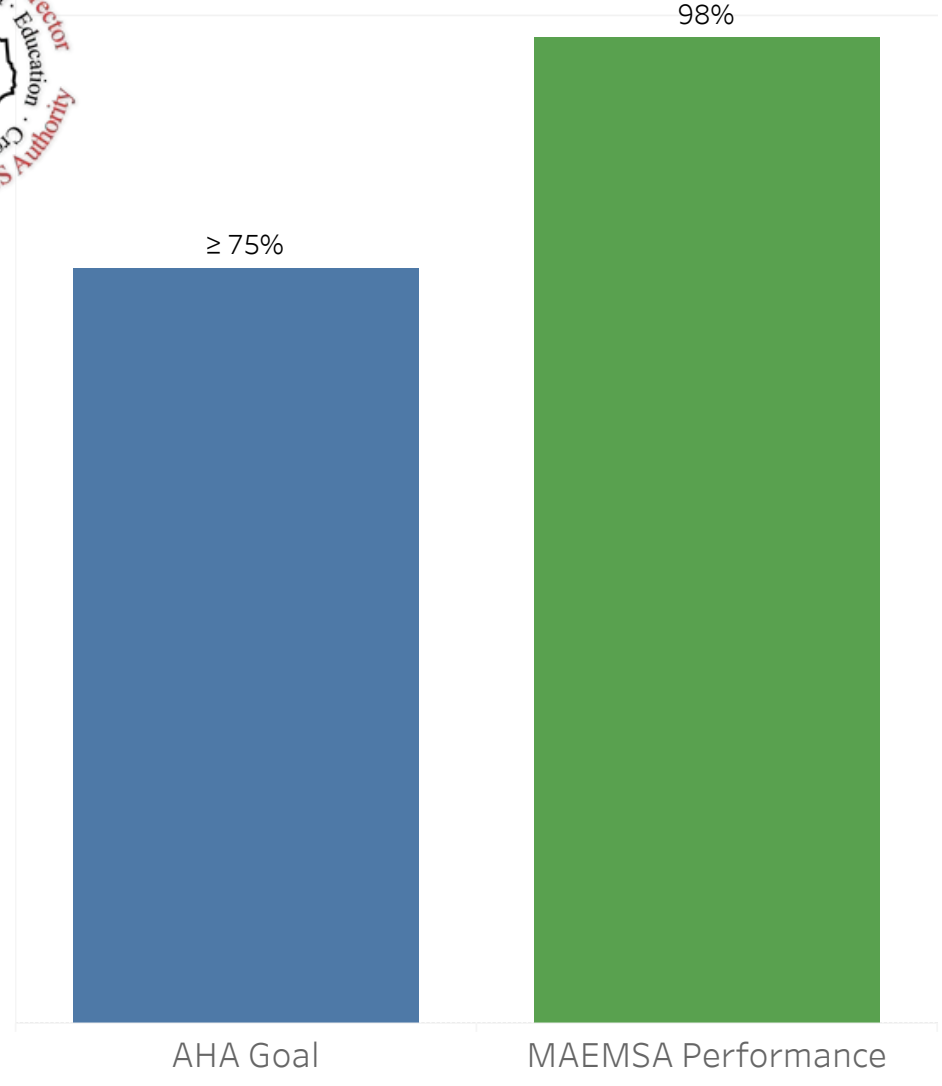
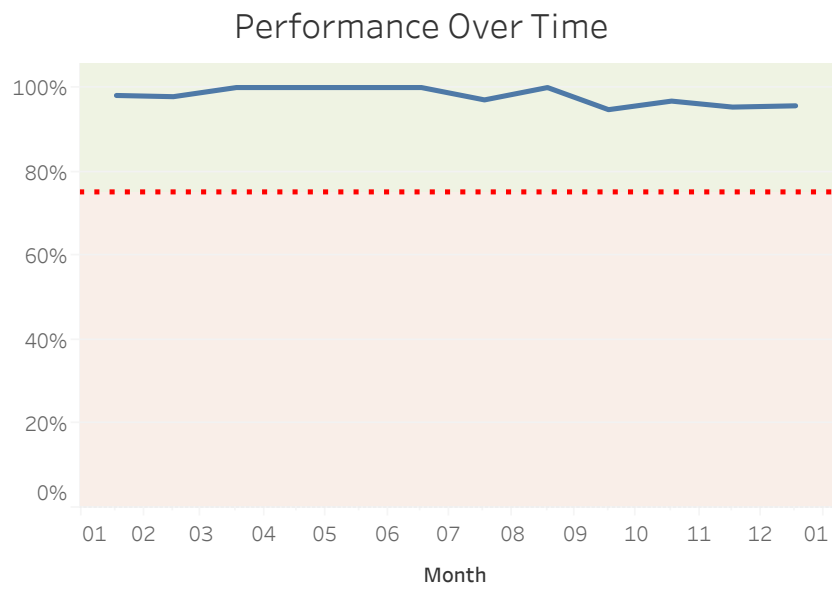
Trailing 12-Month Performance

January 2024

96%

AHA Goal

≥ 75%



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 System Performance

Trailing 12-Month (TTM) Performance

January 2024

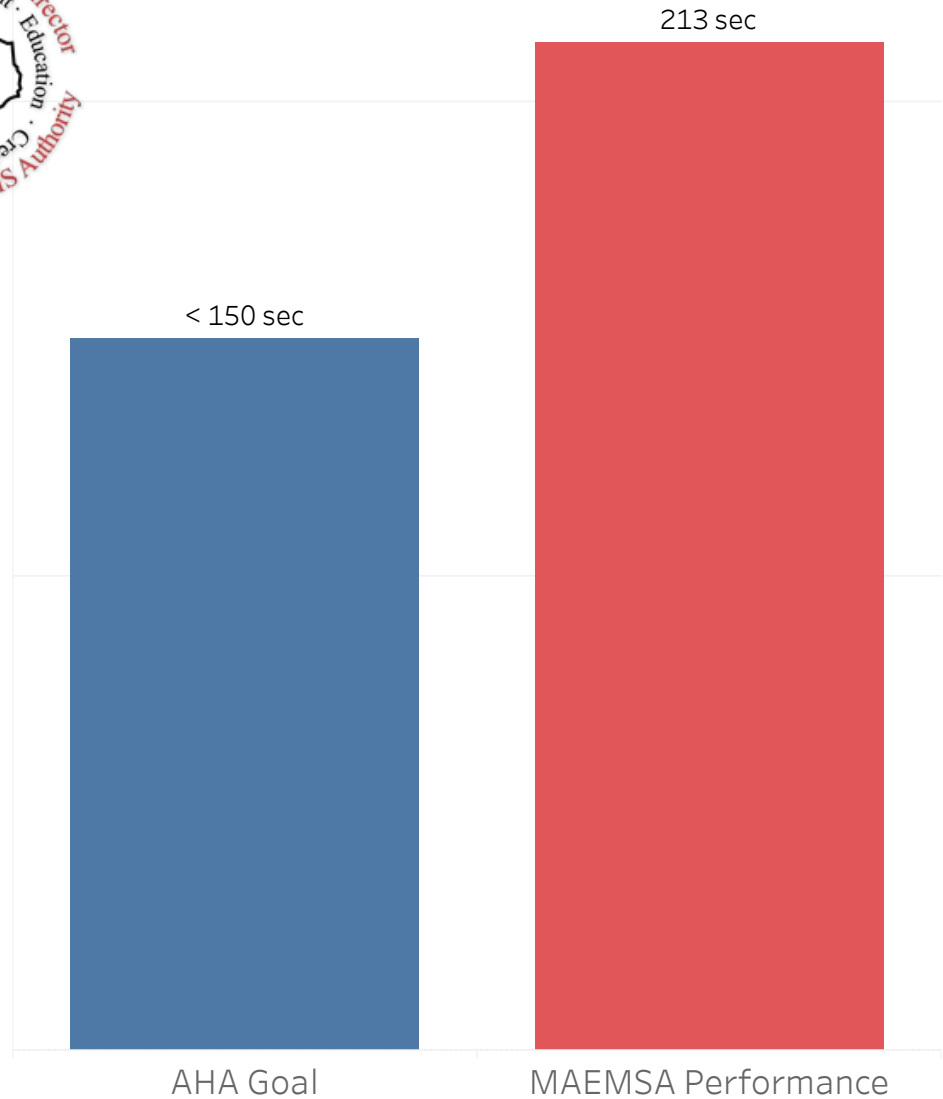
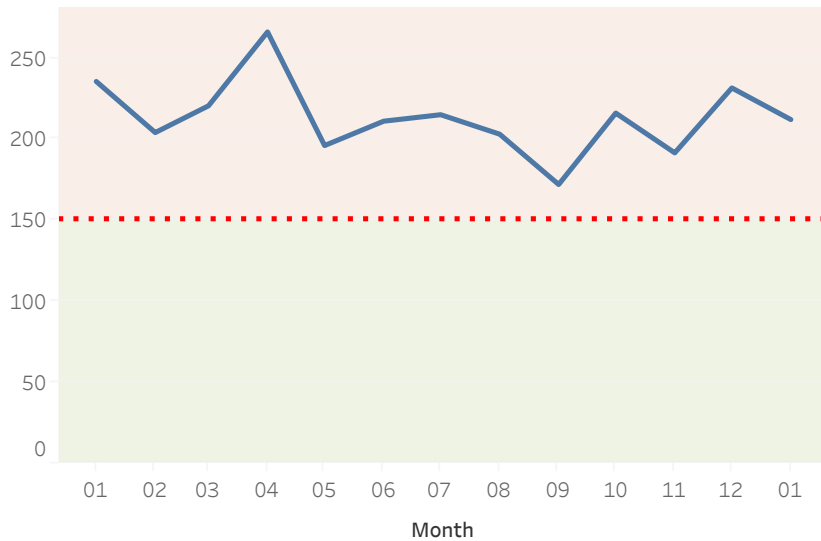
# 212 sec



AHA Goal

# <150 sec

Performance Over Time



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

# CA 05: Utstein Survival %

## MAEMSA System Performance

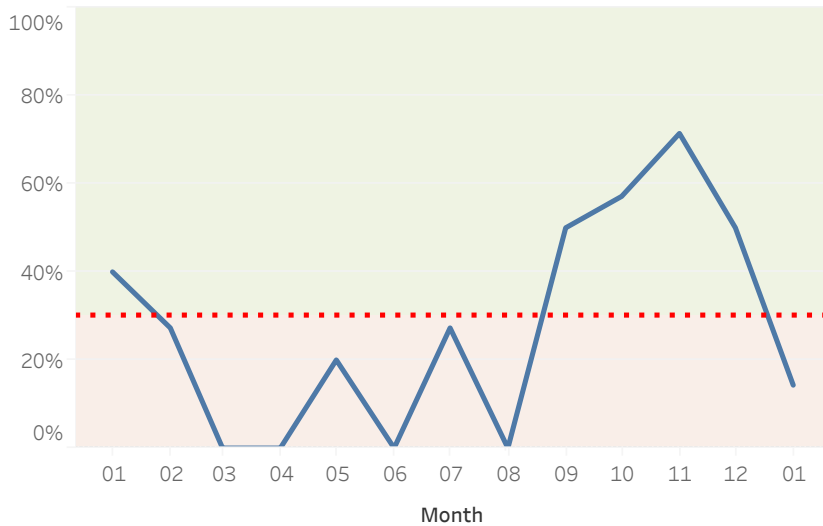
January 2024

14%

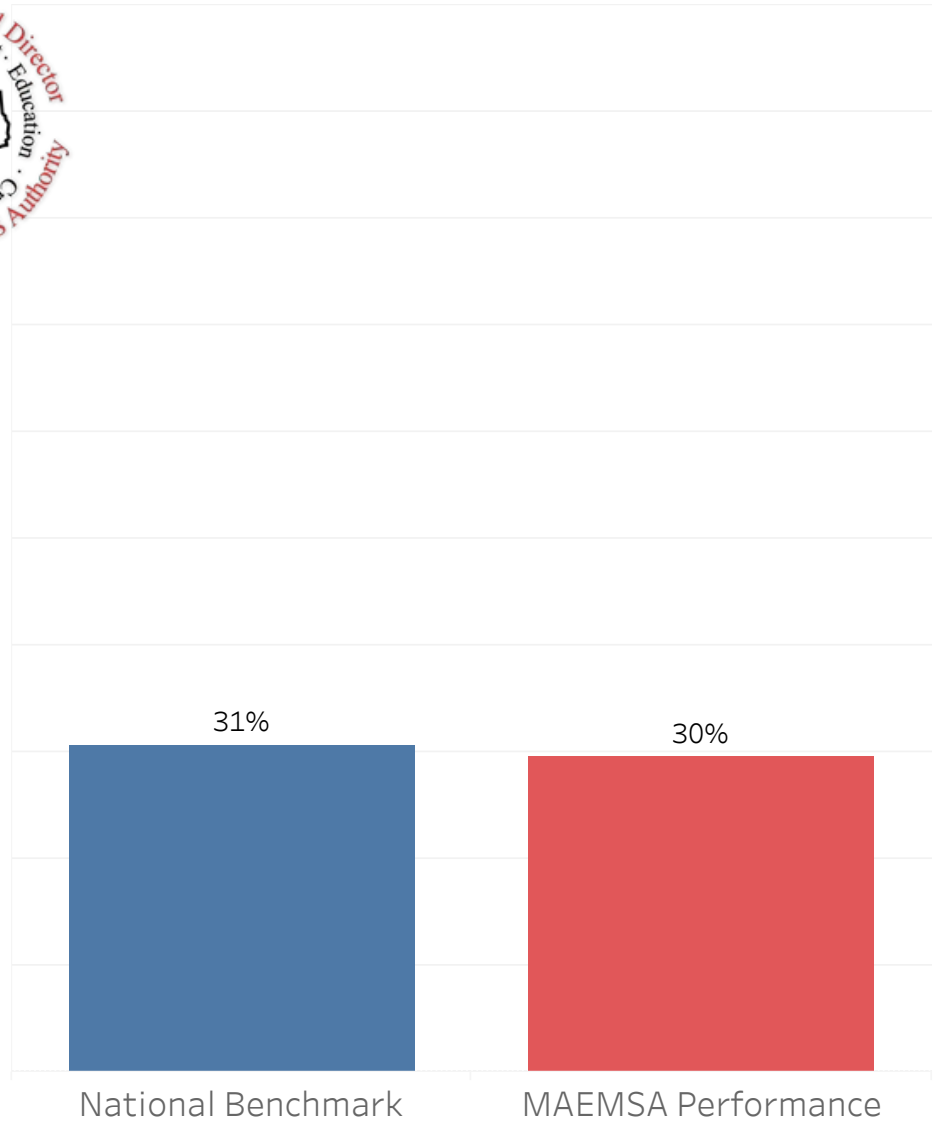
National Performance

31%

## Performance Over Time



## Trailing 12-Month 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 System Performance

Trailing 12-Month Performance

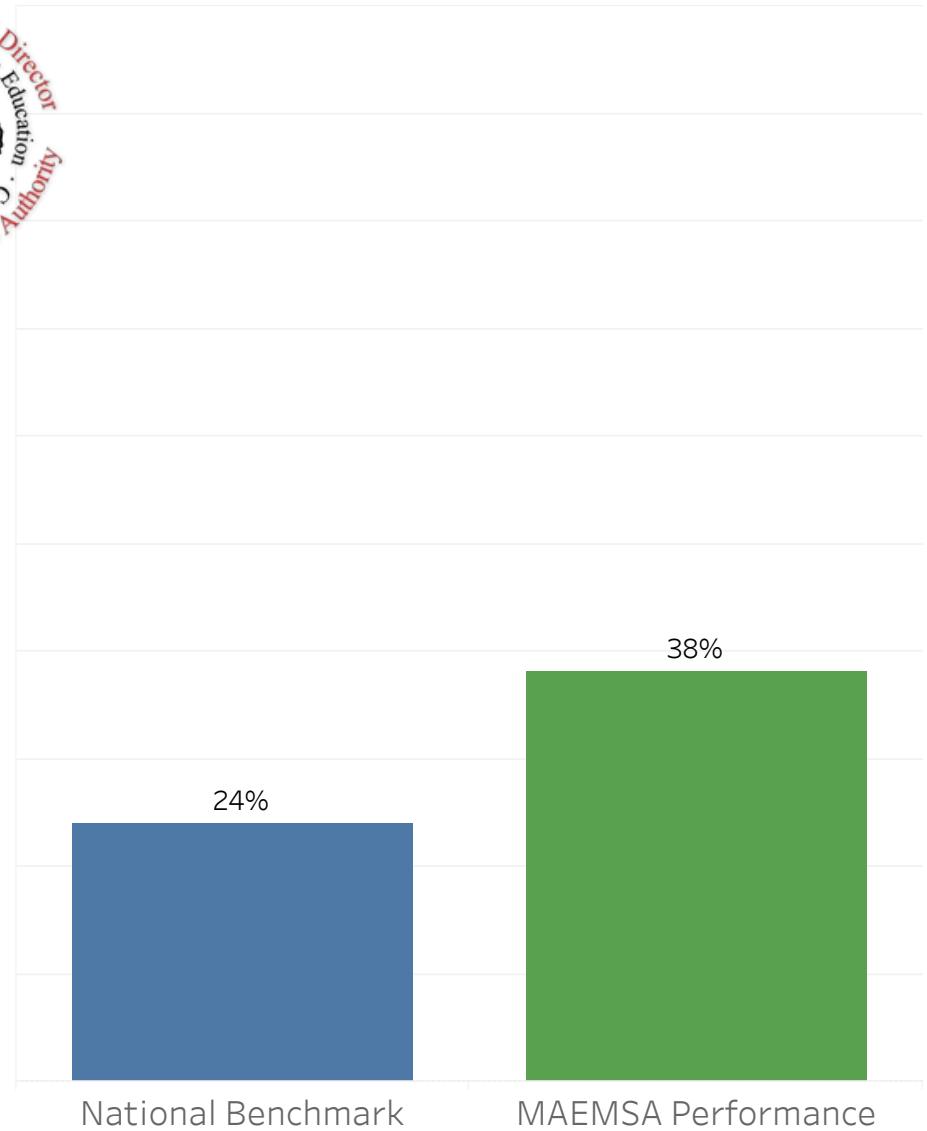
March 2024

57%

National Benchmark

24%

Performance Over Time



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 System Performance

Trailing 12-Month Performance

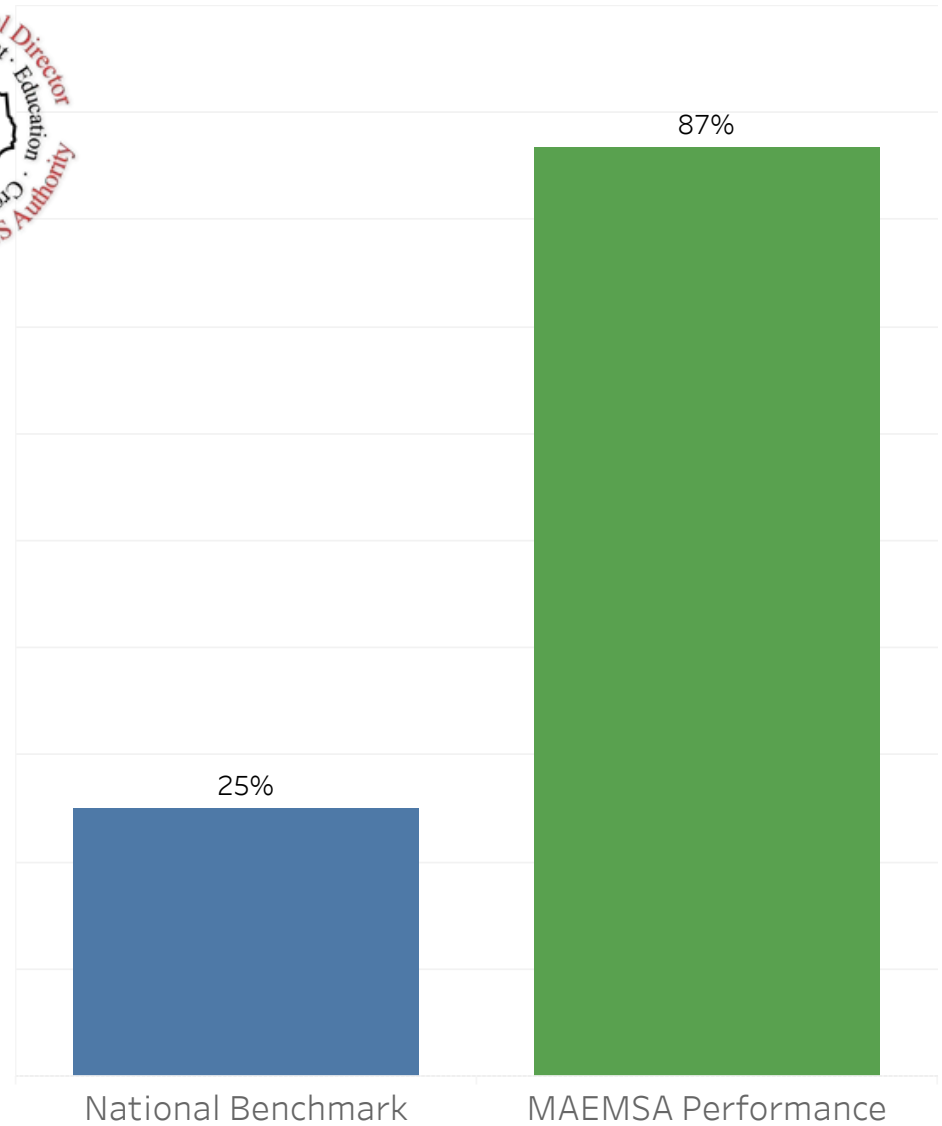
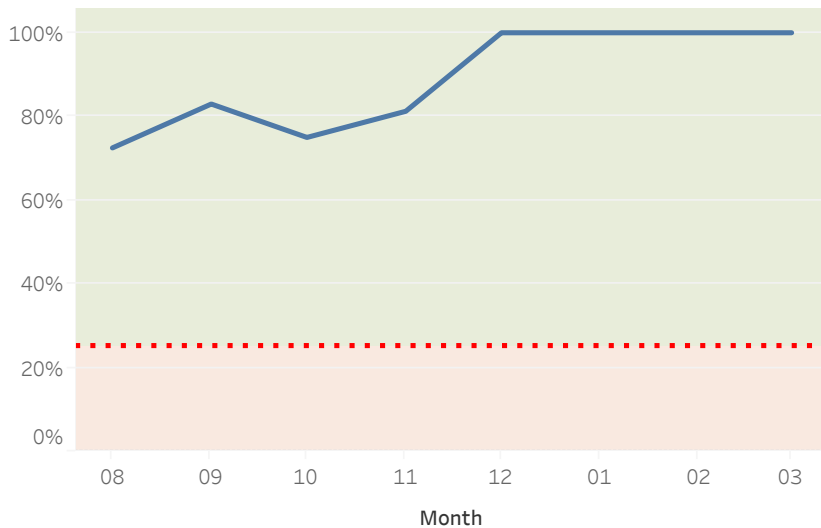
March 2024

100%

National Benchmark

25%

Performance Over Time



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 System Performance

Trailing 12-Month Performance

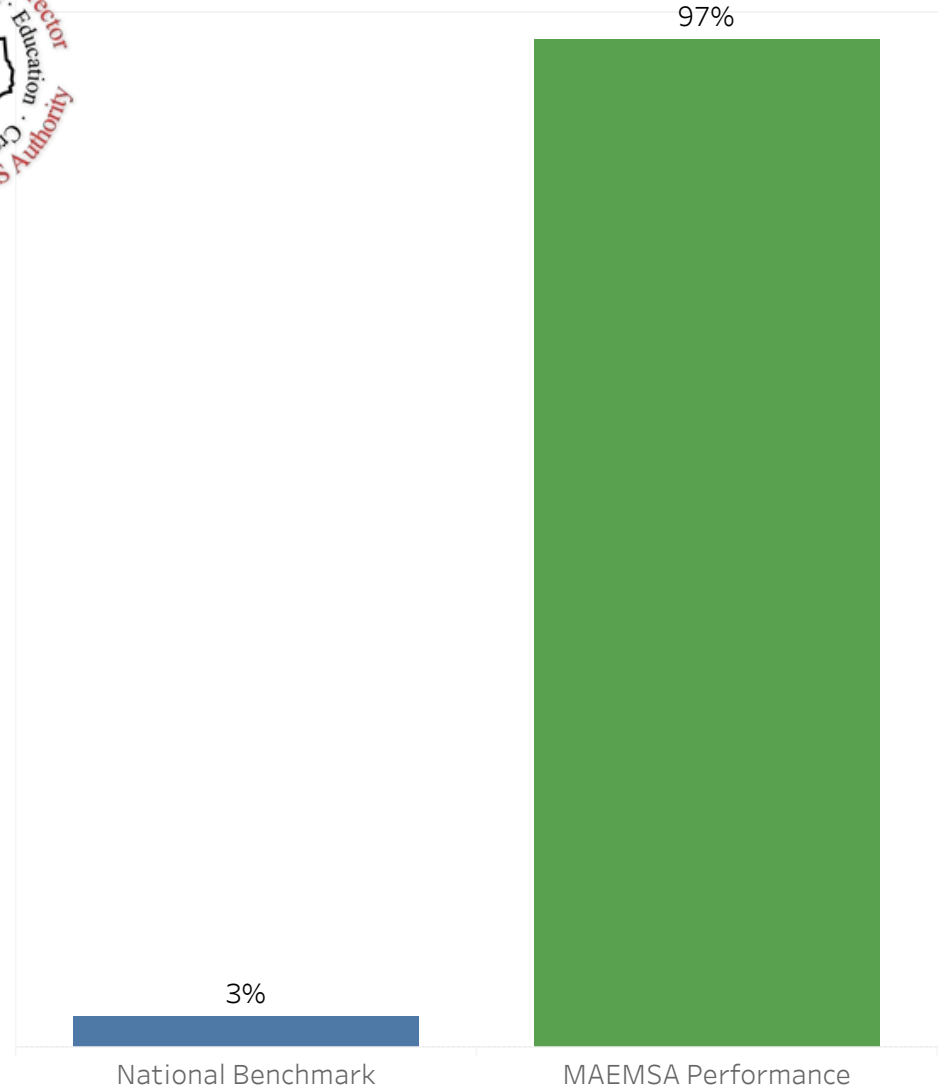
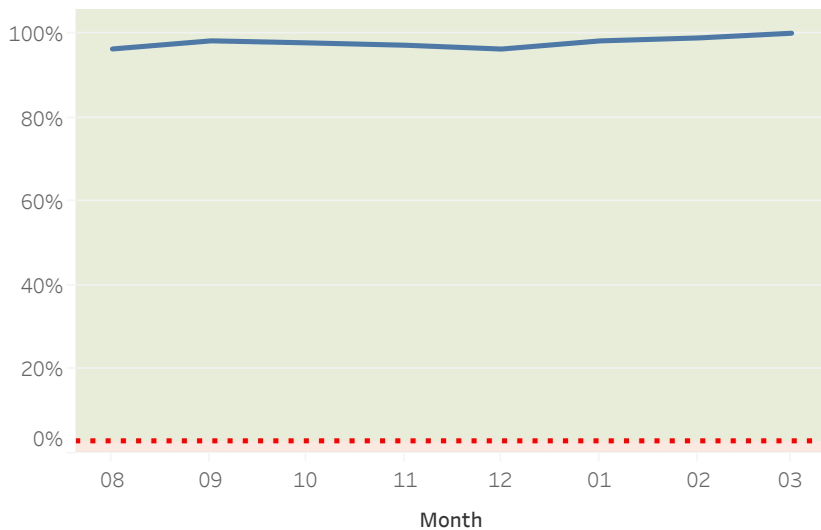
March 2024

100%

National Benchmark

3%

TTM Performance



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 System Performance

March 2024

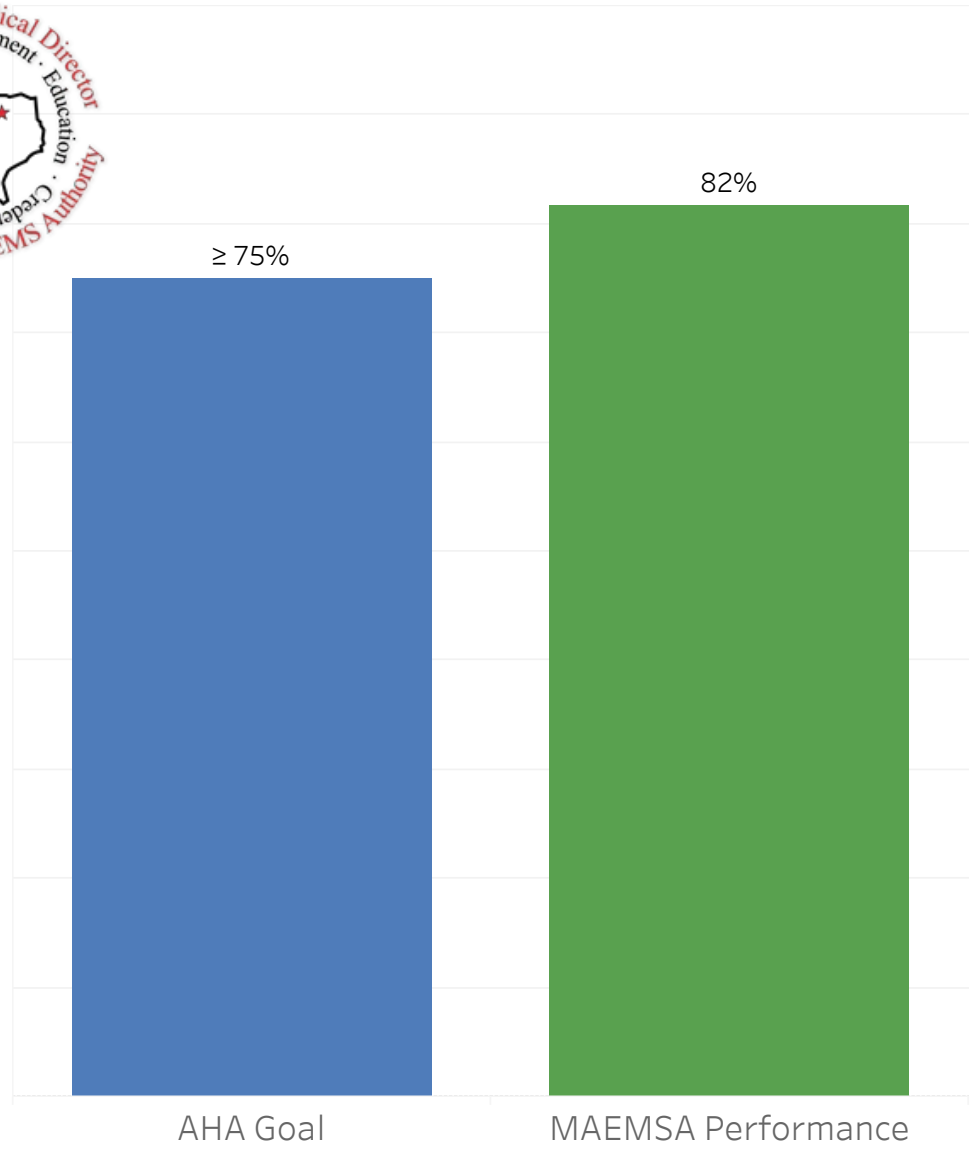
83%

AHA Goal

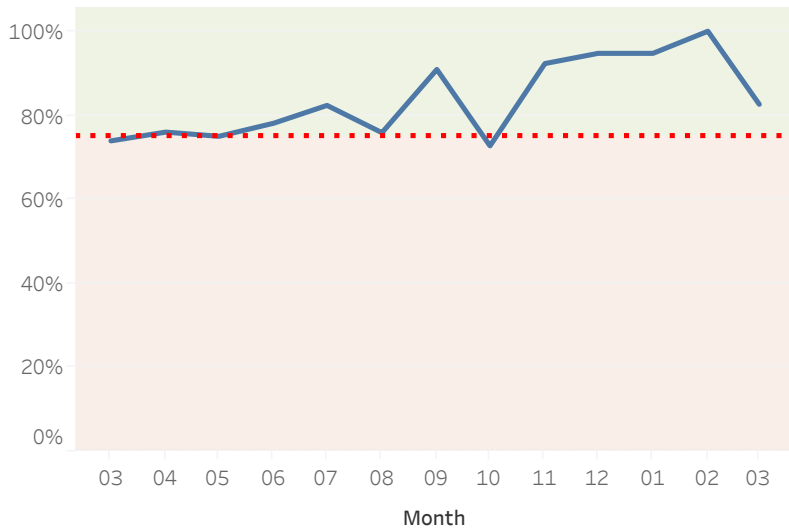
≥ 75%



## Trailing 12-Month Performance



## Performance Over Time



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 System Performance

Trailing 12-Month Performance

March 2024

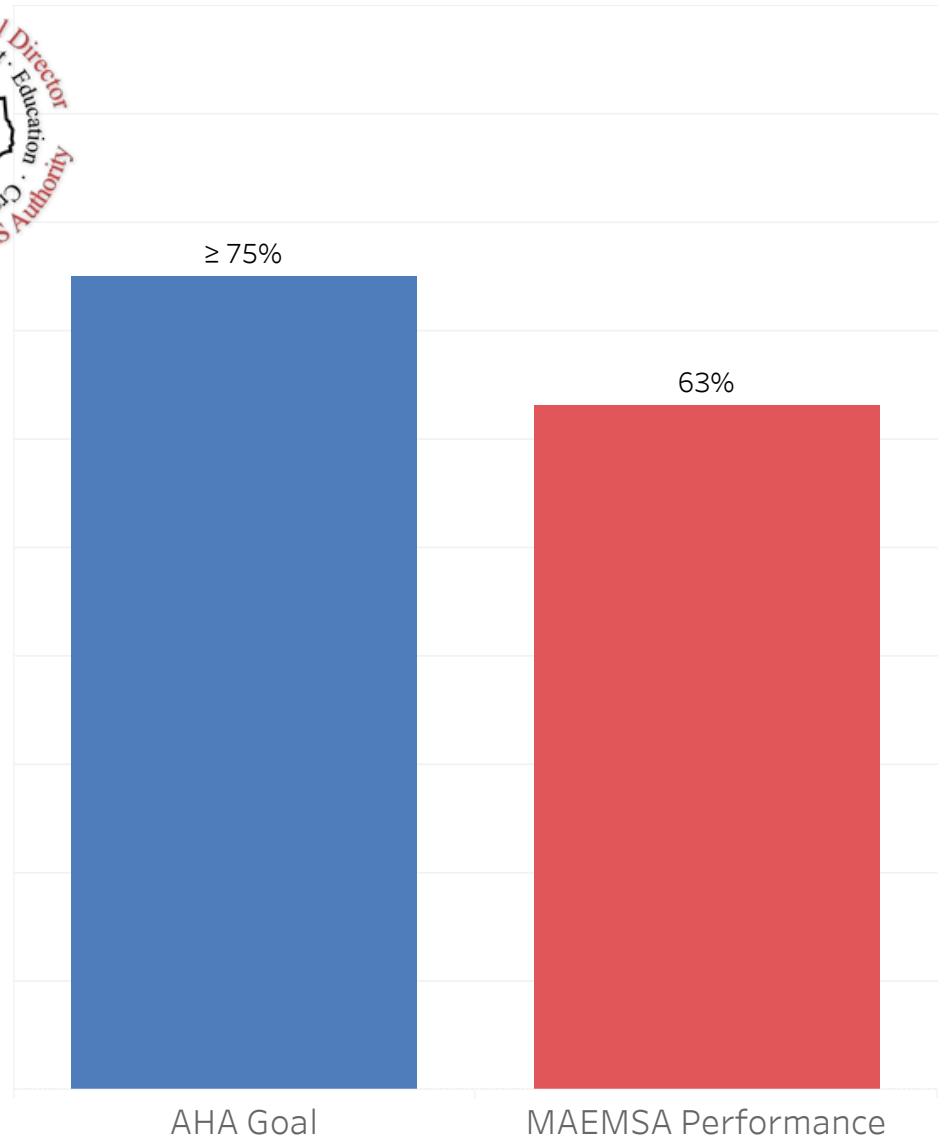
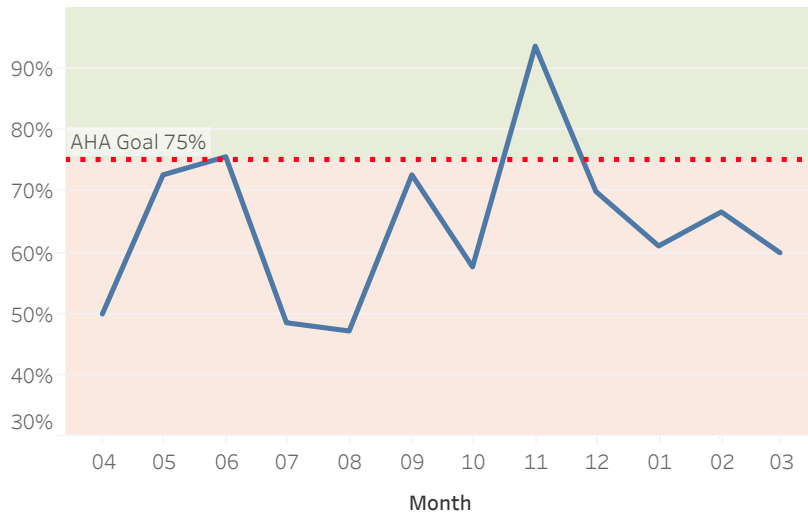
60%

AHA Goal

≥ 75%



Performance Over Time



The percentage of EMS patients aged 18 years and older transported from the scene with 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 System Performance

March 2024

68%

AHA Goal

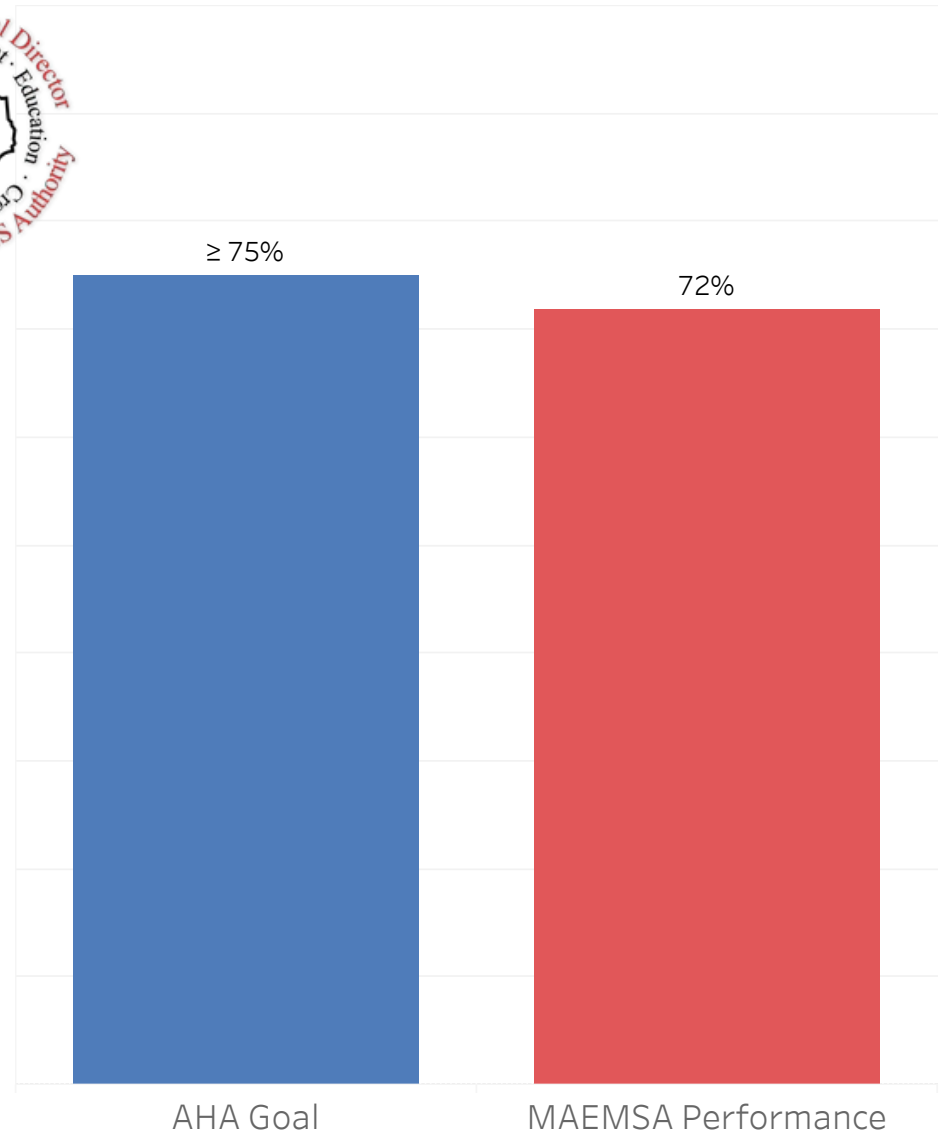
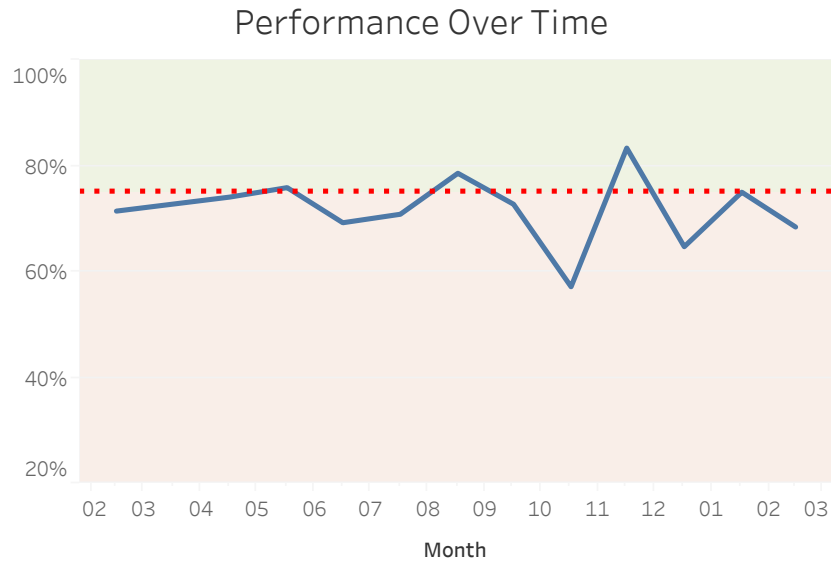
≥ 75%



## Trailing 12-Month Performance

≥ 75%

72%



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 System Performance

March 2024

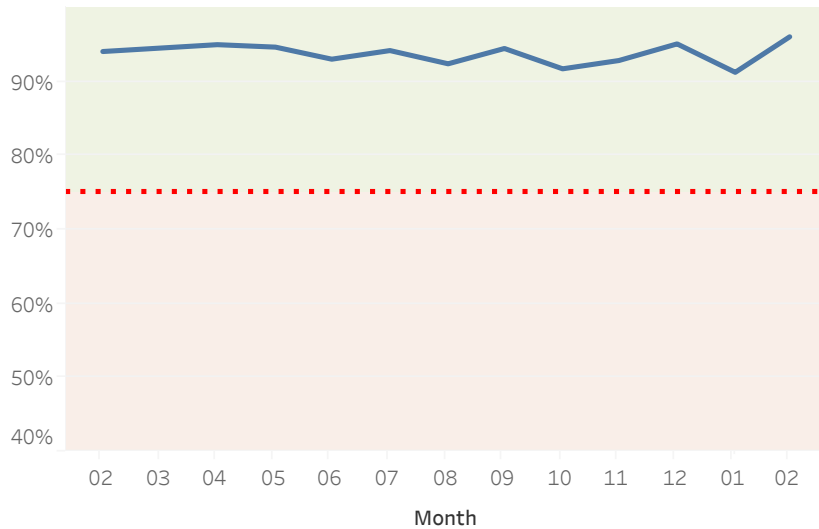
96%

AHA Goal

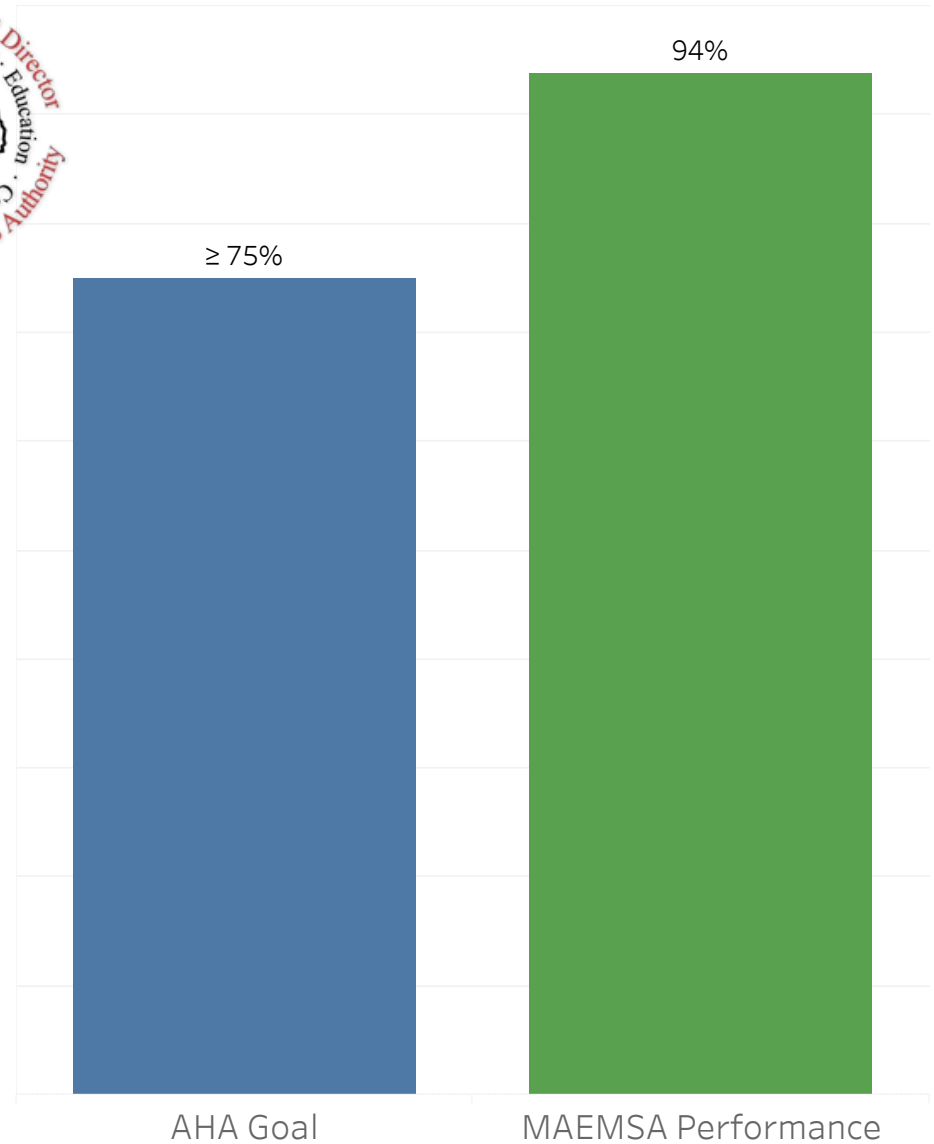
≥ 75%



### Performance Over Time



## Trailing 12-Month 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 System Performance

March 2024

92%



## Trailing 12-Month Performance

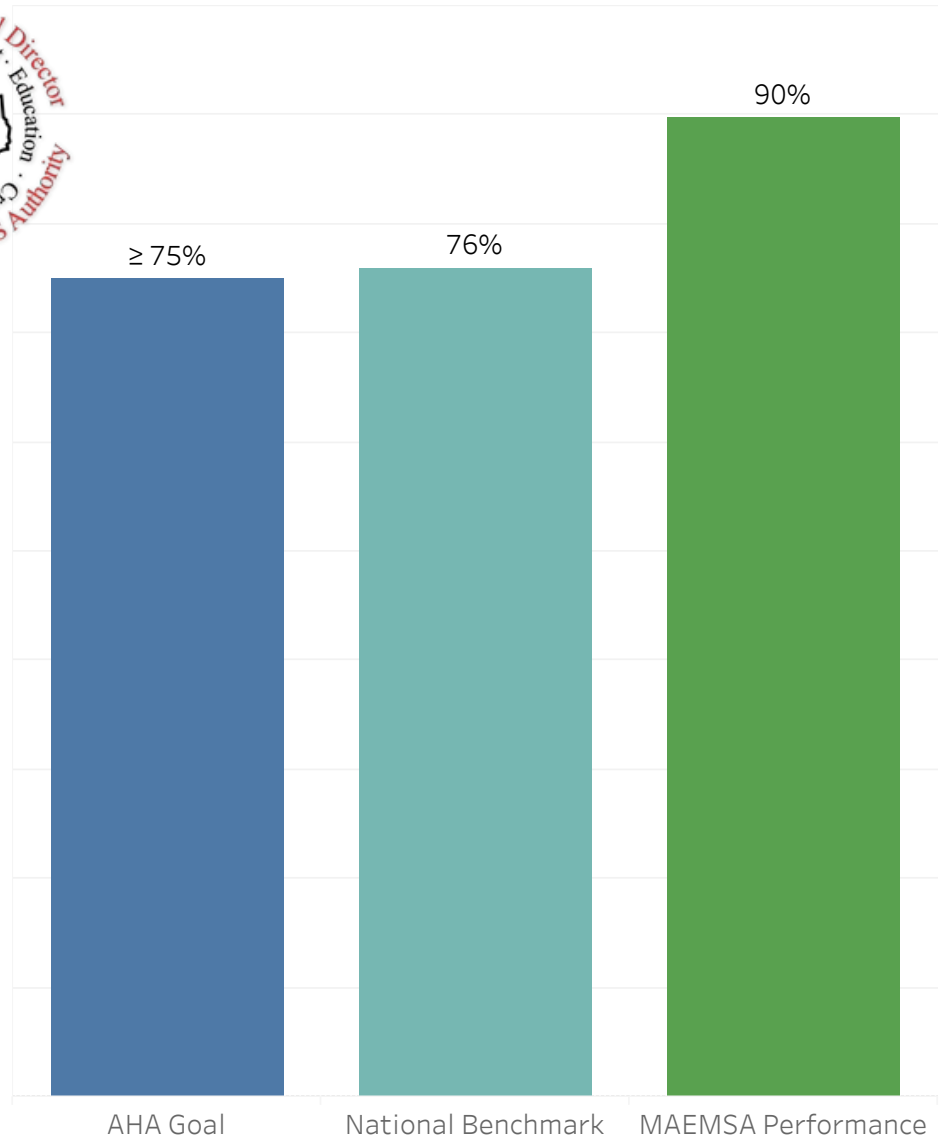
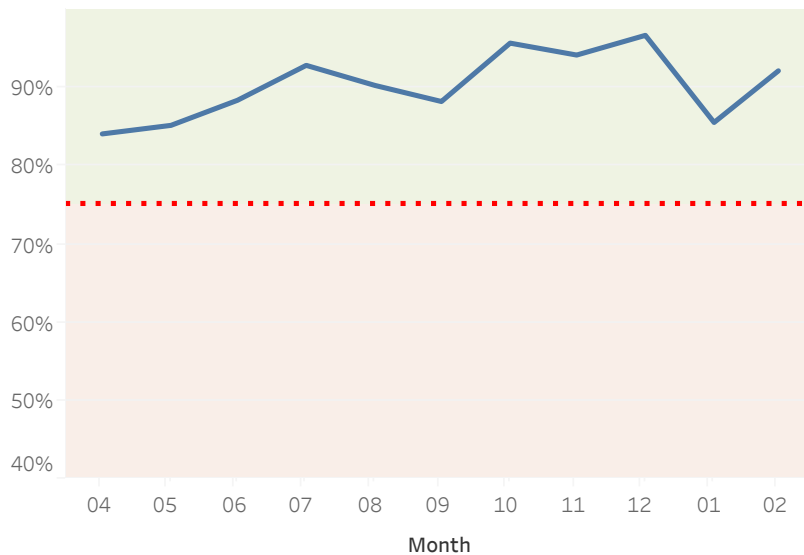
AHA Goal

≥ 75%

National Benchmark

76%

Performance Over Time



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 System Performance

March 2024

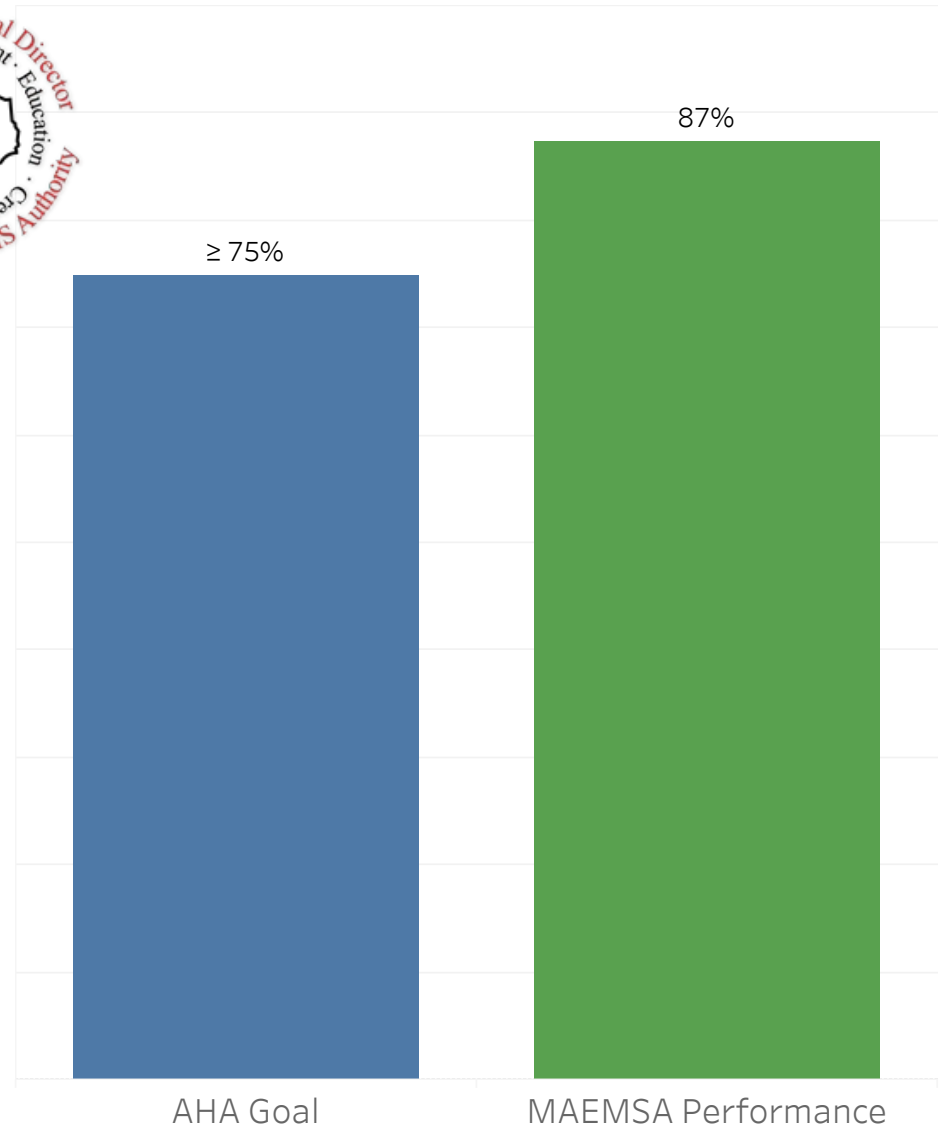
77%

AHA Goal

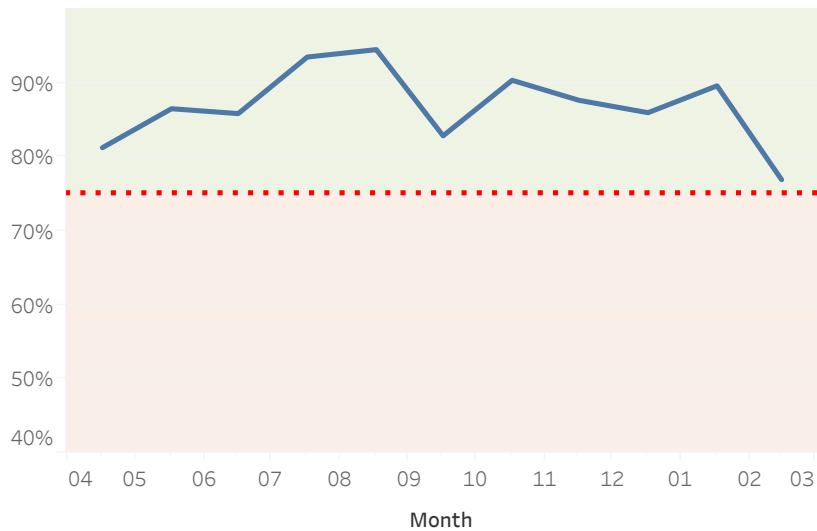
≥ 75%



## Trailing 12-Month Performance



## Performance Over Time



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 System Performance

March 2024

77%

AHA Goal

≥ 75%

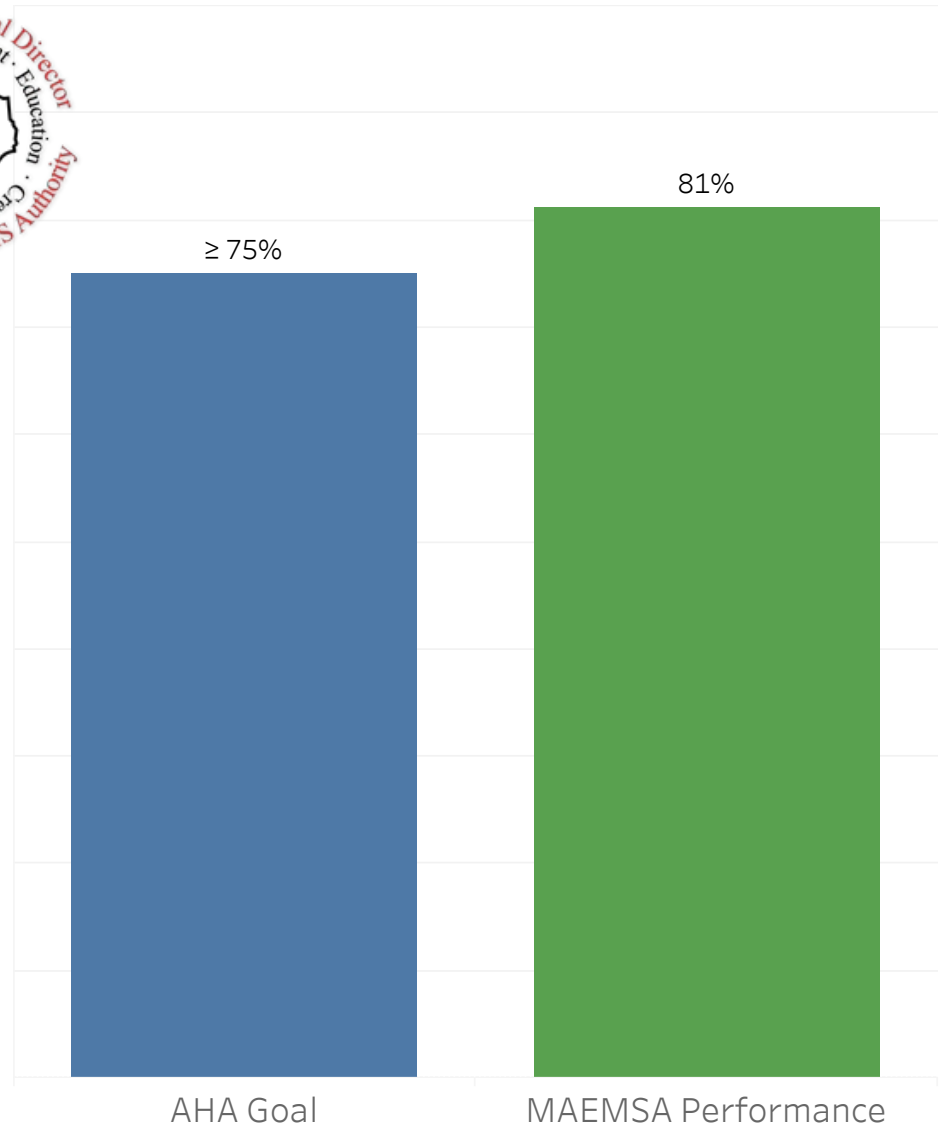
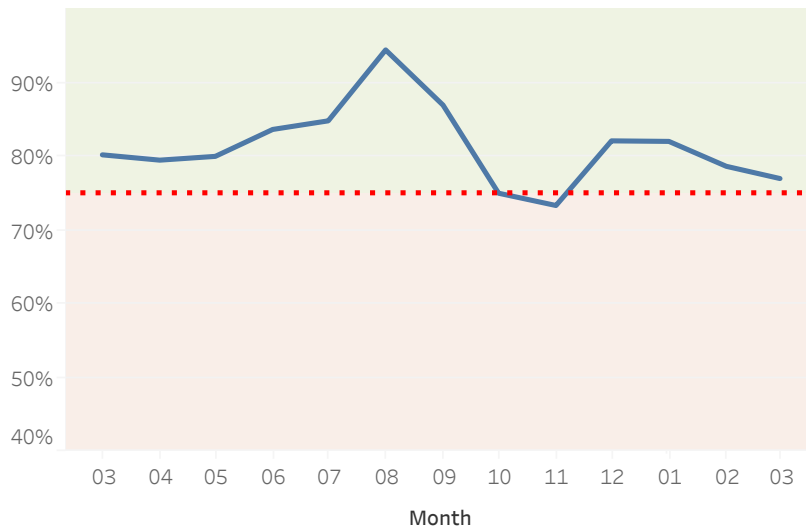


## Trailing 12-Month Performance

≥ 75%

81%

### Performance Over Time



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 System Performance

March 2024

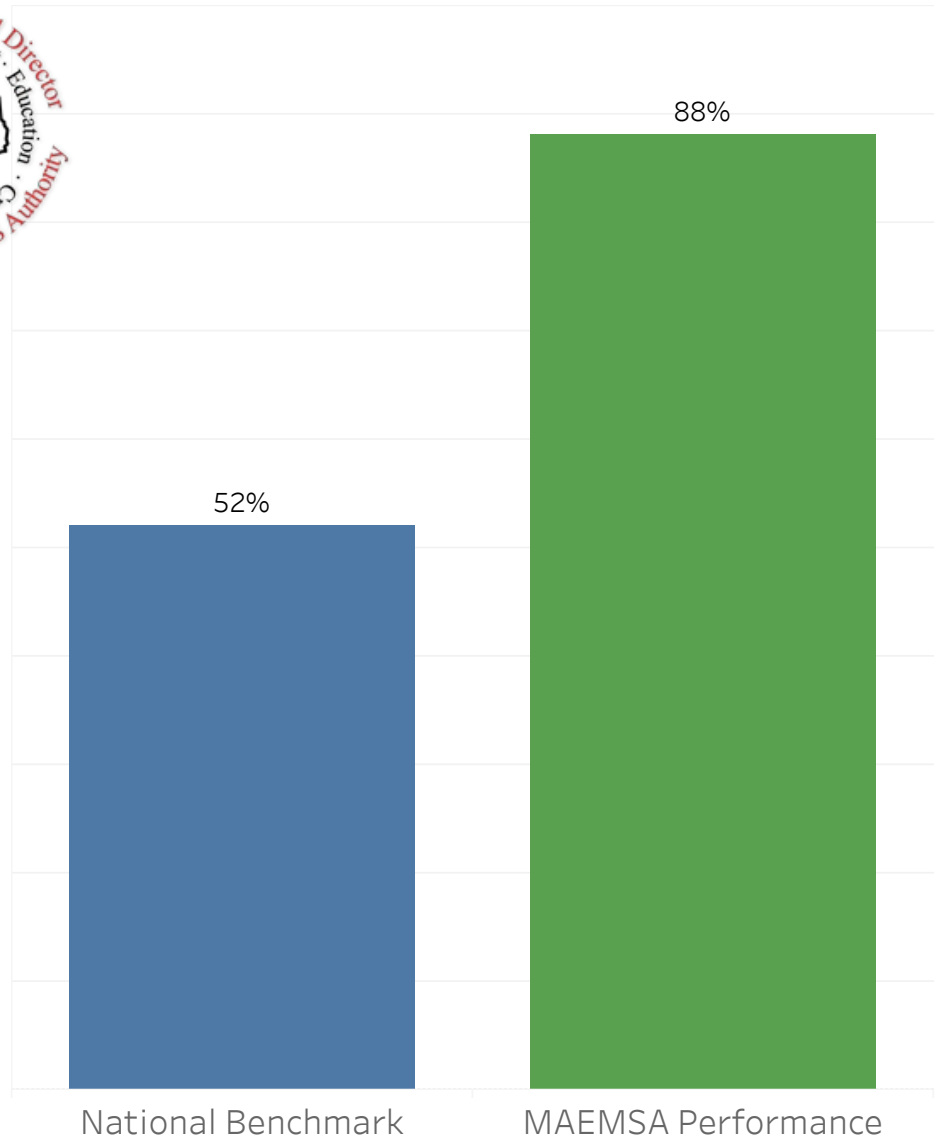
82%

National Benchmark

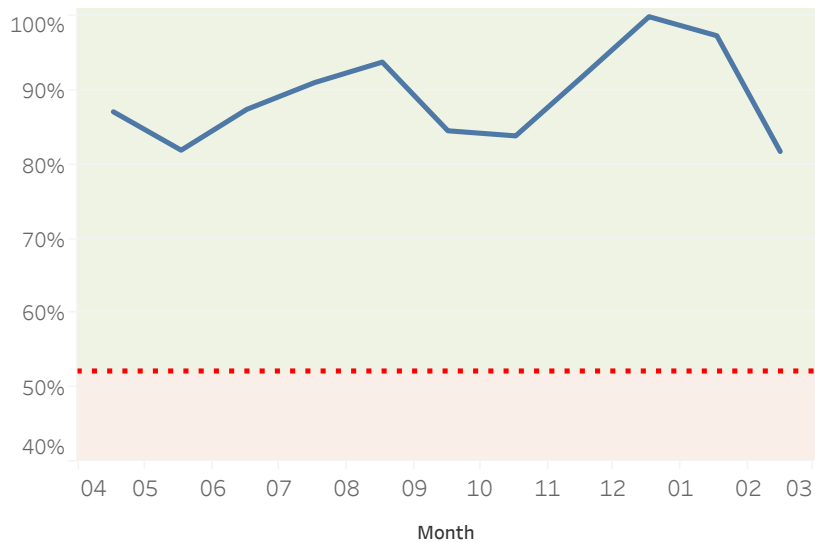
52%



## Trailing 12-Month Performance



Performance Over Time



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 System Performance

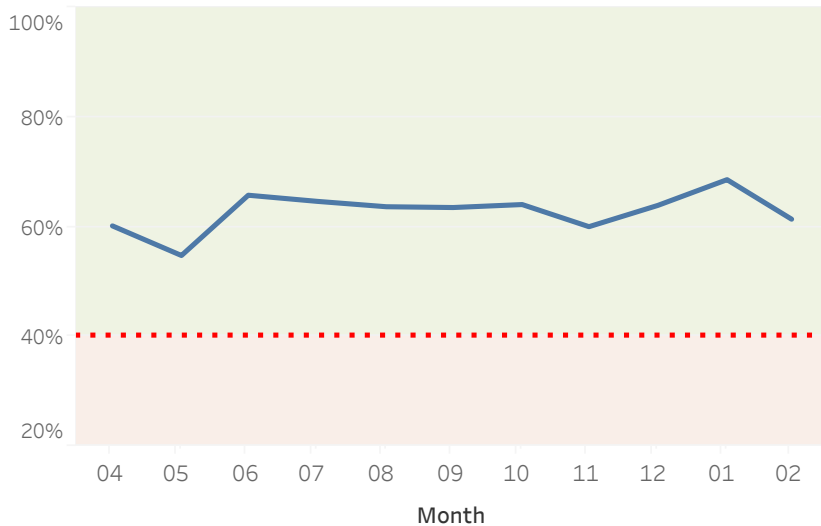
March 2024

61%

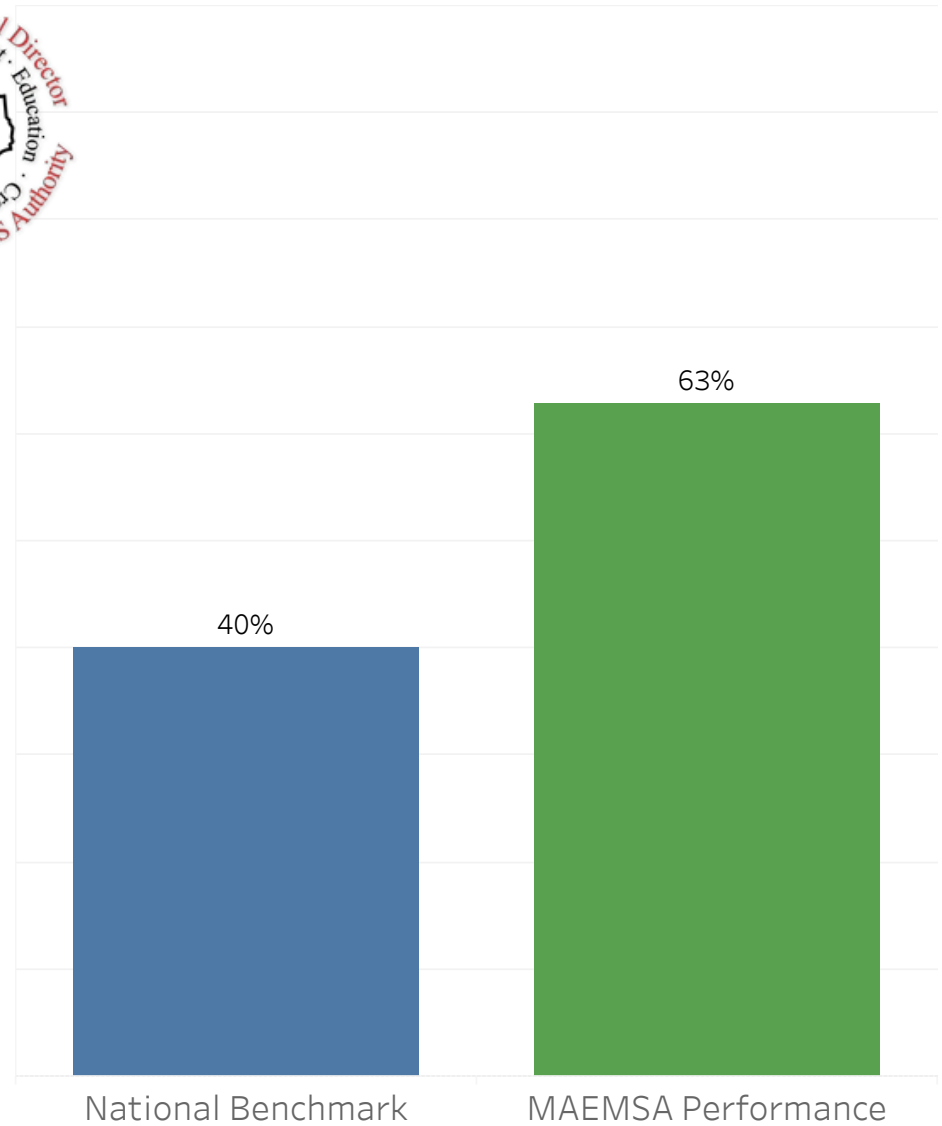
National Benchmark

40%

TTM Performance



Trailing 12-Month 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 System Performance

March 2024

99%

National Benchmark

92%



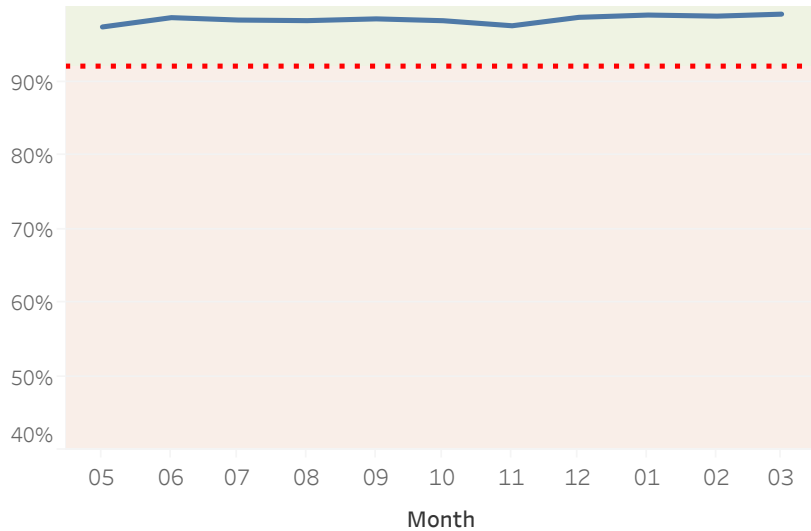
## Trailing 12-Month Performance

92%

98%



## Performance Over Time



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 System Performance

March 2024

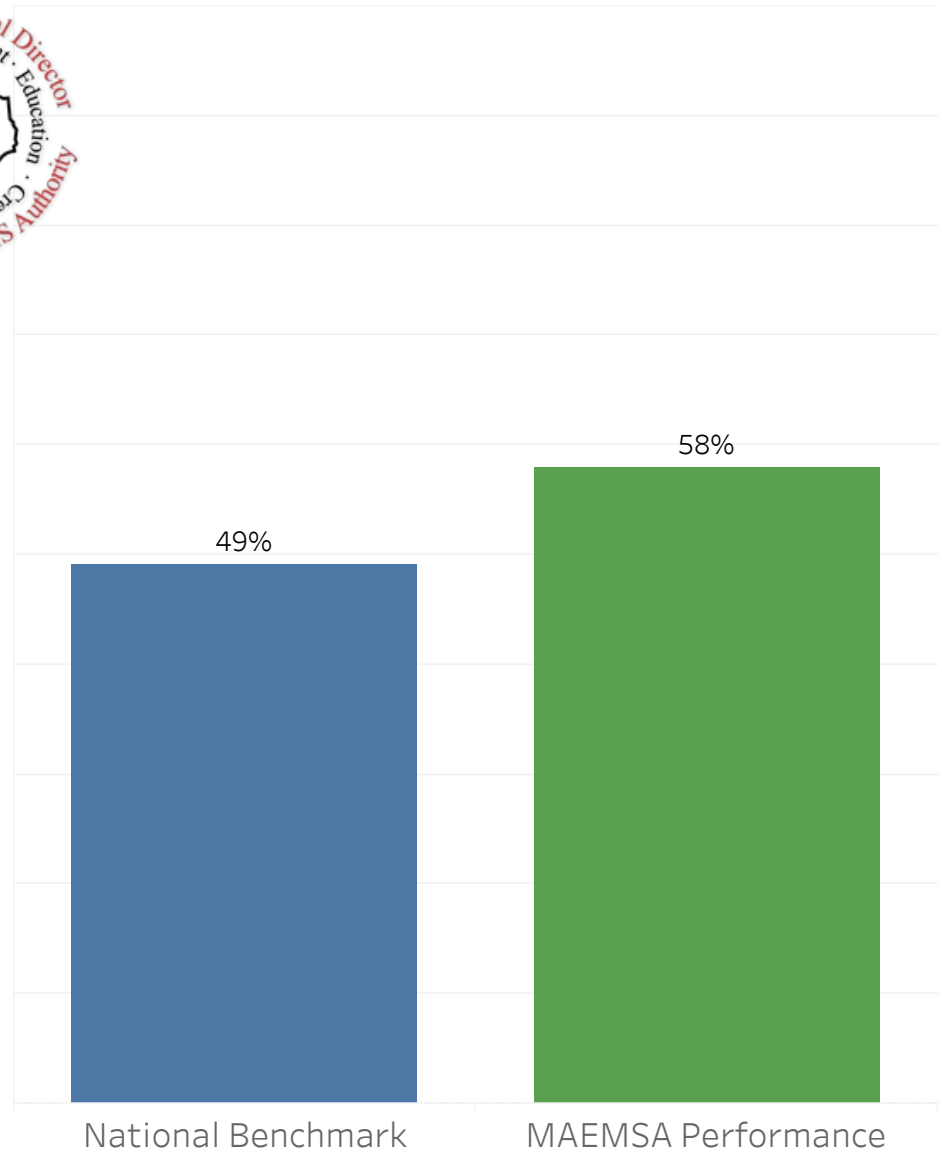
56%

National Benchmark

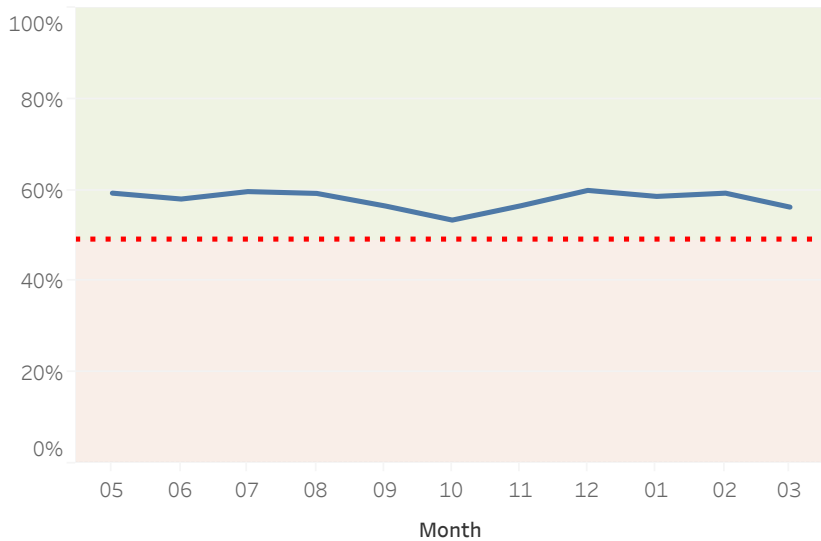
49%



## Trailing 12-Month Performance



## Performance Over Time



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 System Performance

March 2024

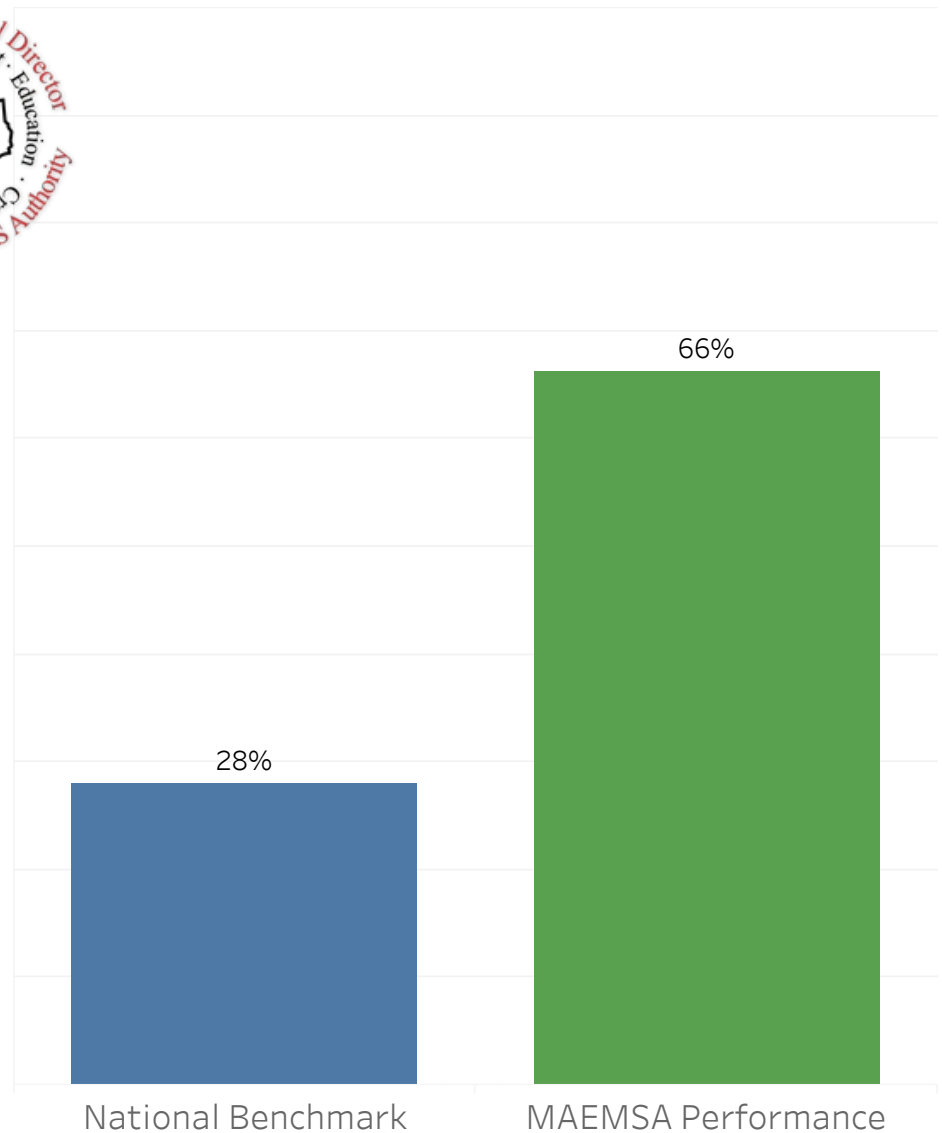
84%

National Benchmark

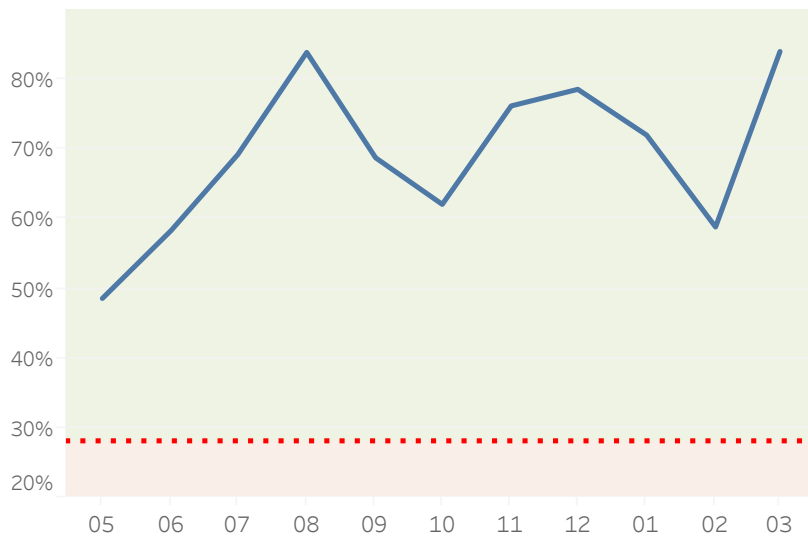
28%



## Trailing 12-Month Performance



## Performance Over Time



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 System Performance

March 2024

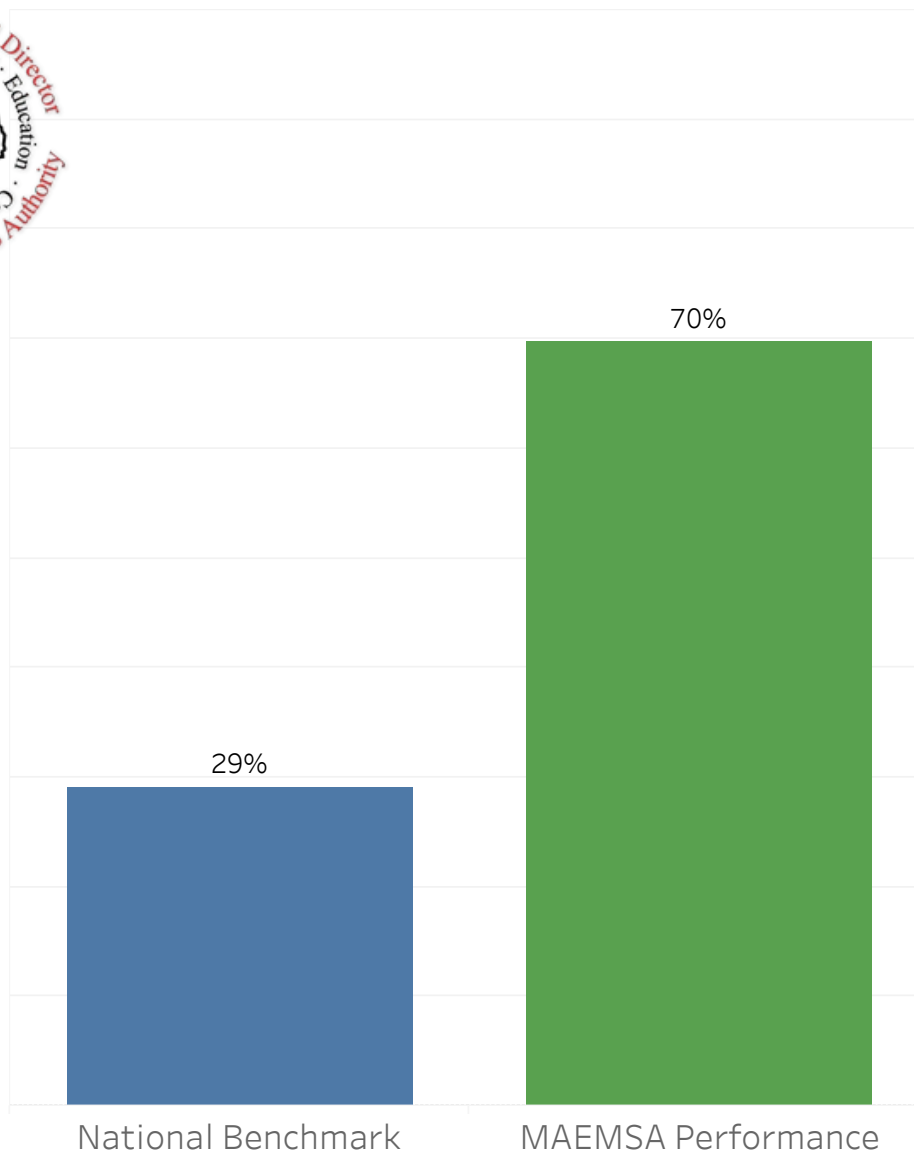
72%

National Benchmark

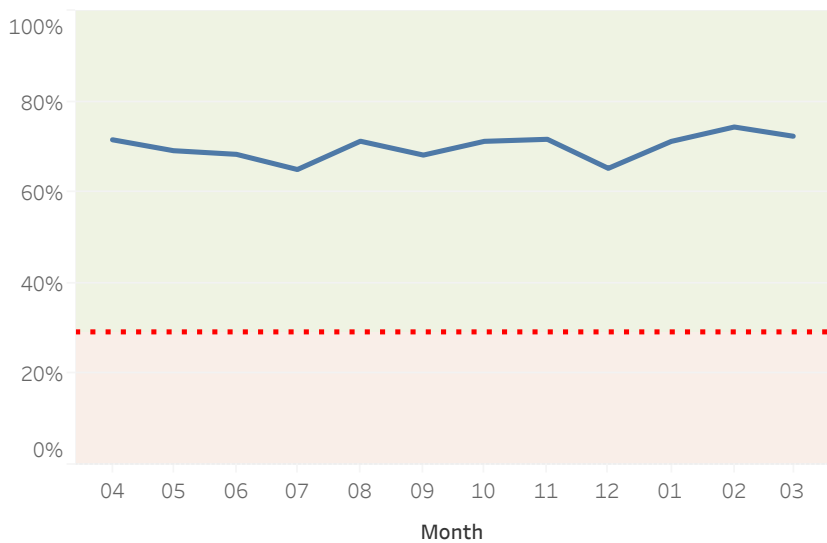
29%



## Trailing 12-Month Performance



## Performance Over Time



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 System Performance

March 2024

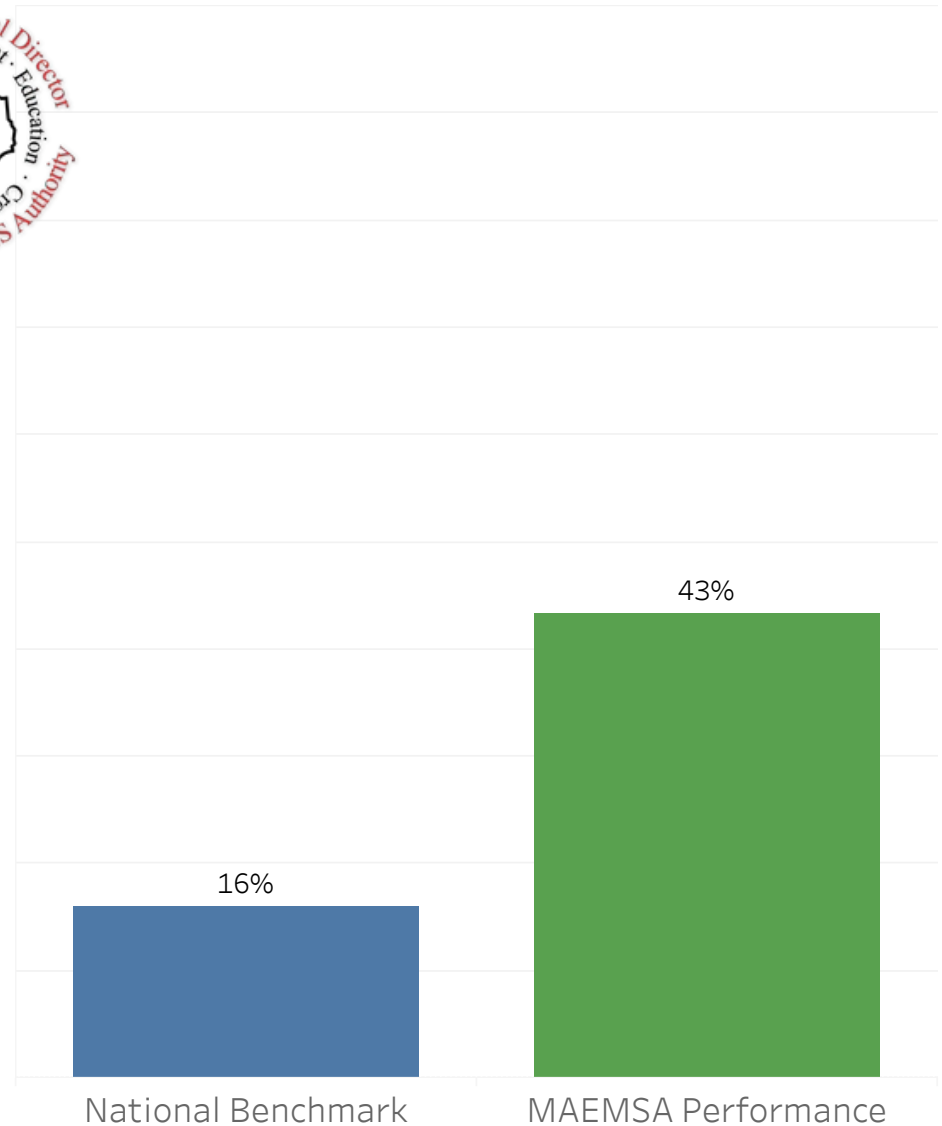
48%

National Benchmark

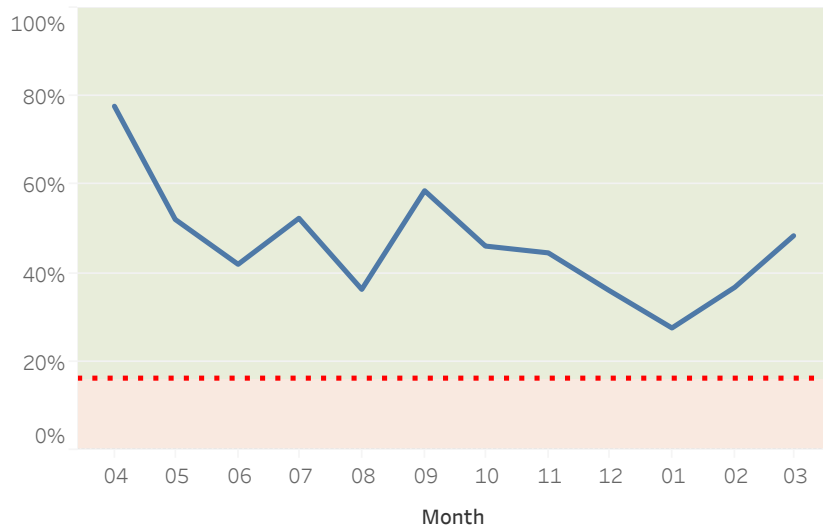
16%



## Trailing 12-Month (TTM) Performance



## Performance Over Time



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 System Performance

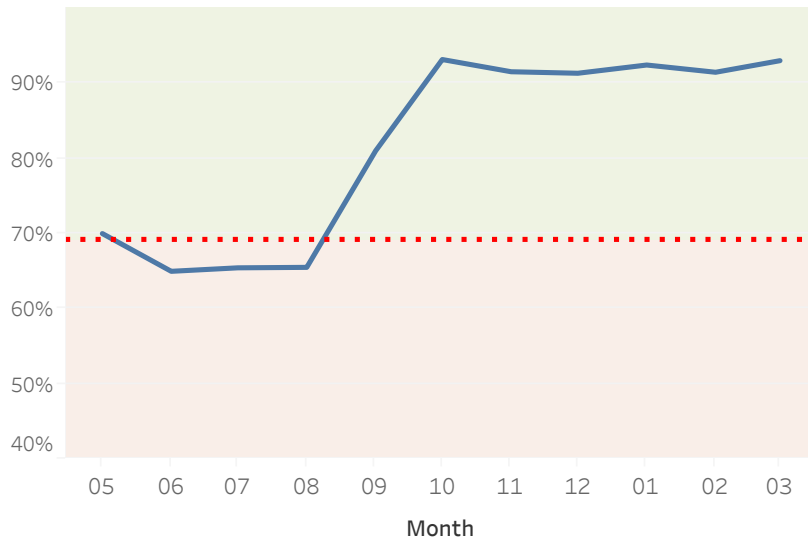
March 2024

93%

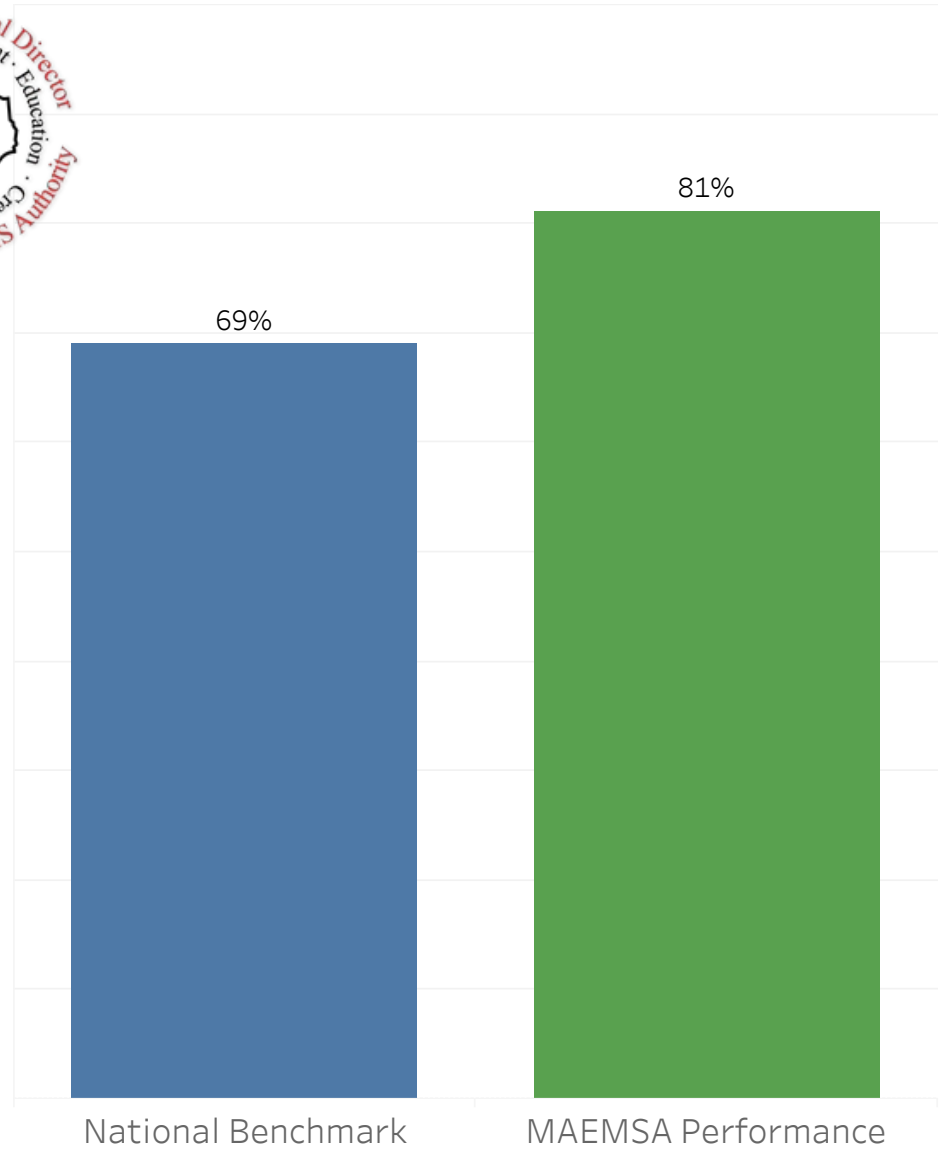
National Benchmark

69%

TTM Performance



## Trailing 12-Month 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 System Performance

March 2024

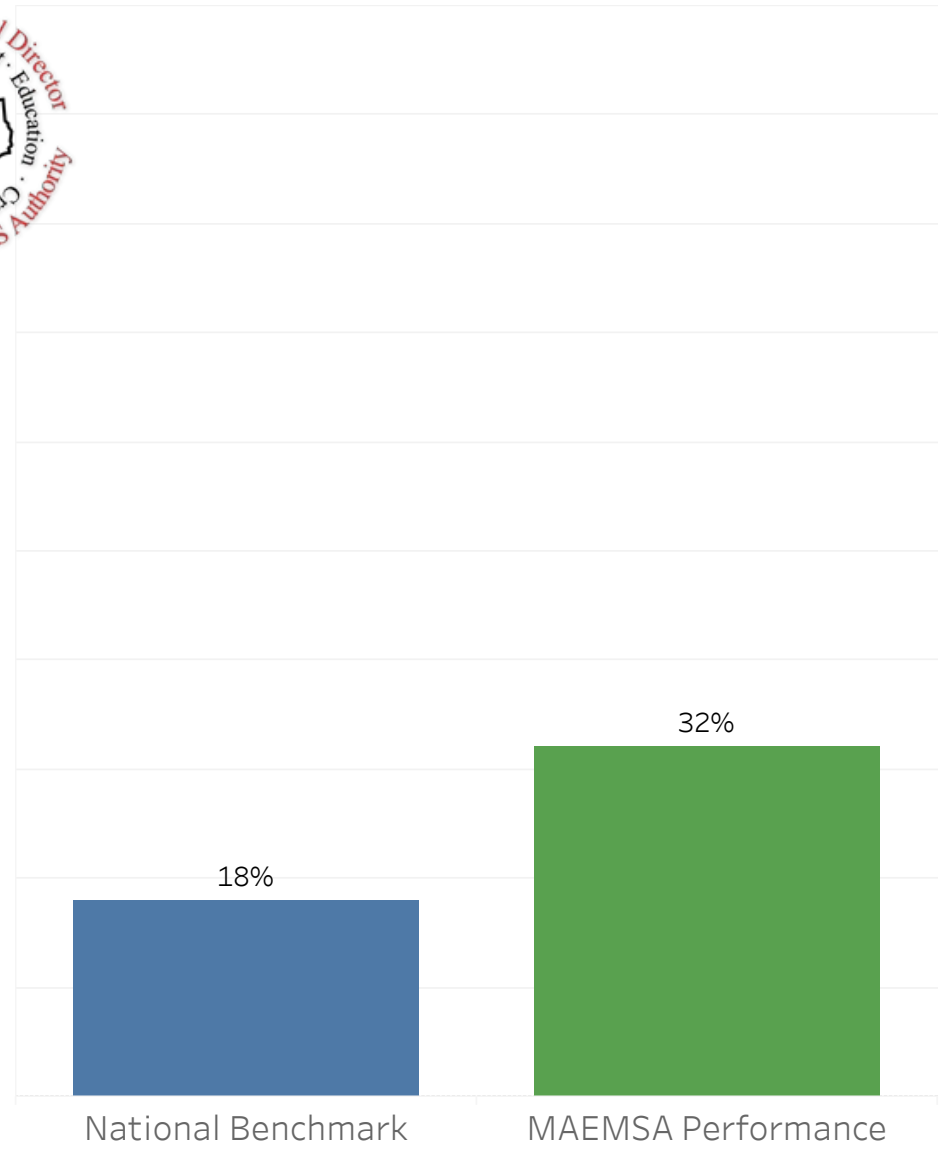
31%

National Benchmark

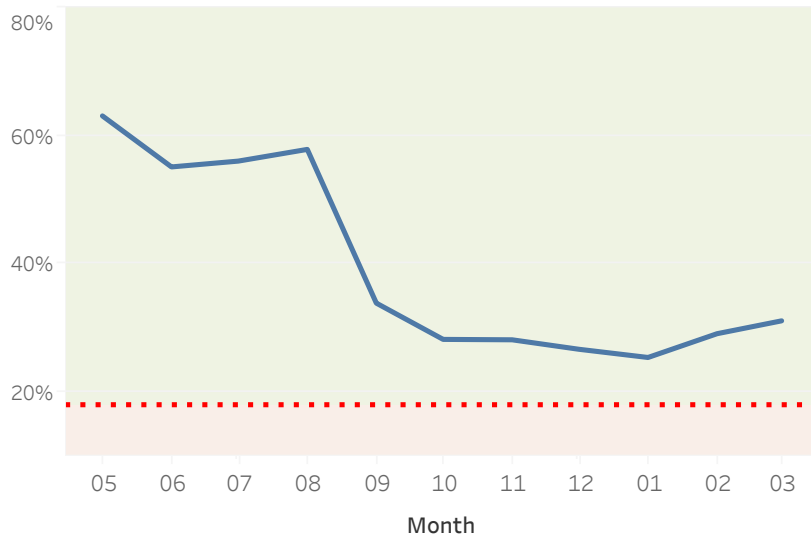
18%



## Trailing 12-Month Performance



## Performance Over Time



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 System Performance

March 2024

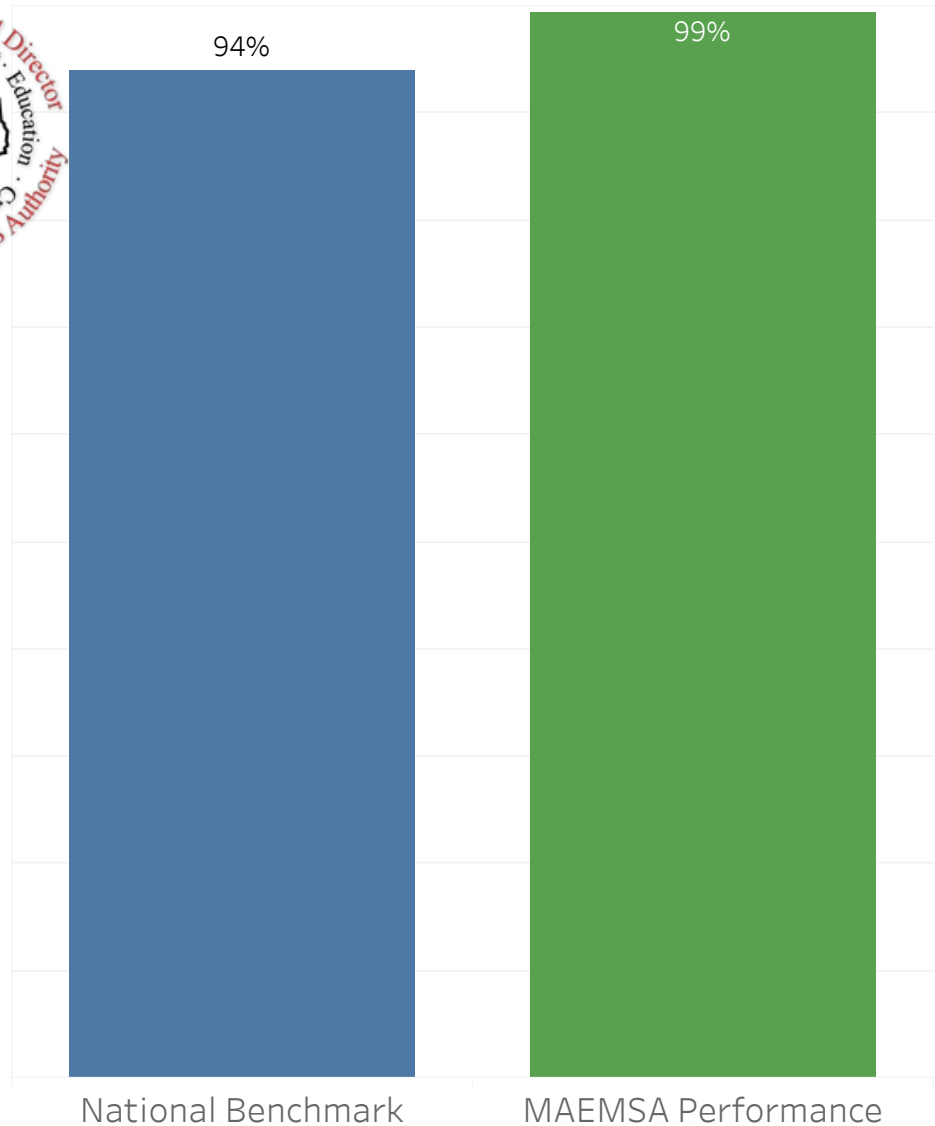
99%

National Benchmark

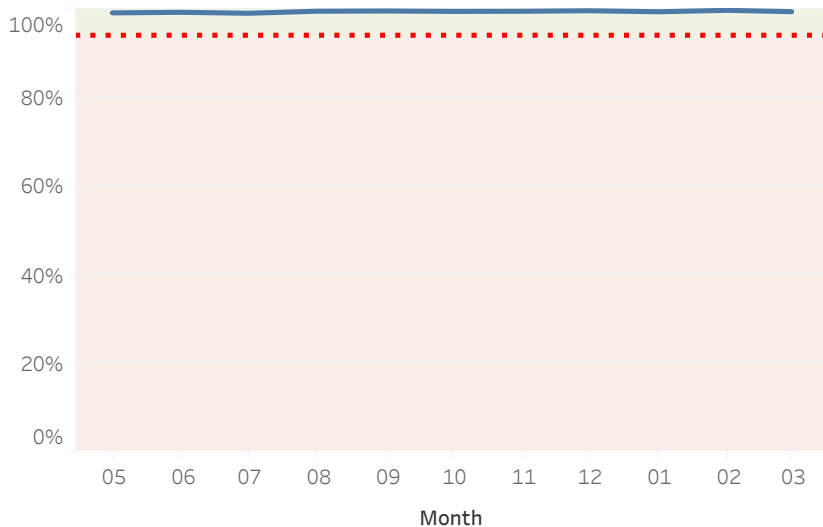
94%



## Trailing 12-Month Performance



## Performance Over Time



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 System Performance

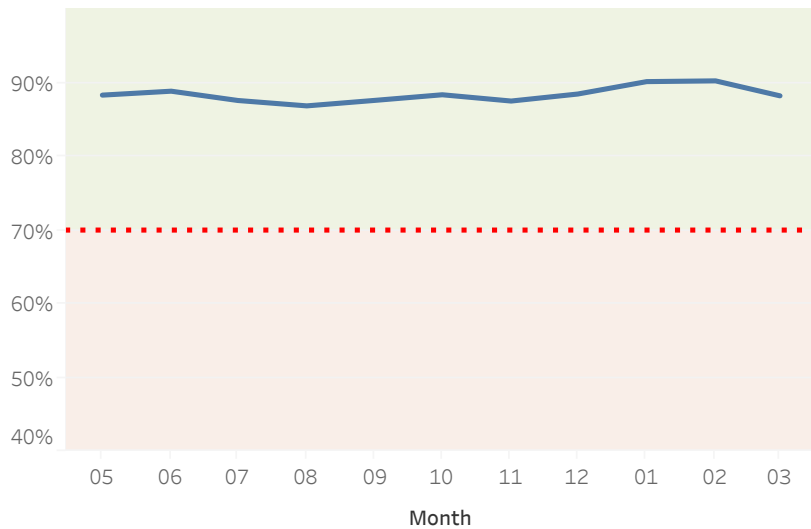
March 2024

88%

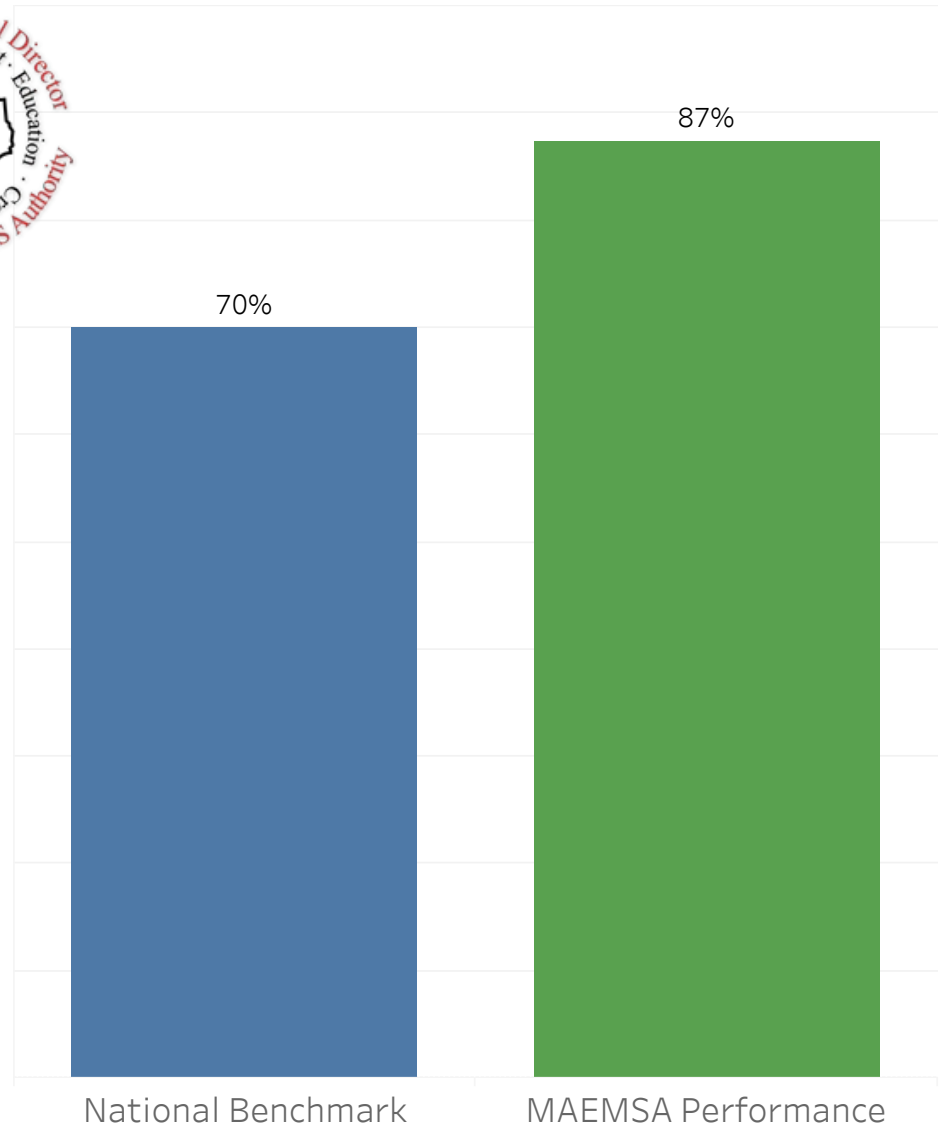
National Benchmark

70%

### Performance Over Time



## Trailing 12-Month 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

# Tab C – Chief Transformation Officer

# Transformation Report

April 2024

## Alternate Payment Models & Expanded Services

- Program launched w/Cook Children's Health Plan on high utilizer program.

## Reimbursement for Calls at Jails

- Agreement with JPS executed
- Awaiting agreement with City of Fort Worth for reimbursement.

## Texas Ambulance Supplemental Payment Program (ASPP)

- Met with reps from Public Consulting Group (PCG) and the Texas EMS Alliance to gauge support for a legislative solution.
  - TEMSA potentially willing – will bring to their Board for review.

## Specialized High-Utilizer Program

- 10 of 23 enrolled
  - 115 911 calls from the 23 ID'd patients
    - 21 Treated in Place
    - 94 transported
- Most participants have executed required collaboration
- TCHC Executed Data Use Agreement

## Congressional Action for Payment for Treatment in Place (TIP)

- 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.
    - Recording available: <https://youtu.be/wZdSfYW8LTk>
- Follow up meeting scheduled during NAEMT's EMS on the Hill Day the week of 4/15.
- 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.



## EMS Performance Measures – National Joint Position Statement

- Co-Chaired 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 2022 Joint Position Statement encouraging the reduction of light and siren responses.
    - 16 national associations, including the International City/County Management Association agreed to the statement (attached).
  - Position paper emphasizes clinical, experiential, operational and financial metrics as primary performance measures.
  - Approved document being released for publication.

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

American Ambulance Assoc Annual Conference (Nashville, TN)	Apr 2024	~1,000
Ohio EMS Reimbursement Conference (Canton, OH)	Apr 2024	~200
North Carolina EMS Expo	Apr 2024	~300
Michigan EMS Expo (Grand Rapids, MI)	May 2024	~300
Michigan EMS Safety/System Design Summit	May 2024	~200
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 (Duluth, MN)	Jan 2025	~700

**Media Summary**

Local –

- EMS System Redesign/Consultant Study/EMS Challenges
  - ABC 8, CBS 11, Dolcefino Consulting
- RRC/MedStar OD Partnership
  - Spectrum News1
- Congressional Hearing Coverage
  - KRLD

**Engagement, Reunions, and Recognition**

- Attended the Go Red for Woman Luncheon on March 1, 2024
- Received a generous donation from the Black Rifle Coffee Co. of over \$5000 worth of caffeine products.
- Participated in the 3<sup>rd</sup> annual First Responder 5K through the Fort Worth Runners Club. Awarded the Fastest Group and Largest Group awards for the 3<sup>rd</sup> year in a row.
- Medstar honor guard participated in the memorial service for Fort Worth Firefighter Gary Pugh.
- MedStar honor guard participated in the Celebration of Life for Nolan Fansler.
- MedStar’s participated in a fun “I’m from Texas, of course I take pictures with our state flower”.







## Joint Position Statement on EMS Performance Measures Beyond Response Times

Douglas F. Kupas, Matt Zavadsky, Brooke Burton, Chip Decker, Robert Dunne, Peter Dworsky, Richard Ferron, Joseph Grover, Daniel Gerard, Joseph House, Jeff Jarvis, Sheree Murphy, Jerry Overton, Michael Redlener, George Solomon, Andrew Stephen, Randy Strozyk, Marv Trimble, Thomas Wiczorek

Emergency Medical Services (EMS) exist to provide safe and effective out-of-hospital medical care to communities. Historically, response time has been the primary measure used to assess the performance of an emergency medical services (EMS) system/agency. Public policymakers have adopted response time because it is objective, quantifiable, and easily understood, however, this standard is derived from the need to respond quickly to cardiac arrest and time-sensitive conditions. While it is essential to continue to monitor and promote effective response, the majority of 911 EMS responses do not require a response time under ten minutes<sup>1</sup>. Reliance solely on response time performance increases the cost of EMS and the risk of EMS vehicle crashes. It also prevents communities from evaluating other EMS system quality measures that demonstrate system effectiveness for patient care, experience, and outcomes.

This joint statement encourages EMS systems and community leaders to implement an approach to EMS system performance that prioritizes patient-centered care and uses a broad, balanced set of clinical, safety, experiential, equity, operational, and financial measures to evaluate the effectiveness of EMS systems.

This statement is endorsed by the Academy of International Mobile Healthcare Integration, American Ambulance Association, American College of Emergency Physicians, American Paramedic Association, International Academies of Emergency Dispatch, International Association of EMS Chiefs, International City/County Management Association, National Association of EMS Physicians, National Association of Emergency Medical Technicians, National Association of State EMS Officials, National EMS Management Association, National EMS Quality Alliance, National Volunteer Fire Council and Paramedic Chiefs of Canada. These associations recommend that local communities and governments modernize the assessment of the performance of their EMS systems/agencies by evaluating a broad array of domains with key performance indicators (KPIs) that can be measured and trended over time, and whenever possible, benchmarked with comparable EMS systems, or other national data, and published to local community stakeholders on a regular basis. The domains that communities should consider when evaluating an EMS system/agency are:

- **Effective:** Is the health care provided clinically appropriate and high quality?
- **Safe:** Are services being provided in a way that is clinically and operationally safe for patients, responders, and the community?
- **Satisfying:** How do patients and EMS clinicians feel about the service being provided?
- **Equitable:** Is the system providing care that is equitable based on patient demographics and service area geography?
- **Efficient:** Is this service being provided in a way that maximizes the use of economic and operational resources?

Whenever feasible, evidence-based performance measures should be used that are associated with improved patient outcomes and system performance. Resources are cited in the attached table that can help to guide selection.

It is also essential for government and community leaders and decision-makers to consider all elements of the EMS system from the moment a 9-1-1 call is made to the conclusion of care by the EMS system/agency.

Innovative programs such as mobile integrated healthcare/community paramedicine, alternative response models and response dispositions to enable a broader array of services to patients and communities should be considered.

By considering these additional performance measures, local communities can gain a more comprehensive understanding of the effectiveness of their EMS system/agency, identify areas for improvement in patient care, system efficiency, and overall emergency response capabilities.

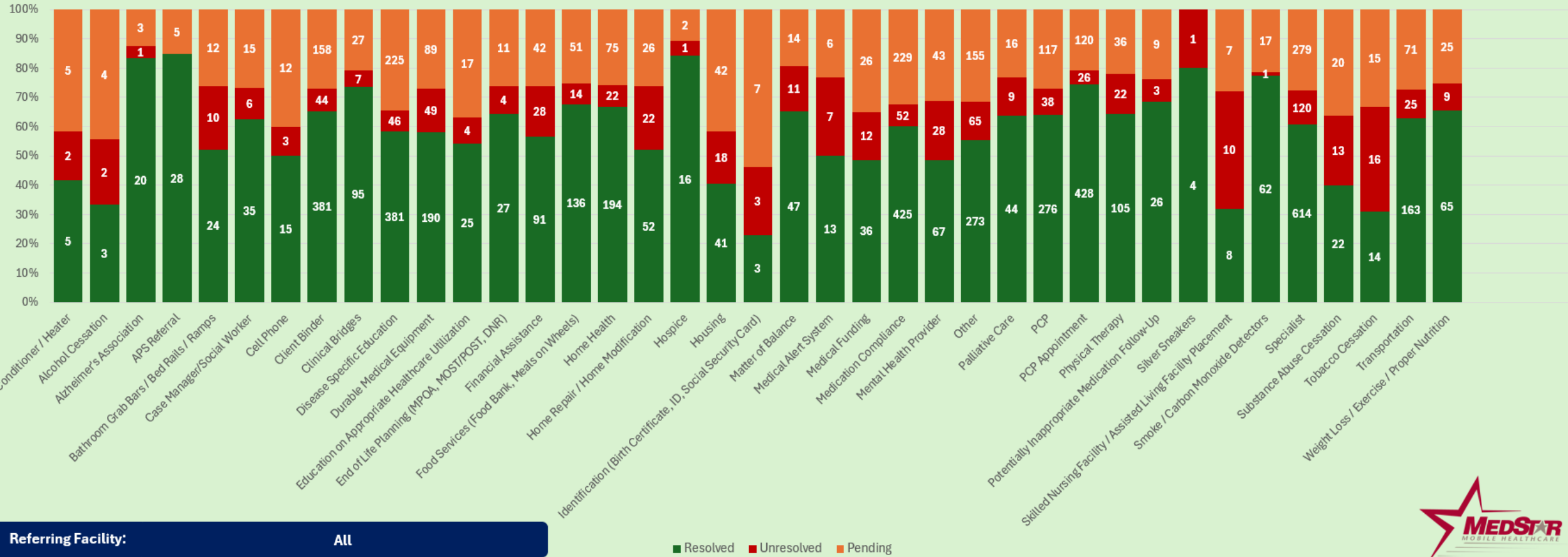
## Examples of EMS System Performance Domains and Potential Measures for Consideration

Domain	Potential Type of Measure for Consideration	Source/Benchmark
<b>Clinical</b>	<ul style="list-style-type: none"> <li>• Out-of-Hospital Cardiac Arrest</li> <li>• STEMI</li> <li>• Stroke</li> <li>• Trauma</li> <li>• Hypoglycemia</li> <li>• Asthma/COPD</li> <li>• Seizures/Status Epilepticus</li> <li>• Invasive Airway Management</li> <li>• Special Mental Health Crisis Management</li> </ul>	<p>Internal agency data trended over time.</p> <p>Benchmarked to comparable EMS systems/agencies.</p> <p>National EMS Quality Alliance (NEMSQA) published measures.</p> <p>NEMSIS Public Dashboards.</p> <p>Cardiac Arrest Registry to Enhance Survival (CARES)</p> <p>AHA Mission Lifeline</p> <p>Other state, regional, provincial, or other community clinical indicators</p>
<b>Safety</b>	<ul style="list-style-type: none"> <li>• % of responses and transports using lights and siren (L&amp;S).</li> <li>• Crash rate/100,000 miles.</li> <li>• Job-related injuries/100,000 hours worked.</li> <li>• Job-related illness/100,000 hours worked.</li> <li>• Reviews of all dispatch priority assignments.</li> <li>• EMS recall rate after a non-transport response.</li> </ul>	<p>Internal agency data trended over time.</p> <p>Benchmarked to comparable EMS systems/agencies.</p> <p>National EMS Quality Alliance (NEMSQA) published measures.</p> <p>NEMSIS Public Dashboards.</p>
<b>Operational</b>	<ul style="list-style-type: none"> <li>• The number of produced unit hours compared to scheduled unit hours.</li> <li>• Mission failure rate/100,000 miles.</li> <li>• Response time, for high acuity clinical responses, measured from the time the call is placed to a communication center, to the time of patient contact.</li> <li>• QA assessments to insure reliability of prioritization of responses.</li> </ul>	<p>Internal agency data trended over time.</p> <p>Benchmarked to comparable EMS systems/agencies.</p>
<b>Experiential</b>	<ul style="list-style-type: none"> <li>• Patient experience surveys</li> <li>• Hospital experience surveys</li> <li>• First Response Organization (FRO) experience surveys</li> <li>• Personnel engagement surveys</li> <li>• Employee turnover/retention</li> <li>• Emergency dispatcher engagement surveys</li> </ul>	<p>Validated, externally conducted patient and provider experience surveys, such as:</p> <ul style="list-style-type: none"> <li>• EMS Survey Team</li> <li>• Malcolm Baldrige</li> <li>• Press Ganey</li> </ul> <p>Alternatively, internal surveys could be conducted by the agency or local jurisdiction.</p>
<b>Financial</b>	<p>EMS system costs and revenues, reported per:</p> <ul style="list-style-type: none"> <li>• Staffed Unit Hour</li> <li>• Response</li> <li>• Patient Contact</li> <li>• Transport</li> <li>• Dispatch staffing deficits vs. fully staffed periods.</li> </ul>	<p>Internal agency data trended over time.</p> <p>Benchmarked to the Academy of International Mobile Healthcare Integration (AIMHI) survey of EMS systems, or other national data sources.</p>

*\*These examples are not meant to be all-inclusive; communities should establish patient-centric and evidence-based performance measures based on value to their local stakeholders.*

<sup>i</sup> MurrayB, Kuer. The Use of Emergency Lights and Sirens by Ambulances and Their Effect on Patient Outcomes and Public Safety: A Comprehensive Review of the Literature. *Prehosp Disaster Med.* 2017;32(2):209–216.

# Health-Related Social Needs for Enrolled Patients as Identified by the MIH Team



# Quality of Life Improvement – Pre and Post MH Intervention

7.6%

p<0.05

Mobility

5.2%

p<0.05

Self-Care

8.1%

p<0.05

Usual Activities

10.8%

p<0.05

Pain & Discomfort

10.2%

p<0.05

Anxiety & Depression

25.6%

p<0.05

Overall Health Status

Referral Source:

All



# Utilization Change of Graduated HUG Program Clients

↓ 52%

Inpatient Admissions

↓ 25%

ED Utilization

↓ 10%

Healthcare Costs

↑ 19%

Primary Care  
Utilization

↑ 19%

Prescription  
Medication  
Compliance

# Tab D – Chief Financial Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare  
Finance Report – March 31, 2024

The following summarizes significant items in the March 31, 2024, Financial Reports:

Statement of Revenues and Expenses:

**Month to Date:** Net Income for the month of March 2024 is a gain of \$152,303 as compared to a budgeted loss of (\$339,860) for a positive variance of \$492,164. EBITD for the month of March 2024 is a gain of \$549,095 compared to a budgeted gain of \$36,595 for a positive variance of \$512,500.

- Patient contact volume in March ended the month at 101% to budget.
- Net Revenue in March is \$520K over budget or 110% to budget. The main drivers of the variance are MedStar billed 5% more Commercial Insurance trips than expected and patient contact volume is 101% to budget.
- Total Expenses ended the month 101% to budget or \$25K under budget. In March, MedStar incurred additional expenses in Benefits and Taxes of \$137K and Depreciation and Amortization of \$77K. The total of all other line-item expenses is below budget by (\$186K).

**Year to Date:** EBITD is \$3,068,490 as compared to a budget of \$2,024,313 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 105% to budget equating to a YTD positive variance to budget for Net Revenue of \$1,533,361. Year to date expense is 101% to budget or \$567,570 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 \$107K, Benefits and Taxes is above budget by \$837K and Facility and Equipment Maintenance is above budget by \$26K. The total of all other expense lines is below budget by a total of (\$403K) for the year.

Key Financial Indicators:

- Current Ratio – MedStar has \$10.93 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 March 31, 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 1.03%.

MAEMSA/EPAB cash reserve balance as of March 31, 2024, is \$475,470.69.

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Balance Sheet By Character Code

For the Period Ending March 31, 2024

	<b>Assets</b>	<b>Current Year</b>	<b>Last Year</b>
11	Cash	\$21,697,122.30	\$14,287,450.92
13	Accounts Receivable	\$12,592,901.61	\$12,048,232.98
15	Inventory	\$505,000.95	\$409,910.36
17	Prepaid Expenses	\$1,436,051.10	\$1,974,792.00
18	Property Plant & Equ	\$69,315,519.18	\$68,928,079.93
19	Accumulated Deprecia	(\$27,712,784.81)	(\$28,763,520.25)
	<b>Total Assets</b>	<b>\$77,833,810.33</b>	<b>\$68,884,945.94</b>
	<b>Liabilities</b>		
21	Accounts Payable	(\$391,337.92)	(\$479,834.41)
24	Other Current Liabil	(\$2,211,980.03)	(\$1,749,830.46)
25	Accrued Interest	\$0.00	(\$7,781.31)
26	Payroll Withholding	\$6,683.76	(\$67,095.16)
28	Long Term Debt	(\$2,771,433.31)	(\$3,099,729.41)
29	Other Long Term Liab	(\$6,021,728.47)	(\$8,585,835.72)
	<b>Total Liabilities</b>	<b>(\$11,389,795.97)</b>	<b>(\$13,990,106.47)</b>
	<b>Equities</b>		
30	Equity	(\$65,757,291.76)	(\$57,552,004.46)
35	Control	(\$686,722.60)	\$2,657,164.99
	<b>Total Equities</b>	<b>(\$66,444,014.36)</b>	<b>(\$54,894,839.47)</b>
	<b>Total Liabilities and Equities</b>	<b>(\$77,833,810.33)</b>	<b>(\$68,884,945.94)</b>



**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare**  
**Statement of Revenue and Expenditures**  
**As of March 31, 2024**

<b>Revenue</b>	<b>Current Month Actual</b>	<b>Current Month Budget</b>	<b>Current Month Variance</b>	<b>Year to Date Actual</b>	<b>Year to Date Budget</b>	<b>Year to Date Variance</b>
Transport Fees	\$21,253,673.84	\$20,755,376.00	\$498,297.84	\$128,169,944.22	\$124,209,903.00	\$3,960,041.22
Contractual Allow	(\$8,093,613.85)	(\$9,069,144.00)	\$975,530.15	(\$55,779,371.93)	(\$54,274,013.00)	(\$1,505,358.93)
Provision for Uncoll	(\$7,728,660.76)	(\$6,769,966.42)	(\$958,694.34)	(\$41,003,990.58)	(\$40,511,022.52)	(\$492,968.06)
Education Income	\$90.00	\$1,690.00	(\$1,600.00)	\$32,440.30	\$40,360.00	(\$7,919.70)
Other Income	\$136,815.09	\$124,456.03	\$12,359.06	\$905,633.35	\$1,359,561.18	(\$453,927.83)
Standby/Subscription	\$94,265.65	\$135,912.44	(\$41,646.79)	\$770,384.01	\$793,935.14	(\$23,551.13)
Pop Health PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
interest on Investme	\$72.79	\$100.00	(\$27.21)	\$21,624.20	\$600.00	\$21,024.20
Gain(Loss) on Dispos	\$36,021.29	\$0.00	\$36,021.29	\$36,021.31	\$0.00	\$36,021.31
<b>Total Revenue</b>	<b>\$5,698,664.05</b>	<b>\$5,178,424.05</b>	<b>\$520,240.00</b>	<b>\$33,152,684.88</b>	<b>\$31,619,323.80</b>	<b>\$1,533,361.08</b>
<b>Expenditures</b>						
Salaries	\$3,266,961.55	\$3,327,136.00	(\$60,174.45)	\$19,351,586.90	\$19,244,189.00	\$107,397.90
Benefits and Taxes	\$773,785.77	\$636,659.81	\$137,125.96	\$4,002,595.22	\$3,165,703.00	\$836,892.22
Interest	\$23,037.02	\$17,498.40	\$5,538.62	\$190,103.87	\$161,922.06	\$28,181.81
Fuel	\$140,514.43	\$177,236.00	(\$36,721.57)	\$894,721.54	\$1,062,837.00	(\$168,115.46)
Medical Supp/Oxygen	\$190,184.07	\$199,322.00	(\$9,137.93)	\$1,146,630.46	\$1,192,991.00	(\$46,360.54)
Other Veh & Eq	\$55,095.61	\$46,950.00	\$8,145.61	\$339,843.70	\$309,729.00	\$30,114.70
Rent and Utilities	\$45,650.47	\$58,733.94	(\$13,083.47)	\$275,729.09	\$352,403.66	(\$76,674.56)
Facility & Eq Mtc	\$75,894.42	\$74,686.81	\$1,207.61	\$498,577.86	\$472,189.86	\$26,388.00
Postage & Shipping	\$2,214.02	\$1,806.83	\$407.19	\$7,637.22	\$10,840.98	(\$3,203.76)
Station	\$25,992.45	\$75,657.51	(\$49,665.06)	\$290,531.97	\$398,602.06	(\$108,070.09)
Comp Maintenance	\$44,642.54	\$74,445.00	(\$29,802.46)	\$262,639.00	\$365,830.00	(\$103,191.00)
Insurance	\$60,661.52	\$57,215.58	\$3,445.94	\$315,690.27	\$352,057.78	(\$36,367.51)
Advertising & PR	\$0.00	\$1,800.00	(\$1,800.00)	\$920.00	\$18,200.00	(\$17,280.00)
Printing	\$97.13	\$1,860.00	(\$1,762.87)	\$5,312.53	\$11,160.00	(\$5,847.47)
Travel & Entertain	\$3,450.77	\$8,238.00	(\$4,787.23)	\$15,977.00	\$16,178.00	(\$201.00)
Dues & Subs	\$90,952.03	\$122,777.00	(\$31,824.97)	\$613,540.18	\$762,764.00	(\$149,223.82)
Continuing Educ Ex	\$4,079.90	\$8,353.00	(\$4,273.10)	\$25,784.90	\$68,772.00	(\$42,987.10)
Professional Fees	\$315,718.09	\$264,544.00	\$51,174.09	\$1,754,555.21	\$1,737,841.00	\$16,714.21
Education Expenses	\$514.00	\$3,445.00	(\$2,931.00)	\$2,923.60	\$19,230.00	(\$16,306.40)
Miscellaneous	(\$9,331.78)	\$962.00	(\$10,293.78)	\$16,149.92	\$33,492.00	(\$17,342.08)
Depreciation	\$373,754.89	\$358,958.00	\$14,796.89	\$2,203,952.68	\$2,153,748.00	\$50,204.68
Amortization Exp - Rou A Lease	\$12,622.06	\$0.00	\$12,622.06	\$75,385.73	\$0.00	\$75,385.73
Amortization Exp - ROU A Subsc	\$49,869.30	\$0.00	\$49,869.30	\$187,462.23	\$0.00	\$187,462.23
<b>Total Expenditures</b>	<b>\$5,546,360.26</b>	<b>\$5,518,284.88</b>	<b>\$28,075.38</b>	<b>\$32,478,251.08</b>	<b>\$31,910,680.40</b>	<b>\$567,570.68</b>
<b>Net Rev in Excess of Expend</b>	<b>\$152,303.79</b>	<b>(\$339,860.83)</b>	<b>\$492,164.62</b>	<b>\$674,433.80</b>	<b>(\$291,356.60)</b>	<b>\$965,790.40</b>
<b>EBITD</b>	<b>\$549,095.70</b>	<b>\$36,595.57</b>	<b>\$512,500.13</b>	<b>\$3,068,490.35</b>	<b>\$2,024,313.47</b>	<b>\$1,044,176.89</b>

**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare**  
**Key Financial Indicators**  
**March 31, 2024**

	Goal	FY 2022	FY 2023	FY 2024
<b>Current Ratio</b>	<b>&gt; 1</b>	<b>6.04</b>	<b>10.88</b>	<b>10.93</b>

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.

<b>Cash as % of Annual Expenditures</b>	<b>&gt; 25%</b>	<b>33.49%</b>	<b>35.55%</b>	<b>33.32%</b>
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Indicates compliance with Ordinance which specifies 3 months cash

<b>Accounts Receivable Turnover</b>	<b>&gt;3</b>	<b>9.06</b>	<b>6.21</b>	<b>5.2</b>
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long accounts receivable are being aged prior to collection. Our goal is a turnover rate of greater than 3 .

<b>Return on Net Assets</b>	<b>-1.00%</b>	<b>-0.07%</b>	<b>8.61%</b>	<b>1.03%</b>
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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 03/31/2024			<u><u>\$ 475,470.69</u></u>

# Tab E – Chief Human Resources Officer

## Human Resources - March 2024 Summary

### Staffing

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

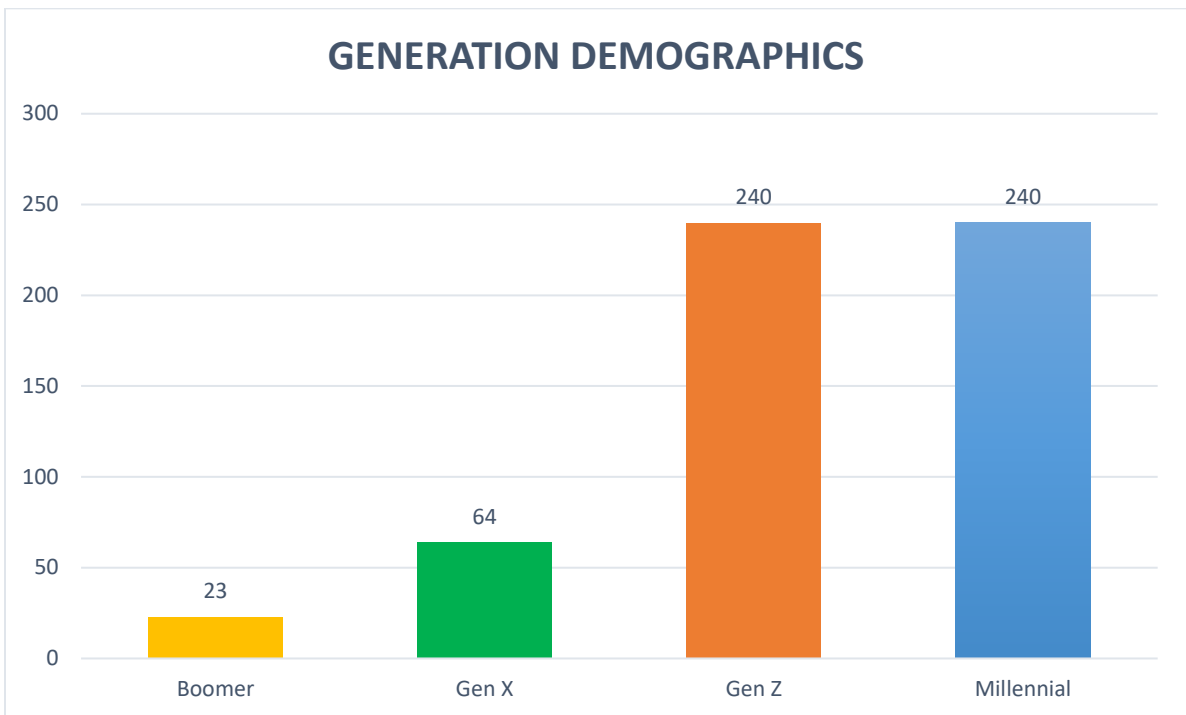
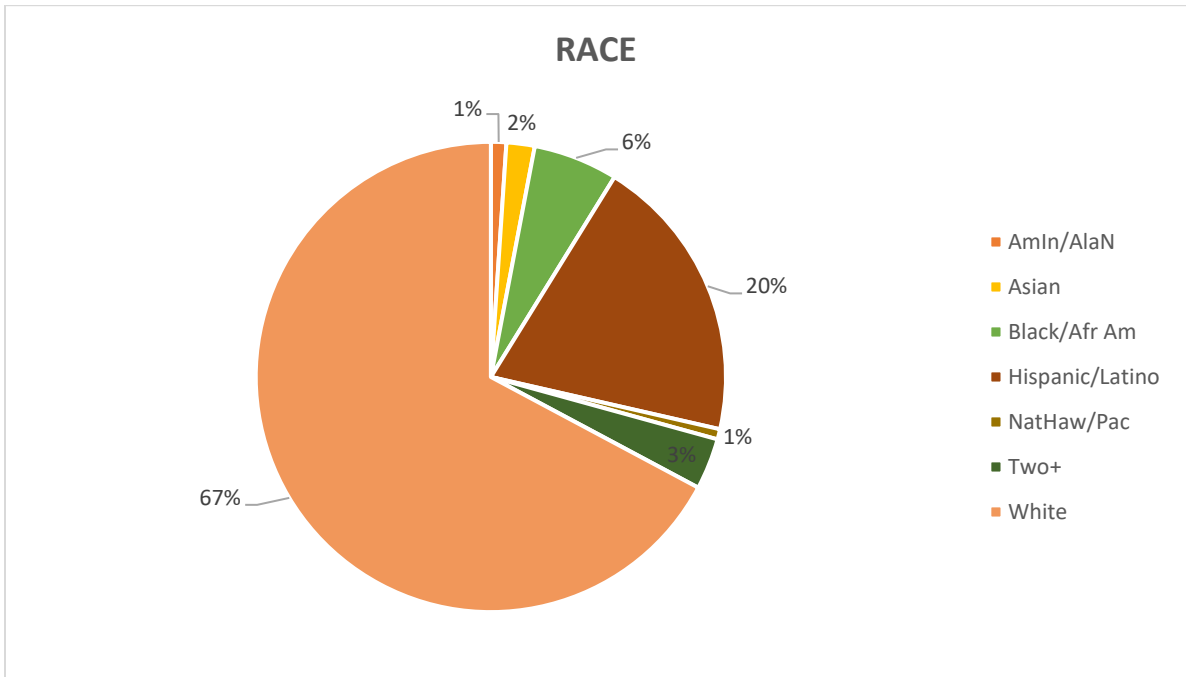
### Leaves:

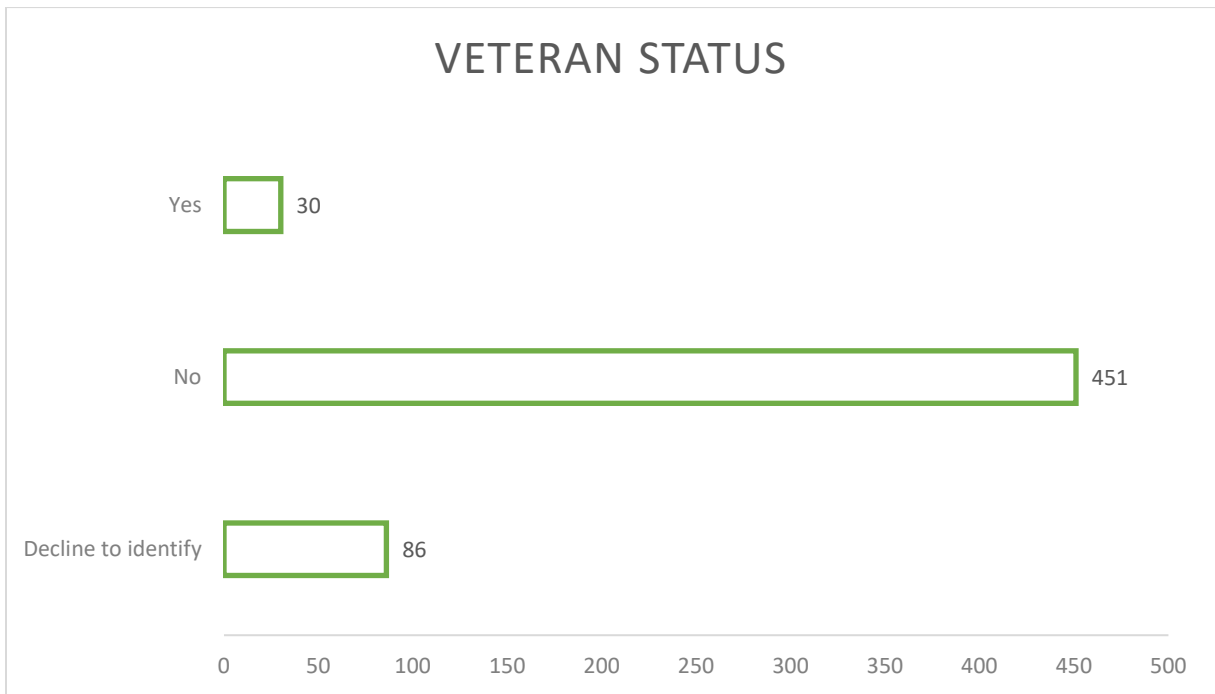
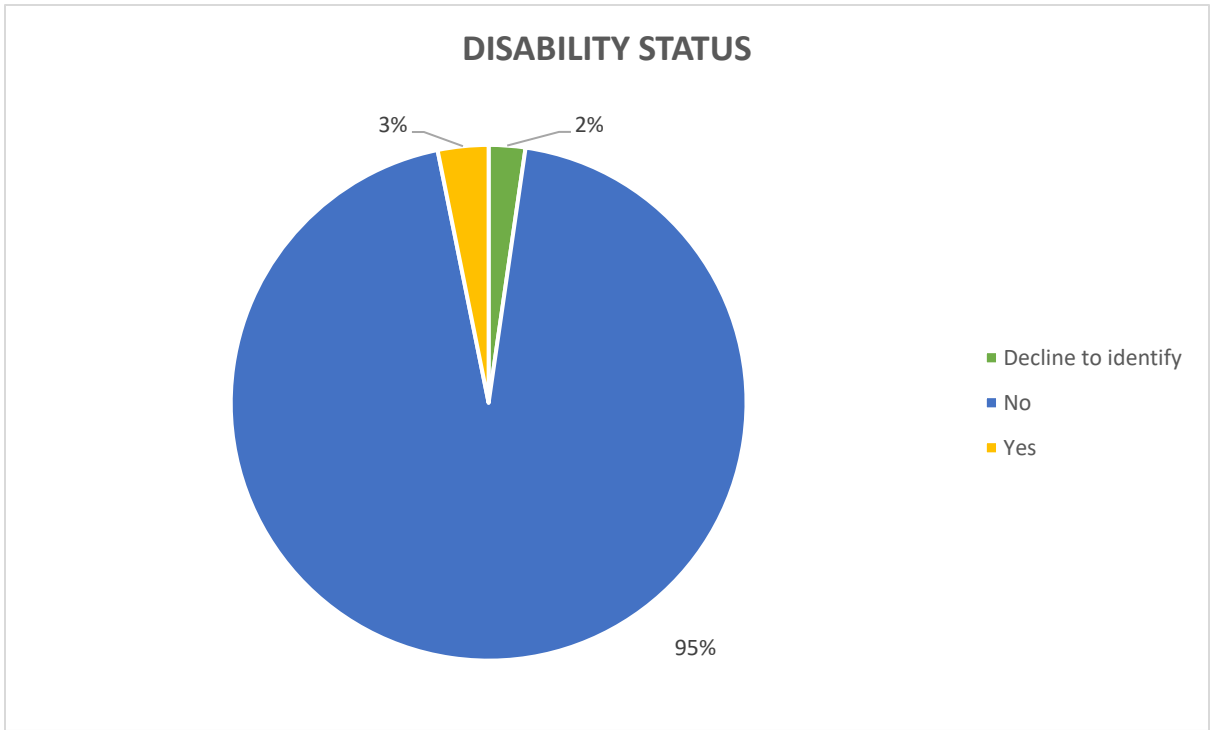
- 32 employees on FMLA / 6.11% of workforce
  - 16 cases on intermittent
  - 16 cases on a block
- Top FMLA request reasons/conditions
  - Orthopedic (8)
  - FMLA-Spouse (5)
  - Obstetrics/Gynecology / Oncology (4)

### Turnover:

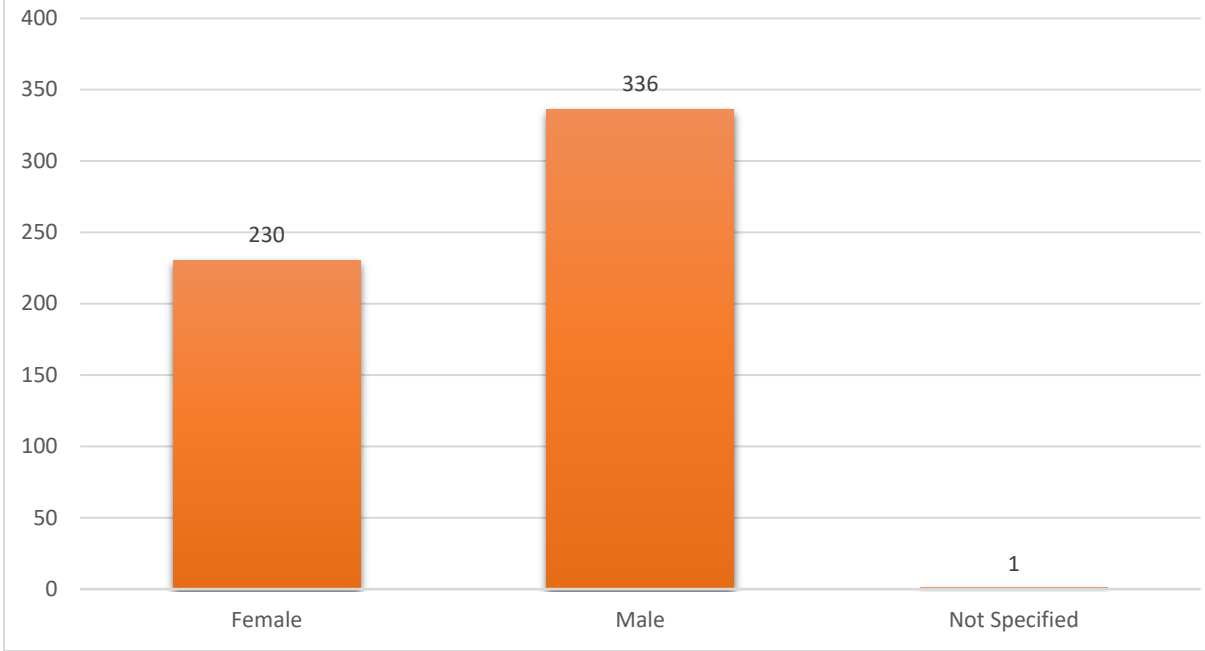
- Voluntary turnover – 1.41%
  - FT – 0.76%
  - PT – 9.30%
- Total turnover – 1.59%
  - FT – 0.95%
  - PT – 9.30%
- Total YTD turnover – 8.99%
  - FT – 7.44%
  - PT – 27.91%

# MARCH 2024 DIVERSITY STATISTICS

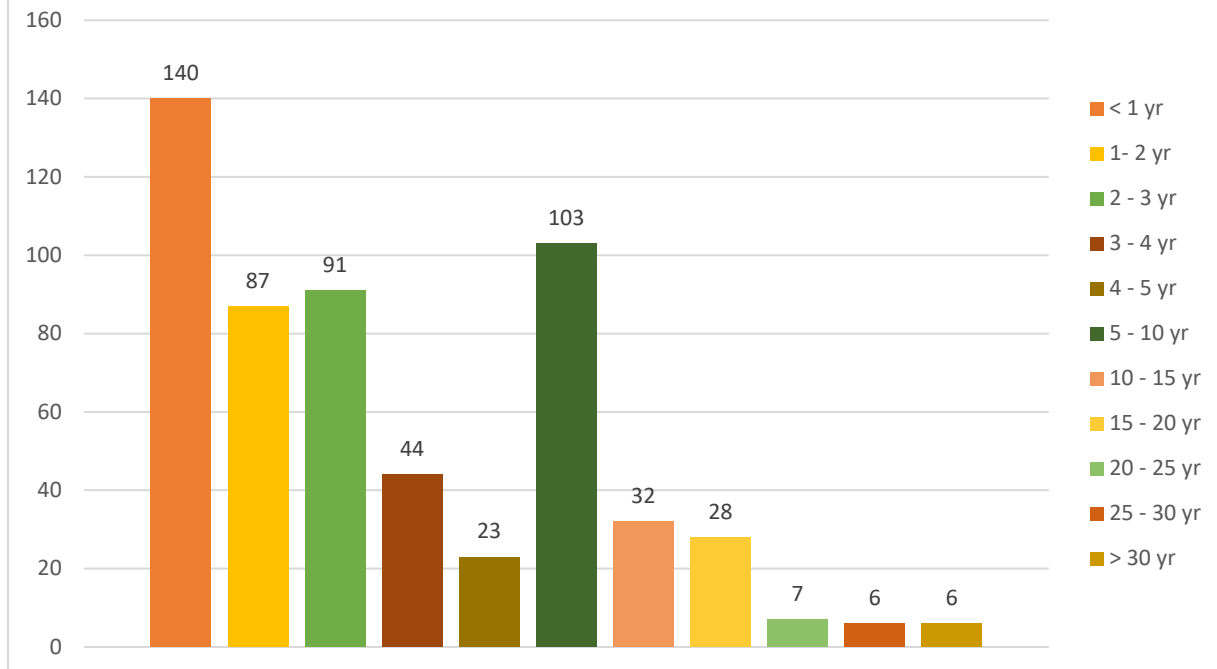




## GENDER DEMOGRAPHICS



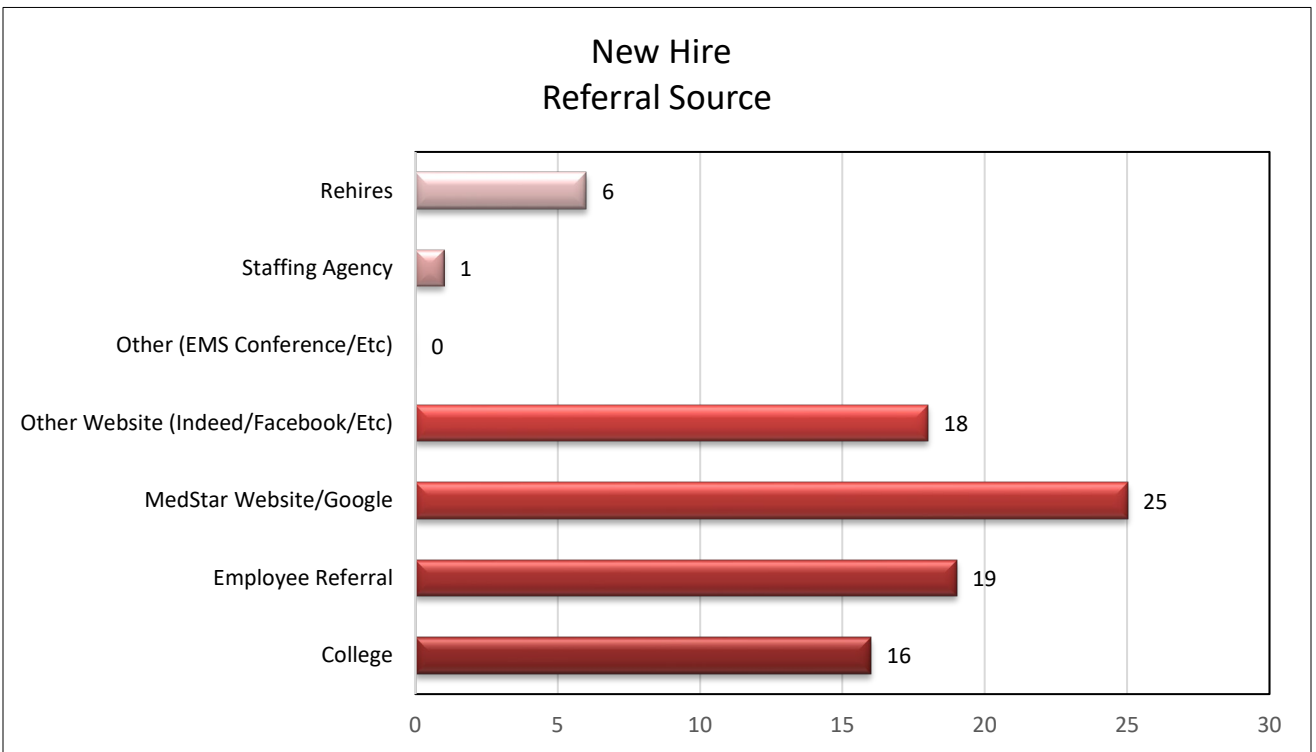
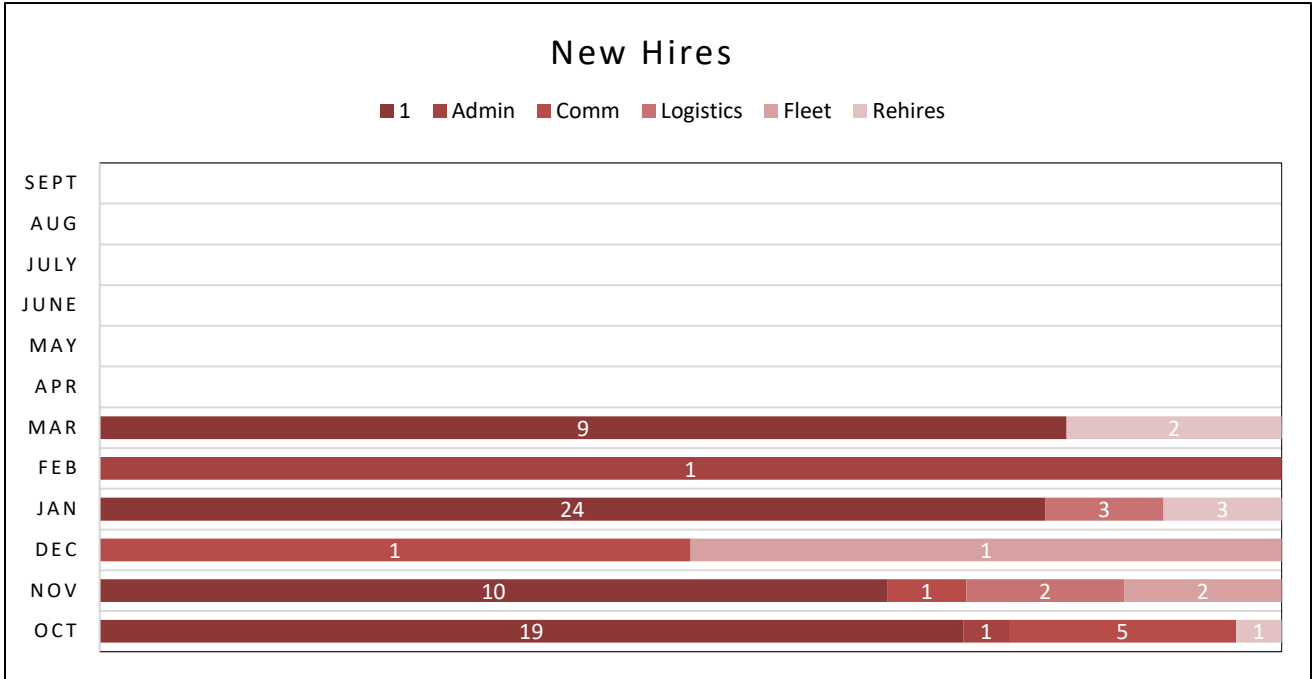
## EMPLOYEE TENURE



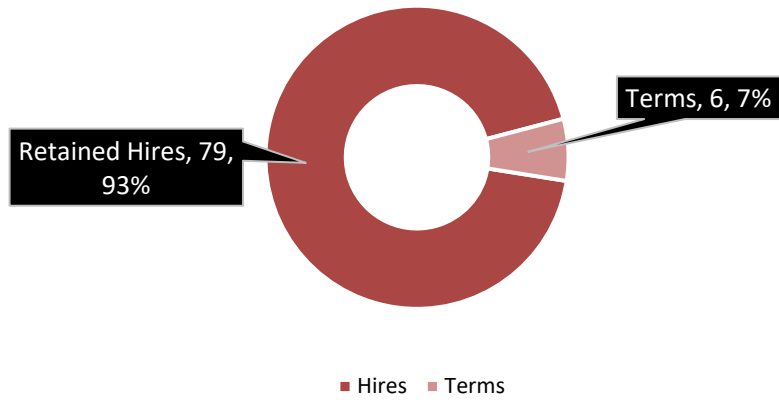


# Recruiting & Staffing Report

Fiscal Year 2023-2024



## 2023-2024 FY Separations



**Fiscal Year Statistics**  
**Total hires to date 85**  
**Total separations from hires 6**

**Separation Reasons:**

- Attendance – 1**
- Performance – 2**
- Personal – 1**
- Career Change - 2**

**MedStar Mobile Health Care Separation Statistics March 2024**

	Current Month			Year to Date			YTD Compared to Feb'23		Headcount
	Vol	Invol	Total	Vol	Invol	Total	Mar'23	%	Mar-23
Full Time Separations	4	1	5	29	10	39	41	8.45%	485
Part Time Separations	4	0	4	11	1	12	28	57.14%	49
Total Separations	8	1	9	40	11	51	69	12.92%	534
							Difference	-3.925%	

	Full Time	Part Time	Total	Full Time	Part Time	Total
Total Turnover %	0.95%	9.30%	1.59%	7.44%	27.91%	8.99%
Voluntary Turnover %	0.76%	9.30%	1.41%	5.53%	25.58%	7.05%

**Separations by Department**

Full Time	Vol	Invol	Total	Current Month			Year to Date			Headcount
				Vol	Invol	Total	Vol	Invol	Total	Feb-24
Advanced				1	1	2	9	3	12	155
Basics				1	0	1	12	3	15	198
Business Office							3	0	3	12
Communications							1	1	2	46
Controller - Payroll, Purchasing, A/P										6
Deployment										3
Executives										8
Field Manager/Supervisors - Operations										25
Field Operations Other										8
Health Information Systems										2
Human Resources										6
Information Technology										2
Legal/Compliance										2
Mobile Integrated Health										10
Office of the Medical Director				1	0	1	1	0		11
Public Information										1
Support Services - Facilities, Fleet, S.E., Logistics				1	0	1	3	3	6	29
<b>Total</b>				<b>4</b>	<b>1</b>	<b>5</b>	<b>29</b>	<b>10</b>	<b>39</b>	<b>524</b>

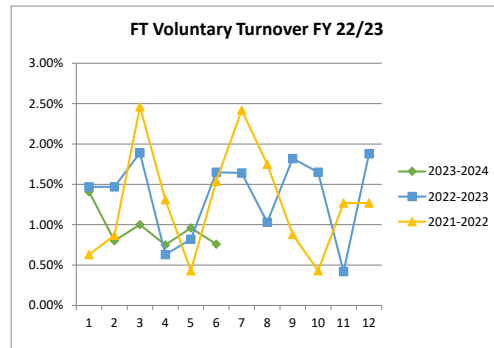
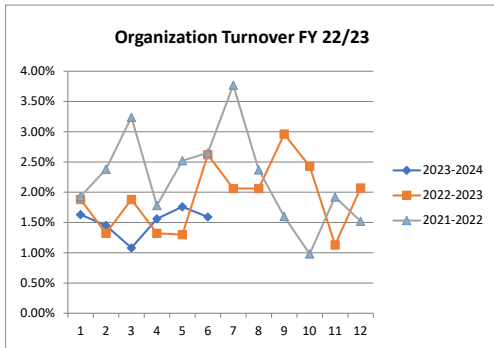
  

Part Time	Current Month			Year to Date			Headcount
	Vol	Invol	Total	Vol	Invol	Total	Feb-24
Advanced	1	0	1	4	0	4	18
Basics	1	0	1	4	1	5	16
Business Office							
Communications							3
Controller - Payroll, Purchasing, A/P							1
Executives							
Field Manager/Supervisors - Operations							
Field Operations 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	2	0	2	3	0	3	5
<b>Total</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>11</b>	<b>1</b>	<b>12</b>	<b>43</b>

**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	1.59%	2.62%	2.65%	0.95%
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	8.99%	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	0.76%	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	5.53%	13.20%	15.25%



# Tab F – FRAB

# Tab G – Operations

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Operations Report- March 2024

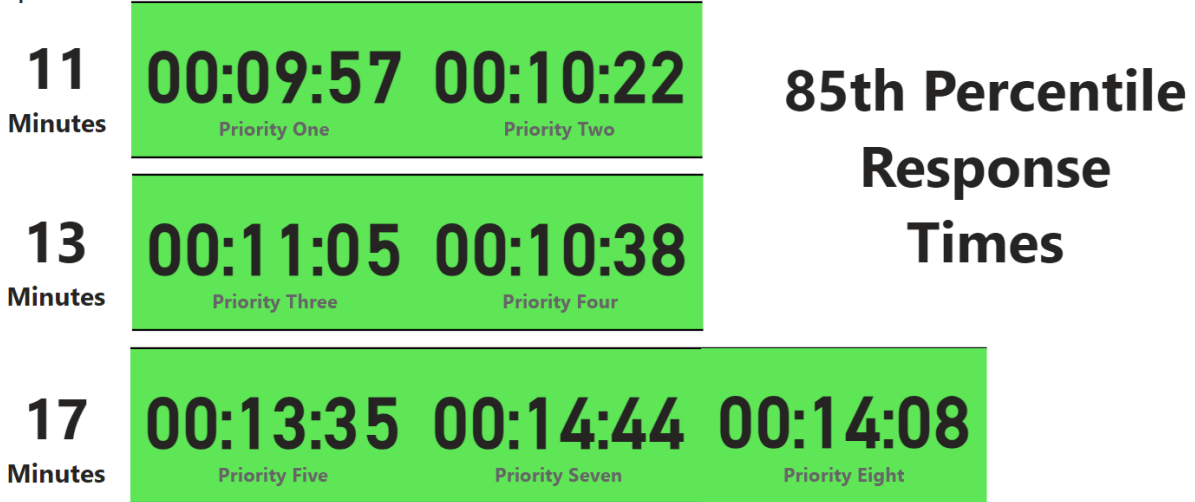
The following summarizes significant operational items through March 31<sup>st</sup>, 2024.

Operational Excellence	Measure	FY24 Plan	FY24 YTD
Measurable high performance is achieved through disciplined execution of efficient processes.	Compliance Response Priority 1	<11:00 @ 85%	0:10:34
	911 calls answered <15 seconds	≥ 90%	94.37%
	Compliance to ACE standards	≥ 95%	95%

Ambulance 911 Response Times

March 2024

Compliance Goal



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

System Wide 85th	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Priority 1	0:10:34	0:10:54	0:10:53	0:10:31	0:10:38	0:09:57
Priority 2	0:11:12	0:11:23	0:11:24	0:11:12	0:10:43	0:10:22
Priority 3	0:12:33	0:12:30	0:12:03	0:12:07	0:11:25	0:11:05
Priority 4	0:11:39	0:11:44	0:11:41	0:12:15	0:11:29	0:10:38
Priority 5	0:14:53	0:15:17	0:15:12	0:14:57	0:14:02	0:13:35
Priority 7	0:16:07	0:16:51	0:16:14	0:17:16	0:15:37	0:14:44
Priority 8	0:15:54	0:16:08	0:16:07	0:15:46	0:15:14	0:14:08

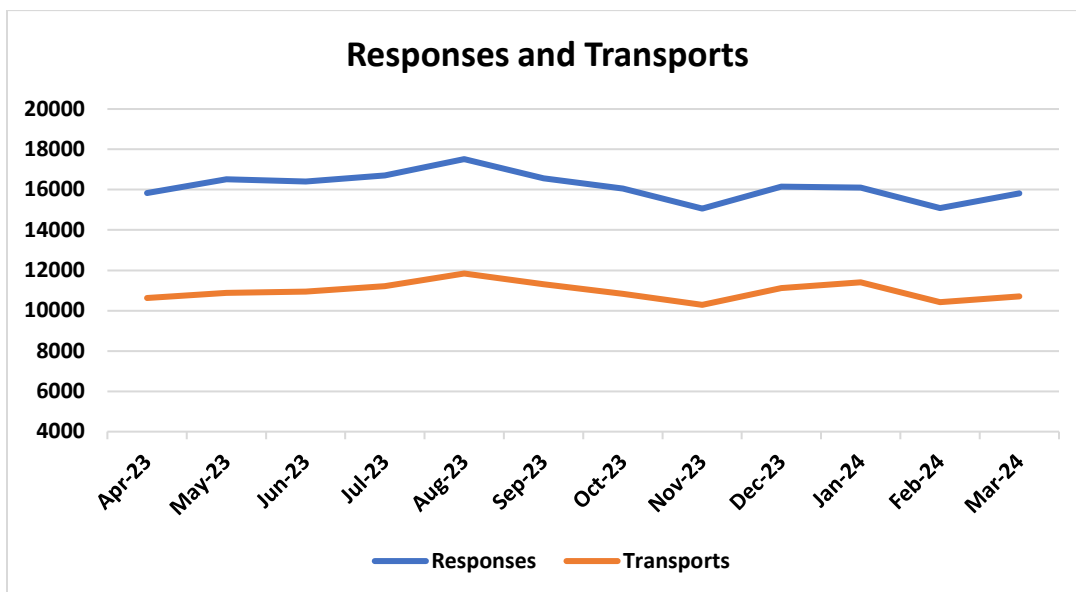
Response times measured from phone answer time to arrival on scene.

System Wide 90th	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Priority 1	0:11:33	0:11:42	0:12:07	0:11:10	0:11:33	0:10:39
Priority 2	0:12:12	0:12:34	0:12:28	0:12:15	0:11:36	0:11:12
Priority 3	0:13:43	0:13:30	0:12:55	0:12:59	0:12:26	0:12:00
Priority 4	0:12:42	0:12:50	0:13:01	0:13:37	0:12:53	0:11:37
Priority 5	0:16:24	0:16:42	0:16:36	0:16:22	0:15:17	0:14:56
Priority 7	0:18:14	0:18:56	0:18:46	0:19:40	0:17:27	0:16:07
Priority 8	0:17:48	0:17:35	0:18:24	0:17:50	0:16:49	0:15:46

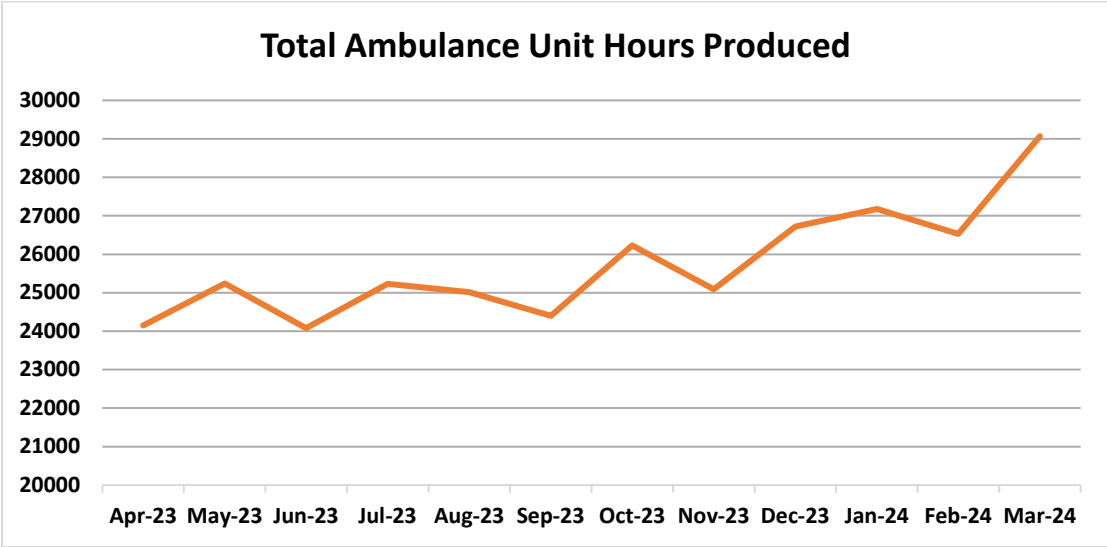
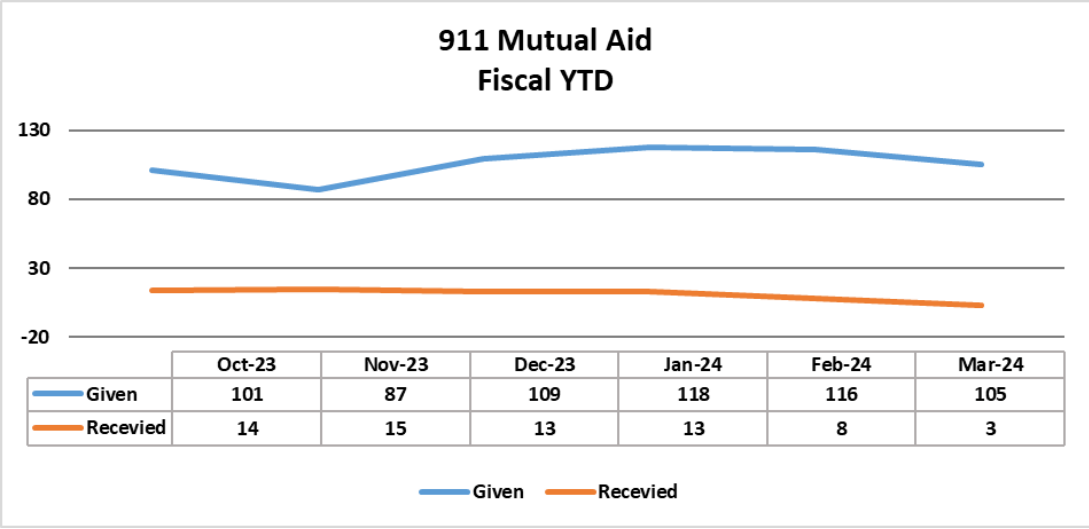
Response times measured from phone answer time to arrival on scene.

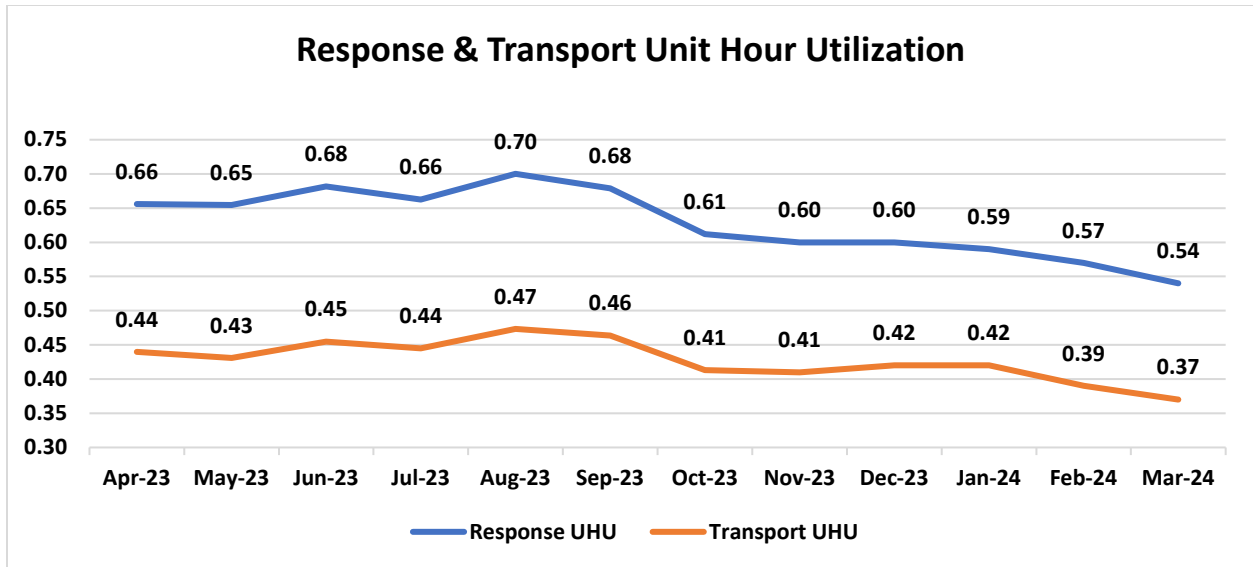
Field Operations:

### Ambulance Metrics









**UHU Measured By:**

**Response UHU: #Responses/#Produced Unit Hours**

**Transport UHU: #Transports/#Produced Unit Hours**

**Fleet/Logistics/Building Maintenance:**

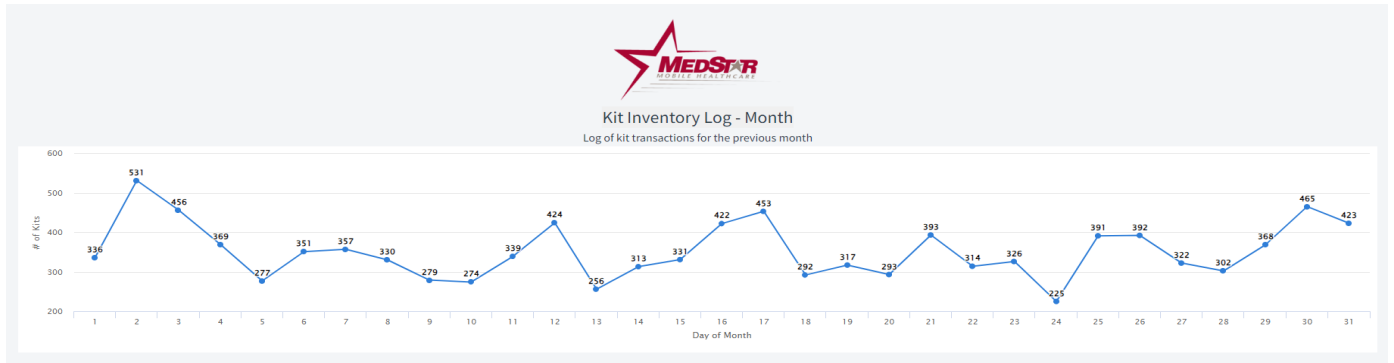
**Logistics:**

Addressing supply chain challenges and escalating costs in the Medical Sector: Strategies implemented by the Logistics Team to mitigate price escalation and adapt to evolving protocols.

David and Lisa have identified cost-saving measures to counteract the upward trajectory of medical supply prices and accommodate shifts in protocols.

- Total savings for FY 2024 as of March
  - \$110,425/year
  - \$9202/Month

## Daily Kit Inventory Log February 2024

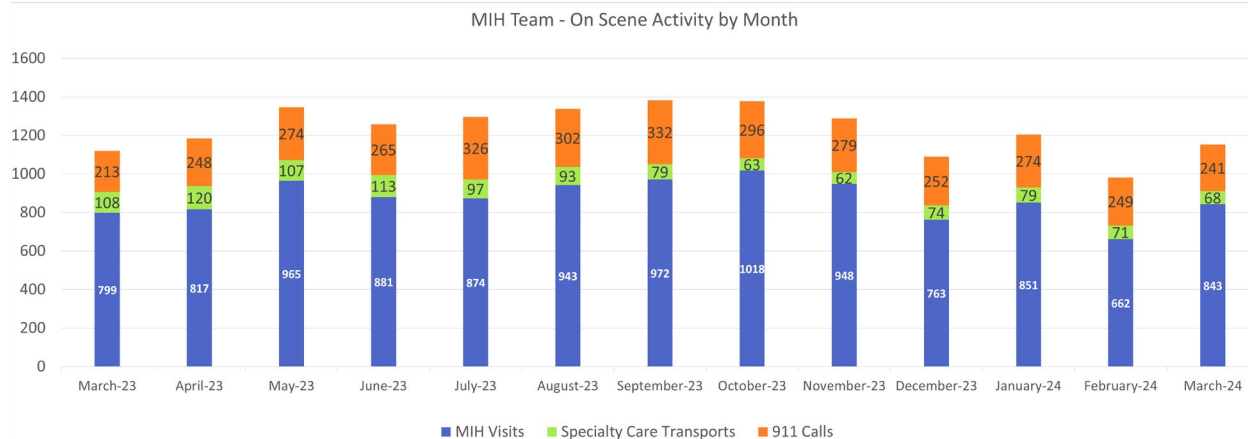


### Special Operations:

- Completed **79** standby events **March 2024**

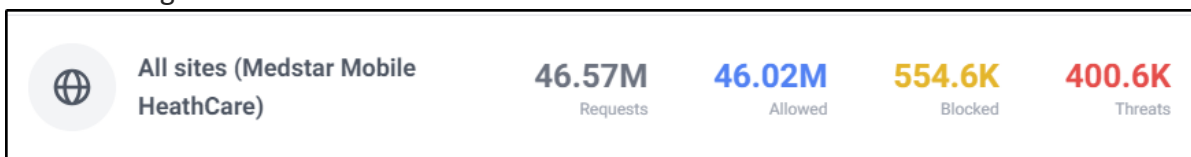
### Mobile Integrated Health:

- 1,398 clients are currently enrolled
  - Admission/Readmission Avoidance: 10
  - Episodic Care Coordination: 811
  - High Utilization Group (HUG): 49
  - Hospital at Home: 0
  - Specialized High Utilization Group: 8
  - STAR: 10
  - StarSaver Plus: 410
- 82 clients are pending enrollment
  - Admission/Readmission Avoidance: 3
  - High Utilization Group (HUG): 16
  - Overdose Response Team: 29
  - Specialized High Utilization Group: 11
  - STAR: 6

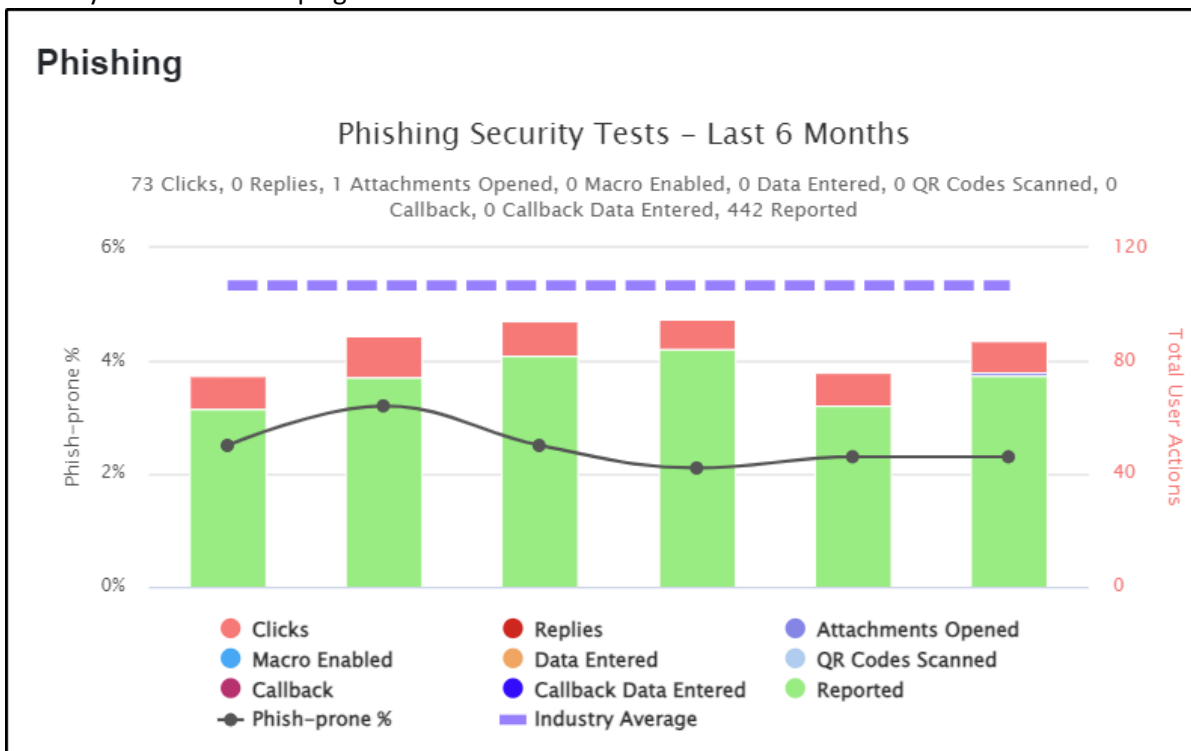


### Information Technology:

- 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:**

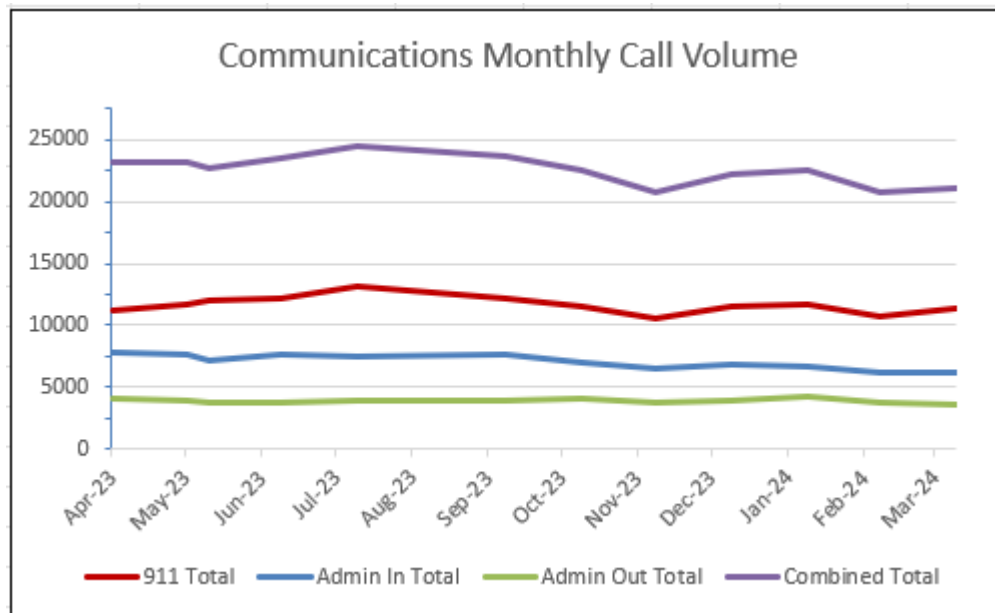
In addition to various data pull requests, deployment planning, and response time compliance QI/reporting, analysts are currently committed to:

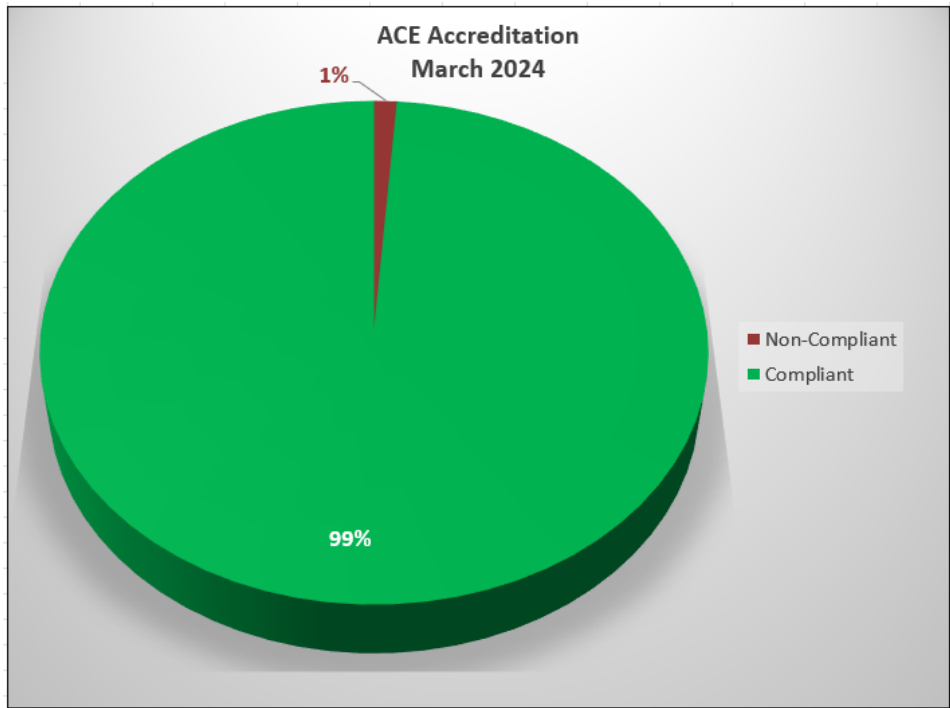
Project	Target Completion	Project Status	Comments / Remarks
Risk & Safety Reporting Application	April 2024		Finishing design & approvals
OMD Airway Auditing Database & Application	March 2024		Finishing design & approvals
Operations Schedule Database & Application	June 2024		Paused for other projects
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:**

- Two (2) controllers are in the last phase of training and are expected to finish in April.
- Eight (8) controllers continue in various phases of training.
- Two (2) offers have been accepted for the April NEOP. At that time all positions will be filled.
- Continual review and enhancement of LOGIS configuration to maintain optimal efficiency in deploying system resources.







# Medstar Mutual Aid Response Task Time Report

Period: 03/01/2024 through 03/31/2024

AID GIVEN	AID RECEIVED	TOTAL CALLS	% of Calls To Mutual Aid
105	3	15820	0.02%

## GIVEN

Aid TO	Total	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Resulted in TX
Arlington	7	Arlington	M32	3/2/2024 11:17:40 PM	3126102	2	Arlington	32B03 - Unknown Problem (Person Down) - 2A	No
		Arlington	M42	3/8/2024 10:35:52 PM	3132402	4	Arlington	29B05 - Vehicle vs. vehicle - 4B	No
		Arlington	M54	3/9/2024 11:38:31 AM	3132833	5	Arlington	21B01 - M - Sick Person (Specific Diagnosis) - MEDICAL - 5A	Yes
		Arlington	M81	3/12/2024 5:10:08 PM	3136059	5	Arlington	10D05 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	Yes
		Arlington	M23	3/15/2024 1:04:13 AM	3138341	5	Arlington	26A04 - Sick Person (Specific Diagnosis) - 5A	No
		Arlington	M32	3/15/2024 5:37:36 PM	3139063	5	Arlington	25D03 - Psychiatric / Mental Health Conditions / Suicide Attempt / Abnormal	Yes
		Arlington	M58	3/20/2024 4:04:53 AM	3143437	5	Arlington	25D03 - Psychiatric / Mental Health Conditions / Suicide Attempt / Abnormal	Yes
Benbrook	39	Benbrook	M30	3/9/2024 11:12:21 PM	3133356	5	Benbrook	45A01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
		Benbrook	M56	3/5/2024 6:04:49 PM	3129036	5	Benbrook	06C01 - O - Breathing Problems Other lung problems - 5A	No
		Benbrook	M62	3/6/2024 11:31:11 AM	3129648	5	Benbrook		No
		Benbrook	M82	3/1/2024 4:54:42 PM	3124829	2	Benbrook	06D02 - E - Breathing Problems COPD (Emphysema/Chronic)	Yes
		Benbrook	M39	3/24/2024 12:35:31 PM	3148204	5	Benbrook	21B01 - M - Hemorrhage (Bleeding) / Lacerations -	Yes

Benbrook	M85	3/9/2024 5:18:51 AM	3132631	5	Benbrook	17A02 - G - Falls - On the ground or floor - 5A	Yes
Benbrook	M56	3/6/2024 5:41:56 PM	3129991	8	Benbrook	16A01 - Eye Problems / Injuries - 8B	No
Benbrook	M59	3/21/2024 8:51:46 PM	3145416	5	Benbrook	26A01 - Sick Person (Specific Diagnosis) - 5A	Yes
Benbrook	M60	3/10/2024 1:28:27 AM	3133459	3	Benbrook	19C06 - Heart Problems / A.I.C.D. - 3A	Yes
Benbrook	M22	3/19/2024 7:40:50 AM	3142495	5	Benbrook	17B01 - G - Falls - On the ground or floor - 5A	Yes
Benbrook	M55	3/1/2024 11:31:19 PM	3125161	5	Benbrook	21B02 - M - Hemorrhage (Bleeding) / Lacerations -	No
Benbrook	M24	3/2/2024 11:31:46 PM	3126114	8	Benbrook	21A02 - M - Hemorrhage (Bleeding) / Lacerations -	No
Benbrook	M54	3/14/2024 11:00:06 PM	3138275	2	Benbrook	06D02 - Breathing Problems - 2A	Yes
Benbrook	M85	3/22/2024 11:32:41 PM	3146770	5	Benbrook	17B01 - Falls - 5A	Yes
Benbrook	M87	3/14/2024 7:15:49 PM	3138132	5	Benbrook	21B02 - M - Hemorrhage (Bleeding) / Lacerations -	Yes
Benbrook	M82	3/6/2024 11:16:43 AM	3129629	5	Benbrook	17B01 - G - Falls - On the ground or floor - 5A	Yes
Benbrook	M74	3/18/2024 10:24:40 AM	3141613	2	Benbrook	10D02 - Chest Pain / Chest Discomfort (Non-Traumatic) - 2A	Yes
Benbrook	M66	3/14/2024 8:59:12 PM	3138185	3	Benbrook	31C02 - Falls - 3A	Yes
Benbrook	M86	3/29/2024 1:06:12 PM	3153453	5	Benbrook	45A01 - g - Specialized Unscheduled Up-Care Transport -	Yes
Benbrook	M26	3/19/2024 3:29:29 PM	3142880	2	Benbrook	06D02 - Breathing Problems - 2A	Yes
Benbrook	M43	3/27/2024 1:28:09 AM	3150881	5	Benbrook	17B01 - G - Falls - On the ground or floor - 5A	Yes
Benbrook	M91	3/11/2024 5:45:42 PM	3134999	8	Benbrook	26O20 - Sick Person (Specific Diagnosis) - 8B	No



Benbrook	M56	3/23/2024 12:22:28 PM	3147189	5	Benbrook	45A01 - g - Specialized Unscheduled Up-Care Transport -	Yes
Benbrook	M91	3/15/2024 6:13:48 PM	3139075	2	Benbrook	45D02 - Specialized Unscheduled Up-Care Transport - 2A	Yes
Benbrook	M57	3/30/2024 7:56:05 AM	3154242	5	Benbrook	45A01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Benbrook	M67	3/16/2024 10:17:11 AM	3139651	5	Benbrook	10C01 - Sick Person (Specific Diagnosis) - 5A	Yes
Benbrook	M86	3/30/2024 11:22:27 PM	3154968	3	Benbrook	45C02 - Specialized Unscheduled Up-Care Transport - 3A	Yes
Benbrook	M61	3/12/2024 2:04:59 PM	3135853	5	Benbrook	45A01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Benbrook	M26	3/14/2024 7:48:28 AM	3137479	2	Benbrook	32B03 - Unknown Problem (Person Down) - 2A	Yes
Benbrook	M41	3/12/2024 8:58:40 AM	3135540	5	Benbrook	45B01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Benbrook	M66	3/21/2024 12:19:57 PM	3144863	5	Benbrook	45A01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Benbrook	M56	3/5/2024 7:45:17 PM	3129138	5	Benbrook	06C01 - Breathing Problems - 5A	Yes
Benbrook	M52	3/22/2024 10:30:12 AM	3145972	5	Benbrook	45A01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Benbrook	M34	3/29/2024 5:20:01 PM	3153658	5	Benbrook	21B01 - M - Hemorrhage (Bleeding) / Lacerations -	Yes
Benbrook	M61	3/14/2024 12:59:15 PM	3137699	3	Benbrook	45C03 - Specialized Unscheduled Up-Care Transport - 3A	Yes
Benbrook	M32	3/3/2024 7:35:28 AM	3126403	5	Benbrook	45B01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Benbrook	M46	3/11/2024 7:57:20 AM	3134482	5	Benbrook	17B04 - A - Falls - Accessibility concerns/difficulty - 5A	No
Benbrook	M41	3/3/2024 10:45:41 AM	3126485	3	Benbrook	45C01 - Specialized Unscheduled Up-Care Transport - 3A	Yes
Benbrook	M78	3/29/2024 12:35:26 PM	3153406	2	Benbrook	31D04 - Unconscious / Fainting (Near) - 2A	Yes

Burleson

1

Burleson	M58	3/8/2024 10:35:37 AM	3131812	3	Burleson	26D01 - Sick Person (Specific Diagnosis) - 3A	No
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Crowley

5

Crowley	M26	3/13/2024 12:21:53 AM	3136330	5	Crowley	26A03 - Sick Person (Specific Diagnosis) - 5A	Yes
Crowley	M83	3/27/2024 8:07:48 PM	3151666	2	Crowley	12D04 - GENERALIZED seizure (not FOCAL or Impending) - 2A	No
Crowley	M26	3/21/2024 11:12:14 PM	3145536	2	Crowley	06E01 - Breathing Problems - 2A	Yes
Crowley	M83	3/17/2024 9:19:42 PM	3141190	2	Crowley	12D04 - Convulsions / Seizures - 2A	No
Crowley	M73	3/2/2024 12:53:27 AM	3125217	4	Crowley	29B05 - Vehicle vs. vehicle - 4B	No

Kennedale

1

Kennedale	M30	3/13/2024 3:41:54 PM	3136913	2	Kennedale	29D03 - V - HIGH VELOCITY impact - Multiple patients - 2A	No
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Richland Hills

50

Richland Hills	M24	3/11/2024 8:45:32 PM	3135123	5	Richland Hills	10D04 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	No
Richland Hills	M70	3/22/2024 9:46:32 PM	3146703	4	Richland Hills	29B05 - V - Traffic Collision / Transportation Incident - Multiple	No
Richland Hills	M60	3/26/2024 1:51:04 PM	3150431	2	Richland Hills		No
Richland Hills	M83	3/26/2024 2:06:23 PM	3150439	2	Richland Hills	12D04 - Convulsions / Seizures - 2A	Yes
Richland Hills	M71	3/24/2024 5:57:42 PM	3148501	5	Richland Hills	26A11 - Sick Person (Specific Diagnosis) - 5A	Yes
Richland Hills	M23	3/15/2024 4:10:45 AM	3138447	5	Richland Hills	06C01 - A - Breathing Problems Asthma - 5A	Yes
Richland Hills	M30	3/25/2024 10:53:55 PM	3149819	5	Richland Hills	17A02 - G - Falls - On the ground or floor - 5A	Yes
Richland Hills	M52	3/15/2024 1:27:59 PM	3138772	3	Richland Hills	26D01 - Sick Person (Specific Diagnosis) - 3A	Yes

Richland Hills	M63	3/18/2024 7:50:53 PM	3142159	2	Richland Hills	2TD03 - M - Hemorrhage (Bleeding) / Lacerations -	Yes
Richland Hills	M35	3/20/2024 10:32:38 PM	3144293	3	Richland Hills	31C02 - Falls - 3A	Yes
Richland Hills	M63	3/22/2024 10:47:10 AM	3145981	3	Richland Hills	06D01 - A - Breathing Problems Asthma - 2A	No
Richland Hills	M53	3/15/2024 4:49:18 PM	3139000	2	Richland Hills	28C01 - J - Stroke (CVA) / Transient Ischemic Attack (TIA) - CLEAR evidence of	No
Richland Hills	M41	3/7/2024 9:49:41 PM	3131346	4	Richland Hills	29B05 - U - Solitary vehicle - Unknown number of patients - 4B	No
Richland Hills	M78	3/8/2024 2:00:04 PM	3131973	5	Richland Hills	45B01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Richland Hills	M70	3/5/2024 12:22:01 PM	3128692	5	Richland Hills	26A07 - Sick Person (Specific Diagnosis) - 5A	No
Richland Hills	M54	3/5/2024 8:30:00 PM	3129166	2	Richland Hills	06E01 - Breathing Problems - 2A	Yes
Richland Hills	M54	3/5/2024 10:02:16 PM	3129253	3	Richland Hills	26D01 - Sick Person (Specific Diagnosis) - 3A	Yes
Richland Hills	M32	3/2/2024 5:50:33 AM	3125341	5	Richland Hills	26A04 - Sick Person (Specific Diagnosis) - 5A	Yes
Richland Hills	M502	3/14/2024 11:32:58 AM	3137634	4	Richland Hills	29B05 - Traffic Collision / Transportation Incident - 4B	No
Richland Hills	M87	3/2/2024 5:14:55 PM	3125861	5	Richland Hills	10C03 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	Yes
Richland Hills	M55	3/25/2024 9:39:53 AM	3149109	2	Richland Hills	10D01 - Sick Person (Specific Diagnosis) - 2A	Yes
Richland Hills	M43	3/23/2024 12:32:35 AM	3146809	5	Richland Hills		No
Richland Hills	M22	3/25/2024 1:55:27 PM	3149394	4	Richland Hills	29B05 - U - Traffic Collision / Transportation Incident - Unknown	No
Richland Hills	M70	3/12/2024 10:41:22 AM	3135632	3	Richland Hills	45C02 - Specialized Unscheduled Up-Care Transport - 3A	Yes
Richland Hills	M90	3/23/2024 3:10:17 PM	3147317	5	Richland Hills	10D05 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	Yes

Richland Hills	M90	3/25/2024 11:37:43 PM	3149855	2	Richland Hills	12C03 - Convulsions / Seizures - 2A	Yes
Richland Hills	M71	3/9/2024 11:48:06 PM	3133382	5	Richland Hills	17B04 - Falls - 5A	Yes
Richland Hills	M93	3/25/2024 12:52:25 PM	3149301	3	Richland Hills	45C01 - Specialized Unscheduled Up-Care Transport - 3A	Yes
Richland Hills	M28	3/4/2024 7:41:26 PM	3128059	2	Richland Hills	06D01 - Breathing Problems - 2A	Yes
Richland Hills	M51	3/6/2024 12:40:59 PM	3129716	2	Richland Hills	17D06 - Falls - 2A	Yes
Richland Hills	M27	3/8/2024 4:49:38 PM	3132131	5	Richland Hills	45A01 - g - Specialized Unscheduled Up-Care Transport - 17D04 - P - Falls -	Yes
Richland Hills	M71	3/8/2024 2:34:53 PM	3132001	5	Richland Hills	Public place (street, parking garage, market) - 5A	Yes
Richland Hills	M83	3/2/2024 11:32:29 AM	3125528	2	Richland Hills	28C01 - J - Stroke (CVA) / Transient Ischemic Attack (TIA) - CLEAR evidence of	Yes
Richland Hills	M37	3/8/2024 9:01:18 PM	3132355	2	Richland Hills	31D04 - Unconscious / Fainting (Near) - 2A	Yes
Richland Hills	M57	3/2/2024 2:33:35 PM	3125699	5	Richland Hills	31C01 - Falls - 5A	Yes
Richland Hills	M76	3/2/2024 6:11:04 PM	3125882	8	Richland Hills	03O03 - Animal Bites / Attacks - 8B	No
Richland Hills	M70	3/11/2024 8:02:37 PM	3135091	5	Richland Hills	25D03 - Psychiatric / Mental Health Conditions / Suicide Attempt / Abnormal	Yes
Richland Hills	M28	3/23/2024 7:37:18 PM	3147541	3	Richland Hills	08D06 - G - Carbon Monoxide / Inhalation / HAZMAT / CBRN -	No
Richland Hills	M61	3/9/2024 1:59:20 PM	3132946	4	Richland Hills	29B05 - Motorcycle (solitary) - 4B	Yes
Richland Hills	M32	3/26/2024 9:36:10 AM	3150169	5	Richland Hills	17B01 - Falls - 5A	Yes
Richland Hills	M32	3/26/2024 4:20:58 PM	3150565	5	Richland Hills	45A01 - g - Specialized Unscheduled Up-Care Transport -	Yes
Richland Hills	M33	3/26/2024 9:08:34 AM	3150146	3	Richland Hills	26D01 - Sick Person (Specific Diagnosis) - 3A	Yes

Richland Hills	M54	3/9/2024 10:23:32 AM	3132780	2	Richland Hills	28C01 - Y - Stroke (CVA) / Transient Ischemic Attack (TIA) - No test evidence of	Yes
Richland Hills	M54	3/29/2024 6:15:12 PM	3153721	2	Richland Hills	31D04 - Unconscious / Fainting (Near) - 2A	No
Richland Hills	M60	3/12/2024 11:34:24 AM	3135722	5	Richland Hills	17B01 - Falls - 5A	No
Richland Hills	M68	3/15/2024 6:53:02 PM	3139102	8	Richland Hills	26O01 - Sick Person (Specific Diagnosis) - 8B	Yes
Richland Hills	M85	3/5/2024 12:29:52 PM	3128710	2	Richland Hills	17D04 - Falls - 2A	Yes
Richland Hills	M89	3/4/2024 7:32:44 PM	3128049	5	Richland Hills	10C03 - Sick Person (Specific Diagnosis) - 5A	Yes
Richland Hills	M77	3/12/2024 9:42:13 AM	3135578	3	Richland Hills	28C03 - U - Stroke (CVA) / Transient Ischemic Attack (TIA) - Unknown when the	Yes
Richland Hills	M70	3/7/2024 1:32:07 PM	3130876	2	Richland Hills	12D02 - Convulsions / Seizures - 2A	Yes

Tarrant County

2

Tarrant County	M48	3/2/2024 6:44:27 PM	3125918	7	Tarrant County	30A02 - Traumatic Injuries (Specific) - 7A	Yes
Tarrant County	M59	3/20/2024 6:41:08 PM	3144104	2	Tarrant County	23C07 - A - Overdose / Poisoning (Ingestion) - Accidental - 2A	Yes

**Total Given 106**

**RECEIVED**

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

1

Arlington	AMR Arlington 1	3/21/2024 11:56:49 AM	3144852	7	Fort Worth	25A01 - Psychiatric / Mental Health Conditions / Suicide Attempt / Abnormal	Yes
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Eagle Mountain

2

Eagle Mountain	Eagle Mountain	3/11/2024 12:08:51 AM	3134252	3	Fort Worth	28C03 - F - Stroke (CVA) / Transient Ischemic Attack (TIA) - STRONG evidence	Yes
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Eagle Mountain	Eagle Mountain	3/17/2024 3:50:07 AM	3140516	5	Fort Worth	06C01 - Breathing Problems - 5A	Yes
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<b>Total Received</b>	<b>3</b>
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# Tab H – Compliance and Legal



## **Legal Team Report March 22, 2024- April 15, 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 two narcotic anomalies. No foul play was suspected in any of the occurrences.

### **Paralegal Duties**

- 24 DFPS reports were filed for suspected abuse, neglect, or exploitation.
- Provided internal legal support for MedStar team members and processed requests regarding legal matters.
- 3 Subpoenas(s) served for witness appearance.
- Conducted 1 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  
CACO, 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**