



Metropolitan Area EMS Authority (MAEMSA)

dba MedStar Mobile Healthcare

Board of Directors

May 23, 2024

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

Date and Time: May 23, 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/1481302907> or by phone at (469) 445-0100 (meeting ID : 148 130 2907).

AGENDA

- | | | | |
|-------------|-------------------------------|---|----------------------------|
| I. | CALL TO ORDER | | Councilman Flores |
| II. | INTRODUCTION OF GUESTS | | Councilman Flores |
| III. | CITIZEN PRESENTATIONS | <p>Members of the public may address the Board on any posted agenda item and any other matter related to Authority business. All speakers are required to register prior to a meeting using the link on the Authority’s website, (see, http://www.medstar911.org/board-of-directors/ where more details can be found, including information on time limitations). The deadline for registering is 4:30 p.m. May 22, 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> | |
| IV. | CONSENT AGENDA | <p>Items on the consent agenda are of a routine nature. To expedite the flow of business, these items may be acted upon as a group. Any board member may request an item be removed from the consent agenda and considered separately. The consent agenda consists of the following:</p> | |
| | BC – 1596 | Approval of Board Minutes for April 25, 2024 | Councilman Flores
Pg. 1 |
| | BC – 1597 | Approval of Check Register for April | Councilman Flores
Pg. 5 |

V. NEW BUSINESS

- | | | |
|------------------|--|-----------------|
| BC – 1598 | 24/25 Ambulance Chassis & Remount | Kenneth Simpson |
| IR – 231 | Update Board of Directors on May 21 st Fort Worth City Council vote regarding MedStar and future EMS services | Kenneth Simpson |

VI. MONTHLY REPORTS

- | | | |
|-----------|---------------------------------------|--|
| A. | Chief Executive Officer Report | Kenneth Simpson |
| B. | Office of the Medical Director Report | Dwayne Howerton
Dr. Jeff Jarvis |
| C. | Chief Financial Officer | Steve Post |
| D. | Human Resources | Leila Peebles |
| E. | FRAB | Fire Chief Jim Davis
Fire Chief Doug Spears |
| F. | Operations | Chris Cunningham |
| G. | Compliance Officer/Legal | Chad Carr |
| H. | EPAB | Dr. Brad Commons |

VII. OTHER DISCUSSIONS

- | | | |
|-----------|----------------------------------|-------------------|
| A. | Requests for future agenda items | Councilman Flores |
|-----------|----------------------------------|-------------------|

VIII. CLOSED SESSION

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

1. Section 551.071: To seek the advice of its attorney(s) concerning pending or contemplated litigation or a settlement offer, or on any matter in which the duty of the attorney to the Board and the Authority to maintain confidentiality under the Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings

Act, including without limitation, consultation regarding legal issues related to matters on this Agenda;

2. Section 551.072: To deliberate the purchase, exchange, lease, or value of real property if deliberation in an open meeting would have a detrimental effect on the position of the Authority in negotiations with a third person;
3. Section 551.074: To (1) deliberate the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of an Authority officer or employee; or (2) to hear a complaint or charge against an officer or employee; or
4. Section 551.089: To deliberate security assessments or deployments relating to information resources technology; network security information; or the deployment of, or specific occasions for implementation, of security personnel, critical infrastructure, or security devices.

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

XI. ADJOURNMENT

**MAEMSA
BOARD COMMUNICATION**

Date: 05.23.2024	Reference #: BC-1596	Title: Approval of Board of Directors Minutes
-------------------------	-----------------------------	--

RECOMMENDATION:

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

DISCUSSION:

N/A

FINANCING:

N/A

Submitted by: <u>Kenneth Simpson</u>	Board Action:	____ Approved ____ Denied ____ Continued until _____
---	----------------------	--

MINUTES

METROPOLITAN AREA EMS AUTHORITY DBA MEDSTAR MOBILE HEALTHCARE BOARD OF DIRECTORS REGULAR MEETING April 25, 2024

The Metropolitan Area EMS Authority Board of Directors (“Authority”) 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, Fire Chief Jim Davis, and Fire Chief Doug Spears. Board members physically present were Chair Councilman Carlos Flores, Dr. Chris Bolton, Susan Alanis, Teneisha Kennard, 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, Dwayne Howerton, Matt Zavadsky, Leila Peoples, and Steve Post.

Guests on phone or in person as attendees: City of Fort Worth Assistant City Manager Val Washington, Fire Chief Brian Jacobs, Fire Chief Jeff Ballew, Fire Chief Kirt Mays, April Huse, Blair Blame, Bradley Crenshaw, Buck Gleason, Cerenity Jenkins Jones, Desiree Partain, Emily Vinson, Heath Stone, Jack Cheng, Jason Weimer, Jennifer Fee, Jeremy Kelley, Jose Talavera, Kayden Bathory, Kerby Johnson, Kier Brister, Kristine Martinez, LaChandra Goyes, Lesley Leopold, Lindy Curtis, Lisa Gray, Maerissa Thomas, Matthew Willens, Monica Cruz, Michael Griffith, Nick Bombardier, Norman Craven, Odelle Carrette, Rhode Ontiveros Romero, Ricky Hyatt, Rosa Palacios, Scott Mesick, Shaun Curtis, and Whitney Burr.

II. INTRODUCTION OF GUESTS

Chair Carlos Flores introduced two guests; City of Fort Worth Assistant City Attorney, Taylor Paris, and Attorney Victoria Vish with Ogletree Deakins Law Firm.

III. CONSENT AGENDA

BC-1593 Approval of Board Minutes for February 22, 2024
BC-1590 Approval of Check Register February and March

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

IV. NEW BUSINESS

BC - 1595 Approval of Early Retirement of General Counsel

The motion to approve the agreement between MAEMSA and Kristofer Schleicher as presented to the Board was made by Susan Alanis and seconded by Dr. Chris Bolton. The motion carried unanimously.

V. MONTHLY REPORTS

- A.** Chief Executive Officer – Ken Simpson took time to share the untimely, off-duty passing of Jadon Menchaca, and requested the Board to keep Jadon and his family in everyone’s thoughts and prayers in this difficult time. Ken Simpson referred to Tab A and offered kudos to Shaun Curtis on a tremendous job submitting the application for the Assistance to Fire Fighter’s Grant (“AFG”) this year. The application is for over \$3 million for more clinically advanced cardiac monitors to replace the existing monitors, which are nearing their end of life. The Ad Hoc Committee met on April 16th and was asked to evaluate a fire based civil service and a fire based civilian model. The committee will have further discussions surrounding this on April 30th when they will make a final recommendation to the full council and Mayor. The Mayor and Fort Worth City Council will hear the full recommendation at a work session on May 7th and they will make a final vote on May 21st. The Ad Hoc Committee had the opportunity to hear feedback from hospitals, the IAFF Local 440, the physician community, Tarrant County Medical Society, the Office of the Medical Director, and MedStar’s CEO Ken Simpson. Assistant City Manager Val Washington also added to Ken Simpson’s overview of the ad hoc by informing the Board, the committee has been meeting with the MedStar member cities to get their feedback regarding the best way to handle the Interlocal Agreement, and they are interested in the civilian versus civilian civil service model.
- B.** Office of the Medical Director – Dr. Jarvis referred to Tab B and informed the Board, we are actively still working on credentialing. He highlighted the gauges, which summarized performance measures, and he explained each one of the performance measures. The continuing education material in June will be focused on cardiac arrest, and the staff in the Office of the Medical Director are finishing up the final touches on the material.
- C.** Chief Transformation Officer – Matt Zavadsky referred to Tab C and highlighted the following items for the Board. We were involved in a very productive series of meeting last week in Washington D.C. related to payment for treatment in place and payment for transport only, and there was significant interest from Congress on seeing this advance. CMS has been unwilling to release their data from the ET3 program but after two requests the data has been released. The released data summarizes a savings of ~\$570 per Medicare beneficiary utilizing the ET3 program as compared to traditional fee for service (transport). Matt Zavadsky offered kudos to Desiree Partain on her amazing job with employee engagement as the organization works through imminent changes and the untimely loss of team members and friends. Matt encouraged members of the Board to participate in annual clayshoot fundraiser for the MedStar Foundation on May 29th.

- D.** Chief Financial Officer– Steve Post referred to Tab D.
- E.** Chief Human Resources Officer- Leila Peeples referred to Tab E and informed the Board, the Human Resources Department continues to focus on retention and recruiting team members.
- F.** FRAB – Chief Spears informed the Board that the member cities and the FRO are continuing to stay engaged with the work of the ad hoc committee.
- G.** Operations – Chris Cunningham referred to Tab G and informed the Board that the Operations team continues to stay focused on our mission and offered kudos to the team for meeting our strategic goals.
- H.** Compliance and Legal – Chad Carr referred to Tab H.
- I.** EPAB – Dr. Brad Commons informed the Board, we are very interested in the Ad Hoc committee activities and ensuring the medical community and high-quality medical care is represented.

VI. REQUEST FOR FUTURE AGENDA ITEMS

None.

VII. CLOSED SESSION

Chair Carlos Flores called the meeting into a closed session at 10:22 a.m. under Section 551.071 of the Texas Government Code. The Board returned by closed session at 10:54 a.m.

The Board took action on BC- 1595.

VIII. ADJOURNMENT

The Board stood adjourned at 10:55 a.m.

Respectfully submitted,

Douglas Spears
Secretary

**MAEMSA
BOARD COMMUNICATION**

Date: 05.23.2024	Reference #: BC-1597	Title: Approval of Board of Check Register
-------------------------	-----------------------------	---

RECOMMENDATION:

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

DISCUSSION:

N/A

FINANCING:

N/A

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

AP Check Details Over 5000.00

For Checks Between 4/1/2024 and 4/30/2024



Check Number	CK Date	Vendor Name	Check Amount	Description
115932	4/4/2024	Bound Tree Medical LLC	18,821.43	Various Medical Supplies
115941	4/4/2024	McKesson Medical Surgical Inc	7,558.93	Various Medical Supplies
115942	4/4/2024	Medline Industries, Inc.	6,610.88	Various Medical Supplies
115963	4/4/2024	Westmatic Corporation	11,511.75	CDC Car Wash Repair
115966	4/4/2024	Zoll Medical Corporation	9,854.16	Various Medical Supplies
115980	4/11/2024	Bound Tree Medical LLC	15,289.64	Various Medical Supplies
115989	4/11/2024	Maintenance of Ft Worth, Inc.	6,148.56	Janitorial Services and Supplies
115990	4/11/2024	Mansfield Service Partners South, LLC	5,143.16	Bulk DEF
115991	4/11/2024	Masimo Americas, Inc	9,082.80	Various Medical Supplies
115996	4/11/2024	NCTTRAC	6,000.00	NCTTRAC-2024 CARES Fee - Membership
115998	4/11/2024	Paranet Solutions	40,244.58	Monthly IT Charges - Apr24
115999	4/11/2024	Reliable Dental Supply and Service	7,739.17	Various Medical Supplies
116000	4/11/2024	RingCentral	51,080.40	Ring Central - Annual Subscrip
116007	4/11/2024	TML Intergovernmental Risk Pool	78,170.78	Liability Deductible / Contribution Changes
116010	4/11/2024	Westmatic Corporation	7,651.79	Car Wash Repair - NDC
116012	4/11/2024	XL Parts	11,360.52	Various Parts
116013	4/11/2024	Zoll Medical Corporation	5,498.43	Resuscitation training equipment/various medical supplies
116015	4/17/2024	Airgas USA, LLC	8,331.63	Cylinder Rentals
116020	4/17/2024	Bound Tree Medical LLC	26,867.37	Various Medical Supplies
116023	4/17/2024	Collection Management Company	8,503.83	Collection Services
116025	4/17/2024	CyrusONe	8,457.76	Colocation/Bandwidth
116037	4/17/2024	ImageTrend	23,124.00	Monthly Fee - Elite EMS SaaS
116042	4/17/2024	McKesson Medical Surgical Inc	5,068.61	Various Medical Supplies
116043	4/17/2024	Medline Industries, Inc.	5,221.91	Various Medical Supplies
116055	4/17/2024	SoftwareOne, Inc.	55,230.90	Maintenance Renewal - Microsoft Server Subscription
116062	4/17/2024	XL Parts	13,511.89	Various Parts
116093	4/25/2024	Bound Tree Medical LLC	22,218.13	Various Medical Supplies
116103	4/25/2024	Logis Solutions	29,774.98	Logis-Q2 Maint / HERE License
116123	4/25/2024	Roger Williams Automall	7,674.75	Ram Tires
116129	4/25/2024	Teleflex Medical	9,900.00	Various Medical Supplies
116133	4/25/2024	The EMS Training School	8,000.00	E Snyder - Paramedic Tuition
116134	4/25/2024	The State of Texas	5,890.70	Microsoft Subscription
116138	4/25/2024	XL Parts	5,730.92	Various Parts
2754783	4/3/2024	Direct Energy Business	7,470.87	Electric Services
4012024	4/1/2024	Frost	61,053.88	Frost Loan #30001
4162024	4/16/2024	JP Morgan Chase Bank, N.A.	13,472.82	MasterCard Bill
4780113	4/1/2024	Frost	39,363.52	Frost Loan #39001
4792597	4/3/2024	UMR Benefits	71,101.03	Health Insurance Premium - Apr
4792618	4/3/2024	MetLife - Group Benefits	44,981.89	Dental/Vision/Basic Life/STD/Suppl Life - Apr
4862897	4/18/2024	WEX Bank	124,357.87	Fuel Bill
4911488	4/30/2024	UT Southwestern Medical Center	16,224.00	Contract Services - B Miller
4991528	4/30/2024	Integrative Emergency Service Physician	15,600.00	Contract Services - A Cornelius
18976262	4/3/2024	AT&T	16,731.09	Cell Phone/Aircards
402202401	4/2/2024	Frost	38,540.62	Frost Loan #4563-001

**MAEMSA
BOARD COMMUNICATION**

Date: 05.23.2024	Reference #: BC- 1598	Title: 24/25 Ambulance Chassis & Remount
-------------------------	------------------------------	---

RECOMMENDATION:

It is recommended that the Board of Directors approve the request to purchase of eighteen (18) Ford F-450 gas chassis and remount charges for a price of \$3,600,000 with a ~10% contingency as pricing is still fluid until they are built. This will bring the amount not to exceed to \$4,000,000. This will allow us to remount ambulances that are on chassis at the end of their life cycle. The purchase will be made through Southwest Ambulance Sales, and it is anticipated to occur in FY25.

DISCUSSION:

The supply chain for chassis is getting better, but if we order chassis it is anticipated they would be delivered in October or November of 2024, which would allow us to continue our remounting process without a pause for potential chassis supply chain issues.

MedStar has remounted ambulances between five and six years of age or around 250,000 miles. Failure to remount the ambulances results in increased breakdowns, additional signs of wear and tear and increased maintenance costs. It would not be prudent to delay remounting.

This amount will be included in the FY25 capital plan, and we don't anticipate paying anything until they are delivered, which is anticipated to be in FY25.

FINANCING:

This will be paid with cash on hand.

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

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

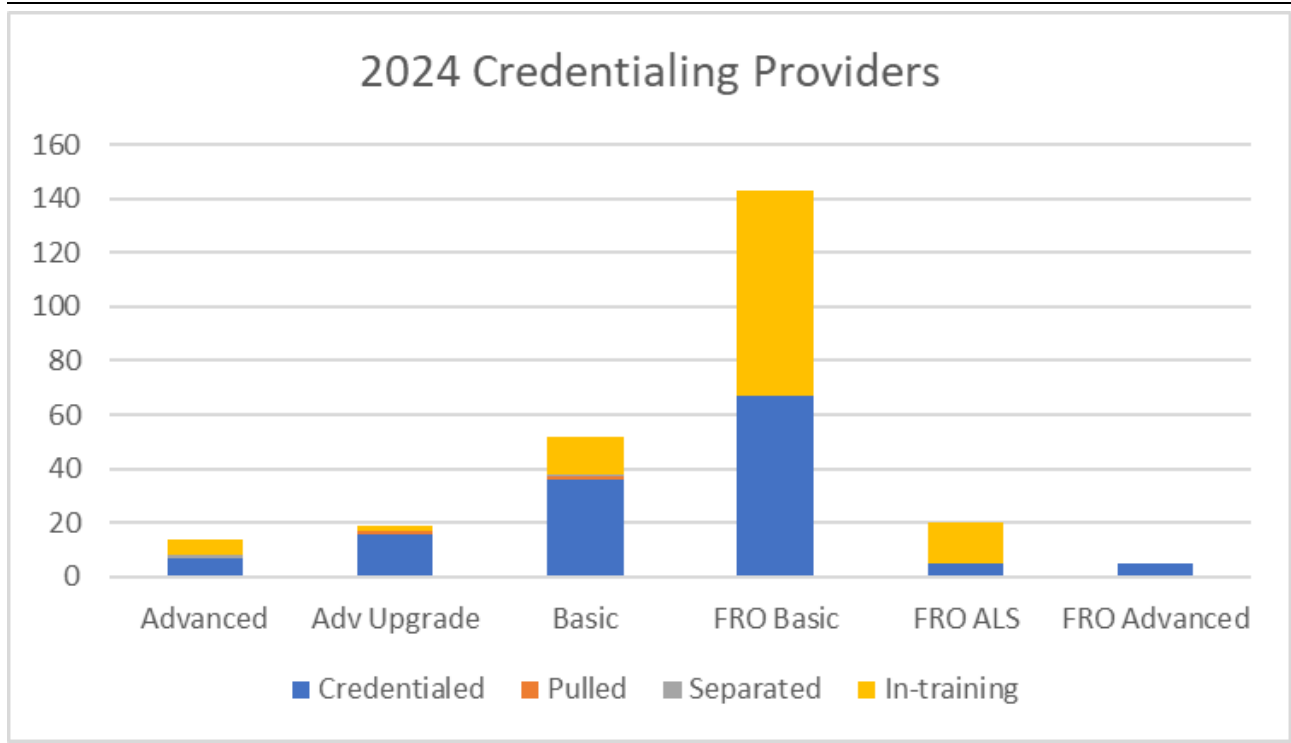
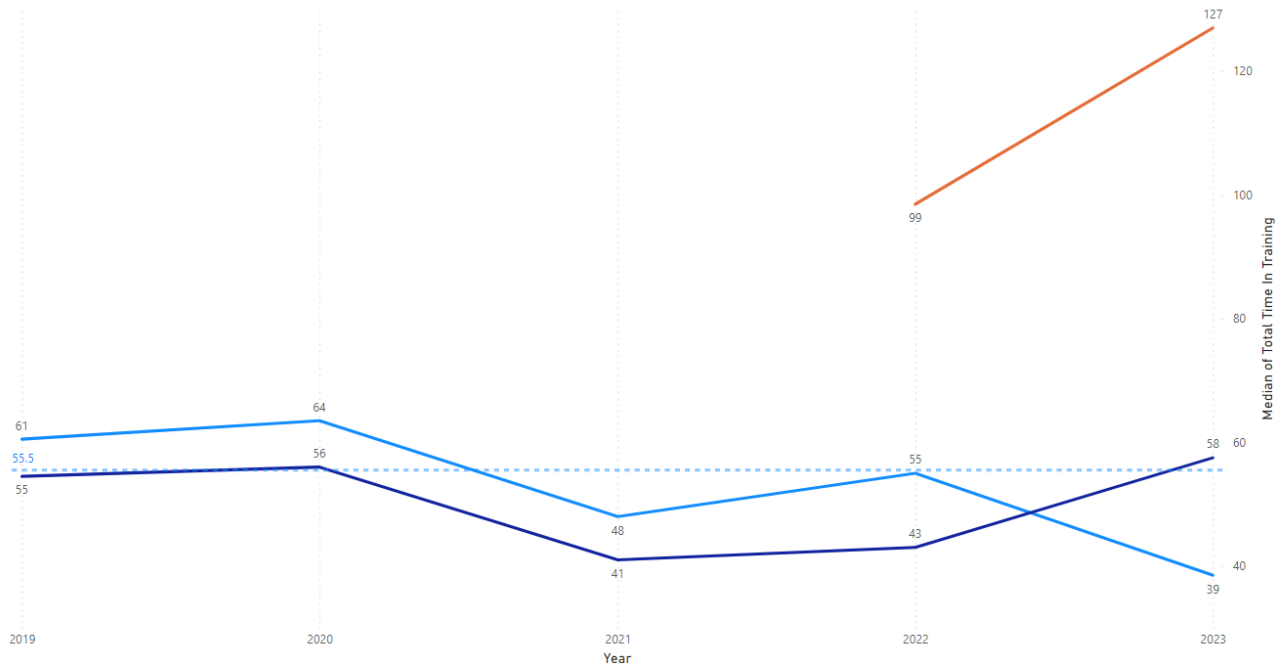
Course Attendance	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	15	32	25	5	6	35
FRO						
External	1		1		3	

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

Credentialing

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

Final Credential Level ● Advanced ● Basic ● Intermediate

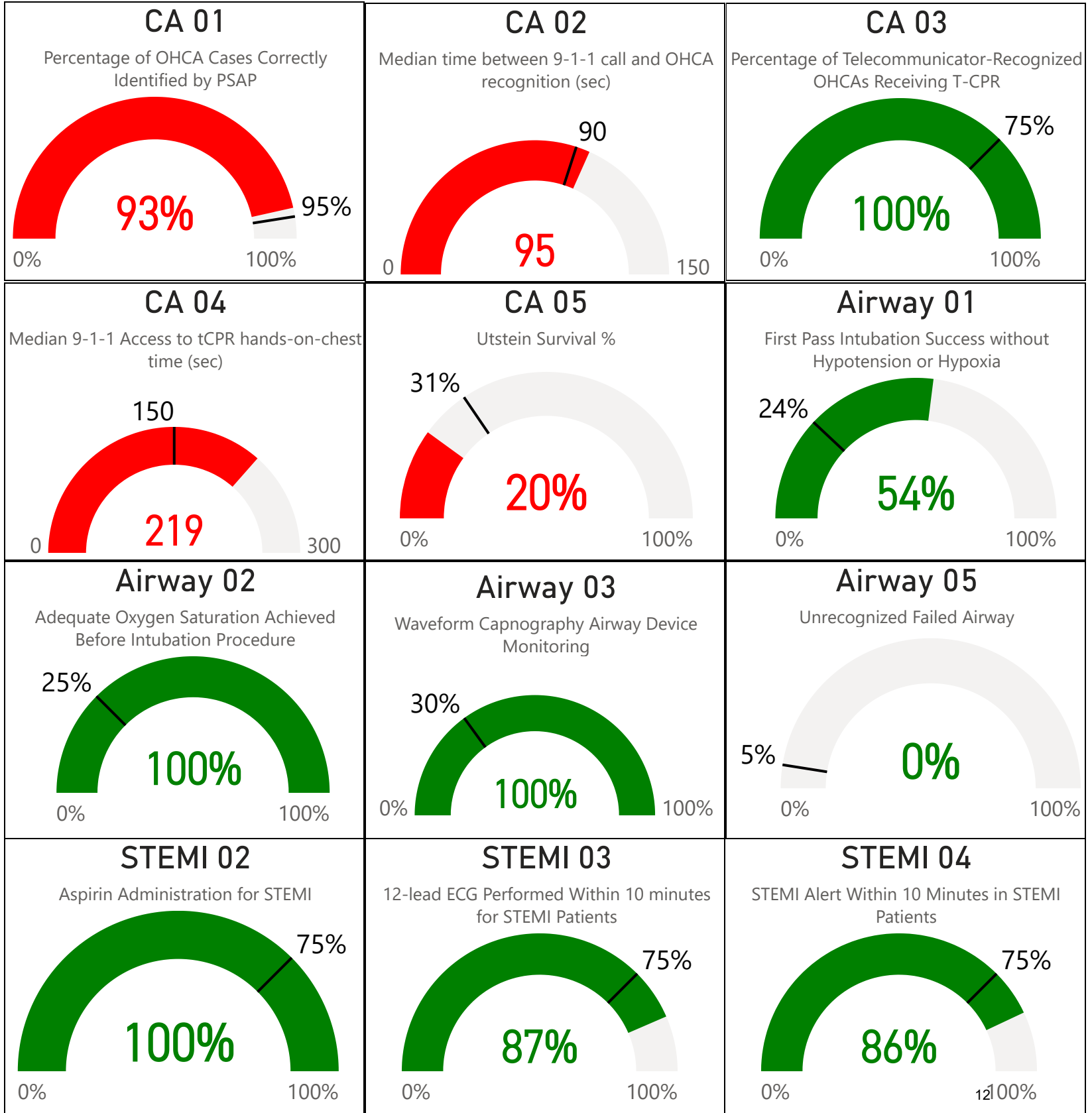


The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.



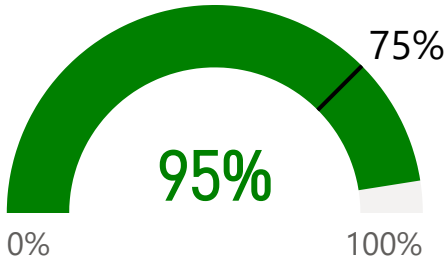
MAEMSA Clinical Performance Measures

April 2024



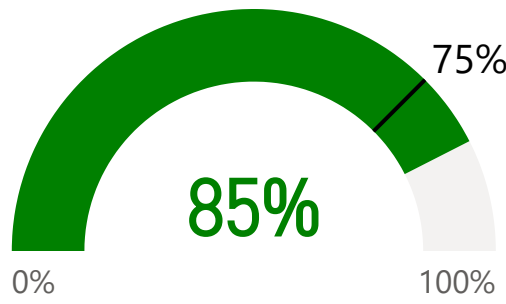
Stroke 01

Evaluation of Blood Glucose for Patients with Suspected Stroke



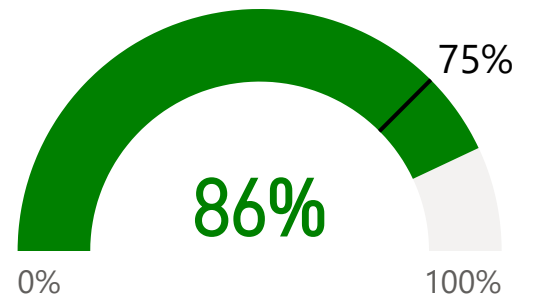
Stroke 02

Stroke Screen Performed and Documented



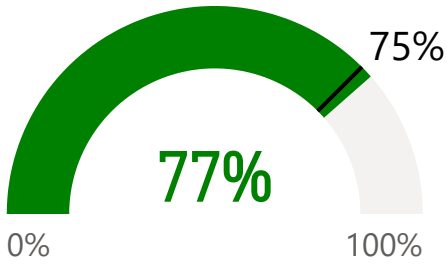
Stroke 03

Stroke Alert for Suspected Stroke



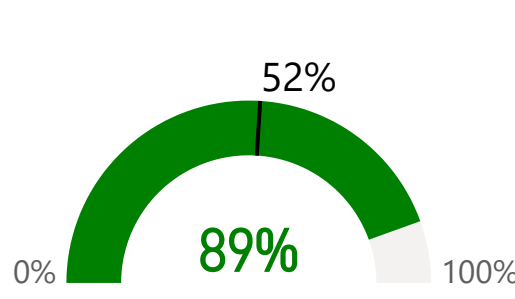
Stroke 04

Documentation of Last Known Well for Patients with Suspected Stroke



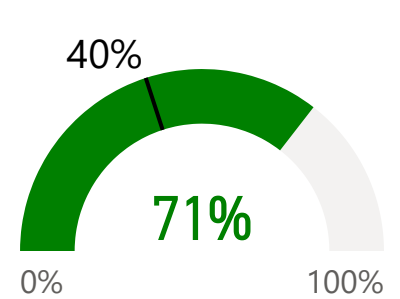
Asthma 01

Administration of a Beta Agonist for Asthma



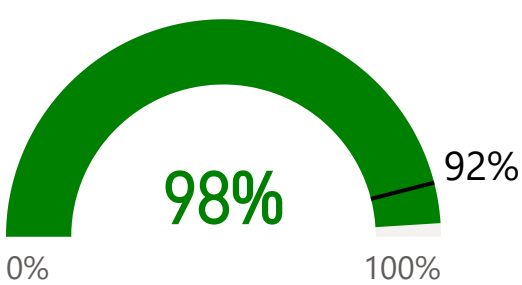
Hypoglycemia 01

Treatment Administered for Hypoglycemia



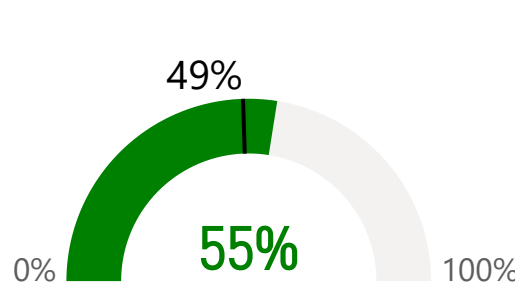
Respiratory 01

Respiratory Assessment



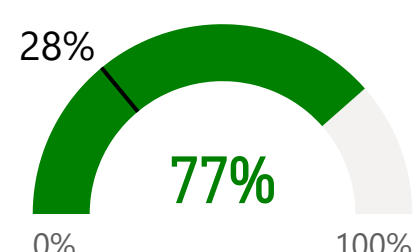
Respiratory 02

Oxygen Administration for Hypoxia



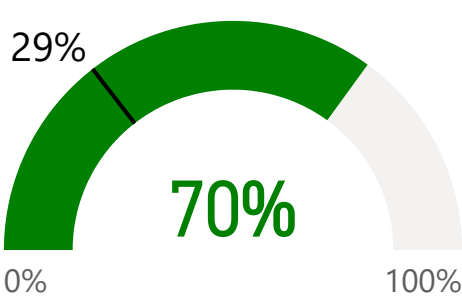
Seizure 02

Patients with Status Epilepticus Receiving Intervention



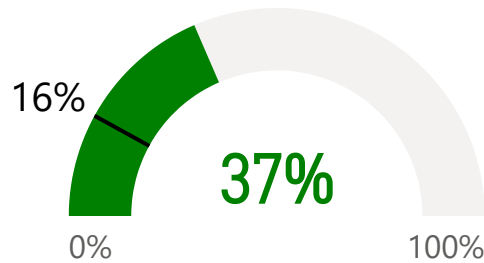
Syncope 01

ECG Performed for Syncope Patients



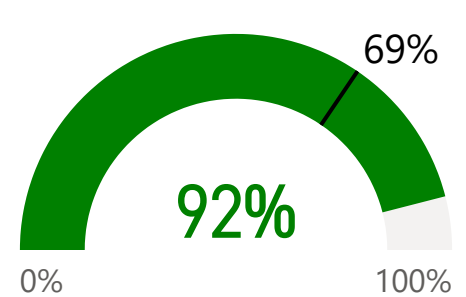
TBI 01

Clinical Assessments for Patients with Traumatic Brain Injury



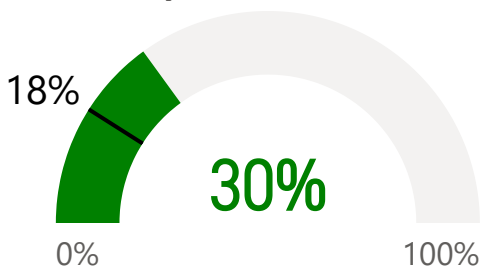
Trauma 01

Pain Assessment of Injured Patients



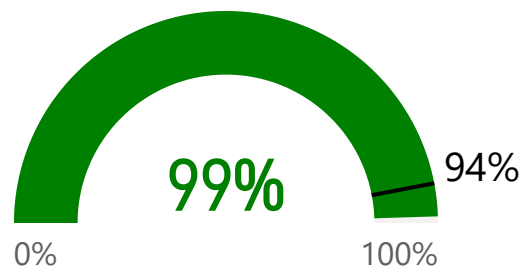
Trauma 03

Effectiveness of Pain Management for Injured Patients



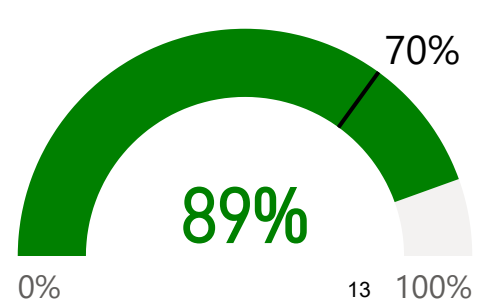
Trauma 08

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

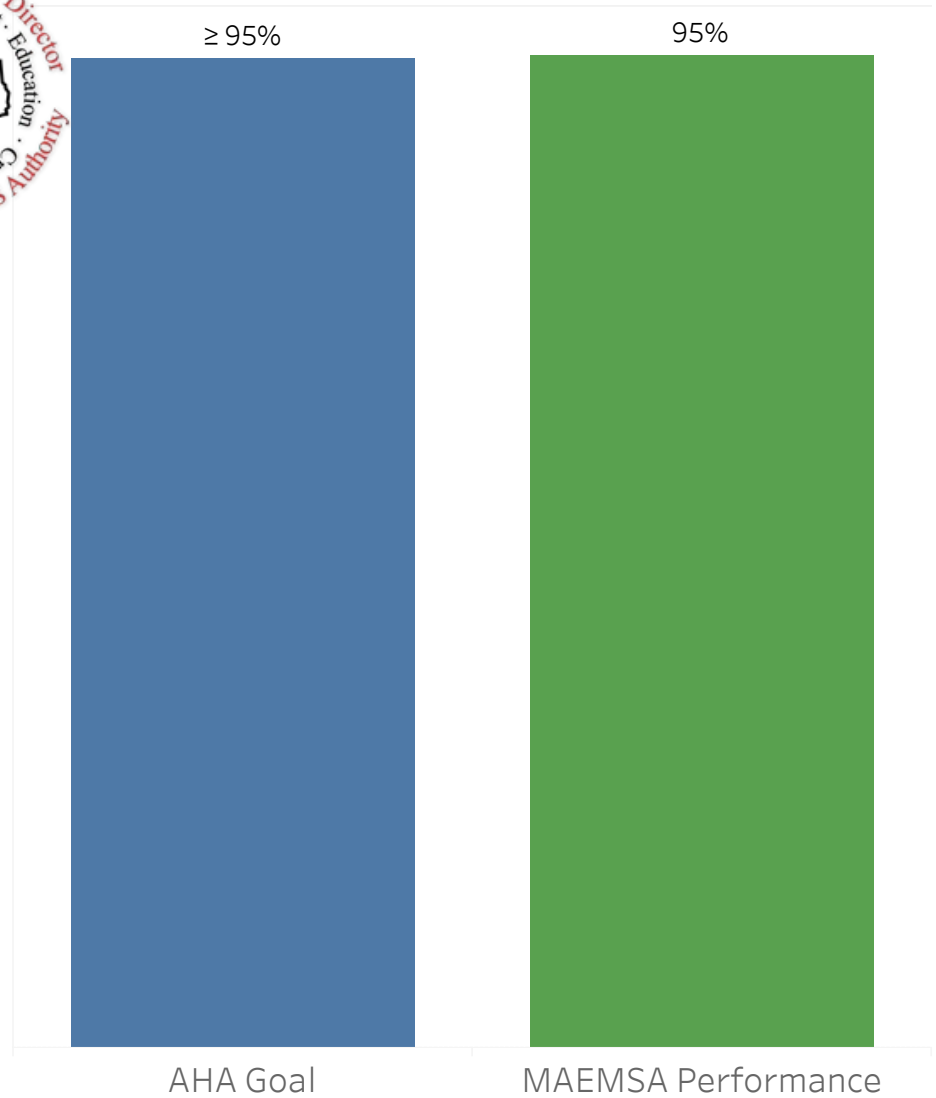
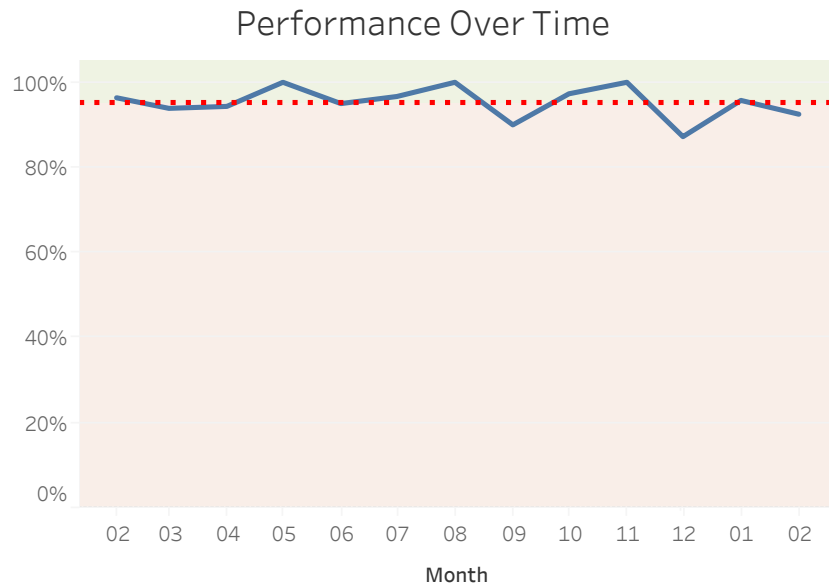
Trailing 12-Month Performance

February 2024

93%

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

February 2024

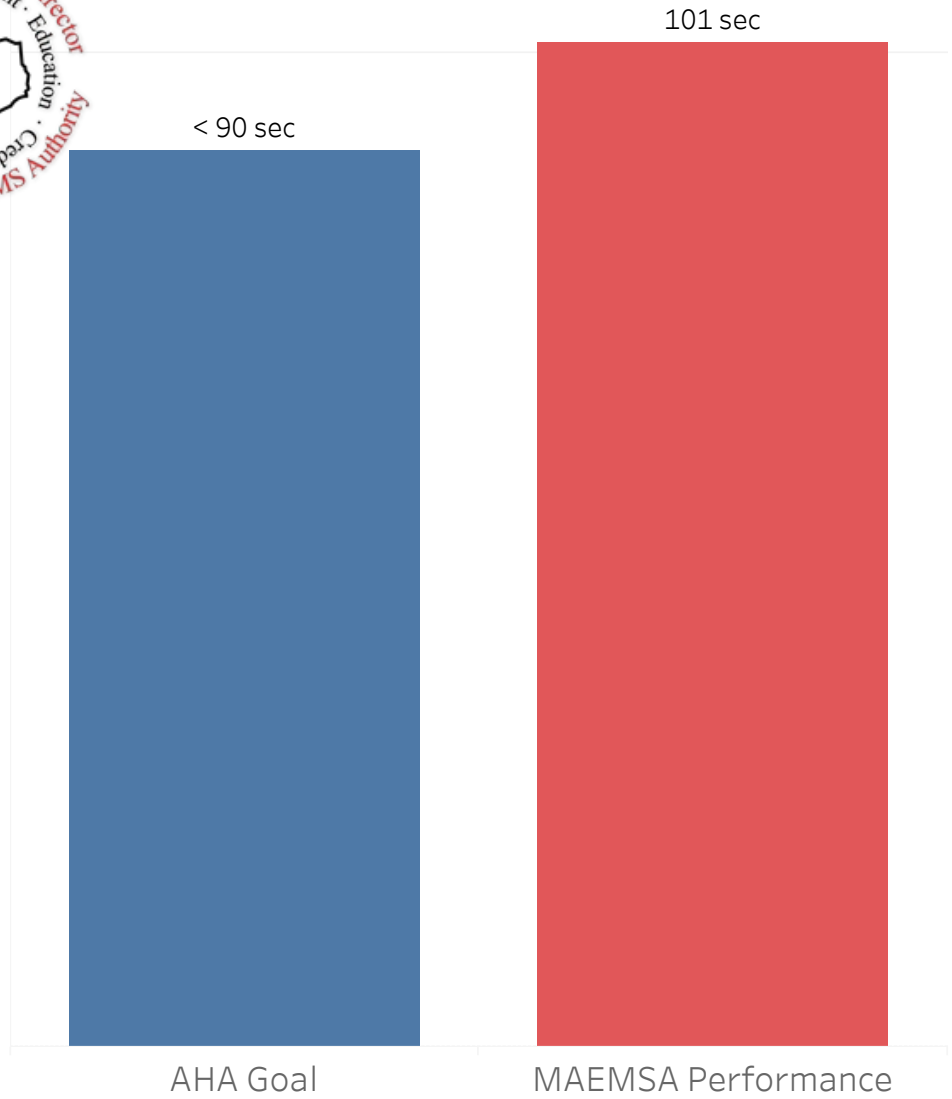
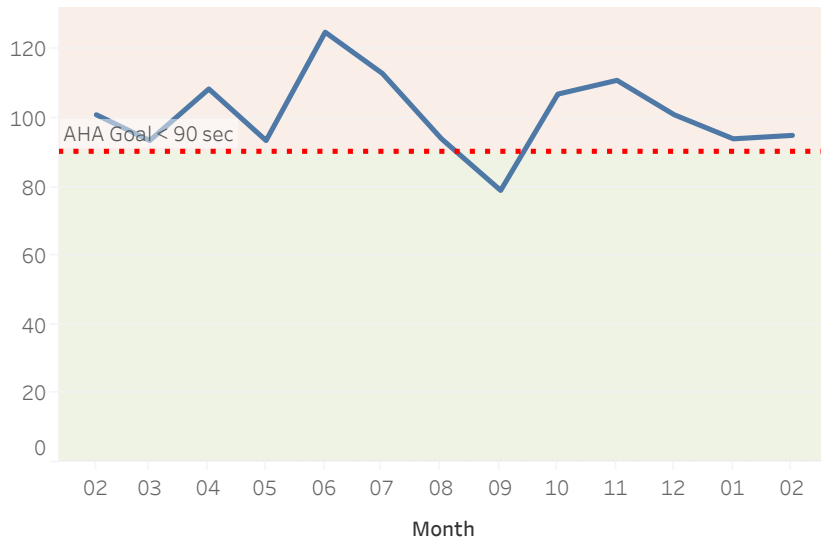
95 sec

AHA Goal

< 90 sec



Performance Over Time



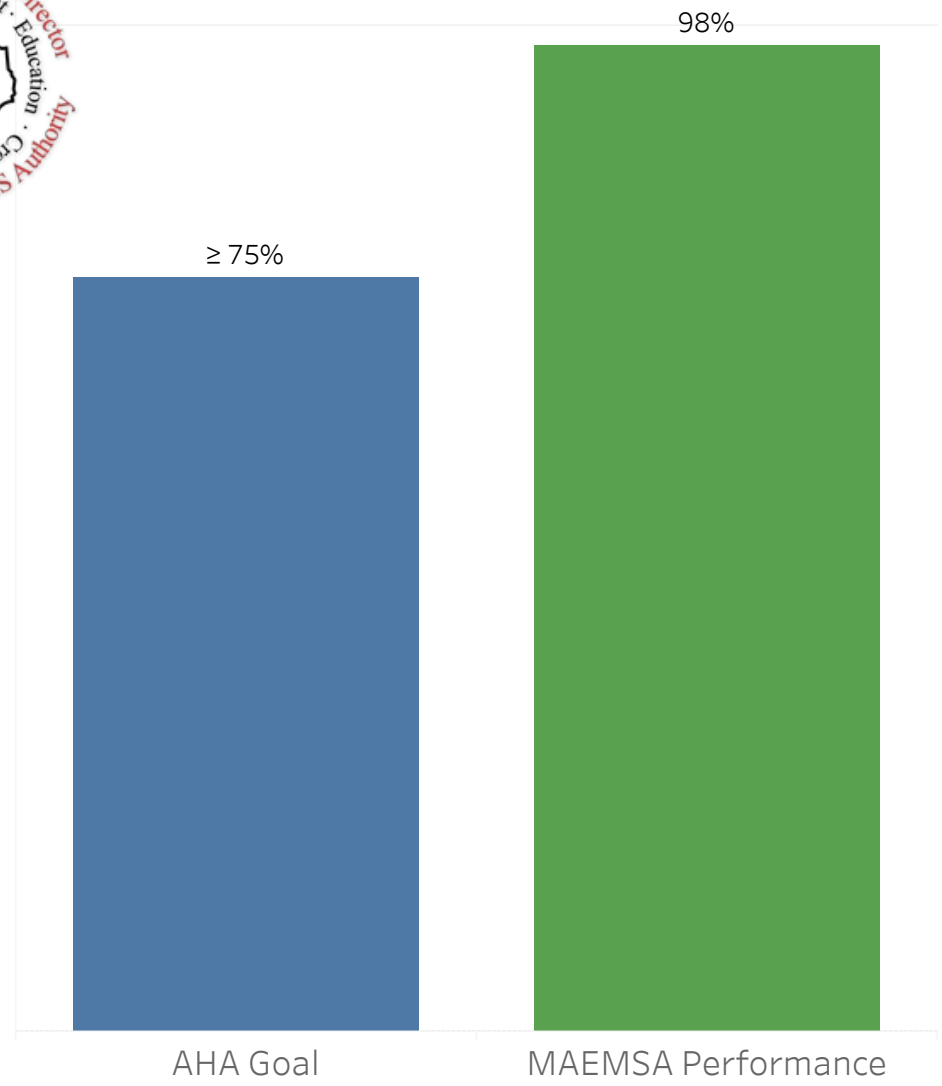
Median amount of time in seconds between 9-1-1 call connection and OHCA recognition

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

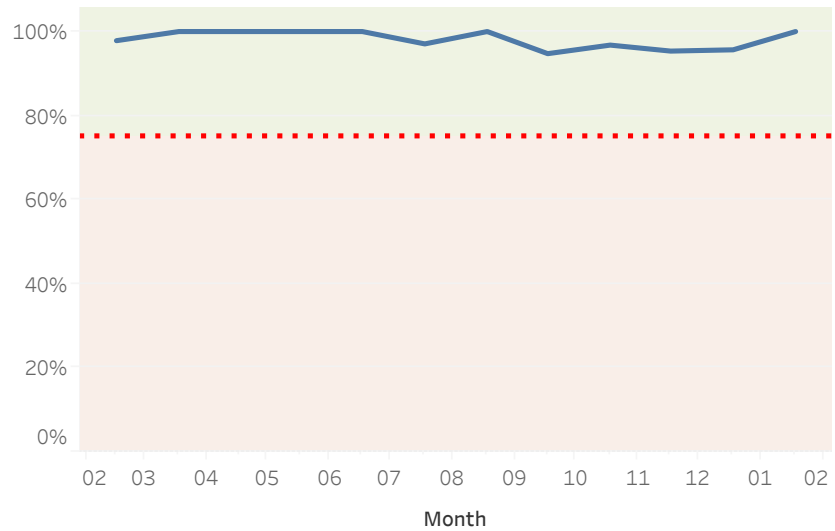
MAEMSA System Performance

Trailing 12-Month Performance

February 2024
100%
 AHA Goal
 $\geq 75\%$



Performance Over Time



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

February 2024

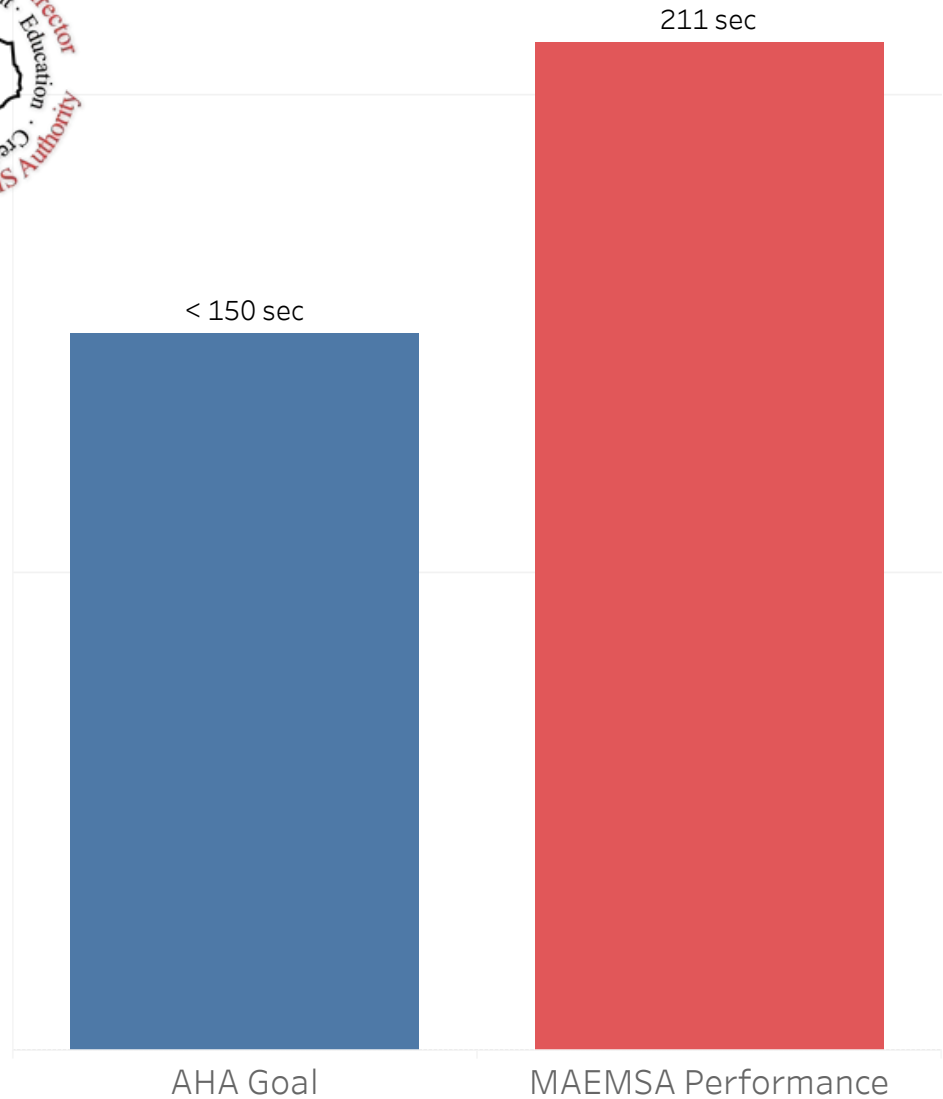
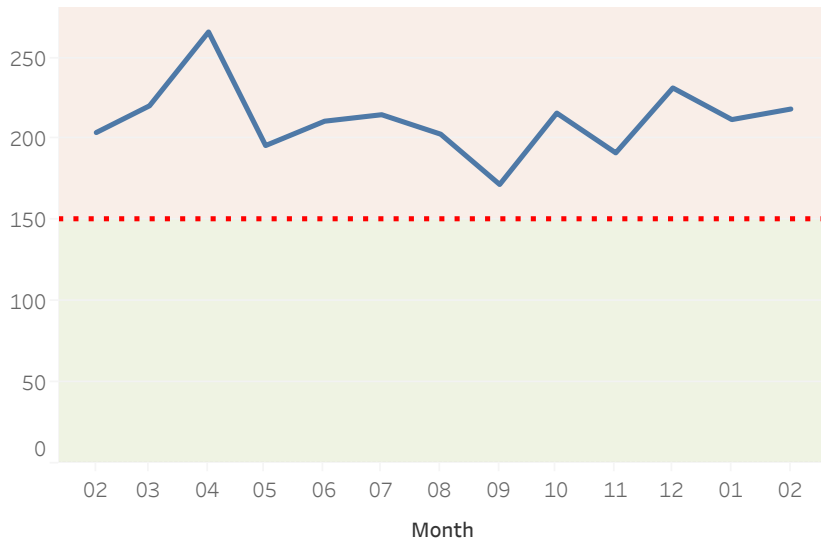
219 sec



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

February 2024

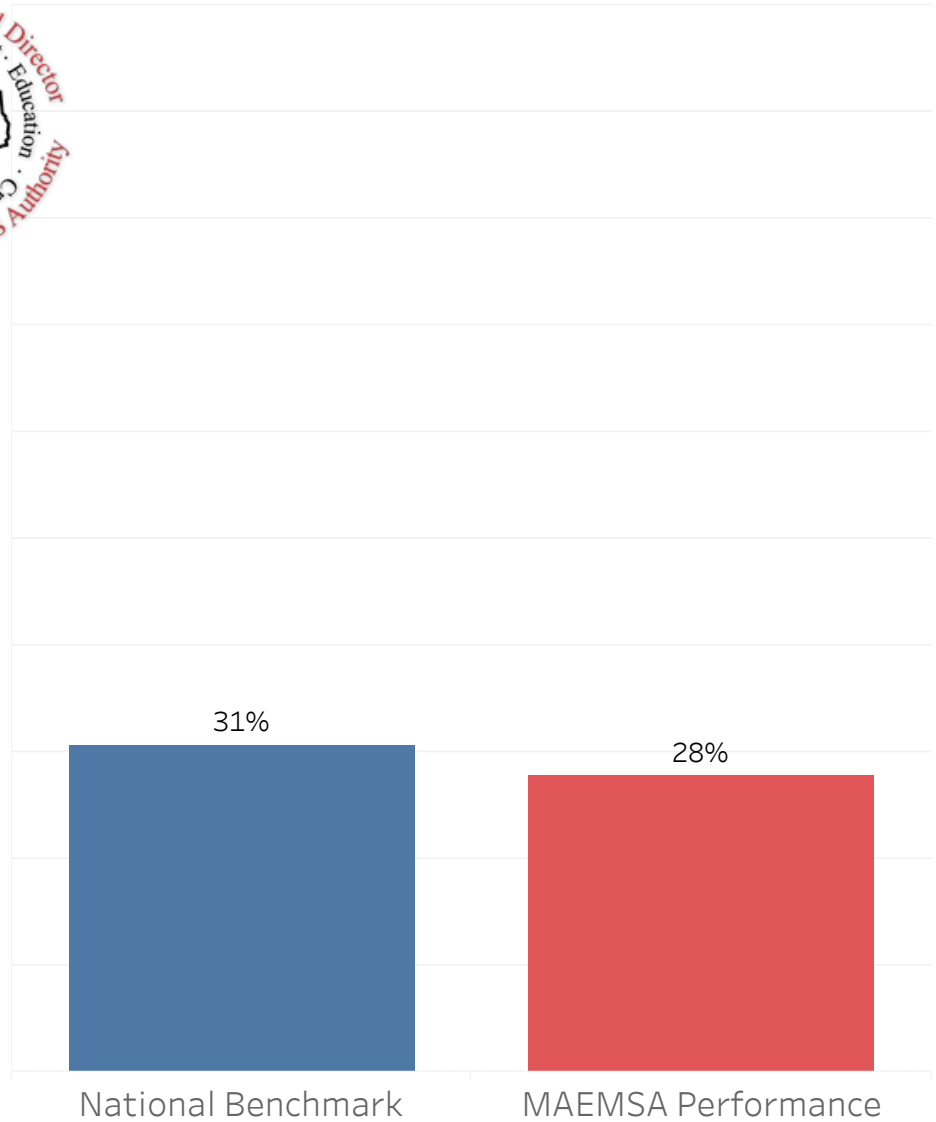
20%

National Performance

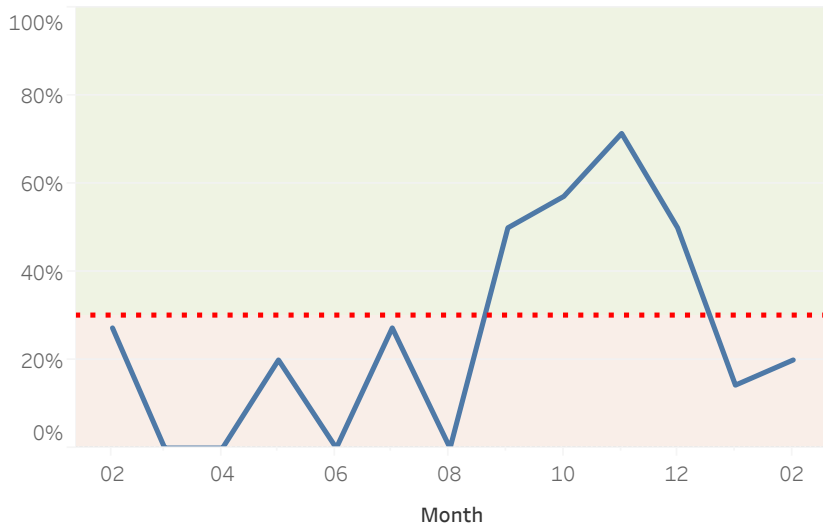
31%



Trailing 12-Month Performance



Performance Over Time



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

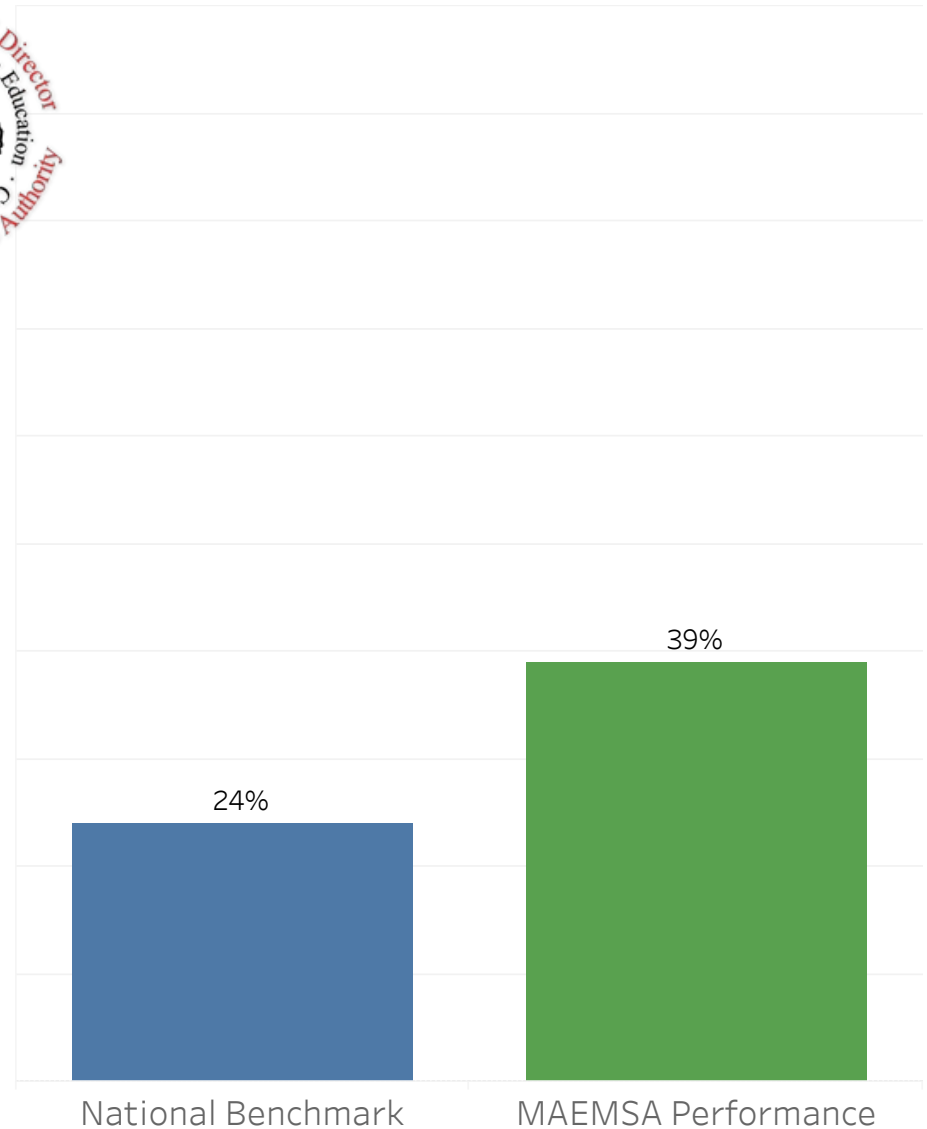
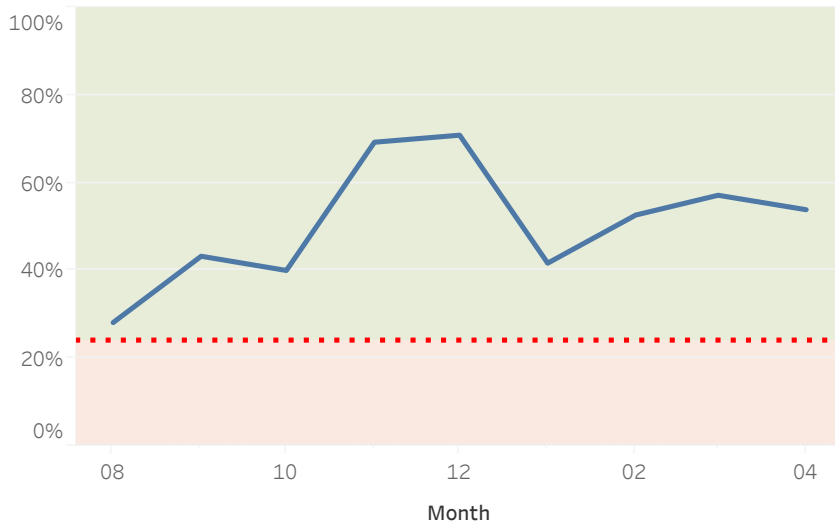
April 2024

54%

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

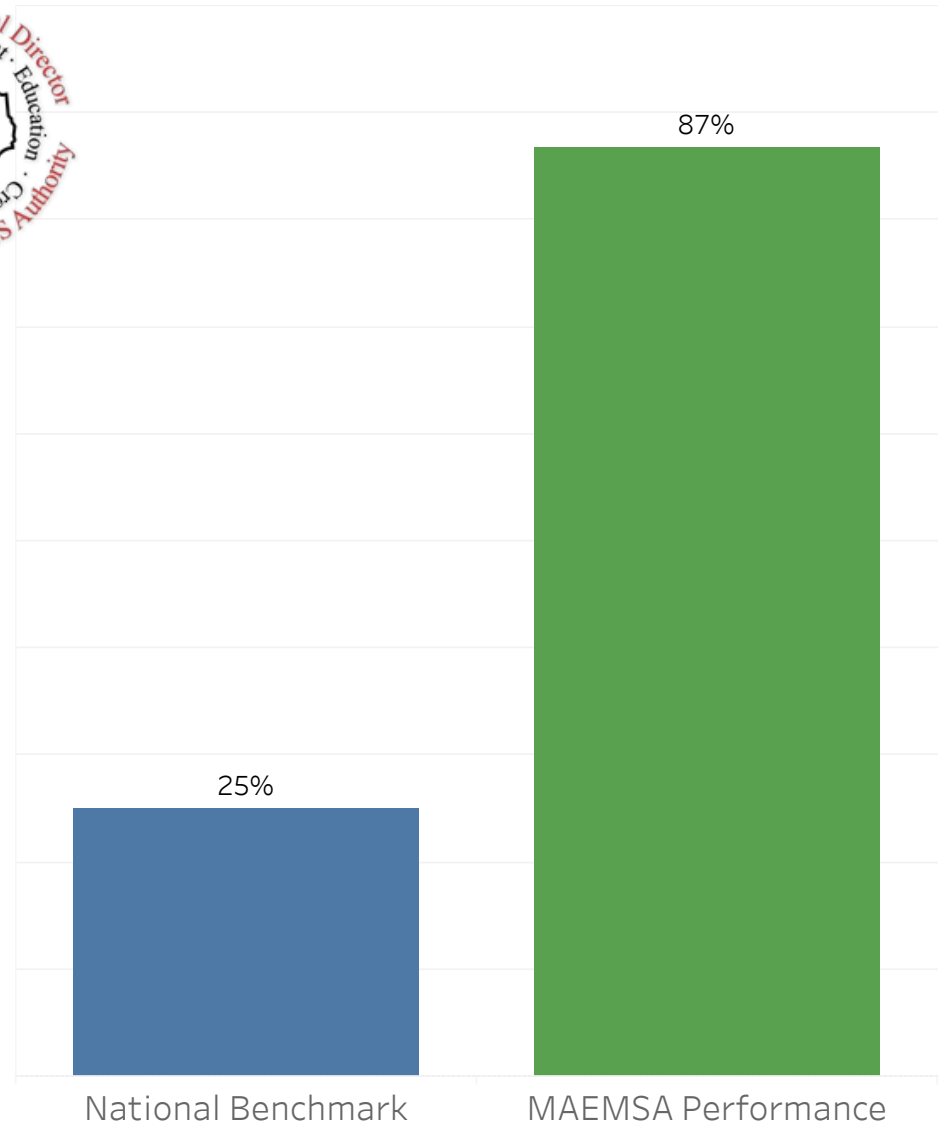
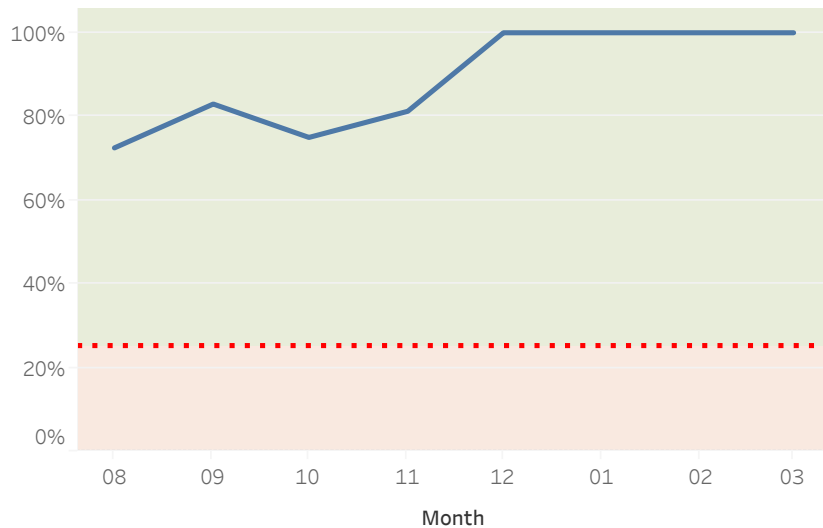
March 2024

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

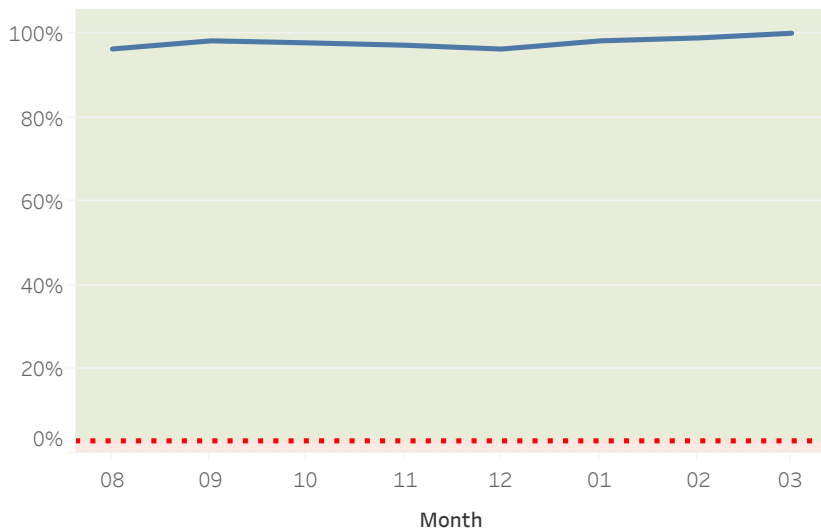
March 2024

100%

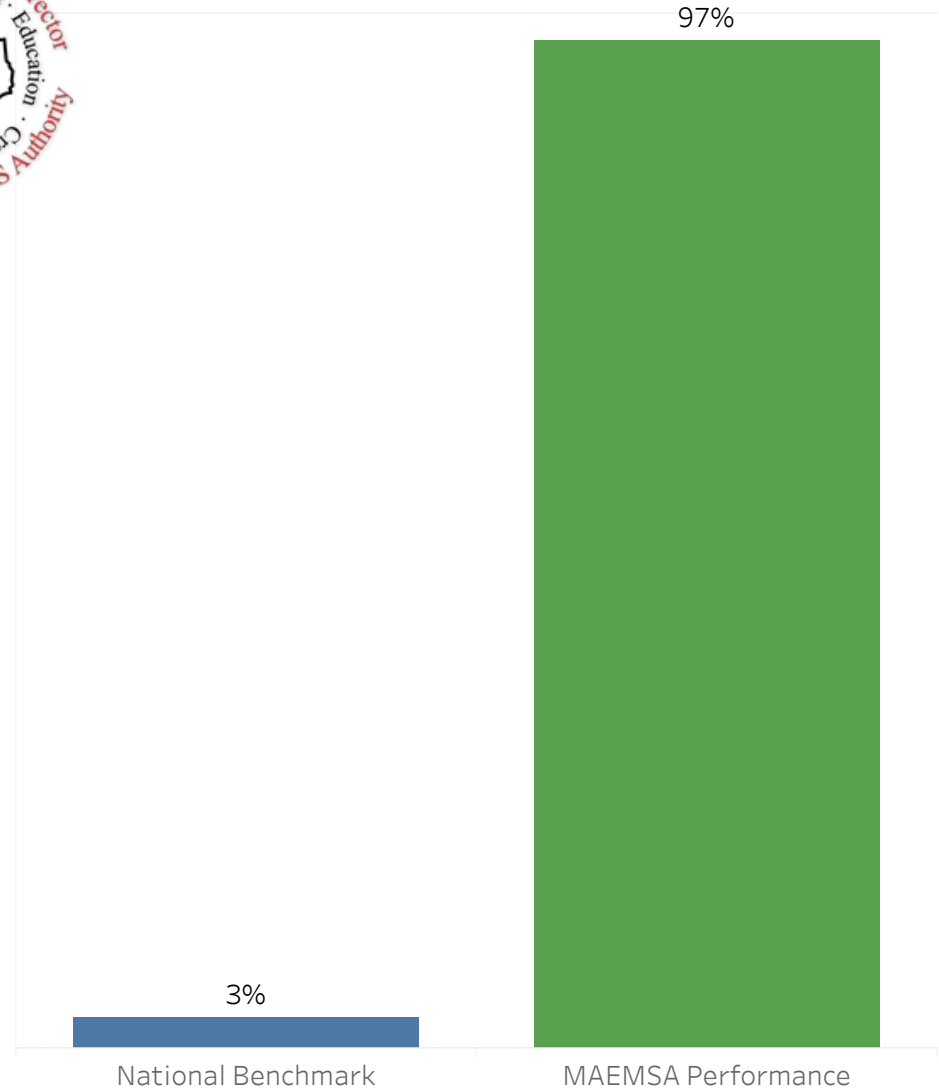
National Benchmark

3%

TTM Performance



Trailing 12-Month 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

April 2024

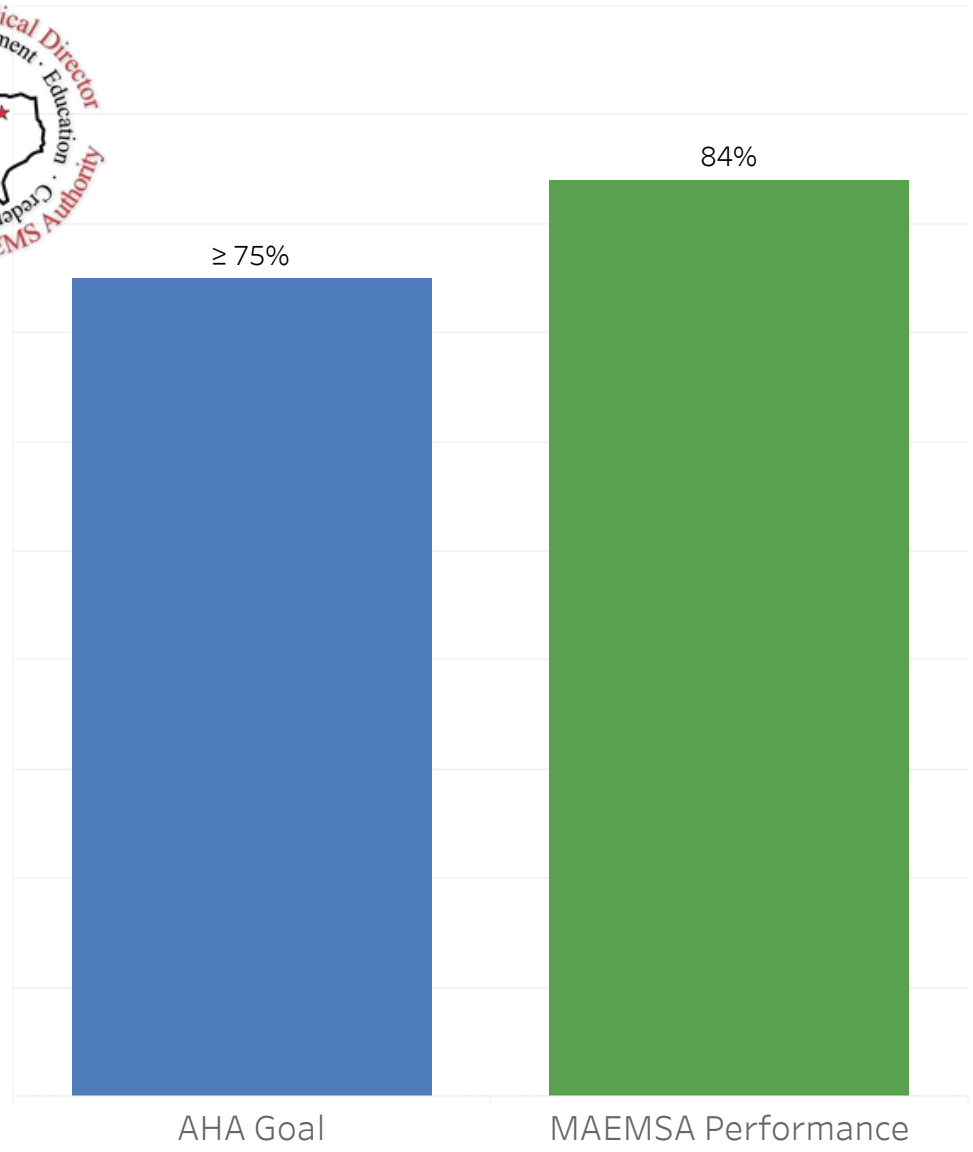
100%

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

April 2024

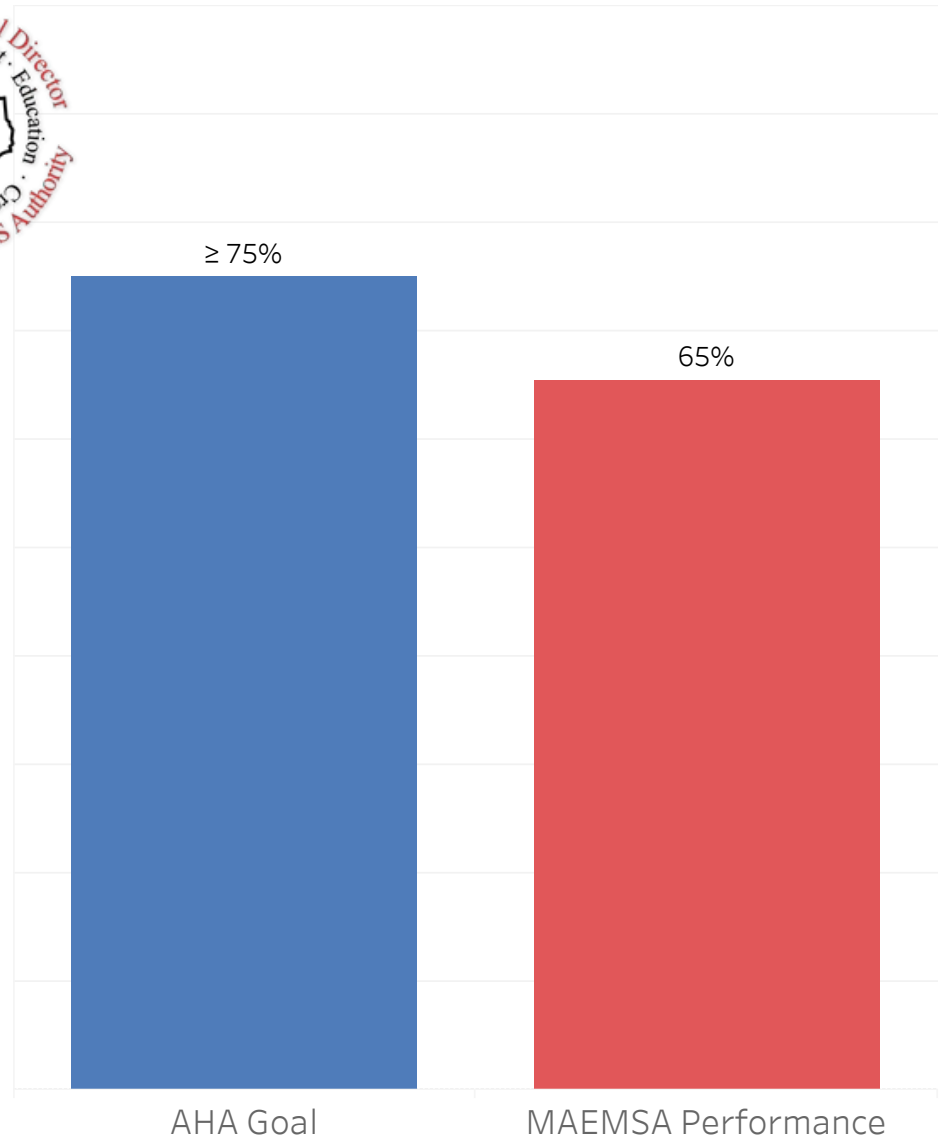
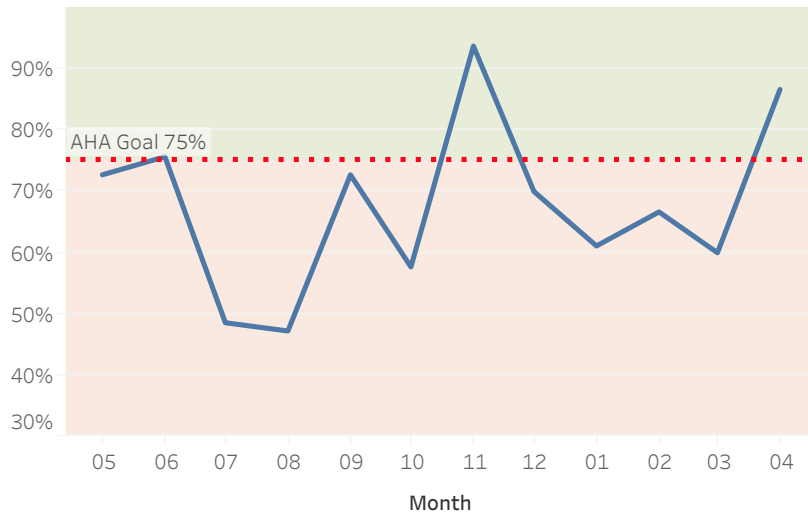
87%

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

Trailing 12-Month Performance

April 2024

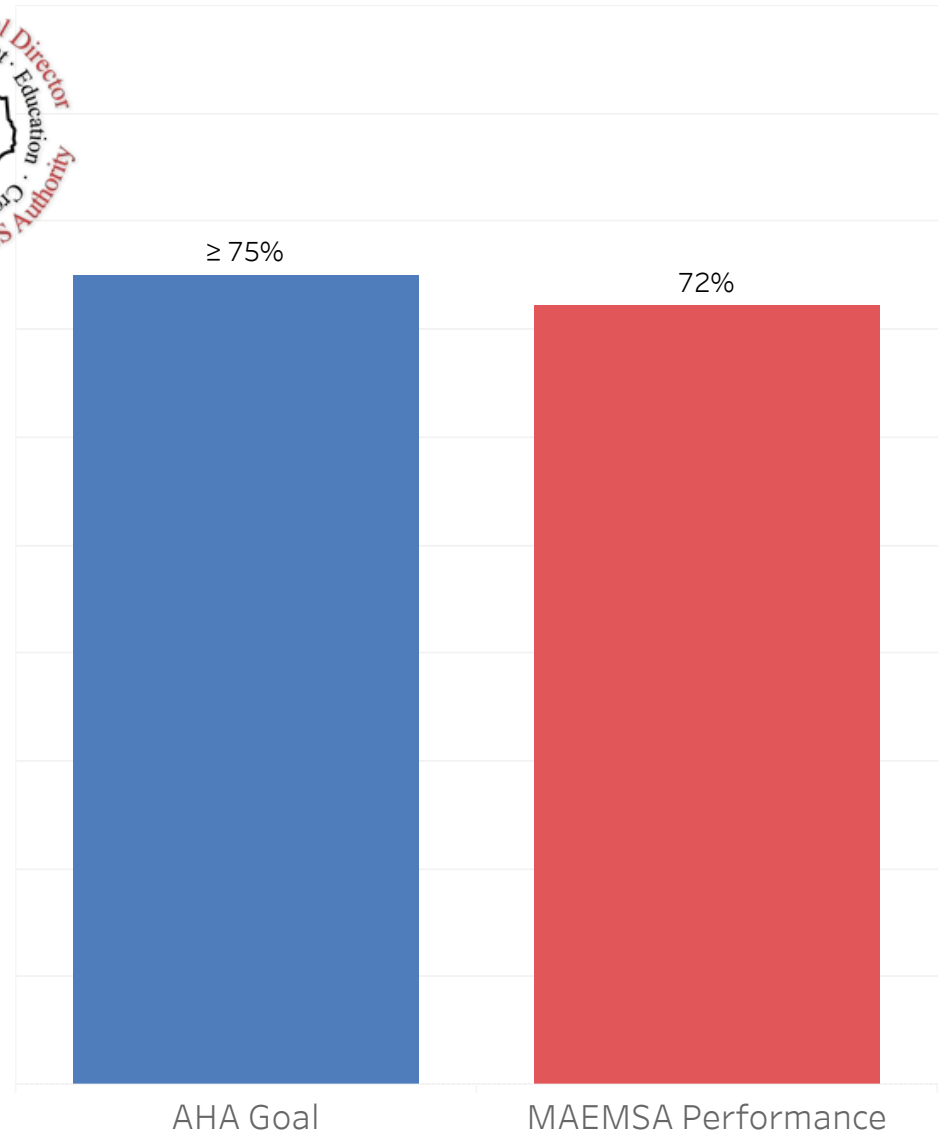
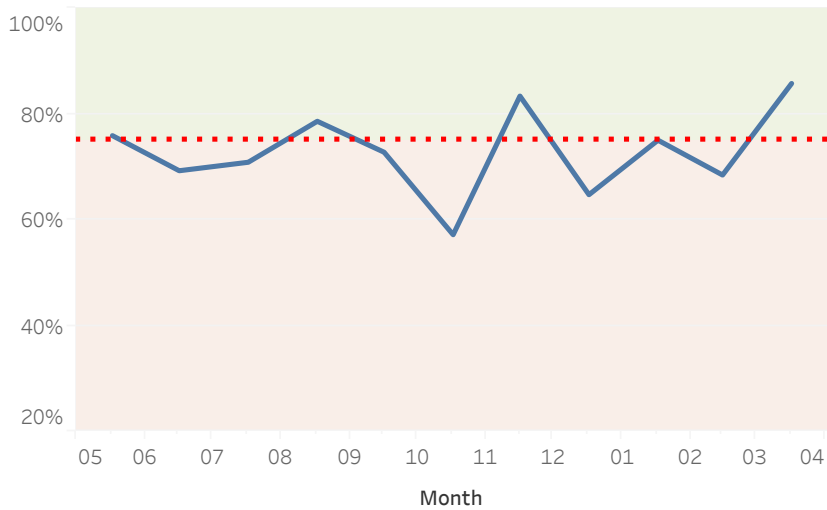
86%

AHA Goal

≥ 75%



Performance Over Time



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

April 2024

95%

AHA Goal

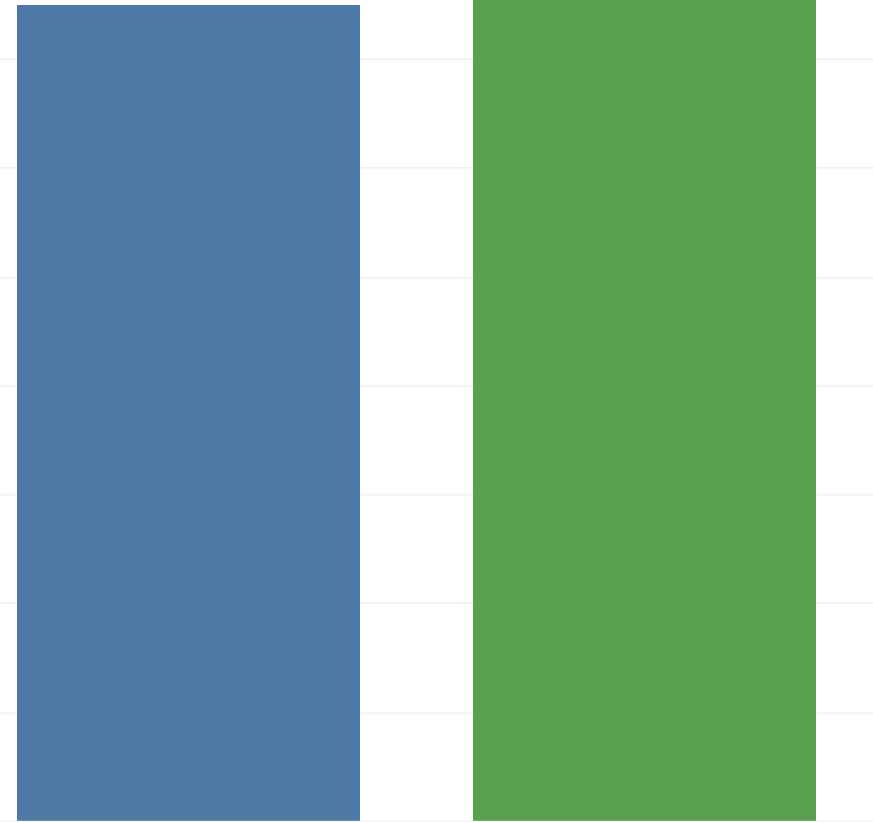
≥ 75%



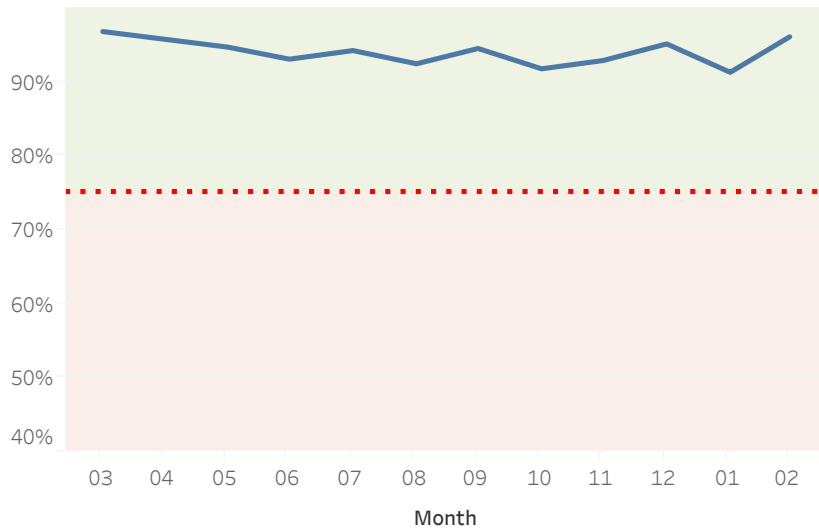
Trailing 12-Month Performance

≥ 75%

94%



Performance Over Time



AHA Goal

MAEMSA 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

Trailing 12-Month Performance

April 2024

85%



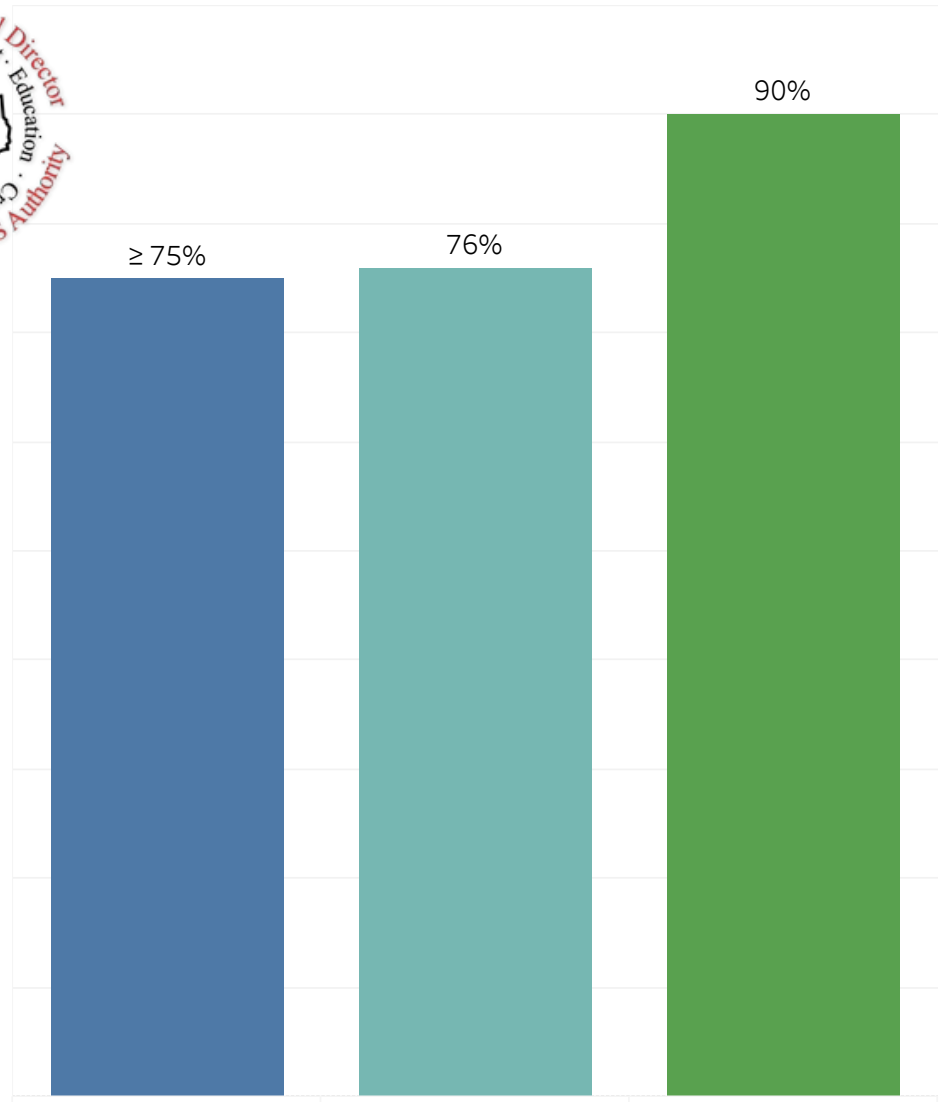
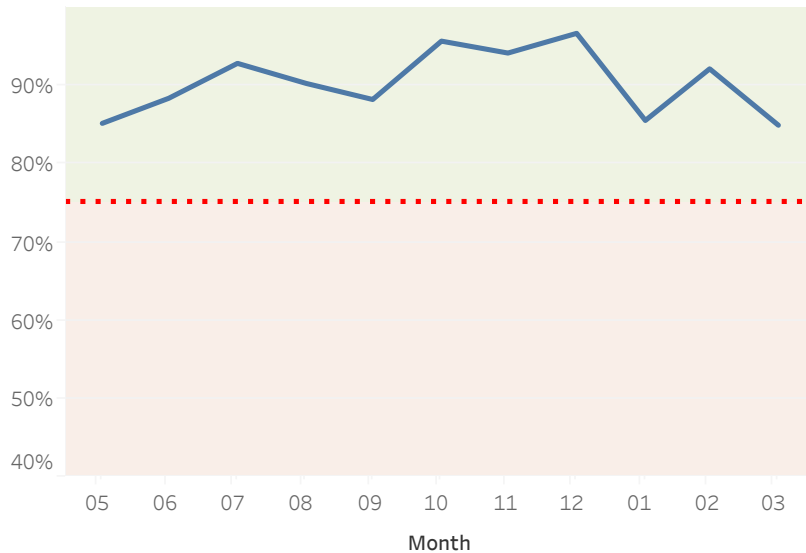
AHA Goal

National Benchmark

≥ 75%

76%

Performance Over Time



AHA Goal

National Benchmark

MAEMSA Performance

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

Stroke 03: Stroke Alert for Suspected Stroke

MAEMSA System Performance

April 2024

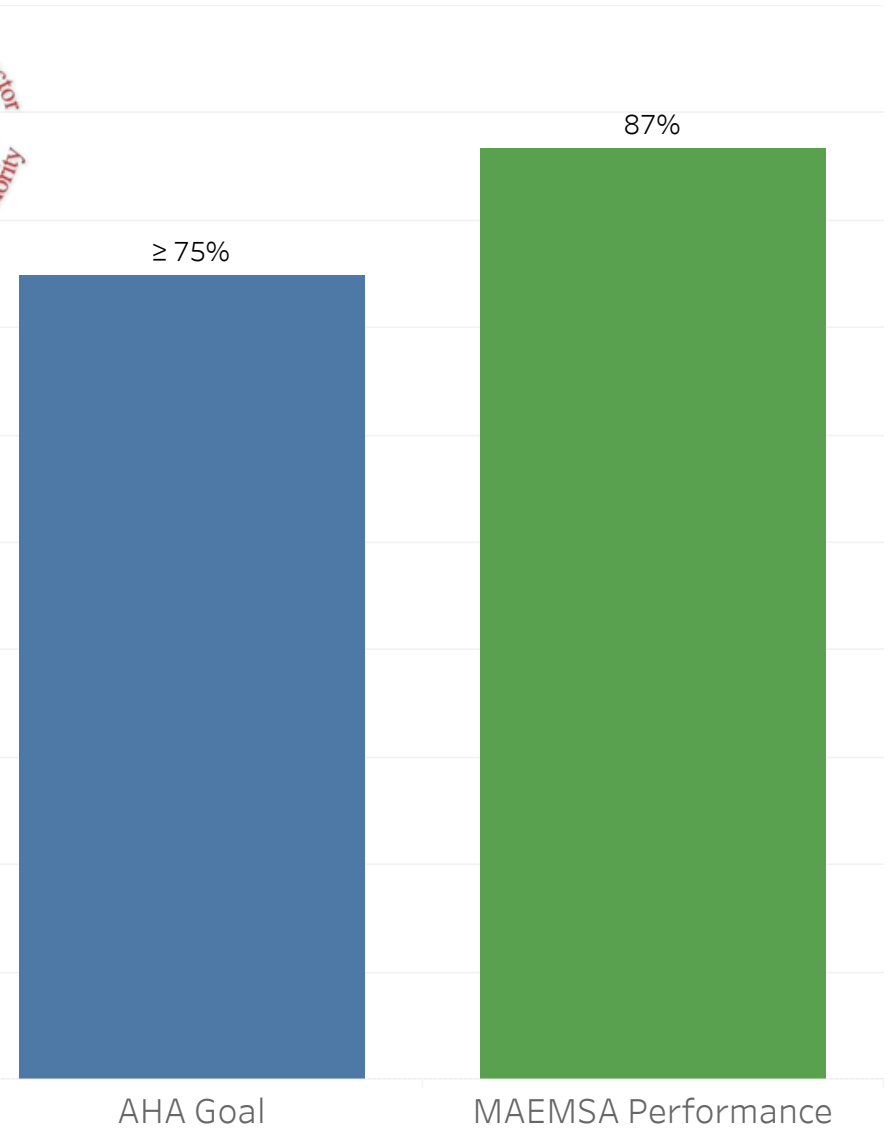
86%

AHA Goal

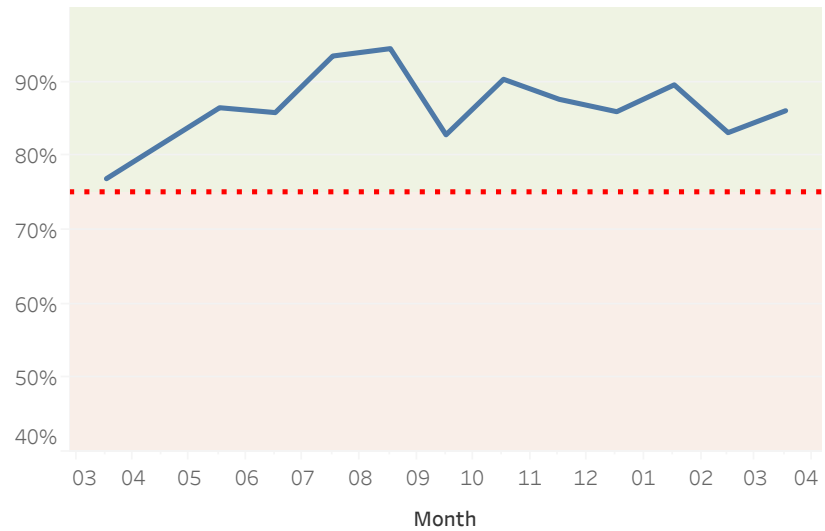
≥ 75%



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

April 2024

77%

AHA Goal

≥ 75%

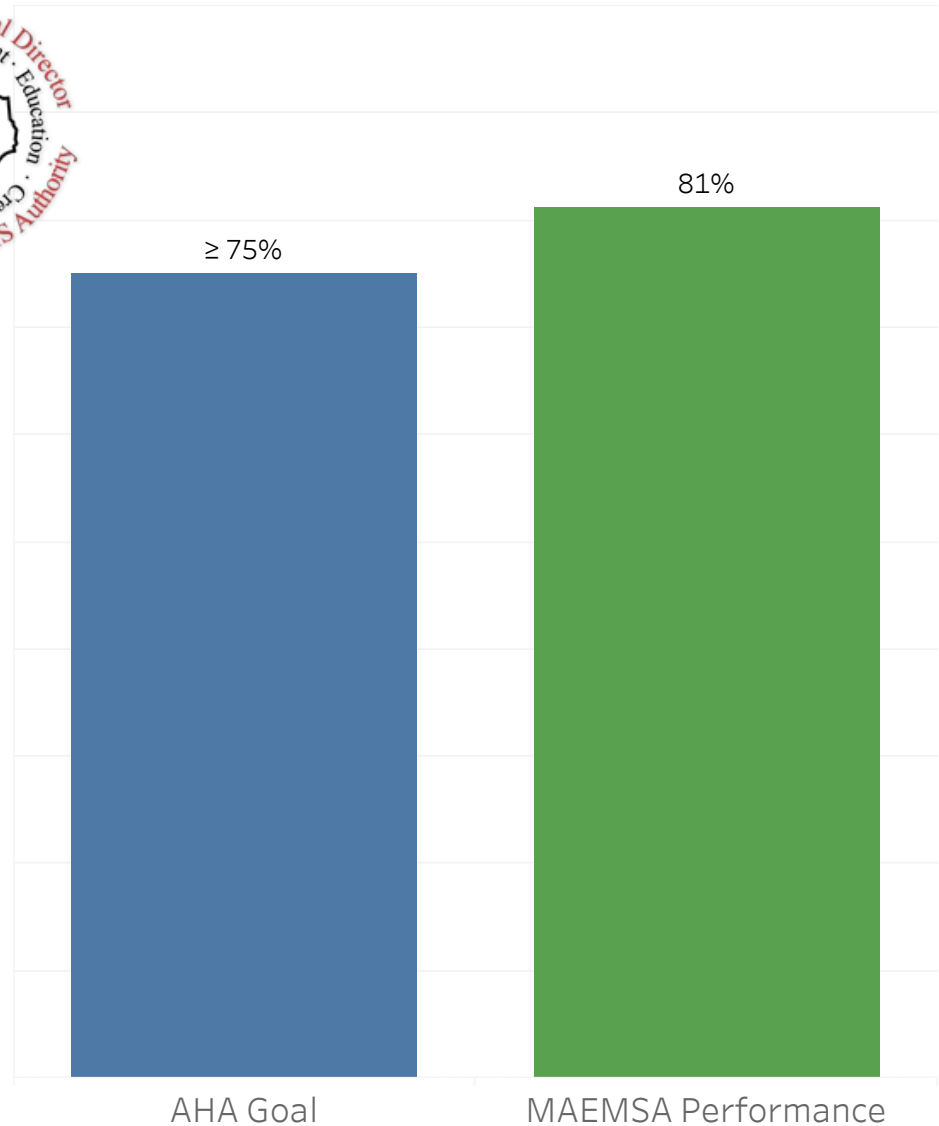


Trailing 12-Month Performance

≥ 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

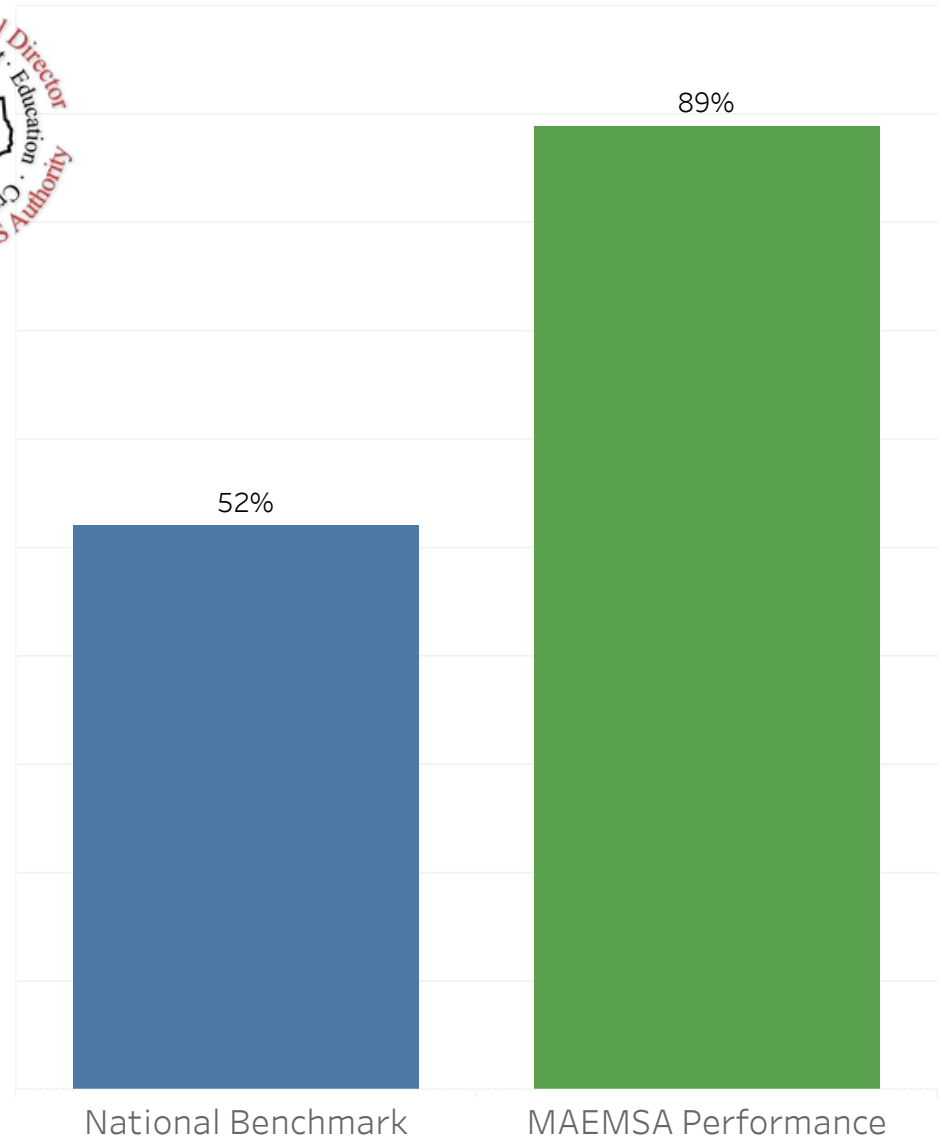
Trailing 12-Month Performance

April 2024

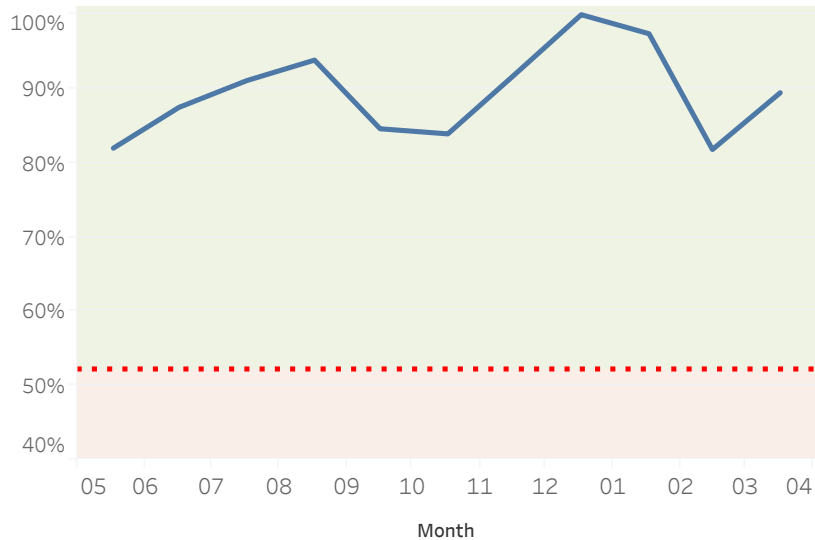
89%

National Benchmark

52%



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

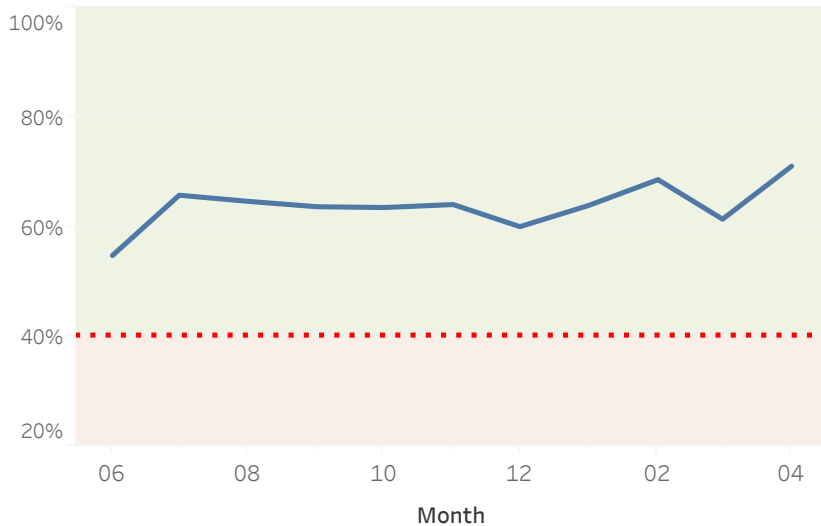
April 2024

71%

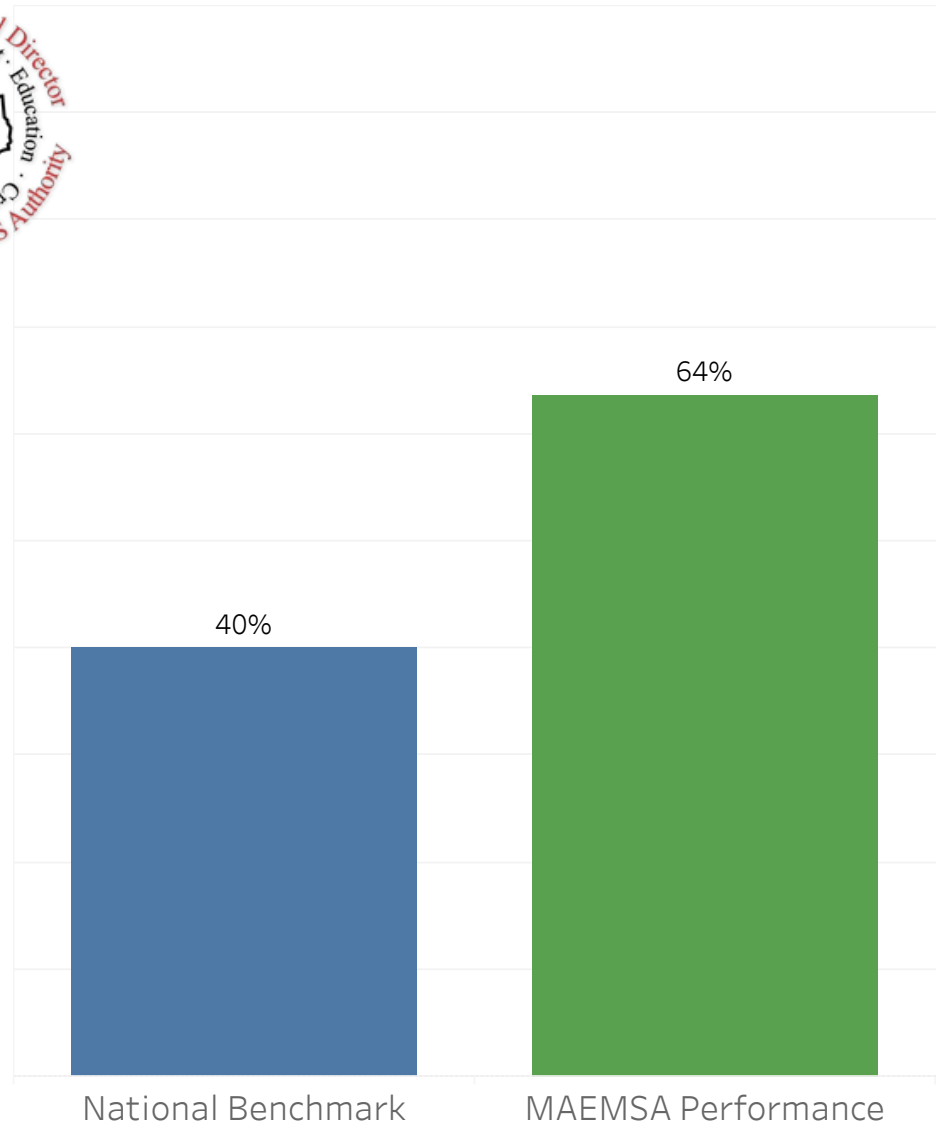
National Benchmark

40%

Performance Over Time



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

April 2024

98%

National Benchmark

92%



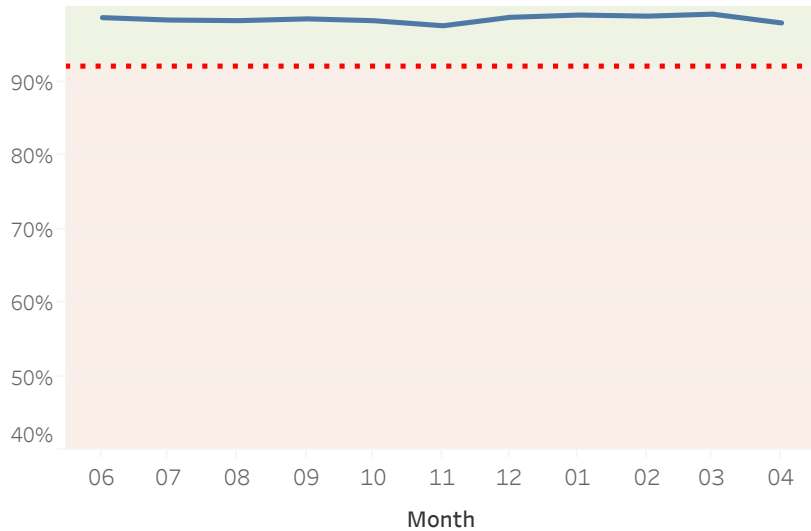
Trailing 12-Month Performance

92%

98%



Performance Over Time



National Benchmark

MAEMSA Performance

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

Respiratory-02: Oxygen Administration for Hypoxia

MAEMSA System Performance

April 2024

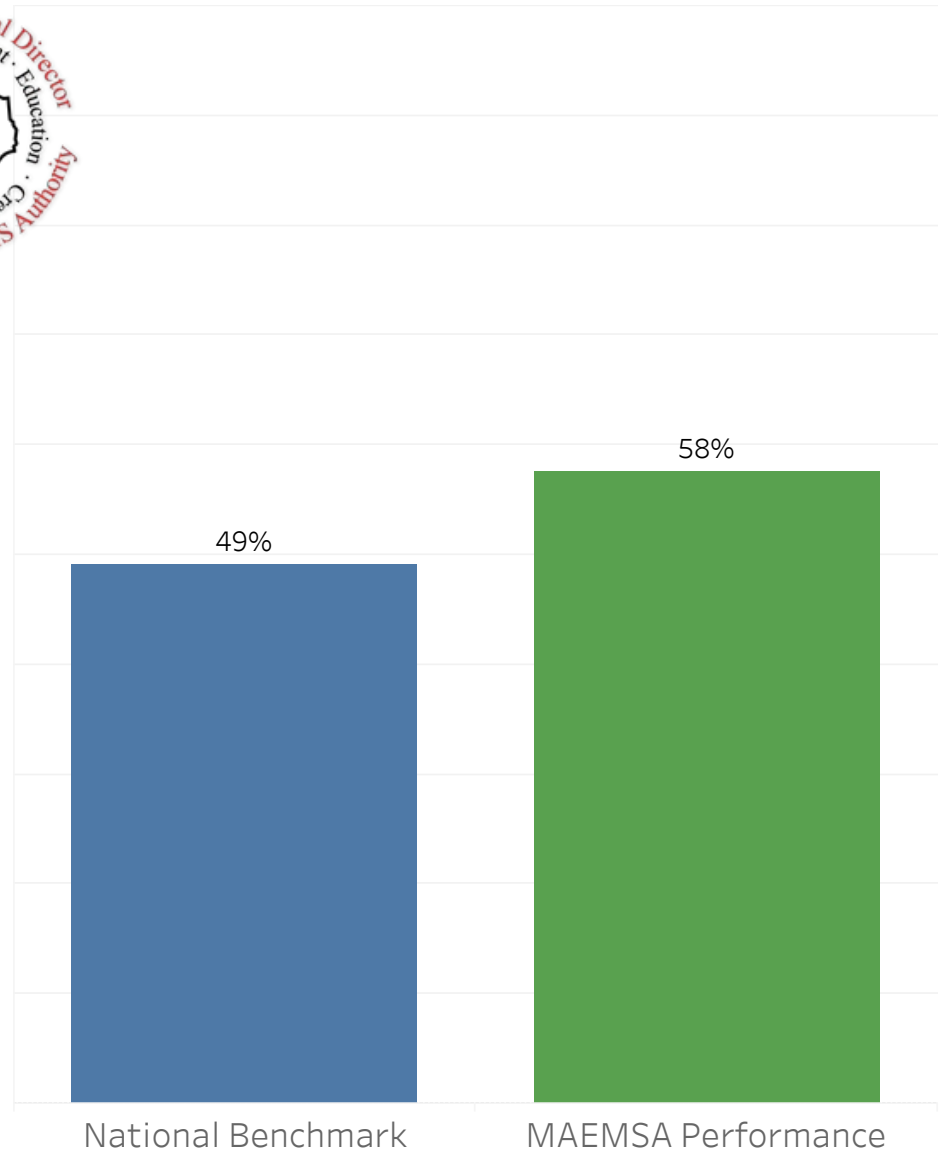
55%

National Benchmark

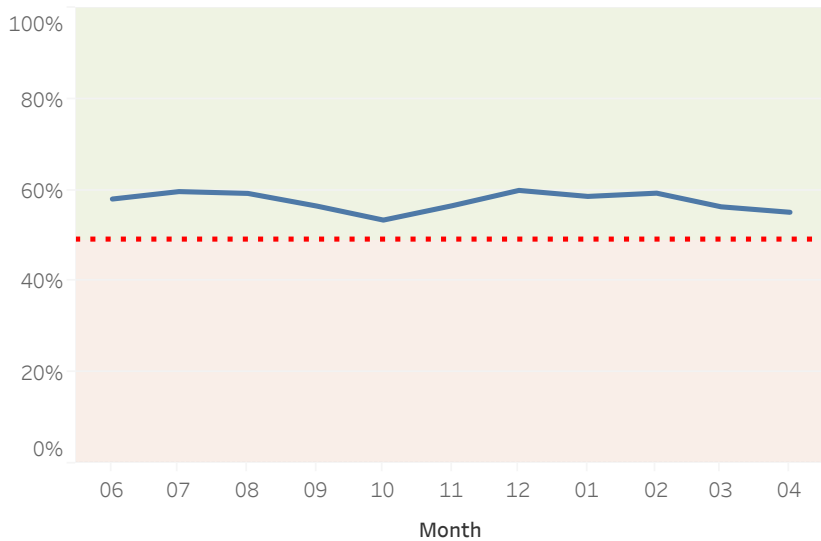
49%



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

April 2024

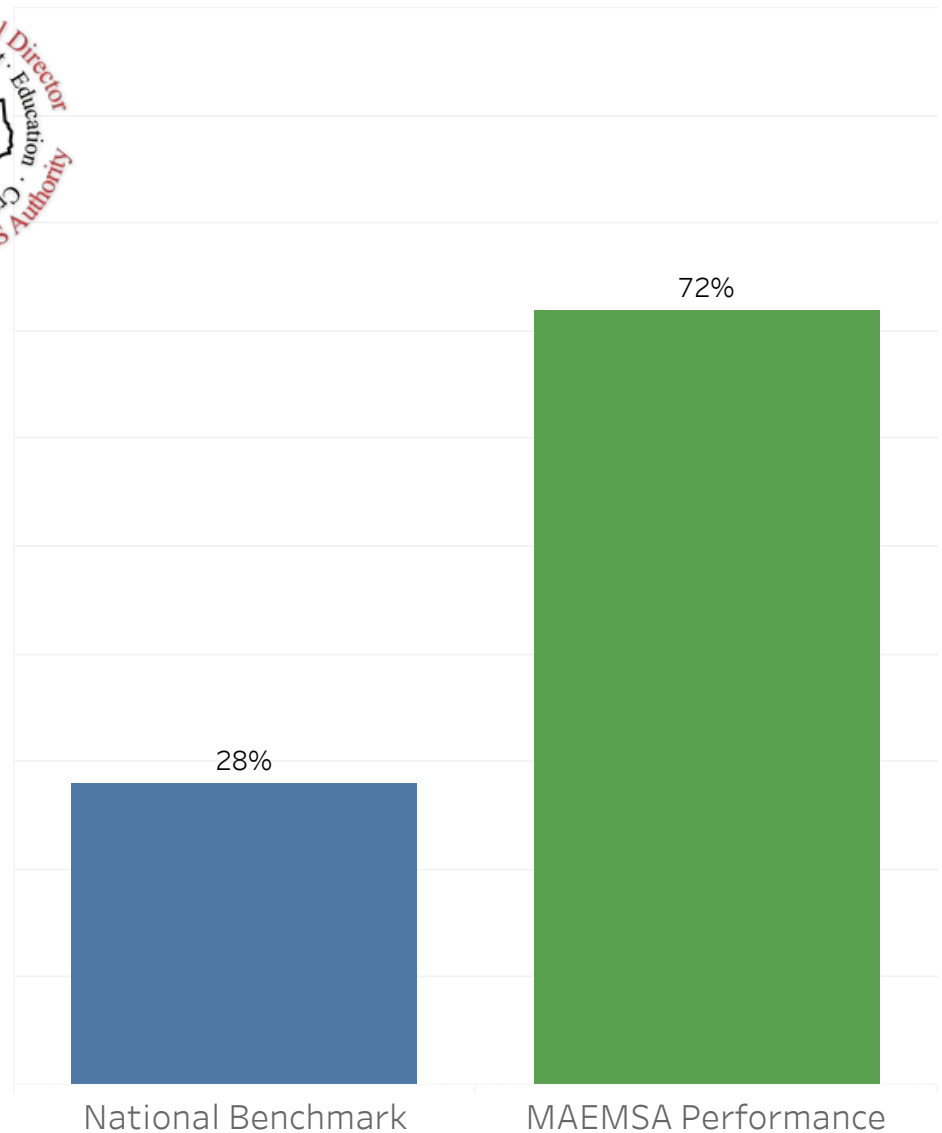
77%

National Benchmark

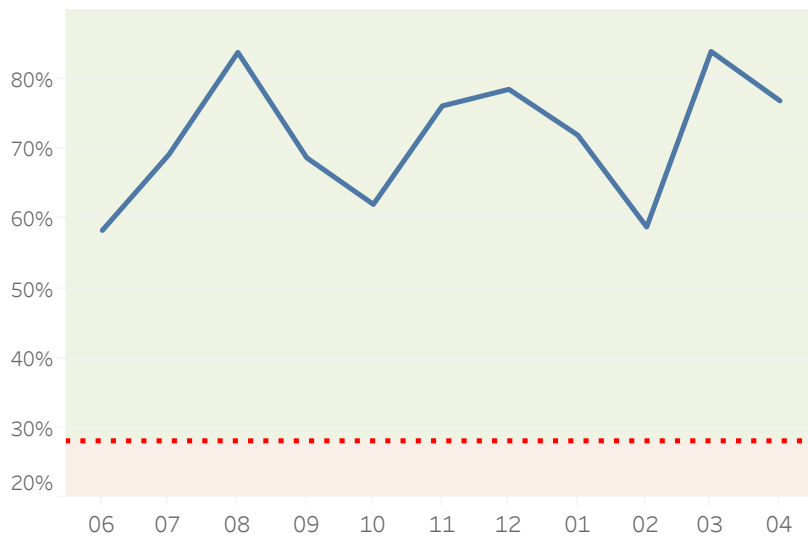
28%



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

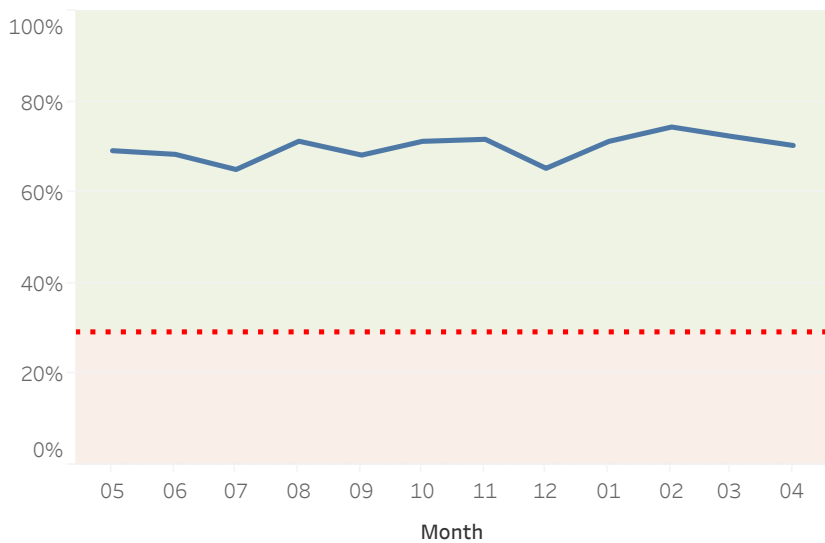
April 2024

70%

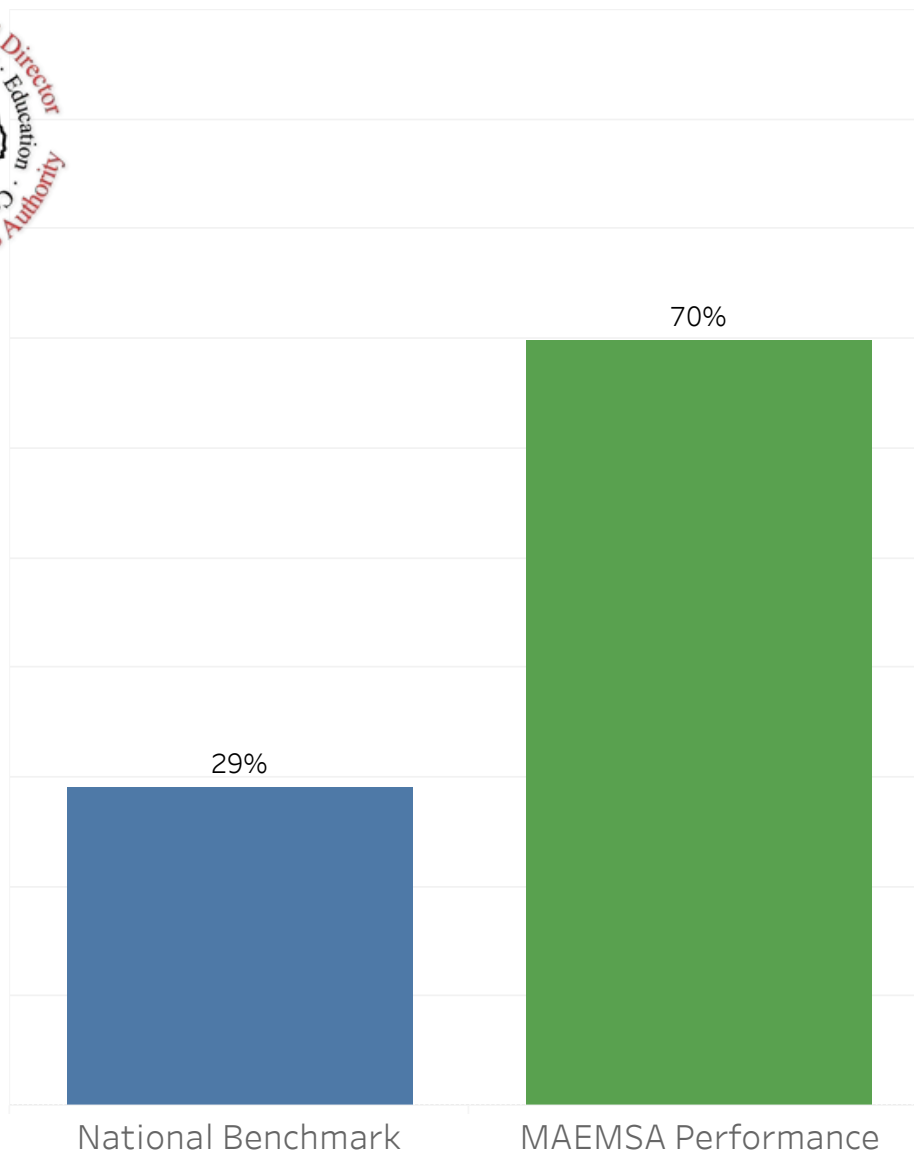
National Benchmark

29%

Performance Over Time



Trailing 12-Month Performance



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

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

MAEMSA System Performance

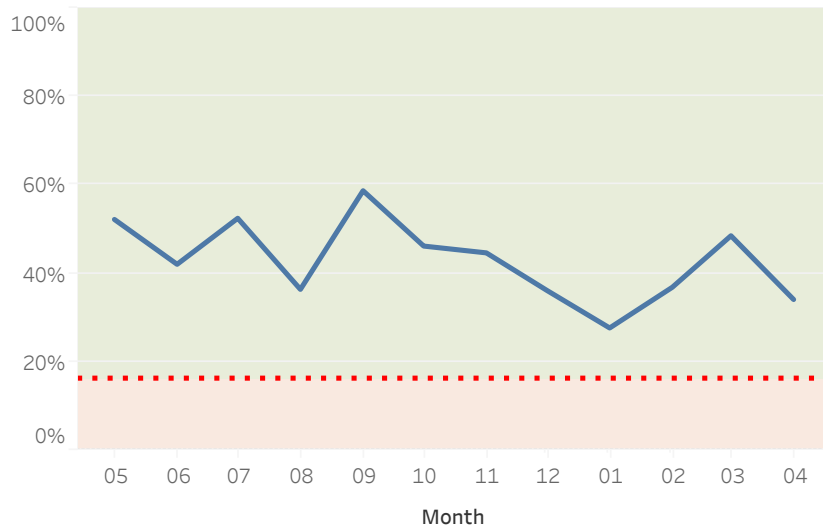
April 2024

37%

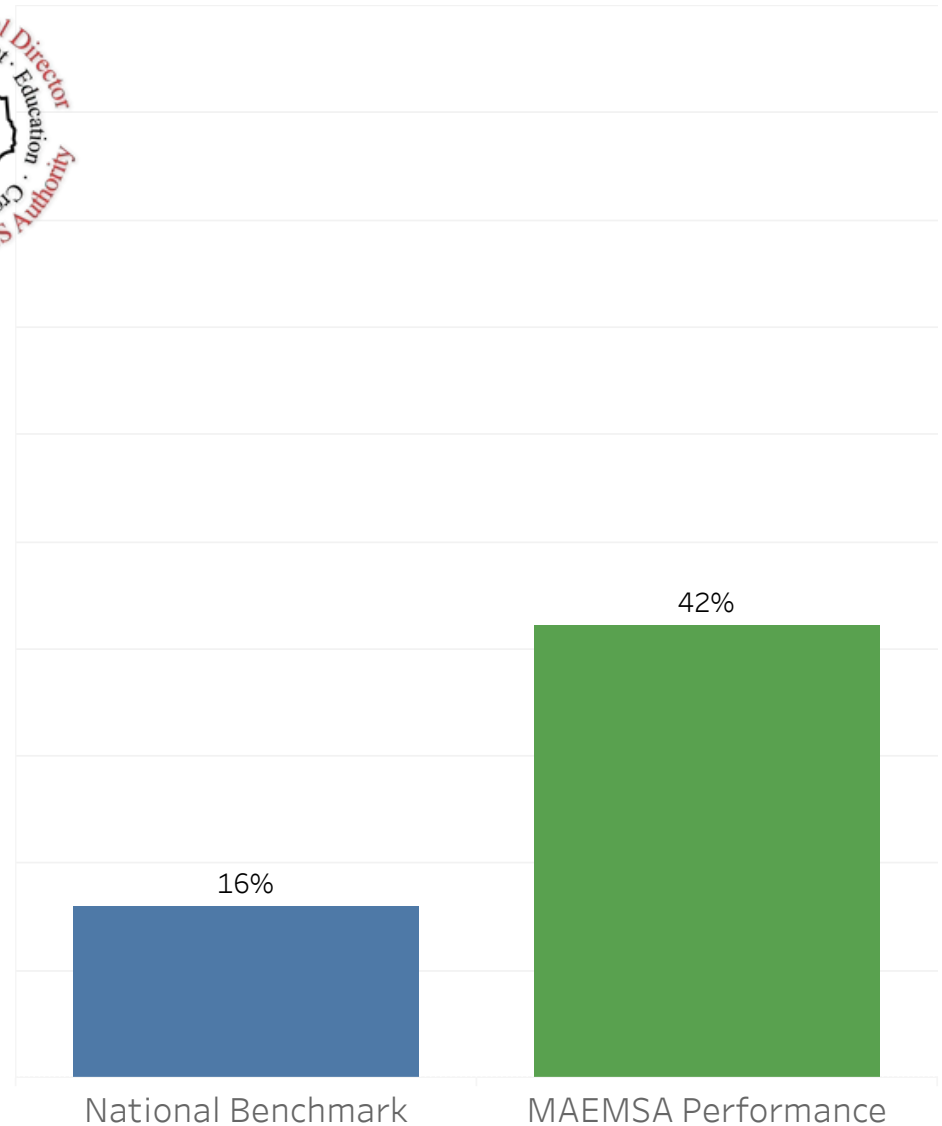
National Benchmark

16%

Performance Over Time



Trailing 12-Month (TTM) Performance



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

Trauma 01: Pain Assessment of Injured Patients

MAEMSA System Performance

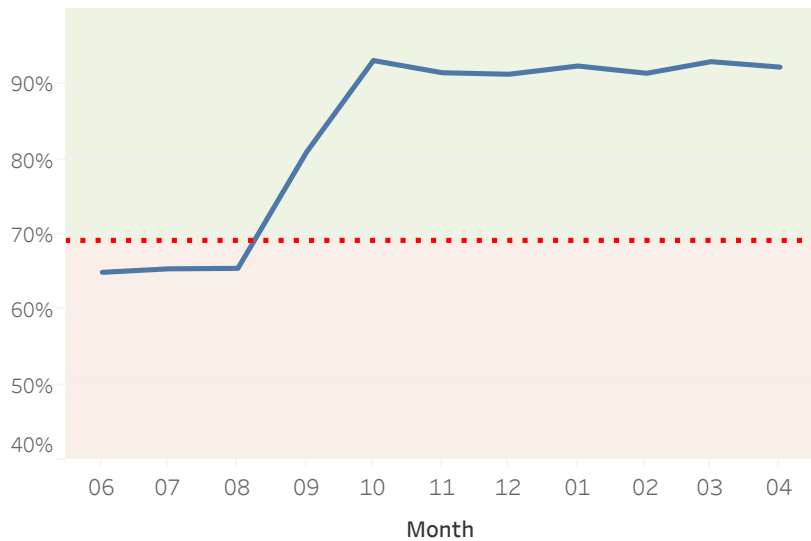
April 2024

92%

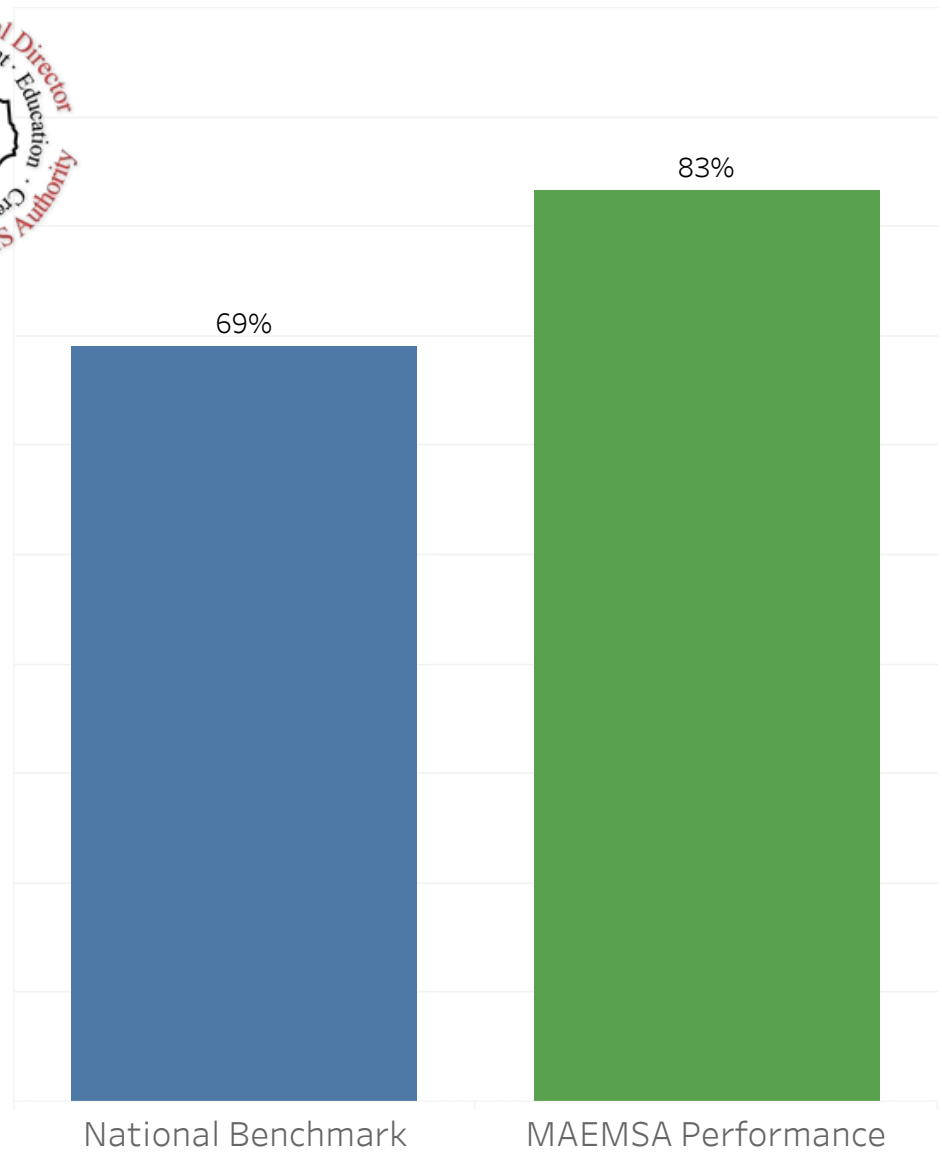
National Benchmark

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

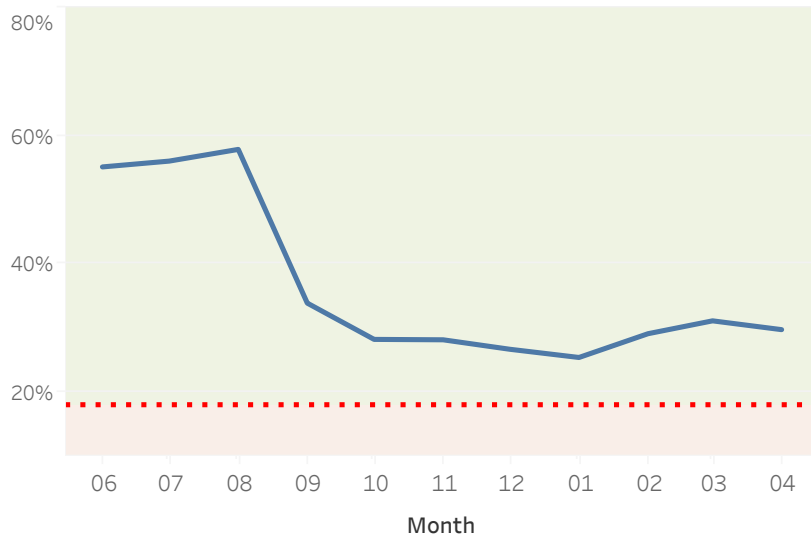
April 2024

30%

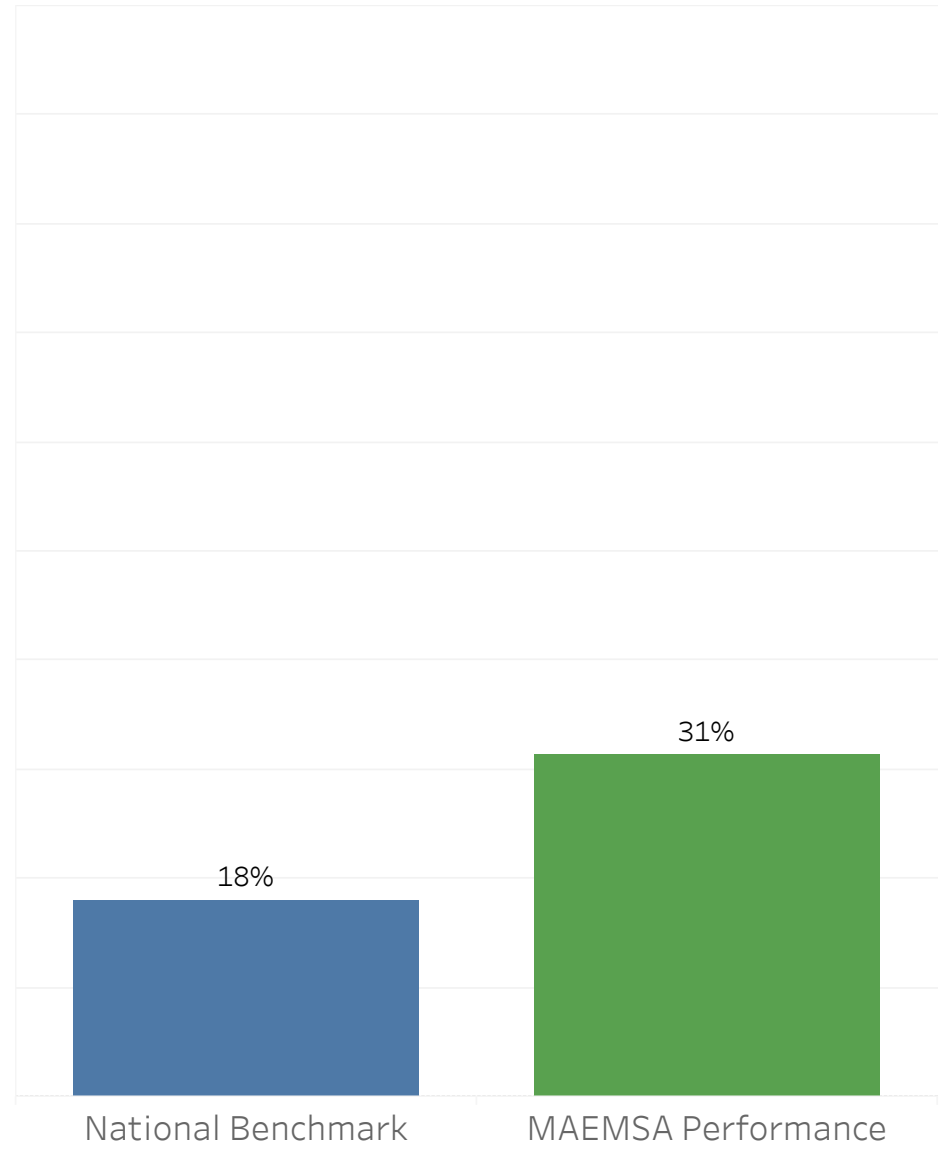
National Benchmark

18%

Performance Over Time



Trailing 12-Month Performance



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

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

MAEMSA System Performance

April 2024

99%

National Benchmark

94%



Trailing 12-Month Performance

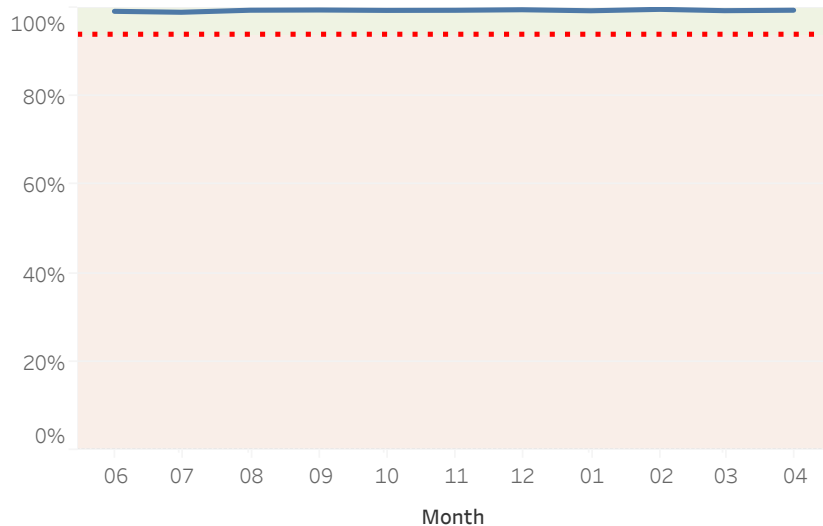
94%

99%

National Benchmark

MAEMSA 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

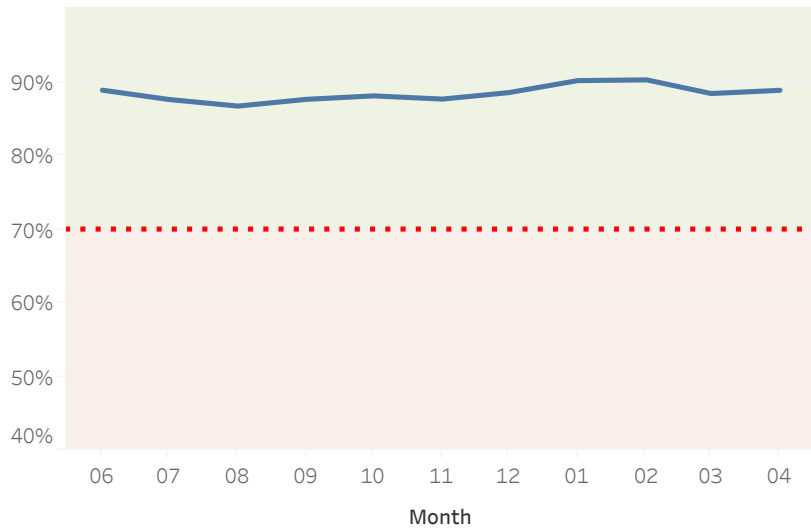
April 2024

89%

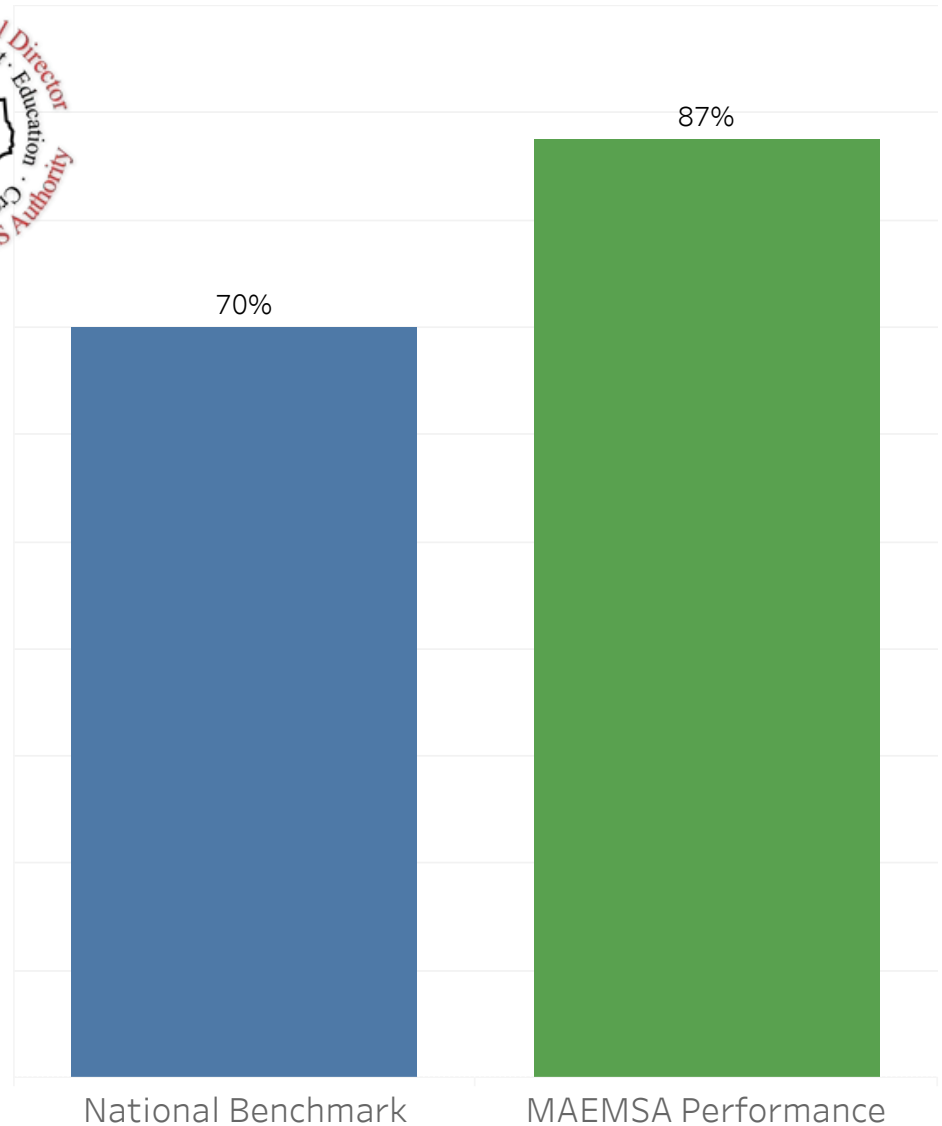
National Benchmark

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 Financial Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Finance Report – April 30, 2024

The following summarizes significant items in the April 30, 2024, Financial Reports:

Statement of Revenues and Expenses:

Month to Date: Net Income for the month of April 2024 is a gain of \$265,392 as compared to a budgeted loss of (\$269,173) for a positive variance of \$534,566. EBITD for the month of April 2024 is a gain of \$649,728.22 compared to a budgeted gain of \$108,258 for a positive variance of \$541,470.

- Patient contact volume in April ended the month at 106% to budget.
- Net Revenue in April is \$1,098,251K over budget or 122% to budget. The main drivers of the variance are MedStar billed 5% more Commercial Insurance trips than expected and patient contact volume is 106% to budget. MedStar had a one time adjustment to Provision for Uncollectable to account for the increase in cash collections expected on future receivables of \$1.1MM.
- Total Expenses ended the month 111% to budget or \$563K over budget. In April, MedStar incurred additional expenses in Benefits and Taxes of \$634K. The contributing factor in this overage is MedStar incurred \$1.05MM in Health Benefits paid in April. The total of all other line-item expenses is below budget by (\$70K).

Year to Date: EBITD is \$3,715,592 as compared to a budget of \$1,469,142 for a positive variance of \$2,246,450.

- The main drivers for this variance are YTD patient encounters are 103% to budget and YTD net revenue is 109% to budget equating to a YTD positive variance to budget for Net Revenue of \$3,295,042. Year to date expense is 103% to budget or \$1,132,448 over budget. The main driver for the overage in expense is Benefits and Taxes is above budget by \$1.474K, vehicle and equipment maintenance is above budget by \$32K, Facility and Equipment Maintenance is above budget by \$24K and Professional Fees (specifically collection fees) are above budget by \$92K. The total of all other expense lines is below budget by a total of (\$487K) for the year.

Key Financial Indicators:

- Current Ratio – MedStar has \$11.19 in current assets (Cash, receivables) for every dollar in current debt. (Goal: a score of \$1.5 to 3.0 is considered healthy.)
- Cash Reserves – The Restated Interlocal Cooperative Agreement mandates 3 months of operating capital. As of April 30, 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 1.43%.
- MAEMSA/EPAB cash reserve balance as of April 30, 2024, is \$475,470.69.

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Balance Sheet By Character Code

For the Period Ending April 30, 2024

Assets	Current Year	Last Year
Cash	\$22,147,634.35	\$15,322,651.36
Accounts Receivable	\$12,811,875.07	\$11,053,171.73
Inventory	\$505,000.95	\$409,910.36
Prepaid Expenses	\$1,345,797.84	\$1,936,208.80
Property Plant & Equ	\$67,168,421.58	\$69,237,432.64
Accumulated Deprecia	(\$25,971,522.76)	(\$29,097,798.76)
Total Assets	\$78,007,207.03	\$68,861,576.13
Liabilities		
Accounts Payable	(\$467,963.69)	(\$479,526.98)
Other Current Liabil	(\$2,225,391.33)	(\$1,997,007.28)
Accrued Interest	\$0.00	(\$7,781.31)
Payroll Withholding	\$8,622.15	\$12,671.70
Long Term Debt	(\$2,739,740.04)	(\$3,069,074.24)
Other Long Term Liab	(\$5,886,809.15)	(\$8,456,411.95)
Total Liabilities	(\$11,311,282.06)	(\$13,997,130.06)
Equities		
Equity	(\$65,757,291.76)	(\$57,552,004.46)
Control	(\$938,633.21)	\$2,687,558.39
Total Equities	(\$66,695,924.97)	(\$54,864,446.07)
Total Liabilities and Equities	(\$78,007,207.03)	(\$68,861,576.13)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Statement of Revenue and Expenditures

As of April 30, 2024

[Actual compared with Budget]

Revenue	Current Month	Current Month	Current Month	Year to Date	Year to Date	Year to Date
	Actual	Budget	Variance	Actual	Budget	Variance
Transport Fees	\$20,434,048.41	\$20,062,226.00	\$371,822.41	\$148,603,992.63	\$144,272,129.00	\$4,331,863.63
Contractual Allow	(\$9,223,101.06)	(\$8,766,271.00)	(\$456,830.06)	(\$65,002,472.99)	(\$63,040,284.00)	(\$1,962,188.99)
Provision for Uncoll	(\$5,267,607.97)	(\$6,536,067.42)	\$1,268,459.45	(\$46,271,598.55)	(\$47,047,089.94)	\$775,491.39
Education Income	\$79.60	\$29,690.00	(\$29,610.40)	\$32,519.90	\$70,050.00	(\$37,530.10)
Other Income	\$96,952.97	\$194,456.03	(\$97,503.06)	\$1,554,017.21	\$890,587.55	\$663,429.66
Standby/Subscription	\$156,222.49	\$114,210.44	\$42,012.05	\$926,606.50	\$908,145.58	\$18,460.92
Pop Health PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
interest on Investme	\$1.00	\$100.00	(\$99.00)	\$21,625.20	\$700.00	\$20,925.20
Gain(Loss) on Dispos	\$0.00	\$0.00	\$0.00	\$36,021.31	\$0.00	\$36,021.31
Total Revenue	\$6,196,595.44	\$5,098,344.05	\$1,098,251.39	\$39,349,280.32	\$36,054,238.19	\$3,295,042.13
Expenditures						
Salaries	\$3,146,278.69	\$3,247,435.00	(\$101,156.31)	\$22,497,865.59	\$22,491,624.00	\$6,241.59
Benefits and Taxes	\$1,257,690.94	\$623,300.00	\$634,390.94	\$5,260,286.16	\$3,789,003.00	\$1,471,283.16
Interest	\$24,350.99	\$18,474.07	\$5,876.92	\$214,454.86	\$180,396.13	\$34,058.73
Fuel	\$128,468.56	\$172,850.00	(\$44,381.44)	\$1,023,190.10	\$1,235,687.00	(\$212,496.90)
Medical Supp/Oxygen	\$174,847.42	\$192,998.00	(\$18,150.58)	\$1,321,477.88	\$1,385,989.00	(\$64,511.12)
Other Veh & Eq	\$52,250.99	\$50,006.00	\$2,244.99	\$392,094.69	\$359,735.00	\$32,359.69
Rent and Utilities	\$42,738.49	\$58,734.94	(\$15,996.45)	\$318,467.58	\$411,138.60	(\$92,671.02)
Facility & Eq Mtc	\$87,307.83	\$90,157.81	(\$2,849.98)	\$585,885.69	\$562,347.67	\$23,538.02
Postage & Shipping	\$1,051.14	\$1,806.83	(\$755.69)	\$8,688.36	\$12,647.81	(\$3,959.45)
Station	\$20,846.11	\$33,607.51	(\$12,761.40)	\$311,378.08	\$432,209.57	(\$120,831.49)
Comp Maintenance	\$43,449.97	\$54,265.00	(\$10,815.03)	\$308,715.67	\$420,095.00	(\$111,379.33)
Insurance	\$28,518.70	\$57,215.58	(\$28,696.88)	\$344,208.97	\$409,273.36	(\$65,064.39)
Advertising & PR	\$3,725.55	\$1,200.00	\$2,525.55	\$4,645.55	\$19,400.00	(\$14,754.45)
Printing	\$9.71	\$1,860.00	(\$1,850.29)	\$5,322.24	\$13,020.00	(\$7,697.76)
Travel & Entertain	\$5,270.38	\$1,888.00	\$3,382.38	\$21,247.38	\$18,066.00	\$3,181.38
Dues & Subs	\$114,511.46	\$121,282.00	(\$6,770.54)	\$728,051.64	\$884,046.00	(\$155,994.36)
Continuing Educ Ex	(\$548.50)	\$10,028.00	(\$10,576.50)	\$25,236.40	\$78,800.00	(\$53,563.60)
Professional Fees	\$344,820.87	\$268,544.00	\$76,276.87	\$2,099,376.08	\$2,006,385.00	\$92,991.08
Education Expenses	\$210.07	\$1,945.00	(\$1,734.93)	\$3,133.67	\$21,175.00	(\$18,041.33)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Statement of Revenue and Expenditures

As of April 30, 2024

[Actual compared with Budget]

Revenue	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
Miscellaneous	\$1,225.79	\$962.00	\$263.79	\$17,375.71	\$34,454.00	(\$17,078.29)
Depreciation	\$359,984.81	\$358,958.00	\$1,026.81	\$2,562,503.80	\$2,512,706.00	\$49,797.80
Amortization Exp - Rou A Lease	\$12,622.06	\$0.00	\$12,622.06	\$88,007.79	\$0.00	\$88,007.79
Amortization Exp - ROU A Subsc	\$81,570.99	\$0.00	\$81,570.99	\$269,033.22	\$0.00	\$269,033.22
Total Expenditures	\$5,931,203.02	\$5,367,517.74	\$563,685.28	\$38,410,647.11	\$37,278,198.14	\$1,132,448.97
Net Rev in Excess of Expend	\$265,392.42	(\$269,173.69)	\$534,566.11	\$938,633.21	(\$1,223,959.95)	\$2,162,593.16
EBITD	\$649,728.22	\$108,258.38	\$541,469.84	\$3,715,591.87	\$1,469,142.18	\$2,246,449.69

**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Key Financial Indicators
April 30, 2024**

	Goal	FY 2022	FY 2023	FY 2024
Current Ratio	> 1	6.04	10.88	11.19

Indicates the total short term resources available to service each dollar of short-term obligations. A current ratio in the range of 1.5 to 3.0 is considered healthy.

Cash as % of Annual Expenditures	> 25%	33.49%	35.55%	33.65%
---	-----------------	---------------	---------------	---------------

Indicates compliance with Ordinance which specifies 3 months cash

Accounts Receivable Turnover	>3	9.06	6.21	5.26
-------------------------------------	--------------	-------------	-------------	-------------

long accounts receivable are being aged prior to collection. Our goal is a turnover rate of greater than 3 .

Return on Net Assets	-1.00%	-0.07%	8.61%	1.43%
-----------------------------	---------------	---------------	--------------	--------------

Reveals management's effectiveness in generating profits from the assets available.

Emergency Physicians Advisory Board
Cash expenditures Detail

	<u>Date</u>	<u>Amount</u>	<u>Balance</u>
Balance 1/1/17			\$ 609,665.59
J29 Associates, LLC	2/27/2017	\$ 1,045.90	\$ 608,619.69
Bracket & Ellis	10/30/2017	\$ 12,118.00	\$ 596,501.69
Brackett & Ellis	11/19/2018	\$ 28,506.50	\$ 567,995.19
FWFD Grant	4/3/2019	\$ 56,810.00	\$ 511,185.19
Brackett & Ellis	4/3/2019	\$ 20,290.50	\$ 490,894.69
Brackett & Ellis	11/27/2019	\$ 9,420.00	\$ 481,474.69
Bracket & Ellis	2/6/2020	\$ 1,382.50	\$ 480,092.19
Bracket & Ellis	2/29/2020	\$ 4,621.50	\$ 475,470.69
Balance 04/30/2024			<u><u>\$ 475,470.69</u></u>

Tab D – Chief Human Resources Officer

Human Resources - April 2024 Summary

Staffing

- 20 hires in April
- 105 hires FYTD
- Upcoming Scheduled NEOPs
 - June 3, 2024
 - July 22, 2024
 - September 9, 2024
 - October 21, 2024

Leaves:

- 38 employees on FMLA / 7.16% of workforce
 - 14 cases on intermittent
 - 24 cases on a block
- Top FMLA request reasons/conditions
 - Orthopedic (11)
 - Obstetrics/Gynecology (7)
 - FMLA-Spouse (5)

Turnover:

- Voluntary turnover – 1.57%
 - FT – 1.51%
 - PT – 2.27%
- Total turnover – 1.74%
 - FT – 1.69%
 - PT – 2.27%
- Total YTD turnover – 9.04%
 - FT – 8.10%
 - PT – 20.454%

FMLA Leave of Absence (FMLA Detailed Report)
Fiscal Year 10/01/2023 thru 04/30/2024
Percentages by Department/Conditions

Conditions	
Bonding	2
Digestive	1
FMLA - Child	2
FMLA - Spouse	5
Internal Medicine	2
Mental Health	1
Neurological	3
Obstetrics/Gynecology	7
Oncology	1
Orthopedic	12
Pulmonary	2
Grand Total	38

Percentage by Department					
Department	# of Ees	# on FMLA	% by FTE	% by FMLA	% by Dept HC
Advanced	177	16	3.01%	42.11%	9.04%
Basic	218	11	2.07%	28.95%	5.05%
Business Office	12	2	0.38%	5.26%	16.67%
Communications	50	4	0.75%	10.53%	8.00%
Controller - Payroll, Purchasing, A/P	7	1	0.19%	2.63%	14.29%
Field Managers/Supervisors - Operations	25	1	0.19%	2.63%	4.00%
Support Services - Facilities, Fleet, S.E., Logistics	32	3	0.56%	7.89%	9.38%
Grand Total	521	38			
Total # of Full Time Employees - April 2024	531				
% of Workforce using FMLA	7.16%				
TYPE OF LEAVES UNDER FMLA	# of Ees	% on Leave			
Intermittent Leave	14	36.84%			
Block of Leave	24	63.16%			
Total	38	100.00%			

MedStar Mobile Health Care Separation Statistics April 2024

	Current Month			Year to Date			YTD Compared to Apr'23		Headcount
	Vol	Invol	Total	Vol	Invol	Total	Apr'23	%	Apr-23
Full Time Separations	8	1	9	33	10	43	57	11.70%	487
Part Time Separations	1	0	1	8	1	9	32	66.67%	48
Total Separations	9	1	10	41	11	52	89	16.64%	535
							Difference	-7.597%	

	Full Time	Part Time	Total	Full Time	Part Time	Total
Total Turnover %	1.69%	2.27%	1.74%	8.10%	20.45%	9.04%
Voluntary Turnover %	1.51%	2.27%	1.57%	6.21%	18.18%	7.13%

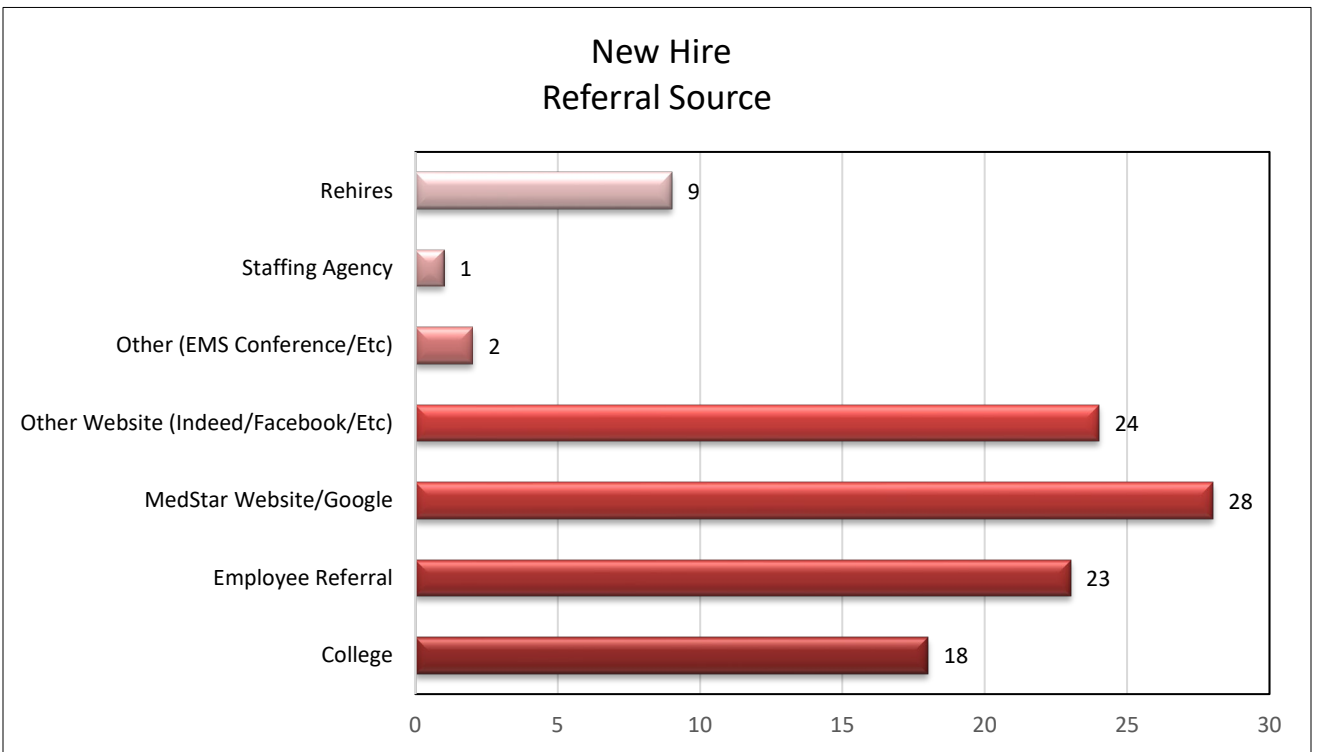
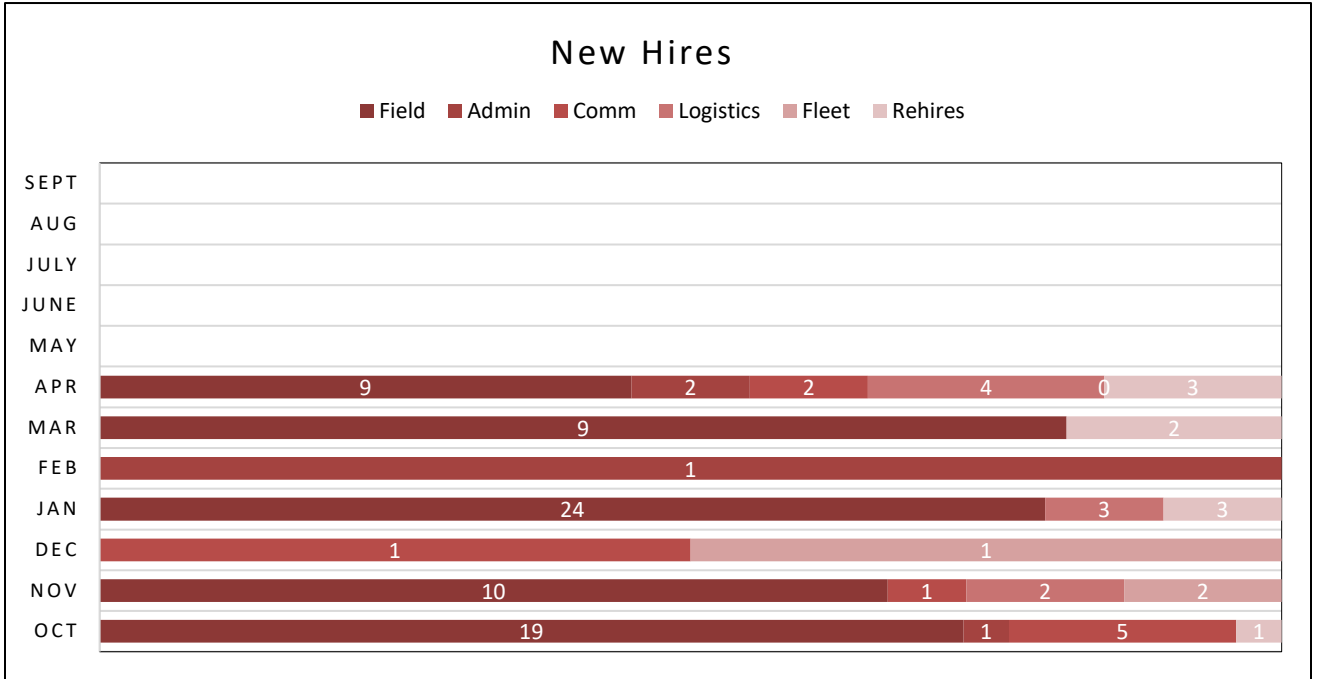
Separations by Department

Full Time	Vol	Invol	Total	Current Month			Year to Date			Headcount
				Vol	Invol	Total	Vol	Invol	Total	Apr-24
Advanced				2	1	3	10	3	13	157
Basics				1	0	1	12	3	15	202
Business Office							3	0	3	12
Communications				1	0	1	2	1	3	47
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							0	0		12
Public Information										1
Support Services - Facilities, Fleet, S.E., Logistics				4	0	4	6	3	9	28
Total				8	1	9	33	10	43	531

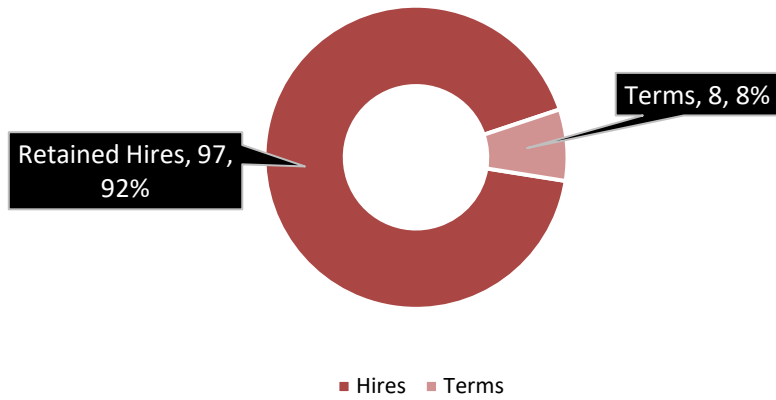
Part Time	Current Month			Year to Date			Headcount	
	Vol	Invol	Total	Vol	Invol	Total	Apr-24	
Advanced							3	20
Basics							3	16
Business Office								
Communications								3
Controller - Payroll, Purchasing, A/P								1
Executives								
Field Manager/Supervisors - Operations								
Field Operations 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				1	0	1	2	4
Total				1	0	1	8	44

Recruiting & Staffing Report

Fiscal Year 2023-2024



2023-2024 FY Separations



Fiscal Year Statistics
Total hires to date 105
Total separations from hires

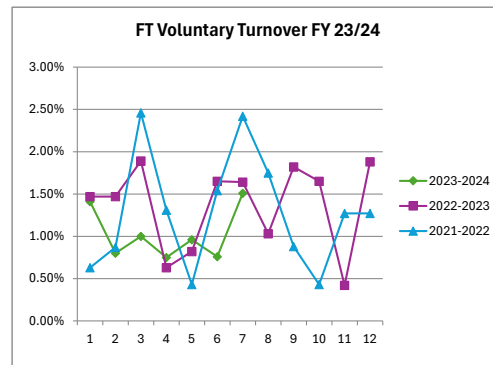
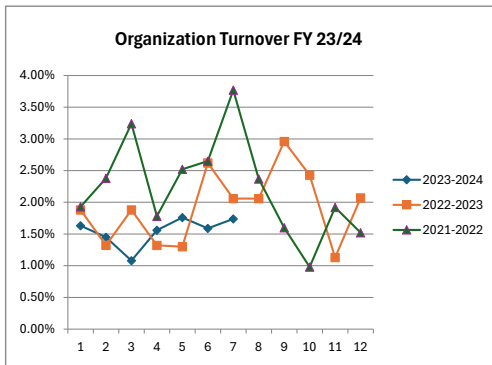
Separation Reasons:

- Attendance – 1**
- Performance – 2**
- Personal – 1**
- Other Job – 3**
- Relocation – 1**

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	1.74%	2.06%	3.77%	1.69%
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	9.04%	22.01%	24.57%	8.10%

	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	1.51%	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	7.13%	13.20%	15.25%



Tab E – FRAB

Tab F – Operations

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Operations Report- April 2024

The following summarizes significant operational items through April 30th, 2024.

Operational Excellence	Measure	FY24 Plan	FY24 YTD
Measurable high performance is achieved through disciplined execution of efficient processes.	Compliance Response Priority 1	<u>11:00 @ 85%</u>	0:10:37
	911 calls answered <15 seconds	≥ 90%	94.50%
	Compliance to ACE standards	≥ 95%	96%

Ambulance 911 Response Times

April 2024

Compliance Goal

11
Minutes

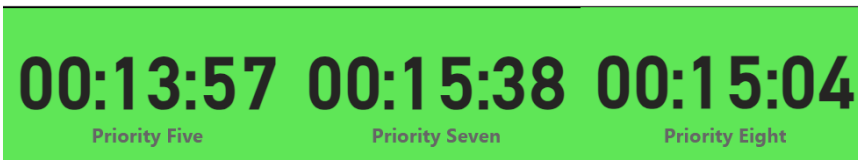


85th Percentile
Response
Times

13
Minutes



17
Minutes



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	Apr-24
Priority 1	0:10:34	0:10:54	0:10:53	0:10:31	0:10:38	0:09:57	0:10:41
Priority 2	0:11:12	0:11:23	0:11:24	0:11:12	0:10:43	0:10:22	0:10:34
Priority 3	0:12:33	0:12:30	0:12:03	0:12:07	0:11:25	0:11:05	0:11:14
Priority 4	0:11:39	0:11:44	0:11:41	0:12:15	0:11:29	0:10:38	0:11:06
Priority 5	0:14:53	0:15:17	0:15:12	0:14:57	0:14:02	0:13:35	0:13:57
Priority 7	0:16:07	0:16:51	0:16:14	0:17:16	0:15:37	0:14:44	0:15:38
Priority 8	0:15:54	0:16:08	0:16:07	0:15:46	0:15:14	0:14:08	0:15:04

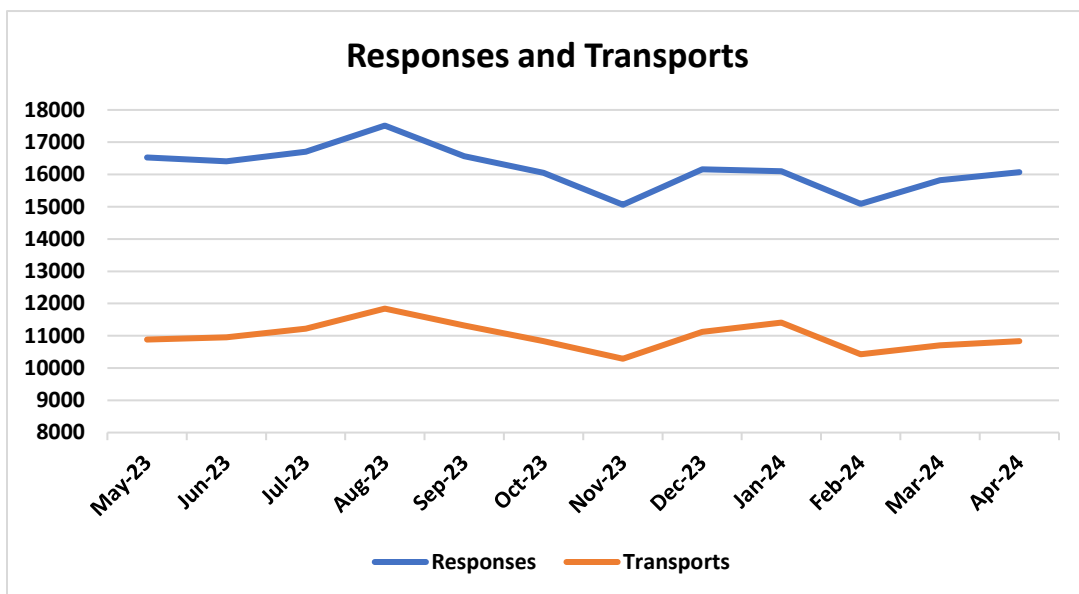
Response times measured from phone answer time to arrival on scene.

System Wide 90th	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Priority 1	0:11:33	0:11:42	0:12:07	0:11:10	0:11:33	0:10:39	0:11:22
Priority 2	0:12:12	0:12:34	0:12:28	0:12:15	0:11:36	0:11:12	0:11:24
Priority 3	0:13:43	0:13:30	0:12:55	0:12:59	0:12:26	0:12:00	0:12:28
Priority 4	0:12:42	0:12:50	0:13:01	0:13:37	0:12:53	0:11:37	0:12:22
Priority 5	0:16:24	0:16:42	0:16:36	0:16:22	0:15:17	0:14:56	0:15:16
Priority 7	0:18:14	0:18:56	0:18:46	0:19:40	0:17:27	0:16:07	0:16:58
Priority 8	0:17:48	0:17:35	0:18:24	0:17:50	0:16:49	0:15:46	0:16:27

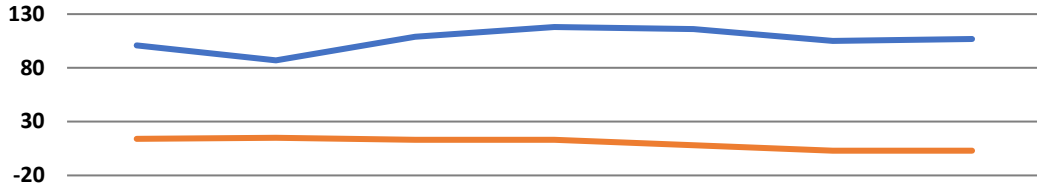
Response times measured from phone answer time to arrival on scene.

Field Operations:

Ambulance Metrics



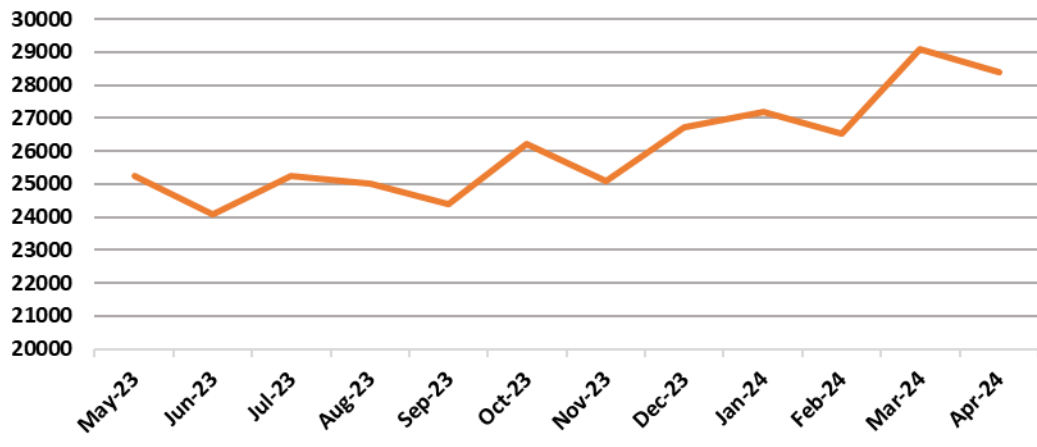
911 Mutual Aid Fiscal YTD



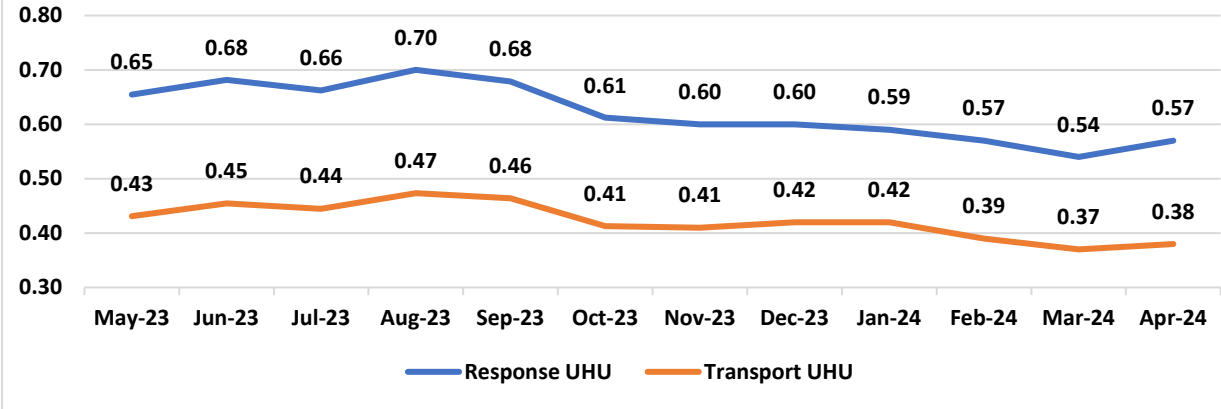
	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Given	101	87	109	118	116	105	107
Received	14	15	13	13	8	3	3

— Given — Received

Total Ambulance Unit Hours Produced



Response & Transport Unit Hour Utilization



UHU Measured By:

Response UHU: #Responses/#Produced Unit Hours

Transport UHU: #Transports/#Produced Unit Hours

Fleet/Logistics/Building Maintenance:

Logistics:

Daily Kit Inventory Log April 2024

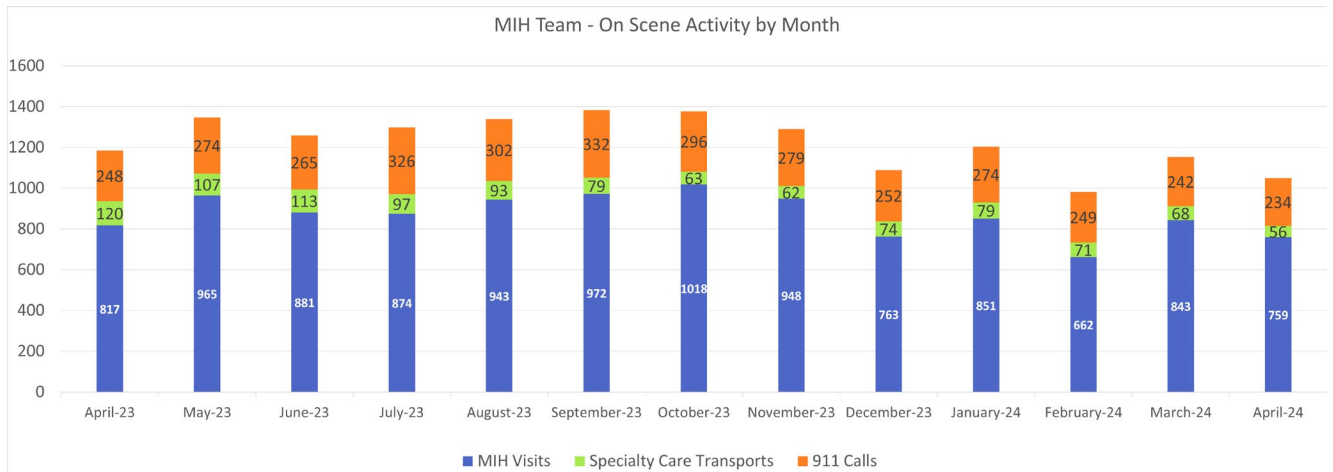


Special Operations:

- Completed **75** standby events **April 2024**
 - Cook Children's 5k
 - NASCAR at TMS
 - Multiple events at TCU, Bass Hall, and Cowtown Coliseum
 - Texas National Junior Triathlon
 - March for Babies
 - Spring Football at TCU and TWU
 - NCAA Women's Gymnastics
 - Numerous Career Days at Local Elementary Schools
 - Main Street Arts Festival
 - Lao New Year Celebration

Mobile Integrated Health:

- 1,424 clients are currently enrolled
 - Admission/Readmission Avoidance: 12
 - Episodic Care Coordination: 822
 - High Utilization Group (HUG): 52
 - Hospital at Home: 5
 - Specialized High Utilization Group: 12
 - STAR: 8
 - StarSaver Plus: 408
- 82 clients are pending enrollment
 - Admission/Readmission Avoidance: 5
 - High Utilization Group (HUG): 34
 - Overdose Response Team: 32
 - Specialized High Utilization Group: 5
 - STAR: 5

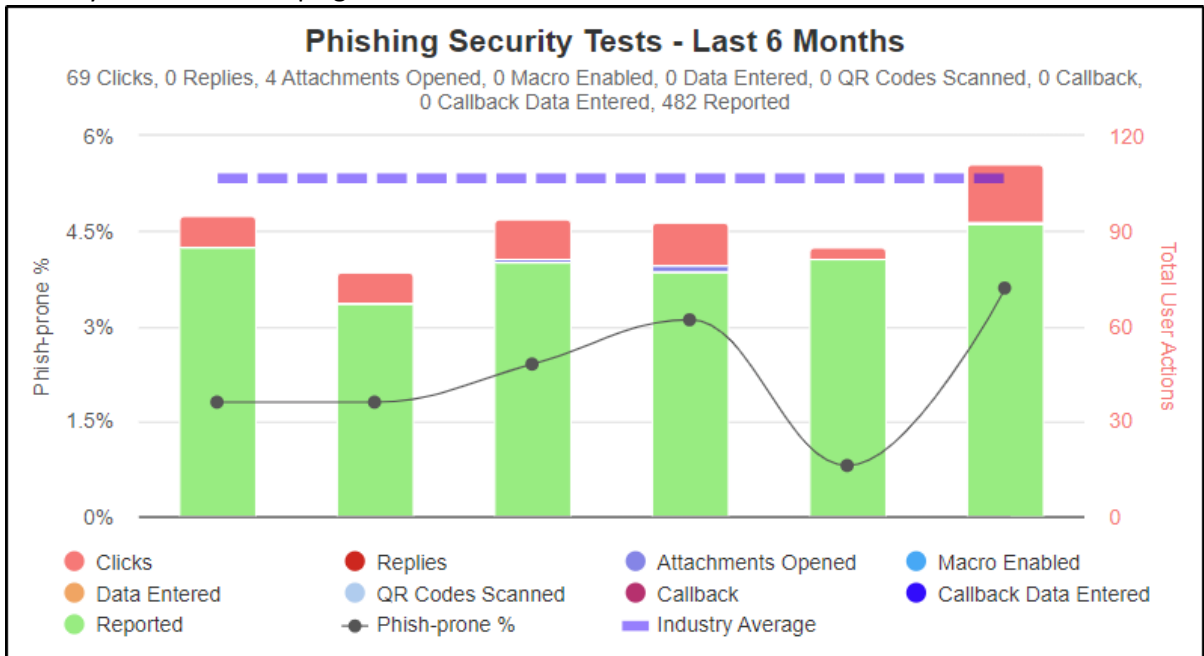


Information Technology:

- Prioritizing projects for the current fiscal year.
- Working with the City of Fort Worth on infrastructure inventory and 911 Systems Working Group.
- 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:

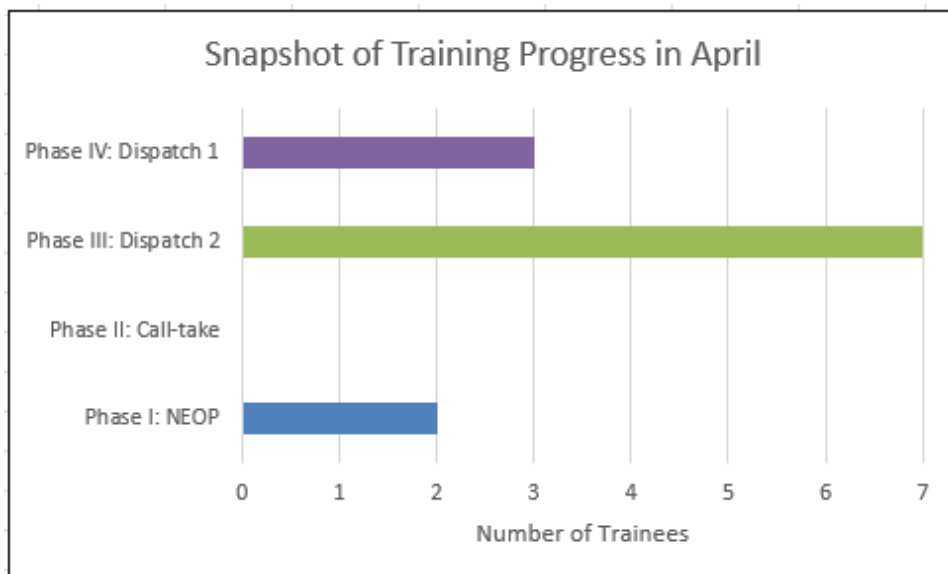
In addition to various data pull requests, deployment planning, and response time compliance QI/reporting, analysts are currently committed to:

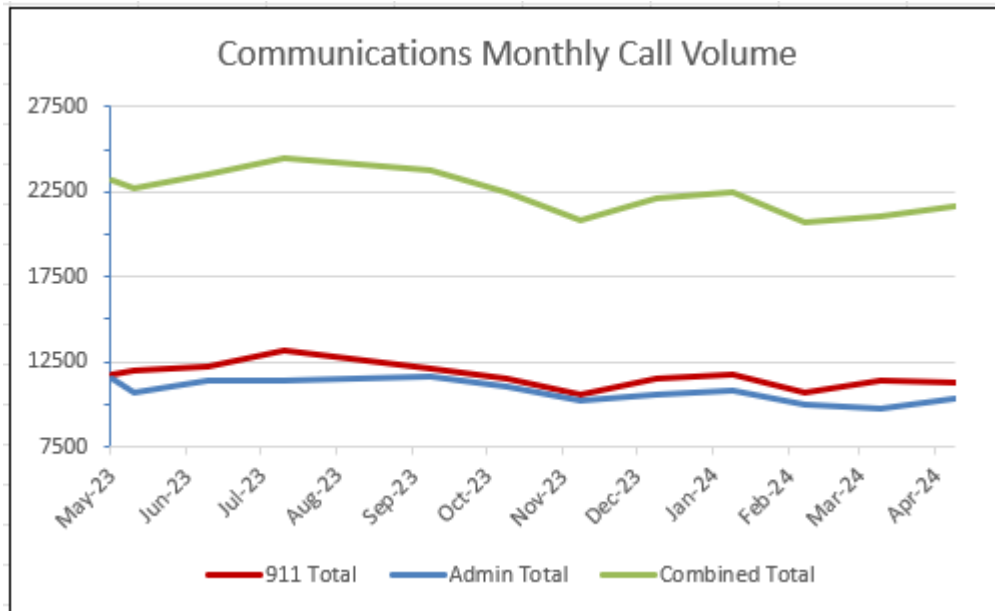
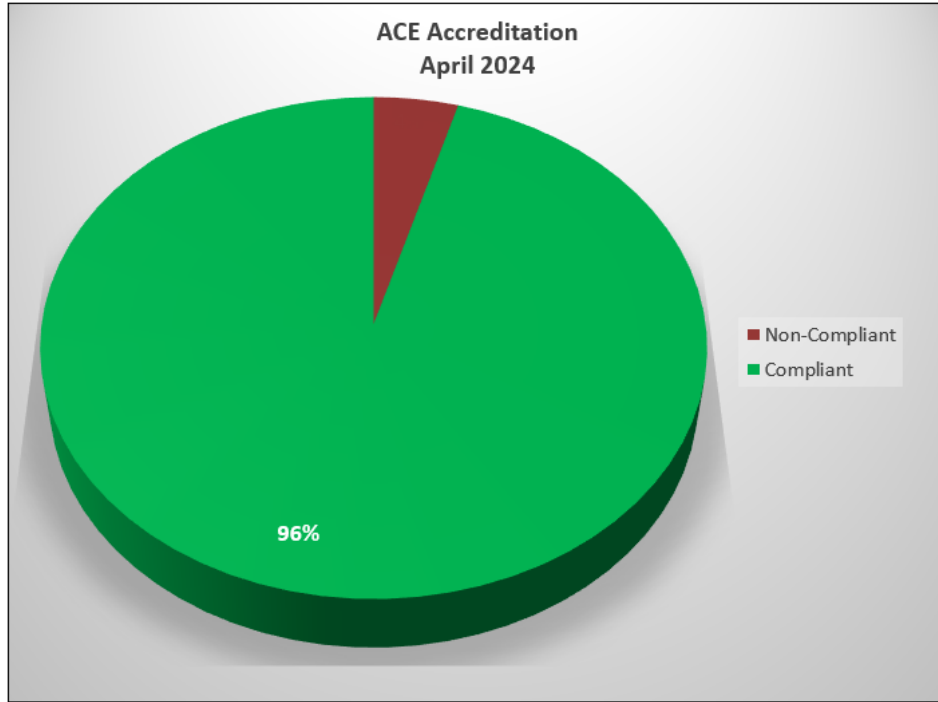
Project	Target Completion	Project Status	Comments / Remarks
Risk & Safety Reporting Application	April 2024		Finishing design & approvals
OMD Airway Auditing Database & Application	March 2024		Finishing design & approvals
Operations Schedule Database & Application	June 2024		Paused for other projects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

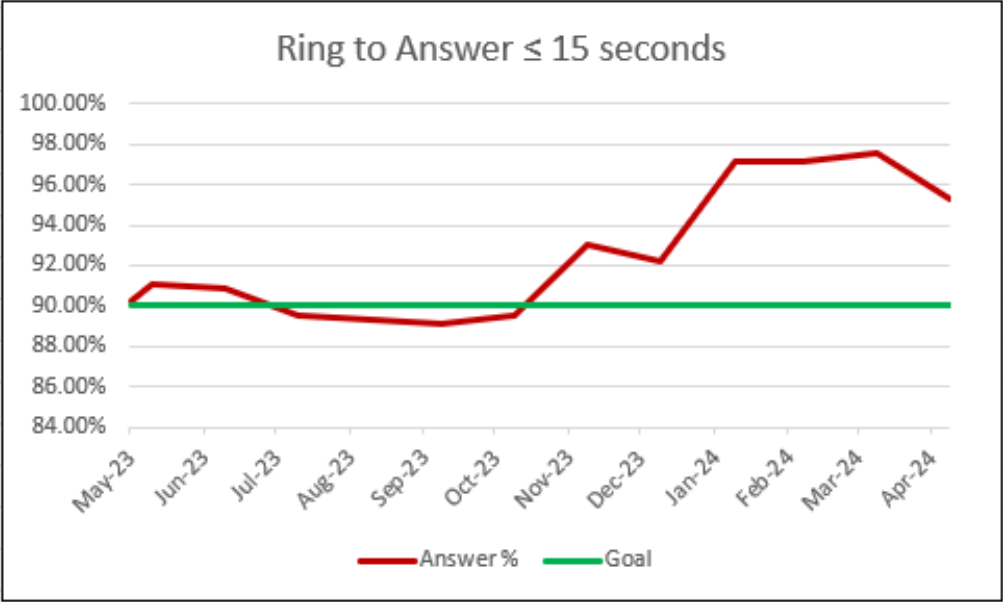
Note: RED - no active work at this time; YELLOW - project time shared with other projects; GREEN - primary focus of analyst

Communications Center:

- Remain compliant with EMD protocol and IAED Accredited Center of Excellence (ACE) Standards.
- Continuous focus on answering 90% of all 911 calls in 15 seconds or less.
- Ongoing training of twelve (12) controllers.
- Begin the process of gaining CJIS clearance for all Communications team members.









Medstar Mutual Aid Response Task Time Report

Period: 04/01/2024 through 04/30/2024

AID GIVEN	AID RECEIVED	TOTAL CALLS	% of Calls To Mutual Aid
107	3	16073	0.02%

GIVEN

Aid TO	Total	Aid TO	Unit	Inc Date	Incident Number	Priority	Area	Problem	Resulted in TX
Arlington	11	Arlington	M52	4/14/2024 10:31:46 PM	3171584	5	Arlington	26A11 - Sick Person (Specific Diagnosis) - 5A	Yes
		Arlington	M20	4/11/2024 8:19:01 AM	3167411	2	Arlington	26A10 - Sick Person (Specific Diagnosis) - 5A	No
		Arlington	M85	4/25/2024 8:08:38 PM	3183377	2	Arlington	31D02 - Unconscious / Fainting (Near) - 2A	No
		Arlington	M71	4/12/2024 6:29:52 PM	3169212	5	Arlington	45B02 - Specialized Unscheduled Up-Care Transport - 5A	No
		Arlington	M48	4/22/2024 7:40:01 AM	3179601	5	Arlington	17B01 - Falls - 5A	Yes
		Arlington	M33	4/22/2024 7:53:22 AM	3179613	5	Arlington	26A11 - Sick Person (Specific Diagnosis) - 5A	No
		Arlington	M87	4/12/2024 8:19:33 PM	3169309	5	Arlington	01A01 - Abdominal Pain / Problems - 5A	Yes
		Arlington	M51	4/12/2024 4:40:43 PM	3169106	5	Arlington	26A02 - Sick Person (Specific Diagnosis) - 5A	No
		Arlington	M58	4/22/2024 10:32:36 AM	3179723	5	Arlington	45C13 - Specialized Unscheduled Up-Care Transport - 5A	Yes
		Arlington	M33	4/1/2024 2:19:18 PM	3156501	5	Arlington	17B04 - Falls - 5A	No
		Arlington	M84	4/14/2024 11:11:34 PM	3171611	5	Arlington	17B04 - G - Falls - On the ground or floor - 5A	No

Azle	M33	4/10/2024 3:13:53 PM	3166632	2	Azle	12B01 - GENERALIZED seizure (not FOCAL or Impending) - 2A	No
Azle	M31	4/11/2024 10:54:22 PM	3168335	5	Azle	01A01 - Abdominal Pain / Problems - 5A	Yes

Benbrook

41

Benbrook	M48	4/11/2024 4:59:23 AM	3167319	7	Benbrook	05A01 - Back Pain (Non-Traumatic or Non-Recent Trauma) - 7A	Yes
Benbrook	M53	4/11/2024 10:47:19 PM	3168331	5	Benbrook	45A01 - g - Specialized Unscheduled Up-Care Transport - Falls - 5A	Yes
Benbrook	M46	4/17/2024 10:32:14 AM	3174058	2	Benbrook	45D02 - Specialized Unscheduled Up-Care Transport - 2A	Yes
Benbrook	M67	4/3/2024 11:51:28 AM	3158485	5	Benbrook	17B01 - Falls - 5A	No
Benbrook	M84	4/23/2024 4:58:14 PM	3181088	5	Benbrook	17B01 - Falls - 5A	Yes
Benbrook	M21	4/12/2024 10:55:03 PM	3169471	5	Benbrook	17B01 - G - Falls - On the ground or floor - 5A	Yes
Benbrook	M71	4/17/2024 6:02:38 PM	3174604	5	Benbrook	06C01 - Breathing Problems - 5A	Yes
Benbrook	M85	4/28/2024 2:50:46 PM	3186539	5	Benbrook	06C01 - Breathing Problems - 5A	Yes
Benbrook	M29	4/22/2024 6:22:40 PM	3180152	7	Benbrook	01C05 - Abdominal Pain / Problems - 7A	Yes
Benbrook	M39	4/10/2024 10:57:52 AM	3166359	2	Benbrook	19D03 - Heart Problems / A.I.C.D. - 2A	Yes
Benbrook	M56	4/8/2024 6:16:55 PM	3164516	3	Benbrook	26D01 - Sick Person (Specific Diagnosis) - 3A	Yes
Benbrook	M70	4/26/2024 5:04:58 PM	3184294	2	Benbrook	13D01 - Diabetic Problems - 2A	Yes
Benbrook	M36	4/17/2024 8:46:57 AM	3173968	5	Benbrook	17B01 - G - Falls - On the ground or floor - 5A	Yes

Benbrook	M66	4/10/2024 1:25:56 AM	3166053	5	Benbrook	10C03 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	No
Benbrook	M35	4/22/2024 7:27:00 AM	3179585	2	Benbrook	17D04 - G - Falls - On the ground or floor - 2A	Yes
Benbrook	M30	4/8/2024 8:23:28 AM	3163990	5	Benbrook	17B01 - Falls - 5A	No
Benbrook	M20	4/27/2024 12:35:08 PM	3185045	5	Benbrook	21B01 - M - Hemorrhage (Bleeding) / Lacerations - MEDICAL - 5A	Yes
Benbrook	M68	4/8/2024 11:55:09 AM	3164137	3	Benbrook	26D01 - Sick Person (Specific Diagnosis) - 3A	Yes
Benbrook	M87	4/26/2024 12:19:01 AM	3183530	5	Benbrook	17B01 - Falls - 5A	Yes
Benbrook	M40	4/19/2024 7:16:53 PM	3176998	7	Benbrook	30A02 - Traumatic Injuries (Specific) - 7A	Yes
Benbrook	M72	4/3/2024 12:44:48 PM	3158538	5	Benbrook	17A03 - Falls - 5A	Yes
Benbrook	M78	4/3/2024 1:33:09 PM	3158592	3	Benbrook	26D01 - Sick Person (Specific Diagnosis) - 3A	Yes
Benbrook	M21	4/16/2024 12:26:18 PM	3173024	2	Benbrook	26C01 - Stroke (CVA) / Transient Ischemic Attack (TIA) - STRONG evidence of stroke	Yes
Benbrook	M29	4/22/2024 2:38:03 PM	3179946	5	Benbrook	26A10 - Sick Person (Specific Diagnosis) - 5A	Yes
Benbrook	M78	4/3/2024 12:02:06 PM	3158493	7	Benbrook	17O01 - Falls - 7A	No
Benbrook	M74	4/23/2024 10:35:09 AM	3180716	5	Benbrook	17A01 - G - Falls - On the ground or floor - 5A	Yes
Benbrook	M87	4/4/2024 9:27:31 PM	3160413	5	Benbrook	17B01 - Falls - 5A	Yes
Benbrook	M52	4/19/2024 7:59:22 AM	3176178	5	Benbrook	17B01 - G - Falls - On the ground or floor - 5A	Yes
Benbrook	M85	4/23/2024 6:25:12 PM	3181193	5	Benbrook	26A11 - Sick Person (Specific Diagnosis) - 5A	Yes

Benbrook	M48	4/7/2024 4:12:13 PM	3163215	5	Benbrook	26C01 - Sick Person (Specific Diagnosis) - 5A	No
Benbrook	M33	4/23/2024 6:27:55 PM	3181194	5	Benbrook	17B01 - Falls - 5A	No
Benbrook	M28	4/24/2024 10:54:59 AM	3181798	5	Benbrook	10C03 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	Yes
Benbrook	M72	4/28/2024 9:33:43 AM	3186297	3	Benbrook	45C01 - Specialized Unscheduled Up-Care Transport - 3A	Yes
Benbrook	M43	4/12/2024 12:22:32 PM	3168835	5	Benbrook	45A01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Benbrook	M56	4/1/2024 11:07:48 AM	3156309	5	Benbrook	45A01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Benbrook	M30	4/6/2024 12:21:03 AM	3161622	1	Benbrook	45D01 - Specialized Unscheduled Up-Care Transport - 1A	No
Benbrook	M20	4/27/2024 10:51:45 AM	3184968	3	Benbrook	45C01 - Specialized Unscheduled Up-Care Transport - 3A	No
Benbrook	M41	4/8/2024 3:19:26 PM	3164361	5	Benbrook	45A01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Benbrook	M33	4/22/2024 6:39:09 PM	3180167	7	Benbrook	26A08 - Sick Person (Specific Diagnosis) - 7A	Yes
Benbrook	M33	4/7/2024 3:32:55 PM	3163184	5	Benbrook	45A01 - j - Specialized Unscheduled Up-Care Transport - Traumatic Injuries	Yes
Benbrook	M72	4/26/2024 5:56:18 AM	3183671	5	Benbrook	17B01 - Specialized Unscheduled Up-Care Transport - 5A	Yes

5

Crowley	M59	4/23/2024 4:42:07 PM	3181055	4	Crowley	29B01 - V - Vehicle vs. vehicle - Multiple patients - 4B	No
Crowley	M35	4/17/2024 11:55:59 AM	3174125	5	Crowley	01A01 - Abdominal Pain / Problems - 5A	Yes

Crowley

Crowley	M59	4/2/2024 10:35:39 AM	3157376	2	Crowley	06C01 - Breathing Problems - 5A	Yes
Crowley	M39	4/25/2024 5:55:32 PM	3183281	5	Crowley	31C01 - Unconscious / Fainting (Near) - 5A	No
Crowley	M34	4/2/2024 5:28:47 PM	3157787	2	Crowley	12B01 - GENERALIZED seizure (not FOCAL or Impending) - 2A	Yes

Tarrant County

2

Tarrant County	M50	4/21/2024 10:41:36 PM	3179316	5	Tarrant County	10C01 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	Yes
Tarrant County	M25	4/7/2024 1:23:08 PM	3163083	5	Tarrant County	17B04 - Falls - 5A	Yes

Richland Hills

46

Richland Hills	M63	4/22/2024 10:38:35 AM	3179728	5	Richland Hills	28C11 - M - Stroke (CVA) / Transient Ischemic Attack (TIA) - CLEAR evidence of stroke	Yes
Richland Hills	M67	4/20/2024 10:30:09 AM	3177608	2	Richland Hills	02D01 - Allergies (Reactions) / Envenomations (Stings, Bites) - 2A	Yes
Richland Hills	M83	4/28/2024 4:03:41 AM	3186024	5	Richland Hills	FD Standby	No
Richland Hills	M48	4/27/2024 8:13:04 AM	3184871	7	Richland Hills	30A02 - Traumatic Injuries (Specific) - 7A	Yes
Richland Hills	M32	4/2/2024 10:00:50 PM	3158040	1	Richland Hills	45D01 - Specialized Unscheduled Up-Care Transport - 1A	No
Richland Hills	M83	4/24/2024 8:08:16 AM	3181653	5	Richland Hills	17B01 - Falls - 5A	Yes
Richland Hills	M49	4/1/2024 12:21:35 PM	3156390	2	Richland Hills	31D04 - Unconscious / Fainting (Near) - 2A	Yes
Richland Hills	M26	4/28/2024 4:10:01 PM	3186601	5	Richland Hills	FD Standby	No
Richland Hills	M36	4/16/2024 10:07:01 PM	3173610	5	Richland Hills	10D05 - Back Pain (Non-Traumatic or Non-Recent Trauma) - 5A	Yes

Richland Hills	M34	4/20/2024 1:26:32 AM	3177256	5	Richland Hills	21B02 - M - Non-traumatic (medical) bleeding - MEDICAL - 5A	Yes
Richland Hills	M25	4/14/2024 7:51:03 PM	3171471	7	Richland Hills	01A03 - Abdominal Pain / Problems - 7A	Yes
Richland Hills	M63	4/13/2024 2:17:56 PM	3170113	2	Richland Hills	31D03 - Unconscious / Fainting (Near) - 2A	No
Richland Hills	M50	4/8/2024 3:52:23 PM	3164397	4	Richland Hills	29B05 - U - Traffic Collision / Transportation Incident - Unknown number of patients - 4B	No
Richland Hills	M77	4/3/2024 1:24:17 AM	3158150	5	Richland Hills	06C01 - Specialized Unscheduled Up-Care Transport - 5A	Yes
Richland Hills	M26	4/27/2024 10:53:49 AM	3184971	5	Richland Hills	FD Standby	No
Richland Hills	M47	4/16/2024 2:14:55 PM	3173128	7	Richland Hills	10A01 - Chest Pain / Chest Discomfort (Non-Traumatic) - 7A	Yes
Richland Hills	M74	4/13/2024 11:06:01 AM	3169945	5	Richland Hills	26A10 - Sick Person (Specific Diagnosis) - 5A	No
Richland Hills	M35	4/29/2024 10:34:22 PM	3188307	7	Richland Hills	30B01 - Traumatic Injuries (Specific) - 7A	No
Richland Hills	M60	4/25/2024 10:54:35 PM	3183479	7	Richland Hills	30A02 - Traumatic Injuries (Specific) - 7A	Yes
Richland Hills	M73	4/20/2024 10:55:28 AM	3177630	2	Richland Hills	28C01 - J - Stroke (CVA) / Transient Ischemic Attack (TIA) - CLEAR evidence of stroke (< T hours) - 2A	Yes
Richland Hills	M39	4/27/2024 12:52:29 AM	3184702	3	Richland Hills	31A01 - Unconscious / Fainting (Near) - 3A	Yes
Richland Hills	M33	4/22/2024 3:39:24 PM	3179987	4	Richland Hills	29B05 - Vehicle vs. vehicle - 4B	Yes
Richland Hills	M86	4/18/2024 9:47:21 PM	3175943	2	Richland Hills	12D04 - Convulsions / Seizures - 2A	Yes

Richland Hills	M24	4/28/2024 1:02:18 PM	3186422	7	Richland Hills	26A08 - Sick Person (Specific Diagnosis) - 7A	Yes
Richland Hills	M85	4/2/2024 7:04:45 PM	3157900	5	Richland Hills	06D04 - Breathing Problems - 5A	No
Richland Hills	M68	4/29/2024 10:46:01 PM	3188315	7	Richland Hills	17B01 - P - Falls - Public place (street, parking garage, market) - 7A	Yes
Richland Hills	M65	4/16/2024 3:45:37 PM	3173254	5	Richland Hills	17B01 - Falls - 5A	Yes
Richland Hills	M41	4/20/2024 1:37:50 PM	3177763	4	Richland Hills	29B05 - U - Solitary vehicle - 4B	No
Richland Hills	M33	4/26/2024 6:03:50 PM	3184335	4	Richland Hills	29B05 - Motorcycle (solitary) - 4B	Yes
Richland Hills	M65	4/16/2024 3:45:37 PM	3173254	5	Richland Hills	17B01 - Falls - 5A	Yes
Richland Hills	M41	4/20/2024 1:37:50 PM	3177763	4	Richland Hills	29B05 - U - Solitary vehicle - 4B	No
Richland Hills	M33	4/26/2024 6:03:50 PM	3184335	4	Richland Hills	29B05 - Motorcycle (solitary) - 4B	Yes
Richland Hills	M50	4/8/2024 3:37:45 PM	3164385	4	Richland Hills	29B05 - V - Vehicle vs. vehicle - Multiple patients - 4B	No
Richland Hills	M60	4/16/2024 8:42:09 AM	3172818	5	Richland Hills	17B01 - G - Falls - On the ground or floor - 5A	Yes
Richland Hills	M33	4/27/2024 7:47:20 AM	3184859	4	Richland Hills	29B05 - U - Vehicle vs. vehicle - Unknown number of patients - 4B	No
Richland Hills	M64	4/6/2024 8:38:22 PM	3162450	5	Richland Hills	45A01 - g - Specialized Unscheduled Up-Care Transport - Falls - 5A	Yes
Richland Hills	M23	4/12/2024 11:26:10 AM	3168785	5	Richland Hills	26A10 - Sick Person (Specific Diagnosis) - 5A	Yes
Richland Hills	M529	4/15/2024 11:40:13 AM	3172003	8	Richland Hills	04B03 - A - Assault / Sexual Assault / Stun Gun - Assault - 8B	No

Richland Hills	M24	4/28/2024 8:19:45 AM	3186260	5	Richland Hills	45A01 - g - Specialized Unscheduled Up-Care Transport - Falls - 5A	Yes
Richland Hills	M31	4/24/2024 2:38:29 PM	3182023	8	Richland Hills	26A09 - Sick Person (Specific Diagnosis) - 8B	No
Richland Hills	M29	4/2/2024 8:52:07 AM	3157308	2	Richland Hills	06D01 - O - Breathing Problems - Other lung problems - 2A	Yes
Richland Hills	M70	4/20/2024 9:26:06 AM	3177536	5	Richland Hills	10D04 - Chest Pain / Chest Discomfort (Non-Traumatic) - 5A	Yes
Richland Hills	M89	4/15/2024 12:35:49 PM	3172037	3	Richland Hills	26D01 - Sick Person (Specific Diagnosis) - 3A	Yes
Richland Hills	M31	4/24/2024 2:50:06 PM	3182034	5	Richland Hills	06C01 - Breathing Problems - 5A	No
Richland Hills	M20	4/15/2024 12:09:53 PM	3172024	3	Richland Hills	31A01 - Unconscious / Fainting (Near) - 3A	Yes
Richland Hills	M30	4/27/2024 5:45:17 PM	3185297	5	Richland Hills		No

Total Given 107

RECEIVED

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

Eagle Mountain

2

Eagle Mountain	Eagle Mountain	4/7/2024 3:35	3162758	2	Fort Worth	28C01 - J - Stroke (CVA) / Transient Ischemic Attack (TIA) - CLEAR evidence of stroke (< T hours) - 2A	Yes
Eagle Mountain	Eagle Mountain	4/8/2024 1:05:50 AM	3163702	2	Saginaw	21D03 - M - Sick Person (Specific Diagnosis) - MEDICAL - 2A	Yes

Justin EMS

1

Justin EMS	Justin EMS	4/19/2024 10:01:26 AM	3176332	2	Fort Worth	06D02 - Breathing Problems - 2A	Yes
------------	------------	-----------------------	---------	---	------------	---------------------------------	-----

Total Received 3

Tab G – Compliance and Legal

Legal Team Report

April 16, 2024 – May 13, 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.
- Maintained DSHS license roster, unit status, and various changes as needed.
- Conducted DSHS random unit inspections in the field. All units passed inspection without any deficiencies.

Paralegal Duties

- 17 DFPS reports were filed for suspected abuse, neglect, or exploitation.
- Provided internal legal support for MedStar Executive team, and processed requests regarding legal matters.
- Assisted Legal Counsel in preparation for litigation.
- 3 Subpoenas(s) served for witness appearance.
- 4 pre-trial meetings held with the Tarrant Co. District Attorney's Office.
- Conducted 2 court appearances as states witness in criminal cases.
- Reviewed multiple legal & privacy matters with field staff, HR, OMD; consulted with Legal Counsel, and provided legal guidance as needed.
- Drafted, reviewed, negotiated, and executed multiple agreements with outside parties for various matters.

Chad Carr
Compliance Officer
Paralegal to Legal Counsel
EMT-P, CACO, CAPO, CRC

Tab H – 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