



Metropolitan Area EMS Authority (MAEMSA)

dba MedStar Mobile Healthcare

Board of Directors

October 23, 2024

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

Date and Time: October 23, 2024, at 1:00 p.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/1447866957> or by phone at (469) 445-0100 (Meeting ID: 144 786 6957).

AGENDA

- | | |
|-----------------------------------|-------------------|
| I. CALL TO ORDER | Councilman Flores |
| II. INTRODUCTION OF GUESTS | Councilman Flores |
| III. CITIZEN PRESENTATIONS | Councilman Flores |

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. More details can be found, to include information on time limits, at <https://www.medstar911.org/board-of-directors/>. The deadline for registering is 4:30 p.m. October 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.

- | | |
|---------------------------|-------------------|
| IV. CONSENT AGENDA | Councilman Flores |
|---------------------------|-------------------|

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:

- | | | |
|----------------|---|-----------------------------|
| BC-1622 | Approval of Board Minutes for September 26, 2024 | Councilman Flores
Page 1 |
| BC-1623 | Approval of Check Register for September 26, 2024 | Councilman Flores
Page 5 |

V. MONTHLY REPORTS

A.	Chief Executive Officer Report	Frank Gresh
B.	Office of the Medical Director Report	Dr. Jeff Jarvis Dwayne Howerton
C.	Chief Financial Officer Report	Odelle Carrette
D.	Human Resources Report	Leila Peeples
E.	FRAB Report	Fire Chief Jim Davis Fire Chief Doug Spears
F.	Operations Report	Shaun Curtis Frank Gresh
G.	Compliance Officer Report	Frank Gresh
H.	EPAB	Dr. Brad Commons

VI. NEW BUSINESS

IR-239	EMS Transition Update	Frank Gresh Valerie Washington Mark McDaniel
IR-240	Future MedStar Governance During Transition	Frank Gresh
IR-241	Discussion on the use of MAEMSA cash reserves for capital asset purchasing for the transition	Frank Gresh Valerie Washington Mark McDaniel
BC-1624	Resolution allowing for the transition of MAEMSA operations to the City of Fort Worth	Frank Gresh
BC-1625	Purchase of nine (9) new ambulances	Frank Gresh
BC-1626	Purchase of new Motorola portable radios	Frank Gresh
BC-1627	Purchase of Mobile Data Computers	Frank Gresh

VII. OTHER DISCUSSIONS

- A.** Request 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:

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 and consultation with Ritu Cooper, Hall, Killian, Heath & Lyman, P.C., relating to compliance matters.

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.

IX. ADJOURNMENT

**MAEMSA
BOARD COMMUNICATION**

Date: 10.23.2024	Reference #: BC-1623	Title: Approval of Board of Directors Minutes		
<p><u>RECOMMENDATION:</u></p> <p>It is recommended that the Board of Directors approve the board minutes for September.</p> <p><u>DISCUSSION:</u></p> <p>N/A</p> <p><u>FINANCING:</u></p> <p>N/A</p>				
<table style="width: 100%;"><tr><td style="width: 40%;">Submitted by: <u>Frank Gresh</u></td><td style="width: 60%;">Board Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Continued until _____</td></tr></table>			Submitted by: <u>Frank Gresh</u>	Board Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Continued until _____
Submitted by: <u>Frank Gresh</u>	Board Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Continued until _____			

MINUTES

METROPOLITAN AREA EMS AUTHORITY DBA MEDSTAR MOBILE HEALTHCARE BOARD OF DIRECTORS REGULAR MEETING September 26, 2024

The Metropolitan Area EMS Authority Board of Directors conducted a meeting at the offices of the Authority, with some members participating in a 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

Appointee Teneisha Kennard called the meeting to order at 10:02 a.m.

Board members participating through video conference: Dr. Brad Commons, Dr. Jeff Jarvis (Ex-Officio) and Bryce Davis.

Broad members physically present: Chair Councilman Carlos Flores, Teneisha Kennard, Fire Chief Jim Davis, Frank Gresh (Ex-Officio), Mayor Mattie Parker, Reginald Zeno.

Others present were General Counsel Tammy Ardolf, Leila Peeples, Chris Cunningham, Pete Rizzo, Odelle Carrette, and Dr. Brian Miller.

Guests on phone or in person as attendees: Zac Shaffer, Justin Dunn, David Phillips, Andrew Malone, Anita Meadows, Blair Brame, Bradley Crenshaw, Brandon Pate, Brian Jacobs, Brian Miller, Buck Gleason, Chris Roberts, Diana Anderson, Heath Stone, Janice Conner, Jason Wood, Jose Talavera, K, Kerby Johnson, Kier Brister, Lesley Leopold, L. Goynes, Lisa Gray, Marty Elliott, Matt Zavadsky, Matthew Willens, Michael Griffith, Monica Cruz, Nick Bombardier, Rhode Ontiveros Romero, Ricky Hyatt, Attorney Ritu Cooper, Sarah Esquivel, Scott Mesick, Susan Swagerty, Trent Robinson, Whitney Burr, David Phillips, Dwayne Howerton, Jason Wiemer, Justin Ram, Lindy Curtis, Shaun Curtis, Assistant City Attorney Taylor Paris, Fort Worth City Deputy Manager Mark McDaniel, Fort Worth Assistant City Manager Valerie Washington.

II. INTRODUCTION OF GUESTS

Frank Gresh introduced the new board member Reginald Zeno, CFO of the City of Fort Worth, and Fort Worth Assistant City Manager, Valarie Washington.

Frank Gresh acknowledged James Cogdill's 30th anniversary with the organization and provided an update on ongoing transitions and budget matters. He took a moment to congratulate James, presenting him with a plaque and a 30-year service pin in recognition of his dedication.

III. CONSENT AGENDA

- BC-1617 Approval of Board Minutes for August 22, 2024**
BC-1618 Approval of Check Register for August 22, 2024

The motion to approve all items on the Consent Agenda was made by Jim Davis and seconded by Dwayne Howerton. The motion carried unanimously.

IV. NEW BUSINESS

IR - 237 Scheduling of Future MAESMA Broad Meeting

Frank Gresh discussed moving the regularly scheduled MAESMA meeting to a different day of the month

IR - 238 EMS Transition Update

Frank Gresh, Leila Peeples, Valerie Washington & Mark McDaniel provided an overview of the EMS Transition Update

BC - 1619 Approval of FY 25 Budget

Frank Gresh discussed the MAESMA FY 25 Budget. The motion to approve the budget was made by Jim Davis and seconded by Mattie Parker. The motion carried unanimously

BC - 1620 Ratification of the CEO's action on transferring two ambulances to the CoFWFD for licensing purposes.

The motion to approve was made by Teneisha Kennard and seconded by Reginald Zeno. The motion carried unanimously.

BC - 1621 Discussion regarding provision of EMS services to the city of Richland Hills.

The motion to approve authority for CEO Frank Gresh to negotiate an EMS Service Agreement between MAESMA and the City of Richland Hills was made by Jim Davis. The motion carried unanimously.

V. MONTHLY REPORTS

- A.** Chief Executive Officer– Frank Gresh referred to Tab A. The transition efforts remain active, with five to ten meetings held each week to address various transition-related matters. Frank expressed his satisfaction with his new role and the team.
- B.** Office of the Medical Director – Dr. Jeff provided an update on the goal of delivering the first unit of blood to a patient before the end of the year, noting continued progress. He also reported advancements in Airway Management and the national quality improvement effort, emphasizing the significant contributions of Buck Gleason and Kirby Johnson to these initiatives.
- C.** Chief Financial Officer– Odelle Carrette referred to Tab C. Odelle provides a financial report, noting a positive net income of \$791,000 for August and a year-to-date positive variance of \$4.8 million. This includes a 105% budget for patient contacts and a 126% increase in net revenue.

- D.** Chief Human Resources Officer- Leila Peeples referred to Tab D. Leila provided an update on the hiring process, which has been ongoing for two full days, with nearly 32 potential candidates under consideration.
- E.** FRAB – Chief Davis indicated that there is nearly a consensus regarding the service agreement between the Member City Fire Department and MedStar.
- F.** Operations – Chris Cunningham referred to Tab F Chris provided a report on compliance standards, highlighting the consistent achievement of the 85th percentile for the seventh consecutive month. He also introduced the concept of "First Watch" and its role in supporting data analytics for public safety agencies
- G.** Compliance and Legal – Frank Gresh is collaborating with Jason and his team on the narcotics audit to ensure compliance. The previously issued state Medicaid OIG letter is still pending, and while our attorney has been in communication with them, we have yet to receive a response.
- H.** EPAB – Dr. Commons stated that we will focus on filling the significant vacancy left by Chris Bolton's resignation from the board. Additionally, we'll be looking at the process of sunseting EPAB and transitioning to MCAB, with a focus on how we can best support the system and ensure we're providing the best care for patients.

VI. REQUEST FOR FUTURE AGENDA ITEMS

None.

VII. CLOSED SESSION

At 11:30 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 11:55 a.m.

VIII. ADJOURNMENT

The Board stood adjourned at 11:58 a.m.

Respectfully submitted,

Douglas Spears
Secretary

**MAEMSA
BOARD COMMUNICATION**

Date: 10.23.2024	Reference #: BC-1623	Title: Approval of Board of Check Register			
<p><u>RECOMMENDATION:</u></p> <p>It is recommended that the Board of Directors approve the check register for September</p> <p><u>DISCUSSION:</u></p> <p>N/A</p> <p><u>FINANCING:</u></p> <p>N/A</p>					
<table style="width: 100%; border: none;"><tr><td style="width: 35%; vertical-align: top;">Submitted by: <u>Frank Gresh</u></td><td style="width: 10%; vertical-align: top;">Board Action:</td><td style="width: 55%; vertical-align: top;"><div style="display: flex; flex-direction: column; align-items: flex-start;"><div><input type="checkbox"/> Approved</div><div><input type="checkbox"/> Denied</div><div><input type="checkbox"/> Continued until _____</div></div></td></tr></table>			Submitted by: <u>Frank Gresh</u>	Board Action:	<div style="display: flex; flex-direction: column; align-items: flex-start;"><div><input type="checkbox"/> Approved</div><div><input type="checkbox"/> Denied</div><div><input type="checkbox"/> Continued until _____</div></div>
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AP Check Details Over 5000
For Checks Between 9/1/2024 and 9/30/2024



Check Number	CK Date	Vendor Name	Check Amount	Description
117412	9/5/2024	Bound Tree Medical LLC	13,885.76	Various Medical Supplies
117415	9/5/2024	Five Star Ford	8,100.88	Tires and Various Parts
117421	9/5/2024	Maintenance of Ft Worth, Inc.	6,755.01	Janitorial Services and Supplies
117424	9/5/2024	Medline Industries, Inc.	12,874.91	Various Medical Supplies
117438	9/5/2024	Reliable Dental Supply and Service	7,709.39	Various Medical Supplies
117441	9/5/2024	SoftwareOne, Inc.	14,343.94	Software One-Adobe subscription
117443	9/5/2024	Teleflex Medical	9,900.00	Various Medical Supplies
117447	9/5/2024	XL Parts	5,025.05	Various Parts
117498	9/12/2024	Airgas USA, LLC	7,344.01	O2 Cylinders and rentals
117505	9/12/2024	Bound Tree Medical LLC	19,879.60	Various Medical Supplies
117507	9/12/2024	Collection Management Company	13,177.27	Collection Services
117508	9/12/2024	CornerStone Staffing	7,013.15	HR/Executive Assistants
117519	9/12/2024	Mansfield Service Partners South, LLC	5,987.05	Bulk DEF
117520	9/12/2024	Medline Industries, Inc.	9,228.81	Various Medical Supplies
117521	9/12/2024	Medserv Management Services LLC	14,608.70	Transitional Mgmt Services
117524	9/12/2024	OMDA US Inc	70,100.00	Support/Maint Annual Fee
117526	9/12/2024	Jay Jorgensen	5,192.50	Reimbursement for Paramedic School
117543	9/12/2024	Taylor Olson Adkins Sralla & Elam LLP	11,256.15	Legal Services
117618	9/19/2024	Bound Tree Medical LLC	21,021.53	Various Medical Supplies
117621	9/19/2024	CyrusONe	12,973.00	Colocation/Bandwidth
117631	9/19/2024	Medline Industries, Inc.	8,259.94	Various Medical Supplies
117632	9/19/2024	Medserv Management Services LLC	12,000.00	Transitional Mgmt Services
117648	9/19/2024	TML Intergovernmental Risk Pool	90,200.90	Liability Deductible
117657	9/26/2024	Bound Tree Medical LLC	19,821.62	Various Medical Supplies
117662	9/26/2024	ImageTrend	24,469.00	Monthly Fee - Elite EMS SaaS
117665	9/26/2024	Masimo Americas, Inc	10,164.83	Various Medical Supplies
117668	9/26/2024	Medline Industries, Inc.	11,357.47	Various Medical Supplies
117671	9/26/2024	Frank Gresh	5,471.18	Reimbursement for Living Expenses
117675	9/26/2024	Paranet Solutions	38,810.00	Monthly IT Charges
117683	9/26/2024	T & W Tire	11,069.60	Tires
117686	9/26/2024	The State of Texas	7,063.00	Microsoft Subscription
117691	9/26/2024	Zoll Medical Corporation	8,443.71	Various Medical Supplies
2875102	9/4/2024	Direct Energy Business	9,439.65	Electric Services
5467909	9/3/2024	Frost	39,363.52	Frost Loan #39001
5483919	9/5/2024	MetLife - Group Benefits	40,592.93	Dental/Vision/Basic Life/Suppl Life/STD
5483946	9/5/2024	UMR Benefits	70,986.10	Health Insurance Premium
5523493	9/13/2024	WEX Bank	140,343.42	Fuel
5586057	9/27/2024	UT Southwestern Medical Center	16,224.00	Contract Services - B Miller
5586978	9/27/2024	Integrative Emergency Service Physician	15,600.00	Contract Services - A Cornelius



AP Check Details Over 5000
For Checks Between 9/1/2024 and 9/30/2024

Check Number	CK Date	Vendor Name	Check Amount	Description
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9162024	9/16/2024	JP Morgan Chase Bank, N.A.	32,660.34	MasterCard Bill
19105996	9/10/2024	AT&T	17,008.96	Cell Phone/Aircard
387467654	9/26/2024	City of Fort Worth Water Department	5,777.22	Water Services
903202401	9/3/2024	Frost	61,053.88	Frost Loan #30001
904202401	9/4/2024	Frost	38,540.62	Frost Loan #4563-001

MAEMSA

Board Communication

Date: 10/23/2024	Reference #: BC-1624	Title: Resolution allowing for the transition of MAEMSA operations to the City of Fort Worth
<p><u>Recommendation:</u></p> <p>It is recommended that the MAEMSA Board of Directors approve this item.</p> <p><u>Discussion:</u></p> <p>Taylor Paris, an Assistant City Attorney for the City of Fort Worth, has drafted a resolution for the MAEMSA board's review and potential approval. This resolution would facilitate the conveyance of the authority's assets and liabilities to the City of Fort Worth. Taylor believes this is a prudent measure, as the Memorandum of Understanding and Agreement (MOUA) being signed by all member cities will effectively dissolve the MAEMSA board and its by-laws. The resolution would serve as a final document authorizing a designated representative to convey all assets and liabilities to the City upon completion of the transition. Taylor will be present at the board meeting to address any questions.</p> <p>MAEMSA legal counsel has reviewed this resolution.</p> <p><u>Financing:</u></p> <p>N/A</p>		
Submitted by: <u>Frank Gresh</u>		Board Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Continued

MAEMSA

Board Communication

Date: 10/23/2024	Reference #: BC-1625	Title: Purchase of nine (9) new ambulances
<p><u>Recommendation:</u></p> <p>It is recommended that the MAEMSA Board of Directors authorize the MedStar Interim CEO to work directly with the necessary departments within the City of Fort Worth to purchase these items following existing purchasing policies and procedures that comply with all local and state procurement ordinances and laws.</p> <p><u>Discussion:</u></p> <p>The deployment plan developed by Fitch & Associates for the future EMS operation under the FWFD calls for a peak number of vehicles in excess of our current fleet. In order to reach this peak, an additional nine (9) ambulances will need to be added to the fleet. We are also working very hard to complete our cycle of 18 remounts prior to the planned July 1 transition date. In order to accomplish these, we will need those nine new ambulances so that we can take enough older vehicles out of service to send to the remount shop and still meet our peak vehicle demands. We will likely be purchasing these vehicles from a variety of vendors as we will target those with already built ambulances that are ready to go vs. waiting for vehicles to be built, which could take months, if not a year, or more.</p> <p><u>Financing:</u></p> <p>Cost not to exceed \$4,500,000 to be paid out of MAEMSA cash reserves.</p>		
Submitted by: <u>Frank Gresh</u>		Board Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Continued

MAEMSA

Board Communication

Date: 10/23/2024	Reference #: BC-1626	Title: Purchase of new Motorola portable radios
<p><u>Recommendation:</u></p> <p>It is recommended that the MAEMSA Board of Directors authorize the MedStar Interim CEO to work directly with the necessary departments within the City of Fort Worth to purchase these items following existing purchasing policies and procedures that comply with all local and state procurement ordinances and laws.</p> <p><u>Discussion:</u></p> <p>Over the years, MedStar has used radios from two different manufacturers, Kenwood and Motorola. The City of Fort Worth has standardized on Motorola radios. Currently, the vast majority of Kenwood and Motorola portable radios that MedStar owns are either at or near the “end of life,” which means parts availability and service for them are no longer guaranteed by the manufacturer. There has been a significant lag in getting new radios in due to various post-pandemic-related issues. To have enough working radios available to the team at the transition time, it is imperative that we place an order for these radios as soon as possible. We are working with the City of Fort Worth IT team to get the necessary quotes to place the order.</p> <p><u>Financing:</u></p> <p>Cost not to exceed \$1,200,000 to be paid out of MAEMSA cash reserves.</p>		
Submitted by: <u>Frank Gresh</u>		Board Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Continued

Date: 10/23/2024	Reference #: BC-1627	Title: Purchase of Mobile Data Computers
<p><u>Recommendation:</u></p> <p>It is recommended that the MAEMSA Board of Directors authorize the MedStar Interim CEO to work directly with the necessary departments within the City of Fort Worth to purchase these items following existing purchasing policies and procedures that comply with all local and state procurement ordinances and laws.</p> <p><u>Discussion:</u></p> <p>Part of the planned transition is to move the EMS communications center from the current Logis CAD to the city's Central Square CAD system. Logis CAD uses a mobile phone-type device in the ambulances to send call information and routing instructions to the responding crew. The CentralSquare CAD does not have this functionality and instead uses a computer tablet device installed in the front of the ambulance to accomplish this task. This is similar to what is currently used in Fort Worth FD and PD vehicles. The City of Fort Worth IT team has developed the specifications for what is needed, and we will be working closely with them to get the necessary quotes to place the order.</p> <p><u>Financing:</u></p> <p>Cost not to exceed \$1,000,000 to be paid out of MAEMSA cash reserves.</p>		
Submitted by: <u>Frank Gresh</u>		Board Action: _____ Approved _____ Denied _____ Continued

Tab A – Chief Executive Officer

Chief Executive Officer Report – October 23, 2024

The MedStar leadership team is actively collaborating with the City of Fort Worth on transition-related issues. Our team attends various department meetings and participates in special committees formed to address transition items. As of the board meeting on October 23rd, we are 251 days away from the scheduled transition to the Fort Worth Fire Department.

This is Hope Week at MedStar. Hope Week is a week we specifically focus on the mental health of our team. There are a variety of activities during the week addressing topics such as wellness, suicide prevention, understanding our motivation for working in EMS, where to look for mental health resources, and an opportunity to have a little fun and enjoy good food and good company with each other. Desiree Partain, our Transformation Manager, leads our Hope Squad. Our Hope Squad is a team of dedicated peers who have had additional training to support our team through critical incidents and ongoing needs associated with working in this high-stress environment. We will continue to work tirelessly to find ways to support our team and our partners in all public safety disciplines in areas of mental health and wellness.

Leadership Transition:

We have had another “transition” in leadership, but this one is different because we still have this person on our team daily. Approximately two weeks ago, Leila Peeples, our Chief Human Resources Officer, transitioned from full-time employment at MedStar to part-time as she began her new full-time role within the City of Fort Worth HR department. We have worked with the City of Fort Worth to develop a shared services agreement that outlines the roles and responsibilities of each entity during this transition period. Leila splits her time during the week between officing here at MedStar and at her new office in City Hall. We are excited about her new position but very happy she can continue supporting the incredible team at MedStar.

Richland Hills:

Per your direction at our September board meeting, we have successfully signed a services agreement with the City of Richland Hills to begin providing EMS services to them effective November 1.

FY23-24 Year End:

We successfully closed FY23-24 this past Thursday (October 17th). As Odelle will report, we had a positive variance in several key areas, leading to a year-end EBITD of \$11,553,421, which was roughly \$6.8 MM better than budget. Other than a few notable line items on the expense side (payroll, professional services, and benefits/health claims), overall expenses finished below budget.

Transition to the City of Fort Worth Fire Department:

As previously mentioned, nearly every decision made by the leadership team now considers the long-term impact on the future Fort Worth Fire Department EMS agency. Our objective is to ensure we proactively set up the team and the new system for success. Key developments over the past month include:

- We completed an extensive review with the Chief Procurement Officer from the City of Fort Worth on all existing contracts for goods and services to ensure that all necessary expenses are planned and necessary contracts negotiated well ahead of the EMS transition.
- The MedStar team attended an Interfacility Transport (IFT) “open house” conducted by and held at the Fort Worth Fire Department. Present were representatives from Fort Worth hospitals, nursing homes, and other medical facilities. The representatives were able to interact with several private EMS providers in preparation for the upcoming transition of IFT business starting in March of 2025.
- As we will discuss at the board meeting, there are a variety of transitional governance items that need board member review and discussion. As of this week, the city has received nine (9) of the MOUAs back; five (5) are still outstanding and will likely all be submitted soon.

System Performance:

Our operational performance in September continued to show the results of our work in hiring personnel, reducing some of our IFT work, and focusing on any inefficiencies in our daily operations. For September, MedStar met all our ambulance response time metrics at the 85th percentile. We continue to strive to reduce our response Unit Hour Utilization (UHU) to the planned .50 UHU that the new EMS system is being designed around.

Compliance Officer Report:

I am continuing to function in the role of Compliance Officer. Many thanks to the other members of the leadership team who have all taken on various other compliance-related duties during this interim period. Below are a few highlights of ongoing compliance-related work:

- We are still working with the City of Fort Worth HR and FD to hire our new compliance manager. We hope to begin the interview process soon.
- Daily and weekly controlled substance counts/audits are being completed, and no issues have been identified.

Tab B –Office of the Medical Director



Improving Systems and Educating Clinicians to Enhance Patient Outcomes

System Initiatives

- Prehospital Blood Transfusion
 - Implementation project introducing a prehospital whole blood program within the EMS system.
- Chain of Survival
 - Improvement project to enhance survival of patients in cardiac arrest.
- Operation Safe Intubation
 - Evaluating data to further effectiveness of advanced airway protocol.
- 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.
 - Released training video to improve 12-lead acquisition.

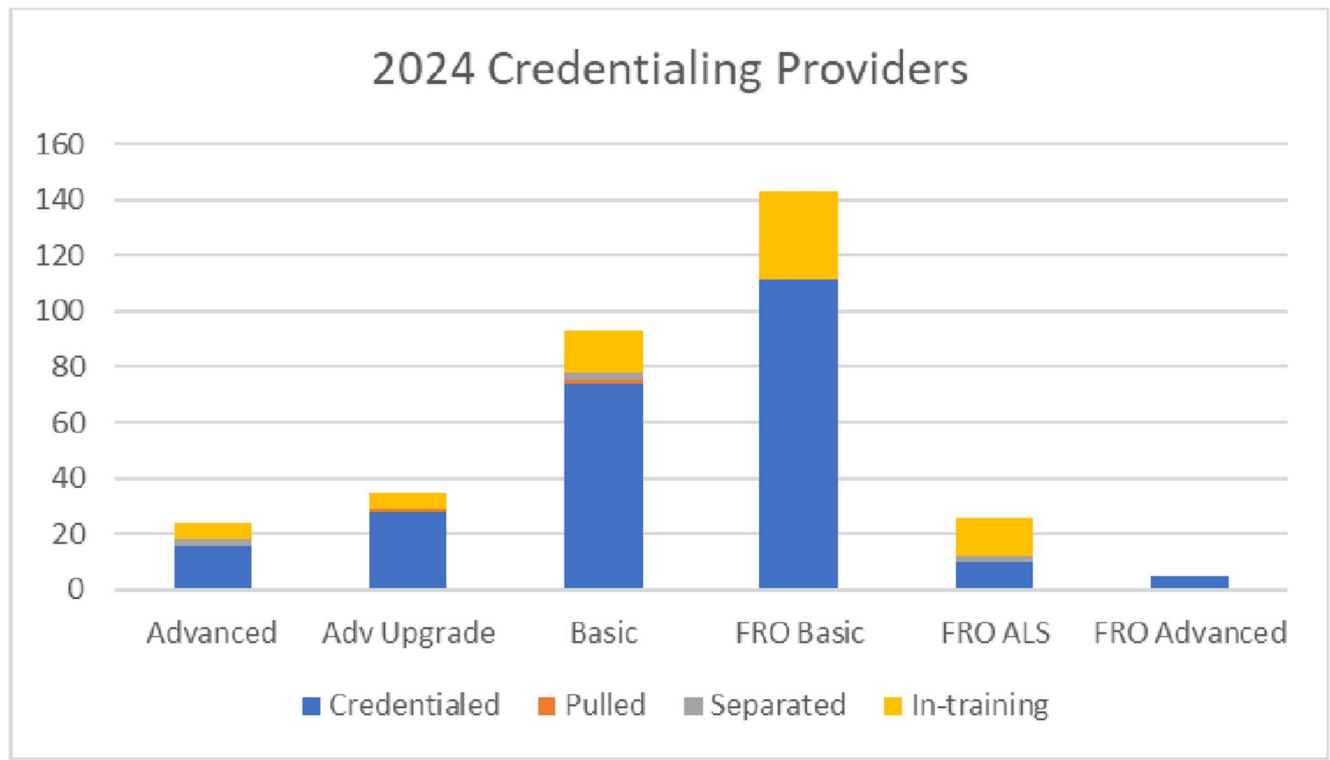
Education and Training

- OMD 24Q3CE – September/October
 - Protocol Updates
 - Cardiac – ACS, Bradycardia, and Tachycardia
 - Traumatic Arrest
- Card Courses Offered

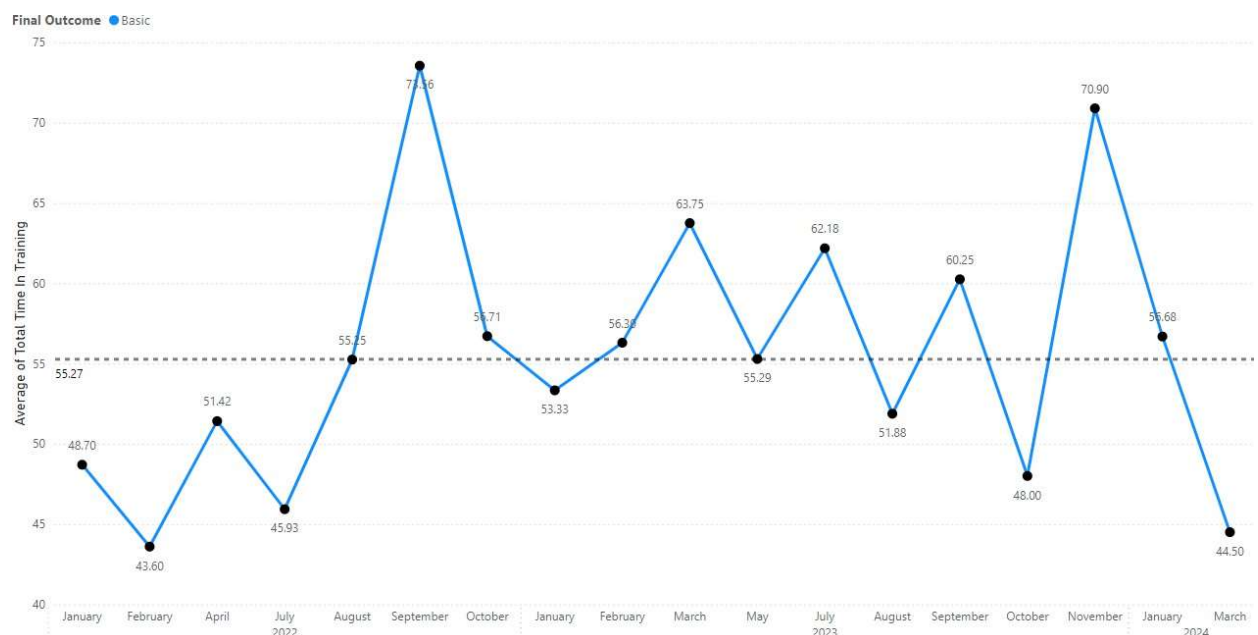
Course Attendance	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	53	61	46	8	10	38
FRO	5					
External	4		1		5	

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

Credentialing

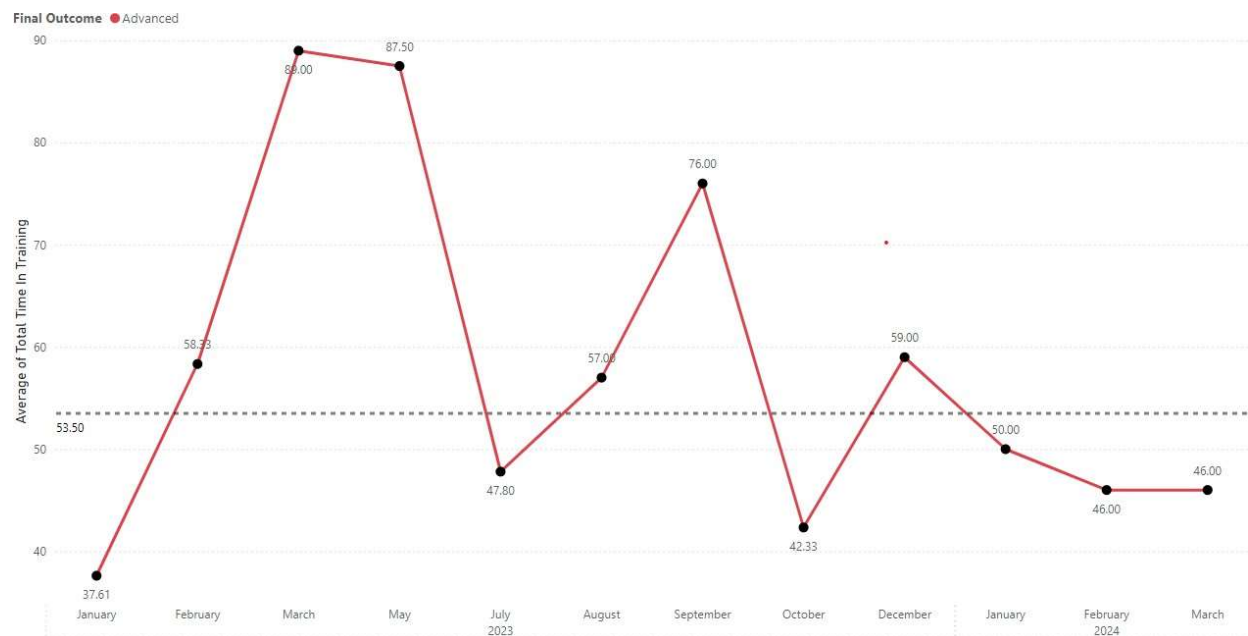


Basic Credentialing Time



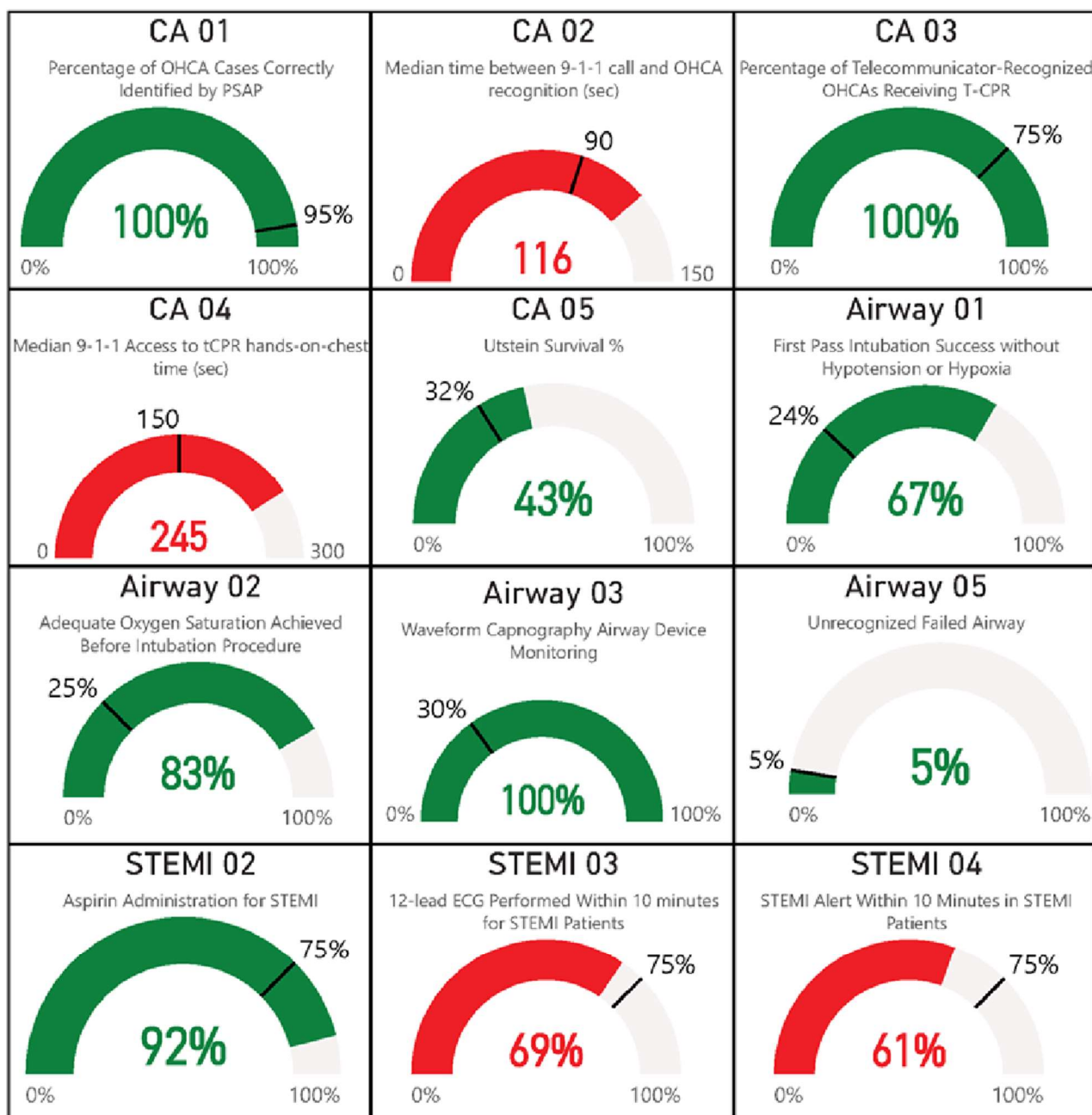
The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

- Advanced Credentialing Time

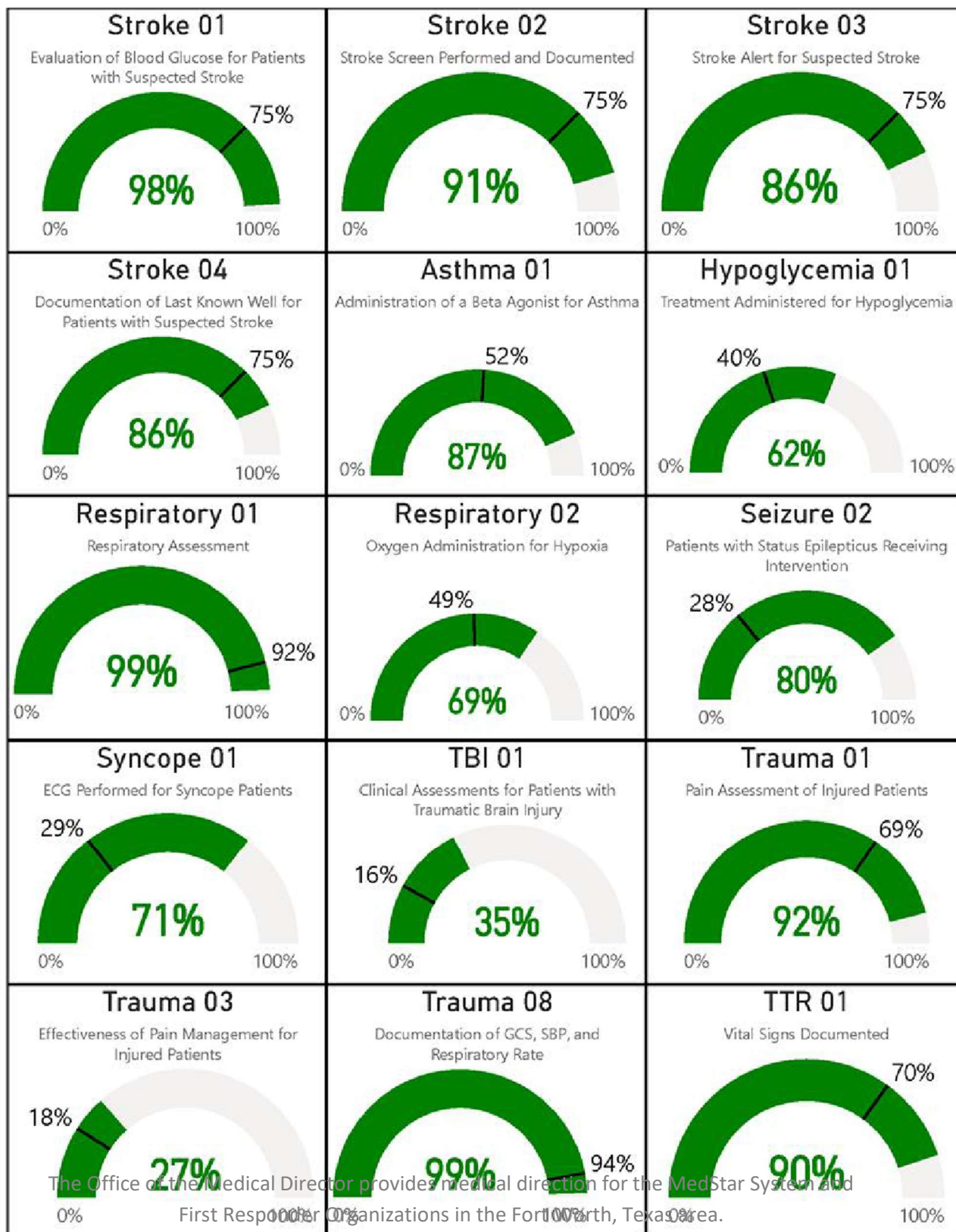


The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

Quality & System Performance



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



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

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

MAEMSA System Performance

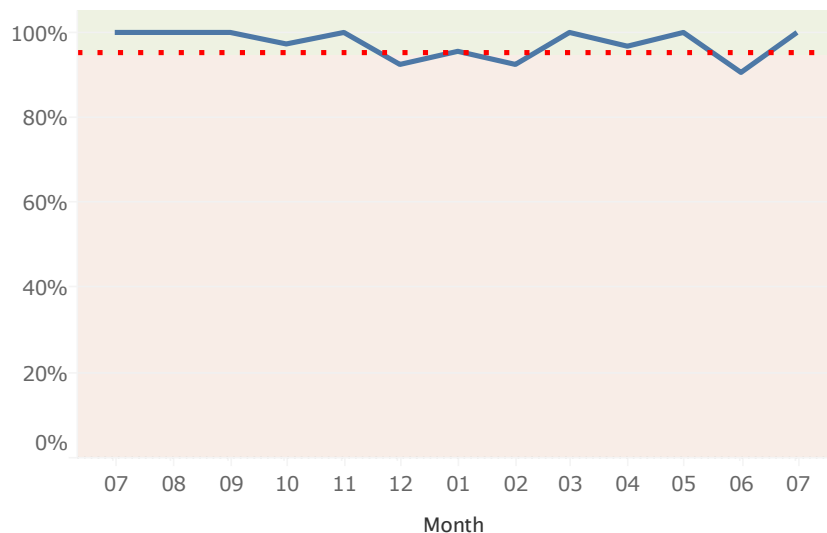
July 2024

100%

AHA Goal

≥ 95%

Performance Over Time



Trailing 12-Month Performance



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

CA 02: Median Time Between 911 call and OHCA Recognition

MAEMSA System Performance

Trailing 12-Month Performance

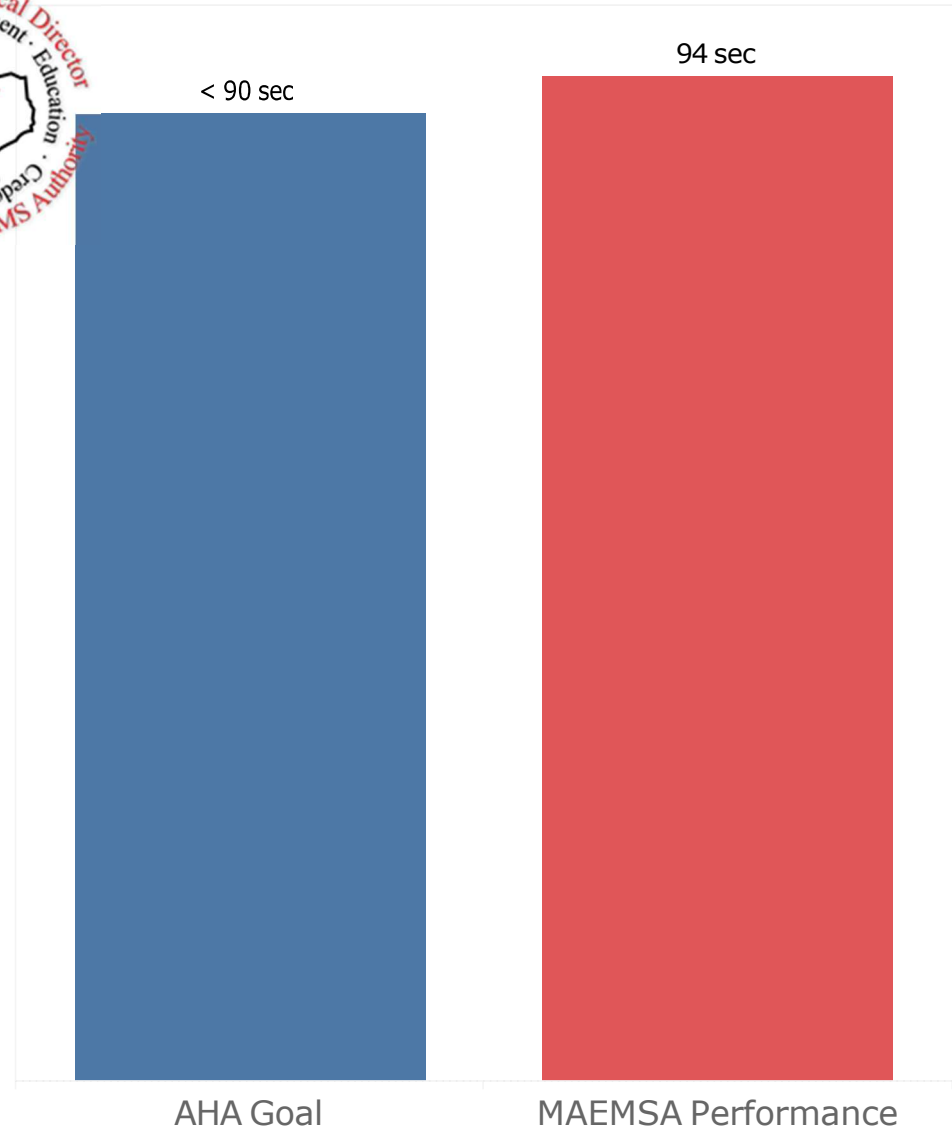
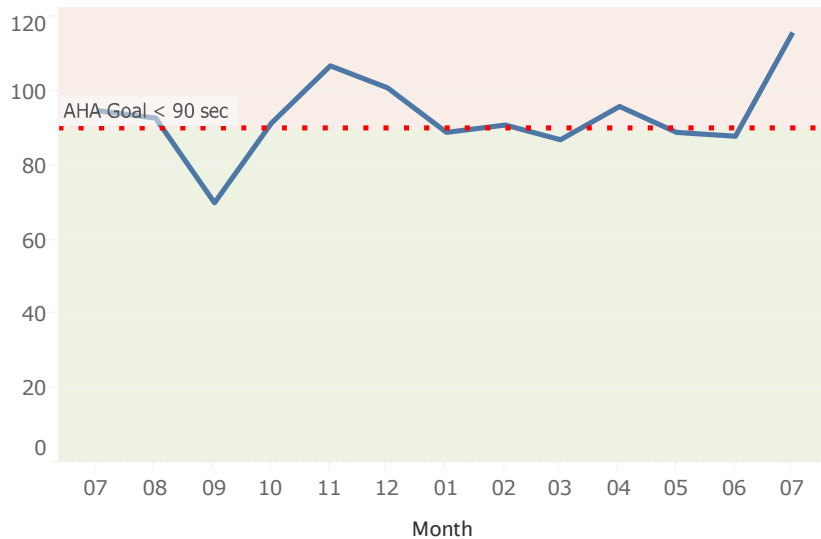
July 2024

116 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

July 2024

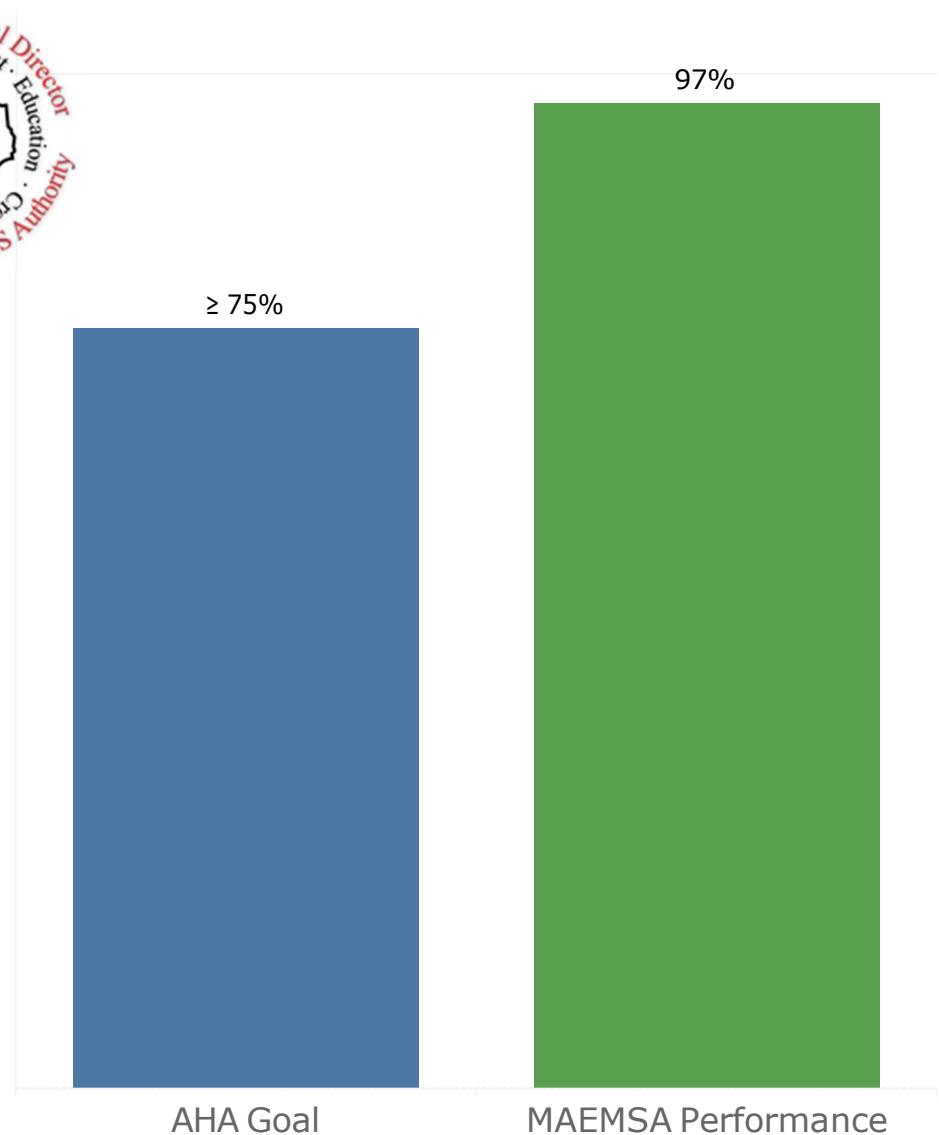
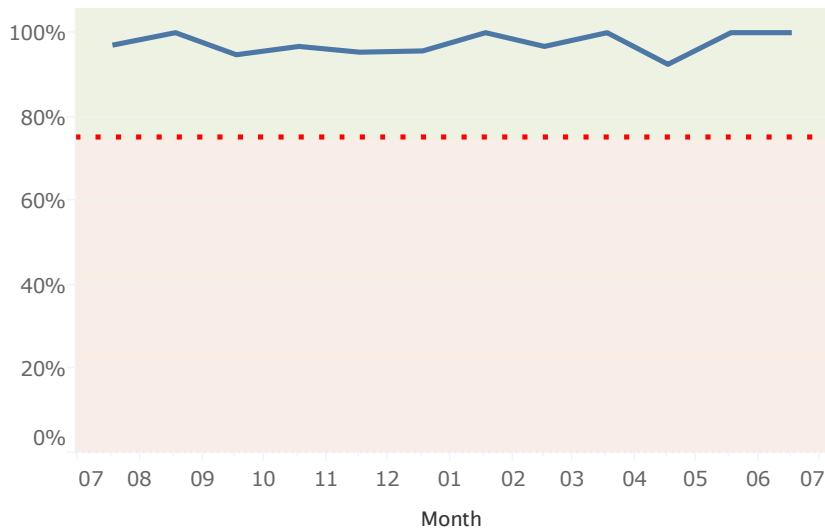
100%

AHA Goal

≥ 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

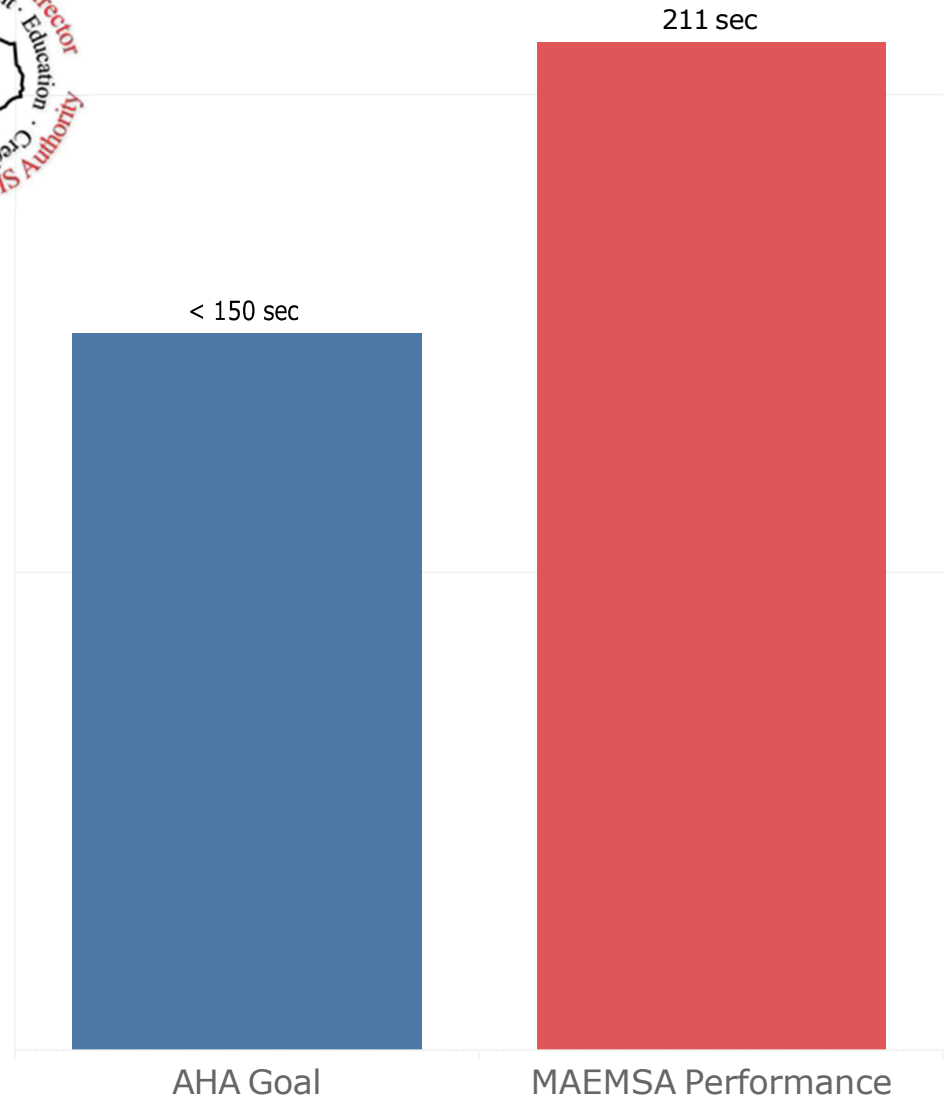
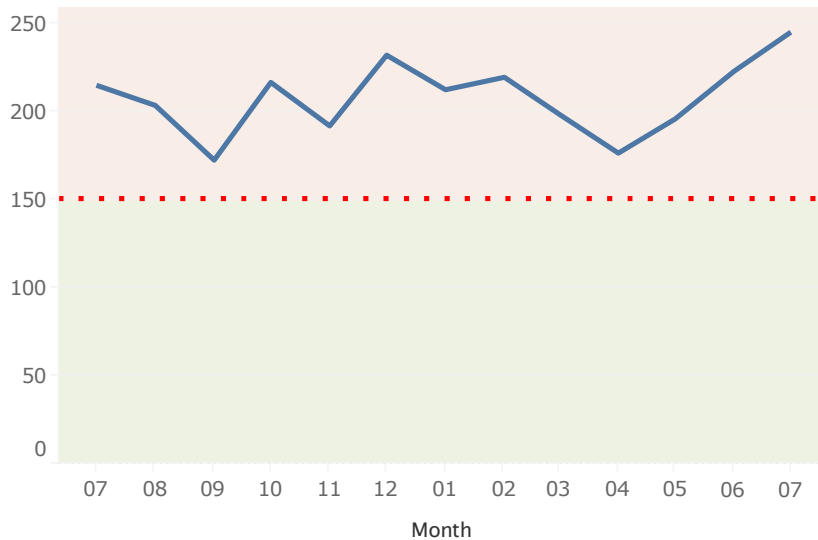
July 2024

245 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

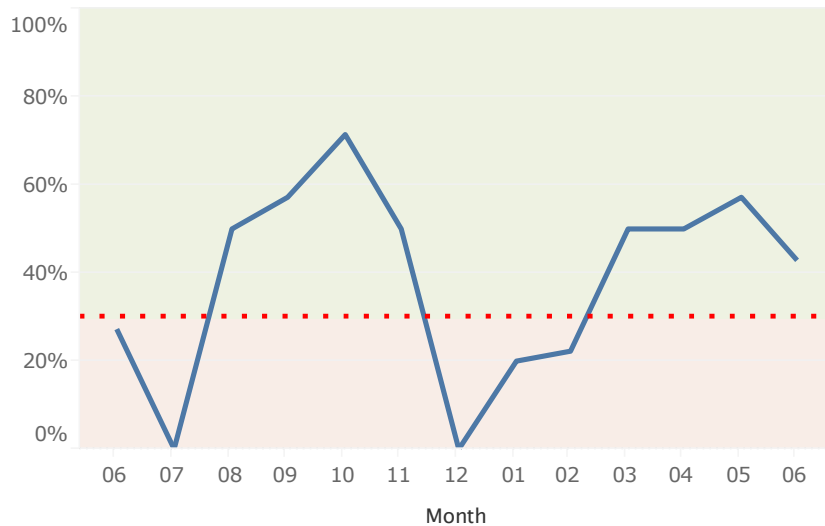
July 2024

43%

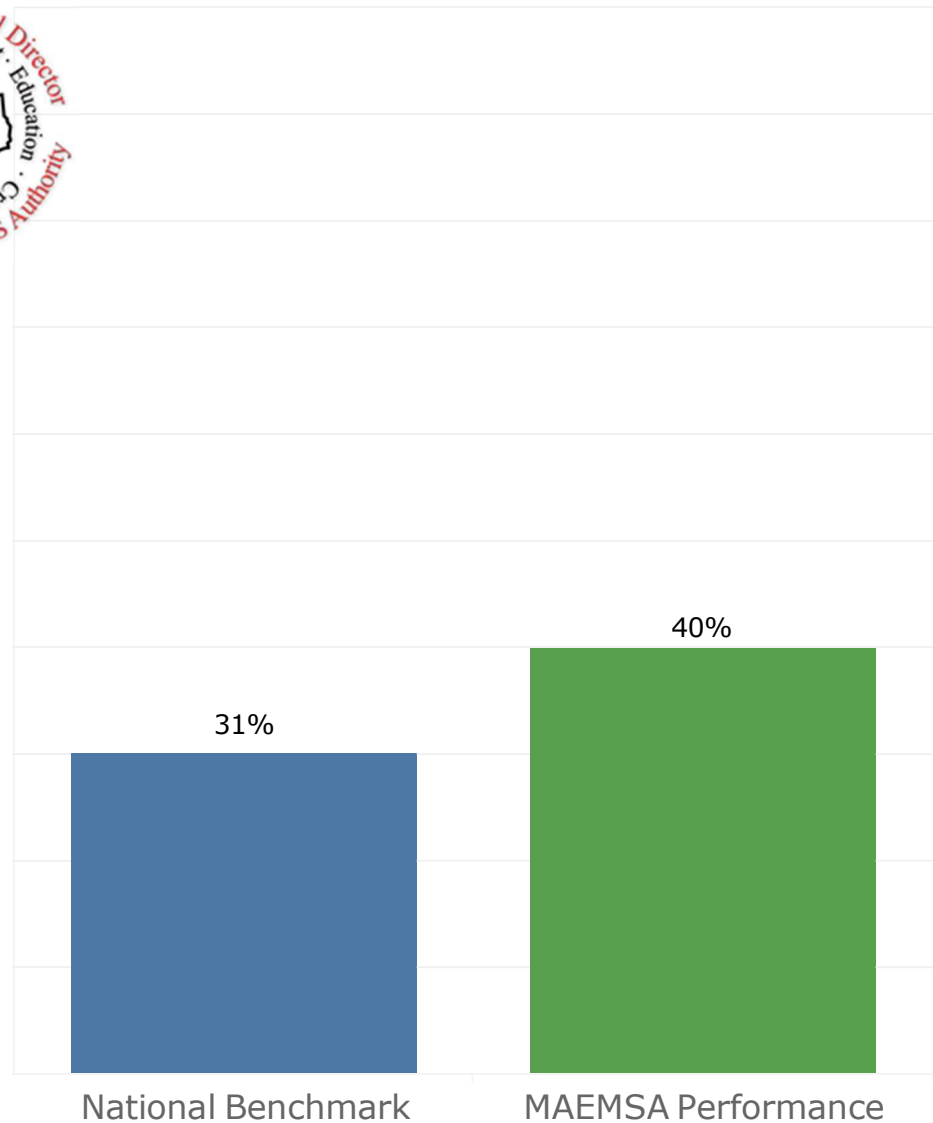
National Performance

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

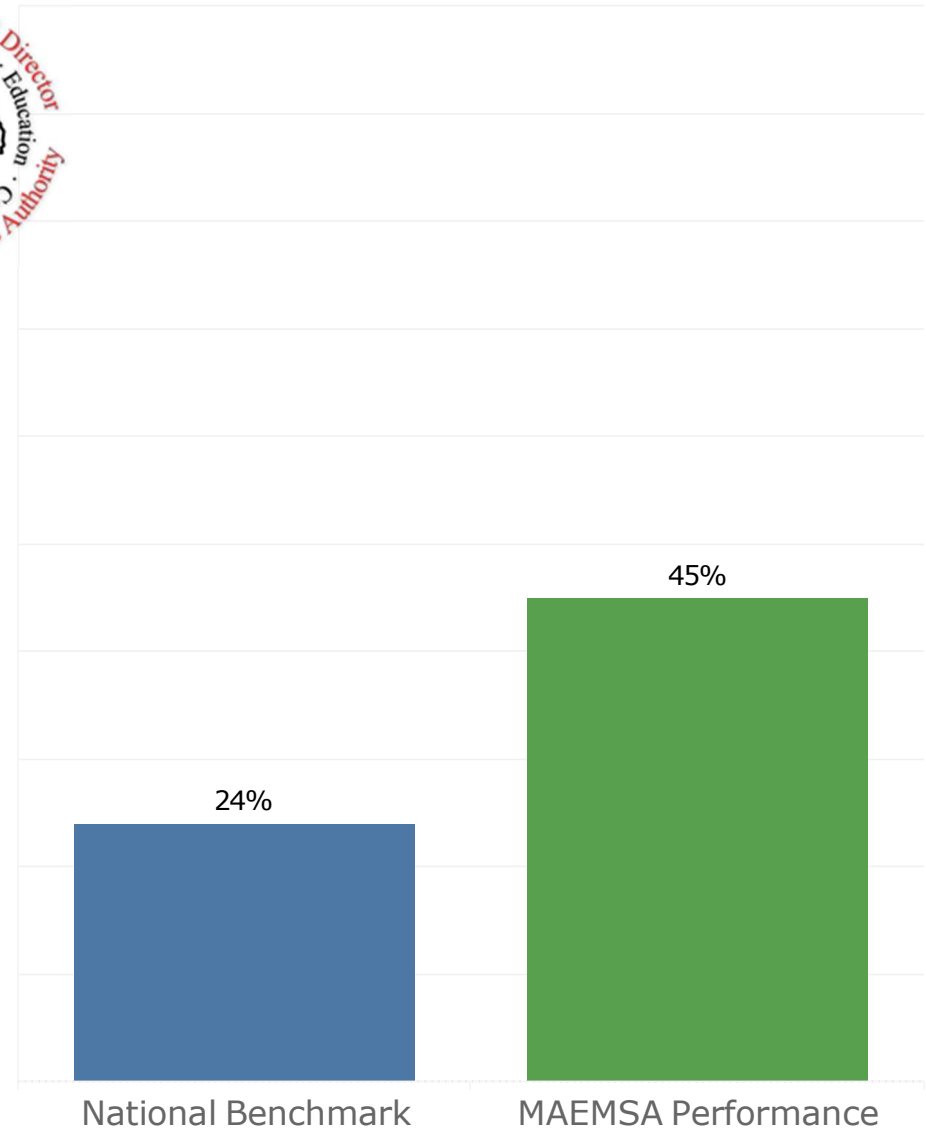
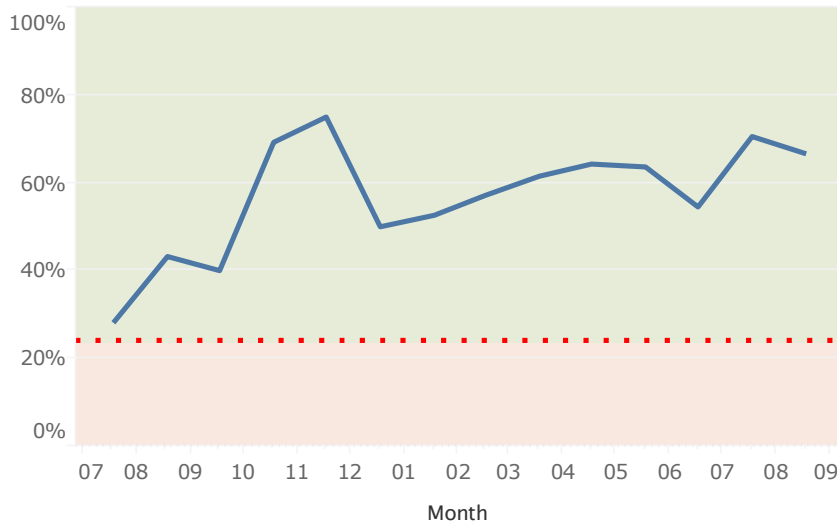
September 2024

67%

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

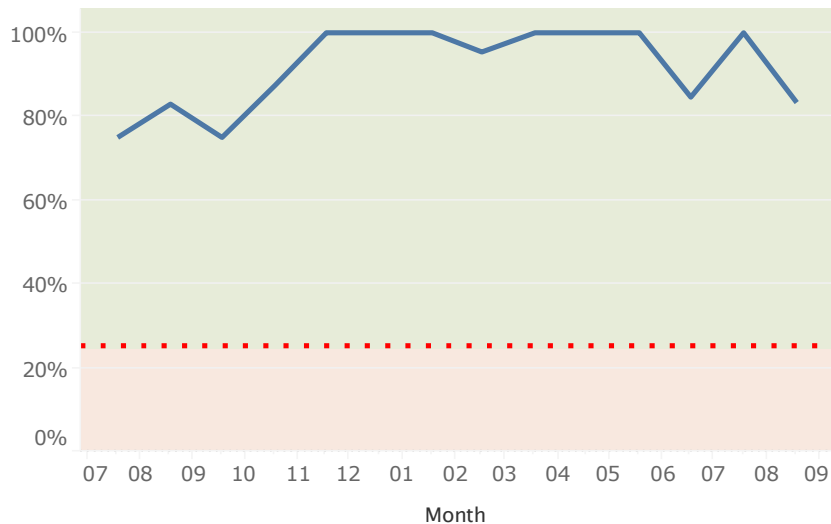
September 2024

83%

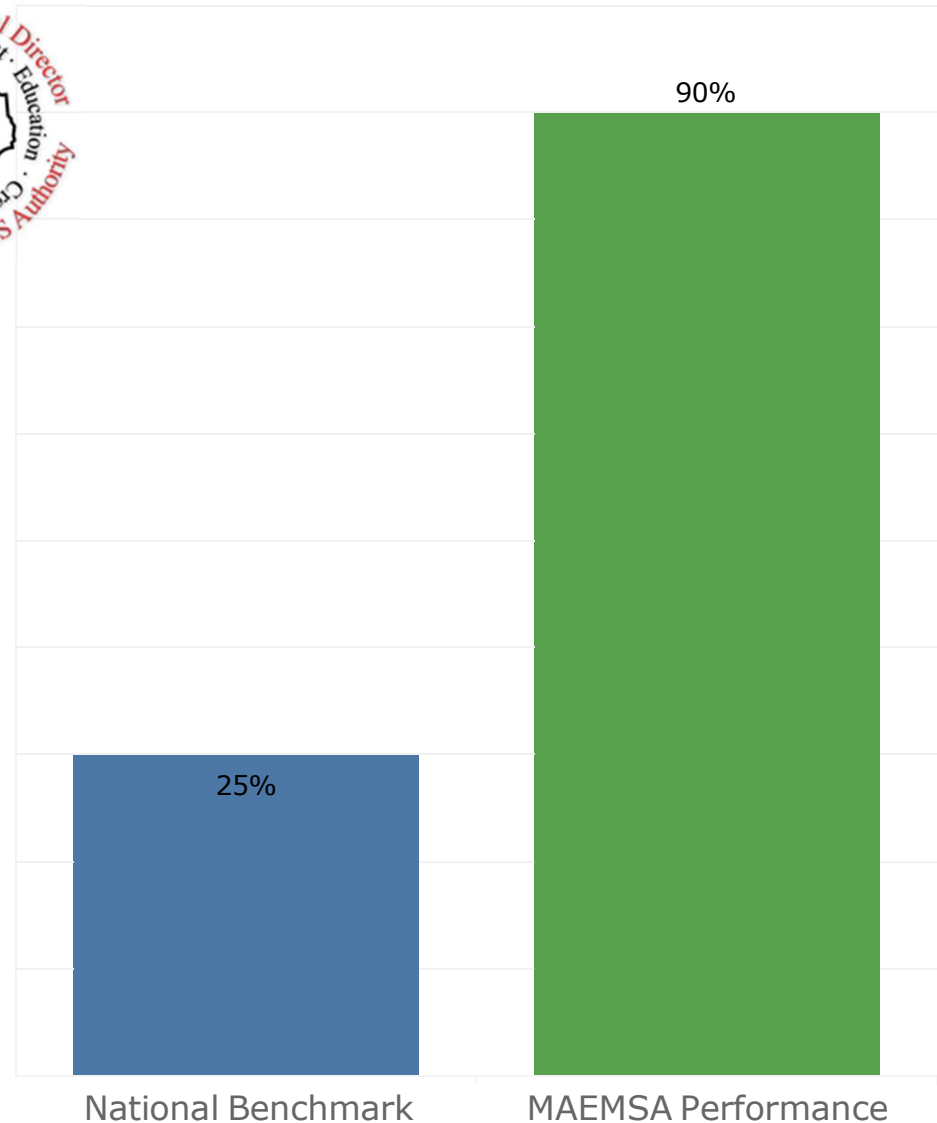
National Benchmark

25%

Performance Over Time



Trailing 12-Month Performance



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

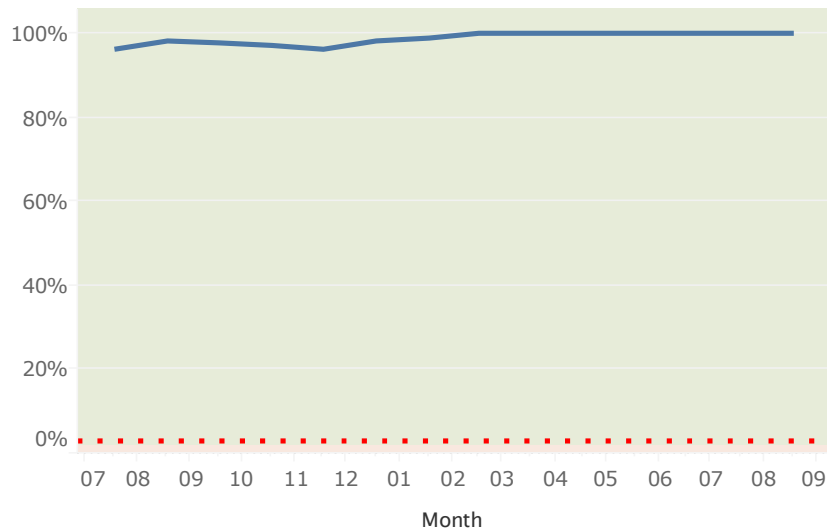
September 2024

100%

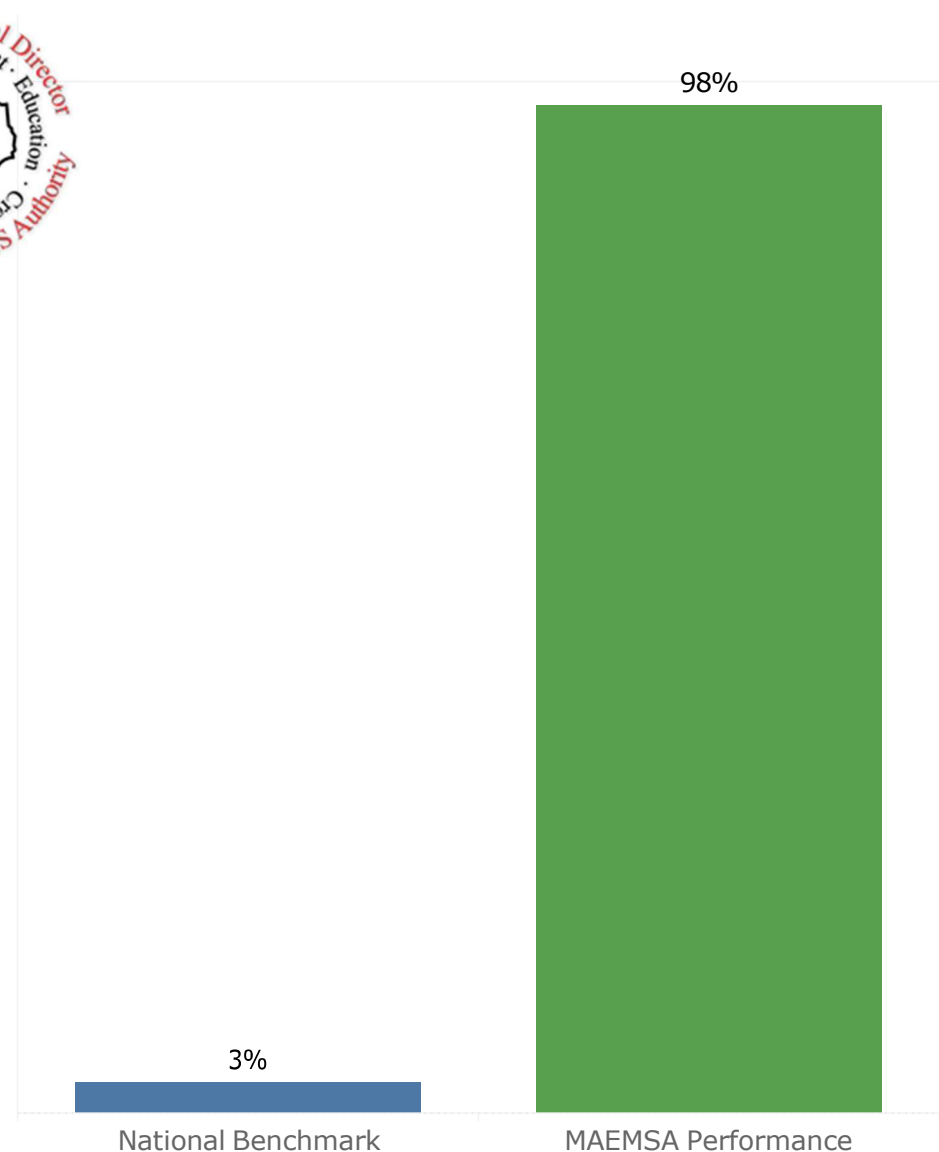
National Benchmark

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

September 2024

92%

AHA Goal

≥ 75%

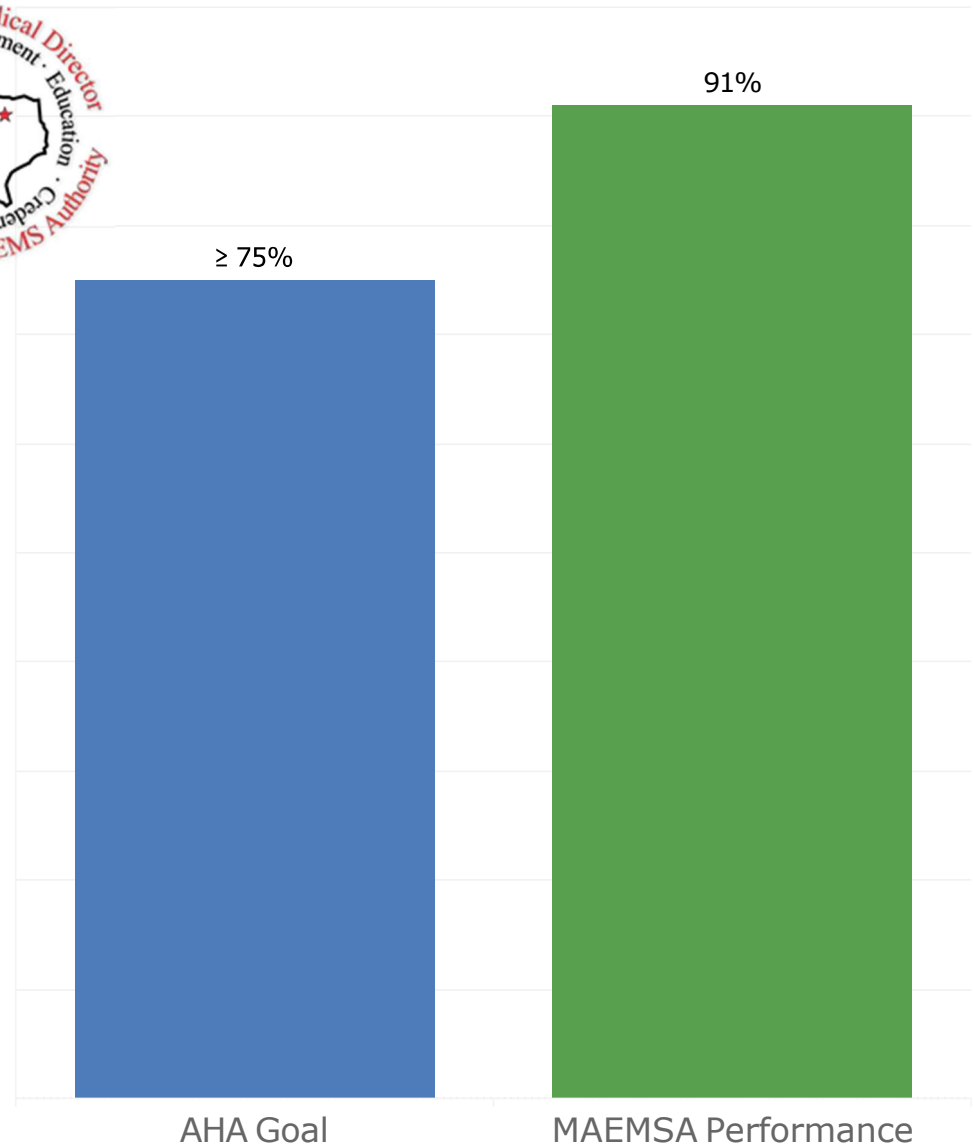
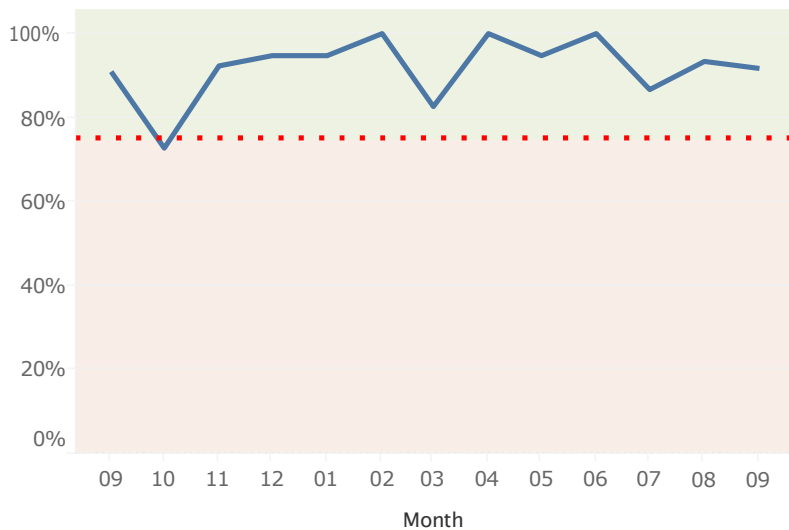


Trailing 12-Month Performance

≥ 75%

91%

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

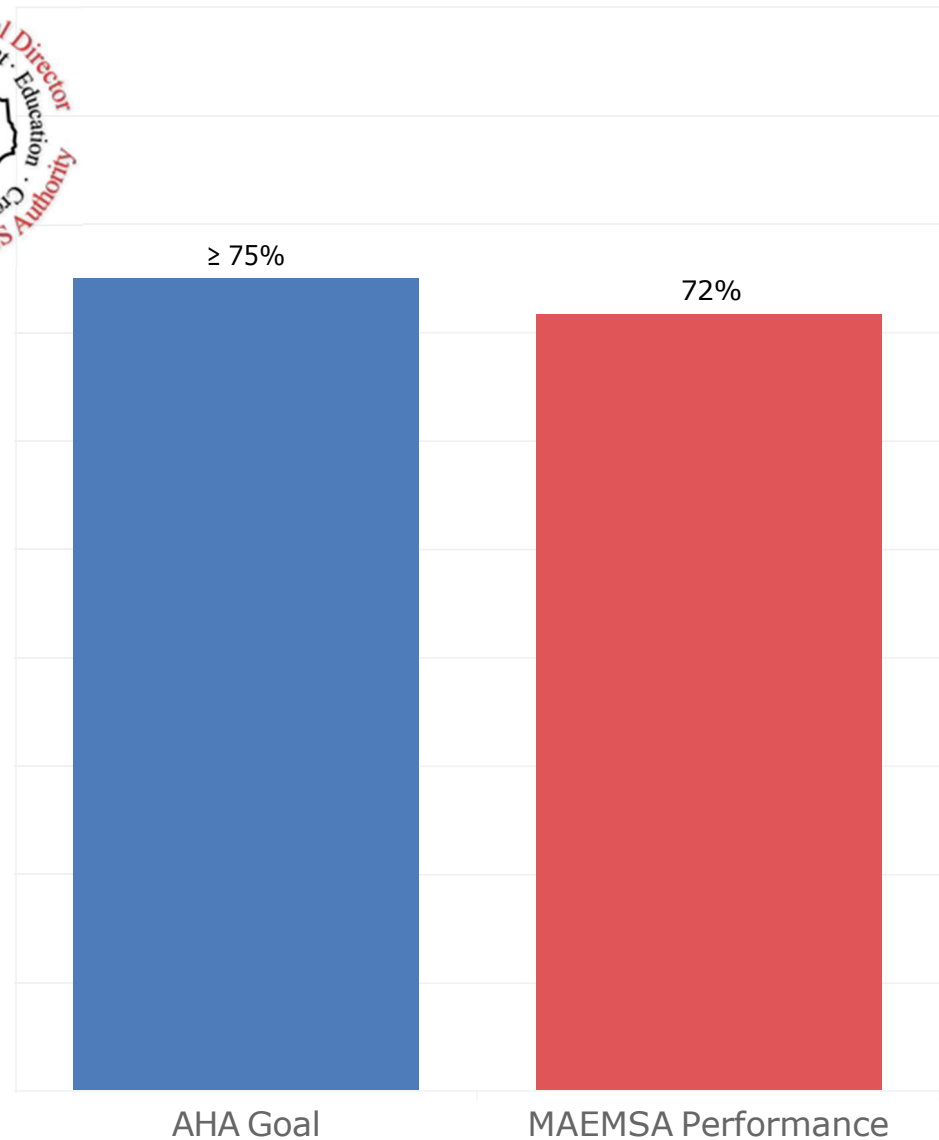
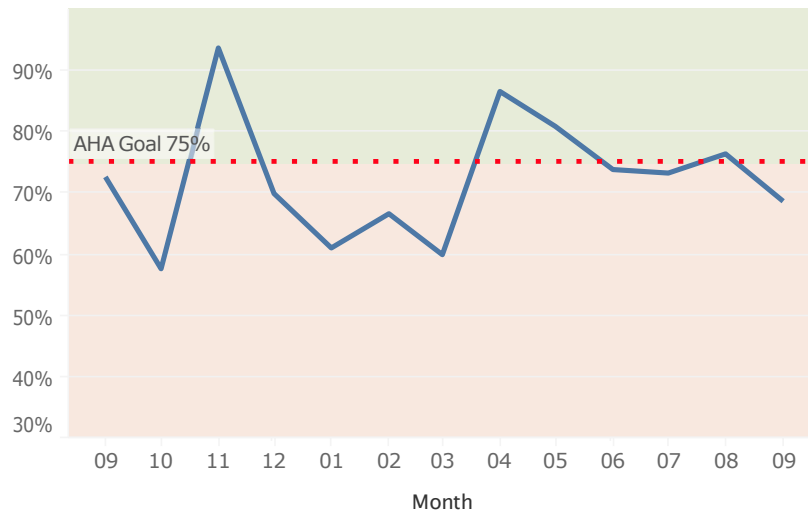
September 2024

69%

AHA Goal

$\geq 75\%$

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 \leq 10 Minutes for Positive STEMI Heart Attack ECG

MAEMSA System Performance

September 2024

61%

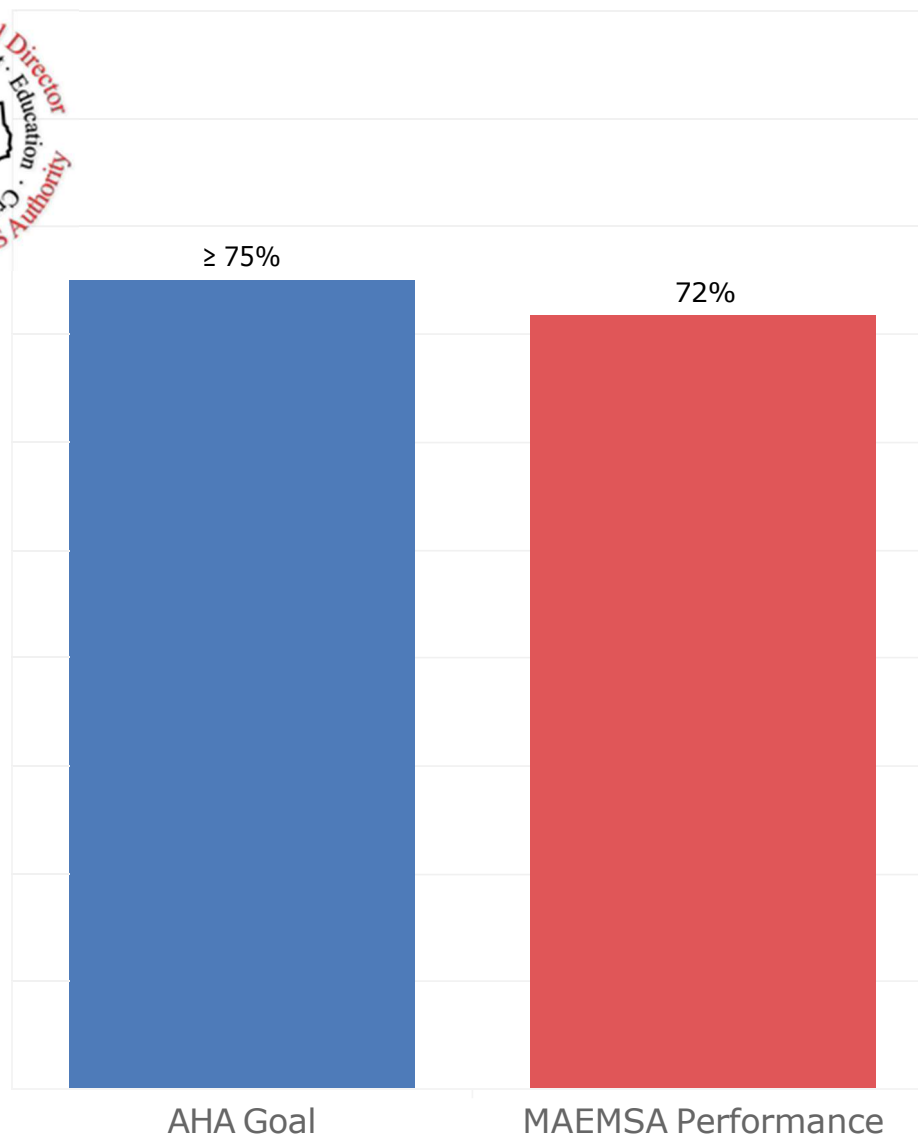
AHA Goal

$\geq 75\%$

Performance Over Time



Trailing 12-Month Performance



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

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

MAEMSA System Performance

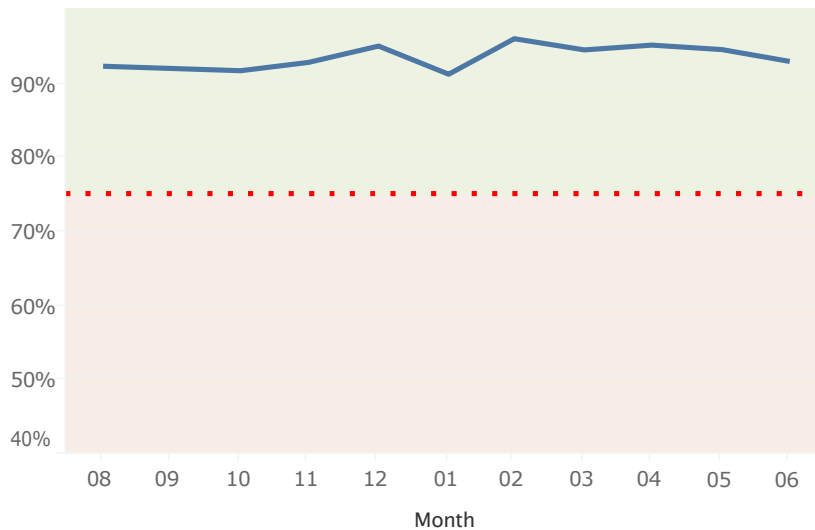
September 2024

98%

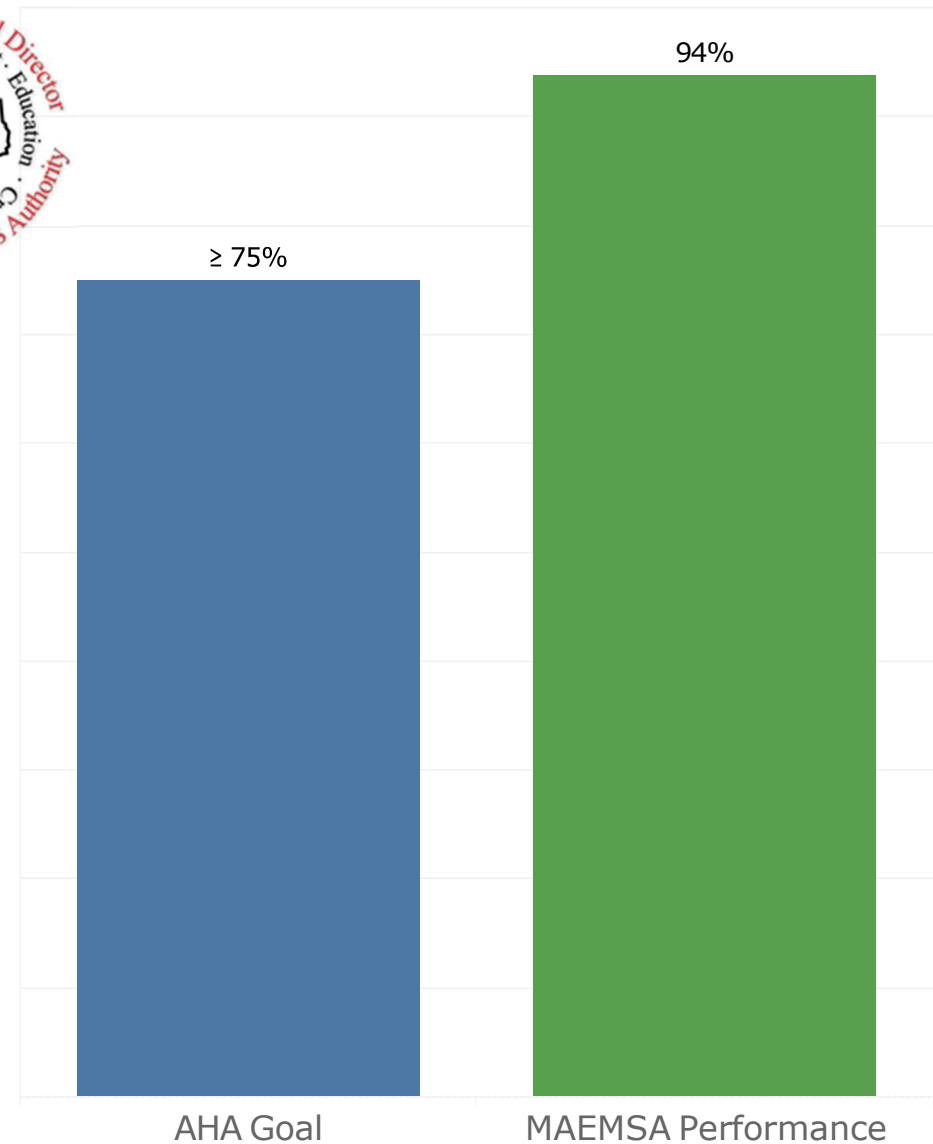
AHA Goal

≥ 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

September 2024

91%



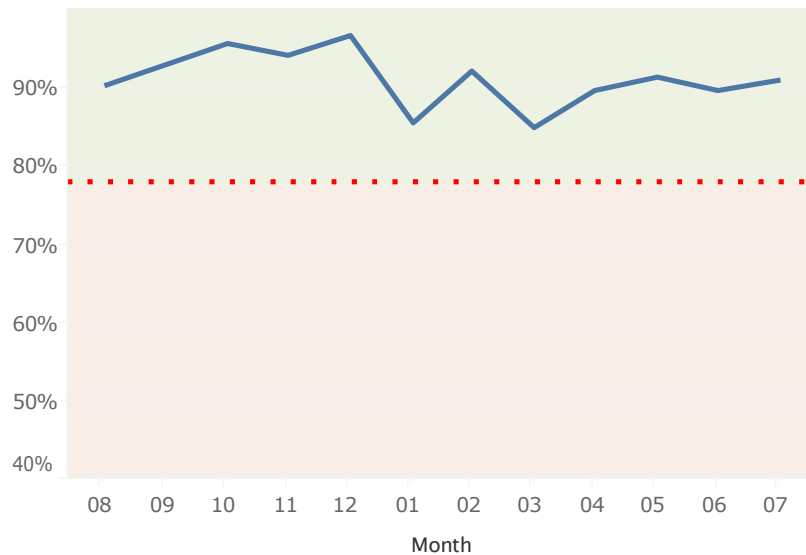
AHA Goal

≥ 75%

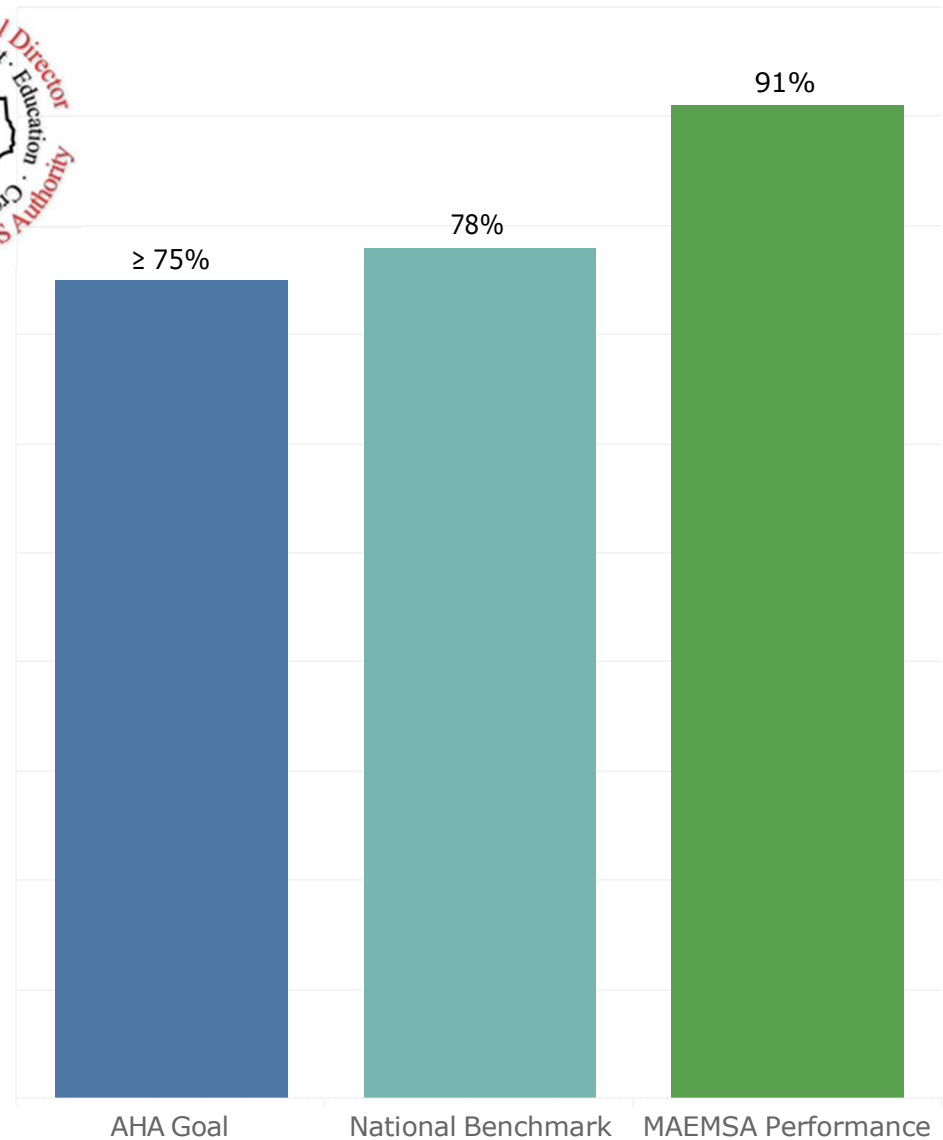
National Benchmark

78%

Performance Over Time



Trailing 12-Month 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

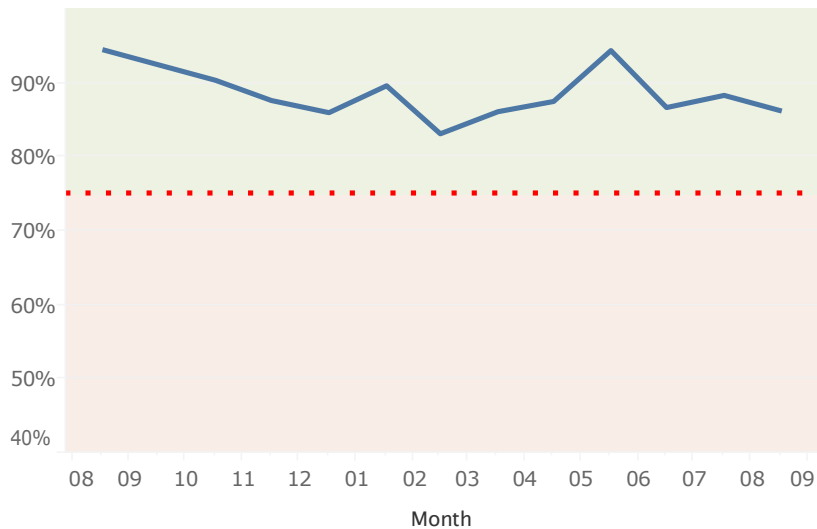
September 2024

86%

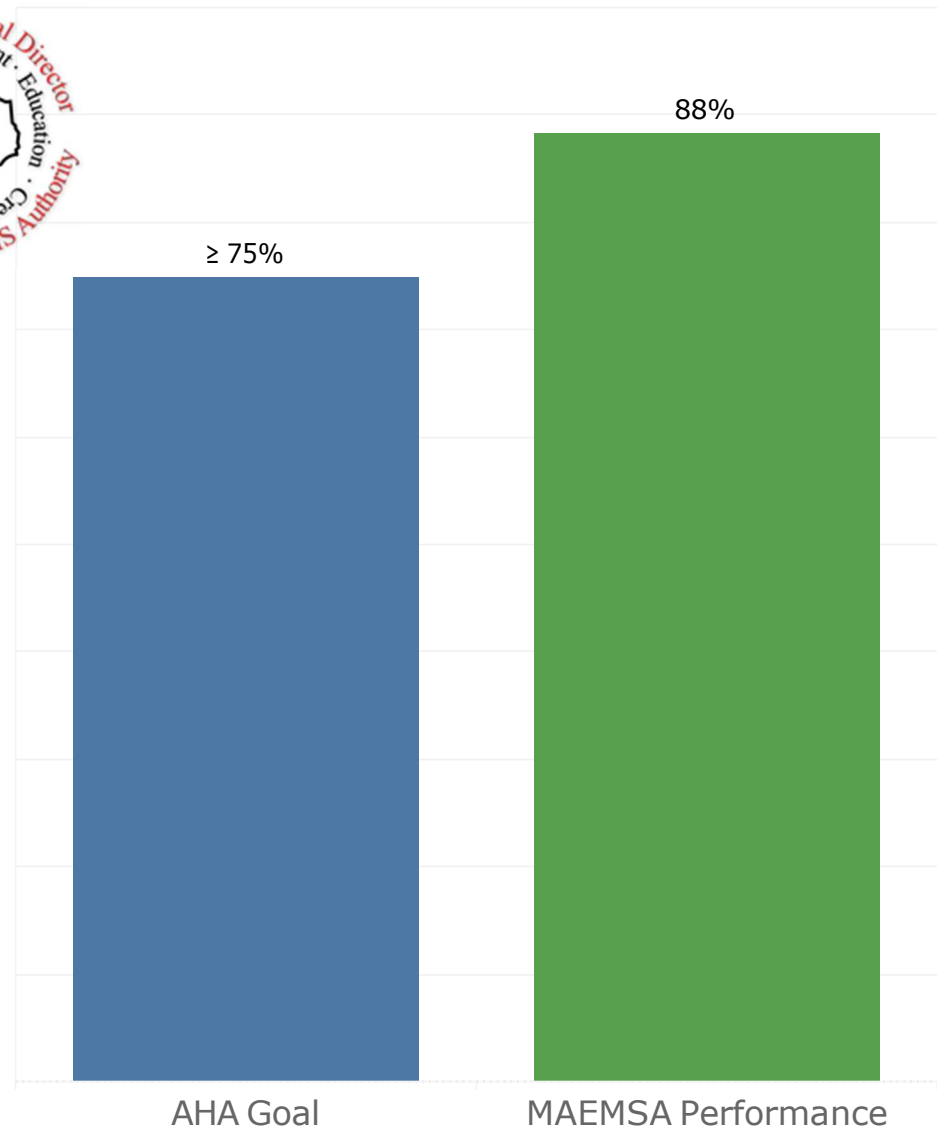
AHA Goal

≥ 75%

Performance Over Time



Trailing 12-Month Performance



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

Trailing 12-Month Performance

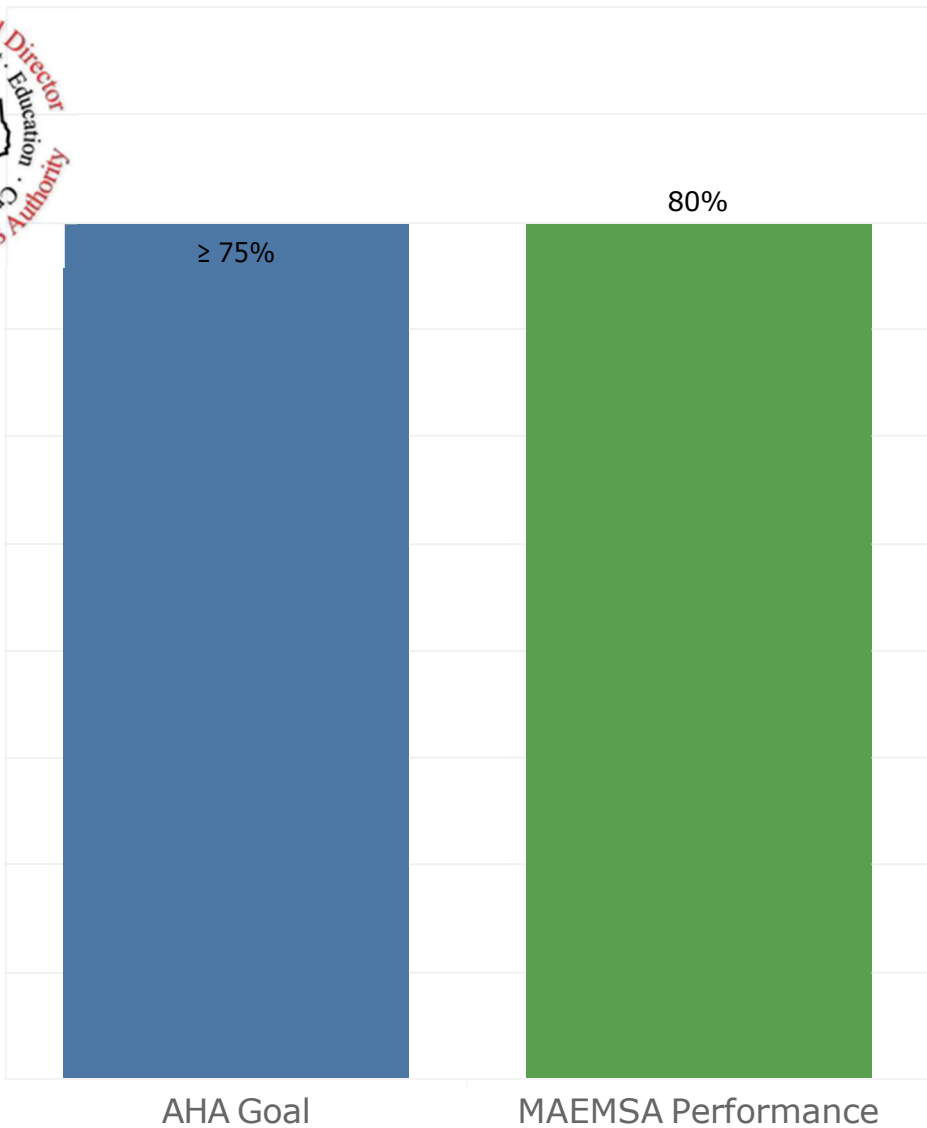
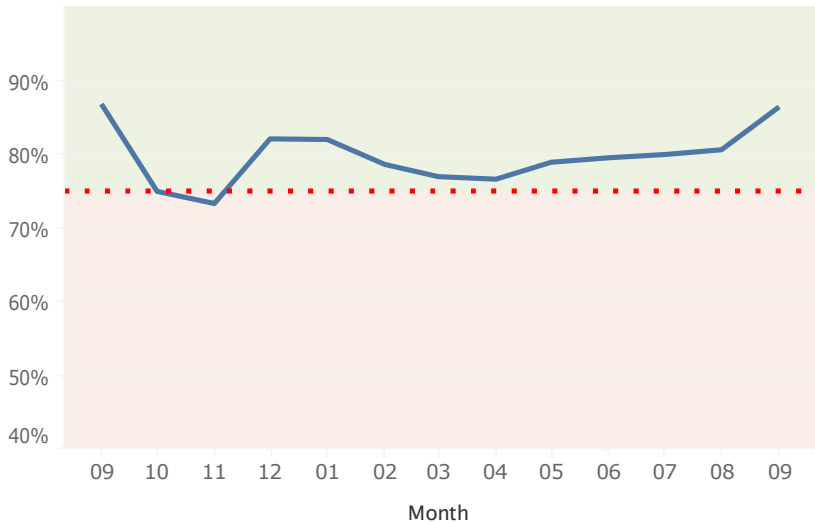
September 2024

86%

AHA Goal

≥ 75%

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

September 2024

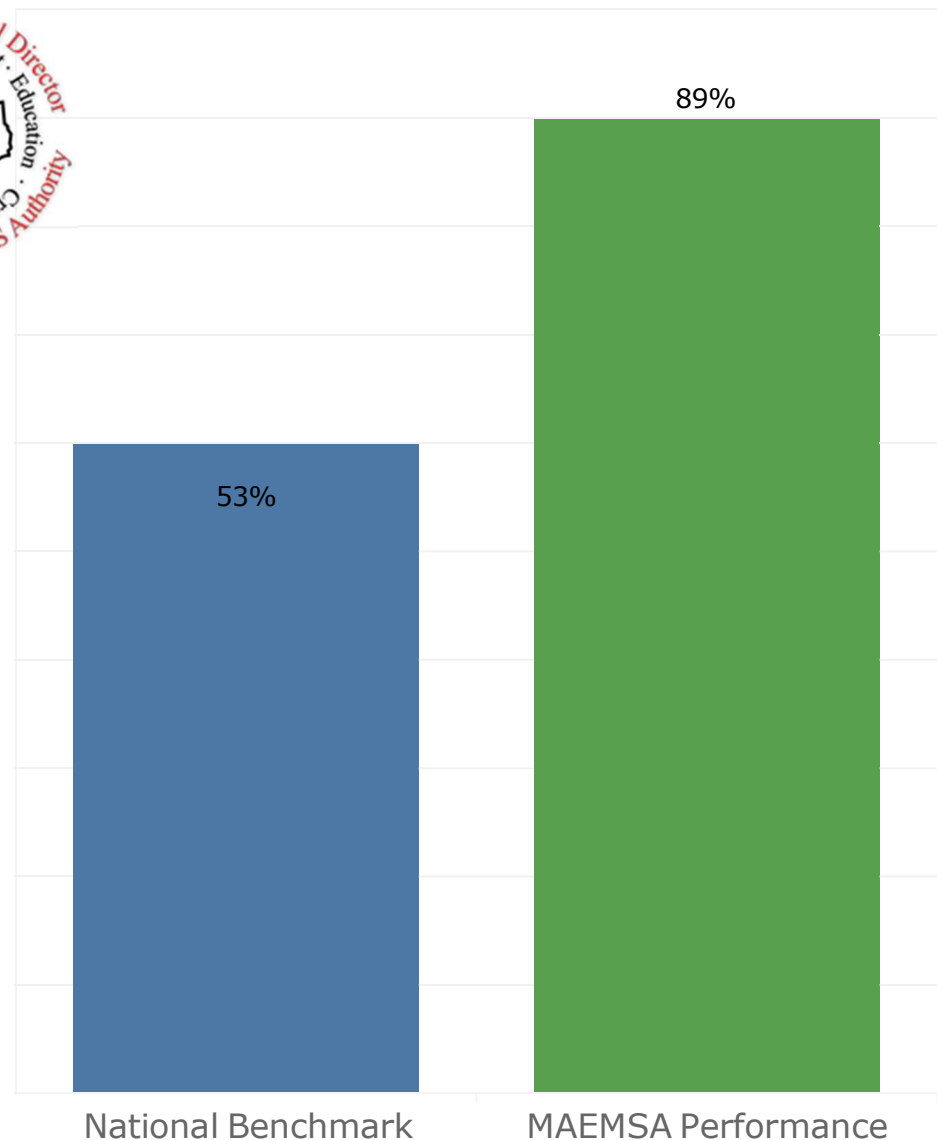
87%

National Benchmark

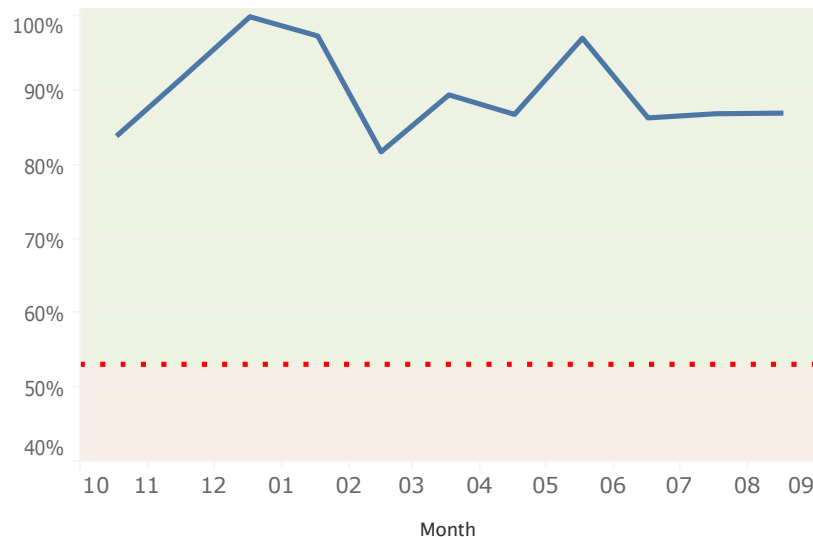
53%



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

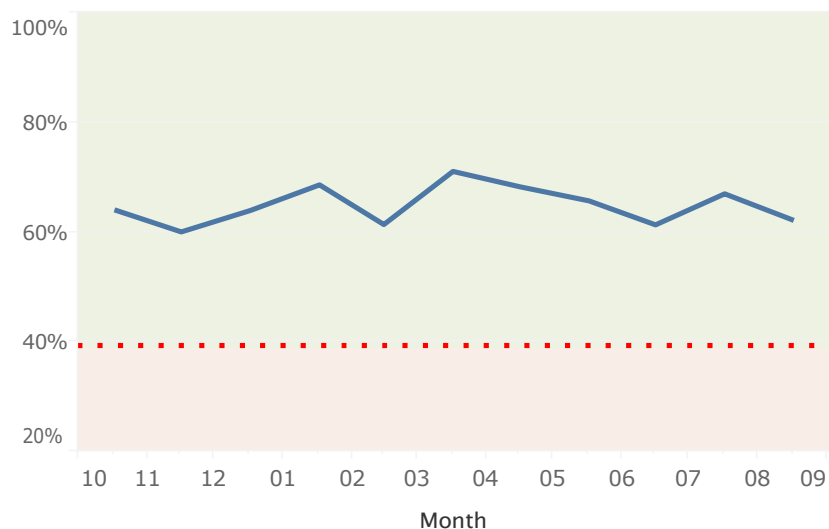
September 2024

62%

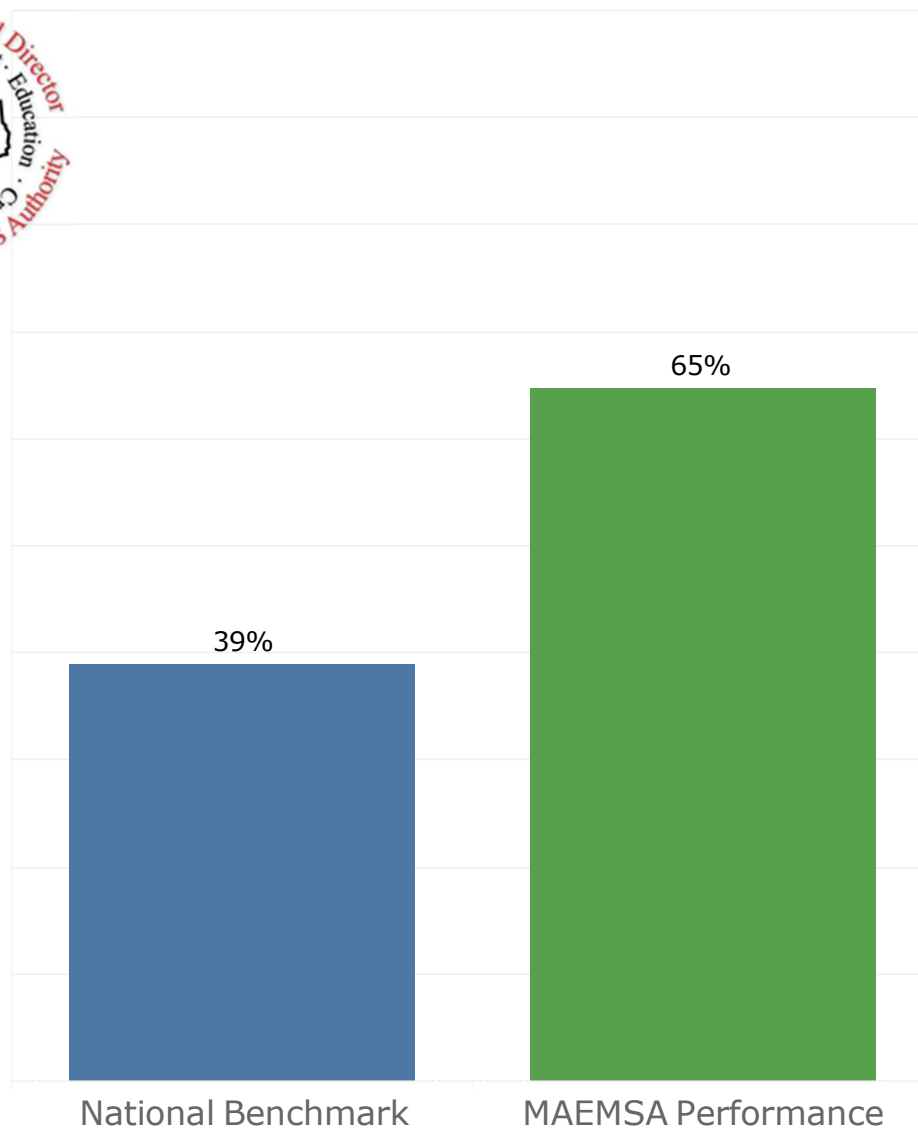
National Benchmark

39%

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

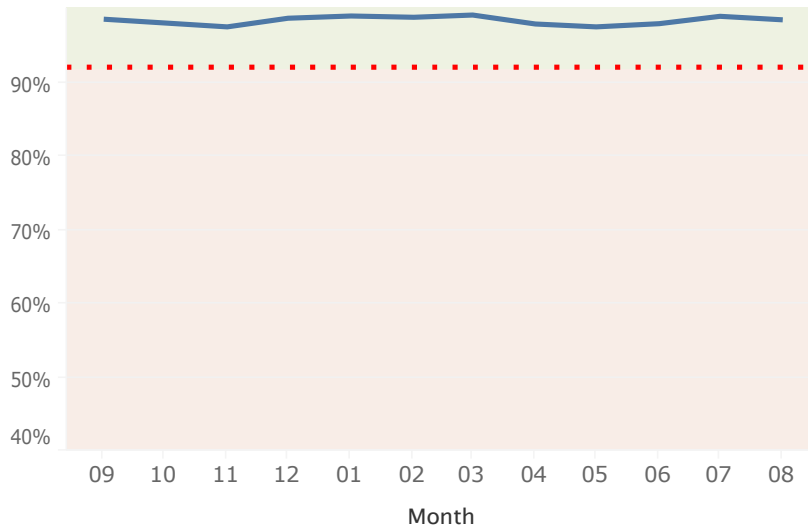
September 2024

99%

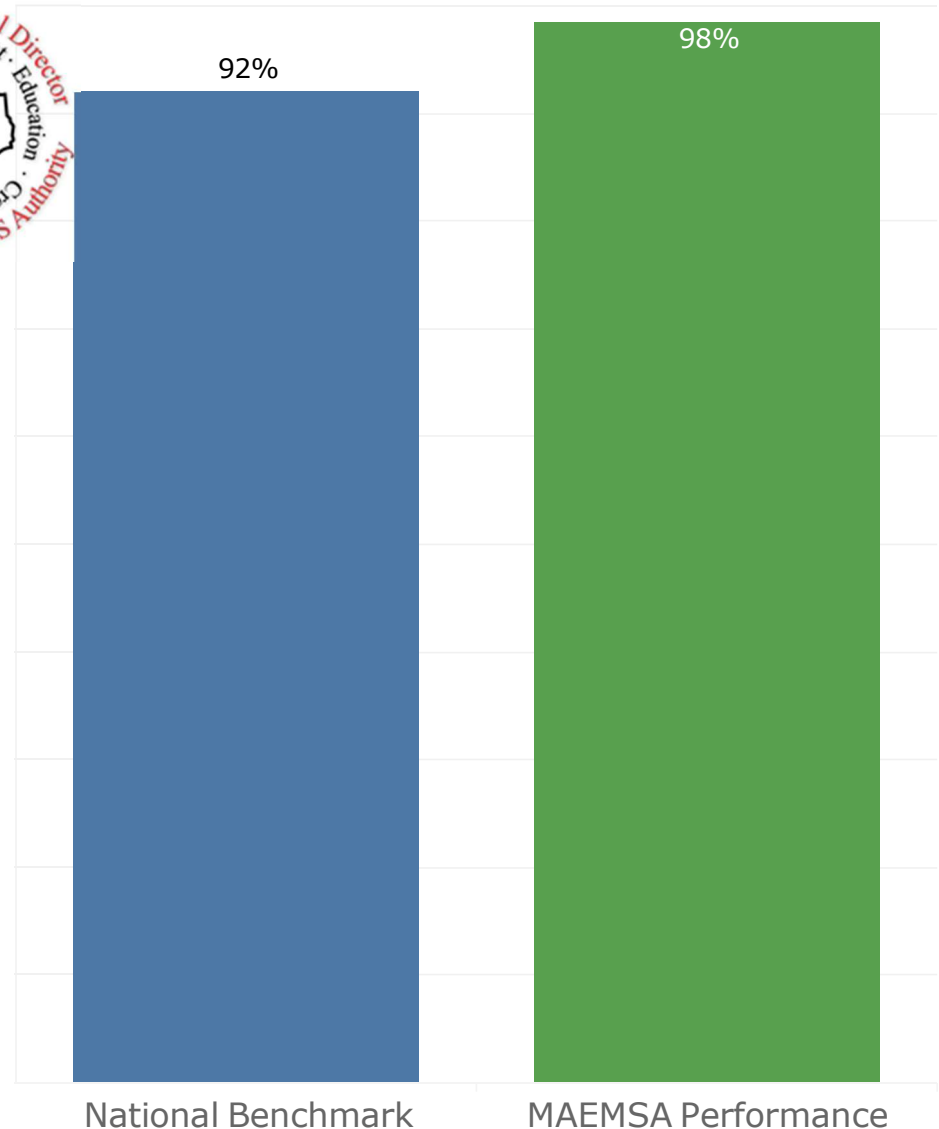
National Benchmark

92%

Performance Over Time



Trailing 12-Month 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

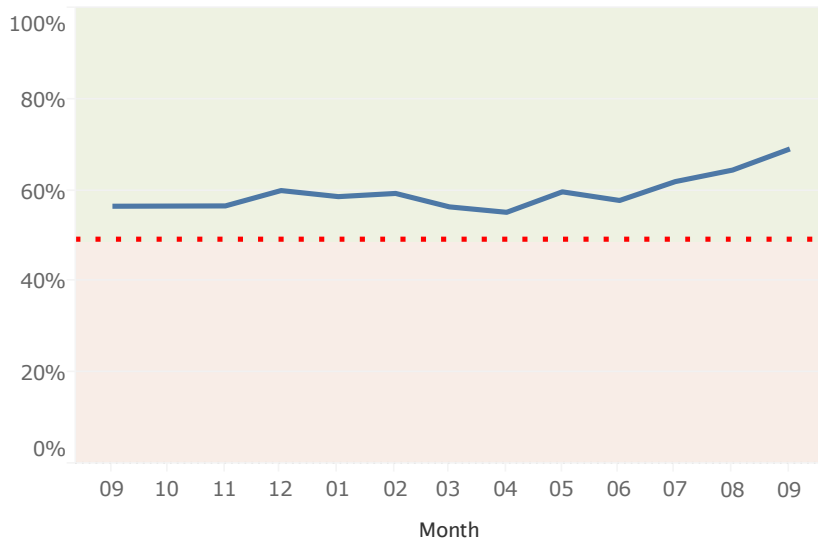
September 2024

69%

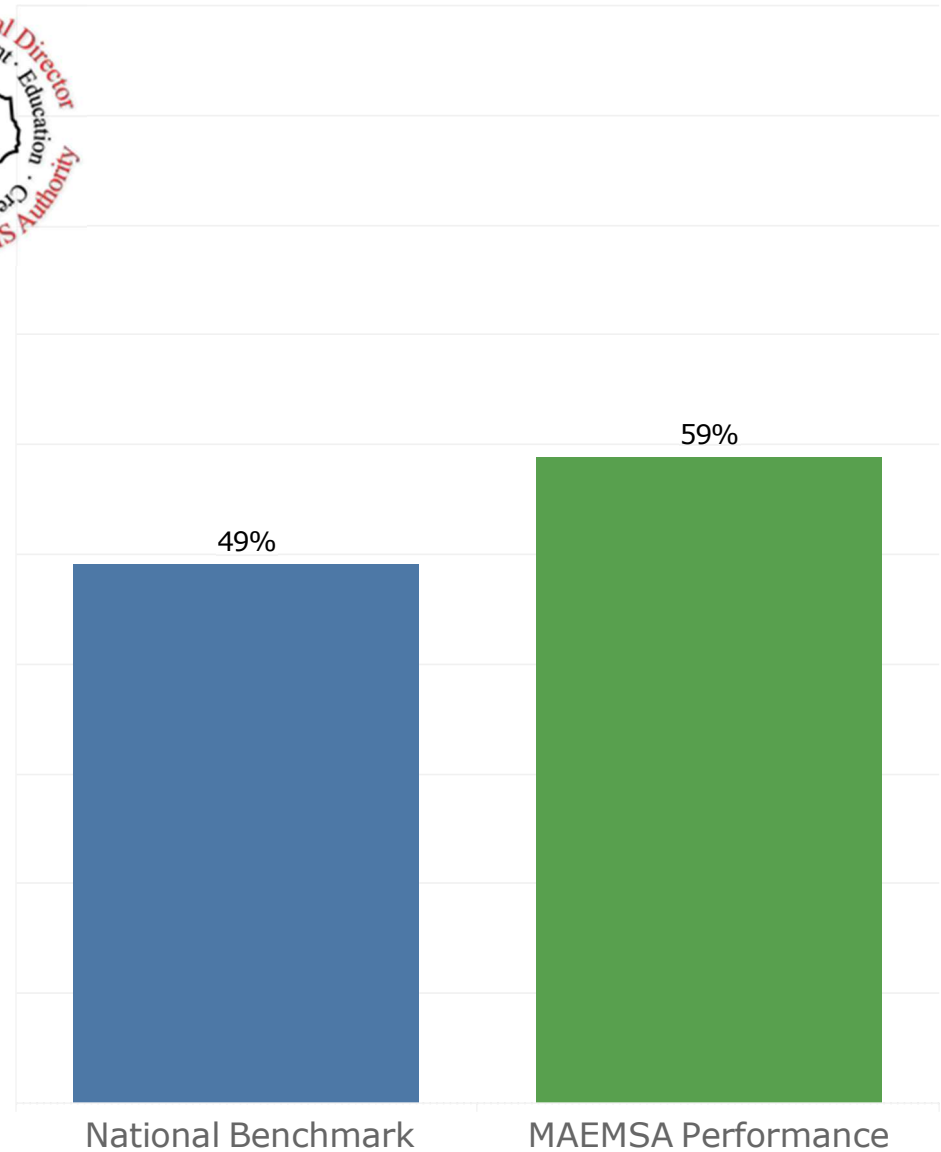
National Benchmark

49%

Performance Over Time



Trailing 12-Month Performance



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

Seizure 02: Patients with Status Epilepticus Receiving Intervention

MAEMSA System Performance

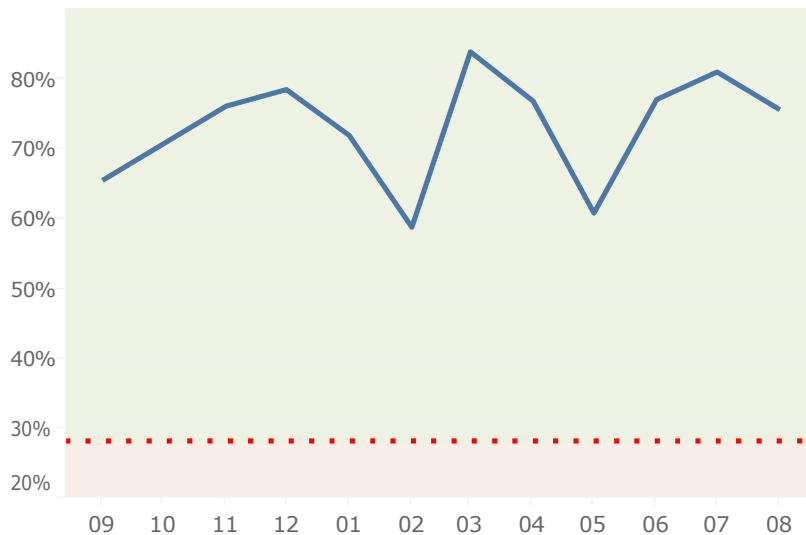
September 2024

80%

National Benchmark

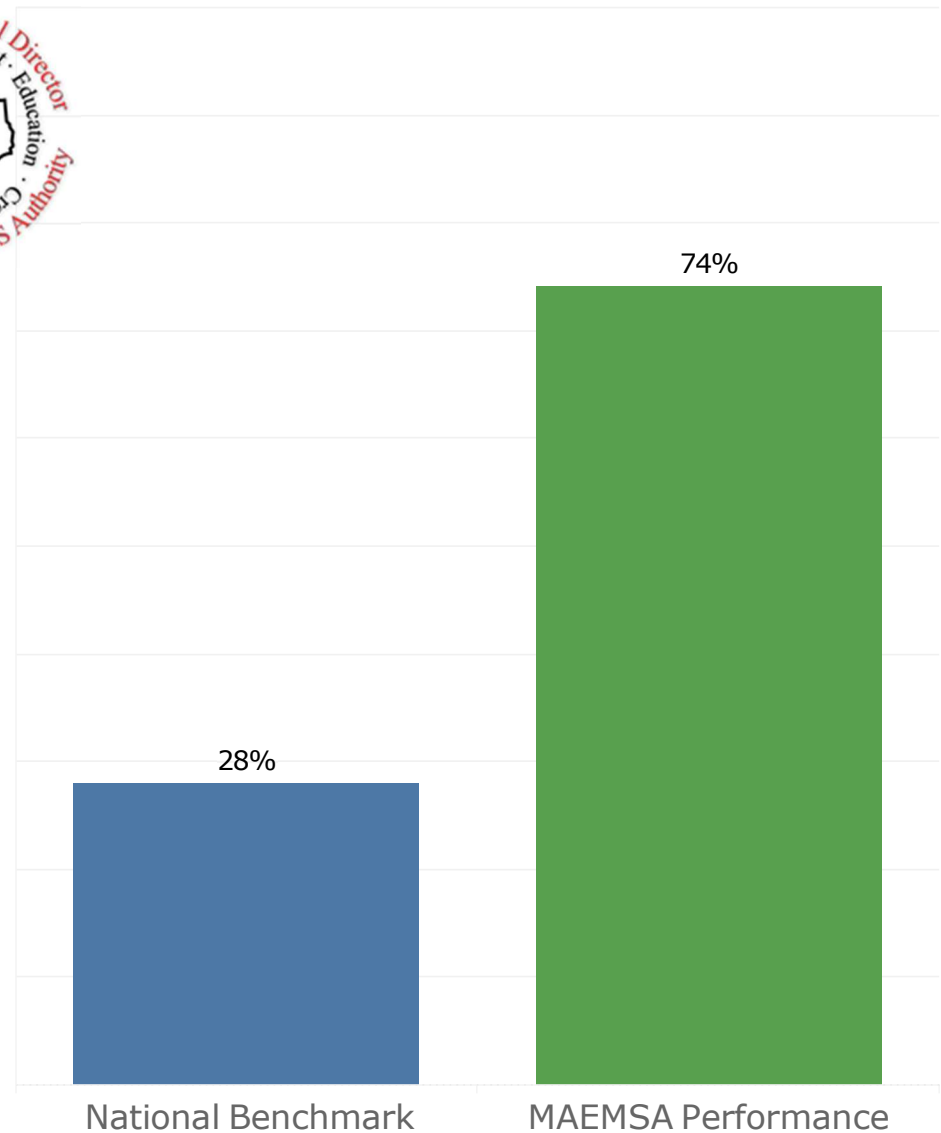
28%

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.

Trailing 12-Month Performance



Syncope 01: ECG Performed for Syncope Patients

MAEMSA System Performance

September 2024

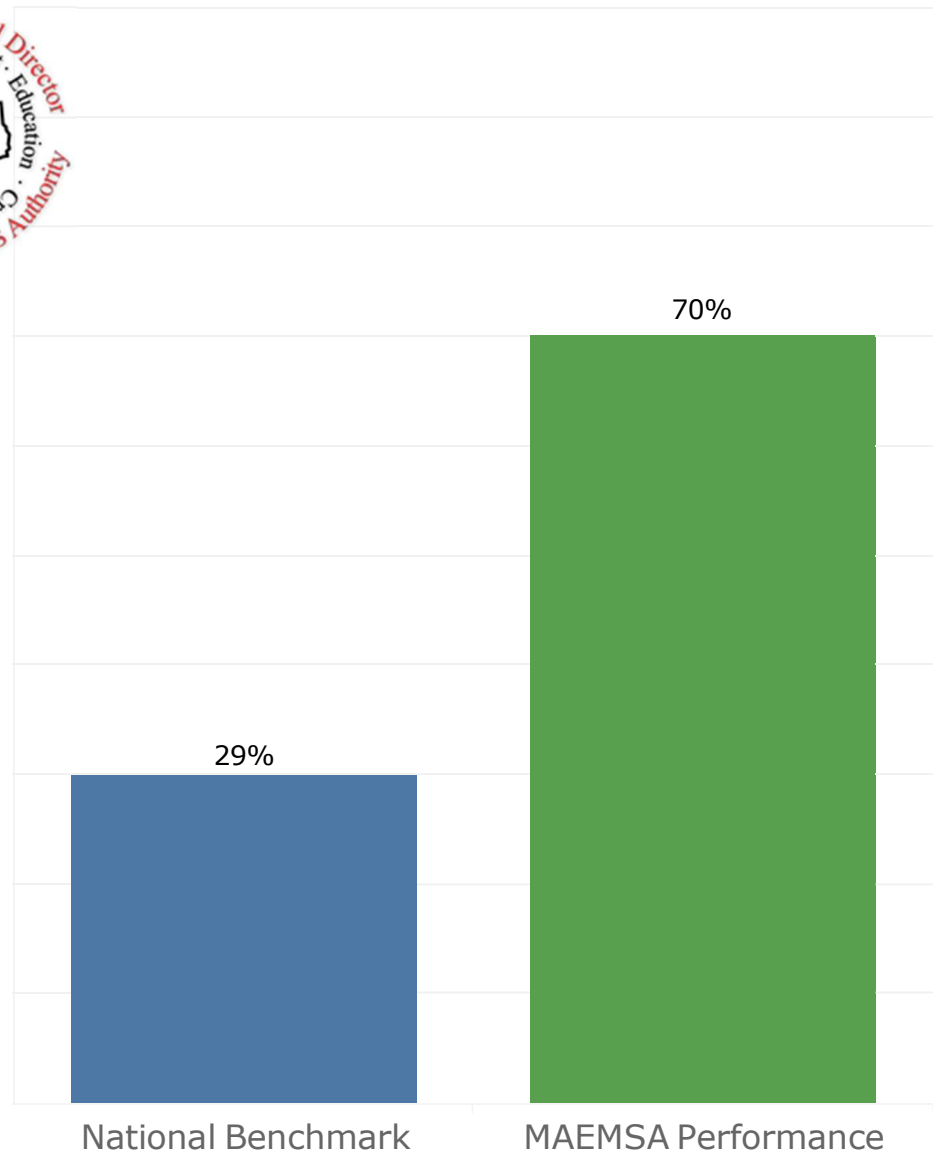
71%

National Benchmark

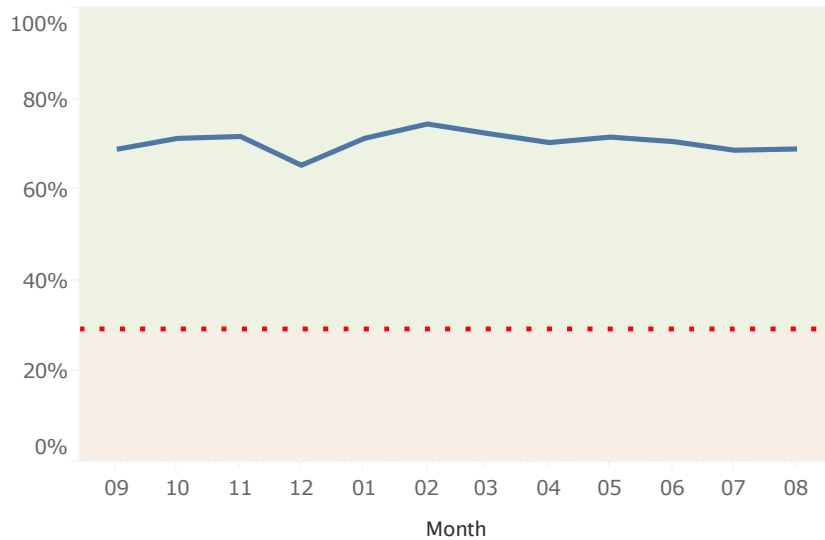
29%



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

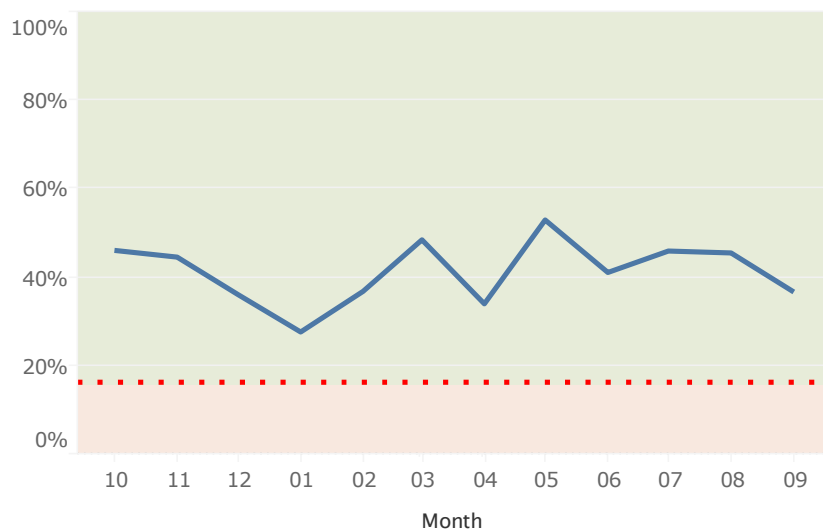
September 2024

35%

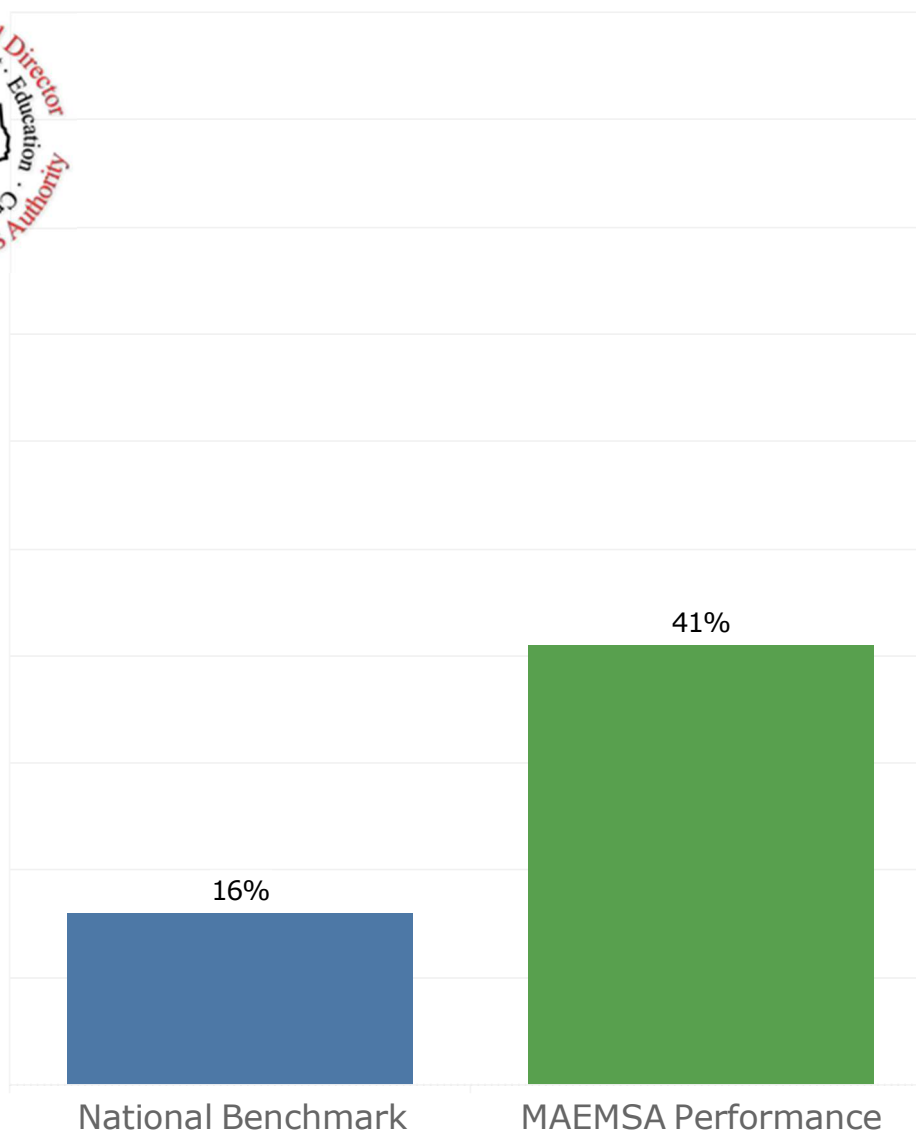
National Benchmark

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

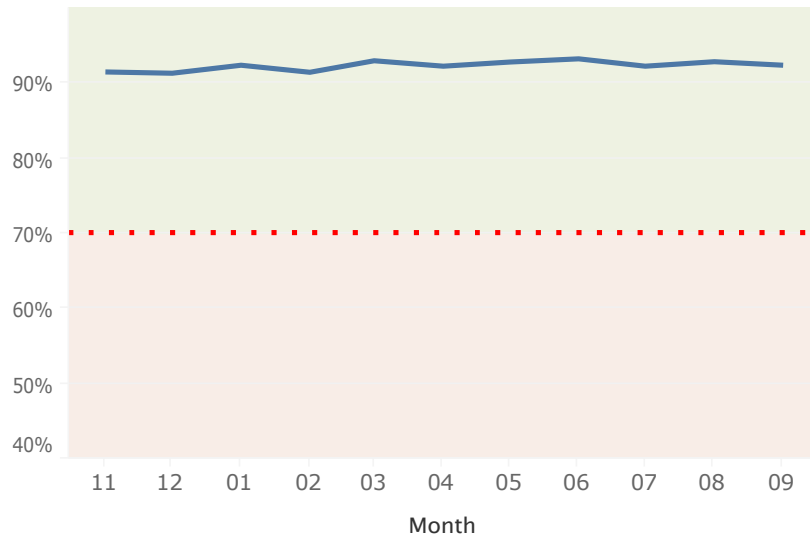
September 2024

92%

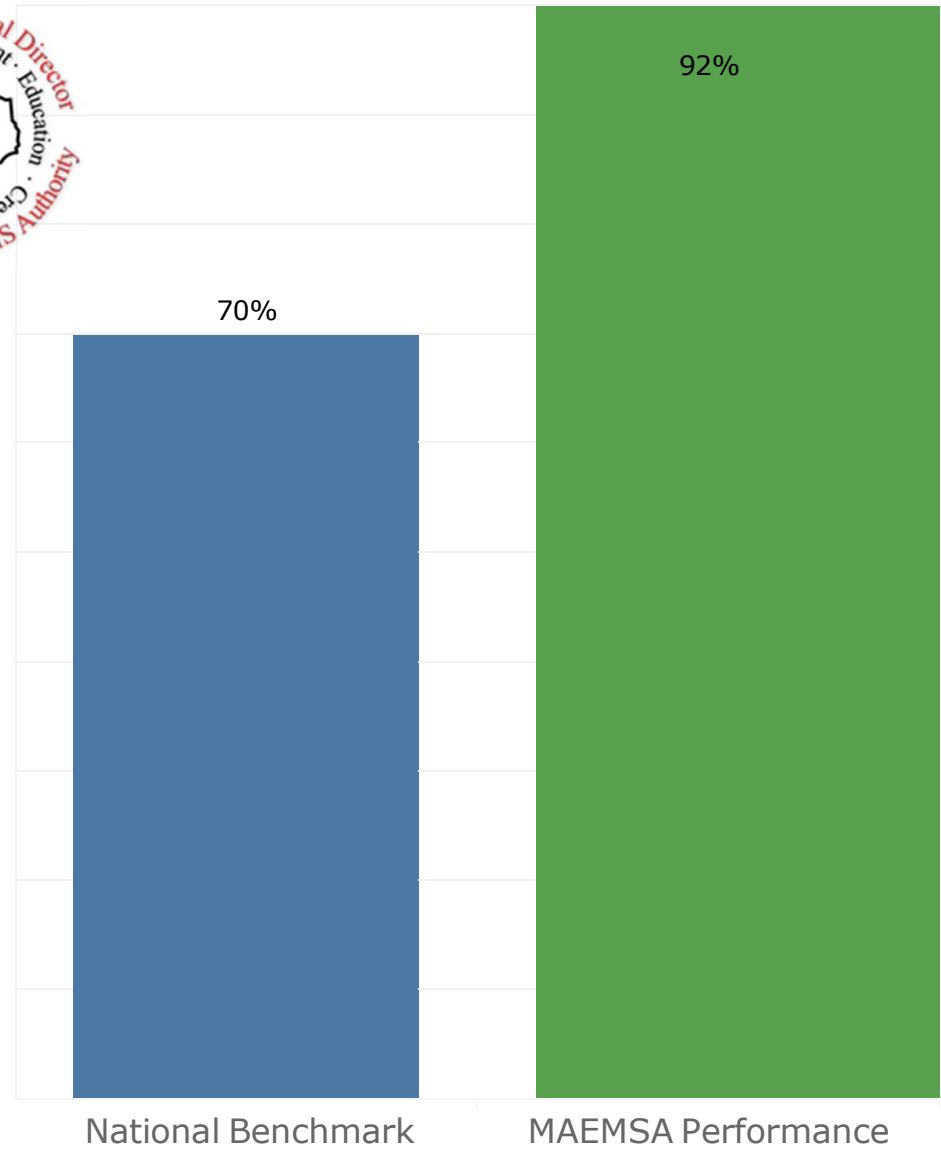
National Benchmark

70%

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

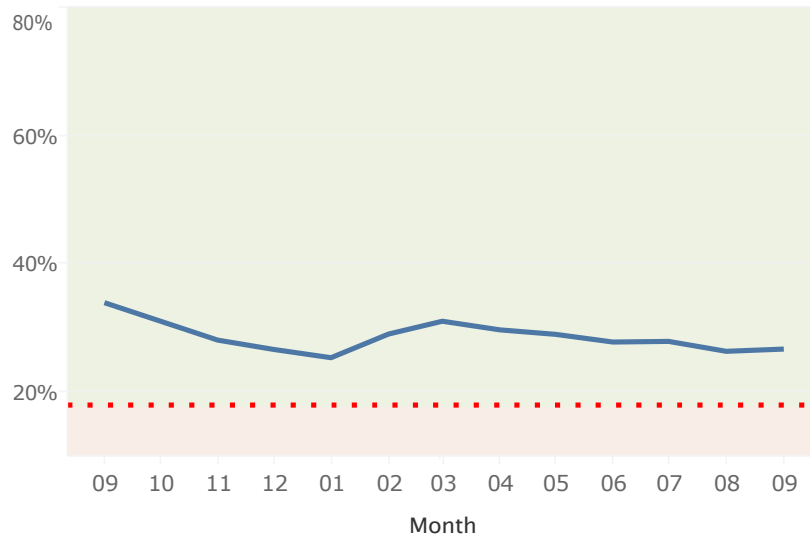
September 2024

27%

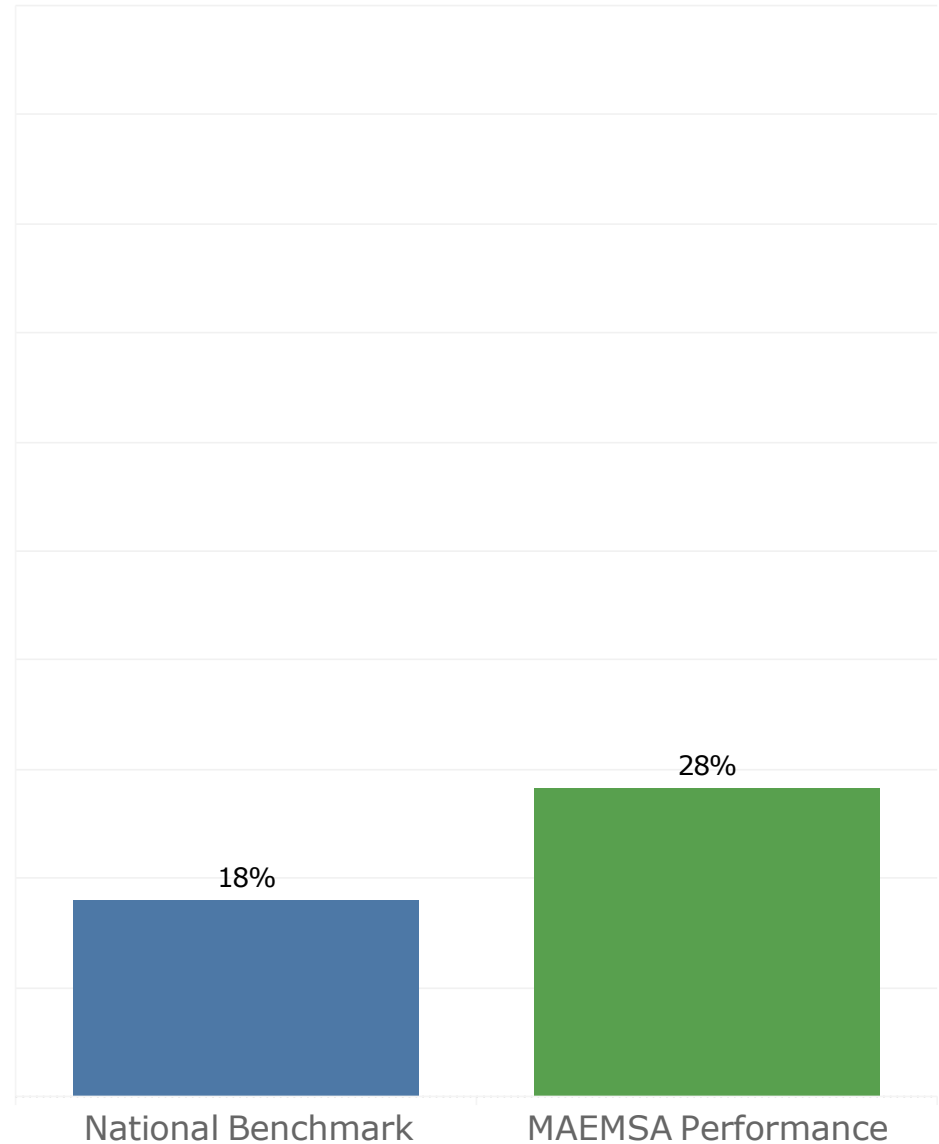
National Benchmark

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

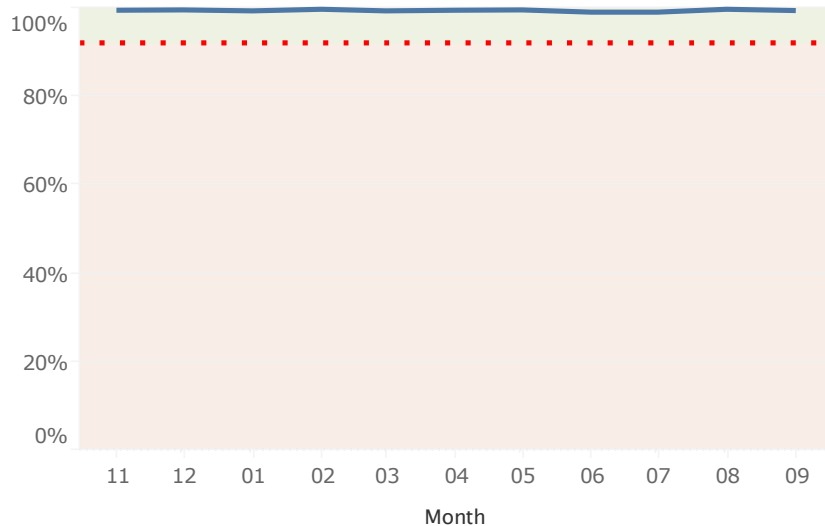
September 2024

99%

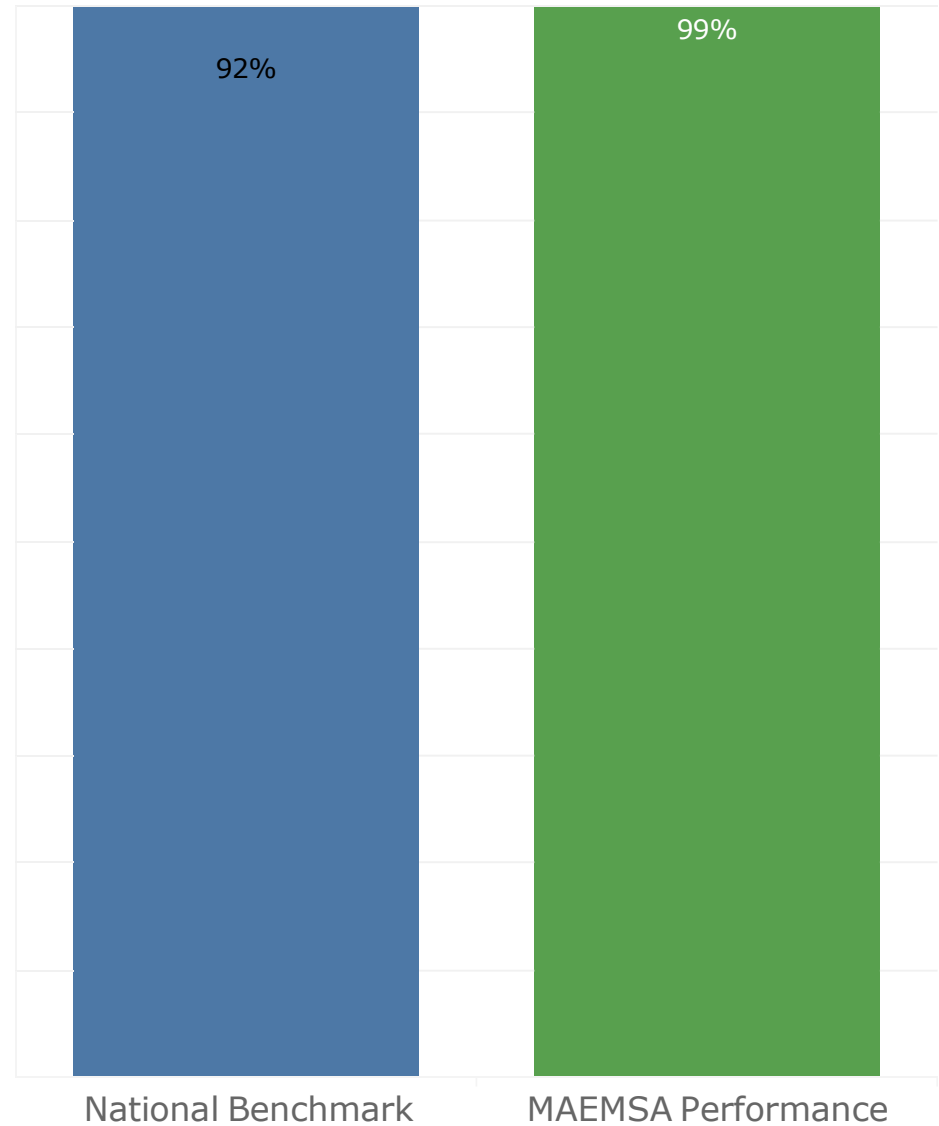
National Benchmark

92%

Performance Over Time



Trailing 12-Month Performance



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

TTR-01: Vital Signs Documented

MAEMSA System Performance

Trailing 12-Month Performance

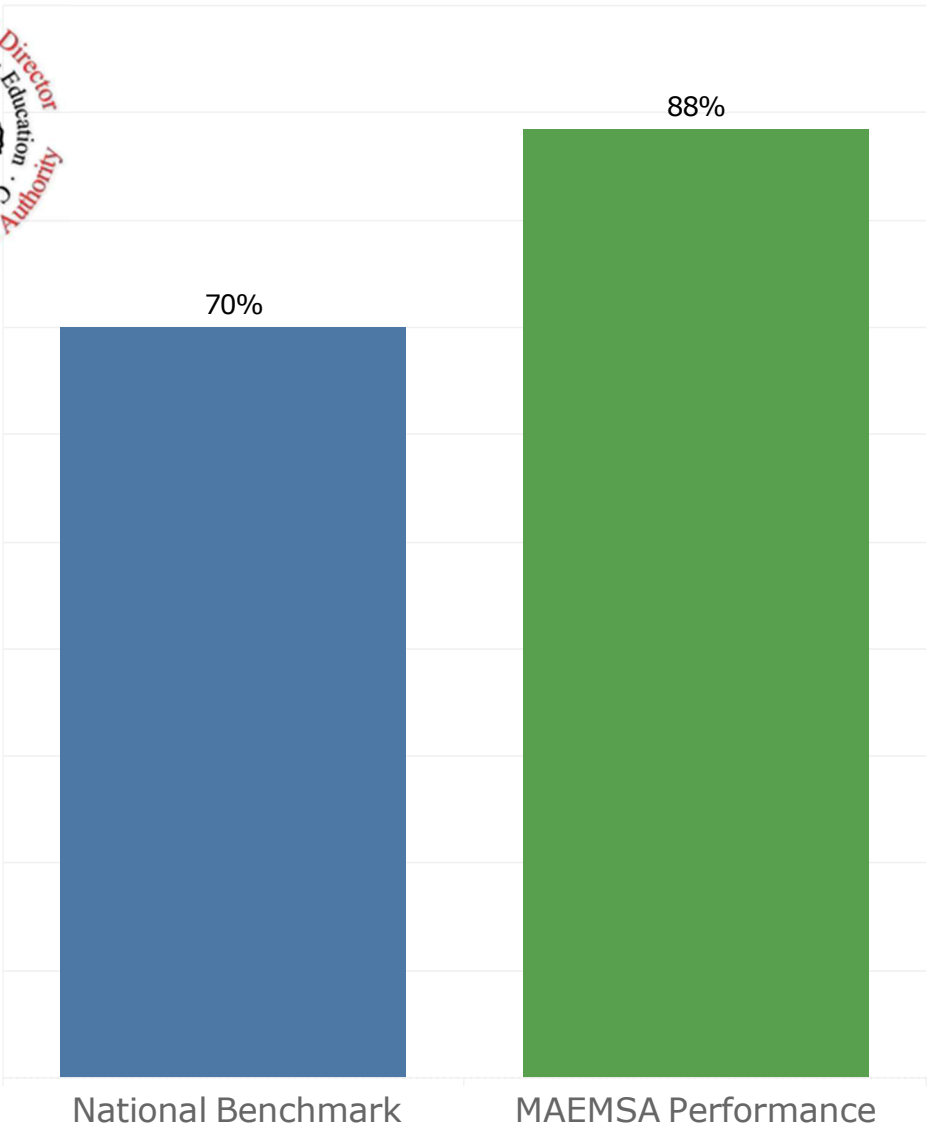
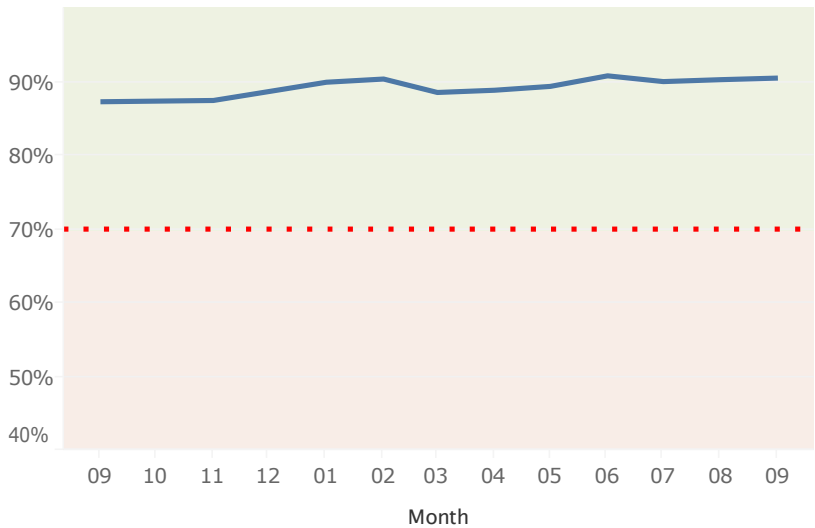
September 2024

90%

National Benchmark

70%

Performance Over Time



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 – September 30, 2024

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

Statement of Revenues and Expenses:

Month to Date: Net Income for the month of September 2024 is a gain of \$3,104,451 as compared to a budgeted gain of \$1,102,939 for a positive variance of \$2,001,511. EBITD for the month of September 2024 is a gain of \$3,482,260 compared to a budgeted gain of \$1,478,810 for a positive variance of \$2,003,450MM.

- Patient contact volume in September ended the month at 93.9% to budget.
- MedStar billed 4.8% more Commercial Insurance trips than expected. Emergency transport revenue coming in under budget was offset by the adjustments to allowances for uncollectible to reflect increase in cash collection expected on future receivables.
- Net Revenue in September is \$3,083,651 over budget or 145% of budget. The main drivers of this variance are accrued expected ASPP payment at \$1.9MM over budget, net emergency transport revenue at \$991K over budget, and interest and gain on ambulance disposal at \$273K over budget.
- Total Expenses ended the month at 119% of budget or \$1.1MM over budget. The main contributors were Benefits and Taxes which was over budget by \$864K, majority of which was health insurance claims, including the accrual for FY24 claims that will be paid in FY25, and \$221k overage in professional fees, majority of which was collection fees. The total of all other line-item expenses is under budget by (\$3K).

Year to Date: EBITD is \$11,553,421 as compared to a budget of \$4,659,513 for a positive variance of \$6,893,907.

- The main drivers for this variance are YTD patient encounters are 101% to budget and YTD net revenue is 115% to budget equating to a YTD positive variance to budget for Net Revenue of \$10,096,834. Year to date expense is 105% to budget or \$3,286,710 over budget. The main drivers for the overage in expense are Benefits and Taxes which are above budget by \$2.9MM, and Professional Fees (specifically collection fees) which are above budget by \$693K. The total of all other expense lines is below budget by a total of (\$270K) for the year.

Key Financial Indicators:

- Current Ratio – MedStar has 7.89 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 September 30, 2024, there are 4.6 months of operating capital.
- Accounts Receivable Turnover – This statistic indicates MedStar's effectiveness in extending credit and collecting debts by indicating the average age of the receivables. MedStar's goal is a ratio greater than 3.0 times; current turnover is 6.71 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 September, the return is 10.49%.

MAEMSA/EPAB cash reserve balance as of September 30, 2024, is \$475,470.69.

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Balance Sheet By Character Code

For the Period Ending September 30, 2024

Assets	Current Year	Last Year
Cash	\$26,678,077.41	\$22,326,702.94
Accounts Receivable	\$14,551,300.18	\$13,347,356.26
Inventory	\$547,288.24	\$505,000.95
Prepaid Expenses	\$982,550.18	\$1,151,389.75
Property Plant & Equ	\$68,031,949.41	\$73,058,645.79
Accumulated Deprecia	(\$26,571,662.57)	(\$30,945,604.89)
Total Assets	\$84,219,502.85	\$79,443,490.80
Liabilities		
Accounts Payable	(\$799,497.36)	(\$648,170.06)
Other Current Liabil	(\$3,201,389.37)	(\$2,711,163.44)
Accrued Interest	\$0.00	\$0.00
Payroll Withholding	\$6,540.88	(\$72,629.90)
Long Term Debt	(\$2,579,471.29)	(\$2,960,768.66)
Other Long Term Liab	(\$4,993,097.20)	(\$10,540,966.58)
Total Liabilities	(\$11,566,914.34)	(\$16,933,698.64)
Equities		
Equity	(\$65,757,291.76)	(\$57,552,004.46)
Control	(\$6,895,296.75)	(\$4,957,787.70)
Total Equities	(\$72,652,588.51)	(\$62,509,792.16)
Total Liabilities and Equitie	(\$84,219,502.85)	(\$79,443,490.80)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures
As of September 30, 2024

Revenue	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
Transport Fees	\$20,419,713.93	\$21,653,490.00	(\$1,233,776.07)	\$256,296,455.45	\$254,212,828.00	\$2,083,627.45
Contractual Allow	(\$8,405,477.79)	(\$9,461,579.00)	\$1,056,101.21	(\$108,060,465.48)	(\$111,079,310.00)	\$3,018,844.52
Provision for Uncoll	(\$5,904,417.61)	(\$7,073,030.42)	\$1,168,612.81	(\$79,842,085.82)	(\$82,976,866.04)	\$3,134,780.22
Education Income	(\$97.80)	\$65,690.00	(\$65,787.80)	\$35,512.60	\$144,400.00	(\$108,887.40)
Other Income	\$3,424,660.86	\$1,524,455.10	\$1,900,205.76	\$5,065,122.86	\$3,646,295.43	\$1,418,827.43
Standby/Subscription	\$201,914.07	\$216,768.44	(\$14,854.37)	\$1,684,016.50	\$1,464,154.28	\$219,862.22
Pop Health PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
interest on Investme	\$211,261.12	\$100.00	\$211,161.12	\$232,970.08	\$1,200.00	\$231,770.08
Gain(Loss) on Dispos	\$61,988.40	\$0.00	\$61,988.40	\$98,009.71	\$0.00	\$98,009.71
Total Revenue	\$10,009,545.18	\$6,925,894.12	\$3,083,651.06	\$75,509,535.90	\$65,412,701.67	\$10,096,834.23
Expenditures						
Salaries	\$3,324,232.44	\$3,280,429.00	\$43,803.44	\$39,542,045.64	\$39,135,473.00	\$406,572.64
Benefits and Taxes	\$1,794,982.02	\$931,416.00	\$863,566.02	\$10,225,364.04	\$7,361,640.00	\$2,863,724.04
Interest	\$20,290.82	\$16,913.05	\$3,377.77	\$320,603.97	\$266,845.56	\$53,758.41
Fuel	\$142,559.02	\$186,635.00	(\$44,075.98)	\$1,784,941.53	\$2,208,381.00	(\$423,439.47)
Medical Supp/Oxygen	\$102,020.33	\$207,516.00	(\$105,495.67)	\$2,195,212.72	\$2,438,835.00	(\$243,622.28)
Other Veh & Eq	\$59,937.39	\$54,098.00	\$5,839.39	\$724,805.55	\$642,442.00	\$82,363.55
Rent and Utilities	\$51,325.71	\$58,735.94	(\$7,410.23)	\$568,512.56	\$704,817.31	(\$136,304.75)
Facility & Eq Mtc	\$79,629.19	\$64,956.81	\$14,672.38	\$965,867.42	\$916,413.80	\$49,453.62
Postage & Shipping	\$1,965.76	\$1,804.87	\$160.89	\$13,610.29	\$21,678.00	(\$8,067.71)
Station	\$36,050.74	\$34,007.51	\$2,043.23	\$469,426.07	\$601,247.12	(\$131,821.05)
Comp Maintenance	\$39,886.43	\$73,005.00	(\$33,118.57)	\$590,115.71	\$803,069.00	(\$212,953.29)
Insurance	\$145,662.52	\$57,216.62	\$88,445.90	\$823,131.94	\$699,972.00	\$123,159.94
Advertising & PR	\$0.00	\$0.00	\$0.00	\$12,096.13	\$20,400.00	(\$8,303.87)
Printing	\$211.82	\$1,861.00	(\$1,649.18)	\$12,202.61	\$22,324.00	(\$10,121.39)
Travel & Entertain	\$9,818.53	\$1,388.00	\$8,430.53	\$50,904.88	\$38,371.00	\$12,533.88
Dues & Subs	\$114,408.85	\$121,071.00	(\$6,662.15)	\$1,289,998.87	\$1,520,708.00	(\$230,709.13)
Continuing Educ Ex	\$6,457.18	\$2,993.00	\$3,464.18	\$42,652.13	\$114,402.00	(\$71,749.87)
Professional Fees	\$588,919.99	\$367,043.00	\$221,876.99	\$4,127,224.57	\$3,434,651.00	\$692,573.57
Education Expenses	\$1,506.00	\$1,945.00	(\$439.00)	\$6,185.58	\$29,100.00	(\$22,914.42)
Miscellaneous	\$11,389.63	\$962.00	\$10,427.63	\$55,132.25	\$39,264.00	\$15,868.25
Depreciation	\$357,518.47	\$358,958.00	(\$1,439.53)	\$4,337,520.59	\$4,307,496.00	\$30,024.59
Amortization Exp - Rou A Lease	\$12,622.06	\$0.00	\$12,622.06	\$151,117.29	\$0.00	\$151,117.29
Amortization Exp - ROU A Subsc	\$3,699.68	\$0.00	\$3,699.68	\$305,567.41	\$0.00	\$305,567.41
Total Expenditures	\$6,905,094.58	\$5,822,954.80	\$1,082,139.78	\$68,614,239.75	\$65,327,529.79	\$3,286,709.96
Net Rev in Excess of Expend	\$3,104,450.60	\$1,102,939.32	\$2,001,511.28	\$6,895,296.15	\$85,171.88	\$6,810,124.27
EBITD	\$3,482,259.89	\$1,478,810.37	\$2,003,449.52	\$11,553,420.71	\$4,659,513.44	\$6,893,907.27

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

	Goal	FY 2022	FY 2023	FY 2024
Current Ratio	> 1	6.04	10.88	7.89

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%	38.68%
---	-----------------	---------------	---------------	---------------

Indicates compliance with Ordinance which specifies 3 months cash

Accounts Receivable Turnover	>3	9.06	6.21	6.71
-------------------------------------	--------------	-------------	-------------	-------------

A measure of how these resources are being managed. Indicates how

Return on Net Assets	-1.00%	-0.07%	8.61%	10.49%
-----------------------------	---------------	---------------	--------------	---------------

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 09/30/2024			<u>\$ 475,470.69</u>

Aging by Current Payor

	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Current	\$ 28,432,457	\$ 16,491,252	\$ 29,239,335	\$ 32,198,821	\$ 27,198,098	\$ 26,935,036	\$ 22,925,305	\$ 27,088,932	\$ 25,494,258	\$ 32,530,075	\$ 27,573,833	\$ 26,960,503
31-60 days	\$ 12,269,386	\$ 16,077,263	\$ 12,075,610	\$ 12,797,442	\$ 12,170,893	\$ 13,404,267	\$ 13,418,004	\$ 10,991,460	\$ 13,081,645	\$ 11,548,391	\$ 11,401,973	\$ 11,103,301
61-90 days	\$ 8,134,449	\$ 10,408,553	\$ 8,690,588	\$ 7,611,306	\$ 9,131,293	\$ 8,234,032	\$ 10,045,632	\$ 10,551,982	\$ 8,119,878	\$ 8,553,728	\$ 7,498,330	\$ 7,828,345
91-120 days	\$ 6,591,176	\$ 7,813,479	\$ 7,409,062	\$ 6,715,310	\$ 6,174,161	\$ 7,319,672	\$ 7,138,745	\$ 7,799,802	\$ 8,221,540	\$ 7,064,048	\$ 7,271,001	\$ 6,393,149
121-180 days	\$ 8,132,934	\$ 11,710,842	\$ 10,918,645	\$ 11,493,680	\$ 12,300,358	\$ 9,674,492	\$ 11,716,625	\$ 12,441,868	\$ 11,808,347	\$ 13,437,531	\$ 12,747,158	\$ 7,089,095
Over 180 days	\$ 13,943,960	\$ 19,410,595	\$ 21,556,474	\$ 22,957,698	\$ 27,428,697	\$ 4,527,980	\$ 8,896,520	\$ 12,382,330	\$ 17,277,193	\$ 15,046,913	\$ 20,091,765	\$ 14,185,182
TOTALS	\$ 77,504,361	\$ 81,911,984	\$ 89,889,713	\$ 93,774,257	\$ 94,403,500	\$ 70,095,479	\$ 74,140,831	\$ 81,256,374	\$ 84,002,860	\$ 88,180,686	\$ 86,584,060	\$ 73,559,576

Tab D – Chief Human Resources Officer

Human Resources - September 2024 Summary

Staffing

- 10 hires in September
- 183 hires FYTD
- Upcoming Scheduled NEOPs
 - October 21, 2024

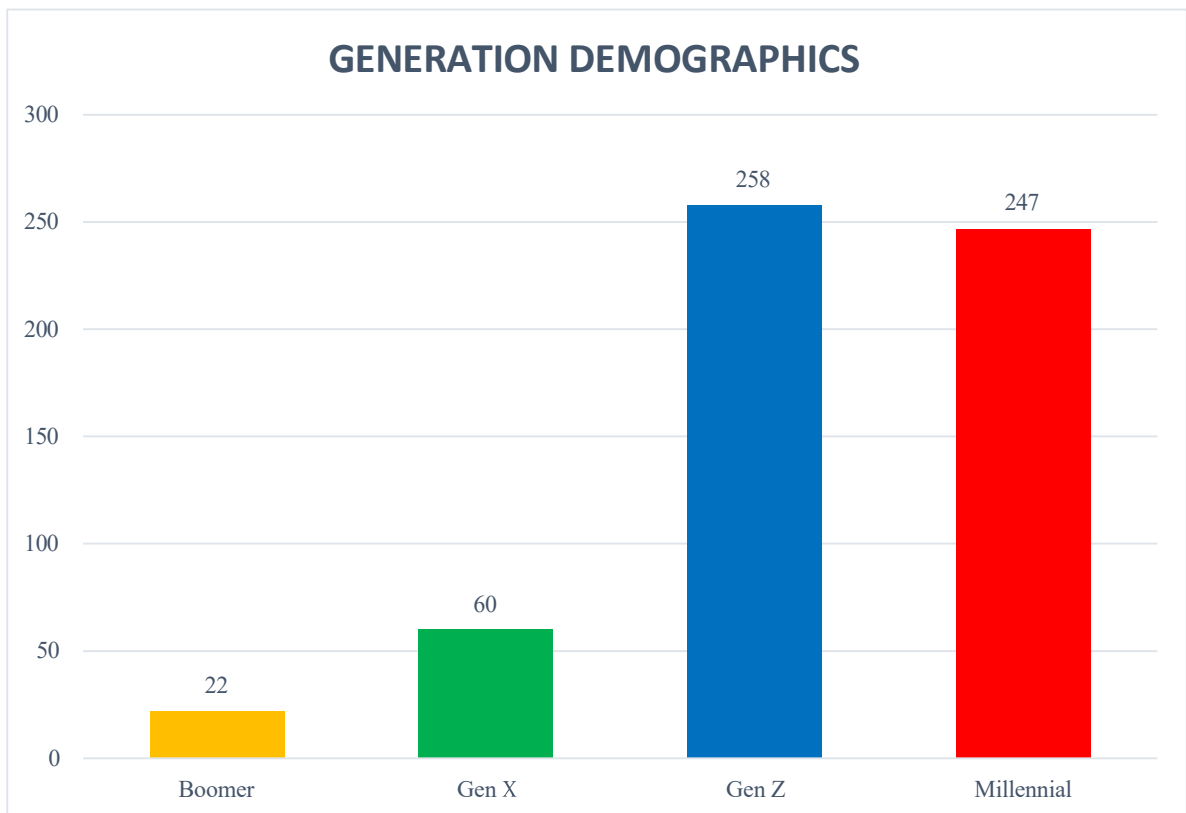
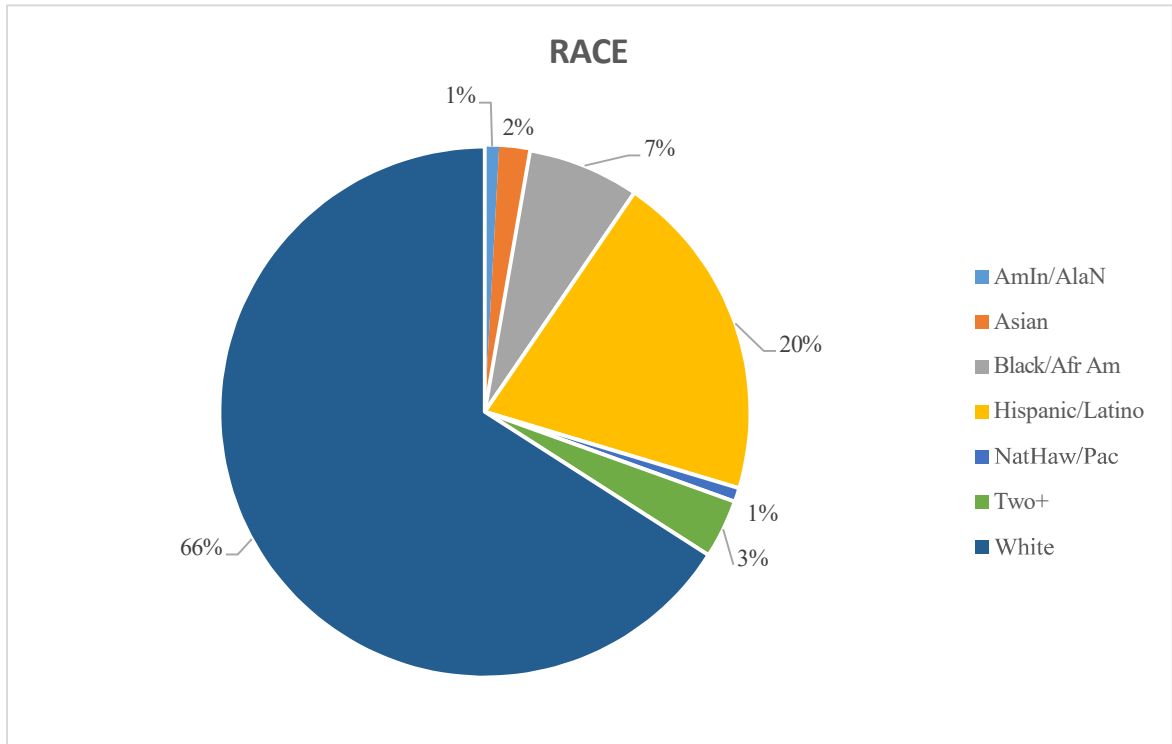
Leaves:

- 28 employees on FMLA /5.23% of workforce
 - 12 cases on intermittent
 - 16 cases on a block
- Top FMLA request reasons/conditions
 - Obstetrics/Gynecology (5)
 - FMLA – Spouse (5)
 - Oncology (4)

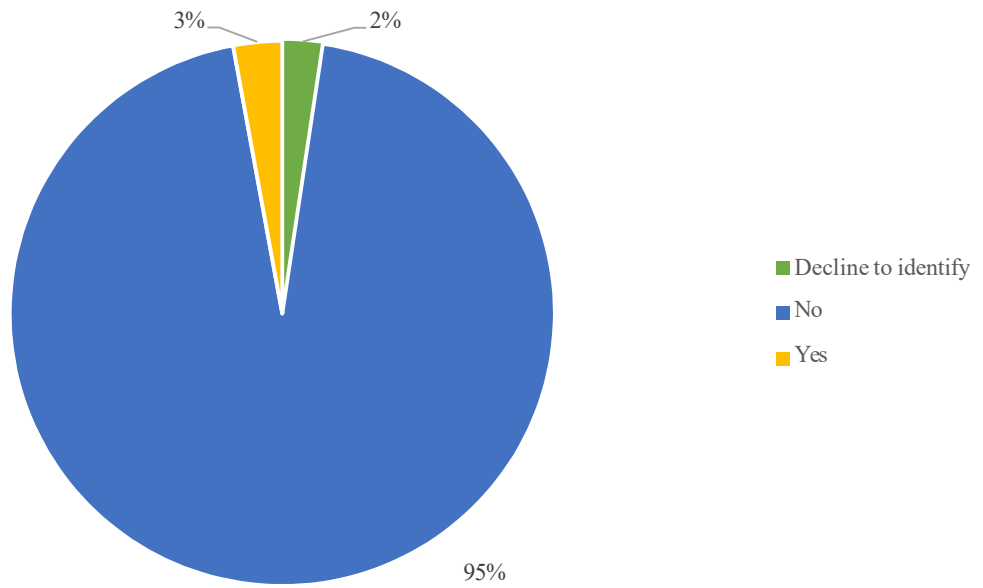
Turnover:

- Voluntary turnover – 1.19%
 - FT – 0.93%
 - PT – 3.85%
- Total turnover – 1.36%
 - FT – 1.12%
 - PT – 3.85%
- Total YTD turnover – 16.70%
 - FT – 16.07%
 - PT – 23.08%

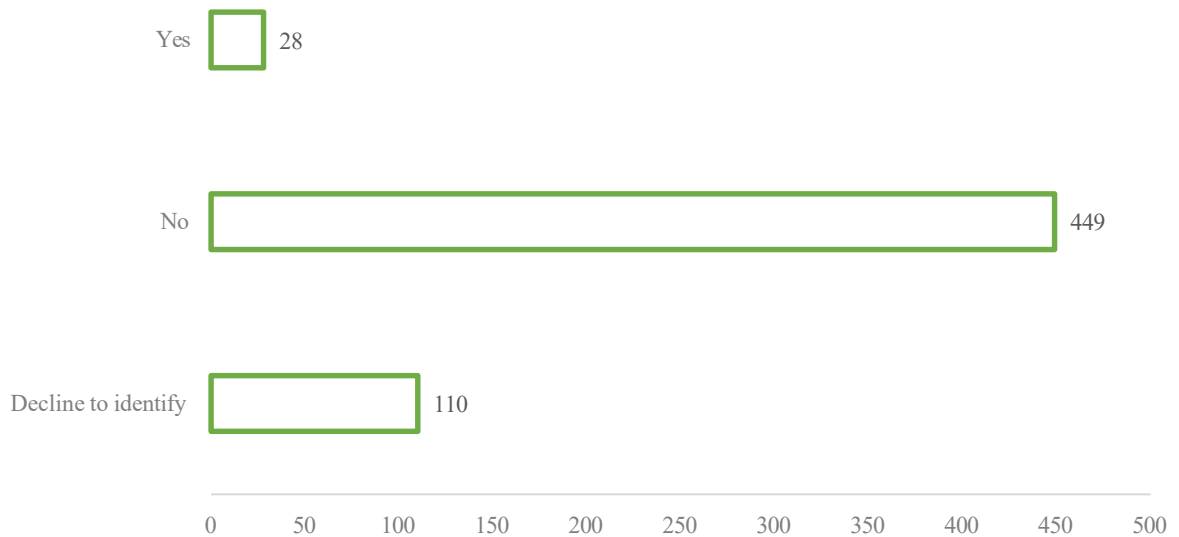
SEPTEMBER 2024 DIVERSITY STATISTICS



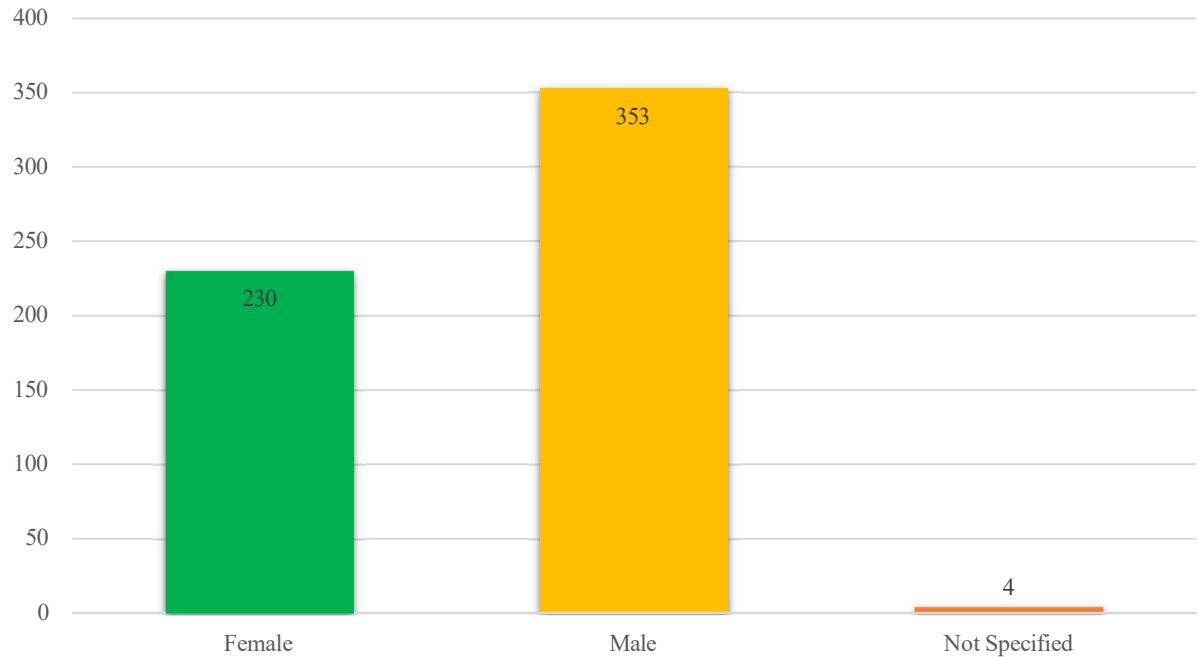
DISABILITY STATUS



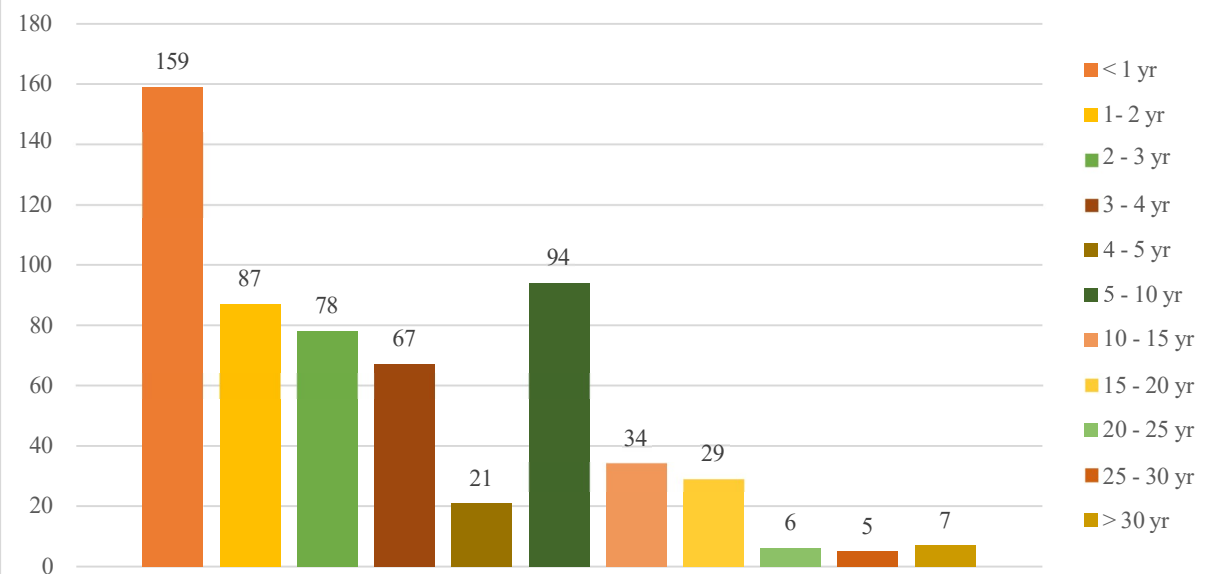
VETERAN STATUS



GENDER DEMOGRAPHICS



EMPLOYEE TENURE



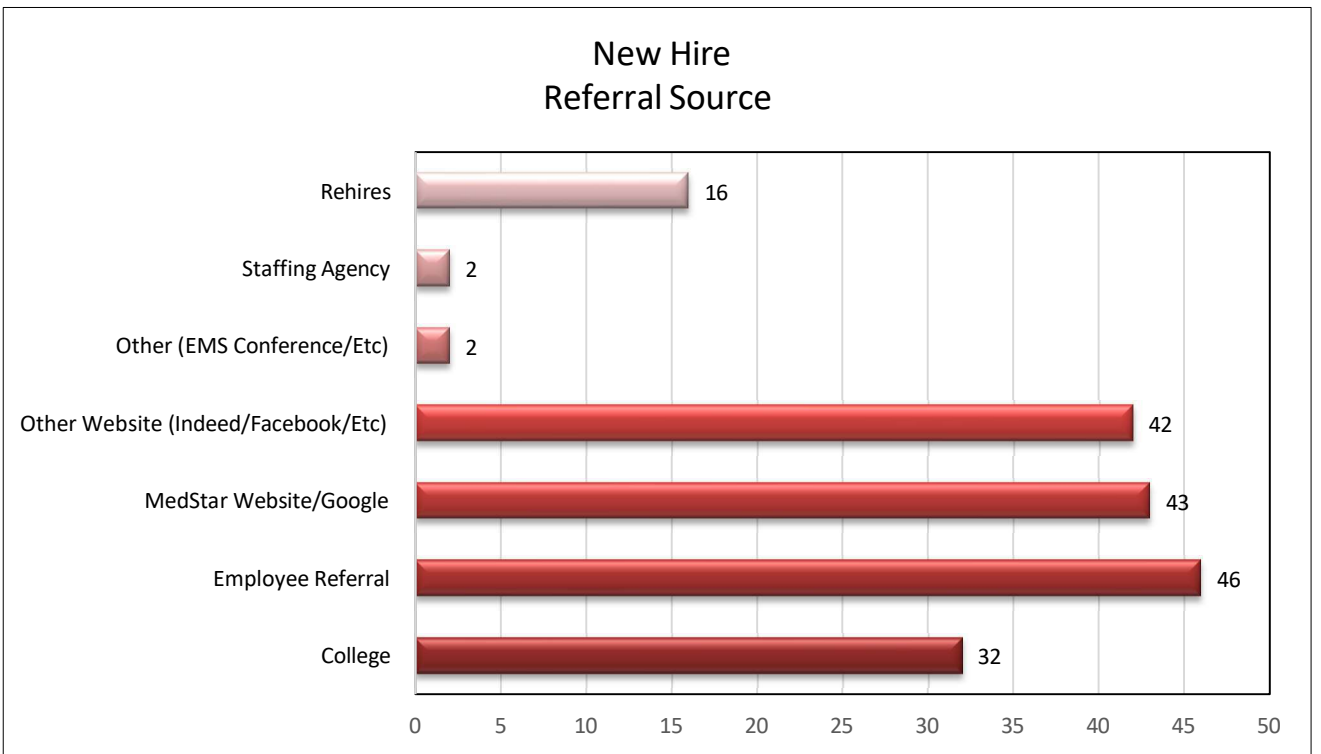
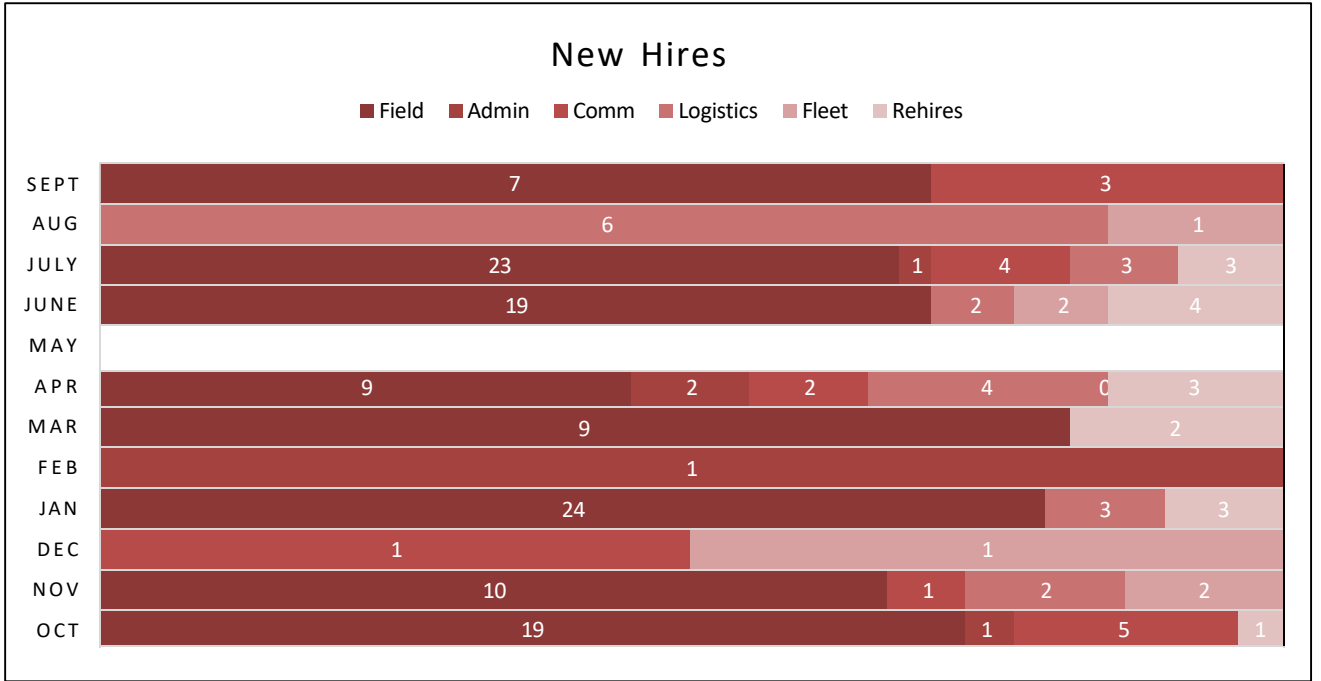
FMLA Leave of Absence (FMLA Detailed Report)
Fiscal Year 10/01/2023 thru 09/30/2024
Percentages by Department/Conditions

Conditions	
Bonding	3
Digestive	1
FMLA - Child	3
FMLA - Spouse	5
Internal Medicine	1
Neurological	1
Obstetrics/Gynecology	5
Oncology	4
Orthopedic	2
Psychological	1
Pulmonary	2
Grand Total	28

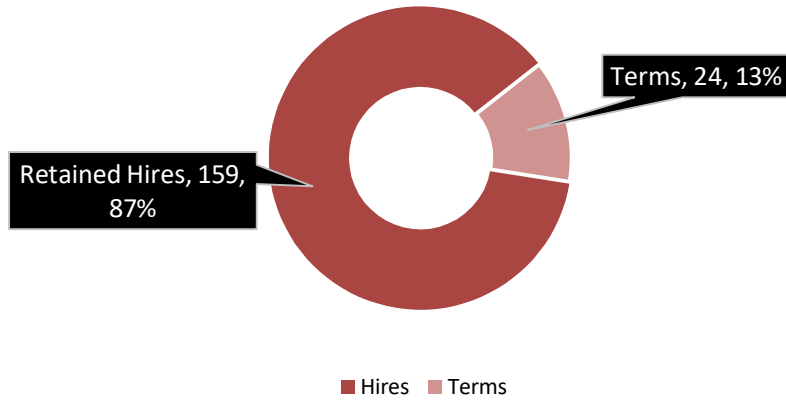
Percentage by Department					
Department	# of Ees	# on FMLA	% by FTE	% by FMLA	% by Dept HC
Advanced	159	11	2.06%	39.29%	6.92%
Basic	218	4	0.75%	14.29%	1.83%
Business Office	10	2	0.37%	7.14%	20.00%
Communications	46	1	0.19%	3.57%	2.17%
Controller - Payroll, Purchasing, A/P	4	1	0.19%	3.57%	25.00%
Field Managers/Supervisors - Operations	26	5	0.93%	17.86%	19.23%
Information Technology	2	1	0.19%	3.57%	50.00%
Mobile Integrated Health	10	1	0.19%	3.57%	10.00%
Support Services - Facilities, Fleet, S.E., Logistics	29	2	0.37%	7.14%	6.90%
Grand Total	504	28			
Total # of Full Time Employees - September 2024					
	535				
% of Workforce using FMLA					
	5.23%				
TYPE OF LEAVES UNDER FMLA					
	# of Ees	% on Leave			
Intermittent Leave	12	42.86%			
Block of Leave	16	57.14%			
Total	28	100.00%			

Recruiting & Staffing Report

Fiscal Year 2023-2024



2023-2024 FY Separations



Fiscal Year Statistics

Total hires to date 183

Total separations from hires

Separation Reasons:

Abandoned Job – 3

Another Job – 1

Attendance – 1

Career Change – 5

Performance – 5

Personal – 6

Relocation – 1

School – 1

Unknown – 1

MedStar Mobile Health Care Separation Statist

Full Time Separations

Part Time Separations

Total Separations

Current Month		
Vol	Invol	Total
5	1	6
2	0	2
7	1	8

Y
Vol
69
11
80

Total Turnover %

Voluntary Turnover %

Full Time	Part Time	Total
1.12%	3.85%	1.36%
0.93%	3.85%	1.19%

Full Time
16.07%
12.90%

Separations by Department

Full Time	Current Month	
	Vol	Invol
Advanced		
Basics	1	1
Business Office		
Communications		
Controller - Payroll, Purchasing, A/P		
Deployment	1	0
Executives	1	0
Field Manager/Supervisors - Operations		
Field Operations Other		
Health Information Systems		
Human Resources	1	0
Information Technology		
Legal/Compliance		
Mobile Integrated Health		
Office of the Medical Director	1	0
Public Information		
Support Services - Facilities, Fleet, S.E., Logistics		
Total	5	1

Part Time	Current Month	
	Vol	Invol
Advanced	1	0
Basics		
Business Office		
Communications		
Controller - Payroll, Purchasing, A/P		
Executives		

Field Manager/Supervisors - Operations		
Field Operations Other		
Health Information Systems		
Human Resources		
Information Technology		
Legal/Compliance		
Mobile Integrated Health		
Office of the Medical Director		
Public Information		
Support Services - Facilities, Fleet, S.E., Logistics	1	0
Total	2	0

ics Sep 2024

Year to Date	
Invol	Total
17	86
1	12
18	98

Part Time	Total
23.08%	16.70%
21.15%	13.63%

YTD Compared to Sep '23		Headcount
Sep '23	%	Sep-23
89	18.62%	478
38	71.70%	53
127	23.92%	531
Difference	-7.225%	

h	Year to Date			Headcount
	Vol	Invol	Total	Sep-24
	19	6	25	159
2	22	6	28	218
	4	0	4	10
	7	1	8	46
				4
1	2	0	2	1
1	2	0	2	5
	1	0	1	26
				8
				2
1	1	0	1	3
				2
	2	0	2	0
				10
1	2	0	2	11
				1
	7	4	11	29
6	69	17	86	535

h	Year to Date			Headcount
	Vol	Invol	Total	Sep-24
1	6	0	6	20
	3	1	4	18
				3
				1

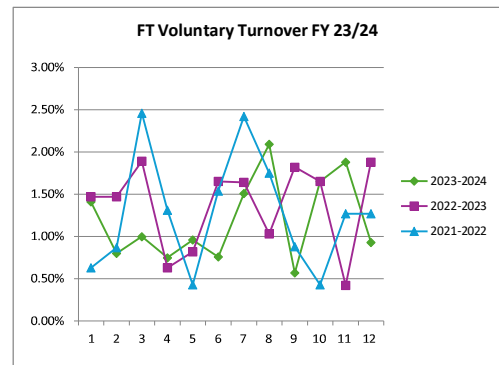
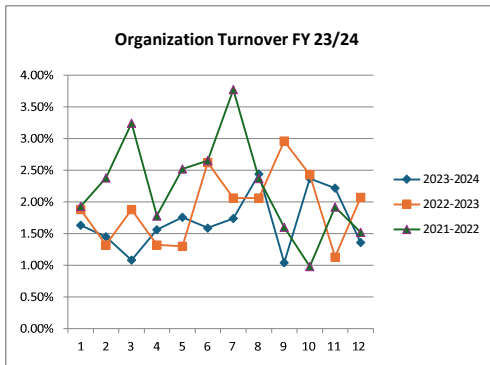
1
2

			2
2	0	2	8
11	1	12	52

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	2.44%	2.06%	2.37%	2.66%
June	1.04%	2.96%	1.60%	0.76%
July	2.37%	2.43%	0.98%	2.20%
August	2.22%	1.13%	1.92%	2.44%
September	1.36%	2.07%	1.52%	1.12%
Actual Turnover	13.03%	22.01%	24.57%	12.29%

	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	2.09%	1.03%	1.75%
June	0.57%	1.82%	0.88%
July	1.65%	1.65%	0.43%
August	1.88%	0.42%	1.27%
September	0.93%	1.88%	1.27%
Actual Turnover	9.72%	13.20%	15.25%



Tab E – FRAB

Tab F – Operations

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Operations Report- September 2024

The following summarizes significant operational items through September 30th, 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%	10:14
	911 calls answered <15 seconds	≥ 90%	96%
	Compliance to ACE standards	≥ 95%	96%

Ambulance 911 Response Times



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

System Wide 85th	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Priority 1	0:10:41	0:10:15	0:10:28	0:09:50	0:09:28	0:10:21
Priority 2	0:10:34	0:10:46	0:10:43	0:10:37	0:10:28	0:10:31
Priority 3	0:11:14	0:11:30	0:11:02	0:10:51	0:11:20	0:11:01
Priority 4	0:11:06	0:11:33	0:10:58	0:11:22	0:11:19	0:11:01
Priority 5	0:13:57	0:14:21	0:14:05	0:13:29	0:13:55	0:13:39
Priority 7	0:15:38	0:15:59	0:15:26	0:14:39	0:15:21	0:14:56
Priority 8	0:15:04	0:15:18	0:14:36	0:14:57	0:15:04	0:14:44

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

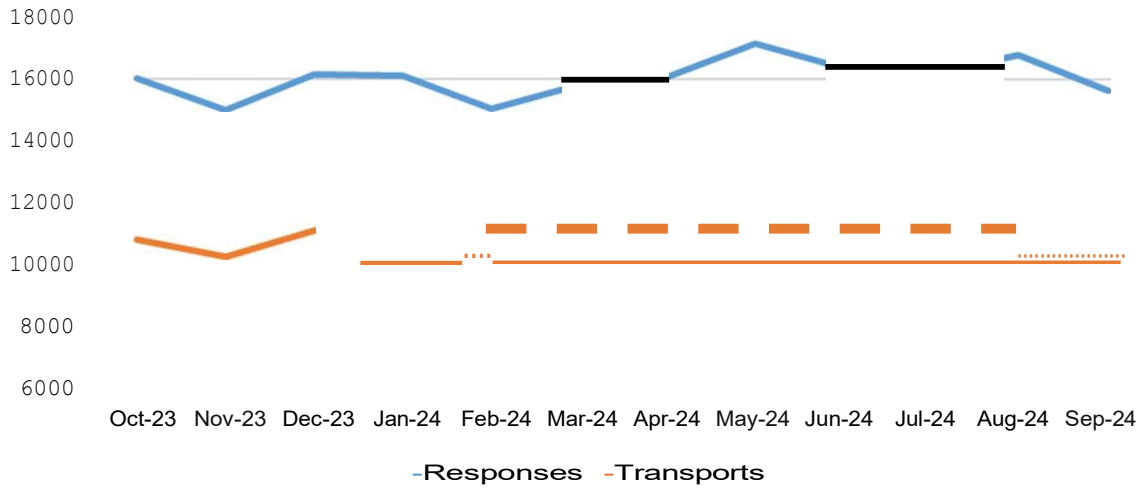
System Wide 90th	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Priority 1	0:11:22	0:11:01	0:11:22	0:10:38	0:10:12	0:10:47
Priority 2	0:11:24	0:11:36	0:11:46	0:11:30	0:11:24	0:11:15
Priority 3	0:12:28	0:12:32	0:12:01	0:11:45	0:12:22	0:12:09
Priority 4	0:12:22	0:12:38	0:12:00	0:12:43	0:12:41	0:12:04
Priority 5	0:15:16	0:15:41	0:15:22	0:14:44	0:15:27	0:14:56
Priority 7	0:16:58	0:17:59	0:16:35	0:16:16	0:16:40	0:16:23
Priority 8	0:16:27	0:16:47	0:16:15	0:16:21	0:16:30	0:16:14

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

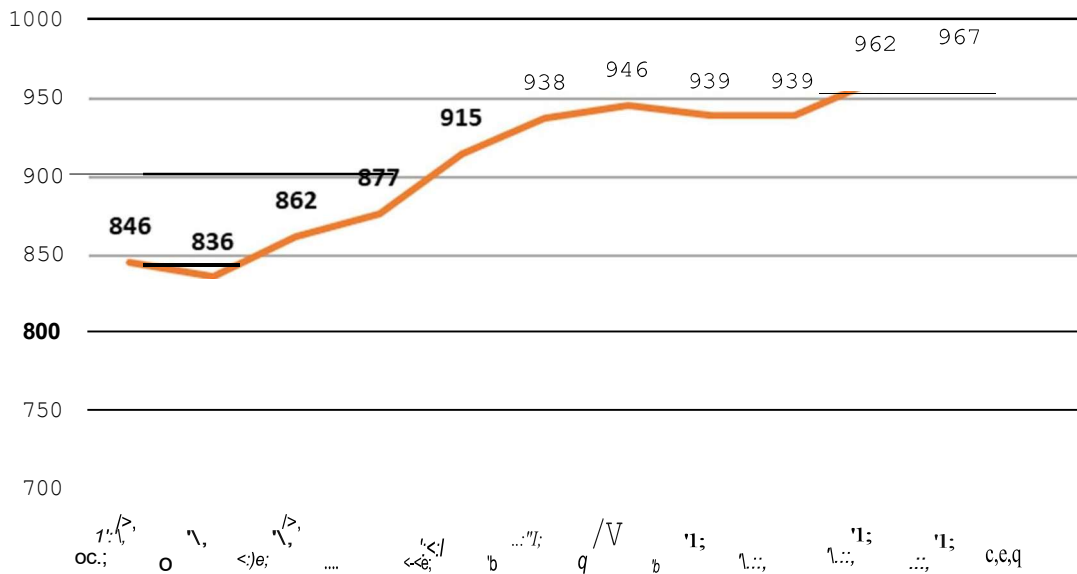
Field Operations:

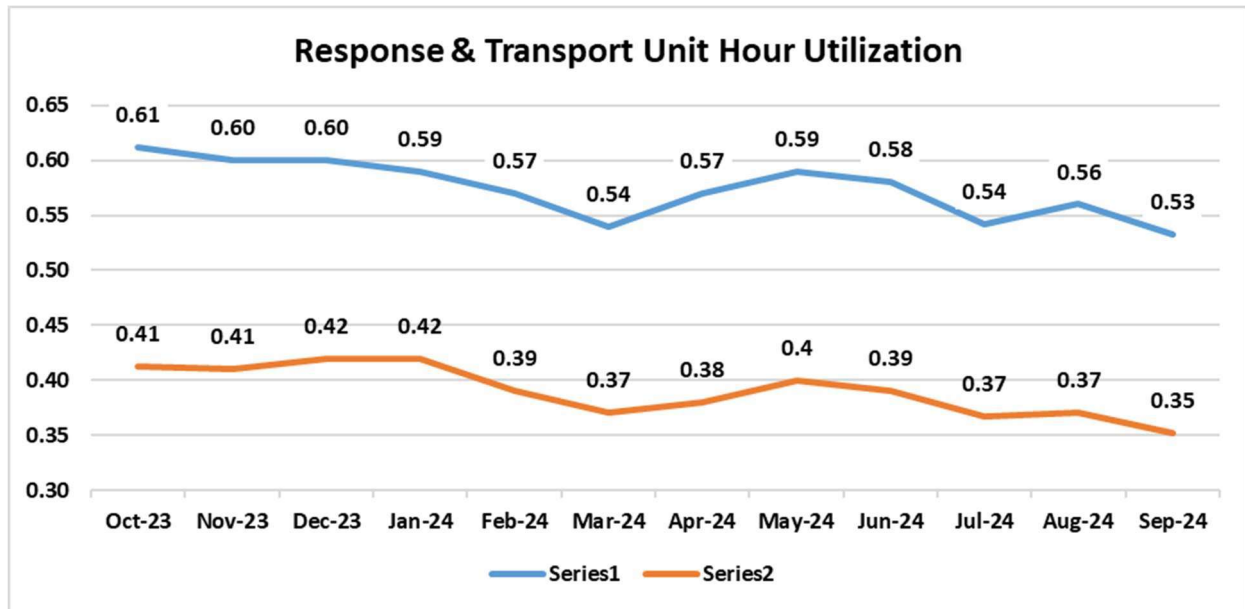
Ambulance Metrics

Responses and Transports



Daily Avg. Ambulance Unit Hours Produced





UHU Measured By:

Response UHU: #Responses/#Produced Unit Hours

Transport UHU: #Transports/#Produced Unit Hours

Logistics:

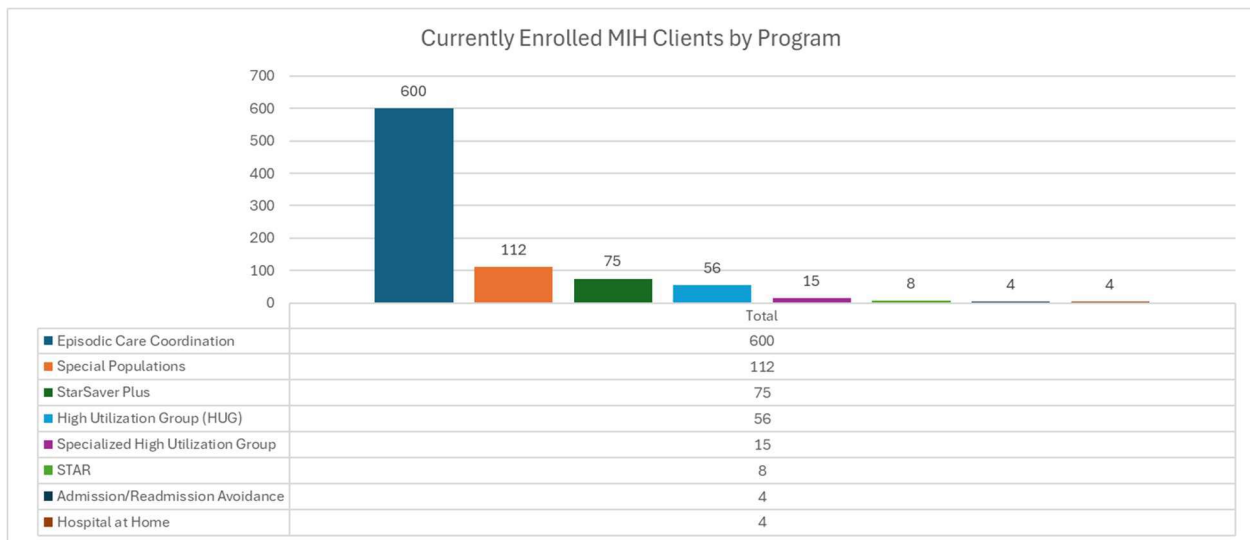
Daily Kit Inventory Log September 2024



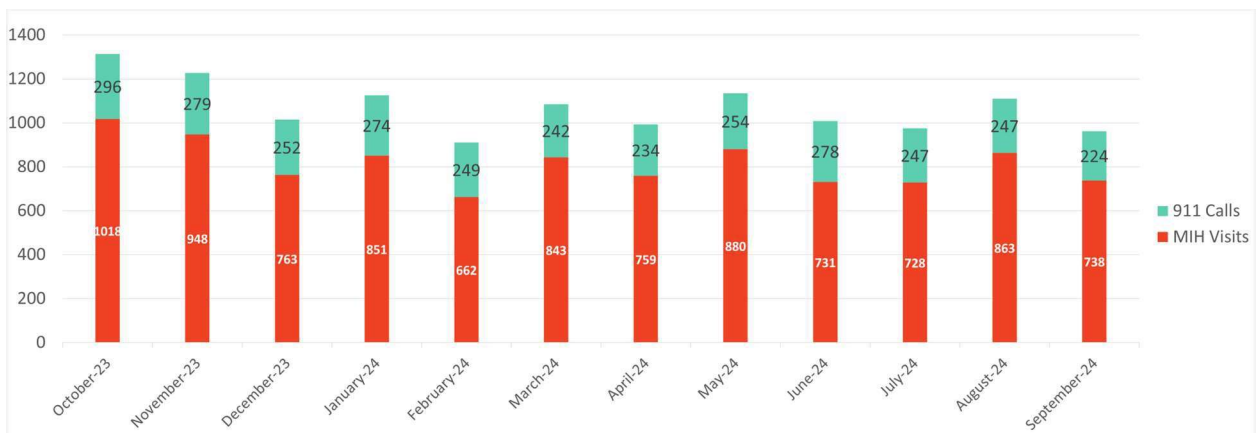
Special Operations:

- Completed **71** standby events **August 2024**
 - Bass Hall
 - Ringling Bros Circus
 - CrossFit Games (International)
 - Multiple TCU Events
 - Multiple High School Football

Mobile Integrated Health:



MIH Team On-Scene Activity

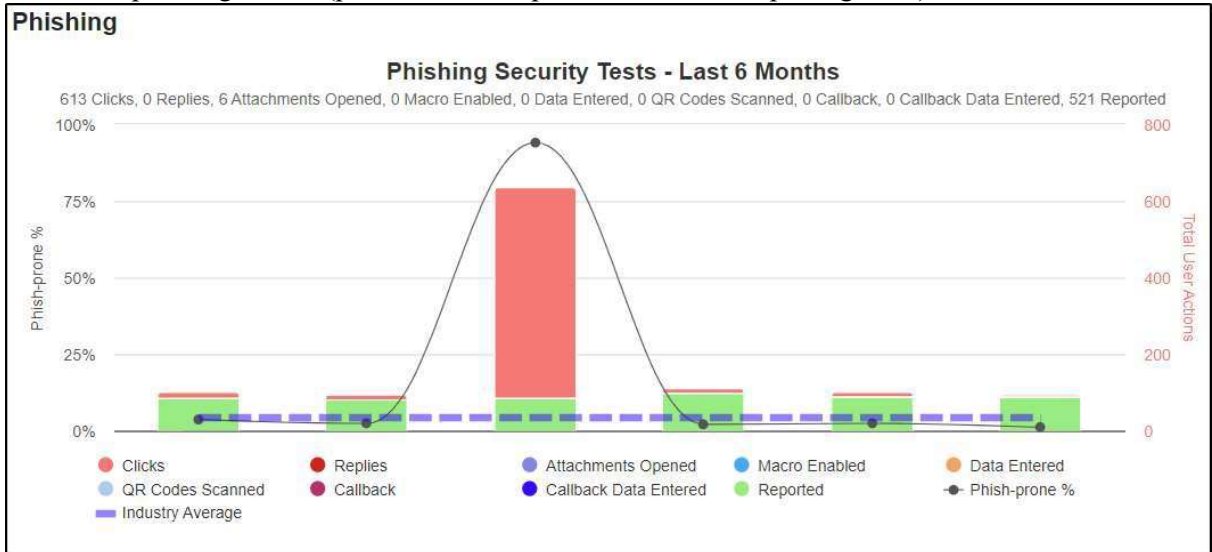


Information Technology:

- Working with the City of Fort Worth on infrastructure inventory and 911 Systems Working Group.
- Web filtering stats:



- Simulated phishing results (please note the spike was due to a reporting error):



Business Intelligence:

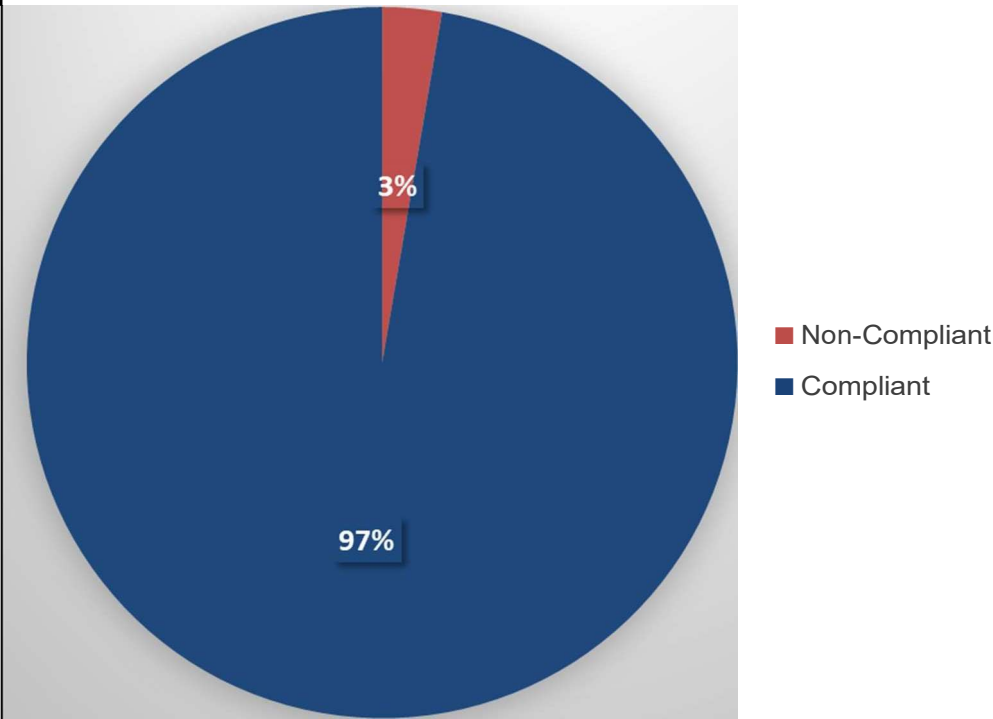
In addition to various data pull requests, deployment planning, and response time compliance QI/reporting, analysts are currently committed to:

- Maintenance/support of previously constructed projects

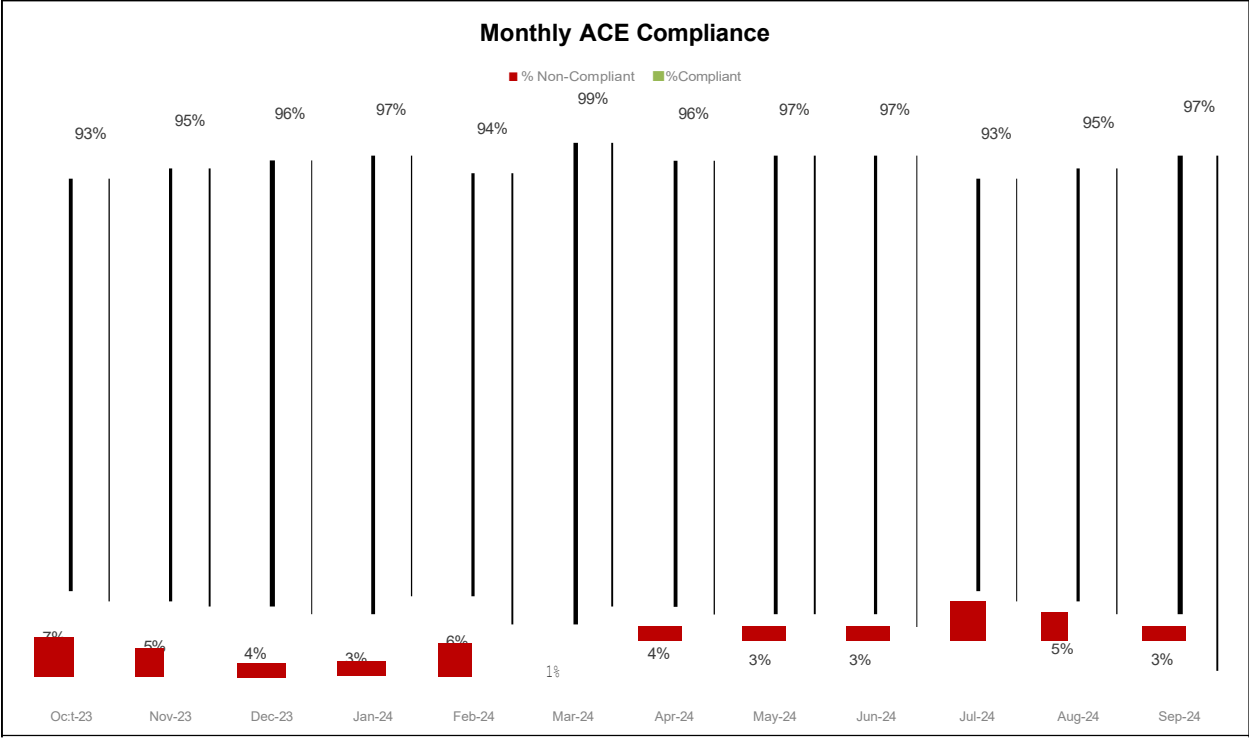
Communications Center:

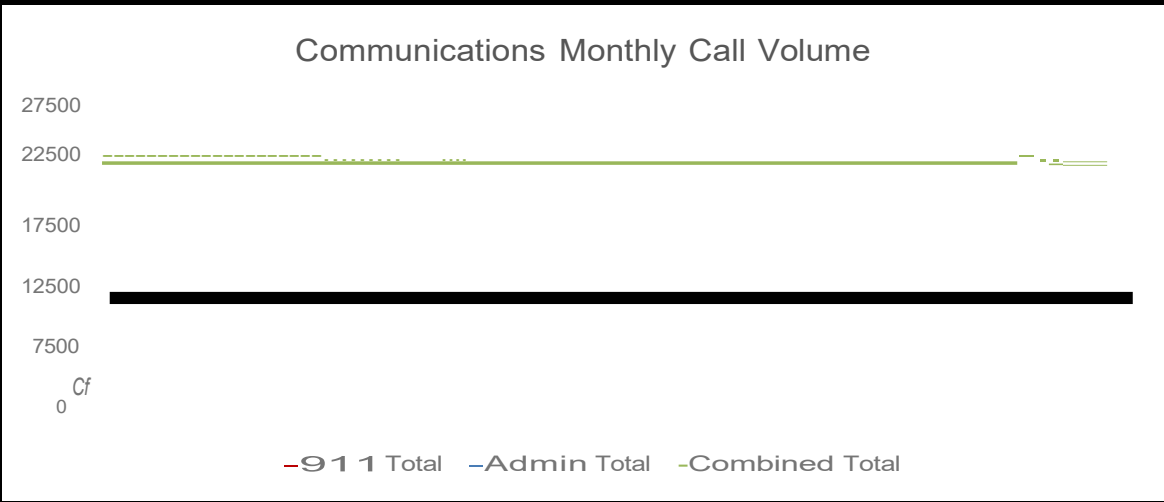
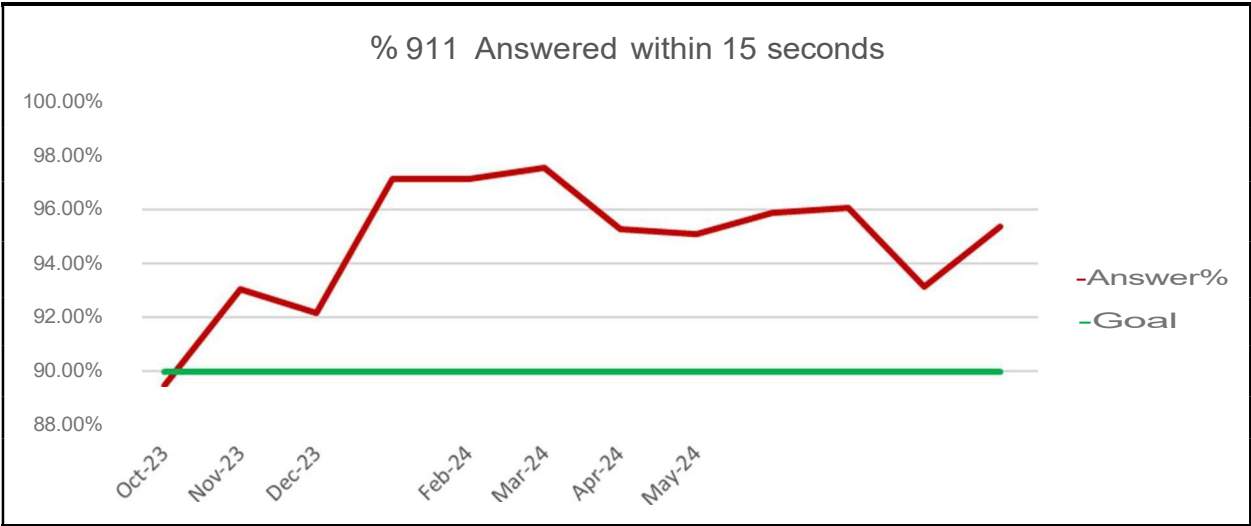
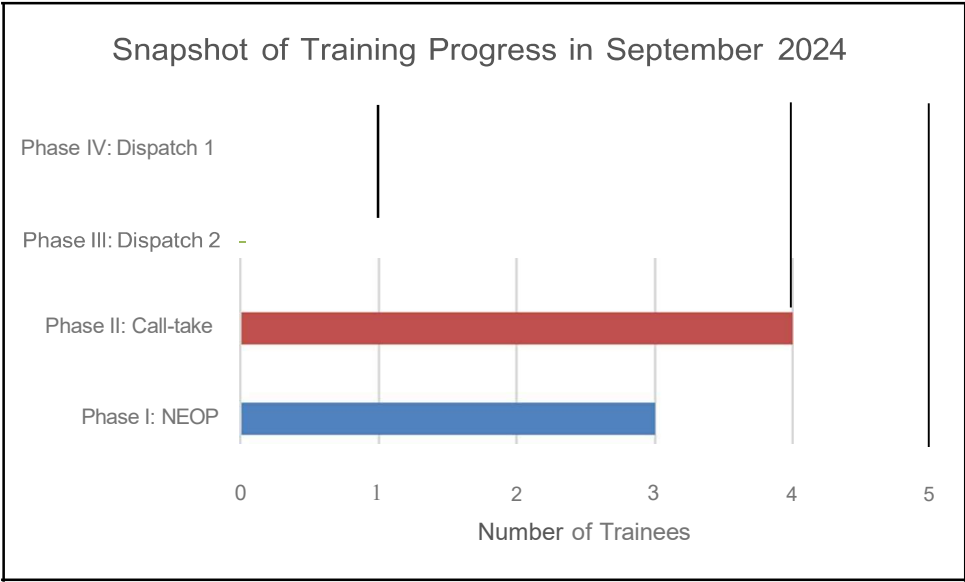
- Remain compliant with EMD protocol and IAED Accredited Center of Excellence (ACE) Standards with 97% of randomly selected audits in compliance.
- Continuous focus on answering 90% of all 911 calls in 15 seconds or less. 95.35% of September 911 calls were answered within 15 seconds.
- Staffing highlights:
 - Ongoing training of eight (8) controllers. One (1) trainee completed training.
- Ongoing process to gain CJIS clearance for all Communications team members.

Sept 2024 ACE Compliance



Monthly ACE Compliance





Tab G – Compliance and Legal

Tab H – EPAB