



Metropolitan Area EMS Authority (MAEMSA)

d.b.a. MedStar Mobile Healthcare

Board of Directors

April 24, 2019

**METROPOLITAN AREA EMS AUTHORITY
D/B/A MEDSTAR MOBILE HEALTHCARE
BOARD OF DIRECTORS MEETING**

Meeting Location: MedStar Mobile Healthcare, 2900 Alta Mere Dr., Fort Worth, TX 76116
Meeting Date and Time: April 24, 2019 10:00 a.m.

- | | | | |
|-------------|-----------------------------------|--|---------------------------------------|
| I. | CALL TO ORDER | | Dr. Brian Byrd |
| II. | INTRODUCTION
OF GUESTS | | Dr. Brian Byrd |
| III. | CONSENT
AGENDA | 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 or citizen may request an item be removed from the consent agenda and considered separately. The consent agenda consists of the following: | |
| | BC – 1392 | Approval of board minutes from March 27, 2019 meeting. | Dr. Brian Byrd
Pg. 4 |
| | BC – 1393 | Approval of Check History March 2019. | Dr. Brian Byrd
Pg. 7 |
| IV. | OLD BUSINESS | | |
| | BC - 1387 | Cont'd: Discuss proposed amendment to the MAEMSA bylaws, Article 2, Sec. 2.5; regarding the frequency of regular meetings. | Dr. Brian Byrd
Pg. 9 |
| | BC – 1391 | Approval to declare 17 portable radios surplus. | Douglas Hooten
Pg. 10 |
| V. | NEW BUSINESS | | |
| | BC – 1394 | Review status and term of Interim Medical Director and Interim Associate Medical Director contract; per EPAB recommendation. | Dr. Brian Byrd
Pg. 12 |
| VI. | MONTHLY REPORTS | | |
| | A. | Chief Executive Officer's Report | Douglas Hooten |
| | B. | Office of the Medical Director Report | Dwayne Howerton
Dr. Veer Vithalani |
| | C. | Chief, Financial Officer | Nick Bohra |
| | D. | Chief, Strategic Integration Officer | Matt Zavadsky |
| | E. | Compliance Officer/Legal | Chad Carr
Kristofer Schleicher |

- | | | |
|----|-------------------|--|
| F. | Chief, Operations | Ken Simpson |
| G. | FRAB | Fire Chief Jim Davis
Fire Chief Kirt Mays |
| H. | Human Resources | Tina Smith |

VII. OTHER DISCUSSIONS

- | | | |
|----|----------------------------------|----------------|
| A. | Requests for future agenda items | Dr. Brian Byrd |
|----|----------------------------------|----------------|

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:

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.

IX. RECONVENE FROM CLOSED SESSION

The Board may act on any agenda item discussed during the Closed Session.

X. ADJOURNMENT

MINUTES

METROPOLITAN AREA EMS AUTHORITY D/B/A MEDSTAR MOBILE HEALTHCARE BOARD OF DIRECTORS MEETING

2900 Alta Mere Dr., Fort Worth, TX 76116
March 27, 2019

The Metropolitan Area EMS Authority Board of Directors met on March 27, 2019 at MedStar Mobile Healthcare offices.

I. CALL TO ORDER

Chairman Brian Byrd called the meeting to order at 11:25 a.m.

MedStar Board members present: Dr. Brian Byrd, Chairman, Paul Harral, Dr. Rajesh Gandhi, Matthew Aiken, Douglas Hooten (Ex-officio), Fire Chief Jim Davis (Ex-officio), Fire Chief Kirt Mays (Ex-officio), Dr. Veer Vithalani (Ex-officio) and Kristofer Schleicher, General Counsel for MAEMSA d/b/a MedStar Mobile Healthcare. Not present: Dr. Janice Knebl and Dr. John Geesbreght.

Guests present were Dr. Gary Floyd of EPAB, Dr. Brian Miller, OMD and Joel Ives of IAFF Local 440 Board; Fire Chief Casey Davis, Fire Chief Mike Christensen, and Fire Chief Doug Spears. Also present were Tina Smith, Chad Carr, Ken Simpson, Joan Jordan, Matt Zavadsky, Susan Swagerty, Chris Cunningham, Shaun Curtis, Desi Partain, Macara Trusty, Richard Brooks, Buck Gleason, Michael Potts, and Marianne Schmidt; all with MedStar.

II. INTRODUCTION OF GUESTS

Chairman Byrd introduced the new MAEMSA board member Matthew Aiken.

III. CONSENT AGENDA

- BC – 1388 Approval of Board minutes for February 27, 2019.**
- BC – 1389 Approval of Check History for February, 2019.**

The motion to approve all items on the Consent Agenda was made by Paul Harral and seconded by Dr. Rajesh Gandhi. The motion carried unanimously.

IV. OLD BUSINESS

- BC – 1387 Cont'd: Discuss proposed amendment to the MAEMSA bylaws, Article 2, Sec. 2.5; regarding the frequency of regular meetings.** This Board Consent will be moved to the April board meeting for approval.

V. NEW BUSINESS

BC – 1390 Approval to replace MedStar servers (discussed in closed session under Section 551.089 of the Texas Open Meetings Act).

After a closed session, the motion to approve was made by Dr. Rajesh Gandhi and seconded by Matt Aiken. The motion carried unanimously.

BC – 1391 Approval to declare 17 portable radios surplus. This Board Consent will be moved to the April board meeting for approval.

VI. CLOSED SESSION

Chairman Byrd announced the following: The Board will now conduct a closed session under Section 551.089 of the Texas Open Meeting Acts 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; specifically BC-1390 on today's agenda.

The closed session began at 11:27 a.m. and ended at 11:39 a.m. at which time Dr. Byrd reconvened the regular meeting. The Board took action on **BC – 1390** as noted above.

VII. ADJOURNMENT

There being no further business, Chairman Byrd adjourned the meeting at 11:40 a.m.

Respectfully submitted,

Paul Harral
Acting Secretary



Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
AP Check Details Over \$5000.00
For Checks Between 3/1/2019 and 3/31/2019

Chk No.	CK Date	Vendor Name	Chk Amt	Description
96952	3/4/2019	Rough Creek Lodge Exec. Retreat	11,928.00	Board Retreat
96960	3/7/2019	Arrow International, Inc.	6,090.50	Medical Supplies
96961	3/7/2019	AT&T	5,961.95	Internet
96963	3/7/2019	AT&T Mobility	9,578.98	Cell Phones and Aircards
96966	3/7/2019	Bound Tree Medical LLC	45,682.36	Medical Supplies
96969	3/7/2019	Care Now Corporate	5,366.00	CareNow Drug Screens-Feb
96977	3/7/2019	Direct Energy Business	10,545.38	Electric Service
97012	3/7/2019	ReCept Pharmacy	18,877.11	Medical Supplies
97019	3/7/2019	XL Parts	6,752.14	Shop Parts
97020	3/7/2019	ZirMed Inc	9,576.79	Verification, Claims, Invoices
97021	3/7/2019	Zoll Data Systems Inc	7,262.47	Rescue Net Billing
97022	3/7/2019	Zoll Medical Corporation	9,403.50	Medical Supplies
97031	3/14/2019	Bound Tree Medical LLC	10,658.37	Medical Supplies
97032	3/14/2019	Bracket & Ellis, PC	6,487.50	Legal Services
97049	3/14/2019	Maintenance of Ft Worth, Inc.	5,161.86	Janitorial Supplies
97051	3/14/2019	NRS	5,858.22	Collection Services
97061	3/14/2019	Paranet Solutions	49,027.74	IT Agreement Managed Services
97065	3/14/2019	ReCept Pharmacy	11,378.96	Medical Supplies
97082	3/22/2019	AT&T	6,386.34	Internet
97083	3/22/2019	AT&T	5,085.88	Internet
97086	3/22/2019	Bound Tree Medical LLC	29,854.46	Medical Supplies
97094	3/22/2019	Contract Logix LLC	10,000.00	Annual Prem-Contract Software
97098	3/22/2019	Delta Dental Insurance Comany	19,112.57	Dental Premium
97102	3/22/2019	Fulcrum Group	6,705.66	VMware License/Subscription
97117	3/22/2019	PRUDENTIAL GROUP INSURANCE	19,717.24	Basic Life/LDT/STD/Supp Life
97119	3/22/2019	ReCept Pharmacy	7,776.84	Medical Supplies
97121	3/22/2019	Solutions Group	20,680.20	Insurance Verification
97130	3/22/2019	XL Parts	5,450.24	Shop Parts
97158	3/28/2019	Bound Tree Medical LLC	8,897.81	Medical Supplies
97160	3/28/2019	Care Now Corporate	5,100.00	CareNow Drug Screens-March
97161	3/28/2019	Continental Benefits	56,433.56	Health Insurance Prem
97166	3/28/2019	Innovative Developers, Inc.	45,224.15	N. Deployment Center
97170	3/28/2019	NRS	23,336.41	Collection Service
97171	3/28/2019	O'Neill Marketing & Event Mgmt.	8,057.91	Printing of MS Annual Report
97185	3/28/2019	ReCept Pharmacy	5,037.10	Medical Supplies
WIRE	3/20/2019	WEX Bank	74,655.64	Fuel
WIRE	3/28/2019	Veer D. Vithalani	22,070.92	Med Dir Salary/Cell Phone
WIRE	3/11/2019	American Express	15,414.60	Credit Card
WIRE	3/27/2019	Frost	30,067.92	Frost Loan
WIRE	3/28/2019	UT Southwestern Medical Center	12,833.33	Assoc Med Dir-B. Miller-March

**AMAA
BOARD COMMUNICATION**

Date: 3/27/19	Reference #: BC-1391	Title: Approval to declare 17 portable radios surplus.			
<p><u>RECOMMENDATION:</u></p> <p>Management recommends approval to declare these 17 portable radios as surplus.</p> <p><u>DISCUSSION:</u></p> <p>17 portable radios have reached the end of their useful life, are being replaced, and should be declared surplus.</p> <p><u>FINANCING:</u></p> <p>No impact on our assets as these items are fully depreciated.</p>					
<table style="width: 100%; border: none;"><tr><td style="width: 40%;">Submitted by: <u>Douglas Hooten</u></td><td style="width: 20%;">Board Action:</td><td style="width: 40%;"><input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Continued until _____</td></tr></table>			Submitted by: <u>Douglas Hooten</u>	Board Action:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Continued until _____
Submitted by: <u>Douglas Hooten</u>	Board Action:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Continued until _____			



Declare Certain Assets Surplus

Item Description: Portable radios – 17 – see detail attached	Net Book Value: \$0
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Reason:

These radios have reached the end of their useful life and are being replaced. Their book value is zero.

Approved:

Chief, Financial Officer

Chief, Executive Officer

Chairman, MAEMSA board of directors

Quantity	Asset Description	Model Number	Asset Tag Number	Serial Number	Location	Purchase Date	Part Price
1	Portable Radio	XTS 2500	0250	205CJH0746	Supply Room: MedStar Asset Room	1/1/2012	\$2,500.00
1	Portable Radio	XTS 2500	0189	205CJH0745	Supply Room: MedStar Asset Room	1/1/2012	\$2,500.00
1	Portable Radio	APX 7000	0107	655CQF0706	Supply Room: MedStar Asset Room	7/1/2014	\$2,500.00
1	Portable Radio	XTS 5000	0721	721CKT0030	Supply Room: MedStar Resupply Wall	1/1/2012	\$2,500.00
1	Portable Radio	XTS 5000	1061	721CKT0037	Supply Room: MedStar Resupply Wall	1/1/2012	\$2,500.00
1	Portable Radio	XTS 2500	0344	205CFM2577	Supply Room: MedStar Resupply Wall	1/1/2012	\$2,500.00
1	Portable Radio	XTS 2500	0256	205CFM2582	Supply Room: MedStar Asset Room	1/1/2012	\$2,500.00
1	Portable Radio	XTS 2500	0997	205CFM2591	Supply Room: MedStar Asset Room	1/1/2012	\$2,500.00
1	Portable Radio	XTS 2500	0343	205CFM2595	Supply Room: MedStar Resupply Wall	1/1/2012	\$2,500.00
1	Portable Radio	XTS 2500	0342	205CFM2596	Supply Room: MedStar Asset Room	1/1/2012	\$2,500.00
1	Portable Radio	XTS 2500	0328	205CFM2598	Supply Room: MedStar Asset Room	1/1/2012	\$2,500.00
1	Portable Radio	XTS 2500		205CFM2607	Supply Room: MedStar Resupply Wall	1/1/2012	\$2,500.00
1	Portable Radio	XTS 2500	0252	205CFM2608	Supply Room: MedStar Resupply Wall	1/1/2012	\$2,500.00
1	Portable Radio	XTS 2500	1409	205CGF3036	Supply Room: MedStar Resupply Wall	1/1/2012	\$2,500.00
1	Portable Radio	XTS 2500	0341	205CGM1855	Supply Room: MedStar Asset Room	1/1/2012	\$2,500.00
1	Portable Radio	XTS 2500	0125	205CGM1856	Supply Room: MedStar Resupply Wall	1/1/2012	\$2,500.00
1	Portable Radio	XTS 2500	0212	205CGM1860	Supply Room: MedStar Resupply Wall	1/1/2012	\$2,500.00

Tab A – Chief Executive Officer

Tab B –Office of the Medical Director

Discussion

- Resuscitation Centers
- Clinical Bundles

MEDS Committee

- Currently only 1 medication on shortage/backorder

Education and Training

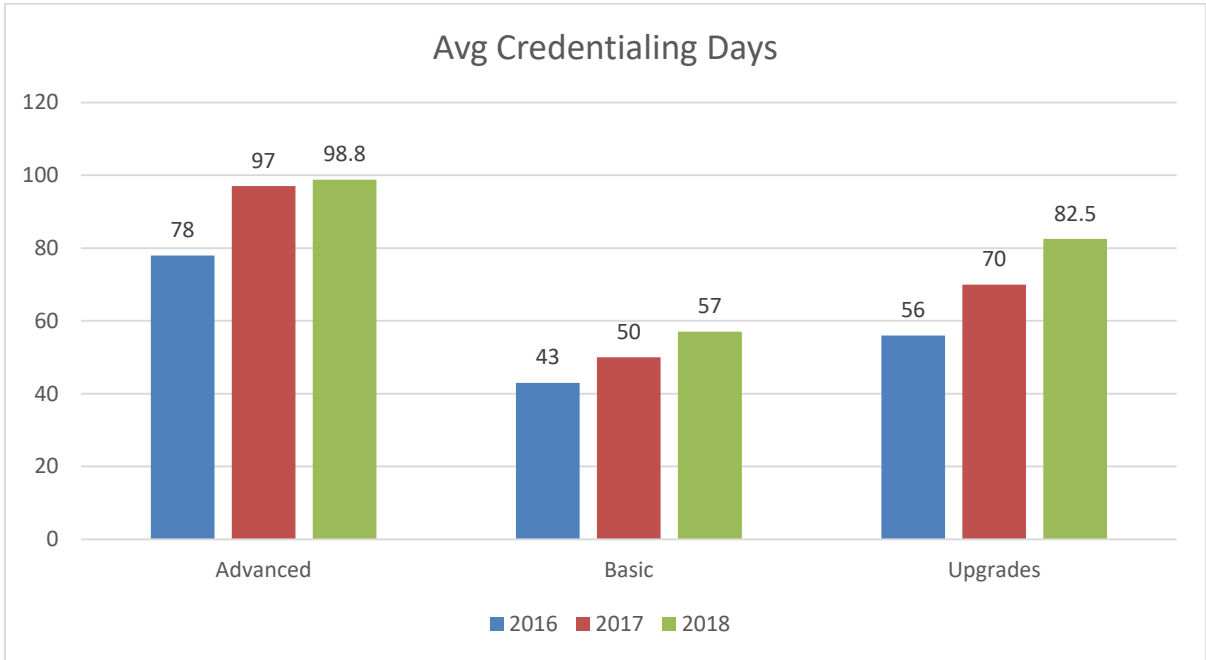
- Education
 - o Skills Verification complete
 - 350 providers / 76-hours
- Training
 - o FRO protocol update training in process

Credentialing

- Protocol Update Testing

Department	Status	Notes
Bell	Almost Complete	2 left
Blue Mound	Complete	
Burleson	Complete	
Edgecliff Village	Not Scheduled	
Forest Hill	Scheduled	April 15,16,17
Ft. Worth FD	Scheduled	May
Ft. Worth PD	N/A	No change to TacMed protocol
Haltom City	Scheduled	April 16,18,20
Haslet	Not Scheduled	
Lake Worth	Scheduled	April 22,23,24
River Oaks	Complete	
Saginaw	Scheduled	April 15,16,17
Samson Park	Not Scheduled	
Westover Hills	N/A	No change to ECA protocol
West Worth Village	N/A	No change to ECA protocol
White Settlement	Complete	

2019	Candidates	Credentialed	Pulled	Separated	In-training
Advanced	10	0	0	0	10
Adv Upgrade	7	5	0	0	2
Basic	28	8	0	0	20



QA

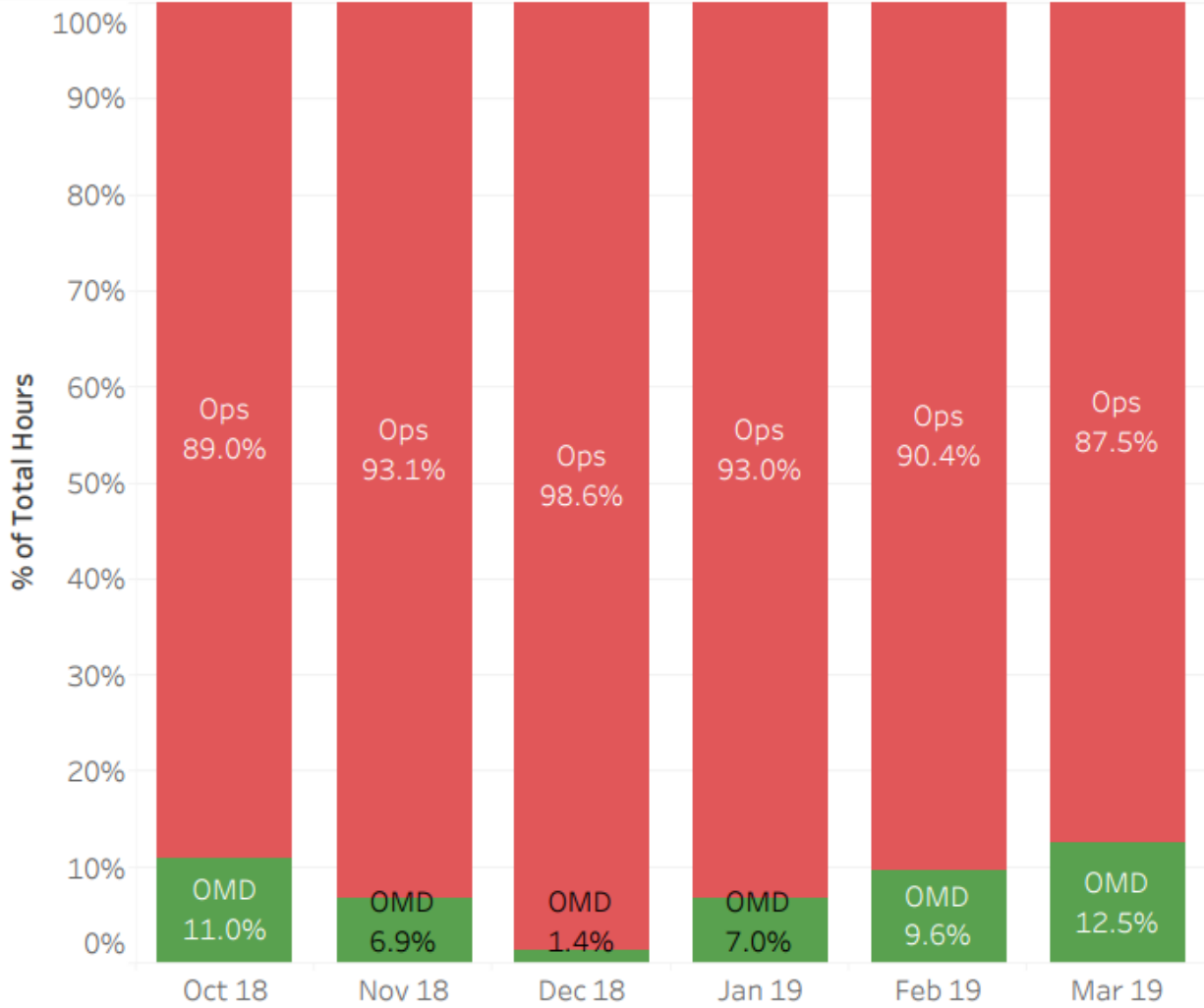
Case Acuity		March 2019
High	15	(17.9%)
Moderate	17	(20.2%)
Low	50	(59.5%)
Non QA/QI	2	(2.4%)
Grand Total	84	(100.0%)

Case Disposition		March 2019
Needs Improvement	34	(40.5%)
Clinically Inappropria..	6	(7.1%)
Forwarded	4	(4.8%)
No Fault	28	(33.3%)
Pending	12	(14.3%)
Grand Total	84	(100.0%)

Case Metrics (Time to MD Review, Time to Closure)			
Acuity	Avg. Created-Review Days	Avg. Review-Closure Days	Avg. Created-Closure Days
High	2.5 days	7.2 days	9.9 days
Moderate	3.2 days	7.3 days	8.7 days
Low	3.5 days	0.6 days	4.0 days
Non QA/QI	4.5 days	0.0 days	4.5 days
Grand To..	3.3 days	2.1 days	5.2 days

Case Origin		System Clinical Issues		March 2019
Airway QA 22 26.2%	CPR QA 17 20.2%	;#No EtCO2 w/ PPV;#		8
		;#Unrecognized Failed A..		1
		Equipment Issues		1
		Inadequately Treated U..		4
		Unrecognized Failed Air..		2
Self Report 21 25.0%	Customer Relations	Case Status		
	Ops 4	March 2019		
	Facility 5	Closed		59 (70.2%)
	FRO 3	Open		23 (27.4%)
		Open CIP		2 (2.4%)
		Grand Total		84 (100.0%)

Lost Payroll Hours



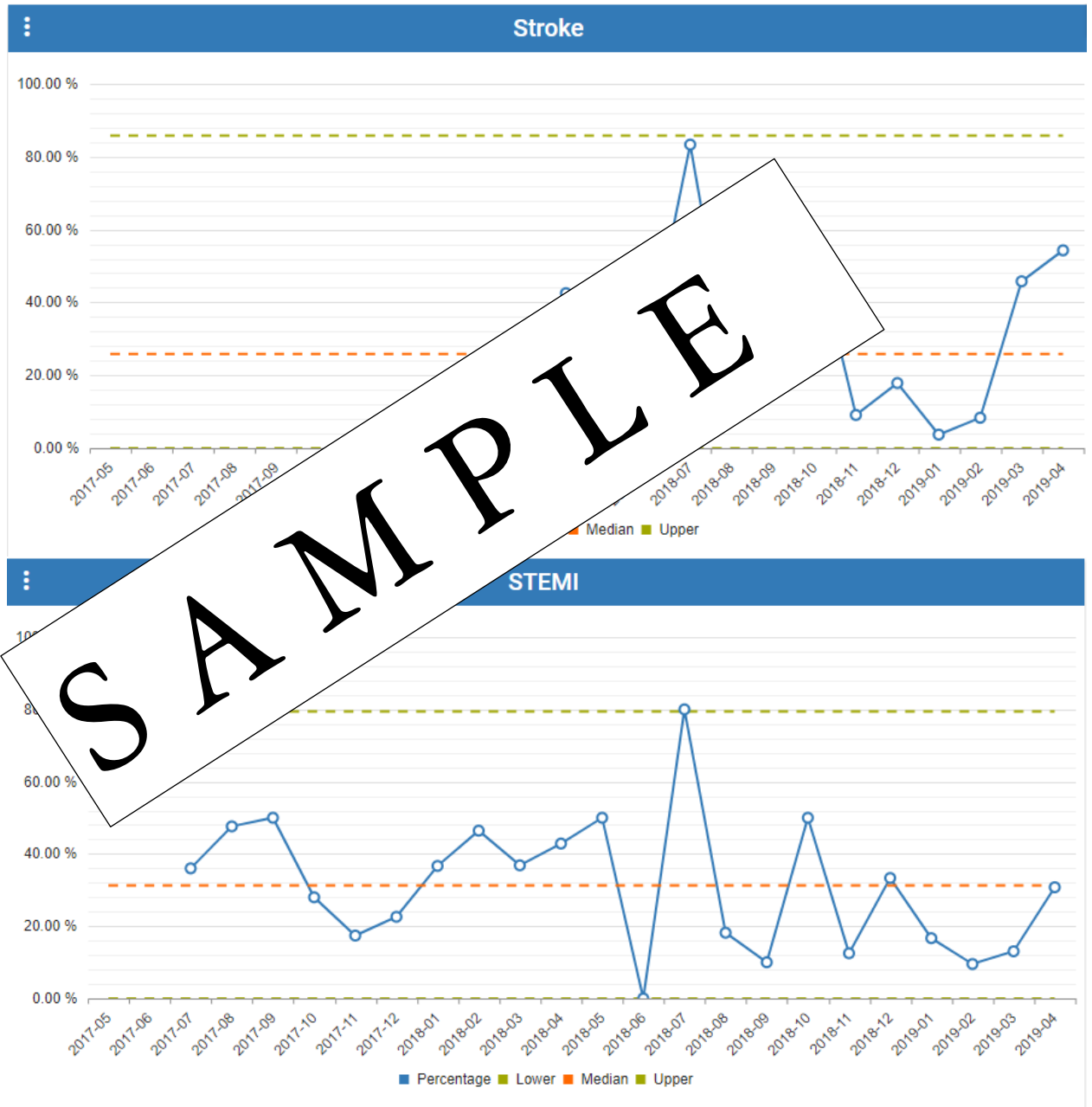
Reason	Month
■ Ops ■ OMD	10/1/2018 to 4/30/2019

Lost Payroll Hours (Totals)

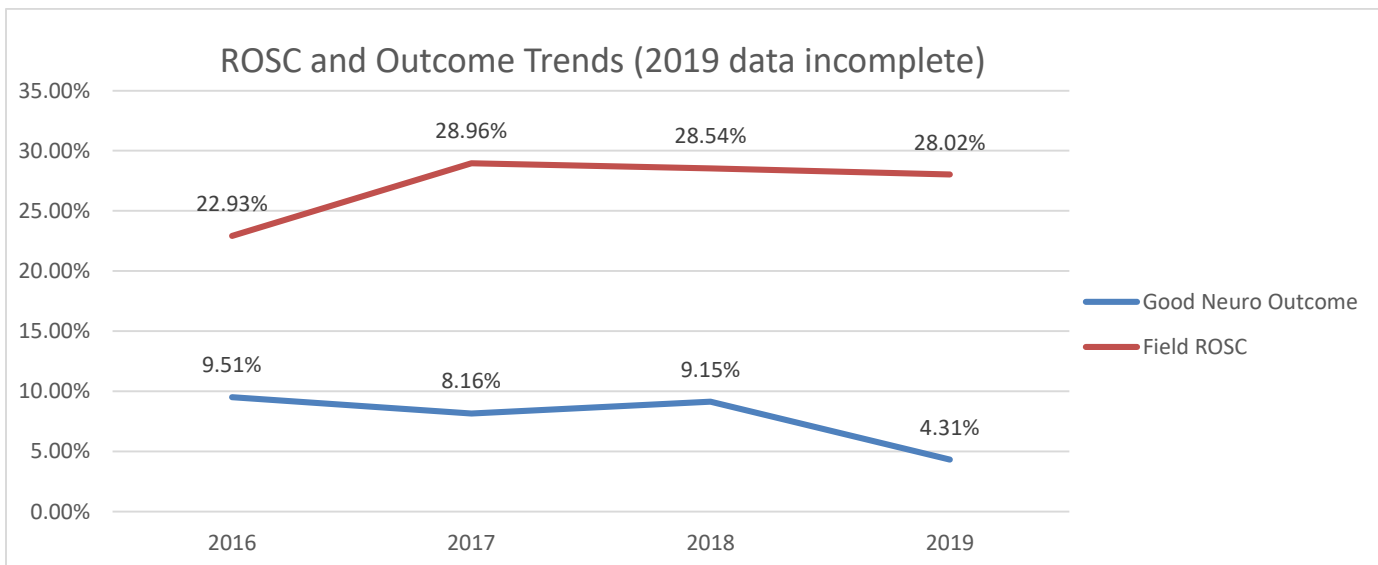
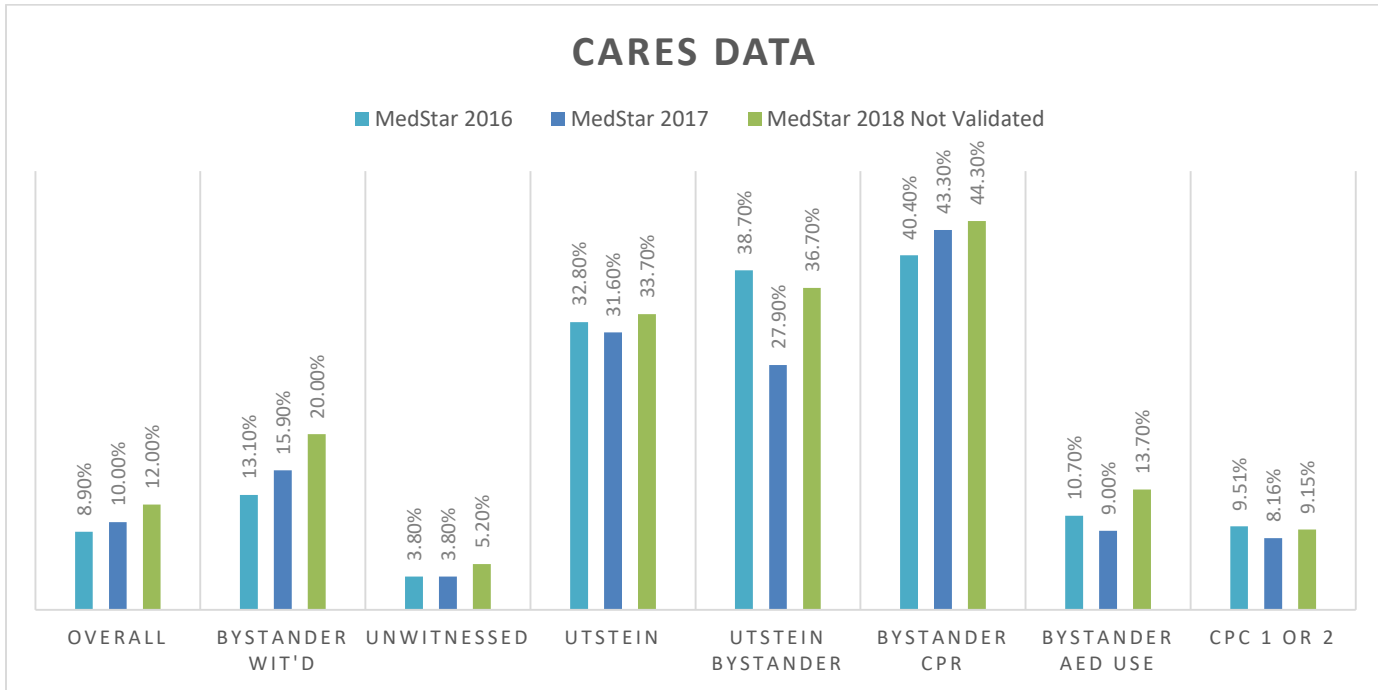
	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Ops	520.2	466	620	508.1	376	418.4
OMD	64	34.5	9	38	40	60
Grand Total	584.2	500.5	629	546.1	416	478.4

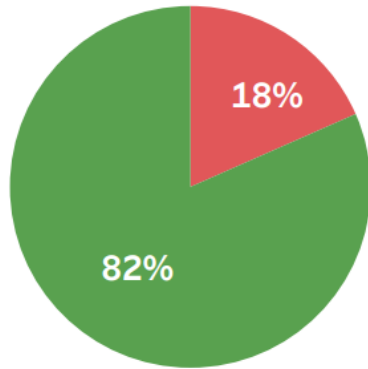
System Diagnostics

- Clinical Bundles Examples



- Resuscitation



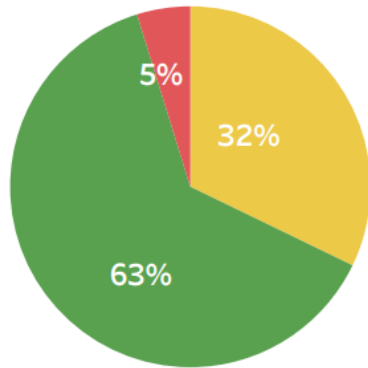
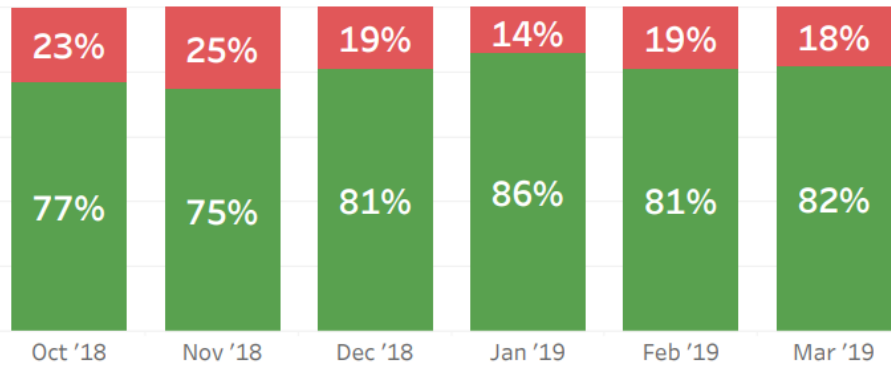


March 2019

Chest Compression Fraction

- < 90%
- ≥ 90%

Chest compressions should be performed at least 90% of the time during a cardiac arrest

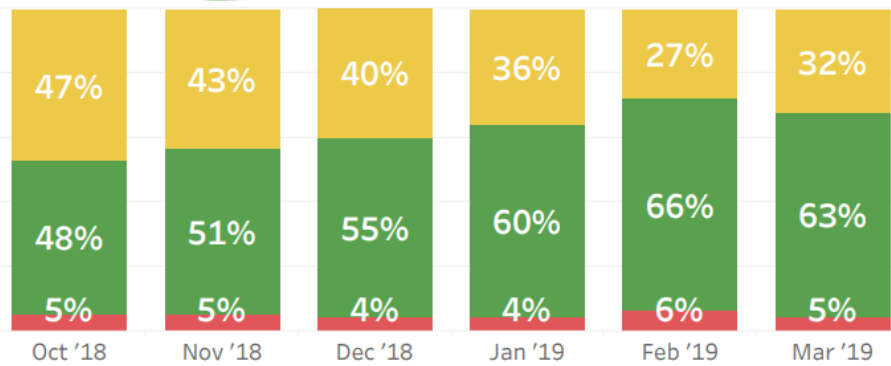


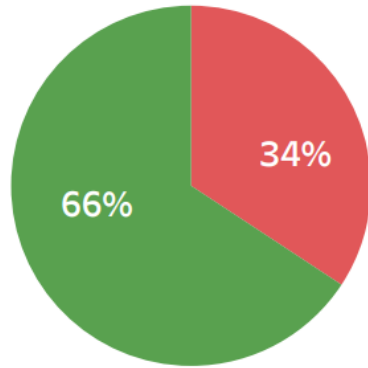
March 2019

Rate

- Too Fast
- Correct Rate
- Too Slow

Chest compression should be performed at a rate of 100-120 compressions per minute



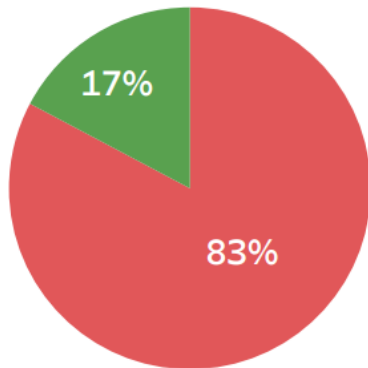
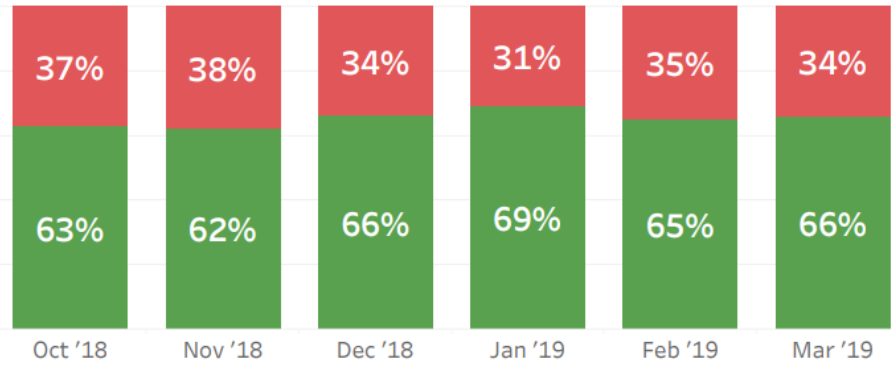


March 2019

Depth

- Too Shallow
- Correct Depth

Chest compressions should meet a minimum depth of 2 inches

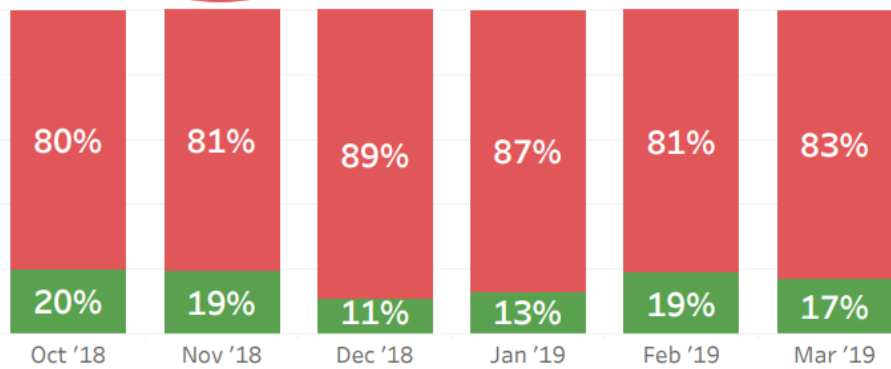


March 2019

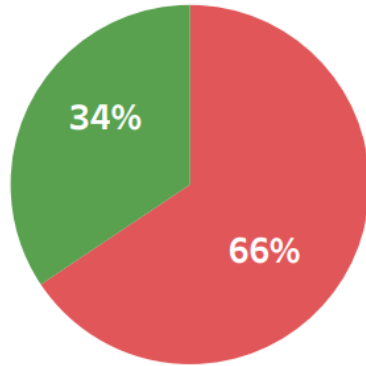
Release Velocity

- Inadequate Release
- Adequate Release

You should allow full chest recoil at a speed of at least 400 mm/s

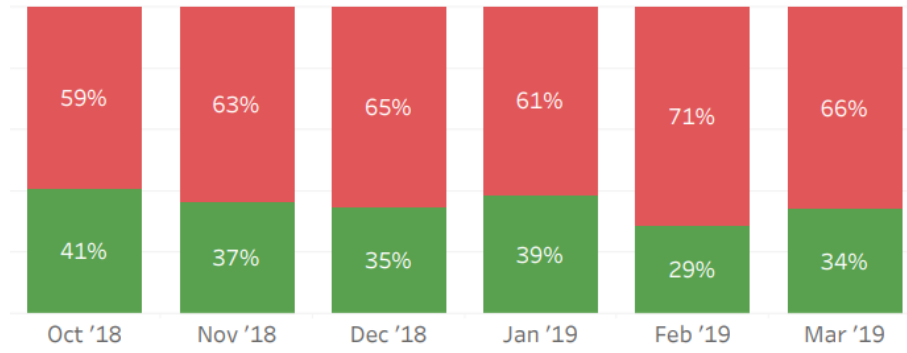


March 2019



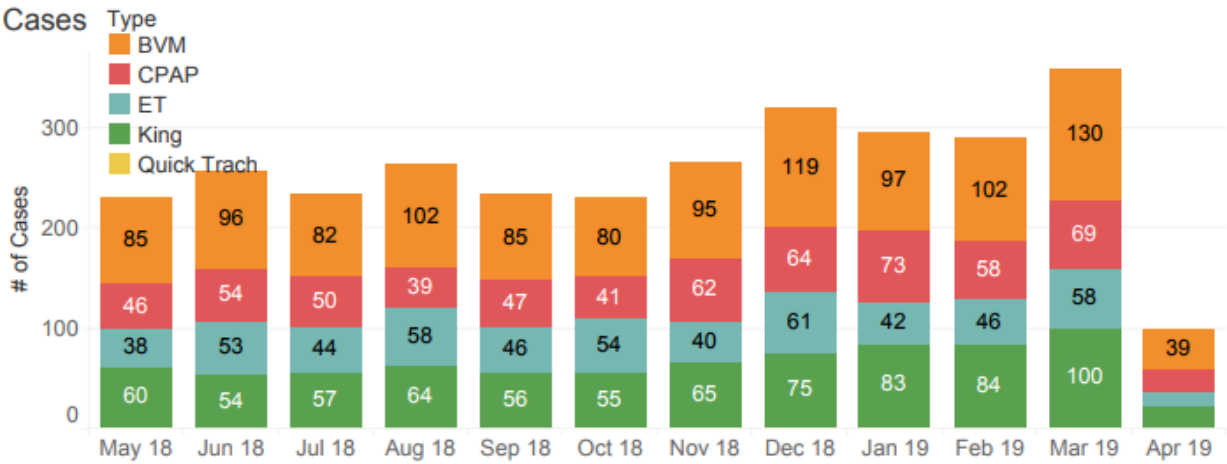
ROSC

- No
- Yes

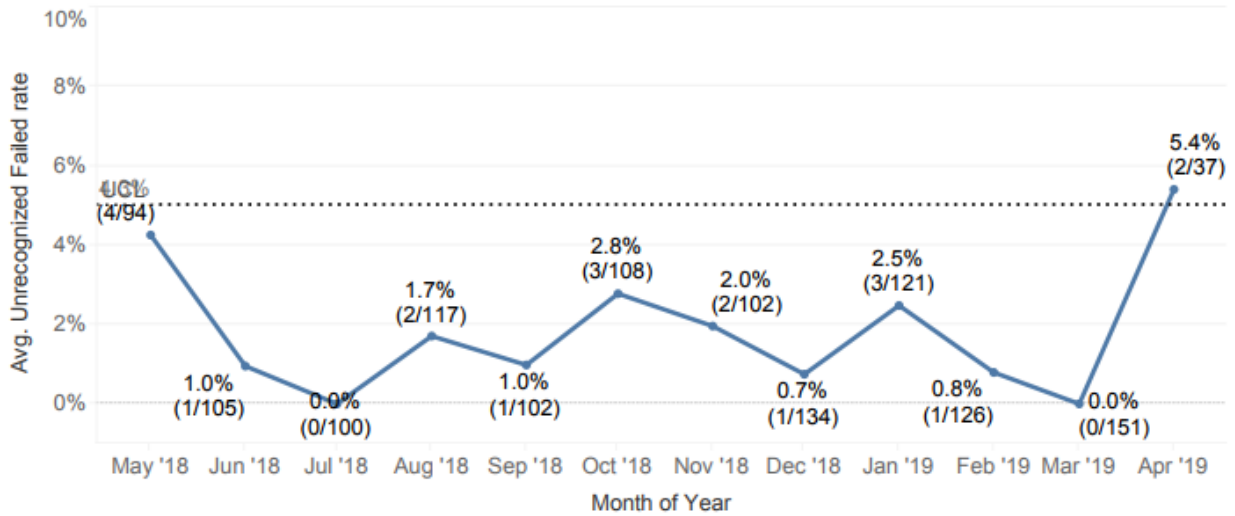


Airway

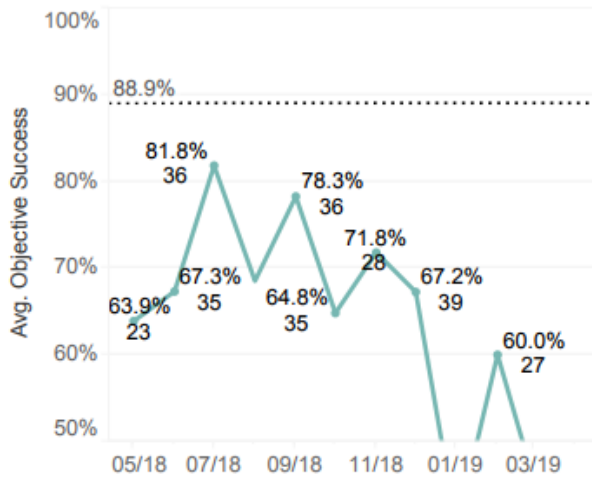
Cases



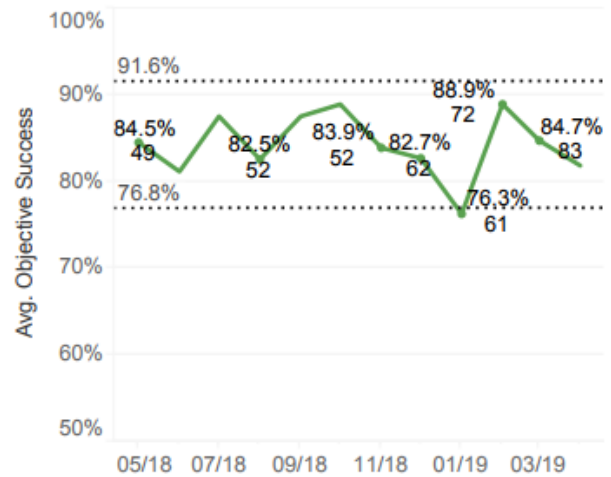
Unrecognized Failed Advanced Airway Rate



Advanced Airways Success - ET



Advanced Airways Success - King



Tab C – Chief Financial Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Balance Sheet By Character Code
For the Period Ending March 31, 2019



	Current Year	Last Year
Assets		
Cash	\$20,678,539.69	\$21,696,479.80
Accounts Receivable	\$11,594,439.21	\$18,121,167.55
Inventory	\$299,899.39	\$299,899.39
Prepaid Expenses	\$1,153,759.99	\$1,230,895.63
Property Plant & Equ	\$49,927,638.91	\$49,651,806.03
Accumulated Deprecia	(\$18,683,267.80)	(\$19,394,223.57)
Total Assets	\$64,971,009.39	\$71,606,024.83
Liabilities		
Accounts Payable	(\$620,021.46)	(\$293,392.38)
Other Current Liabil	(\$1,691,026.80)	(\$3,279,908.05)
Accrued Interest	(\$7,781.31)	(\$3,859.98)
Payroll Withholding	(\$4,446.76)	(\$6,326.11)
Long Term Debt	(\$4,368,443.42)	\$0.00
Other Long Term Liab	(\$1,277,844.35)	(\$4,053,648.33)
Total Liabilities	(\$7,969,564.10)	(\$7,637,134.85)
Equities		
Equity	(\$57,098,553.16)	(\$62,071,010.00)
Control	\$97,175.59	(\$1,897,811.86)
Total Equities	(\$57,001,377.57)	(\$63,968,821.86)
Total Liabilities and Equities	(\$64,970,941.67)	(\$71,605,956.71)

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Finance Report – April 24, 2019

The following summarizes significant items in the March 2019 Financial Reports:

Statement of Revenues and Expenses:

Month to Date: Net retained earnings for the month of March 2019 is a gain of \$270,907.92 as compared to budgeted gain of \$317,683.43 for a negative variance of \$46,775.51.

- Line 85, Insurance, was over budget due to Unit M23 being totaled by the insurance company. The initial claim funds were credited here with intent to cover expense of repairs. We received the last check to total the unit and all prior claim funds received had to be moved to cover the remaining cost of the asset. Total claim funds received \$104,400.00 with a gain on disposable income of \$39,816.17.
- In January, MAEMSA became aware that Continental Benefits was holding health insurance claims due to a website issue they were having. Approximately \$380,000 in claims were paid in the month of March, \$80K of which applied to 1st quarter of FY1019.

Year to Date: The 6 months ending March 2019 shows a loss of \$30,669.97 as compared to a budgeted gain of \$549,371, for a negative variance of \$580,041.

- During the audit, \$260K in medical claims were found to apply to the FY18 fiscal year, and that figure is consistent with earlier years. However, because of the Continental issue, there were a total of \$698K in claims from FY18 as yet unpaid. Thus, \$428K is expensed in this current year. All submitted bills have now been paid; however, we cannot know if there are any more to be billed. We will continue to watch this situation as it unfolds.
- In total, these unbudgeted items were reported during this period which caused a lower than expected net earnings:

Legal Services	\$	48,797
FWFD Grant	\$	56,818
Med Dir Payout	\$	70,000
Prior Year Benefits	\$	438,950
		<hr/>
	\$	614,565
		<hr/>

Key Financial Indicators:

- Current Ratio – MedStar has \$14.52 in current assets (Cash, receivables) for every dollar in debt. (Goal: a score of \$1.00 would mean sufficient current assets to pay debts.)
- Cash as % of Annual Expenditures – The Restated Interlocal Cooperative Agreement, Sec 5.5.2, mandates 3 months of operating capital. As of March 31, there is slightly less than 6 months in cash.

- 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 4.23 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. Management has budgeted a return of 7.04% on assets. Through March, the return is 6.68%

Billing Trends:

- 57,008 encounters have been billed through March 2019 at a cost of \$922,117 for a cost per claim of \$16.20, or 4.22% of collections. This is below the industry average of 6% of collections.

MAEMSA/EPAB cash reserve balance as of March 31, 2019 is \$580,113.19



Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures
 For the Period Ending March 31, 2019

	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance	
Revenue							
40	Transport Fees	\$14,463,284.10	\$14,531,699.00	(\$68,414.90)	\$84,871,980.26	\$84,538,039.00	\$333,941.26
41	Contractual Allow	(\$5,050,211.53)	(\$3,964,761.00)	(\$1,085,450.53)	(\$34,308,331.64)	(\$23,066,625.00)	(\$11,241,706.64)
42	Provision for Uncoll	(\$5,215,393.02)	(\$6,473,680.00)	\$1,258,286.98	(\$26,623,493.05)	(\$37,657,147.00)	\$11,033,653.95
43	Education Income	\$1,546.00	\$1,815.00	(\$269.00)	\$37,073.56	\$35,715.00	\$1,358.56
44	MIH Program Income	\$18,844.71	\$57,231.61	(\$38,386.90)	\$137,894.47	\$331,389.66	(\$193,495.19)
45	Standby/Subscription	\$77,923.41	\$66,957.00	\$10,966.41	\$437,719.17	\$455,099.00	(\$17,379.83)
46	Pop Health PMPM	\$58,031.66	\$55,385.16	\$2,646.50	\$305,353.04	\$332,310.96	(\$26,957.92)
48	interest on Investme	\$5,462.90	\$0.00	\$5,462.90	\$57,798.65	\$0.00	\$57,798.65
49	Gain(Loss) on Dispos	\$39,816.17	\$0.00	\$39,816.17	\$39,816.17	\$0.00	\$39,816.17
	Total Revenue	\$4,399,304.40	\$4,274,646.77	\$124,657.63	\$24,955,810.63	\$24,968,781.62	(\$12,970.99)
Expenditures							
50	Salaries	\$2,438,450.39	\$2,428,462.22	\$9,988.17	\$14,916,786.66	\$15,240,882.32	(\$324,095.66)
55	Benefits and Taxes	\$541,832.98	\$395,506.45	\$146,326.53	\$3,165,735.11	\$2,389,741.54	\$775,993.57
72	Interest	\$9,045.70	\$9,189.21	(\$143.51)	\$54,791.74	\$40,549.83	\$14,241.91
73	Fuel	\$78,634.46	\$95,015.67	(\$16,381.21)	\$570,494.35	\$570,094.02	\$400.33
74	Medical Supp/Oxygen	\$157,535.40	\$191,466.00	(\$33,930.60)	\$1,006,064.65	\$1,098,397.00	(\$92,332.35)
75	Other Veh & Eq	\$32,925.53	\$34,800.09	(\$1,874.56)	\$241,535.01	\$208,800.54	\$32,734.47
76	Rent and Utilities	\$47,626.52	\$43,734.33	\$3,892.19	\$208,415.32	\$262,405.98	(\$53,990.66)
77	Facility & Eq Mtc	\$36,990.67	\$49,836.17	(\$12,845.50)	\$259,530.56	\$273,752.02	(\$14,221.46)
78	Postage & Shipping	\$2,540.39	\$7,379.69	(\$4,839.30)	\$15,783.63	\$44,278.14	(\$28,494.51)
80	Station	\$90,816.15	\$28,339.86	\$62,476.29	\$267,497.79	\$211,334.16	\$56,163.63
81	Comp Maintenance	\$136,501.77	\$110,605.00	\$25,896.77	\$730,960.41	\$663,630.00	\$67,330.41
85	Insurance	\$70,234.31	\$30,991.42	\$39,242.89	\$200,925.55	\$185,948.52	\$14,977.03
86	Advertising & PR	\$8,073.90	\$4,411.01	\$3,662.89	\$25,353.96	\$36,266.06	(\$10,912.10)
87	Printing	\$3,638.66	\$5,813.96	(\$2,175.30)	\$23,096.44	\$34,883.76	(\$11,787.32)
88	Travel & Entertain	\$5,342.85	\$14,081.00	(\$8,738.15)	\$40,030.31	\$77,114.00	(\$37,083.69)
89	Dues & Subs	\$7,240.36	\$9,972.00	(\$2,731.64)	\$59,324.99	\$71,385.00	(\$12,060.01)
90	Continuing Educ Ex	\$2,790.00	\$19,365.00	(\$16,575.00)	\$41,262.76	\$107,745.00	(\$66,482.24)
91	Professional Fees	\$199,094.71	\$170,104.26	\$28,990.45	\$1,228,467.11	\$1,108,425.56	\$120,041.55



Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Statement of Revenue and Expenditures
 For the Period Ending March 31, 2019

	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
95 Education Expenses	\$11,242.24	\$3,985.00	\$7,257.24	\$67,932.88	\$69,740.00	(\$1,807.12)
96 Miscellaneous	(\$917.12)	\$168.00	(\$1,085.12)	\$67,212.60	\$1,008.00	\$66,204.60
97 Depreciation	\$315,262.23	\$303,737.00	\$11,525.23	\$1,861,784.39	\$1,723,029.00	\$138,755.39
Total Expenditures	\$4,194,902.10	\$3,956,963.34	\$237,938.76	\$25,052,986.22	\$24,419,410.45	\$633,575.77
Net Rev in Excess of Expend	\$204,402.30	\$317,683.43	(\$113,281.13)	(\$97,175.59)	\$549,371.17	(\$646,546.76)

**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare
Key Financial Indicators
March 31, 2019**

	Goal	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Current Ratio	> 1	8.88	7.19	8.97	9.49	14.52

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

Cash as % of Annual Expenditures	> 25%	49.02%	65.31%	55.06%	47.07%	43.80%
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Indicates compliance with Ordinance which specifies 3 months cash on hand or 25% of expense).

Accounts Receivable Turnover	>3	5.47	4.16	4.96	4.28	4.23
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A measure of how these resources are being managed. Indicates how long accounts receivable are being aged prior to collection. Our goal is a turnover rate of greater than 3 .

Return on Net Assets	7.04%	13.95%	11.60%	10.35%	10.11%	6.68%
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Reveals management's effectiveness in generating profits from the assets available. Budgeted return on net assets for FY19 is 7.04%.

Billing and Collections - Key Trends

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Total
Collections	\$ 4,042,906	\$ 3,654,886	\$ 3,555,095	\$ 3,450,588	\$ 3,433,476	\$ 3,605,826							\$ 21,742,776
Billed Transports	9676	9202	9868	9651	8876	9735							57008
Cost to Bill and Collect	\$ 196,892	\$ 193,052	\$ 135,927	\$ 136,561	\$ 126,211	\$ 133,473							\$ 922,117
Cost per claim	\$ 20.35	\$ 20.98	\$ 13.77	\$ 14.15	\$ 14.22	\$ 13.71	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$ 16.18
Cost as % of collections	4.87%	5.28%	3.82%	3.96%	3.68%	3.70%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	4.24%

FY 18-19 Billed Transports = 57,008

**Emergency Physicians Advisory Board
Cash expenditures Detail**

Balance 1/1/17			\$ 609,665.59
J29 Associates, LLC	2/27/2017	\$ 1,045.90	\$ 608,619.69
Brackett & Ellis	11/19/2018	\$ 28,506.50	\$ 580,113.19
Balance 3/31/19			<u>\$ 580,113.19</u>



Business Gold Rewards

MEDSTAR/AMAA
DOUGLAS R HOOTEN
Closing Date 03/28/19 Next Closing Date 04/26/19

Account Ending [REDACTED]

New Balance **\$13,355.63**

Please Pay By **04/12/19** ‡

‡ Payment is due upon receipt. We suggest you pay by the Please Pay By date. You may have to pay a late fee if your payment is not received by the Next Closing Date.

Membership Rewards® Points

Available and Pending as of 02/28/19

766,714

For more details about Rewards, please visit americanexpress.com/rewardsinfo

Account Summary

Previous Balance	\$15,414.60
Payments/Credits	-\$19,509.38
New Charges	+\$17,450.41
Fees	+\$0.00

New Balance **\$13,355.63**

Days in Billing Period: 31

See page 2 for important information about your account.

Customer Care

Pay by Computer
americanexpress.com/business

Customer Care 1-800-492-3344
Pay by Phone 1-800-472-9297

See page 2 for additional information.

Douglas R Hooten 4/4/19
 APPROVED Douglas R. Hooten

↓ Please fold on the perforation below, detach and return with your payment ↓

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/business

Pay by Phone
1-800-472-9297

Account Ending 9-32005

Enter 15 digit account # on all payments.
Make check payable to American Express.

DOUGLAS R HOOTEN
MEDSTAR/AMAA
2900 ALTA MERE DR
FORT WORTH TX 76116-4115

Please Pay By
04/12/19
Amount Due
\$13,355.63

Check here if your address or phone number has changed. Note changes on reverse side.

AMERICAN EXPRESS
P.O. BOX 650448
DALLAS TX 75265-0448



0000349991382953784 001335563001335563 24 H



Business Gold Rewards

MEDSTAR/AMAA
DOUGLAS R HOOTEN
Closing Date 03/28/19

Account Ending ██████████

Payments and Credits

Summary

	Total
Payments	-\$15,414.60
Credits	
DOUGLAS R HOOTEN ██████████	-\$3,943.58
JOAN E JORDAN ██████████	-\$151.20
Total Payments and Credits	-\$19,509.38

Detail *Indicates posting date

Payments			Amount
03/11/19*	DOUGLAS R HOOTEN	CHECKLESS PYMT RECEIVED-THANK YOU	-\$15,414.60
Credits			Amount
03/04/19	DOUGLAS R HOOTEN	SHRM*ANNUAL700075390 SHRM ALEXANDRIA VA 700075390 76116 SHRM*ANNUAL700075390 ANNUAL.SHRM.ORG 18004445006 Refund. Leila Peeples Volunteered to help during the conference.	-\$750.00
03/14/19	DOUGLAS R HOOTEN	EVENTBRITE SAN FRANCISCO CA 8014137200 Refund - CX 3-ppl attending TX EMS Evolution	-\$641.40
03/14/19	DOUGLAS R HOOTEN	LA TORRETTA LAKE RESRT MONTGOMERY TX 03/13/19 00000000 LODGING Refund - CX hotel for TX EMS Evolution	-\$160.46
03/14/19	DOUGLAS R HOOTEN	LA TORRETTA LAKE RESRT MONTGOMERY TX 03/13/19 00000000 LODGING Refund - CX hotel for TX EMS Evolution	-\$160.46
03/14/19	DOUGLAS R HOOTEN	LA TORRETTA LAKE RESRT MONTGOMERY TX 03/13/19 00000000 LODGING Refund - CX hotel for TX EMS Evolution	-\$160.46
03/15/19	DOUGLAS R HOOTEN	SOUTHWEST BENEFITS DALLAS TX TRADE ASSOCI Refund - CX course for M. Fowler	-\$560.00
03/20/19	DOUGLAS R HOOTEN	FROSCH/GANT TRAVEL MANAGE BLOOMINGTON IN AMERICAN AIRLINES From: DALLAS/FORT WORTH To: WASHINGTON NATIONA DALLAS/FORT WORTH Carrier: AA Class: V L Date of Departure: 04/23 CX ticket - found lower Price	-\$503.60
Ticket Number: 00172931968425 Passenger Name: TURNER/TYLER CAINE Document Type: SUPPORTED REFUND			

Detail Continued *Indicates posting date

				Amount
03/20/19	DOUGLAS R HOOTEN	FROSCH/GANT TRAVEL MANAGE BLOOMINGTON IN AMERICAN AIRLINES	CX ticket - found lower price	-\$503.60
		From: DALLAS/FORT WORTH	To: WASHINGTON NATIONA DALLAS/FORT WORTH	Carrier: AA Class: V L Date of Departure: 04/23
		Ticket Number: 00172931968436 Passenger Name: TURNER/AMANDA RENEE Document Type: SUPPORTED REFUND		
03/20/19	DOUGLAS R HOOTEN	FROSCH/GANT TRAVEL MANAGE BLOOMINGTON IN AMERICAN AIRLINES	CX ticket - found lower price	-\$503.60
		From: DALLAS/FORT WORTH	To: WASHINGTON NATIONA DALLAS/FORT WORTH	Carrier: AA Class: V L Date of Departure: 04/23
		Ticket Number: 00172931968856 Passenger Name: WARREN/LUVINIA LEE Document Type: SUPPORTED REFUND		
03/26/19	JOAN E JORDAN	AMAZON.COM AMZN.COM/BILL WA DIRECT MKTG MISC	Refunded taxes that were charged	-\$94.50
03/26/19	JOAN E JORDAN	AMAZON.COM AMZN.COM/BILL WA DIRECT MKTG MISC	Refunded taxes that were charged	-\$56.70

New Charges

Summary

			Total
DOUGLAS R HOOTEN	██████████		\$15,175.36
JOAN E JORDAN	██████████		\$2,275.05
Total New Charges			\$17,450.41

Detail



DOUGLAS R HOOTEN
Card Ending ██████████

					Foreign Spend	Amount
02/25/19	CVS PHARMACY 8007467287	Service Awards Gift cards	FORT WORTH	TX	PO 2192193	\$729.75
02/26/19	TROPHY ARTS INC 817-336-4532	Plaque for Stephen Tatum	FORT WORTH	TX	PO 2192187	\$69.00
02/26/19	SP * BRYAN ANTHONYS 8552004122	HR week gifts for HR personnel	AUSTIN	TX	PO 2192192	\$162.38
02/26/19	SOUTHWEST BENEFITS TRADE ASSOCI	HR course/Cancelled above	DALLAS	TX	PO 2192191	\$560.00
02/26/19	PPG PAINTS 9630 9630 CONSTRUCTION MATERIAL	Touch-up paint for classrooms	BENBROOK	TX	PO 2192175	\$68.52
02/27/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE	TVL Fee	BLOOMINGTON	IN	PO 2192199	\$5.00
		Ticket Number: 89007508680871 Passenger Name: JOSLYN/ROBYN BETH Document Type: TRAVEL AGENCY FEE				

**Business Gold Rewards**MEDSTAR/AMAA
DOUGLAS R HOOTEN
Closing Date 03/28/19

Account Ending [REDACTED]

Detail Continued

					Foreign Spend	Amount
02/27/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: CHARLOTTE BUFFALO CHICAGO O'HARE INT DALLAS/FORT WORTH Ticket Number: 00172921151841 Passenger Name: JOSLYN/ROBYN BETH Document Type: PASSENGER TICKET	BLOOMINGTON	IN	PO 2192199		\$556.00
					R.Joslyn attending ECNS training in Niagria Region EMS.	
02/27/19	SCANTRON CORPORATION 0409 8145114383 76116 BUSINESS SERVICES	SANTA ANA	CA	PO 2192250		\$118.20
					Score cards for testing	
02/27/19	LANDRYS CSTR GIFTCARD GIFT CARDS	877-850-1977	ME	PO 2192486		\$325.00
					Purchased to pay for hotel stay-CX-Credited	
02/27/19	LANDRYS CSTR GIFTCARD GIFT CARDS	877-850-1977	ME	PO 2192485		\$499.00
					Purchased to pay for hotel stay-CX-Credited	
02/27/19	FULLBARS CELL PHONE AND C 00-080311605 ELECTRONICS REPAIR	FORT WORTH	TX	PO 2192205		\$531.00
					Fixed phone screens/charging ports	
02/28/19	CONCUR TECHNOLOGIE 542929806820874 5888954815	BELLEVUE	WA	PO 2192262		\$150.00
					Gant Company travel website	
03/04/19	WEBSITEHOSTINGBILLCOM 4059488300	OKLAHOMA CITY	OK	PO 2192238		\$69.00
					LightCMS Subscription - IT Webhosting	
03/07/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007511788473 Passenger Name: TRUSTY/MACARA LAYNE Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2192348		\$5.00
					TVL fee	
03/07/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: HOUSTON INTERCONTI DALLAS/FORT WORTH Ticket Number: 00172927940080 Passenger Name: TRUSTY/MACARA LAYNE Document Type: PASSENGER TICKET	BLOOMINGTON	IN	PO 2192348		\$269.60
					Attending TX EMS Educators conference in Galveston.	
					Carrier: Class: AA O AA O	
					Date of Departure: 04/11	
03/08/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: MINNEAPOLIS INTERN DALLAS/FORT WORTH Ticket Number: 00172927949154 Passenger Name: HOOTEN/DOUGLAS ROLAN Document Type: PASSENGER TICKET	BLOOMINGTON	IN	PO 2192359		\$333.60
					Speaking at Midwest EMS Expo - TVL reimbursed for speaking.	
					Carrier: Class: AA S AA G	
					Date of Departure: 04/24	
03/08/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007511800034 Passenger Name: HOOTEN/DOUGLAS ROLAN Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2192359		\$5.00
					TVL Fee	
03/11/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007511812693 Passenger Name: HOWERTON/DWAYNE DOUG Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2192574		\$5.00
					TVL Fee	

Detail Continued

				Foreign Spend	Amount
03/11/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: WASHINGTON NATIONA DALLAS/FORT WORTH Ticket Number: 00172927959050 Passenger Name: HOWERTON/DWAYNE DOUG Document Type: PASSENGER TICKET	BLOOMINGTON	IN PO 2192574		\$586.60
			Attending Navigator conference in DC		
		Carrier: AA Class: M AA L Date of Departure: 04/21			
03/11/19	SLADEK CONFERENCE SERVICE 899000002503 MISC PERSONAL SERVICE Registration TX EMS Educators Conference M.Trusty	HUTTO	TX PO 2192347		\$310.00
03/11/19	LEADERSHIP FORT WORT CLASS TUITIO New Tech. in FTW conference	FT WORTH	TX PO 2192358		\$400.00
03/11/19	PAYPAL *ROSAS CAFE 4029357733 HR Week-Bkft & Lunch w/HR team	4029357733	TX PO 2192302		\$625.74
03/12/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007511829504 Passenger Name: ZAVADSKY/MATTHEW SCO Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN PO 2192374		\$5.00
		TVL Fee			
03/12/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: SAN DIEGO LINDBERG DALLAS/FORT WORTH Ticket Number: 00172927971926 Passenger Name: ZAVADSKY/MATTHEW SCO Document Type: PASSENGER TICKET	BLOOMINGTON	IN PO 2192374		\$328.05
		Carrier: AA Class: S AA G Date of Departure: 03/27	CPSM Consulting - Will be reimbursed.		
03/12/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007511827942 Passenger Name: STOUT/JENNIFER TREDW Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN PO 2192346		\$5.00
		TVL Fee			
03/12/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: HOUSTON INTERCONTI DALLAS/FORT WORTH Ticket Number: 00172927970946 Passenger Name: STOUT/JENNIFER TREDW Document Type: PASSENGER TICKET	BLOOMINGTON	IN PO 2192346		\$269.60
		Carrier: AA Class: O AA O Date of Departure: 04/11	Attending TX EMS Educator's conference in Galveston, TX.		
03/12/19	SLADEK CONFERENCE SERVICE 899000002503 BSLADEK@SCS-EVENTS.COM Registration for TX EMS Educator's conf. J.Stout	HUTTO	TX PO 2192375		\$300.00
03/13/19	HEALTH AFFAIRS 461682000892570 (540)837-2100 Renewal of online subscription	MILLWOOD	VA PO 2192364		\$250.00
03/14/19	NTTA CUST SVC TOLLS ONLINE TOLL FEES	PLANO	TX		\$48.00
03/15/19	TACO CABANA 10133 ECOM 972-702-9300 NEOP/Supervisors breakfast	FORT WORTH	TX PO 2192335		\$91.96
03/20/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007514514671 Passenger Name: TURNER/AMANDA RENEE Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN PO 2192490		\$5.00
		TVL fee			
03/20/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007514514660 Passenger Name: TURNER/TYLER CAINE Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN PO 2192491		\$5.00
		TVL fee			

**Business Gold Rewards**MEDSTAR/AMAA
DOUGLAS R HOOTEN
Closing Date 03/28/19

Account Ending [REDACTED]

Detail Continued

				Foreign Spend	Amount
03/20/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: WASHINGTON NATIONA DALLAS/FORT WORTH Ticket Number: 00172931968425 Passenger Name: TURNER/TYLER CAINE Document Type: PASSENGER TICKET	BLOOMINGTON	IN	Credit back - Price dropped.	\$503.60
			Carrier: AA Class: V AA L Date of Departure: 04/23		
03/20/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: WASHINGTON NATIONA DALLAS/FORT WORTH Ticket Number: 00172931968436 Passenger Name: TURNER/AMANDA RENEE Document Type: PASSENGER TICKET	BLOOMINGTON	IN	Credit back - Price dropped.	\$503.60
			Carrier: AA Class: V AA L Date of Departure: 04/23		
03/20/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007514515231 Passenger Name: WARREN/LUVINIA LEE Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2192492	\$5.00
			TVL Fee		
03/20/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: WASHINGTON NATIONA DALLAS/FORT WORTH Ticket Number: 00172931968856 Passenger Name: WARREN/LUVINIA LEE Document Type: PASSENGER TICKET	BLOOMINGTON	IN	Credit back - Price dropped.	\$503.60
			Carrier: AA Class: V AA L Date of Departure: 04/23		
03/20/19	NTTA AUTOCHARGE TOLLS TOLL FEES	PLANO	TX		\$200.00
03/20/19	NATIONAL ACADEMY OF EMD NATIONAL ACADE 800-363-9127 Registration L.Warren	SALT LAKE CTY	UT	PO 2192494	\$695.00
03/20/19	NATIONAL ACADEMY OF EMD NATIONAL ACADE 800-363-9127 Registration A.Turner	SALT LAKE CTY	UT	PO 2192493	\$805.00
03/21/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: WASHINGTON NATIONA DALLAS/FORT WORTH Ticket Number: 00172936570004 Passenger Name: TURNER/AMANDA RENEE Document Type: PASSENGER TICKET	BLOOMINGTON	IN	PO 21992490 Attending Navigator conference in DC.	\$401.60
			Carrier: AA Class: Q AA S Date of Departure: 04/23		
03/21/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007514525193 Passenger Name: TURNER/TYLER CAINE Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2192491	\$30.60
			TVL Fee		
03/21/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007514524935 Passenger Name: TURNER/AMANDA RENEE Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2192490	\$26.00
			TVL Fee		

Detail Continued

				Foreign Spend	Amount
03/21/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: WASHINGTON NATIONA DALLAS/FORT WORTH Ticket Number: 00172936570122 Passenger Name: TURNER/TYLER CAINE Document Type: PASSENGER TICKET	BLOOMINGTON	IN	PO 2192491	\$401.60
					Carrier: AA Class: Q AA S Date of Departure: 04/23
					Attending Navigator conf. with wife, Amanda Turner will pay MedStar back for plane ticket.
03/21/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007514525075 Passenger Name: TURNER/AMANDA RENEE Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2192490	\$30.60
					TV Fee
03/21/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007514525322 Passenger Name: WARREN/LUVINIA LEE Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2192492	\$30.60
					TVL Fee
03/21/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007514525064 Passenger Name: TURNER/TYLER CAINE Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2192491	\$26.00
					TVL Fee
03/21/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007514525241 Passenger Name: WARREN/LUVINIA LEE Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2192492	\$26.00
					TVL Fee
03/21/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: WASHINGTON NATIONA DALLAS/FORT WORTH Ticket Number: 00172936570295 Passenger Name: WARREN/LUVINIA LEE Document Type: PASSENGER TICKET	BLOOMINGTON	IN	PO 2192492	\$401.60
					Carrier: AA Class: Q AA S Date of Departure: 04/23
					Attending Navigator Conference in DC
03/21/19	SCHLOTZSKY'S/CINNABON 3716 817-882-6886	FORT WORTH	TX	PO 2192465	\$184.57
					Lunch for EMS system Performance Meeting
03/22/19	INN AT OPRYLNAD A GAYLORD HOTE Arrival Date 03/18/19 Departure Date 03/21/19 00000000	NASHVILLE	TN	PO 2192487	\$903.00
					Hotel paid for T.Smith attending HR Conf. in Nashville, TN
03/24/19	FOUR POINTS ST CATHARINES NIAG FOUR PO 905-984-8484	THOROLD		PO 2192199	\$318.37
					425.72 Canadian Dollars
					Hotel paid for R.Joslyn attending ECNS course
03/25/19	CVS PHARMACY 8007467287	FORT WORTH	TX	PO 2192489	\$206.95
					Service Awards - Gift Cards
03/25/19	LEADERSHIP FORT WORT CLASS TUITIO	FT WORTH	TX	PO 2192474	\$100.00
					New Trans. Tech in FTW
03/26/19	NTTA CUST SVC TOLLS ONLINE TOLL FEES	PLANO	TX		\$27.00
03/26/19	CVS PHARMACY 8007467287	FORT WORTH	TX	PO 2192483	\$105.95
					Service Award - Gift card
03/27/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007516318291 Passenger Name: HOOTEN/DOUGLAS ROLAN Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2192488	\$5.00
					TVL fee



Detail Continued

				Foreign Spend	Amount
03/27/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: WASHINGTON NATIONA DALLAS/FORT WORTH Ticket Number: 00172936621211 Passenger Name: HOOTEN/DOUGLAS ROLAN Document Type: PASSENGER TICKET	BLOOMINGTON	IN	PO 2192488	\$554.60
				D.Hooten attending AAA BOD mtg in DC.	
				Carrier: AA Class: L AA L Date of Departure: 06/22	
03/27/19	HERTZ CAR RENTAL Location: BUFFALO NY Rental: BUFFALO NY Return: BUFFALO NY Agreement Number: 428049182 Renter Name: JOSLYN /ROBYN BETH	800-654-4173	NY	PO 2192579	\$202.52
				Date: 19/03/24 19/03/27	Rental car for R.Joslyn while attending ENCS course.
03/28/19	SW EQUIPMENT SPECIALISTS, LLC squareup.com/receipts	Conroe Pneumatic Valve for Ambulance	TX	PO 2192497	\$286.00



JOAN E JORDAN
 Card Ending [REDACTED]

				Foreign Spend	Amount
02/26/19	TWILIO, INC. DIRECT MKTG INTERNET	SAN FRANCISCO		PO 2192176	\$10.01
02/28/19	PANTHEON SYSTEMS INC 8559279387	SAN FRANCISCO	CA	PO 2192208	\$35.00
03/02/19	PAPPADEAUX SEAFOOD KIT 0000 713-869-0151	FORT WORTH	TX	PO 2192240	\$171.54
				HR Event for 1st/2nd QTR	
03/04/19	PAYFLOW/PAYPAL 0045 888-883-9770	LAVISTA	NE	PO 2192241	\$30.30
03/11/19	TWILIO, INC. DIRECT MKTG INTERNET	SAN FRANCISCO		PO 2192314	\$10.00
03/23/19	AMAZON.COM*MW7OR4GF0 MERCHANDISE	AMZN.COM/BILL	WA	PO 219442	\$1,983.20
				Paramedic class course books	
03/28/19	PANTHEON SYSTEMS INC 8559279387	SAN FRANCISCO	CA	PO 2192590	\$35.00

Fees

	Amount
Total Fees for this Period	\$0.00

2019 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2019	\$0.00
Total Interest in 2019	\$0.00

Tab D – Chief Strategic Integration Officer

Strategic Integration Summary

April 2019



Alternate Payment Models

- CMMI//CMS Announcement on “ET3” Alternate Payment Model for EMS
 - Met with CMMI//CMS on April 11th to continue national dialog/program development
 - Working with **INTERNAL** and local stakeholders/payers on possible MedStar participation
- Commercial capitated model continues
 - Approaching end of the 1st year
 - Payer would like to look at other options for new year
- Investigating possible partnership with other large managed Medicare/Medicaid payer and their managed care populations
 - ET3 model – Payer Alignment
- Working with 2 additional home care and 2 additional hospice agencies for partnership

Medicaid Supplemental Ambulance Payment Program – TAHP and HHSC

- Participating as SME to Public Consulting Group (PCG) and Texas HHSC to develop potential new Medicaid supplemental payment approach
- Legislation sponsored by key legislators
 - **Klick HB 2409:** Requires HHSC to continue the ASPP and has language to include private providers who under arrangement for 9-1-1 service to a governmental agency.
 - **(Hearing held week of 4/9 – no committee members spoke against)**
 - **Powell SB 2134:** Companion Bill (exact duplicate)
 - Awaiting hearing in the Senate
 - Discussions continue with Texas Medicaid to **regulatory** efforts to secure economic model for the program to continue

StarSaver Plus Pilot

- Working with Trinity Terrace Independent Living Facility in Fort Worth on the StarSaver+Plus annual subscription program
 - All components of StarSaver, PLUS MedStar on Demand (MOD) pilot program
 - Access to select MIH program services
- OMD approved protocol options, specifically related to PCP notification
- Trinity Terrace leadership has approved the program
 - Trinity Terrace management corporation agreed to fund ALL residents to be in the program
 - Working on implementation plans

Paid Consulting Activity

- Center for Public Safety Management (division of ICMA)
 - Currently working with them on 2 projects
 - San Diego County, CA – Evaluation of EMS agency performance
 - Placentia, CA – EMS and Fire RFP and selection process for fire and EMS first response services

EMS vs. non-EMS ED Arrival Outcomes Study for ACS Patients

- IRB provided feedback and reviewing now for approval

Member City Annual Briefings and EMS Week Proclamation

- Scheduled for April and May 2019

System Performance Task Force

- DRAFT measures and dashboard circulated to task force members for review

Upcoming Speaking Engagements:

<u>Event</u>	<u>Date</u>	<u>Location</u>	<u>Attendees</u>
Midwest EMS Expo	April '19	Minneapolis, MN	~500
International Academy of Emergency Disp.	April '19	National Harbor, MD	~1,000
Michigan EMS Expo	May '19	Traverse City, MI	~450
Medical Transportation Leadership Inst.	May '19	Charleston, WV	~150
Pinnacle EMS Leadership	July '19	Orlando, FL	~900

Media:

Local –

- CPR Survivor Reunion – Medical City North Hills
 - FOX-4, CBS-11
- Family thanks to medic actions on car fire
 - NBC-5, CBS-11, Star-Telegram

National –

- Agency considerations for ET3 model plans
 - JEMS (attached)
- Caring for the Care Giver
 - JEMS (attached)

Mobile Integrated Healthcare Report

March 2019 Activity

Hospice:

Vitas: 18 active

- 0 9-1-1 call

Holy Savior: 13 active

- 2 9-1-1 encounter

Home Health:

Klarus: 204 active

- 14 total 9-1-1 calls w/CCP on scene
- 2 in-home, scheduled visits

Healthmasters: 26 active

- 3 total 9-1-1 calls

Readmission Avoidance Enrollments:

- Silverback: 5
- Dr. Ewing: 2
- Baylor: 1

High Utilizer:

- UTSW NAIP: 10
- BCBS: 12
- Internal: 6

Palliative Care, Silverback:

- 14 active

Trusted Care/Primary Care Navigation:

- 31 members enrolled

9-1-1 Nurse Triage:

- 67 total calls
- 35 Lyft/cab transportations
- 3 Chisholm Trail Transportations
- Average ED diversion: 30%



EDUCATION & COMMUNITY PROGRAMS REPORT

EDUCATION REPORT

Leading Change...

MedStar's leadership team contributes to the advancement of the EMS profession through volunteer participation in numerous national and state level associations and groups. MedStar's Education and Community Programs Manager serves as the Chairperson of the Governor's EMS and Trauma Advisory Council's EMS Education Committee. Some of the projects this committee is working on include:

- 1. Researching the effects a degree requirement for Paramedics would have on EMS in the State of Texas.**
- 2. Revising the Clinical Comprehensive Management Program, TAC Rule 157.39**
- 3. Revising EMS Education Program and Course Approval rules, 157. 31**
- 4. Updating Educational Standards and Skills to align with National Registry standards.**

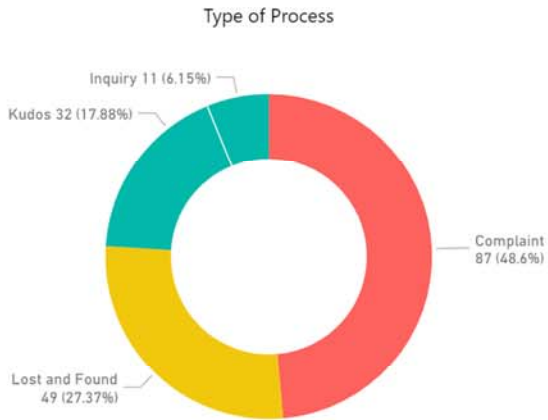
- Building MIH online course, Modules 1-8
- Met with 17 Employees for NR CE renewal assistance
- 3/5 FWFD PHTLS Refresher
- 3/6 FWFD PHTLS Refresher
- 3/6-3/7 MedStar Emergency Pediatric Care
- 3/7 Mock NR Testing at Byron Nelson High School
- 3/7-3/8 Advanced Medical Life Support for Haltom City FD
- 3/8 National Registry Skills verification FWFD
- 3/18 BLS Refresher
- 3/21 CE Assistance for FWPD TacMed
- 3/25-3/26 NR Skills review for Ben Barber HS
- 3/27 PHTLS Refresher

MEDSTAR CURRENTLY HAS OPENED REGISTRATION OF THE MAY 2019 HYBRID EMT COURSE. TO DATE, WE HAVE RECEIVED 18 APPLICATIONS AND THERE ARE 10 MORE APPLICATIONS PENDING. APPLICATIONS CLOSE APRIL 21, 2019.

Community Programs:

- 3/29 Stop the Bleed Everman ISD Coaches/Nurses
- 4/15 Principle Logistics -Basic First Aid and CPR training

Customer Relations Log Dashboard



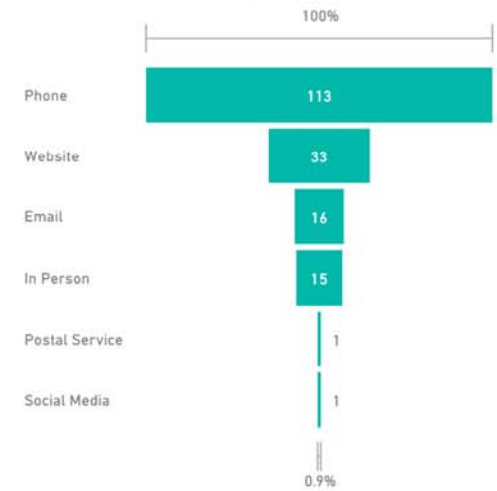
Average Number of Days - Created to Resolved



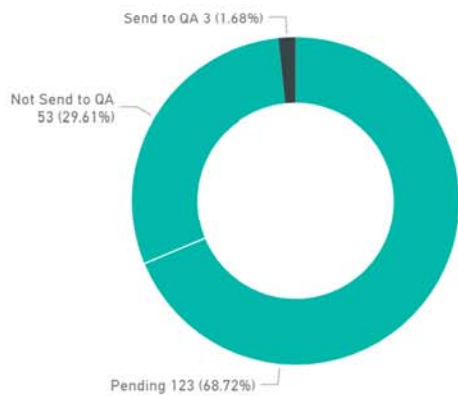
Average Number of Days - Received to Resolved



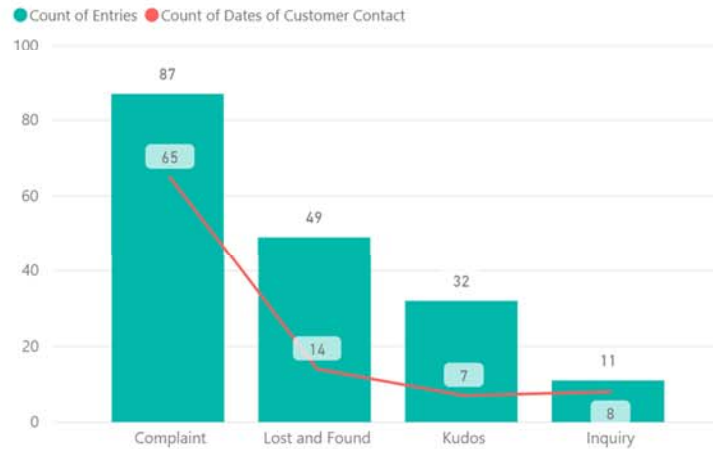
Method Received



OMD Status



Customer Contact by Type of Process



Primary Department

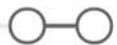
- Administration
- Billing
- Clinical
- Communications
- Community Health
- Field Operations
- Fleet
- Human Resources
- Logistics

Type of Process

- Select all
- Lost and Found
- Kudos
- Inquiry
- Complaint

DateAndTimeReceived

1/1/2019 4/16/2019



MedStar Foundation Clay Shoot

Every May, the MedStar Foundation partners with a local non-profit to fundraise and bring awareness to their cause. For 2019, the MedStar Foundation partnered with DRC Solutions which works to provide housing solutions for the homeless.

- Open to the public, contact Richard Brooks at rbrooks@MedStar911.org for any questions.
- Looking for sponsorships.



***Check-in begins at 8:30
Safety briefing at 9:45***

Defender Outdoors Clay Sports Ranch
8270 Aledo Road
Fort Worth, Texas 76126

To register: www.MedStar911.org/Foundation

Lunch will be provided

StarSaver Membership Report:

Membership New / Renewal Comparison											
	2016	Cumulative	2017	Cumulative	% Change	2018	Cumulative	% Change	2019	Cumulative	% Change
New Households											
January	35	35	37	37	5.7%	38	38	2.7%	21	21	-44.7%
February	58	93	32	69	-25.8%	41	79	14.5%	38	59	43.9%
March	51	144	48	117	-18.8%	56	135	15.4%	35	94	67.9%
April	40	184	68	185	0.5%	45	180	-2.7%	16	110	144.4%
May	48	232	44	229	-1.3%	34	214	-6.6%	0	110	223.5%
June	24	256	40	269	5.1%	36	250	-7.1%	0	110	205.6%
July	22	278	29	298	7.2%	31	281	-5.7%	0	110	254.8%
August	36	314	22	320	1.9%	35	316	-1.3%	0	110	214.3%
September	42	356	38	358	0.6%	22	338	-5.6%	0	110	400.0%
October	53	409	38	396	-3.2%	16	354	-10.6%	0	110	587.5%
November	32	441	43	439	-0.5%	25	379	-13.7%	0	110	340.0%
December	9	450	19	458	1.8%	40	419	-8.5%	0	110	175.0%
Total New Member Households	450		458			419			110		
Renewing Households	2016	Cumulative	2017	Cumulative	% Change	2018	Cumulative	% Change	2019	Cumulative	% Change
January	454	454	344	344	-24.2%	347	347	0.9%	216	216	-37.8%
February	306	760	117	461	-39.3%	546	893	93.7%	210	426	-52.3%
March	192	952	78	539	-43.4%	96	989	83.5%	335	761	-23.1%
April	1137	2089	788	1327	-36.5%	1293	2282	72.0%	471	1232	-46.0%
May	910	2999	1493	2820	-6.0%	453	2735	-3.0%	0	1232	-55.0%
June	354	3353	521	3341	-0.4%	395	3130	-6.3%	0	1232	-60.6%
July	357	3710	172	3513	-5.3%	287	3417	-2.7%	0	1232	-63.9%
August	335	4045	437	3950	-2.3%	335	3752	-5.0%	0	1232	-67.2%
September	326	4371	163	4113	-5.9%	132	3884	-5.6%	0	1232	-68.3%
October	192	4563	220	4333	-5.0%	269	4153	-4.2%	0	1232	-70.3%
November	165	4728	145	4478	-5.3%	75	4228	-5.6%	0	1232	-70.9%
December	126	4854	249	4727	-2.6%	292	4520	-4.4%	0	1232	-72.7%
Total Renewing Households	4854		4727			4520			1232		
Total Member Households	5304		5185			4939			1342		



Caring for the Caregiver: I'm Not OK, But That's OK

Wed, Apr 17, 2019 | By Kevin Smith, BAppBS, ACP , Dean C. Dow, MBA, CMTE , Desiree Partain, MHA, CCP-C , Mayram Traub



Members of MedStar Mobile Healthcare's Hope Squad are empowered to identify and navigate their peers to mental health and wellness resources; they also agree to uphold commitment and confidentiality requirements. Photo courtesy Desiree Partain/MedStar Mobile Healthcare

*"We're here to serve others, and they're important. But they're not more important than we are."¹ Retired EMT and iconic author Thom Dick shared this consideration in his aptly titled book, *People Care*. Thom went on to explain how valuable each of us are as caregivers and that most importantly, *"first things first: take care of yourself."*¹ To some, this mindset may seem quite self-centered and in total contrast to what many of us have come to live our careers by: that we are here to serve others and the patient always comes first.*

Healthcare systems that have modernized how they deliver services have moved away from systems-centric processes to patient-centric models. Many EMS agencies, for

example, are transforming the linear way in which we have historically provided service—wait for someone to call 9-1-1, answer the phone, send an ambulance and transport to a hospital—to the model of mobile integrated health (MIH), which offers proactive options and alternate healthcare pathways that are much more than just conveyance to a hospital by an ambulance.

As these new models are developed, the adoption of the Institute for Healthcare Improvement (IHI) Triple Aim as the framework for performance optimization has been a common point of reference. The three dimensions of the Triple Aim include:

1. Improving the patient experience of care (including quality and satisfaction);
2. Improving the health of populations; and
3. Reducing the per capita cost of healthcare.²

Although the IHI introduced the Triple Aim just over 11 years ago, it's interesting to recall the way high-performance EMS (HPEMS) was described over 30 years ago by Jack Stout, the father of HPEMS. Stout defined "high performance" in our industry as the ability to simultaneously deliver clinical sophistication, response time reliability and economic efficiency.³ Many of our systems were built upon this premise, but what has been missing in these pursuits, whether it be HPEMS or the IHI Triple Aim, is the *people* who make or break an organizations ability to succeed.

Enter the Quadruple Aim

The "quadruple aim" includes the concept of adding a fourth dimension for success in systems performance optimization: *caring for the caregiver*.⁴ Although this fourth element has been generally characterized as having joy and meaning in our work, it's in many ways more specific than this.

Figure 1: The quadruple aim

It's been widely recognized that staff burnout has a direct negative effect on the experience and safety for the patient. The ability for an organization to achieve a high level of staff engagement and best patient outcomes is directly dependent on the caregivers themselves feeling supported, empowered and respected.⁵

With the framework of the quadruple aim in mind, it begs the question, "How do we ensure our EMS organizations are successful in caring for the caregiver, and what are the characteristics of programs that provide the necessary supports?"

At the 2018 Pinnacle conference, a group of EMS leaders gathered to examine this very issue and the topic was further expanded during an Academy of International Mobile Health Integration (AIMHI) webinar in March of this year.⁶ Three components were highlighted as they relate to the success of building our organizations for caregiver wellness: 1) service design; 2) structured approach to psychological wellness; and 3) practical application of support programs.

A New Vision of our Future

In a galaxy long ago, EMS systems were developed using the best information available, primarily the [White Paper written in 1966](#) and of course the [social media influencers of the time, Johnny and Roy from the TV show *Emergency!*](#) What was created was a system to support public expectations of “you call, we haul,” and further reinforced through reimbursement models based on *quantity* and not *quality*.

The people within these systems were provided the basic tools to meet these basic outputs. Although emotional stability was certainly not foreign to our early pioneer EMTs, paramedics and dispatchers, there was also a culture and system capacity to care for each other. There was an opportunity for a lot of bumper-therapy. We were also expected to “suck it up.” It’s understandable how deep the root is in the characterization of mental illness that plagues us today, as we try to shed the stigma associated with stepping forward to say, “I need help.”

Today, many of our systems are experiencing unprecedented levels in the increase in EMS service utilization. This is primarily driven by calls specific to the influence of social determinates of health and the changing expectations of emerging generations of instant information, instant communication, and above all, instant gratification. It’s creating an environment of increased demands on our systems, but even more troubling is the mental toll this is taking on the caregivers.

To mitigate against these system pressures in how and why EMS resources are utilized, services are adopting patient-centric delivery models to provide smarter, more appropriate response options to meet the needs of our communities. [EMS Agenda 2050: A people-centered vision for the future of EMS](#) was created to provide the best possible outcomes for patients and communities into the future.⁷ To achieve this, six guiding principles were designed:

1. Inherently safe and effective;
2. Integrated and seamless;
3. Socially equitable;
4. Adaptable & innovative;
5. Sustainable and efficient; and
6. Reliable and prepared.

These doctrines are foundational in the construct of our future systems modeling, and without it being explicit, it’s evident that there are many ways in which provider wellness needs to be woven into all six of these principles as a critical element to success.

Improving Psychological Health in EMS

The Mental Health Commission of Canada reports that mental illness is the leading cause of disability in Canada, accounting for nearly 30% of disability claims and 70% of the total costs.⁸ Of the \$51 billion economic cost each year attributed to mental illness in Canada, \$20 billion stems from workplace losses. By improving the management of mental health in the workplace, productivity losses can be decreased by as much as 30%. For emergency service agencies, we know that the impact of mental illness related to our profession is much higher than most other industries and to this point, a greater emphasis that EMS organizations need to ensure a comprehensive, structured approach to ensuring the psychological wellness of providers.

Guarding Minds at Work identified 13 workplace factors that impact psychological health. (See Figure 2.)⁹

Figure 2: Workplace factors the impact psychological health⁹



Organizations committed to supporting the psychological wellness of staff might reference this list to ensure all aspects of their business considers these factors in the development and delivery of the various programs and services—keeping in mind that these are focused *inwards*, towards the people within the service and not the external customers. Practical examples of these factors can be seen through the adoption of organizational culture philosophies such as STAR CARE, anti-stigma campaigns, formal initiatives such as peer support, chaplain and therapy dog programs, as well as those that include family and alumni.

One such example of caring for the caregiver in action is the MedStar’s Hope Squad. The Hope Squad model first originated in the Provo, Utah, school district in 2005 to

address youth suicide. Student groups were trained to identify warning signs in their peers and alert adults to those signs. MedStar took the Hope Squad model and created the first-of-its-kind corporate and first responder Hope Squad.

Evidence often shows that peers are considered to be the most effective at identifying mental health warning signs. Members of MedStar's Hope Squad were nominated by their peers as being trustworthy, and were then selected to be on the team and represent the communications, field operations, administration, billing, support services, human resources and mobile integrated healthcare departments on both days and nights. Through evidence-based training modules (both initial and ongoing), Hope Squad members are empowered to identify and navigate their peers to mental health and wellness resources, and they also agree to uphold commitment and confidentiality requirements.

MedStar employees have identified the Hope Squad as being a source of comfort and trust. Since the implementation of the program, the squad has navigated employees to multidisciplinary mental health resources that include: individual and group therapy, employee assistance programs, inpatient and outpatient programs, educational programs and holistic therapies. The Hope Squad aims to enhance the health and safety within the organization by cultivating a culture that allows employees to say "I'm not OK, but that's OK."

Who Matters Most?

"We're here to serve others, and they're important. But they're not more important than we are." If EMS organizations are truly committed to achieving performance optimization as described through the IHI Triple Aim, HPEMS or EMS Agenda 2050, success will only be found through the well-being of those who matter the most: our caregivers.

References

1. Dick T: *People Care, 2nd edition*. Cygnus Business Media: Ft. Atkinson, Wis., 2012.
2. Institute for Healthcare Improvement. (n.d.) The triple aim. Retrieved April 17, 2019, from www.ihl.org/Engage/Initiatives/TripleAim/pages/default.aspx.
3. Stout J. The public utility model—Part I: Measuring your system. *JEMS*. 1980;5(3):22–25.
4. Bodenheimer T, Sinsky C. From triple to quadruple aim: Care of the patient requires care of the provider. *Ann Fam Med*. 2014;12(6):573–576. doi: 10.1370/afm.1713.

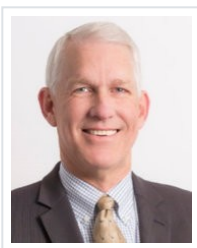
5. Freely D. (Nov. 28, 2017.) The triple aim or the quadruple aim? Four points to help set your strategy. *Institute for Healthcare Improvement*. Retrieved April 17, 2019, from www.ihl.org/communities/blogs/the-triple-aim-or-the-quadruple-aim-four-points-to-help-set-your-strategy.
6. Smith K, Dow D, Traub M, et al. (March 6, 2019.) On-Demand Webinar: Caring for the Caregiver. *Academy of International Mobile Healthcare Integration*. Retrieved April 17, 2019, from <http://aimhi.mobi/ondemand/7202099>.
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8. Mental Health Commission of Canada. (2017.) Case study research project findings. Retrieved April 17, 2019, from www.mentalhealthcommission.ca/sites/default/files/2017-03/case_study_research_project_findings_2017_eng.pdf.
9. Guarding Minds at Work. (2018.) A workplace guide to psychological health and safety. *Centre for Applied Research in Mental Health and Addiction*. Retrieved April 17, 2019, from www.guardingmindsatwork.ca.

By



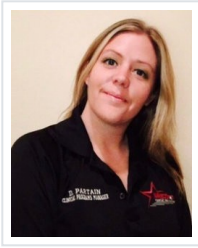
Kevin Smith, BAppBS, ACP

Kevin Smith, BAppBS, ACP, is the chief of Niagara EMS in Ontario, Canada, where he oversees the portfolios of land ambulance, dispatch, regional emergency preparedness, regional fire coordination, and regional 9-1-1 services. He's the president-elect of the Academy of International Mobile Healthcare Integration (AIMHI).



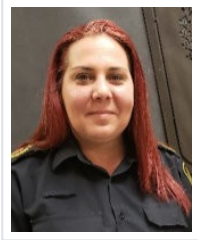
Dean C. Dow, MBA, CMTE

Dean C. Dow, MBA, CMTE, is the president and chief executive officer of Regional Emergency Medical Services Authority (REMSA), which has provided nationally recognized ground ambulance service within Washoe County, Nevada, since 1986, and Care Flight.



Desiree Partain, MHA, CCP-C

Desiree Partain, MHA, CCP-P, is the clinical program manager at MedStar Mobile Healthcare in Fort Worth, Texas. She's a critical care paramedic with 13 years' experience in EMS, five of which as a mobile healthcare practitioner at MedStar. She's also on the team developing the competency-based community paramedic certification exam.



Mayram Traub

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Thinking About Applying for CMS' New ET3 Model?

Here's what you should be considering now!

Thu, Apr 4, 2019 | By Brent Myers, MD, MPH, FACEP, FAEMS , Pete Lawrence , Matt Zavadsky, MS-HSA, NREMT



Health and Human Services Secretary Alex Azar and the presentation of the ET3 model. Photo courtesy NAEMT

The EMS community has been buzzing since the Centers for Medicare & Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (CMMI) announced the Emergency Triage, Treat and Transport (ET3) Model. CMS has conducted a national

press conference and three webinars explaining the model. Although many aspects of the program are still in development, the main tenets of the model have been well articulated and ambulance services will likely become eligible to apply by mid to late summer. Given the ambitious timeline communicated by CMS, it's not too early to begin thinking about considerations if you are evaluating whether or not to apply for this voluntary Alternate Payment Model (APM).

We couldn't be more pleased that CMMI has announced the ET3 project, as we believe this to be a patient-centered initiative that will undoubtedly improve patient care and create efficiencies for EMS and hospital systems.

On March 25, 2019, the National Association of Emergency Medical Technicians (NAEMT), the International Association of Fire Chiefs (IAFC) and the National Association of EMS Physicians (NAEMSP) conducted a webinar sponsored by ESO Solutions and FirstWatch, to begin educating agencies on what they should be considering now if they plan on applying for the ET3 APM.

The salient points of that webinar are outlined in part one of this two part article series. The next article will provide responses to the most frequently asked questions regarding the ET3 model. (To view a recording of the ET3 webinar, go to <http://www.naemt.org/events/et3-webinar>.)

Clinical Considerations

First, let us begin by stating and offer the following for EMS physicians to consider as the application for—and implementation of—ET3 pilot programs progresses:

Assurance of Quality and Patient Safety:

The EMS physician or physicians who serve as medical directors for EMS systems have traditionally been responsible for credentialing personnel who function within the system. The ET3 pilot contemplates allowing on-scene telemedicine as well as transportation to alternative sites. Our first priority is to do no harm as we work to assure patient safety; we would, therefore, be strongly in favor of utilization of the traditional credentialing pathways for any clinician or provider who seeks to participate in the ET3 program. In this way, reporting of outcomes, assurance of availability, and performance improvement activities can be readily implemented. The absence of such a defined and practiced credentialing process could result in a situation where clinicians and providers unfamiliar with EMS scope of care are rendering medical opinions, leading to less than ideal outcomes for patients. Obviously, we support a public and transparent process for this credentialing such that there is not an undue restriction of markets or overly burdensome processes.

Appropriate Differentiation of Traditional EMS vs. ET3 Utilization:

Many EMS and EM physicians participate routinely in online medical direction for a host of critical patients, as well as those who are refusing transport. In many cases, these patients may be better served by telemedicine, inclusive of two-way video communications. At what point would a high-risk refusal patient in the traditional EMS sense become an ET3 telemedicine encounter? These and similar issues identify concepts that should be considered prior to program initiation.

Appropriate Accounting for Actual and Perceived Conflicts of Interest:

Whether the telemedicine provider is an EMS physician or provider in another facility, there undoubtedly will be patients who have an ET3 telemedicine encounter who may be appropriately referred for transport by EMS or as a follow up at some point in the future. We must assure appropriate alignment of incentives and transparency to prevent unintended consequences.

Appropriate Performance Metrics

We are all keenly interested in patient safety, quality of care and cost accounting. The ability to track and report metrics and measures that demonstrate safety, experience of care, effectiveness and efficiency will be crucial. Assure you have processes in place that can evaluate and report key performance metrics. In the early discussions with CMS and CMMI, we provided examples of metrics such as:

- Treatment in an ED within 6, 12, or 24 hours of an ET3 encounter, inclusive of outcomes from the second encounter (*Patient Safety Measure*);
- Repeat EMS visit within 6,12, or 24 hours of an ET3 encounter, inclusive of outcomes from the second encounter (*Patient Safety Measure*);
- Patient satisfaction and/or family satisfaction (*Patient Experience Measure*);
- Total task time for EMS for non-transport, alternative transport and ED transport (*Operational Efficiency Measure*);
- EMS personnel and other clinician and provider satisfaction scores (*Practitioner Satisfaction/Balancing Measure*); and
- Pre- and post-implementation transport ratio (*Economic Efficiency Measure*).

Operational Considerations

Currently Licensed Ambulance Providers:

Eligibility for this model is limited to ambulance providers and suppliers that are currently licensed and are participating with the Medicare program, as evidenced by the agency having a National Provider Identification (NPI) number with Medicare. Participation in this model means you will be eligible for Medicare reimbursement for providing treat in place, or transport to alternate destination services to Medicare Fee

For Service (FFS) beneficiaries. Reimbursement eligibility for either of these two patient outcomes only applies if an **ambulance** responds to a **9-1-1 call** for EMS assistance. A first response unit only, even if the first response agency is the same provider as the ambulance, will not be a reimbursable service under this model.

Telehealth Required for Treat in Place:

CMS articulated many times that any beneficiary who calls 9-1-1 should have the opportunity to be seen by a qualified healthcare practitioner (QHP). In Medicare terms, a QHP is a person or entity that is eligible for reimbursement for telemedicine or telehealth services, such as a physician, physician assistant or nurse practitioner. [CMS has previously defined telehealth services](#) as an interactive audio **and video** telecommunications system that permits real-time communication between the QHP and the beneficiary.¹ The QHP will be eligible for Medicare reimbursement for services provided to Medicare FFS beneficiaries under the ET3 model. This means that to be eligible for reimbursement under an approved ET3 model, you will need to have the technology and processes in place to facilitate real time audio and video communications from the scene of the ambulance response. To assist the reimbursement process for the ambulance agency and the QHP, it's likely there will need to be some process that links the patient encounter by the ambulance crew with the telehealth services provided by the QHP.

No Telehealth Requirement for Alternate Destinations:

Ambulance transport to alternate destinations will not require a telehealth intervention, meaning that this patient outcome could be "protocolized" to the level that your agency's medical director authorizes. For example, a protocol that includes a list of inclusion, and more importantly, exclusion criteria for alternate destination could be established by your medical authority.

Dispatch Agency Reimbursement:

Under the proposed ET3 model, select dispatch centers operated by local governmental authorities that provide medical triage services will also be eligible for funding. This will be limited to dispatch agencies that provide dispatch services for an ambulance agency that has been approved and enrolled in the ET3 model under the alternative destination or telehealth programs. CMS hasn't yet identified the financial model the reimbursement would follow and understands that reimbursing only for FFS beneficiaries may not provide enough funding to fully implement call triage in all dispatch centers.

Financial/Community/Regulatory Considerations

Is This Allowed in Your Operating Area?:

Some state or local regulations may not allow ambulances to transport to alternate destinations from 9-1-1 responses. Similarly, there may be local or state rules that preclude the ability for EMTs and paramedics from offering alternate dispositions. Knowing whether or not an ET3 model is even legal in your area is a crucial step early in the ET3 model implementation evaluation process. If it's not, begin conversations with those who can either change the rules, or in some cases, have the ability to grant a special waiver to facilitate the implementation of an ET3 service delivery model.

Financial Triage:

EMTs and paramedics generally don't engage in extensive financial eligibility discussions on the scene of a 9-1-1 call. Since reimbursement for ET3 services will be limited to Medicare FFS beneficiaries, agencies will need to determine the best way to educate field crews how to identify eligible patients. Our advice (and CMS' desire) is that agencies attempt to work with other payers in their service area (e.g., Medicare Advantage, Medicaid, commercial) to adopt similar models. This will make it easier to implement the model in larger patient populations, perhaps all patients, regardless of payer source. A great way to start this process is to get a payer report from your billing department, identify your largest payers, and begin those discussions. It is also possible that multi-payer integration for ET3 services will be an evaluation criteria for ET3 model approval.

Partner Engagement:

There are numerous stakeholders who may be impacted if your agency is approved for the ET3 model. Hospitals may be concerned about a reduction in Medicare or other payer beneficiaries coming to the ED by ambulance. Have conversations with them early to explain the model and seek their input. Under the ET3 model, you need a network of alternate destinations to transport, or refer patients to—without this referral network, success could be elusive. Engagement by community clinics, urgent care centers and large physician practice groups will be crucial to the ET3 model. Finally, due to the potential patient care and economic risk of the model, assure your medical director and governing body are appropriately involved during this crucial step.

Demonstration of Value:

The bottom line to this model is to prove to CMS and other payers that we can safely navigate patients to care locations other than an ED. It may be advisable for you to take a deep dive into your current transport ratio and the types of patients that fall into the payer categories who might be eligible for dispositions other than a transport to the ED. For example, if your transport ratio is already low because you have an operating MIH-CP program that includes protocols that facilitate enhanced alternate destinations,

getting the ratio lower may be a difficult task. Further, if you have a unique patient demographic with an appropriately high transport ratio, it may be similarly difficult to safely reduce that ratio.

These are very interesting times for EMS and the patients and communities we serve. The ET3 model is something many of us have been advocating for years, even decades. Appropriately implementing the model in your service area is absolutely essential to change the value proposition for EMS.

In the next article in this series, we will attempt to provide guidance on some of the most frequently asked questions regarding implementation of the ET3 model.

Reference

1. Medicare Learning Network. (January 2019.) Telehealth Services. *Centers for Medicare and Medicaid Services*. Retrieved April 4, 2019, from <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf>.

Figure 1: Payer Mix Analysis: Analyzing your payer mix breakdown could help you identify the potential the percentage of your patient transports by payer type.

2018		Billed		Collected		% of Total Collections	
Trips	%	\$	%	\$	%		
Medicare FFS	24,745	21.4%	\$ 35,170,032	21.3%	\$ 9,914,777	28.2%	24.1%
Medicare MCO	20,025	17.3%	\$ 29,089,420	17.6%	\$ 7,487,645	25.7%	18.2%
All Other	70,726	61.2%	\$ 100,844,511	61.1%	\$ 23,756,836	23.6%	57.7%
Total	115,496	100.0%	\$ 165,103,963	100.0%	\$ 41,159,258	24.9%	100.0%

Figure 2: Transport Outcome Analysis: This type of analysis would be helpful to

determine a baseline for measuring any changes from pre and post ET3 implementation.

Transport Outcomes for Patients ≥ 65

March 1, 2018 - February 28, 2019

9-1-1 Calls		35,927
Transports	30,262	84.2%
AMA	3,769	10.5%
RAS	871	2.4%
DOS	475	1.3%
	35,377	

Figure 3: Primary Impression analysis for patient contacts and transport outcomes: *This type of analysis could potentially assist with the development of protocols and estimates for potential pre and post implementation patient outcomes.*

Incident Date	Age	Units	Disposition	Primary Impression
2/28/2019	80	Years	Transported - by this Unit	Dehydration (E86.0)
2/28/2019	79	Years	Transported - by this Unit	Atrial fibrillation (I48.91)
2/28/2019	84	Years	Transported - by this Unit	Acute pain due to trauma (G89.11)
2/28/2019	75	Years	AMA - Trans. Private Vehicle	Influenza due to unidentified influenza virus (J11)
2/28/2019	71	Years	Transported - by this Unit	Cystitis (Lower Urinary tract infection / UTI) (N39.0)
2/28/2019	77	Years	Transported - by this Unit	Altered mental status (R41.82)
2/28/2019	86	Years	Transported - by this Unit	Injury of head (S09.90)
2/28/2019	85	Years	DOS - Resuscitation Attempted	Cardiac arrest (I46.9)
2/28/2019	65	Years	Transported - by this Unit	Acute pain, not elsewhere classified (G89.1)
2/28/2019	79	Years	Transported - by this Unit	Shortness of breath (SOB) (R06.02)
2/28/2019	89	Years	Transported - by this Unit	Hematemesis (GI Bleed) (K92.0)
2/28/2019	84	Years	AMA - Assessed &/or Treated & Released	Hypoglycemia (E16.2)
2/28/2019	93	Years	Transported - by this Unit	Epigastric pain (R10.13)
2/28/2019	90	Years	Transported - by this Unit	Fatigue / Malaise (R53.81)
2/28/2019	66	Years	Transported - by this Unit	Acute pain, not elsewhere classified (G89.1)
2/28/2019	100	Years	Transported - by this Unit	Repeated falls (R29.6)
2/28/2019	67	Years	Transported - by this Unit	Hypotension (I95.9)

By



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Tab E – Compliance and Legal




Friday, April 12, 2019
Compliance Officer's Report
March 13, 2019 to April 11, 2019

Compliance Officer Duties

- Several investigations conducted for compliance, and employee relation matters
- Submitted all employee provider roster changes to the DSHS as required
- Working on updating the DSHS provider license
- 1 narcotic anomalies to report
 - Paramedic left narcotic pouch on scene

Paralegal Duties

- 19 DFPS reports made for suspected abuse, neglect, or exploitation
- 5 Pre-trial meetings held with the District Attorney's office
- 1 Criminal court witness appearances
- 4 Law Enforcement agency interviews
- 7 Subpoenas(s) for witness appearance processed and served
- Created, reviewed, and processed multiple contractual agreements with GC as needed

Chad Carr 
Compliance Officer
Paralegal- Office of General Counsel
CACO, CAPO, CRC, EMT-P

Tab F – Operations



MedStar Response Time Reliability and AVG Response Time Performance

Period: Mar 2019

Member City	Pri	Current Month						100 Response Compliance Period			
		Calls	On Scene	Avg RT	Late Responses	On Time %	Extended Responses Count	Extended Responses %	Compliance Calculated Responses	Late Responses	On Time %
Blue Mound	1	7	7	00:04:52	0	100.0%	0	0.0%	28	1	96.4%
	2	7	7	00:06:12	0	100.0%	0	0.0%	67	4	94.0%
	3	5	5	00:06:19	0	100.0%	0	0.0%	21	0	100.0%
Total Blue Mound		19	19								
Burleson	1	74	73	00:08:16	12	83.8%	3	4.1%	151	21	86.1%
	2	165	156	00:07:49	20	87.9%	4	2.4%	164	20	87.8%
	3	66	60	00:09:49	8	87.9%	1	1.5%	127	15	88.2%
	4	175	175	00:27:48	13	92.6%	2	1.1%	175	13	92.6%
Total Burleson		479	463								
Edgecliff Village	1	9	9	00:07:27	0	100.0%	0	0.0%	43	7	83.7%
	2	14	14	00:09:14	2	85.7%	0	0.0%	73	7	90.4%
	3	4	4	00:12:29	0	100.0%	0	0.0%	34	1	97.1%
Total Edgecliff Village		27	27								
Forest Hill	1	42	38	00:08:18	5	88.1%	1	2.4%	125	16	87.2%
	2	90	80	00:08:21	8	91.1%	1	1.1%	151	15	90.1%
	3	37	31	00:09:51	3	91.9%	1	2.7%	119	7	94.1%
Total Forest Hill		169	149								
Fort Worth	1	2422	2316	00:07:58	320	86.8%	36	1.5%	2418	320	86.8%
	2	5110	4727	00:08:12	393	92.3%	44	0.9%	5101	393	92.3%
	3	2679	2489	00:09:28	165	93.8%	28	1.0%	2674	165	93.8%
	4	1003	999	00:24:55	52	94.8%	18	1.8%	1003	52	94.8%
Total Fort Worth		11196	10516								
Haltom City	1	92	90	00:09:25	19	79.3%	4	4.3%	154	33	78.6%
	2	147	137	00:08:38	11	92.5%	1	0.7%	145	11	92.4%
	3	92	83	00:10:50	8	91.3%	3	3.3%	161	12	92.5%
	4	1	1	00:51:05	0	100.0%	0	0.0%	38	0	100.0%
Total Haltom City		330	309								
Haslet	1	5	5	00:09:00	2	60.0%	0	0.0%	44	8	81.8%
	2	9	7	00:06:58	0	100.0%	0	0.0%	29	1	96.6%
	3	6	6	00:08:19	0	100.0%	0	0.0%	31	1	96.8%



MedStar Response Time Reliability and AVG Response Time Performance

Period: Mar 2019

Member City	Pri	Current Month							100 Response Compliance Period		
		Calls	On Scene	Avg RT	Late Responses	On Time %	Extended Responses Count	%	Compliance Calculated Responses	Late Responses	On Time %
Total Haslet		19	17								
Lake Worth	1	25	24	00:07:04	2	92.0%	0	0.0%	106	9	91.5%
	2	52	50	00:05:37	0	100.0%	0	0.0%	52	0	100.0%
	3	28	26	00:07:14	1	96.4%	0	0.0%	44	3	93.2%
Total Lake Worth		104	100								
Lakeside	1	4	3	00:10:49	2	50.0%	0	0.0%	9	3	66.7%
	2	2	2	00:12:53	1	50.0%	0	0.0%	25	10	60.0%
	3	1	1	00:12:11	0	100.0%	0	0.0%	13	3	76.9%
Total Lakeside		7	6								
River Oaks	1	11	11	00:09:41	4	63.6%	1	9.1%	105	19	81.9%
	2	28	27	00:09:00	2	92.9%	0	0.0%	48	4	91.7%
	3	17	16	00:10:58	2	88.2%	0	0.0%	17	2	88.2%
Total River Oaks		56	54								
Saginaw	1	26	26	00:08:32	5	80.8%	0	0.0%	26	5	80.8%
	2	78	71	00:08:23	4	94.9%	0	0.0%	148	9	93.9%
	3	24	21	00:12:28	5	79.2%	1	4.2%	86	8	90.7%
	4	5	5	00:19:28	0	100.0%	0	0.0%	5	0	100.0%
Total Saginaw		133	123								
Sansom Park	1	12	12	00:06:27	0	100.0%	0	0.0%	103	8	92.2%
	2	39	38	00:08:29	5	87.2%	0	0.0%	95	6	93.7%
	3	21	21	00:09:58	0	100.0%	0	0.0%	31	0	100.0%
	4	3	3	00:08:34	0	100.0%	0	0.0%	9	0	100.0%
Total Sansom Park		75	74								
Westover Hills	2	2	2	00:10:40	0	100.0%	0	0.0%	8	0	100.0%
	3	1	1	00:14:46	0	100.0%	0	0.0%	8	1	87.5%
Total Westover Hills		3	3								
Westworth Village	1	6	6	00:06:51	0	100.0%	0	0.0%	51	5	90.2%
	2	22	19	00:07:57	2	90.9%	0	0.0%	47	3	93.6%
	3	15	14	00:11:29	1	93.3%	0	0.0%	40	2	95.0%



MedStar Response Time Reliability and AVG Response Time Performance

Period: Mar 2019

Member City	Pri	Current Month							100 Response Compliance Period		
		Calls	On Scene	Avg RT	Late Responses	On Time %	Extended Responses Count	Extended Responses %	Compliance Calculated Responses	Late Responses	On Time %
Total Westworth Village		43	39								
White Settlement	1	54	54	00:06:33	5	90.7%	0	0.0%	111	6	94.6%
	2	101	97	00:06:36	6	94.1%	1	1.0%	101	6	94.1%
	3	60	58	00:07:37	1	98.3%	0	0.0%	60	1	98.3%
	4	6	6	00:08:44	0	100.0%	0	0.0%	11	0	100.0%
Total White Settlement		221	215								
System Wide	1	2785	2670	00:08:00	376	86.5%	45	1.6%	3477	462	86.7%
	2	5853	5424	00:08:10	454	92.2%	51	0.9%	6254	489	92.2%
	3	3050	2831	00:09:30	194	93.6%	34	1.1%	3466	221	93.6%
	4	1193	1189	00:25:18	65	94.6%	20	1.7%	1287	66	94.9%
Total System Wide		12881	12114								

* CAD down on 3/27/19. Appx 25 calls (none late) were manually added to this report.

Tab G -- FRAB

Tab H – Human Resources

**FMLA Leave of Absence (FMLA Detailed Report)
Fiscal Year 10/1/18 - 12/31/2019
Percentages by Department/Conditions**

Conditions		Percentages by Department					
			#of EEs	# on FMLA	% of FTE	% by FMLA	% by Dep
Asthma	1	Administrative	1	1	0.22%	1.85%	100.00%
Bariatric	1	Advanced	128	13	2.91%	24.07%	10.16%
Cardiology	3	Basics	134	12	2.68%	22.22%	8.96%
Carpel Tunnel Surgery	1	Business Intelligence - Deployment, QI, Scheduler	4	1	0.22%	1.85%	25.00%
Chronic Illness	2	Business Office	29	7	1.57%	12.96%	24.14%
Colorectal Surgery	1	Communications	35	4	0.89%	7.41%	11.43%
ENT Surgery	2	Controller - Payroll, A/P, Purchasing	4	2	0.45%	3.70%	50.00%
FMLA - Child	10	Mobile Integrated Health	14	4	0.89%	7.41%	28.57%
FMLA - Parent	8	MTAC - MedStar Training Academy	13	1	0.22%	1.85%	7.69%
FMLA - Spouse	5	Office of the Medical Director	9	2	0.45%	3.70%	22.22%
Gastroenterology	3	Support Services - Facilities, Fleet, S.E., Logistics, S.E., Logistics	37	7	1.57%	12.96%	18.92%
Gynecological	2	Grand Totals	407	54			
Migraines	3	Total # of Full Time Employees - September 2018	447				
Ophthalmology	1	% of Workforce using FMLA	12.08%				
Orthopedic - Back	2						
Orthopedic - Knee	2	TYPE OF LEAVES UNDER FMLA	# of Ees	% on Leave			
Psychological	5	Intermittent Leave	49	90.74%			
Rheumatoid Arthritis	1	Block of Leave	8	14.81%			
Surgery	1	Total	57	105.56%			
Grand Total	54						

LIGHT DUTY for Fiscal Year 2018-20													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Goal
Hours/Mo	350:17	242:08	525:00	329:52	300:14	217:13	0:00	0:00	0:00	0:00	0:00	0:00	
FY 2018	350:17	592:28	1117:21	1447:17	1747:37	1964:44	1964:44	1964:44	1964:44	1964:44	1964:44	1964:44	3767:58
FY 2019	151:32	199:27	528:33	879:24	1220:13	1399:43	1828:41	2650:18	3214:34	3679:31	3978:13	4186:38	

GOAL: Reduce number of lost hours due to job-related injuries by

Worker's Comp LOA for Fiscal Year 2018-20													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Goal
Hours/Mo	5:10	0:00	16:38	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	
FY 2018	5:10	5:10	21:48	21:48	21:48	21:48	21:48	21:48	21:48	21:48	21:48	21:48	32:24
FY 2019	0:00	12:00	36:00	36:00	36:00	36:00	36:00	36:00	36:00	36:00	36:00	36:00	

GOAL: Reduce number of lost hours due to job-related injuries by

FMLA LOA for Fiscal Year 2018-20													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	AVG
Hours/Mo	1688:40	1494:22	1275:33	1378:42	1060:48	1175:44	0:00	0:00	0:00	0:00	0:00	0:00	807:23
FY 2018	1688:40	3183:02	4458:31	5837:19	6898:07	8073:57	8073:57	8073:57	8073:57	8073:57	8073:57	8073:57	
FY 2019	1536:31	3007:31	4463:20	6080:45	7317:29	9154:12	11121:30	13431:47	14527:50	15672:47	16489:31	17157:21	1429:00:00

Military Leave for Fiscal Year 2017-20													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	AVG
Hours/Mo	72:00	48:00	72:00	116:00	59:00	120:00	0:00	0:00	0:00	0:00	0:00	0:00	48:42
FY 2018	72:00	120:00	192:00	308:00	367:00	487:00	487:00	487:00	487:00	487:00	487:00	487:00	

*Unfilled shifts only

Total Leave Hours													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	AVG
Hours/Mo	2116:01	1784:30	1889:11	1824:34	1420:02	1512:51	0:00	0:00	0:00	0:00	0:00	0:00	1054:44
FY 2018	2116:01	3900:31	5789:50	7614:24	9034:28	10547:23	10547:23	10547:23	10547:23	10547:23	10547:23	10547:23	

Summary of Fiscal Year 2018-20					
	Light Duty	Worker's Comp	FMLA	Military	Total
YTD	1964:44	21:48	8073:57	487:00	10547:23
Goal-Compare	3767:58	32:24	17157:28	1543:05	5343:27

MedStar Mobile Health Care Separation Statistics - March 2019

	Current Month			Year to Date			Compared to Mar 18		Headcount
	Vol	Invol	Total	Vol	Invol	Total	Mar-18	%inc/dec	Mar-19
Full Time Separations	6	0	6	19	5	24	30	-20.0%	447
Part Time Separations	3	0	3	25	0	25	10	150.0%	56
Total Separations	9	0	9	44	5	49	40	22.5%	503

	Full Time	Part Time	Total	Full Time	Part Time	Total
Total Turnover %	1.34%	5.36%	1.79%	5.37%	44.64%	9.74%

Separations by Department

Full time

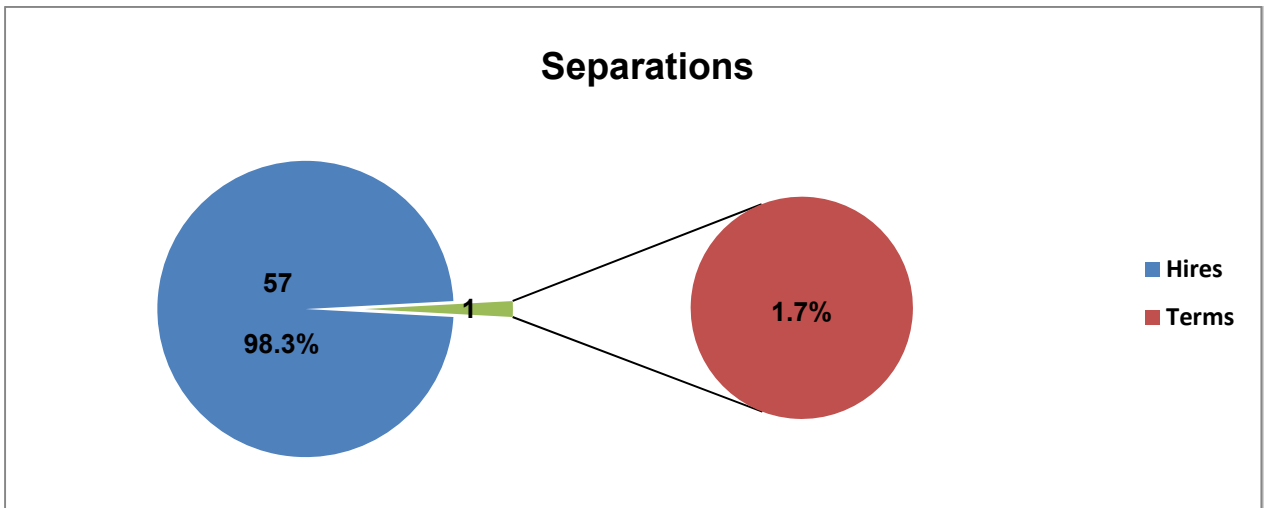
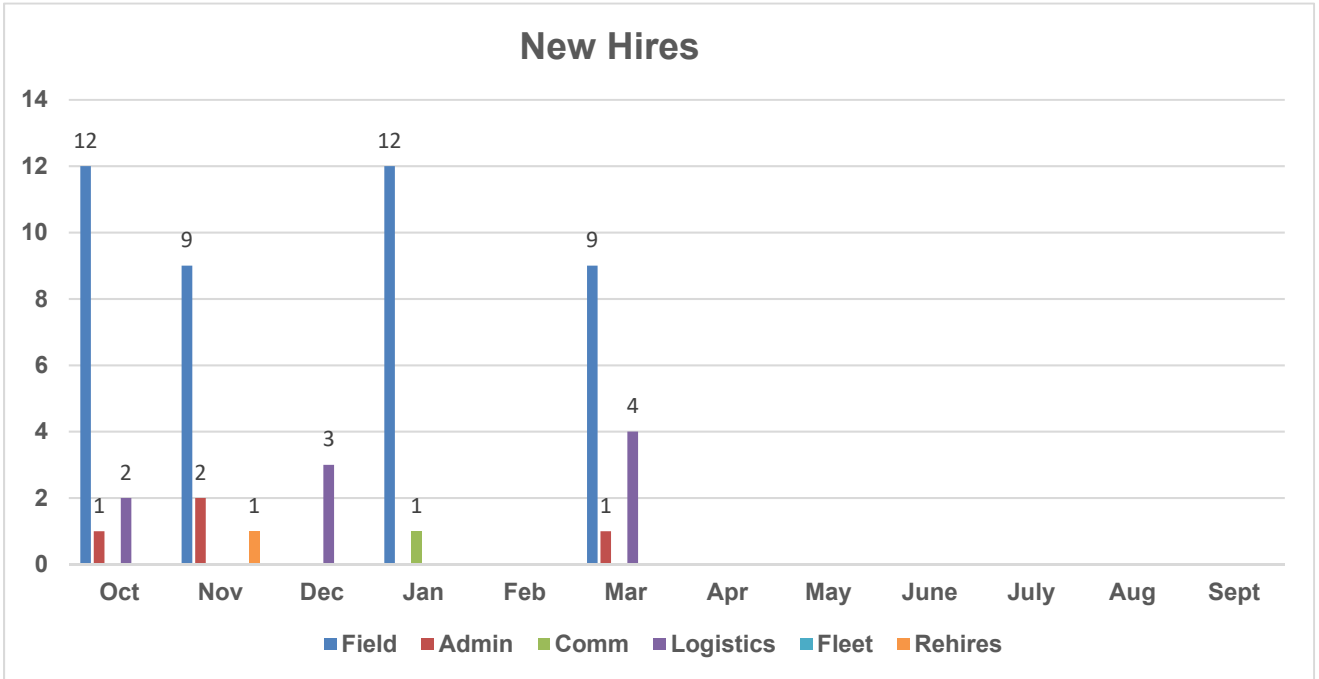
	Current Month			Year to Date			Headcount
	Vol	Invol	Total	Vol	Invol	Total	Mar-19
Administration							1
Advanced				5	1	6	128
Basics	2	0	2	4	3	7	134
Business Intelligence - Deployment, QI, Scheduler							4
Business Office				1	0	1	29
Communications	1	0	1	1	0	1	35
Compliance							1
Controller - Payroll, Purchasing, A/P							4
Customer Integration							1
Executives	1	0	1	1	0	1	6
Field Manager/Supervisors - Operations							18
Human Resources				1	0	1	6
Information Technology				1	0	1	2
Medical Records							2
Mobile Integrated Health Department							14
MTAC - MedStar Training Academy							13
Office of the Medical Director				1	0	1	9
Risk and Safety							3
Support Services - Facilities, Fleet, S.E., Logistics	2	0	2	4	1	5	37
Total	6	0	6	19	5	24	447

Part Time

	Current Month			Year to Date			Headcount
	Vol	Invol	Total	Vol	Invol	Total	Mar-19
Advanced	2	0	2	7	0	7	31
Basics	1	0	1	11	0	11	20
Business Intelligence - Deployment, QI, Scheduler							
Business Office							
Communications Department				2	0	2	0
Compliance							
Controller - Payroll, Purchasing, A/P							
Customer Integration							
Deployment							
Directors							
Field Manager/Supervisors							
Fleet							
Human Resources				1	0	1	0
Information Technology							
Medical Records							
Mobile Integrated Health Department				2	0	2	2
MTAC - MedStar Training Academy							
Office of the Medical Director							
Risk and Safety							
Support Services - Facilities, Fleet, S.E., Logistics				2	0	2	3
Total	3	0	3	25	0	25	56

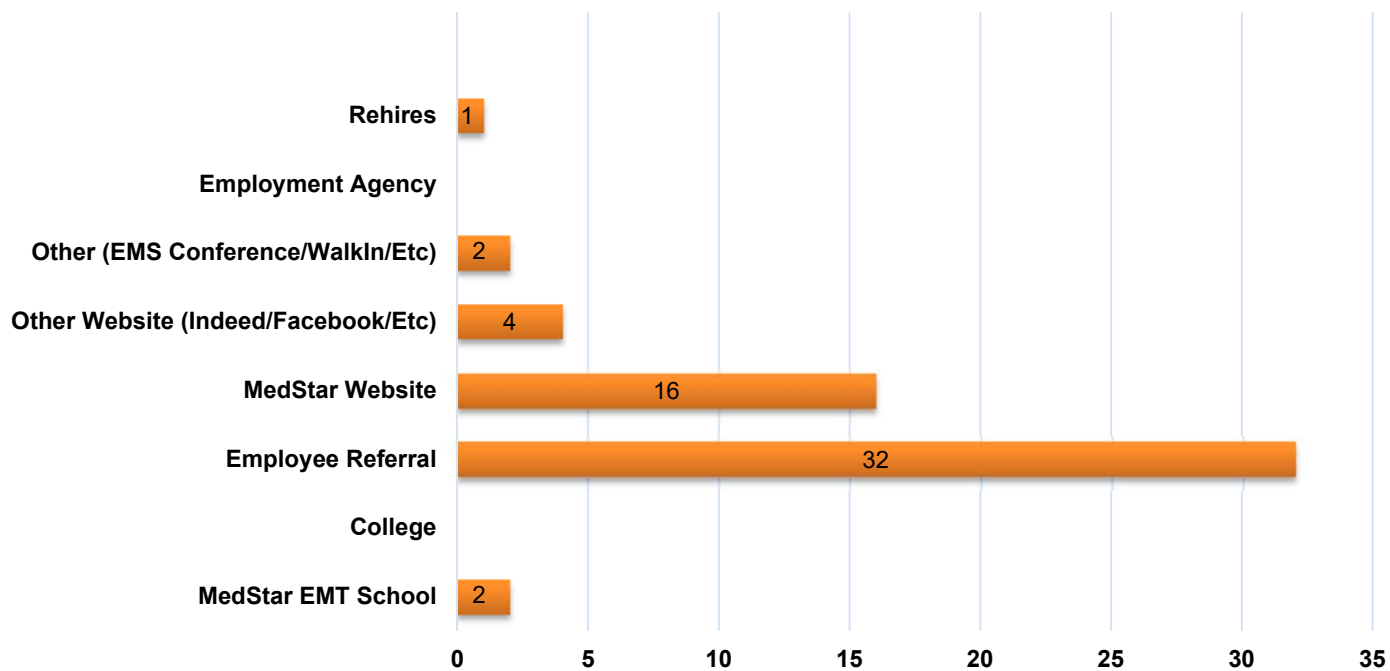
Recruiting & Staffing Report

Fiscal Year 2018-2019

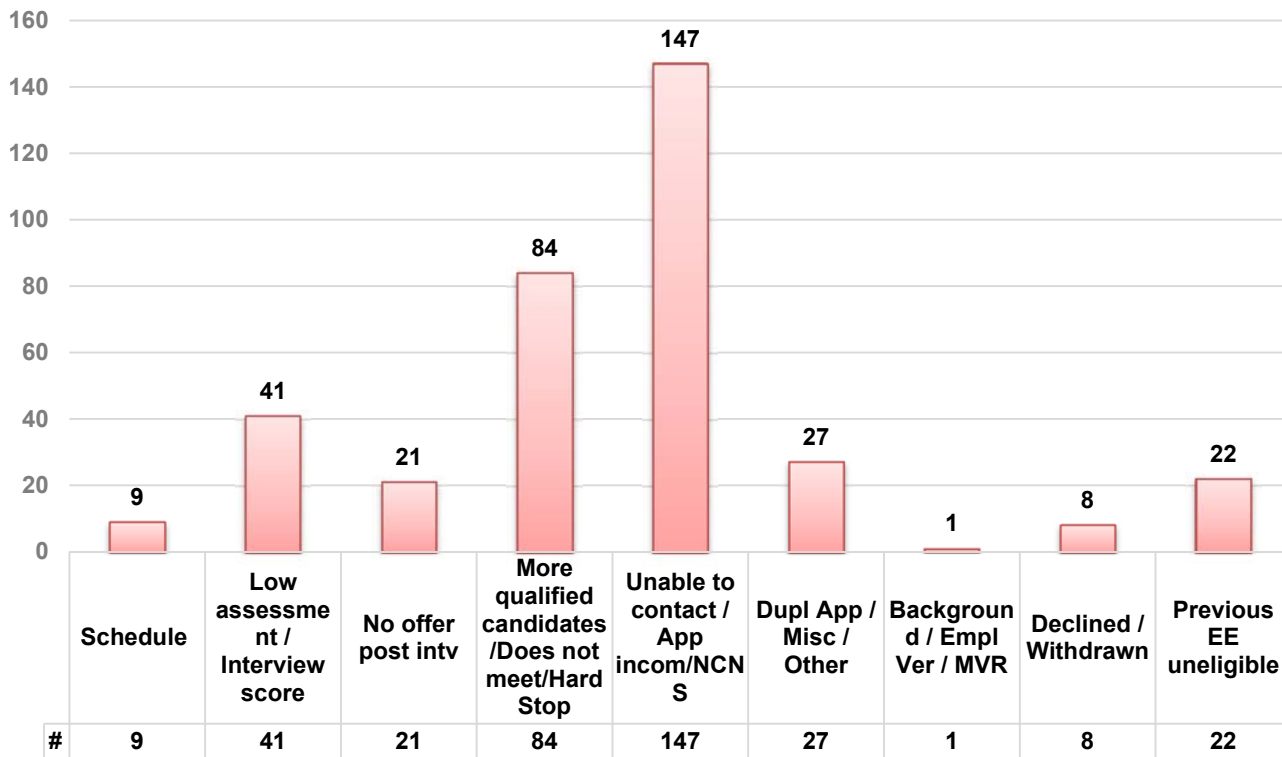


Fiscal Year Statistics
 Total hires to date 57
 Total separations from hires 1
 Separation Reason from Hire:
 Medical - 1

New Hire Referral Source



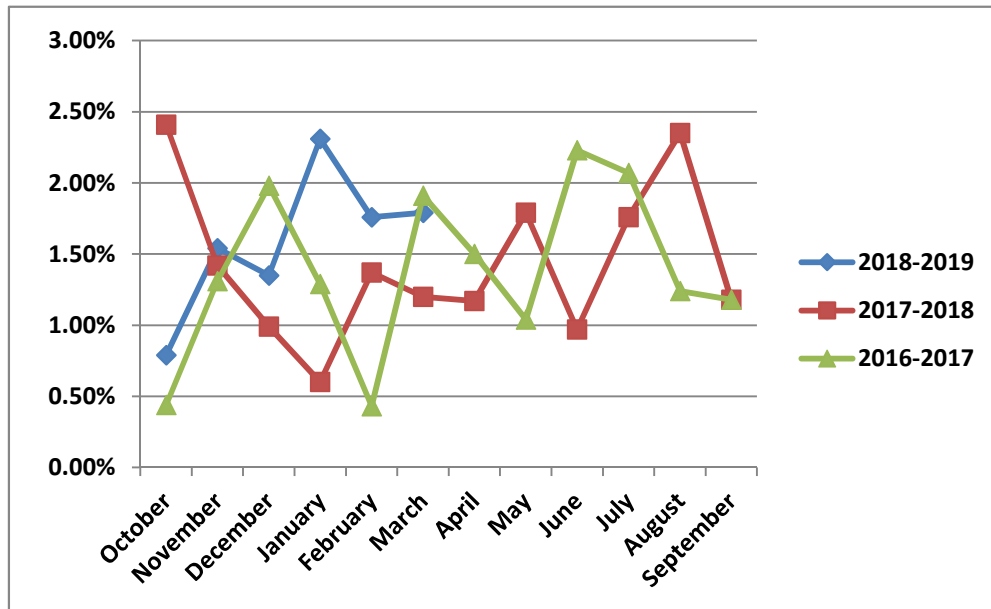
Applicant Rejection Reasons



TOTAL APPLICATIONS REJECTED - 360
 TOTAL APPLICATIONS REVIEWED - 417

MedStar Mobile Healthcare Turnover Fiscal Year 2018-2019

	Full & Part Time Turnover			Full Time Only
	2018-2019	2017-2018	2016-2017	2018-2019
October	0.79%	2.41%	0.44%	0.46%
November	1.54%	1.42%	1.31%	0.88%
December	1.35%	0.99%	1.98%	0.66%
January	2.31%	0.60%	1.29%	1.10%
February	1.76%	1.37%	0.43%	0.89%
March	1.79%	1.20%	1.91%	1.34%
April		1.17%	1.50%	
May		1.79%	1.04%	
June		0.97%	2.23%	
July		1.76%	2.07%	
August		2.35%	1.24%	
September		1.18%	1.18%	
Projected	19.080%	17.210%	16.620%	10.660%



COMMONLY USED ACRONYMS

A

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

CISD – Critical Incident Stress Debriefing

CISM – Critical Incident Stress Management

CMS – Centers for Medicare and Medicaid Services

COG – Council of Governments, Continuity of Government

D

DFPS – Department of Family and Protective Services

DHSH – Department of State Health Services

DNR – Do Not Resuscitate

E

ED – Emergency Department

ER – Emergency Room

EKG – ElectroCardioGram

EMD – Emergency Medical Dispatch (protocols)

EMS – Emergency Medical Services

EMT – Emergency Medical Technician

EMTALA – Emergency Medical Treatment and Labor Act

EMT – I – Intermediate

EMT – P – Paramedic

EMTF – EMT Fatigue

ePCR – Electronic Patient Care Report

ePCHR – Electronic Patient Health Record

ER – Emergency Room

F

FRAB – First Responder Advisory Board

FTE – Full Time Equivalent (position)

FTO – Field Training Officer

FRO – First Responder Organization

G

GCS – Glasgow Coma Scale

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

MCI – Mass Casualty Incident

MI – Myocardial Infarction

MICU – Mobile Intensive Care Unit

MIH – Mobile Integrated Health

N

NAEMSP – National Association of EMS Physicians

NAEMT – National Association of Emergency Medical Technicians (US)

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 Medical Director

OLPG – On Line Protocol Guidance

P

PALS – Pediatric Advanced Life Support

PHTLS – Pre-Hospital Trauma Life Support

PSAP – Public Safety Answering Point (911)

PUM – Public Utility Model

Q

R

RFQ – Request for Quote

RFP – Request for Proposal

S

SSM – System Status Management

STEMI – ST Elevation Myocardial Infarction

T

U

V

VFIB – Ventricular fibrillation; an EKG rhythm

W

X/Y/Z