



**Metropolitan Area EMS Authority (MAEMSA)**

**d.b.a. MedStar Mobile Healthcare**

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**Board of Directors**

**October 23, 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: October 23, 2019; 10:00 a.m.**

- |             |                                   |   |  |
|-------------|-----------------------------------|---|--|
| <b>I.</b>   | <b>CALL TO ORDER</b>              |   | Dr. Brian Byrd                               |
| <b>II.</b>  | <b>INTRODUCTION<br/>OF GUESTS</b> |   | Dr. Brian Byrd                               |
| <b>III.</b> | <b>CONSENT<br/>AGENDA</b>         | Items on the consent agenda are of a routine nature. To expedite the flow of business, these items may be acted upon as a group. Any board member may request an item be removed from the consent agenda and considered separately. The consent agenda consists of the following: |  |
|             | <b>BC – 1404</b>                  | Approval of board minutes from August 28, 2019 meeting.   | Dr. Brian Byrd<br>Pg. 4                      |
|             | <b>BC – 1405</b>                  | Approval of Check History for August and September 2019.  | Dr. Brian Byrd<br>Pg. 8                      |
| <b>IV.</b>  | <b>NEW BUSINESS</b>               |   |  |
|             | <b>BC – 1406</b>                  | Approve Clinical Performance Bundle – OHCA.   | Douglas Hooten<br>Pg. 11-13                  |
| <b>V.</b>   | <b>MONTHLY REPORTS</b>            |   |  |
|             | <b>A.</b>                         | Chief Executive Officer’s Report  | Douglas Hooten                               |
|             | <b>B.</b>                         | Office of the Medical Director Report   | Dwayne Howerton<br>Dr. Veer Vithalani        |
|             | <b>C.</b>                         | Chief, Financial Officer  | Steve Post                                   |
|             | <b>D.</b>                         | Chief, Strategic Integration Officer  | Matt Zavadsky                                |
|             | <b>E.</b>                         | Compliance Officer/Legal  | Chad Carr<br>Kristofer Schleicher            |
|             | <b>F.</b>                         | Chief, Operations   | Ken Simpson                                  |
|             | <b>G.</b>                         | FRAB  | Fire Chief Jim Davis<br>Fire Chief Kirt Mays |
|             | <b>H.</b>                         | Human Resources   | Tina Smith                                   |
| <b>VI.</b>  | <b>OTHER<br/>DISCUSSIONS</b>      |   |  |

**VII. 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.

**VIII. RECONVENE FROM CLOSED SESSION**

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

**IX. ADJOURNMENT**



## MINUTES

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

2900 Alta Mere Dr., Fort Worth, TX 76116

August 28, 2019

The Metropolitan Area EMS Authority Board of Directors met on August 28, 2019 at MedStar Mobile Healthcare offices.

#### I. CALL TO ORDER

Chairman Brian Byrd called the meeting to order at 10:01 a.m.

MedStar Board members present: Dr. Brian Byrd, Chairman, Dr. Janice Knebl, Dr. Rajesh Gandhi, Paul Harral, Matthew Aiken, Dr. Chris Bolton, EPAB; Douglas Hooten (Ex-officio), Fire Chief Kirt Mays (Ex-officio), Fire Chief Jim Davis (Ex-officio), Dr. Veer Vithalani (Ex-officio) and Kristofer Schleicher, General Counsel for MAEMSA d/b/a MedStar Mobile Healthcare.

Guests present were Dr. Gary Floyd of EPAB, Dr. Brian Miller, OMD; Fire Chief Casey Davis, Fire Chief Doug Spears, Fire Chief K.T. Freeman and Jeremy Bishop of FTW Local 440 . Also present were Dale Rose, Tina Smith, Chad Carr, Ken Simpson, Steve Post, Matt Zavadsky, Desi Partain, Misti Skinner, Buck Gleason and Marianne Schmidt; all with MedStar.

#### II. INTRODUCTION OF GUESTS

Dr. Floyd introduced Chris Bolton, MD. He works in Emergency Medicine at Baylor Scott & White All Saints Medical Center – Fort Worth. He is also a member of EPAB’s Executive Committee. Dr. Bolton will be the interim EPAB board member until a new member is picked.

Steve Post introduced Misti Skinner, MedStar’s new Controller.

#### III. CONSENT AGENDA

**BC – 1396 Approval of Board minutes for June 6, 2019.**

**BC – 1397 Approval of Check History for April, May, June and July 2019.**

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

#### IV. OLD BUSINESS

There was no old business.

#### V. NEW BUSINESS

**BC – 1398 Approval of MAEMSA BUDGET**

The motion to approve was made by Paul Harral and seconded by Janice Knebl. The motion carried unanimously.

**BC – 1399 Approval of funding for purchase of tablets for electronic patient care platform for First Responders.**

Fire Chief Doug Spears noted that the requested amount should be changed from \$162,500 to \$182,500 to add 20 more devices. The motion to approve at the amount of \$182,500 was made by Paul Harral and seconded by Janice Knebl. The motion carried unanimously.

Dr. Floyd asked for this BC to be sent to him and he will take it to the EPAB board for discussion about funding the request out of the EPAB reserve account.

**BC – 1400 Assets to be declared surplus.**

The motion to approve was made by Matt Akin and seconded by Janice Knebl. The motion carried unanimously.

**BC – 1401 Approval to purchase 2020 Truck Chasses.**

The motion to approve was made by Paul Harral and seconded by Janice Knebl. The motion carried unanimously.

**BC – 1402 Appoint Board representatives to Interlocal Agreement work group.**

The motion to appoint Dr. Brian Byrd, Matt Akin and Paul Harral as MAEMSA Board representatives was made by Janice Knebl and seconded by Chris Bolton. The motion carried unanimously. Doug Hooten, Dr. Vithalani and Kristofer Schleicher will also participate in the work group.

**BC – 1403 Appoint Board representatives to subcommittee to review performance and compensation of Chief Executive Officer, General Counsel and Interim Medical Director.**

The motion to appoint Matt Akin, Paul Harral and Brian Byrd was made by Janice Knebl and seconded by Chris Bolton. The motion carried unanimously.

**VI. MONTHLY REPORTS**

**A. Chief Executive Officer:** Douglas Hooten: The North Deployment Center is still under construction and will be completed in February 2020 and on budget.

**B. Office of the Medical Director:** Dr. Vithalani reviewed Tab B.

**C. Chief Financial Officer:** Steve Post reviewed Tab C.

**D. Chief Strategic Integration Officer:** Matt Zavadsky reviewed Tab D.

**E. Compliance Officer/Legal:** Chad Carr reviewed Tab E.

**F. Chief Operations:** Ken Simpson reviewed Tab F.

**G. FRAB:** Fire Chief Mays stated that they have three Fire Chiefs who will be on the Interlocal agreement work group: Fire Chief Jim Davis, Fire Chief K.T. Freeman and Fire Chief Doug Spears.

**H. Human Resources:** Tina Smith reviewed Tab H.

**VII. CLOSED SESSION**

Chairman Byrd announced the Board would now conduct a closed session under 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.

The closed session began at 11:26 a.m. and ended at 11:32 a.m. at which time Dr. Byrd reconvened the regular meeting.

#### **VIII. ADJOURNMENT**

There being no further business, Chairman Byrd adjourned the meeting at 11:32 a.m.

Respectfully submitted,

Janice Knebl  
Secretary







**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare**  
**AP Check Details Over 5000.00**  
**For Checks Between 8/1/2019 and 8/31/2019**

Check Number	CK Date	Vendor Name	Check Amount	Description
82019	8/20/2019	WEX Bank	98,982.51	Fuel
98410	8/9/2019	Arrow International, Inc.	6,096.50	Medical Supplies
98412	8/9/2019	AT&T	5,131.91	Internet
98413	8/9/2019	AT&T Mobility	23,612.23	Cell Phones/AirCards/Non Stock
98414	8/9/2019	Bayshore Solutions	6,842.50	Website Build
98415	8/9/2019	Bound Tree Medical LLC	37,290.91	Medical Supplies
98416	8/9/2019	Bruce Lowrie Chevrolet	9,977.47	Various Parts
98418	8/9/2019	CDW Government Inc	5,958.26	New Ipads For Field Test
98422	8/9/2019	Continental Benefits	57,035.49	Health Insurance - Aug Premium
98424	8/9/2019	Dell Marketing LP	7,725.00	Jennifer's Laptop
98425	8/9/2019	Direct Energy Business	11,553.56	Electric Service
98440	8/9/2019	Maintenance of Ft Worth, Inc.	9,118.52	tile deep clean
98444	8/9/2019	NRS	28,141.64	Collection agency fees
98458	8/9/2019	Paranet Solutions	20,158.20	Nutanix Hardware Migration – S
98462	8/9/2019	ReCept Pharmacy	16,060.37	Medical Supplies
98472	8/9/2019	XL Parts	7,983.28	Various Parts
98473	8/9/2019	Zoll Medical Corporation	9,752.05	Medical Supplies
98474	8/13/2019	Innovative Developers, Inc.	736,868.61	N. Deployment Center
98484	8/15/2019	Bound Tree Medical LLC	12,374.86	Medical Supplies
98488	8/15/2019	CyrusONe	6,024.00	Bandwidth
98490	8/15/2019	Delta Dental Insurance Comany	19,613.43	Dental - August Premium
98492	8/15/2019	Fort Worth Heat & Air	10,186.44	driver repair
98504	8/15/2019	Paranet Solutions	49,854.86	Agreement Managed IT Services
98528	8/22/2019	AT&T	6,043.94	Voice over IP
98532	8/22/2019	Bound Tree Medical LLC	45,017.50	Medical Supplies
98534	8/22/2019	Care Now Corporate	5,637.00	Randoms/TB Test/Pre-Employment
98538	8/22/2019	City of Fort Worth Water Department	5,951.69	Water Service
98543	8/22/2019	Fulcrum Group	35,437.40	Red Hat Enterprise Renewal
98547	8/22/2019	Innovative Developers, Inc.	8,495.09	car wash design
98552	8/22/2019	Mobile Wireless, LLC	5,438.00	Second NetMotion server license
98563	8/22/2019	SafeTech Solutions	35,000.00	40 hr Leadership course Aug 26
98566	8/22/2019	PRUDENTIAL GROUP INSURANCE	20,183.12	Basic Life/LTD/STD/Supp Life - Aug Premium
98567	8/22/2019	ReCept Pharmacy	13,012.96	Medical Supplies
98576	8/22/2019	XL Parts	7,514.34	Various Parts
98577	8/22/2019	Zoll Medical Corporation	8,660.14	monitor supplies
98626	8/28/2019	Bayshore Solutions	6,842.50	Website Build
98629	8/28/2019	Continental Benefits	48,440.69	Health Insurance - Sept Premium
98630	8/28/2019	Delta Dental Insurance Comany	18,751.72	Dental - September Premium
98644	8/28/2019	Pearson Education	5,009.50	Ben Barber Books
98646	8/28/2019	Stryker	134,013.92	Maintenance
98648	8/28/2019	Texas Auto Painting & Collision Repair	7,227.09	M801 accident repairs
98652	8/28/2019	ZirMed Inc	12,482.55	Claims/Invoices/Verification/Payments
8132019	8/13/2019	Frost	5,349.15	Interest on Loan #001647456300
8202019	8/20/2019	American Express	11,535.85	Credit Card Bill
8272019	8/27/2019	Frost	30,067.92	Frost Loan
8292019	8/29/2019	Veer D. Vithalani	22,070.92	Med Dir Salary and Cell Phone
190829005	8/29/2019	UT Southwestern Medical Center	12,833.33	Assoc Med Dir- B Miller - Aug



**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare**  
**AP Check Details Over 5000.00**  
**For Checks Between 9/1/2019 and 9/30/2019**

Check Number	CK Date	Vendor Name	Check Amount	Description
8222	9/16/2019	American Express	6,049.12	Credit Card Charges
92519	9/26/2019	Frost	30,067.92	Frost Loan - September
92619	9/26/2019	UT Southwestern Medical Center	12,833.33	Assoc Med Dir - B Miller - Sept
98662	9/6/2019	Bound Tree Medical LLC	18,458.28	Medical Supplies
98672	9/6/2019	Direct Energy Business	11,265.77	Electric Service
98678	9/6/2019	Innovative Developers, Inc.	323,136.39	N. Deployment Center
98684	9/6/2019	NRS	45,675.76	Collection agency fees
98703	9/6/2019	ReCept Pharmacy	9,356.38	Medical Supplies
98716	9/6/2019	Zoll Data Systems Inc	7,271.84	Rescue Net Billing
98717	9/6/2019	Zoll Medical Corporation	7,994.55	Medical Supplies
98725	9/12/2019	AT&T	6,564.16	Circuit Line for T1
98726	9/12/2019	AT&T Mobility	15,523.26	Aircards and Cell Phones
98728	9/12/2019	Bound Tree Medical LLC	35,079.58	Medical Supplies
98760	9/12/2019	Pearson Education	11,583.33	Books for MedStar Fall EMT Class
98762	9/12/2019	PRUDENTIAL GROUP INSURANCE	19,774.24	Basic Life/LTD/STD/Supple Life - Sept Premium
98763	9/12/2019	ReCept Pharmacy	6,020.53	Medical Supplies
98764	9/12/2019	SafeTech Solutions	28,000.00	Facilitation of 2Day leadership
98767	9/12/2019	Texas Auto Painting & Collision Repair	5,667.90	M80 Code100 repairs
98768	9/12/2019	TML Intergovernmental Risk Pool	7,633.55	July 2019 Deductibles
98824	9/19/2019	Bound Tree Medical LLC	25,472.36	Medical Supplies
98827	9/19/2019	Callidus Software Inc	13,250.00	Limtos Gold Annual Renewal
98833	9/19/2019	Communication Center Specialists Inc.	5,250.00	Console Cleaning
98837	9/19/2019	Dell Marketing LP	14,310.90	Wyse thin clients for new server
98840	9/19/2019	Evans Consoles	17,410.00	New Chairs
98862	9/19/2019	Paranet Solutions	120,044.63	Nutanix Hardware Migration
98863	9/19/2019	ReCept Pharmacy	9,030.96	Medical Supplies
98867	9/19/2019	Tarrant County College	10,150.00	Paramedic Classes
98869	9/19/2019	Thermal Equipment Corp	6,050.00	sensor replacement
98877	9/19/2019	XL Parts	5,178.57	Various Parts
98887	9/26/2019	AT&T	6,562.93	Voice over IP
98891	9/26/2019	Bound Tree Medical LLC	21,608.34	Medical Supplies
98900	9/26/2019	City of Fort Worth Water Department	5,808.67	Water Service:
98902	9/26/2019	Continental Benefits	29,026.80	Medical Plan Admin/PEPM Fee
98905	9/26/2019	ESO Solutions Inc	6,987.60	ePro Sched/BioClock/Logis CAD
98916	9/26/2019	NRS	35,310.97	Collection agency fees
98923	9/26/2019	ReCept Pharmacy	9,882.79	Medical Supplies
98926	9/26/2019	T & W Tire	5,505.90	Tires
98939	9/26/2019	XL Parts	6,395.02	Various Parts
98940	9/26/2019	ZirMed Inc	11,355.23	Verification, Payments, Claims
98941	9/26/2019	Zoll Medical Corporation	5,952.10	Monitor Supplies
9122019	9/12/2019	Frost	8,316.09	Interest Loan
9162019	9/16/2019	WEX Bank	89,881.68	Fuel
9262019	9/26/2019	Veer D. Vithalani	22,070.92	Medical Dir Salary

**MAEMSA  
BOARD COMMUNICATION**

<b>Date:</b> 10/23/2019	<b>Reference #:</b> BC-1406	<b>Title:</b> Approval of Clinical Performance Bundle – OHCA.
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**RECOMMENDATION:**

That the MAEMSA approve the System Performance Task Force recommended performance measures for the Out-of-Hospital Cardiac Arrest bundle of care.

**DISCUSSION:**

The Metropolitan Area EMS Authority (MAEMSA) sets operational and clinical performance measures for the emergency medical services system operating in the jurisdictions that are part of the MAEMSA. As part of the performance measures adoption process, the MAEMSA established a System Performance Task Force (comprised of representatives of area First Responders, MedStar and the Office of the Medical Director) to continuously review system performance, advise the MAEMSA Board, and recommend system performance measures that are focused on patient outcomes.

The initial project undertaken by the Task force was to formulate and recommended ambulance response time goals, which were approved by the MAEMSA Board on December 14th, 2016.

On August 22, 2019, the System Performance Task Force approved the first clinical bundle of care for the Out-of-Hospital Cardiac Arrest (OHCA).

These measures meet the Task Force’s goals of being evidence-based, clinically relevant and are able to be tracked and reported by all first response organizations and MedStar.

**FINANCING:**

N/A

<b>Submitted by:</b> <u>Douglas Hooten</u>	<b>Board Action:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Continued until _____
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# Metropolitan Area EMS Authority

## EMS System Clinical Performance Measures

Approved by the MAEMSA System Performance Committee - August 22, 2019

### Background:

The Metropolitan Area EMS Authority (MAEMSA) sets operational and clinical performance measures for the emergency medical services system operating in the jurisdictions that are part of the MAEMSA. As part of the performance measures adoption process, the MAEMSA established a performance standards committee, comprised of representatives of area First Responders, MedStar, and the Office of the Medical Director.

The initial project undertaken by the system performance task force established response time goals for ambulance arrival. Clinical performance measures have been developed to evaluate the bundle of care for time-sensitive-diseases along with cardiac arrest and ventilation management.

### Clinical Performance Measures:

#### Out of Hospital Cardiac Arrest (OHCA) Care Bundle

##### *Process/Procedure Components:*

- % of recognizable Out-of-Hospital Cardiac Arrests (OHCA) cases correctly identified by Dispatch
- Median time between 9-1-1 call and OHCA recognition
- % of recognized 2nd party OHCA cases that received tCPR
- Median time between 9-1-1 Access to tCPR hands on chest time for OHCA cases
- % of OHCA cases with time to tCPR < 180 sec from first key stroke
- System response time < 5 mins for Dispatch-presumed cardiac arrest
- % of cases with CCF > 90%
- % of cases with compression rate 100-120 cpm 90% of the time
- % of cases with compression depth that meet appropriate depth benchmark 90% of the time
- % of cases with mechanical CPR device placement with < 10 sec pause in chest compression
- % of cases with Pre-shock pause < 10 sec

##### *Resuscitation Outcome Components*

- % arrive at E/D with ROSC
- % discharged alive
- % neuro intact at discharge (Good or Moderate Cognition)
- % of cases with bystander CPR
- % of cases with bystander AED use
- # of people trained in hands only CPR



**MAEMSA Clinical Bundle Performance Dashboard - OHCA**

Agency:

Approved by the System  
Performance Committee 8/22/19

**Cardiac Arrest**

	Goal	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Current Avg.	Goal
% of recognizable Out-of-Hospital Cardiac Arrests (OHCA) cases correctly identified by Dispatch													
Median time between 9-1-1 call and OHCA recognition													
% of recognized 2nd party OHCA cases that received tCPR													
Median time between 9-1-1 Access to tCPR hands on chest time for OHCA cases													
% of cases with time to tCPR < 180 sec from first key stroke													
System response time < 5 mins for Dispatch-presumed cardiac arrest													
% of cases with CCF ≥ 90%													
% of cases with compression rate 100-120 cpm 90% of the time													
% of cases with compression depth that meet appropriate depth benchmark 90% of the time													
% of cases with mechanical CPR device placement with < 10 sec pause in chest compression													
% of cases with Pre-shock pause < 10 sec													
% arrive at E/D with ROSC													
% discharged alive													
% neuro intact at discharge (Good or Moderate Cognition)													
% of cases with bystander CPR													
% of cases with bystander AED use													
# of people trained in CCR													

# Tab A – Chief Executive Officer

# Tab B –Office of the Medical Director



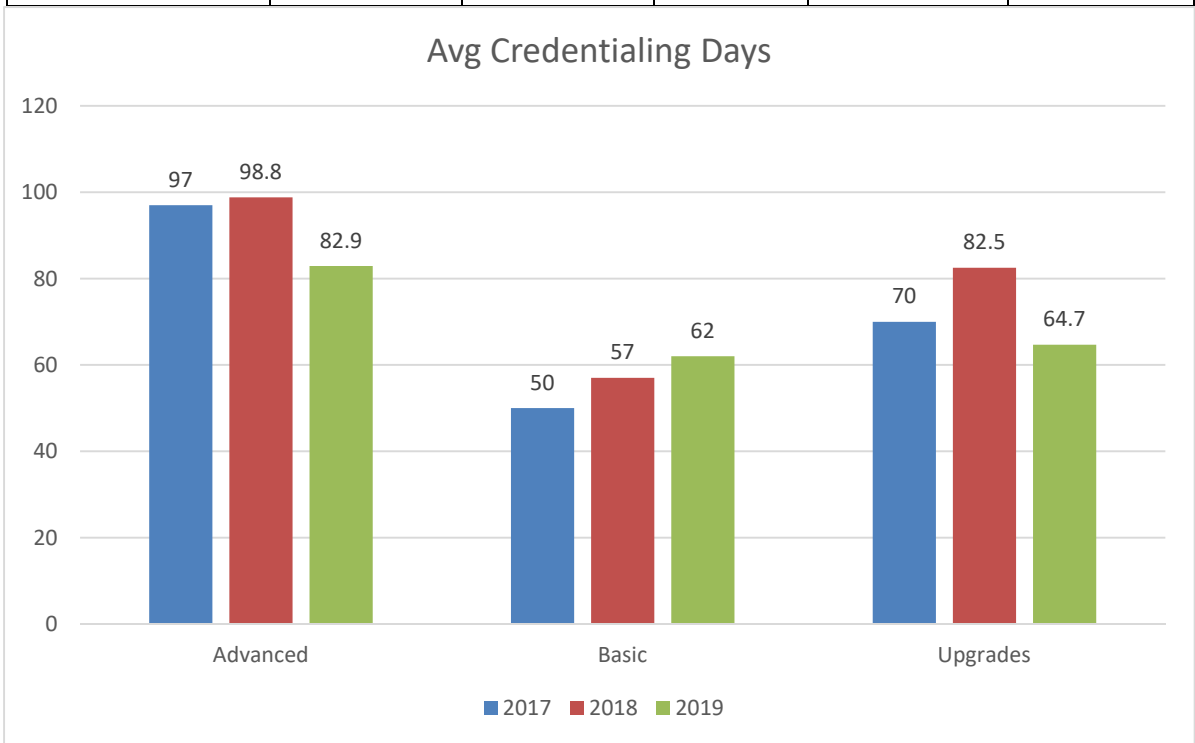
**Discussion**

**Education and Training**

- Completed 3, 5-hour advanced airway training sessions with FWFD
  - UNTHSC cadaver lab
  - 62-Advanced providers trained

**Credentialing**

2019	Candidates	Credentialed	Pulled	Separated	In-training
Advanced	11	9	0	0	2
Adv Upgrade	10	9	1	0	0
Basic	42	38	0	1	3



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





**QA**

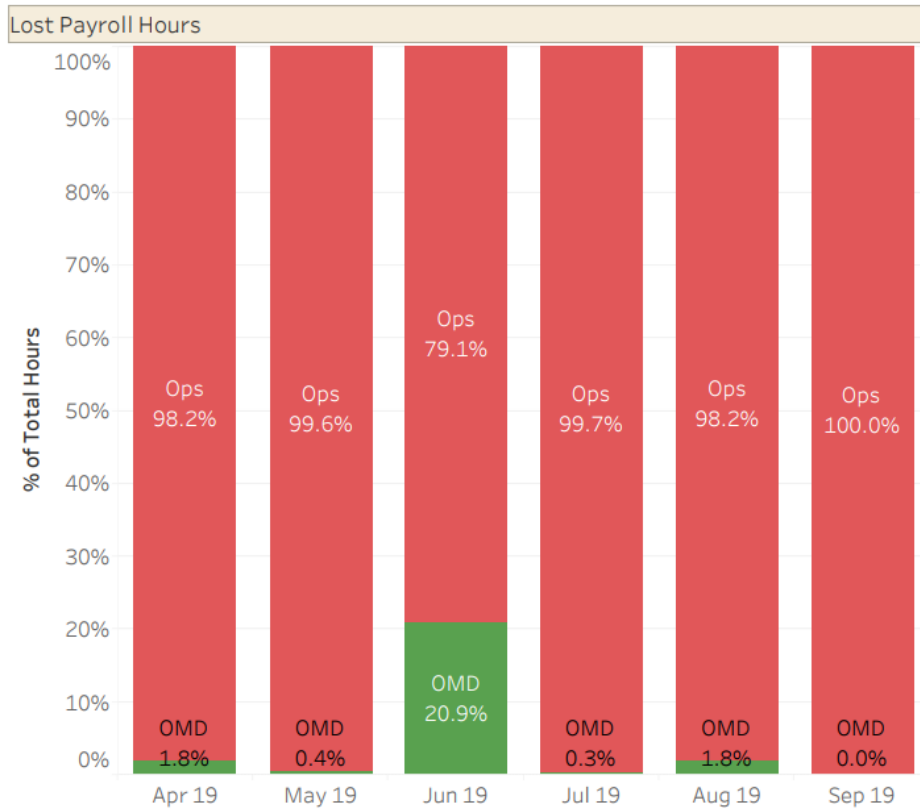
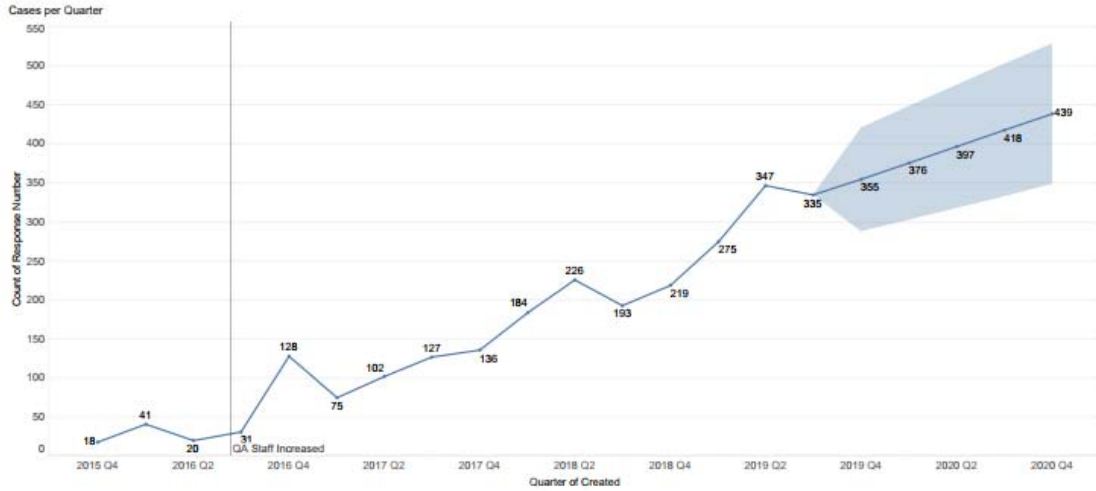
Case Acuity		September 2019
High	6	(6.9%)
Moderate	22	(25.3%)
Low	57	(65.5%)
Non QA/QI	2	(2.3%)
<b>Grand Total</b>	<b>87</b>	<b>(100.0%)</b>

Case Disposition		September 2019
Needs Improvement	27	(31.0%)
Clinically Inappropria..	2	(2.3%)
Forwarded	7	(8.0%)
No Fault	26	(29.9%)
Pending	25	(28.7%)
<b>Grand Total</b>	<b>87</b>	<b>(100.0%)</b>

Case Metrics (Time to MD Review, Time to Closure)			
Acuity	Avg. Created-Review Days	Avg. Review-Closure Days	Avg. Created-Closure Days
High	1.5 days	days	days
Moderate	2.8 days	3.0 days	4.9 days
Low	3.4 days	1.3 days	4.9 days
Non QA/QI	1.5 days	0.0 days	1.5 days
<b>Grand To..</b>	<b>3.0 days</b>	<b>1.5 days</b>	<b>4.7 days</b>

Case Origin			System Clinical Issues	
<b>CQI/First Pass</b> 28 32.2%	<b>Airway QA</b> 10 11.5%	<b>OMD</b> 10 11.5%	September 2019	
			#Unrecognized Failed A..	1
<b>Self Report</b> 21 24.1%	<b>Facility</b> 7 8.0%	<b>CPR QA</b>	Equipment Issues	2
			Inadequately Treated U..	1
	<b>Customer Relations</b> 3	<b>Ops</b> 3	Unrecognized Failed Air..	1
			<b>Case Status</b> September 2019	
			Closed	47 (54.0%)
			Open	38 (43.7%)
			Open CIP	2 (2.3%)
			<b>Grand Total</b>	<b>87 (100.0%)</b>

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



<b>Reason</b>	<span style="color: red;">■</span> Ops	<span style="color: green;">■</span> OMD
<b>Month</b>	4/1/2019 to 10/31/2019	

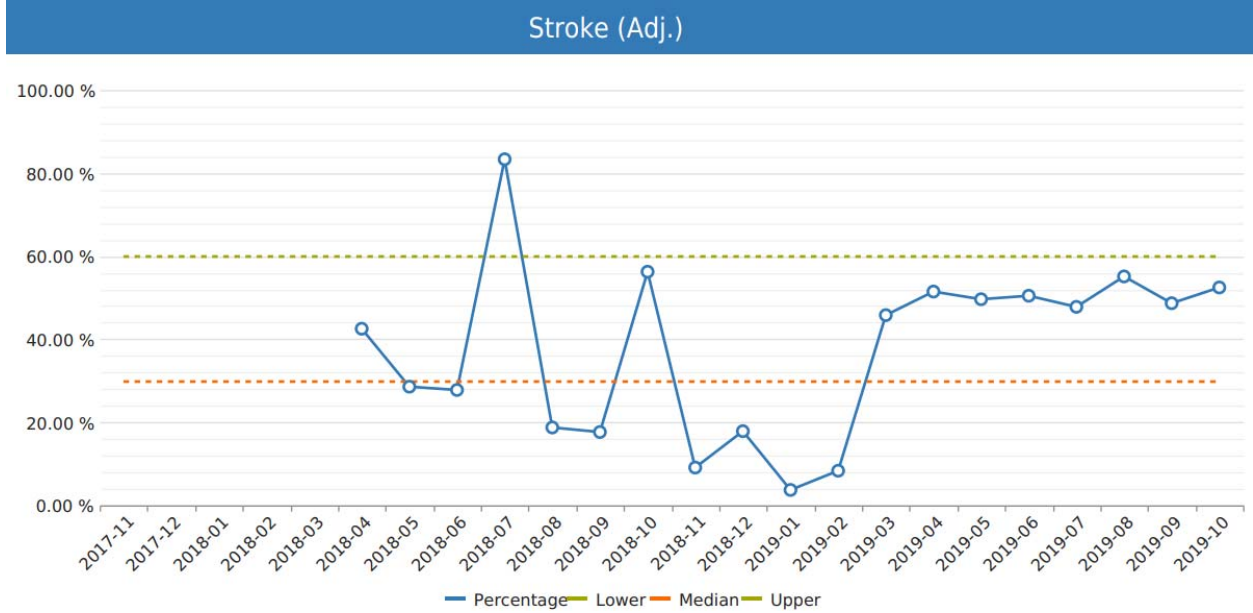
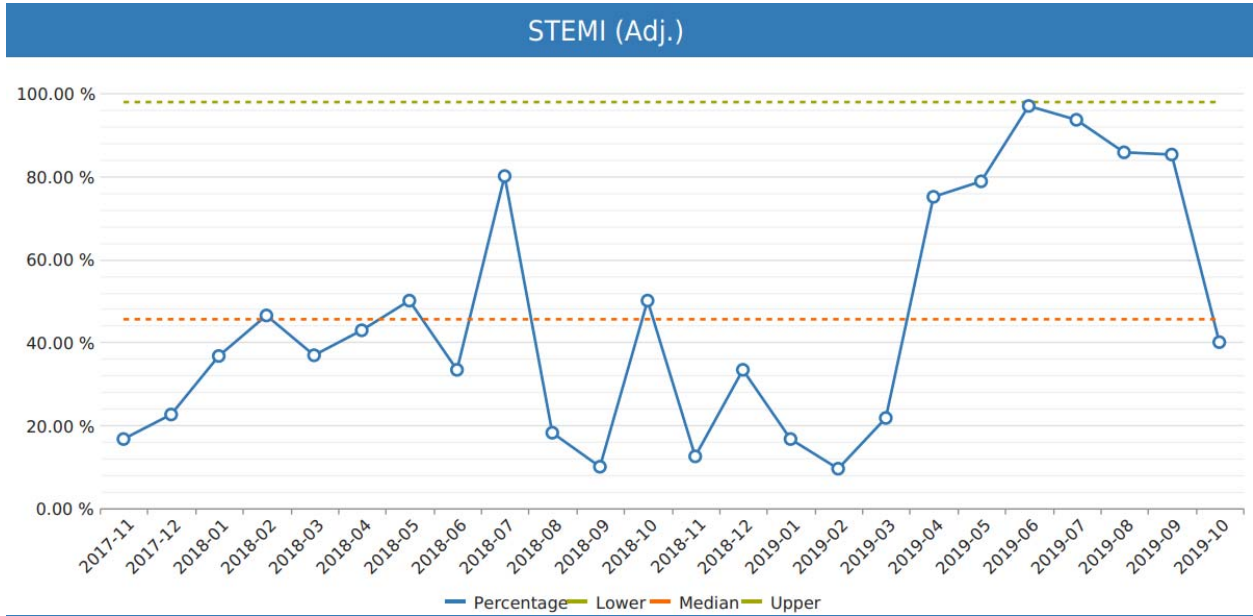
**Lost Payroll Hours (Totals)**

	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19
Ops	479.5	503.8	636.9	754.5	830.5	556.2
OMD	8.6	2	168	2	15	0
<b>Grand Total</b>	<b>488.1</b>	<b>505.8</b>	<b>804.9</b>	<b>756.5</b>	<b>845.5</b>	<b>556.2</b>

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

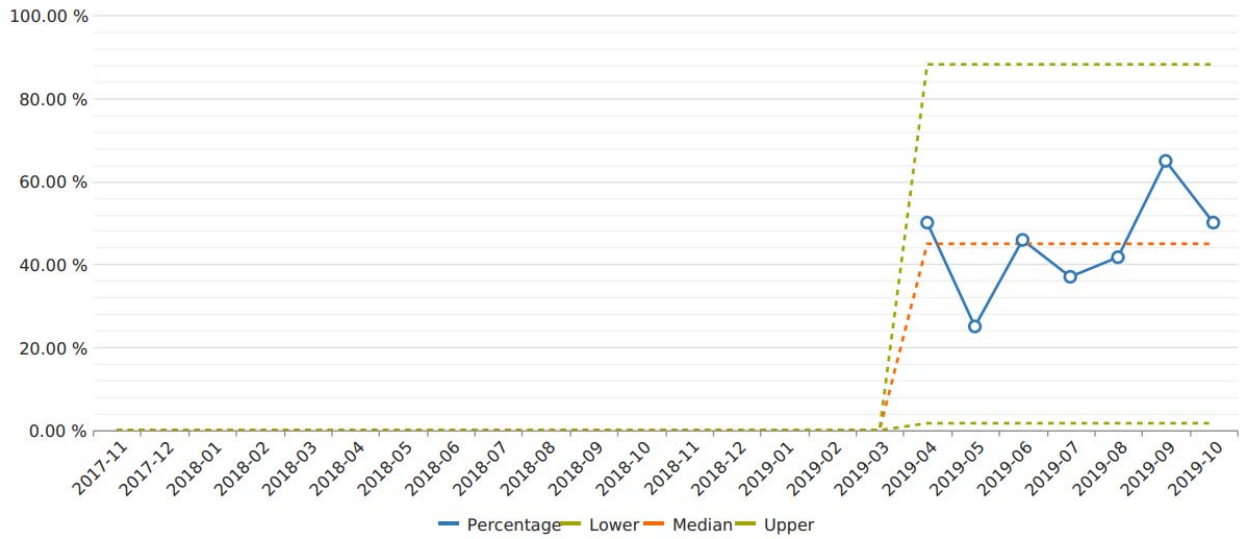
## System Diagnostics

### - Clinical Bundles

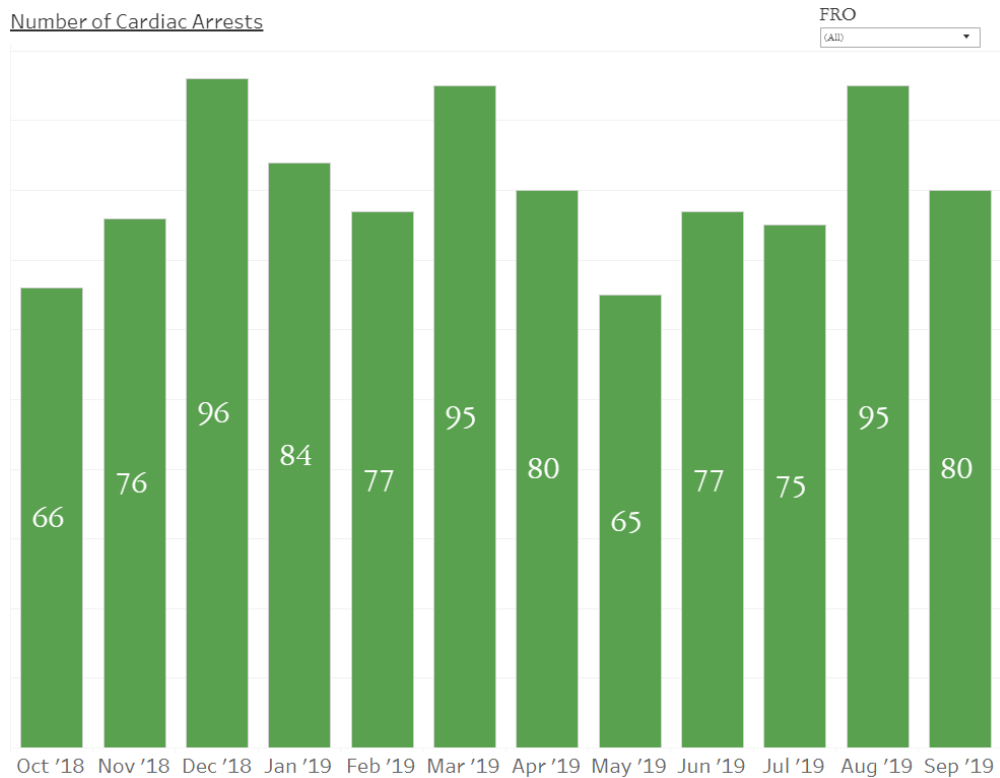


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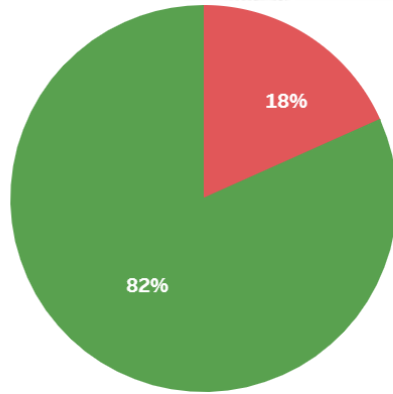
Sepsis (Adj.)



**- Resuscitation**



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



September 2019

FRO

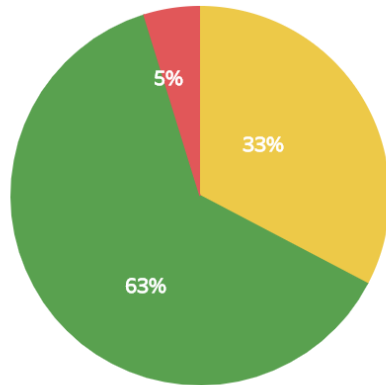
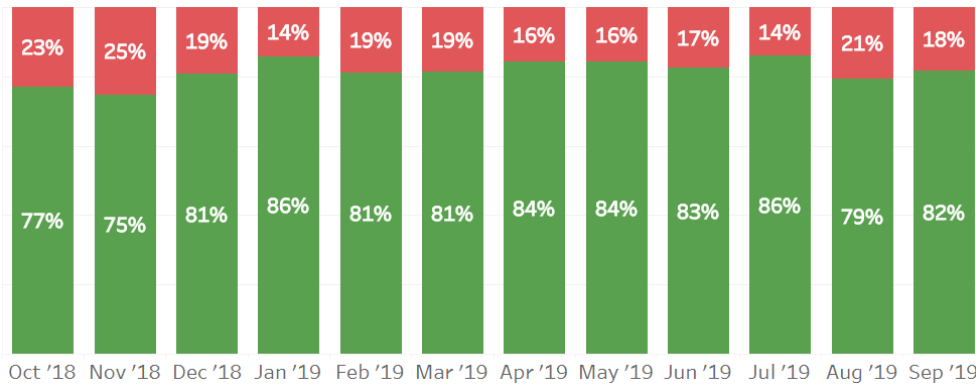
(All)

Chest Compression Fraction

■ < 90%

■ ≥ 90%

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



September 2019

FRO

(All)

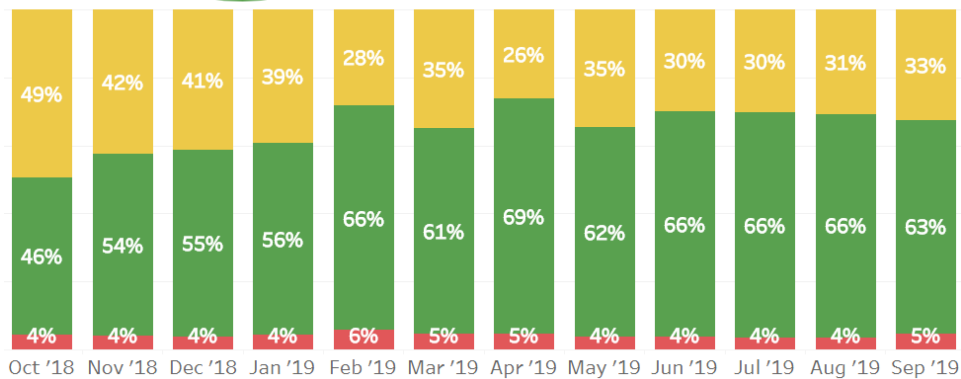
Rate

■ Too Fast

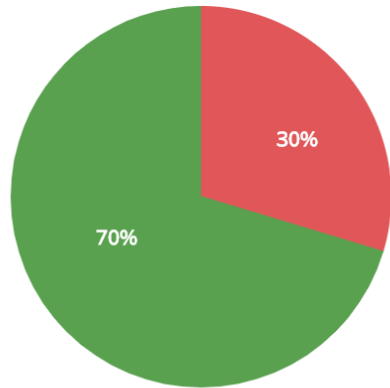
■ Correct Rate

■ Too Slow

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



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



September 2019

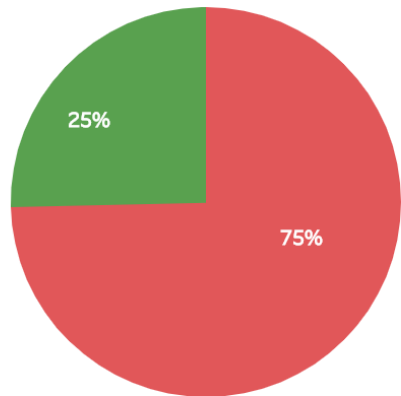
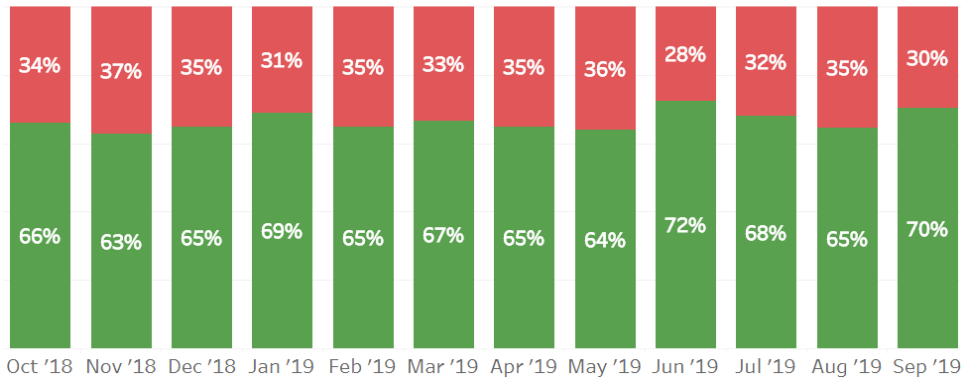
FRO

(All)

Depth

- Too Shallow
- Correct Depth

Chest compressions should meet a minimum depth of 2 inches



September 2019

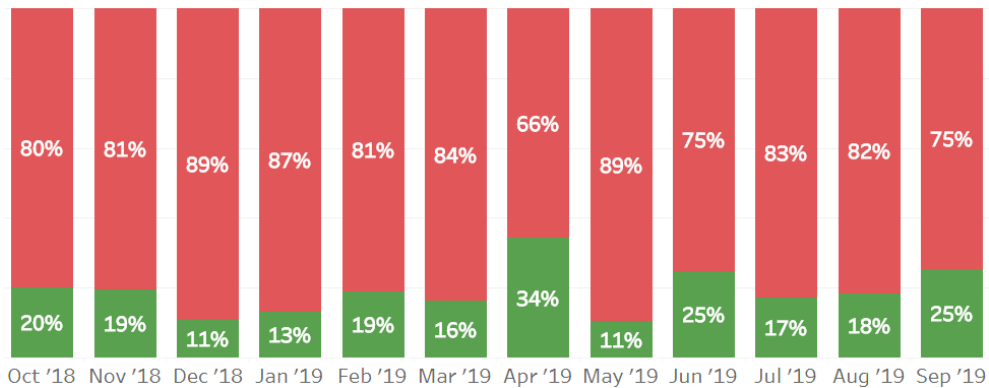
FRO

(All)

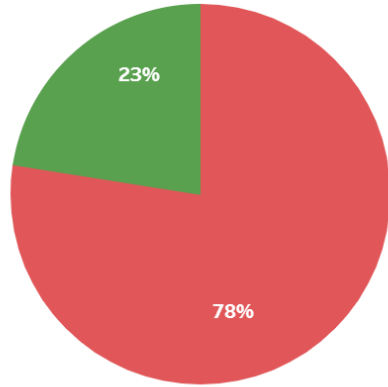
Release Velocity

- Inadequate Release
- Adequate Release

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



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September 2019

FRO

(All)

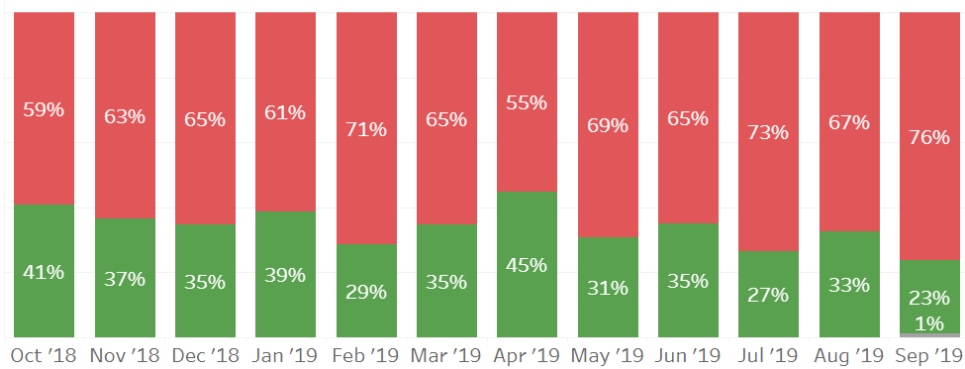
ROSC

■ No

■ Yes

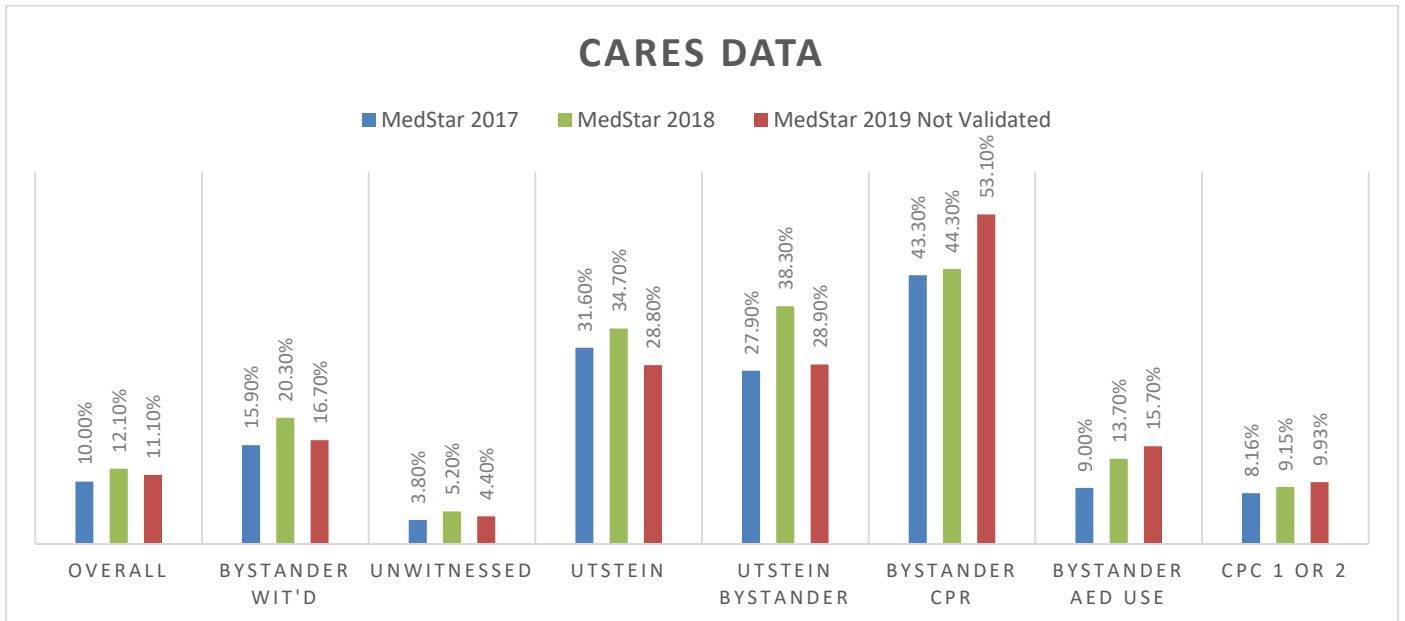
■ Other

Percentage of cases with documented return of spontaneous circulation



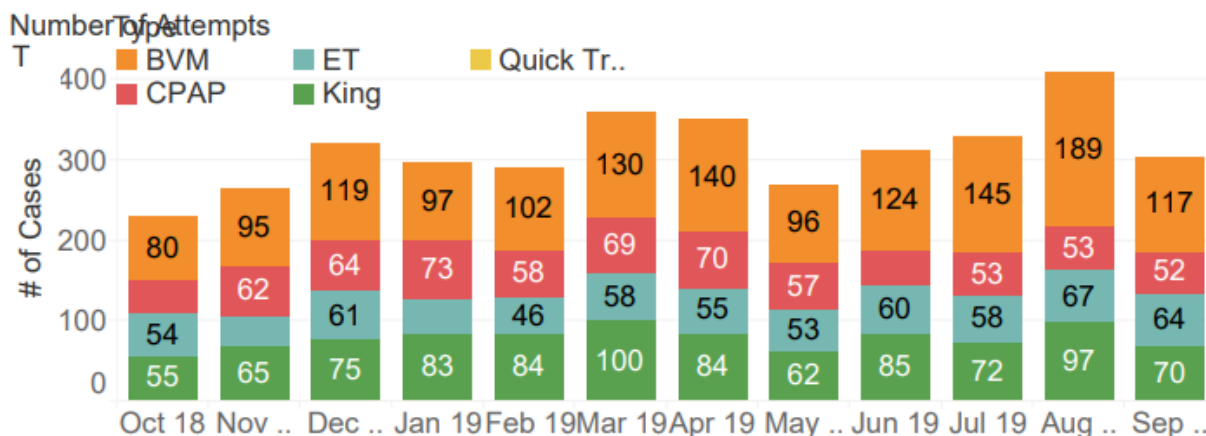
### CARES

- **2019 data is not complete**
  - o **4 outcomes pending**

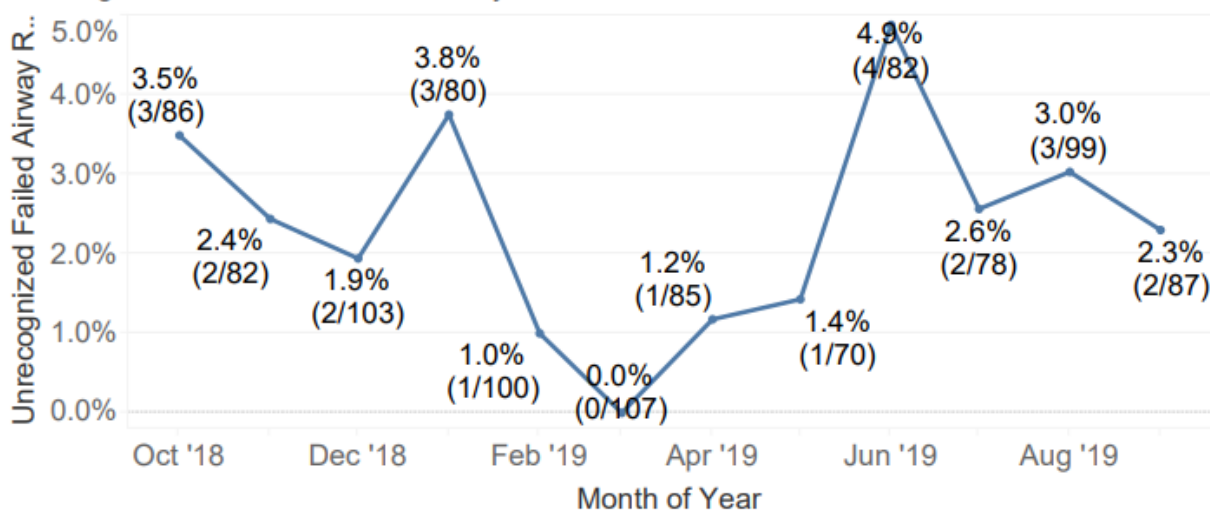


The Office of the Medical Director provides medical direction for the MedStar System and First Responder Organizations in the Fort Worth, Texas area.

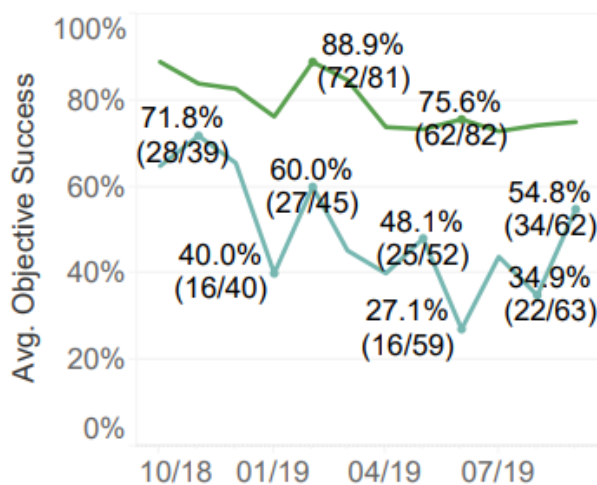
### Airway



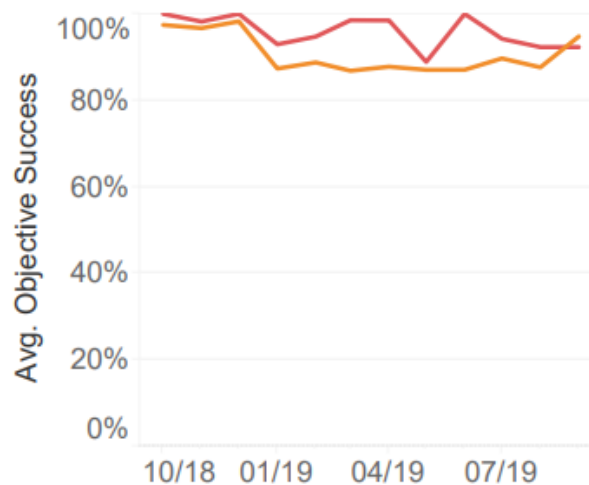
### Unrecognized Failed Advanced Airway Rate



### Airways Success - ET & King



### Airways Success - BVM & CPAP



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



# Tab C – Chief Financial Officer

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare  
Finance Report – September 30, 2019

The following summarizes significant items in the September 30, 2019 Financial Reports:

Statement of Revenues and Expenses:

**Month to Date:** Net retained earnings for the month of September, 2019 is a gain of \$624,424 as compared to a budgeted gain of \$1,451,909 for a negative variance of (\$827,484).

- Transports for the month of September were over budget by 4.6%. This equated to a positive variance in transport revenue of \$875,718.
- The Medicaid Supplemental Payment for the cost reporting year FY2018 received on October 1, 2019 was \$1,037,383.15. This payment is \$962,616 under the budgeted payment of \$2,000,000. This under payment is due to an increase in the percentage paid to hospital participants which lead to a lower percentage paid to non-hospital participants.
- Health Insurance Claims paid for the month of September were over budget by 174%. This is attributed to payment of two large claims in September.

**Year to Date:** The 12 months ended September, 2019 shows a gain of \$2,389,723 as compared to a budgeted gain of \$3,480,201 for a negative variance of (\$1,090,478).

- Total Revenue ended the year positive to budget by \$386,689. This includes the Medicaid Supplemental Payment shortage of \$962,616.
- Total Expenditures ended the year over budget by \$1,477,168. The primary driver to this variance to budget is MedStar incurred a \$1,642,131 overage in budgeted expense in Medical Insurance Claims Paid in FY 2019.

Key Financial Indicators:

- Current Ratio – MedStar has \$20.71 in current assets (Cash, receivables) for every dollar in current debt. (Goal: a score of \$1.00 would mean sufficient current assets to pay debts.)
- Cash as % of Annual Expenditures – The Restated Interlocal Cooperative Agreement, Sec 5.5.2, mandates 3 months of operating capital. As of September 30, there is 5 months of operating capital.
- Accounts Receivable Turnover – This statistic indicates MedStar’s effectiveness in extending credit and collecting debts by indicating the average age of the receivables. MedStar’s goal is a ratio greater than 3.0 times; current turnover is 3.65 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 August, the return is 4.04%.

MAEMSA/EPAB cash reserve balance as of September 30, 2019 is \$503,012.69.



**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare**  
**Balance Sheet By Character Code**  
 For the Period Ending September 30, 2019

		Current Year		Last Year
<b>Assets</b>				
11	Cash	\$19,768,258.84		\$20,001,724.81
13	Accounts Receivable	\$14,152,756.57		\$14,765,234.52
15	Inventory	\$285,156.66		\$299,899.39
17	Prepaid Expenses	\$767,796.86		\$830,682.81
18	Property Plant & Equ	\$53,481,912.74		\$47,751,127.11
19	Accumulated Deprecia	(\$20,342,681.38)		(\$16,794,878.73)
	<b>Total Assets</b>	<b>\$68,113,200.29</b>		<b>\$66,853,789.91</b>
<b>Liabilities</b>				
21	Accounts Payable	\$267,441.18		(\$423,680.14)
24	Other Current Liabil	(\$1,718,040.98)		(\$3,255,764.87)
25	Accrued Interest	(\$7,781.31)		(\$7,781.31)
26	Payroll Withholding	(\$1,664.99)		(\$4,583.85)
28	Long Term Debt	(\$4,246,498.89)		\$0.00
29	Other Long Term Liab	(\$2,918,447.07)		(\$3,702,562.87)
	<b>Total Liabilities</b>	<b>(\$8,624,992.06)</b>		<b>(\$7,394,373.04)</b>
<b>Equities</b>				
30	Equity	(\$57,098,485.04)		(\$53,671,010.00)
35	Control	(\$2,389,723.19)		(\$5,788,339.15)
	<b>Total Equities</b>	<b>(\$59,488,208.23)</b>		<b>(\$59,459,349.15)</b>
	<b>Total Liabilities and Equities</b>	<b>(\$68,113,200.29)</b>		<b>(\$66,853,722.19)</b>



Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Statement of Revenue and Expenditures

For the Period Ending September 30, 2019

[Actual compared with Budget]

	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
<b>Revenue</b>						
40 Transport Fees	\$16,115,355.24	\$14,202,254.00	\$1,913,101.24	\$175,670,843.86	\$170,927,206.00	\$4,743,637.86
41 Contractual Allow	(\$5,850,684.53)	(\$2,629,221.00)	(\$3,221,463.53)	(\$69,929,176.16)	(\$45,389,992.00)	(\$24,539,184.16)
42 Provision for Uncoll	(\$4,870,065.65)	(\$6,327,532.00)	\$1,457,466.35	(\$55,619,609.04)	(\$76,145,048.00)	\$20,525,438.96
43 Education Income	\$5,175.00	\$30,250.00	(\$25,075.00)	\$107,589.58	\$99,665.00	\$7,924.58
44 MIH Program Income	(\$104,894.89)	\$54,731.61	(\$159,626.50)	\$329,262.24	\$676,079.32	(\$346,817.08)
45 Standby/Subscription	\$97,775.27	\$98,582.00	(\$806.73)	\$830,334.67	\$868,251.00	(\$37,916.33)
46 Pop Health PMPM	(\$1.00)	\$55,385.16	(\$55,386.16)	\$567,778.92	\$664,621.92	(\$96,843.00)
48 interest on Investme	\$652.94	\$0.00	\$652.94	\$68,132.68	\$0.00	\$68,132.68
49 Gain(Loss) on Dispos	\$0.00	\$0.00	\$0.00	\$62,316.17	\$0.00	\$62,316.17
<b>Total Revenue</b>	<b>\$5,393,312.38</b>	<b>\$5,484,449.77</b>	<b>(\$91,137.39)</b>	<b>\$52,087,472.92</b>	<b>\$51,700,783.24</b>	<b>\$386,689.68</b>
<b>Expenditures</b>						
50 Salaries	\$2,450,126.55	\$2,379,794.22	\$70,332.33	\$29,267,344.94	\$29,667,006.64	(\$399,661.70)
55 Benefits and Taxes	\$759,956.28	\$388,126.51	\$371,829.77	\$6,536,446.80	\$4,744,728.50	\$1,791,718.30
72 Interest	(\$11,864.14)	\$16,523.39	(\$28,387.53)	\$113,254.73	\$125,104.74	(\$11,850.01)
73 Fuel	\$94,873.66	\$95,015.67	(\$142.01)	\$1,135,469.54	\$1,140,188.04	(\$4,718.50)
74 Medical Supp/Oxygen	\$177,592.99	\$187,495.00	(\$9,902.01)	\$1,993,836.14	\$2,232,213.00	(\$238,376.86)
75 Other Veh & Eq	\$40,017.17	\$34,799.95	\$5,217.22	\$489,445.55	\$417,600.24	\$71,845.31
76 Rent and Utilities	\$75,559.72	\$43,733.98	\$31,825.74	\$566,560.19	\$524,811.61	\$41,748.58
77 Facility & Eq Mtc	\$58,841.33	\$42,936.17	\$15,905.16	\$572,847.66	\$540,919.04	\$31,928.62
78 Postage & Shipping	\$3,425.62	\$7,379.69	(\$3,954.07)	\$38,304.45	\$88,556.28	(\$50,251.83)
80 Station	\$201,172.35	\$27,343.36	\$173,828.99	\$578,945.07	\$390,418.82	\$188,526.25
81 Comp Maintenance	\$145,016.44	\$110,605.00	\$34,411.44	\$1,449,349.97	\$1,327,260.00	\$122,089.97
85 Insurance	\$43,985.96	\$30,991.42	\$12,994.54	\$379,785.42	\$371,897.04	\$7,888.38
86 Advertising & PR	(\$1,317.80)	\$1,911.01	(\$3,228.81)	\$37,554.85	\$58,732.12	(\$21,177.27)
87 Printing	\$2,230.43	\$5,813.96	(\$3,583.53)	\$43,142.79	\$69,767.52	(\$26,624.73)
88 Travel & Entertain	\$3,197.98	\$12,232.00	(\$9,034.02)	\$80,759.66	\$147,314.00	(\$66,554.34)
89 Dues & Subs	\$9,577.61	\$7,111.00	\$2,466.61	\$109,899.65	\$116,492.00	(\$6,592.35)
90 Continuing Educ Ex	\$29,735.00	\$9,175.00	\$20,560.00	\$118,342.70	\$186,264.00	(\$67,921.30)



Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Statement of Revenue and Expenditures

For the Period Ending September 30, 2019

[Actual compared with Budget]

	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
91 Professional Fees	\$219,832.18	\$294,508.26	(\$74,676.08)	\$2,317,611.73	\$2,253,855.12	\$63,756.61
95 Education Expenses	\$24,521.60	\$10,049.00	\$14,472.60	\$120,782.64	\$134,205.00	(\$13,422.36)
96 Miscellaneous	\$9,524.50	\$168.00	\$9,356.50	\$78,546.78	\$2,016.00	\$76,530.78
97 Depreciation	\$432,882.27	\$326,828.00	\$106,054.27	\$3,669,518.47	\$3,681,232.00	(\$11,713.53)
<b>Total Expenditures</b>	<b>\$4,768,887.70</b>	<b>\$4,032,540.59</b>	<b>\$736,347.11</b>	<b>\$49,697,749.73</b>	<b>\$48,220,581.71</b>	<b>\$1,477,168.02</b>
<b>Net Rev in Excess of Expend</b>	<b>\$624,424.68</b>	<b>\$1,451,909.18</b>	<b>(\$827,484.50)</b>	<b>\$2,389,723.19</b>	<b>\$3,480,201.53</b>	<b>(\$1,090,478.34)</b>

**Metropolitan Area EMS Authority dba MedStar Mobile Healthcare  
Key Financial Indicators  
September 30, 2019**

	Goal	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
<b>Current Ratio</b>	<b>&gt; 1</b>	<b>8.88</b>	<b>7.19</b>	<b>8.97</b>	<b>9.49</b>	<b>20.71</b>

Indicates the total short term resources available to service each dollar of

<b>Cash as % of Annual Expenditures</b>	<b>&gt; 25%</b>	<b>49.02%</b>	<b>65.31%</b>	<b>55.06%</b>	<b>47.07%</b>	<b>42.95%</b>
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Indicates compliance with Ordinance which specifies 3 months cash on hand.

<b>Accounts Receivable Turnover</b>	<b>&gt;3</b>	<b>5.47</b>	<b>4.16</b>	<b>4.96</b>	<b>4.28</b>	<b>3.65</b>
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A measure of how these resources are being managed. Indicates how long accounts receivable

<b>Return on Net Assets</b>	<b>7.04%</b>	<b>13.95%</b>	<b>11.60%</b>	<b>10.35%</b>	<b>10.11%</b>	<b>4.04%</b>
-----------------------------	--------------	---------------	---------------	---------------	---------------	--------------

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

**Emergency Physicians Advisory Board  
Cash expenditures Detail**

	<u>Date</u>		<u>Amount</u>		<u>Balance</u>
<b>Balance 1/1/17</b>				\$	<b>609,665.59</b>
<b>J29 Associates, LLC</b>	<b>2/27/2017</b>	\$	<b>1,045.90</b>	\$	<b>608,619.69</b>
<b>Brackett &amp; Ellis</b>	<b>11/19/2018</b>	\$	<b>28,506.50</b>	\$	<b>580,113.19</b>
<b>FWFD Grant</b>	<b>4/3/2019</b>	\$	<b>56,810.00</b>	\$	<b>523,303.19</b>
<b>Brackett &amp; Ellis</b>	<b>4/3/2019</b>	\$	<b>20,290.50</b>	\$	<b>503,012.69</b>
 <b>Balance 9/30/19</b>				<u>\$</u>	<u><u><b>503,012.69</b></u></u>



**Business Gold Rewards**

MEDSTAR/AMAA  
DOUGLAS R HOOTEN  
Closing Date 09/27/19 Next Closing Date 10/28/19

Account Ending ~~500000~~

<b>New Balance</b>	<b>\$18,060.98</b>
<b>Minimum Payment Due</b>	<b>\$904.46</b>
<b>Payment Due Date</b>	<b>10/22/19<sup>‡</sup></b>

**‡ Late Payment Warning:** Your Payment Due Date is 10/22/19. If you do not pay your Minimum Payment Due by your Next Closing Date, you may have to pay a late fee of up to \$39.00 and your Pay Over Time APR may be increased to the Penalty APR of 29.99%.

**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Pay Over Time balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	27 years	\$45,461

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

See page 9 for an Important Notice About Changes to Your Cardmember Agreement.

**Membership Rewards® Points**  
Available and Pending as of 08/31/19  
**847,572**

For more details about Rewards, please visit [americanexpress.com/rewardsinfo](http://americanexpress.com/rewardsinfo)

**Account Summary**

<b>Pay in Full Portion</b>	
Previous Balance	\$865.42
Payments/Credits	-\$865.42
New Charges	+\$731.46
Fees	+\$0.00
New Balance =	\$731.46

<b>Pay Over Time Portion</b>	
Previous Balance	\$5,183.70
Payments/Credits	-\$5,183.70
New Charges	+\$17,329.52
Fees	+\$0.00
Interest Charged	+\$0.00
New Balance =	\$17,329.52
Minimum Due	\$173.00

<b>Account Total</b>	
Previous Balance	\$6,049.12
Payments/Credits	-\$6,049.12
New Charges	+\$18,060.98
Fees	+\$0.00
Interest Charged	+\$0.00
<b>New Balance</b>	<b>\$18,060.98</b>
<b>Minimum Payment Due</b>	<b>\$904.46</b>

Days in Billing Period: 30

**Customer Care**

**Pay by Computer**  
[americanexpress.com/business](http://americanexpress.com/business)

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

See page 2 for additional information.

↓ 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](http://americanexpress.com/business)

**Pay by Phone**  
1-800-472-9297

Account Ending ~~500000~~

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

*Douglas R Hooten* 10/16/19  
Approved by Douglas R. Hooten

Payment Due Date	<b>10/22/19</b>
New Balance	<b>\$18,060.98</b>
Minimum Payment Due	<b>\$904.46</b>

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

\$ \_\_\_\_\_  
Amount Enclosed



0000349991382953784 001806098000090446 24 H





**Payments and Credits**

**Summary**

	Pay In Full	Pay Over Time †	Total
Payments	-\$865.42	-\$5,183.70	-\$6,049.12
Credits	\$0.00	\$0.00	\$0.00
<b>Total Payments and Credits</b>	<b>-\$865.42</b>	<b>-\$5,183.70</b>	<b>-\$6,049.12</b>

**Detail** \*Indicates posting date

Payments	Amount
09/16/19* ONLINE PAYMENT - THANK YOU	-\$6,049.12

**New Charges**

**Summary**

	Pay In Full	Pay Over Time †	Total
<b>Total New Charges</b>	<b>\$731.46</b>	<b>\$17,329.52</b>	<b>\$18,060.98</b>

**Detail**

† - denotes Pay Over Time activity

For more information, visit [americanexpress.com/payovertimeinfo](http://americanexpress.com/payovertimeinfo)



**DOUGLAS R HOOTEN**  
 Card Ending ~~938008~~

					Amount
08/28/19	CVS PHARMACY 8007467287	FORT WORTH TX	PO 2194252	Service Gift cards for work anniversaries	\$923.80 †
	PAY OVER TIME OPTION				
08/28/19	XTREME AUTO SOLUTIONS ONLINE AUTOM	214-293-8100 TX	PO 2194244	Rancher Grille Guard - Black - fleet order	\$668.68 †
	PAY OVER TIME OPTION				
08/30/19	BT*FUNDRAISING FOR A CAUSE 8139284504	TAMPA FL	PO 2194313	50 large green ribbons Hope Week	\$16.52
08/30/19	BRILLIANTPROMOS 8553867924	8553867924 AZ	PO 2194312	Semicolon temporary tattoos Hope week.	\$95.71
08/30/19	AMZN MKTP US*MO5SN0VL0 BOOK STORES	AMZN.COM/BILL WA			\$28.79
08/31/19	HYATT PLACE NEW ORLEANS MSYZ Arrival Date 10/15/19 00000000 LODGING CARDEPOSIT	NEW ORLEANS LA	PO 2194448	One night deposit for D.Partain to attend EMS World Expo	\$218.73 †
	PAY OVER TIME OPTION				
08/31/19	CONCUR TECHNOLOGIES 588-895-4815	588-895-4815 WA	PO 2194355		\$150.00 †
	PAY OVER TIME OPTION				
09/03/19	WWW.DOODLE.COM 8778877815	ZURICH 1 ZH	PO 2194324		\$180.00 †
	PAY OVER TIME OPTION				
09/03/19	WEB*NETWORKSOLUTIONS 888-642-9675	888-642-9675 FL	PO 2194304		\$269.89 †
	PAY OVER TIME OPTION				

## Detail Continued

◆ - denotes Pay Over Time activity

					Amount
09/03/19	EDDIE DEEN & CO, INC 628045006156954 972-524-3010 <b>Catered Thanksgiving dinner for duty crews</b> PAY OVER TIME OPTION	TERRELL	TX	PO 2194322	\$3,854.40 ◆
09/03/19	PAYFLOW/PAYPAL 0045 888-883-9770	LAVISTA	NE	PO 2194285	\$30.60
09/04/19	WEBSITEHOSTINGBILLCOM 4059488300	OKLAHOMA CITY	OK	PO 2194299	\$69.00
09/04/19	TOOLTOPIA <b>Traxion 3100 - for fleet</b> 8007946793 PAY OVER TIME OPTION	8007946793	LA	PO 2194303	\$225.15 ◆
09/05/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: To: Carrier: Class: DALLAS/FORT WORTH NEW ORLEANS INTERN AA V <b>Speaking at AAA Annual Mtg</b> DALLAS/FORT WORTH AA G Ticket Number: 00174063347776 Passenger Name: PARTAIN/DESIREE VIRG Document Type: PASSENGER TICKET PAY OVER TIME OPTION	BLOOMINGTON	IN	PO 2194371	\$377.80 ◆
09/05/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007812460254 Passenger Name: HOOTEN/DOUGLAS ROLAN Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2194354	\$5.00
09/05/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007812467755 Passenger Name: PARTAIN/DESIREE VIRG Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2194371	\$5.00
09/05/19	TWILIO, INC. COMPUTER STORE	SAN FRANCISCO		PO 2194576	\$10.01
09/06/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007812484006 Passenger Name: SCHLEICHER/KRISTOFER Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2194372	\$5.00
09/06/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007812483973 Passenger Name: SIMPSON/KENNETH JAME Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2194377	\$5.00
09/06/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007812483984 Passenger Name: ZAVADSKY/MATTHEW SCO Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2194389	\$5.00
09/06/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007812482481 Passenger Name: HOOTEN/DOUGLAS ROLAN Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2194354	\$5.00
09/06/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: To: Carrier: Class: DALLAS/FORT WORTH NASHVILLE AA S <b>Attending AAA Annual Mtg</b> DALLAS/FORT WORTH AA N Ticket Number: 00174063359595 Passenger Name: SIMPSON/KENNETH JAME Document Type: PASSENGER TICKET PAY OVER TIME OPTION	BLOOMINGTON	IN	PO 2194377	\$356.97 ◆



**Detail Continued**

◆ - denotes Pay Over Time activity

					Amount
09/06/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: NASHVILLE DALLAS/FORT WORTH	BLOOMINGTON	IN	PO 2194372	\$389.43 ◆
	Ticket Number: 00174063359610 Passenger Name: SCHLEICHER/KRISTOFER Document Type: PASSENGER TICKET PAY OVER TIME OPTION	Carrier: AA AA	Class: S S	Attending AAA Annual Mtg & / Werfel Mtg	
	Date of Departure: 11/03				
09/06/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: NASHVILLE DALLAS/FORT WORTH	BLOOMINGTON	IN	PO 2194354	\$351.14 ◆
	Ticket Number: 00174063358405 Passenger Name: HOOTEN/DOUGLAS ROLAN Document Type: PASSENGER TICKET PAY OVER TIME OPTION	Carrier: AA AA	Class: N S	Speaking at AAA Annual Mtg. Attending Werfel Mtg	
	Date of Departure: 11/02				
09/06/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: NASHVILLE DALLAS/FORT WORTH	BLOOMINGTON	IN	PO 2194389	\$356.97 ◆
	Ticket Number: 00174063359584 Passenger Name: ZAVADSKY/MATTHEW SCO Document Type: PASSENGER TICKET PAY OVER TIME OPTION	Carrier: AA AA	Class: S N	Attending AAA Annual Mtg	
	Date of Departure: 11/03				
09/06/19	AMZN MKTP US*Z70MW1K03 BOOK STORES <b>Pencil tire pressure gauges</b>	AMZN.COM/BILL	WA	PO 2194334	\$49.37
09/09/19	CVS PHARMACY 8007467287 <b>Service Award for Anniversay</b>	FORT WORTH	TX	PO 2192234	\$105.95 ◆
	PAY OVER TIME OPTION				
09/10/19	ONE SAFE PLACE <b>Shoot for the Blue sponsorship</b> 8178857774	FORT WORTH	TX	PO 2194378	\$1,250.00 ◆
	PAY OVER TIME OPTION				
09/10/19	FUZZYS TACO SHOP-CAMP BOW 000000009 8178988226 <b>Taco's for Hope Week</b>	FORT WORTH	TX	PO 2194435	\$1,393.00 ◆
	PAY OVER TIME OPTION				
09/10/19	AMAZON.COM*PV3HQ1WO3 MERCHANDISE <b>Fingertip Pulse Oximeter</b>	AMZN.COM/BILL	WA	PO 2194382	\$45.02
09/11/19	USPS PO 4832340116 001379325 8002758777 <b>Overnight USPS to CA.</b>	FORT WORTH	TX	PO 2194432	\$74.25
09/12/19	PENNWELL JOBS RESUMESEARCH <b>30 day job posting</b>	800-331-4463	OK	PO 2194449	\$275.00 ◆
	PAY OVER TIME OPTION				
09/14/19	TWILIO, INC. COMPUTER STORE	SAN FRANCISCO		PO 2194438	\$10.00
09/16/19	FORT WORTH CHAMBER OF COM 8173362491 <b>Regs x 5 for Health Care Symposium</b>	817-3362491	TX	PO 2194441	\$200.00 ◆
	PAY OVER TIME OPTION				
09/16/19	FORT WORTH CHAMBER OF COM 8173362491 <b>Regs for M.Zavadsky Health Care Symposium</b>	817-3362491	TX	PO 2194440	\$40.00
09/16/19	NTTA AUTOCHARGE TOLLS TOLL FEES	PLANO	TX	PO 2194596	\$240.00 ◆
	PAY OVER TIME OPTION				

## Detail Continued

◆ - denotes Pay Over Time activity

					Amount
09/17/19	PERFORMANCE*STORE 4373477 76116- Bike 16 multi-tool PAY OVER TIME OPTION	CHICO	CA	PO 2194439	\$124.95 ◆
09/18/19	PHOENIX USA, INC. 931-526-3393 20 lug nuts for new Trucks PAY OVER TIME OPTION	931-526-6128	TN	PO 2194450	\$141.60 ◆
09/19/19	NTTA CUST SVC TOLLS ONLINE TOLL FEES	PLANO	TX	PO 194696	\$48.00
09/20/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: NEW ORLEANS INTERN DALLAS/FORT WORTH Carrier: AA Class: G AA G Attending EMS World Expo Ticket Number: 00174071347376 Date of Departure: 10/14 Passenger Name: TRUSTY/MACARA LAYNE Document Type: PASSENGER TICKET PAY OVER TIME OPTION	BLOOMINGTON	IN	PO 2194509	\$337.06 ◆
09/20/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007817957774 Passenger Name: TRUSTY/MACARA LAYNE Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2194509	\$5.00
09/20/19	EB *TEMSAS MEDICARE AM 8014137200 1xReg for Medicare Ambulance Cost Data course - TX EMS Conf.	SAN FRANCISCO	CA	PO 2194481	\$28.16
09/20/19	EB *TEMSAS MEDICARE AM 8014137200 2xregistration for Medicare Ambulance Cost Data course - TX EMS Conf.	SAN FRANCISCO	CA	PO 2194480	\$56.32
09/20/19	NACCME M.Trusty attending 3-day seminar 6093711137 EMS World EXPO PAY OVER TIME OPTION	6093711137	NJ	PO 2194614	\$575.00 ◆
09/21/19	AMEXGIFTCARD.COM-BOL 0244 833-205-8622 Service award gift cards for anniversaries - November PAY OVER TIME OPTION	ATLANTA	GA	PO 2194478	\$908.95 ◆
09/24/19	FROSCH/GANT TRAVEL MANAGE AMERICAN AIRLINES From: DALLAS/FORT WORTH To: PORTLAND DALLAS/FORT WORTH Carrier: AA Class: Y AA Y Medford consulting - CSPM AA H Medford is paying for trip DALLAS/FORT WORTH AA H Ticket Number: 00174071367842 Date of Departure: 10/08 Passenger Name: ZAVADSKY/MATTHEW SCO Document Type: PASSENGER TICKET PAY OVER TIME OPTION	BLOOMINGTON	IN	PO 2194571	\$1,895.00 ◆
09/24/19	FROSCH/GANT TRAVEL MANAGE TRAVEL AGENCY SERVICE Ticket Number: 89007817983335 Passenger Name: ZAVADSKY/MATTHEW SCO Document Type: TRAVEL AGENCY FEE	BLOOMINGTON	IN	PO 2194571	\$5.00
09/24/19	HILTON HOTELS HILTON HOTELS Arrival Date Departure Date 09/23/19 09/23/19 00000000 LODGING PAY OVER TIME OPTION	NEW ORLEANS	LA	PO 2194615	\$259.80 ◆
09/24/19	KINEQUIP INCORPORATED NC 9489079570088 10126CR 76116 PAY OVER TIME OPTION	CHARLOTTE	NC	PO 2194276	\$433.32 ◆
09/26/19	AMZN MKTP US*588WP28P3 BOOK STORES Portacool - replacement motor PAY OVER TIME OPTION	AMZN.COM/BILL	WA	PO 2194558	\$655.98 ◆



**Detail Continued**

◆ - denotes Pay Over Time activity

					Amount
09/26/19	AMEXGIFTCARD.COM-BOL 0244 833-205-8622 <a href="#">Gift card for Service Anniversary</a> PAY OVER TIME OPTION	ATLANTA	GA	PO 2194529	\$210.95 ◆
09/26/19	WRISTCO 0680 262-754-5885 <a href="#">Tyvek Wristbands for events</a>	NEW BERLIN	WI	PO 2194569	\$41.71
09/27/19	NTTA CUST SVC TOLLS ONLINE TOLL FEES	PLANO	TX	PO 2194596	\$48.00

**Fees**

		Amount
<b>Total Fees for this Period</b>		<b>\$0.00</b>

**Interest Charged**

		Amount
<b>Total Interest Charged for this Period</b>		<b>\$0.00</b>

**About Trailing Interest**

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest." Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full and on time each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

**2019 Fees and Interest Totals Year-to-Date**

	Amount
Total Fees in 2019	\$175.00
Total Interest in 2019	\$0.00

**Interest Charge Calculation**

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Pay Over Time option	19.99% (v)	\$0.00	\$0.00
<b>Total</b>			<b>\$0.00</b>

(v) Variable Rate

**Information on Pay Over Time**

**There is no pre-set spending limit on your Card**

No pre-set spending limit does not mean unlimited spending. Purchasing power adjusts with your use of the Card, your payment history, credit record and financial resources known to us and other factors. Unless you have been previously notified otherwise, your Card has a no pre-set spending limit.

# Tab D – Chief Strategic Integration Officer

# Strategic Integration Summary

October 2019



## **Alternate Payment Models**

- CMMI//CMS “ET3” Alternate Payment Model for EMS
  - Application submitted
  - Numerous letters of support/interest/intent received from payer and provider partners
  - We continue to be a resource/SME for CMMI on the project

## **Medicaid Ambulance Supplemental Payment Program – ASPP**

- HHSC continues to be engaged in trying to find a resolution
  - HHSC published a Public Notice for an intended Medicaid State Plan Amendment (SPA) to provide additional funding for public ambulance providers
  - The planned SPA is an additional funding resource intended to help bridge the gap between the Uncompensated Care (UC) reimbursement and the anticipated transition to charity care funding
  - Part of a multi-part plan to continue current funding levels to help cover the shortfall between Medicaid reimbursement and the state average commercial reimbursement for ambulance service
  - HHSC continues monthly meetings with public ambulance providers to keep the process moving

## **StarSaver Plus Pilot**

- Trinity Terrace resident enrollments completed and program went fully ‘live’ on October 1<sup>st</sup>
  - Already had first success:
    - Member called MedStar’s 10-digit, non-emergency line requesting a home visit for flu like symptoms
    - Assessment by MedStar CCP noted not acute findings, but slightly abnormal point of care testing lab values
    - Member’s PCP contacted by the CCP, CCP reviewed assessment and findings
    - PCP recommended an office visit w/the PCP, scheduled for the same day
    - MedStar patient care report faxed to the PCP
    - Member follow-up w/PCP completed w/additional bloodwork and follow-up
    - Member exceptionally pleased with the outcome

## **Paid Consulting Activity**

- Center for Public Safety Management (in partnership with ICMA)
  - Work continues with them on 2 projects
    - San Diego County, CA – Evaluation of EMS agency performance
    - Medford, OR – Evaluation of the city’s fire department

## **MillerCoors**

- Working with point of contact on follow-up discussions for MedStar on Demand services

## **Opioid Collaboration**

- Working with TCPH, ME’s Office, FWFD, OD Aid, DFW Hospital Council, MedStar Community Health Collaborative and Tarrant County MHMR TORRI project to enhance surveillance monitoring and data tracking
  - Updating resource availability list
  - Coordinating data collection and syndromic surveillance monitoring with Tarrant County Public Health

**Trick or Treat Event**

- 2 kiddos' nominated
- Berkeley/Pembroke Neighborhood confirmed

**Upcoming Speaking Engagements:**

<b><u>Event</u></b>	<b><u>Date</u></b>	<b><u>Location</u></b>	<b><u>Attendees</u></b>
American Ambulance Association	November '19	Nashville, TN	~400
National Association of EMS Physicians	January '20	San Diego, CA	~700
JEMS/EMS Today	March '20	Tampa, FL	~3,000
NAEMT EMS Transformation Summit	March '20	Washington, DC	~250
Zoll Summit	June '20	Denver, CO	~500

**Media:**

Local –

- Trick or Treat Event Promo
  - ABC8, FOX4, CBS11, KRLD, WBAP

National –

- Media Ride Along and Story on MIH Program (attached)
  - Reasons to be Cheerful



# Mobile Integrated Healthcare Report

## September 2019 Activity

### Hospice:

Vitas: 12 active

- 9-1-1 calls: 2

Holy Savior: 24 active

- 9-1-1 calls: 1

Embrace: 9 active

- 9-1-1 calls: 1

### Home Health:

Klarus: 188 active

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

Health Masters: 32 active

- total 9-1-1 calls w/CCP on scene: 2

### Readmission Avoidance Enrollments:

- Silverback: 11
- THR Alliance: 5
- THR FW: 1
- UTSW NAIP: 1
- 9-1-1 Encounters w/CCP on scene: 1

### High Utilizer:

- UTSW NAIP: 5
- Internal/FD: 3
- Non-adherent high utilizers: 14
- Silverback: 7
- 9-1-1 Encounters w/CCP on scene: 22

### Palliative Care, Silverback:

- 27 active
- 9-1-1 Encounters w/CCP on scene: 6

### 9-1-1 Nurse Triage:

- Total calls navigated to RN: 105
- Alternative Care/Destination: 31
  - Transportation assistance via Lyft: 17
- Alternative Transportation to ED: 10
  - Lyft: 6
  - private vehicle: 3
  - wheelchair van: 1

## Free the Paramedics!

*They're the medical system's eyes and ears, yet they're treated as crisis managers. Now some cities are letting their paramedics get to know their patients, with remarkable results.*

October 4, 2019

By: [Allison McNearney](#)

### reasons to be cheerful

<https://reasonstobecheerful.world/free-the-paramedics/>

Twice a week, Amy Yang drives her white Chevy Malibu to Mollie Wagar's apartment in a senior living community in Fort Worth, Texas. Wagar, 78, lives alone and is a bit of a night owl, so Yang always calls her a few minutes before her scheduled 9 a.m. arrival to warn her she's on the way.

Once situated in Wagar's living room, an array of devices appear from Yang's black cargo pants and medical bag—a stethoscope, a blood pressure cuff, a blood sugar meter. While the paramedic gets to work, she chats with Wagar about her recent road trip to Mississippi and new developments in her health since they last saw each other four days earlier.

These casual visits and friendly chats are a gratifying change for Yang, who, until about a year ago, spent 11 years speeding patients to emergency rooms in an ambulance. Now, she is able to develop a slow-paced relationship with patients like Wagar, witnessing and monitoring their health improvements first-hand. Wagar's situation isn't an emergency, but in another city it might be treated as one, not because she requires urgent care, but because most cities don't have a system like Fort Worth's.

In most cities, a call placed to 911 triggers an automatic series of responses involving an ambulance, a crew of paramedics and a rush to the ER, sirens blaring. But this response is often excessive—one in three 911 calls [don't require an ER visit](#). Yet few cities have a system in place to deal with cases like Wagar's—non-emergencies that nonetheless necessitate a medical professional to be dispatched to the person's home.



*Mollie Wagar and Amy Yang discuss Wagar's health issues in the living room of her home. Credit: Allison McNearney*

For a long time, Wagar, who has diabetes and stomach problems, often called 911 for help. These calls would inevitably land her in the hospital, where she'd receive a full, costly workup, often after her health problems had escalated. It was during one of these stays that she first met Yang, who connected her with the MedStar Mobile Integrated Health Program, one of the U.S.'s first community paramedicine programs.

Launched in 2009, [MedStar's idea](#) was simple: empower paramedics to provide care beyond simply transporting people to emergency rooms. Giving paramedics more time and flexibility to customize their responses to non-emergency situations, the theory went, would provide more effective care for

patients, save money for cities and depressurize overburdened ERs.

Community paramedicine programs emerged [in rural Canada in the late 1990s](#) to serve populations where medical needs were high, but doctors few and far between. The concept was [described](#) in a U.S. publication in 1996 as a way to “decrease emergency department utilization, save health care dollars and improve patient outcomes.” Fort Worth became an early adopter [after discovering](#) that it had a small population of residents who disproportionately used 911 when they needed non-emergency care. Today, community paramedicine programs are being developed in countries around the world, from the United Kingdom to Australia to the Maldives.

The concept sounds straightforward. After all, who better to address the root causes of ER visits than the paramedics who interact face-to-face with patients in their own homes? But there are complexities. Implementing the community paramedicine model requires a radical shift in how an entire sector of the medical system views its job. “Our goal is to not be the patients’ medical home or their primary provider,” says Desiree Partain, MedStar’s Mobile Integrated Healthcare Manager. “Our goal is to determine what their gaps are and then to link them to resources in the community.”



*A community paramedic working with the Eagle County Paramedic Services meets with a patient in her home. Credit: ECPS*

Wagar’s case is a prime example. After she was flagged as a high-utilizer of 911 this summer, Yang visited her at the hospital to explain the mobile health care program. Wagar agreed to give it a try. Now, for 30 days, per Wagar’s insurance authorization, Yang is visiting Wagar at home twice a week to check her vitals and help manage her prescribed treatment.

Since Yang’s visits began, Wagar hasn’t been back to the hospital.

“I’ll be quite frank,” says Wagar. “MedStar seems to be better than the home health care people when they come in. They take a little more time, a little more personal interest. [Amy] really cares, and I feel like she’s a friend and not just someone who’s doing her job.”

That job goes beyond rote medical treatment. Yang helps patients navigate America’s convoluted health care system, coordinating care between a patient’s doctors and explaining diagnoses and prescription regimes. She often calls doctors’ offices on her patients’ behalf to clarify instructions or address new health issues. Yang will even sometimes attend doctors’ appointments alongside her patients.

Other work Yang undertakes has seemingly little to do with her medical training. Many of her patients’ problems stem from social and environmental issues that a 15-minute doctor’s appointment might not uncover. Is a patient skipping his follow-up appointments? Yang can observe that he lacks transportation and organize a ride for him. Is a diabetic not eating correctly to manage her illness? As a visitor to her home, Yang can observe that she is living in a food desert, and direct her to a nearby food pantry with quality groceries, or help her apply to Meals on Wheels. Or maybe it becomes clear to Yang that a patient is unable to carry out basic tasks. She can set them up with home health care services, or, if the problem is psychological, connect them to mental health resources.

“I think what the health care industry needs to understand is the role we play is truly being other organizations’ eyes and ears,” says Partain. “We’re going into these patients’ homes where the hospitals and some other agencies don’t have that advantage.”

### **Saving money, and needing more**

According to Partain, out of over 20,000 EMS providers in the U.S., only around 300 have community paramedicine programs. Each is shaped to serve the needs of its specific community. In Fort Worth, for instance, with a metro-area population of 7.5 million, congestive heart failure and high-utilizers of ERs were the most pressing issues. In rural Eagle County, Colorado, on the other hand, the problem was simpler: basic access to care. As Chris Montera, CEO of the Eagle County Paramedic Services (ECPS) quips, Eagle County is a “tale of two stories.”

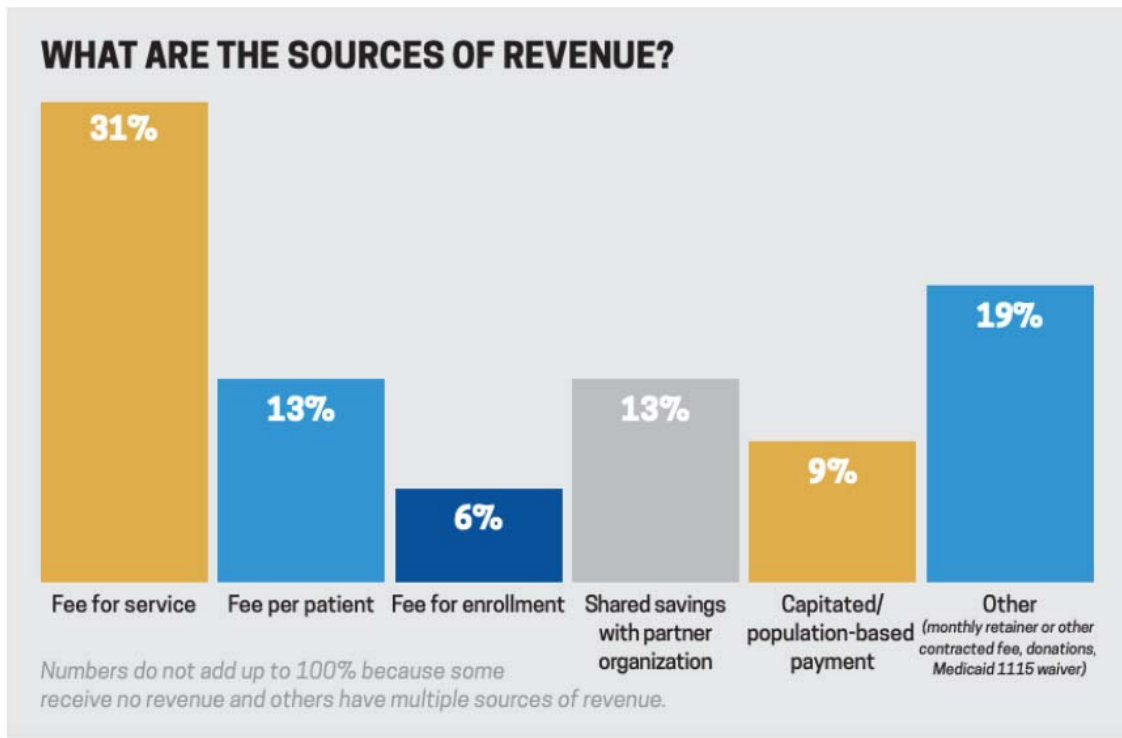
Spread across a vast expanse of some of the world’s most breathtaking natural terrain, Eagle County’s economy is fractured, with a high-wealth population clustered around the Vail and Beaver Creek ski resorts, and on the valley floor in the shadow of the mountains, communities of lower-income resort workers and service providers, many of whom lack access to health care.

In 2009, ECPS started one of the first rural community paramedic programs in the U.S. At the time, the county’s uninsured rate was extremely high, and Montera determined that the new program could increase access to primary and preventative care. As the program has expanded, they have added additional services like a long-term, in-home detox program (their six-month sobriety rate is higher than typical, around 50 percent, says Montera) and a joint initiative with a team of mental health clinicians to respond to suicide calls. According to Montera, Eagle County suffers from a suicide rate that is three times the national average, but in the year that their program has been in place, they have “reduced ambulance transfer off-scene by 78 percent.”

By providing more customized care and addressing the underlying elements of patients’ health problems, Fort Worth and Eagle County are saving money as well as lives. In 2008, the year before MedStar launched its Mobile Integrated Healthcare Program, [21 patients](#) were taken to local emergency rooms by ambulance 2,000 times, racking up \$962,429 in transportation charges alone. By contrast, an [analysis](#) of 670 patients enrolled in the program from 2013 to 2018 determined that a total of 5,116 ambulance trips were avoided during that time, with a total savings of \$2,143,604. Between the ambulance, ER and hospital admissions that were prevented, \$24,922 per enrolled patient was saved in Fort Worth.

As for Eagle County, Montera says that in the first four years of the ECPS program, “We were consistently seeing right around \$5,200 of health care savings per individual.”

But demonstrating the value of community paramedicine programs is only half of the equation. The expansion of the model requires a paradigm shift in how EMS programs make money. Historically, EMS services in the U.S. have been paid for their transportation services. A person calls 911, an ambulance arrives, paramedics provide critical care and the patient is delivered to a hospital, accruing hefty bills along the way. The idea behind community paramedicine is to provide lower-impact care that reduces costs. That requires a whole host of stakeholders—from hospitals and specialty clinics to insurance companies and tax payers—to buy into the system.



*Most community paramedicine programs rely on fee-for-service payments, but many aren't covered by insurance, and often the patients can't pay for them, either. Credit: National Association of Emergency Medical Technicians*

“The way ambulance services in the U.S. and most places, for that matter, have been reimbursed is to transfer patients to hospital,” says Dr. Peter O’Meara, an internationally recognized Australian expert on community paramedicine. “That’s how it’s been done historically. And that’s not a great model, because obviously the benefit is *not* taking people to hospital. So you have to find someone who’s willing to pay to *not* take people.”

Most community paramedicine programs rely on fee-for-service payments, but many aren’t covered by insurance, and often the patients can’t pay for them, either. Credit: National Association of Emergency Medical Technicians

Fort Worth is moving towards a capitated financial model, where hospitals, home health providers and other referring institutions pay a set fee per patient enrolled in the program. Some patients like Wagar are authorized for 30- or 90-day programs covered by their insurance. MedStar also supplements their Mobile Integrated Health Program with revenue from specialty care transfers. But if the 911 team flags a high-utilizer patient who isn’t covered by one of the above entities, MedStar often picks up the tab.

Ten years after its program began, Eagle County is just beginning to sign on health insurance companies. The program has stayed afloat so far mainly through grants and state funding. But many other programs are on shakier financial footing. A [2018 survey](#) by the National Association of Emergency Medical Technicians found that, of the 129 programs included in the study, only 36 percent agreed or strongly agreed that their programs were financially sustainable. A quarter of the respondents said their programs were not.

#### **Smarter care requires higher skills**

Just as important as program funding is the issue of paramedic education. The U.S. lags behind other countries in the standards paramedics must meet to perform their jobs. With increased education comes the ability to provide greater medical care, but efforts to upskill paramedics have faced some surprising opposition. For instance, some nursing unions view more highly skilled paramedics as a threat to their own jobs. Other stakeholders feel it is simply an [unnecessary requirement](#).

“The U.S really needs to deal with their education level for entry-level paramedics before they can really attain the practitioner-level-type community paramedic,” says O’Meara. The issue is being addressed on a state-by-state basis. Montera has been advocating for changes in Colorado, which recently [passed a law](#) to recognize paramedic degree programs, and where the state college system will soon begin offering programs in paramedicine. [Oregon](#) now requires an associate degree for the position, and North Carolina has submitted [a proposal](#) to follow suit by 2023. “The true paradigm shift we need to make in the United States is really around education and how we view paramedics,” says Montera.

That image of paramedics as ambulance-driving crisis managers, so ingrained in our minds, may be the biggest hurdle. As with any new model of medicine, it takes trial and error to get things right. Both MedStar and ECPS are committed to transparency, hoping an open-source standard will help other programs learn from their successes and failures.

“Health care has been changing and evolving from quantity to quality, and we see ourselves as a provider of health care services,” Partain says, adding that EMS programs trying innovative approaches need to be willing “to plan it a little bit, but [then] we’re going to throw ourselves out there. We’re going to bleed, we’re going to bruise, we’re going to make mistakes, but we learn best from our mistakes. And that’s just what we’ve done.”

# Tab E – Compliance and Legal



**Tuesday, October 15, 2019  
Compliance Officer's Report  
September 12, 2019 to October 15, 2019**

**Compliance Officer Duties**

- Multiple investigation conducted for compliance, and employee relation matters
- Submitted all employee provider roster changes to the DSHS as required
- 1 narcotic anomaly to report
  - A Paramedic inadvertently took the narcotic pouch home at the end of shift. The paramedic was drug tested and no foul play was suspected.

**Paralegal Duties**

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

A handwritten signature in black ink, appearing to read "Chad Carr", is written over a horizontal line.

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: Sep 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	5	5	00:07:02	1	80.0%	0	0.0%	58	3	94.8%
	2	9	9	00:07:59	0	100.0%	0	0.0%	17	1	94.1%
	3	4	4	00:10:09	0	100.0%	0	0.0%	42	0	100.0%
<b>Total Blue Mound</b>		<b>18</b>	<b>18</b>								
Burleson	1	76	73	00:09:08	18	76.3%	6	7.9%	173	40	76.9%
	2	164	159	00:09:05	34	79.3%	3	1.8%	164	34	79.3%
	3	61	56	00:11:28	9	85.2%	3	4.9%	142	28	80.3%
	4	176	176	00:33:49	25	85.8%	8	4.5%	176	25	85.8%
<b>Total Burleson</b>		<b>477</b>	<b>464</b>								
Edgecliff Village	1	6	6	00:07:37	1	83.3%	0	0.0%	83	11	86.7%
	2	6	6	00:06:46	0	100.0%	0	0.0%	51	3	94.1%
	3	9	8	00:08:07	0	100.0%	0	0.0%	74	1	98.6%
<b>Total Edgecliff Village</b>		<b>21</b>	<b>20</b>								
Forest Hill	1	52	50	00:09:29	13	75.0%	1	1.9%	97	26	73.2%
	2	83	76	00:09:48	10	88.0%	1	1.2%	83	10	88.0%
	3	36	35	00:11:41	2	94.4%	0	0.0%	123	11	91.1%
<b>Total Forest Hill</b>		<b>171</b>	<b>161</b>								
Fort Worth	1	2692	2561	00:08:26	476	82.3%	65	2.4%	2692	476	82.3%
	2	5214	4774	00:08:44	569	89.1%	76	1.5%	5214	569	89.1%
	3	3002	2746	00:10:33	311	89.6%	84	2.8%	3002	311	89.6%
	4	958	954	00:25:48	64	93.3%	19	2.0%	958	64	93.3%
<b>Total Fort Worth</b>		<b>11866</b>	<b>11035</b>								
Haltom City	1	91	87	00:09:34	31	65.9%	2	2.2%	182	62	65.9%
	2	172	158	00:10:21	34	80.2%	0	0.0%	172	34	80.2%
	3	66	57	00:11:55	11	83.3%	2	3.0%	143	23	83.9%
	4	2	2	00:13:38	0	100.0%	0	0.0%	31	1	96.8%
<b>Total Haltom City</b>		<b>331</b>	<b>304</b>								
Haslet	1	5	5	00:06:59	0	100.0%	0	0.0%	81	13	84.0%
	2	19	16	00:08:51	3	84.2%	1	5.3%	19	3	84.2%
	3	6	6	00:07:44	0	100.0%	0	0.0%	72	3	95.8%



## MedStar Response Time Reliability and AVG Response Time Performance

Period: Sep 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 %
<b>Total Haslet</b>		<b>30</b>	<b>27</b>								
Lake Worth	1	26	26	00:08:34	8	69.2%	1	3.8%	53	14	73.6%
	2	84	80	00:08:01	9	89.3%	1	1.2%	84	9	89.3%
	3	35	33	00:10:12	4	88.6%	1	2.9%	89	8	91.0%
	4	1	1	01:02:12	1	0.0%	0	0.0%	15	1	93.3%
<b>Total Lake Worth</b>		<b>146</b>	<b>140</b>								
Lakeside	1	3	3	00:09:08	1	66.7%	0	0.0%	26	8	69.2%
	2	8	8	00:11:26	1	87.5%	0	0.0%	64	17	73.4%
	3	1	1	00:12:01	0	100.0%	0	0.0%	25	7	72.0%
<b>Total Lakeside</b>		<b>12</b>	<b>12</b>								
River Oaks	1	16	16	00:06:04	1	93.8%	0	0.0%	109	13	88.1%
	2	30	29	00:08:52	4	86.7%	0	0.0%	128	15	88.3%
	3	10	10	00:13:51	2	80.0%	0	0.0%	101	8	92.1%
	4	2	2	00:00:00	0	100.0%	0	0.0%	4	0	100.0%
<b>Total River Oaks</b>		<b>58</b>	<b>57</b>								
Saginaw	1	34	34	00:09:40	10	70.6%	1	2.9%	34	10	70.6%
	2	78	67	00:11:15	24	69.2%	5	6.4%	141	35	75.2%
	3	39	33	00:14:55	9	76.9%	2	5.1%	94	25	73.4%
<b>Total Saginaw</b>		<b>151</b>	<b>134</b>								
Sansom Park	1	16	16	00:07:33	2	87.5%	0	0.0%	83	15	81.9%
	2	37	34	00:07:47	3	91.9%	0	0.0%	64	8	87.5%
	3	19	16	00:10:59	3	84.2%	1	5.3%	118	10	91.5%
	4	1	1	00:03:04	0	100.0%	0	0.0%	18	0	100.0%
<b>Total Sansom Park</b>		<b>73</b>	<b>67</b>								
Westover Hills	2	1	1	00:10:27	0	100.0%	0	0.0%	19	1	94.7%
<b>Total Westover Hills</b>		<b>1</b>	<b>1</b>								
Westworth Village	1	9	9	00:06:54	0	100.0%	0	0.0%	9	0	100.0%
	2	35	35	00:09:46	4	88.6%	0	0.0%	133	12	91.0%
	3	17	17	00:12:53	3	82.4%	2	11.8%	25	4	84.0%
<b>Total Westworth Village</b>		<b>61</b>	<b>61</b>								



## MedStar Response Time Reliability and AVG Response Time Performance

Period: Sep 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 %
White Settlement	1	48	48	00:07:22	5	89.6%	1	2.1%	48	5	89.6%
	2	95	88	00:07:58	12	87.4%	1	1.1%	95	12	87.4%
	3	72	68	00:09:33	3	95.8%	0	0.0%	72	3	95.8%
	4	11	11	00:17:44	1	90.9%	0	0.0%	57	1	98.2%
<b>Total White Settlement</b>		<b>226</b>	<b>215</b>								
System Wide	1	3079	2939	00:08:29	567	81.6%	77	2.5%	3735	697	81.3%
	2	6035	5540	00:08:49	707	88.3%	88	1.5%	6448	763	88.2%
	3	3377	3090	00:10:38	357	89.4%	95	2.8%	4140	443	89.3%
	4	1151	1147	00:27:09	91	92.1%	27	2.3%	1303	93	92.9%
<b>Total System Wide</b>		<b>13642</b>	<b>12716</b>								

# Tab G -- FRAB

# Tab H – Human Resources

**FMLA Leave of Absence (FMLA Detailed Report)**  
**Fiscal Year 10/1/18 - 09/30/2019**  
**Percentages by Department/Conditions**

Conditions		Percentages by Department				
Appendectomy	1					
Asthma	1					
Cardiology	3	Advanced	118	20	4.62%	29.41% 16.95%
Chronic Illness	2	Basic	140	20	4.62%	29.41% 14.29%
Circulatory Condition	1	Business Intelligence - Deployment, QI, Scheduler	4	1	0.23%	1.47% 25.00%
Dermatology	1	Business Office	28	7	1.62%	10.29% 25.00%
ENT Surgery	1	Communications	33	4	0.92%	5.88% 12.12%
FMLA - Child	10	Controller - Payroll, A/P, Purchasing	4	1	0.23%	1.47% 25.00%
FMLA - Parent	6	Field Manager/Supervisors - Operations	18	2	0.46%	2.94% 11.11%
FMLA - Spouse	4	Mobile Integrated Health	14	3	0.69%	4.41% 21.43%
Gastritis/Diverticulitis	1	Office of the Medical Director	9	1	0.23%	1.47% 11.11%
Gout	1	Support Services - Facilities, Fleet, S.E., Logistics, S.E., Logi	31	9	2.08%	13.24% 29.03%
Migraines/Headaches	5	<b>Grand Totals</b>	<b>399</b>	<b>68</b>		
Non-WC Back Injury	5					
Ophthalmology	1	Total # of Full Time Employees - June 2019	433			
Orthopedic Surgery	4	% of Workforce using FMLA	15.70%			
Pneumonia	1					
Pregnancy	8					
Pregnancy/Abdomen Issues	1	<b>TYPE OF LEAVES UNDER FMLA</b>	<b># of Ees</b>	<b>% on Leave</b>		
Psychological	7	Intermittent Leave	48	70.59%		
Stress/Anxiety	2	Block of Leave	20	29.41%		
Worker's Comp - Back Injury	1	Total	68	100.00%		
Worker's Comp - Foot Injury	1					
<b>Grand Total</b>	<b>68</b>					

LIGHT DUTY for Fiscal Year 2018-2019													
	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	234:07	276:20	218:49	852:44	1188:44	1030:14	
FY 2019	350:17	592:25	1117:25	1447:17	1747:31	1964:44	2198:51	2475:11	2694:00	3546:44	4735:28	5765:42	3767:58
FY 2018	151:32	199:27	528:35	879:24	1220:13	1399:43	1828:45	2650:18	3214:34	3679:35	3978:13	4186:38	

GOAL: Reduce number of lost hours due to job-related injuries by 10%

Worker's Comp LOA for Fiscal Year 2018-2019													
	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	108:00	36:00	0:00	0:00	0:00	0:00	
FY 2019	5:10	5:10	21:48	21:48	21:48	21:48	129:48	165:48	165:48	165:48	165:48	165:48	32:24
FY 2018	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 10%

FMLA LOA for Fiscal Year 2018-2019													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	AVG
Hours/Mo	1693:07	1494:22	1275:35	1378:42	1060:48	1211:44	1098:44	1083:16	995:10	1151:26	1989:50	1727:13	1244:17
FY 2019	1693:07	3187:29	4463:04	5841:46	6902:34	8114:18	9213:02	10296:18	11291:28	12442:54	14432:44	16159:57	
FY 2018	1536:38	3007:35	4463:20	6080:49	7317:29	9154:12	11121:30	13431:41	14527:50	15672:44	16489:35	17157:28	1429:00:00

Military Leave for Fiscal Year 2018-2019*													
	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	97:00	166:00	296:00	50:00	0:00	0:00	109:36
FY '18 - '19	72:00	120:00	192:00	308:00	367:00	487:00	584:00	750:00	1046:00	1096:00	1096:00	1096:00	

\*Unfilled shifts only

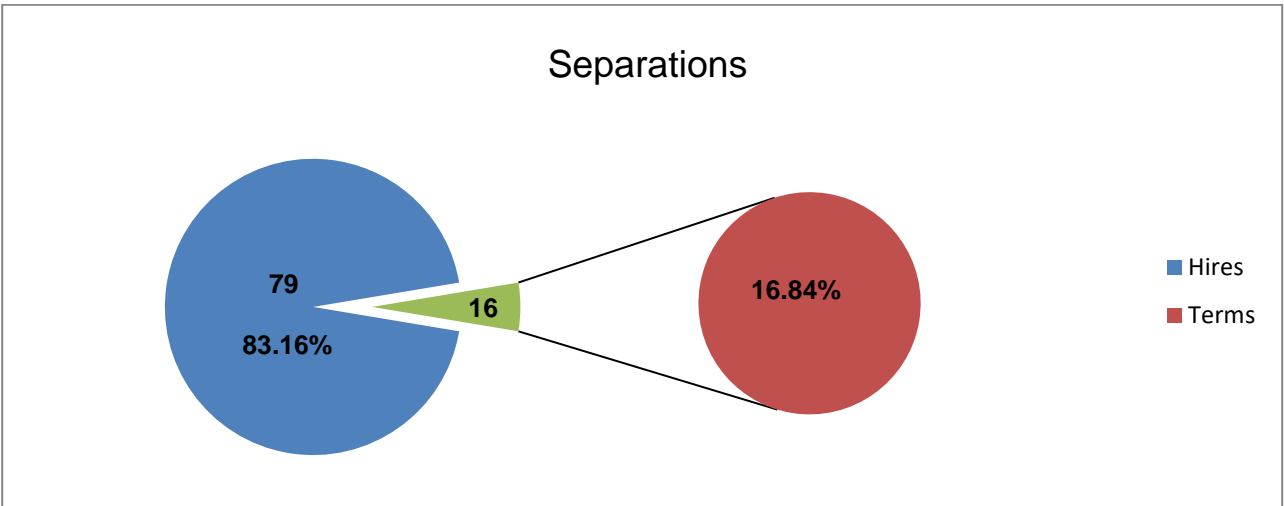
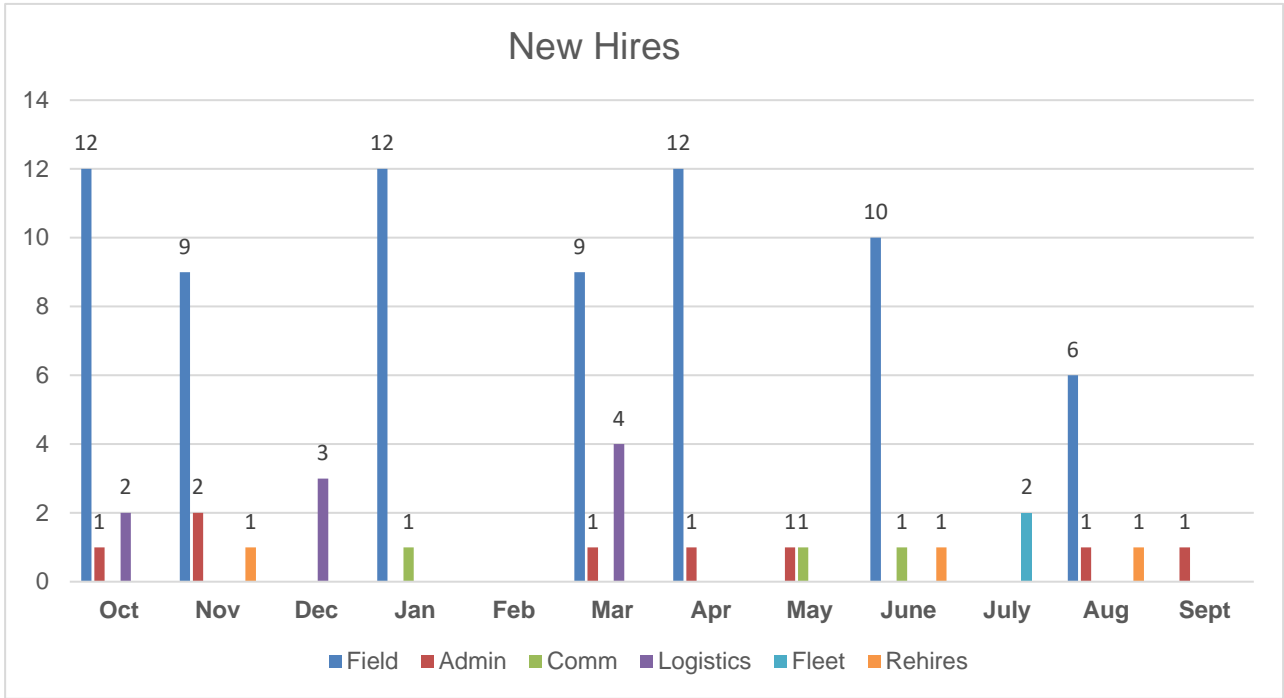
Total Leave Hours													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	AVG
Hours/Mo	2120:34	1784:30	1889:13	1824:34	1420:02	1548:57	1537:51	1561:36	1509:59	2054:10	3178:34	2757:27	1725:08
FY '18 - '19	2120:34	3905:04	5794:17	7618:51	9038:53	10587:50	12125:41	13687:17	15197:16	17251:26	20430:00	23187:27	

Summary of Fiscal Year 2018-2019					
	Light Duty	Worker's Comp	FMLA	Military	Total
YTD	5765:42	165:48	16159:57	1096:00	23187:27
Goal-Compare	3767:58	32:24	17157:28	1543:05	5343:27



# Recruiting & Staffing Report

## Fiscal Year 2018-2019

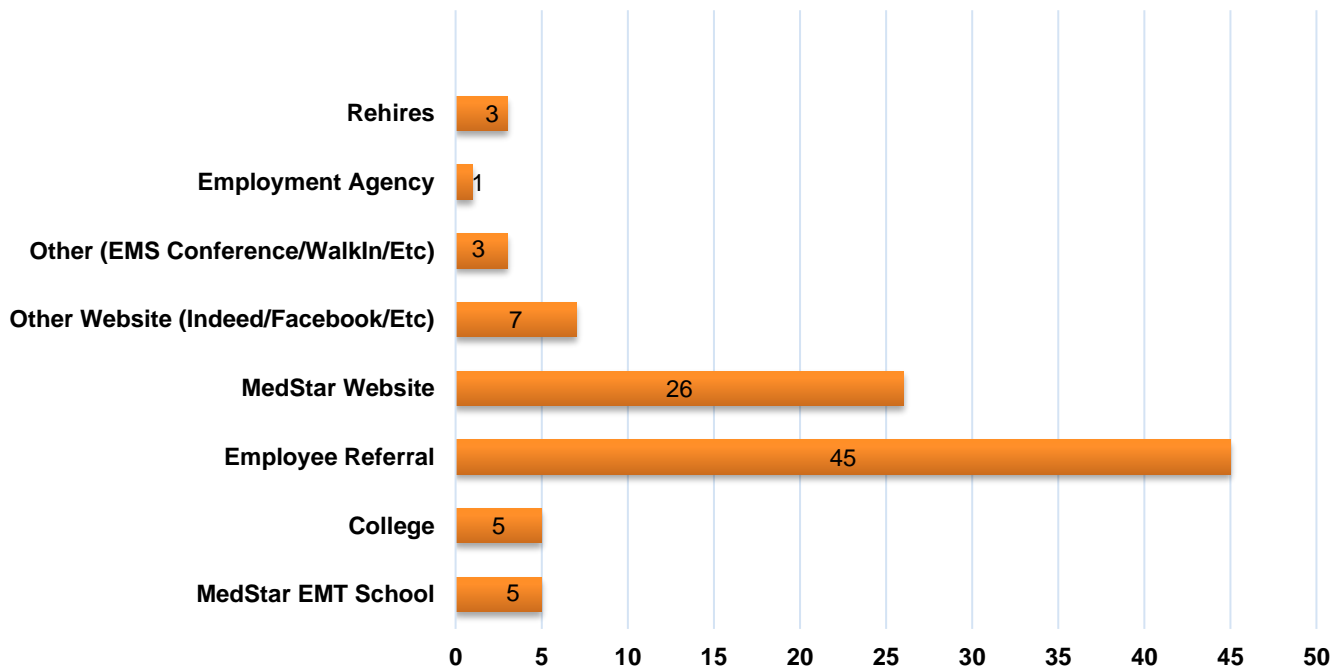


**Fiscal Year Statistics**  
 Total hires to date 95  
 Total separations from hires 16

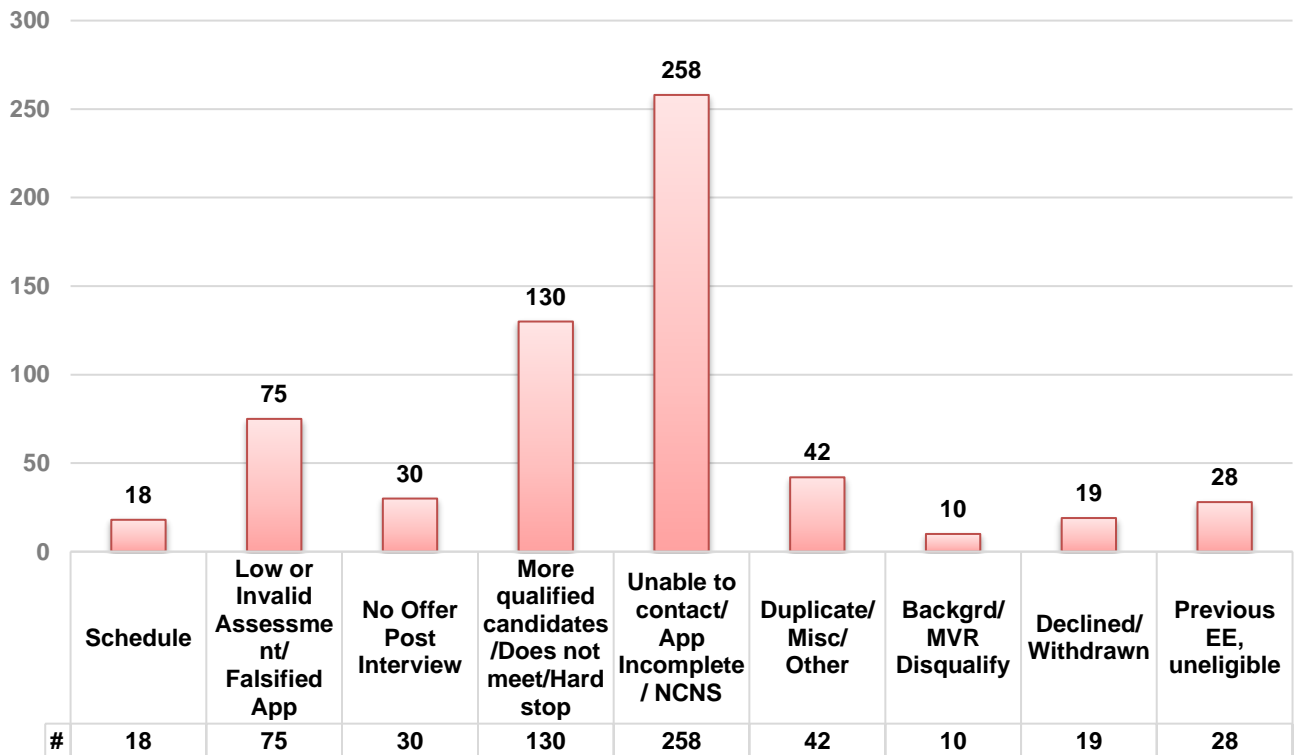
**Separation Reason from Hire:**

- Medical - 1
- Job Abandonment - 1
- Personal Reasons - 1
- Relocation - 1
- Better Opportunity - 3
- Schedule - 2
- Career Change - 1
- Involuntary (Absenteeism) - 2
- Retirement - 1
- Did not return from LOA - 1
- Could not meet PT hours requirement - 1
- Return to school - 1

### New Hire Referral Source



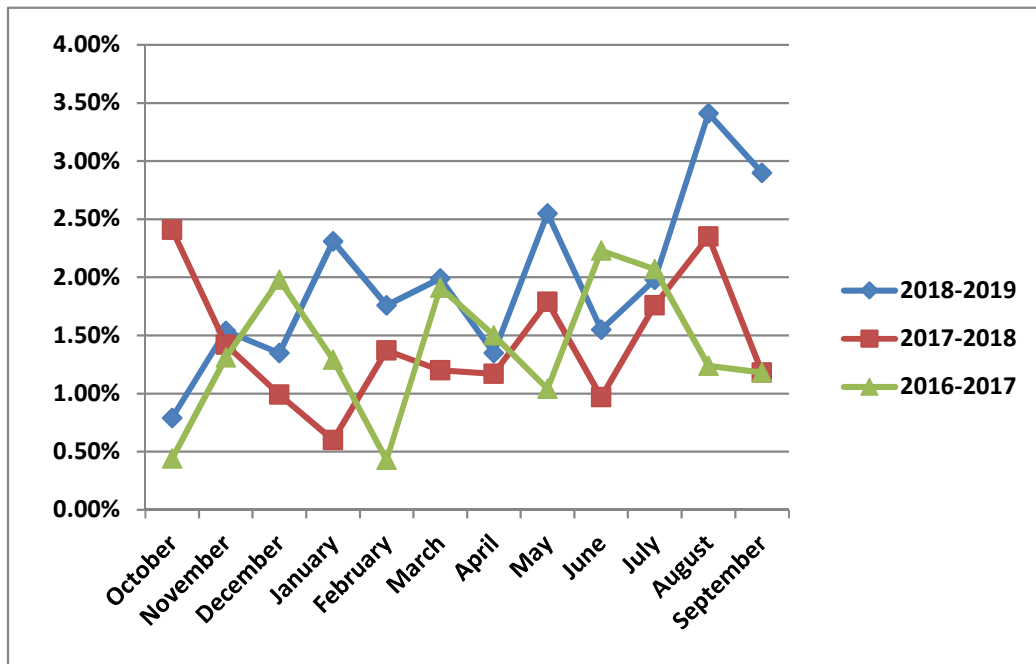
### Applicant Rejection Reasons



TOTAL APPLICATIONS REJECTED 610  
 TOTAL APPLICATIONS REVIEWED 705

### 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	1.99%	1.20%	1.91%	1.34%
April	1.35%	1.17%	1.50%	1.29%
May	2.55%	1.79%	1.04%	1.74%
June	1.55%	0.97%	2.23%	0.86%
July	1.98%	1.76%	2.07%	1.76%
August	3.41%	2.35%	1.24%	3.35%
September	2.90%	1.18%	1.18%	2.54%
Projected	23.480%	17.210%	16.620%	16.870%



# COMMONLY USED ACRONYMS

## A

**ACEP** – American College of Emergency Physicians  
**ACLS** – Advanced Cardiac Life Support  
**AED** – Automated External Defibrillator  
**ALJ** – Administrative Law Judge  
**ALS** – Advance Life Support  
**ATLS** – Advanced Trauma Life Support

## B

**BLS** – Basic Life Support  
**BVM** – Bag-Valve-Mask

## C

**CAAS** – Commission on Accreditation of Ambulance Services (US)  
**CAD** – Computer Aided Dispatch  
**CAD** – Coronary Artery Disease  
**CCT** – Critical Care Transport  
**CISD** – Critical Incident Stress Debriefing  
**CISM** – Critical Incident Stress Management  
**CMS** – Centers for Medicare and Medicaid Services  
CMMI - Centers for Medicare and Medicaid Services Innovation  
**COG** – Council of Governments

## D

**DFPS** – Department of Family and Protective Services  
**DSHS** – Department of State Health Services  
**DNR** – Do Not Resuscitate

## E

**ED** – Emergency Department  
**EKG** – ElectroCardioGram  
**EMD** – Emergency Medical Dispatch (protocols)  
**EMS** – Emergency Medical Services  
**EMT** – Emergency Medical Technician  
**EMTALA** – Emergency Medical Treatment and Active Labor Act  
**EMT – I** – Intermediate  
**EMT – P** – Paramedic  
**ePCR** – Electronic Patient Care Record  
**ER** – Emergency Room

## F

**FFS** – Fee for service  
**FRAB** – First Responder Advisory Board  
**FTE** – Full Time Equivalent (position)  
**FTO** – Field Training Officer  
**FRO** – First Responder Organization

## G

**GCS** – Glasgow Coma Scale  
**GETAC** – Governor’s Emergency Trauma Advisory Council

## H

**HIPAA** – Health Insurance Portability & Accountability Act of 1996

## I

**ICD – 9** – International Classification of Diseases, Ninth Revision  
**ICD -10** – International Classification of Diseases, Tenth Revision  
**ICS** – Incident Command System

## J

**JEMS** – Journal of Emergency Medical Services

## K

## L

**LMS** – Learning Management System

## M

**MAEMSA** – Metropolitan Area EMS Authority  
**MCI** – Mass Casualty Incident  
**MI** – Myocardial Infarction  
**MICU** – Mobile Intensive Care Unit  
**MIH** – Mobile Integrated Healthcare

# COMMONLY USED ACRONYMS

## N

**NAEMSP** – National Association of EMS Physicians  
**NAEMT** – National Association of Emergency Medical Technicians  
**NEMSAC** – National EMS Advisory Council (NHTSA)  
**NEMSIS** – National EMS Information System  
**NFIRS** – National Fire Incident Reporting System  
**NFPA** – National Fire Protection Association  
**NIMS** – National Incident Management System

## O

**OMD** – Office of the Medical Director

## P

**PALS** – Pediatric Advanced Life Support  
**PHTLS** – Pre-Hospital Trauma Life Support  
**PSAP** – Public Safety Answering Point (911)  
**PUM** – Public Utility Model

## Q

**QRV** – Quick Response Vehicle

## R

**ROSC** – Return of Spontaneous Circulation  
**RFQ** – Request for Quote  
**RFP** – Request for Proposal

## S

**SSM** – System Status Management  
**STB** – Stop the Bleed  
**STEMI** – ST Elevation Myocardial Infarction

## T

## U

## V

**VFIB** – Ventricular fibrillation; an EKG rhythm

## W

## X/Y/Z