



Metropolitan Area EMS Authority (MAEMSA)

dba MedStar Mobile Healthcare

Board of Directors

September 26, 2024

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

Date and Time: September 26, 2024 at 10:00 a.m.

Location: MedStar Board Room, 2900 Alta Mere Drive, Fort Worth, TX 76116

The public may observe the meeting in person, at <https://meetings.ringcentral.com/j/1474511989> or by phone at (469) 445-0100 (Meeting ID : 147 451 1989).

AGENDA

I. CALL TO ORDER Councilman Flores

II. INTRODUCTION OF GUESTS Councilman Flores

III. CITIZEN PRESENTATIONS Members of the public may address the Board on any posted agenda item and any other matter related to Authority business. All speakers are required to register prior to a meeting using the link on the Authority's website, (see, <http://www.medstar911.org/board-of-directors/> where more details can be found, including information on time limitations). The deadline for registering is 4:30 p.m. September 25, 2024. No person shall be permitted to speak on an agenda item or address the Board during Citizen Presentations unless they have timely registered and have been recognized by the Chair.

IV. CONSENT AGENDA Items on the consent agenda are of a routine nature. To expedite the flow of business, these items may be acted upon as a group. Any board member may request an item be removed from the consent agenda and considered separately. The consent agenda consists of the following:

BC-1617 Approval of Board Minutes for August 22, 2024 Councilman Flores
Pg 1.

BC-1618 Approval of Check Register for August 22, 2024 Councilman Flores
Pg 6.

V. MONTHLY REPORTS

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

VI. NEW BUSINESS

IR-237	Scheduling of future MAESMA Board Meetings	Frank Gresh Councilman Flores
IR-238	EMS Transition Update	Frank Gresh/Leila Peeples
BC-1619	Approval of FY 25 Budget	Mark Daniel/Valerie Washington Frank Gresh/Odelle Carrette
BC-1620	Ratification of the CEOs action on transferring two ambulances to the CoFWFD for licensing purposes	Frank Gresh
BC-1621	Discussion regarding provision of EMS services to the city of Richland Hills	Frank Gresh

VII. OTHER DISCUSSIONS

A.	Request for future agenda items	Councilmember Flores
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VIII. CLOSED SESSION

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

1. Section 551.071: To seek the advice of its attorney(s) concerning pending or contemplated litigation or a settlement offer, or on any matter in which the duty of the attorney to the Board and the Authority to maintain confidentiality under the Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act, including without limitation, consultation regarding legal issues related to matters on this Agenda and consultation with Ritu Cooper, Hall, Killian, Heath & Lyman, P.C., relating to compliance matters;
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; or
3. Section 551.074: To (1) deliberate the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of an Authority officer or employee to include retention of same; and/or (2) to hear a complaint or charge against an officer or employee.

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

IX. ADJOURNMENT

**MAEMSA
BOARD COMMUNICATION**

Date: 09.26.2024	Reference #: BC-1617	Title: Approval of Board of Directors Minutes
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RECOMMENDATION:

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

DISCUSSION:

N/A

FINANCING:

N/A

Submitted by: <u>Frank Gresh</u>	Board Action:	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Continued until _____
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MINUTES

METROPOLITAN AREA EMS AUTHORITY DBA MEDSTAR MOBILE HEALTHCARE BOARD OF DIRECTORS REGULAR MEETING

August 22, 2024

The Metropolitan Area EMS Authority Board of Directors conducted a meeting at the offices of the Authority, with some members participating by video conference call pursuant to Section 551.127(c) of the Texas Government Code. The public was invited to observe the meeting at that location, or by phone or video conference.

I. CALL TO ORDER

Chair Councilman Carlos Flores called the meeting to order at 10:03 a.m.

Board members participating through video conference: Dr. Brad Commons, Fire Chief Doug Spears, Teneisha Kennard, Dr. Jeff Jarvis (Ex-Officio) and Bryce Davis. Board members physically present were Chair Councilman Carlos Flores, and Fire Chief Jim Davis, Frank Gresh (Ex-Officio). Others present were General Counsel Tammy Ardolf, Leila Peoples, Chris Cunningham, Pete Rizzo, Chad Carr, Fort Worth Assistant City Manager Valarie Washington, City Manager Mark McDaniel, Dr. Brian Miller, Diana Giordano, Emily Wolff, and Todd Fitch.

Guests on phone or in person as attendees: Fire Chief Brian Jacobs, Assistant Fire Chief Jeremy Blackwell, Fire Chief Ryan Arthur, April Huse, Andrew Malone, Anita Meadows, Blair Brame, Brian White, Dani Briones, Desiree Partain, Diana Anderson, Heath Stone, Jose Talavera, Kayden Bathory, Kerby Johnson, Kier Brister, LaChandra Goynes, Lindy Curtis, Shaun Curtis, Matthew Willens, Rosa Palacios, Sarah Esquivel, Ricky Hyatt, Scott Mesick, Jason Weimer, Brandon Pate, William Gleason, Chris Roberts, Attorney Ritu Kaur Cooper, Maria Barragan, Mel Alline, Monica Cruz, Susan Swagerty, Tammy Franzen, Timothy Statum.

II. INTRODUCTION OF GUESTS

Chair Councilman Carlos Flores introduced City of Fort Worth Assistant City Manager Valerie Washington, City of Fort Worth Assistant City Attorney Taylor Paris, City of Fort Worth Assistant Director of Human Resources Holly Moyer, City of Fort Worth Deputy City Manager Mark McDaniel, and Emily Wolf with the Fort Worth Report.

Councilman Flores initiated a moment of silence for Sergeant Randolph with the Fort Worth Police Department, an officer killed in the line of duty recently. Big impact to our community and to our law enforcement community. We are very grieved. He thanked everyone who was able to pay their respects and then took a moment of silence.

III. CITIZEN PRESENTATIONS

None.

IV. CONSENT AGENDA

- BC-1607 Approval of Board Minutes for June 27, 2024**
- BC-1608 Approval of Board Minutes for July 1, 2024**
- BC-1609 Approval of Board Minutes for July 25, 2024**
- BC-1610 Approval of Check Register for June/July 2024**

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

V. MONTHLY REPORTS

- A.** Chief Executive Officer– Frank Gresh referred to Tab A and informed the Board that Medstar has been working on a variety of transition items. Frank provides a brief report, expressing happiness with his new role and the team.
- B.** Office of the Medical Director – Dr. Jarvis referred to Tab B.
- C.** Chief Financial Officer– Odelle Carrette referred to Tab C. Chief Davis asked, “What steps are we taking to compensate for the shortfall and reduce our reserve usage during the following six weeks? "How are we going to cut that in the upcoming fiscal year?" Frank asked for a few weeks to give us time to process that and said we would speak more about it when we consider the budget item. We want to be comfortable with that and make sure we can respond to inquiries rather than just not having any answers, so we will handle that and make sure we have a solid piece of information in a firm location where Odelle, the new Interim CFO, and Frank himself can speak to the budget front. Carlos concurred.
- D.** Chief Human Resources Officer- Leila Peeples referred to Tab D and informed the board that Medstar is working with the City of Fort Worth during the transition. Notification letters went out to all employees so they have more insight into what the transition process will look like. There were a few employees that didn't have immediate slotted positions. Medstar and CoFW are working to find vacant positions for these employees. A town hall meeting will take place today at one o'clock to answer additional questions that employees may have.
- E.** FRAB –Chief Spears referred to Tab E and informed the Board that the FRAB and members are continuing to work with Medstar and collaborate with city leadership in regard to interlocal agreements and the vision of them in the next phase of the reimagination of EMS and Fort Worth. There was discussion on how the member cities will be impacted by any type of change with the City of Fort Worth.
- F.** Operations – Chris Cunningham referred to Tab F and informed the Board of meeting strategic initiatives, compliance, and the impact of recent heat on first responders. They are putting up unit hours and the communications team is providing answer times and metrics. However, the heat and excessive demand days have been affecting first responder partners in the community. The team commends Shawn and his supervisors for staying in touch

with crews and providing assistance. July has been a good month, but August has been exceptionally rough.

- G.** Compliance and Legal- Chad Carr referred to Tab G and informed the Board that this is his last week at Medstar. He mentioned it's been an honor and privilege to serve the citizens the member cities in this organization for the last two decades.
- H.** EPAB – Dr. Commons referred to Tab H and informed the Board that there was a EPAB Board meeting last month. There was conversation about the transition and wanted to and certainly a shared commitment to do what is necessary for a smooth process and offer support.

VI. NEW BUSINESS

IR - 234 EMS Transition Update

Frank Gesh provided an overview of the EMS transition to the Board. This item was listed in error on the Agenda as BC-1611.

IR - 235 City of Fort Worth Transition Update

Valerie Washington and Mark Daniel provided an overview of the City of Fort Worth Transition. This item was listed in error on the Agenda as BC-1612.

IR - 236 Budget Discussion

Valerie Washington and Mark Daniel provided an overview of the City of Fort Worth Transition. This item was listed in error on the Agenda as BC-1613.

BC - 1614 Employee Retention Policy Review

The motion to approve was made by Jim Davis and seconded by Doug Spears. The motion carried unanimously.

BC - 1615 Resolution Appointing Privacy Officer and Compliance Officer

The motion to approve was made by Jim Davis and seconded by Doug Spears. The motion carried unanimously.

BC - 1616 Appointment of Civil Rights Coordinator

The motion to approve was made by Jim Davis and seconded by Doug Spears. The motion carried unanimously.

VII. REQUEST FOR FUTURE AGENDA ITEMS

None.

VIII. CLOSED SESSION

At 10:40 a.m. the Board went into a closed session pursuant to Section 551.071 of the Texas Government Code. The Board returned from closed session at 11:03 a.m.

The Board took action on BC-1614 to approve revisions to Employee Handbook Section 12.4 – Severance Pay.

The Board also took action on BC-1615. The Board appointed Frank Gresh as Privacy and Compliance Officer.

The Board also took action on BC-1616. The Board appointed Leila Peoples as Civil Rights Coordinator.

Chair Councilman Carlos Flores notated that BC 1611 through BC 1613 should have been IRs rather than BCs as no vote required.

The Board mentioned future discussions regarding dates for Board meetings.

IX. ADJOURNMENT

The Board stood adjourned at 11:10 a.m.

Respectfully submitted,

Douglas Spears
Secretary

**MAEMSA
BOARD COMMUNICATION**

Date: 09.26.2024	Reference #: BC-1618	Title: Approval of Board of Check Register
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RECOMMENDATION:

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

DISCUSSION:

N/A

FINANCING:

N/A

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

AP Check Details Over 5000
For Checks Between 8/1/2024 and 8/31/2024



Check Number	CK Date	Vendor Name	Check Amount	Description
117073	8/1/2024	Bound Tree Medical LLC	16,040.83	Various Medical Supplies
117081	8/1/2024	ImageTrend	10,927.27	ImageTrend - HIH Open Platform
117084	8/1/2024	MaintStar Inc	5,115.20	Annual Support
117085	8/1/2024	McKesson Medical Surgical Inc	7,494.78	Various Medical Supplies
117088	8/1/2024	Occupational Health Solutions	6,540.00	OHS - May 2024
117110	8/1/2024	The EMS Training School	7,500.00	Paramedic Tuition - A Zare-Mehrjerdi
117113	8/1/2024	XL Parts	5,786.82	Various Parts
117115	8/7/2024	Alta Mere Auto Care	8,288.70	Repairs to M800
117120	8/8/2024	Bound Tree Medical LLC	21,806.13	Various Medical Supplies
117132	8/8/2024	Maintenance of Ft Worth, Inc.	6,148.56	Janitorial Services and Supplies
117134	8/8/2024	McKesson Medical Surgical Inc	7,319.11	Various Medical Supplies
117135	8/8/2024	Medic Built LLC	60,369.54	Dryer/Remount Converison
117136	8/8/2024	Medline Industries, Inc.	9,320.07	Various Medical Supplies
117149	8/8/2024	T & W Tire	7,618.00	Tires
117150	8/8/2024	TML Intergovernmental Risk Pool	107,717.49	Liability Deductible-Jul24/Contributions
117157	8/15/2024	Airgas USA, LLC	7,312.25	Rental and Cylinders
117162	8/15/2024	Bound Tree Medical LLC	17,213.01	Various Medical Supplies
117166	8/15/2024	Collection Management Company	17,042.86	Collection Service
117178	8/15/2024	ImageTrend	23,631.00	Monthly Fee-Elite EMS SaaS
117186	8/15/2024	McKesson Medical Surgical Inc	5,332.13	Various Medical Supplies
117228	8/15/2024	Axon Educations	7,775.00	Paramedic Tuition - C Warren
117229	8/15/2024	Paranet Solutions	38,967.42	Monthly IT Charges
117233	8/15/2024	Reliable Dental Supply and Service	6,033.32	Various Medical Supplies
117243	8/15/2024	Taylor Olson Adkins Sralla & Elam LLP	15,593.01	Legal Services
117247	8/15/2024	The EMS Training School	8,000.00	Paramedic Tuition - M Casey
117255	8/15/2024	XL Parts	6,066.12	Various Parts
117286	8/22/2024	ADP Screening & Selection Services	5,499.51	ADP Screening Services - July
117292	8/22/2024	Bound Tree Medical LLC	14,226.41	Various Medical Supplies
117305	8/22/2024	Medic Built LLC	48,271.10	Supplemental - Remounts on various units
117306	8/22/2024	Medline Industries, Inc.	6,199.80	Various Medical Supplies
117324	8/22/2024	The State of Texas	6,380.95	Microsoft Subscription
117366	8/29/2024	Bound Tree Medical LLC	10,993.71	Various Medical Supplies
117374	8/29/2024	Hall Render Killian Heath & Lyman PC	8,053.90	Legal Services
117376	8/29/2024	MaintStar Inc	5,433.25	Annual Support
117379	8/29/2024	Medic Built LLC	120,626.00	Remount Conversions
117380	8/29/2024	Medline Industries, Inc.	7,792.68	Various Medical Supplies
117390	8/29/2024	Reliable Dental Supply and Service	9,450.50	Various Medical Supplies
117394	8/29/2024	Roger Williams Automall	5,868.35	Various Parts

117397	8/29/2024	T & W Tire	14,869.60	Tires
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AP Check Details Over 5000
 For Checks Between 8/1/2024 and 8/31/2024



Check Number	CK Date	Vendor Name	Check Amount	Description
117403	8/29/2024	Zoll Data Systems Inc	8,665.81	RescueNet - Qtly Maintenance
5326434	8/1/2024	Frost	39,363.52	Frost Loan #39001
5343659	8/5/2024	UMR Benefits	71,131.17	Health Insurance Premium
5343663	8/5/2024	MetLife - Group Benefits	42,669.55	Dental/Vision/Basic Life/Suppl Life/STD
5410226	8/20/2024	WEX Bank	160,122.63	Fuel
5452157	8/29/2024	Integrative Emergency Service Physician	15,600.00	Contract Services - A Cornelius
5452198	8/29/2024	UT Southwestern Medical Center	16,224.00	Contract Services - B Miller
8012024	8/1/2024	Frost	61,053.88	Frost Loan #30001
8162024	8/16/2024	JP Morgan Chase Bank, N.A.	33,738.67	Mastercard Bill
381900091	8/26/2024	City of Fort Worth Water Department	6,942.37	Water Services
802202402	8/2/2024	Frost	38,540.62	Frost Loan #4563-001

Tab A – Chief Executive Officer

Chief Executive Officer Report – September 26, 2024

August presented challenges for the MedStar crews due to extreme heat conditions. We are, however, pleased to see a gradual decrease in temperatures as we enter September. Our billable patient contacts exceeded budget expectations, and coupled with other factors, as Odelle will elaborate in her financial report, has resulted in a positive variance in net income. Our team has been closely collaborating with various City of Fort Worth departments on the upcoming transition, with many hours dedicated by staff across MedStar, the City of Fort Worth, and other involved entities. As of the board meeting on September 26th, we are 278 days from the planned transition to the Fort Worth Fire Department.

2025 Budget:

We will discuss the 2025 budget in detail during the September 26th meeting. Since the last board meeting, the MedStar team has worked alongside Todd Sheridan of Fitch and Associates to refine our fiscal year 2025 projections. The additional time allowed Odelle and me to carefully review the assumptions made by the previous CEO and CFO, and we engaged in thorough discussions with Ken and Steve, who were extremely cooperative in addressing all of our queries.

Transition to the City of Fort Worth Fire Department:

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

- Leila and the MedStar HR team are collaborating with the City's HR department to support negotiations with IAFF Local 440. Additionally, we are assisting in the creation of a communications plan to keep all stakeholders informed of developments in these negotiations and other HR-related matters.
- We are working with the Chief Procurement Officer from the City of Fort Worth to review existing contracts for goods and services to ensure that all necessary procurements are in place ahead of the EMS transition.
- A forthcoming agenda item will address the transfer of two ambulances to the City of Fort Worth to facilitate their ambulance licensing process. These vehicles have already been removed from MedStar's state license.

System Performance:

As Chris Cunningham, COO, detailed in his report, we continue to meet response time targets at the 85th percentile across all priorities. As part of the ongoing budget discussion, we are initiating a review of operational changes necessary over the next 10 months to ensure a smooth launch of the new system.

Financial Close for August:

I would like to extend my gratitude to the City of Fort Worth Finance Department, particularly to Reggie Zeno, our newest board member, and Tony Rousseau, for their support. Special thanks to Joy Egbuta from the City's finance team, who assisted Odelle in closing out our August financials amidst the heavy workload surrounding the FY2025 budget. With Steve's departure, and the volume of work Odelle is handling, their assistance was invaluable. Moving forward, we will be hiring temporary staff to provide additional accounting support.

Leadership Transition:

Lastly, I want to share some important news about Chris Cunningham, MedStar's Chief Operating Officer. Chris has made the decision to step down to pursue an exciting new opportunity with one of our valued partners, FirstWatch. His last day with MedStar will be September 27th. While Chris will be greatly missed, we are thrilled for him as he embarks on this new chapter. We are actively working with the City of Fort Worth to ensure a seamless transition, not only for Chris but also for the broader system adjustments that are underway. I have reassured the MedStar team that leadership changes, while sometimes unsettling, do not alter the City's steadfast commitment to MedStar's success. As we prepare for the transition to City employment, our shared mission to provide exceptional service to our community remains unwavering.

Tab B –Office of the Medical Director



Improving Systems and Educating Clinicians to Enhance Patient Outcomes

System Initiatives

- Prehospital Blood Transfusion
 - Implementation project introducing a prehospital whole blood program within the EMS system.
- Chain of Survival
 - Improvement project to enhance survival of patients in cardiac arrest.
- Operation Safe Intubation
 - Evaluating data to further effectiveness of advanced airway protocol.
- STEMI
 - Improvement project to capture a 12-lead EKG within 10 minutes of patient contact to enhance early identification of individuals having a heart attack.
 - Released training video to improve 12-lead acquisition.

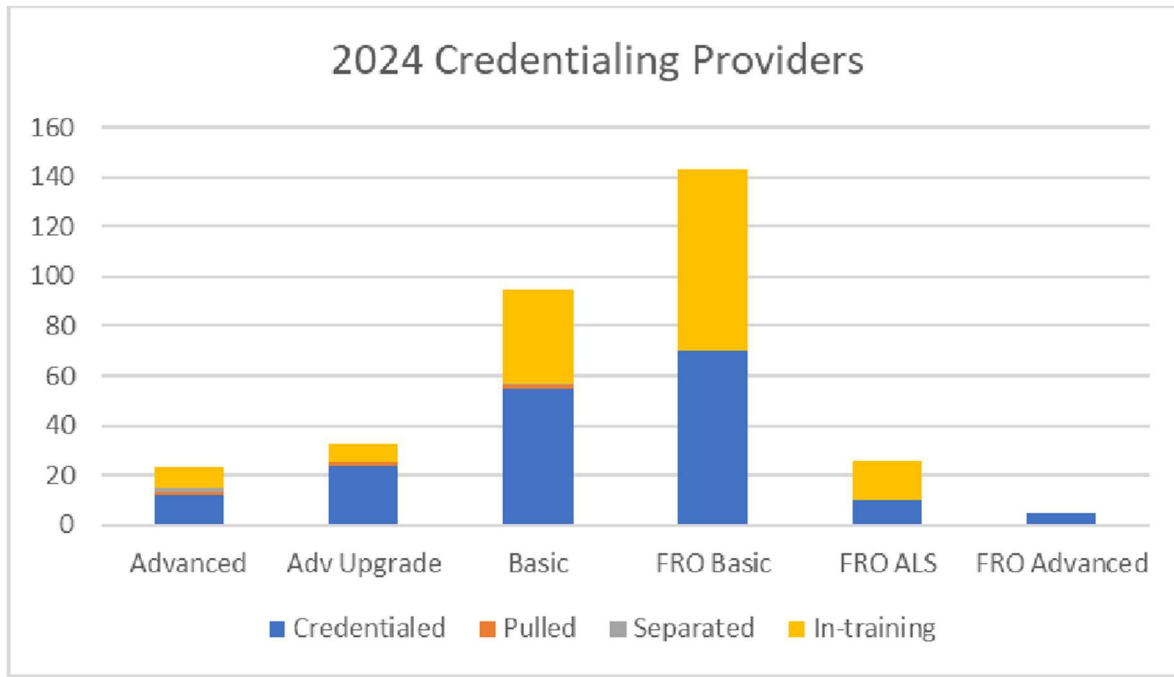
Education and Training

- OMD 24Q3CE – September/October
- ECA Course for FROs
 - Westworth Village, Westover Hills, Lakeside
 - 4 completed National Registry
 - 1 pending
- Card Courses Offered

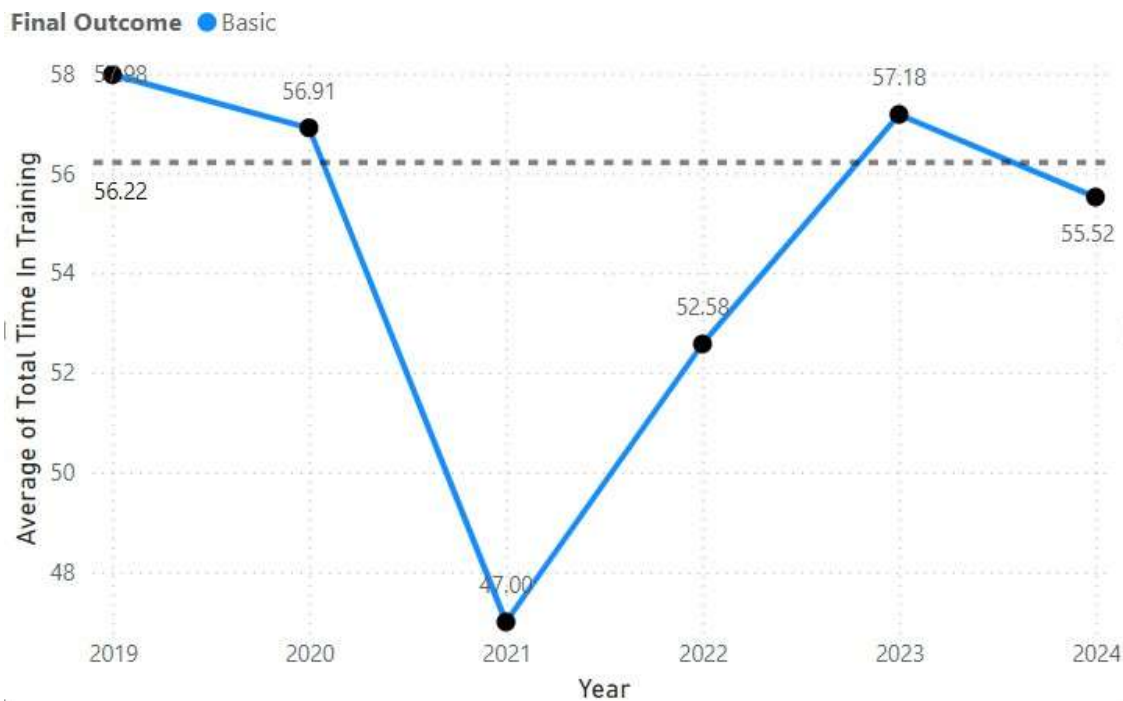
Course Attendance	BCLS	ACLS	Pedi	AMLS	PHTLS	Additional Course Challenges
MedStar	53	61	46	8	10	38
FRO	5					
External	4		1		5	

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

Credentiaing

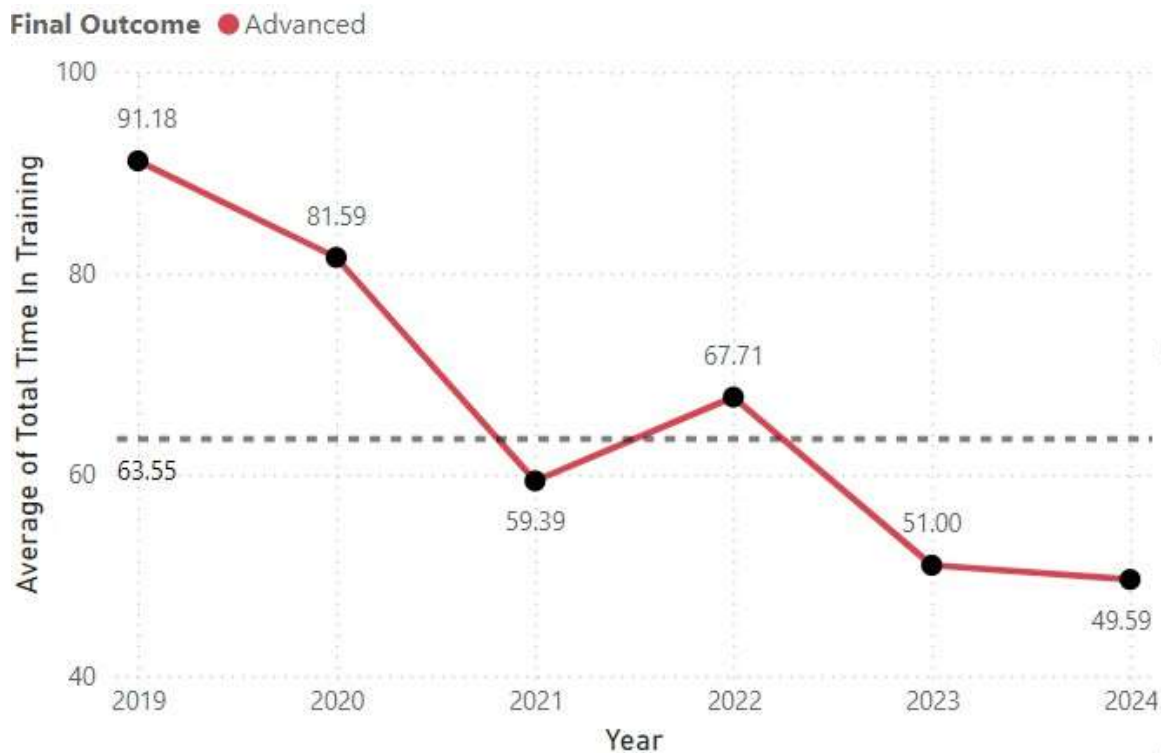


- Basic Credentiaing Time



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

- Advanced Credentialing Time



Quality & System Performance

- Abstract submissions
 - “Laryngoscopy Challenges Associated with Ketamine-Only Endotracheal Intubation”
 - “Prehospital Sedation with Droperidol vs. Other Common Agents: A Retrospective Review”
 - “Evaluation of primary care provider documentation in emerge by medical services: implications for patient health and resource utilization”
 - “Empowering communities: an overdose response team program and its lifesaving impact”
 - “Balancing Act: managing gastrointestinal bleeds and navigating the prehospital pressor puzzle”
 - “The Association Between Prehospital Drug Assisted Airway Management Approach and Intubation First Pass Success”
 - “The Association Between Patient Race and Prehospital Drug Assisted Airway Management Approach.”

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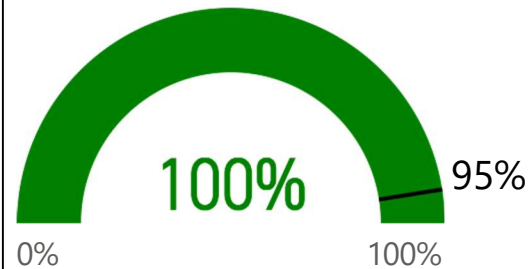


MAEMSA Clinical Performance Measures

July 2024

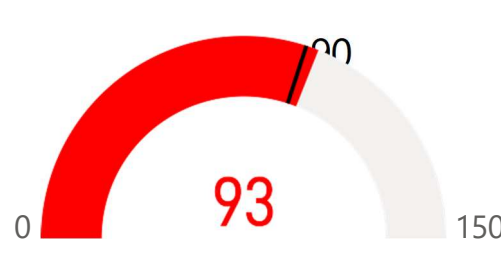
CA 01

Percentage of OHCA Cases Correctly Identified by PSAP



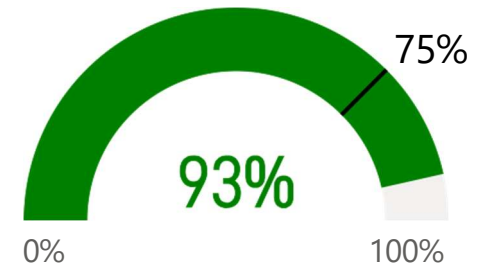
CA 02

Median time between 9-1-1 call and OHCA recognition (sec)



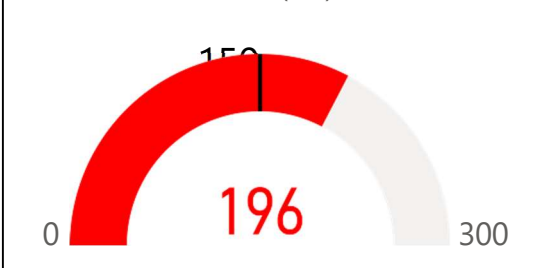
CA 03

Percentage of Telecommunicator-Recognized OHCA's Receiving T-CPR



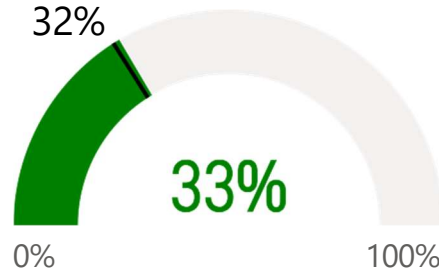
CA 04

Median 9-1-1 Access to tCPR hands-on-chest time (sec)



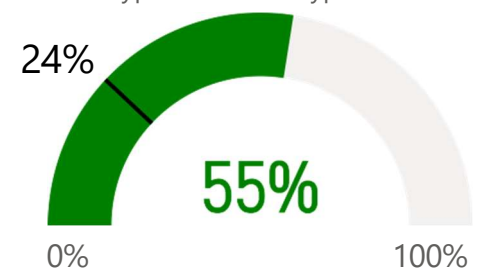
CA 05

Utstein Survival %



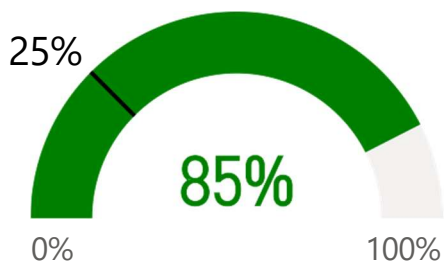
Airway 01

First Pass Intubation Success without Hypotension or Hypoxia



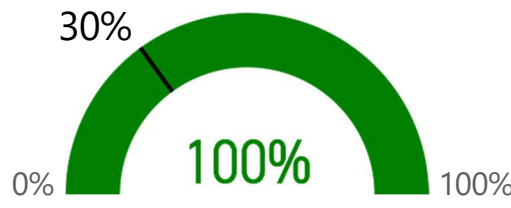
Airway 02

Adequate Oxygen Saturation Achieved Before Intubation Procedure



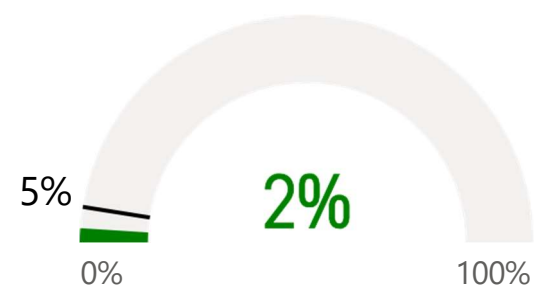
Airway 03

Waveform Capnography Airway Device Monitoring



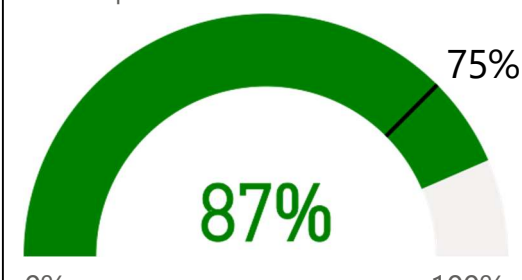
Airway 05

Unrecognized Failed Airway



STEMI 02

Aspirin Administration for STEMI



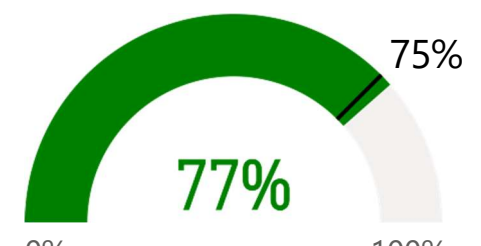
STEMI 03

12-lead ECG Performed Within 10 minutes for STEMI Patients



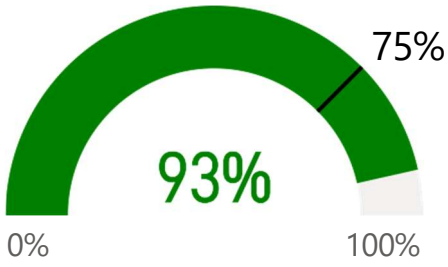
STEMI 04

STEMI Alert Within 10 Minutes in STEMI Patients



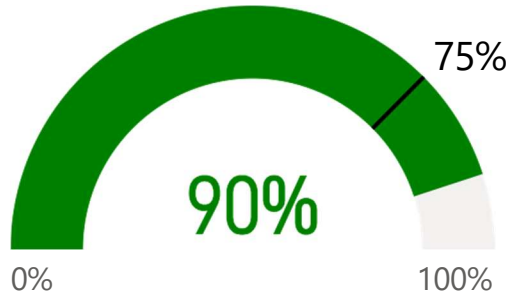
Stroke 01

Evaluation of Blood Glucose for Patients with Suspected Stroke



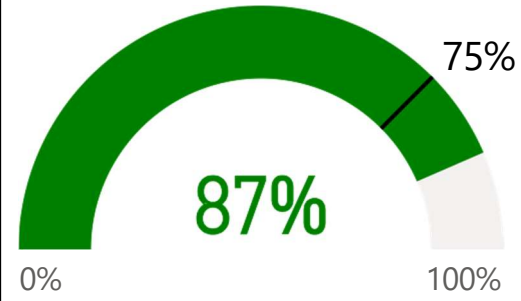
Stroke 02

Stroke Screen Performed and Documented



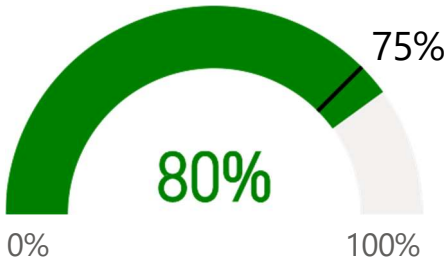
Stroke 03

Stroke Alert for Suspected Stroke



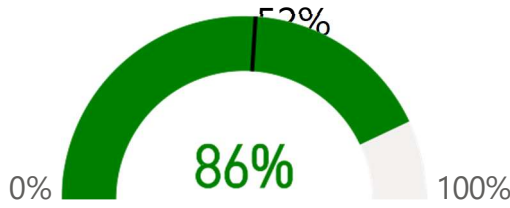
Stroke 04

Documentation of Last Known Well for Patients with Suspected Stroke



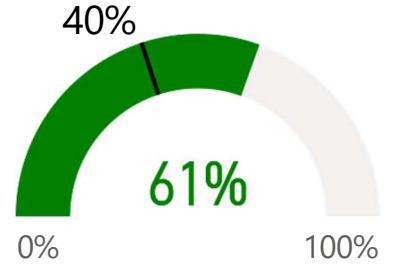
Asthma 01

Administration of a Beta Agonist for Asthma



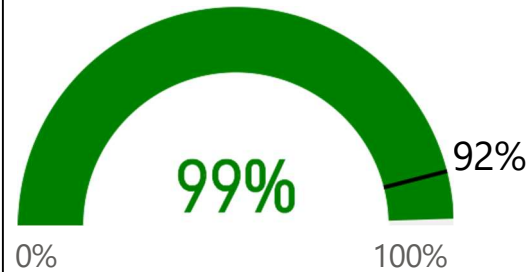
Hypoglycemia 01

Treatment Administered for Hypoglycemia



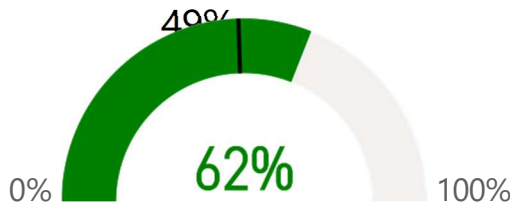
Respiratory 01

Respiratory Assessment



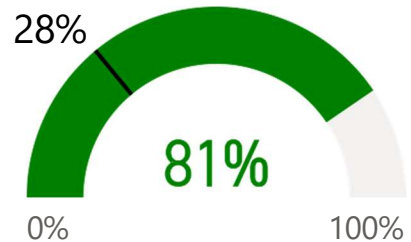
Respiratory 02

Oxygen Administration for Hypoxia



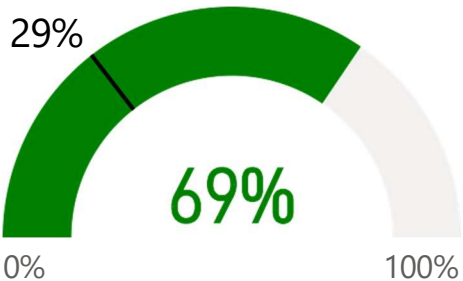
Seizure 02

Patients with Status Epilepticus Receiving Intervention



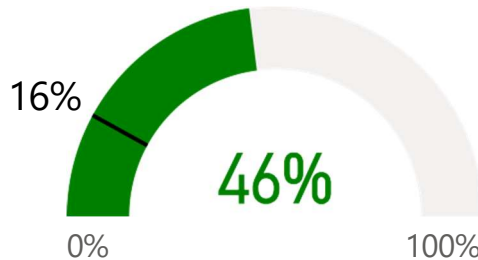
Syncopal 01

ECG Performed for Syncopal Patients



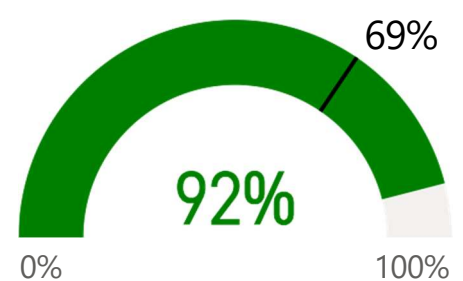
TBI 01

Clinical Assessments for Patients with Traumatic Brain Injury



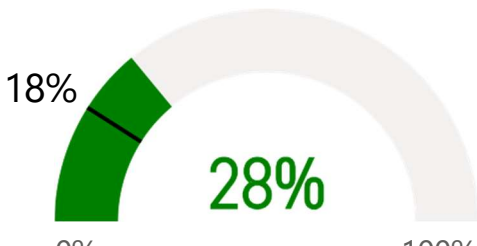
Trauma 01

Pain Assessment of Injured Patients



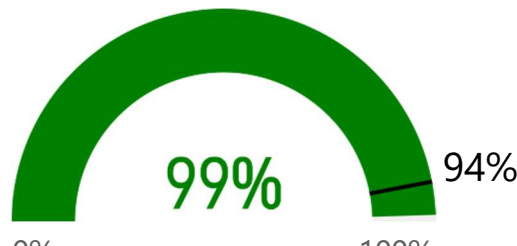
Trauma 03

Effectiveness of Pain Management for Injured Patients



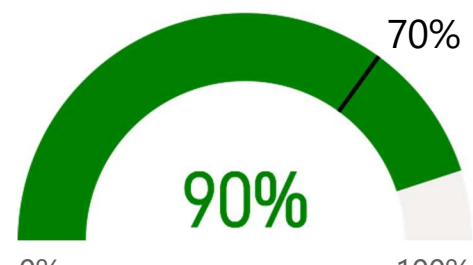
Trauma 08

Documentation of GCS, SBP, and Respiratory Rate



TTR 01

Vital Signs Documented



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

MAEMSA System Performance

May 2024

100%

AHA Goal

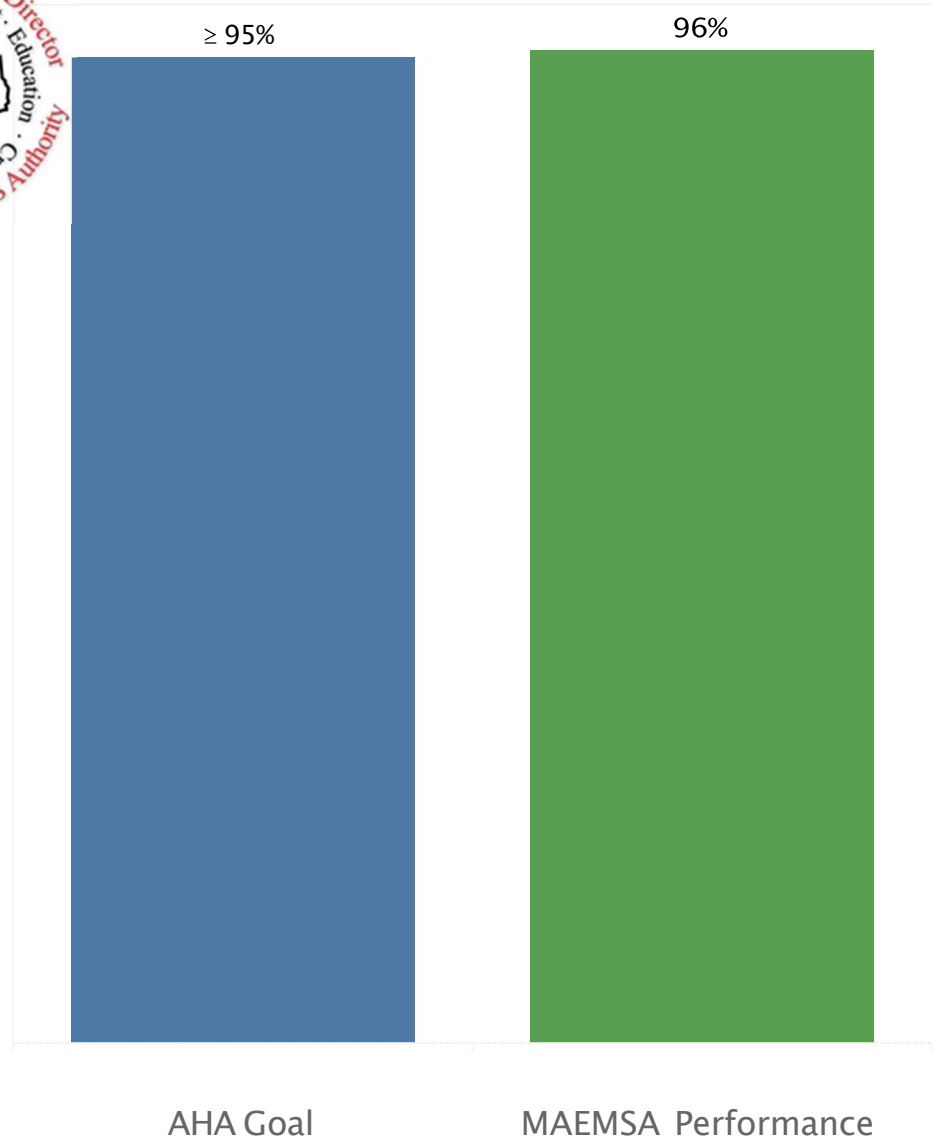
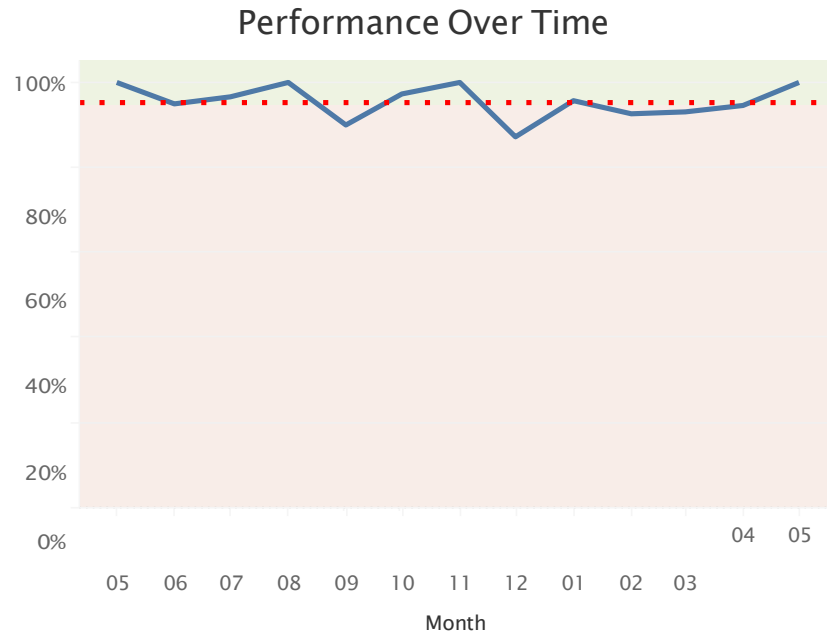
≥ 95%



Trailing 12-Month Performance

≥ 95%

96%



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

CA 02: Median Time Between 911 call and OHCA Recognition

MAEMSA System Performance

Trailing 12-Month Performance

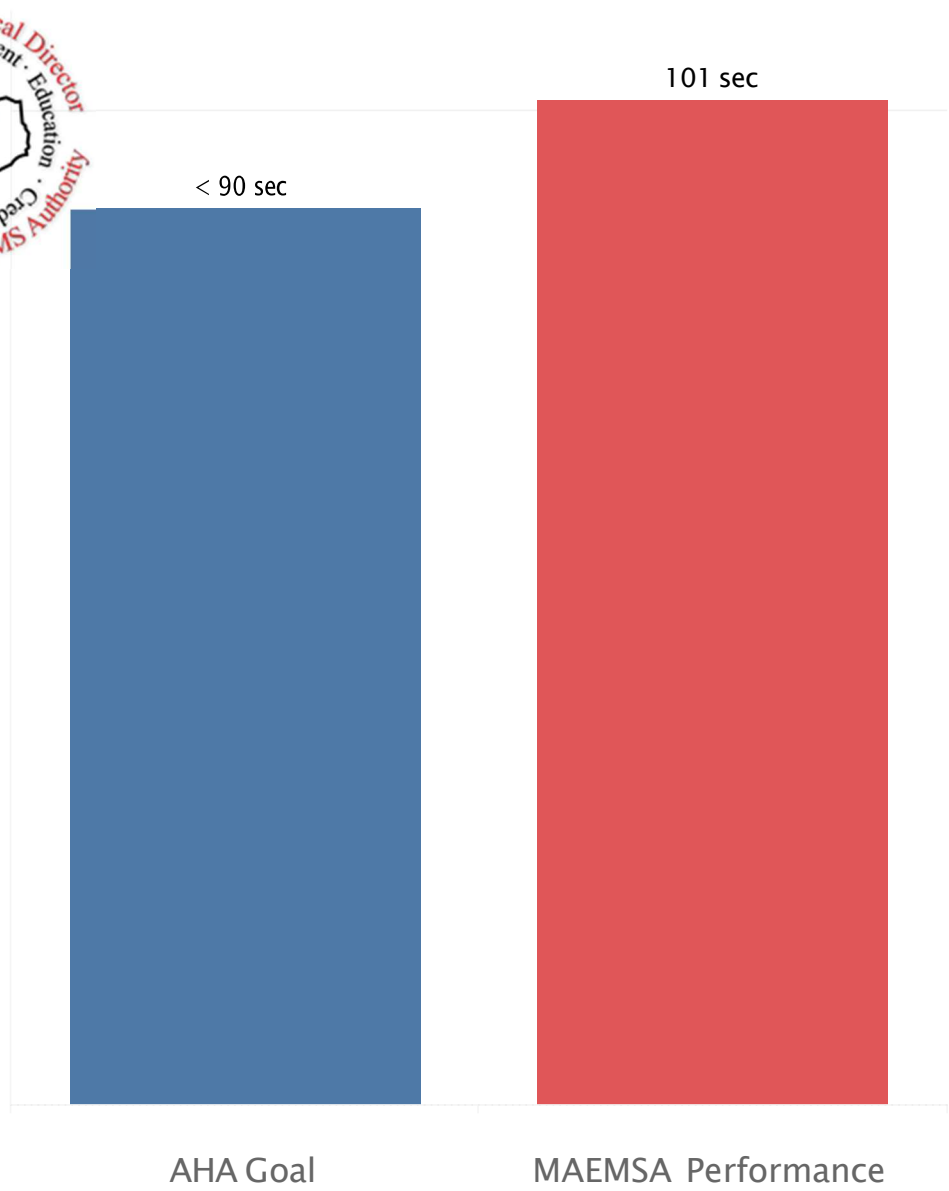
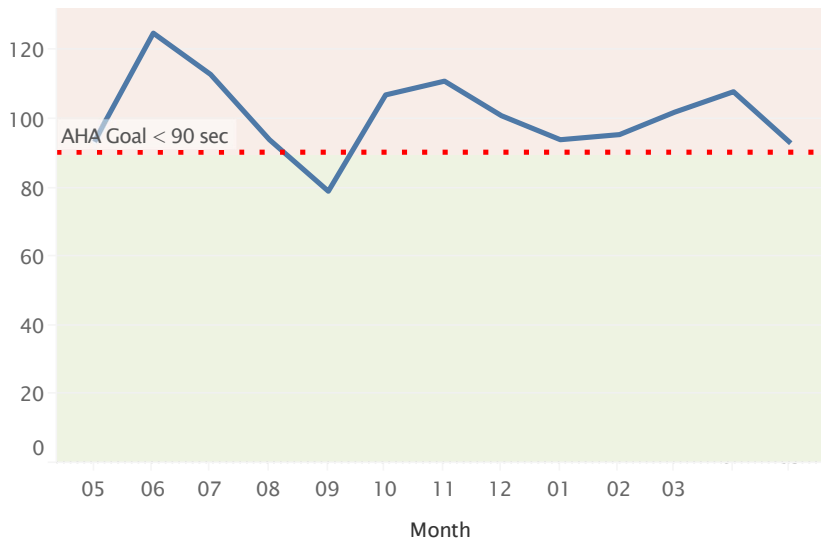
May 2024

93 sec

AHA Goal

< 90 sec

Performance Over Time



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

CA 03: Percentage of Telecommunicator-Recognized OHCA's Receiving TCPR

MAEMSA System Performance

May 2024

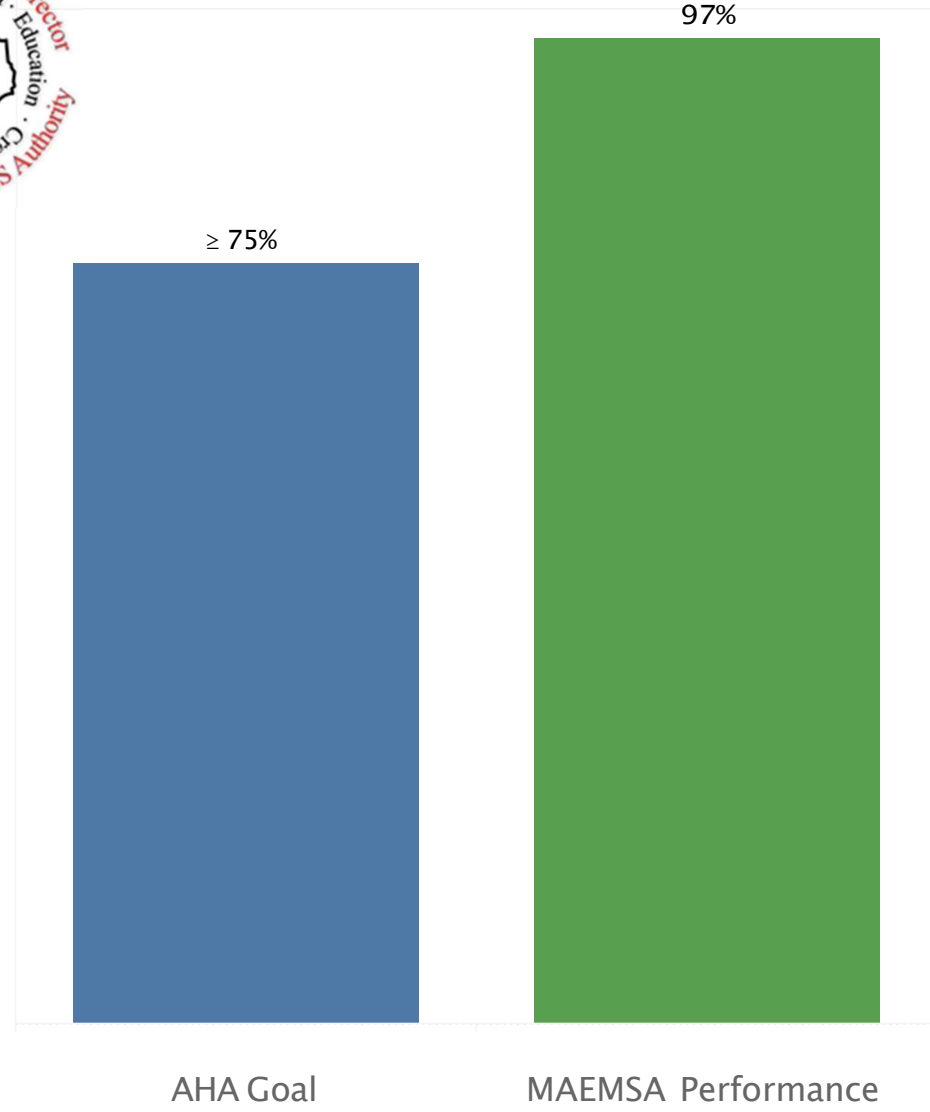
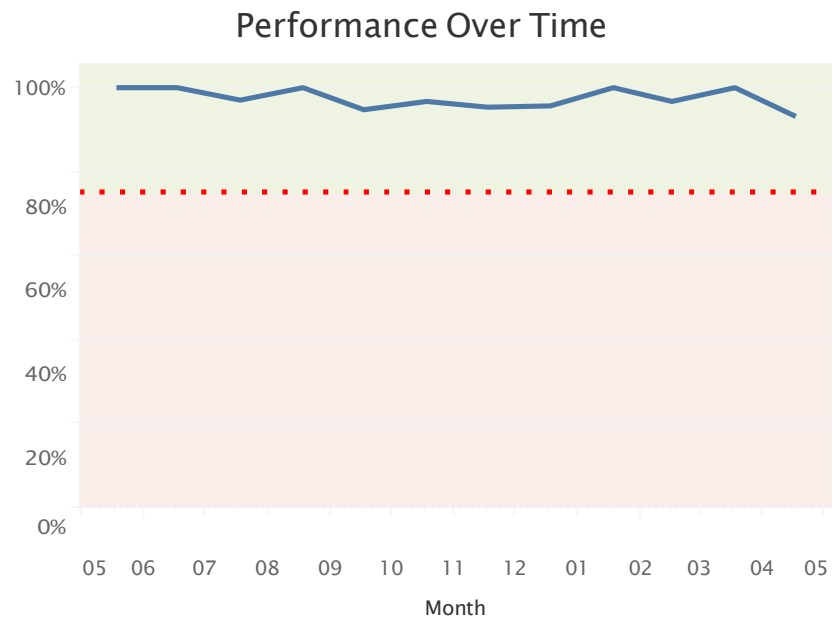
93%

AHA Goal

≥ 75%



Trailing 12-Month Performance



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

CA 04: Median Time Between 9-1-1 Call and First T-CPR-Directed Compression

MAEMSA System Performance

Trailing 12-Month (TTM) Performance

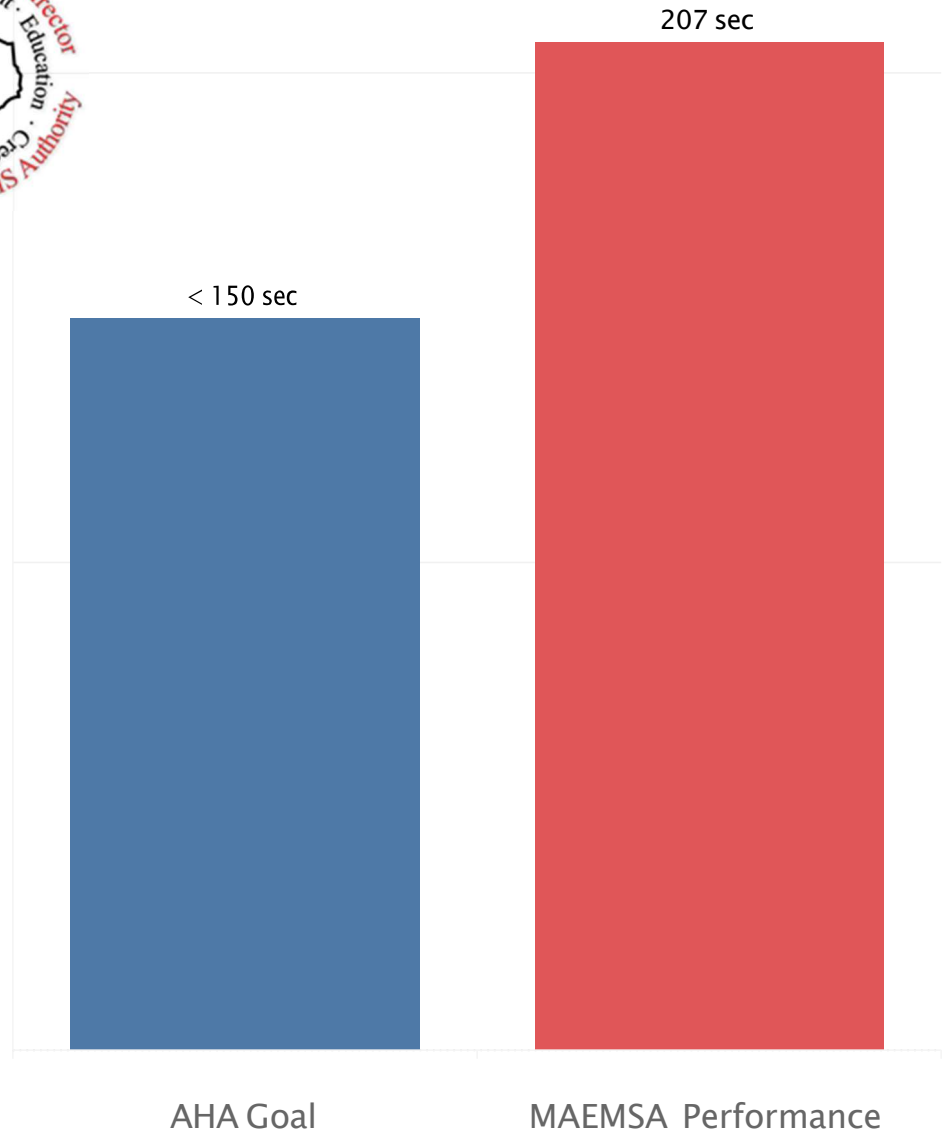
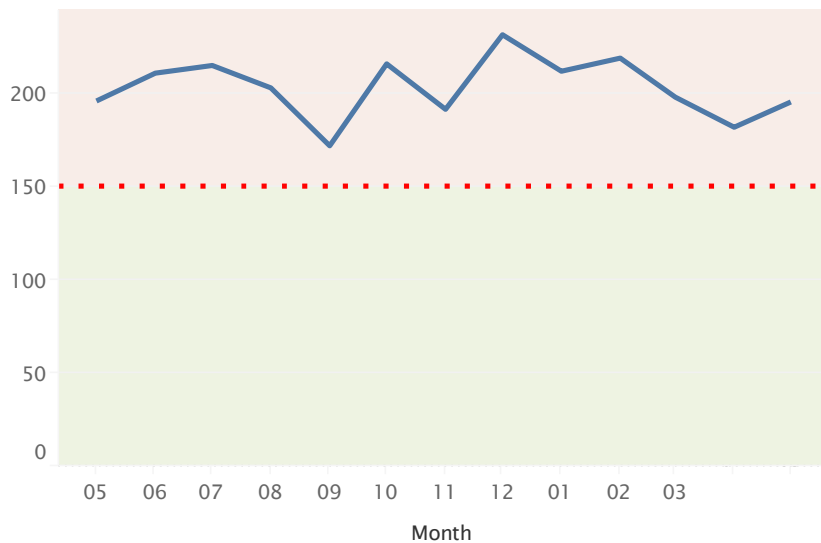
May 2024

196 sec

AHA Goal

<150 sec

Performance Over Time



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

CA 05: Utstein Survival %

MAEMSA System Performance

May 2024

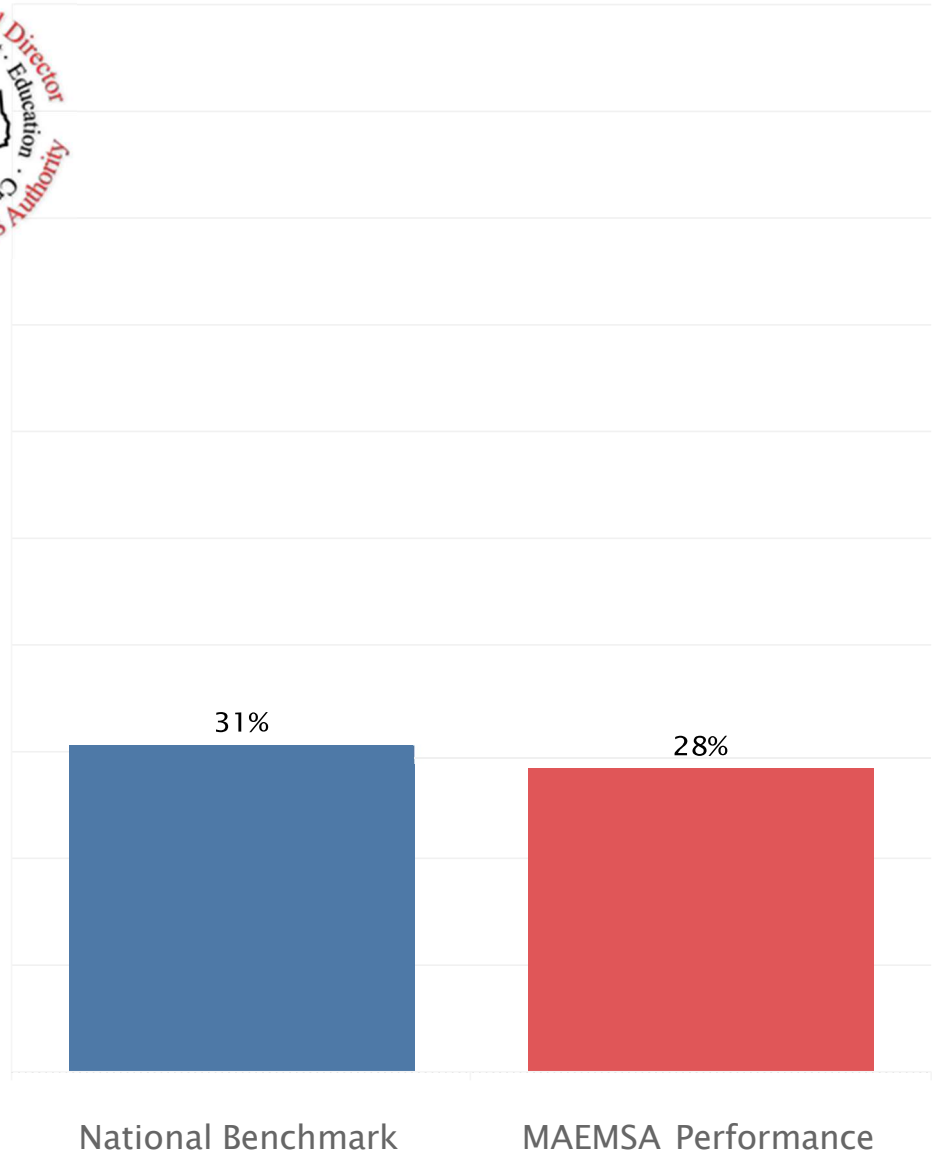
33%

National Performance

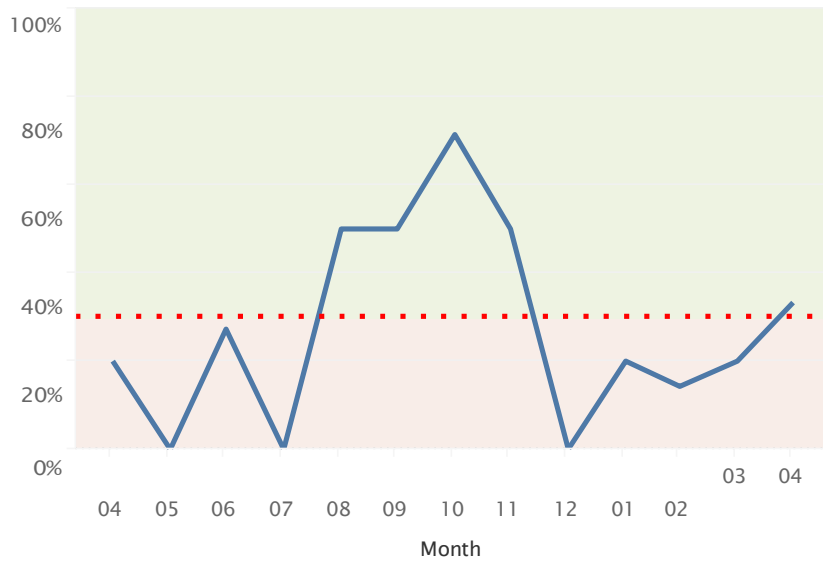
31%



Trailing 12-Month Performance



Performance Over Time



Percentage of patients experiencing OHCA of medical etiology in which the cardiac arrest was witnessed by a bystander and the patient was found in a shockable rhythm that are discharged from the hospital alive

Airway 01: First Pass Intubation Success without Hypotension or Hypoxia

MAEMSA System Performance

Trailing 12-Month Performance

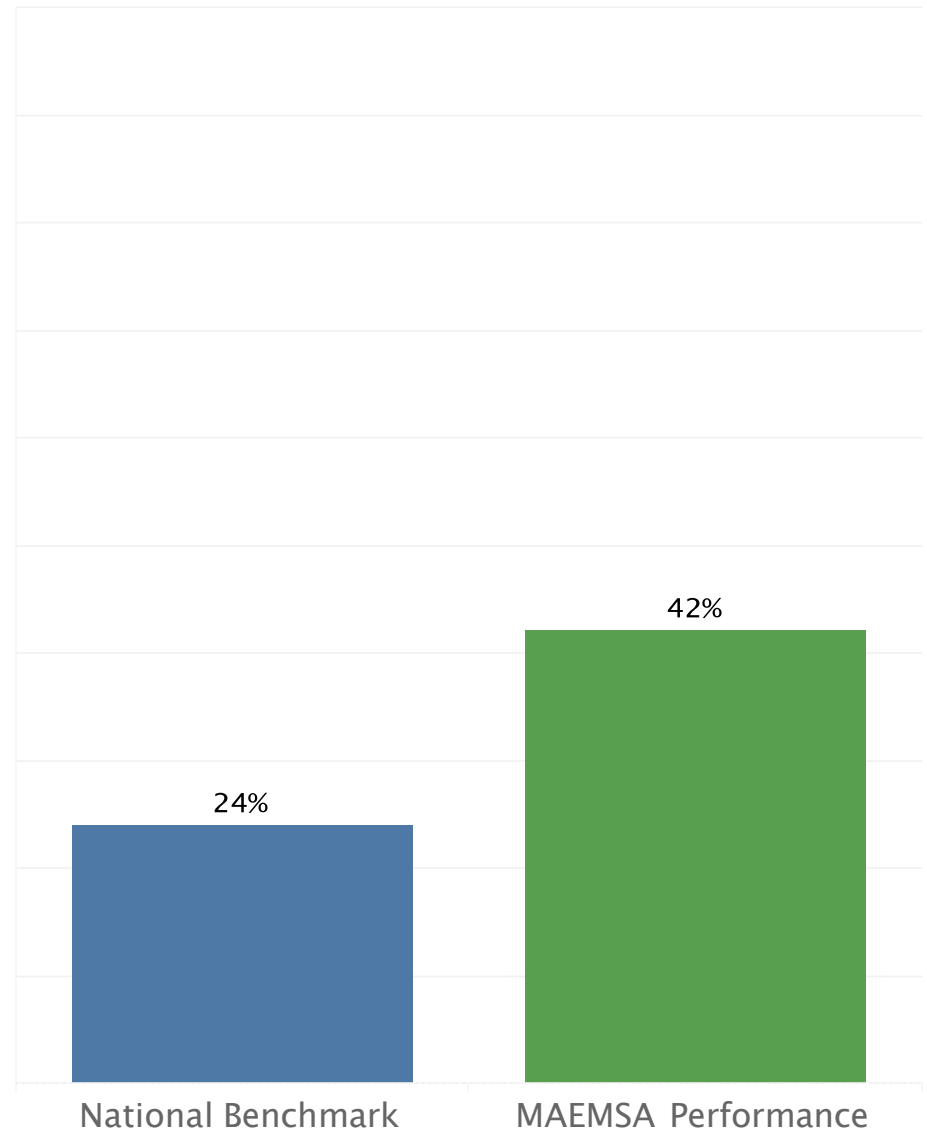
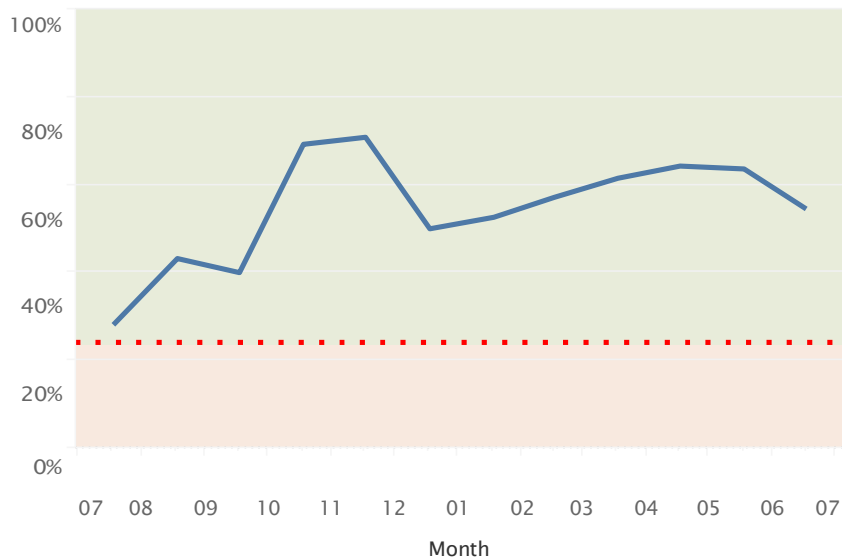
July 2024

55%

National Benchmark

24%

Performance Over Time



Percentage of EMS responses originating from a 911 request for who receive a successful advanced airway placement on first attempt

without documented hypotension or hypoxia during the peri-intubation period

Airway 02: Adequate Oxygen Saturation Achieved Before Intubation Procedure

MAEMSA System Performance

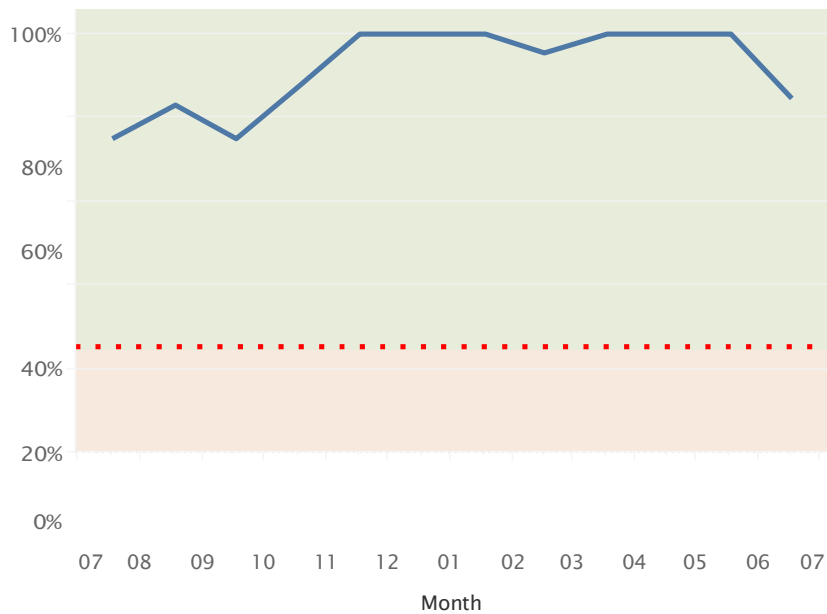
July 2024

85%

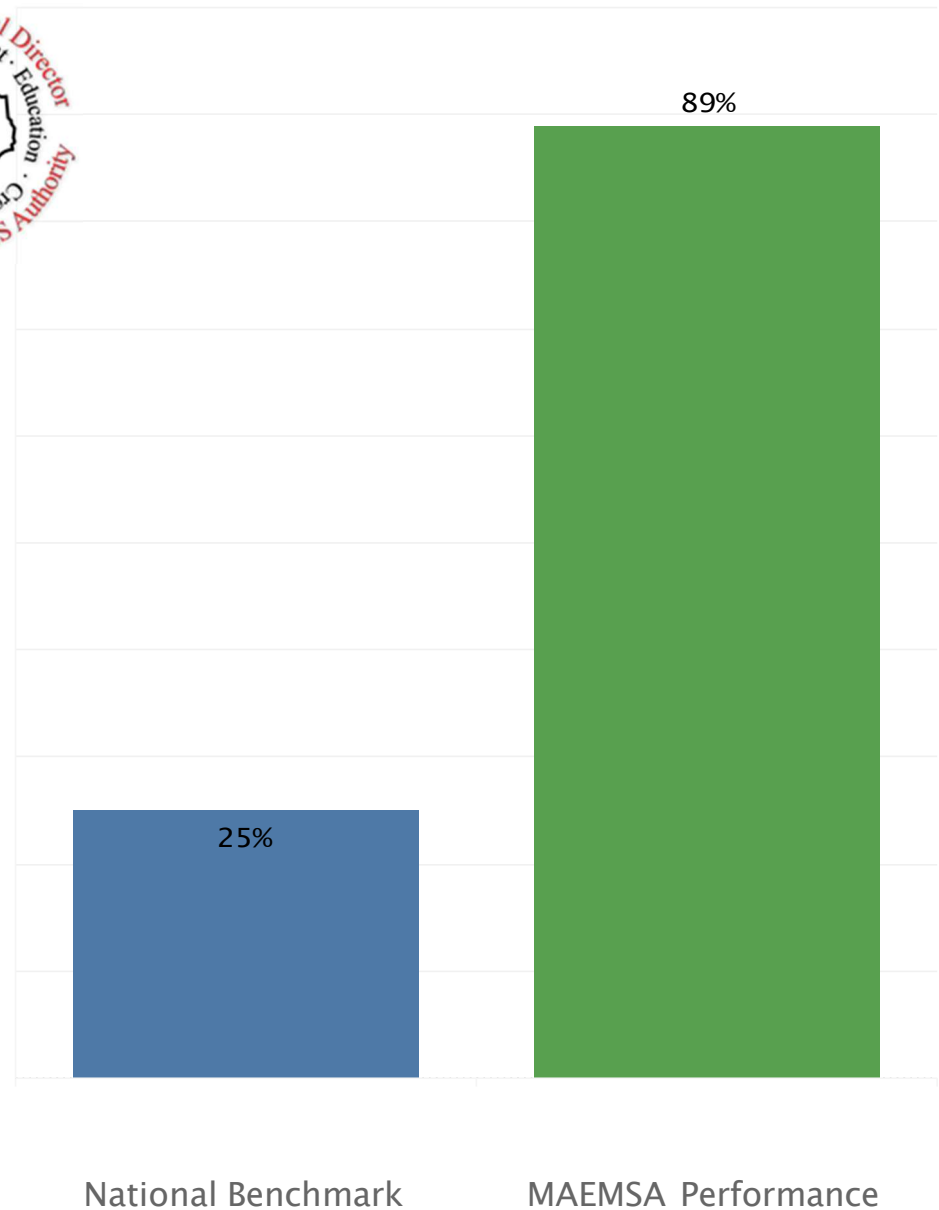
National Benchmark

25%

Performance Over Time



Trailing 12-Month Performance



Percentage of intubation procedures performed during an EMS response originating from a 911 request in which adequate patient oxygen levels were achieved prior to intubation procedure.

Airway 03: Waveform Capnography Airway Device Monitoring

MAEMSA System Performance

Trailing 12-Month Performance

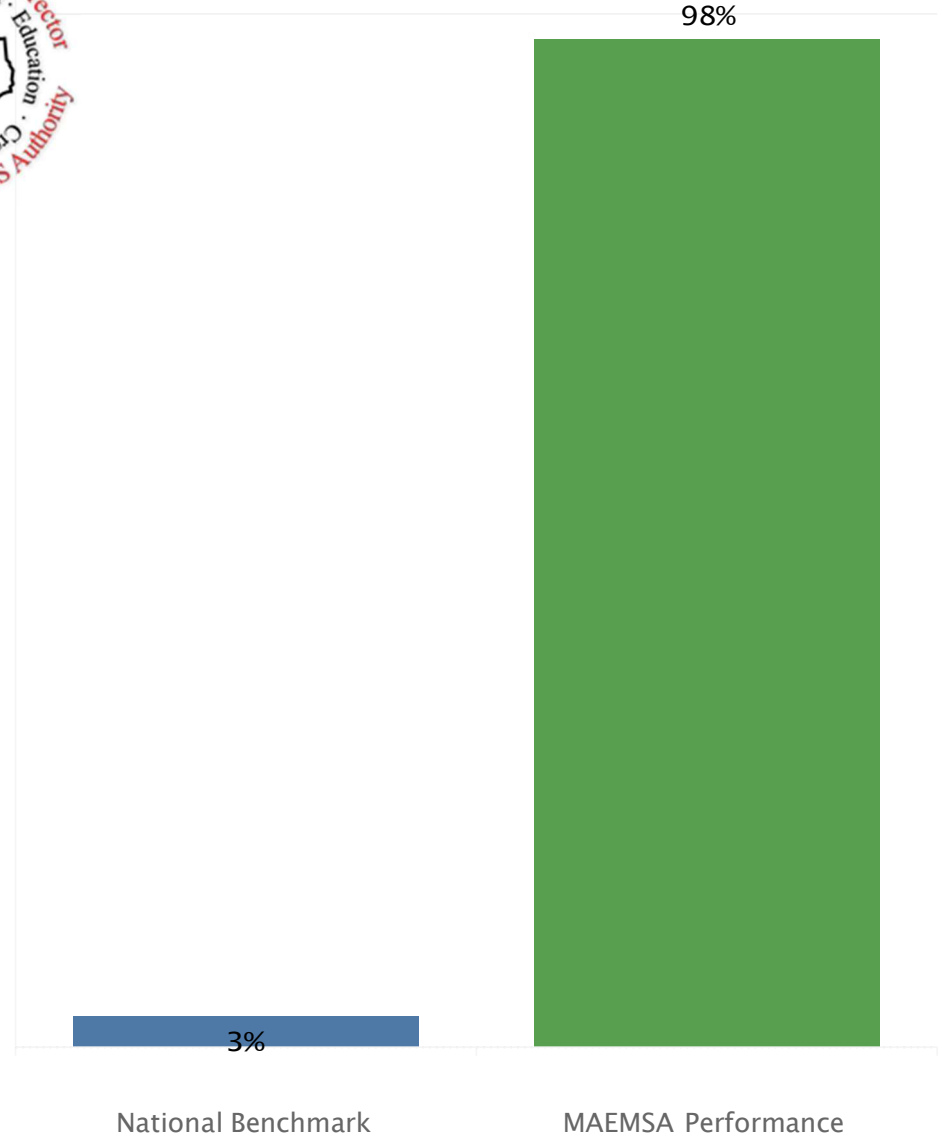
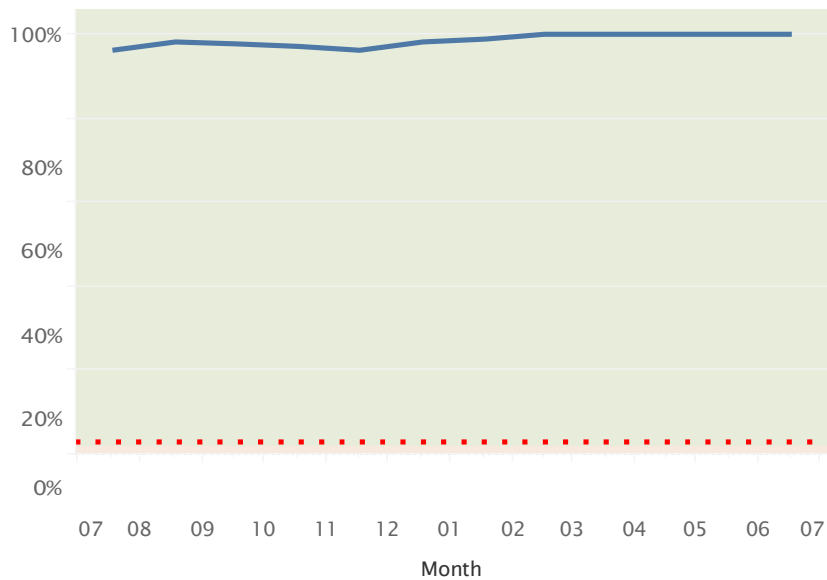
July 2024

100%

National Benchmark

3%

TTM Performance



Percentage of successful advanced airway procedures performed during an EMS response originating from a 911 request in which waveform capnography is used for tube placement confirmation and monitoring.

STEMI 02: Aspirin Administration for STEMI

MAEMSA System Performance

Trailing 12-Month Performance

July 2024

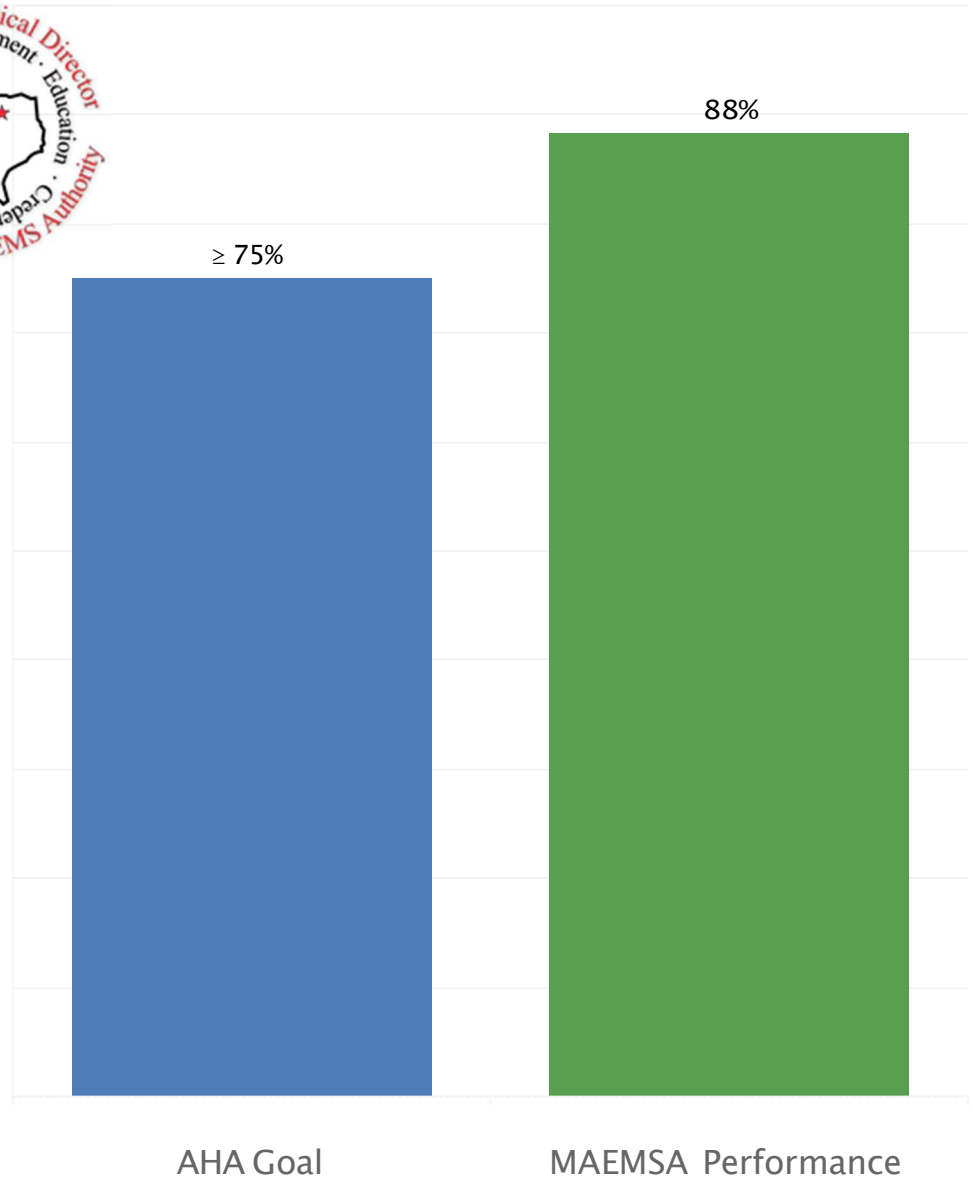
87%

AHA Goal

≥ 75%



Performance Over Time



The percentage of EMS patients aged 18 years and older transported from the scene with Aspirin administration for suspected heart attack.

STEMI 03: 12 Lead ECG Performed within 10 minutes in STEMI patients

MAEMSA System Performance

Trailing 12-Month Performance

July 2024

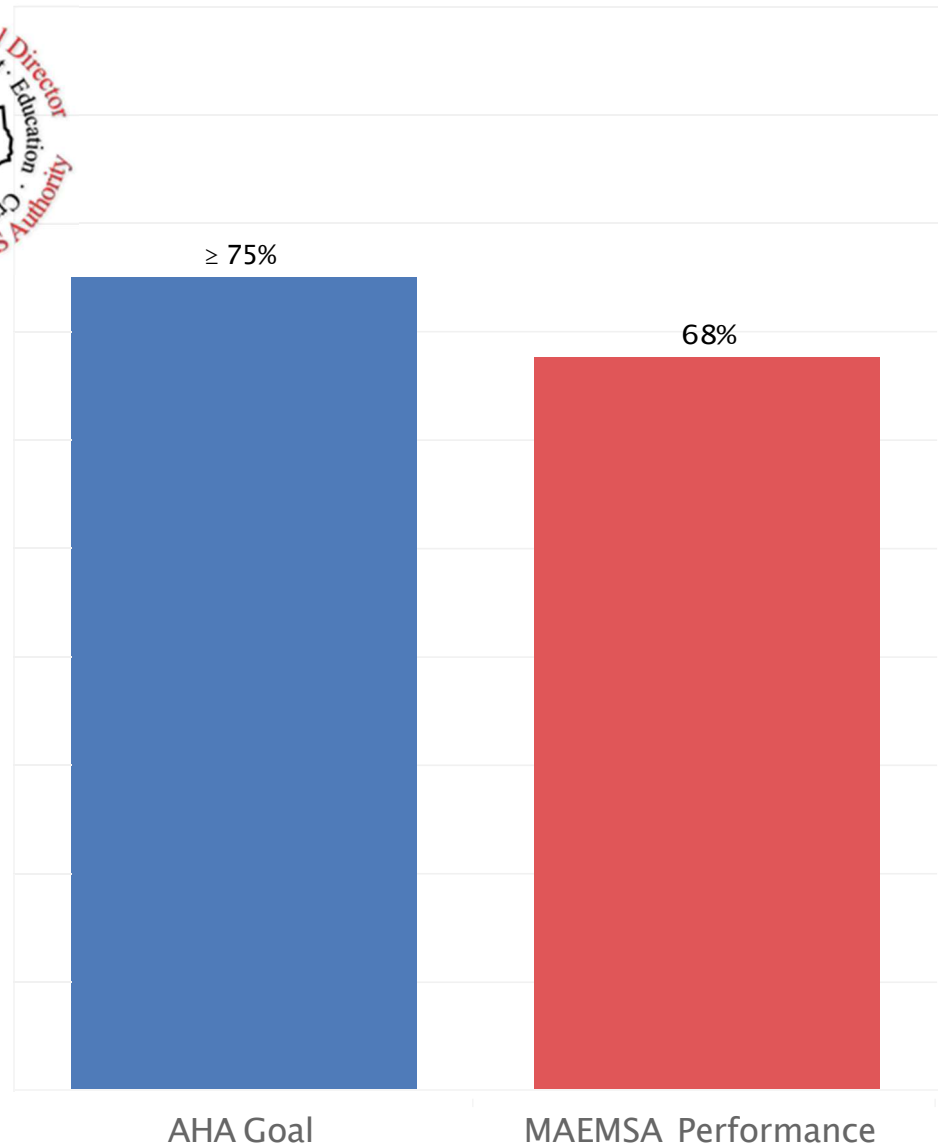
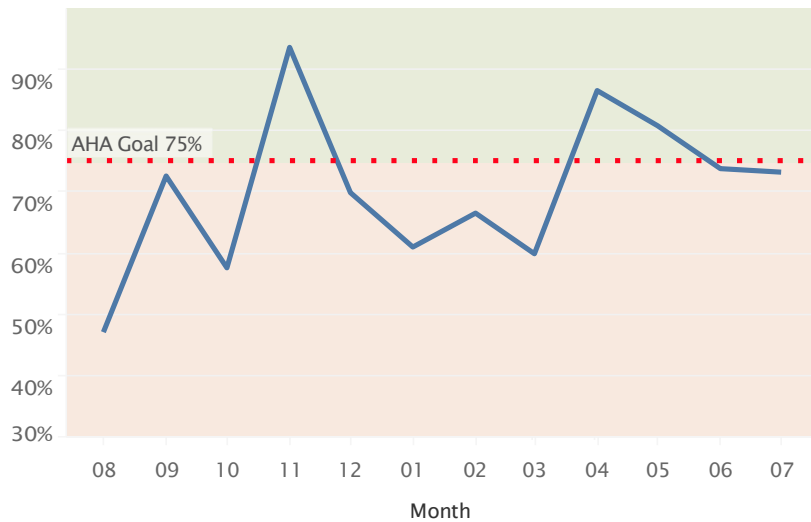
73%

AHA Goal

≥ 75%



Performance Over Time



The percentage of EMS patients aged 18 years and older transported from the scene with a suspected MI for whom a 12-Lead ECG was performed ≤ 10 minutes of first medical contact.

STEMI 04: Pre-Arrival Notification ≤ 10 Minutes for Positive STEMI Heart Attack ECG

MAEMSA System Performance

July 2024

77%

AHA Goal

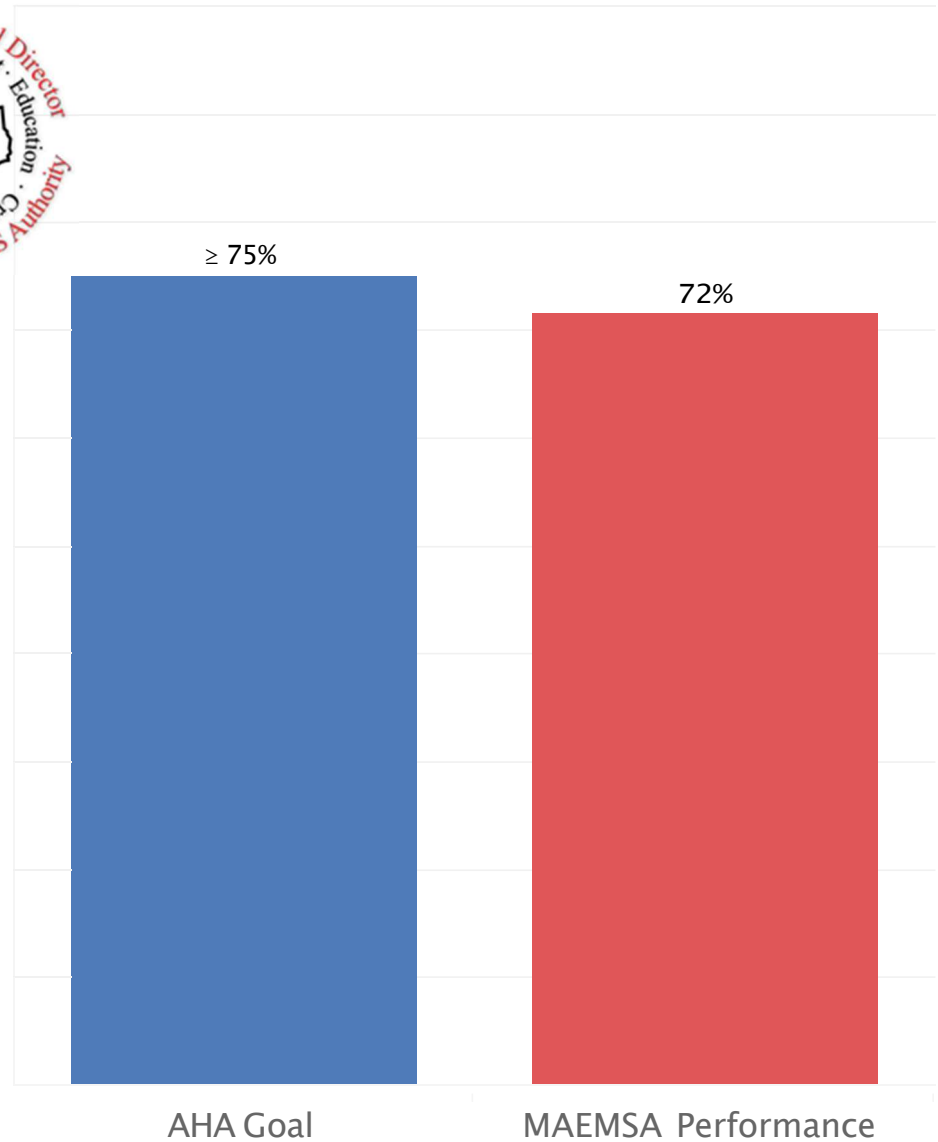
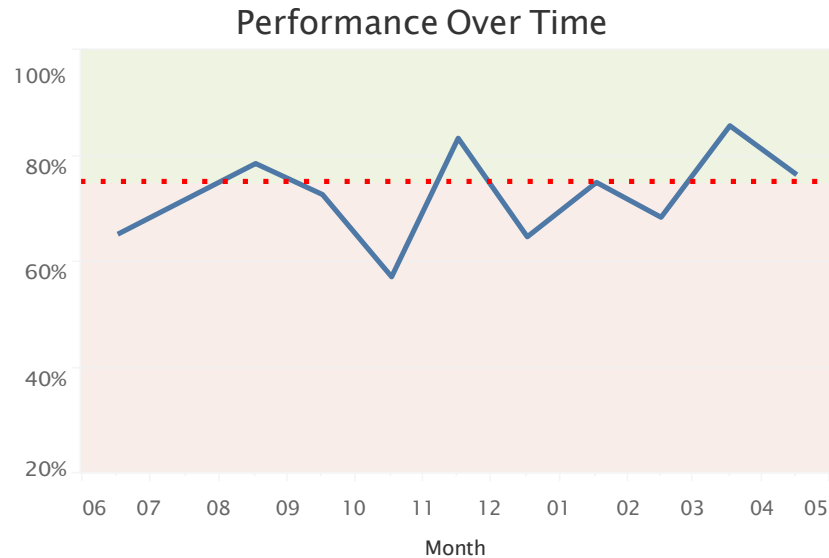
≥ 75%



Trailing 12-Month Performance

≥ 75%

72%



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

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

MAEMSA System Performance

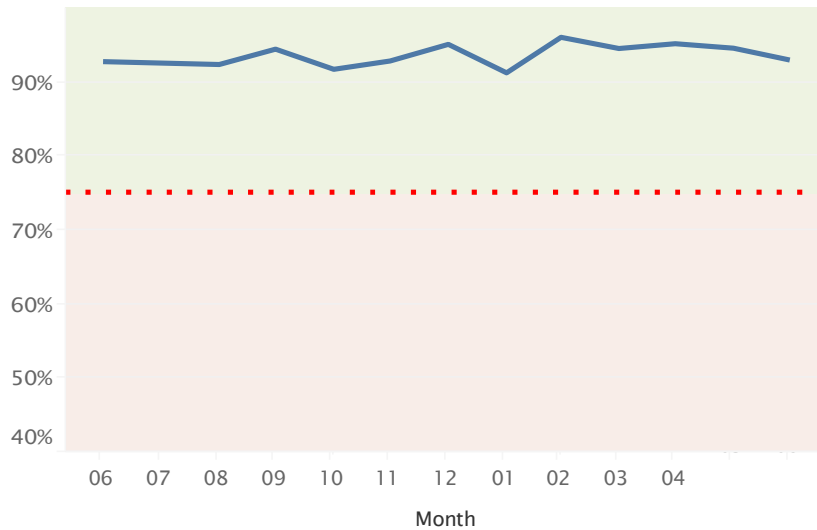
July 2024

93%

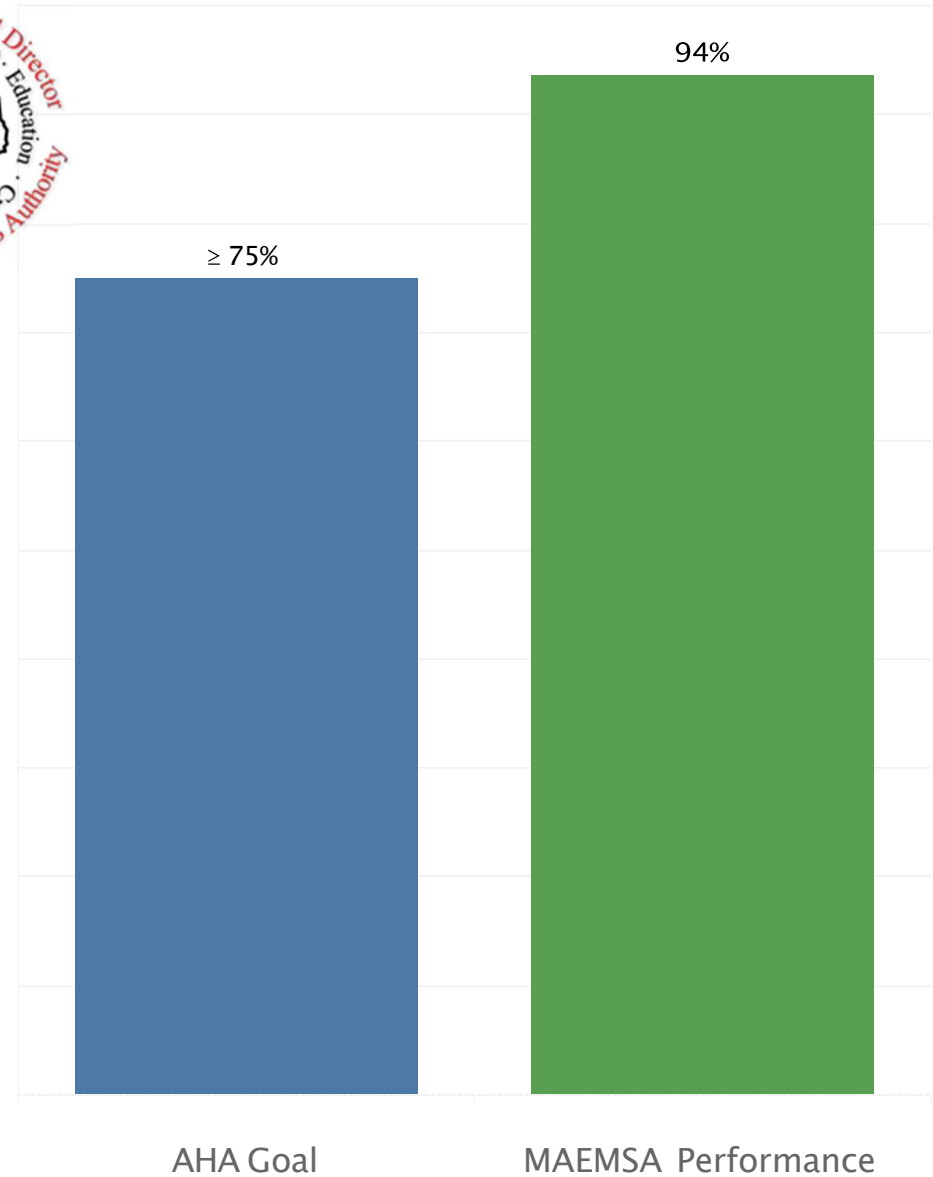
AHA Goal

≥ 75%

Performance Over Time



Trailing 12-Month Performance



The percentage of EMS patients aged 18 years and older transported from the scene with suspected stroke for whom blood glucose was

evaluated during the EMS encounter.

Stroke 02: Stroke Screen Performed and Documented

MAEMSA System Performance

July 2024

90%



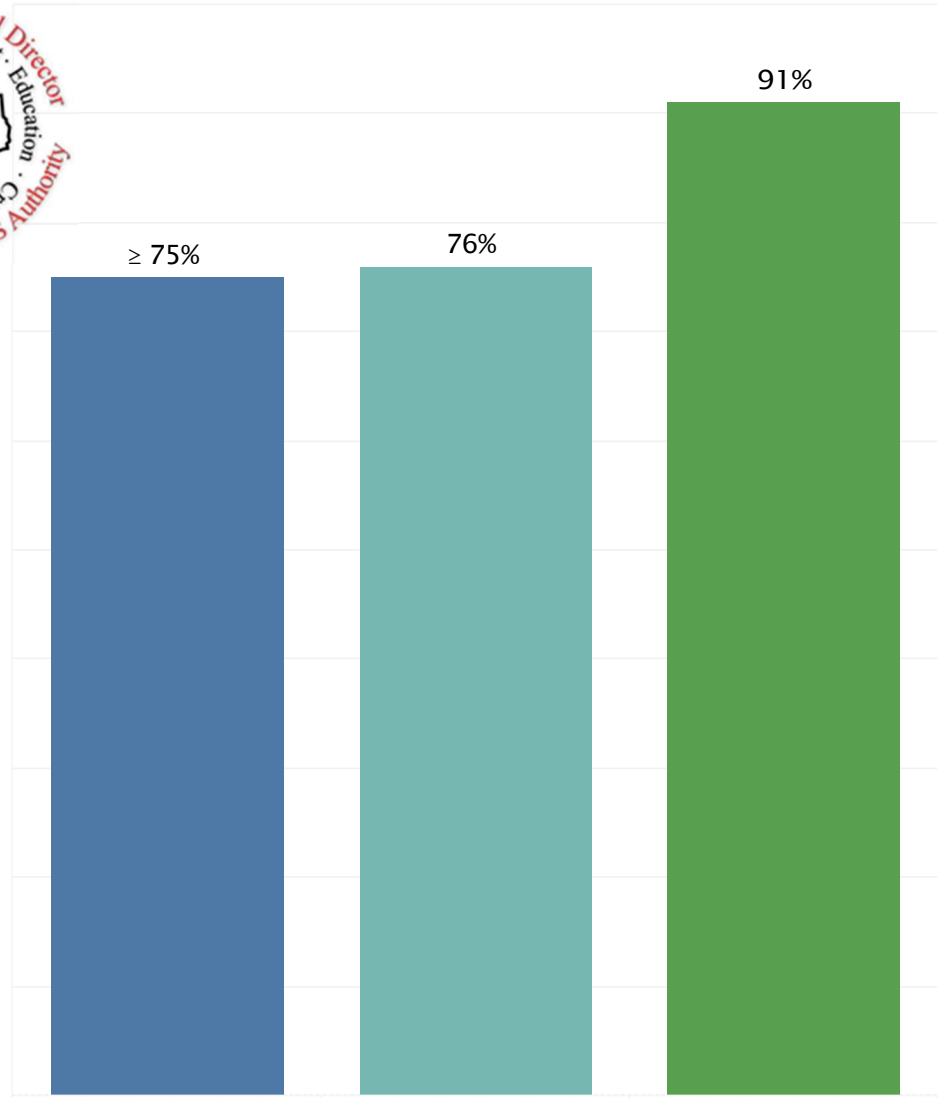
Trailing 12-Month Performance

AHA Goal

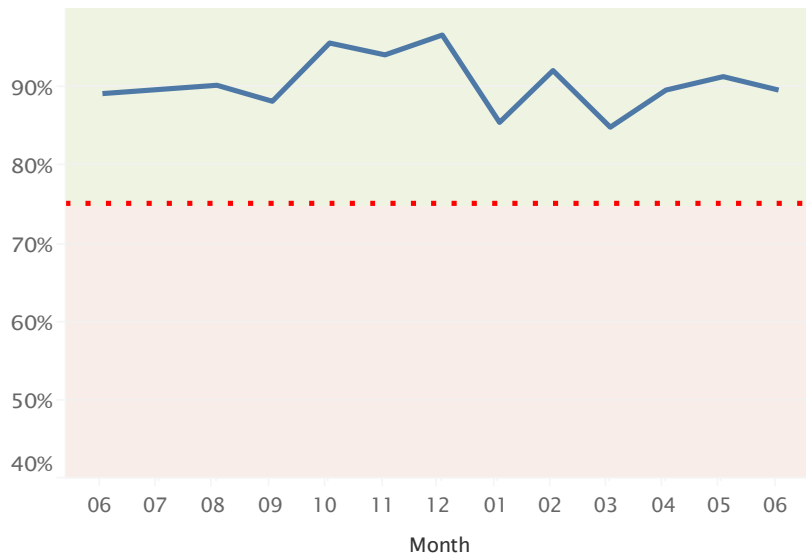
≥ 75%

National Benchmark

76%



Performance Over Time



AHA Goal

National Benchmark

MAEMSA Performance

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

Stroke 03: Stroke Alert for Suspected Stroke

MAEMSA System Performance

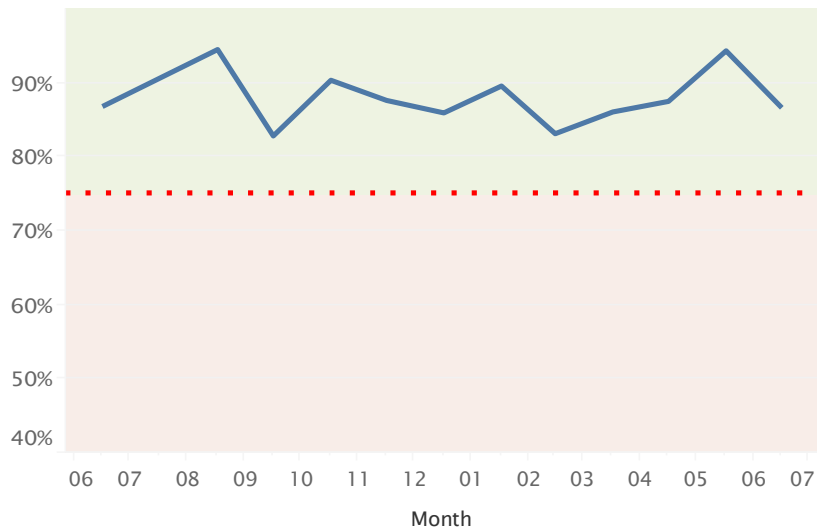
July 2024

87%

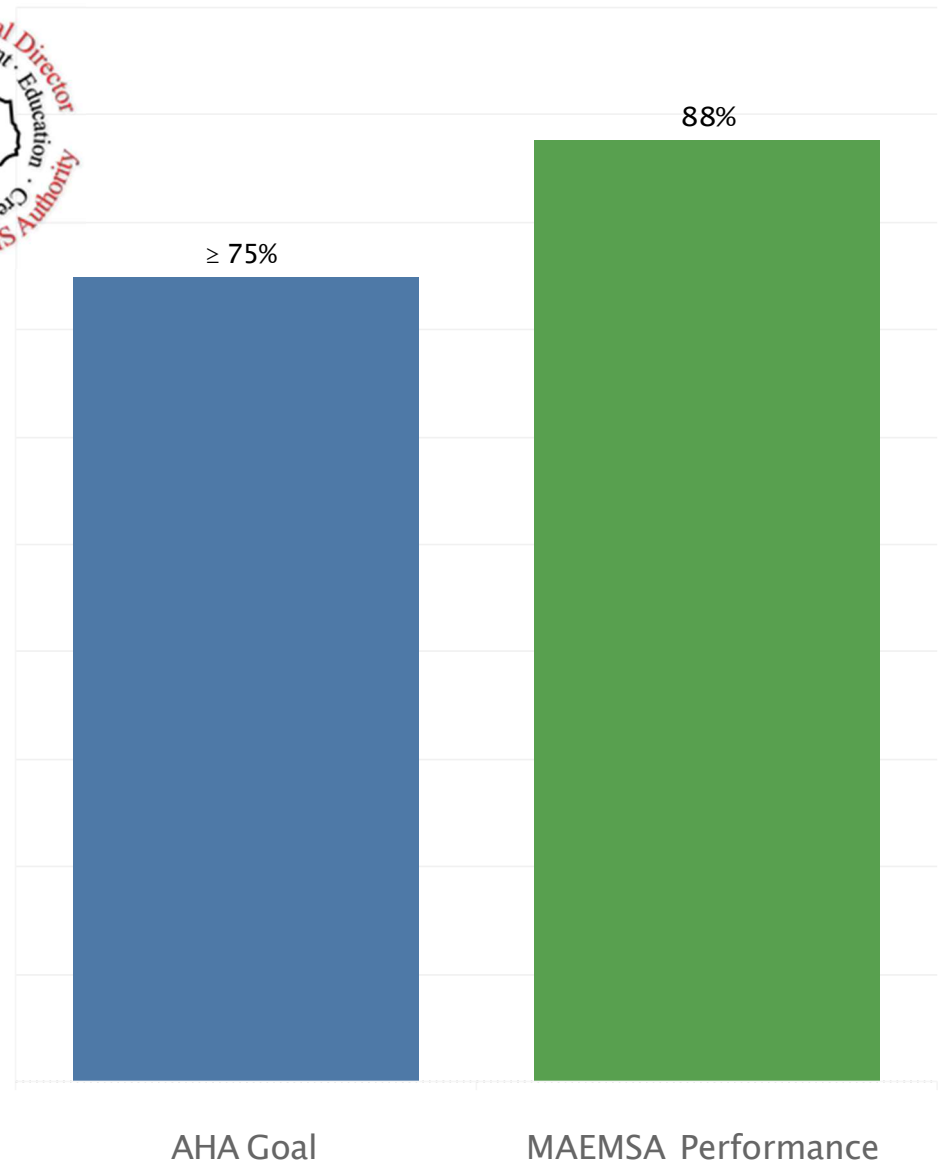
AHA Goal

≥ 75%

Performance Over Time



Trailing 12-Month Performance



The percentage of EMS patients aged 18 years and older transported from the scene with a primary or secondary impression of stroke whom a pre-arrival alert for stroke was activated during the EMS encounter.

Stroke 04: Documentation of Last Known Well for Patients with Suspected Stroke

MAEMSA System Performance

July 2024

80%

AHA Goal

≥ 75%

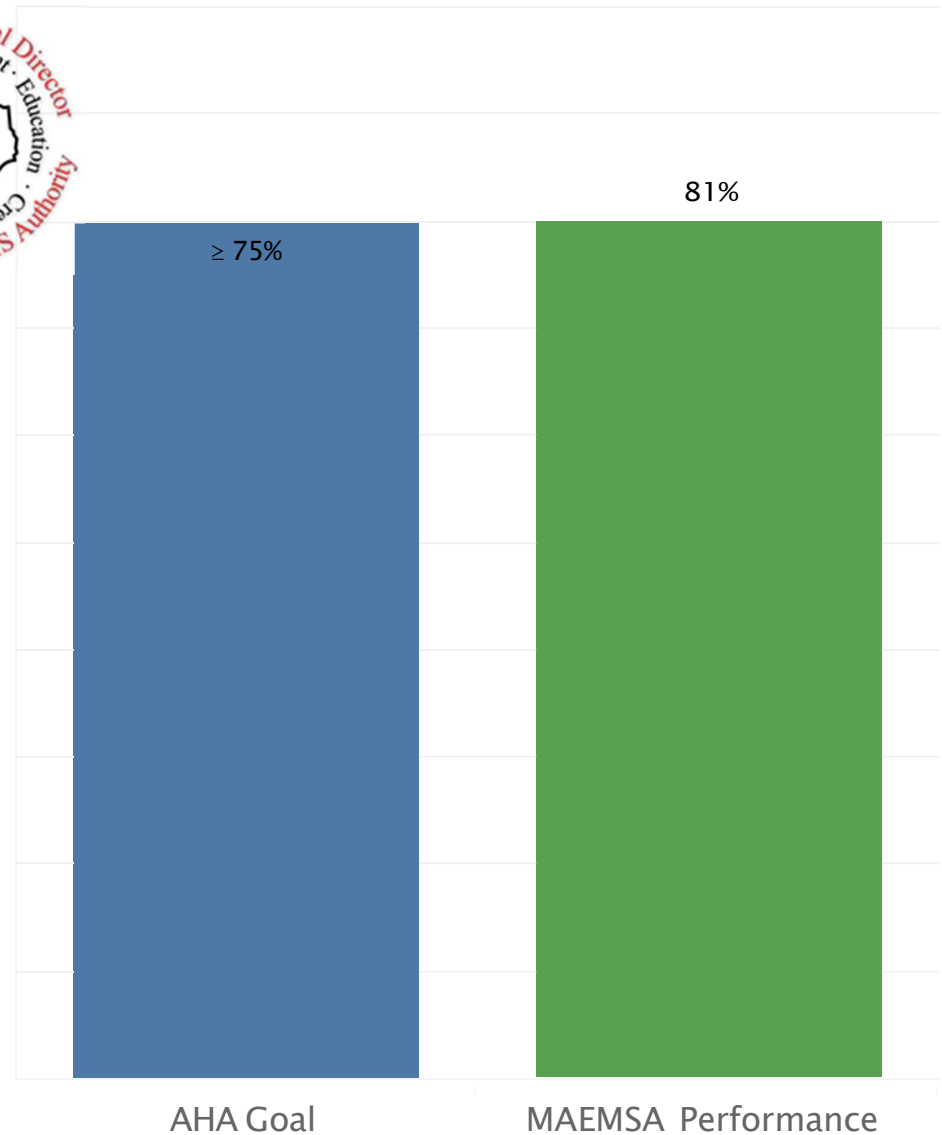
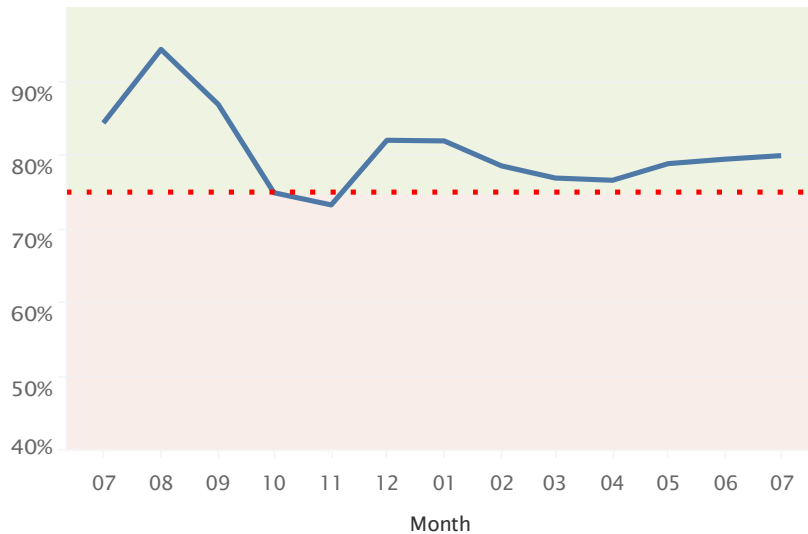


Trailing 12-Month Performance

≥ 75%

81%

Performance Over Time



The percentage of EMS patients aged 18 years and older transported from the scene with suspected stroke for whom Last Known Well was

documented during the EMS encounter.

Asthma 01: Administration of a Beta Agonist for Asthma

MAEMSA System Performance

July 2024

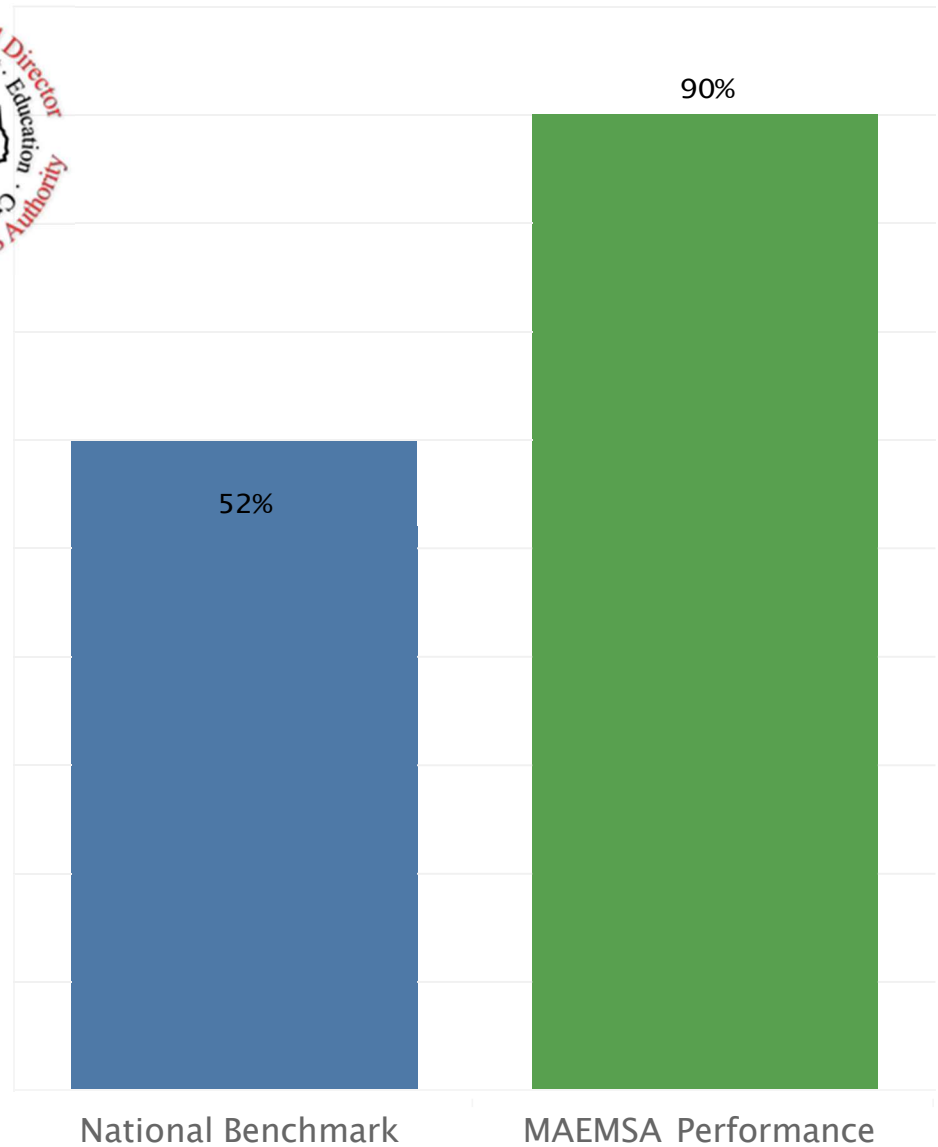
86%

National Benchmark

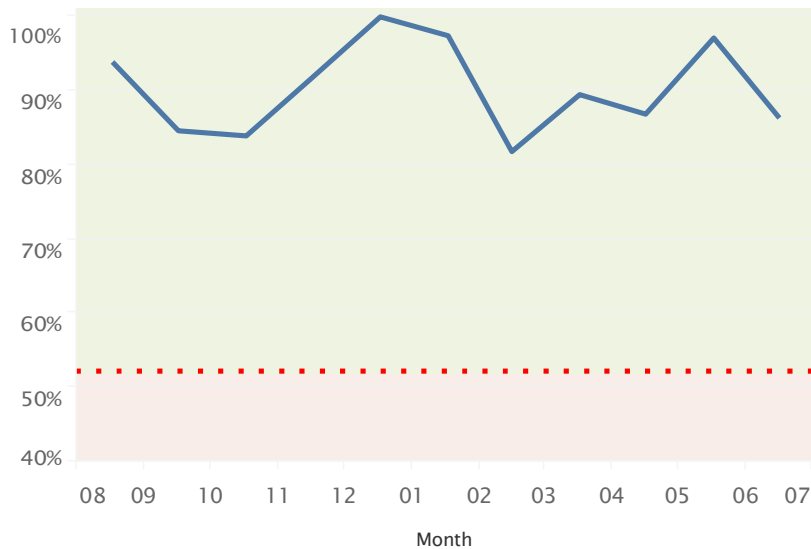
52%



Trailing 12-Month Performance



Performance Over Time



Percentage of EMS responses originating from a 911 request for patients with a diagnosis of asthma who had an aerosolized beta agonist

administered.

Hypoglycemia 01: Treatment Administered for Hypoglycemia

MAEMSA System Performance

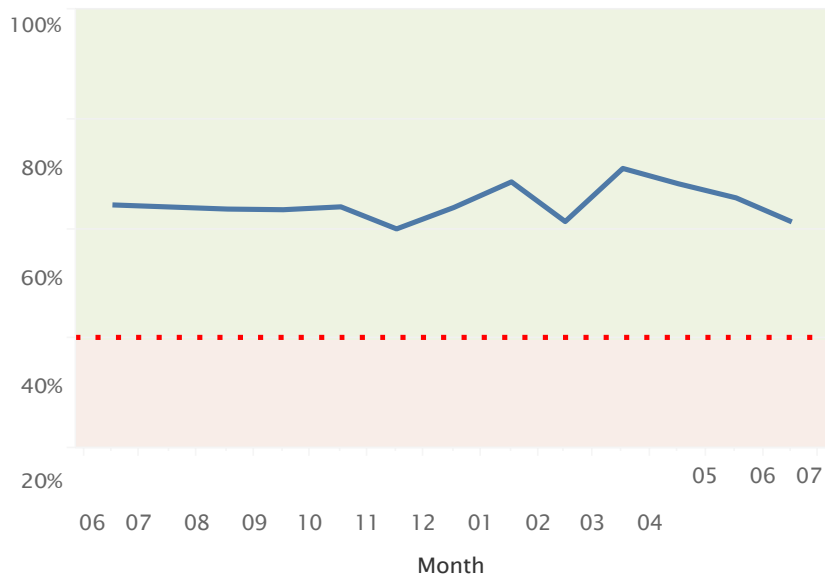
July 2024

61%

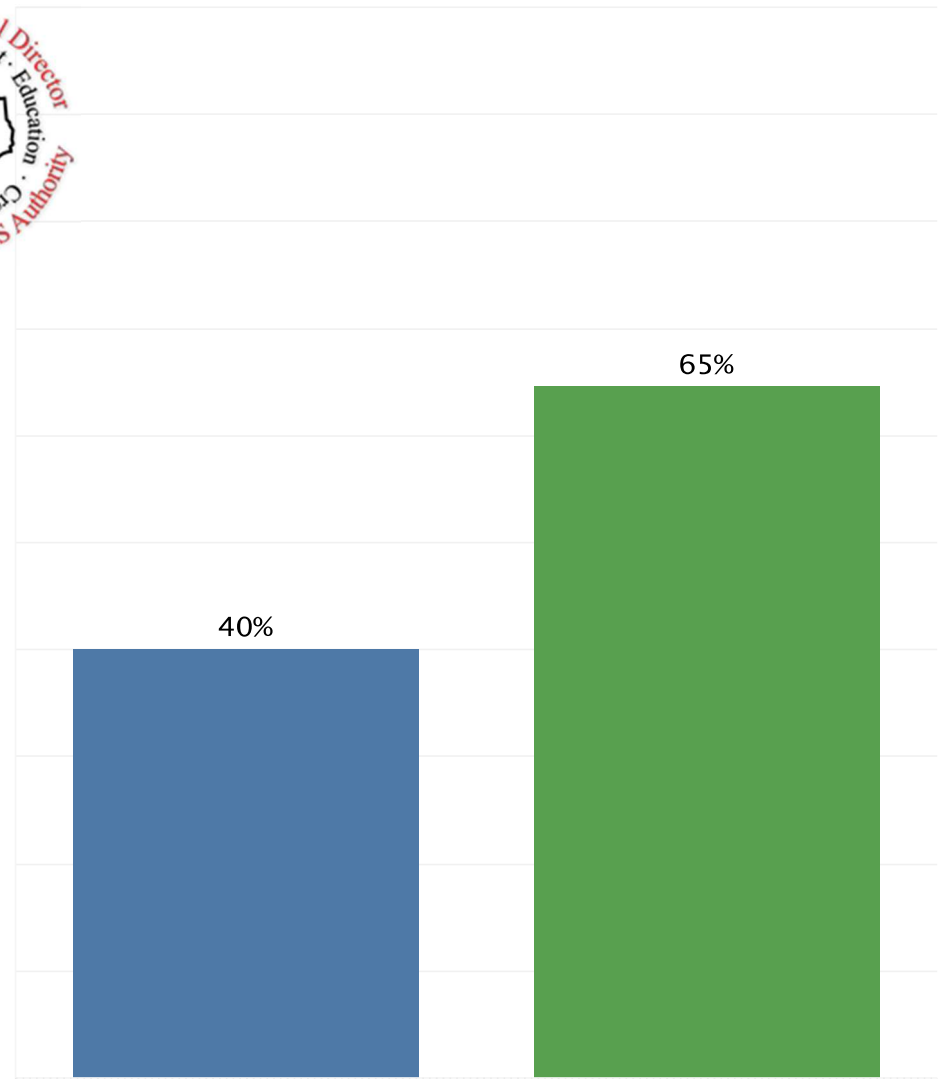
National Benchmark

40%

Performance Over Time



Trailing 12-Month Performance



National Benchmark

MAEMSA Performance

Percentage of EMS responses originating from a 911 request for patients with symptomatic hypoglycemia who received treatment to correct their hypoglycemia.

Respiratory 01: Respiratory Assessment

MAEMSA System Performance

July 2024

99%

National Benchmark

92%



Trailing 12-Month Performance

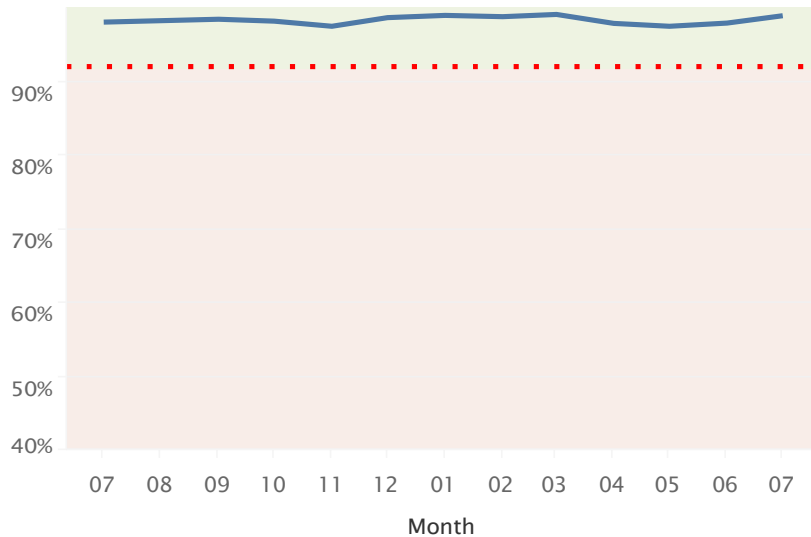
92%

98%

National Benchmark

MAEMSA Performance

Performance Over Time



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

respiratory assessment.

Respiratory-02: Oxygen Administration for Hypoxia

MAEMSA System Performance

July 2024

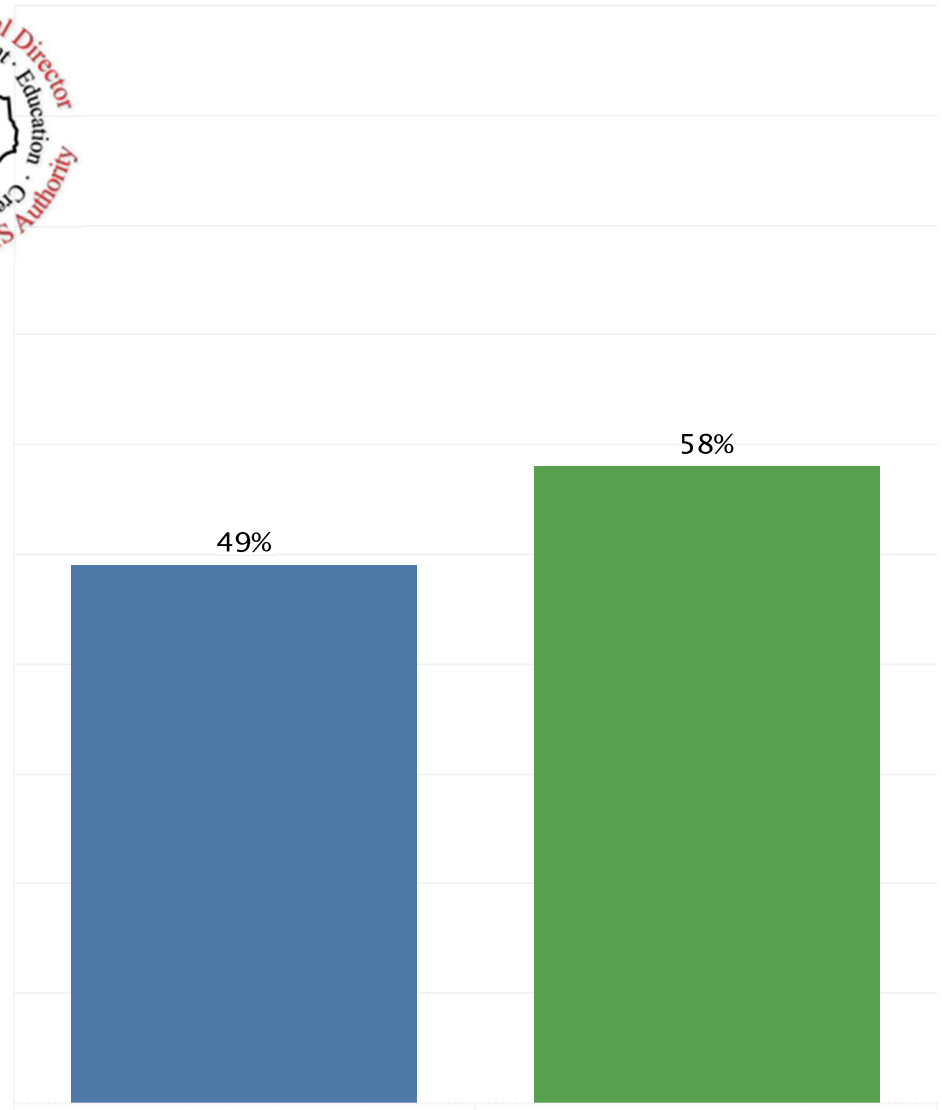
62%

National Benchmark

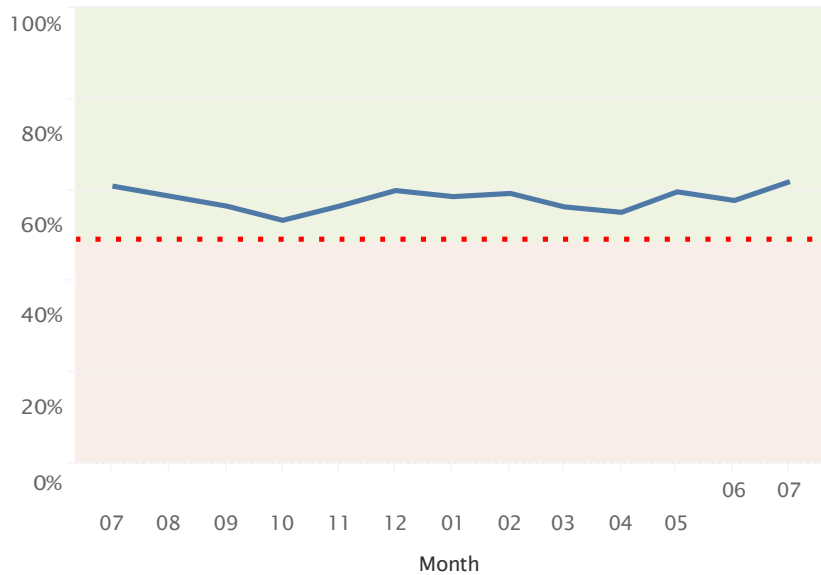
49%



Trailing 12-Month Performance



Performance Over Time



National Benchmark

MAEMSA Performance

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

Seizure 02: Patients with Status Epilepticus Receiving Intervention

MAEMSA System Performance

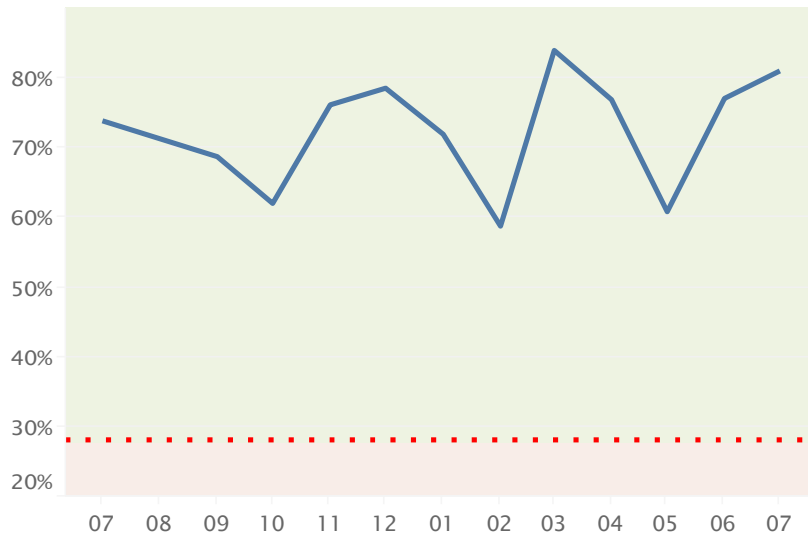
July 2024

81%

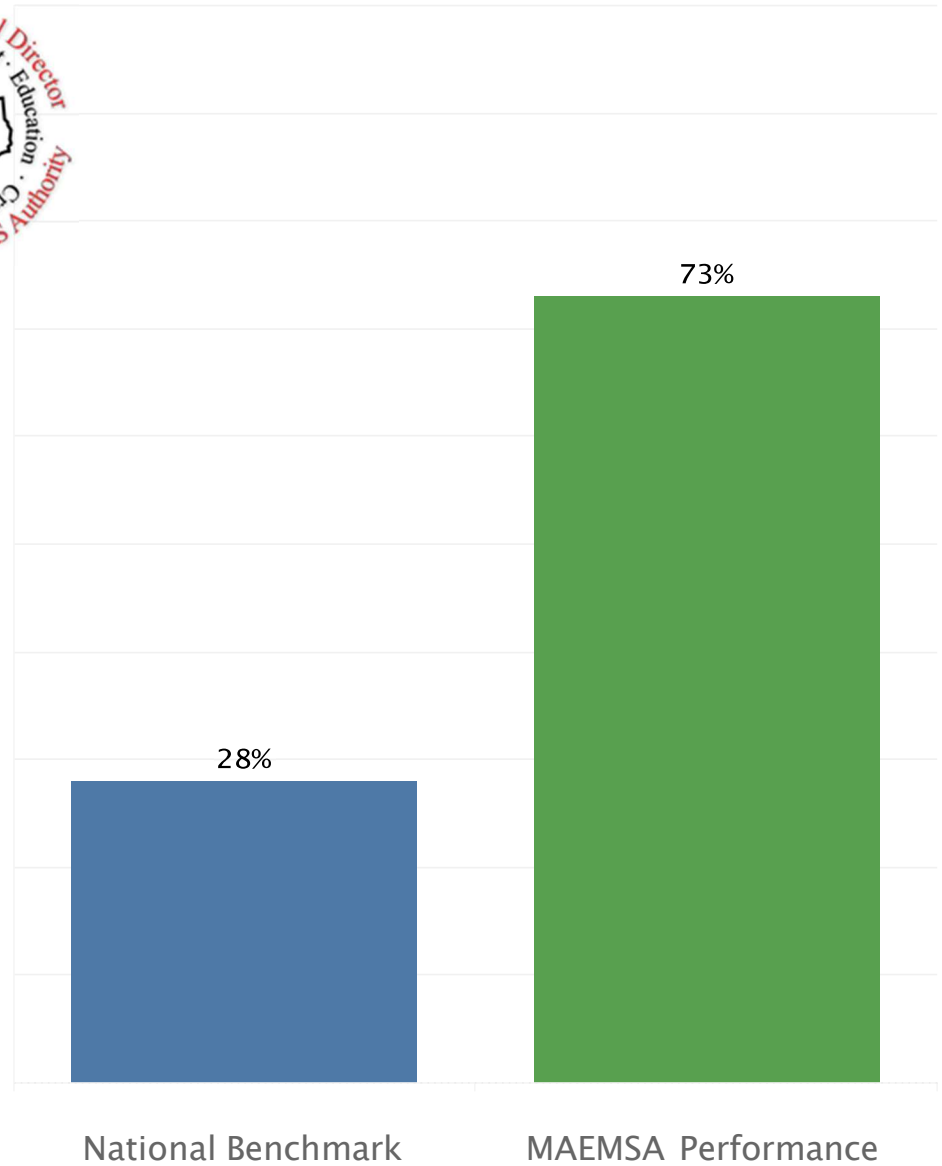
National Benchmark

28%

Performance Over Time



Trailing 12-Month Performance



Percentage of EMS responses originating from a 911 request for patients with status epilepticus who received benzodiazepine aimed at terminating their status seizure during the EMS response.

Syncope 01: ECG Performed for Syncope Patients

MAEMSA System Performance

July 2024

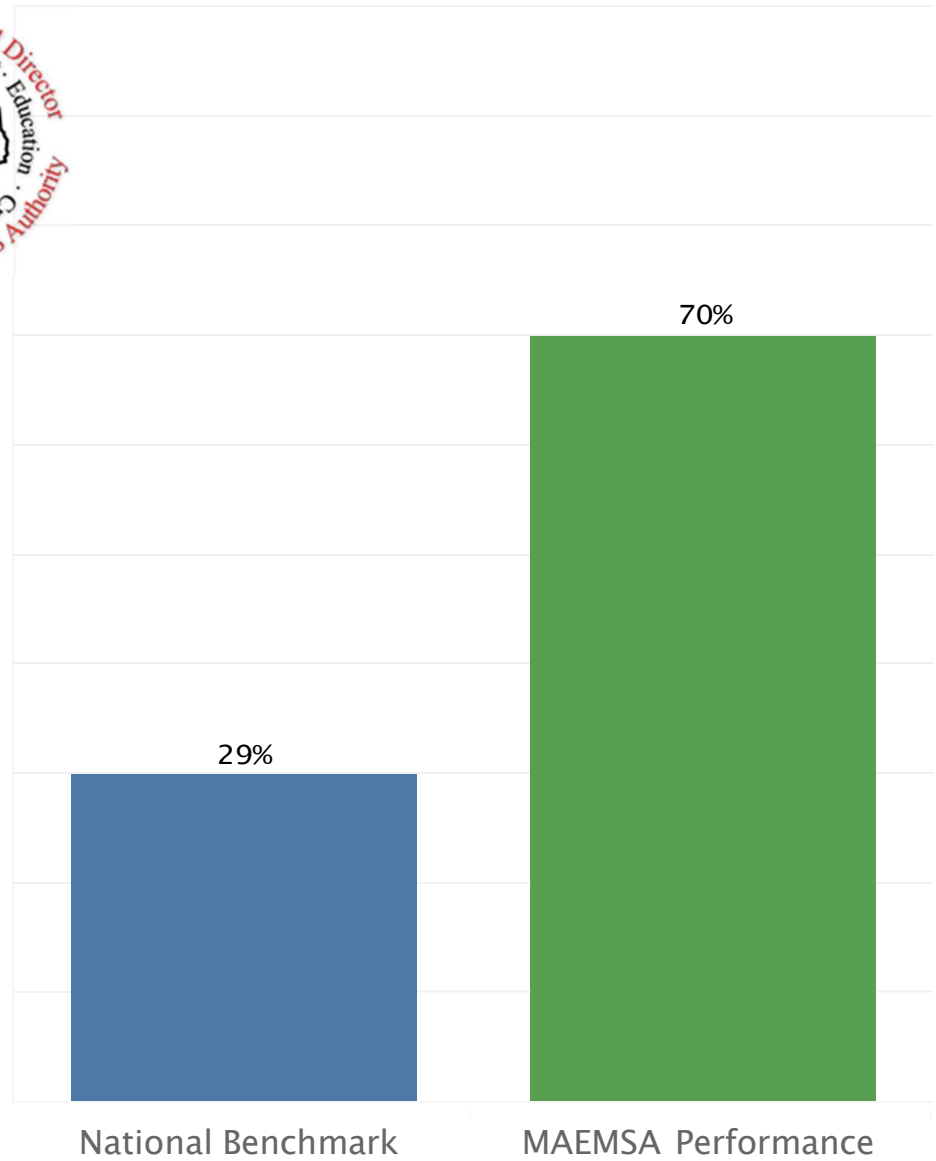
69%

National Benchmark

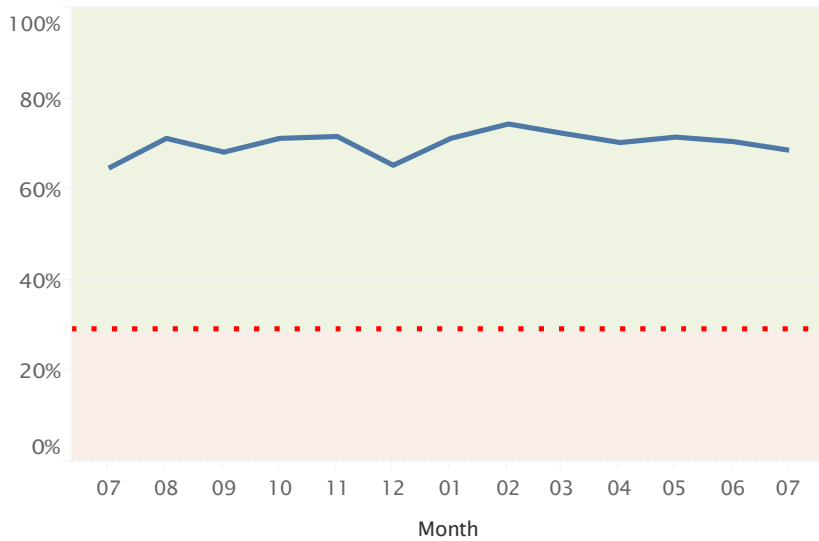
29%



Trailing 12-Month Performance



Performance Over Time



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

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

MAEMSA System Performance

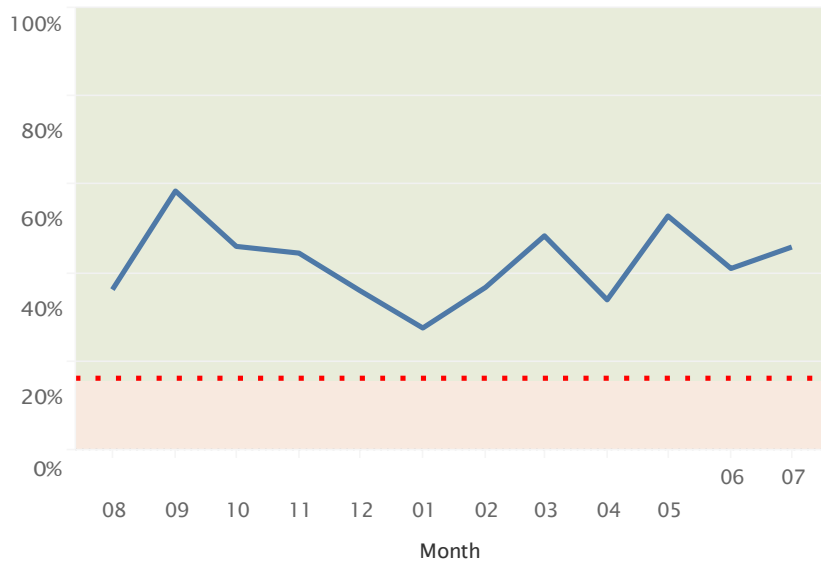
July 2024

46%

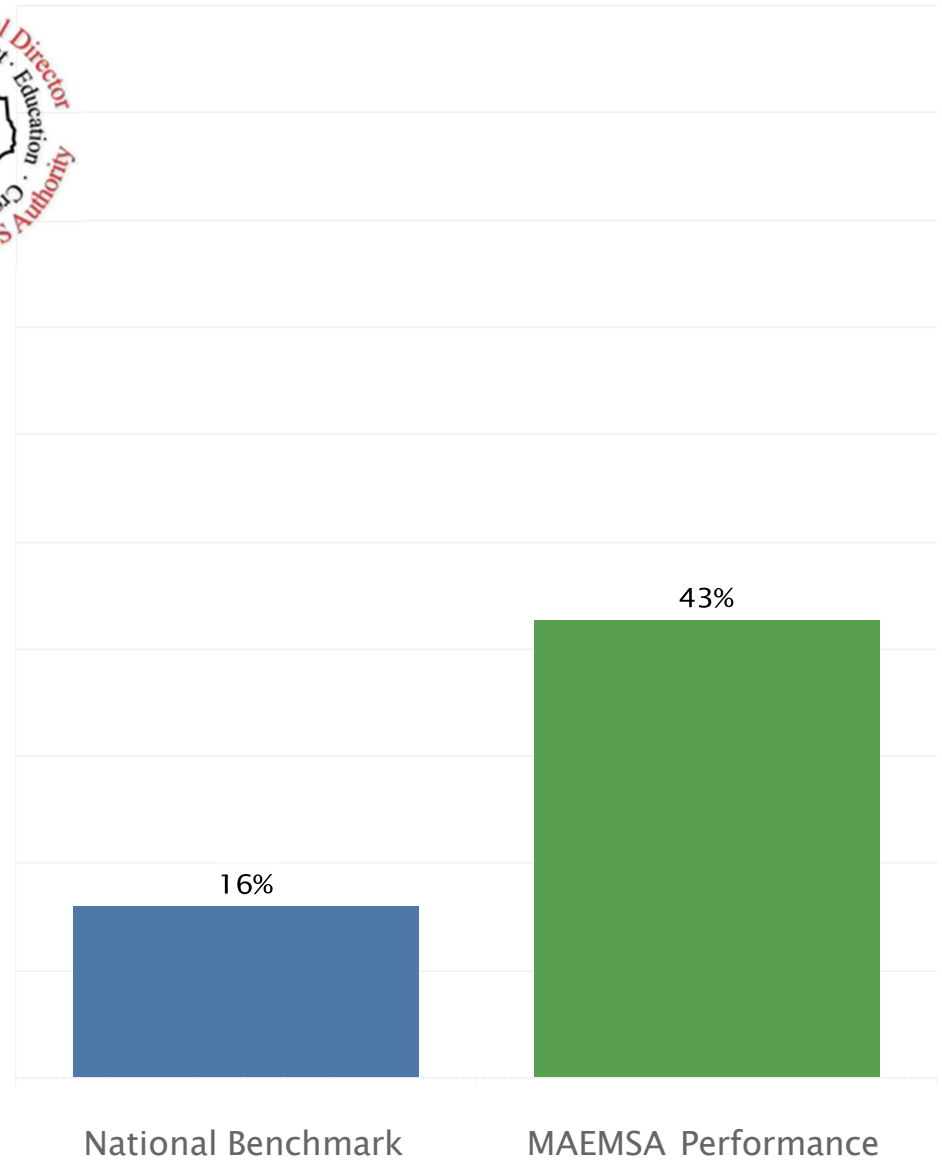
National Benchmark

16%

Performance Over Time



Trailing 12-Month (TTM) Performance



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

Trauma 01: Pain Assessment of Injured Patients

MAEMSA System Performance

July 2024

92%

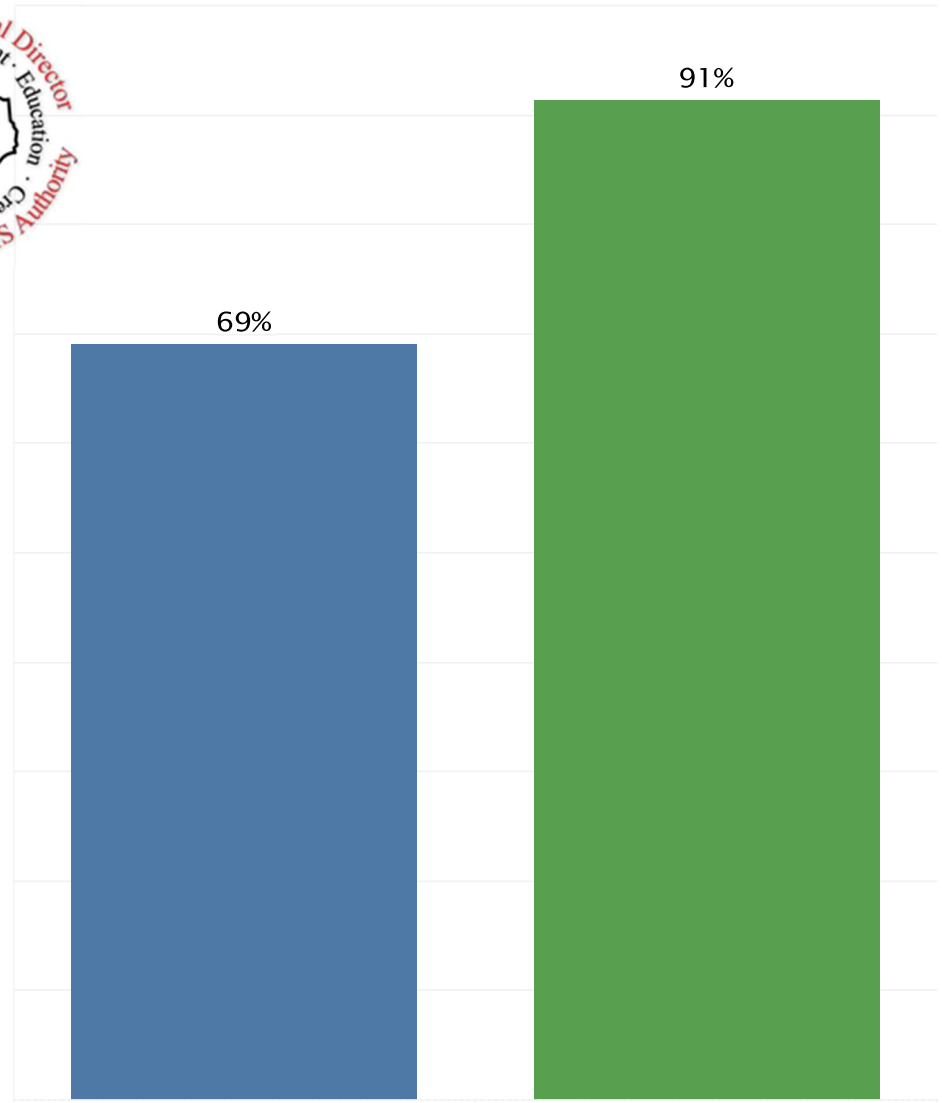
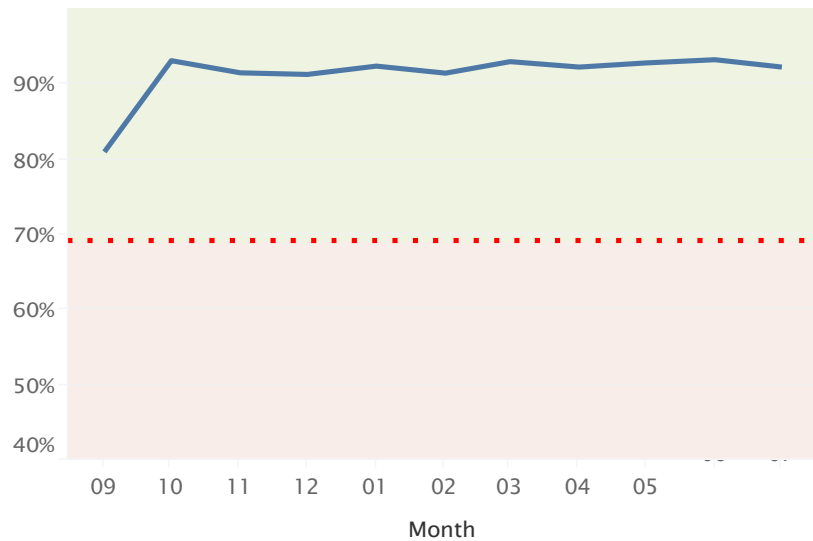
National Benchmark

69%

TTM Performance



Trailing 12-Month Performance



National Benchmark

MAEMSA Performance

Percentage of EMS transports originating from a 911 request for patients with injury who were assessed for pain.

Trauma 03: Effectiveness of Pain Management for Injured Patients

MAEMSA System Performance

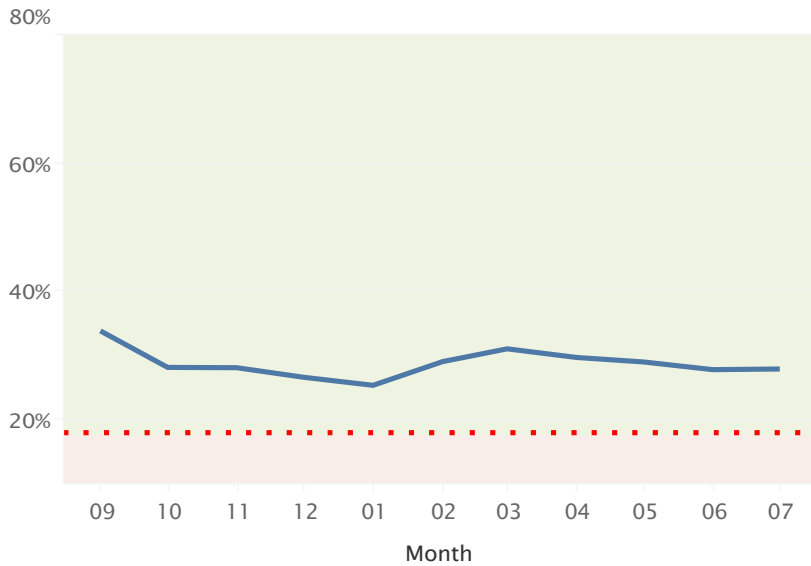
July 2024

28%

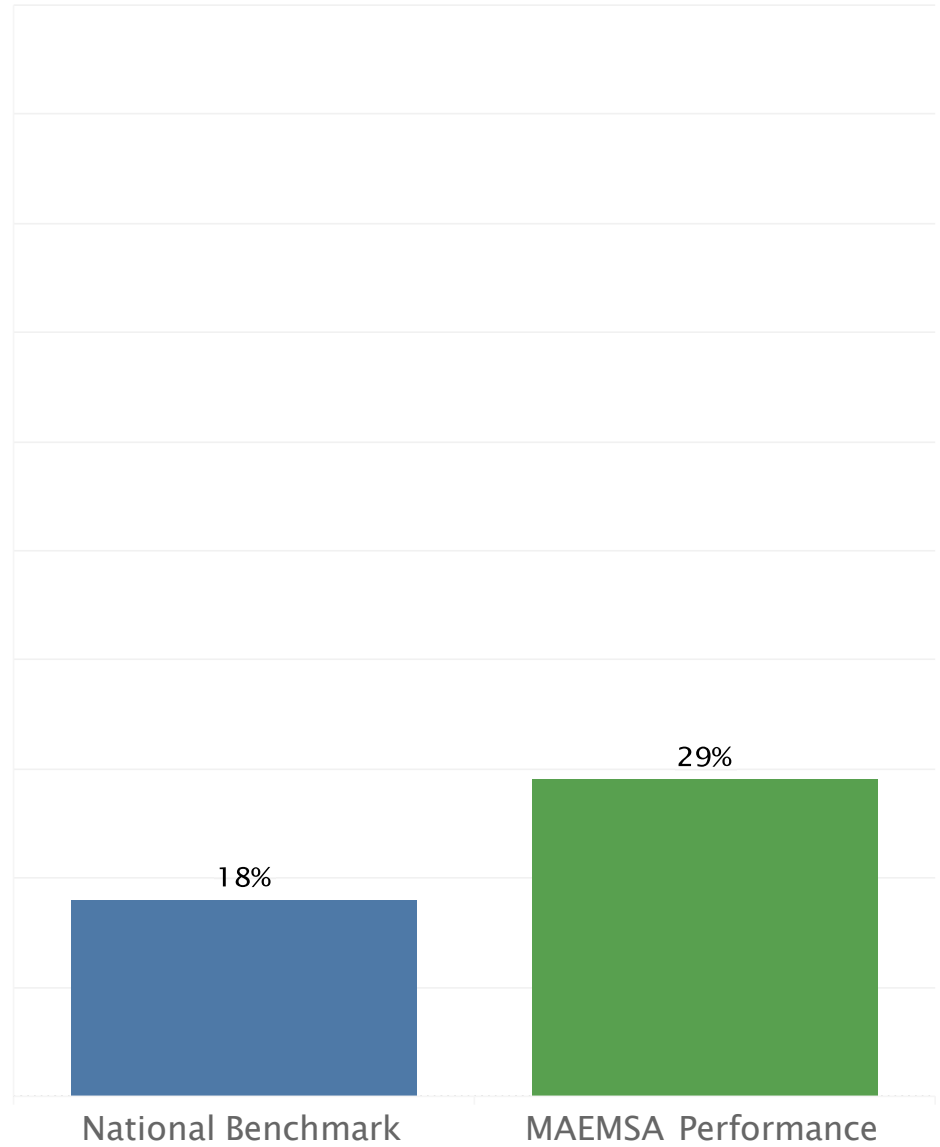
National Benchmark

18%

Performance Over Time



Trailing 12-Month Performance



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

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

MAEMSA System Performance

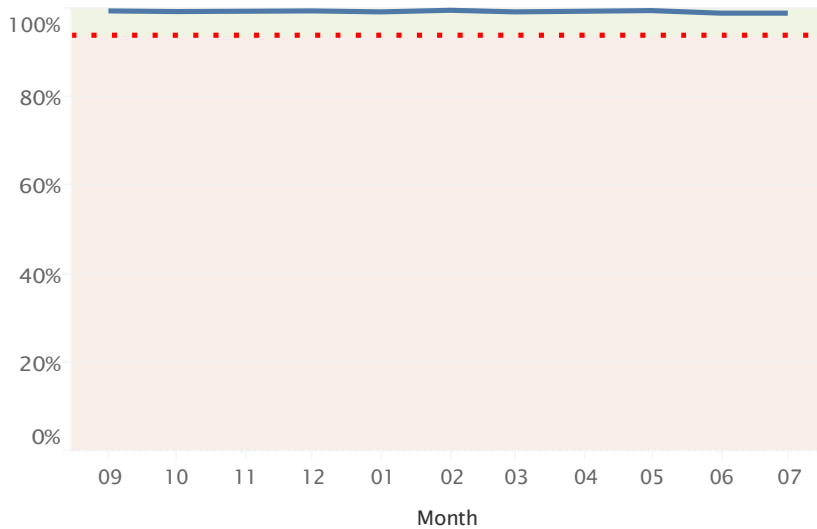
July 2024

99%

National Benchmark

94%

Performance Over Time



Trailing 12-Month Performance



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

respiratory rate are documented.

TTR-01: Vital Signs Documented

MAEMSA System Performance

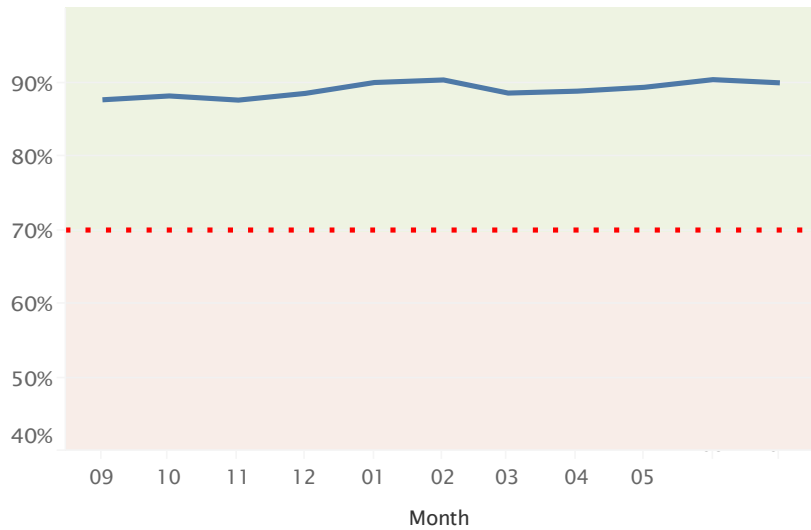
July 2024

90%

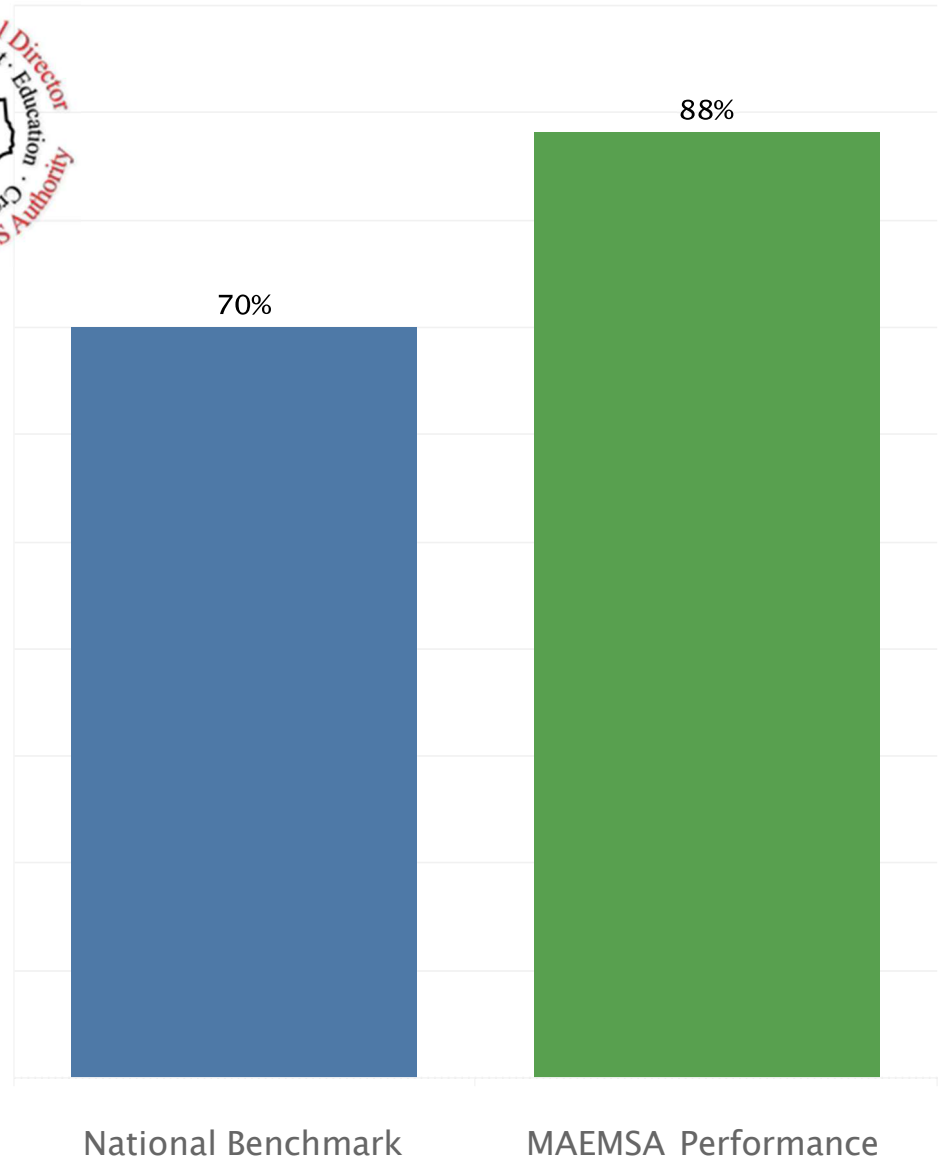
National Benchmark

70%

Performance Over Time



Trailing 12-Month Performance



Percentage of EMS responses originating from a 911 request for patients not transported by EMS during which a basic set of vital signs is documented

Tab C – Chief Financial Officer

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

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

Statement of Revenues and Expenses:

Month to Date: Net Income for the month of August 2024 is a gain of \$791,641 as compared to a budgeted loss of (\$306,406.59) for a positive variance of \$1,098,047. EBITD for the month of August 2024 is a gain of \$1,167,981 compared to a budgeted gain of \$69,777 for a positive variance of \$1,098,204.

- Patient contact volume in August ended the month at 100.5% to budget.
- Net Revenue in August is \$1,381,884 over budget or 126% to budget. The main drivers of the variance are MedStar billed 5.6% more Commercial Insurance trips than expected and booked an adjustment to Provision for Uncollectable to account for the increase in cash collections expected on future receivables of \$1.28MM.
- Total Expenses ended the month 105% to budget or \$284K over budget. In August, MedStar incurred additional expenses in Salaries of \$188K. The main contributor was the board approved severance. MedStar also incurred \$110k overage in professional fees, majority of which is collection fees. The total of all other line-item expenses is under budget by (\$15K).

Year to Date: EBITD is \$8,097,913 as compared to a budget of \$3,180,703 for a positive variance of \$4,917,210.

- The main drivers for this variance are YTD patient encounters are 102% to budget and YTD net revenue is 112% to budget equating to a YTD positive variance to budget for Net Revenue of \$7,013,183. Year to date expense is 103.7% to budget or \$2,177,818 over budget. The main drivers for the overage in expense are Benefits and Taxes which is above budget by \$2MM, and Professional Fees (specifically collection fees) are above budget by \$471K. The total of all other expense lines is below budget by a total of (\$293K) for the year.

Key Financial Indicators:

- Current Ratio – MedStar has 9.64 in current assets (Cash, receivables) for every dollar in current debt. (Goal: a score of \$1.5 to 3.0 is considered healthy.)
- Cash Reserves – The Restated Interlocal Cooperative Agreement mandates 3 months of operating capital. As of August 31, 2024, there are 4.5 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 6.37 times.
- Return on Net Assets – This ratio determines whether the agency is financially better off than in previous years by measuring total economic return. An improving trend indicates increasing net assets and the ability to set aside financial resources to strengthen future flexibility. Through August, the return is 5.81%.

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

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

Balance Sheet By Character Code

For the Period Ending August 31, 2024

Assets	Current Year	Last Year
Cash	\$25,656,762.66	\$23,216,910.56
Accounts Receivable	\$11,199,765.48	\$8,384,544.21
Inventory	\$505,000.95	\$409,910.36
Prepaid Expenses	\$1,100,305.08	\$1,307,952.79
Property Plant & Equ	\$68,755,993.76	\$72,611,375.09
Accumulated Deprecia	(\$27,115,908.41)	(\$30,498,174.18)
Total Assets	\$80,101,919.52	\$75,432,518.83
Liabilities		
Accounts Payable	(\$456,194.23)	(\$365,271.39)
Other Current Liabil	(\$2,010,148.48)	(\$2,945,212.88)
Accrued Interest	\$0.00	\$0.00
Payroll Withholding	(\$68,560.78)	\$12,276.68
Long Term Debt	(\$2,611,606.90)	(\$2,945,059.96)
Other Long Term Liab	(\$5,501,145.52)	(\$10,866,721.97)
Total Liabilities	(\$10,647,655.91)	(\$17,109,989.52)
Equities		
Equity	(\$65,757,291.76)	(\$57,552,004.46)
Control	(\$3,696,971.85)	(\$770,524.85)
Total Equities	(\$69,454,263.61)	(\$58,322,529.31)
Total Liabilities and Equities	(\$80,101,919.52)	(\$75,432,518.83)

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

Revenue	Current Month Actual	Current Month Budget	Current Month Variance	Year to Date Actual	Year to Date Budget	Year to Date Variance
Transport Fees	\$21,909,719.85	\$21,832,367.00	\$77,352.85	\$235,876,741.52	\$232,559,338.00	\$3,317,403.52
Contractual Allow	(\$8,242,583.52)	(\$9,539,739.00)	\$1,297,155.48	(\$99,654,987.69)	(\$101,617,731.00)	\$1,962,743.31
Provision for Uncoll	(\$7,098,503.44)	(\$7,133,390.42)	\$34,886.98	(\$73,937,668.21)	(\$75,903,835.62)	\$1,966,167.41
Education Income	\$1,480.50	\$1,370.00	\$110.50	\$35,610.40	\$78,710.00	(\$43,099.60)
Other Income	\$84,060.89	\$124,455.03	(\$40,394.14)	\$1,640,462.00	\$2,121,840.33	(\$481,378.33)
Standby/Subscription	\$103,140.41	\$90,297.94	\$12,842.47	\$1,482,102.43	\$1,247,385.84	\$234,716.59
Pop Health PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
interest on Investme	\$30.09	\$100.00	(\$69.91)	\$21,708.96	\$1,100.00	\$20,608.96
Gain(Loss) on Dispos	\$0.00	\$0.00	\$0.00	\$36,021.31	\$0.00	\$36,021.31
Total Revenue	\$6,757,344.78	\$5,375,460.55	\$1,381,884.23	\$65,499,990.72	\$58,486,807.55	\$7,013,183.17
Expenditures						
Salaries	\$3,565,547.11	\$3,377,162.00	\$188,385.11	\$36,217,813.20	\$35,855,044.00	\$362,769.20
Benefits and Taxes	\$703,768.60	\$721,393.00	(\$17,624.40)	\$8,430,382.02	\$6,430,224.00	\$2,000,158.02
Interest	\$20,639.44	\$17,225.47	\$3,413.97	\$300,313.15	\$249,932.51	\$50,380.64
Fuel	\$166,268.29	\$201,854.00	(\$35,585.71)	\$1,642,382.51	\$2,021,746.00	(\$379,363.49)
Medical Supp/Oxygen	\$202,961.78	\$209,148.00	(\$6,186.22)	\$2,092,764.09	\$2,231,319.00	(\$138,554.91)
Other Veh & Eq	\$88,361.86	\$51,824.00	\$36,537.86	\$664,868.16	\$588,344.00	\$76,524.16
Rent and Utilities	\$51,680.34	\$58,735.94	(\$7,055.60)	\$517,186.85	\$646,081.37	(\$128,894.52)
Facility & Eq Mtc	\$60,907.87	\$65,256.81	(\$4,348.94)	\$884,383.23	\$851,456.99	\$32,926.24
Postage & Shipping	\$268.92	\$1,804.83	(\$1,535.91)	\$11,644.53	\$19,873.13	(\$8,228.60)
Station	\$36,161.38	\$33,607.51	\$2,553.87	\$433,375.33	\$567,239.61	(\$133,864.28)
Comp Maintenance	\$110,753.58	\$129,093.00	(\$18,339.42)	\$550,229.28	\$730,064.00	(\$179,834.72)
Insurance	\$89,108.93	\$57,216.58	\$31,892.35	\$677,469.42	\$642,755.38	\$34,714.04
Advertising & PR	\$0.00	\$0.00	\$0.00	\$12,096.13	\$20,400.00	(\$8,303.87)
Printing	\$5,640.14	\$1,861.00	\$3,779.14	\$11,990.79	\$20,463.00	(\$8,472.21)
Travel & Entertain	\$9,826.36	\$1,388.00	\$8,438.36	\$41,086.35	\$36,983.00	\$4,103.35
Dues & Subs	\$92,077.71	\$121,071.00	(\$28,993.29)	\$1,151,121.02	\$1,399,637.00	(\$248,515.98)
Continuing Educ Ex	\$1,853.00	\$6,628.00	(\$4,775.00)	\$36,194.95	\$111,409.00	(\$75,214.05)
Professional Fees	\$375,314.26	\$265,093.00	\$110,221.26	\$3,538,304.58	\$3,067,608.00	\$470,696.58
Education Expenses	\$545.05	\$1,585.00	(\$1,039.95)	\$4,679.58	\$27,155.00	(\$22,475.42)
Miscellaneous	\$14,125.37	\$962.00	\$13,163.37	\$43,742.62	\$38,302.00	\$5,440.62
Depreciation	\$355,700.88	\$358,958.00	(\$3,257.12)	\$3,980,002.12	\$3,948,538.00	\$31,464.12
Amortization Exp - Rou A Lease	\$12,622.06	\$0.00	\$12,622.06	\$138,495.23	\$0.00	\$138,495.23
Amortization Exp - ROU A Subsc	\$1,571.15	\$0.00	\$1,571.15	\$301,867.73	\$0.00	\$301,867.73
Total Expenditures	\$5,965,704.08	\$5,681,867.14	\$283,836.94	\$61,682,392.87	\$59,504,574.99	\$2,177,817.88
Net Rev in Excess of Expend	\$791,640.70	(\$306,406.59)	\$1,098,047.29	\$3,817,597.85	(\$1,017,767.44)	\$4,835,365.29
EBITD	\$1,167,981.02	\$69,776.88	\$1,098,204.14	\$8,097,913.12	\$3,180,703.07	\$4,917,210.05

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

	Goal	FY 2022	FY 2023	FY 2024
Current Ratio	> 1	6.04	10.88	9.64

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

Cash as % of Annual Expenditures	> 25%	33.49%	35.55%	37.57%
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Indicates compliance with Ordinance which specifies 3 months cash

Accounts Receivable Turnover	>3	9.06	6.21	6.37
-------------------------------------	--------------	-------------	-------------	-------------

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

Return on Net Assets	-1.00%	-0.07%	8.61%	5.81%
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Reveals management's effectiveness in generating profits from the assets available.

Emergency Physicians Advisory Board
Cash expenditures Detail

	<u>Date</u>	<u>Amount</u>	<u>Balance</u>
Balance 1/1/17			\$ 609,665.59
J29 Associates, LLC	2/27/2017	\$ 1,045.90	\$ 608,619.69
Bracket & Ellis	10/30/2017	\$ 12,118.00	\$ 596,501.69
Brackett & Ellis	11/19/2018	\$ 28,506.50	\$ 567,995.19
FWFD Grant	4/3/2019	\$ 56,810.00	\$ 511,185.19
Brackett & Ellis	4/3/2019	\$ 20,290.50	\$ 490,894.69
Brackett & Ellis	11/27/2019	\$ 9,420.00	\$ 481,474.69
Bracket & Ellis	2/6/2020	\$ 1,382.50	\$ 480,092.19
Bracket & Ellis	2/29/2020	\$ 4,621.50	\$ 475,470.69
 Balance 08/31/2024			 <u>\$ 475,470.69</u>

Tab D – Chief Human Resources Officer

Human Resources - August 2024 Summary

Staffing

- 34 hires in July, 7 hires in Aug
- 173 hires FYTD
- Upcoming Scheduled NEOPs
 - September 9, 2024
 - October 21, 2024

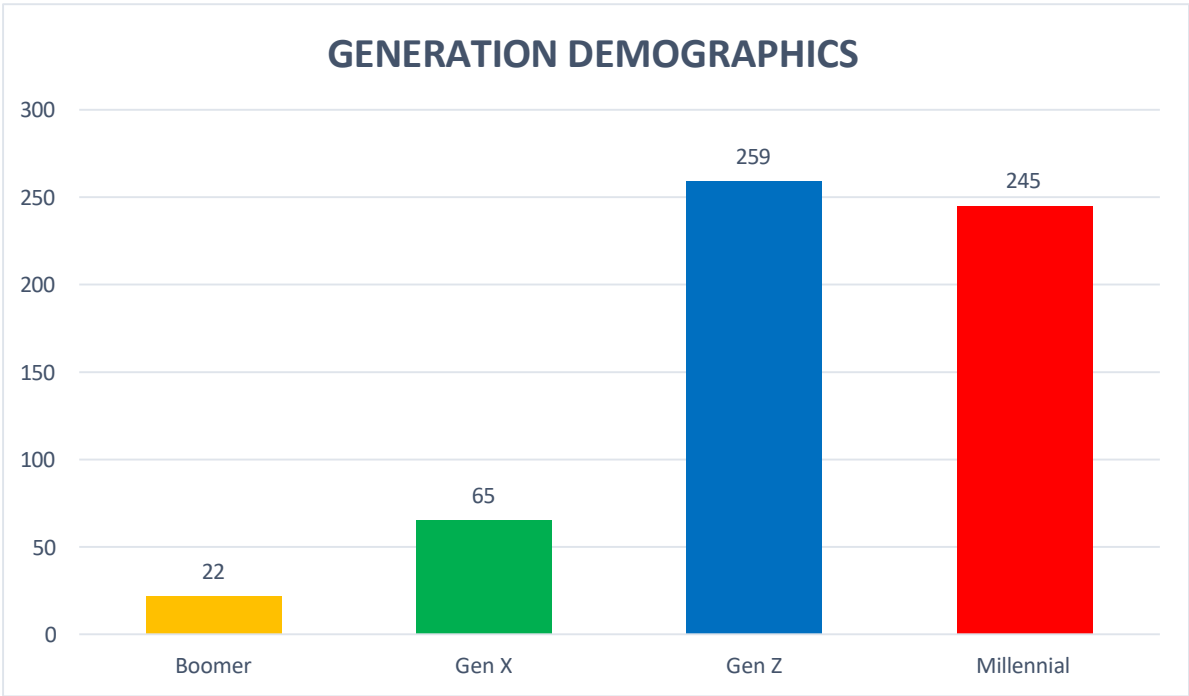
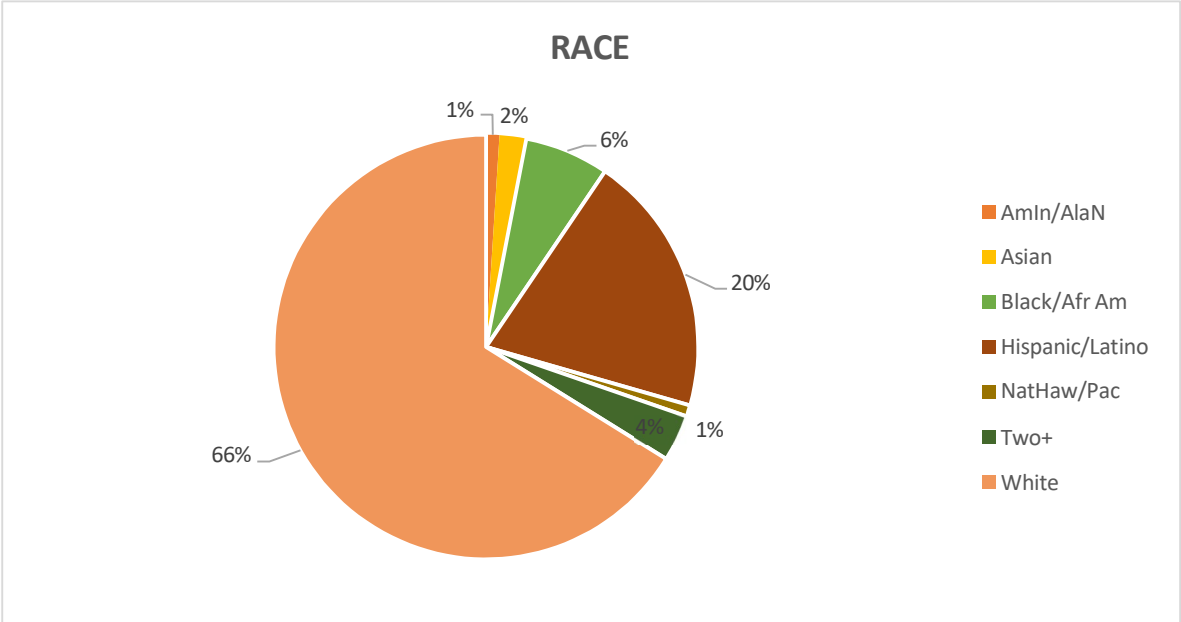
Leaves:

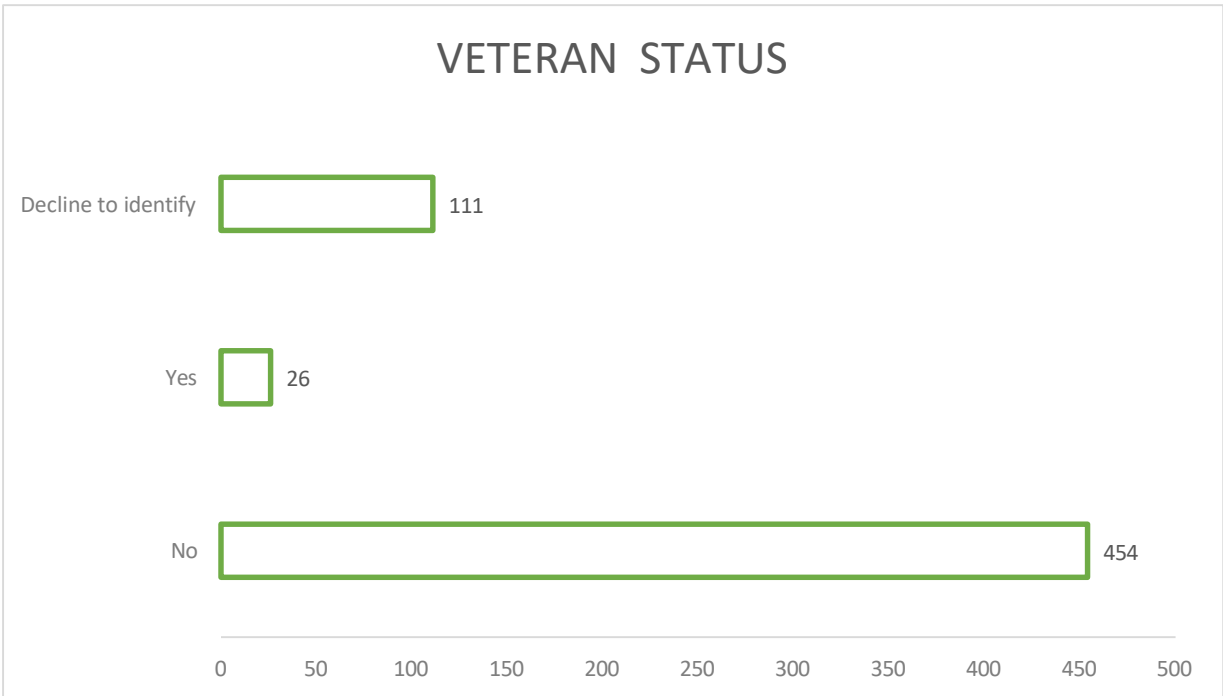
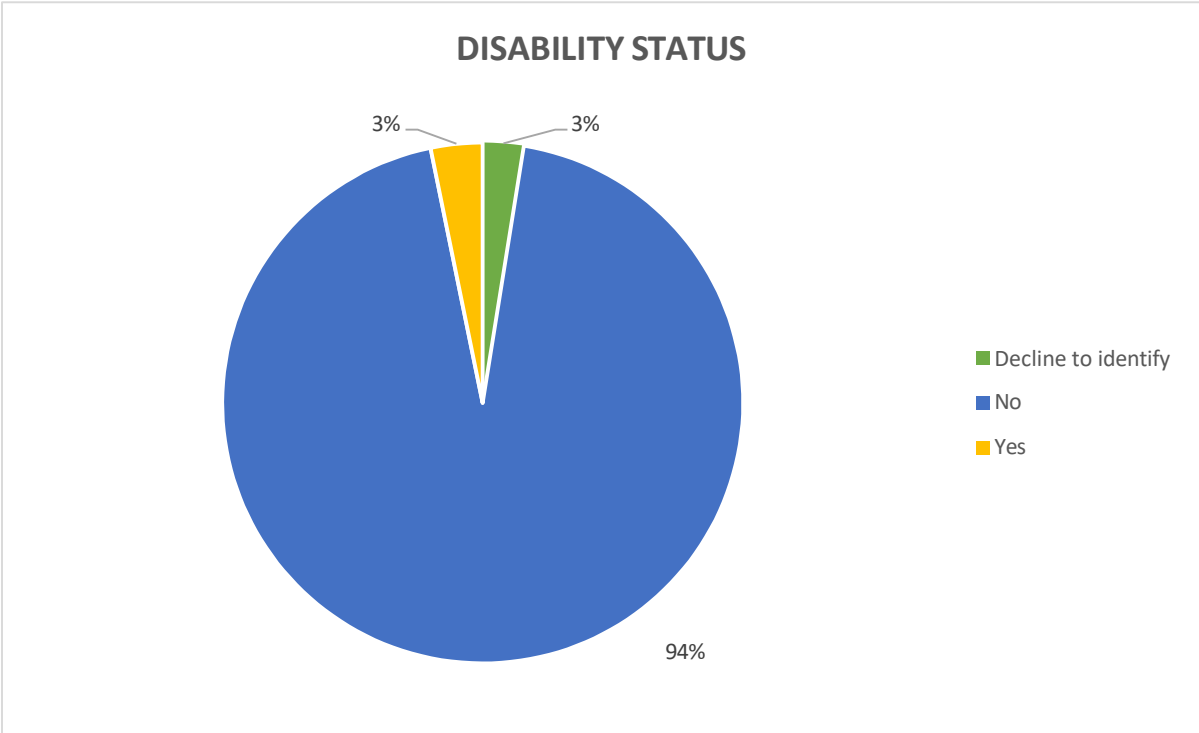
- 30 employees on FMLA /5.63% of workforce
 - 14 cases on intermittent
 - 16 cases on a block
- Top FMLA request reasons/conditions
 - Obstetrics/Gynecology (6)
 - Bonding (5)
 - Oncology (4)

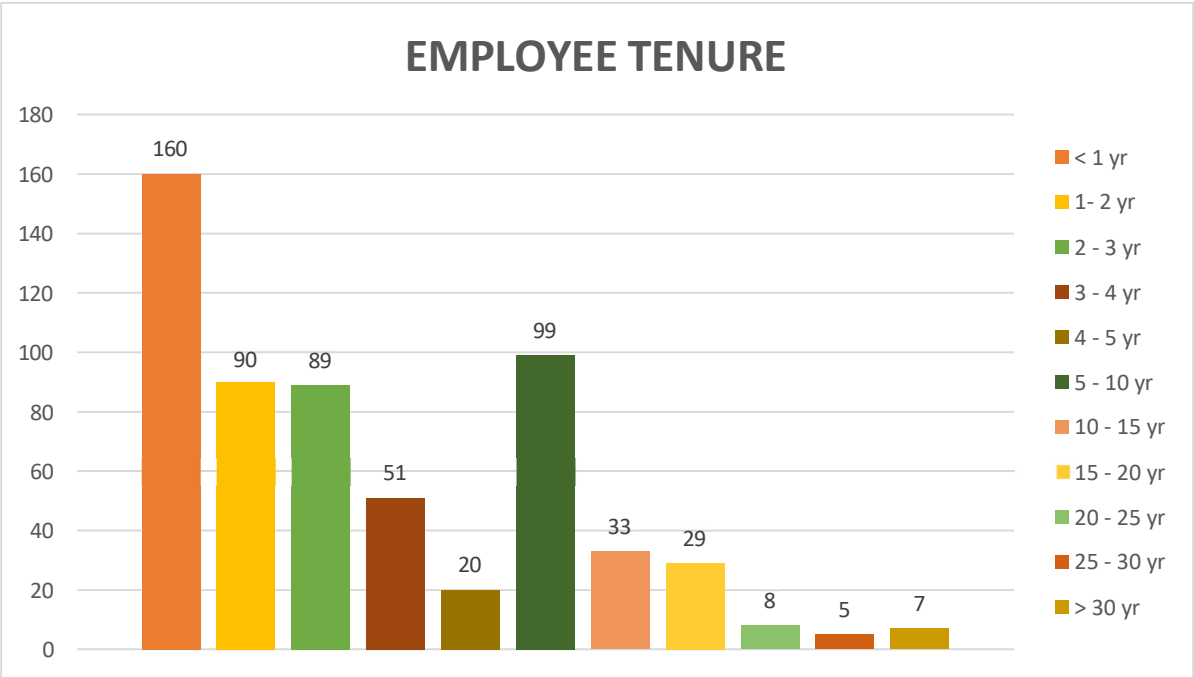
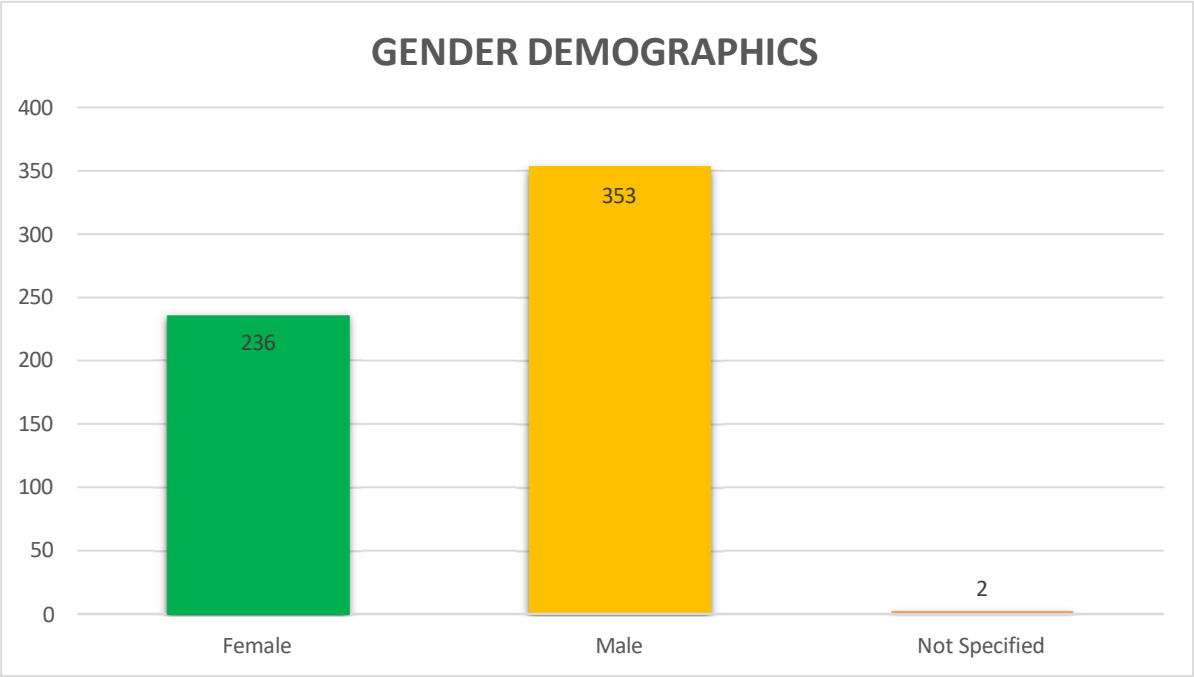
Turnover:

- Voluntary turnover – 1.71%
 - FT – 1.88%
 - PT – 0%
- Total turnover – 2.22%
 - FT – 2.44%
 - PT – 0%
- Total YTD turnover – 15.38%
 - FT – 15.01%
 - PT – 19.23%

JUNE 2024 DIVERSITY STATISTICS







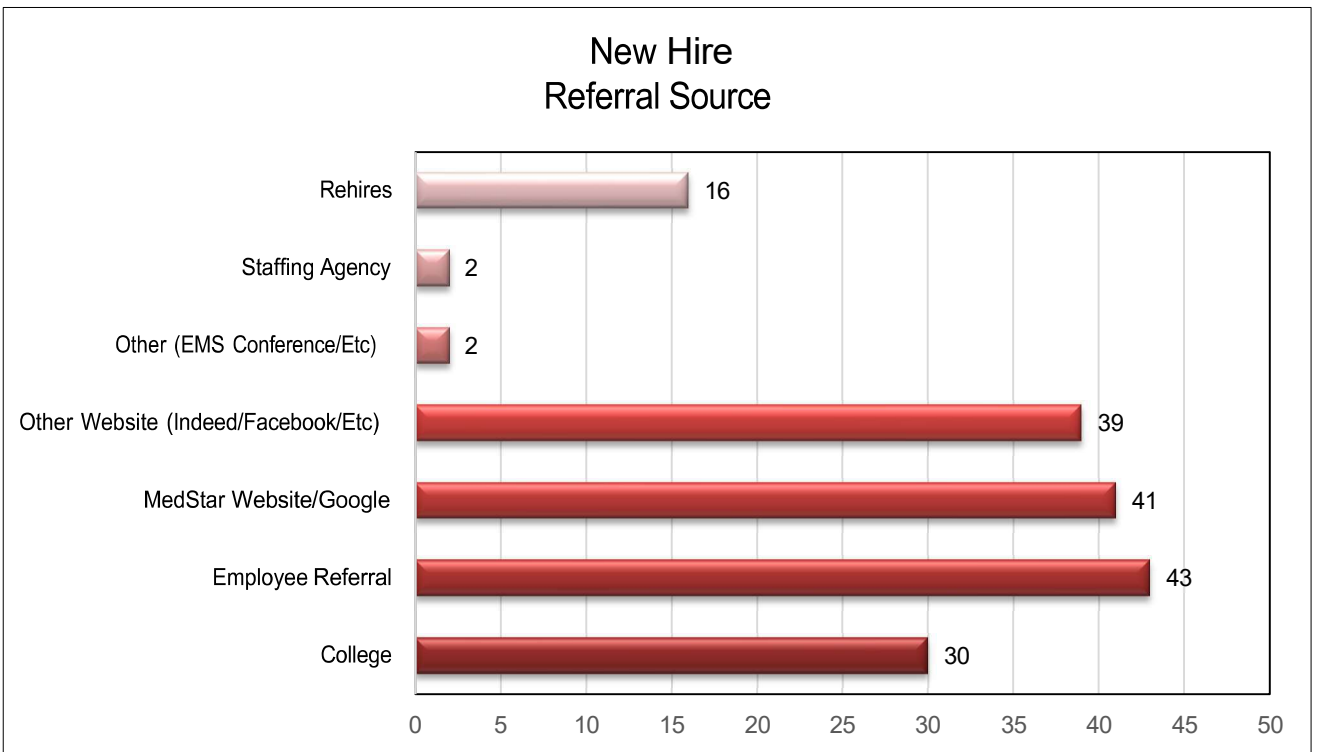
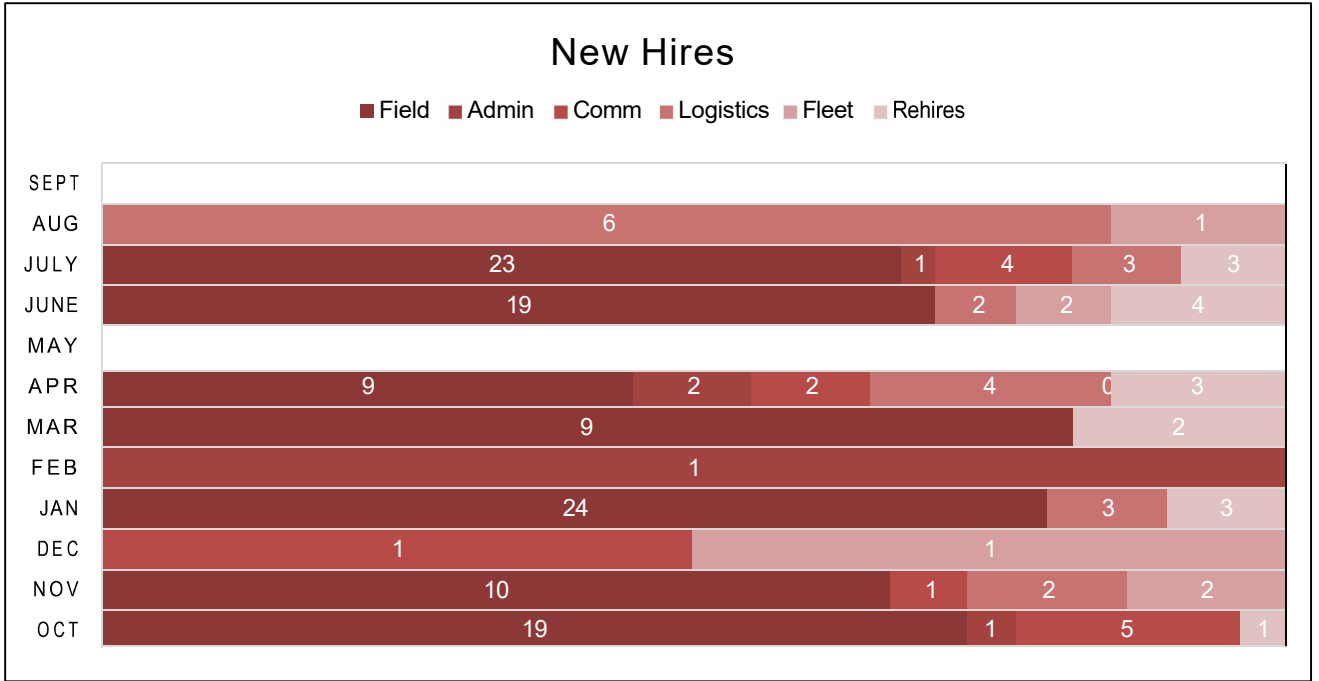
FMLA Leave of Absence (FMLA Detailed Report)
Fiscal Year 10/01/2023 thru 08/31/2024
Percentages by Department/Conditions

Conditions	
Bonding	5
Digestive	2
FMLA - Child	2
FMLA - Spouse	2
Internal Medicine	1
Neurological	2
Obstetrics/Gynecology	6
Oncology	4
Orthopedic	3
Pulmonary	3
Grand Total	30

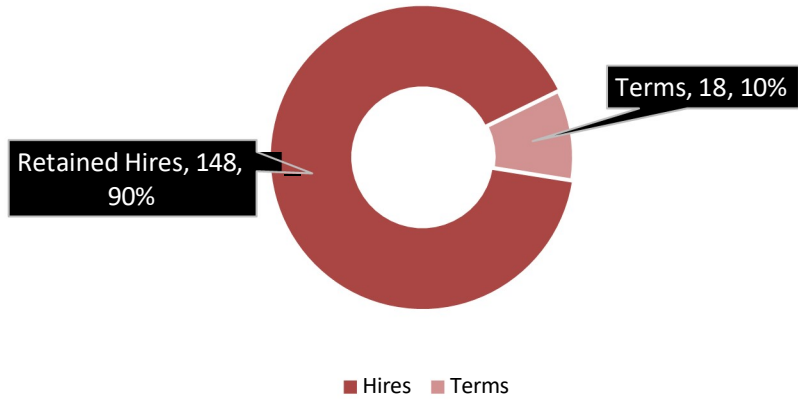
Percentage by Department					
Department	# of Ees	# on FMLA	% by FTE	% by FMLA	% by Dept HC
Advanced	155	12	2.25%	40.00%	7.74%
Basic	217	4	0.75%	13.33%	1.84%
Business Office	10	2	0.38%	6.67%	20.00%
Communications	43	2	0.38%	6.67%	4.65%
Controller - Payroll, Purchasing, A/P	5	1	0.19%	3.33%	20.00%
Field Managers/Supervisors - Operations	26	5	0.94%	16.67%	19.23%
Mobile Integrated Health	10	1	0.19%	3.33%	10.00%
Support Services - Facilities, Fleet, S.E., Logistics	26	3	0.56%	10.00%	11.54%
Grand Total	492	30			
Total # of Full Time Employees - August 2024	533				
% of Workforce using FMLA	5.63%				
TYPE OF LEAVES UNDER FMLA	# of Ees	% on Leave			
Intermittent Leave	14	46.67%			
Block of Leave	16	53.33%			
Total	30	100.00%			

Recruiting & Staffing Report

Fiscal Year 2023-2024



2023-2024 FY Separations



Fiscal Year Statistics
Total hires to date 166
Total separations from hires

Separation Reasons:
Abandoned Job – 1
Another Job – 1
Attendance – 1
Career Change – 4
Performance – 2
Personal – 6
Relocation – 1
School – 1
Unknown – 1

MedStar Mobile Health Care Separation Statistics Aug 2024

	Current Month			Year to Date			YTD Compared to Aug '23		Headcount
	Vol	Invol	Total	Vol	Invol	Total	Aug '23	%	Aug-23
Full Time Separations	10	3	13	63	17	80	86	17.99%	478
Part Time Separations	0	0	0	9	1	10	38	71.70%	53
Total Separations	10	3	13	72	18	90	124	23.35%	531
							Difference	-7.965%	

	Full Time	Part Time	Total	Full Time	Part Time	Total
Total Turnover %	2.44%	0.00%	2.22%	15.01%	19.23%	15.38%
Voluntary Turnover %	1.88%	0.00%	1.71%	11.82%	17.31%	12.31%

Separations by Department

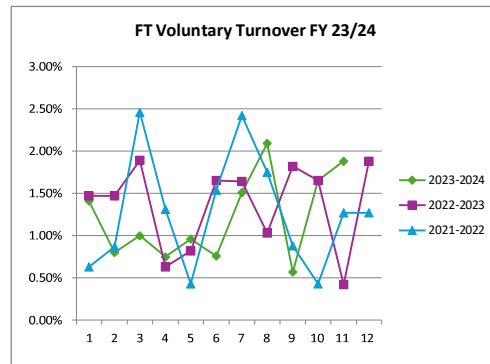
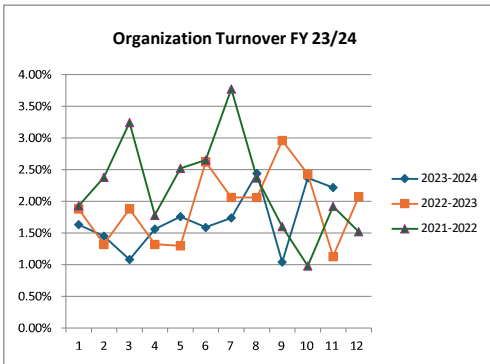
Full Time	Vol	Invol	Total	Current Month			Year to Date			Headcount
				Vol	Invol	Total	Vol	Invol	Total	Aug-24
Advanced	5	0	5	19	6	25	155			
Basics	2	1	3	21	5	26	217			
Business Office				4	0	4	10			
Communications	1	1	2	6	2	8	43			
Controller - Payroll, Purchasing, A/P							5			
Deployment				1	0	1	1			
Executives							7			
Field Manager/Supervisors - Operations				1	0	1	26			
Field Operations Other							8			
Health Information Systems							2			
Human Resources				1	0	1	5			
Information Technology							2			
Legal/Compliance	2	0	2	2	0	2	0			
Mobile Integrated Health							10			
Office of the Medical Director				1	0	1	12			
Public Information							1			
Support Services - Facilities, Fleet, S.E., Logistics	0	1	1	7	4	11	29			
Total	10	3	13	63	17	80	533			

Part Time	Current Month			Year to Date			Headcount
	Vol	Invol	Total	Vol	Invol	Total	Aug-24
Advanced				5	0	5	18
Basics				3	1	4	20
Business Office							
Communications							3
Controller - Payroll, Purchasing, A/P							1
Executives							
Field Manager/Supervisors - Operations							
Field Operations Other							
Health Information Systems							
Human Resources							1
Information Technology							
Legal/Compliance							
Mobile Integrated Health							
Office of the Medical Director							
Public Information							
Support Services - Facilities, Fleet, S.E., Logistics				1	0	1	9
Total	0	0	0	9	1	10	52

MedStar Mobile Healthcare Turnover
Fiscal Year 2022 - 2023

	Full & Part Time Turnover			Full Time Only
	2023-2024	2022-2023	2021-2022	2023-2024
October	1.63%	1.88%	1.93%	1.61%
November	1.45%	1.32%	2.38%	1.00%
December	1.08%	1.88%	3.24%	1.00%
January	1.56%	1.32%	1.78%	1.50%
February	1.76%	1.30%	2.52%	1.53%
March	1.59%	2.62%	2.65%	0.95%
April	1.74%	2.06%	3.77%	1.69%
May	2.44%	2.06%	2.37%	2.66%
June	1.04%	2.96%	1.60%	0.76%
July	2.37%	2.43%	0.98%	2.20%
August	2.22%	1.13%	1.92%	2.44%
September		2.07%	1.52%	
Actual Turnover	15.38%	22.01%	24.57%	12.29%

	Full Time Voluntary Turnover		
	2023-2024	2022-2023	2021-2022
October	1.41%	1.47%	0.63%
November	0.80%	1.47%	0.87%
December	1.00%	1.89%	2.46%
January	0.75%	0.63%	1.31%
February	0.96%	0.82%	0.43%
March	0.76%	1.65%	1.54%
April	1.51%	1.64%	2.42%
May	2.09%	1.03%	1.75%
June	0.57%	1.82%	0.88%
July	1.65%	1.65%	0.43%
August	1.88%	0.42%	1.27%
September		1.88%	1.27%
Actual Turnover	12.31%	13.20%	15.25%



Tab E – FRAB

Tab F – Operations

Metropolitan Area EMS Authority dba MedStar Mobile Healthcare

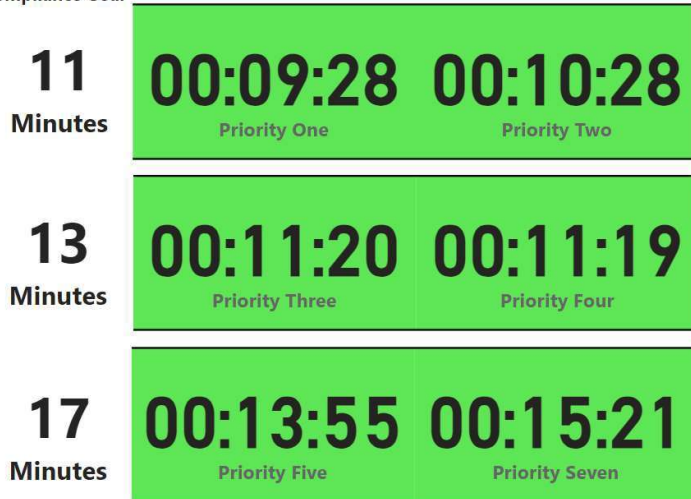
Operations Report- August 2024

The following summarizes significant operational items through August 31st, 2024.

Operational Excellence	Measure	FY24 Plan	FY24 YTD
Measurable high performance is achieved through disciplined execution of efficient processes.	Compliance Response Priority 1	<11:00 @ 85%	0:10:23
	911 calls answered <15 seconds	≥ 90%	95%
	Compliance to ACE standards	≥ 95%	96%

Ambulance 911 Response Times

Compliance Goal



**August ...
85th Percentile
Response
Times**

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

System Wide 85th	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Priority 1	0:09:57	0:10:41	0:10:15	0:10:28	0:09:50	0:09:28
Priority 2	0:10:22	0:10:34	0:10:46	0:10:43	0:10:37	0:10:28
Priority 3	0:11:05	0:11:14	0:11:30	0:11:02	0:10:51	0:11:20
Priority 4	0:10:38	0:11:06	0:11:33	0:10:58	0:11:22	0:11:19
Priority 5	0:13:35	0:13:57	0:14:21	0:14:05	0:13:29	0:13:55
Priority 7	0:14:44	0:15:38	0:15:59	0:15:26	0:14:39	0:15:21
Priority 8	0:14:08	0:15:04	0:15:18	0:14:36	0:14:57	0:15:04

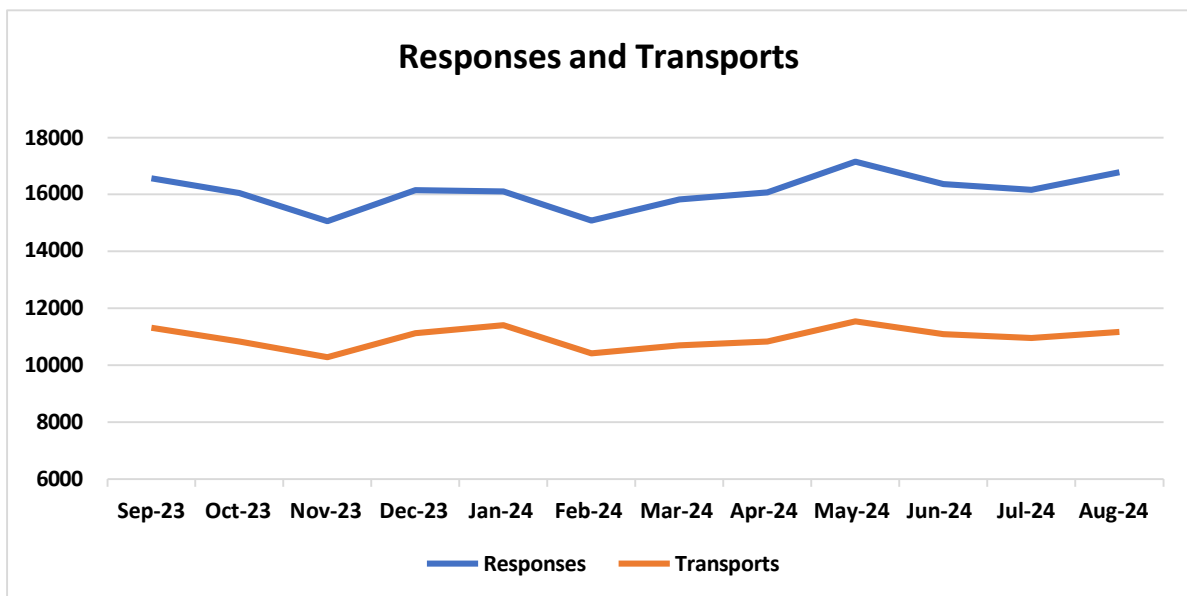
Response times measured from phone answer time to arrival on scene.

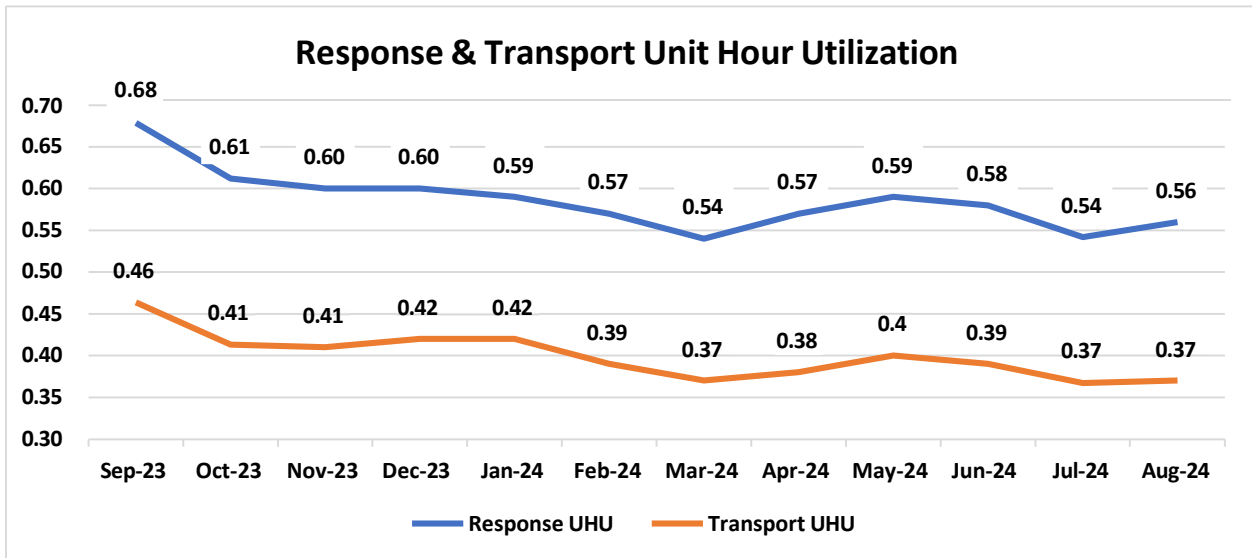
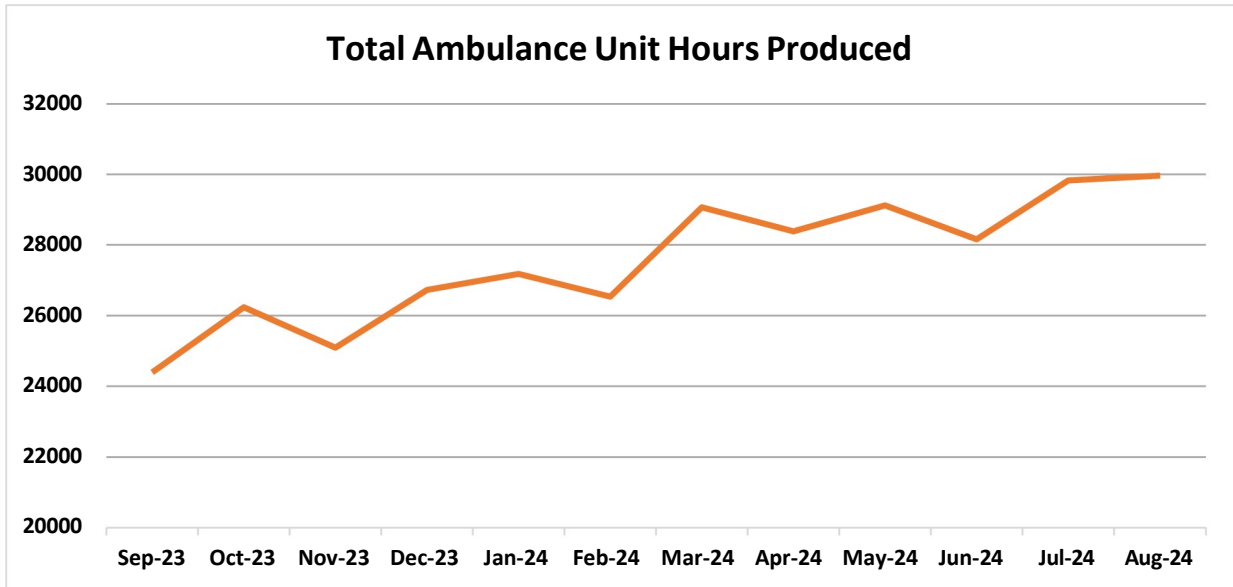
System Wide 90th	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Priority 1	0:10:39	0:11:22	0:11:01	0:11:22	0:10:38	0:10:12
Priority 2	0:11:12	0:11:24	0:11:36	0:11:46	0:11:30	0:11:24
Priority 3	0:12:00	0:12:28	0:12:32	0:12:01	0:11:45	0:12:22
Priority 4	0:11:37	0:12:22	0:12:38	0:12:00	0:12:43	0:12:41
Priority 5	0:14:56	0:15:16	0:15:41	0:15:22	0:14:44	0:15:27
Priority 7	0:16:07	0:16:58	0:17:59	0:16:35	0:16:16	0:16:40
Priority 8	0:15:46	0:16:27	0:16:47	0:16:15	0:16:21	0:16:30

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

Field Operations:

Ambulance Metrics





UHU Measured By:

Response UHU: #Responses/#Produced Unit Hours

Transport UHU: #Transports/#Produced Unit Hours

Logistics:

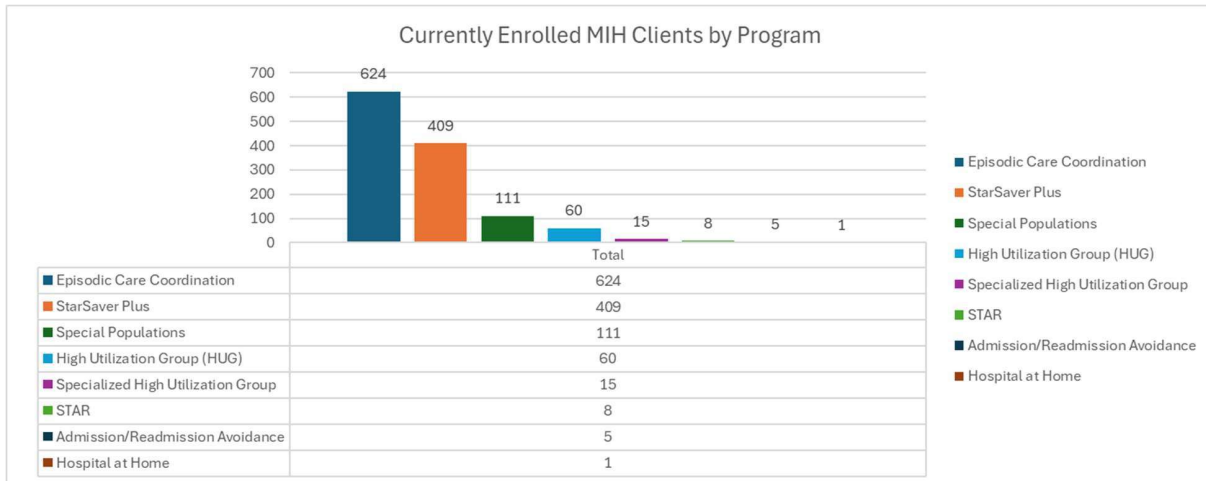
Daily Kit Inventory Log August 2024

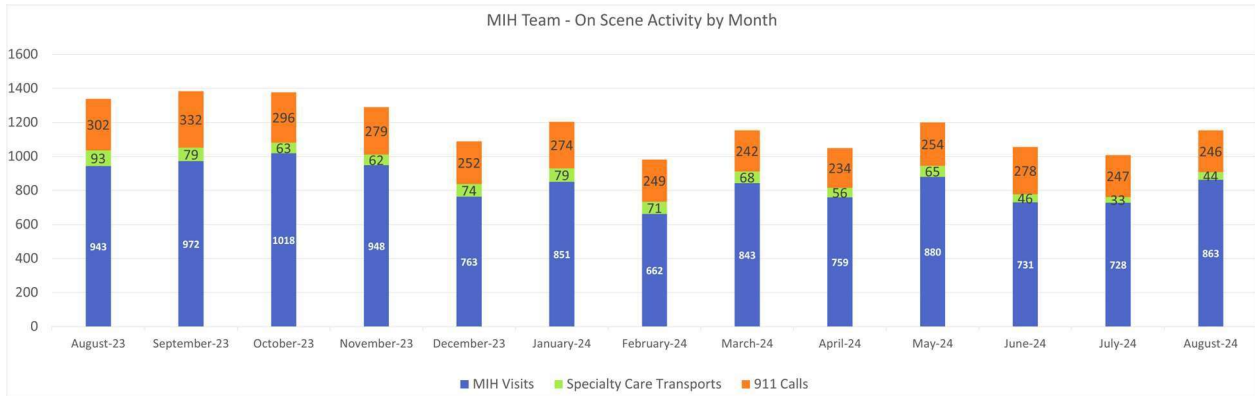


Special Operations:

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

Mobile Integrated Health:



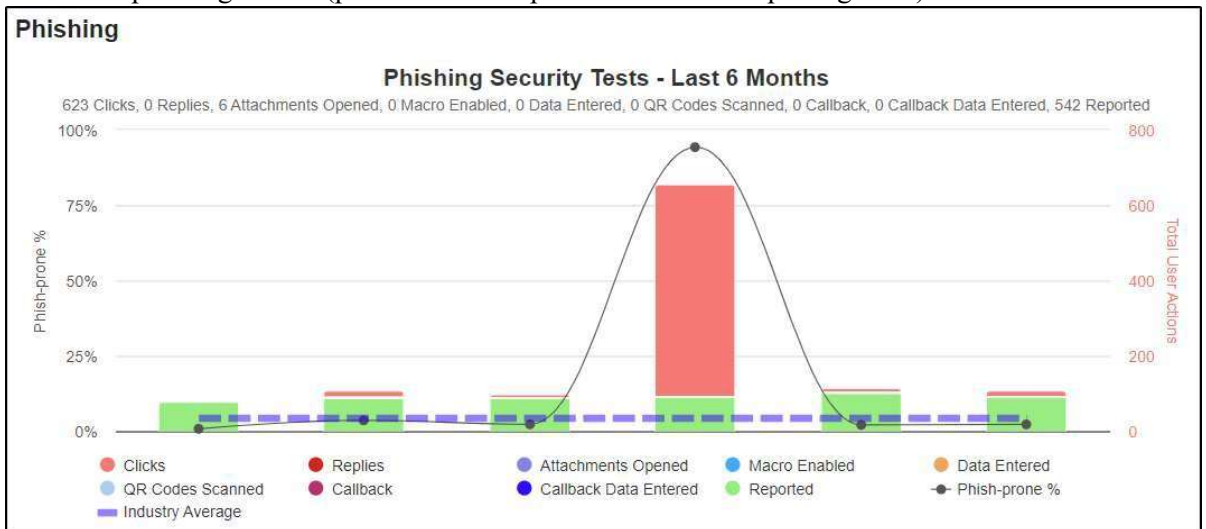


Information Technology:

- Working with the City of Fort Worth on infrastructure inventory and 911 Systems Working Group.
- Executing the network segmentation project to improve the infrastructure security posture.
- Web filtering stats:



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



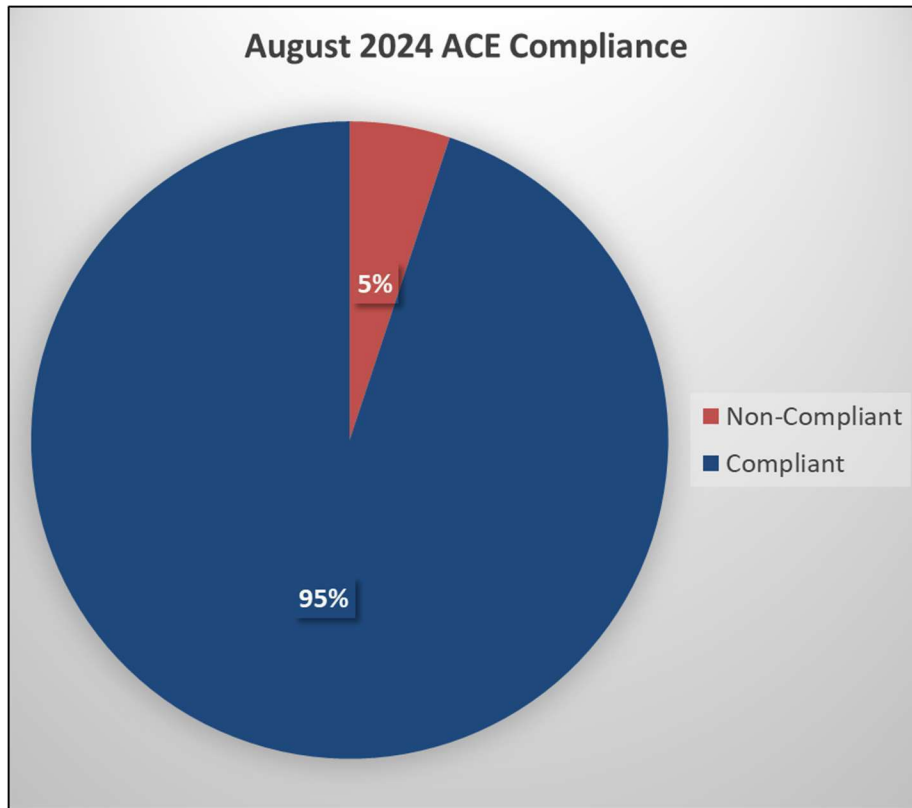
Business Intelligence:

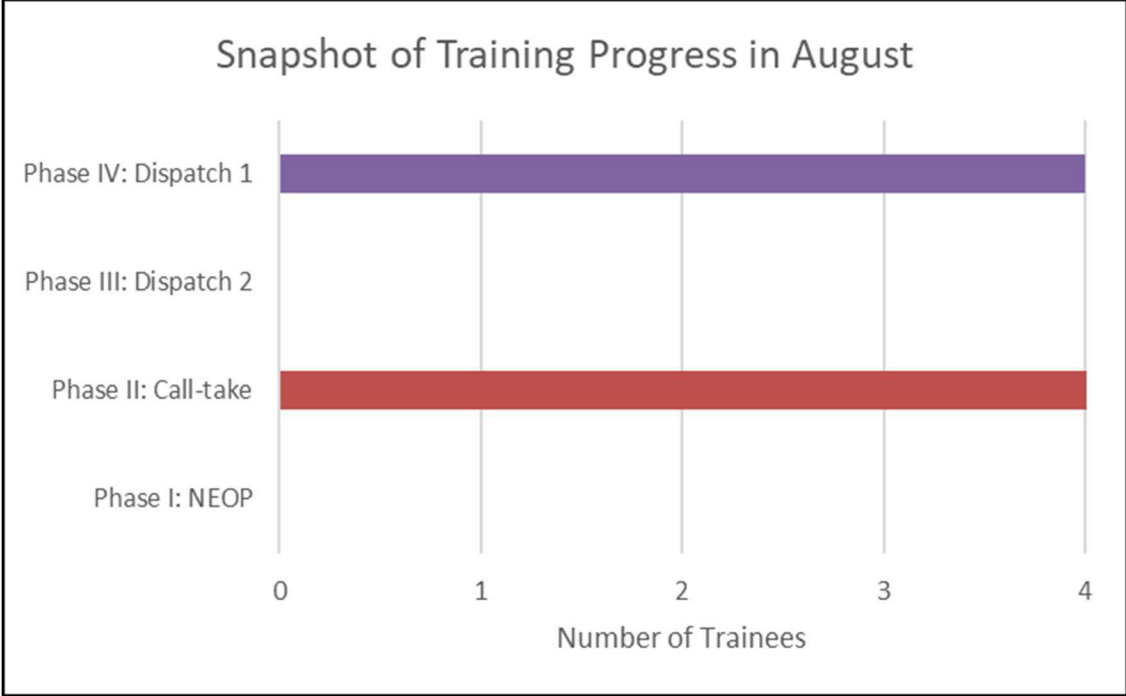
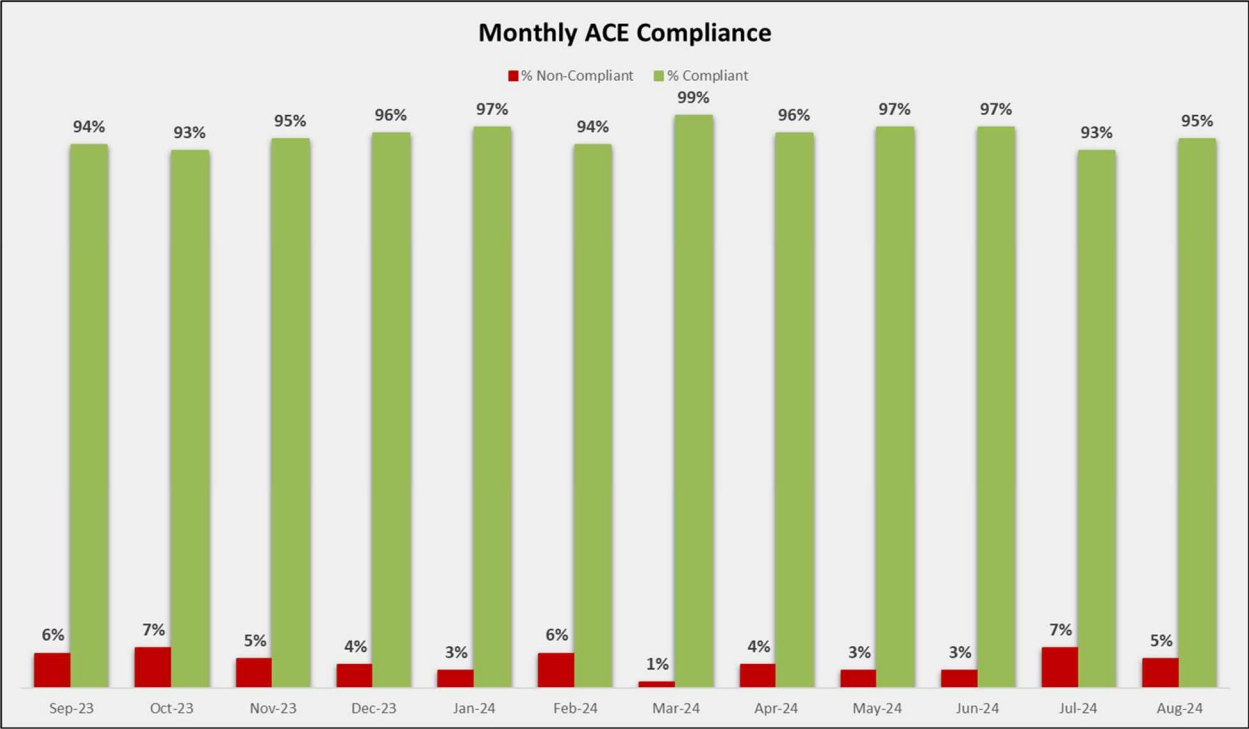
In addition to various data pull requests, deployment planning, and response time compliance QI/reporting, analysts are currently committed to:

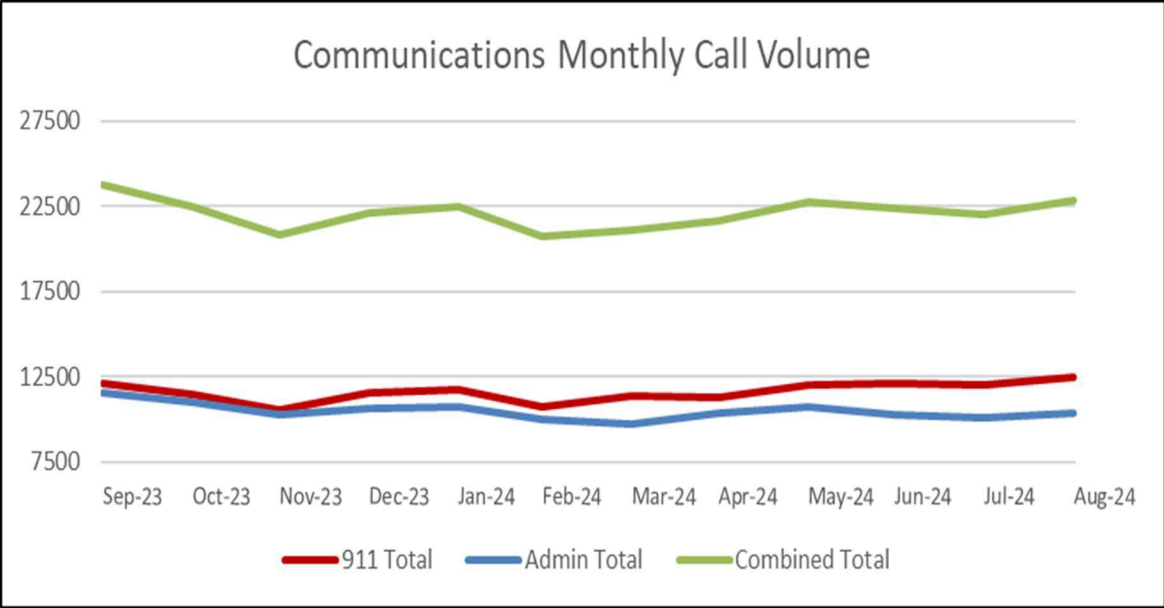
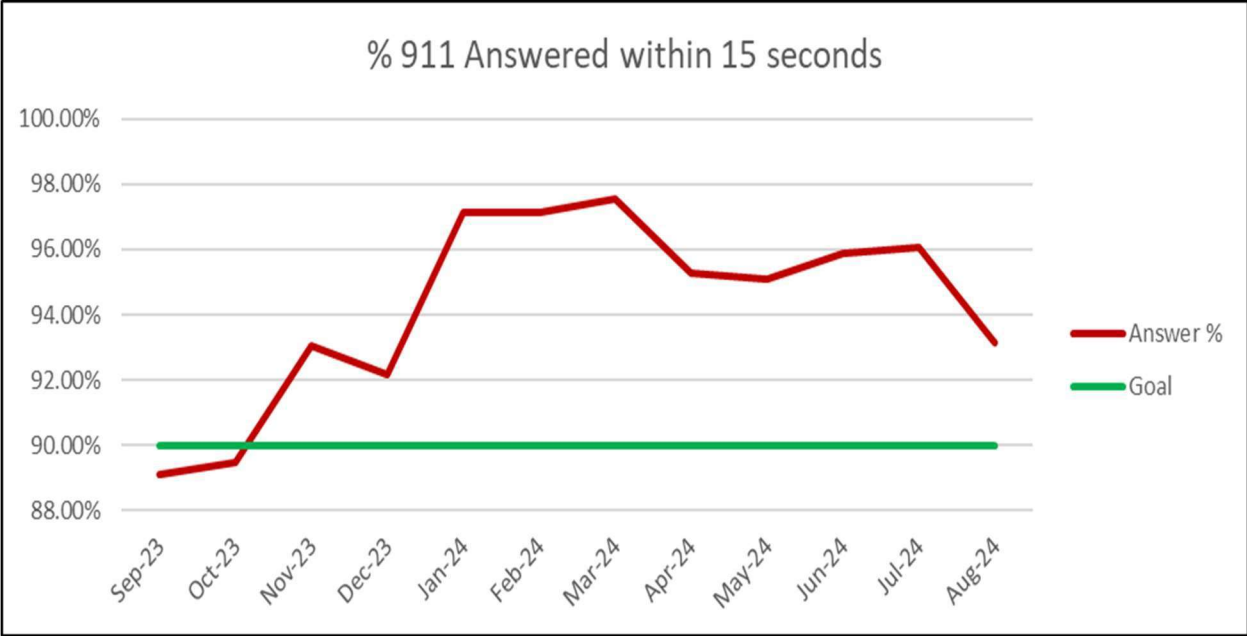
- Maintenance/support of previously constructed projects

Communications Center:

- Remain compliant with EMD protocol and IAED Accredited Center of Excellence (ACE) Standards.
- Continuous focus on answering 90% of all 911 calls in 15 seconds or less. 93.15% of August 911 calls were answered within 15 seconds.
- Staffing highlights:
 - Ongoing training of ten (10) controllers. Two (2) trainees completed training.
 - Two (2) controllers were separated.
- Ongoing process to gain CJIS clearance for all Communications team members.







Tab G – Compliance and Legal

Tab H – EPAB

COMMONLY USED ACRONYMS

A

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

B

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

C

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

D

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

E

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

F

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

G

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

H

HIPAA – Health Insurance Portability & Accountability Act of 1996

I

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

J

JEMS – Journal of Emergency Medical Services

K

L

LMS – Learning Management System

M

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

COMMONLY USED ACRONYMS

N

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

O

OMD – Office of the Medical Director

P

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

Q

QRV – Quick Response Vehicle

R

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

S

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

T

U

V

VFIB – Ventricular fibrillation; an EKG rhythm

W

X/Y/Z