



LIFENET

2021 ANNUAL REPORT ON AMBULANCE SERVICE



Prepared for:
City of Texarkana, Arkansas
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LifeNet is pleased to submit this report on ambulance service to the City of Texarkana.

As outlined in the ambulance contract, effective on December 1, 2016, LifeNet is to provide the City:

“On or before October 31 of each year LifeNet shall provide to the City a report covering the preceding twelve months which shall verify Response Time compliance for each city ward with the average response time for each city ward, and list by city ward each Response Time that exceeded fifteen minutes and the reasons for such delay (use of a pareto chart).”

The period covered for this report is from October 1, 2020 through September 30, 2021.

In addition to reporting on the items required in the agreement, we have also included information related to contract performance.

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EXECUTIVE SUMMARY



5799

Requests for Ambulance Service



83.1%

Response Time Compliance



1767

Most Calls Per Response Zone (TAFD Zone 2)



454

Least Calls Per Response Zone (TAFD Zone 4)



3:00 a.m.

Least Busy Time for Transport Requests



4:00 p.m.

Most Busy Time for Transport Requests



94.12

Patient rating for care shown by the paramedics



July & August

Busiest months for patient transports in Texarkana, AR
(558 each month)



13

Number of community events in Texarkana, USA



123

Number of calls for Sudden Cardiac Arrest (SCA) in
Texarkana, AR



17%

SCA Survival Rate for victims in Texarkana, AR



92.61

Average Customer Survey
Score for LifeNet EMS
Ambulance Transport

GOVERNANCE & BOARD OF DIRECTORS



CAAS Accreditation

LifeNet is an accredited ambulance service by the Commission on Accreditation of Ambulance Services (CAAS).

CAAS was established to encourage and promote quality patient care in America's medical transportation system. Based initially on the efforts of the American Ambulance Association, the independent Commission established a comprehensive series of standards for the ambulance service industry.

Accreditation signifies that LifeNet has met the "gold standard" determined by the ambulance industry to be essential in a modern emergency medical services provider. These standards often exceed those established by state or local regulation. The CAAS standards are designed to help increase operational efficiency and decrease risk and liability across the entire spectrum of the organization.

The voluntary process included a comprehensive self-assessment and an independent external review of LifeNet. This independent process provides verification to our stakeholders that quality care is being provided to the community.

As an Arkansas not for profit corporation, LifeNet affairs are managed by a 15 member Board of Directors.

Directors exercise ordinary business judgment in managing the affairs of LifeNet. In acting in their official capacity, Directors approve the company's capital projects, budget, and strategic plan.

2021-2022 Board of Directors

Chair	Douglas Major, Ed.D. (Stillwater, OK)
Vice Chair	Brad Thomas (Texarkana, AR)
Directors	Buddy Allen (Texarkana, AR)
.....	Charissa Barnes (Texarkana, TX)
.....	Glen Boles (Texarkana, TX)
.....	Karolyn Frankhouser (Hot Springs, AR)
.....	Thomas Gilbert, FACHE (Texarkana, TX)
.....	Prissy Hickerson (Texarkana, AR)
.....	Diane LaFollette (Hot Springs, AR)
.....	Chuck Launius (Hot Springs, AR)
.....	Robert McGinnis, M.D. (Texarkana, TX)
.....	Clay Roberts (Texarkana, AR)
.....	Harvey Shelton (Hot Springs Village, AR)
.....	Lester Smith (Texarkana, TX)
.....	Louise Thornell (Texarkana, AR)

Officers of the Corporation

President	David Baumgardner
Treasurer/Secretary.....	Shannon Oestmann

Key Management

Chief Executive Officer	David Baumgardner
Director of Operations	Darren Higgs
Director of Information Technology.....	David Wilder
Director of Marketing & PR.....	Tina Bell
Performance Improvement Manager.....	Jarrod Nall
Communications Center Manager.....	Dave Dutton
Medical Director.....	Matt Young, M.D.

OUTCOMES

Nature of Complaints

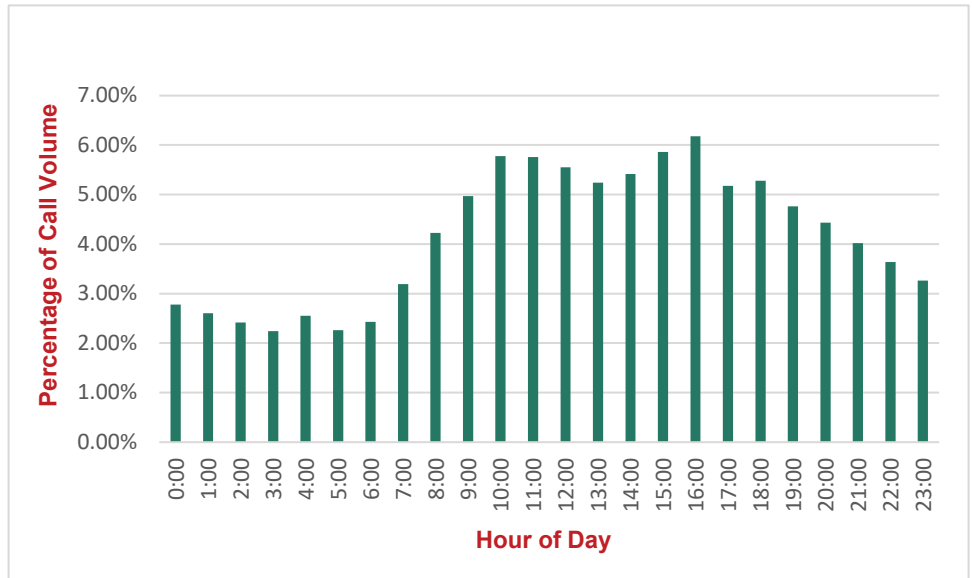
The majority of ambulance transports can be grouped into “medical” and “trauma”. Of the medical complaints, breathing related, sick person, and chest pain were the three leading reasons for ambulance service.

Cardiovascular related emergencies resulted in 20.30% of the requests for ambulance service. Included in these types of complaints are individuals with chest pain, suffering a CVA or Stroke, cardiac arrest, and heart problems. Breathing problems accounted for 18.6% of the transports.

Nature of Calls	Station 1	Station 2	Station 3	Station 4	Station 5	Total
Abdominal Pain / Problems	1.80%	2.96%	2.77%	3.02%	3.00%	2.67%
Allergies / Envenomations	0.56%	0.54%	0.55%	0.55%	1.20%	0.64%
Animal Bites / Attacks	0.45%	0.07%	0.18%	0.00%	0.00%	0.16%
Assault / Sexual Assault	2.59%	3.30%	3.51%	1.92%	2.60%	2.94%
Back Pain	0.56%	0.61%	1.11%	0.27%	0.40%	0.61%
Breathing Problems	21.37%	18.33%	18.27%	17.58%	15.60%	18.60%
Burns / Explosion	0.45%	0.20%	1.29%	0.55%	0.20%	0.45%
Carbon Monoxide/Inhalation/HazMat/CBRN	0.11%	0.40%	0.18%	0.27%	0.00%	0.24%
Cardiac or Resp Arrest / Death	3.15%	2.09%	2.58%	3.85%	1.80%	2.54%
Chest Pain	13.84%	9.77%	10.52%	12.91%	8.20%	10.93%
Choking	0.90%	0.20%	0.37%	0.27%	0.60%	0.45%
Convulsions/Seizures	4.39%	5.05%	5.90%	2.75%	3.80%	4.63%
Diabetic Problems	2.25%	1.62%	5.35%	1.92%	2.40%	2.43%
Eye Problems/Injuries	0.00%	0.00%	0.18%	0.00%	0.20%	0.05%
Fall(s)	9.34%	9.70%	7.20%	7.14%	9.40%	8.97%
Headache	0.22%	0.88%	0.74%	0.55%	1.20%	0.71%
Heart Problems/AICD	0.90%	1.75%	2.58%	3.85%	2.20%	1.93%
Heat/Cold Exposure	0.22%	0.07%	0.37%	0.27%	0.00%	0.16%
Hemorrhage/Lacerations	3.04%	4.92%	2.77%	1.37%	3.20%	3.60%
Inaccessible Incident/Other Entrapments	0.00%	0.34%	0.00%	0.00%	0.00%	0.13%
Overdose/Poisoning	1.24%	2.49%	2.95%	0.82%	2.80%	2.14%
Pandemic / Epidemic / Outbreak	0.45%	2.02%	1.48%	1.37%	0.60%	1.32%
Pregnancy/Childbirth/Miscarriage	0.56%	1.35%	0.74%	3.30%	1.00%	1.22%
Psychiatric/Abnormal Behavior/Suicide Attempt	4.27%	5.26%	7.38%	2.20%	6.80%	5.24%
Psychiatric/Suicide Attempt	0.11%	0.00%	0.00%	0.00%	0.00%	0.03%
Sick Person	14.85%	11.25%	10.52%	13.46%	12.20%	12.33%
Stab / Gunshot / Penetrating Trauma	1.01%	0.81%	0.00%	0.55%	0.20%	0.64%
Stroke/CVA	4.27%	4.72%	4.80%	6.04%	5.80%	4.90%
Traffic/Transportation Incidents	6.75%	8.22%	4.80%	11.54%	12.80%	8.31%
Traumatic Injuries	0.34%	1.08%	0.92%	1.65%	1.80%	1.03%
Unconscious/Fainting	9.56%	8.49%	7.75%	13.19%	9.80%	9.26%
Unknown Problem	8.66%	7.01%	6.27%	6.04%	8.40%	7.38%

Hour of Day

The busiest hours for responses are 3:00 p.m. and 4:00 p.m., while the slowest hours for responses are 3:00 a.m. and 5:00 a.m.



2020 System Wide SCA Statistics



1186

Non-Traumatic SCA events LifeNet responded to in 2020



40%

LifeNet attempted ALS resuscitation on 470 SCA patients



60%

LifeNet transported 281 SCA patients to the hospital



40%

189 resuscitation attempts ended in field terminations



15%

70 SCA patients survived to hospital discharge



8-10%

National average of patients surviving to discharge



33%

LifeNet's Witnessed V-Fib survival percentage

Sudden Cardiac Arrest Survivor Data

Sudden Cardiac Arrest (SCA) is one of the leading causes of death and a major public health problem in the United States. Since 2005, LifeNet, Inc. has used the Utstein Style to measure and report on cardiac arrest data. As part of this process, LifeNet clinical staff review and report on every adult SCA patient whose arrest is deemed to be of a medical (non-traumatic) origin.

Patients experiencing SCA fall into two categories: Witnessed SCA and Not-Witnessed SCA. Patients who have an SCA event that is witnessed by another person generally have the best chance of survival because someone is present to activate EMS, thus beginning the steps in the "Chain of Survival".

Once a LifeNet medical crew makes contact with an SCA victim, they must determine if the patient has any reasonable chance of survival. When the paramedics determine a patient may have a chance to survive, and that no obvious reasons to withhold treatment are present, they initiate an aggressive resuscitation attempt. This includes cardiopulmonary resuscitation (CPR) in which artificial ventilation and external chest compressions are performed. In addition, paramedics establish intra-venous and/or intra-osseous access and administer medications and manually defibrillate when necessary to attempt to stimulate the heart and achieve a return of spontaneous circulation (ROSC). Generally, patients who achieve ROSC are transported to the emergency department for further resuscitation and care. Patients who do not respond to pre-hospital resuscitative efforts are considered to be deceased and documented as a field termination.

In 2020, paramedics throughout LifeNet's service areas responded to 1,186 non-traumatic SCA events. ALS resuscitation was attempted on 470 (40%) of those SCA events. Of the 470 resuscitation attempts, 281 patients (60%) were transported to the hospital, while 189 resuscitation attempts (40%) ended with field terminations. There were 70 patients (15%) who survived to hospital discharge. The national average in this overall survival category is 8% - 10%.

In the Texarkana Division, resuscitation was attempted on 191 of the 546 patients who suffered SCA. These attempts include 107 transports and 84 field terminations. There were a total of 72 patients who had ROSC while 30 patients survived to discharge for a survival of 16%.

System-Wide SCA Results by Year

Criteria	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Non-Traumatic SCD	447	610	610	641	690	622	745	825	801	913	846	918	947	929	1186
Resuscitations NOT Attempted	261	388	403	446	473	436	494	529	520	593	532	539	567	517	716
	58%	64%	66%	70%	68%	70%	66%	64%	65%	65%	63%	59%	60%	56%	60%
Resuscitations Attempted	186	222	207	195	217	186	251	296	281	320	314	379	380	412	470
	42%	36%	34%	30%	31%	30%	34%	36%	35%	35%	37%	41%	40%	44%	40%
Resuscitation Attempts Transported to ED	131	154	155	141	147	131	175	206	188	211	211	228	231	251	281
	70%	69%	75%	72%	68%	70%	70%	70%	67%	66%	67%	60%	61%	61%	60%
Resuscitation Attempts that ended in Field Termination	55	68	52	54	70	55	76	90	93	109	103	151	149	161	189
	30%	31%	25%	28%	33%	70%	30%	30%	33%	34%	33%	40%	39%	39%	40%
Resuscitation Attempts that achieved ROSC	47	67	85	75	84	70	107	116	111	132	131	130	146	150	160
	25%	30%	41%	38%	39%	38%	43%	39%	40%	41%	42%	34%	38%	36%	35%

SCA Disposition 2020 by Division

Criteria	Hot Springs	Texarkana	Stillwater	Denison	System
Total Patients Recorded	435	546	100	105	1186
Total DOS	256	355	40	65	716
Total Resuscitations Attempted	179	191	60	40	470
Transported to ED	120	107	28	26	281
Total Field Terminations	59	84	32	14	189
Total Patients with ROSC	58	72	19	11	160
Survived to Discharge	23	30	12	5	70
Pct Survived to Discharge	13%	16%	20%	13%	15%

System-Wide Witnessed V-Fib Survival Percentages

Service Area	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Texarkana, USA	27%	20%	33%	17%	28%	29%	42%	32%	21%	38%	32%	38%
Hot Springs, AR	23%	22%	40%	27%	57%	50%	47%	27%	22%	46%	32%	25%
Texarkana Division	21%	20%	29%	24%	27%	40%	31%	30%	19%	33%	29%	34%
Hot Springs Division	16%	20%	28%	27%	45%	40%	39%	41%	25%	29%	32%	19%
Payne County Division	n/a	n/a	n/a	50%	27%	50%	0%	57%	50%	8%	33%	83%
Denison, TX	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	29%
LifeNet System	20%	20%	28%	27%	34%	41%	23%	36%	25%	28%	32%	33%

Neurological Outcome Results by Division

Criteria	Hot Springs	Texarkana	Stillwater	Denison	System
Total Patients Recorded	435	546	100	105	1186
Total Resuscitations Attempted	179	191	60	40	470
Total Discharged from Hospital	23*	30	12	5	70*
Good Neurological Outcome	11	21	10	4	46
Fair Neurological Outcome	7	3	0	1	11
Poor Neurological Outcome	4	6	2	0	12

*= unknown neurological outcome

● Good Neurological Outcome

Indicates the patient returned to pre-arrest function with minor or no deficits.

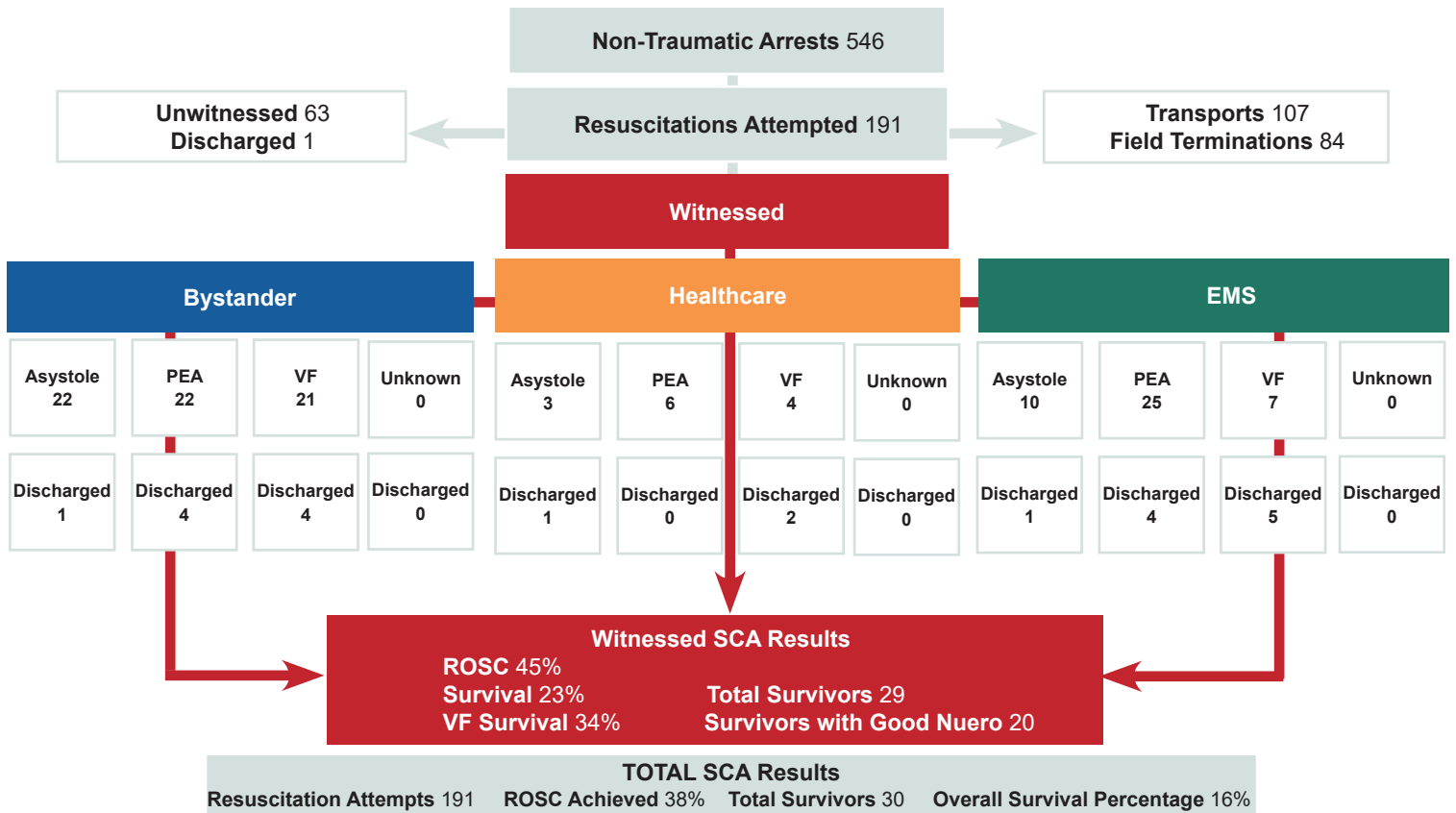
● Fair Neurological Outcome

Indicates the patient has some significant disabilities as a result of the SCA event.

● Poor Neurological Outcome

Indicates that the patient is neurologically devastated as a result of the SCA event.

Texarkana Division (Adult - Medical) 2020 SCA Results



2020 Sudden Cardiac Arrests

123

of SCA Victims in Texarkana, AR

11

of Patients Who Survived to Discharge in Texarkana, AR

51

of Resuscitation Attempts in Texarkana, AR

17

% of Patients Who Survived to Discharge in Texarkana, AR

ROSC Systemwide

Return of Spontaneous Circulation (ROSC) occurred in 180 patients (35%). ROSC is resumption of sustained, perfusing cardiac activity after cardiac arrest. Signs of ROSC include breathing, coughing, or movement and a palpable pulse or a measurable blood pressure.

LifeNet measures and reports its survival percentage based on all cardiac arrests. Other systems measure and report their survival percentage based only on “witnessed - v-fib” arrests. Using this format, LifeNet’s 2020 survival percentage was 33%. In comparison, Seattle, Washington, where CPR training is widespread and EMS response and

time to defibrillation is short, the survival rate for witnessed VF cardiac arrest is about 50 percent. In New York City, where few victims receive bystander CPR and time to EMS response and defibrillation is longer, survival from sudden VF cardiac arrest averages 1–2 percent.

Of the 1,186 SCA events in 2020, 767 were not witnessed, while 419 were witnessed. Of the witnessed events, 217 were witnessed by a family member, 37 by a layperson bystander, and 63 by another healthcare provider. In 102 of the SCA events, EMS was on scene prior to the arrest and witnessed the event. In 64 of the SCA events, EMS was on scene prior to the arrest and witnessed the event.

IN-SERVICE TRAINING

ACLS

Advanced Cardiac Life Support (ACLS) is an American Heart Association course required by state EMS licensing agencies. LifeNet held 6 ACLS classes in FY2021.

AMLS

Advanced Medical Life Support (AMLS) is a specialized, scenario based course focused on disease processes of adult medical situations. LifeNet held 3 AMLS classes in FY2021.

ASLS

Advanced Stroke Life Support (ASLS) focuses on the five major stroke syndromes and symptoms and exceeds initial stroke education. LifeNet held 3 ASLS classes in FY2021.

BLS

Basic Cardiac Life Support (BLS) is an American Heart Association course required by state EMS licensing agencies. LifeNet held 6 BLS classes in FY2021.

GEMS

Geriatric Education for EMS (GEMS) is a course focused on providing care to geriatric patients. LifeNet held 3 GEMS classes in FY2021.

ITLS

International Trauma Life Support (ITLS) is two day course on traumatic injuries and care of moribund trauma. LifeNet held 3 ITLS classes in FY2021.

PEPP

Pediatric Education for the Prehospital Provider (PEPP) is a 16 hour American Academy of Pediatrics course. LifeNet held 3 PEPP classes in FY2021.

CE MANDATORY

Mandatory Continuing Education (CE) focused on the Traffic Incident Management System Course. LifeNet held 2 mandatory CE class in FY2021.



Acute Coronary Syndromes & 12-Lead Interpretation

Jarrold Nall, Clinical Manager for LifeNet in Texarkana, was named the Southwest Arkansas Regional Coordinator for this course. Bruce Townsend, LifeNet paramedic and FTO, was named an instructor for this course. Upon earning their instructor certifications, the duo was able to offer this course once during Fiscal Year 2021 at LifeNet.

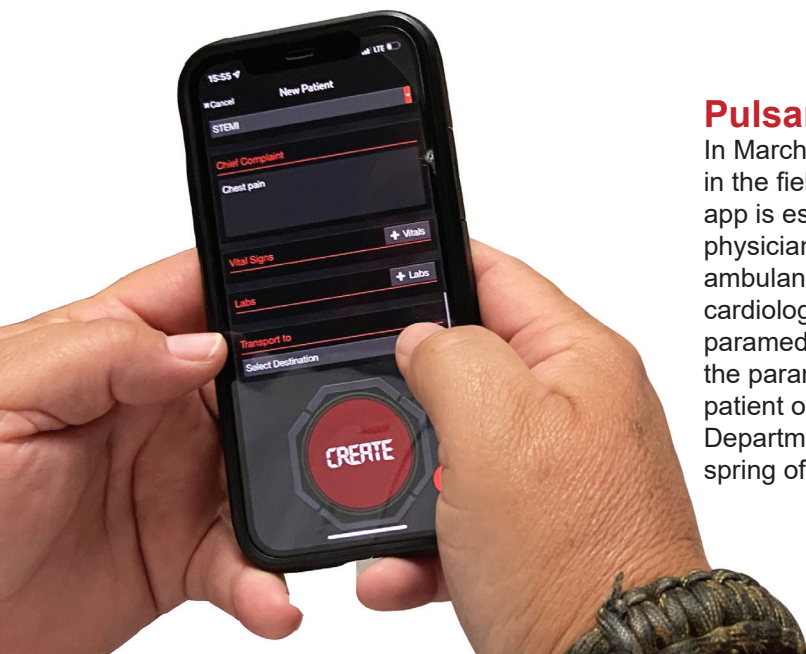
This course teaches providers a rapid and systematic approach to the prehospital evaluation and management of patients with acute coronary syndromes (ACS). Pathophysiology, clinical assessment, 12-lead ECG performance and interpretation, indications and contraindications for reperfusion therapy, and field treatment are reviewed. This course emphasizes the standard of care as outlined in guidelines from the American College of Cardiology and the American Heart Association. The course combines hands-on ECG performance, case-based workshops, interactive training scenarios, and the presentation of heart and lung auscultatory findings in ACS patients.

ENHANCEMENTS

Fleet Enhancements

LifeNet added three new Frazer ambulances to the fleet in FY 2021 and retired some older units. Currently there are 30 ambulances available to service the Texarkana Division. Additionally, LifeNet purchased a new van in FY 2021 to facilitate behavioral patient transports.

The fleet department also upgrade their equipment with the addition of the BG PXT Transmission Flush Machine and the Maximus 3.0 Diagnostic Scan Tool. The PG PXT machine makes it easier and quicker to perform transmission fluid services. The Maximus scan tool was designed to save time and make it easier to fix vehicles. The tablet provides a data sampling feature, so the technician can quickly compare the vehicle's readings against the optimal levels for that vehicle.



Pulsara

In March, LifeNet started utilizing the Pulsara App to allow paramedics in the field to communicate directly with the ER team on patients. This app is especially useful for Stroke and STEMI patients, as it gives the physicians real-time notice of what is going on with the patient as the ambulance is en route to the hospital. The app can send an EKG to a cardiologist at home. If the cardiologist has questions, (s)he can ask the paramedic via the app. The app also allows video conferencing between the paramedics and hospital, ETA alerts, time stamps, and notifications of patient outcomes. The app is funded through a grant from the Arkansas Department of Health. Both area hospitals began using Pulsara in the spring of 2021.



McGrath Video Laryngoscopes

LifeNet has purchased McGrath video laryngoscopes for all advanced life support (ALS) ambulances. Each device has a camera at the end of the blade and a video screen attached to the handle. This allows providers to see and confirm placement of an endotracheal tube during intubation. The video laryngoscope has shown to have higher first attempt intubation success rates, especially in difficult scenarios.

Endotracheal intubation is a medical procedure in which an endotracheal tube is placed into the trachea to secure an airway and provide ventilatory support for patients with inadequate or absent respiratory effort.

This procedure requires direct visualization of the vocal cords and placement of an endotracheal tube using a device called a laryngoscope. A laryngoscope consists of a handle with a long blade extending at a 90-degree angle with a light on the end of the blade.

The laryngoscope is placed in the patient's mouth and slowly advanced until the vocal cords are seen. Once the vocal cords are located, the endotracheal tube is passed between the cords and into the trachea. Once the tube is placed in the correct position, a balloon at the end of the tube is inflated with air to seal the tube. After proper placement is confirmed, the patient is then ventilated with a bag valve mask or mechanical ventilator.



Accelerated Paramedic Class

In the fall of 2020, LifeNet partnered with Texarkana College to create an Accelerated Paramedic Class. As part of the partnership, LifeNet recruited Blaine Jones to serve as the EMS Program Director for the college and oversee the new program.

Blaine has a Bachelor's Degree in Applied Arts and Sciences from Texas A&M University-Commerce and an extensive background in EMS education. For more than nine years, Blaine served as the EMS Education Coordinator for Paris Junior College. Prior to coming to LifeNet, Blaine worked as a member of the EMS Education Faculty team at Collin College in McKinney, Texas, where he helped lead the schools Accelerated Paramedic Program for area agencies. Blaine's track record for first-time pass rates on the National Registry Exam has historically been above 90%.

The first Accelerated Paramedic Class at Texarkana College had four LifeNet EMTs from Texarkana enrolled. The students were paid to go to school full-time for seven months. A "traditional" paramedic class sees EMTs in school for 12-months while also working full-time as EMTs on an ambulance. The second Accelerated Paramedic Class at Texarkana College started in August and currently has three LifeNet EMTs from Texarkana enrolled.

Enhanced Paramedic Class Reimbursement

In the fall of 2021, LifeNet restructured our tuition reimbursement program to help alleviate some of the roadblocks EMTs were facing going to paramedic school. First, we offered to reimburse the cost for all expenses upfront. Second, we opened the program to all full-time EMTs at LifeNet and waived the six-month waiting requirement to utilize tuition reimbursement. Third, we offered to find shift coverage for them one day a week while they attend paramedic school and still pay them their wages for that day. Finally, we offered a \$2000 bonus to all EMTs who complete paramedic school through the program and then go on to pass the National Registry Exam.

Communication in the Workplace Training

In April of 2021, LifeNet rolled out a new training class for all billing office staff and all system status controllers entitled, "Improving Communication in the Workplace". Designed to help team members understand how different personalities have different strengths and weaknesses, the class was a catalyst to improving the training and on boarding process in both departments. Through the class, attendees were taught how to adjust the way they communicate with different personality types in order to achieve better, more effective results.

Communications Center Training Coordinator

In July of 2021, LifeNet added a new Communications QI and Training Coordinator position to the leadership team for its Texarkana Communications Center. This new position was designed to improve the training, quality improvement, and quality assurance programs in our dispatch center. The position is responsible for planning, implementing, and coordinating initial orientation and initial and ongoing training of all system status controllers. The position also performs audits and evaluations of employee performance to determine opportunities for individual improvements and engineer solutions to system deficiencies.



STAR OF LIFE

Stacy Himes, System Status Controller

Stacey Himes was named the 2021 Star of Life for LifeNet, Inc. in Texarkana.

From an early age, Himes knew she wanted to work in the medical field, but a personal tragedy in high school led her to an EMS career.

"I lived two blocks from the fire station, and I watched those guys all the time. On my 16th birthday, my best friend was killed in a car wreck. I was planning to be a nurse, but after that, I felt nursing was probably not where I needed to be. I needed to be out there with those guys on the ambulance taking care of people," Himes said, recalling how she got started in EMS in the early 90's.

During her senior year at Atlanta High School, Himes earned her EMT certification and volunteered for the Atlanta Texas Fire Department. During that time, she also earned her paramedic certification, and in 1994, she hired on with LifeNet.

"My favorite calls in the world were taking grandma home. I made sure she got comfy and had everything she needed before I left that room. I want people treated like they're my grandma," Himes said.

During her early years working in the field, Himes taught classes to area first responders. She also responded to a wreck that sparked LifeNet's community education initiative in the 90's to hold Operation Prom Nights, where she served as part of the PR event team taking the educational program to schools across LifeNet's service area teaching students about the dangers of drinking and driving.

After she became a mother, Himes needed to adjust her career schedule to balance work and home. That adjustment saw her move into LifeNet's communications center as a part-time systems status controller (SSC) in 2000. Three years later, she accepted a full-time role in dispatch, bringing the same level of compassion and patient care she was known for in the field to the patients she now helped over the phone. "On the streets, I loved getting to put a smile on my patient's face. You never knew when it was going to be the last one.

Going into the comm-center was a little bit different. I can't go out there and touch the patient, but I can tell someone how to take care of the patient," Himes said. "In rural areas, I may have a patient on the phone for 20 minutes or longer. They start the call with me scared and alone. I stay on the phone and comfort them. I tell them, 'I'm going to be right here with you, and I'm not going to leave you.' Through the phone, I'm

able to hold their hand until the ambulance gets there. By that time, I often have them laughing instead of scared." In 2005, Stacy's husband, Larry, took a job in Cleveland, Ohio, and she left LifeNet. Five years later, she returned to the area and joined the LifeNet family again as an SSC. Since then, she has held various leadership roles, including a lead and a communications training officer.

"I like training new people. It's furthering my legacy. At one time I helped the patient in the field. Then I was able to get on the phone and help. Now I can say I've taught somebody how to tell somebody how to save a life on the phone. It's another level of reward," Himes said. "I tell new employees they are lucky. They get paid to help people. I tell them to sit back and enjoy their job being able to take care of the patients. It is rewarding being able to help people in a situation they wish they never would have been in."

Stacey was nominated for Star of Life by her peers and selected by a committee of former Stars of Life at LifeNet, Inc. Some of the words written in her nominations included:

- "She is always pleasant on the radio, very helpful answering questions, has an excellent work ethic, and goes out of her way to make the street crew's job easier."
- "She is constantly looking for ways to improve education to train new employees. She is someone I can call and know I will get the help I need."
- "She gives 110% and is constantly thinking of and executing ways to boost morale. Whether it is letting someone know they are doing a good job, encouraging them, taking on tasks to help, covering shifts, or checking on someone who is sick. She is such a selfless person and is constantly thinking of how to bring a smile to others."
- "Most of us lose sight of why we chose this line of work, but Stacey doesn't. No matter how hard it can be, Stacey remains dedicated to her job. She encourages others when they are struggling, and she lends a hand when needed."
- "Stacey always goes out of her way to help others exceed. She's very thoughtful and has brought ideas to make dispatching easier to learn. She's been through a lot, but she still manages to put others before her."
- "She is the one everyone goes to with questions or concerns, and she is the best trainer this company has for dispatch. She cares for our patients and strives to be the best. She tries to bring us all together." When Stacey isn't working at LifeNet, she enjoys spending time with her husband, two daughters, and her grandbaby.



RESPONSE TIMES

About Response Times

“Response time” is defined as the interval between the moment that the callback number, location, and priority determination/chief complaint are first made known to LifeNet’s dispatch center (Clock Start) and the moment the first ambulance arrives At Accident Incident Location (Clock End). All response times are measured in seconds, not whole minutes.

System Status Management

Using system status management, LifeNet aligns the locations of available Texarkana ambulances to best serve the population and meet response time criteria. We use three physical locations to stage ambulances between calls to best serve customers within the city limits of Texarkana, Arkansas.

Call Classification

The applicable standard for response time measurement is based on each request’s presumptive run code classification (“Emergency Response” or “Immediate Response”) as established at the time the call is dispatched. Dispatchers are trained in the use of correctly employing Medical Priority Dispatch Protocols proposed by the Medical Director. (*Retrospective classification of*

priority code does not affect measurement of response time compliance.)

Response Time Calculations

LifeNet maintains staffing mechanisms to increase capacity should temporary system overload persist. From time to time, however, unusual factors beyond LifeNet’s reasonable control affect the achievement of the specified response time standards. For purposes of determining compliance with the response time standards, every request for ambulance service originating within the City is counted, except as follows:

- Responses not resulting in patient contact, unless the call was canceled by the caller after expiration of the applicable response time standard, and
- Responses occurring during a period of severe weather conditions, such that response time compliance is either impossible or could be achieved only at a greater risk to EMS personnel or the public than would result from delayed response; and
- Requests during a disaster, locally or in a neighboring jurisdiction (in accordance with an approved mutual aid agreement), in which the City and/or LifeNet are rendering assistance, in each case declared by the City Manager or his designee (either at or after the time of service).

Response Time Definitions



Clock Start

Emergency response times shall be measured via the CAD System from the moment of receipt at LifeNet Communications Center of the 911 data transmission (i.e., location, callback number and priority determination/chief complaint), or, in the case of 7-digit access, the receipt of location, callback number and priority determination/ chief complaint. In situations where the determination of the priority and chief complaint exceeds 120 seconds, the clock will have considered started at the moment that the callback number and location are first made known.



Clock End

As a general rule for all types of calls, the response time clock shall be stopped upon Arrival At Incident Location of the first arriving ALS ambulance. In instances when the ambulance fails to report their Arrival At Incident Location, the time of the next communication with that ambulance will be used as the Arrival At Incident Location time. However, LifeNet may appeal such instances when it can document the actual arrival time through another means, including First Responder reports or communications tapes.



No other causes of late response (equipment failures, traffic congestion, and vehicular accident regardless of origin, ambulance failures, dispatch errors, or inability to staff units) can serve to justify exemption from response time requirements. The City acknowledges in our agreement that not all requests for ambulance service require lights and sirens. To avoid the unnecessary use of lights and sirens response, LifeNet uses MPDS to classify calls.

Response Time Audit Trail

LifeNet maintains a system to ensure a complete audit trail is available for all response times. Responses are reviewed each month to determine compliance and the records are available for review by the City.

Upgrades, Downgrades and Reassignments

From time to time, special circumstances may cause changes in priority determination.

Upgrades

Example: From Immediate Response to Emergency Response
If a response is upgraded prior to arrival at the incident location, LifeNet's compliance will be calculated based on the shorter of time elapsed from call receipt to time of upgrade, plus the higher response time standard or the lower response time standard.

Downgrades

Example: From Emergency Response to Immediate Response

If a response is downgraded prior to arrival at the incident location, LifeNet's compliance and penalties will be calculated based on the time of receipt of the downgrade as follows:

- If the response is downgraded after the original response time standard (i.e., Emergency Response) has elapsed, the response will be recorded as a late emergency response, or if the response is downgraded before the original response time standard has elapsed, the lower priority response time standard (i.e., Immediate Response) will be applicable.
- All downgrades will be subject to protocols developed by the Medical Director. No 911 emergency call may be downgraded to a priority lower than Immediate.

Reassignment Enroute

Example: Dispatched unit sent to respond to a higher priority request

If an ambulance is reassigned enroute prior to arrival at the incident location, LifeNet's compliance will be calculated based on the response time standard applicable to the assigned priority of the initial response. The response time clock will not stop until the arrival at the incident location on the scene from which the ambulance was diverted.

Classifications

The City designates two response time compliance classifications with specified response times. The designation of an assignment is accomplished by presumptive prioritization in accordance with protocols.

LifeNet is deemed to be in compliance if 90% or more of all responses measured monthly meet the specified response time criteria.



Classification: Emergency
Standard: 08:59 (minutes/seconds)



Classification: Non-Emergency
Standard: 19:59 (minutes/seconds)

**Texarkana, Arkansas
Ambulance Staging Areas:**

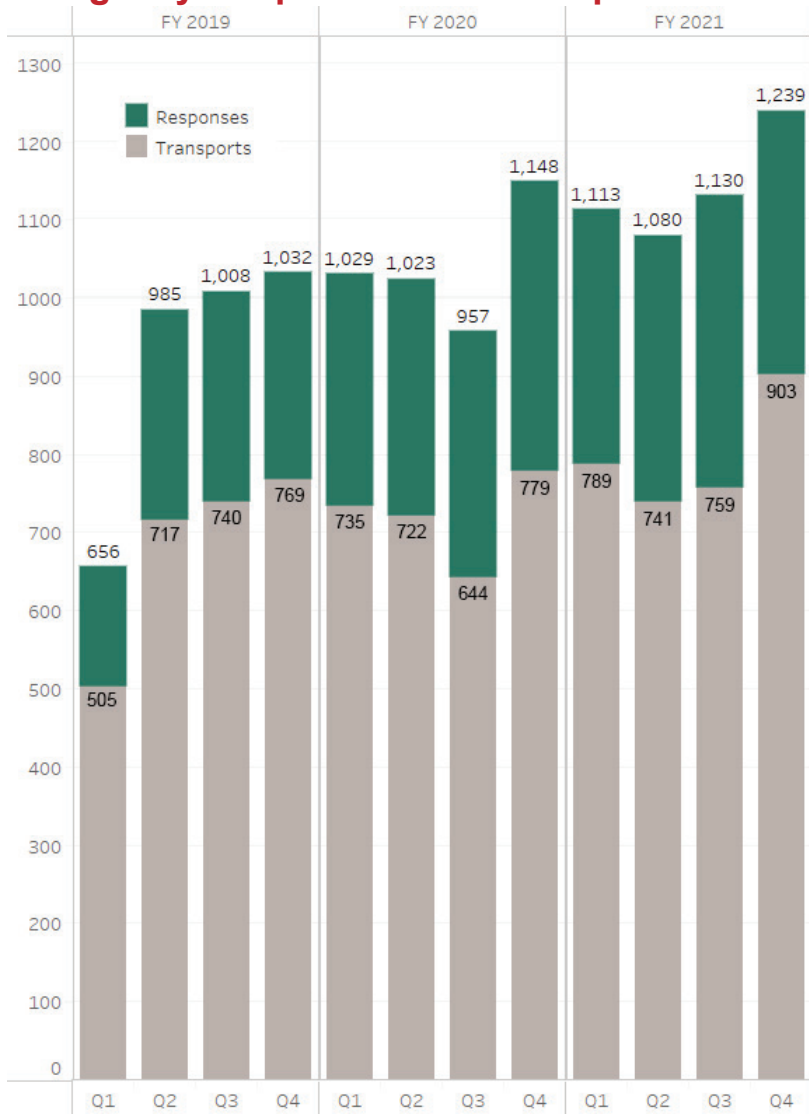
- 5000 Block of N. State Line
- East 9th Street and Loop 245
- 222 East 7th Street*

*Two ambulances stage at this central location when available

Full hospitals in Arkansas lead to delayed EMS response times state-wide



3 Year Trend Emergency Responses and Transports



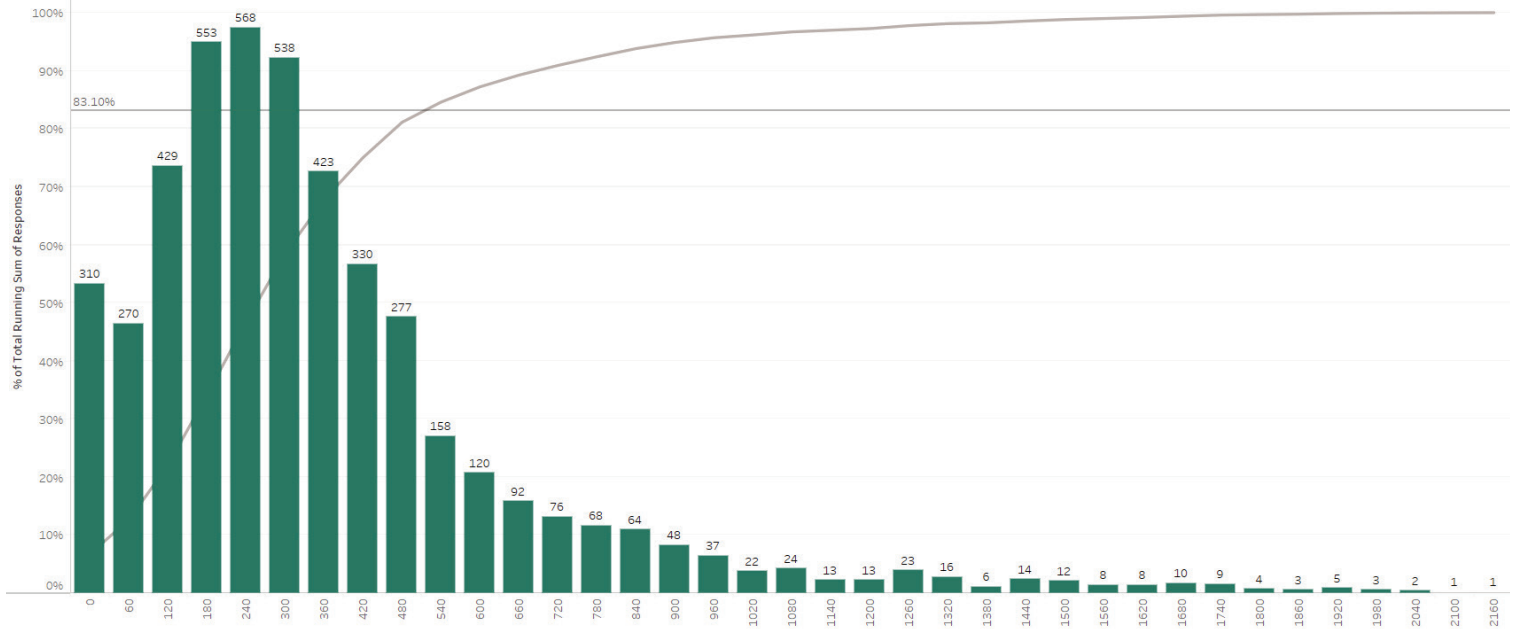
Emergency Response by TAFD Zone

	Late	Responses	Compliance
Station 1	182	1099	85.5%
Station 2	244	1767	87.8%
Station 3	175	633	74.4%
Station 4	130	454	73.6%
Station 5	127	609	80.7%
Totals	858	4562	83.1%

Emergency Response by Month

	Responses	Late	Compliance
October 2020	378	46	87.8%
November 2020	334	44	87.1%
December 2020	401	60	85.0%
January 2021	348	62	86.4%
February 2021	332	82	85.3%
March 2021	400	70	82.9%
April 2021	346	55	86.4%
May 2021	404	74	85.1%
June 2021	380	58	86.1%
July 2021	420	85	80.3%
August 2021	437	111	76.3%
September 2021	382	111	70.9%
Totals	4562	858	83.1%

Response Times in Seconds



Hospital Bed Availability

Two primary reasons for delayed response times during fiscal year 2021 had to do with an increased call volume for emergency medical service and a decrease in bed availability at area hospitals. As hospitals have struggled to find places to put patients, ambulance crews have faced an increased amount of time left waiting at the hospitals to

drop off patients before being able to respond to additional calls. LifeNet's average time to drop off a patient at the hospital usually trends around 20 minutes (as indicated below by the gray line for "Bed Availability"). During Fiscal Year 21, our average time waiting to offload a patient at both area hospitals far exceeded 20 minutes every month.



DISPATCH PERFORMANCE

Determining Compliance

There are general EMD performance standards that apply throughout the call-taking process. Within these general standards there are specific standards for each phase of the call-taking process, including things like case entry, key questions, PDI and PAI.

Each call is reviewed for compliance to the standards. Depending on how many and what severity of deviations are present, the call is determined to be in “High Compliance, Compliant, Partial Compliance, Low Compliance, or Non-Compliance”.

LifeNet’s compliance is calculated by determining the percentage of the calls that fall into each of the various levels of compliance. LifeNet uses AQUA software that automatically determines the compliance level for any combination of deviations.

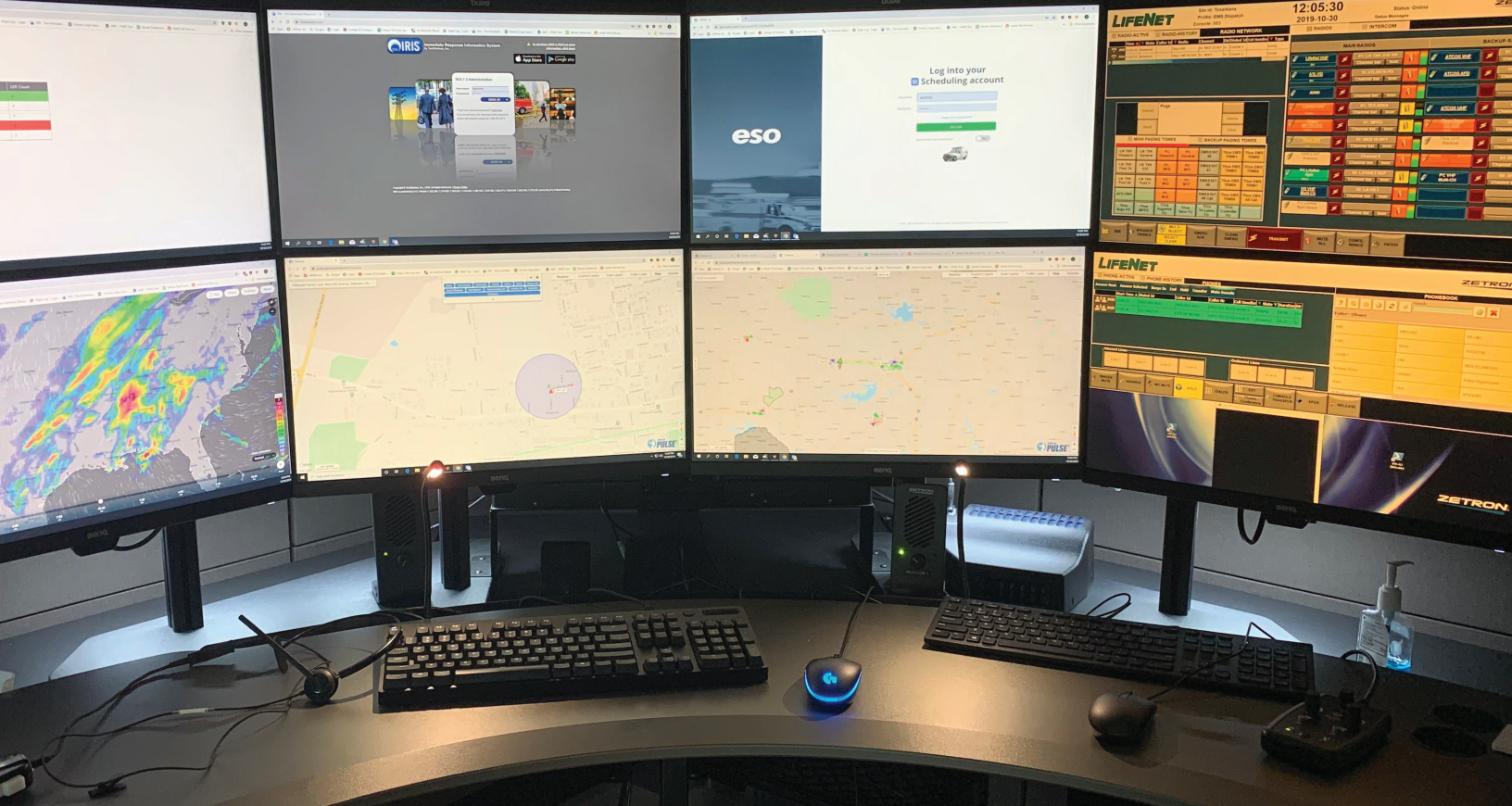
Monthly Protocol Compliance

IAEMD Ace Standards	High Compliance N/A	Compliant N/A	Partial Compliance <= 10%	Low Compliance <= 10%	Non Compliant <= 7%	Critical <= 3%	Major <= 3%	Moderate <= 3%	Minor <= 3%	#Cases Reviewed 25/Week 1300/Year
Oct-20	85	7	3	1	4	0.14	0.23	0.17	0.32	110
Nov-20	89	4	5	0	2	0.09	0.31	0.07	0.11	121
Dec-20	93	4	3	0	0	0	0.17	0.06	0.1	98
Jan-21	72	10	9	2	7	0.62	0.79	0.36	0.16	110
Feb-21	79	11	5	1	4	0.22	0.33	0.33	0.09	98
Mar-21	89	7	3	0	2	0.09	0.13	0.17	0.07	118
Apr-21	81	9	5	2	3	0.16	0.36	0.29	0.13	100
May-21	86	10	2	2	0	0	0.2	0.33	0.12	106
Jun-21	78	11	5	1	6	0.15	0.53	0.4	0.16	108
Jul-21	76	12	7	2	4	0.21	0.39	0.52	0.25	107
Aug-21	84	6	5	3	3	0.1	0.43	0.32	0.2	111
Sep-21	81	9	6	1	3	0.1	0.45	0.14	0.25	107

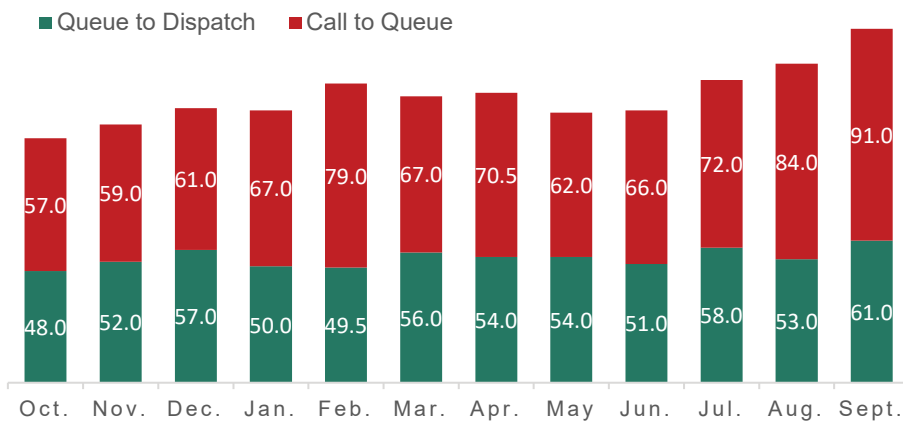
Medical Priority Dispatch System

LifeNet uses the Medical Priority Dispatch System (MPDS) to help assign the proper response to each call. MPDS uses algorithmic software that assesses emergency factors and recommends necessary resources to dispatchers.

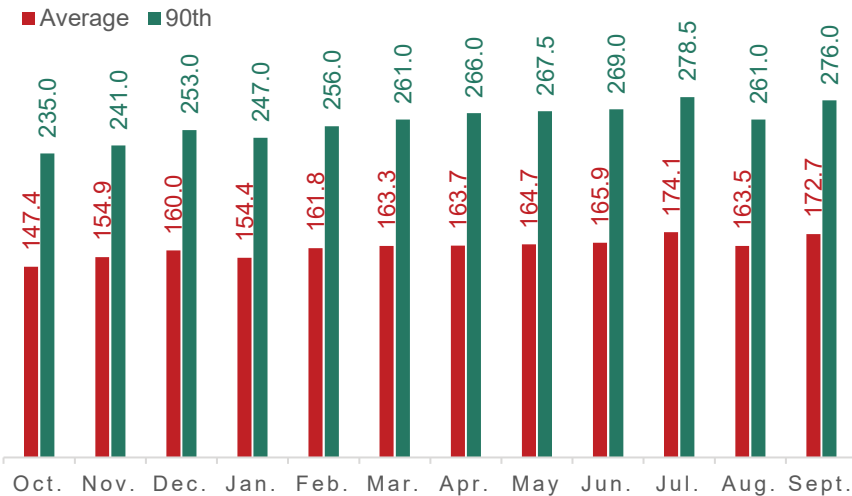
LifeNet’s Communication Center strives to meet certain EMD and Medical Priority Dispatch System performance standards as described in the manual EMD-Q Performance Standards 9b Edition (Standards) published in March 2017 by the International Academies of Emergency Dispatch.



Call to ProQA Deter



Call Processing Times 90th Percentile



The dispatcher was very nice and professional.

Survey Number:
38732



CUSTOMER SATISFACTION

EMS Survey Team

LifeNet utilizes an outside vendor, EMS Survey Team (EMSST), to conduct customer surveys. EMSST randomly selects patients from data provided by LifeNet. These patients are then mailed a single page survey form that asks for ratings and comments. Patients return the survey in the postage paid envelope and results are scanned and tabulated in a survey database. From these results, monthly statistical reports show numerically and graphically how our patients view key aspects of the service they received.

Survey Results by Category

Texarkana, USA	
Dispatch	93.65
Ambulance	92.94
Crew	94.12
Billing	91.52
Overall	92.61

Questions		Texarkana, USA	
Dispatch	Helpfulness of the person you called for ambulance service	93.14	
	Concern shown by the person you called for ambulance service	94.13	
	Extent to which you were told what to do until the ambulance arrived	93.68	
Ambulance	Extent to which the ambulance arrived in a timely manner	92.91	
	Cleanliness of the ambulance	95.70	
	Comfort of the ride	88.87	
	Skill of the person driving the ambulance	94.20	
	Care shown by the medics who arrived with the ambulance	92.66	
	Degree to which the medics took your problem seriously	92.67	
Crew	Degree to which the medics listened to you and/or your family	92.37	
	Skill of the medics	94.30	
	Extent to which the medics kept you informed about your treatment	91.51	
	Extent to which the medics included you in the treatment decisions	91.90	
	Degree to which the medics relieved your pain or discomfort	89.19	
	Medics' concern for your privacy	92.08	
	Extent to which medics cared for you as a person	92.52	
	Billing	Professionalism of the staff in our billing office	91.19
		Willingness of the staff in our billing office to address your concerns	91.86
	Overall	How well did our staff work together to care for you?	93.12
Extent to which our staff eased your entry into the medical system		92.76	
Appropriateness of Emergency Medical Transportation treatment		93.70	
Extent to which the services received were worth the fees		90.94	
Overall rating of the care provided by our Emergency Medical Transportation Service		92.37	
Likelihood of recommending this ambulance service to others		93.03	
Total Surveys Received		283	



Words from Our Patients



"They were kind, compassionate, and knowledgeable about what to do. One of them stayed with me until they got me into the CT scan room."

Run Number: 61421



"EMTs and dispatcher were very kind and professional."

Run Number: 38732



"I have used your ambulance service several times in the last few years and everyone has been great!"

Run Number: 63916



"It was my first time in an ambulance. They took really great care of me."

Run Number: 58724



"Could not ask for better service. They were professional, concerned, caring. They did what they were called to do. Thanks for your prompt and courteous service."

Run Number: 63400



"The ambulance arrived in four minutes! Wonderful! Great experience."

Run Number: 90489



"I am a 90 year old woman, and they took excellent care of me. The people on this EMS in this town are the best. They know exactly what to do."

Run Number: 72925



"They were excellent and kept my wife calm and informed."

Run Number: 64284



"Very polite, generous, and concerned about me as an individual."

Run Number: 71665



"Keep up the great work. The medics handled this case very well and were very kind."

Run Number: 42968



"They did everything right as far as I was concerned."

Run Number: 62744

COMMUNITY SERVICE

Community Events in Texarkana, USA for FY2021

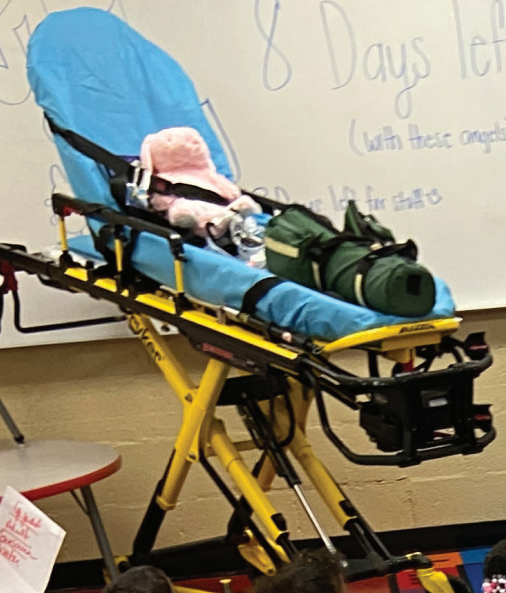
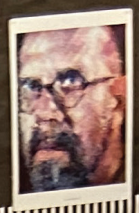
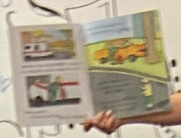
LifeNet is dedicated to providing community education throughout the greater Texarkana region. A large number of our community outreach events happen at area schools, at childcare centers, or at community events across Texarkana, USA. Due to COVID-19 regulations, many of the events we would have usually done in 2021 were cancelled.

Event Date	Event	City
February 4-5, 2021	Virtual Leap Career Expo for Area Junior High Students	Texarkana Area
March 10, 2021	Arkansas Star of Life Event, State Capitol	Texarkana Area
March 14, 2021	Arkansas Search & Rescue Conference: AR Class	State of Arkansas
April 6, 2021	Scout Pack 3 First Aid Badge	Texarkana, Texas
April 28, 2021	Redwater ISD Bystander CPR Class	Redwater, Texas
April 30, 2021	KPIG Interview 911 Education	Texarkana Area
May 6, 2021	Plesant Grove ISD Kindergarten Community Helper's Day	Texarkana, Texas
May 11, 2021	Liberty Eylau Early Childhood Center Community Helper's Day	Texarkana, Texas
May 20, 2021	EMS Week Lunch for Area First Responders	Texarkana Area
May 23, 2021	Flowers Acrews Baptist Church Bystander CPR Class	Texarkana, Texas
May 27, 2021	Northside Church Bystander CPR Class	Texarkana, Texas
June 10-12, 2021	Arkansas Fire Conference	State of Arkansas
June 26, 2021	Medical Standby Interfaith COVID Vaccine Clinic	Texarkana, Arkansas
June 29, 2021	TexAmericas Bystander CPR Class	Texarkana, Texas
July 14, 2021	Big Rig Takeover Texarkana Public Library	Texarkana, Texas
July 17, 2021	Medical Standby Interfaith COVID Vaccine Clinic	Texarkana, Arkansas





8 Days left
(with these angels) - K. Williams



LIFENET

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