

**MINUTES OF A SPECIAL MEETING  
OF THE BOARD OF DIRECTORS  
MONTGOMERY COUNTY HOSPITAL DISTRICT**

The special meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 4:00 p.m., March 14, 2017, in the Administrative offices of the Montgomery County Hospital District, 1400 South Loop 336 West, Conroe, Montgomery County, Texas

**1. Call to Order**

Meeting called to order at 4:00 p.m..

**2. Roll Call**

**Present**

Bob Bagley  
Chris Grice  
Mark Cole  
Kenn Fawn  
Sandy Wagner  
Georgette Whatley

**Not Present**

Brad Spratt

**3. Present, consider and take action if needed upon proposed Homestead Exemption presentation given by Ms. Tammy McRae, Montgomery County Tax Assessor Collector. (Mr. Grice, Chair – Finance Committee) (attached)**

Ms. Tammy McRae, Montgomery County Tax Assessor Collector gave a presentation to the board on proposed Homestead Exemption.

During board discussion Ms. Tammy McRae answered questions from board members.

Mr. Grice made a motion to approve a 20% homestead exemption rate. Mr. Bagley offered a second. After board discussion Mr. Grice withdrew his original motion.

Mr. Cole made a motion to amend original motion to \$75,000 for disabled. Mr. Grice offered a second. After board discussion motion passed five for (Mr. Bagley, Mr. Grice, Mr. Cole, Mr. Fawn and Ms. Whatley) to one opposed (Mrs. Wagner). After the vote Mr. Grice withdrew his motion and wanted the board to revote on a new motion.

Mr. Cole made a motion to amend original motion to 10% homestead exemption rate. Mr. Grice offered a second. After board discussion motion passed four for (Mr. Bagley, Mr. Grice, Mr. Cole and Mr. Fawn) to two opposed (Mrs. Wagner and Ms. Whatley). After the vote Mr. Grice withdrew his motion and wanted the board to revote on a new motion.

Mr. Grice made a new motion to accept a 10% homestead exemption rate and the \$75,000 for disabled. Mr. Bagley offered a second. After board discussion motion passed four for (Mr. Bagley, Mr. Grice, Mr. Cole and Mr. Fawn) to two opposed (Mrs. Wagner and Ms. Whatley).

Ms. Whatley advised for the record she was not opposed to the 10% homestead exemption rate but felt like it took her right away to be able to vote on the 20% Homestead Exemption which she wanted.

Mr. Cole made a motion to accept a 20% homestead exemption rate. Mr. Grice offered a second and the motion failed three for (Mr. Bagley, Mr. Grice and Ms. Whatley) to three opposed (Mr. Cole, Mr. Fawn and Mrs. Wagner).

The board requested staff to bring the homestead exemption back to the March regular board meeting along with additional information to include numbers also requested from Ms. Tammy McRae, Montgomery County Tax Assessor Collector.

**4. Discussion with MCHD board members on the tax rate over the next 5 years. (Mr. Grice, Chair – Finance Committee)**

Mr. Randy Johnson, CEO advised he would provide more information to the board at the March regular board meeting.

**5. Discussion with MCHD board members on assumptions related to five year plan. (Mr. Cole, Chair – PADCOM Committee) (attached)**

Mr. Randy Johnson, CEO made a presentation to the board.

*“Mr. Fawn requested a brief recess for the board at 5:32 p.m.”*

*“The board returned from recess at 5:41 p.m.. Mr. Fawn noted for the record that Ms. Whatley had left the board meeting.”*

**6. Discussion with MCHD board members on Community Paramedicine services over the next 5 years. (Mrs. Wagner, MCHD Representative to the Public Health Board) (attached)**

Mr. Randy Johnson, CEO made a presentation to the board.

*“Mr. Fawn requested agenda item’s 7 and 8 to be tabled for a future meeting”.*

**7. Presentation and discussion on Zoll RescueNet FireRMS Suite. (Mr. Bagley, Chair – EMS Committee) (attached)**

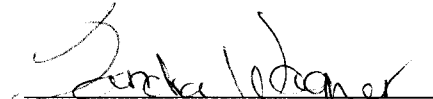
Agenda item tabled by Mr. Fawn

8. EMS Presentation of annual plans for 2017 from each department: (Mr. Bagley, Chair – EMS Committee) (attached)
- EMS Operations
  - Department of Clinical Services
  - Alarm
  - Fleet
  - Business Analysis

Agenda item tabled by Mr. Fawn

9. Adjourn

Meeting adjourned at 5:55 p.m..

  
Sandy Wagner, Secretary

# MONTGOMERY COUNTY HOSPITAL DISTRICT

## PROPERTY TAX EXEMPTION ANALYSIS



Report Prepared for  
MCHD Board Meeting  
March 14, 2017

Tammy McRae, Tax Assessor-Collector

# APPRAISAL TO TAX STATEMENT

## ROLES IN THE PROCESS

### ▶ **Appraisal District:**

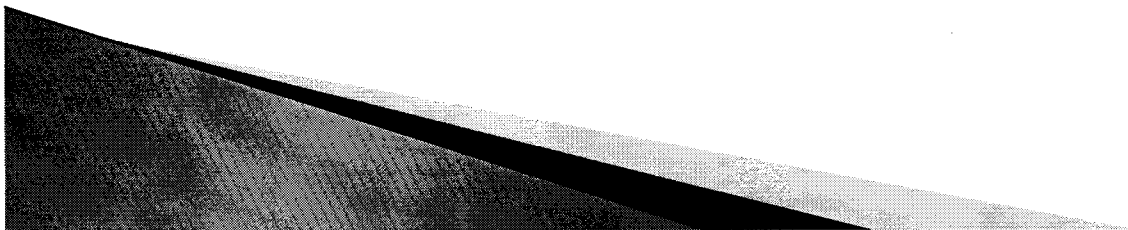
- Appraise Property & Grant Exemptions
- Certify Values & Exemptions to Taxing Units

### ▶ **Hospital District:**

- Adopt Optional Exemptions
- Adopt Tax Rates

### ▶ **County Tax Assessor-Collector:**

- Assessment –
  - Calculate Tax Rates
  - Apply Adopted Tax Rate to Certified Taxable Value
- Collection –
  - Prepare & Send Tax Statements
  - Collect Taxes



# STATUTORY EXEMPTIONS

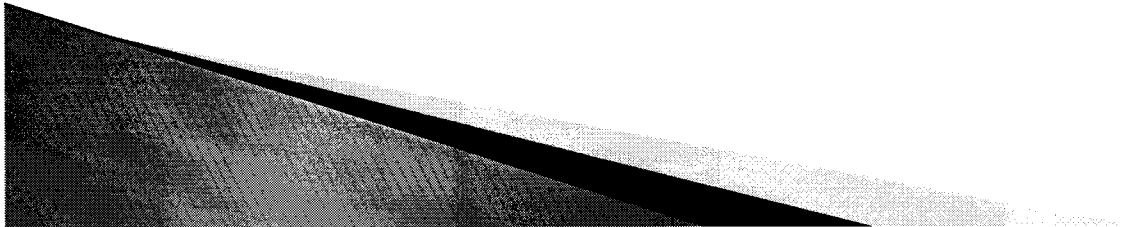
- ▶ Residence Homestead of 100% or Totally Disabled Veteran – 100% exemption for qualifying individuals
  - *Texas Property Tax Code, Sec. 11.131*
- ▶ Disabled Veterans – Tiered exemption on any property based on disability rating from Veteran's Administration
  - *Texas Property Tax Code, Sec. 11.22*

Exemption up to:	Disability Rating of:	
	at least:	but less than:
\$5,000	10%	30%
\$7,500	30%	50%
\$10,000	50%	70%
\$12,000	70% and over	

# RESIDENCE HOMESTEAD EXEMPTION

## *Texas Property Tax Code, Sec. 11.13(n)*

In addition to any other exemptions provided by this section, an individual is entitled to an exemption from taxation by a taxing unit of a percentage of the appraised value of his residence homestead if the exemption is adopted by the governing body of the taxing unit **before July 1** in the manner provided by law for official action by the body. If the percentage set by the taxing unit produces an exemption in a tax year of less than \$5,000 when applied to a particular residence homestead, the individual is entitled to an exemption of \$5,000 of the appraised value. The percentage adopted by the taxing unit may not exceed 20 percent.



# OPTIONAL EXEMPTIONS

- ▶ **Residence Homestead** – up to 20% or \$5,000  
(whichever is greater)  
◦ *Texas Property Tax Code, Sec. 11.13(n)*

- ▶ **65 and Over** – Minimum \$3,000, No limit  
◦ *Texas Property Tax Code, Sec. 11.13(d)(e)*
  - Surviving Spouse – Minimum \$3,000  
*Texas Property Tax Code, Sec. 11.13(q)*

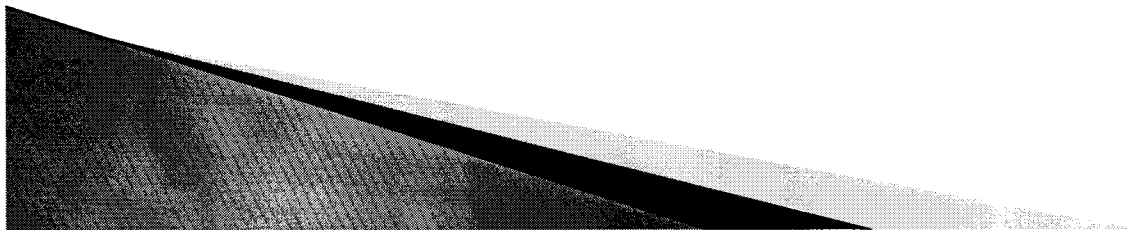
- ▶ **Disabled** – Minimum \$3,000, No limit  
◦ *Texas Property Tax Code, Sec. 11.13(d)(e)*
  - Surviving Spouse – Minimum \$3,000  
*Texas Property Tax Code, Sec. 11.13(q)*



# APPLICATION FOR EXEMPTION

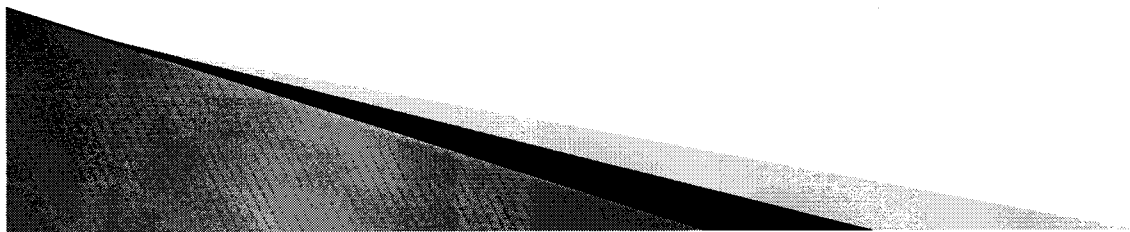
To receive an exemption, a person must file an exemption application form with the chief appraiser.

- *Texas Property Tax Code, Sec. 11.43*



# **JURISDICTIONS COLLECTED BY MONTGOMERY COUNTY TAX ASSESSOR-COLLECTOR**

- ▶ Montgomery County Tax Assessor-Collector collects for 79 taxing jurisdictions
- ▶ 24 jurisdictions offer a homestead exemption
  - All ISD's offer statutory homestead exemption



# Jurisdictions Collected by Montgomery County Tax Assessor-Collector that offer a Homestead Exemption

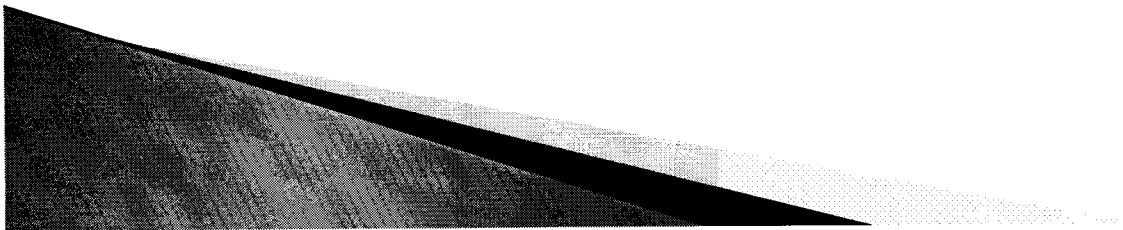
Code	Jurisdiction	Tax Rate	M&O	I&S	Homestead	Ovr/65	Disability
JNH	Lone Star CC	0.10780	0.08000	0.0278	1%	75,000	75,000
SCO	Conroe ISD	1.28000	1.04000	0.2400	25,000	15,000	10,000
SMA	Magnolia ISD	1.37950	1.06000	0.3195	25,000	10,000	10,000
SMO	Montgomery ISD	1.37000	1.04000	0.3300	25,000	10,000	10,000
SNC	New Caney ISD	1.67000	1.17000	0.5000	25,000	10,000	10,000
SRI	Richards ISD	1.04000	1.04000	0.0000	25,000	10,000	10,000
SSP	Splendora ISD	1.60000	1.17000	0.4300	25,000	10,000	10,000
SWI	Willis ISD	1.39000	1.04000	0.3500	25,000	10,000	10,000
CMA	City of Magnolia	0.46290	0.17510	0.2878	1%	25,000	0
COR	City of Oak Ridge No.	0.45090	0.22730	0.2236	20%	25,000	25,000
CPT	City of Patton Village	0.26060	0.13840	0.1222	1%	5,000	5,000
CSH	City of Shenandoah	0.22950	0.10310	0.1264	20%	75,000	75,000
MCP	Corinthian Point MUD 2	0.40290	0.24570	0.1572	3%	20,000	20,000
M15	Montgomery County MUD 15	0.93690	0.42730	0.5096	20%	25,000	25,000
MPA	Point Aquarius MUD	0.59000	0.34000	0.2400	20%	20,000	10,000
MPM	Porter MUD	0.48000	0.14200	0.3380	20%	20,000	10,000
T01	Porter MUD- Auburn Trails Defined Area I	0.71500	0.25400	0.4610	10%	20,000	10,000
T04	Porter MUD- Auburn Trails Defined Area II	0.71500	0.24790	0.4671	10%	20,000	10,000
MRR	Rayford Road MUD	0.53000	0.15000	0.3800	10%	40,000	40,000
MR3	Roman Forest PUD 3	1.20880	1.20880	0.0000	20%	3,000	0
MR4	Roman Forest PUD 4	1.17480	0.07480	1.1000	20%	15,000	0
MSM	So Montgomery Co MUD	0.16600	0.09600	0.0700	20%	50,000	50,000
MTN	Texas National MUD	1.13300	0.66440	0.4686	20%	25,000	25,000
F08	Montgomery Co ESD 8	0.09060	0.09060	0.0000	10%	25,000	25,000

# **ESTIMATED TAXPAYER SAVINGS RESIDENCE HOMESTEAD EXEMPTION**

**10 % = 26,869 Value Reduction  
\$17.87 Tax Reduction**

**20 % = 53,737 Value Reduction  
\$35.74 Tax Reduction**


*Estimates based on 2016 MCHD tax rate of \$0.0665/\$100  
and average home value of \$268,685*



# RESIDENCE HOMESTEAD EXEMPTION ANALYSIS

Exemption %	Value Loss FY 2017	Revenue Loss (.0665/\$100)
10%	\$(3,000,874,053)	\$(1,995,581.25)
20%	\$(5,966,956,705)	\$(3,968,026.21)

*Figures reflect 65 and over exemption currently offered*



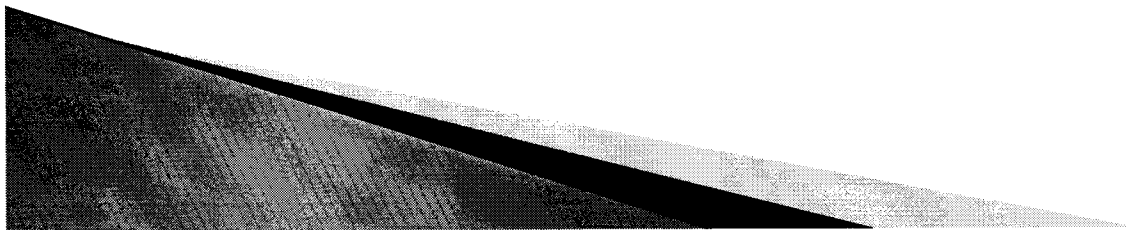
# **ESTIMATED TAXPAYER SAVINGS 65 AND OVER EXEMPTION**

**\$75,000 Exemption Amount**

**= \$33.25 Additional Savings**

**= \$49.88 Total Tax Reduction**

*Estimates based on 2016 MCHD tax rate of \$0.0665/\$100  
and average home value of \$268,685*



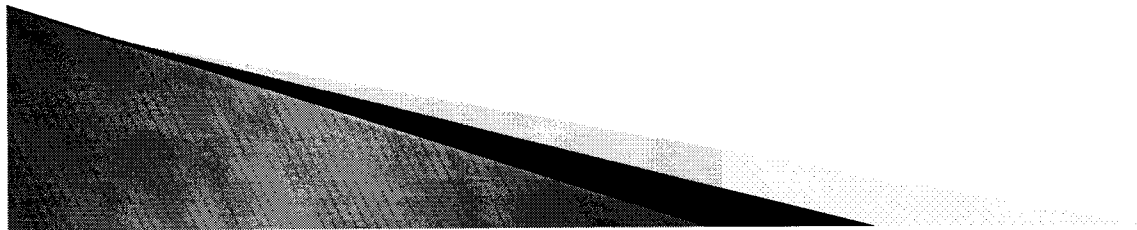
# 65 AND OVER EXEMPTION ANALYSIS

2016 Current Value Loss with the \$25,000 Exemption	Exemption Amount	Adjusted Value	Value Loss FY 2017	Revenue Loss (.0665/\$100)
\$880,535,412	\$75,000	\$2,407,177,778	\$(1,526,642,366)	\$(1,015,217.17)

# **ESTIMATED TAXPAYER SAVINGS DISABLED EXEMPTION**

**\$75,000 Exemption Amount**  
**= \$49.88 Total Tax Reduction**

*Estimates based on 2016 MCHD tax rate of \$0.0665/\$100  
and average home value of \$268,685*



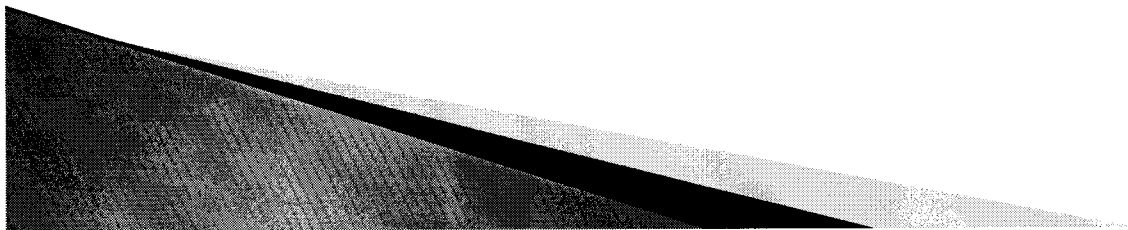


# DISABLED EXEMPTION ANALYSIS

Exemption	Value Loss FY 2017	Revenue Loss (.0665/\$100)
<b>\$75,000</b>	<b>\$(142,654,707)</b>	<b>\$(94,866)</b>

# 2017 PRELIMINARY VALUES

- 2017 Preliminary values for the Montgomery County Hospital District reflect an increase of \$2,889,512,983 to date.
- The increase is a result of reappraisals and new improvements.
- The District can expect to generate \$1,921,527 in additional revenue using the current tax rate of \$0.0665/\$100 should the increase in value remain through the July 25<sup>th</sup> certification date.

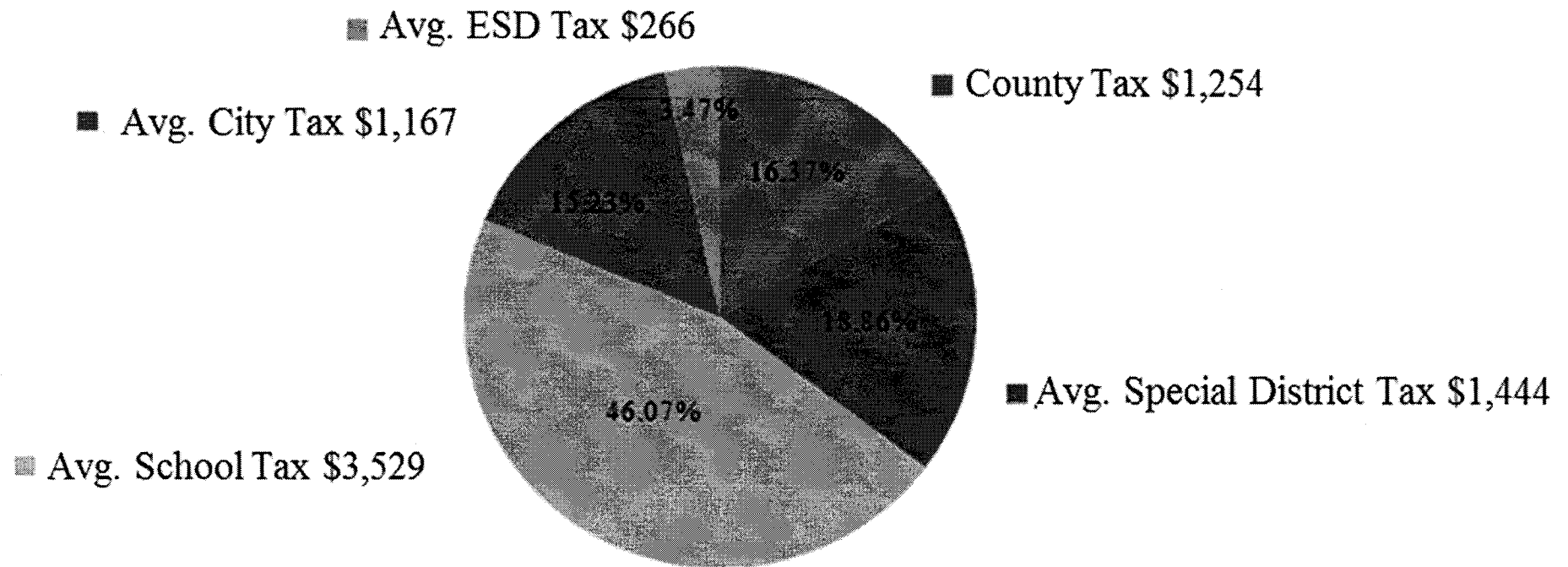


# **ADOPTION DEADLINE**

Exemptions are required to be adopted by July 1; however, in order to be included in preliminary values, the Appraisal District must have information by April 1.

- *Texas Property Tax Code, Sec. 11.13(n)*
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# AVERAGE PROPERTY TAX



This chart represents the 2016 average home value of \$268,685 with a total tax of \$7,660. These calculations do not include exemptions except for school districts mandatory \$25,000 homestead exemption.

	No Optional Exemptions	Current Optional Exemption	Homestead w/ add 65+	Total Savings
Average Home Value	\$268,685.00	\$268,685.00	\$268,685.00	
Homestead Exemption	0%	0%	10%	
	\$268,685.00	\$268,685.00	\$241,816.50	
Over 65 Exemption	\$0.00	(\$25,000.00)	(\$25,000.00)	
	268,685.00	243,685.00	216,816.50	
Property Tax Rate	0.000665	0.000665	0.000665	
Property Tax	\$178.68	\$162.05	\$144.18	
Incremental Savings		(16.63)	(17.87)	(34.50)

	No Optional Exemptions	Current Optional Exemption	Homestead w/ add 65+	Total Savings
Average Home Value	\$268,685.00	\$268,685.00	\$268,685.00	
Homestead Exemption	0%	0%	20%	
	\$268,685.00	\$268,685.00	\$214,948.00	
Over 65 Exemption	\$0.00	(\$25,000.00)	(\$25,000.00)	
	268,685.00	243,685.00	189,948.00	
Property Tax Rate	0.000665	0.000665	0.000665	
Property Tax	\$178.68	\$162.05	\$126.32	
Incremental Savings		(16.63)	(35.73)	(52.36)

	No Optional Exemptions	Current Optional Exemption	w/ add 65+	Total Savings
Average Home Value	\$268,685.00	\$268,685.00	\$268,685.00	
Homestead Exemption	0%	0%	0%	
	\$268,685.00	\$268,685.00	\$268,685.00	
Over 65 Exemption	\$0.00	(\$25,000.00)	(\$75,000.00)	
	268,685.00	243,685.00	193,685.00	
Property Tax Rate	0.000665	0.000665	0.000665	
Property Tax	\$178.68	\$162.05	\$128.80	
Incremental Savings		(16.63)	(33.25)	(49.88)

	No Optional Exemptions	Current Optional Exemption	w/ add 65+	Homestead w/ add 65+	Total Savings
Average Home Value	\$268,685.00	\$268,685.00	\$268,685.00	\$268,685.00	
Homestead Exemption	0%	0%	0%	10%	
	\$268,685.00	\$268,685.00	\$268,685.00	\$241,816.50	
Over 65 Exemption	\$0.00	(\$25,000.00)	(\$75,000.00)	(\$75,000.00)	
	268,685.00	243,685.00	193,685.00	166,816.50	
Property Tax Rate	0.000665	0.000665	0.000665	0.000665	
Property Tax	\$178.68	\$162.05	\$128.80	\$110.93	
Incremental Savings		(16.63)	(33.25)	(17.87)	(67.75)

	No Optional Exemptions	Current Optional Exemption	w/ add 65+	Homestead w/ add 65+	Total Savings
Average Home Value	\$268,685.00	\$268,685.00	\$268,685.00	\$268,685.00	
Homestead Exemption	0%	0%	0%	20%	
	\$268,685.00	\$268,685.00	\$268,685.00	\$214,948.00	
Over 65 Exemption	\$0.00	(\$25,000.00)	(\$75,000.00)	(\$75,000.00)	
	268,685.00	243,685.00	193,685.00	139,948.00	
Property Tax Rate	0.000665	0.000665	0.000665	0.000665	
Property Tax	\$178.68	\$162.05	\$128.80	\$93.07	
Incremental Savings		(16.63)	(33.25)	(35.73)	(85.61)

† 68.98

## Executive Summary

In creating the Strategic Plan for the Montgomery County Hospital District, the Board of Directors developed some overarching goals for District executives. Following is the Policy Statement, which serves as the guiding principles of the Executive Management and Command staff:

- MCHD shall set tangible and definable Goals to:
  - a. Set a standard and then measure MCHD's delivery of services. This metric must be understood, achieved, and then communicated through the organization to the Board and to the Public.
  - b. Set a standard and then measure MCHD's employee job satisfaction. We will continue to measure this metric by focusing on employee turnover rates and patient's satisfaction surveys, additionally we will contract an outside agency to measure employee satisfaction more formally. This metric must be understood, achieved, and then communicated through the organization to the Board and to the Public.
  - c. Effectively communicate the successes of the District to the residents of Montgomery County.
- MCHD will assure that tax revenue into the District does not grow faster than the rate of inflation together with the rate of population growth.
- MCHD will strive to maintain a cash reserve of at least three month's operating expenses at all times.

The Montgomery County Hospital District (MCHD) was created by special legislation in 1977 as a political subdivision of the State of Texas. The primary responsibility of the District's creation, according to enabling legislation, is to provide healthcare to indigent residents of the county. Through the years, MCHD services have expanded to include a county-wide emergency medical service (EMS), the 911 communication system, the county's Public Health District, and emergency preparedness (with coordination of agency partners).

This report completes a detailed assessment of the Montgomery County Hospital District's strategic position. As a part of the analysis, the planning group examined the history of the District, the external environment and associated trends, evaluated the stakeholders' needs, assessed the internal operating conditions and current directional strategies to provide the basis for the proposed strategic objectives.

The strategic assessments were performed with specific attention placed on balancing the organization pillars of People, Service, Quality, Finance, and Growth.

The recommendations offered in this report bear a direct relation to the major issues that need to be addressed by the District. Perhaps the largest predictable challenge that faces MCHD in the coming years is the change in healthcare legislation. As this plan is being written, the state is ironing out how to work within the recently-passed federal "Affordable Care" law. As a political subdivision of the state, the District must work within the parameters provided, striving to maximize the available healthcare dollars to positively impact healthcare in Montgomery County.

In addition to healthcare reform, other significant trends include:

- Population growth and the associated growth in volume
- Legislative and regulatory changes in healthcare
- A local economy beginning to recover from recession
- Uninsured population growing
- Increasing expenses related to services provided

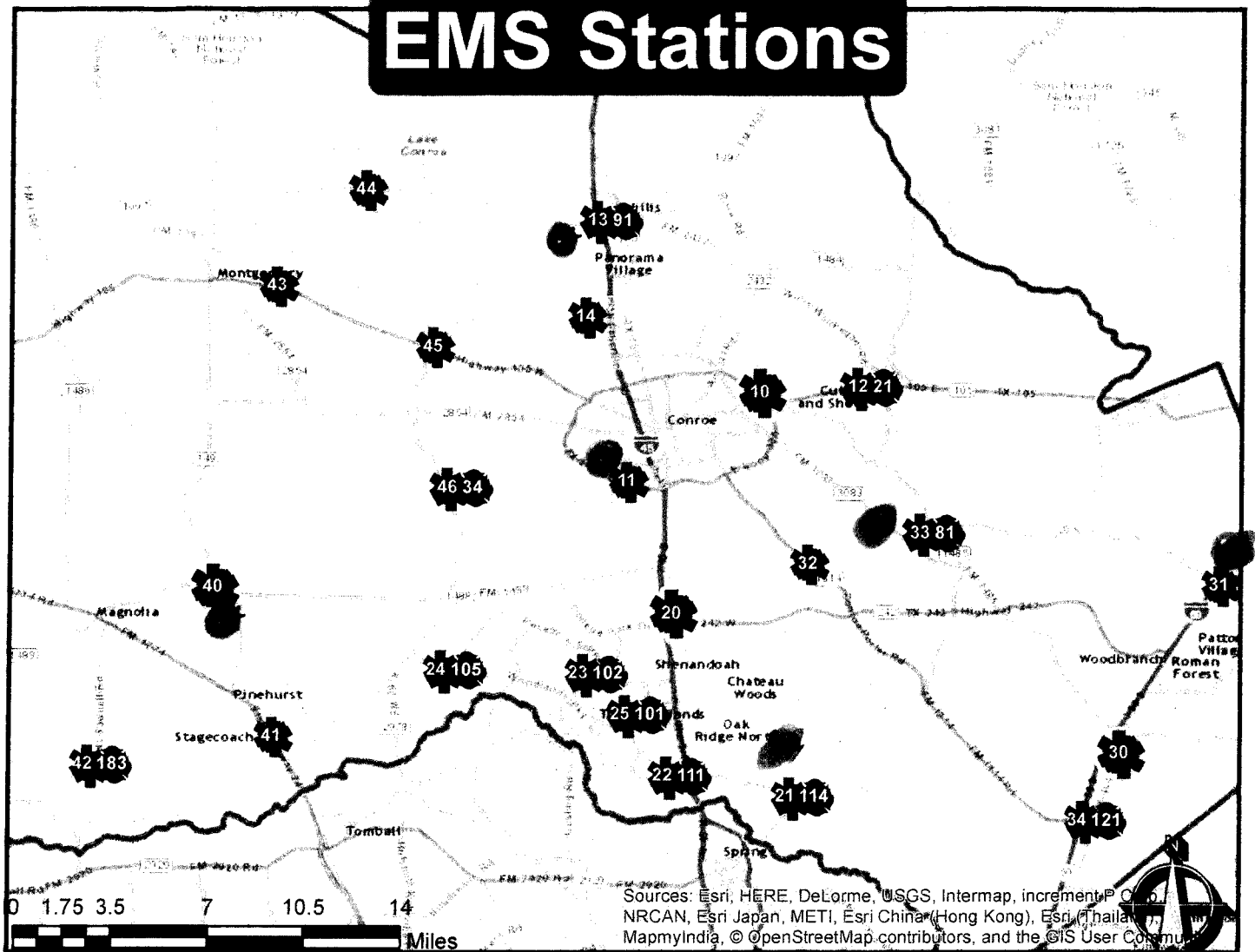
From these key factors, a series of five strategic goals supported by strategic objectives to fulfill those goals were formulated to enhance the District's ability to balance the needs of competing stakeholders and achieve success in meeting our statutory and elected service goals.

- Maintain MCHD as the regional "Employer of Choice".
- Provide excellent service in our EMS, , HCAP and Emergency Preparedness programs to all our customers: co-workers, clients, patients, taxpayers and the community.
- Deliver the highest quality service by establishing and maintaining a structured process to measure and continually improve. This will be evidenced by Key Performance Indicators, Core Measures and implementation of a Process Improvement program.
- Provide for the short and long term financial stability of MCHD and protection for the taxpayer while meeting the needs of the community.
- Proactively meet the growth needs of our community in all areas: HCAP, EMS, Public Health and Emergency Preparedness.
  - Communicate mission and outcomes internally and externally.
  - Continuous education and training of our staff, based on current best practices and industry standards.

In conclusion, the Montgomery County Hospital District is committed to providing, with excellence and responsibility, the essential services with which it is charged. MCHD is also dedicated to creating a work environment for its employees that encourages open communication and highly supports professional growth and education. The District is financially strong and operates in a community that is experiencing steady growth.



# EMS Stations



EMS Station	Address	City
10	2920 N Loop 336 E	Conroe
11	1300 S Loop 336 W	Conroe
12	14421 Highway 105 E	Cut-N-Shoot
13	200 S. Kennedy	Willis
14	1818 League Line Rd	Conroe
20	250 Harpers Landing Blvd	The Woodlands
21	28830 Birnham Woods Drive	Spring
22	335 Volunteer Dr	Spring
23	9303 Gosling Rd	The Woodlands
24	10100 Branch Crossing Dr	The Woodlands
25	9951 Grogan's Mill Rd	The Woodlands
30	21084 Loop 494	New Caney
31	14809 First St	Splendora
32	14596 FM 1314	Conroe
33	16723 FM 2090	Grangerland
34	23550 Loop 494	Porter
40	14583 FM 1488	Magnolia
41	12527 Patridge Circle	Pinehurst
42	26555 Nichols Saw mill Rd	Magnolia
43	18960 Freeport Dr	Montgomery
44	17156 W FM 1097	Montgomery
45	14344 Highway 105 W	Conroe
46	2615 Woodforest Parkway N	Montgomery

## EMS Stations

### TYPE



EMS Regional Station



EMS Station



Fire Station / EMS Station



Towers

Prepared by Shawn Trainor  
 strainor@mchd-tx.org  
 936.521.3506

Communications (936) 441-6243



Pro Forma 5 Year Capital and Financial Projections  
MCHD Board of Directors  
February 28, 2017

Budget Fiscal Year	2018	2019	2020	2021	2022
HCAP ( 5% increase each year)	8,400,000	8,820,000	9,261,000	9,724,050	10,210,253
EMS ( 5% increase each year)	56,500	59,325	62,291	65,406	68,676
Carport at Admin (Ambulance Cover)	90,000				
EMS Stations	Porter Station 34 Extention 100,000	Porter 1314 & 99 600,000	Caney Creek Replacement 600,000	Conroe North Central Sta 850,000 Cut N Shoot Move Station 850,000	
EMS Classroom (2nd Floor)	140,000				
Trucks ( No Transfer)	300,000 1 new 840,000 6 remounts	600,000 2 new 840,000 6 remounts	300,000 1 new 980,000 7 remounts	600,000 2 new 840,000 6 remounts	300,000 1 new 1,020,000 8 remounts
Phone System	250,000				
Land for Towers	100,000	100,000	100,000	100,000	
Tower Build and Equipment		850,000	850,000	850,000	850,000
Upgrade EDACS to P25		165,000	165,000	165,000	165,000
IT	179,000	160,000	100,000	100,000	100,000
EPCR's			350,000 70 each		
EKG Monitors					2,520,000 60 each
Transfer Trucks	360,000 2 new	180,000 1 new	360,000 2 new	180,000 1 new	180,000 1 new

## **Five-Year Financial Projections**

The five year financial projections are included immediately following this information. The following assumptions were made while developing the five year financial forecast:

1. Taxable value will continue at an average 5% increase over the next five years.
2. The MCHD tax rate will reduce .15 points each of the next 5 years.
3. EMS collected revenue will increase at an average rate of 2.5% per year.
4. Labor costs will increase at an average rate of 2.5% over the next five-year period.
5. TCDRS will increase at an annual rate of 6.55%.
6. Employee health insurance expenses will increase at an annual rate of 10% per year.
7. Supply expenses will increase at a rate of 3% per year.
8. EMS Drug expenses will increase at 8% per year.
9. Indigent/specialty healthcare will increase at 5% over the next five years.
10. Capital, other than EMS and Radio Tower, will be budgeted at \$900,000 in FY'18 and is projected to grow at a 3% rate the following years.
11. Transport services are planned to increase 1,800 per year for the first 3 years and increase 1,000 runs per year in years 4 and 5.
12. Build a station in Porter in 2019, estimated cost \$650,000
13. Station 33, build a station apartment in Caney Creek estimated cost \$400,000
14. Continue to expand Fleet by 1 truck per year, for the next 5 years
15. Build a carport outside the Support Center to accommodate additional trucks
16. Add 2 more towers to radio system at an estimated cost of 2.5 million dollars a tower (1 tower in 2019 and the second tower in 2020)

# RescueNet FireRMS Suite

# ZOLL®

Incident Number: 000000

Alarm Time: 04/26/2004 00:00:00

Arrival Time: 04/26/2004 15:11:15

Dispatched Time: 04/26/2004 15:11:24

Cleared Time: 04/26/2004 17:55:44

Incident Type: 115A - Building fire - Residential

Actions Taken: 11 - Extinguish, 12 - Salvage & overhaul

Detector: 2 - Detector not used according to code

Response Time: 7:11:15

Integrated Fire and EMS Data Management



## RescueNet FireRMS - In the Department

RescueNet FireRMS gives you the necessary tools to organize and manage your department. Automating the records management systems of your department not only saves time and money, but the return on investment is often seen within the first year after implementation. Also, RescueNet FireRMS has been directly associated with a decrease in insurance ratings as assigned by the Insurance Services Office, Inc. (ISO). Modules are tightly integrated, which reduces data entry and report completion times. This saves your department money associated with administrative services and allows you to focus on life-saving operations.

- **Fire/EMS Reporting** – Collect detailed fire and EMS data and submit NFIRS, NEMSIS and state-compliant reports.
- **Incidents** – Information from your CAD system automatically populates the incident report. Intuitive validation ensures that your reports are accurate and filled out completely.

- **Personnel** – Create and update personnel information, including biography, education, employment, and medical information. Attachments can be added to show photos, certifications, etc. Schedule trainings and track communication.
- **Roster** – Create roster and schedules by individual, company, station, battalion or division. Manage personnel movement and coverage. Track regular,

overtime, temporary assignments and leave time. The roster module is tightly integrated with the Incident module so personnel assigned to a dispatched vehicle are automatically populated.

- **Training** – Set up training for a group or a single individual. Searches can be performed on a variety of criteria such as date, person, station, shift, etc. View and print a single day's scheduled training or an entire month of training activities.
- **Schedule & Tracking** – Assign tasks and track the progress. This module is tightly integrated with the personnel and scheduling modules so duplicate data entry is eliminated.
- **Daybook** – An automated to-do list lets you track to-do items and record completion.
- **Occupancy** – Maintain information concerning fire inspections, permits, violations, and pre-incident planning of buildings and businesses. Record information for building and businesses such as construction, floor levels, contacts, utilities, special features, HazMats, lock boxes, cautions, photos, blueprints, etc.

- **Hydrants** – Automate the hydrant scheduling and information management process. Manage inspection schedules, place hydrants in/out of service, and track flow calculators.

- **Advanced EMS** – Collect and manage patient care data. Data is secured based on HIPAA standards and you won't have to use a separate program for your EMS functions.

The screenshot displays a software interface for patient data entry. It includes fields for Incident Number (000020), Alarm (08:00:00), and various patient demographics such as Name (POWELL, DONALD), DOB (01/11/73), Sex (Male), Race (White), and Weight (175). There are also checkboxes for insurance types like 'BLACK BARGAIN' and 'YOUNG ROBERT'. The interface is designed for use on a tablet or small screen, with a clear layout for data input.

- **Vehicles & Equipment** – A comprehensive fleet and equipment management tool designed to track vehicle maintenance and equipment assigned to a particular vehicle. Notifications on scheduled maintenance are automatic.
- **Supplies & Inventory** – Streamline supplies, inventory and ordering processes. Automatically generate a purchase order.
- **Maintenance & Work Orders** – Preventative maintenance schedules are easy with this module designed for the long-term care of vehicles and equipment.
- **Customizable Fields** – Add fields to fit your department's specific needs.

## RescueNet FireRMS Mobile - In the Field

Fire inspectors, EMS professionals, incident commanders and hydrant inspectors have unique requirements for collecting and accessing data in the field that are different from managing data in the station. Many departments still use paper forms for their various field-reporting tasks, and then return to the station to re-enter that same information into a records management system or other database. With RescueNet FireRMS Mobile, inspections and patient

care reporting can be performed in the field. Drop down menus, touch screens and signature capture capabilities make field operations a breeze. Reports can be printed on site and updates to occupancy information are in real time.

Some competitive systems offer a mobile application that only allows remote access to a specific module such as inspections. The RescueNet FireRMS Mobile is a client copy of RescueNet FireRMS (Enterprise Edition) operating on a Microsoft Windows® XP Tablet with a "subscriber" copy of the agency database. So the application you use in the department is the same application you use in the field with access to ALL modules as specified by security status. This provides users with unprecedented access to key information, and the ability to add to or update information anytime – anywhere. Since the mobile application is the same as the application used in the station, training on the mobile application is minimal.

## RescueNet Mobile Dashboard – An Integrated Gateway

RescueNet Mobile Dashboard is a hub or bridge that provides centralized access to data, files, intranet/extranet, and additional department software. RescueNet Mobile Dashboard is an add-on to RescueNet FireRMS Mobile and allows quick access to applications and files associated with your RescueNet FireRMS Suite.

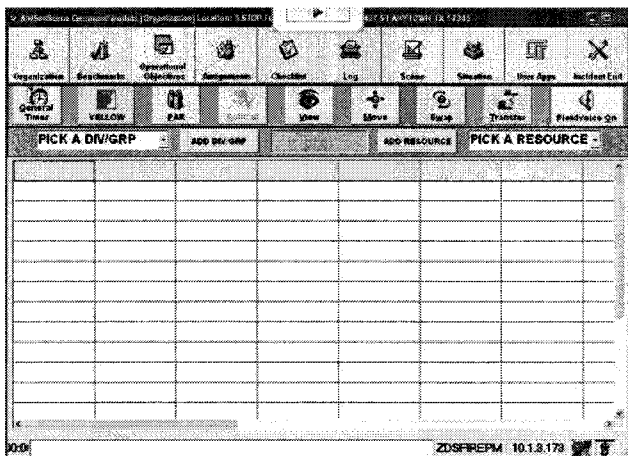
RescueNet Mobile Dashboard has many features such as customizable buttons, centralized access to attachments, customized reports, and integrated incident command.



*With the RescueNet Mobile Dashboard toolbar your important data is just a click away.*

## Incident Command Software with AIMSonScene

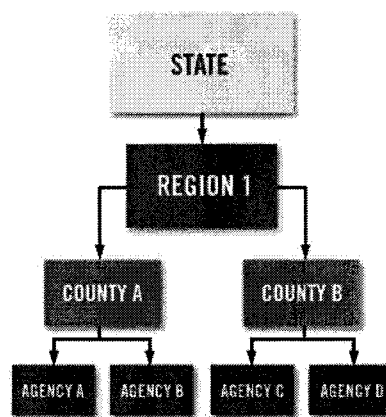
Integrated incident command is available with RescueNet FireRMS. RescueNet FireRMS and AIMSonScene Incident Command System will share information via the dashboard application. RescueNet Mobile Dashboard passes roster information from RescueNet FireRMS to AIMSonScene in real time. Pre-fire plans stored in FireRMS can also be passed to the AIMSonScene whiteboard feature. The AIMSonScene report log of incident events is automatically inserted into the RescueNet FireRMS NFIRS incident narrative to fully automate after-action reporting.



*AIMSonScene incident command software is integrated with RescueNet FireRMS Mobile.*

## RescueNet Collector - Regional Data Sharing

Now that you have all the data, there is so much more to do with it than just use it for standard national or state reporting. The Collector acts as a receptacle for NFIRS-compliant data to be assembled and analyzed on a local, regional or state level while maintaining department autonomy. This allows for quick and easy access to data that can be cumbersome to extract from a national database. You can track fire trends or compare fire issues according to geographical area.



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*Alarm events 1/22/2017-3/14/2017*

- 90 day goal as of 1/22 was to have at least ½ the full time trainees through their initial phase and onto ghost phase. (Where they could take calls without being tethered to a trainer). This goal was met on 3/7/17 when 2/4 of our trainees (Brandon and Gaylon) were transitioned into Ghost Phase. This was well before our goal.
- On 2/20 we went live with US Digital Dispatch voice "Samantha". We also turned on auto dispatch which means that calls are being sent out instantly vs. manually assigning the call and then waiting for it to be picked up by a dispatcher. We have made a couple adjustments regarding volume and verbiage. We will continue to make adjustments as needed.
- This past Thursday was the deadline for the "Assistant Manager" position. We have 3 internal candidates and plan to interview the week after next.
- Harris Furniture Company assembled 2 furniture consoles that we've had in storage. Both consoles are ready to be used as a secondary PSAP for CPD and for FireCom per agreement. Both departments have been to the center to ensure they have all they need should their primary center go down. Our backup center is The Woodlands Fire Department "FireCom". We sent 3 ALARM employees down to dispatch The Woodlands Marathon. The center worked well, with a couple exceptions. We will need to add backup UPS to the consoles. This will insure that we have 0 breach in connectivity while the generator is engaging. This isn't a costly fix whatsoever, and a recourse ticket has already been sent to IT.
- Updated AOG for VHF testing to be performed on Monday instead of Friday. This will give radio the whole week to work on any issues that were recognize during the test. We also constructed an AOG to be referenced when using our newly added PSAP channel. The guideline was presented and was agreed upon at the PSAP meeting this past Monday. Our Radio department added this channel to CPD, ALARM, FireCom, and MCSO and will only be used if contact cannot be made any other way in an employee/company emergency.
- Rearranged staff for better coverage. Maddison moved to nights and Andy and Scott agreed to leave their field assignments for 3 months in order to help with low staffing. Scott has been a credentialed alarm medic since 2005, and Andy has been credentialed for the past couple years.
- Arranged the alarm folders/file (Q folder) to open up access to the AMIII's for training/hiring/promotional processes.
- Updated radio system software on console 2. We have all completed the in and out of house training regarding our new Symphony software. The rest of the center will be



updated by the end of next week. The update is to increase functionality and interoperability.

- Last Thursday I met with a territory sales rep from BodyBilt. For over 30 years BodyBilt has produced ergonomic seating that they designed after reviewing NASA's commissioned study titled The Anthropometric Source Book. The design is based on the natural position that the human body assumes while asleep in a weightless environment. (110 angle between torso and thighs). BodyBilt supports employee recovery and provides services and support for ADA compliance. They service many companies in Houston and LA including our neighbors CPD. They are made in Navasota Tx. We hope have a demonstration within the next two weeks.
- Purchased 2 48x30 tables from Designer's Touch to be used within each call taking pod. The tables have storage capabilities and will provide a space away from the console for working as well as for nutrition, when the dispatcher is unable to have time away. We have had great experience with this company in the past.

#### *Upcoming education-*

- 6 of us will be attending Navigator 17 conference this coming April 10<sup>th</sup>-14<sup>th</sup>. 4/6 of the spots were donated by ACE. This will be a great opportunity for us to receive education, inspiration and build relationships within our EMS communities for future networking opportunities. We will also be honored at the Navigator Opening Session as we will be presented with our Re-ACE award. I will be going to the pre-conference where I will be taking the EMD Certification Course.
- I have been given the opportunity to attend a user summit in Atlanta, Ga April 23<sup>rd</sup>-25<sup>th</sup> in Atlanta, GA with MCSO, CPD and FireCom. Montgomery County 911 is covering the airfare, registration, lodging and meal reimbursement with receipt. Rave is a proven emergency notification system for state and local governments. It provides fast, reliable emergency communication to keep people safe. Rave products include Rave Alert, Rave 911 Suite, Smart 911 and many more. 911 has already purchased all of the software and are willing to share it with us.
- In August 3 of us will attend APCO 2017 in Denver, Co. This will be a great combination of educational tracks, speakers and networking including Annual Conference and Expo, educational sessions, committee meetings and special events.
- Plan to work on PSAP staffing report utilizing the NENA guidelines to see how we compare with other like agencies regarding numbers.

Sarah Cottar, ALARM Manager

## **2017 GOALS**

### **Shift Commanders:**

The Shift Commanders transitioned into their permanent role on January 22, 2017. We wanted to improve overall communications between field and management, and build consistency among the 3 shifts. Our old model had 12 field supervisors reporting to the Assistant EMS Director, this is well over the number of recommended direct reports and as you could imagine we struggled with consistency between all 12 supervisors. With the addition of the Shift Commanders we were able to assign a commander to each shift (A, B, C) and then each commander would have the 4 supervisors on their shift report to them and the 3 Shift Commanders report to the Assistant EMS Director. This has allowed better communication and more consistency between all shifts. With the larger groups broken down into smaller groups the goals and objectives of EMS Command Staff can be better communicated with less room for error or interpretation. Shift Commanders have managed customer service issues and closed the loop quicker when complaints or missing items are reported, in addition they have developed a better tracking process for service inquiries which gives supervision and management a better view of our system issues. This also allows for better professional development of staff. Overall this improves customer service and closes the loop quicker. The Shift Commanders reside close to EMS admin and each shift meets with EMS Command staff daily to keep objectives and goals aligned. Shift Commanders meet with their direct reports every tour to ensure consistency, share objectives and goals. The Shift Commanders meet between themselves for discussions, idea sharing and to ensure goals are and remain aligned. The Shift Commanders have improved electronic forms making it easier for supervisors to submit call evaluations, station inspections and truck inspections. These important inspections allows supervisors to hold employees accountable when needed, in addition it gives Commanders and Command Staff an overall view of how well our employees are taking care of their resources. We have seen more consistency with scheduling since giving after hours scheduling duties to the Commanders and have seen a reduction in OT and better management of PTO use. In addition we have asked the Shift Commanders to chair a committee or workgroup. In addition to the workgroups below the Shift Commanders are also attending planning meetings and coordinating special event coverage such as The Woodlands Marathon and Geico Bassmaster Classic.

### **Workgroups/Committees:**

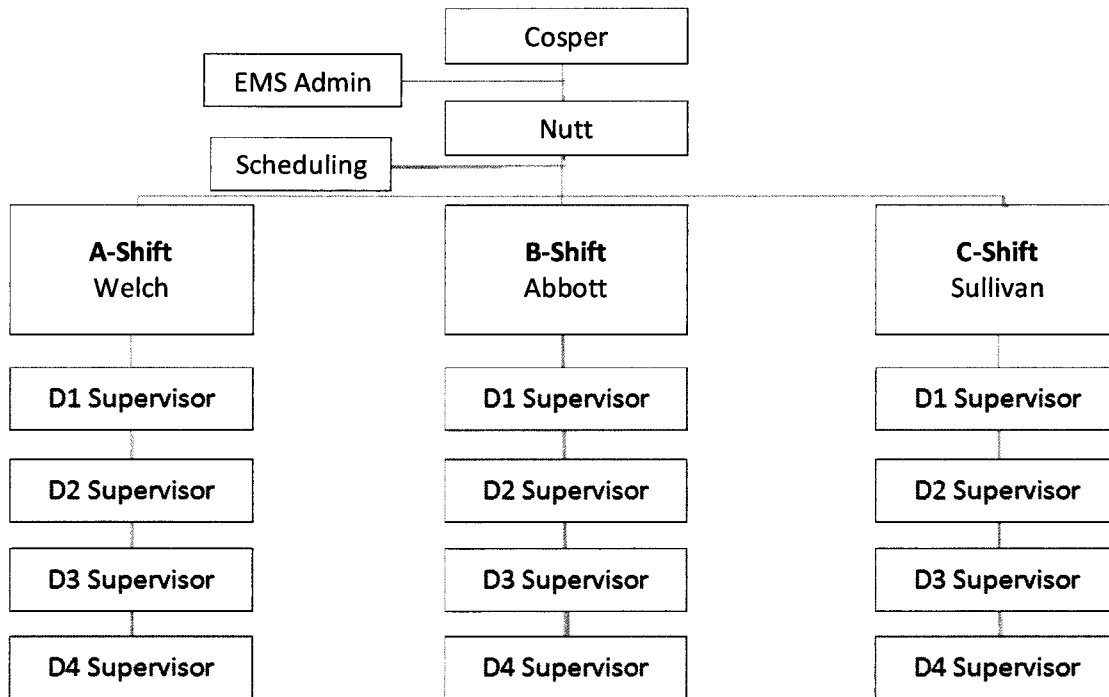
Safety Committee Chair – Cord Abbott

Consult Review Workgroup – Sherry Sullivan

Post Accident/Drive Safety Workgroup- Sherry Sullivan/Tammy Welch

Supervisor unit inspection – Cord Abbott

## 2017 GOALS



### EMS Operations Metrics:

I will be working closely with Matt Walkup and Sarah Cottar to ensure we are able to capture all of the EMS metrics that we need for EMS operations. In addition we are working on a daily operational review process with Shift Commanders and Command Staff. This review process will be used to evaluate the previous day's call volume and any response exceptions and if we have responses that don't meet response time parameters we can dig into the reason. As we collect this data and identify system problems we can make adjustments to ensure adequate coverage and response times. Our goal is to produce dashboards and have transparency regarding system performance. This is a multi-department venture which includes: EMS Ops, IT and ALARM.

### Driving Safety:

In 2017 we will focus on improving our overall driving safety, we are developing tools and programs to identify employees that need additional training to better develop their driving skills. In addition Sherry Sullivan and Tammy Welch are leading the post-accident/driver safety workgroup. The goal of this group is to improve our overall driving safety, situational awareness, spatial awareness, proper on-scene parking, etc.

### EMS Rest Cycles:

We will focus on employee safety and collect information regarding our system to ensure that we have safe shifts and allow for our employees to stay safe and alert at work. The EMS industry is focusing on safe shift, compassion fatigue, and PTSD and provider suicide. MCHD wants to ensure we stay on the forefront of these serious issues and take steps to make improvements to our system so that our employees are and remain safe. This not only makes MCHD a more desirable employer but also lends to long term employees, better patient outcomes, improved customer service, improved morale and many, many others. MCHD and Williamson County EMS (Wilco) are partnering to take on this initiative and hopefully drive change throughout the region, the state and the nation.

## **2017 GOALS**

### **Investigation Training:**

We are looking at training for the field supervisors to improve their investigation/root cause analysis skills.

For the Calendar Year 2017 EMS activities will be directed around these three broad goals:

- 1.) Improving Safety — Shawn Henners and Cord Abbott have done a very good job working together to more closely monitor the safety aspects of our EMS operations. We will continue to expand this and include "live" monitoring of safety related system metrics that will protect MCHD and our employees.
- 2.) Improve Communication — MCHD has grown into a larger organization with a workforce that is spread across the 1,100 miles of Montgomery County. As the organization continues to grow, the need for timely asynchronous communication with employees becomes increasingly important in assuring employees stay informed regarding recent clinical and operational changes.
- 3.) Improving Consistency and Reliability — MCHD has always provided industry leading medical care at a great value to the citizens of Montgomery County. As we continue to grow, it will become increasingly important for the services we provide to be the same for all areas of the county.

#### Specific initiatives –

**Staffing** – Last year the Board of Directors gave MCHD EMS the ability to increase our staffing levels to better support EMS. This allowed us to expand our “float pool” to have enough staff to cover for paid time off and other types of leave for our employees. The change has helped a great bit, and has allowed us to reduce lost unit hours considerably. We have developed a formalized system to better monitor and adjust staffing levels throughout the year, and remain below budget for regular and overtime expenses.

**EMS Communications** – Alarm has had a slight remodel of the center which not only improved operational workflows but also improved our ability to operate as a backup center for Conroe Police Department and Woodlands Fire Department FireCom.

**Fleet** – given the recent requests for additional EMS services, we would like to propose a budget amendment allowing EMS to purchase two Sprinter Type II ambulances to cover the additional volume. These units offer a reduced operating cost and will also function as standby events around the community.

**Facilities** – as part of our efforts to improve the safety of our workforce, we will add “safe sleep” rooms to each regional station as a safe place for employees to sleep in the event they need a place to have a nap during or after a particularly busy shift.

**Business Analysis** – We will add live monitoring of system demand to notify Supervision and Shift Commanders of instances when EMS units have been exceptionally busy. In these situations, we will seek opportunities to make adjustments that will allow these employees time for a quick nap, to allow them to safely return to their normal work duties. This is an important step to better distribute workload across the EMS system, and provide better decision making data to make future expansion decisions.

**Patient Care Records** – As outlined in the 5 year plan, there have been recent changes in Patient Care Records that will allow EMS to better integrate with our hospital partners. Additionally, these changes will provide EMS staff timely clinical feedback from hospitals that will further develop their clinical

assessment capabilities. Finally, this will allow EMS to provide our first responder agencies a unified patient documentation platform that allows EMS and first responder partners the ability to ensure quality documentation for the medical care delivered.

## Business Analysis Unit Department Plans through Fiscal Year 2017-2018

**Project:** Data Warehouse Framework (CAD) and Trittech 2013-2017  
**Estimated Completion:** April 2017  
**Cost:** Personnel Time Only  
**Description:** Create a Computer Aided Dispatch framework based on the Trittech data format. This warehouse will eventually hold all old data from multiple databases. Currently a total of 4 different databases to incorporate into the database related to CAD.

**Project:** Add TriTech 2017+ to Data Warehouse (CAD)  
**Estimated Completion:** May 2017  
**Cost:** Personnel Time Only  
**Description:** Data format/fields will change slightly with the CAD Unified Agency restructuring. This project will place this data into the Data warehouse. To be completed prior to changing to new databases/CAD so that reporting can be seamless during the transition.

**Project:** Data Warehouse Framework (PCR) and ZOLL ePCR  
**Cost:** Personnel Time Only  
**Estimated Completion:** June 2017  
**Description:** Create a Patient Care Record framework based on the ZOLL ePCR data format. The warehouse will eventually hold all old data from multiple databases. Currently a total of 4 different databases to incorporate into the database related to PCR.

**Project:** ePCR Report Re-creation  
**Estimated Completion:** June 2017  
**Cost:** Personnel Time Only  
**Description:** Ensure that all the reports generated for Draft PCRs, billing, and WebPCR are consistent, and contain all fields that are asked of the crews.

**Project:** ePCR Field & Complete Call Rule Restructuring  
**Estimated Completion:** September 2017  
**Cost:** Personnel Time Only  
**Description:** Field crews are frustrated with the amount of data fields that are required to be filled out. They are also frustrated with some of the field choices not allowing them to select choices that are correct for their patient/situation. This project will look at each individual field for necessity and to ensure that fields have proper selections. Necessity will be determined by: Texas DSHS Reporting Requirements, Billing data needs, and Clinical Data needs.

**Project:** Tableau Purchase and Installation  
**Estimated Completion:** October 2017  
**Cost:** Approx. \$10,000 initial year, \$3,000 per year after the first year  
**Description:** Tableau is a powerful platform for departments to create their own reports, often without the need of IT or EMS IT to be involved in the process. This product will replace IBM Cognos at a much less expensive initial and on-going costs.

**Project:** Internal HITECH Security Audit  
**Estimated Completion:** March 2018  
**Cost:** Personnel Time Only  
**Description:** Internal HITECH Security audit to determine security flaws and issues.

**Project:** External HITECH Security Audit  
**Estimated Completion:** June 2018  
**Cost:** Unknown, investigating  
**Description:** External/Neutral 3<sup>rd</sup> party HITECH Security audit to determine security flaws and issues



## Current Projects/Tasks

Priorities	Type	Name	Notes	Difficulty	Time	Hard Deadl..
1	ePCR Report	Batch Report Issues		Hard	3-5 Days	Null
	Project	State Exception for Reporting		Hard	1-2 Weeks	3/1/2017
	Report	RTA Tire Tread Report	Worked on but cancelled.	Hard	1-2 Days	Null
		VFIS Report	Calls (approx 60,000), dispatches (approx 80,000)	Easy	8 Hours	2/25/2017
4	ePCR	Facilities	Added all, but some CCR issues remain	Easy	1-2 Days	Null
5	CCR	Need two pain scales when treating pain		Easy	1 Day	Null
6	ePCR Report	Add checklists		Hard	1-2 Days	Null
7	ePCR Report	If Needed, add Patient Movement		Hard	1-2 Days	Null
8	Report	Response time vs first responder		Medium	1 Week	Null
9	Report	Demand analysis of uhu, uha, in seat, ASTL > 8 hours		Hard	1-2 Months	Null
10	ePCR	WebPCR Slowness		Hard	4-5 Days	Null
11	Report	Exception Reporting / Data Integrity		Medium	2-3 Days	Null
12	ePCR CCR	Total Re-Do		Easy	3-4 Weeks	Null
14	ePCR Form	Vitals PTA Auto-populate to No	Need CCR so that if it is PTA time, needs PTA Yes	Medium	1 Day	Null
15	ePCR Admin	User rights: Remove "Move PCR"	Set to no, but users are still able to	Hard	1 Week	Null
16	ePCR Form	PCS Checklist not displayed properly	Workaround for PCS, NEED support ticket	Medium	2-3 Days	Null

BlankToolTip broken down by Priorities, Type, Name, Notes, Difficulty, Time and Hard Deadline. The data is filtered on Date Completed and Priorities. The Date Completed filter keeps Null values only. The Priorities filter keeps non-Null values only.

## Future Projects

Type	Name	Notes	Difficulty	Time
ePCR	PJC not in rhytm section		Easy	2-4 Hours
	Toughbooks for Woodlands marathon		Easy	2-3 Days
ePCR CCR	Null		Null	Null
	Disregard after getting on scene	Not currently allowed, but happens	Medium	4-6 Hours
	ePCR Complete Call Rules Re-Do		Hard	Month
	Facility signature should not be req. when going home		Easy	2-4 Hours
	Patient has to have other associated symptoms	CCR N3-0235-G	Medium	2-4 Hours
	Reason why patient cannot sign	KW req	Easy	2-4 Hours
	Req lifegift		Easy	4-6 Hours
	Weight CCR	KW req	Easy	2-4 Hours
ePCR Field	No Staged Time	Hard part is to get it from CAD	Hard	1-2 Days
ePCR Form	Allergy List re-do?	Crocker sugg. Free-text only	Easy	1 Day
	Assessments need work (i.e. Medical Devices or Other)	Esmith's request / Need total re-do	Medium	1-2 Weeks
	ePCR Fields Re-do		Hard	Month
	Med List re-do?	Crocker sugg. Free-text only	Easy	1 Day
Project	HIGH-TEC Security Audit		Hard	6 Months
	Hospital "Time out"	May require interface to SETRAC	Medium	2 Weeks
	Optima prediction / station/unit placement		Hard	2-3 Months
	Scheduled Events Process		Medium	1 Month
	Status Board Changes	Don't really have defined	Medium	Depends
	USDD Supervisor Consult Change	Need RDP Time Lookup	Medium	(Need Pre-req)
RDP	Repeat calls in last 48 hours (RDP???)	\$\$\$ Needed for OCS Programming	Medium	2-3 Weeks
RDP/Status Board	Change at hospital warning to 25 minutes		Easy	2-4 Hours
Report	# of SVT Runs	Req. from Dr. Patrick	Easy	4-6 Hours
	% of calls that are overdoses and narcan admin		Easy	4-6 Hours
	ALARM and Field Personal Dashboards	Optional: Data Warehouse	Hard	Month
	ALARM KPIs		Medium	2-3 Weeks
	ALARM QA/QI Reports (Lois' old reports)		Medium	1 Week
	ALARM: Delta Call Stay on the line risk analysis		Hard	4-5 Days
	At hospital times (patient released, delayed for x), back to w..	Req. Data Warehouse	Hard	(Need Pre-req)
	Clinical Dashboard Automation ("Stroke Bundle", "STEMI Bu..		Hard	Month
	DA req overdose checklist info (prescription)		Easy	2-4 Hours
	Drive time only external, response times internal, historical (..	Req. Data Warehouse	Hard	(Need Pre-req)
	Fleet failure rates, idle time by employee	Not Possible Currently	Hard	(Need Data)
	KPI report automation		Medium	2 Weeks
	Lost Unit Hours by Nature (decon, fleet, radio, etc)		Easy	2-3 Days
	M19 - who has worked it and how many hours (CANCELLED)	Scheduling Handling	Easy	1 Day
	Scheduled Unit Hours / Time Period (vs. Actual)		Hard	2-3 Months
	Squad arrive first and complete critical intervention	Request from Mifflin	Hard	1-2 Days
	TCH req pediatric transport destinations		Easy	2-4 Hours
	Transfer Response Times Report		Easy	4-6 Hours
RTA	Automate Fuel Usage / Reporting	May need to budgeted for OCS Prog..	Hard	1-2 Weeks
	Finish Reporting so it can be done periodically		Easy	1-2 Days
SQL Project	Data Warehouse (tablet, eso, ems pro, westech)		Hard	2-3 Months
Training	ZOLL Crystal Reporting Advanced Class		Easy	1 Week
	ZOLL Crystal Reporting Basic Class		Easy	1 Week
	ZOLL Crystal Reporting Intermediate Class		Easy	1 Week

BlankToolTip broken down by Type, Name, Notes, Difficulty and Time. The data is filtered on Date Started and Priorities. The Date Started filter keeps Null values only. The Priorities filter keeps Null values only.