Board Meeting Recap

To: Staff

From: Allen Johnson

Date: November 18, 2026

Re: November Recap Report

Below is a recap of the action items from the November 18th Board meeting. My report is attached at the end along with some additional documents presented to the board.

- Recognized the following staff:
  - Promotions
    - Communications Officer – Lead
      - Erica Lee
      - Loura Cruz
    - Communications Training Officer
      - Anita Chave
    - Field Training Officers
      - Sterling McClelland
      - Bryan Kauffman
      - Eddie Sandoval
      - Scott Aubin
    - In-Charge Paramedic
      - Mike Chiodo
  - New Employee Badging
    - In Charge Paramedic
      - Jose Rodriguez
    - Attendant
      - Oscar Albear
  - CPR Save Recognition
    - October 17
      - Brianna Driggs – Bastrop County 911
      - Caressa Ward - MEDCOM
      - Sierra Jackson - MEDCOM
      - Colby Mockley - MEDCOM
      - Roan Lami – In Charge Paramedic
      - Dominque Juhasz – Attendant EMT
      - Jarrett Bise – EMS Supervisor

- Approved the Treasurer's report including the end of FY 2025-26 financial position, financial statements for October 2026, and payment of invoices and reimbursements, payroll, and advertising expenses.
- Approved the Second Quarter Investment Report for 2026.
- Approved end of year budget amendment for FY 2025-26.
- Approved minutes from the following meetings:
    - October 21, 2026 (Regular Meeting).
- Approved modifications to the EMS staffing plan (transitioning Medic 21 to a 24-hour truck) including adding two additional positions
- Approved replacement of TCP/Aladtec for scheduling and timekeeping with ESO Scheduling Plus.
- Approved purchase order change of two new ambulances and one remount from FrazerBilt to include purchasing the chassis through Frazer.
- Approved amendment to Interlocal Agreement with Bastrop-Travis Counties ESD No. 1 for an ambulance station on FM 1704.
- Approved improvements to Station 1302 with Bastrop-Travis Counties ESD No. 1.
- Approve updated committee assignments.
    - Clinical Committee – Scooter Green and Jimmy Young
    - Operations Committee – Keith Simpson and Scooter Green
    - Construction, Finance and Administration – Derek Kahanek and Jason Pack
- Approved the addition of optional employee benefits – more information coming
- Approved a proposal to the Board resolution regarding Fees of Office to align with the District's fiscal year.
- Approved agreement to acquire property from Bastrop County for future EMS station development.
- Approve materials testing and inspections proposal for construction.
- Approve a Resolution Authorizing Sale of Surplus Property.
- Approve engagement for government liaison and advocacy on the District's behalf.
- Discuss and consider Commissioners' terms of office expiring at year end.

Executive Director Report

To: Board of Commissioners

From: Allen Johnson

Date: November 18, 2026

Re: November Report

October Reflections

By all accounts, the transition month was very successful. Our assumptions going into the transition were accurate on many fronts. We accurately predicted the items that would have rough edges, and we addressed these quickly. We studied the data, identified areas needing improvement, formulated a response, implemented and remeasured. We implemented system changes each Monday with positive feedback (both in the data and from individuals) with each iteration. Below you will find updates on all areas of the operation. There is still much work to do to get to the operational level we desire. We will keep you posted as we go.

Administration and Finance

Certified Tax Roll

We received our certified tax levy from Ellen Owens after the agenda was posted. It is attached for your review. This is lower than we expected, but it ONLY contains the assessed value NOT under protest. The Appraisal District has not issued any updated reporting on protest resolutions. As of July, we had $836,265,381 under protest. Assuming an 80% collection rate of these accounts, we would we about $80,000 less than the anticipated billed taxes amount. This may result in the need to identify some cost offsets to remain budget neutral.

Ellen's correspondence indicates the need for the Board to approve the attached report. We will confirm this with legal counsel and place it on a future agenda if required.

Personnel

As you are aware, we run a pretty lean ship, and everyone is carrying a huge load. It is not unusual for the Admin staff to put in 60+ hours a week. I do believe this will mitigate by the end of the year. There have been several tasks that have taken an extraordinary effort to manage. These include the part-time and full-time hiring and onboarding, controlled substance implementation, fleet issues, distribution of disposable supplies to stations, purchasing and invoice management and many more.

We budgeted $100,000 starting in April for new positions depending on the need. There are three areas that I am concurrent contemplating in partnership with the SLT.

- Half-time accountant/bookkeeper – this position would be supervised by Crystie and work closely with our CPAs and me. They would execute POs, process invoices for payment and audit the monthly financials for any errors or adjustments. Currently, Crystie spends 50%+ of her time on these tasks. This would free her up for the expected increase records requests and create capacity for other admin tasks that the

SLT are doing. The estimated annual wages for this half-time position are $25,000 plus retirement contribution.

- Full-time Supply Tech/Porter – this position would be supervised by Gil. The role would be focused on medical and station supply allocation to stations, equipment cleaning and maintenance and moving vehicles to vendors for repair or preventative maintenance. The estimated annual wages for this position are $48,000.
- Half time Clinical Review Specialist – this position would be supervised by Don and Dr. Mauro. The ideal candidate for this position would be a recently retired EMS professional with high end clinical expertise. The position would be 12-20 hours per week and would focus on chart review, outcomes monitoring and data abstraction for targeted clinical topics. This would be in addition to clinical review work delegated to the supervisors and FTOs. The annual cost for this part-time role would be about $15,000-$20,000.

We still have significant discussion as a team before making a decision and may not do them all at one time. I wanted you to know we are thinking ahead on this.

Procurement Card

We have celebrated our two-year anniversary since the voters approved the formation of the District. I will be trying to establish a new procurement card since we have achieved this milestone.

Volunteer Rider Program

In a number of past meetings, we have discussed the possibility of forming a volunteer third rider program for Bastrop County EMS. The program would enable new EMTs as well as providers that work outside a normal EMS role to get or maintain experience in a 911 system. The benefit to the District is 1) an additional set of hands-on calls and 2) a preview of future job candidates. There would be cost associated with the program as well as some managerial overhead.

We have received volunteer program materials (guidelines, applications, procedures, etc.) from some successful programs. We are reviewing these documents along with creating a business plan to outline the costs and benefits. You expect to present this to the board in December or January.

Employee Survey

We conducted an on-line 30-day employee survey exploring employee sentiment on leadership, supervision, working conditions, work group relations, benefits and overall organizational culture. We received a very strong reply rate. The initial review of the aggregated results is very affirming. We also receive many positive comments and some suggested areas of focus for improvement. We will have high level findings at the Board meeting and will follow with observations and recommendations.

Operations

Overall Volume

Overall volume remained high through October and then leveled off at expected levels so far in November. Transport volume is down in November as well, although there has been wide variation, ranging from 15 to 32 transports in a 24-hour period.

The slight decrease in volume has positively impacted the episodic surges that we frequently experienced in October. While these still occur, the team appears to be handling them better. We have continued to provide surge coverage by manning Medic 9 as well as Admin coverage.

Ernie has updated the dashboards so that they span the Acadian and BCEMS experience. There are assumptions in the data that need to be understood. First, the data collection definitions, tools and calculations changed on October 1. While we think they are directionally correct for comparison, they are not exact. Second, Ernie has worked diligently clean up the reporting to exclude test calls and duplicates, as well as apply our reporting standards over the top of the reporting platform, we believe the reports are likely 95% accurate. By January, we believe we will have it dialed in.

Finally, the data from the first two weeks was heavily influenced by individuals and system learning both in MEDCOM and the field. We do believe the monthly response time compliance is not reflective of the go forward performance.

Here are the October Volume Numbers

- Responses: 1023 – about 100 more than Acadian was reporting
- Patient Contacts: 1272
    - Average 41 per day
- Transports: 727 (Anticipated 682)
    - Average 23.9 per day

Fleet

Kelly has included a Fleet summary. Mileage and fuel consumption dropped significantly after the two weeks and seems to have leveled off. This coupled with a sharp drop in fuel prices immediately after the mid-term election has resulted in a favorable variance in the Fuel budget line item. We budgeted $54,000 for October and increased that to $62,000 each month thereafter. In October, we spent $35,967.02 on fuel.

Clinical Practice

CPR Save

Jason and Derek joined us for our first CPR Save Reunion. Mr. Gwin brought his extended family and all but three responders were able to join. The event lasted two hours. We shared photos of the event on social media. We have a second reunion that is in the planning stages and will let you know when it will occur.

Hiring and Onboarding

Onboarding of our initial staff continues into December. Dr. Mauro has scheduled individual interviews in early December with each provider to complete the authorization process.

Last month we discussed the challenges of staffing open shifts. Since the last meeting, we have hired and provisionally authorized one full-time In Charge and one full-time Attendant. In addition, we conducted a part-time hiring process, making offers to seven experienced In Charges and seven Attendants with strong local knowledge. We expect them to onboard quickly. We also conducted a full-time hiring process. We selected four In Charges and two Attendants to fill open slots.

FTO Positions

To complete onboarding of new and promoting personnel, we conducted an FTO hiring process and selected six each In Charge FTOs and Attendant FTOs. Four of the Attendant FTOs are In Charge Paramedics that can precept paramedic students as well. The In Charge FTOs have completed training. The Attendant FTOs will complete training this month.

Communications

Furniture

Our console furniture arrived and has been installed. It looks great. The staff are very excited. The floor layout is better than the drawings indicated. Work will continue through the end of the month to install radios and computer equipment.

Staffing

We had one open position as the transition took place. Colby Mockler has provided double duty with this QA role and manning a console. Later this month, Christina Marsden (In Charge Paramedic) will transition to MEDCOM to fill the 12th position. We are also planning a part-time hiring process to develop some bench strength.

The existing staff are doing well. We have been rotating staff between positions so that everyone will be experienced in call taking and radio ops.

The working relationship between the BCSO staff and MEDCOM is going well. We have received positive feedback from both sides, including the BCSO leadership. We have included the BCSO staff in our CPR save recognition.

Revenue Cycle

Performance as of 11/13

- Billable trips 837
- Gross Charges $2,029,043
- Average Gross Charge per Trip $2,424
- Net Collections $47,322
- Accounts receivable $1,899,171

We only had eleven records returned in October for additional information. Clinical documentation is very strong. Where we are lacking is obtaining insurance information. We had hoped the outcomes data from the hospitals coupled with clearinghouse data would return higher results. We are going to be emphasizing the importance of obtaining insurance data with the staff in the coming week.

Payer Mix and Collections

The high percentage of cases without insurance has resulted in a very high percentage of claims that are initially patient pay. This will reduce over time. As patients receive invoices, they will contact EMSMC with their payer information.

Payor Mix by Gross Charges

Start Date: 2026-10-01 End Date: 2026-10-31

Bastrop County ESD 3 TX

Month	Medicare	Medicaid	Insurance	Patient	Facility	Medicare Advantage	Medicaid MCO	TPL	Other Govt. Payers
2026-10	14.3%	0.4%	17.1%	42.3%	0.3%	21.1%	2.3%	0.0%	2.1%
Average	14.3%	0.4%	17.1%	42.3%	0.3%	21.1%	2.3%	0.0%	2.1%

Collections have started flowing in from most payer categories, including Medicare, Medicaid, Private Insurance and the VA. It will take six months, about six months to fully ramp and begin having confidence in the revenue per transport and monthly revenue performance.

Case Mix

Our case mix is very strong and reflects the high acuity we are seeing. This acuity level supports a very high percentage of ALS1 and ALS2 claims. This should result in 1) a low denial rate, and 2) a high percentage of net collections for patients with a payer source.

Run Mix (Trip Date)

Start Date: 2026-10-01 End Date: 2026-10-31

Bastrop County ESD 3 TX

Emergency

DOS (YYYY-MM)	Trip Count	ALS	ALS2	BLS	SCT	RT % of Month
2026-10	701	69.4%	12.0%	17.8%	0.8%	**100.0%**
Emergency:	701	69.4%	12.0%	17.8%	0.8%	**100.0%**
Bastrop County ESD 3 TX:	**701**	**69.4%**	**12.0%**	**17.8%**	**0.8%**	
Total Average:	**701**	**69.4%**	**12.0%**	**17.8%**	**0.8%**	

Note: Report % represent share of total monthly volume for the selected reporting

Facilities

A work order for EMS station signage for Highway 71 for the Enchanted Cove has been submitted to TxDOT. We are hoping for approval within a month. If approved, they would place a warning sign east and west of the intersection.

Reporting

Most of our reporting is still in its native format.

Destination Breakdown and Turnaround Times

Transports by Destination and Turnaround Time - B... EMS

Destination Location Name	Destination Location Type	Count of Incidents	Median Turnaround Time	Turnaround Time 90th Percentile
AirLife - Lockhart	EMS Provider (Air)	1		
Ally Medical Emergency Room-Bastrop	Hospital	1	06m:52s	06m:52s
Ascension Seton Bastrop	Hospital	181	24m:22s	38m:56s
Ascension Seton Hays	Hospital	17	30m:26s	76m:33s
Ascension Seton Medical Center	Hospital	32	29m:33s	37m:37s
Ascension Seton Northwest	Hospital	1	30m:22s	30m:22s
Ascension Seton Smithville	Hospital	41	17m:20s	30m:26s
Ascension Seton Williamson	Hospital	2	30m:26s	35m:23s
BSW Austin	Hospital	1	16m:16s	16m:16s
BSW Pflugerville	Hospital	3	24m:15s	30m:23s
BSW Round Rock	Hospital	5	22m:43s	53m:40s
BSW Taylor	Hospital	2	16m:14s	18m:05s
BTCESD 1 Fire Station 2	Other (Not Listed)	1		
Dell Children's Medical Center	Hospital	42	25m:49s	41m:33s
Dell Seton Medical Center at UT	Hospital	54	30m:02s	61m:29s
PHI Med 14 (Cedar Creek)	EMS Provider (Air)	1	14m:00s	14m:00s
St Davids Manor	Hospital	1	23m:48s	23m:48s
St. David's Bastrop	Hospital	120	23m:41s	34m:13s
St. David's Heart Hospital of Austin	Hospital	6	27m:38s	33m:14s
St. David's Manor	Freestanding ER	2	18m:58s	20m:53s
	Home	1	29m:18s	29m:18s
	Hospital	24	22m:24s	39m:34s
St. David's Medical Center	Hospital	54	34m:39s	48m:27s
St. David's North Austin Medical Center	Hospital	5	23m:53s	38m:53s
St. David's South Austin Medical Center	Hospital	125	34m:01s	55m:14s
St. David's Manor	Hospital	1	26m:28s	26m:28s
Station 6	Other (Not Listed)	1	96m:51s	96m:51s
Zone 31 Smithville Regional Hospital	Hospital	1	26m:18s	26m:18s
Zone 41 PHI Cedar Creek Hangar	EMS Provider (Air)	1	12m:45s	12m:45s
N\A	EMS Provider (Air)	1		
	Hospital	1		
Grand Total		729	26m:37s	44m:47s

Commentary: We have implemented an improvement project around destination documentation. This first month's report had some data entry errors. St. David's Manor was not in the predefined facility list. This reported in some free text entries and showing the facility as multiple entries in the report. We also had inconsistency on how to document air medical transport. The helicopter is not the destination. Both of these have been clarified with the staff.

Cardiac Arrest

We responded to 15 workable cardiac arrests. Five of these resulted in sustained return of spontaneous circulation. Two are confirmed to be discharged alive with no neuro deficit. There is one more that is looking favorable.

Airway Management Success

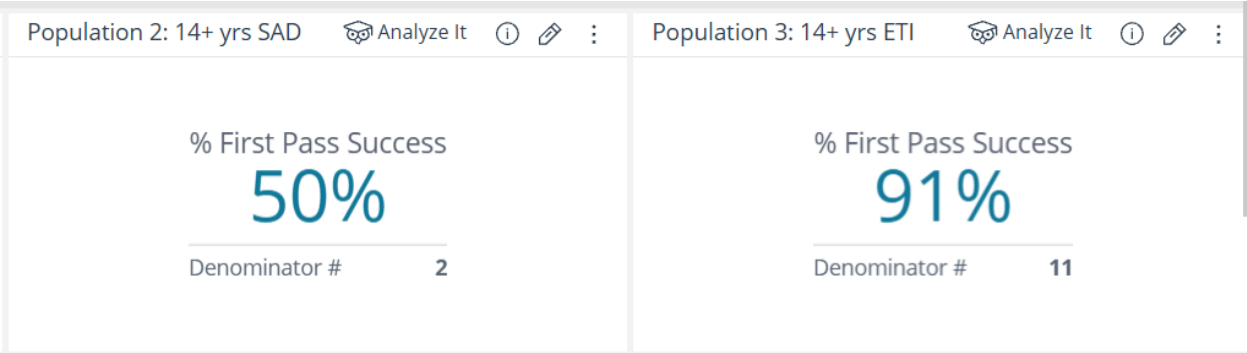
We performed more intubation cases in one month than Acadian did in one year. The data below contains results for the first 45 days. I believe the high percentage of airway cases for which the crew opt for endotracheal intubation is attributed to 1) the high experience level and confidence across our In Charge Paramedics compared to Acadian's staff, 2) a medical control system that emphasizes definitive airway access and control, and 3) the presence of state of the art airway protocols and equipment including video laryngoscopy.

The following is our success data since the transition. The national benchmark for first pass success for non-cardiac arrest is 77%.

All airway cases (cardiac arrest and non-cardiac arrest for supraglottic airway devices (SAG) and intubation (ETI):



For non-cardiac arrest ETI:



This data is outstanding! Great work. However, on its face, it is surprising that we would perform better on non-cardiac arrest. Here's how I would interpret the data. It is my hypothesis that we take our time and perform a very controlled, methodical approach to non-cardiac arrest airway management. The ones I have personally observed have teams skilled with excellent, detailed, protocol driven communication. I suspect that cardiac arrest attempts are faster, less controlled attempts, also known as "crash airways," that are performed around chest compressions.