PROPOSAL NARRATIVE AND EXHIBITS

A Proposal to Provide Emergency Ambulance Services for Napa County

May 2011

AMERICAN MEDICAL RESPONSE®

Exhibit A

Face Sheet

*****THIS FORM MUST APPEAR AS THE FIRST PAGE OF THE PROPOSAL*****

This is a proposal to contract with Napa County to provide emergency medical ground ambulance services to persons requesting said service through the County or a County Dispatch Center(s).

Name of Propose: American Medical Response West

DBA: American Medical Response

Type of Organization: ☒ **Corporation** ☐ **LLC** ☐ **Partnership** ☐ **Other**

Date Founded: 05/27/1992

Legal Address: 1670 Las Plumas Ave., Suite H, San Jose, CA 95133-1679

Phone: 650-823-8643 **Fax:** 877-735-7318 *(Required for Notification)*

Federal Tax Number: 77-0324739

Contact Person: Bruce H. Lee

Title: General Manager

Phone: 408-574-3818 **Email:** Bruce.Lee@amr.net

Address for Mailings: *(If different from above):* Same as above

Authorized Signature:

Date Submitted: May 25, 2011

Print Name: Bruce H. Lee

Title: General Manager

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May 25, 2011

Ty Cook, EMS Coordinator
Napa County EMS Agency
Public Health Division
Health and Human Services Agency
2344 Old Sonoma Road, Bldg. G
Napa, CA 94559

RE: Request for Proposal – Emergency Ambulance Services, Advanced Life Support Transport and EMS System Performance Specifications for Napa County, California

Dear Mr. Cook:

American Medical Response West, d/b/a American Medical Response (AMR), is honored to submit this proposal for Emergency Ambulance Services in Napa County. Our history and roots run deep within Northern California. More importantly, we have taken the time to learn about Napa County EMS, its current priorities, its culture, and its future direction. We have developed a proposal that has been customized for the unique needs of the Napa Valley. We want to be your partner with the on-going development and delivery of a premier EMS system.

No other service provider has the ability to leverage the industry-leading expertise and financial support of AMR. We are prepared to work collaboratively with you to develop more efficient, clinically sophisticated EMS system that raises the bar of public expectations.

We have proposed many key enhancements for local EMS and healthcare system that will directly benefit the community, and most importantly the patients we serve. Through these enhancements and our service delivery design, we are confident that we will be able to demonstrate outcome improvements to patient care and ultimately saving more lives.

We are prepared to make long-term investments in Napa County. In fact, many of our system enhancements will be delivered through forward-thinking public/private partnerships, which will keep much of our money invested locally in the community. Most important, our proposal offers all of these substantial clinical and operational enhancements while maintaining ambulance rates at a very reasonable and competitive level as requested by the Board of Supervisors and the community.

We accept all system specifications and conditions of the RFP without exception.

AMR is uniquely qualified to deliver on our promises and innovative solutions. We look forward with enthusiasm to serving the needs of the Napa County EMS system in a professional manner for many years to come.

Respectively submitted,

Bruce H. Lee
Regional General Manager
AMR Napa County

Tom Wagner
Chief Executive Officer
Northern California Region

EXECUTIVE SUMMARY

American Medical Response West, a California Corporation doing business as American Medical Response (AMR), views this proposal submittal as both an opportunity and privilege. Over the last 12 months, we have taken the time to carefully study and learn about the Napa County EMS system, its strengths and weaknesses, and we clearly understand desire of its stakeholders to drive a course of positive change.

We have attended numerous meetings, forums, met with key representatives, reviewed documents and developed solid working relationships. In short, we have become engaged with the local EMS community. We look forward to continuing this process, bringing our considerable talent, experience and resources to the table and building upon these relationships in the years to come. Working together as a partner with the County's EMS Agency and the EMS system participants, we are ready to move ahead and implement a premier system for the Napa Valley.

Our design balances three fundamental objectives. First, is high quality medical care for people in their time of need. Strong physician leadership, a patient-centered and evidence-driven culture and award winning quality management practices ensure state-of-the art medical care. We listen and learn to ensure we have a thorough understanding. We teach our team and constantly hone their medical skills.

Next, is a smooth running operation. Napa is a beautiful but challenging community to serve. We will bring the talent, equipment and practices to reliably deliver emergency ambulance service, in synchronized harmony with a vibrant public safety community, even in the face of varying demands by virtue of the Napa Valley's geography, topography and unique blend of agriculture and tourism. A key part of our plan is making a great working environment for the current Napa Valley ambulance workforce, making their transition personally and professionally rewarding and seamless.

Rounding out the balancing act Napa needs and we are prepared to deliver, is economic efficiency. AMR will invest nearly $2 million into the infrastructure for ambulance services and will focus our investments to build upon the existing foundation within the fire service. The tools, technology and talent we will bring to Napa will help us run a tight ship and fully finance its operations from user fees which are comparable to neighboring communities and lower than proposed by previous bidders. Our expert ambulance billing programs maximize reimbursement for health insurance, while minimizing the burden of ambulance service bills for people with scarce resources.

Medical excellence, smooth operations and economic efficiency --that is what Napa can expect from AMR.

As you review our proposal, please consider the following eleven key elements and strengths of the AMR offerings:

Clinical Excellence

- ☑ AMR is committed to clinical excellence. Our clinical approach, lead by *AMR Medicine*, is second to none in the industry.

- ☑ We have assembled a powerful Medical Direction team: Dr. Ed Racht, AMR's Chief Medical Officer, partnering with Dr. Andy Nothmann, our local Medical Director working in a shared capacity with the Napa Fire Department. This partnership will deliver a standardized, hands-on approach to medical direction for both ALS providers, coupled with the national support of the *AMR Medicine* team. AMR will provide additional funding to the City of Napa to increase Dr. Nothmann's level of effort for this joint function.

- ☑ We are also extremely proud to propose another clinical partnership our Clinical and Education Manager position. Christy Hollis, PA and EMT-P will oversee both AMR and Napa Fire's quality management and training programs. AMR will provide additional funding to the City of Napa to increase Ms. Hollis's level of effort for this joint function.

- ☑ Our local Medical Director, and CES staff, will work directly with the EMS Agency's Medical Director to collaborate on new treatment policies and training initiatives, quality improvement, research and treatment policy development.

- ☑ AMR commits to producing an EMS Field Manual for all BLS/ALS crews working within Napa County. This field manual will include a summary of all treatment policies, MCI procedures, disaster and homeland security protocols, communication policies and other important aspects of

the EMS system. AMR will produce this manual free of charge for all public and private personnel working within Napa County

- ☑ Training in Motion (TIM): We are proposing a mobile simulation center training facility. This simulation center on wheels was previously designed in collaboration with fire first responder partner agencies in various jurisdictions. We intend to add upgrades to the unit that we provide for Napa County.

Operational Management

- ☑ Our approach to operations is solid. We have a strong, proven track record of meeting response time standards in many high performance EMS systems. We will meet or exceed all contract response time requirements in Napa County.
- ☑ We have developed a flexible, easy to understand deployment system that is performance based. Additional unit hours will be added at contract start-up (and maintained for at least 6 weeks) to assure a smooth transition and successful implementation of the new system.
- ☑ We will utilize a state-of-the-art deployment monitoring, modeling and validation programs: FirstWatch™, and ArcGIS™.
- ☑ We propose to partner with Napa Central Dispatch for the function of primary 9-1-1 ambulance dispatch countywide. This will streamline call handling, unit dispatching and improve ambulance resource management.
- ☑ In conjunction with Napa Central Dispatch, we will develop real-time field resource monitoring capabilities for AMR supervisor personnel and fire command staff.

- ☑ We will establish a well defined communication system between Napa Central Dispatch and AMR Sacramento Dispatch for the coordination of Inter-facility Transports (IFT) and mutual aid ambulance resources.

- ☑ AMR will assure that credible and transparent contract performance data is readily available to the County and system stakeholders.

Sophisticated Quality Management Systems

- ☑ We understand that Napa County is currently in the process of establishing its own clinical oversight system independent of Coastal Valley EMS (CVEMS). It is the intent of AMR to be supportive of the development of the Napa County EMS system and to be an active participant in the new clinical quality improvement programs.
- ☑ As further evidence of our commitment to embody a quality-focused organization, we commit to apply for the prestigious California Quality Award within the first two years of the start of a new contract (which another AMR operation in the Bay Area won this year), followed by the Malcolm Baldrige National Quality Award, as eligible.

- ☑ AMR will utilize its National Equipment Evaluation Team (NEET) to support Napa County operations. NEET is a multidisciplinary team responsible for evaluating clinical and safety products for consideration, establishing specific criteria, conducting trials in operations, collecting and analyzing data from the trials, and making recommendations to the organization.

Comprehensive Mutual Aid / Surge Mitigation Plan

- ☑ We have proposed and outlined a multi-facetted, forward-leaning EMS mutual aid and surge mitigation plan for Napa County, utilizing both private and public resources within a tiered system.

- ☑ AMR will work with regional EMS aircraft providers to assure an integrated and well coordinated system ground and air transportation.

Understanding Local Community Needs

- ☑ AMR understands the importance of Angwin Community Ambulance Service. In this regard, AMR proposes to subcontract with Angwin for BLS ambulance services and provide funding in order to help sustain this level of service for the community. We will also assist the Angwin Community Ambulance Service volunteers in elevating their training to the EMT-A certification level.

- ☑ AED / PAD Donations: AMR will purchase eight (8) AEDs in support of the County's Public Access Defibrillator (PAD) Program. At least three (3) of these AEDs will be located within the City of Napa. The AED units will be placed in areas of need as determined by appropriate City and County agencies. Four (4) units will be purchased during the first year of the contract and an additional four (4) units will be acquired in the second year of the contract. The units purchased will be compatible with all monitor-defibrillators used on ALS units within the County.
  This donation by AMR also includes the training and maintenance support necessary for compliance to the PAD Program.

Public/Private Partnerships

- ☑ This proposal represents a forward-thinking approach to system integration and operational efficiencies built through solid public/private partnerships. However, these partnerships bring more to the table than the cost-saving efficiencies; they bring providers together to standardize and coordinate many important aspects of EMS service delivery.

- ☑ AMR proposes to assist American Canyon Fire District in developing ALS first response capability, and provide annual funding and supply exchange to assure on-going sustainably.

- ☑ AMR proposes to assist multiple up-valley fire service providers in developing and implementing an EMT-A level of service (Calistoga, St. Helena and CALFire).

- ☑ AMR proposes to subcontract with the City of Napa for fleet high quality, responsive and cost-effective fleet maintenance services.

- ☑ Subject to the approval of fire jurisdictions, AMR proposes to station ambulances at certain local fire houses on a contractual basis.
- ☑ AMR will develop and implement a BLS and ALS re-supply system for all first responders and Angwin Community Ambulance, at no cost.
- ☑ AMR proposes to share key services such as Medical Direction and Clinical Education and Training staff with a fire service partner, which will allow for a standardized approach to oversight and cost efficiencies for the system.

Financial Strength and Stability

- ☑ During today's uncertain economic climate, coupled with the unknowns of healthcare reform, AMR offers Napa County with a sustainable, quality-oriented emergency ambulance operation.
- ☑ AMR has the stability and depth of resources to adapt to changes conditions, as well as the revenue management expertise to navigate through the changing healthcare reimbursement environment.

Investment in Equipment and Technology

- ☑ AMR will invest in a brand new state-of-the-art 2011 Sprinter ambulance fleet customized for Napa County operations. This vehicle was selected for many different reasons, including the fact that it has the best environmentally-friendly package available in the industry.

- ☑ New state-of-the art medical equipment will be included on each ambulance and QRV vehicle, including LIFEPAK 15s coupled with the LIFENET and Airstrip Cardiology technology for 12-lead transmission directly to hospitals. This is most advanced system on the market today, and is compatible with current technology used at Napa area hospitals.
- ☑ Our Napa County operation will be implementing the latest version of the MEDs ePCR (electronic patient care record) system, which is a proven tool to efficiently and accurately capture clinical and demographic data.

- ☑ AMR in Napa County is pleased to propose FirstWatch ® (Early Warning Biosurveillance System) as a system enhancement to monitor, in real-time, a variety of pre-designated measures. FirstWatch has become the industry standard for early detection of bioterrorism and public health episodic events and AMR uses FirstWatch across it Bay Area Operations. This program will also be used to validate the effectiveness of our deployment plans.
- ☑ We will install the Stryker Power-PRO XT-powered ambulance cot in all Napa units following a study done by AMR and Western Michigan University in spring 2010 that showed a 62 percent reduction in back-injury claims.
- ☑ AMR will be equipping all of our Napa County units with the Stryker Stair Pro – Model 6252 stair chairs. These stair chairs include a stair tread to allow for safe and comfortable movement of patients.

Veteran EMS Leadership with Customer Focus

- ☑ AMR has selected Bruce H. Lee to serve as the General Manager (GM) for Napa County operations. Mr. Lee is a veteran EMS professional with over 25 years of public and private sector executive management experience, at the local and states levels.
- ☑ We will be adding to the management structure by carefully considering all local talent first before going to the outside areas for recruitment.
- ☑ The local GM and other managers will be supported by a strong and responsive regional and national management teams.

Employee Relations and Career Development

- ☑ By selecting AMR, the community will benefit from our company's excellent working relationship with field employees. We are fully committed to providing a work environment that rewards staff for their tenure, experience and dedication.

- ☑ AMR Napa County commits to giving first consideration for employment to the County's incumbent EMS workforce. We will recruit and employ all qualified EMTs and Paramedics**,** and invite them to join our company family.

- ☑ No other EMS provider offers compensation and benefits that compare to AMR's package for field employees. The local Napa County workforce and their families will enjoy our generous benefit programs.

- ☑ As the nation's industry leader, AMR offers their employees many career development opportunities both locally and nationally.

Reasonable and Competitive Billing Rates

- ☑ AMR proposes reasonable and fair billing rates that are very competitive within the regional market. This appropriate rate structure will offer the funding necessary to allow for many system improvements and sustainable operations to assure public health and safety.

- ☑ AMR is proud to offer Napa County our Compassionate Care Program which is designed to address the growing economic concerns facing our nation by reducing ambulance bills for patients without insurance and who are unable to pay their ambulance bill

In summary, AMR has thoroughly studied Napa County's emergency ambulance needs and existing public safety assets. We set expectations for medical excellence; smooth operations and inter-agency collaboration with a requirement for economic efficiency. Then we custom tailored a system and set of service offerings which meet those stringent standards while improving the working conditions and professional opportunities for Napa County paramedics and EMTs. We stand ready to bring our leadership, experience and financial resources; and together with Napa County EMS and the EMS community, to implement a comprehensive ambulance service upgrade.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/29/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA INC.
1225 17TH STREET, SUITE 2100
DENVER, CO 80202-5534

850539-12345-GAWUP-11/12

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #:

INSURED
EMERGENCY MEDICAL SERVICES CORPORATION
6200 SOUTH SYRACUSE WAY, SUITE 200
GREENWOOD VILLAGE, CO 80111-4737

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : ACE American Insurance Company	22667
INSURER B : Indemnity Insurance Co of North America	
INSURER C : Lexington Insurance Company	19437
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** SEA-001930662-01 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X SIR $250,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC			XSLG25528281	03/31/2011	03/31/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,750,000 $ 100,000 $ $ 2,750,000 $ 10,000,000 $ 2,750,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			ISAH08634658	03/31/2011	03/31/2012	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 5,000,000 $ $ $ $ $
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION $			6796605	03/31/2011	03/31/2012	EACH OCCURRENCE AGGREGATE	$ 25,000,000 $ 25,000,000 $ $
B A A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WLRC46478915 AOS SCFC46478939 WI WLRC46478903 AZ, CA, MA WCUC46478927 EX WC (OH/WA)*	03/31/2011 03/31/2011 03/31/2011 03/31/2011	03/31/2012 03/31/2012 03/31/2012 03/31/2012	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C	HEALTH CARE PROFESSIONAL LIABILITY (CLAIMS MADE)			6796605	03/31/2011	03/31/2012	EA OCC/GEN AGG SIR	20,000,000 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Sharon A. Hammer

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ADDITIONAL INFORMATION

SEA-001930662-01

DATE (MM/DD/YY)
03/29/2011

PRODUCER
MARSH USA INC.
1225 17TH STREET, SUITE 2100
DENVER, CO 80202-5534

850539-12345-GAWUP-11/12

INSURED
EMERGENCY MEDICAL SERVICES CORPORATION
6200 SOUTH SYRACUSE WAY, SUITE 200
GREENWOOD VILLAGE, CO 80111-4737

INSURERS AFFORDING COVERAGE	NAIC #
INSURER G:	
INSURER H:	
INSURER I:	
INSURER J:	

TEXT

*$1,000,000 SIR APPLIES TO EXCESS WC POLICY NO. WCUC46478927

INSURER: A - ACE AMERICAN INSURANCE COMPANY
POLICY #: ISA H08633101
COVERAGE: AUTOMOBILE LIABILITY (NY)
POLICY TERM: 01/01/11 TO 01/01/12
LIMIT: $50,000 COMBINED SINGLE LIMIT

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.
Sharon A. Hammer

Sharon A. Hammer

EXHIBIT B
DEBARMENT AND SUSPENSION CERTIFICATION

The Proposer, under penalty of perjury, certifies that, except as noted below, Proposer, its principal, and any named subcontractor:

1. Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;
2. Has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past three years;
3. Does not have a proposed debarment pending; and,
4. Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three years.

If there are any exceptions to this certification, insert the exceptions in the following space.

Exceptions will not necessary result in denial of award, but will be considered in determining Proposer responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of action.

Notes: Providing false information may result in criminal prosecution or administrative sanctions. The above certification is part of the Proposal. Signing this Proposal on the signature portion thereof shall also constitute signature of this Certification.

Proposer Name: American Medical Response West, Bruce H. Lee

Proposer Signature: _____

Title: General Manager

Date: 5/25/11

EXHIBIT C
REFERENCES

CURRENT REFERENCES **Proposer name:** American Medical Response West

Company Name:	Contra Costa County EMS
Address:	1340 Arnold Drive, Suite 126
City, State, Zip Code:	Martinez, CA 94553
Contact Person:	Art Lathrop, EMS Director, Contra Costa County EMS
Telephone Number:	(925) 646 - 4690
Service Provided:	ALS and BLS
Dates/Type of Service:	1959/ to / Present

Company Name:	San Mateo County EMS Agency
Address:	22537 Avenue
City, State, Zip Code:	San Mateo, CA 94403
Contact Person:	Sam Barnett, EMS Administrator, San Mateo County EMS Agency
Telephone Number:	(650) 573 - 2564
Service Provided:	ALS and BLS
Dates/Type of Service:	1990/ to / Present

EXHIBIT C
REFERENCES

Company Name:	Santa Barbara County, EMS
Address:	300 North San Antonio Rd.
City, State, Zip Code:	Santa Barbara, CA 93110
Contact Person:	Nancy Lapolla, EMS Director
Telephone Number:	(805) 681 - 5264
Service Provided:	ALS and BLS
Dates/Type of Service:	1970 to / Present

EXHIBIT C
REFERENCES

FORMER REFERENCES **Proposer name:** American Medical Response West

Company Name:	Coastal Valley's Regional EMS Agency
Address:	475 Aviation Blvd. Suite 200
City, State, Zip Code:	Santa Rosa, CA 95403
Contact Person:	Bryan Cleaver, Regional EMS Administrator Coastal Valley's Regional EMS Agency
Telephone Number:	(707) 565 - 6501
Service Provided:	ALS, BLS and CCT
Dates/Type of Service:	1991/ to / Present

Company Name:	Sierra-Sacramento Valley EMS
Address:	5995 Pacific Street
City, State, Zip Code:	Rocklin, CA 95677
Contact Person:	Vickie Pinette, Regional Executive Director
Telephone Number:	(916) 625 - 1703
Service Provided:	ALS and BLS
Dates/Type of Service:	1977/ to / Present

EXHIBIT C
REFERENCES

Company Name:	Santa Cruz County EMS
Address:	1080 Emeline Avenue
City, State, Zip Code:	Santa Cruz, CA 95060
Contact Person:	Celia Barry, EMS Program Manager, Santa Cruz County EMS
Telephone Number:	(831) 454 - 4751
Service Provided:	
Dates/Type of Service:	1965/ to / Present

EXHIBIT D
INVESTIGATIVE AUTHORIZATION – INDIVIDUAL

The undersigned, being CEO (title) for AMR West (entity), which is a prospective Contractor to provide Emergency Ambulance Transport Services to Napa County recognizes that public health and safety requires assurance of safe, reliable and cost efficient ambulance service. That assurance will require an inquiry into matters which are determined relevant by the Napa County EMS Agency or its agents, such as, but not limited to, the character, reputation, competence of the entity's owners and key employees.

The undersigned specifically acknowledges that such inquiry may involve an investigation of his or her personal work experience, educational qualifications, moral character, financial stability and general background, and specifically agrees that the EMS Agency, or its agents, may undertake a personal investigation of the undersigned for the purpose stated. This authorization shall expire six (6) months from the signature date.

AUTHORIZATION FOR SUCH PERSONAL INVESTIGATION IS HEREBY EXPRESSLY GIVEN:

_____

Date: 5/18/2011

Individual Name Thomas Wagner

ACKNOWLEDGEMENT

STATE OF _____
COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said County and State, personally appears _____ to me known to be the person described herein and who executed the foregoing Affirmation Statement, and acknowledged that he/she executed the same as his/her free act and deed.

Witness my hand and Notarial Seal subscribed and affixed in said County and State, the day and year above written.

Notary Public;_____

Notary Public Seal

Commission Expiration Date: ___/___/___

See Attachment
For Notarization

California all purpose
Certificate of Acknowledgment

State of California

County of Contra Costa } ss

On 5/8/11, Pat Blume - notary public before me, personally
Date (Here insert name and title of the officer)

appeared Thomas Wegner, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

PAT BLUME
COMM. #1778580
NOTARY PUBLIC - CALIFORNIA
CONTRA COSTA COUNTY
My Comm. Expires Nov. 24, 2011

Signature _____
Signature of Notary Public

(Notary Seal)

OPTIONAL SECTION

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document Investigative Authorization

Document Date 5/8/11 Number of Pages two

CAPACITY(IES) CLAIMED BY SIGNER

Name of Signer _____

Title(s) _____

Signer is Representing: _____

2008 New California Acknowledgment

EXHIBIT D
INVESTIGATIVE AUTHORIZATION – INDIVIDUAL

The undersigned, being General Manager (title) for AMR West (entity), which is a prospective Contractor to provide Emergency Ambulance Transport Services to Napa County recognizes that public health and safety requires assurance of safe, reliable and cost efficient ambulance service. That assurance will require an inquiry into matters which are determined relevant by the Napa County EMS Agency or its agents, such as, but not limited to, the character, reputation, competence of the entity's owners and key employees.

The undersigned specifically acknowledges that such inquiry may involve an investigation of his or her personal work experience, educational qualifications, moral character, financial stability and general background, and specifically agrees that the EMS Agency, or its agents, may undertake a personal investigation of the undersigned for the purpose stated. This authorization shall expire six (6) months from the signature date.

AUTHORIZATION FOR SUCH PERSONAL INVESTIGATION IS HEREBY EXPRESSLY GIVEN:

_____

Date: 5/19/11

Individual Name Bruce H. Lee

ACKNOWLEDGEMENT

STATE OF _____
COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said County and State, personally appears _____ to me known to be the person described herein and who executed the foregoing Affirmation Statement, and acknowledged that he/she executed the same as his/her free act and deed.

Witness my hand and Notarial Seal subscribed and affixed in said County and State, the day and year above written.

Notary Public;_____

Notary Public Seal
*see attached Ack. for Notary. 5/19/11

Commission Expiration Date: ___/___/___

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Santa Clara

On May 19th 2011 (Date) before me, Manoj Amin, a Notary Public (Here Insert Name and Title of the Officer)

personally appeared Bruce H. Lee (Name(s) of Signer(s))

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(~~ies~~), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

MANOJ AMIN
Commission # 1933067
Notary Public - California
Santa Clara County
My Comm. Expires May 15, 2015

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature MAmin (Signature of Notary Public)

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Exhibit D, Investigative Authorization - Individual

Document Date: 5-19-11 Number of Pages: 1

Signer(s) Other Than Named Above: None

Capacity(ies) Claimed by Signer(s)

Signer's Name: Bruce H. Lee

☒ Individual
☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other:

Signer Is Representing: Him self

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer's Name:

☐ Individual
☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other:

Signer Is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

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EXHIBIT E
INVESTIGATIVE AUTHORIZATION – ENTITY

This authorization shall expire six (6) months from the date of the signature.

AUTHORIZATION FOR SUCH INVESTIGATION IS HEREBY EXPRESSLY GIVEN BY THE ENTITY:

Entity Name: American Medical Response West

Authorized Representative (Signature): _____

Authorized Representative (Printed): Bruce H. Lee

Title: General Manager

Date: 5/19/11

ACKNOWLEDGEMENT

STATE OF California

COUNTY OF _____

On this _____ day of _____, 20____, before me appeared _____ to me personally known, who being by me duly sworn, did say that he/she is the _____ of _____ and that said instrument was signed in behalf of said entity by authority delegated to him/her, and said affiant acknowledges said instrument to be the free act and deed of said entity. In WITNESS WHEREOF, I have hereunto set by hand and affixed my official seal the day and year last above written.

_____

Notary Public

Notary Public Seal Commission Expiration Date: ___/___/_____

* see attached Ack. for Notary. 5/19/11.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Santa clara

On May 19th 2011 (Date) before me, Manoj Amin, a Notary Public (Here Insert Name and Title of the Officer),

personally appeared Bruce H. Lee (Name(s) of Signer(s))

who proved to me on the basis of satisfactory evidence to be the person(~~s~~) whose name(~~s~~) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(~~ies~~), and that by his/~~her/their~~ signature(~~s~~) on the instrument the person(~~s~~), or the entity upon behalf of which the person(~~s~~) acted, executed the instrument.

MANOJ AMIN
Commission # 1933067
Notary Public - California
Santa Clara County
My Comm. Expires May 15, 2015

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature MAmin (Signature of Notary Public)

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Exhibit - E, Investigative Authorization - Entity

Document Date: 5-19-2011 Number of Pages: 1

Signer(s) Other Than Named Above: None

Capacity(ies) Claimed by Signer(s)

Signer's Name: Bruce H. Lee
- ☐ Individual
- ☐ Corporate Officer — Title(s):
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☒ Other: General manager

Signer Is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer's Name:
- ☐ Individual
- ☐ Corporate Officer — Title(s):
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other:

Signer Is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

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A. Organizational Disclosures

1. Organizational Ownership and Legal Structure

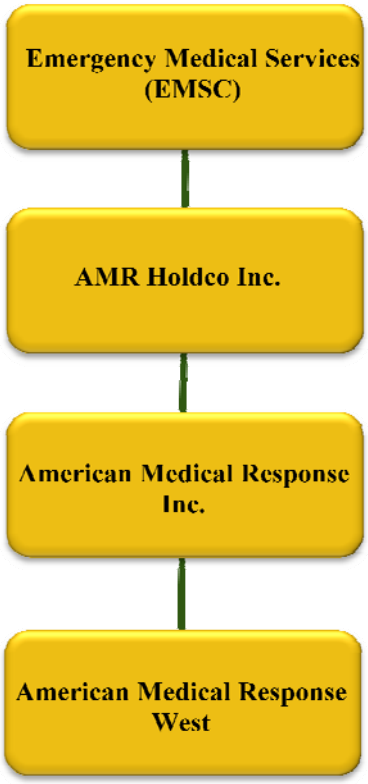
The proposer shall describe its legal structure including type of organization, its date and state of formation

Organizational Ownership and Legal Structure

Emergency Medical Services Corporation (EMSC) is the parent company of American Medical Response, Inc. EMSC is publicly traded under the symbol "EMSC", and is the nation's largest provider of ambulance services as American Medical Response.

The legal entity submitting this proposal is American Medical Response West, a California corporation (AMR West), doing business as American Medical Response (AMR), whose regional headquarters are located in Livermore, California. AMR West is a wholly owned subsidiary of American Medical Response, Inc. (AMR Inc.), a Delaware corporation, which was established in August 1992, headquartered in Greenwood Village, Colorado. Located on the following page, the chart illustrates these relationships.

American Medical Response West



2. Continuity of Business
The proposer shall provide the organizations background and number of years under present business name, as well as prior business names.

American Medical Response West (AMR West) is the legal business name. We are also well known as American Medical Response or AMR since the foundation of the company 19 years ago. We will use AMR as the name in this proposal.

AMR grew in part thru acquisition and consolidation of over 250 ambulances services, some starting as early as 1903. As such, AMR operates today with a legacy of over 250 past business names. In the following pages we will introduce you to our company and its background.

AMR's Background

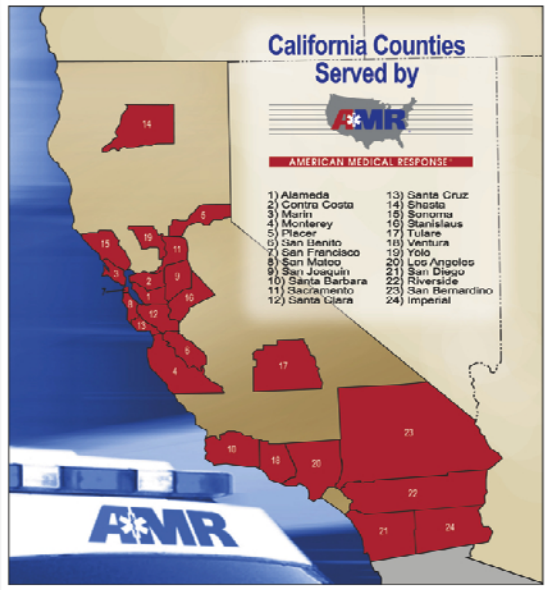
AMR currently operate in 39 states and the District of Columbia, serving nearly 4 million patients each year with 18,500 employees and a fleet of over 4,400 vehicles.

We respond to patients in need of emergency care and transportation almost 8,600 times a day around the country, touching the life of a patient every three seconds.

At AMR, we offer a full range of ambulance services.

1. Advanced Life Support (ALS)
2. Basic Life Support (BLS)
3. Critical Care Transport (CCT)
4. Bariatric Transport and medical transport standby services and support for hospital-based neonatal and pediatric teams.
5. We also provide wheelchair van services to many customers, in addition to a full range of community service and education programs.

With having operations throughout the state of California, it positions us to offer Napa County a level of resources, shared data analysis, and disaster support capacity that no other provider can begin to match. Our mission is to make a difference by caring for people in need. We would be honored to care for the residents of Napa. Below we have described in detail key components of why we believe we are the best provider for the Napa community.



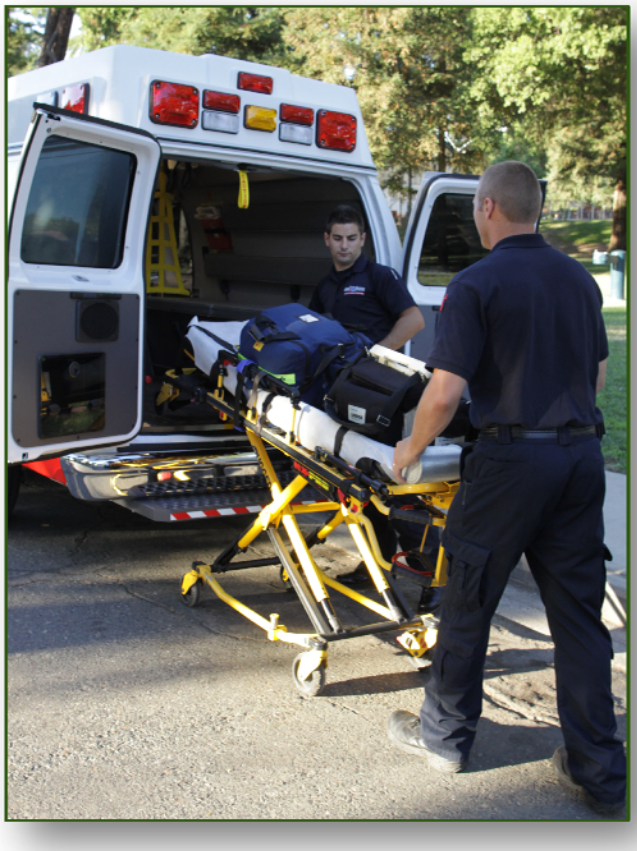
1. **Operating Philosophy**
2. **Stability**
3. **Accountability**
4. **Sophistication**
5. **Collaboration**
6. **Customer-Focused Leadership**
7. **Workforce Growth**
8. **Rapid Implementation**
9. **Commitment to the Service Delivery Model**

Operating philosophy

The AMR mission is to make a difference by caring for people in need. That mission and our patient focused, caregiver inspired, and customer centered values serve as our compass, ensuring that the sizable business of ambulance service and related care is delivered on a human scale – one person to another – with compassion and respect. We align training, initiatives, metrics, and rewards so that everyone has the tools to succeed in his or her role and then we hold each person accountable for his or her part of the mission and plan.

- AMR is a strong, dependable community partner. Our customers count on and appreciate our reliability, the quality of care we provide, our dedication to relationships that benefit all, and the efficiency with which we operate.
- AMR employees are trusted experts, empowered to serve people with compassionate care and innovative solutions.
- AMR's culture encourages frequent dialog between management and field employees to achieve our mission, promote our values, celebrate our successes, and learn and grow from our experiences.
- AMR is one of America's most admired companies because of our employee pride, our loyal customers, our clinical leadership, and our financial success.
- Patients, customers, and communities experience peace of mind knowing AMR professionals are ready to serve when needed.

We look forward to partnering with Napa County and other local stakeholders to ensure that Napa County's EMS system continues to evolve and deliver outstanding services.



Over the last 12 months, we have met with local stakeholders, reviewed documents, and attended meetings, all in an effort to better understand local needs and develop a proposal that is responsive to those needs. We look forward to continuing this process and building upon those relationships in the years to come.

AMR has an unparalleled track record of meeting response time standards in over 160 high performance EMS systems throughout Northern California and across the nation.

However, we recognize that arriving on time is only one part of the ambulance provider's responsibilities.

Once on scene, the provider must deliver excellent clinical services. Our proposal weaves these two themes together – operational efficiency and clinical sophistication. Both are needed to support Napa County's EMS system, and both must be delivered in a collaborative approach, working side-by-side with other local agencies to achieve success.

We offer Napa County our commitment to operational and clinical excellence, along with a collaborative approach to service delivery and continuous transformation of the EMS system. No other bidder can match AMR's track record of innovation in our industry, our expertise creating innovative public private partnerships throughout the Bay Area, or the peace of mind knowing your EMS provider offers compassionate high quality care.

Stability

During today's uncertain economic climate, AMR offers Napa County a sustainable ambulance operation. In many of the EMS systems we serve, we have seen a reduction in transport volume and an increase in the number of patients who are uninsured or underinsured, leading to a decline in revenue. We recognize that Napa County is not immune to the economic challenges facing our nation.

Reduction in tax revenues are challenging local governments and therefore impact public services. Napa County's EMS system must continue to provide responsive, clinically excellent services, even when facing fiscal challenges.

By selecting AMR as its ambulance provider, Napa County will choose a strong provider that is prepared to weather today's economic uncertainties of today and position the EMS system for the future.

AMR has the stability and depth of resources to adapt to changing conditions in an EMS system, and we have the expertise to modify delivery models to adapt to those changes, while still meeting performance criteria. We will be a strong partner in the Napa County EMS system, contributing our resources and expertise to strengthen the system during challenging times.

Accountability

By selecting AMR, Napa County will choose an ambulance provider that delivers on all contractual obligations and demonstrates our compliance through transparent reporting and ongoing access to data. AMR offers a strong focus on collecting and analyzing data to continually enhance our performance and serve as a valuable resource for Napa County and other stakeholders.

We will provide monthly performance reports to the Napa County, as well as access to real-time data through our ePCR system and Napa Centrals Computer Aided Dispatch (CAD) system, Intergraph.

Our monthly reports will share data on a wide range of areas, such as clinical performance, personnel credentials, training programs, vehicles, equipment, communications center operations, first responder integration, community education campaigns, disaster preparedness initiatives, billing and collection services, and response time performance. Through our use of sophisticated tools to collect and analyze data, we stand ready to promptly respond to requests for additional data. We will also encourage Napa County to share data regarding our performance through a highly public process, assuring the community that we are meeting our obligations.

We will implement innovative new ways to share data with other EMS system stakeholders, including:

LOCAL HOSPITALS

Hospital personnel will be able to go online at any time and view ePCR data regarding patients transported to their facility. They will also receive reports regarding transport volume into their facilities, allowing them to better plan emergency department resources.

LOCAL FIRST RESPONSE AGENCIES

We will share data that will aid first responder agencies in their resource planning, such as data regarding call information, clinical interventions and the use of medical supplies. First responder agencies that are part of the Public Private Partnership, and those that are considering joining the partnership will benefit from the data we will share regarding call volume trends.

Data will also drive our community education campaigns. We will partner with local stakeholders to share and analyze data, identify local needs, and develop and deliver targeted community education campaigns. By building our community education programs on a shared analysis of local data, we will provide campaigns that are tangible, measurable, and focused on community needs.

Data will also drive our community education campaigns. We will partner with local stakeholders to share and analyze data, identify local needs, and develop and deliver targeted community education campaigns. By building our community education programs on a shared analysis of local data, we will provide campaigns that are tangible, measurable, and focused on community needs.

Sophistication

With AMR as its ambulance provider, Napa County will benefit from a wide range of clinical and operational innovations that will enhance local EMS services. These sophisticated practices will ensure that we provide excellent care to our patients, while fostering system-wide improvement.

Our proposal provides details on numerous innovative practices, including:

- An ePCR system that will allow us to efficiently and accurately capture clinical data, make data readily accessible to receiving hospital staff, and facilitate in-depth analysis of our clinical performance – with direct access to data at any time by the County Medical Director and EMS Agency, allowing them to query data, produce their own reports, and conduct their own investigations

- Distance learning options for continuing education, making it more convenient for our personnel to stay up to date on their skills and knowledge, and offering this convenient and flexible approach to continuing education to local first responders
- Our leadership in formal EMS research – with our invitation to have Napa County join with us in multi-site research projects and study issues important to the local EMS system
- Use of the most advanced EMS system simulation tool available in the industry to evaluate deployment options and create a System Status Plan that will allow us to consistently meet or exceed response time requirements
- Access to real-time CAD data by EMS officials via the web and immediate notification via email to designated EMS leaders regarding pre-determined indicators
- A comprehensive system for measuring, monitoring, and reporting on key clinical performance indicators, under the oversight of our Medical Director, with support from local staff dedicated to clinical and educational services

Collaboration

Over the last 12 months, AMR has spent a substantial amount of time meeting with local first responder agencies to identify their needs and understand their priorities for serving their communities and supporting further evolution of Napa County's EMS system.

Based on these discussions, AMR's proposal includes a range of collaborative programs, including joint training programs and efficient re-stocking of supplies, as well as the option to have all Napa County EMS responders use our company's ePCR system.

AMR also understands the value of a successful Public Private Partnership model. We have experience participating in similar innovative models in other Bay Area counties, where we have seen firsthand the difference they make in local EMS services.

We look forward to working with Napa County and first responder agencies in the years ahead to support Napa County's Public Private Partnership. Our commitment to support the partnership includes joint training and standardized medical equipment to ensure effective transition of patient care.

We will also share our performance data and participate in collaborative efforts to analyze performance issues and develop shared solutions. We commit to providing relevant and practical information to Napa County fire agencies that are interested in implementing ALS services or joining the Public Private Partnership.

Customer-Focused Leadership

Every member of AMR's leadership team understands that their primary responsibility is the success of the local EMS system, and they cannot work in isolation. Instead, they invest their time and energy to establish effective relationships with local EMS leaders, working together to identify solutions to local issues and drive the success of the EMS system. AMR's leaders recognize that their priority is to meet customer needs – whether the customer is the patient, a first responder, an employee, hospital staff, or EMS system officials.

The individuals selected to lead our Napa County operation are experienced leaders of complex ambulance operations in the Bay Area. They are committed to customer-focused decision making, to continuously improving services for the community, and to the success of the Napa County EMS system.

Our leadership team members are responsible for measuring and reporting key metrics on a weekly basis, and they know that other leaders rely on those metrics to make decisions. They are trained to review and analyze a range of performance data, and then make data-driven decisions to improve our performance and contribute to the overall effectiveness of the local EMS system.

Workforce Growth

Our employees are our greatest asset. Our field personnel are responsible for patient care, and for building bridges to local first responders and emergency department personnel. We offer Napa County our proven strategies to develop a work environment that encourages longevity and professional growth.

Our proposed compensation package for our Napa County workforce exceeds that currently offered by the incumbent. In addition, our personnel will benefit from a comprehensive orientation and continuing education program, focused on clinical excellence and teamwork. They will also benefit from a well-defined leadership development program, whether they choose to pursue leadership opportunities within our organization or prepare themselves for other careers paths in public safety and health care.

Rapid Implementation

AMR stands ready to implement services within 90 days of contract award. In the event Napa County initiates an emergency takeover, AMR will work with Napa County to ensure continuation of emergency medical services on a moment's notice. We are able to offer rapid implementation of sophisticated, high performance emergency ambulance services in Napa County because we are expanding upon services we already offer in the Bay Area and Sacramento Valley.

Commitment to the Service Delivery Model

AMR has listened carefully to the needs and desires of Napa County and the many stakeholders in the County. We understand the improvements envisioned by the system designers. In our proposal, we commit the financial resources and other support necessary to make those improvements a reality, enhancing and stabilizing pre-hospital care and transportation for Napa County's residents and visitors.

AMR commits to allocating the resources needed to equalize response times across the coverage area. In the Napa County community, AMR and our ALS first response partners will provide clinically competent personnel, responding with today's most sophisticated equipment, and achieve the response time standard throughout the life of the contract.

3. Licenses and Permits

The proposer shall provide copies of business and professional licenses, permits or certificates required by the nature of the contract work to be performed.

We have provided copies of our American Canyon Business License and our City of Napa Business License in our "Proposal Exhibits binder" as ***Attachment No. 1.***

We have submitted a completed application for a Napa County EMS Ambulance Permit (non-emergency operations), and the approval is pending the final review process.

4. Government Investigations

The Proposer shall provide a listing of all federal, state or local government regulatory investigations, findings, actions or complaints and their respective resolutions for the Proposer's organization and any parent or affiliated organization within the last three (3) years. THIS ITEM MAY BE SUBMITTED SEPARATELY IN AN ELECTRONIC FORMAT SUCH AS COMPACT DISK OR USB DRIVE and will not count against the limits on Proposal length set forth in Section II (F) (1). Proposer must provide documentation that it has resolved all issues arising from government investigations including any continued obligations of the Proposer or describe status and expected outcome of open investigations.

AMR Government Investigations

Like others in the industry, companies in the nationwide AMR enterprise from time-to-time have been contacted by government agencies in connection with their regulatory or investigational authority. We have implemented policies and procedures that we believe will assure that we are in substantial compliance with the laws that these governmental agencies regulate. Any past matters have been resolved with the appropriate governmental agency including, for example, Corporate Integrity Agreements related to our local operations in Texas, California, Massachusetts and New York.

For the last 3 years, we have listed non-routine and formal matters with government agencies as follows: (i) AMR completing the Corporate Integrity Agreement for Texas (copy available at CMS web site); (ii) AMR entering in a Corporate Integrity Agreement in 2011 related to the operations of certain AMR affiliates in New York (copy will be available at CMS web site); and (iii) American Medical Response West receiving a notice from Solano County, California in 2011 regarding EOA exclusivity (resolution letter attached). If Napa County wishes to discuss these matters in more detail or discuss any other AMR interactions with government agencies, we're happy to make ourselves and/or our counsel available to discuss at the County's convenience.

5. Litigation
The Proposer shall provide a listing of all resolved or ongoing litigation involving the Proposer's organization including resolution or status for the last five (5) years. This listing shall include litigation brought against the Proposer's organization or affiliated organization and any litigation initiated by the Proposer's organization or affiliated organization against any governmental entity or competing ambulance service. THIS ITEM MAY BE SUBMITTED SEPARATELY IN AN ELECTRONIC FORMAT SUCH AS COMPACT DISK OR USB DRIVE and will not count against the limits on Proposal length set forth in Section II (F) (1).

Proposer must provide documentation that it has resolved all issues arising from litigation or describe status of open litigation.

AMR Litigation History

Over the years and in the ordinary course of business, the AMR family of companies has been involved in litigation and has had claims made against us, principally relating to professional liability, auto accident and workers compensation claims. An abstract of all outstanding or pending litigation related to the ambulance services or operations under the AMR family of companies can be found in the "Exhibits Proposal Binder" as ***Attachment No. 2***. As of the date of proposal submission, there is no outstanding or pending litigation that would affect our ability to fully perform all requirements of the RFP or the enhancements detailed throughout this proposal. If the County wishes to discuss any of these litigation and claims matters more specifically, we are willing to provide updated or additional information, or meet with the County to provide further assurances or specific details.

At this time, we believe that any pending litigation or claims that may be asserted against us are without merit and/or adequately provided for by insurance or reserves and will not have a material effect on the operations or the services that we would provide under this RFP. Additionally, the AMR family of companies maintains insurance that is significantly higher than any other provider in the emergency medical services industry. There are several layers of excess insurance for professional liability, auto liability and general liability reaching into the high eight figures. As such, we are confident that Napa County and American Medical Response West will not be materially affected by any litigation loss sustained by any another AMR subsidiary.

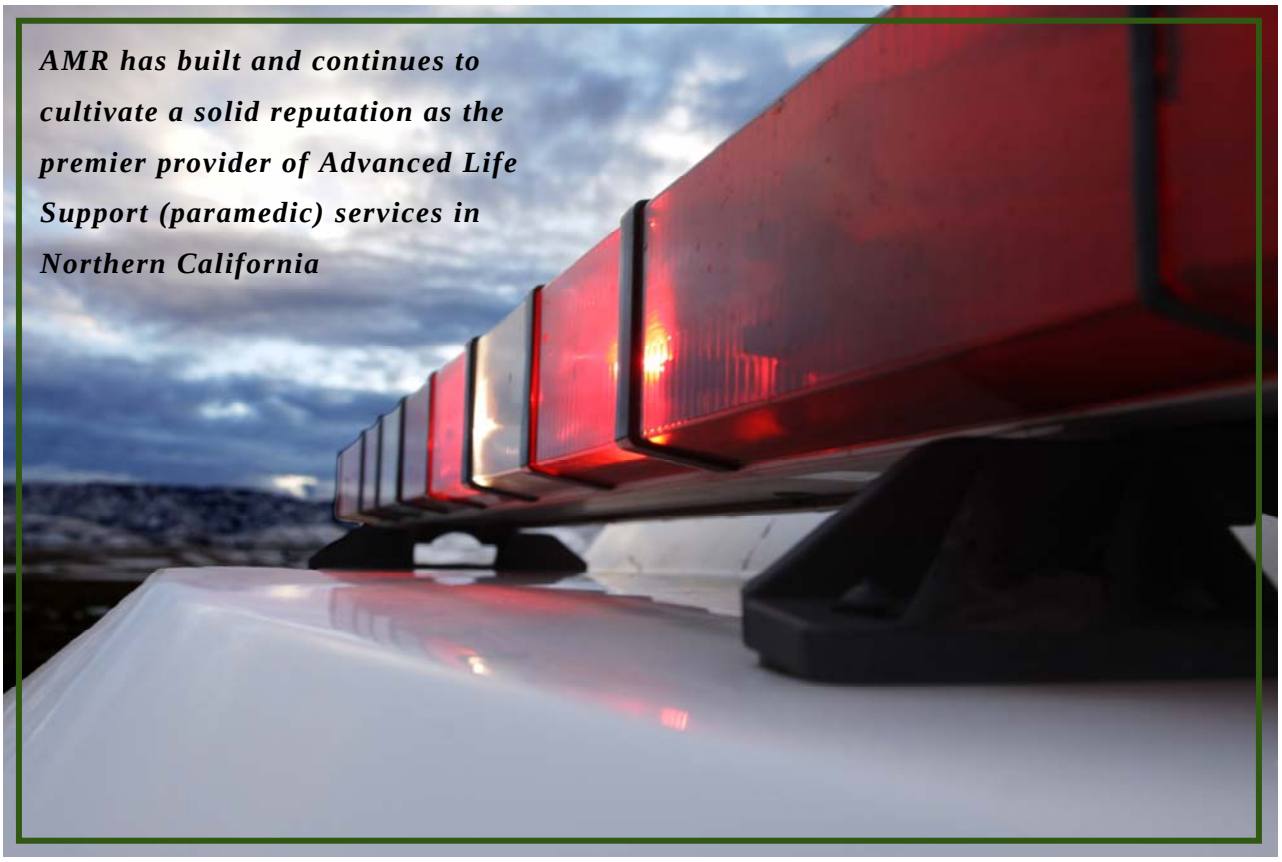
We further agree to notify the County within 24 hours of any litigation that will materially affect services in Napa County, and/or any litigation that may materially affect the financial stability of American Medical Response West's parent companies.

B. Experience as Sole Provider

1. Comparable Experience

The Proposer must document the areas in which it has provided comparable services (as described above) in the past five (5) years, the locations of these services, population, description of services and a jurisdictional contact. This documentation shall include a letter from a government official confirming the provision of exclusive emergency paramedic ALS ambulance service and the length of time such services have been provided. Proposer shall document that it currently provides comparable services for a minimum of three (3) consecutive years.

AMR has built and continues to cultivate a solid reputation as the premier provider of Advanced Life Support (paramedic) services in Northern California. No other service provider has the ability to leverage the industry-leading expertise and financial support of AMR.



The economies of scale produced by leveraging these resources, paired with devoting 100% of its local operations to serving the specific needs of Napa County's patients, residents, and visitors in collaboration with its EMS stakeholders and partners, is what sets us apart from all other providers.

AMR currently serves 19 counties in Northern California working cohesively with public agencies to develop more efficient, clinically sophisticated EMS systems that raise industry standards and public expectations. AMR is fully aware that as communities grow and develop their needs and the manner in which they respond to these needs change. Our goal is to continue to make every effort in finding innovative and proficient solutions for the local community needs, keeping in mind that patient care is the reason we are here.

We have been entrusted to provide Advanced Life Support paramedic level ambulance service for San Mateo, Santa Clara, and Contra Costa counties, all of which have service area populations over 75,000. In the San Francisco Bay Area, AMR West also serves San Francisco, Contra Costa, San Mateo, Santa Clara, San Joaquin, Stanislaus, San Benito, Monterey, Santa Cruz, Marin, Sonoma, Placer, Yolo, and Sacramento counties. Our coverage of the Bay Area allows us to provide a level of resources, shared data analysis, and disaster support capacity unmatched by any other provider.

As described in this proposal, Napa County AMR's operation is designed to work with local system stakeholders and partners and serve the specific needs of Napa County while leveraging the industry-leading expertise and financial support of one of the most-trusted health care organizations.

AMR Comparable Services

(1) Contra Costa County

Art Lathrop, EMS Director, Contra Costa County EMS

1340 Arnold Drive, Suite 126, Martinez, CA 94553

925-646-4690

Type and Level of Service Provided: ALS and BLS

Population: 1,024,242

AMR has served Contra Costa County for more than 50 years, providing quality services to a population that consists of 1,024,319 people. AMR's high-performance contract went into effect in 1991. Throughout our contract, AMR has offered innovative system design solutions to the residents of Contra Costa County. These innovations include placing ALS Quick Response Vehicles (QRVs) in areas of the county with Basic Life Support First Responders which establish public-private partnerships with fire agencies.

AMR provides ALS, BLS, Neonate, Bariatric, and CCT services within the county. The county has nine hospitals that provide emergency services and are designated as an ambulance receiving facility.

"AMR has substantial compliance with this Count's standards including response time requirements for the last six years since the start of our current contract"
- Pat Frost, RN, MS, PNP, Acting EMS Director

The current 911 contract service area served by AMR consists of five Emergency Response Zones (ERZs). The 911 Priority A1 response time standard is 10:00 95% for Zone A, and 11:45 90% for Zones B-E. AMR has successfully met and exceeded the response time standards for the County. Please refer to our "Exhibits Proposal Binder" ***Attachment No. 3*** for a reference letter from the County.

(2) San Mateo County

Sam Barnett, EMS Administrator, San Mateo County EMS Agency
225 37th Avenue, San Mateo, CA 94403
650-573-2564

TYPE AND LEVEL OF SERVICE PROVIDED: ALS and BLS

POPULATION: 670,990

AMR and its predecessor companies have served San Mateo County since 1990 (21 years). The population of San Mateo County is 718,451. AMR is the sole provider of emergency advance life support ambulance service excluding the City of South San Francisco.

Please refer to our "Exhibits Proposal Binder" ***Attachment No. 3*** for a reference letter from the County.

"The San Mateo County EMS Agency has monitored and overseen AMR's performance under this contract as an exclusive emergency ambulance provider to San Mateo County since 1990. AMR is in substantial compliance with this Agency's standards"

- Sam Barnett, EMS Administrator

(3) Sonoma County

Bryan Cleaver, Regional EMS Administrator, Coastal Valleys Regional EMS Agency
475 Aviation Blvd. Ste. 200, Santa Rosa, CA 95403
707-565-6501

TYPE AND LEVEL OF SERVICE PROVIDED: ALS, BLS, and CCT

POPULATION: 478,374

AMR has been providing paramedic ambulance services to the Sonoma County EOA since 1991. We were selected to continue providing services in subsequent competitive processes in 1999 and 2009. In 2010, we responded to more than 29,000 requests for service and transported more than 22,000 patients. In 2002, we began a public/private partnership with Santa Rosa Fire Department enabling them to provide paramedics deployed on first responder engines. In additional to ambulance services, we also provide fire and EMS dispatch services for the Redwood Empire Dispatch Communications Authority.

Please refer to our "Exhibits Proposal Binder" ***Attachment No. 3*** for a reference letter from the County.

"I am very familiar with AMR's performance and have worked closely with their management team and organization for more that 18 years. AMR has been in substantial compliance with this County's standards including response-time requirements….."
- Kent Coxon, EMS Coordinator, Coastal Valley EMS Agency

OTHER AMR 911 EXPERIENCE

The information located below further demonstrates our ability to manage 9-1-1 ALS ambulance services in a single service area with a population of at least 75,000. We have provided information for the following areas:

- Jackson, MI
- Clark County, WA
- City of Riverside, CA
- Arlington, TX
- San Diego, CA

(1) Jackson, Mississippi

Ray Bryant, Interim County Administrator
316 South President Street, Jackson, MS 39201
601-968-6502

TYPE AND LEVEL OF SERVICE PROVIDED: ALS

POPULATION: City of Jackson: 176,614; Hinds County (which includes Jackson): 247,650

In Central Mississippi, AMR is the sole provider of emergency and non-emergency ambulance service in six counties (via contract with each county's board of supervisors) and has been provided this service since 1991. The service area includes the state's most populous city and county (the state capitol, Jackson, and Hinds County). The operation also serves numerous other municipalities of varying size as well as large rural areas.

> ***"We have a highly detailed contract with AMR that contains numerous specific performance requirements. Our response time requirements are among the most demanding in the Southeast. Over the past two decades, AMR has rarely faltered in meeting its obligations, including compliance with our response time standards"***
> ***- Ray Bryant, EMS Coordinator, Hind County MS***

Slightly more than 550,000 people reside in the six counties and those counties encompass 4,505 square miles (an area close to the size of the state of Connecticut). As of mid-March 2010, AMR will have served Hinds and Madison counties without interruption for 20 years. The operation became the ambulance service for Rankin County in 2004 and for Simpson, Smith and Yazoo counties in 2008. In Hinds County, AMR is in the second year of the first of two four-year extensions on its contract.

AMR Central Mississippi provides all-Advanced Life Support service with contractually-mandated response times. The operation's response time requirements include the most demanding in the state. For example, in the City of Jackson, AMR must have an ambulance on the scene of at least 85 percent of all emergencies in eight minutes or less. The operation is nationally accredited by the Commission on the Accreditation of Ambulance Services (CAAS). The site first earned CAAS accreditation in 1995 and has retained that distinction without interruption. Please refer to our "Exhibits Proposal Binder" ***Attachment No. 3*** for a reference letter.

(2) Clark County, Washington

Doug Smith-Lee, EMS Manager

710 West 13th Street

360-694-1954

TYPE AND LEVEL OF SERVICE PROVIDED: ALS

POPULATION: 370,000

This program includes 911 medical call-taking services and medical oversight. AMR was selected as the ambulance service provider through a competitive selection bid process in 1992 and was selected again in 1995 and 2004. Our current contract extends to September 2010. In April 2009, the EMS Administrative Board and the County Commissioners determined that AMR had earned a 2-year contract extension as outlined by contract. If this extension is exercised by AMR it will extend the current contract to September 2012.

AMR serves as the exclusive emergency and non-emergency ambulance provider in Clark County EMS District No. 2, which encompasses the cities of Battle Ground, LaCenter, Ridgefield, Vancouver, and unincorporated areas of the County. Camas Fire Department Ambulance and North Country EMS serve the outlying areas of Clark County, which are primarily rural. The Assigned Service Areas (ASAs) were assigned to the County's three providers in 1992.

(3) Riverside, California

Chief Steven Earley, Riverside City Fire

3900 Main Street, Riverside, CA 92522

951-826-5321

TYPE AND LEVEL OF SERVICE PROVIDED: Along with ALS ambulance service, AMR also provides nurse-level CCT, bariatric, neonatal and basic life support (BLS) ambulance services. AMR Riverside is CAAS Accredited.

POPULATION: 310,000

AMR has been the only ambulance service that the City of Riverside has ever known. With a history dating back more than 40 years, AMR brought the first round-the-clock dedicated service, introduced Advanced Life Support (ALS) and formed one of the earliest public private partnerships with the city fire department. Through an ever-evolving process of performance improvement, the system continues to operate at high levels, serving a population of more than 310,000 residents and covering a landmass of 94 square miles.

System highlights include: emergency medical dispatch, paramedic first response by the fire department, paramedic level ambulance, a shared physician medical director, minimum ambulance levels, and currently under development is a tactical EMS program in conjunction with the Riverside Police Department.

The franchise agreement also covers all non-emergency ambulance and special transport service needs for the local healthcare community. The City is home to three primary care hospitals who offer an array of routine and high acuity services including cardio-thoracic programs, STEMI services, stroke centers and trauma services.

"AMR has melded its organization into the fabric of this dynamic community. AMR is also a valued member of the local business sector, providing hundreds of high paying jobs and supporting the vitality of our regional economy. AMR executives and employees are also actively involved in local charities, foundations and boards. They share their time, energy and resources to support many of the activities and causes that enrich the lives of Riverside residents."

- Belinda Graham, Assistant City Manager

There are dozens of residential care, skilled nursing and rehab facilities in the City who are also served under the franchise agreement. Please refer to our "Exhibits Proposal Binder" ***Attachment No. 3*** for a reference letter from the City.

(4) City of Arlington, Texas

Interim Fire Chief Don Crowson

AFD, 620 W. Division, P.O.Box 90231, Arlington, TX 76004

817-459-5507

TYPE AND LEVEL OF SERVICE PROVIDED: ALS

POPULATION: 350,370

AMR initially won the rights to operate this high-performance system in a competitive procurement process in August 2000. AMR was successful in the most recent procurement process in re-securing a long term partnership with this dynamic city.

AMR Arlington operates under contract as the Arlington EMS system and has 21 Advanced Life Support vehicles and 140 employees within the system.

AMR Arlington is fully integrated with the Arlington Fire Department for medical control, communications, incident/event command and personnel credentialing. All ambulances are dispatched and managed by AMR personnel, co-located within the City of Arlington Fire/EMS/Police communications center assuring full interoperability, immediate response and highly effective scene management.

The current contract increases the number of ambulances within the system, significantly improves the non-emergency hospital transports, provides modern equipment and will utilize "green" initiatives throughout the partnership. This contract covers a 96 square mile area and a population base of 350,370. Since October 2001, AMR has been the exclusive

"The partnership that exists between Arlington Fire Department and American Medical Response stands as a bright example of a successful public / private provider relationship"

- Jim Self, Assistant Chief

provider for both 9-1-1 and non-emergency ambulance services under some of the most stringent response time requirements seen in the industry. Please refer to our "Exhibits Proposal Binder" ***Attachment No. 3*** for a reference letter from the City.

(5) San Diego, California

Marcy Metz, EMS Chief
6255 Mission Gorge Road
San Diego, CA 92120
619-285-6531

TYPE AND LEVEL OF SERVICE PROVIDED: ALS

POPULATION: 350,370

American Medical Response has extensive experience providing the highest quality ALS services to San Diego County residents and visitors as demonstrated by our variety of performance-based contracts around the County. We are offering as evidence of our experience in providing Advanced Life Support (ALS) services, AMR's extensive resume of work in San Diego County.

Our relationships in the Zone 2 Rural East and Otay Mesa Exclusive Operating Area's (EOA's), South Bay Exclusive Operating Area (EOA), National City, and the Grossmont Zone 1 EOA, each provide unique and specific examples of AMR's open approach and our collaborative and innovative leadership of EMS systems. AMR is required to provide the management, personnel, facilities, equipment, materials and supplies needed to ensure the provision of high-quality ALS services for each of these performance-based contracts. American Medical Response provides each of these areas with excellent patient care, while working closely and cooperatively with our First Responder partners, integrating ambulance resources as part of a seamless public safety fabric; ensuring exemplary customer service; delivering comprehensive community education programming; and participating in integrated quality control processes. We do this while maintaining open communication and collaboration with system stakeholders. This includes actively encouraging the County and our Fire Department partners to participate in the control of the system resources and providing high levels of real-time, verifiable and accurate data.

2. Government Contracts

The Proposer shall provide a list of exclusive service area emergency ambulance service contracts completed or ongoing during the last five (5) years including the term or date of termination of the agreement, the services provided, the dollar amount of the agreement and the contracting entity.

EXCLUSIVE SERVICE AREA EMERGENCY AMBULANCE SERVICE CONTRACTS					
COMMUNITY SERVED	**CONTRACTING ENTITY**	**TYPES/LEVEL OF SERVICE**	**POPULATION SERVED**	**CONTRACT TERM**	**DOLLAR AMOUNT OF AGREEMENT (ANNUAL)**
ALAMEDA COUNTY	Alameda County	ALS, BLS, CCT, Bariatric, Neonatal and Pediatric	1,500,324	10/31/2011	$51 million
CONTRA COSTA COUNTY	Contra Costa County	ALS and BLS	1,024,242	06/30/2014	$32 million
MONTEREY COUNTY	Monterey County	ALS and BLS	422,506	1/20/2015	$15 million
PLACER COUNTY	Placer County	ALS and BLS	332,920	12/15/2015	$15 million
SAN BENITO COUNTY	San Benito County	ALS and BLS	57,534	6/30/2014	$2 million
SAN JOAQUIN COUNTY	San Joaquin County	ALS and BLS	670,990	5/30/2016	$23 million
SAN MATEO COUNTY	San Mateo County	ALS and BLS	670,990	6/30/2014	$21 million
SANTA BARBARA COUNTY	Santa Barbara County	ALS and BLS	418,084	12/31/2014	$14 million
SANTA CLARA COUNTY	Santa Clara County	ALS and BLS	1,761,082	6/30/2011	$41 million
SANTA CRUZ COUNTY	Santa Cruz County	ALS and BLS	261,242	12/31/2013	$8 million
SONOMA COUNTY	Sonoma County	ALS, BLS and CCT	478,374	6/30/2014	$13 million
STANISLAUS COUNTY	Stanislaus County	ALS and BLS	511,263	10/31/2012	$21 million
TULARE COUNTY	Tulare County	ALS and BLS	421,553	06/30/2014	$5 million
VENTURA COUNTY	Ventura County	ALS and BLS	813,633	6/30/2019	$20 million
YOLO COUNTY	Yolo County	ALS and BLS	195,844	12/31/2011	$8 million

3. Contract Compliance

The Proposer shall detail any occurrence of its failure or refusal to complete a contract with a governmental entity for which the Proposer was providing emergency ambulance services. This shall specifically state whether the Proposer was found in material breach of the contract and the reasons why the contract was terminated. If the Proposer has been found in material breach of a governmental contract or if the Proposer "walked away" from its obligations under a governmental contract within the last five (5) years, the Proposal will be rejected as not complying with Minimum Qualifications.

Under the bidding entity AMR West, we have no occurrence of failure or refusal to complete a contract with a governmental entity for which we were providing emergency ambulance services.

C. Demonstrated Response Time Performance

The Proposer must provide documentation of its demonstrated ability to meet response time requirements similar to those required in this RFP.

Documentation may include reports provided to government oversight entities and letters confirming compliance with mandated response times. Internal reports with adequate supporting documentation of the methodology used to create the reports may also be submitted.

If the Proposing organization does not have mandated response times in its exclusive emergency ambulance service area, the Proposer must submit adequate documentation of plans, procedures, and deployment strategies to demonstrate the organization has the knowledge and expertise to comply with mandated response times.

Response Time Performance

With our experience and expertise operating in the Bay Area, AMR provides documentation of high level of performance and response-time compliance in Sonoma County and San Mateo County. In these two separate jurisdictional areas, we consistently demonstrate our ability to manage the system and to get to the scene quickly and efficiently, and with the right resources. Our response-time objectives always keep the interest of the County, our patients and the community front and center. We have the expertise to deliver the response time performance expected by the community in a consistent manner.

We are pleased to submit our track records in Sonoma and San Mateo Counties as evidence of our knowledge, experience, and response time performance capability. There are many other counties in Northern California and beyond that we can demonstrate comparable levels of performance and contract compliance. We have elected to demonstrate our superior performance capabilities with these two counties because both contracts have similar system design make-up and requirements. Reference letters for these County's may be located in our "Exhibits Proposal Binder" as ***Attachment No 3***.

Our response-time objectives always keep the interest of the County, our patients and the community front and center.

Sonoma Life Support Response Time Compliance Summary - February

	Oakmont Urban	Rohnert Park Urban	Santa Rosa Urban	Sebastopol Urban	Semi-Rural	Rural	Total	IFT
Total Requests	80	272	1,275	63	73	10	1,773	83
On-time	75	253	1,227	59	71	10	1,695	78
Late	5	19	48	4	2	0	78	5
Raw Compliance	93.75%	93.01%	96.24%	93.65%	97.26%	100.00%	95.60%	93.98%
Exemptions								
Requested	3	6	10	2	1	0	22	5
Granted	3	5	8	2	1	0	19	5
Adjusted Late Calls	2	14	40	2	1	0	59	0
Compliance								
Adjusted	97.50%	94.85%	96.86%	96.83%	98.63%	100.00%	96.67%	100.00%
Aggregate	98.73%	94.85%	96.86%	93.48%	98.63%	100.00%		100.00%
Statistically Relevant	Yes	Yes	Yes	Yes	No	No		No
Variance	No Penalty	No Penalty	No Penalty	No Penalty	No Penalty	No Penalty		
Penalty								
Compliance Penalty	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Minute Penalty	$800.00	$0.00	$1,200.00	$300.00	$500.00	$0.00	$2,800.00	
Unauthorized BLS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Failed Response	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Total Penalty	$800.00	$0.00	$1,200.00	$300.00	$500.00	$0.00	$2,800.00	$0.00

Exemptions Detail	
Dispatcher Error	0
Downgraded Response	2
EMD Coding Correction	0
IFT-Prescheduled Pickup	3
IFT-Pickup Time Changed	0
IFT-Patient Not Ready	2
IFT-Kaiser	0
IFT-Other	0
Limited Access	0
Location Change	2
MDC / AVL Failure	0
Multi Casualty Incident	0
Mutual Aid	2
Other	1
PD/FD/MEDF Req Reduced Response	0
Second Unit to Paramedic Transport	1
Traffic Secondary to Incident	0

Unable to Locate	0
Upgraded/Downgraded Response	0
Upgraded Response	11
Weather Conditions	0

SONOMA COUNTY STATISTICAL RELEVANCE REPORT

Response Area: Oakmont-Urban								
		Monthly			Cumulative			Statistically
Year	Month	Responses	Compliant Calls	Compliance	Responses	Compliant Calls	Compliance	Relevant
2010	March	79	75	94.94%	79	75	94.94%	No
2010	April	65	61	93.85%	144	136	94.44%	Yes
2010	May	83	82	98.80%	83	82	98.80%	No
2010	June	82	79	96.34%	165	161	97.58%	Yes
2010	July	63	62	98.41%	63	62	98.41%	No
2010	August	62	61	98.39%	125	123	98.40%	Yes
2010	September	90	86	95.56%	90	86	95.56%	No
2010	October	72	70	97.22%	162	156	96.30%	Yes
2010	November	69	69	100.00%	69	69	100.00%	No
2010	December	75	72	96.00%	144	141	97.92%	Yes
2011	January	77	77	100.00%	77	77	100.00%	No
2011	February	80	78	97.50%	157	155	98.73%	Yes

Response Area: Rohnert Park-Urban								
		Monthly			Cumulative			Statistically
Year	Month	Responses	Compliant Calls	Compliance	Responses	Compliant Calls	Compliance	Relevant
2010	March	300	289	96.33%	300	289	96.33%	Yes
2010	April	304	288	94.74%	304	288	94.74%	Yes
2010	May	312	301	96.47%	312	301	96.47%	Yes
2010	June	292	274	93.84%	292	274	93.84%	Yes
2010	July	311	295	94.86%	311	295	94.86%	Yes
2010	August	286	277	96.85%	286	277	96.85%	Yes
2010	September	316	309	97.78%	316	309	97.78%	Yes
2010	October	340	327	96.18%	340	327	96.18%	Yes
2010	November	302	284	94.04%	302	284	94.04%	Yes
2010	December	321	306	95.33%	321	306	95.33%	Yes
2011	January	346	330	95.38%	346	330	95.38%	Yes
2011	February	272	258	94.85%	272	258	94.85%	Yes

Response Area: Santa Rosa-Urban								
		Monthly			Cumulative			Statistically
Year	Month	Responses	Compliant Calls	Compliance	Responses	Compliant Calls	Compliance	Relevant
2010	March	1362	1308	96.04%	1362	1308	96.04%	Yes
2010	April	1295	1253	96.76%	1295	1253	96.76%	Yes
2010	May	1325	1282	96.75%	1325	1282	96.75%	Yes
2010	June	1356	1322	97.49%	1356	1322	97.49%	Yes
2010	July	1272	1240	97.48%	1272	1240	97.48%	Yes
2010	August	1411	1358	96.24%	1411	1358	96.24%	Yes
2010	September	1332	1285	96.47%	1332	1285	96.47%	Yes
2010	October	1367	1314	96.12%	1367	1314	96.12%	Yes
2010	November	1283	1222	95.25%	1283	1222	95.25%	Yes
2010	December	1346	1300	96.58%	1346	1300	96.58%	Yes
2011	January	1351	1292	95.63%	1351	1292	95.63%	Yes
2011	February	1275	1235	96.86%	1275	1235	96.86%	Yes

Response Area: Sebastopol-Urban								
		Monthly			Cumulative			Statistically
Year	Month	Responses	Compliant Calls	Compliance	Responses	Compliant Calls	Compliance	Relevant
2010	March	73	65	89.04%	73	65	89.04%	No
2010	April	61	57	93.44%	134	122	91.04%	Yes
2010	May	58	53	91.38%	58	53	91.38%	No
2010	June	75	71	94.67%	133	124	93.23%	Yes
2010	July	67	63	94.03%	67	63	94.03%	No
2010	August	68	66	97.06%	135	129	95.56%	Yes
2010	September	75	71	94.67%	75	71	94.67%	No
2010	October	72	66	91.67%	147	137	93.20%	Yes
2010	November	67	62	92.54%	67	62	92.54%	No
2010	December	67	62	92.54%	134	124	92.54%	Yes
2011	January	75	68	90.67%	75	68	90.67%	No
2011	February	63	61	96.83%	138	129	93.48%	Yes

Response Area: Semi-Rural								
		Monthly			Cumulative			Statistically
Year	Month	Responses	Compliant Calls	Compliance	Responses	Compliant Calls	Compliance	Relevant
2010	March	102	98	96.08%	102	98	96.08%	Yes
2010	April	78	74	94.87%	78	74	94.87%	No
2010	May	52	48	92.31%	130	122	93.85%	Yes
2010	June	94	86	91.49%	94	86	91.49%	No
2010	July	97	94	96.91%	191	180	94.24%	Yes
2010	August	83	82	98.80%	83	82	98.80%	No
2010	September	107	104	97.20%	190	186	97.89%	Yes
2010	October	85	79	92.94%	85	79	92.94%	No
2010	November	73	69	94.52%	158	148	93.67%	Yes
2010	December	82	78	95.12%	82	78	95.12%	No
2011	January	97	91	93.81%	179	169	94.41%	Yes
2011	February	73	72	98.63%	73	72	98.63%	No

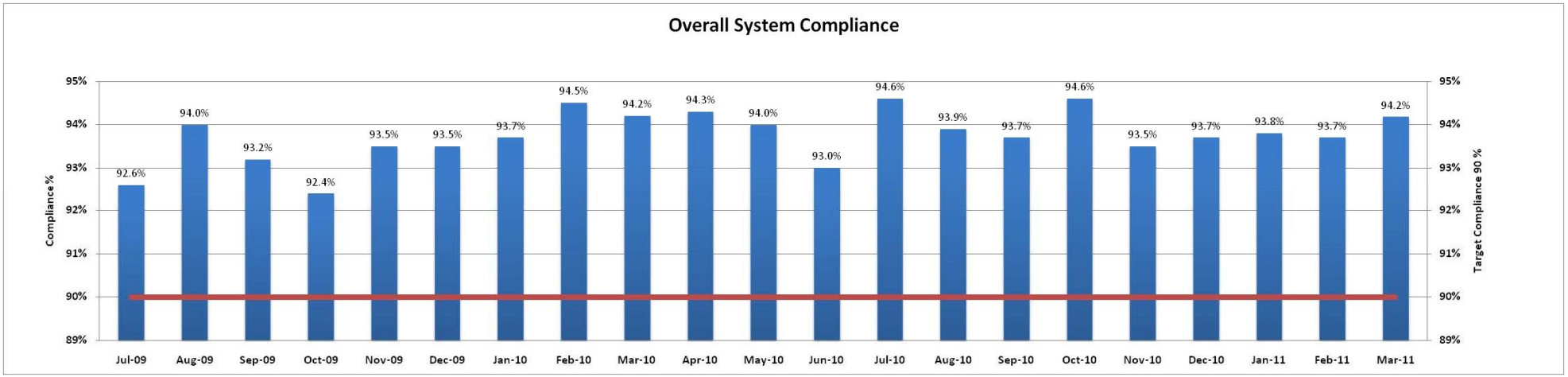
Response Area: Rural								
		Monthly			Cumulative			Statistically
Year	Month	Responses	Compliant Calls	Compliance	Responses	Compliant Calls	Compliance	Relevant
2010	March	8	8	100.00%	40	40	100.00%	No
2010	April	4	4	100.00%	44	44	100.00%	No
2010	May	9	9	100.00%	53	53	100.00%	No
2010	June	10	10	100.00%	63	63	100.00%	No
2010	July	13	13	100.00%	76	76	100.00%	No
2010	August	12	12	100.00%	88	88	100.00%	No
2010	September	9	9	100.00%	97	97	100.00%	No
2010	October	13	13	100.00%	110	110	100.00%	Yes
2010	November	7	7	100.00%	7	7	100.00%	No
2010	December	5	5	100.00%	12	12	100.00%	No
2011	January	13	13	100.00%	25	25	100.00%	No
2011	February	10	10	100.00%	35	35	100.00%	No

Response Area: IFT								
		Monthly			Cumulative			Statistically
Year	Month	Responses	Compliant Calls	Compliance	Responses	Compliant Calls	Compliance	Relevant
2010	March	82	82	100.00%	82	82	100.00%	No
2010	April	85	84	98.82%	167	166	99.40%	Yes
2010	May	85	83	97.65%	85	83	97.65%	No
2010	June	63	62	98.41%	148	145	97.97%	Yes
2010	July	72	70	97.22%	72	70	97.22%	No
2010	August	63	63	100.00%	135	133	98.52%	Yes
2010	September	72	71	98.61%	72	71	98.61%	No
2010	October	85	82	96.47%	157	153	97.45%	Yes
2010	November	95	91	95.79%	95	91	95.79%	No
2010	December	100	95	95.00%	195	186	95.38%	Yes
2011	January	111	109	98.20%	111	109	98.20%	Yes
2011	February	83	83	100.00%	83	83	100.00%	No

San Mateo Response Time Compliance

EMS Ambulance Data	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
Overall Compliance (Zones 1-5) >90%	**93.7%**	**94.5%**	**94.2%**	**94.3%**	**94.0%**	**93.0%**	**94.6%**	**93.9%**	**93.7%**	**94.6%**	**93.5%**	**93.7%**
Zone One >90%	92.2%	93.9%	93.9%	94.3%	92.5%	91.6%	93.9%	93.4%	93.0%	93.5%	91.4%	93.5%
Zone Two >90%	94.2%	95.4%	95.1%	95.6%	94.8%	93.3%	96.4%	95.2%	95.2%	95.6%	95.5%	95.0%
Zone Three >90%	94.1%	95.5%	94.3%	94.7%	95.0%	94.7%	94.5%	94.8%	93.3%	95.8%	93.0%	93.5%
Zone Four >90%	94.4%	92.5%	93.8%	91.2%	93.3%	92.4%	93.5%	92.1%	92.2%	93.2%	93.4%	92.0%
Zone Five >90%	95.5%	92.7%	91.5%	91.1%	92.9%	91.6%	91.9%	90.4%	92.8%	92.1%	91.7%	91.2%
Incentives paid (ALS compliance)	None	None	None	None	None	None	None	None	None	None	None	None
BLS Transports	None	None	None	None	None	None	None	None	None	None	None	None
Incentives paid (BLS responses)	None	None	None	None	None	None	None	None	None	None	None	None
Unit Hour Compliance >98.1%	100.6%	101.1%	101.0%	100.9%	100.9%	101.1%	100.6%	100.5%	100.6%	100.1%	100.4%	102.1%
Unit Hours (scheduled)	8,392	7,580	8,392	8,121	8,392	8,121	8,392	8,392	8,121	8,392	8,121	8,392
Unit Hours (deployed)	8,446	7,662	8,474	8,191	8,398	8,208	8,445	8,433	8,171	8,398	8,156	8,565
Unit Hours (daily average)	272.5	273.6	273.4	273.0	270.9	273.6	272.4	272.0	272.4	270.9	271.9	276.3
Unit Hour Incentives Paid	None	None	None	None	None	None	None	None	None	None	None	None
Responses (total)	3,419	3,174	3,501	3,342	3,417	3,415	3,371	3,450	3,369	3,493	3,438	3,594
Responses (daily average)	110	113	113	111	110	114	109	111	112	113	115	116
Transports (total billed)	2,271	2,122	2,304	2,167	2,311	2,249	2,184	2,251	2,237	2,226	2,323	2,355
Transports (daily average)	73	76	74	72	75	75	70	73	75	72	77	76

EMS Ambulance Data	Jan-11	Feb-11	Mar-11
Overall Compliance (Zones 1-5) >90%	**93.8%**	**93.7%**	**94.2%**
Compliance baseline	**90.0%**	**90.0%**	**90.0%**
Zone One >90%	91.1%	92.9%	93.7%
Zone Two >90%	94.8%	95.1%	94.9%
Zone Three >90%	96.2%	93.4%	94.8%
Zone Four >90%	93.7%	92.1%	92.8%
Zone Five >90%	92.6%	93.4%	94.5%
Incentives paid (ALS compliance)	None	None	None
BLS Transports	None	None	None
Incentives paid (BLS responses)	None	None	None
Unit Hour Compliance >98.1%	101.4%	101.9%	102.0%
Unit Hours (scheduled)	8,392	7,580	8,392
Unit Hours (deployed)	8,512	7,723	8,556
Unit Hours (daily average)	274.6	275.8	276.0
Unit Hour Incentives Paid	None	None	None
Responses (total)	3,406	3,214	3,577
Responses (daily average)	110	115	115
Transports (total billed)	2,263	2,174	2,370
Transports (daily average)	73	78	76


Overall System Compliance
Compliance %
Target Compliance 90 %
95%
94%
93%
92%
91%
90%
89%
92.6%
94.0%
93.2%
92.4%
93.5%
93.5%
93.7%
94.5%
94.2%
94.3%
94.0%
93.0%
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Nov-10
Dec-10
Jan-11
Feb-11
Mar-11

D. Demonstrated High Level Clinical Care

The Proposer must provide documentation of its demonstrated ability to provide high level clinical care. Documentation may include descriptions of clinical sophistication and high levels of performance in systems in which it operates. The organization should describe how it ensures consistent, high quality clinical care and how it is able to verify and document its clinical performance.

AMR Medicine

We recently began a national initiative to enhance AMR's focus on clinical issues and medical oversight. This program, called ***AMR Medicine***, is being coordinated and led by AMR's Chief Medical Officer, Edward Racht, M.D., and our Vice President for Clinical Practices & Research, Scott Bourn, PhD, RN, EMT-P. The initiative is designed to grow our unique practice of medicine and to ensure that the entire organization is focused on:

- Taking care of the patients that depend on us
- Promoting evidence-based practices
- Ensuring patient safety
- Measuring our performance and being transparent with our data
- Participating in research
- Exploring innovative solutions to evolving healthcare challenges with our unique EMS skill set

AMR Medicine is the foundation for the care we provide *for* our patient, *with* our partners in our *communities*, as part of the entire *healthcare system*

We feel strongly that it's important to remember than an EMS System exists to take care of people that need immediate or urgent medical care. WE also appreciate the fact that EMS has become the safety net for medical care in many communities. People may call 9-1-1 for non-life-threatening problems, but they have no alternative methods to seek medical care.

As in any solid practice of medicine, there is an art & a science to everything we do. The science is the "what" we do. It is the clinical care, the protocols, the training and quality programs. The art is "how' we do it. Not just how we effectively and efficiently get our skilled practitioners to the patient with the right training, equipment, skills and in the right time, but how we treat our fellow human beings that may be

confused, scared or simply need advice. The art is how we interact with the public, even when we're not "on a call" so they grow to trust us and recognize us as an important part of the community.

The art is how we deal with unexpected problems, perceptions or issues. The art is how we work together as true partners with our colleagues in the Fire Department, Emergency Departments and the medical community.

AMR Medicine is well respected in the EMS Community. We participate in national organizations at the leadership level. We partner with academic institutions to participate in research and analysis of best practices. We work side by side with the manufacturing community to brainstorm new ideas to improve the technology in the field.

By focusing on AMR Medicine, we have adopted many successful practices from our healthcare partners. We understand the value to a community of integrating all the players to focus on the patient and their family.

Our proposal contains many references to our commitments to medicine and our efforts to not only provide exceptional care in our communities, but to advance the profession and the practitioners that drive change.

We are proud of our clinical practices. As you can see, we aren't "just an ambulance company," we strive to be a respected, talented member of the healthcare system and the public safety team.

E. Financial Strength and Stability

1. Financial Statements
Provide year-end financial statements for the last three years that support the organization's financial ability to perform the services included in this RFP and the Proposal.

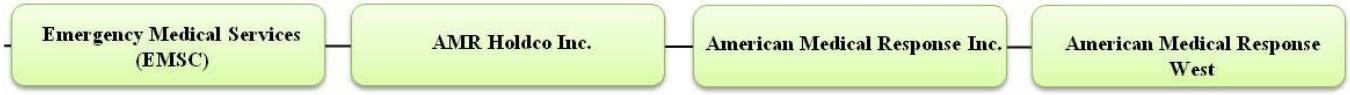
Financial Statements

A copy of our company's Audited Financial Statements from 2008-2010 has been provided in the "Exhibits Proposal Binder" located as ***Attachment No. 4*** on a CD**.** The statements are provided under our parent organization, Emergency Medical Services Corporation (EMSC). AMR is an indirect wholly owned subsidiary of EMSC, which is currently traded on the New York Stock Exchange (NYSE:EMS).

It should be noted that AMR's ultimate parent company, Emergency Medical Services Corporation. EMSC, (AMR's "Parent Company"), has recently signed a definitive Agreement and Plan of Merger to be acquired by affiliates of Clayton, Dubilier & Rice, LLC ("CD&R"), one of the world's leading private equity firms. More information about CD&R is available on its website at **http://www.cdr-inc.com.** When the contemplated transactions are completed as anticipated, our Parent Company will become a wholly-owned subsidiary of an affiliate of CD&R, and will thereby cease to be a publicly traded company. The contemplated transactions are expected to be completed in the second quarter of 2011.We are excited about our Parent Company's proposed merger, but would also like to emphasize that this transaction will not change the name and tax identification number of American Medical Response West and is not expected to change the day-to-day management or local operations of AMR.

In addition, any security arrangements that may be put in place for the Contract, such as performance guarantees and insurance commitments, will remain intact and unchanged by the transaction.

Corporate Organizational Chart



In 2009 AMR represented 52 percent of EMSC's generated net revenue. By the close of 2010, AMR had completed 3.2 million transports, while successfully managing 172 emergency contracts and 3,400 non-911 inter-facility ambulance, wheelchair, and CCT arrangements.

The table below summarizes the key financial stability metrics for EMSC and AMR*:*

EMSC Financial Metrics for Fiscal Years 2006 – 2009

FINANCIAL METRIC	*DECEMBER 31, 2008*	*DECEMBER 31, 2009*	*DECEMBER 31, 2010*
Current Ratio:	2.55	2.48	2.66
Current Assets	$815,174,000	$865,217,000	$852,143,000
Total Assets	$1,541,219,000	$1,654,707,000	$1,748,552,000
Current Liabilities	$320,141,000	$349,139,000	$320,666,000
Total Liabilities	$1,002,180,000	$968,620,000	$901,347,000
Current Net Worth	$539,039,000	$686,087,000	$847,205,000
Working Capital	$495,033,000	$516,078,000	$531,477,000
Cash	**$146,173,000**	**$332,888,000**	**$287,361,000**

2. Audited Statements
Provide independently audited financial statements for the most recent fiscal year.

EMSC's Audited Financial Statement for 2010 may be located in our "Exhibit's Proposal Binder" as ***Attachment No. 4***.

3. Financial Commitments
Provide a list of commitments, and potential commitments which may impact assets, lines of credit, guarantor letters or otherwise affect the responder's ability to perform the Contract.

AMR has no commitments, and potential commitments which may impact assets, lines of credit that would affect our ability to perform under this contract.

4. Working Capital
The Proposer shall describe its working capital sources and quantify the amount it expects to need for startup and improvements to the Napa County EMS system. The information shall include the estimated amount of start-up capital required to finance administration and ambulance operations for the first six (6) months of the Agreement. Include the source of this capital and if any part of it will be borrowed, include verification from a financial institution that your organization is approved or pre-qualified to borrow sufficient funds.

WORKING CAPITAL

AMR possesses the financial strength necessary to implement the required equipment for fulfilling this agreement. Though we are submitting this proposal as American Medical Response West, we also have the full backing of our parent company EMSC.

This relationship allows us to, when necessary, tap into a revolving $100 million line of credit. A copy of our Bank of America Reference letter is included in our "Exhibit Proposal Binder" as ***Attachment No. 5***. We are happy to provide additional details about the term of this credit facility should the County require such information for its review.

EMSC also has a strong financial record with regards to working capital. In 2009, the company reported working capital of $516 million as of December 31, 2009, $495 million as of December 31, 2008 and $531 million as of December 2010. This shows that our organization has more than sufficient reserves from which to fund the necessary capital for this agreement. Details of our net working capital and other financial indicators may be found in the audited financial statements located in our "Exhibits Proposal Binder" as ***Attachment No. 4.***

A list of the capital equipment AMR is obtaining for this contract is located in our "Exhibits Proposal Binder" as ***Attachment No. 6.***

5. Performance Security
The Proposer shall document its method and ability to provide the required performance security.

FINANCING

We have the proven financial strength to be able to provide the level of service outlined in our proposal and required by the County.

Although bidding as AMR West, we are able to provide additional backing from our parent company EMSC which has access to a $100 million revolving credit line with Bank of America. A copy of our Bank of America Reference letter is included in our "Exhibits Proposal Binder" as ***Attachment No. 5***. We are happy to provide additional details about the term of this credit facility should the County require such information for its review.

Finally, as outlined in our audited financial statements and shown in the financial metrics table in the previous pages, our organization reported net working capital of $495 million as of December 31, 2008, $516 million as of December 31, 2009 and $531 million as of December 2010. These are significant reserves, unparalleled in the ambulance industry, which will ensure our ability to provide for continued performance of services.

Upon contract award, AMR will furnish a performance bond in the amount of one million dollars.

6. Financial Interests
The Proposer shall disclose and describe any financial interests in related businesses

EmCare, Inc

EmCare is the largest physician practice management in the United States. They partner with over 500 client hospitals in 40 states and the District of Colombia, treating over 11 million patients a year - 1 patient every 4 seconds is treated by an EmCare physician. Founded in 1972, EmCare has achieved a national reputation for delivering high-quality patient care. They are a long-term, stable practice, with more than 40 years in emergency medicine practice management experience. Their practice profile consists of:

- 40 years experience focused on emergency medicine
- Partner with over 500 client hospitals
- Practice supports over 11 million patient visits annually - 1 patient every 3 seconds is treated by an EmCare physician
- Experienced physician leadership
- Results-driven customer satisfaction programs
- Outcomes focused quality management expertise
- Proactive risk management initiatives
- Extensive Medical Director Leadership Training
- Nation's leading recruiter of board-certified physicians
- "A" rated professional liability insurance with tail coverage
- Comprehensive reimbursement expertise - billing 8 million patient visits annually

Air Ambulance Managers, Inc. (AASI)

AASI is a leader in the fixed wing air ambulance industry and has accreditation with the Certification Commission on Accreditation of Medical Transport Systems (CAMTS). AASI utilizes Registered Nurses, Respiratory Therapists, Physicians, and Paramedics who are specially trained in Flight Physiology and have a minimum of five years of critical care experience, thus allowing us to continually support our high standards of

quality patient care. Air transport may include:

- Adult BLS, ALS, and Critical Care air transports
- Pediatric BLS, ALS, and Critical Care air transports
- Ventilator-dependent transports
- Cardiac, Trauma, Spinal Cord Injury, Burn and Stroke patients
- Transfer to advanced treatment center or center of excellence
- Transfer to a rehabilitation facility
- Life Sustaining patient and/ or organ transport services
- Returning to primary care resources, family or health plan coverage
- Repatriation to or from a foreign county

ACCESS2CARE SOFTWARE MANAGEMENT SYSTEM

AMR's Access2Care's proprietary technology is the most extensive and distinctive non-emergency medical transportation resource available. Their client's receive real-time, web-based reporting that makes their work truly transparent.

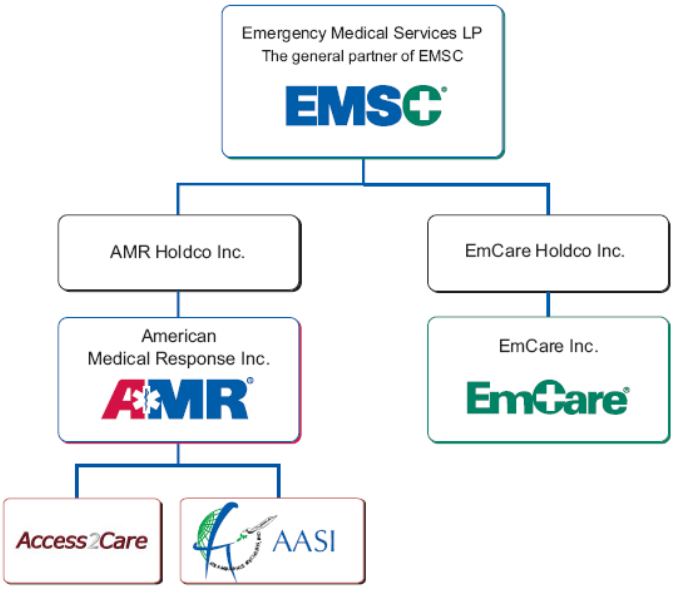
Their systems were developed to:

- Enhance our client's understanding of how their transportation benefit was being implemented and utilized
- Increase efficiency, reduce expense and increase on-time performance of our vendor networks
- Increase efficiency and reduce costs associated with the Call Center's gate-keeping, eligibility verification, and call-intake and transportation assignment responsibilities

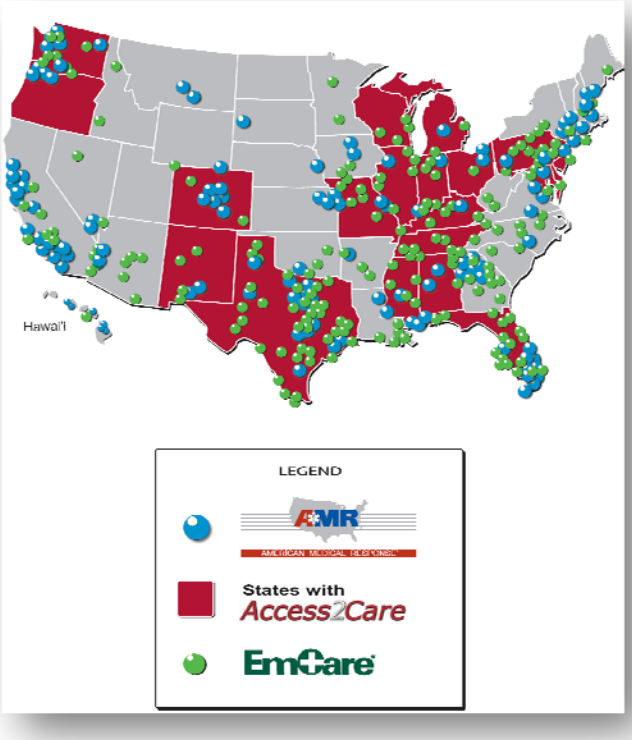
Access2Care is unique in that they have firsthand experience in all forms of medical transportation management and delivery. In addition to being a broker, their family of companies has provided services as a non-emergent medical transportation (NEMT) vendor and can empathize with transportation companies that join their network. Their credibility as a broker has evolved quickly in the industry based on following our vision; being a customer centered, patient focused and caregiver inspired organization. Extensive Physician Education Resources - Web-based physician CME programs for risk management, compliance, EMTALA, and documentation education, Local practice, Supported regionally, Backed by national Resources.

Organizational Chart

Below, we have provided an organizational chart that demonstrates the relationships between AMR's parent company EMSC and where EmCare, Access2Care, and AASI fit into the EMSC family of companies.



U.S. Client Presence



A. Contractor's Functional Responsibilities

1. Basic Services
2. Services Description

Attestation:
_X_ ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.A. (1.-2.)**

B. Clinical

1. Clinical Overview
2. Medical Oversight

Attestation:
_X_ ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.B. (1.-2.)**

3. Minimum Clinical Levels and Staffing Requirements

Attestation:
_X_ ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.B.3.**

a) Ambulance Staffing Requirements
Contractor is required to staff a minimum of one (1) EMT-Paramedic and one (1) EMT-Basic (EMT) for all transport units responding to Priority 1, 2 and 4 requests from the County designated PSAP(s). The paramedic shall be the ultimate responsible caregiver for all patients, but is only required to accompany patients in the back of the Ambulance during patient transports where paramedic-level monitoring or care is recommended or required by protocol.

Contractor may dispatch BLS units staffed with two (2) EMTs to requests for multi-unit response and any calls in which the County designated medical dispatch center determines BLS response is appropriate according to protocols and procedures approved by the County and the EMS Medical Director (Priority 3 Calls—MPDS Alpha category). At Contractor's sole election and expense, EMT staffing levels on any or all units may be enhanced to higher levels of training.

AMR agrees to staff a minimum of one (1) EMT-Paramedic and one (1) EMT-Basic (EMT) for all transport units responding to Priority 1, 2 and 4 requests from the County designated PSAP(s). This paramedic will be the ultimate responsible caregiver for all patients, but will only be required to accompany patients in the back of the ambulance during transports where paramedic-level monitoring or care is recommended or required by protocol.

We agree to dispatch BLS units staffed with two (2) EMTs to request for multi-unit response and any calls in which the County designated medical dispatch center determines BLS response is appropriate according to protocols and procedures approved by the County and the EMS Medical Director. AMR understands that at our expense, EMT staffing levels on any or all units may be enhanced to higher levels of training.

b) Personnel Licensure and Certification and Training Requirements
All of Contractor's ambulance personnel responding to emergency medical requests shall be currently and appropriately licensed, accredited and credentialed, as appropriate, to practice in Napa County. Contractor shall retain on file at all times copies of the current and valid licenses and/or certifications of all emergency medical personnel performing services under this Agreement. The County certification/licensure requirements may be downloaded from the LEMSA website. At a minimum, the Contractor shall ensure that ambulance personnel receive the following training and/or certifications.

1. Advanced Cardiac Life Support (ACLS) Certification
All paramedics responding to potentially life threatening emergency medical requests shall be currently certified in ACLS by the American Heart Association. Contractor shall retain on file at all times, copies of the current training documentation and valid certifications of all paramedics performing services under this Agreement.

All our paramedics currently maintain this credential, which is tracked using our Ninth Brain Suite™ web-based platform. Proof of current ACLS Certification is required for all paramedic applicants and we require all paramedics to maintain current certification. We pay for and provide required bi-annual recertification courses at several local campuses throughout the North Bay area so attendance is convenient. Additionally, every year we update skills for airway management, CPR skills, patient assessment, and all infrequent skills required by the County including pleural decompression, percutaneous transtracheal jet ventilation, and intraosseous infusion.

2. Required Trauma Training
Contractor shall staff each ALS ambulance with a minimum of one paramedic certified in PreHospital Trauma Life Support (PHTLS), International Trauma Life Support (ITLS), or the Contractor shall document that each paramedic has satisfactorily completed comparable training adequate to ensure competency in the skills included in the PHTLS or ITLS curriculum and approved by the EMS Medical Director. Contractor shall retain on file at all times, copies of the current training documentation and valid certifications of all PHTLS or ITLS qualified paramedics performing services under this Agreement. All paramedics shall be required by Contractor to obtain certification in PHTLS, ITLS, or have completed a comparable program within three (3) months of hire or execution of the Agreement.

We require all new Paramedics to have Pre-hospital Trauma Life Support or International Trauma Life Support (PHTLS or ITLS) when hired and their credentials are tracked in Ninth Brain. We provide all required recertification courses through Northern California Training Institute (NCTI). Napa County specific protocols related to trauma are thoroughly taught in the

New Hire Academy. We promote continual improvement of these skills through ongoing training and coaching activities in the field and other class and scenarios-based training.

3. Required Pediatric Education
Contractor shall staff each ALS ambulance with a minimum of one paramedic certified in one of the following: Pediatric Education for PreHospital Personnel (PEPP), Pediatric Advanced Life Support (PALS), or Emergency Pediatric Care (EPC); or the Contractor shall document that each paramedic has satisfactorily completed comparable training adequate to ensure competency in the skills included in the PEPP, EPC, or PALS curriculum approved by the EMS Medical Director. Contractor shall retain on file at al times, copies of the current training documentation and valid certifications of all PEPP/PALS qualified paramedics performing services under this Agreement(s). All paramedics shall be required by Contractor to obtain certification in PEPP, or have completed a comparable program within six (6) months of hire or execution of the Agreement.

We require all new employees to have Pediatric Education for Pre-hospital Professionals or Pediatric Advanced Life Support (PEPP or PALS) when hired and their credentials are tracked in Ninth Brain. We provide all required recertification courses. Napa County specific protocols related to pediatric care are taught in the New Hire Academy and promoted on an ongoing basis through our extensive formal and informal educational opportunities.

4. Company and EMS System Orientation and On-Going Preparedness
Contractor shall properly orient all field personnel before assigning them to respond to emergency medical requests. Such orientation shall include at a minimum, provider agency policies and procedures; EMS system overview; EMS policies and procedures; radio communications with and between the provider agency, base hospital, receiving hospitals, and County communications centers; map reading skills including key landmarks, routes to hospitals and other major receiving facilities within the County and in surrounding areas; and ambulance and equipment utilization and maintenance. In addition, all frontline personnel must receive continual orientation to customer service expectations, performance improvement and the billing and reimbursement process.

CLASSROOM ORIENTATION PROGRAM

All field personnel will be properly oriented before being assigned to respond to emergency medical requests. Our orientation will include, at minimum:

- County of Napa EMS system overview
- EMS policies and procedures including patent destination, trauma triage and patient treatment protocols
- Radio communications with and between the ambulance, receiving hospitals and the Napa Central Dispatch Center
- Map reading skills, including key landmarks, routes to hospitals and other major receiving facilities

- Ambulance equipment utilization and maintenance
- AMR is willing to work with the Napa Fire Department to identify and provide area specific training and/or orientation for AMR employees to help insure quality patient care and scene interactions

Located on the following page, is a description of AMR's current Orientation Program. Once selected for employment with AMR, each new employee undergoes a comprehensive orientation program, which includes approximately 7 days or 52 hours of classroom and hands-on instruction in AMR policies and procedures, local protocols and legal and compliance issues, as well as specialized safety and risk management and disaster training.

Subjects that are addressed during orientation include the following:

- Company structure philosophy, mission, and values
- Quality improvement program
- Injury and illness prevention program
- MCI training & ICS/NIMS Training
- Critical Incident Stress Management
- Workplace health and safety
- Violence in the workplace
- Diversity in the workplace
- Harassment-free workplace
- Medical and legal guidelines
- Emergency Vehicle Operations (EVOC) 16 hour training
- Customer Service
- Local operational, clinical and EMS policy, procedures, and Protocols
- ePCR/MEDS training
- Code of Conduct
- Overview of field training
- Human resources: benefits, payroll, and scheduling
- Patient privacy / confidentiality (HIPAA)
- Tuberculosis screening /
- Hepatitis B immunization
- Vehicle maintenance
- Documentation standards
- Equipment use, check out and trouble shoot
- Quality improvement standards
- Geography overview
- Hazardous materials and weapons of mass destruction
- Mobile data terminal and communications instruction

5. Preparation for Multi-casualty Response
Contractor shall train all ambulance personnel and supervisory staff in their respective roles and responsibilities under the County Multi-casualty Incident Plan (MCIP), which is on, file at the County, and prepare them to function in the medical portion of the Incident Command System. The specific roles of the Contractor and other Public Safety personnel will be defined by the relevant plans and command structure.

Every New Hire Academy includes this training and as an enhancement for this proposal we are requiring all new hires to complete ICS 100, 200, 700, and 800 training within 90 days of hire. All members of our team are trained in their roles and responsibilities under the Napa County Multi-Casualty Incident Medical Response Plan and prepared to function in the medical role under the Incident Command System. We will provide ICS Medical Command Levels 300 and 400 training to all of our Napa County Field Supervisors. We work seamlessly with Fire and Law

Enforcement incident commanders to ensure that the best patient care is provided under various field conditions and circumstances.

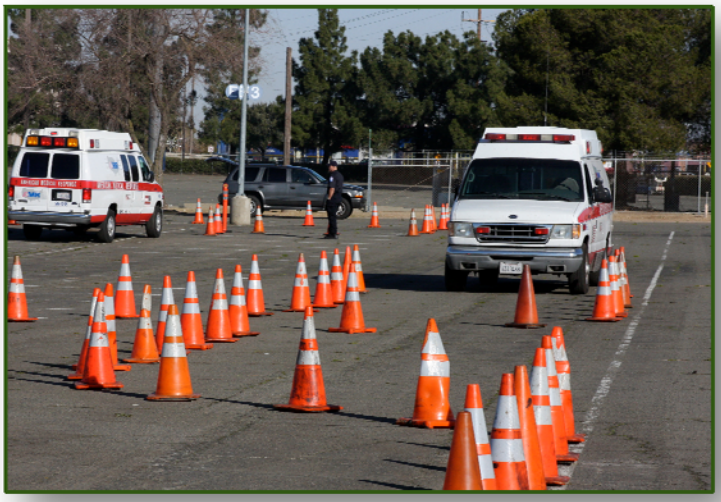
6. Assaultive Behavior Management Training
Contractor shall provide ambulance personnel with the training, knowledge, understanding, and skills to effectively manage patients with psychiatric, drug/alcohol or other behavioral or stress related problems, as well as difficult or potentially difficult scenes on an on-going basis. Emphasis shall be on techniques for establishing a climate conducive to effective field management and for preventing the escalation of potentially volatile situations.

We teach a variety of skills and techniques to defuse and manage potentially difficult scenes in the New Hire Academy as well as our "Hot Topics" and other ongoing education. Our training of assaultive management is based on assessing four different levels of behavior and learning each appropriate response to the respective level and incorporating this new knowledge in role play. There is an analysis of the trainee's personal tendencies (done individually) when in conflict, and defining happens when personnel are unprepared and frightened in a situation. If time and resources are available there is also a non-violent physical component to the training.

7. Driver Training
Contractor shall maintain an on-going driver training program for ambulance personnel. The program, the number of instruction hours, and the system for integration into the Contractor's operations (e.g., accident review boards, impact of accidents on employee performance reviews and compensation, etc.) will be reviewed and is subject to approval by the LEMSA initially and on an annual basis thereafter. Map reading shall be an integral part of driver training. Training and skill proficiency is required at initial employment with annual training refresher and skill confirmation.

DRIVERS' TRAINING PROGRAM

A key responsibility when serving the County is to ensure that we operate in a safe manner at all times. Nowhere is this more important than when driving an ambulance on busy city streets.



We look at collisions as either being preventable or non-preventable. Whenever property is damaged or injuries occur as a result of a driving incident, we complete a full-scale investigation, not to place blame but to determine what caused the collision.

In alignment with our Listen & Learn, Teach, Do approach, the answers

discovered in previous investigations have led to changes in ambulance design, increased driver accountability, and comprehensive driver training programs such as the one currently in use in Napa County. A copy of our Emergency Vehicle Operation Course (EVOC) training outline is provided in the "Exhibits Proposal Binder" as ***Attachment No. 7.*** We will be happy to furnish the entire course content and material to the County on request.

All AMR's field employees are required to successfully complete the EVOC course and receive performance and competency approval from their Field Training Officer (FTO) to independently operate an emergency vehicle before being released to duty.

EVOC

The objectives of AMR's EVOC are to promote driving safety and minimize the inherent risk of operating vehicles with or without lights and sirens. Our crews learn how to safely operate ambulances, reduce vehicle and personal stress by using proper driving techniques, and consistently apply appropriate methods to avoid potential collisions. The 16-hour course is part of our new-employee orientation program.

Our EVOC program is adapted to take into account the environment in which our paramedics and EMTs are responsible for operating their vehicles. For example, the training incorporates city landmarks, traffic patterns, secondary routing, and unique weather occurrences. EVOC is taught in the following three modules:

- Classroom instruction
- FTO-led behind-the-wheel instruction
- Controlled environment evaluation with an FTO

Classroom Instruction

The EVOC starts with eight hours of classroom instruction during which we present invaluable information on safety, reducing equipment stress, driver behaviors, and the legal requirements of operating an emergency vehicle. The classroom objectives include:

- Professionalism
- Codes of safe practice regarding vehicle operation
- Vehicle inspection, operation, and response
- Basic vehicle mechanics, including anti-lock brake systems

- Actual collision case studies and penalties paid for collisions
- An understanding of the psychological influences affecting the ambulance driver's behavior as well as those of other motorists
- The importance of developing sound judgment and decision-making skills
- The impact of proper driving practices on reduction of equipment stress
- Emergency warning devices and intersection scenarios
- Instruction on all applicable laws, regulations, and company policies governing vehicle operations

Behind-the-wheel instruction

Following the classroom component, EVOC students move into eight hours of behind-the-wheel instruction in which they drive an ambulance under close observation. The hands-on field-training component gives students the opportunity to practice the techniques taught in the classroom on a controlled course, under the direct supervision of an FTO. Students experience the forces involved in actual maneuvers and learn the characteristics of the vehicles. The FTOs provide feedback on their performance, begin to incorporate real experience lessons, and students are given ample time to practice their new skills.

Training objectives for this part of the module include:

- **COLLISION AVOIDANCE –** Split-second decision-making drills and simulations of potential accident conditions
- **CONTROLLED SPEED –** Line-of-entry, hand positions on the steering wheel, apexing, vehicle dynamics and braking techniques
- **PRECISION MANEUVERING –** Parallel parking, off-set lanes, three-point turnaround, backing in and out of parking stalls, and serpentines

Our EVOC program is designed to instill in employees the internal motivation to continually learn and seek to improve their abilities as professional emergency vehicle operators, thereby reducing the likelihood that an EVOC-trained driver will become involved in a traffic collision. Injuries and even death can be averted by teaching true defensive driving and due regard for the safety of others.

Map-reading skills

We have developed a mapping course employing the long-term field experience of our local FTOs. All EMTs are required to demonstrate knowledge of this specific information by successfully passing an end-of-course written exam before being able to drive an AMR ambulance. Any employee who does not pass this written exam, both initially and after remediation attempts, will not continue in the training process to become an AMR field provider.

Controlled environment evaluation

New employees receive instruction, evaluation and feedback on driving skills during their one-on-one time with an FTO during their field orientation program. Each paramedic and EMT must successfully complete the daily practical skills check-off list, which includes an evaluation of driving skills.
Objectives on this form include:

- Evaluation of routine/priority driving
- Comfort and safety of the patient
- Appropriate routing

The FTO must verify that all new employees are ready to safely operate an emergency vehicle before they are released from EVOC. This includes completing a daily sign-off form documenting their competency or noting deficiencies that require remediation.

8. Infection Control
Contractor shall create a culture focused on infection prevention that focuses on aggressive hygiene practices and proactive personal protective equipment donning (e.g. eye protection, gloves, etc). The Contractor shall develop and strictly enforce policies for infection control, cross contamination and soiled materials disposal to decrease the chance of communicable disease exposure.

AMR's Expanded Infection Control Program

Our actions and philosophy about safety and communicable disease prevention go above and beyond industry norms because we think of our employees' safety and health in relation to the health of our patients and our community.

Traditionally EMS systems use "Universal Precautions" and "Personal Protective Equipment" to protect their providers from acquiring infections while at work.

We will continue these employee-protective practices and will also implement an expanded infection control program aimed at decreasing cross-contamination among patients.

Every employee receives training during our new hire orientation on infection control, including how to use personal protective equipment as well as practices to reduce cross-contamination between themselves and patients and patient-to-patient. We will maintain a set of ongoing practices to further reduce risk of infection and re-infection including:

- Infection Control Training
- Cleaning, Disinfection and Disposal
- Sharps Exposure Prevention
- Personal Protective Equipment
- Post-Exposure Management
- Respiratory Protection Program, including the Cal OSHA 5199 Aerosol Transmissible Disease (ATD) Standard\
- Employee vaccinations including H1N1 flu

In addition, we provide all supervisors with a strong foundation in safety and risk management training. This includes instruction on how to handle and provide timely, proper treatment of blood and airborne pathogens as well as contact exposures.

9. Critical Incident Stress Management
Contractor shall establish a repetitive stress and critical incident stress action plan. Included shall be an ongoing stress reduction program for its employees and access to trained and experienced professional counselors. Plans for these programs shall be submitted to the Contract Administrator for approval.

CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

An in-house group of peers with specialized training in CISM is available for employees who need help following stressful events. Immediately following notification of an incident where they may be needed, a CISM team member and/or Supervisor will respond to the scene or the hospital to hold a defusing session with the crew involved. Approximately two days after the event, they also hold debriefings in a group setting to refresh coping skills and identify any additional help that may be available. Employees also receive one-on-one confidential aid from peers if they wish. The CISM program provides stress education sessions for all EMS providers and will interface with other existing public safety and health care CISM programs for additional resource support.

10. Homeland Security
Contractor and Contractor's employees shall participate in and receive training in Homeland Security issues, including participating in existing programs available within the County for dealing with terrorist events, weapons of mass destruction and other Homeland Security issues.

We cover homeland security issues including Weapons of Mass Destruction, Nerve Agents, Post-Exposure Protocols, Incident Command Structure, and others in the New Hire Academy. Additionally, we participate in National, State, and County drills and will continue to do so in a new contract. Our Supervisors and management personnel will be trained in ICS levels for medical command ICS 300 and ICS 400 and as an enhancement for this proposal we will require all personnel to be trained in ICS 100, 200, 700, and 800 within 90 days of hire.

We will also recognize the importance of the California Disaster Medical Operations Manual (CDMOM) for incidents that require response coordination among multiple jurisdictions at all levels of government and the private sector. In this regard, we will conform to the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS) for training and operational purposes.

Through our FEMA contract our AMR family of organizations has more experience providing medical support for massive disasters than any other EMS organization. We offer Napa County residents and visitors, and our partners in law and fire one of the most seasoned and well-equipped teams of experienced medical professionals anywhere in the event of a security breach or natural disaster.

11. HIPAA Compliance
Contractor shall provide initial and ongoing training for all personnel regarding compliance with the Health Insurance Portability and Accountability Act of 1996 and the current rules and regulations enacted by the U.S. Department of Health and Human Services.

HIPAA Compliance Program

Reflecting our long-standing commitment to protecting the privacy of the patients we treat and transport, AMR has established a comprehensive HIPAA compliance program related to safeguarding protected health information.

The requirements for protecting patient privacy continue to evolve with the implementation of state privacy statutes and the recently enacted HITECH Act. AMR's HIPAA compliance program remains well-positioned to meet the increased expectations of patient privacy and electronic data security and includes the following:

- A Privacy Officer to implement, oversee, and enforce the HIPAA program
- A set of HIPAA compliance policies and procedures that provide all AMR employees with the appropriate procedures and protocols to ensure compliance with the Privacy and Security Rule
- Mandatory new-hire and annual HIPAA education and training for all AMR employees
- A dedicated AMR HIPAA Helpline number to report concerns or questions available to all AMR employees, patients and customers and vendors
- State-of-the-art information technology systems with encryption capabilities to protect the electronic patient data maintained by AMR

AMR's HIPAA Compliance Manual is located in the "Exhibits Proposal Binder" as ***Attachment No. 8*** of this proposal.

12. Compliance
Contractor shall provide initial and ongoing compliance training for all personnel. This training shall be in accordance with the OIG Compliance Program Guidance for Ambulance Suppliers. This training is one component of the required Compliance Plan required of the Contractor. Proposer shall describe how it intends to comply with the above training and certification requirements. The Proposer will delineate how these programs will be provided, by whom, and where and other information to help the County understand the Proposer's commitment to meet these Core Requirements.

ETHICS AND COMPLIANCE PROGRAM

Our Ethics and Compliance Program focuses on employee education and company compliance with all federal, state, and local payor regulations. The program tracks changes in federal laws and regulations, as well as government enforcement affecting AMR and our customers. Our Compliance program has been in effect since 1998, well before the Office of Inspector General (OIG) issued its guidance in 2001, and contains and exceeds the guidance issued by the OIG.

The Ethics & Compliance Department conducts and leads training programs nationwide to address compliance issues affecting the ambulance industry. Enhanced training programs are provided to employees who have responsibilities for site-specific compliance issues. All our employees who have completed

compliance training sign a Statement of Understanding confirming they are aware of, understand, and will abide by the program guidelines.

The Ethics and Compliance Department has also established a company Code of Conduct handbook. This Code of Conduct imposes a chain of command instructing employees to report any actual or perceived violation of compliance rules or regulations to specified compliance officers within the company. Any employee may report potential violations or concerns anonymously via the toll free Ethics & Integrity Help Line. AMR treats all such reports as confidential.

AMR's Compliance Officer

Ross Ronan, Corporate Compliance Officer

6200 S. Syracuse Way, Suite, 200

Greenwood Village, CO 8011

303.495.1263

Our Code of Conduct Policy Manual is located as ***Attachment No. 9*** of this proposal.

C. OPERATIONS

1. Operations Overview

Attestation:
X ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.C.1.(a-d)**

2. Transport Requirement and Limitations

Attestation:
X ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.C.2.(a-b)**

3. Response time Performance Requirements

Attestation:
X ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.C.3.(a-c)**

4. Notification of Delays for Non-emergency Responses
5. Response Time Measurement Methodology

Attestation:
__X__ ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.C.4 and IV.C.5. (a-i)**

6. Response Time Exceptions and Exception Requests

Attestation:
__X__ ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.C.6. (a-c)**

7. Response Time Performance Reporting Procedures and Penalty Provisions

Attestation:
__X__ ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.C.7. (a-b)**

8. Fleet Requirement
9. Coverage and Dedicated Ambulances, Use of Stations/Posts

Attestation:
__X__ ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.C.(8-9)**

D. Personnel

Attestation:
__X__ **AMR understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.D.1.**

1. Treatment of Incumbent Work Force
Proposers shall describe how it intends to maintain continuity of service in the system by employing current personnel and efforts to retain personnel through the term of the agreement.

Incumbent Workforce

AMR Napa County values the expertise and local knowledge of the ambulance professionals and support staff now serving the County of Napa. They have shown their commitment to the community and established vital relationships with first responders and other EMS stakeholders.

As such, AMR Napa County commits to giving first consideration for employment to the County's incumbent EMS workforce. We will recruit and employ all qualified EMTs and Paramedics. We will hire any EMT and Paramedic who meets AMR's background, driving record, pre-employment physical requirements, drug screening and basic clinical competency test.

If a County employee does not readily meet AMR's hiring standards, we will clearly communicate that fact and strive to assist that person in achieving eligibility for employment with our team.

Once hired by AMR Napa County, employees from the incumbent workforce will participate in an abridged orientation to get acquainted with AMR policies, programs, and processes. Additionally, new system designs will be reviewed, along with any new equipment training requirements. Throughout this process, we will seek input from the incumbent workforce. We are proud to offer wages comparable to the current scales and a comprehensive benefits package, which we believe will be attractive to the incumbent workforce. We understand the concerns of the incumbent workforce regarding transferring their seniority to their new employer, especially as their seniority has a direct impact on their compensation. As such, we commit to honoring each incumbent employee's seniority concerning the shift bidding process and as compensation.

AMR's Compensation and Benefits

No other provider offers compensation and benefits that compare to AMR Napa County's proposed package. Our benefits package stands out as one of the most comprehensive coverage plans in the EMS industry. AMR Napa County is committed to providing the incumbent employees our benefit package which will provide the highest level of health care for themselves and their families.

Our compensation and benefit package will be provided to the incumbent workforce starting January 1, 2012.

AMR Napa County's Human Resource (HR) manager Karen Deaton is committed to helping aid employees with understanding and utilizing their benefits. The HR manager is available to answer any questions employees' might have regarding their benefits plan and to also help address concerns. If an "employment crisis" were to occur, an HR representative is available 24 hours a day to lend a hand with the matter. The HR staff can address a multitude of employment issues, including benefits, Employee Assistance Program (EAP) referrals, and any other issues that may arise. The department is focused on providing excellent customer service to their customers – the employees. New employees become eligible for benefits starting the first day of the month following 90 days of consecutive full-time employment.

The following is the AMR West Employee Benefits Summary available to eligible Napa County employees

AMR / NAPA EMPLOYEE BENEFITS SUMMARY	
BENEFIT	**DESCRIPTION**
MEDICAL	Three Medical Options through **Anthem Blue Cross Blue Shield** and **Kaiser Permanente** AMR provides employees significantly subsidized medical insurance coverage. Specifically, employees have the ability to select from four (4) medical plan options which include: Anthem Blue Cross Blue Shield High Deductible Health Plan with a Health Savings Account Anthem Blue Cross Blue Shield PPO Plan (two different deductible levels available) Kaiser Deductible HMO Plan
DENTAL	**Aetna** Employees have the ability to select from three (3) Aetna dental options which include: Aetna DMO Aetna PPO Dental Aetna Open Choice Dental
VISION	Vision Services Plan (VSP) **Employees have the ability to select from two (2) VSP vision plans. In both options, the vision plan has significant vision care benefits and eye glasses benefits.**
LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)	**Prudential** The company provides life and AD&D insurance, at no charge, equal to two times their scheduled annual earnings.

SUPPLEMENTAL LIFE & AD&D INSURANCE **DEPENDENT LIFE INSURANCE**	**Prudential** Eligible employees have the ability to purchase additional life and AD&D insurance coverage. Additionally, employees also have the ability to purchase dependent life insurance coverage.
SHORT TERM DISABILITY (STATE/SUPPLEMENTAL)	**California/Prudential** Employees are eligible to purchase additional coverage in addition to the California State provided short term disability coverage if they determine there is a personal need to do so. Short term disability is intended to cover the first 90 days of disability
LONG TERM DISABILITY	**Prudential** After 90 days of disability and being confirmed as disabled, the company provides a long term disability benefits that will replace up to 60% of their base earnings. This benefit is paid for completely by the company.
EMPLOYEE ASSISTANCE PROGRAM	**MHN** All employees and their immediate family members are entitled to use this assistance program. The EAP is designed to help with any type of personal problem(s) that may be affecting their life (i.e., alcohol/drug use, physical abuse, emotional problems, etc.). This service is completely confidential and can be used twenty-four (24) hours a day, seven (7) days a week.
FLEXIBLE SPENDING ACCOUNTS	**Aon** We provide our employees the ability to establish a health flexible account and/or dependent care spending account. We further provide employees the convenience of a debit card that is linked with their flexible spending account election, at no cost.
EMSC 401(K) SAVINGS PLAN (NON-UNION)	**Fidelity Investments** Eligible employees are able to defer up to 40% of their earnings, subject to the annual IRS maximum 401(k) limits. The company provides 50% match up to 6% of their compensation subject to a four (4) year vesting schedule. Employees have the flexibility to select from up to twenty-one (21) mutual fund options to invest their contributions that are consistent with their short and long term retirement goals.
*** In general, benefits are available to full-time employees. If there is a discrepancy with the above information, the plan document and insurance policy will govern. The above information is based upon benefit offerings as of May 1, 2011. These benefit programs and rate information are subject to change.**	

Paid Leave

AMR offers paid leave to our employees; there are a number of ways to use paid leave when it is necessary:

- ***Paid Time Off (PTO):*** Paid time off is granted to all of our full-time employees. Accumulation of paid time off can range from 16 days per year for newly-hired employees and up to 26 days per year for an employee who has been with the company for more than 10 years. As one of the leading health care providers in the nation, AMR acknowledges the importance of maintaining our team members' health and well-being. We also understand the significance of having periods of rest and relaxation.

At all times, we encourage our employees to use their PTO time that they have accrued during the year. Paramedics, EMTs and Dispatchers have the opportunity to cash-out accrued time should they desire

- ***Holidays:*** We have eight paid holidays a year: New Years Day, Embracing Diversity (Feb.), Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day. If an employee works on a recognized holiday, they are paid premium pay
- ***Leaves of Absence:*** AMR recognizes all leaves allowed by law, including medical, family, military, bereavement, jury duty, and personal. According to applicable state and federal law AMR provides benefits for these employees

Additional Benefits

Our benefits package includes a variety of other programs designed to enhance the well-being of our team members. These programs include:

- Back injury prevention program
- Return-to-work program
- Harassment-free workplace program
- Workplace violence prevention program
- Employee wellness programs that include reduced-fee health club memberships
- Discounts on personal motor vehicles, cell phone contracts and numerous other products and services (even back-to-school supplies)
- Group rates on auto, homeowner, and legal insurance
- Tuition reimbursement
- Pet insurance

2. Character, Competence and Professionalism of Personnel
All persons employed by Contractor in the performance of its work shall be competent and holders of appropriate licenses and permits in their respective professions and shall undergo a criminal record check in accordance with the State of California requirements. The County will conduct the criminal record check for Contractor employees. The Contractor will reimburse the County for the cost of the record checks.

CHARACTER, COMPETENCE AND PROFESSIONALISM OF PERSONNEL

AMR is committed to providing Napa County with personnel who treat everyone they encounter with professionalism, respect, and dignity. We have found that mutual respect and a professional demeanor on the part of all involved parties create the best impression of the EMS system for patients and their families, making them more comfortable with the transport, which in turn allows caregivers to provide the best patient care possible.

AMR's policies, procedures, and culture will ensure that all AMR personnel supporting Napa County continue to conduct themselves in a professional and courteous manner. All AMR personnel wear uniforms that clearly identify our business name as well as the name of the particular employee and are required to maintain a neat, clean appearance. Candidates for employment at AMR must meet or exceed stringent education, health, and certification standards and then pass a series of interviews, tests, and criminal background checks and a pre-placement drug screen and physical examination.

Once selected, each new employee undergoes AMR's comprehensive two-week orientation program, which includes classroom and hands-on instruction in local policies and procedures, legal and compliance issues, as well as specialized safety and risk management and disaster training. All new hires are required to work with a Field Training Officer before being released to field service. We have a six-month probationary period for full-time field personnel and 12 months for part-time field personnel, during which time our preceptors regularly evaluate and fine-tune skills.

AMR screens each field candidate's driving record before we make an employment offer, and we recheck driving records on an ongoing basis. All employees are required to successfully complete our driver training program as part of orientation. Our comprehensive training incorporates a combination of classroom and behind-the-wheel coursework to ensure that we have the safest drivers on the road. Remedial driver training is always available and is mandated when needed.

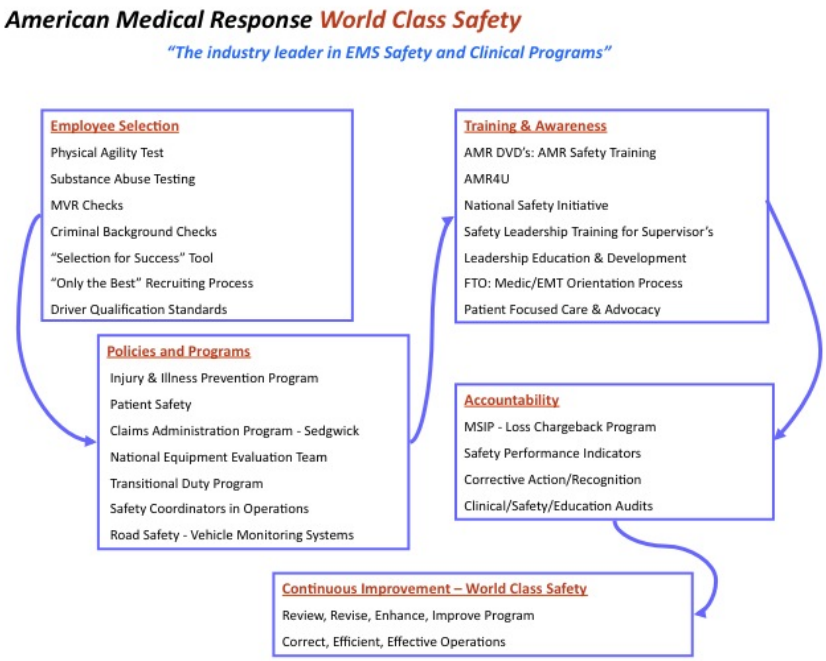
3. Internal Health and Safety Programs
The Contractor shall implement multiple programs to enhance the safety and health of the work force. These shall include driver training, safety and risk management training.

The Contractor shall provide adequate Personal Protective Equipment (PPE) and other equipment to employees working in hazardous environments such as routine care, rescue operations, motor vehicle accidents, etc. At a minimum, personal protective gear shall include appropriate head, respiratory and flesh protection for employees. Policies and procedures should clearly describe the routine use of PPE on all patient encounters.

Keeping team members safe at work is the right thing to do for our employees and their families, for the customers we serve. We have an extensive employee safety program that involves training and education during orientation, monthly safety highlights, and a required annual safety review as well as quarterly safety checks by our Local Safety Coordinator. We track key performance indicators related to internal health and safety as part of our comprehensive quality program. When anyone on our team is alerted to a potential safety risk, we take immediate steps to identify the issues and make any necessary changes to ensure the risk is minimized or eliminated.

The safety of our workforce, patients, and community is of utmost importance to our organization and is reflected in our conduct. Our driver training program consists of classroom, practical on track, and supervised in-field education. Our vehicle operation policies are some of the strictest in the nation and are designed to ensure safety for patients, family members, our crews, and the public.

Safety and risk management training includes training to ensure every employee is trained to perform all their job functions in a manner that is safe for them, their patients, and our community. Ron Thackery, AMR's Senior Vice President for risk and safety, is recognized worldwide as the preeminent expert in EMS safety. We will gladly share our policies, safety education, and safety literature with all of our partner agencies in Napa County.



PERSONAL PROTECTIVE EQUIPMENT

We provide employees with a full complement of PPE and train them in its use. Our personnel routinely use PPE on all patient encounters. PPE is fit tested when appropriate. We work with our employees on the Safety Committee to select PPE supplies. Our national relationship with McKesson allows us to have massive amounts of PPE supplies delivered to us overnight in the event of a pandemic.

The table on the following page outlines the appropriate Personal Protective Equipment provided to all employees:

PROTECTIVE EQUIPMENT
1) Eye protection on person, in carry-in bags, and in the unit
2) Bag valve masks
3) Personal pocket masks
4) Combination visor – surgical masks
5) Impervious gowns
6) Exam gloves in appropriate sizes. Waterless virucidal hand cleaner and towelettes. Easily accessible sharps disposal cleaners
7) Labeled bags for blood specimen tubes
8) Impervious shoe covers
9) N95 and P100 respirators
10) Disposable absorbent barriers (chux)
11) Paper sheets to protect patients
12) High visibility safety apparel that meets class ANSI / ISEA 107; 2004 Standards
13) Flashlights
14) Containers for disposal of bio-hazardous waste, contaminated sharps, red biohazard bags, and yellow infectious linen bags
15) DOT HazMat reference book

4. Evolving OSHA & Other Regulatory Requirements
It is anticipated, during the term of the Agreement that certain regulatory requirements, for occupational safety and health, including but not limited to infection control, blood-borne pathogens and TB, may be increased. It is the County's expectation that Contractor will adopt procedures that meet or perform better than all requirements for dealing with these matters.

Contractor shall make available at no cost to its employees all currently recommended immunizations and health screening to its high-risk personnel.

COMPLIANCE WITH OSHA & OTHER REGULATORY REQUIREMENTS

We maintain compliance with all OSHA and other regulatory requirements through strict enforcement of a number of internal policies and practices. We store our health and safety plans and policies on the Ninth Brain website so they are available to all employees and there is a central place to post updates. We have the ability to use this platform to track employee health events. By entering these events into Ninth Brain, we have the ability to automatically complete OSHA 300, 300A and 301 reports, a Sharps Injury Log, and the Sharps Injury Incident record. As part of the AMR family, we are early adopters of emerging OSHA standards and best practices in safety. We were one of the first EMS organizations to switch to needleless medication administration systems, which dramatically decreased the number of needle stick injuries to our employees. All recommended immunizations and health screenings are made available to our employees at no cost.

5. Discrimination Not Allowed
During the performance of the Agreement, Contractor agrees that it will comply with all applicable provisions of federal, state, and local laws and regulations prohibiting discrimination. Without limiting this, Contractor warrants that it will fully comply with Title VI and VII of the Civil Rights Act of 1964, as amended, the Americans with Disabilities Act (ADA) and all other regulations promulgated there under. Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, disability, national origin, sex, sexual orientation, or age. Contractor will take affirmative action to ensure that employment is offered and that employees are treated during employment without regard to their race, religion, color, disability, national origin, sex, sexual orientation, or age. Such action shall include but is not limited to the following: employment-upgrade, demotion, or transfer; recruitment or recruitment advertising; lay-off or termination; rates of pay or other forms of compensation; and selection, including apprenticeship.

DISCRIMINATION IN THE WORKPLACE

AMR does not tolerate discrimination in the workplace. Our company policy is provided to every employee in the Employee Handbook and prohibits discrimination and harassment based on gender, race, color, religion, national origin, ancestry, age, physical or mental disability, medical condition, pregnancy, sexual orientation, marital status, retaliation, and any other protected status in accordance with all applicable

federal, state, and local laws. Further, the policy states that, "*The Company's commitment to equality, understanding, and acceptance will be the foundation and philosophy of Embracing Diversity Day. Embracing Diversity Day will be observed by the Company as a paid holiday, to be celebrated on the third Monday of every February. This holiday, which is specific to the Company, will serve as a memorial to Dr. Martin Luther King Jr., our U.S. Presidents, and all who have fought to make our world more sensitive and open to diversity.*"

Attestation:
__X__ ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.D. (2-5).**

E. MANAGEMENT

1. Data and Reporting Requirements

AMR proposes to utilize our most sophisticated and robust ePCR and data reporting system currently available. AMR's internally developed ePCR system, known as the Multi-EMS Data System (MEDS) is NEMSIS Gold-certified and CAEMSIS compliant. Developed with feedback from AMR operations and EMS agencies in multiple states and counties, MEDS has been used by caregivers at AMR for more than eight years and currently contains detailed information for more than 4.8 million EMS patient contacts in its database. AMR's commitment to continual improvement is evidenced by scheduled quarterly releases of MEDS software enhancements. Please refer to Tab V. Competitive Criteria, B. Operations for detailed information about this system.

Attestation:
__X__ ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.E.1. (a-d)**

F. EMS System and Community

1. Participation in EMS System Development

2. Accreditation – Nationally, AMR has ***18*** operations accredited by the Commission on Accreditation of Ambulance Services (CAAS), more than any other ambulance provider. Maintaining our focus on local leadership, we will commit to attaining CAAS accreditation for the City of Napa within 18 months of the contract start.

This gold-standard accreditation process will a step to building a long-term relationship with Napa County to secure the health and well-being of the people of Napa Valley and further develop the reputation of the County's EMS system as one of the finest in the world.

Attestation:
X ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.F. (1-2)**

3. Multi-casualty/Disaster Response
4. Mutual Aid and Stand-by Services

Attestation:
X ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.F. (3-4)**

5. Contractor May Subcontract ALS Inter-facility Transports
6. Communities May Contract Directly for Level of Effort

Attestation:
X ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.F. (5-6)**

7. Supply Exchange and Restock
8. Handling Service Inquiries and Complaints

Attestation:
X ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.F. (7-8)**

G. Administrative Provisions.

1. Contractor Support of County Compliance, Contract Management, and Regulatory Activities
2. No Subsidy System

Attestation:
X ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.G. (1-2)**

3. Contractor Revenue Recovery

Attestation:
X ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.G.3. (a-b)**

4. Federal Healthcare Program Compliance Provisions
5. State Compliance Provisions
6. Billing/Collection Services

In our complicated fee-for-service environment, a complete grasp of the complexities involved in funding and managing medical transportation services is essential, particularly in these hard economic times. We have the established billing system, local management talent, and financial resources necessary to consistently provide superior patient care and ambulance services through the constant evolution of industry standards and conditions. Our financial and operational management capabilities include:

- Centralized, efficient and compassionate billing and accounts receivable services from our company's Modesto, California center
- A patient business services management team with nearly 150 years combined experience in ambulance accounts receivable management
- One of the nation's most advanced ambulance billing systems, AM2000
- Full billing and collections system redundancy to eliminate any chance of patient data loss
- A dedicated Fee Forgiveness Fund to better serve system patients who need our care but are unable to pay
- A proven team of local leaders who enjoy well-established relationships with our system colleagues and customers
- Financial depth that will facilitate ready access to sufficient capital for system enhancements and ensure AMR's ability to deliver the requisite ambulance services throughout the contract term, under any circumstances

BILLING AND COLLECTIONS

AMR's commitment to customer service, experience in accounts receivable management, and willingness to be on the leading edge of advanced computer technology will produce positive collection results for the Napa County EMS system, and we are pleased to offer the continued benefits of centralized, efficient billing and collections services from our company's patient business services (PBS) center in Modesto, California.

Decades of experience successfully meeting California's complex regulatory requirements while maintaining customer-service-oriented billing and accounts receivable practices has allowed AMR to operate in many counties in Northern California subsidy-free while implementing system enhancements on a regular basis. We use a compassionate approach to billing and collections, which will focus on maximizing third-party reimbursement for Napa County patients. While we are committed to obtaining payment for services in a timely and professional manner, no patient is ever denied access to medically necessary patient care or emergency ambulance transportation on the basis of his or her ability to pay for the services rendered. As a national organization, our company has extensive experience maintaining the necessary documentation for regulatory compliance and monitoring performance for continuous clinical compliance. Our compliance expertise and regulatory experience supports the long-term stability of our Northern California services.

Billing System

AMR uses the AM2000 billing system, which is one of the most advanced electronic ambulance billing systems in use today. This proprietary system is accessed in Napa County through our internal Wide Area Network (WAN) and in the event of a catastrophic failure can be replicated at a secondary location within 24 hours. Each year, we reinforce our system backup capabilities through a recovery rehearsal process.

The AM2000 system provides:

- Electronic Data Interchange (EDI) with payers
- Standardized data platform and audit trail
- Nightly automated system backup, tape storage in two locations, and full data recovery capability
- Standardized data processing protocols
- National economies of scale
- The AM 2000 billing system is fully capable of processing billing for third-party payers,

private-pay patients, special contractual relationships, DRG transports, and any other billing arrangement.

7. Contractor Compensation from County
8. Accounting Procedures
9. Non- Emergency Ambulance Permit
10. Insurance Provisions.

Insurance documentation required—See requirement in "Section II.A Submission of Required Insurance Forms"

Attestation:
X ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.G. (4-10).**

11. Hold Harmless / Defense / Indemnification / Taxes / Contributions
12. Performance Security Bond
13. Term of Agreement
14. Earned Extension to Agreement
15. Continuous Service Delivery
16. Annual Performance Evaluation

Attestation:
X ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.G. (11-16).**

17. Default and Provisions for Termination of the Agreement
18. Termination
19. Emergency Takeover
20. Transition Planning
21. County's Remedies
22. Provisions for Curing Cardinal Default and Emergency Take Over
23. "Lame duck" Provisions

Attestation:
X ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.G. (17-23)**

24. General Provisions

Attestation:
X ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section IV.G.24 (a-o).**

A. Clinical

System Enhancements for Napa County

- *Our AMR Medicine initiative will support our local medical direction program, providing renewed focus on integrated clinical care, patient safety and customer service*
- *Medical Direction Team: Together, Dr. Andrew Nothmann, our local Medical Director, partnering with Dr. Ed Racht, our AMR Chief Medical Officer, working in a shared capacity with Napa Fire Department to ensure seamless clinical care between ALS providers*
- *Clinical partnership with Christy Hollis, PA, EMT-P as our local Clinical Education Manager, in a shared capacity with Napa Fire Department*
- *Our Medical Director and, and CES staff will work directly with the EMS Agency's Medical Director to collaborate on new treatment policies and training initiatives, quality improvement, research and treatment policy*

SYSTEM ENHANCEMENTS FOR NAPA COUNTY

- *We commit to apply for the California version of the prestigious Malcolm Baldrige National Quality Award within the first two years of the start of the new contract.*
- *"Implement Key Performance indicators that will measure improvement in patient outcome."*
- *AMR will budget an additional $5,000 annually for additional quality improvement and training services, as required.*
- *In conjunction with the County's EMS Agency, AMR will hold semi-annual Community Forum meetings with the general public, patients, and family members that have an interest in the local 9-1-1 EMS System to solicit feedback on our service to the community.*
- *Assist the County EMS Agency with the development of a Critical Care Transport-Paramedic program.*
- *Promote Medical Spanish, Cultural Competency and Diversity Training for employees.*
- *Develop a mobile simulation center training vehicle (TIM) for county EMS personnel.*
- *Produce an EMS Field Guide for BLS and ALS Personnel in Napa County. This field manual will include a summary of all treatment policies, MCI procedures, disaster and homeland security protocols, communication policies and other important aspects of the EMS system*
- *Produce a special Agricultural Emergency Response Course: This course will address the hazards, safety and PPE, and treatment procedures for agricultural related medical emergencies in Napa County.*
- *AMR is proud to offer our Compassionate Care Program. This program is designed to address the growing economic concerns facing our nation by reducing ambulance bills for patients without insurance and who are unable to pay their ambulance bill*
- *"Implement clinical interventions that will measurably reduce suffering and save more lives.*

A. CLINICAL

1. COMPETITIVE CRITERION: QUALITY IMPROVEMENT

a. Minimum Requirements – Demonstrable progressive Clinical Quality Improvement & Continuing Education Required

Proposers must commit to a clear, concise, and implementable set of processes and practices designed to produce tangible improvements for the patients and other customers served by the EMS system, the Proposer's employees who serve Napa County, and the other agencies involved in the Napa County EMS system.

In addition to generally committing to these Minimum Requirements, Proposers shall illustrate their ability to achieve them by describing their overall approach to comprehensive quality management.

OVERVIEW

EMS is a practice of medicine. An important part of any medical practice is an ongoing commitment to measuring performance and implementation of appropriate actions based on the analysis of that performance. ***AMR Medicine*** is the culture that drives the clinical care we provide in the

communities we serve. Every initiative, program and process we implement is aimed to improve the overall health of our patients; they are our number one focus, always have been and always will be.

AMR IS THE MOST CLINICALLY FOCUSED AMBULANCE PROVIDER IN THE COUNTRY.

We believe ***AMR Medicine*** provides the benefits of robust national and regional resources, as well as a unique ability to share best practices between local operations. We have developed a clinical quality management program that will be extremely valuable in the Napa County system.

In our discussions with leaders in the Napa community and in preparation for responding to this RFP, we believe that Napa is in a position to be a leader in the EMS industry. Many of the characteristics being discussed by national organizations (such as a focus on the science of EMS, integration of all the system responders in a seamless way, government leader involvement and a community that oversees performance) have been identified in Napa. We look forward to participating in the growth and development of the Napa County system and feel that the three components of the AMR Quality Program provide a unique opportunity not only for Napa's development, but also to bring the successes of Napa to our partners in other AMR communities and the EMS Profession as a whole.

THE AMR QUALITY PROGRAM

IDENTIFYING AND CORRECTING CLINICAL PROBLEMS

One person cannot singlehandedly develop and maintain a comprehensive quality program. We understand that and we've developed a process that encourages collective problem identification and solutions from all levels of our organization. For the clinical component, our local CES Manager administers the process under the guidance of our Medical Director, with ongoing input from our Quality Steering Committee.

For a quality program to be effective, it must provide people with the education, resources, and support to provide quality service and patient care. This is best accomplished through observation, review, discussion, and an exchange of ideas when areas for improvement have been identified.

Developing a Foundation of care

The first step in any quality process is to provide employees with performance expectations and give them the tools they need to preplan their response to given situations, incidents and patient conditions. We do this through written patient care protocols, clinical and operational polices, and ongoing continuing education. In the rapidly changing environment of healthcare, education must keep pace with the rapidly evolving science. AMR has developed an innovative web-based educational program (AMR4U) that addresses emerging science and is readily available to all providers, 24 hours a day.

Monitoring the Care

Our quality program is designed specifically to ensure every one of our patients receives the best care and customer service possible (the "art & science" of medicine). To do this, we use a variety of monitoring tools to evaluate our services and identify clinical issues, allowing us to develop the most effective solutions to ensure the best possible patient care.

The key monitoring and identification tools we use are:

- **DATA COLLECTION AND ANALYSIS -** Our clinical data is generated from our MEDS / ePCR system. This system allows for rapid retrospective identification of issues at the individual level as well as overall system performance as it pertains to clinical practice. This system also gives immediate notification of any sentinel event to clinical and operational leadership. Our data collection system is designed to fit data reporting requirements set locally, regionally and nationally.

- **PEER REVIEW –** We schedule monthly peer review sessions, where caregivers retrospectively evaluate cases of their colleagues and identify trends or issues. Recognizing the value of caregiver participation, our peer review committee members are compensated for their time. The environment focuses on non-punitive approaches to education and system redesign to decrease the perceived threat of openly discussing challenging situations.

- **FTO AUDITS -** Along with the peer review group, our FTOs will randomly audit field documentation, reviewing both stored records and performing random real-time audits in the field with our crews.

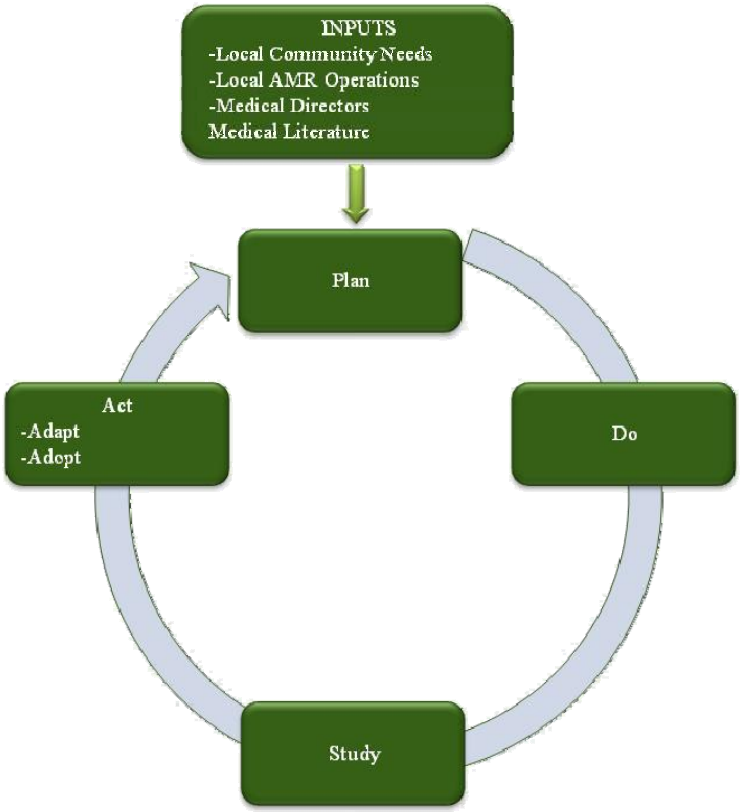
- **OBSERVATION AND EVALUATION -** Field supervisors, selected for their leadership role based on performance, will spend a majority of their time in the field, allowing them to directly observe their colleagues as they are caring for patients and interacting with the public. The supervisors respond on calls with field crews to observe, evaluate, and provide support, as well as reviewing patient care reports to ensure completeness, accuracy, and compliance to local protocols.

- **CUSTOMER FEEDBACK –** An important part of evaluating our collective performance is soliciting feedback from those individuals and organizations we interact with as part of the system. This includes our patients, receiving hospital staff, Law Enforcement and Fire Department staff, County officials and the medical community.

AMR has adopted the Plan/Do/Study/Act (PDSA) cycle, a simple strategy for responding to opportunities for improvement. All of our process improvement projects evolve through the PDSA cycle. Below, we have provided a graphic of the PDSA cycle.

Frequently Asked Questions

PDSA Cycle



The PDSA cycle begins with information from a variety of inputs, including local community needs, input from local AMR operations, suggestions from AMR medical directors, AMR clinical data and evolving medical evidence supporting a change in practice.

The **PLANNING STEP**:

This involves identifying the goal for improvement. In other words, what are we trying to accomplish? The last step in the planning process is to identify interventions that might improve overall performance, as well as metrics which measure the degree of improvement. Once the limitations for a test are calculated, the **DO STEP** begins to evolve.

The **DO STEP**:

This step tests the intervention that was proposed in operations and measuring the results.

The **STUDY STEP**:

The **STUDY STEP** follows, and this step simply compares the actual results of the intervention with those that were expected. In this step, our company learns whether or not the test had desired results.

The **ACT STEP**:

The **ACT STEP** responds quickly after the study step. If the intervention had the desired effect, the appropriate action will be to adopt the intervention as the new standard process. If the intervention failed to meet expectations, it is appropriate to adapt or simply modify the intervention, return to the planning step, and then repeat the PDSA cycle.

Please see the Benchmarking Section for specific Key Performance Indicators and Clinical Outcome Measures proposed for Napa County.

OUR LOCAL RESOURCES AND STRENGTH

The most important function we provide as an ambulance and medical transportation provider is at the local level. We are extremely proud to propose our local Clinical and Education Services (CES) Manager, **Christy Hollis, PA.** A highly qualified Physician Assistant, Christy will jointly oversee our AMR and Napa City Fire clinical quality programs bringing seamless integration of ALS providers under a single clinical structure. She is supported by the entire Napa Leadership team including our General Manager, Clinical Field Supervisors, Field Training Officers (FTO's), and our regional and national clinical experts.

While our AMR Napa Clinical Manager is accountable for overseeing the quality program, we understand that our entire organization must be committed to providing the highest quality care and continuously working to enhance our performance. The following committees and personnel play a key role in fulfilling our clinical mission.

Quality Steering Committee

While the AMR Quality program has components designed to help individual employees improve their clinical care and customer service, as the contracted provider supporting the County of Napa, our overall focus is on *system-wide performance*. Frankly, that's what our patients and the community expect.

We are proposing to establish a Quality Steering Committee chaired by our General Manager Bruce Lee We envision this committee will consist of dedicated members of our local clinical team, EMS agency staff including the EMS Medical Director, fire agency representation, local hospital staff, as well as front-line employee representatives. Proposed activities for the Committee include reviewing system performance in all key areas, initiating and guiding improvement projects, and monitoring the progress on active improvement projects.

Peer Review Committee

All AMR employees are encouraged to become involved in making improvements. Our Peer Review Committee plays an important role in overall quality for our local operation, from evaluating new equipment, to providing feedback on new protocols, fine-tuning deployment plans, and assessing the performance of our Communication Center functions.

Peer involvement is an important component of engaging employees in the local practice. By having employees involved in all these elements, they are able to 'own' new concepts, procedures, standards, and

other progressive activities, and are actively engaged in improving the system and the overall quality of care. As the day to day front line providers, these employees often hold the key to innovative solutions for challenging issues.

Field Training Officers (FTO)

Our FTOs play an important role in our quality program. Selected through a formal interview process, the FTOs function under the guidance and direction of our CES Manager. Together they identify and develop training methods to implement new procedures, improve performance, and address identified individual training needs. The FTOs function as the tactical unit for the implementation of clinical innovation and performance improvement in our organization. They provide instruction in orientation programs, conduct field orientation for new employees, assist in teaching in-service education programs, and provide ongoing field observation and mentoring for our employees.

OUR NATIONAL RESOURCES AND STRENGTH

AMR believes strongly that medicine is practiced at the local level.

OUR INSTITUTIONAL PHILOSOPHY IS FOR THE CORPORATE LEVEL OF THE ORGANIZATION TO PROVIDE NEEDED SUPPORT TO THE INDIVIDUAL OPERATIONS WITHOUT MANDATING PROCESSES FROM "ABOVE".

The advantage of our national size and diversity is that it allows for significant expertise in all facets of the art & science of out-of-hospital care. Emphasizing our commitment to continually use best practices to improve our patient care, AMR's Napa team is supported by several of our organization's national clinical leadership groups. These groups provide expert direction and oversight for process improvement efforts in strategic planning, patient/community focus, staff focus, measurement and analysis, process management, and organizational performance. Additionally, the groups have identified content-area experts that have made themselves available to AMR operations in other communities to assist with program implementation (examples include the implementation of the Cardiac Arrest Registry to Enhance Survival data initiative or the evaluation of various CPAP or airway devices). The groups themselves are composed of designated

leaders from practices all over the country. Unique in the industry, we feel these groups provide an unparalleled resource to all operations.

Medical Directors' Leadership Group

AMR's local Medical Directors play an essential role in establishing clinical priorities and guiding the clinical practice of our clinical staff within their local communities. Our Medical Directors' Leadership Group, which serves as a resource for all AMR medical directors, is led by AMR's Chief Medical Officer, Edward Racht, M.D., and is comprised of selected Medical Directors from each AMR region. By design, the members of this group represent diverse practice environments including urban, rural, frontier, academic, and private practice settings. In collaboration with the CLC, the Medical Directors' Leadership Group provides guidance on the medical practice aspects of clinical excellence, including identification and integration of new CPIs.

THE MDLG PROVIDES AN INTERNAL "SOUNDING BOARD" FOR PHYSICIAN MEDICAL DIRECTORS TO DISCUSS COMPLEX ISSUES WITH COLLEAGUES ACROSS THE COUNTRY.

Additionally, the MDLG offers our external academic and industry partners an opportunity to discuss ideas across a diverse group of physicians. This has resulted in multi-center studies, position papers and a comprehensive, well referenced Medical Director's Resource Guide to assist all physicians with integration into their AMR practices.

Clinical Leadership Council (CLC)

The CLC is composed of clinical and educational services leaders representing all regions within AMR, including a representative based in our Napa operations, and key representatives from AMR's clinical data and education teams, our Vice President of Clinical Practices and Research, AMR's Chief Medical Officer, and Senior Vice President of Professional Services. The CLC uses national clinical data, in concert with contemporary medical literature to identify clinical performance indicators (CPIs) as well as the strategies, programs, and standards necessary to achieve desired clinical results. This committee has been instrumental in developing training tools and guidelines for clinical and safety programs across the company.

National Equipment Evaluation Team (NEET)

NEET is a multidisciplinary team responsible for evaluating clinical and safety products for consideration, establishing specific criteria, conducting trials in operations, collecting and analyzing data from the trials, and making recommendations to the organization. Working with the other clinical leadership groups, NEET identifies clinical and/or safety challenges that may have an equipment solution. As a result of the team's work, equipment evaluations are initiated proactively not in response to sales efforts by vendors, but to identify solutions to existing clinical practice challenges, to meet new safety demands or to solve organizational concerns. As new technology emerges in the EMS arena, the NEET provides a common entry point for manufacturers to access a diverse group of practices for input on products and operational integration.

Research Partnerships

AMR has partnered with multiple academic institutions to participate in research in emergency medical services. For example, the University of Arizona and several AMR practices have partnered to develop Poster Presentations for the Society of Academic Emergency Medicine and the National Association of EMS Physicians. An abstract presentation of the impact of airway confirmation methods and use of end-tidal CO2 was awarded First Place at the 2010 Oridion Capnography Summit.

Additionally, AMR has recently sponsored the first ever EMS Clinical Resuscitation Fellowship in partnership with the University of Washington in Seattle. This position will work closely with our newly hired National Resuscitation Director to assist all AMR practices with implementation of best practices in resuscitation.

Our active participation in research underscores our collective commitment to contributing to the science that drives the out-of-hospital practice of medicine. Just this month, AMR was the first EMS provider to be offered membership into the MedTronics Foundation Heart Rescue Project. This project assembles the nations leading emergency and resuscitation experts committed to improving how Sudden Cardiac Arrest (SCA) is recognized, treated and measured in the United States.

In collaboration with local communities and customers, these national leadership groups have contributed greatly to the planning and oversight of several key initiatives over the past several years including:

- A strategy for piloting CPAP in response to clinical data suggesting that CHF patients experienced marginal improvement with conventional therapies

- A recommendation for the creation of an online training program coupled with a workbook of case examples in response to concerns within clinical practices that clinical documentation was inconsistent
- A pilot test of two devices that assisted in replacing the H tank oxygen supply in ambulances in response to increased frequency of employee injuries related to this awkward and difficult task.

Attestation:
__x__ **AMR understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.A.1.a**

b. Higher Levels of Commitment – Quality Management

Examples of ways in which a Proposer may demonstrate a higher level of commitment in this area may include but are not limited to those described below.

A Proposal might incorporate the 2010-2011 Baldridge National Quality Program: Health Care Criteria for Performance Excellence. A copy of this program can be downloaded at www.quality.nist.gov. The core areas addressed by this process provide a solid framework for a comprehensive and progressive quality management program. These areas include:
- ***Leadership;***
- ***Strategic Planning;***
- ***Focus on Patients, Other Customers and Markets;***
- ***Measurement, Analysis, and Knowledge Management;***
- ***Workforce Engagement;***
- ***Process Management; and***
- ***Results.***

The Proposer's quality management capability could be supported by providing a list of Key Performance Indicators (KPI) for each of the key result areas utilized in Proposer's operations and proposed for Napa County. Include a specific data definition and data source for each KPI.

BALDRIGE QUALITY PROGRAM PURSUIT

As further evidence of our commitment to embody a quality-focused organization, we commit to apply for the prestigious California Quality Award, the states version of the Malcolm Baldrige National Quality Award, within the first two years of the start of a new contract. AMR will utilize the Malcolm Baldrige Quality Program as a model to guide the organization's quality efforts and to evaluate progress in Napa County.

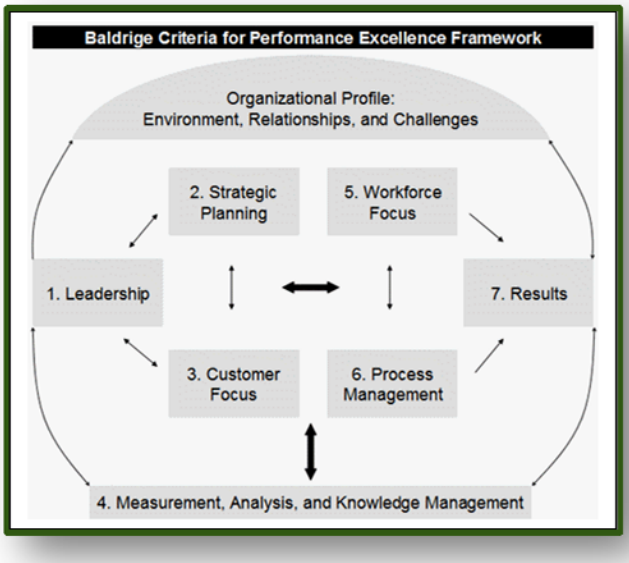
This system emphasizes system improvement through error elimination and behavior modification through training. The Baldrige approach to quality has been tried and tested in a variety of industries, including health care, quite successfully, and in each case, has brought about phenomenal internal practices that have led the respective organization's quality initiatives.

In March of this year, AMR was the first EMS provider to win the California Council on Excellence Prospector Award which followed the Malcolm Baldrige National Quality Award Criteria. We would like to continue our Baldrige journey in our Napa County operations. Through our experience with Baldrige, we have learned how to effectively and efficiently meet our mission and achieve our visions.

For Napa County, utilizing Baldrige will assist us in guiding our endeavors, improving our performance and achieving sustainable results. The framework of this program offers AMR an integrated approach to seven (7) key management areas:

The Baldrige program identifies seven (7) key action areas of categories:

1. LEADERSHIP - The Leadership Category examines how the organization's senior leaders address values, directions and performance expectations, as well as a focus on customers and other stakeholders, empowerment, innovation, and learning. Key Measure - As part of this category, our Napa leadership will actively participate in the community events to ensure our organization exhibits a key leadership role within the County.



2. STRATEGIC PLANNING - The Strategic Planning Category examines how the organization develops strategic objectives and action plans. Key Measure - Using this process, we will develop an annual strategic plan that will address the specific needs of the Napa community. Tactis and measures for the plan will be tracked monthly

3. CUSTOMER AND MARKET FOCUS - The Customer and Market Focus Category examines how the organization determines requirements, expectations and preferences of customers and markets. Key

Measure - Our customer service training programs and ongoing customer surveys will be part of our focus in this area.

4. MEASUREMENT, ANALYSIS, AND KNOWLEDGE MANAGEMENT - The Measurement, Analysis and Knowledge Management Category examines how the organization selects, gathers, analyzes, manages, and improves its data, information and knowledge assets. Key Measure - As part of our comprehensive Continuous Quality Improvement process, key metrics have been indentified and tracking mechanisms put in place that align both local needs as well as the latest national EMS trends.

5. HUMAN RESOURCE FOCUS - The Human Resource Focus Category examines how the organization's work systems and employee learning and motivation enable employees to develop and utilize their full potential in alignment with the organization's overall objectives and action plans. Key Measure - Our employee engagement programs will be the focus of this category to ensure long-term, compassionate and clinically sophisticated remain a part of the Napa EMS system.

6. PROCESS MANAGEMENT - The Process Management Category examines the key aspects of your organization's process management, including key product, service, and business processes for creating customer and organizational value and key support processes. Key Measure – The implementation of our analytical tools for measuring and monitoring performance.

7. BUSINESS RESULTS - This category examines the organization's performance and improvement in key business areas - customer satisfaction, product and service performance, financial and marketplace performance, human resource results, operational performance and governance and social responsibility. Key Measure - Our key clinical and operational metrics will allow us to demonstrate tangible results to the community we serve.

INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) COLLABORATIVES

AMR's improvement process is fairly easy to understand but is new to many of our leaders and practitioners, most of who were brought up in the era of EMS "prospective, concurrent, and retrospective" quality efforts. To be sure that we "walk the talk" AMR Medicine is initiating a large scale clinical quality initiative called ***Caring for Maria*** during the summer of 2011. One of the goals of the project is to teach our leaders and clinicians to utilize PDSA to improve the reliability and safety of any **Thing that Matters**, clinical or operational. ***Caring for Maria*** will employ the "Breakthrough Collaboratives" strategy utilized by the Institute for Healthcare Improvement since 1996 to achieve quality breakthroughs in diverse challenges such as reduction of Cesarean section rates, ED visits for asthma, adverse drug events, and

inventory levels/supplier management. ***Caring for Maria*** will function through teams from 6-8 of AMR's clinical practices, working in conjunction with skilled Improvement Advisors trained by the Institute for Healthcare Improvement (IHI), to rapidly test and implement changes that lead to lasting improvement in clinical safety, reliability, and efficacy. We anticipate starting a second set of collaborative sometime in 2012.

2. COMPETITIVE CRITERION: CLINICAL AND OPERATIONAL BENCHMARKING

a. Minimum Requirements – Clinical and Operational Benchmarking

Benchmarking of Key Performance Indicators (KPIs) including KPIs focused on clinical care is required. Some of the measurements may be process oriented in lieu of outcome measurements. It is anticipated that the KPI will evolve with the development of the local EMS system as approved from time to time by the EMS Medical Director and LEMSA the Contractor shall provide, on a monthly basis, information necessary to benchmark KPIs.

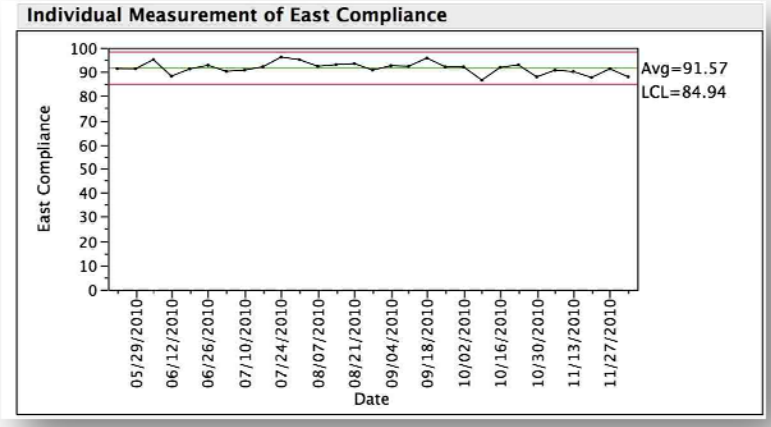
Contractor will be required to produce a periodic report that describes overall compliance with protocols and provides an analysis of which protocols have the most compliance challenges.

Proposers should describe their current and proposed benchmarking, KPI monitoring, and its method for regularly assessing compliance with EMS Medical Protocols.

AMR'S CLINICAL BENCHMARKING

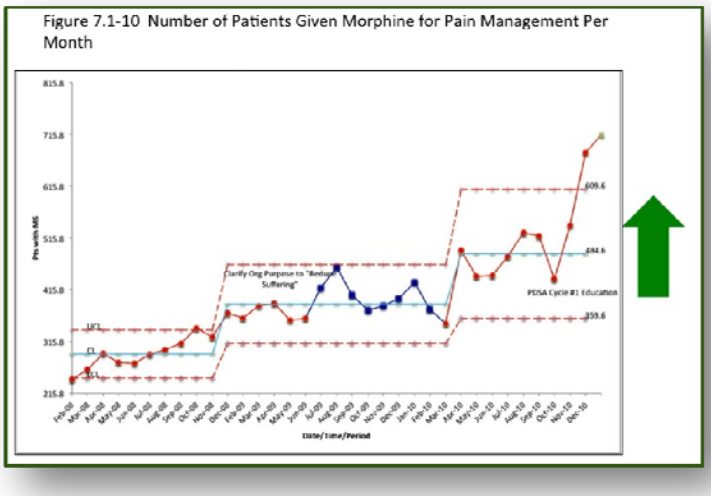
The measurement of pertinent Key Performance Indicators (KPI) is a valuable tool to monitor ongoing performance of an EMS system and to compare our performance with nationally accepted benchmarks and best practices. Using the experie nce we have with statistical process control, AMR will provide clinical and operational benchmarking KPI report on a monthly basis that will focus on clinical activities as required by the EMS Medical Director and LEMSA. Our KPI/compliance reports will include at minimum:

Clinical KPIs

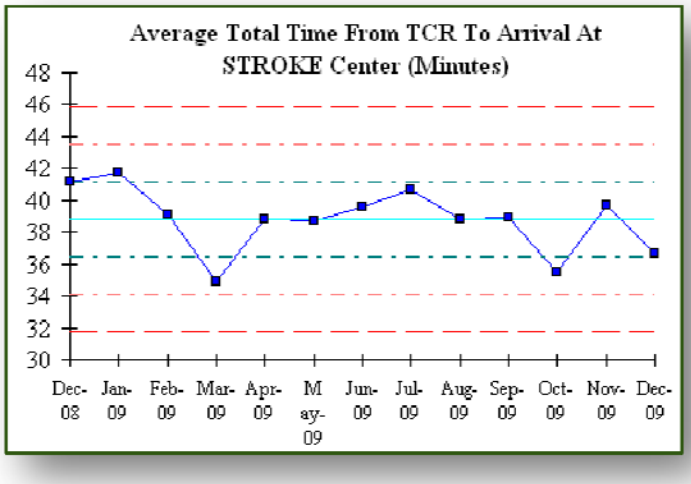


1. Response time performance by zone, priority, and County-wide;
2. Presumptive impressions at dispatch compared to field intervention;
3. Scene time and total pre-hospital time for time dependent clinical conditions such as;
    a. Acute Coronary Syndrome (ACS)
    b. Stroke
    c. Major trauma;

4. Cardiac arrest metrics in accordance with Utstein protocols;
    a. Percentage of bystander CPR
    b. Time to first CPR
    c. Time to first shock
    d. ROSC percentage
    e. Discharge from hospital percentage



5. Compliance with protocols, procedures, timelines, and destinations for the following acute conditions;
    a. ST Elevation Myocardial Infarction (STEMI)
    b. Pulmonary Edema and Congestive Heart Failure
    c. Asthma
    d. Seizure
    e. Stroke
    f. Trauma
    g. Cardiac Arrest
    h. Pain Relief



6. Successful airway management including EtCO2 usage
7. Successful IV application rate
8. Mutual Aid Use

Customer Satisfaction KPIs

1. Greater than 90% positive survey rating on the follo wing questions;
    a. Did the Paramedics Arrive Quickly?
    b. Did the Paramedics Act in a Concerned and Caring Manner?
    c. Did the Paramedics Explain What They Were Doing and Why?

d. Pain, Difficulty Breathing, or Discomfort Improvement

e. Overall Care and Service Rating

Human Resources/Employee Satisfaction KPIs

1. Shift Holdovers Per Week
2. Turnover Rate
3. Turnover Factors

Community Health Partnership KPIs

1. 911 calls for patient conditions targeted in community health awareness programs. Examples could be;
   a. Elderly falls
   b. STEMI transports
   c. Early onset stroke transports
2. Number of Community Health Improvement Activities

Fleet KPIs

1. Critical Vehicle Failures per 100,000 miles
2. Late Preventive Maintenance Cycles

Safety KPIs

1. Employee Injuries
2. Severity of Employee Injuries
3. Vehicle Contacts
4. Cost of Ambulance Crashes

Unusual Occurrences and Complaints KPIs

1. Unusual Occurrences and Complaint

Financial Sustainability KPIs

1. Unit Hour Utilization Ratio
2. Average Patient Bill

Attestation:
__X__ **AMR understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.A.2.a**

b. Higher Levels of Commitment – Clinical and Operational Benchmarking
Proposers can demonstrate a higher level of commitment to measurement, monitoring, benchmarking, and improvement by documenting performance indicators that they measure and describing the use of the results.

WHY AMR USES KEY INDICATORS TO IMPROVE PERFORMANCE

Key Performance Indicators create a focal point for process improvement and contract compliance monitoring. A specific process is needed to connect the Key Performance Indicators with the action plan that is necessary to assure ongoing compliance with sound medical practice, EMS protocols and other key elements of the contract.

High Impact Clinical Conditions – Things that Matter.

AMR will aggressively focus significant efforts on high impact clinical conditions identified through a comprehensive review of medical literature by AMR and non-AMR physicians and clinical leaders. These "Things that Matter" are those conditions that, when treated appropriately, can be dramatically improved in the out-of-hospital setting.

AIRWAY MANAGEMENT	
Goal:	❖ Improve the safety and efficacy of airway assessment and intervention
Strategies:	❖ Training, improved airway decision making, increased use of capnography and CPAP
Metrics:	❖ Intubation frequency per 100,000 cases ❖ Capnography utilization ❖ Adequacy of patient intubation and ventilation as measured by EtCO2, SpO2, and RAPS score

RESUSCITATION	
Goal:	❖ Optimize cardiac resuscitation strategies to improve long-term survival from cardiac arrest
Strategies:	❖ Training on resource management (pit crew), evaluation and implementation of hypothermia, mechanical CPR, and community resuscitation programs. Incorporation of Utstein data fields into EPCR system.
Metrics:	❖ ROSC ❖ Operational participation in the CARES registry ❖ Operational participation in the Heart Rescue initiative that promotes community-wide approach to resuscitation ❖ MDLG/CLC/NEET evaluation and recommendation regarding resuscitation approaches such as hypothermia, mechanical CPR, ResQPod, etc.

STEMI / STROKE	
Goal:	❖ Early recognition of STEMI/Stroke, early activation of community resources, patient transport to most appropriate specialty center
Strategies:	❖ Inventory of local community initiatives to identify best practices, incorporation of data fields related to transport to specialty centers into EPCR system. Creation of national benchmark report based on recommendations from the Consortium of US Metropolitan Municipalities' Medical Directors.
Metrics:	❖ STEMI/Stroke Benchmark report based on Consortium of US Metropolitan Municipalities' Medical Directors composite scoring

RESPIRATORY DISTRESS	
Goal:	❖ Appropriate evaluation and safe management of patients complaining of shortness of breath
Strategies:	❖ Increased utilization of capnography in evaluation of respiratory distress, increased utilization of CPAP, documented improvement in patient condition for individuals with respiratory distress. Creation of national benchmark report based on recommendations from the Consortium of US Metropolitan Municipalities' Medical Directors.
Metrics:	❖ Respiratory distress and CHF Benchmark reports based on Consortium of US Metropolitan Municipalities' Medical Directors composite scoring ❖ Increase in the percentage of patients whose acuity improves during the prehospital encounter as measured by EtCO2, SpO2 and RAPS score

SEVERE TRAUMA	
Goal:	❖ Early recognition of severe trauma with early activation of community resources, patient transport to most appropriate specialty center
Strategies:	❖ Inventory of local community initiatives to identify best practices, incorporation of data fields related to transport to specialty centers into EPCR system. Creation of national benchmark report based on recommendations from the Consortium of US Metropolitan Municipalities' Medical Directors.
Metrics:	❖ Significant trauma benchmark report based on Consortium of US Metropolitan Municipalities' Medical Directors composite scoring

MANAGEMENT OF PAIN AND DISCOMFORT	
Goal:	❖ To reduce patient pain and discomfort
Strategies:	❖ Creation of business rules in the EPCR system that require pre/post evaluation of pain scale for patients with primary impression of "pain" or who receive narcotic analgesics (except with CHF), creation of national data report on impact of therapy for pain based on pain scales and RAPS. Identification of best practices in operations with best results. Patient surveys and satisfaction measures
Metrics:	❖ Creation of business rules in EPCR system ❖ Creation of national data report on pain/discomfort relief ❖ Patient satisfaction ❖ Identification of best practices within operations with best data ❖ PDSA process to implement best practices

PATIENT SAFETY	
Goal:	❖ Improve the safety of EMS evaluation, care, and transport
Strategies:	❖ Continue to provide employee training on patient advocacy and the process of informed consent for refusals (Patient Focused Care and Advocacy program, in use since 2007), create a mechanism for measuring the incidence of adverse events (including any events that may or do result in patient harm)
Metrics:	❖ Completion of PFCA training during new-hire orientation ❖ Operational dry-run/non-transport goals and performance ❖ Patient drop and vehicle accident rates (already monitored) ❖ Establishment of a process for identifying cases to review for adverse events based on trigger conditions (as described by the Institute of Healthcare Improvement) ❖ Creation of an integrated patient safety report that incorporates patient drop, vehicle accidents, and adverse events

Reporting

AMR's clinical performance measures support our organizational focus on Things that Matter and Key Performance Indicators by providing a regular overview of achievement at the organizational, regional and local operational levels. In order to analyze our data effectively, we have developed several reporting formats that will allow the Napa leadership to assess performance and trends in an organized fashion on a regular basis.

Clinical Reports

- **CLINICAL PERFORMANCE AND IMPACT (CPI).** The Clinical Proficiency and Impact (CPI) report is AMR's core clinical report. The CPI provides key performance information on both skills proficiency and—unique to AMR—the impact of therapy on patients. Skills proficiency information includes attempt/success data on airway management, capnography utilization, and vascular access. Additional detailed information is provided on the number of attempts for each skill, and the success rates stratified by patient acuity. Overall this information offers guidance to medical directors and clinical leaders on performance of these important skills. Patient impact information documents the percentage of patients who improve during the ambulance encounter using AMR's RAPS Scoring system. The Rapid Acuity Physiology Score (RAPS Score) uses objective vital sign and level of consciousness data to calculate a numerical score that has been shown to be an accurate reflection of patient acuity. Patient impact is calculated by comparing the patient's first and last RAPS score. Finally, control charts for the past 12 months are plotted for skills proficiency and patient impact to enable local clinical leaders to monitor and understand changes.

We have provided an example of a Clinical Proficiency and Impact (CPI) Report on the following page.

Clinical Proficiency & Impact (CPI) Report

Operation	All Operations
Time Period	2011 YTD
Calls Scanned into Database	98,756
Patient Contact Calls	90,317

Clinical Proficiency	Attempted	Success	Success %	2010 AMR Success %	% ETCO2 Used	2010 AMR % ETCO2 Used ETCO2 Used	Two Attempts	Three or more Attempts
Airway Management	461	391	84.82%	84.38%	74.40%	76.92%	33.97%	1.05%
Oral Endotracheal Intubation	382	326	85.34%	84.46%	78.53%	78.39%	12.83%	1.05%
Mild	4	3	75.00%	81.97%				
Moderate	40	32	80.00%	81.60%				
Severe	57	50	87.72%	76.71%				
No Acuity Data	281	241	85.77%					
Nasal Endotracheal Intubation	15	7	46.67%	59.05%	60.00%	73.33%	13.33%	0.00%
Mild	0	0	No Data	75.00%				
Moderate	7	3	42.86%	59.26%				
Severe	6	4	66.67%	61.11%				
No Acuity Data	2	0	0.00%					
Other Rescue Airways	64	58	90.63%	91.92%	53.13%	69.76%	7.81%	0.00%
Mild	0	0	No Data	66.67%				
Moderate	5	4	80.00%	89.47%				
Severe	10	8	80.00%	83.33%				
No Acuity Data	49	46	93.88%					
Vascular Access	20,442	18,339	89.71%	90.49%			21.87%	3.85%
Peripheral IV	20,154	18,079	89.70%	90.53%			11.41%	2.97%
Mild	7,000	6,313	90.19%	90.92%				

Moderate	10,282	9,235	89.82%	90.96%				
Severe	1,062	949	89.36%	90.01%				
No Acuity Data	1,810	1,582	87.40%					
External Jugular IV	114	99	86.84%	76.88%			7.02%	0.88%
Mild	9	8	88.89%	74.58%				
Moderate	33	27	81.82%	74.64%				
Severe	17	15	88.24%	81.00%				
No Acuity Data	55	49	89.09%					
Intraosseous	174	161	92.53%	94.69%			3.45%	0.00%
Mild	0	0	No Data	100.00%				
Moderate	14	11	78.57%	98.15%				
Severe	28	28	100.00%	86.96%				
No Acuity Data	132	122	92.42%					
Impact of Care (requires initial and final acuity data)	**Condition Impact Calls**	**Improved**	**Improved %**	**2010 AMR Improved %**				
Impact of Care for all Categories	20,502	5,244	25.58%	24.90%				
Sick Calls	7,912	1,467	18.54%	18.49%				
Mild	4,107	33	0.80%	0.80%				
Moderate	3,602	1,317	36.56%	37.12%				
Severe	203	117	57.64%	57.98%				
Trauma Calls	2,782	636	22.86%	22.67%				
Mild	1,391	14	1.01%	1.15%				
Moderate	1,346	597	44.35%	46.01%				
Severe	45	25	55.56%	63.02%				
Cardiovascular Complaints	5,673	1,799	31.71%	28.84%				
Mild	2,060	30	1.46%	1.13%				
Moderate	3,419	1,615	47.24%	46.78%				
Severe	194	154	79.38%	78.42%				
Breathing Problems	4,135	1,342	32.45%	31.90%				

3. COMPETITIVE CRITERION: DEDICATED PERSONNEL

a. Minimum Requirements – Clinical Leadership Personnel

A senior manager shall be responsible for oversight and management of the key performance indicators and ongoing organization-wide quality management programs.

The Contractor shall also designate an individual (this could be the senior manager referred to in the preceding paragraph or another individual) to implement and oversee the Contractor's on-going clinical quality program. This individual shall be responsible for the medical quality assurance evaluation of all services provided pursuant to this Agreement.

Proposers are required to document their commitment to have the senior members of their Napa County operating unit actively participate in the leadership and oversight of the EMS quality management system. This commitment includes but is not limited to active participation of Proposer's senior leadership in the meetings of the Napa County Medical Advisory Committee and its project groups, Response Time compliance committee, submission of comprehensive key performance indicator reports to the County's LEMSA, and actively participating in projects designed to improve the quality of EMS in the County of Napa.

The Proposer shall describe its commitment of leadership to clinical quality and describe the individual to oversee its clinical quality program including a job description and reporting relationships.

Clinical leadership is the responsibility of all healthcare professionals. Our commitment to this ideal can be seen in the fact that we hold the most senior local executive responsible for the clinical leadership of our EMS operations. As the Napa County General Manager, Bruce Lee will be leading our clinical leadership team; setting strategic direction in coordination with the Napa County EMS Medical Director and our local Medical Director Dr. Andrew Nothmann. Assisted by our Chief Medical Officer, Dr. Ed Racht, Bruce and the entire Napa County leadership team will be responsible for the clinical programs outlined in this proposal.

Supporting Bruce in our clinical leadership, and to promote the seamless continuum of care throughout the EMS system, AMR is proposing an experienced and highly qualified Clinical Education Manager (CES) working in a shared capacity with Napa Fire. Filling this important role with be Christy Hollis, PA, EMT-P. For a copy of Christy's resume please refer to our "Exhibits Proposal Binder" ***Attachment No. 10.***

Christy is an eminently qualified professional who brings many years of hospital and pre-hospital experience to the position. She is an Emergency Department Physician Assistant and a licensed paramedic. Christy currently works part-time for Napa Fire in a CES capacity. We are proposing to fund the enhancement of her services within a public/private partnership arrangement and utilize her talents to oversee the clinical quality management system of AMR in Napa County.

This allows for a standardized approach to quality improvement and training, while at the same time providing cost efficiencies of a shared resource.

Our proposed shared Clinical Manager has extensive clinical knowledge and a proven track-record of communication knowledge with others effectively. In her role as CES, she will be responsible for improving patient care, serving as a clinical team leader, operating as a resource for field staff for issues related to clinical management of patients, providing clinical coaching and mentoring for field crews, assisting with education and training program implementation of new EMS system protocols and procedures, and participating in EMS clinical research and pilot projects.

Since it is anticipated that this position will be an employee of the City of Napa, AMR will assign its local Operations Manager to serve as the senior manager liaison to the Fire Department for the oversight and supervision of the worker.

Furthermore, AMR is committed to using the CES Manager as a member of the Napa County senior management team for their leadership and oversight values. Our CES Manager will also participate on the Napa County Medical Advisory Committee, and related groups, Response Time Compliance Committee, and assist with the development of comprehensive key performance indicator reports for the County EMS Agency.

A job description for the CES Manager may be located in our "Exhibit Proposal Binder" as ***Attachment No. 11***. Please understand that this job description will be reviewed and reconciled with Napa Fire's job description for standardization.

Attestation:
__x__ **AMR understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.A.3.a**

b. High Levels of Commitment – Clinical Leadership Personnel

An organization's commitment is demonstrated by the caliber, qualifications, and expertise dedicated to an endeavor. Examples of ways in which a Proposer may demonstrate a higher level of commitment in this area may include but are not limited to those described below.

- ***Implementing specific programs and activities to fully engage the workforce in quality management, such as peer review activities, medical audits, etc.;***
- ***The quality management competencies that members of the leadership team will possess including their ability to analyze performance data and conduct improvement projects;***
- ***Methods used to communicate openly with the workforce and to assess the effectiveness of this communication;***
- ***Activities used by the organization to communicate performance data to the members of the workforce involved in the process whose performance is being monitored; the entire organization;***
- ***The organization's process for handling breaches of ethical behavior;***
- ***Activities of the organization's leadership to promote a culture focused on patient and employee safety; and***
- ***Procedures used by the organization to handle situations that have or may have had adverse impact on patients or the public.***

To ensure the effectiveness of ***AMR Medicine*** we have developed several programs to successfully engage our workforce in our quality management process and to regularly communicate system performance metrics. The following are examples of programs we have implemented to engage our care-givers on a local and national level.

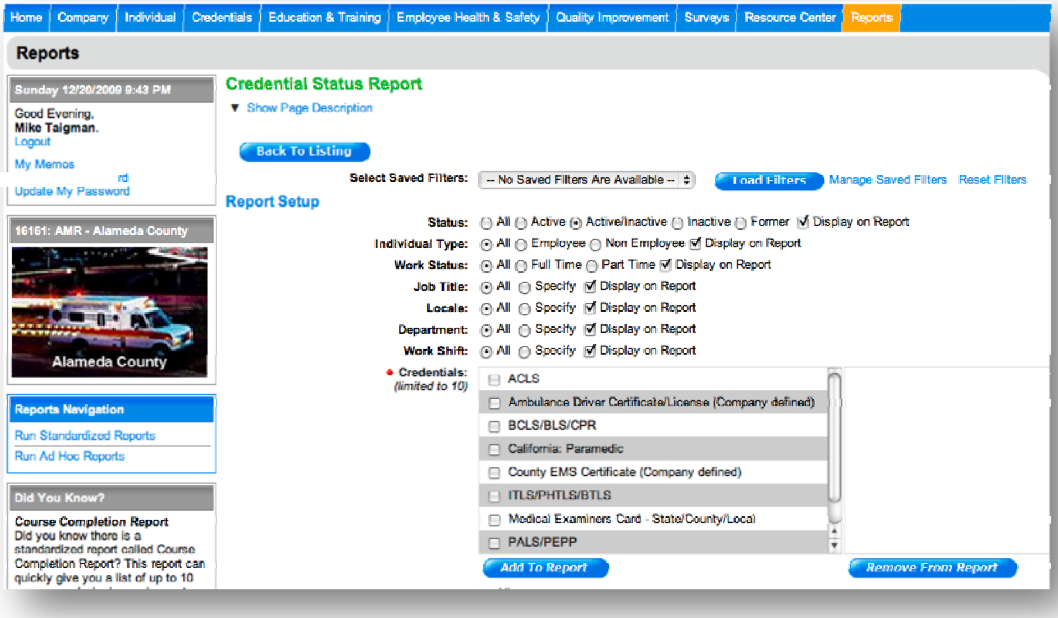
AMR Napa County Peer Review Committee

All AMR employees are encouraged to become involved in making improvements. Our local Napa County Peer Review Committee will play an important role in overall CQI for our local operation, from evaluating new equipment, to providing feedback on new protocols, fine-tuning deployment plans. Peer involvement is key to our tenet of Listen, Learn and Do. By having employees involved in all these elements, they are able to 'own' new concepts, procedures, standards, and other progressive activities, and are actively engaged in improving the system and the overall quality of care.

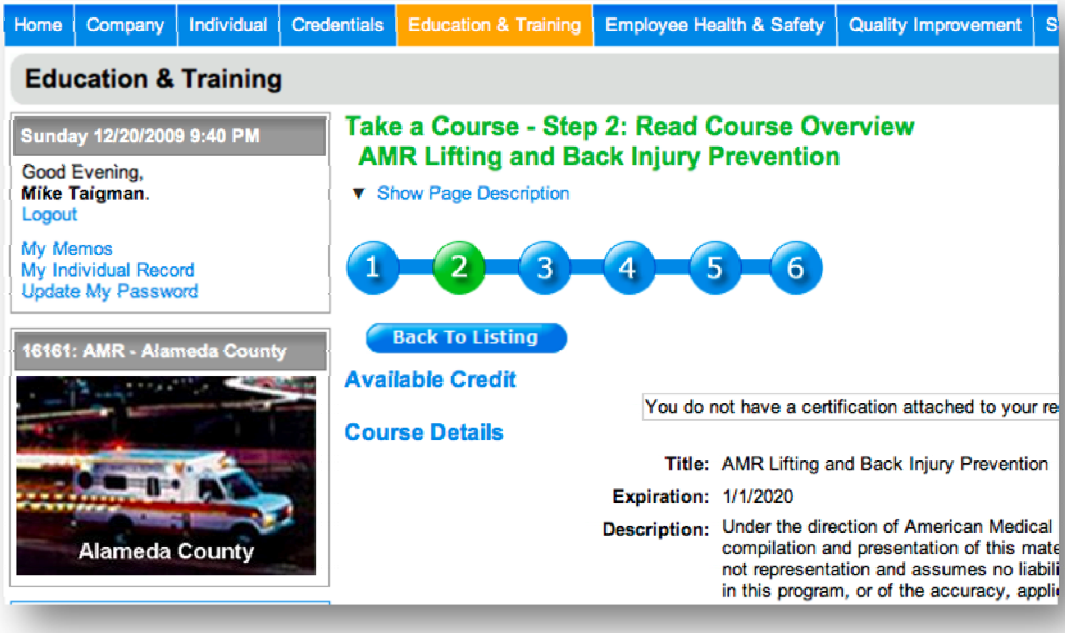
Tracking Continuing Education Compliance

Our CES Manager monitors employee compliance with continuing education requirements and tracks completion of CE courses using a web-based platform, known as the Ninth Brain Suite™. Our company has been using this tool since 2006 to support training and education, quality management, compliance and incident tracking, record keeping and other vital processes. For example, Ninth Brain allows us to track upcoming certification expirations so we can notify employees well in advance of the need to update their certifications and ensure that our field personnel hold all required certifications. The Ninth Brain Suite also allows us to track course completion and compliance with annual refresher training requirements. It gives us the ability to scan copies of credentials to provide archival evidence of certification and training.

Our CES team follows up with employees ensure they maintain licensing and certification requirements that we require to be current for an employee to work. The following screen shot shows how to build a Credential Status Report:



The next screen shot shows a sample of the AMR customized education courses available online through Ninth Brain.



National Equipment Evaluation Team (NEET)

NEET is a multidisciplinary team responsible for selecting clinical and safety products for consideration, establishing evaluation criteria, conducting trials in operations, collecting and analyzing data from the trials, and making recommendations to the organization. Working with the other clinical leadership groups, NEET identifies clinical and/or safety challenges that may have an equipment solution. As a result of the team's work, equipment evaluations are initiated proactively not in response to sales efforts by vendors, but to identify solutions to existing clinical practice challenges, to meet new safety demands or to solve organizational concerns.

Clinical, Safety, and Education Audit

Our internal Clinical, Safety and Education Audit tool gives us feedback on our compliance with clinical, safety, and educational standards. It identifies gaps in documentation and activity, allowing us to add needed improvements to our performance improvement project list. Each year, these projects translate directly into improvements in our operational processes and policies; delivering enhanced services and improved care to the patients we serve.

The audit covers many operational and policy areas, including the following:

- A random review of employee files to assure training records are up-to-date, fit testing has been completed with a physician's certificate, vaccinations are up-to-date, compliance training has been completed, and annual safety, workplace violence, and sexual harassment prevention training have been completed
- A policy review to ensure the most current versions are on file. Special attention is paid to clinical and safety policies, such as use of five straps to secure patients to stretchers, safe lifting and lowering of patients, and leaving PCR copies at the receiving hospital
- Scripted interviews with key members of the clinical and operational leadership team, field employees, and our internal Medical Director. Topics include the process for updating protocols, new hire orientation process results, FTO program review, training documentation, integration of training with the CQI process, complaint management, clinical data analysis, protocol compliance, use of personal protective equipment, and management of medical waste

Performance Feedback

Effective communication with the workforce is particularly important as well as challenging in EMS, where employees work remotely and are often in motion throughout the day. Our communication philosophy puts the burden on the quality/leadership team to reach out to employees in ways that are as engaging and easy as possible for them to access the information they need to know. We use a number of different channels for communicating the same information to increase the probability that our crews will receive the message.

Methods for Communicating with our Team

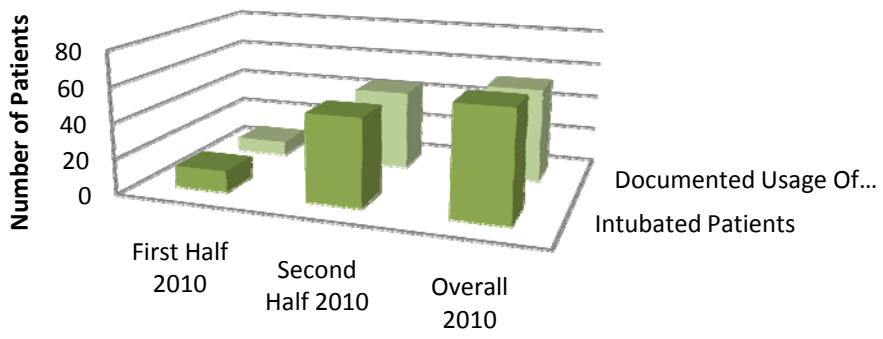
The methods used to communicate openly with the workforce include:

- Bi-directional email
- True open-door policy
- Regular town hall meetings
- Management ride-alongs in the field
- Posting on employee bulletin boards and break areas
- Cell phone
- Pager
- Podcasts available online, on iTunes, and via CD's distributed by vehicle service technicians
- Ninth Brain, a web-based platform that enables online message posting, message read notification

Methods for Assessing Efficacy of Communications

We want our communications to be effective at furthering our purpose, vision, and values. One of the methods we use for assessing our effectiveness is monitoring changes in performance. Our CQI process is set up to track performance following educational interventions. As an example, in 2010 focus in many AMR operations was on improved use of ETCO2 on all intubated patients. Education included classroom lectures by AMR Medical Directors as well as individual feedback following each patient encounter that necessitated the placement of an advanced airway.

The chart below represents one form of tracking and communication that we use to ensure performance improvement.



	First Half 2010	Second Half 2010	Overall 2010
Intubated Patients	12	49	61
Documented Usage Of Capnography	8	45	53

We also measure the effectiveness of our communication techniques through responses to our quarterly online employee survey and random live sampling of employees.

7. Last fall during mandatory training we introduced the Airway Checklist. Do you (Check all that apply)

- ☐ Know the components of the airway checklist
- ☐ Know how to document each component
- ☐ Understand how important it is for all the components to be completed

Have additional thoughts about the checklist

Methods used to assess the effectiveness of our communications techniques include those listed below:

- Quarterly employee satisfaction surveys including communication-related questions such as, "Did you listen to the audio program? If not, why not?"
- Monitoring post-communication behavior and performance changes.
- Auto-alerts via Ninth Brain Suite notify our Clinical Education Services (CES) team when personnel have opened or not opened a particular communication.
- Self-reporting by employees and Supervisors related to the effectiveness of the communication.

Performance Data and Information We Communicate to Our Employees

We select the method to communicate performance data and information with our team based on the urgency and/or time sensitivity of the information. We focus on communicating performance information relevant for performance improvement, workplace morale, and employee growth and education, as shown in the next chart:

PERFORMANCE DATA COMMUNICATION		
PERFORMANCE DATA	**TYPE OF INFORMATION**	**FREQUENCY OF COMMUNICATION**
RESPONSE TIME PERFORMANCE	Month-to-date-response time compliance	• Daily notification to on-duty crews • End of month performance reports
COMPOSITE CLINICAL SCORES	Percentage of patients treated in compliance with composite checklists	Included monthly in Performance Report for all crews and on data display in deployment
CREW CHUTE TIME	The time between unit alerted and wheels turning	Ongoing real-time feedback for supervisors to provide field coaching
CUSTOMER SURVEY	Quantitative and qualitative information from survey	• Ongoing feedback to relevant personnel • Summarized quarterly in Performance Report
EMPLOYEE SURVEY	Quantitative and qualitative information from survey	• Ongoing personal feedback to individual employees who so request • Quarterly summary with detailed excerpts and data

PERFORMANCE DATA COMMUNICATION		
PERFORMANCE DATA	**TYPE OF INFORMATION**	**FREQUENCY OF COMMUNICATION**
UNUSUAL OCCURRENCES	Various including customer service-related and clinical	Immediate contact with relevant personnel and EMS Agency consistent with protocol
KEY PERFORMANCE INDICATORS	Control charts reflecting system-wide performance	Included monthly in Performance Report for all crews

Breaches of Ethnical Behavior

Promotion of legal and ethical behavior is a top priority for our organization. It begins with the hiring process, which includes peer-interviews and thorough background checks. Our values of being "*Patient Focused*", "*Customer Centered*", and "*Care-giver Inspired*" all encompass ethical behavior. We also have an extensive ethics component to our orientation program, along with online ethics classes and tests required for all employees on an annual basis. Our organization has an ethics hotline 877-835-5267 available 24/7 where employees can call, express concerns, and receive guidance. Alleged breaches of ethical behavior are fully investigated. If a breach is found, then immediate corrective action including remediation is taken up to and including termination if necessary.

Augmentation to Quality Improvement and Training

AMR will also budget an additional $5,000 annually for additional quality improvement and training services, as required.

4. COMPETITIVE CRITERION: MEDICAL DIRECTION

a. Minimum Requirements – Medical Direction

Proposer shall engage a physician as its Medical Director to oversee the Contractor's clinical activities. The Proposer shall identify its Medical Director and provide a curriculum vita outlining his or her experience and qualifications.

AMR has partnered with leading physicians and clinicians focused on supporting the delivery of progressive patient care and continuous improvement in Napa County.

We are recognized throughout the industry for our commitment to compassionate, clinically driven patient care – We are proud of that.

One of our unique strengths is the ability to bring together clinical and operational expertise from throughout the country to support local practices. As in hospital and physician practices, all medicine is provided locally. Our partnership philosophy allows us to identify best practices from our extensive network of operations and share them throughout the organization. AMR's clinical team includes our Chief Medical Officer, Dr. Ed Racht, a veteran EMS physician and healthcare systems leader. Along with Dr. Racht, AMR has partnered with Dr. Andrew Nothmann, an Emergency Physician experienced in EMS, educational programs and healthcare system leadership. In addition to serving as Medical Director of QVMC Emergency Department, he is Chair of the Department of Family Practice / Emergency Medicine and serves as the Medical Director for the Napa City Fire Department and the Napa Valley College Paramedic Program. Dr. Nothmann's reputation and experience in the community will provide a unique collaborative relationship that includes local educational programs, the Fire Department, Ambulance System and the Emergency Departments. In addition, we feel strongly that this relationship will have an important impact throughout AMR nationally as we continue to develop best practices.

Please refer to Curriculum Vitae's for Dr. Racht and Dr. Nothmann located in our "Exhibits Proposal as ***Attachment No. 10.***

Attestation:

__x__ **AMR understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.A.4.a**

b. High Levels of Commitment – Medical Direction

(1) Demonstrate higher levels of Medical Direction commitment by emphasizing the Medical Director's qualifications such as Board Certification in Emergency Medicine, completion of the EMS Medical Director's Course, etc.

AMR's Medical Direction

EDWARD RACHT, M.D., AMR *CHIEF MEDICAL OFFICER*

Edward M. Racht, M.D. is AMR's Chief Medical Officer. Involved in EMS and healthcare systems for more than 20 years, Dr. Racht most recently served as the Chief Medical Officer and Vice President of Medical Affairs for Piedmont Newnan Hospital in Metro Atlanta, Ga. Prior to this, he served as Medical Director for the Austin/Travis County EMS System, the Richmond Ambulance Authority and multiple career and volunteer EMS Agencies in Texas and Virginia.

Dr. Racht is a Clinical Associate Professor of Emergency Medicine at the University of Texas Southwestern Medical School in Dallas. In 1999, he was appointed as the first Chairperson of the State of Texas EMS & Trauma Advisory Council and served as Chair until 2008.

ANDREW C. NOTHMANN, M.D., *LOCAL MEDICAL DIRECTOR (IN PARTNERSHIP WITH NAPA FIRE)*

Andrew (Andy) C. Nothmann, M.D., MS, FACEP is a practicing board certified emergency physician at Queen of the Valley Medical Center in Napa, CA. He is currently the Medical Director for the Napa Valley Emergency Medical Group and the Napa Fire Department. Dr. Nothmann is a contributing member of numerous EMS committees within Napa County and is highly respected by his peers and local paramedics, EMTs, and firefighters.

As a higher level of commitment AMR will provide the opportunity for Dr. Nothmann to attend the National Association of EMS Physician's Medical Director Course and Practicum, the internationally recognized physician's course for Medical Oversight. In addition to the educational content of the program, the meeting is the nationally recognized gathering of EMS physician leaders from around the world. AMR Medical Directors from operations throughout the country have an opportunity to meet to discuss common issues and solutions (an essential component of our best practices philosophy).

(2) Committing the Medical Director to active involvement with the Contractor and its employees, training, research, field observation, and pledges to work with the EMS System's Medical Director.

AMR believes strongly in medical leadership in an EMS system. AMR's local medical director, Dr. Andrew Nothmann, is a key part of our Quality Steering Committee and will provide clinical and operational expertise in medical practice to leaders and field personnel in the system. Dr. Nothmann will be supported in identification of important clinical issues based on evolving local medical standards and protocols, area quality initiatives, and results from ongoing EMS chart reviews. These locally identified issues will be further enhanced through the network with AMR's national clinical leadership groups, analysis and benchmarking of clinical data, and an annual clinical, safety, and educational audit.

In addition, Dr. Nothmann, as the unified, shared provider Medical Director, will work directly with the EMS Agency's Medical Director to collaborate on new training initiatives, quality improvement, research and treatment policy development.

(3) Committing to support its Medical Director in liaising with other members of the Napa County medical community to identify and support the system's standard of care and to identify and resolve issues that may arise.

AMR not only supports, but applauds the liaison function between the Napa Fire Department, the Napa County medical community and AMR. We feel strongly that a unified system with a unified, collaborative medical approach is not only good for patient care, but sends a valuable message to the community and enhances efficient and effective use of resources. Specifically, we anticipate working closely with specialty care physicians representing trauma, stroke neurology and cardiology disciplines.

5. Competitive Criterion: Focus on Patients and other Customers

a. Minimum Requirements – Focus on Patients and other Customers

The Proposer shall describe the organization's mechanism for managing complaints. Include methods for receiving, investigating, resolving, and tracking complaints. Include the method for analyzing complaint patterns along with examples of improvement activities that have resulted from this analysis.

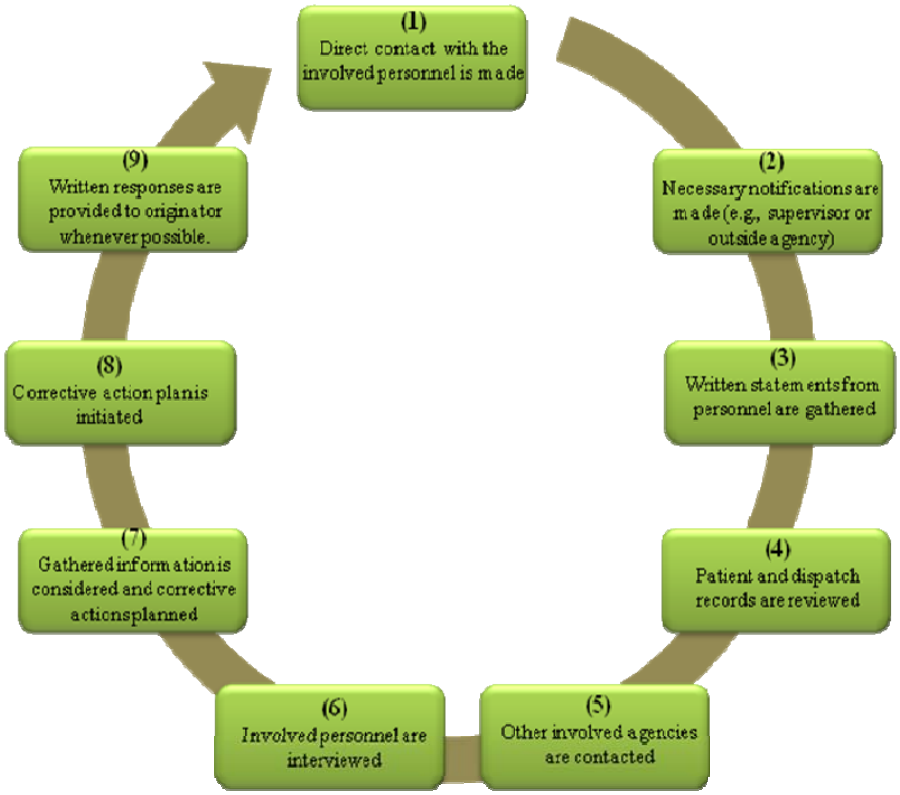
AMR's mission is to make a difference by caring for people in need. We have dedicated ourselves to this mission and will continue this dedication serving the Napa County residents and visitors, and our EMS partners, providing customer service and patient care that is guided by our values:

Patient-focused ● Customer-centered ● Caregiver-inspired

We have built relationships with our patients, and our local healthcare partners built on years of trust and collaboration, actively seeking ways to Listen & Learn, Teach and Do as we continually improve our services and performance.

AMR's Patient and Customer Feedback Process

Whenever possible, we aim to resolve all patient concerns immediately. Where there is a need for more information regarding a complaint, we launch a formal investigation that involves interviewing all parties involved, including, when necessary, firefighters who were on the scene. We seek to make an initial follow-up with our patients within 24 hours of a concern coming to our attention and complete our investigations as quickly as possible. Should our investigation identify a shortcoming at AMR, we provide the necessary remediation and mentoring. The inquiring party is then re-contacted to inform them of the findings and reach resolution as closure to the inquiry. Each time an issue is raised, the following occurs:



Standardized Investigative Techniques

AMR uses a standardized investigative process to ensure accurate and non-biased findings in a timely manner. All members of our administrative team receive investigation training, modeled after professional investigator training curriculum, to provide them with the tools necessary to investigate and document all incidents in a standardized manner.

AMR's customer advocates make recommendations for resolution directly to the General Manager for customer concerns that go beyond routine billing inquiries to expedite the process and resolve the issue with 48 hrs. The operational flow for Complaint Resolution is as follows:

- **RECEIVING:** Complaints reach us through a variety of channels including phone calls, e-mails, website feedback form, supervisor personal report, and through regular meetings with customers and employees.
- **INVESTIGATING:** When a complaint is received, we log it into our Ninth Brain Suite complaint management system. Our Clinical Education Services team leads clinical complaint investigations. Other complaint investigations are led by our Operational Field Supervisors. Investigations involve gathering all relevant information and identifying causes.
- **RESOLVING:** Methods to resolve complaints include meeting with relevant parties, offering apologies, correcting any problems, and taking appropriate corrective action to ensure they do not happen again. Our Medical Director will be notified within 24 hours of receipt of all clinical complaints and within 24 hours of resolution.
- **TRACKING:** Ninth Brain Suite software tracks issues and allows us to provide analysis, reports and ongoing monitoring of any potential patterns.
- **ANALYZING COMPLAINT PATTERNS:** With the incident tracking feature of Ninth Brain Suite's online database software, complaints are uploaded, and patterns are detected, tracked and addressed.

Over the years, our complaint tracking system and the subsequent analysis have produced several system changes and process improvements. A recent analysis showed an increase in complaint associated with the cost of ambulance transportation in January and February. We reviewed the information and compared with previous months and noted a similar rise in the beginning of 2010. Upon further analysis to include interviews with the complainant, we determined that patients experienced higher anxiety levels associated with ambulance bills at the beginning of the year due to the rise in co-payments. With the increase in healthcare costs over the past several years, many health plans have enacted large deductibles or co-payments. In the beginning of the year, when faced with large out of pocket expenses, patients became angered over high ambulance bills. To address this rising concern, we initiated a program in our Patient Billing

Services department to proactively offer payment plans to patients in the hope of alleviating their anxiety and avoiding a customer dissatisfaction issue.

Contractor shall establish and publish a Customer Access Hotline giving internal and external customers and system participants the ability to contact a designated liaison of the Contractor's leadership team to discuss recommendations or suggestions for service improvements.

CUSTOMER SERVICE TELEPHONE HOTLINE

AMR will establish a toll-free customer service line number, to be answered 24/7 live by our recorded operations line that immediately pages and AMR Supervisor. Those answering the phone are trained to address customer service inquires as well as medical emergencies. This strategy avoids a potential problem where a customer service phone number might be dialed in a situation where there is a true medical emergency requiring immediate action. Our AMR team members created and implemented the first quality improvement phone line in the EMS industry as part of the BayStar leadership team in 1990.

In addition to the toll free phone line, AMR will develop and implement a web-based customer service feedback system. This system will be user-friendly and focused on two separate customer groups: patients and family members, and, medical professionals in public safety officers.

When possible we work to resolve issues the same day that we become aware of them. If we are not able to resolve the issue by the end of business on the next day we will call the person who made the complaint to update them on the status of the investigation.

We will also publish the phone number and web address on our AMR website and will be sent to the local phone directory for their next publication. It will also be publicized at all local hospitals, nursing homes, fire stations, and law enforcement agencies. We will submit a list of complaints and their disposition as part of our regular follow-up with our County of Napa Contract Manager. As stated previously, we will report all clinical issues to the EMS Medical Director within 24 hours of the occurrence and within 24 hours of resolution. AMR has developed a comprehensive customer care program centered on our Mission, Vision and Guiding Principles. Our emphasis on customer service begins with the selection of new employees and continues throughout their tenure with the company. We recognize we have many customers which include

but are not limited to the following: our patients and their families, emergency department physicians and nurses, the local medical community public safety agencies, public officials, our employees, and the community at large.

Attestation:
X ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.A.5.a**

b. High Levels of Commitment – Focus on Patients and other Customers
Identify how the organization determines the desires, needs, and expectations of patients and other customers. Include a list of key customer groups other than patients.

CUSTOMER SERVICE SURVEY'S

Our Napa County employees must not only demonstrate clinical competence, but must also place the same level of strong emphasis into their delivery of superior customer service which ultimately reflects all care givers within the EMS system. AMR takes great care to listen and to communicate effectively with all patients to ensure they receive appropriate clinical care and customer service.AMR strives to always provide a superior customer service experience.

This commitment is exemplified in our mission to treat each other and our patients with dignity and respect. ***AMR enthusiastically proposes our steadfast commitment to extend the same level of customer service to our public safety partners in Napa County.***

AMR will conduct regular customer service surveys through methods which include telephone surveys, direct mail campaigns and face-to-face visits. We are committed to launching a customer survey process via direct mail as well as the internet that will include a user-friendly customer service survey feedback form. Completed surveys will be forwarded to our Napa General Manager who will review them daily and notify AMR personnel of commendations or investigate complaints/concerns.

Monitoring Patients' Customer Service Needs

Our customer service survey questions are designed to target information important to patients. Located on the following page we have provided an example customer service survey.

Our surveys are designed to find out how we are doing on the issues that matter most to patients and to collect performance improvement information, so the questions focus on our customers' experience and health.

On the page to follow, we have included a "sample" Napa County Customer Satisfaction Survey. Most recently in 2009, Arlington (Texas) EMS was recognized as one of the top five City services and our ongoing feedback processes allow us to adapt and improve.

American Medical Response
Napa County Customer Satisfaction Survey

Dear Patient and Family,

The EMT's and paramedics from American Medical Response recently cared for you or a member of your family. We are very interested in improving our level of service and would appreciate it if you would take a moment to complete this survey and send it back to us in the pre-paid envelope.

Best Regards,

Bruce Lee, General Manager

1) How many minutes did you wait prior to calling once you began experiencing your problem?
2) Did the paramedics arrive quickly? ☐ Yes ☐ No
3) Did the paramedic act in a concerned and caring manner? ☐ Yes ☐ No
4) The pain, difficulty breathing, or discomfort (the reason for calling) by the time you got to the hospital. ☐ Got Better ☐ Got Worse ☐ Stayed the Same
5) Overall, the care and service I received from the paramedics at American Medical Response was:
☐ Wonderful ☐ Just fine ☐ Could have been better
6) Is there anything you'd like us to tell the crew that took care of you or anything else you would like to share with us?
7) Would you like to speak with a member of our management team about your service?
Your Name: _____
Your Phone Number: _____
Your Address: _____
_____
_____

If awarded the contract, AMR will work with hand-in-hand with our first responder partners in the medical community implementing a tailor-made customer satisfaction survey that meets and/or exceeds their desired needs. Surveys may be completed in English or Spanish-language format and each contain a self-addressed postage paid return envelope. On these surveys, patients reinforce what's most important to them.

Semi-Annual Community Forum Meetings

AMR proposes to hold semi-annual Community Forum meetings with the general public, patients, and family members that have an interest in the local 911 EMS System. During these meetings, citizens will have the opportunity to ask questions regarding AMR's services to the county and will also be encouraged to suggest community outreach initiatives that interest them. The goal of this forum is for AMR, in partnership with the County, to receive input from the general public from the perspective of the "voice of the customer."

AMR is committed to keeping a finger on the pulse of the community we serve and incorporate the desires, needs and expectations of the stakeholders in the planning processes.

Commitment to support Local Area Hospitals

Hospitals play a significant role in the EMS system and it is important to AMR that we maintain strong working relationships with both acute care hospitals in Napa County. We want the hospitals within Napa County to weigh in on clinical initiatives, our overall performance and specific areas of the EMS system that are most important to them. We enthusiastically commit to invite and encourage participation of local area hospital leadership to attend quality steering meetings and participate in other initiatives aimed to improve EMS clinical sophistication and patient outcomes.

This new program could directly benefit the care of the sickest patients in the community that require time critical intervention and establish Napa County as a leader in advanced EMS services.

Critical Care Transport-Paramedic (CCT-P)

CCT-P programs have been successfully implemented under state regulation in at least three other Bay area counties (Alameda, Contra Costa, and Santa Clara). This program is a very important adjunct for communities and hospitals to move critically ill patients between facilities in an expeditious manner. Currently, this advanced scope ALS service is not approved by the Napa County EMS Agency; however, AMR proposes to draft the work plan, accreditation and clinical policies and training curriculum for the County's consideration.

COMPASSIONATE CARE FEE PROGRAM

AMR is proud to offer our Compassionate Care Program (CCP) for Napa County patients. This program is designed to address the growing economic concerns facing our nation by reducing ambulance bills for patients without insurance and who are unable to pay their ambulance bill. As we identify uninsured customers, we will ask additional questions concerning their income and medical expenses. Qualifying individuals will be sent information on our compassionate care program, which may result in their bill being waived. Once the paperwork has been sent, our Customer Service Representative will

follow-up with the family to guide them through the compassionate care process and determine the patient, family or guarantor's ability to pay.

Program overview can be found below. For more information regarding our CCP Program, please refer to our "Exhibits Proposal Binder" ***Attachment No. 12.***

Compassionate Care Program Rate Schedule

POVERTY LEVEL	NEW RATE BILLED TO PATIENT
Less than 200% Federal Poverty Level	No Bill
Above the 200% Federal Poverty Level (monthly payment plans will be available)	Reduced ambulance bill / Monthly payment plan

2011 HHS POVERTY GUIDELINES		
SIZE OF FAMILY UNIT	48 CONTIGUOUS STATES	200% POVERTY LEVEL
1	$10,890.00	$21,780.00
2	$14,710.00	$29,420.00
3	$18,530.00	$37,060.00
4	$22,350.00	$44,700.00
5	$26,170.00	$52,340.00
6	$29,990.00	$59,980.00
7	$33,810.00	$67,620.00
8	$37,63.00	$75,260.00
For each additional person add $3,820		

Other aspects of healthcare have documented inequalities in diagnosis and treatment based on age, ethnicity, and gender. Describe the organization's system for assuring and monitoring equitable EMS care to traditionally underserved patients such as the elderly, substance abusers and mental health patients as well as to all patients based on neighborhood, age, gender, and ethnicity.

AMR is a member of a number of non-profit healthcare organizations, including the Board of the Ethnic Health Institute (EHI) based at Summit Hospital in Oakland, CA. EHI was founded in 1997 to enhance the health and well being of all people in the community with a focus on underserved populations experiencing disparities in healthcare and disease. Through our collaboration with EHI we've learned about and become actively engaged in prevention, chronic disease management, and mitigation of the social determinants of health.

There are several mechanisms that we use to engage in this work including education of our employees, education of the public, customer satisfaction assessment, clinical research trials, and community health improvement collaboration.

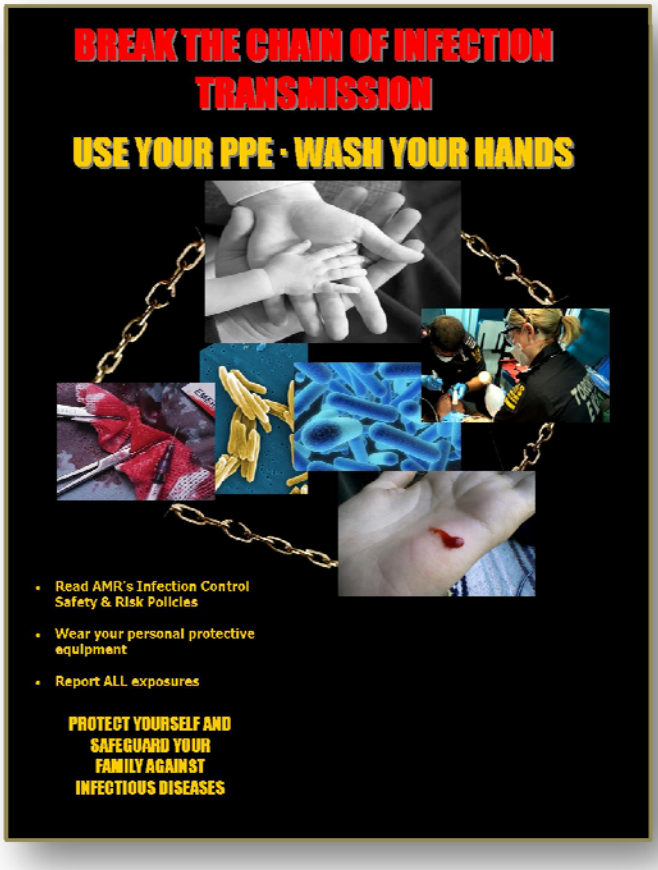
- **EDUCATION OF OUR EMPLOYEES:** We've provided training on the care of people with Autism and Autism spectrum disorders, the social determinants of health, and strategies for embracing diversity.
- **EDUCATION OF THE PUBLIC:** We collaborate with Fire Departments to provide free CPR education to people in neighborhoods all across our community. Our crews regularly participate in community health fairs providing education about disease management and prevention.
- **CUSTOMER SATISFACTION ASSESSMENT:** We send customer satisfaction surveys via mail with postage paid return envelopes to the people we care for. All returned surveys are matched with patient care reports and the results are analyzed for disparities based on ethnicity, neighborhood, gender, and age. Any disparities identified are addressed through education and counseling of the employees involved.

  CLINICAL RESEARCH TRIALS: Certain diseases have a disproportionate impact on people who live in economically challenged neighborhoods. Some diseases have higher rates among certain ethnic groups. Uncontrolled asthma is an example of a disease that strikes more often in poor neighborhoods. AMR is engaged in a research study with Highland Hospital in Oakland on the impact of EMT/Paramedic home visits to improve the self-care skills of adults with chronic asthma. Like other communities have experienced, AMR Contra Costa was concerned about the possibility of disparate pain management treatment of certain "at risk" patient populations. To combat this often seen inequity, we have worked collaboratively with the EMS Agency to develop education for our paramedics and EMT's about effective pain management in the elderly and other minority groups. While this intervention is relatively recent, we are beginning to see data that suggests we are positively impacting this patient population and providing improved care with positive outcomes.
- **COMMUNITY HEALTH COLLABORATION:** We collaborate with several community health groups on their projects in conjunction with EHI. For example we support the Berkley Department of Health on their Heart to Heart project, taking blood pressures door to door in high-risk neighborhoods. We work with Urban Releaf planting trees which help reduce air pollution in neighborhoods with high asthma rates. We work with Youth Uprising and the Bay EMT program to help provide employment for at risk youth.

Most EMS systems engage in infection control practices designed to protect providers from acquiring infections. Very few EMS systems engage in hygiene practices that are designed to protect patients from contamination. Describe the mechanism for providing infection control for employees, system partners in healthcare and patients.

Infection Control Practices

Our company's actions and philosophy about safety and communicable disease prevention go above and beyond the industry standards. Traditionally EMS systems use "Universal Precautions" and "Personal Protective Equipment" to protect their providers from acquiring infections while at work. Yes, AMR provides employee-protective practices but we have also gone a step further and have implemented an expanded infection control program aimed at decreasing cross-contamination among patients. We constantly maintain a set of ongoing practices to further reduce risk of infection and re-infection. A chart depicting AMR's ongoing practices may be found on the following page.



AMR's Ongoing Practices for Infection Control
1. *Employee vaccinations including H1N1 flu to protect ourselves & our patients*
2. *Alcohol-based hand sanitizer in all stations, ambulance cabs & patient compartments*
3. *Hospital-quality disinfectant wipes and implementation of disinfection practices designed to prevent colonization of infectious agents on ambulances, cots & durable equipment*
4. *Universal precaution equipment and personal protective equipment*
5. *Hand-washing and glove use systems and protocols*
6. *Train clinicians to use infection control glove practices including putting on a new set of clean gloves each time they touch their patient*
7. *Notification of partner agencies as soon as we become aware of possible exposures*

Employee Vaccinations and Titers

In order to protect our employees from acquiring infections, AMR will ensure all of our Napa County employees undergo Tuberculosis (TB) skin testing and annual re-testing.

Our Napa County employees will be offered HBV (Hepatitis B) immunization series upon employment unless they show evidence of previous completion of the HBV series or sign an HBV waiver. The Hepatitis B titer screenings are completed to gauge the effectiveness of an employee's artificial immunity to the injections.

Influenza vaccinations will be offered to all Napa County AMR employees on an annual basis. All vaccinations and titers will be provided to our employees at no expense.

It is important to AMR that our system partners are also protected from acquiring infections. We understand that best patient outcomes come from an integrated system that works well together to care for patients. AMR proposes to collaboratively work with Napa County fire department leaders and personnel to invite them to participate in infection control education programs, screenings and assist those departments with associated policy development. We are also committed to assisting the county during flu season to facilitate vaccination programs for the underserved citizens of Napa County.

AMR's Enhanced Infection Control Program

The value of an infection control program to a community is the reduction of needless transmission of infectious diseases between patients, healthcare facilities, and the public at large. While standard measures such as hand washing and universal precautions are important, for maximum community protection against outbreaks such as SARS and H1N1 they must be combined with vigilant monitoring of public health data coupled with defined action plans for employees and operations.

In April 2009, the CDC released initial reports on a series of cases of an unusual influenza strain that had caused deaths in Mexico and had apparently infected several individuals in New Mexico and Texas. Within three days of those reports AMR's Office of Emergency Preparedness had consulted with the CDC directly, and our clinical leaders had released their initial "H1N1 Update" to our operations and the communities they served.

Over the next two weeks those guidelines were updated and we shipped almost $1 million worth of gloves and masks to operations to assure caregivers had adequate equipment to maintain appropriate precautions to protect employees and their patients. In association with weekly updates from the CDC, we developed a comprehensive emergency operations and business continuity plan that included provisions to house large numbers of employees should protective quarantine become necessary. In addition, we provided operations with up to date clinical guidance from our Chief Medical Officer on managing employees who had been exposed to H1N1, as well as employee educational materials for them and their families.

These efforts resulted in a 100% increase in the number of employees who were immunized against both seasonal and H1N1 influenza.

6. COMPETITIVE CRITERION: CONTINUING EDUCATION PROGRAM REQUIREMENTS

a. Minimum Requirements – Continuing Education

Contractor shall provide in-house or sub-contracted in-service training programs designed to meet state and county licensure/certification requirements at no cost to employees. All in-service and continuing education programs must comply with state regulations. The EMS Medical Director may mandate specific continuing education programs and content requirements, and the County LEMSA may review and audit any continuing education programs offered by the Contractor.

CONTINUING EDUCATION

Our company understands that continuing education plays an important role in delivering clinical excellence. AMR is a leader in providing continuing education to our caregivers. Our program allows our dedicated employees to stay abreast of the advancing medical literature and maintain the clinical skills they need in order to provide superior patient care as the local EMS system evolves.

Our continuing education program for Napa County will be conducted under the oversight of our local CES Manager. Our local CES Manager will be responsible for developing enhancements to our local on-going training and education program that meets regulations and is responsive to changes in local operational and clinical activities.

Through our comprehensive CQI program, system challenges and opportunities will be identified and custom training programs developed to address both local and nationally evolving issues. Our local Operations Manager will work closely with our General Manager and Napa County's Medical Director to ensure that our continuing education programs are responsive to issues identified through this process. AMR will offer continuing education and certification classes throughout the year, including seminars, classroom-based instruction, and self-paced interactive web-based courses.

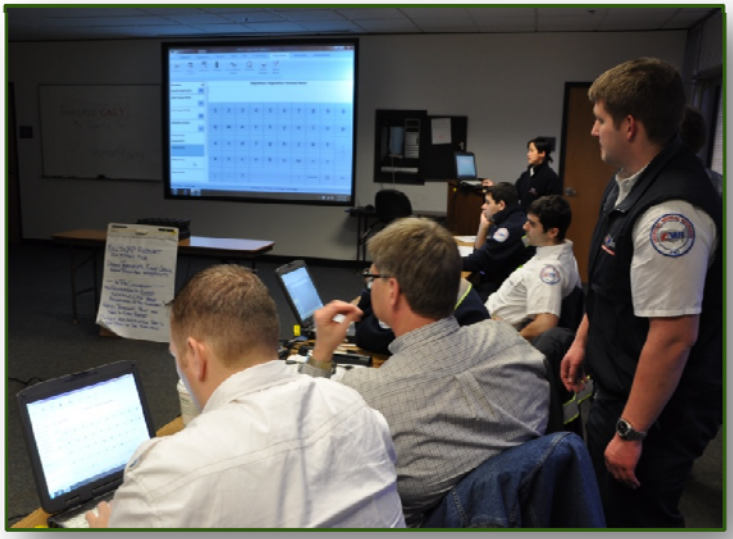
Our goal is to offer our employees a range of convenient learning options.

- Advanced Critical Life Support
- Pediatric Advance Life Support
- International Trauma Life Support
- Prehospital Trauma Life Support
- Healthcare Provider CPR
- Skills Review

Our company uses seasoned local experts to provide the training for our employees. All of our instructors have completed 40-hours of Adult Teaching Techniques.

Continuing Education Requirements

In order to help our employees maintain all required certifications, we will offer our employees as well as Napa County Fire Department employees, a variety of continuing education and certification classes throughout the year, allowing them to complete their educational training at their convenience. Quarterly, AMR will offer the following clinical training programs at no cost to employees.



- ACLS Refresher
- PALS Refresher
- ITLS or PHTLS Rrefreher
- HCPCPR Refresher
- Skills Review
- ICS 300 & 400
- Hospital Emergency Response Team
- AWR-160 Introduction to Mass Destruction Classes
- Hazardous Materials Awareness
- Hazardous Communication
- Infections Control & Bloodborne Pathogens
- Fire Extinguisher
- Workplace Violence Prevention
- Cultural Diversity
- Other as Mandated by County Medical Director

In addition to the classes listed above, all employees must also complete annual training in corporate integrity, Medicare billing and documentation.

Attestation:
X ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.A.6.a**

b). Higher Levels of Commitment – Continuing Education
Targeting educational content to address local system needs;

AMR will commit to developing targeted educational programs that reflect the unique needs of Napa Valley. Some examples of these programs may include the following:

Medical Spanish, Cultural Competency and Diversity Training

Within the Bay area region, AMR employs a number of paramedics who are fluent in Spanish. These employees will be utilized to teach our crews medical Spanish, as well as cultural sensitivity to the variety of cultures among Spanish-speaking countries including Mexico, Cuba, and Nicaragua.

Hot Topics Monthly Lecture Series

We will supplement clinicians' education through our monthly Hot Topics lecture series which is coordinated by our local Medical Director. These sessions will digitally recorded and made available to our employees and EMS partners. This monthly series also provides a regular opportunity for employees to connect with our Medical Director and continually expand their clinical knowledge and interests. Hot Topics features lectures with local physicians and other health care experts from in and outside our organization.

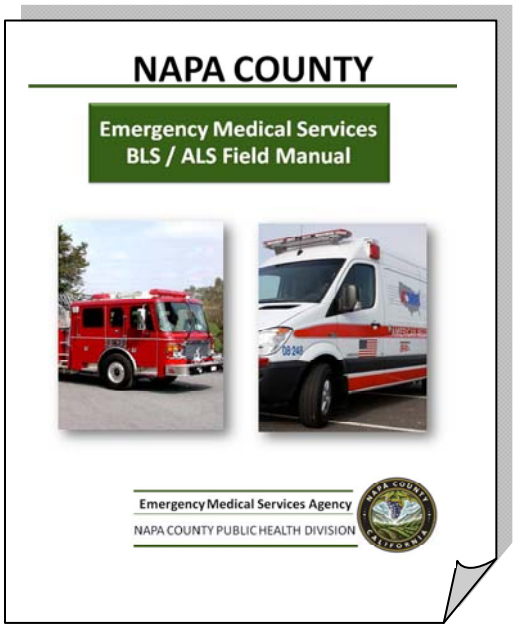
Agricultural Emergency Response

Agriculture is one of the primary activities in the County. Agriculture generally a safe industry; however, some unique and specific hazards exists. Emergencies may occur as a result in adverse weather conditions, hazardous chemical spills or overspray. An agricultural accident may produce one patient or result into a multi-casualty event. This course will address the hazards, safety and PPE, and treatment procedures.

Introduction of innovative educational/training methods

Napa County Field Guide

AMR commits to producing an EMS Field Manual for BLS/ALS crews working within Napa County. This field manual will include a summary of all treatment policies, MCI procedures, disaster and homeland security protocols, communication policies and other important aspects of the EMS system. This manual will be developed under the auspices of the County EMS Agency and with input from all EMS providers. AMR will produce this manual free of charge for all public and private personnel working within Napa County.



Training in Motion (TIM)

As an enhancement for Napa County, we are also proposing a mobile simulation center training facility. We call this unit TIM or Training in Motion. This simulation center on wheels was previously designed in collaboration with fire first responder partner agencies in various jurisdictions. We intend to add upgrades to the unit that we provide for Napa County. AMR's original TIM was developed in our San Diego operation through a partnership with local fire departments.

This training resource will be made available to all EMS system participants, including training institutions, in Napa County, at no cost to the County or users of the unit. AMR will have this vehicle in service for training within 18 months of contract start-up.

Web-based training

Taking advantage of emerging technologies to make continuing education even more convenient for our employees, AMR has implemented the Ninth Brain Suite as a web-based platform for training and education and quality management. This tool has been used in AMR operations across the country since 2006. Ninth Brain also supports compliance and incident tracking, record keeping, and other vital personnel processes and allows us to track certification expirations so we can notify employees well in advance of the need for refresher coursework.

Measuring Competency with specified skill sets

A variety of techniques are used to validate employee competency, proficiency, or understanding. Each course has one or more specific methods for validating learning or course completion; courses geared to knowledge enrichment require no specific completion method. The methods which measure completion or learning include:

- Written examination
- Practical examination
- Employee statement of understanding
- Employee knowledge enrichment

B. OPERATIONS

SYSTEM ENHANCEMENTS FOR NAPA COUNTY

- *As a system enhancement AMR, has teamed with Medtronic and Airstrip Technologies to utilize their latest technology innovative and market leading 12 lead transmission product: AirStrip CARDIOLOGY.*
- *We will establish a well defined communication system between Napa Central Dispatch and AMR Sacramento Dispatch for IFT coordination and mutual aid ambulance resource requests.*
- *We will provide FirstWatch ® (Early Warning Biosurveillance System) as a system enhancement to monitor, in real-time, a variety of pre-designated measures.*
- *AMR will purchase a fleet of 10 brand-new Sprinter ambulances dedicated to Napa County. These units were specifically chosen for their ability to improve patient comfort, crew working conditions, and for their 'green' credentials*
- *We will provide 2 brand-new Tahoe/Expedition class vehicles for QRV and Supervisor Units.*
- *We will provide Stryker Stair Pro-Model 6252 stair chairs, allowing for safe and comfortable movement of patient.*
- *We will provide Stryker Power-PRO XT-powered ambulance cots in all Napa units.*
- *We will provide 12 new LIFEPAK 15 (LP15) monitor/defibrillator with critical care enhancements.*
- *Implementation of AMR's MEDs ePCR (electronic patient care record) system.*
- *AMR is proposing a unique and innovative partnership for fleet maintenance with Napa City.*
- *A state-of-the-art deployment monitoring, modeling and validation system called ArcGISTM will be utilized.*

1. COMPETITIVE CRITERION: DISPATCH AND COMMUNICATIONS

a. Minimum Requirements – Dispatch and Communications

The Contractor is, at a minimum, required to report, electronically, en route, on scene, en route to destination, arrival at receiving facility, available for next assignment, and patient disposition to Napa Central Dispatch.

Contractor shall be responsible for all mobile radio equipment and cellular phones for use in the field including obtaining radio channels and all necessary FCC licenses and other permits as may be required for the operation of said system. This will enable Contractor to effectively receive communications from the Napa Central Dispatch. Contractor shall be capable of receiving and replying to such requests for emergency ambulance services by voice and data linkage.

1) Contractor's communications system shall be capable of receiving and transmitting all communications necessary to provide emergency ambulance services pursuant to this Agreement including communicating with hospitals and other public safety agencies as required in a declared disaster situation. Radio equipment used for ambulance-to-hospital communications shall be configured so that personnel actually providing patient care are able to directly communicate with base or receiving hospital staff about the patient. The Contractor's ambulance crews shall be capable of transmitting 12-lead ECG to receiving facilities.

(2) Contractor shall equip all ambulances and supervisory vehicles used in performance of services to County with radio equipment for communications with Napa Central Dispatch, suitable for operation on the (CALCORD) California On-Scene Emergency Coordination Radio System and for communication with hospital receiving facilities.

(3) Contractor shall operate the two-way radios in conformance with all applicable rules and regulations of the Federal Communication Commission (FCC), and in conformance with all applicable County rules and operating procedures.

(4) Contractor shall ensure access to cellular telephones for use on ambulances and supervisory units.

In addition, the Proposer shall commit to:

(1) Equip all ambulances with Automatic Vehicle Location (AVL) devices and Mobile Data Terminals (MDT). All vehicles in the system must notify Napa Central Dispatch of status and maintain a level of communication ensuring that Napa Central Dispatch is aware of the unit's location at all times.

(2) Report key time indicators to Napa Central Dispatch. This includes the time each call is received, the time response begins, on scene time or the time canceled; begin transport time, arrival at receiving facility time, clear assignment time, and time available. This detail will allow for a more accurate analysis of system performance, particularly in connection with delays in service.

(3) In tracking the status of ambulances and maintaining the time records described above, Napa Central Dispatch will be providing a service to the Contractor. The Contractor must agree to pay the reasonable costs associated with that service. It is not necessary for Proposers to obtain a commitment from Napa Central Dispatch to provide these services or to negotiate a binding agreement prior to Proposal submission, nor will the Contractor be held responsible in the event Napa Central Dispatch declines to do so. A summary of the Napa Central Dispatch services and proposed costs are included in Appendix 9. Proposers shall fully describe how they intend to comply with the minimum requirements listed above and include a description of the equipment and technology to be used.

AMR would like to utilize local expertise and knowledge by entering into an agreement with the City of Napa for direct dispatch services. Napa Central receives all 9-1-1 medical emergencies and will dispatch the closest AMR ambulance or mutual aid provider.

Under the proposed arrangement, AMR would like to partner with Napa Central for dispatching services and enhance the EMS component to their system. Napa Central will continue to provide Emergency Medical Dispatch (EMD) to all callers and will remain in constant contact with all AMR units via two-way radio, paging and cell phone.

Subsequent to the award of the contract, AMR will negotiate an agreement with Napa Central Dispatch and agree to pay all reasonable cost associated with the services provided.

AVL/GPS tracking systems and Mobile Data Terminals (MDTs) will be used in all ambulances so that closest available unit can be dispatched to the call and route themselves in the most effective manner using state-of –the art mapping technology. .

With the use of MDT/AVL devices and voice communication systems, AMR will report key time indicators to Napa Central Dispatch. Key time indicators will include but will not be limited to:

- Call received
- Start of response time measure
- Crew enroute time
- On-scene time
- Cancellation time
- Transport time
- Hospital arrival time

Unit available AMR will develop a performance based agreement with Napa Central dispatch to assure that accepted standards are adhered to with regard to EMS call-taking, EMD, and ambulance dispatching. These performance standards will be designed to minimize delays in the processing and dispatching of EMS calls. The performance standards will be reviewed and approved by the County EMS Agency prior to contract execution.

Well defined dispatch performance standards will permit AMR to maintain required Response Time standards in Napa County. We will work very closely with Napa Central to make sure that all of our ambulances are seamlessly integrated into the Napa Central Intergraph Computer Aided Dispatch (CAD) through the establishment of a system status management (SSM) plan. Napa Central will continue providing pre-arrival instructions to assist callers prior to First Responders or ambulance arrival on scene.

AMR will assign the local Operations Manager to serve as our point-of-contact (liaison) and will communicate daily with Napa Central key personnel to facilitate the smooth transition and operation of the EMS system in Napa County. AMR's liaison and Napa Central personnel will analyze and evaluate late calls to see where improvements are needed.

AMR will provide all necessary resources to Napa Central Dispatch in order to assure that the communication system is well integrated and the performance requirements can be achieved. It is assumed that Napa Central Dispatch will provide AMR with access to its CAD system and staff during this process.

AMR, working conjunction with Napa Central, will provide real-time live access to the Intergraph CAD system so that AMR supervisors, fire responders, and other designated County EMS personnel can view all EMS system activity, response time performance and gather information for deployment monitoring. The Napa Central CAD system will be interfaced with the AMR ePCR system (MEDs 3.0) and a mobile data terminal (MDT) system so the EMS component of Napa Central is seamless and provides the essential data elements required for retrospective review and analysis.

We propose to install all new sprinter ambulance units with Mobile Data Terminals (MDT) that will be compatible with the Napa Central CAD. This will permit Napa Central to track ambulance resources, send status changes electronically, and receive dispatch information.

As a system enhancement (please refer to item 3. Competitive Criterion: Equipment), AMR has teamed with Airstrip Technologies to utilize their innovative and market leading 12 lead transmission product. Airstrip Technologies is an exclusive partner with Medtronic/Pyhsio Control and provides 12- and 15- lead waveforms and measurements to support enhanced analytics, easier visual interpretation, and serial presentation of current and historic tracings. AMR will implement this hospital compatible product within Napa County.

As an added capacity for disaster preparedness, AMR will ensure that backup and redundant radio communication systems are available for field crews and supervisors.

These systems may include alternate cell phone providers, satellite radios, Nextel radios, state operated mutual aid radio systems (CALCORD) or other two-way radio systems as may be available.

Attestation:
__X__ **AMR understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.B.1.a**

b. Higher Levels of Commitment – Dispatch and Communications
(1) Direct Dispatch: The County prefers that Napa Central Dispatch function as the primary dispatch center for 911 resources. It would be preferable if ambulances were directly dispatched by Napa Central Dispatch. The Contractor might agree to procure direct dispatch services from Napa Central Dispatch and to pay the reasonable costs associated with Napa Central Dispatch providing direct dispatch services. It is not necessary for Proposers to obtain a commitment from Napa Central Dispatch to provide these services or to negotiate a binding agreement prior to Proposal submission, nor will the Contractor be held responsible in the event Napa Central Dispatch declines to do so. A summary of the Napa Central Dispatch services and proposed costs are included in Appendix 9.

DISPATCH CENTER PARTNERSHIP WITH NAPA CENTRAL

AMR proposes to partner with Napa Central Dispatch for the function of primary 9-1-1 ambulance dispatch countywide. This partnership will be developed at "level 3," as defined in Appendix 9 of this RFP. AMR agrees to provide the funding to Napa Central Dispatch for all reasonable cost associated with this level of service. AMR acknowledges the cost estimate included in Appendix 9 of the RFP.

This partnership will provide direct benefits to the County's EMS system by reducing call processing and ambulance dispatch times, the number of call handoffs and improving overall response times within the County.

(2) CAD to CAD: This refers to computerized technology creating an electronic connection between the computer assisted dispatch program (CAD) maintained by Napa Central Dispatch and that of the Contractor, providing a two way flow of data from Napa Central Dispatch to the Contractor and from the Contractor to Napa Central Dispatch. It is not equivalent to direct dispatch.

AMR proposes to install a CAD-to-CAD connection between Napa Central and AMR Sacramento dispatch center. This CAD-to-CAD connection will provide for efficient communication for inter-facility transport (IFT), non-emergent ambulance dispatching. AMR intends to utilize its state-of-the-art communication center resources in Sacramento for IFT call-taking and ambulance dispatching. As a secondary resource, AMR will use Napa Central for dispatching of Napa County AMR resources for high acuity, time critical inter-facility transports. The CAD-to-CAD linkage will facilitate this communication and improve response time performance to local hospitals and other healthcare facilities.

Additionally, having such a connection could allow an AMR dispatch center to serve as a backup dispatch center in the event there is a disruption to other telephone, radio or dispatch systems.

(3) Other Strategies to Reduce Response Times: Proposers may propose other reasonably achievable strategies to be undertaken at the Contractor's expense which would be likely to materially reduce ambulance Response Times across all or any significant part of the EMS system

AMR's System Status Management Techniques

For over 35 years, we have utilized System Status Management (SSM) techniques to ensure our emergency medical services models are successful. Ambulances are posted where they will be needed, AMR will use SSM techniques based on the Napa County environment. Our SSM techniques ensure that we meet and exceed all contractual response time requirements within this RFP. It is AMR's intent to implement the SSM techniques via our partnership with Napa Central Dispatch.

Deployment Modeling Tools

AMR uses the most advanced EMS system modeling method available in the industry to create System Status Plans that allow us to consistently meet and exceed response time requirements. This type of sophisticated deployment modeling leads to improved productivity (improved response time compliance), lower costs of operations (efficient unit hour utilization), and more efficient use of limited resources.

We use the deployment modeling tool in the following ways:

- **Simulation:** allowing "dry-runs" of different strategies on computer models, to investigate scenarios and test improvement ideas
- **Optimization:** mathematical models used to select the best possible solutions, from thousands of possible choices
- **Data Analysis:** detection of patterns and connections in data, providing insights for forecasting to help with optimization of patient care and outcomes

The following components are used to develop SSM analysis:

- The number of calls to which the system must respond varies by time-of-day and day-of-week. The number of calls typically changes over time and may have strong seasonal trends.
- The location of the calls varies, generally having underlying patterns based on time-of-day and day-of-week, as well as seasonal variation.
- The type of calls (or call mix) will vary by time-of-day, day-of-week, and may vary seasonally.
- The availability of suitable resources depends on staff schedules, and therefore varies by time-of-day, day-of-week, further complicated by staff shifts potentially starting at different geographical locations.
- The time taken to drive throughout the service area (either to calls or to a destination) is highly variable, depending on factors such as traffic congestion and road networks.
- Where and when a vehicle becomes available (after transporting) is impacted significantly by whether the call requires transportation to a facility providing specialty services, the location of that facility, and how long the transfer of care process takes.
- The capability of different vehicles, and the requirement for different types of calls to have different skill-sets dispatched (including first responders) to the scene.
- The mandated/contracted operational policy, such as how to respond to the different types of calls, and the required personnel at-scene.
- Required response time performance measures that are applied to different types of calls and to different geographical zones.

PROPOSED SYNDROMIC BIO-SURVEILLANCE SYSTEM

AMR in Napa County is pleased to propose FirstWatch ® (Early Warning Biosurveillance System) as a system enhancement to monitor, in real-time, a variety of pre-designated measures. FirstWatch has become the industry standard for early detection of bioterrorism and public health episodic events and AMR uses FirstWatch across it Bay Area Operations.

Developed in cooperation with experts from public safety, public health, epidemiology and crime analysis, FirstWatch now protects more than 77 million people from communities in 30 states and provinces across the US and Canada.

FirstWatch has been monitoring live public safety data since 1999, when the software was first installed in Kansas City, Mo. Since then, FirstWatch has tracked more than 47,000,000 real-time incidents, from more than 99 metro areas across North America (representing more than 230 agencies). The technology monitors all requests for service, comparing patients' reported symptoms to historical data and to symptoms that could signal exposure to smallpox, anthrax, or other bioterrorism agents.

FirstWatch has now developed its software to do much more than monitoring of potential bioterrorism incidents. As we described in the Clinical Section, we propose to use FirstWatch to filter for specified events, such as cardiac arrest, or use of key pieces equipment. There are unlimited filters to be set, and FirstWatch can perform an analysis of all clinical issues that could arise.

If provided, FirstWatch will provide a real-time analysis of response times and incident tracking. County staff will no longer need to wait until the end of the month to know how the system is performing.

We have included a detailed overview of FirstWatch and it capabilities in our "Exhibits Proposal Binder" as ***Attachment No. 13.***

2. Competitive Criterion: Vehicles

a) Minimum Requirements – Vehicles

(1) All ambulances shall meet the standards of Title XIII, California Code of Regulations.

All of AMR's proposed new vehicles meet the standards of Title XIII, California Code of Regulations.

(2) Ambulance vehicles used in providing contract services shall bear the markings "Napa County Emergency Medical Services" in at least four (4) inch letters on both sides. Such vehicles shall display the "911" emergency telephone number and state the level of service, "Paramedic Unit," on both sides.

All of AMR's units for the Napa County contract will bear the markings "Napa County Emergency Medical Services" in at least four (4) inch letters on bother sides. Our vehicles will display the "9-1-1" emergency telephone number and state the level of service, "Paramedic Unit" on both sides of the unit.

Following a theme of developing an EMS system for the unique attributes of the Napa Valley, AMR will customize the ambulance design to meet the requirements of the RFP and to demonstrate our commitment to the local culture. Below we have provided a sample of a unique design.

(3) Ambulance vehicles shall be marked to identify the company name, but shall not display any telephone number other than 911 or any other advertisement.

AMR's units will advertise our name and will not display any telephone number other than 9-1-1.

(4) Overall design, color, and lettering are subject to the approval of the Contract Administrator.

AMR understands that the overall design, color and lettering of the units are subject to approval of the Contract Administer. We will work with the County on a design that is appropriate for the Napa Valley.

(5) Proposer shall describe the ambulance and supervisory vehicles to be utilized for the services covered under the Agreement.

A New Ambulance Fleet for Napa County – Supporting a clean environment

We selected the 2011 state-of-the-art Sprinter ambulance for Napa County operations. We will acquire a total of ten (10) new ambulances: 7 for peak deployment and 3 for back-up/reserve (fully equipped and stocked).

This vehicle was selected for many different reasons. Of paramount importance is its ability to offer a comfortable ride for patients and improved working conditions for our crews. In addition, its focus on new green technology makes this unit perfectly aligned with our commitment to reducing our carbon footprint and lessening our impact on the environment in a way that is financially sustainable for the Napa system.

The vehicles run on bio-diesel blend, which reduces air pollution. They also average fuel consumption of 20 miles per gallon, double the normal Type II unit average of nine to 10 miles per gallon. All units are also outfitted with the urea solution Diesel Exhaust Fluid system, which injects urea into the exhaust system to burn off the nitrogen oxide and thus reduce emissions. All this translates to significantly lower emissions in help support a cleaner environment for Napa Valley residents.

Our new vehicles provide significantly lower emissions and help support a cleaner environment for Napa Valley residents

The Sprinter ambulance also reduces noise pollution from the 87 decibels (dBs) generated by our current Type II ambulances to an average 78 dBs, a significant improvement that will benefit area residents and caregivers in the field.

VEHICLE MODIFICATIONS

Over the years, we have developed a strong relationship with Leader Industries, our ambulance manufacturer. As a result, we have been able to devise a variety of special vehicle procurement specifications to increase patient comfort, and improve safety and the working environment for our crews. These optional specifications are now standard modifications built into each new AMR ambulance.

SUPERVISOR AND QRV VEHICLE FOR NAPA COUNTY

AMR proposes to acquire the equivalent of a Ford Flex, Ford Expedition, or Chevrolet Tahoe with heavy duty packages and as available with an environmentally-friendly green performance package. Two (2) identical vehicles will be obtained to allow for standardization and transferability of service between the QRV and Supervisor unit. Please refer to our "Exhibits Proposal Binder" ***Attachment No. 14*** for the specification sheet on this vehicle.

(6) Ambulance replacement shall occur on a regular schedule and the Proposer shall identify its policy for the maximum number of years and mileage that an ambulance will be retained in the EMS System.

VEHICLE REPLACEMENT

We will replace all units dedicated to Napa County once they reach six (6) years or 250,000 miles. Each week, our fleet team documents the vehicle mileage of every ambulance in our Napa fleet. We use these mileages to schedule routine maintenance and to compare mileage to contract parameters. Using this system, we can predict when ambulances will hit our contract mileage thresholds and plan their replacement accordingly.AMR has the financial ability to replace vehicles at any time, if needed.

ROUTINE AND IMMEDIATE REPLACEMENT

We plan for vehicle replacement under two separate criteria: routine and immediate. Routine replacement is determined when the following year's budget is being developed. Using the fleet mileage schedule, we determine which vehicles need to be replaced in each month of the year and account for the replacement cost in our fiscal year budget. Throughout the year, if a vehicle cannot be repaired by our in-house Fleet technicians or by an external fleet services provider, we immediately take the vehicle out of service, replace it with a spare unit, and order a new vehicle within 10 days.

Attestation:
X **AMR understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.B.2.a**

Higher Levels of Commitment – Vehicles
(1) Documenting the type, age, mileage, and configuration of the ambulance fleet and supervisory vehicles;

AMR will be purchasing a fleet of brand new state-of-the-art Sprinter fleet for this contract. Our fleet will consist of ten (10) ambulances and two (2) non transport SUVs. Seven of these ambulances will serve as our primary sources for Napa County and the other three will operate as backup vehicles ensuring a 30% ready-reserve and surge capacity. Back-up/reserve ambulances will be fully equipment and service ready.

One of AMR's non-transport vehicles will be utilized as a Supervisor Unit and the other with be used as a Quick Response Vehicle (QRV).

Additional back-up and disaster vehicles will be available from AMR's large regional and national fleet as needed to supplement disaster response or special event coverage.

(2) Installing equipment and selecting vehicles that provide innovations for safety, specialized transport capabilities, reduced environmental impact, etc.

Our selected fleet for Napa County not only supports green initiatives, the new ambulances are outfitted with numerous safety- and industry-leading features, as highlighted in the table below.

AMBULANCE MODIFICATIONS FOR ALL NEW NAPA UNITS	
Independent emergency starting system	*Safety net at the head of the squad bench*
Striping using highly reflective 3M conspicuity decals, ensuring high visibility during night-time operation	*Side-facing seats equipped with six-point passenger restraints (seat belts)*
Electrical circuits controlled by a circuit board system consisting of 15-20 independent and interchangeable circuit boards mounted on a rail.	*Limiting straps on cab doors designed to eliminate over-extending doors that damage door posts and hinder door-latch catching mechanisms*
Recessed overhead grab rails in patient compartment, eliminating potential head strike hazards	*High-performance, high-visibility, interior and exterior LED lighting packages with 75 percent less electrical power demand*
AC systems ducted into the body of the vehicle and intake equipped with HEPA filters	*Automatic 5-minute battery disconnect switch that turns off battery power when the vehicle is turned off, ensuring batteries do not discharge while idle*
Power inverters with built-in battery conditioners	*Yellow caution flags to help prevent head strike when entering and exiting the rear of the vehicle*
Anti-lock Brake System (ABS)	*Acceleration Slip Regulation (ASR) traction control that avoids tire slippage by monitoring and stopping spinning wheels*
Brake Assist System (BAS) that monitors driver's speed and applies pressure to the brake when needed – applies full brake boost during panic situations	*Load Adaptive Control (LAC) algorithm that calculates the vehicle mass and center of gravity using various parameters such as acceleration, speed, accelerator position, etc., improves braking characteristics and helps reduce the risk of rollover*
Rollover Mitigation to improve handling. Detects critical lateral accelerations and reduces the risk of rollover by reducing engine torque and by applying controlled braking pressure to the relevant wheels. Supported by the vehicle mass-sensing system LAC	*Roll Movement Intervention improves roll-over stability even further by engine and braking intervention during extremely dynamic maneuvers*
Under Steering Control to provide enhanced stability under heavy under steer.	*Active Restraint System, an innovative safety feature to keep employees safe while attending to the patients*

3. Competitive Criterion: Equipment

a. Minimum Requirements – Equipment
Contractor shall have sole responsibility for furnishing all equipment necessary to provide required service. All on-board equipment, medical supplies and personal communications equipment will meet or exceed the minimum requirements of the LEMSA's Ambulance Equipment and Supply List. A listing of the on-board equipment, medical equipment and supplies required by the County can be found on the Vehicle Inspection Form available for download at the Napa County EMS website or as identified as (RT16) available for download at the CVEMS web site.

Contractor agrees that equipment and supply requirements may be changed with the approval of the Contract Administrator due to changes in technology. Contractor shall acquire and maintain all ambulances, support vehicles, on-board medical supplies/equipment, office facilities, and equipment to be used by Contractor to perform its services under the Agreement. All costs of maintenance including parts, supplies, spare parts and costs of extended maintenance agreements shall be the responsibility of the Contractor.

AMR agrees that we will comply with all equipment and supply requirements as listed on the Napa County and/or Coastal Valleys EMS Agency websites. We understand that we will be responsible for all costs of maintenance including parts, supplies, spare parts and costs of extended maintenance agreements.

Attestation:
__X__ ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.B.3.a**

b. Higher Levels of Commitment – Equipment

Providing equipment or technologies above that required by the minimum equipment list. These additional items may include advances in clinical care capabilities, opportunities for increasing safety for crewmembers and patients, and items to increase ease of work, improve efficiency or make efforts more effective.

STRYKER STAIR PRO

Following a recent evaluation, AMR has decided to equip all our Napa County units with the Stryker Stair Pro – Model 6252 stair chairs. These stair chairs include a stair tread to allow for safe and comfortable movement of patients.

STRYKER POWERPRO COTS

We will install the Stryker Power-PRO XT-powered ambulance cot in all Napa units following a study done by AMR and Western Michigan University in spring 2010 that showed a 62 percent reduction in back-injury claims. Further information on the Stryker PowerPro Cot may be found in our "Exhibits Binder" as ***Attachment No. 15.***

LIFEPAK 15

The LIFEPAK 15 (LP15) monitor/defibrillator is a comprehensive patient monitoring system incorporating multiple new physiologic parameters and algorithms to help support decision-making in the field or in consultation with the receiving hospital emergency department. Napa County EMS personnel will have the ability to transmit a 12–lead EKG (critical cardiac diagnostic data), to the receiving emergency department as well as designated physicians. This transmission capability will have a dramatic effect on time-dependent management and coordination of care for an acute heart attack patient, improving a patient's probability of surviving these types of emergencies. Further information on the LIFEPAK 15 (LP15) monitor/defibrillator and a LIFENET System Brochure may be found in our "Exhibits Proposal Binder" as ***Attachment No. 15.***

AIRSTRIP CARDIOLOGY

AirStrip CARDIOLOGY offers remote access to valuable data for the cardiologist including telemetry strips, EKG data, pulse oximetry, ventilator pressure measurements, end-tidal CO_2 monitoring and arterial pressure monitoring. Users can also access bedside monitoring data, including heart rate, respiratory rate, temperature, blood pressure, and invasive monitoring measurements, such as cardiac output, pulmonary capillary wedge pressures, arterial line values, and central venous pressures.

MEDs ePCR

Our Napa County operation will be implementing the MEDs ePCR (electronic patient care record) system, which is currently in place in other AMR operations in the Bay Area. A current and proven tool to efficiently and accurately capture clinical and demographic data, the MEDs ePCR system has been tested strenuously over the past several years and we have developed considerable expertise organization-wide in its upkeep and maintenance. Thus, our Napa operation is secure in the fact that the system is well-understood and supported throughout the AMR organization, and that troubleshooting assistance is available with one phone call if needed.

AMR will provide state-of-the-art ruggedized laptops to crews using MEDS. AMR currently deploys both the Panasonic CF-19 and the GDI 8000 machines. These ruggedized notebooks meet military and International Electrotechnical Commission standards for vibration, dust and water-resistance. The data collected by MEDs software is used by AMR leaders and our EMS Agency partners to make fact-based decisions regarding operation performance, clinical protocols, and patient treatments. MEDs is more than an ePCR product. It is a solution that interconnects multiple systems, including:

- ePCR
- Clinical data
- Billing information
- NEMSIS reporting
- CAD reconciliation
- Data mapping
- Reporting and analysis

MEDs ePCR is the largest deployment of pre-hospital care data collection in the United States. Presently, no other commercially developed ePCR system surpasses the number of implemented sites as AMR's MEDs ePCR solution. The MEDs ePCR system provides a comprehensive approach to improving patient care through data sharing and patient care systems integration. Unique characteristics of the MEDs ePCR system include:

- Local control of screen changes to meet local requirements and real-time administrator changes to field devices
- Ability to deliver expanded communication and reference material to caregivers in the field, including electronic "quick references" for clinical protocols, medication dosage calculators, and other training material, which is accessible during down time
- Front and back-end business rule configuration to increase accuracy of PCR documentation
- Compilation of clinical data into a data warehouse that facilitates research and study of millions of annual patient care encounters
- Ability to print legible PCRs at the receiving hospital in accordance with JACHO standards
- Mapping of data points to the NHTSA data set (NEMSIS) for compliance with federal recommendations for clinical and demographic reporting, allowing for data comparison with other EMS systems
- A real-time CAD interface and updates throughout the call
- The ability to auto-populate fields by pulling data from our billing system for previously transported patients
- The elimination of redundant entry of PCR data into a billing application
- Ability to integrate data from our cardiac monitor/defibrillators into the PCR
- Ability to perform Quality Improvement functions through immediate access to PCRs, Ad-Hoc reports and MEDs alerts

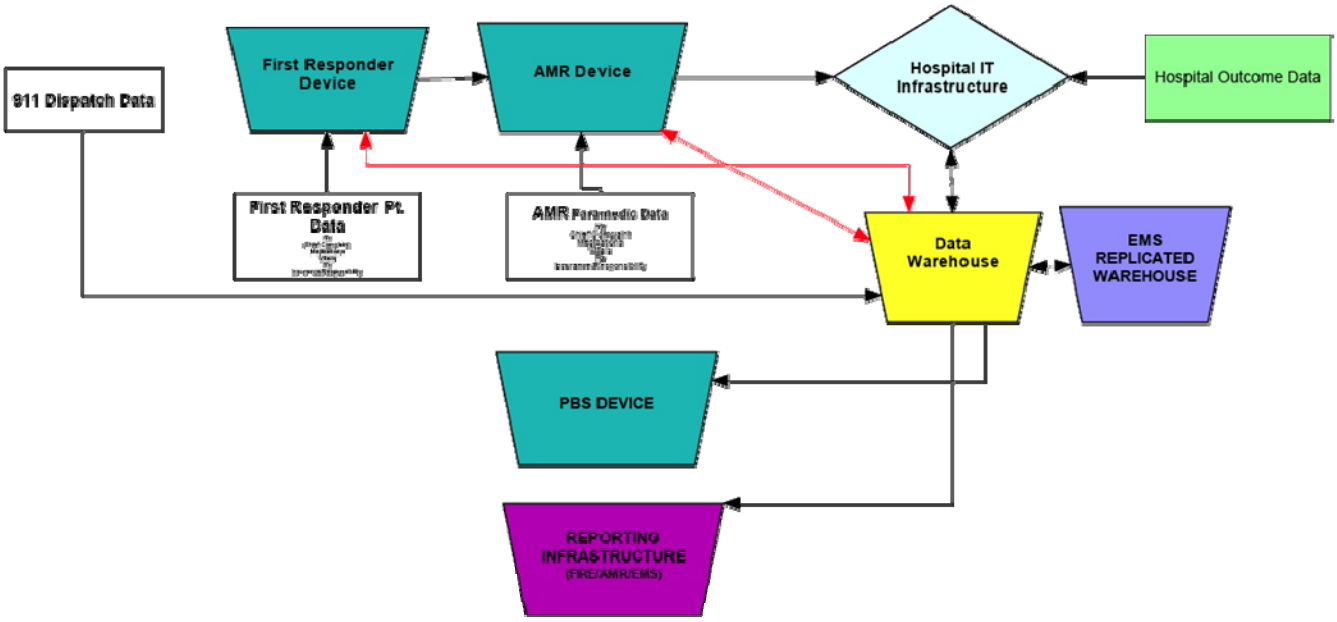
MEDs ePCR™ is designed to ensure compliance with all reporting standards and policies, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). MEDs ePCR™ has been used successfully in several AMR operations, including:

COUNTY / STATE	YEARS IN USE
Alameda, CA	3 years
Arlington, TX (Tiburon CAD Interface)	3 year
Clackamas County, OR	5 years
Clark County, WA	5 years
Contra Costa County, CA	8 years
Multnomah County, OR	5 years
San Benito County, CA	1 year
San Joaquin, CA	4 years
San Mateo County, CA	8 years
Santa Clara County, CA	4 years
Spokane, WA	5 years
San Francisco, CA	1 year
Placer, CA	1 year
Yolo, CA	1 year
Shasta, CA	1 year
Lancaster, CA	1 year
Irwindale, CA	1 year
Antelope Valley, CA	1 year
Sonoma County, CA	1 year
Denver, CO	1 year
Riverside, CA	1 year
Hemet, CA	1 year
Palm Springs, CA	1 year
Monterey, CA	1 year
Billings, MT	1 year
Bozeman, MT	1 year
Seattle, WA	1 year
Grand Rapids, MI	1 year
Ft Lauderdale, FL	1 year
Palm Beach, FL	1 year
Gulfport, Jackson, Natchez, MS	1 year

Colorado Springs, CO	5 years
Pueblo, CO	1 year
Stanislaus, CA	1 year
San Diego, CA	1 year

Data Integration with MEDS ePCR

Our ePCRs contain data from the CAD, AMR field crews, other first responders, and hospital personnel, all sent to the data warehouse for integration into a single electronic patient care record. The flow chart below demonstrates this process.



Crews input front-end patient data into laptops. A cellular air card or wireless gateway is then used to establish a secured connection to send and receive data encrypted data to and from the MEDS server meeting HIPAA compliance standards. In addition, laptop hard drives are encrypted with Guardian Edge or other software to prevent data loss in the event a PC is lost or stolen.

Maintenance, Upgrades, and Replacement of Tablet PCs

We will keep our MEDS PCs up-to-date and functional with regular preventive maintenance, including updating and trouble-shooting as needed. Keeping software up to date is key to the proper functioning of our ruggedized PCs. MEDs software updates are automatically received by each laptop when available and crews push one button to load them.

Advantages to Maintaining the MEDs ePCR Platform

AMR has invested a great deal of resources to implement the MEDs ePCR solution. Much progress has been made to adequately train staff, refine the data collection system, and generate timely and useful reports. The technology also has the potential to integrate our information system with first responders' and health care providers' information systems – a prerequisite to achieving an information system that is able to describe an entire EMS event (from dispatch to discharge). This integration serves as a powerful tool across the public safety and health care system and fosters the incorporation of EMS within the health care networks' structure.

MEDs provides the ability to monitor real-time clinical care by setting "alerts."

These tailored alerts will allow the City and AMR staff to be notified immediately via email or text message when certain clinical practices are performed, or if data reflected in the PCR is outside pre-defined normal limits. We have listed below examples of some current and potential alerts we built for AMR's operation. These alerts can be programmed to immediately notify specific personnel, or to send batch message at a pre-defined time based on acuity. Potential alerts could include the following topics:

- ☑ *Nitroglycerin without Aspirin*
- ☑ *Pediatric Code 3 transport*
- ☑ *Pediatric death*
- ☑ *Pediatric major trauma*
- ☑ *Return to spontaneous circulation*
- ☑ *Teen death*
- ☑ *Trauma activation*
- ☑ *Unstable pediatric with no contact*

- ☑ *Cardiac arrest*
- ☑ *Drowning victim*
- ☑ *Explosion*
- ☑ *Incorrect medication dose*
- ☑ *Infrequent skill*
- ☑ *Intubation (more than 3 patient intubation attempts)*
- ☑ *Major burn*
- ☑ *Helicopter usage*

Our MEDs ePCR technology has the ability to provide patient care reports to hospitals via printers, online Internet based ePCR viewer, and fax. Whenever possible, AMR crews will leave printed patient care records at the hospital

The MEDs ePCR system also permits us to monitor and report on our ongoing compliance providing PCRs to local hospitals. With MEDs, we can measure when a PCR is delivered to the hospital, as MEDs automatically provides a time stamp of that event. It also generates reports for us, so we can analyze our compliance with PCR delivery, identify any trends, and address any issues. We are committed to ensuring that PCRs are promptly provided to receiving hospital staff so that treating physicians can review them, and so they can be integrated into the hospital's medical records.

4. Competitive Criterion: Vehicle and Equipment Maintenance

a. Minimum Requirements – Vehicle and Equipment Maintenance

Contractor shall be responsible for all maintenance of ambulances, support vehicles, and onboard equipment used in the performance of its work. The County expects that all Ambulances and equipment used in the performance of the Agreement will be maintained in an excellent manner. Any Ambulance, support vehicle, and/or piece of equipment with any deficiency that compromises, or may reasonably compromise its function, must immediately be removed from service.

The appearance of ambulances and equipment impact customers' perceptions of the services provided. Therefore, the County requires the Ambulances and equipment that have defects, even significant visible but only cosmetic damage, be removed from service for repair without undue delay.

Contractor must ensure an ambulance maintenance program that is designed and conducted to achieve the highest standard of reliability appropriate to a modern high performance ambulance service by utilizing appropriately trained personnel, knowledgeable in the maintenance and repair of ambulances, developing and implementing standardized maintenance practices, and incorporating an automated or manual maintenance program record keeping system. All costs of maintenance and repairs, including parts, supplies, spare parts and inventories of supplies, labor, subcontracted services, and costs of extended warranties, shall be at the Contractor's expense.

AMR's Vehicle and Equipment Maintenance Programs

High-quality vehicles and on-going fleet maintenance will play a critical role in the success of the Napa County EMS system. Rather than simply performing scheduled routine maintenance to keep our vehicles in superior condition, AMR has developed a comprehensive preventive maintenance program, unrivaled in our industry, to ensure the reliability and safety of our vehicles. We are pleased to offer a proven program that ensures consistent, safe, local fleet maintenance services for Napa County.

AMR is proposing a unique and innovative partnership for fleet maintenance in Napa County.

Specifically, we will implement our robust fleet maintenance program through a cost-effective private/public partnership with the City of Napa. The City operates a high quality and a well-equipped fleet maintenance department that cares for their fleet of police, fire, public works, and other city vehicles. They utilize a best-on-the-market automated fleet maintenance tracking system to assure that all vehicles are maintained to specifications. AMR's fleet will be tracked and maintained using this same system.

AMR intends to provide funding to the City of Napa for fleet maintenance services, via an agreement to be developed after the award of the ambulance contract. If we are unable to secure an agreement with the City if Napa, we will turn to other local/private resources. However, the City of Napa has already agreed in concept to this partnership.

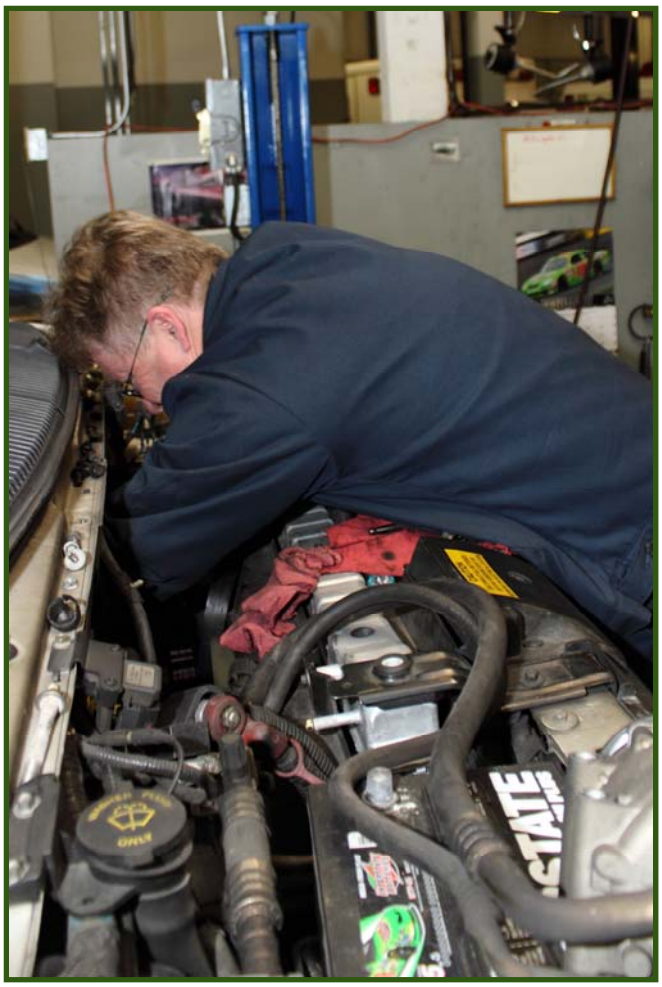
There are a number of important benefits in utilizing this partnership with the City of Napa:

- Priority services (same as provided to law enforcement and fire vehicles)
- Conveniently located local service center
- Access to leading edge technology fleet tracking system*
- Knowledge of emergency vehicles
- Cost-effective public/private partnership

Specifically, the City of Napa will provide the following enhanced services to AMR that will ultimately benefit the EMS system as a whole by maintaining a high quality ambulance fleet and unit reducing out-of-service time:

- FleetFocus (from AssetWorks) will provide:
  - Relational database (MS SQL for the City of Napa)
  - Unlimited users
- Each ambulance would be defined in the system, along with all 'birth certificate' level data
  - The ability to link 'child' components (ie: serialized medical equip in back) with 'parent' ambulances
    - 'Child' components can have their own inspections
- All scheduled inspections and services are user-defined
  - Customized inspection checklists
  - User-defined services and service intervals
    - A, B, C, D, etc level services, each with escalating levels of service and inspection items
    - Scheduled by date, mileage, and operating hours (whichever comes first)
- Integrated work order system captures detailed, job-level data
  - Date/time in, first labor, finished, closed, back in service
  - Mileage and engine hours at time of job
  - Task-level detail per job (using VMRS industry standard repair task codes)
    - Labor, by individual technician, to the 1/10th hour
    - Parts cost, per task
- Historical data maintained for life
  - Data can be accessed via 'canned' reports and custom Crystal reports

AMR's Fleet Maintenance Program Overview (as integrated into the Napa City Fleet Maintenance Program)



Our preventive maintenance program focuses on inspections and maintenance at four intervals. If at any point in the process equipment does not meet standards, it is placed out of service for repair, upgrade, or replacement.

Each day, crews check, inspect, clean and test all equipment before beginning their shift, reporting any problems to the Field Supervisor immediately. They also inspect the appearance of each vehicle at the start and end of each shift. Any damage is reported immediately, and the vehicle is removed from service as deemed necessary. When completing the daily vehicle inventory, field personnel use the equipment checklist. If any repairs are needed, an Equipment Failure Problem Report Form is completed by the crew. Once repairs are completed, a copy of the order documenting completion is filed at the fleet maintenance office and another copy is kept with the vehicle.

Scheduled Maintenance

AMR's Fleet Manager and Field Supervisors meet weekly to discuss maintenance schedules. Field Supervisors also perform frequent vehicle spot checks. AMR will perform the scheduled maintenance listed below, where vehicles are serviced every 5,000 miles, with additional tasks performed every 15,000, 30,000 and 60,000 miles. Mechanics use a Preventive Maintenance Inspection to keep track of daily maintenance with vehicles.

Preventive Maintenance Schedule

EVERY 5,000 MILES	ADDITIONAL SERVICES EVERY 15,000 MILES	ADDITIONAL SERVICES EVERY 30,000 MILES
Lubrication	Repeat 5,000-mile service and add items below	Repeat 5,000-mile and 15,000-mile services and add items below
194-point safety and mechanical inspection	Replacement of fuel filter	Replace transmission fluid
Change oil and filters	Replace transmission filter	Repack wheel bearing
Replace air filter		Add biocide treatment to fuel tank

Batteries – Test and inspect every service interval. AMR replaces in sets of two if required
Shocks – Inspect every service interval and replace as needed
Universal joints – Inspect every service interval and replace as needed
Belts and Pulleys changed at 90k miles, inspected every 5k miles
Vacuum Pumps changed at 90k miles, inspected every 5k

**Recordkeeping*

As described previously, we will be using the City's commercial fleet maintenance software package "*FleetFocus*" to track maintenance and to evaluate our performance. This system documents service and repairs, tracks mileage, and generates a full range of reports, including vehicle service schedules.

As the preventive maintenance and repair work is performed and the data posted, the system updates the vehicle maintenance history, documents equipment failures, deducts the parts used from inventory, and tracks maintenance costs. As a result, our technicians have at their fingertips the entire maintenance history of the ambulance – from the last oil change to any other repair performed – enabling them to be thorough and precise, while efficiently using their time.

Based on compiled data, our technicians can predict part failures or end of useful life and provide the appropriate preventive maintenance specific to each ambulance. When ambulances come into the shop for maintenance, technicians document every action they take on the preventive maintenance inspection form. These records help us prioritize ambulances by repair and maintenance needs, and reduce the amount of time our ambulances are out of service.

Attestation:
X **AMR understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.B.4.a**

b. Higher Levels of Commitment – Vehicle and Equipment Maintenance

Proposer offers to exceed the maintenance standard as outlined in the Standards— Accreditation of Ambulance services published by the Commission on Accreditation of Ambulance services; and/or

The Proposer describes how it will exceed minimum requirements for the testing, monitoring, maintaining and retaining documentation for all bio-medical equipment such as complying with the then current and applicable Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) or equivalent standard.

Exceeding Manufacturer's Maintenance Standards

AMR exceeds manufacturers' maintenance standards in several areas:

- Mercedes Benz - Sprinter recommends changing the transmission fluid at 24,000-mile intervals; we change the fluid every 15,000 miles
- We replace front tires when tread depth measures 6/32". The U.S. Department of Transportation standard for light-to-heavy duty commercial vehicles (including ambulances and buses) is 4/32"
- We replace brake linings at 7/32" remaining disc thickness. U.S. Department of Transportation standard for light- to heavy-duty commercial vehicles is between 3/32" and 2/32"
- AMR will agree to comply with all higher levels of service as outlined in the standards for Accreditation of Ambulance Services by CAAS.

Bio-Medical Equipment Maintenance

AMR has established a customized equipment maintenance program to closely monitor inventory levels and maintain the quality of critical biomedical equipment. This program allows us to identify when a specific piece of equipment is scheduled for its next PM based on manufacturer specifications and AMR policies and procedures. By following the manufacturer's recommended time schedule for PM, such as with AEDs, we minimize the potential for equipment failure at a critical time.

Our in-house regional bio-med manager who works directly with all our manufacturers and contracted maintenance companies to ensure timely preventive maintenance and to ensure all equipment updates and recalls are covered. All maintenance schedules are monitored in our Maintenance Tracking Data Base.

We seek vendors that offer maintenance guarantees and maintenance agreements. Using our national economies of scale, we are typically able to purchase agreements for the majority of our equipment. Any equipment not covered by a maintenance agreement is paid for on a fee-for-service schedule.

In the infrequent event a biomedical device experiences a mechanical failure; our crews immediately complete an Equipment Failure Report and take the piece of equipment out of service. Our on-duty Operations Supervisor immediately provides the unit with an identical replacement from our equipment storage cache, placing the ambulance back in service as rapidly as possible. The Operations Supervisor then coordinates with

the designated vendor to repair the equipment. Once repaired, the item is returned to AMR and placed in storage as reserve equipment.

We track all equipment failures through incident reports, which are sent to the Operations Manager. This tracking allows us to identify trends indicating a manufacturer defect or unusual use by field personnel. Corrective action may include working with the manufacturer to mitigate manufacturing defects, or using the information to provide needed education to field personnel on proper care and use of biomedical equipment.

5. Competitive Criterion: Deployment Planning

a. Minimum Requirements – Deployment Planning

Contractor shall agree to deploy its ambulances in such a manner to achieve the Response Time requirements. The Contractor shall also commit to modify and adjust its deployment strategies in the event that Response Time performance is not complying with the standards or if it is identified that there are areas of the County, which are chronically experiencing delayed responses.

The Proposer shall describe its methods and initial deployment plans to be used in Napa County. A description of the methodology used by the organization to monitor and modify its plans will also be documented.

EMS System Design Considerations and Deployment

AMR is offering a deployment plan built on a proven ability to both meet and substantially exceed our response-time commitments. This operational experience is supported by our use of evolving technology, techniques and tools in a drive to continually improve our system coverage to meet changing needs. We promise that we will work closely with you to monitor and adjust our deployment to exceed the County's response-time goals.

It is also important to understand that limited information (data) was available during this RFP process to confirm our assumptions regarding call volume, call type, exact location, EMD criteria, etc. Therefore, we were required to make planning assumptions based the information available and on our own research.

This section outlines our proposed contractual commitments to the Napa system and offers an overview of our deployment planning methodology:

Initial Deployment Plan

AMR has elected to use a variety of different crew schedules as a component of our initial deployment plan. This allows us to more effectively match resources to the demands of the system and also provides flexibility and a variety of shift schedules for our crews to choose from.

Our initial deployment plan for the first month of January, 2012, includes **936** deployed ambulance unit hours and additional **168** Quick Response Vehicle Unit hours per week. This is equivalent to the provision of at least **48,672** of ambulance unit hours and **8,736** of Quick Response Vehicle Unit Hours annually. As this is a performance based contract and call demand is dynamic, AMR is committed to increasing Unit Hours to match volume and contractual requirements.

These hours do not reflect the separate ambulances currently deployed by AMR for non-emergency inter-facility transports. This additional fleet of deployed ambulances reaches a peak of 20 ambulances throughout the North Bay and will continue to be to be deployed to meet our

private inter-facility market needs. Should an unplanned large scale event occur, these additional ambulances will be made available to assist our 9-1-1 deployed resources.

In order to ensure a smooth transition and peak performance during contract start-up, we will place additional Unit Hours (UH) on the street for the first four (4) to six (6) weeks of the new contract.

Once AMR completes twenty weeks of service to Napa County we will utilize our deployment modeling tools. These uses traditional demand analysis, along with best-in-industry tools such as geo-spatial priority-post plan placement and advanced queuing theories to build our SSM plan and maximize our UHU to ensure that both our expense and workload are balanced. Our proposed SSM plan allows us to match our supply of available ambulances to the County's demand for patient care requests, as outlined here, maximizing our UHU:

- **SUPPLY –** AMR places the correct number of on-duty units in the right location, flexibly relocating them to where the next potential call will occur.
- **DEMAND –** Napa County's demand for services varies by hour of day and day of the week. For example, weekdays may be busier than the same time of day on the weekend, due to traffic and employment patterns.

Building the plan through analysis

An important initial step in the deployment modeling process is to ensure that current ambulance request data provides an accurate reflection of true historical EMS System performance. This goes far beyond simply looking at system response times. In the future, AMR will analyze ambulance requests and unit hours deployed every 20 weeks. The historical performance of all the sub-processes that make up an EMS system response including hour of day, day of week, dispatch time, crew response time and drive time once the unit is responding.

- Time on task (the time it takes to complete a call from start to finish), also known as overall task time. We also look at service rate (the inverse of task time), meaning how many patients are served per hour
- Web-based viewing of all AMR responses
- Napa EMS participation in our Deployment Leadership Committee

- State-of-the-art deployment monitoring, modeling and validation through FirstWatch™, and ArcGIS™.

Deployment modeling process

We continually review posting plans and ambulance deployment using sophisticated modeling tools designed by industry experts. This technology includes the FirstWatch system, as well as ESRI ArcGIS tools.

By continually embracing new, yet proven methods and tools, we are able to develop plans that maximize our UHU, while providing optimal patient care and support for Napa County.

Capacity planning (demand analysis)

Our organization is at the forefront of SSM planning and has developed a proprietary process and template that incorporates all the traditional methods of completing a capacity planning analysis or demand analysis. Capacity planning is used to determine the number of ambulances necessary to staff the system for each hour of the day and day of the week.

In Napa, we will incorporate into our template advanced mathematical principles and methods to more precisely determine appropriate unit staffing levels.

Traditional demand calculations

To create the traditional demand calculations, we use the most recent 20 weeks of incident data to calculate demand by hour of day and day of week (168 hours).

Traditional approaches to deployment planning are often considered 50 percent art and 50 percent science. From a staffing perspective, however, this traditional methods only provides us with the patterns of demand; it doesn't tell us the staffing levels necessary to meet that demand.

This is because staffing levels depend on other factors, such as response-time thresholds and geo-spatial concerns like post locations and drive-time call-capture rates and process variation. When using a defined service area and set of post locations (assuming geo-spatial considerations are equal), for example, the staffing levels (where you staff in relation to the demand line) are very different for an 8-minute response time versus a 12-minute response time.

To determine the level of demand to staff therefore is traditionally considered the "art" aspect of deployment planning.

Advanced capacity planning using queuing theory

One of the distinct advantages of incorporating queuing methods into the capacity-planning process is that they convert much of the art of deployment planning into science, allowing our planners to make decisions based on data rather than on intuition. It does this by taking into account variables such as busy probabilities, service rates, response-time thresholds and indirectly, geo-spatial considerations.

Key questions

Some of the key questions at a system level that queuing will help answer that traditional methods don't, include:

- How many units should the system have in operation during the hour or some other time period?
- What are the chances that 1, 2, 3 … units are busy at any one time?
- What are the chances that at least 10 units (or any other number) will be available at a point in time?
- What fraction of calls cannot be immediately answered as no units are idle/available?

Relationship to traditional demand calculations

Some of the differences and relationships to traditional demand analysis approaches include:

- In traditional demand analysis, we try to estimate the 95th percentile (or something more conservative) of hourly call demand
- We set the number of vehicles so there is enough capacity to serve demand in 95 percent of the hours over the past 20 weeks
- The 95th percentile is based on an empirical demand realization with no distributional assumptions on calls per hour
- An assumption that service time is one hour per call

Basic queuing theory

Some basic assumptions considered in appropriately applying queuing theory to EMS capacity planning include:

- One unit type (multiple unit types need to be analyzed separately)
- Service times (defined below) are independent of the particular unit and are stationary (may depend on the location of the call)

- Calls come to the system from a process where there is a large population (> 5000) and each person has a low probability of calling the system during any short time period
- The "Arrival Rate" (defined below) of calls to the system is stationary (mean rate is not changing over time) otherwise we have to break up the day into stationary time periods (therefore we break this up into 168 hours over the week)
- Each call uses a single unit (if this is not true, then we can approximate by adjusting demand upwards)
- There is no waiting in line – if all units are busy, then there is a system operating in parallel (surge units) that serves the call

What are we calculating?

At a detailed level the mathematical formulas behind these calculations are extraordinarily complex. At a very high level, we are trying to determine system utilization levels (busy probabilities) based on the following parameters:

- Arrival rates
- Service rates
- Lost unit hour percentage
- Critical vehicle limit

Arrival rate is simply the average number of requests or average demand for the period of time being considered. **Service rate** is the amount of responses, including patch-through and NAPA requests at a system level that can be served over the same period of time as the arrival rate. This is estimated based on experience and local market investigation and previous knowledge. In calculating system utilization (U) we are trying to estimate what percentage of time we are going to be in a "bad state." Bad state is defined as the level at which there are insufficient units to potentially serve the next incoming call at the various staffing levels analyzed.

When looking at staffing levels for the NAPA system of responses, our planners look to staff at a level that generates a bad-state percentage at 5 percent or less, assuming an internal goal compliance rate of 95 percent or better. One of the significant advantages of queuing analysis over traditional demand analysis calculations is that queuing also analyzes the ramifications of staffing from one level to another.

Incorporating this formula into our proprietary capacity planning template removes a great deal of the time-consuming aspects of this process.

We determine the next parameter (**lost unit hour percentage**) based on our historical experience. Tracking lost unit hours through our strategic planning, we made a conservative estimate at 5 percent. The fourth parameter **(critical vehicle limit)**, derived from the modeling work completed with our CAD North tool and Map Point software, determines the minimum critical unit level to capture more than 95 percent of the calls at the various response time thresholds set for each post location. With all parameters set, a resulting staffing level is calculated for each hour (as shown in yellow in the following table).

Lastly, we also analyze the relationship between average demand for service by hour of day and service rate.

Initial Proposed Crew Schedules

AMR has elected to use a variety of different crew schedules as a component of our initial deployment plan. This allows us to more effectively match resources to the demands of the Napa system and also provides flexibility and a variety of shift schedules for our crews to choose from.

We anticipate building crew scheduled that are primarily based on 24 hours shifts, and supplemented by 12 hour flex unit shifts as needed.

Deployment Plan Refinements

Once we are able to obtain the historical incident data relative to the time stamps associated with the Napa EMS System, we will engage our regional AMR expert resources to assist us in fine tuning the deployment and planning for future deployment.

The regional AMR resources, in conjunction with our local Napa operations management staff (with more in-depth local system knowledge) will complete a report which will be the basis for a revised AMR Deployment Plan on the go forward. It is important to understand that this revised plan and any subsequent future changes will be fully vetted with local first responder stakeholders and the County EMS Agency before implementation. The deliverables contained in this revised deployment plan will be:

- Dynamic deployment plans for three to five stationary time periods including the number of vehicles for the time period and a set of priority post locations.

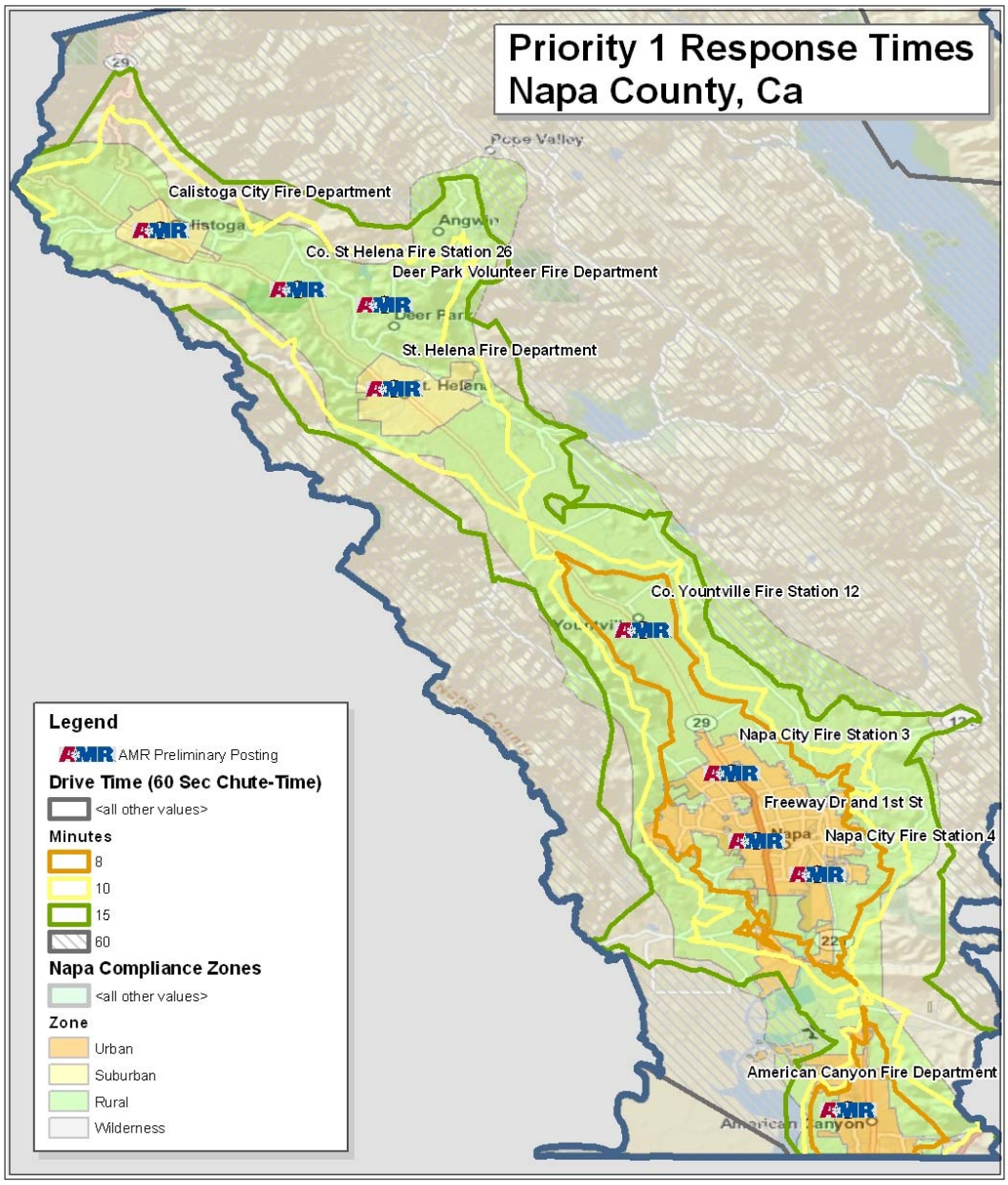
- Performance metric (overall response time compliance as a percentage of success) of the recommended plans
- Graphs and thematic maps depicting expected grid level performances for each recommended plan

Ambulance Locations / Posts

Our posting plans have been developed by AMR's Napa team using the limited data available. After the first few weeks of experience, CAD data will collected and utilized to drive modeling tools and methods to ensure the optimum location of our units for all service levels.

The team uses a geo-spatial tool, developed by CAD North, and ESRI ARCGIS tools to help identify and prioritize the post locations that are most able to ensure our ability to consistently exceed response-time requirements. To model our plan, we define a particular service zone, geo-code the historical calls identify proposed post locations for unit deployment and then analyze how many calls our units are capable of reaching from that post within the contracted response time. We then prioritize the posts based on the ability to capture calls in relation to other post locations in the system.

The maps and graphics on the following pages provide details on our deployment plan, including general ambulance locations, dedicated units, post priorities and the number of units to be deployed during each hour of the day and each day of the week.



Attestation:

__X__ ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.B.5.a**

b. Higher Levels of Commitment – Deployment Planning
Examples of ways in which a Proposer may demonstrate a higher level of commitment in this area may include but are not limited to:
(1) The Proposer describing sophisticated processes it has developed or used to achieve exemplary Response Time performance; and/or

(2) The identification and use of technologies or managerial processes to enhance Response Time performance.

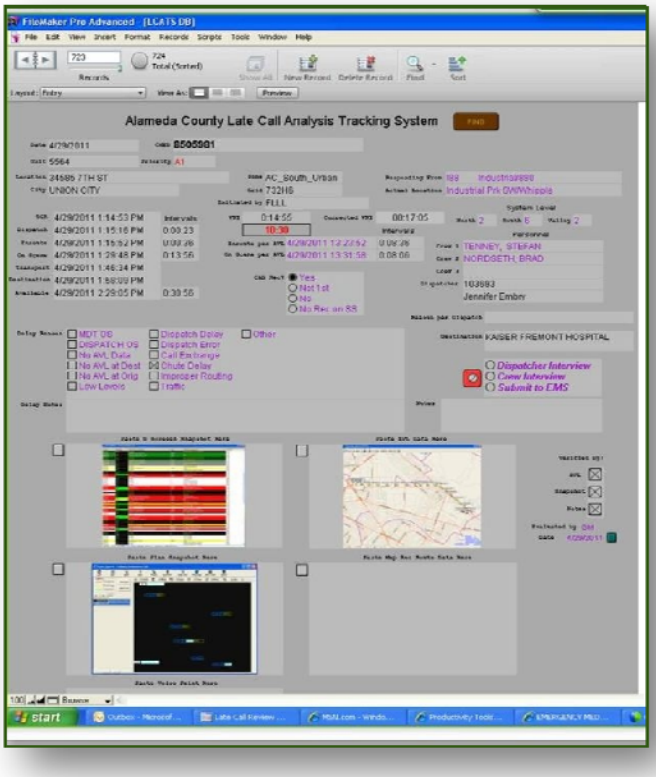
METHODOLOGY AND APPROACH TO ACHIEVING EXEMPLARILY RESPONSE TIME PERFORMANCE

We identify all potential areas of concern through our ongoing system response time improvement process and mitigate their effects by building solutions into our deployment planning, ensuring that we continue to exceed our response-time requirements even as the County's population and call volume evolves.

Identifying the problem

Response planning is an active process, AMR not only conducts retrospective review of all County responses but also employs real-time performance monitoring, tracking and reporting through our newly installed FirstWatch system and, ESRI ArcGIS tools as described in detail at the end of this section.

We will continually address and plan for issues and events in consultation with the County and First Responders, and we gather valuable feedback from daily communication with our own locally experienced crews and first responder units in the field. Based on the information generated from these tools and interactions, we are able to quickly adjust our ambulance deployment post plan or the number of unit hours to cover any unusual events or improve response times.



Daily reviews

As part of our ongoing system response time improvement process, late calls are reviewed daily by our Operations with an eye

to identifying the performance gap, its 'root cause' and providing rapid correction and feedback. Our Supervisors have the authority to quickly make changes and adjust the ambulance coverage plan as needed to eliminate or minimize the chances of another late call happening for the same reason.

All root causes or trends are forwarded to the Deployment Leadership Committee, which crafts necessary strategies to solve any ongoing concerns.

Deployment Leadership Committee

Our Deployment Leadership Committee will consist of a diverse group of people from Napa EMS, first responders, dispatch, field operations and our leadership team. This team will meet at least monthly to review our plan and make adjustments as needed. The Committee members are responsible for evaluating current and future priority-post locations for rapid egress and crew safety. They also monitor the response process and sub-process performance results and recommend improvements, such as chute times and post-plan location analysis, evaluations of current and potential new schedule options for effectiveness.

Resolving a problem

If a problem is identified in the system, the team evaluates the situation to determine if it is short-, medium- or long-term in nature and plans accordingly. Solutions may include the following:

- Trend analysis
- Consult with our Napa partners
- Adjust posting plans
- Adjust coverage plans
- Adjust employee work schedules
- Adding new resources to the Napa system

As system dynamics change, however, we recognize that coverage plans may need to be revised to ensure continued delivery of required response times.

This section describes the QI-based criteria and methods we will use to demonstrate that the coverage plan should be altered.

Criteria for change

Compliance with response-time standards is just one of the criteria we use to decide if the coverage plan needs modification. We also look at:

- Trending of individual late responses in any response zone
- Road construction zones
- Month-over-month decreases to overall and zone compliance
- Special events
- Natural disasters
- Feedback from caregivers and system partners

We take a Quality Improvement approach to system changes, using the following elements at a minimum:

- Identification and analysis of the problem and submittal to Napa EMS of a written plan, to include:
  - Review of our capacity planning worksheets
  - Geo-spatial analysis
  - Review of late calls
  - Review results from ArcGIS
- Deployment Leadership Committee findings
- Development of proposed plan changes
- Implementation of the change
- Re-evaluation of results and reports
- Internal benchmarking results for crew and dispatch personnel

Unit Hour Utilization

To ensure we are providing the most up-to-date Unit Hour Utilization (UHU) information for our planning purposes, we generate daily UHU reports that give our local leadership team a “snapshot” view of the overall workload in the field. Each report includes information on actual call time, from dispatch to “back-in-service” for all calls, including those that are cancelled and those calls not resulting in transports.

By including all requests for service, we measure actual time spent responding to and handling calls within the system, regardless of whether they result in a transport. This allows for an accurate determination of the actual time required to handle all demands for service within the Napa system.

Elements recorded on the UHU report include:

- Unit Number
- Scheduled Hours
- Unit Hours
- Actual Hours
- Total Call Volume
- Total Transports
- Transport UHU
- Time on Task

AMR's Plan to Supplement and Enhance the Napa County EMS Call-Surge and Mutual Aid System.

One of the identified weaknesses of the current EMS (ambulance) system in Napa County is the lack of depth and structure to the management of low ambulance levels and the sequence of actions for supplemental resources/mutual aid. On the following page, AMR has developed this conceptual plan to enhance the effectiveness of call surge/low level management:

1. **"Low level alert" issued by Napa Central Disptach to ambulance fire personnel**
2. **Expedited ambulance return to service (drop-off period at hospital)**
3. **Utilization of ORV and ALS supervisor resources**
4. **Activation of in-county ALS ambulance subcontractor resources: AMR and Verihealth IFT resources**
5. **Fire mutual aid system activation**
6. **Activation of air ambulance resources, as medically and operationally appropriate**
7. **Request mutual aid reponse from out-of-county ALS ambulance resources**
8. **Page-out of off-duty ambulance contractor personnel for staffing of supplemental units**
9. **Declaration of local emergency and request of regional strike team resources**

C. Personnel

System Enhancements for Napa County

- *AMR will send selected Napa County Field Supervisors to Anniston, AL to train at the nation's foremost "all-hazards" training center, the Center for Domestic Preparedness, operated by Federal Emergency Management Agency (FEMA).*
- *AMR commits to participating in the California Strike Team response and all supervisory staff trained at the ASTL level for ambulances*
- *As an enhanced component of driver safety, AMR will commit to enrolling the Napa County operation into our Safe Driving Is Our Priority community involved driver feedback program. The Safe Driving is Our Priority program is a positive step towards providing important feedback on how we are driving in the communities we serve, and to ensure we continue to drive in a safe and courteous manner.*
- *As a another additional component of driver safety, all AMR ambulances serving Napa County will be equipped with the Road Safety™ system with 180 days of the new contract. This system monitors and records vehicle operating parameters, such as speed and high G-forces caused by rapid accelerations and decelerations and high-speed turns*
- *We will participate in The University of Pittsburgh's EMS Agency Research Network for Quality and Safety Improvement project annually which will provide us with measurable data for improving our culture of safety.*
- *Commitment to operate a Napa County DMSU*
- *Establishment of an anti-fatigue policy to ensure patient and crew safety*

1. Competitive Criterion: Field Supervision

a. Minimum Requirements – Field Supervision

Contractor shall provide 24-hours a day on-duty supervisory coverage within Napa County.
An on-duty employee or officer must be authorized and capable to act on behalf of the Contractor in all operational matters.

The Proposers shall also specifically describe how its Supervisors are able to monitor, evaluate, and improve the clinical care provided by the Contractor's personnel and to ensure that on-duty employees are operating in a professional and competent manner. All field supervisory level staff will have successfully completed ICS 100, 200, 300 & 400, NIMS 700 & 800.

AMR agrees to provide 24-hours per day, seven days per week, on-duty supervisory coverage within Napa County.

In order for an EMS system to function effectively and maintain the highest level of clinical care and customer service possible, it must have consistent and competent field supervision at all times. Upon contract award, we will focus on the hiring process for our Napa team of local Field Supervisors. AMR will provide hiring preference to local qualified supervisory talent.

We will immediately include our new Napa County Field Supervisors in local professional development opportunities, and within our regional leadership teams in neighboring counties. This will provide them with an orientation to our approach to field supervision and introduce them to the key role our Field Supervisors play on our management team.

Our new supervisors will attend monthly leadership team meetings, and will shadow our experienced Field Supervisors in Contra Costa, San Mateo, and Sonoma Counties, who can serve as mentors during the transition and provide an ongoing professional network for them in the future.

AMR Field Supervisors will be provided with the training and tools to monitor, evaluate and improve the clinical care provided by paramedic and EMT personnel.

AMR understands the importance of ensuring that our field supervisory team has the right tools to do their jobs effectively. In this regard, AMR will purchase two new Ford Flex's or equivalent supervisory / QRV vehicles.

Examples of other tools provided to field supervisors include the following:

- MDTs with broad functions to monitor unit availability, status and current assignments
- Full spectrum communication equipment for day-to-day supervision as well as disaster management
- In county and out of area resource lists for personnel and equipment
- MCI equipment and supplies

All of AMR's field supervisory personnel must successfully complete the Federal Emergency Management Institute Incident Command System (ICS) series 100, 200, 300 and 400, NIMS 700 and 800.

Attestation:
X **AMR understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.C.1.a**

b. Higher Levels of Commitment – Field Supervision

Examples of ways in which a Proposer may demonstrate a higher level of commitment in this area may include but are not limited to:
(1) The provision of a dedicated supervisor and vehicle for Napa County coverage;

As stated previously, AMR will commit to providing a dedicated supervisor and specialized vehicle on duty locally 24/7 for Napa County coverage. As needed, and from time to time, additional operations supervisory and management staff may be added to supplement coverage.

(2) Specialized training for supervisors (i.e. Strike team leadership);

Participation in Regional Strike Teams and California Disaster Medical Support Unit Deployment

All AMR Field Supervisors and employees will be knowledgeable and competent in the Napa County MCI plan. AMR also offers Napa County a sophisticated approach to **disaster management**. We have an extensive network of local resources in the greater Bay Area and Sacramento Valley, which enables us to offer Napa County the security of knowing that in the event of a major multi-casualty incident, our surge capacity from nearby counties can be activated. AMR currently participates in the California Strike Team response and will incorporate our Napa County Operations into our program ensuring all supervisory staff trained at the ASTL level for ambulances.

As a result of formal agreements with the California Emergency Medical Services Authority (EMSA), AMR maintains and provides staffing for multiple California Disaster Medical Support Units (DMSUs) in various operations throughout the state. Each DMSU is capable of treating a minimum of 50 patients. They are strategically placed in AMR operations across Northern California, including Contra Costa and Yolo Counties, and they will be available for local training exercises in Napa County. In addition, the Coastal Valley's EMS Agency has a DMSU resource in Sonoma County which could be accessed by AMR resources for Napa County if needed. Should the County desire, AMR commits to maintaining a Napa County DMSU as well.

CENTER FOR DOMESTIC PREPAREDNESS

At the discretion of local management, AMR will send selected Napa County Field Supervisors to Anniston, AL to train at the nation's foremost "all-hazards" training center, the Center for Domestic Preparedness, operated by Federal Emergency Management Agency (FEMA). This center is the only federally chartered Weapons of Mass Destruction (WMD) training center, focusing on chemical, biological, radiological, nuclear and explosive weapons. The summaries listed below outline the supervisory level courses offered by this program:

The Hazard Assessment and Response Management for CBRNE Incidents:

This course replicates the activation and deployment of a task force into an active operational incident of national significance. Students arrive at the CDP in the 36th operational hour of the event and are assigned to a task force. Each task force is briefed and assigned a daily rotational period recurring over three days. The intent of this course is to apply acquired operational knowledge from each of the 10 emergency response disciplines in support of the task force and assist in mitigating the Chemical, Biological, Radiological, Nuclear, or Explosive (CBRNE) incident.

Pandemic Planning and Preparedness:

This is a three-day training course providing an overview of pandemic planning, its challenges, and the facets of community preparedness that will assist a community to prepare and effectively respond to a pandemic. After providing lectures concerning various aspects of pandemics and planning requirements, the course culminates in a practical exercise that casts students in various government roles where they must participate in planning and responding to a pandemic.

The Emergency Responder Hazardous Materials Technician for CBRNE Incidents:

This course is a five-day course providing students with a combination of lectures and hands-on practical exercises. The training meets requirements set by the Occupational Safety and Health Administration (OSHA) (*29 CFR 1910.120*) for technician level training. The ERHM course provides lectures in terrorist threat, the hazardous materials management system, responder health and safety, the Incident Command System (ICS), site management, information management, response objectives, and terminating the incident. The student receives hands-on training in identifying hazardous materials, using advanced surveying and monitoring equipment, selecting and using the appropriate level of Personal Protective Equipment (PPE), and performing decontamination procedures.

The Technical Emergency Response Training for CBRNE Incidents:

This course is a four-day training course providing an overview of the terrorist threat and potential targets and seminars in chemical, biological, radiological, and explosive hazards that may be used in CBRNE incidents. Participants will also experience hands-on practical exercises utilizing the responder's knowledge and skills in performing decontamination and triage procedures, using survey and monitoring equipment, and responding to an event with multiple devices. An ongoing scenario will tie all seminars and hands-on training together, providing the performance defensive responder with the ability to identify all areas of response to a CBRNE event. This course further prepares responders for a CBRNE incident by providing them the opportunity to practice their knowledge and skills in the world's only toxic chemical training facility dedicated solely to emergency responders—the Chemical, Ordnance, Biological, and Radiological Training Facility (COBRATF).

Emergency Medical Operations for CBRNE Incidents:

This course is a three-day course offering lectures, hands-on training, and practical exercises. The lectures include CBRNE incident management; treatment of victims of exposure to chemical, biological, and radiological hazards, as well as explosions. Hands-on training modules provide the emergency medical responder with the knowledge and skills to perform triage operations while in PPE and to perform decontamination of victims. In the Cold Lanes, emergency medical responders have an opportunity to practice additional treatment protocols and transport and tracking procedures.

(3) Exemplary qualification requirements;

Below are some examples of knowledge and skill qualifications that would lead to exemplary performance of a field supervisor.

- Effectively communicate organizational goals and objectives that drive outstanding clinical and operational performance
- Evaluate, coach and remediate field personnel. Ensure all field personnel maintain all county or local agency required certifications and/or accreditation.
- Provide on-scene assistance for crews as needed.
- Become a coach, teacher or evaluator on multi-casualty incidents with the goal of reviewing each call for continuous improvement and compliance with existing policies.
- Assist in driving performance management.
- Comply with all employment laws and support affirmative action / equal opportunity and diversity goals.
- Participate as part of the unified command structure under the direction of the fire officer during multi-casualty incidents.

2. COMPETITIVE CRITERION: WORK SCHEDULES

a. Minimum Requirements – Work Schedules

The County emphasizes that the Contractor is responsible for conducting the employment matters with its employees, including managing personnel and resources fairly and effectively in a manner that ensures compliance with the Agreement ultimately executed by Contractor. The County will not otherwise involve itself in Contractor's management/employee relationships.

Specifically, patient care must not be hampered by impaired motor skills of personnel working extended shifts, part-time jobs, voluntary overtime, or mandatory overtime without adequate rest. To mitigate fatigue and safety concerns, Contractor's paramedics and EMTs working on an emergency ambulance or as a field supervisor should work reasonable schedules to ensure that potential fatigue and the resulting safety issues are reduced.

Proposer shall describe its policies and procedures used to monitor employee fatigue and impairment.

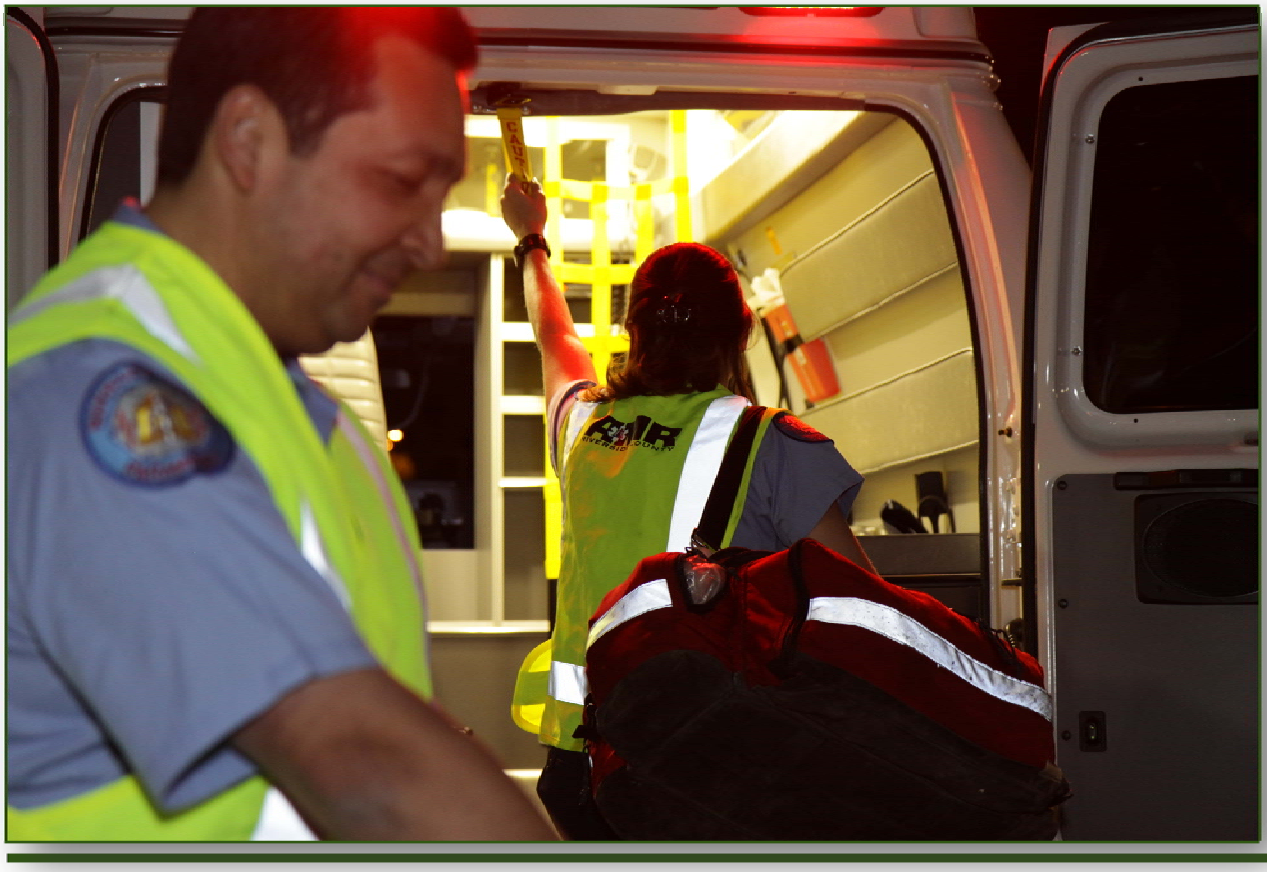
AMR is committed to providing the optimal working conditions for all employees. In this regard, AMR will meet and exceed all requirements related to work schedules and conditions.

We will develop reasonable work schedules and shift assignments to provide reasonable working conditions for our ambulance personnel.

Work schedules will be designed to meet both system requirements and personal needs of everyday life.

- Primary deployed crews will work 24-hour shifts and we will include / add 12-hour shift resources to the schedule based upon demand. Crews will operate within the AMR policies described below.
- AMR is proud of one of the lowest turnover rates in the industry. Our 2010 Northern California turnover rate was only 5.84%.

AMR recognizes that maintaining a safe work environment is a key component of an ongoing safety program. Studies by federal and private agencies have shown that fatigue in the workplace is often a contributing factor to increased accidents and employee injuries. AMR will strive to create and maintain an environment free of hazards and to establish methods for the ongoing identification of threats to employee health and safety.



AMR's Policy Regarding Fatigue Prevention

- No employee will be allowed to work more than 2 consecutive shifts (or 24 maximum consecutive hours) on a flexibly deployed vehicle or 2 consecutive shifts (or 48 maximum consecutive hours) on any combination of flexibly deployed and 24-hour based vehicles without at least an 8 hour off-duty period without direct permission from a supervisor.
- Continuous shifts on 24-hour based vehicles must be approved by a supervisor in advance and will be evaluated on a case-by-case basis dependent upon that particular vehicles average unit hour utilization (UHU).
- AMR leadership has the right to remove from service and send home any crewmember that in the opinion of management is fatigued or presents a risk to the safety and well-being of AMR crewmembers, patients or the general public. In the event that it is deemed necessary to send an employee home it will be considered administrative leave for the remainder of their shift

Employees are discouraged from performing work at outside employers and directly reporting for shifts at AMR without adequate rest time. This policy does not apply for additional extra duties such as stand-bys, in-services, continuing education sessions, mandatory overtime, special events coverage, or other extraordinary situations (i.e. disasters) as deemed necessary by local management. Please see AMR's Fatigue Policy located in the "Exhibits Proposal Binder" as ***Attachment No. 16.***

Attestation:
__x__ ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.C.2.a**

b. Higher Levels of Commitment – Work Schedules

Examples of ways in which a Proposer may demonstrate a higher level of commitment in this area may include but are not limited to: The delineation of monitoring mechanisms, procedures, and policies designed to ensure that employees are not overworked or expected to work for extended time periods that may cause fatigue and impair the employee's ability to perform safely and appropriately.

AMR agrees that fatigue poses significant safety risks. Work schedules are designed based on analysis of call demand patterns in the community and the desires of employees, taking into account human resource policies, labor laws, and the need to minimize on-duty fatigue. AMR does not rely on mandatory overtime as a routine method of filling a shift schedule.

In addition, AMR has an on-duty fatigue policy. Employees have the ability and obligation to report when feeling fatigued and unable to safely perform their duties. In this situation, crew members will be removed from service until they can be safely returned to duty.

As a system enhancement we commit to working with fatigue experts to develop a set of questions that can be asked by Clinical Managers and Field Supervisors that will assess the level of fatigue an employee is experiencing. Questions might include the number of hours of rest they had before they started their shift, if they have taken a "power nap," or how they would rate their fatigue level at the present moment.

3. Competitive Criterion: Internal Risk Management / Loss Control Program

a. Minimum Requirements – Risk Management
The County requires Contractor to implement an aggressive health, safety, and loss mitigation program including, at a minimum:
(1) Pre-screening of potential employees (including drug testing);
(2) Initial and on-going driver training;
(3) Lifting technique training;
(4) Review current information related to medical device FDA reportable events, recall, equipment failure, accidents; and
(5) Review employee health/infection control related information such as needle sticks, employee injuries, immunizations, exposures and other safety/risk management issues.

It is to the benefit of everyone in the Napa County EMS system that our employees are healthy and work in a safe and effective way, and that we maintain and introduce ever-higher standards of safety compliance. AMR has worked rigorously to develop a safety program that exhibits our commitment to the safety of our employees, patients and communities we serve and is fully compliant with federal and state OSHAs and other regulations. We are supported in these efforts by our local, regional and national safety teams, and we work closely with our partners to address safety concerns and issues that we can solve together.

AMR Health Safety Program

Our safety program demonstrates AMR's commitment to the safety of our employees, patients and communities we serve.

Fully embedded in our CQI process, the program includes the following five objectives and strategies for achieving safety:

- **Objective 1:** The Selection of Highly Qualified Employees
- **Objective 2:** Loss Control through Exemplary Safety Policies & Programs
- **Objective 3**: Effective Personnel Education and Training
- **Objective 4:** Management and Employee Safety Accountability
- **Objective 5:** Continuous Review / Improvement and New Safety Initiatives

The Selection of Highly Qualified Employees

The first leg of our safety program is to make sure we hire the best people and ensure their ability to provide the quality of care we expect. In addition to assessing their clinical skills, we require all candidates to pass a stringent physical agility test specifically developed for paramedic and EMTs before being accepted for a position at AMR.

Loss Control through Exemplary Safety Policies & Programs

AMR has developed and implemented a comprehensive set of injury and illness prevention policies, known as our Health, Safety, and Risk Program Manual. This manual collectively comprises our Injury and Illness Prevention Program as well as our Infection Control Program. These programs have consistently reduced employee injuries and workers' compensation costs year over year. For the past two years, AMR has seen a 15 percent reduction in employee injuries nationally as a result of our multiple safety initiatives. A copy of the Health, Safety and Risk Program Manual can be made available on request.

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Injury and Illness Prevention Program

Our Injury and Illness Prevention Program consists of a set of guidelines and processes to ensure employee and patient safety at every level, and includes the following central elements:

Injury and Illness Prevention Policy: Provides a structured approach to identification, evaluation and control of occupational safety and health hazards; summarizes AMR's approach to basic safety and health management issues; and complies with applicable regulations.

Safety Incident Reporting Policy: Outlines the structure in which appropriate resources are engaged subsequent to a safety incident occurring in the workplace.

Safety Inspection Policy: Assists employees and AMR in identifying workplace or equipment hazards so that corrective actions can be taken. Safety inspections ensure that we are aware of and address all safety, health, risk management and regulatory concerns during the course of providing medical care and transportation services.

Patient Handling Policy: Addresses safe patient handling through the use of transfer assistance devices, helping to reduce the risk of personal or patient injury in the field.

Gurney Safety Policy: Addresses the key safety, health, risk management and regulatory issues relating to the use of gurneys in the field.

Vehicle Safety Policy: Communicates how AMR and its employees will comply with applicable vehicle safety laws and regulations. In some cases, the provisions of this policy require AMR employees to meet higher performance standards than may be established by federal or state regulation, proving an enhanced margin of safety for our employees, patients, and the communities we serve.

Hazardous Materials and Emergency Response Program: Delivers a structured approach to exposure prevention and control that maximizes protection against HazMat-related injury and illness for all employees and covers all aspects of our responsibilities at a HazMat scene and the medical treatment of properly decontaminated victims. The program is compatible with national and state standards, and includes annual employee training to meet the curriculum requirements for First Responder Awareness for EMS, including additional decontamination and medical management information.

Hazardous Communication Program (HazCom): A comprehensive hazard communication system to help employees reduce the risk of harmful exposure to hazardous substances in the work environment. The program outlines specific responsibilities for employees that may handle potentially hazardous chemicals in the workplace and procedures to follow in the event of a spill, including first-aid or medical treatment indications.

Employees are trained annually in the need to clearly label containers filled with hazardous chemicals, how to interpret the markings on the labels and what to do in the event of a spill or an exposure. The program meets guidelines for each employee's "Right to Know" about the hazardous properties of chemicals provided for their use, including disinfectants, automotive fluids, degreasers and solvents.

Workplace Violence Policy: Outlines a comprehensive prevention and response system to reduce the likelihood of workplace violence. We do not tolerate acts of workplace violence or abusive behavior, either from our workforce or out in the field. This policy clearly defines what constitutes workplace violence or abusive behavior and trains employees who believe they have been victims of such behavior on the notification steps to follow after an abusive event. The policy also clearly states that employees who come forward with such complaints will not be subject to retaliation threatening their employment status.

Compressed Gas Safety Policy: Assists employees and managers in reducing the risk of compressed gas-related injuries and complying with regulatory requirements.

Fire Prevention Policy: Provides a basic set of procedures to reduce the likelihood of fire in AMR facilities, vehicles and other work areas. In Napa, we use the policy as a foundation and augment it as needed to comply with our local requirements, risks and employee circumstances.

Emergency Action Plan: Outlines a basic set of procedures to reduce the likelihood of employee injury in the event of a workplace emergency.

Codes of Safe Practice Program

A central tenet of our health and safety approach is our Codes of Safe Practice Program. AMR developed job-hazard evaluations for each main category of employees, including field personnel. Using these evaluations, we determined the tasks each group of employees may perform in their respective work environments and the potential hazards associated with those tasks. We then determined the safe work conditions and safe work practices, including the use of Personal Protective Equipment (PPE), needed to address the hazards recognized for each significant task within that job category. These, in turn, have become part of what we call the "Codes of Safe Practice".

By developing job-hazard evaluations and determining safe work practices for each category of employee, we have established an expectation of "safety first" that links safety policies, equipment, and training to potential, as well as actual, causes of injury, illness, or other harm.

Planning for safety and risk mitigation processes will include, at a minimum:
(1) Gathering data on ALL incidents that occur among the Contractor's workforce;
(2) Devise policies prescribing safe practices and providing intervention in unsafe or unhealthy work-related behaviors;
(3) Gather safety information as required by law;
(4) Implement training and corrective action on safety related incidents, as required by law; and
(5) Provide safe equipment and vehicles.

We currently engage in all of the above safety and risk mitigation activities and will continue to meet and exceed all contract requirements regarding risk management.

Proposer shall describe its risk management program.

RISK MANAGEMENT PRACTICES

We take a proactive, aggressive approach to safety and compliance, resulting in our proven ability to protect our patients, our employees, and our organization, as well as limiting risk for the EMS system as a whole. We have developed a strong, sustainable safety culture by holding all our people accountable for risk management and seeking continuous employee feedback on our program's effectiveness.

Our Napa operation benefits from direct access to a full-time regional and national staff of safety and risk management professionals who are available to assist us in implementing and continually improving our local risk management and safety plan. We are pleased to provide the following brief summaries of some of the many practices that support our safety and risk management mission:

- **INCIDENT REVIEWS** — This performance improvement program has been highly successful in reducing risks and improving workplace safety for our patients, employees, and stakeholders.
- **INVESTIGATION AND DOCUMENTATION —** AMR has established strict incident reporting standards that allow our team to respond immediately to adverse events, initiate a thorough investi**GATION, IMPLEMENT MITIGATION MEAS**ures, and carry out corrective actions in a timely matter.
- **COMPLIANCE PROGRAM** — Focusing on employee education and company compliance with all federal, state, and local payor regulations, our compliance program tracks changes in federal laws and regulations, as well as government enforcement that affects AMR and our customers, ensuring that we are always in full compliance with all laws and regulations, something that is essential for the peace of mind of all the communities we serve. AMR's compliance program has been in effect since 1998 and contains and exceeds the guidance issued by the Office of Inspector General (OIG) in 2001.
- **HEALTH AND SAFETY PROGRAMS —** AMR has developed and implemented a comprehensive set of injury and illness prevention policies, known as our Health, Safety, and Risk Program Manual. This manual collectively comprises our Injury and Illness Prevention Program as well as our Infection Control Program. These programs have consistently reduced employee injuries and workers' compensation costs year over year. For the past two years, AMR has seen a 15 percent reduction in employee injuries nationally as a result of our multiple safety initiatives.

A copy of our Health, Safety and Risk Program Manual Table of Contents is provided in the "Exhibits Proposal Binder" as ***Attachment No. 17.*** We will be happy to furnish the entire course content and material to the County on request.

Attestation:

__x__ ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.C.3.a**

b. Higher Levels of Commitment – Risk Management

Examples of ways in which a Proposer may demonstrate a higher level of commitment in this area may include but are not limited to those described below. Implementation of a comprehensive safety and risk management plan that involves employees, analyzes processes, monitors safety activities, and incorporates all processes into policies, procedures, training programs designed to enhance safety for the workforce and patients.

ADVANCED DRIVER SAFETY PROGRAM AND MONITORING SYSTEM

As an enhanced component of driver safety, AMR will commit to enrolling the Napa County operation into our *Safe Driving Is Our Priority* community involved driver feedback program. The S*afe Driving is Our Priority* program is a positive step towards providing important feedback on how we are driving in the communities we serve, and to ensure we continue to drive in a safe and courteous manner. This is a proactive step in showing the community that AMR, as the leading EMS provider, is committed to the safety of its employees, as well as the safety of others on the road. This program operates similarly to programs such as "1-800-How's My Driving."

AMR will also commit to utilizing the Napa County Operation as a test bed for driver improvement tools that may fit the organization's need as reviewed by AMR's National Equipment Evaluation Team (NEET).

As a another additional component of driver safety, all AMR ambulances serving Napa County will be equipped with the **Road Safety™** system with 180 days of the new contract. This system monitors and records vehicle operating parameters, such as speed and high G-forces caused by rapid accelerations and decelerations and high-speed turns. The system provides an audible warning as the driver approaches an unsafe condition, allowing sufficient time for him or her to take corrective action before an incident occurs. If the driver ignores a warning, the system creates an exception report so members of the management team can take whatever action is necessary.

In addition to monitoring driving habits, the Road Safety system provides data that allows AMR to monitor incidents such as unsafe backing, driving with the emergency brake on, seat-belt usage, and many other real-life occurrences. All the generated data effectively becomes part of our QI process, allowing us to monitor and provide feedback concerning vehicle operation. Reports will be reviewed and posted to promote driving safety and to provide for peer review.

If concerns are presented about an employee's driving habits, or if a preventable collision occurs as a result of failing to properly perform as instructed, the impacted employee must repeat EVOC before being allowed to operate an ambulance again. If needed, the employee may be put on a Personal Improvement Plan (PIP) to track the issues over a period of time and make sure the behavior has been corrected.

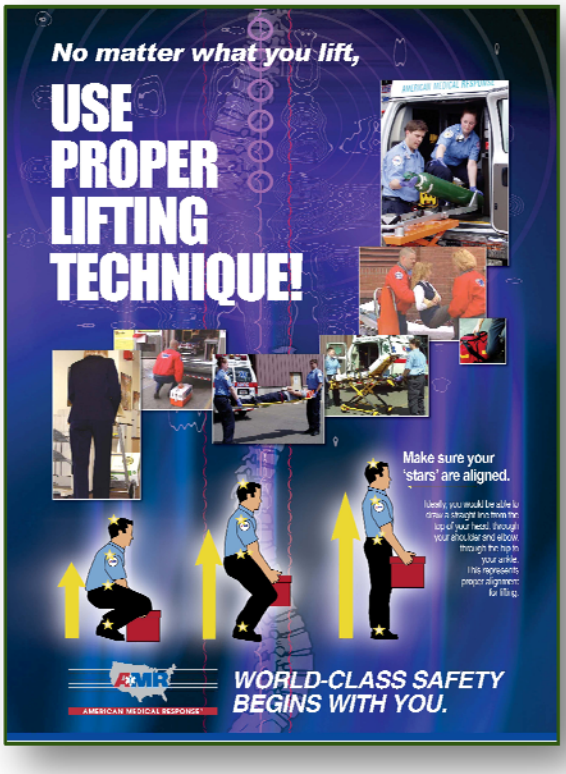
Recent safety changes

As a result of the work done by our national Safety Committee, we have made a number of changes to our workplace guidelines and equipment to improve safety for our crews and patients. The following are just some of the more recent interventions:

- **NEW BATTERY-POWERED GURNEYS:** We recently upgraded all the gurneys in our units to Stryker Power Pro gurneys. The switch to these battery-powered lifting gurneys was designed to reduce employee injury and improve patient comfort
- **HIGH-VISIBILITY SOLUTIONS:** In 2010, we identified a potential safety concern regarding the night-time visibility of our ambulances and field crews. Working with the field crews, we selected a new 'high-visibility' jacket for crews to wear at night, and we began installing a high-visibility decal package on the back and sides of our ambulances. These decals light up the rear of the vehicle at night and make the units much more noticeable during the day.
- **EMPLOYEE FATIGUE:** We have established clear guidelines to protect our field employees, their co-worker(s), and the general public from the effects of fatigue. One of our key initiatives has been to eliminate 24-hour shifts for our field crews. In addition, our fatigue policy states that field employees who feel too tired to perform the basic job responsibilities must notify the on-duty supervisors, at which time their unit will be taken out of service. To ensure their safety, employees are then required to rest a minimum of three hours before being allowed to drive home.

National Safety Initiative

To build a culture of safety, it is essential to communicate expectations clearly and often to all employees, using a variety of communication techniques. Our National Safety Initiative uses four simple tools to promote safety and safe practices among our employees on an ongoing basis.



Every month, our national Safety Leadership Group selects a different subject or safety point to present as a targeted message to employees. The subjects are chosen following the Group's evaluation of trends such as injuries, motor vehicle contacts and general / professional liability issues, as well as immediate impact issues such as intersection collision, specific lifting injuries and patient safety issues. Following the messaging, the Group continues to evaluate and monitor results over the long term to determine whether the messaging and any related policy changes are having the intended effect on our safety trends.

The four tools used to spread this message are:

1. **Framed posters** posted at all stations in a conspicuous location.
2. **A "What is wrong with this picture?" teaser**. This tool consists of four to five postcard-size pictures that display a scenario or an image of an employee doing something wrong, challenging the observer to find the error by viewing the picture. These cards are placed in a flip frame, which is flipped to show the answers.
3. **Contact cards**. Supervisors are given small contact cards containing the monthly safety message and a space to document follow-up notes and conversations.

The Supervisors are asked to share the message with employees, documenting each employee contact. The completed contact cards are maintained for tracking, accountability and benchmarking purposes.

4. **Safety Letter.** Each month a safety letter is attached to employee pay checks. This letter addresses the same safety message and tips as the other tools.

AMR 4 U

Safety topics are also provided on a monthly basis through our online AMR4U training tool. This tool covers safety topics suggested by the national team and by employees themselves. Some of the topics covered in 2010 included:

- Exercising lower body and curls
- Patient handling and moving
- Vehicle dynamics
- Proper lifting techniques
- HazMat / HazComm

Employee Wellness Challenge

Safety education isn't always about sitting in a classroom or learning online. Often, employees can receive the most benefits by participating in different physical activities.

This is the philosophy behind AMR's 'Employee Wellness Challenge', a 12-week, three phase competition that used an online networking tool called Shape of the Nation to bring together AMR teams from around the country. Through this challenge, 11 AMR teams used the online tool to post messages and track their progress on three objectives: number of steps taken per day, number of minutes worked out, and weight loss percent. At the end of the 12 weeks the results were calculated to determine which team won. 2010 was the first year for the Wellness Challenge. Following its success, the Challenge is now scheduled to be an annual event.

Management and Employee Safety Accountability

All members of the AMR team are held accountable for ensuring the safety of themselves, their patients and each other, ensuring the development of a strong and sustainable safety culture.

They are supported in these efforts by direct access to a full-time regional and national staff of safety and risk management professionals who are available to assist us in implementing and continually improving our local risk management and safety plan.

Continuous Review / Improvement and New Safety Initiatives

Safety is a key performance indicator for AMR and is embedded in our CQI program. Strict incident reporting standards allow our team to respond immediately to adverse events, initiate a thorough investigation, implement mitigation measures and carry out corrective actions in a timely manner.

Our Napa operation is committed to continuous improvement of safety. We will participate in The University of Pittsburgh's EMS Agency Research Network for Quality and Safety Improvement project annually which will provide us with measurable data for improving our culture of safety.

Central to these standards is our incident review program, which has been highly successful in reducing risks and improving workplace safety for our patients, employees and stakeholders.

4. COMPETITIVE CRITERION: WORKFORCE ENGAGEMENT

a. Minimum Requirements – Workforce Engagement

(1) Describe the organization's method for providing system and individual performance feedback to employees.

As of the writing of this proposal, AMR has not yet approached or engaged the current incumbent employees in discussions. We have done this out of respect for the incumbent employee and our desire to not be disruptive to their operations. It is our intent to approach the current employees at some point after the submittal of the proposal.

Surveys and Other Feedback Mechanisms

We continually strive to effeectively communicate with our employees and to recognize them for behavior that reflects our mission, goals and values. This improved level of communication has been proven to enhance job satisfaction and productivity, both at the employee and leadership levels.

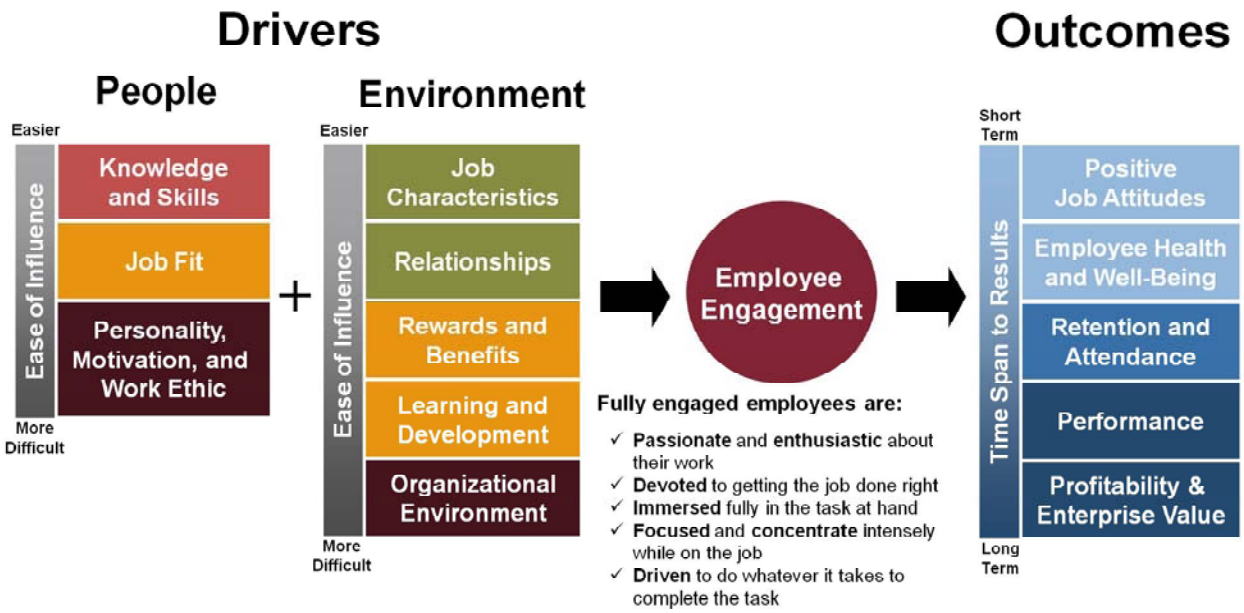
AMR performs several "quality checks" regarding employee satisfaction, including polling our personnel on their experiences and needs. Our goal is to show employees their input is valuable and will receive a response. In early 2010, we conducted an employee survey to get unbiased employee opinions on how AMR is doing in several areas. We are encouraged by the results, which were positive overall and also identified areas where we will be focusing to further enhance the AMR environment.

Workforce Engagement Survey

The AMR survey was constructed using Aon Consulting's model of workforce engagement, which is based on comprehensive research from both the academic and professional arenas on the drivers and outcomes of engagement. This model is illustrated on the following page.

Aon Consulting defines engaged employees as being:

- Passionate and enthusiastic about their work
- Devoted to getting the job done right
- Immersed fully in the task at hand
- Focused and concentrate intensely while on the job
- Driven to do whatever it takes to complete the task



As an example, the following table summarizes the results of the 2010 survey conducted in another AMR operational area. All survey items were measured using a single rating scale:

1. Disagree
2. Somewhat Disagree
3. Neither Agree nor Disagree
4. Somewhat Agree
5. Agree

EMPLOYEE ENGAGEMENT SURVEY RESULTS		
	MEAN RESPONSE	NEUTRAL OR FAVORABLE RESPONSE
Each day, I look forward to doing my job	3.8	82%
When I am working, I am completely focused on the task at hand	4.2	90%
I feel that my work makes a difference to others	4.3	92%
I am aware of the importance of my work to the company	3.9	81%
When I am confronted by a challenge on a task, I will work at it until it is solved	4.7	97%
I am proud of my work	4.6	96%
I enjoy my work	4.3	93%

As indicated, the overall results of the survey were extremely positive. Aon consulting reported our results exceed most healthcare organizations. Despite our positive results, there were areas where the AMR leadership felt some changes were needed, and following additional inquiry and examination of the responses, we began developing some new initiatives to enhance the work place. These initiatives include formal communication and employee engagement training for all levels of leadership, as well as the development of a monthly newsletter that continues to foster positive open communication and drive improved performance.

(2) Describe the organization's mechanism for involving front line employees in quality and performance improvement projects.

We maintain a number of channels for employee communication and promote a culture that welcomes everyone's input. We encourage employee improvement suggestions by regularly soliciting them and responding to them through action. By integrating employee feedback into our operation-wide quality process we maintain a formal ongoing mechanism for reviewing and acting on employee improvement suggestions, in addition to day-to-day input.

Our quarterly local employee satisfaction survey process is our primary mechanism for gathering and providing feedback on employee improvement suggestions. Our General Manager responds personally to all employees who include contact information with their submission. Employee improvement suggestions are included in quality meeting discussions and considered for implementation based feasibility, system impact, strategic alignment, and cost/benefit analysis.

(3) Describe the credentialing requirements for the employees including but not limited to EMT's, paramedics, dispatchers, and mechanics.

Our employees are required to fulfill all County and State credentialing requirements and to maintain them at all times to be eligible to work. We help employees maintain their required licenses and certifications by providing ongoing training as well as certification and licensure tracking and reminders through Ninth Brain Suite™ online software (Ninth Brain).

Credentials Maintenance Tracking

Our Clinical Education Services (CES) team retains copies of current training and documentation of valid certifications for our Paramedics and EMTs in our Ninth Brain Suite web-based program. Ninth Brain allows us to track upcoming certification expirations so we can notify employees well in advance of the need to update their certifications and ensure that our field personnel hold all required certifications. The Ninth Brain Suite also allows us to track course completion and compliance with annual refresher training requirements. It gives us the ability to scan copies of credentials to provide archival evidence of certification and training.

In addition, it facilitates communication with our employees, as it automatically generates and sends electronic reminders to our management and the employee. This feature ensures that no one works when they have an expired certification or license. For example, they receive automatic email alerts regarding certification expirations, as well as reminders regarding upcoming courses that they need to complete or take other action to maintain their required licensure or certification.

Our CES team follows up with employees ensure they maintain licensing and certification requirements that we require to be current for an employee to work.

In addition to credentials tracking, Ninth Brain supports training and education, quality management, complaint and incident tracking, safety, OSHA compliance, and other vital processes.

This program was created by EMS professionals to improve EMS organizations' ability to:

- Track work-related employee health issues and compliance with safety requirements
- Provide high quality online education to help employees maintain clinical credentials

- Centralize management of incidents, complaints, and unusual occurrences
- Create a performance dashboard to monitor critical data on education, and immunizations
- Analyze and report on a variety of vital processes involved in running an EMS system
- Communicate vital and time sensitive information to employees
- Track certifications and licenses against continuing education requirements
- Upload customized training programs including text, image, audio, video, and Power Point, that front line personnel can access and complete anytime 24/7
- Create, administer and track online tests for post education retention
- Print certificates of completion for online continuing education courses
- Monitor participation and status with training records and run reports on course activity, course evaluations, course rosters, and mandatory training compliance
- Notify employees, first responders, supervisors, and administrators of pending and expired certifications/licenses with automated alerts
- Create custom reports

Required Credentials

Emergency Medical Technicians must have valid and up-to-date California Drivers License, California Ambulance Drivers License, CPR Card (American Heart Association or American Safety and Health Institute), Medical Examiner's Card, and EMT certification from a California county. ***Paramedics*** must have valid and up-to-date California Drivers License, California Ambulance Drivers License, CPR Card (American Heart Association or American Safety and Health Institute), Medical Examiner's Card, California Paramedics license, as well as have completed ACLS, PALS or PEPP, and BTLS or PHTLS. EMTs and paramedics also must complete Napa County EMS orientation and our New Hire Academy orientation and training program before they are eligible for work. ****Dispatchers*** must be EMD-certified by the National Academies of Emergency Medical Dispatch. ****Mechanics*** must attend Diesel and Automotive School LTD, Ford Training Seminars on transmissions, gas and diesel engines, differential and electrical, FMC Automotive front-end alignment, MAC's air conditioners, and Wyotech Institute training. *** Positions proposed for outsourcing**

(4) Describe the methods to assess, maintain, and develop new skills for employees in the workforce.

FTOs, Operational Field Supervisors, and Clinical Managers coordinate the assessment, development, and maintenance of new skills for employees in the workforce under the direction of the County Medical Director, and our Medical Director., Methods of assessment include direct observation and patient care report audit. Methods of development include formal training and one-on-one coaching utilizing our patient simulation technology.

Developing and maintaining new skills is aided by using them in the field and receiving feedback on performance through a variety of mechanisms including system performance feedback on clinical composite scores, such as the Airway Checklist and other relevant KPIs and individual performance feedback as appropriate.

(5) Describe the organization's practices to ensure diversity in the workforce. Address the organization's level of diversity alignment with the communities that you serve.

Communities everywhere are increasingly rich in ethnicity. Society is filled with people from all over offering a variety of ethnic traits, backgrounds, cultures, groups, customs, and language. Being part of a culturally diverse workforce helps provide for the specific needs of every population that needs to be served. The quality of care is something that AMR truthfully believes in; and having a recruitment of personnel who represent a wide spectrum of cultures only enhances this.

The traditional mechanisms of diversity such as culture, race, and national origin are not the only factors that should be considered by companies creating diversity work plans. Here at AMR, we have eagerly supported workforce diversity on various levels such as gender, age, religion, and disability. Responding to these challenges posed by a low number of minority applicants, AMR engages in minority recruitment activities that include, but are not limited to, the following at both local and national levels:

- A formal diversity plan
- Legislative lobbying to make more financial resources available for minorities seeking to enter the medical transportation industry
- Continued presence at cultural events that celebrate diversity
- Presentations to inner-city schools on the merits of the EMS profession
- Participation in career day events
- Annual diversity training

At AMR, we do not utilize quotas or give preferential treatment based on race, color, gender, religion, or national origin. AMR pledges to continue our efforts and meet the federal and state equal opportunity requirement during our hiring practices. These requirements specifically include:

- All advertising identifies AMR as an equal opportunity employer
- AMR's annual training on sexual harassment, sensitivity and awareness; our vision statement that employees pledge to abide by; and our Code of Business Conduct all contribute to a desirable workplace, free of discrimination by age, gender, religion, race, disability, national origin, sexual orientation, or marital status

(6) Describe the organization's practices and policies designed to promote workforce harmony and prevent discrimination based on age, national origin, gender, race, sexual orientation, religion, and physical ability.

We have a zero tolerance policy for discrimination. Our company policy is provided to every employee in the Employee Handbook and prohibits discrimination and harassment based on based on age, national origin, gender, race, sexual orientation, religion, physical or mental ability, color, religion, medical condition, pregnancy, sexual orientation, marital status, retaliation, and any other protected status in accordance with all applicable federal, State, and local laws.

Additionally, we maintain strict practices to guard against bias as well as offer programs to help increase cultural and diversity awareness and competence. Workforce harmony is essential to our ability to provide care to our patients.

We promote workforce harmony and prevent discrimination based on these and other characteristics through mandatory cultural competence training, recruiting from traditionally underrepresented groups, and ensuring our employee interview panel always includes at least one person of color and woman.

Our cultural competence training is driven by a core understanding that valuing and leveraging diversity is an organizational imperative that directly and positively impacts morale, retention, productivity, and organizational culture.

(7) Impaired providers present a significant safety risk for patients, partners, and others in the community. Proposers should describe their commitment to ensuring that providers are free from the influence of alcohol and intoxicating drugs.

AMR is committed to a workplace which is free from alcohol and controlled susbstances. A drug-free workplace helps ensure a safe and healthy environement for employees, patients and the overall community.

AMR will ensure the following for the Napa County contract:

1. AMR will issue a published statement notifying employee that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. AMR will inform all employees about the dangers of drug abuse in the workplace, the company's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, employee assistance programs and the penalties that may be imposed upon the employees for drug abuse violations.
3. AMR will impose a sanction on, or require satisfactory participation in a drug assistance or rehabilitation program, by any employee convicted of a drug related crime or determined to be in violation of the contractor's drug and alcohol control policy.
4. At the beginning of the contract period AMR will have a drug testing program in effect that addresses both pre-employment drug screening and for-cause testing of employees.

   AMR employees are prohibited from unlawful use, possession, manufacture, distribution, dispension, or sale of controlled substances or illicit drug paraphernalia. Employees are not to take prescription drugs unless they are issued to them by a physician. Therefore, any prescribed drugs taken while on duty must be in the original container and be clearly marked with the employee's name on the prescription lable. Employees are not to knowingly misuse or abuse over-the-counter or prescription medications. Employees must notify their leadership staff immediately if they are convicted under any criminal statute associated with drugs or alcohol.

Drug Test Failure Criteria and Consequences

Any detectable presence of illegal or non-prescribed controlled substances, controlled substance metabolites, or controlled substance test adulterants will result in termination of employment.

Employee Assistance Program

AMR supports early intervention and treatment for employees faced with alcohol or controlled substance related problems by providing an Employee Assistance Program (EAP). Employees with alcohol / or substance abuse problems are strongly encouraged to voluntarily and proactively utilize the EAP service, providing up to five free outpatient counseling sessions each calendar year. If extended time is needed, employees are referred to a care provider in their health benefits program.

The confidential counseling includes early intervention and treatment support regarding alcohol and substance abuse issues, complementing our company's drug-free awareness program that educates employees about alcohol and substance abuse issues.

Self Disclosure or a Drug / Alcohol Problem

Employees are strongly encouraged to proactively inform their leader or a Human Resources representative if they have an alcohol or a controlled substance abuse problem. If notified, AMR will conduct an investigation into the matter. The invesitgation may include requiring the employee to take an alcohol and / or controlled substances test.

If the investigation shows that the employee's disclosure was made proactively (i.e. before being requested by AMR to submit to drug or alcohol testing and before an incident occurs that could reasonably lead to such request), the employee may be permitted, in lieu of termination, to enter into a written "Last-chance Agreement" between the employee and AMR.

As part of the last-chance agreement, the employee may be required to take a leave of absence in order to complete appropriate treatment for alcohol and / or controlled substance abuse. Before becoming eligible to return to duty, employees participating in a last-chance agreement must agree and fully comply with all requirements established by AMR, the local EMS Agency, and the EMS Agency Medical Director.

Attestation:
__X__ ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.C.4.a**

b. Higher Levels of Commitment – Workforce Engagement
The development of a career ladder and professional development process for members of the workforce. Include a description of the succession plan for key positions.

PROFESSIONAL GROWTH OPPORTUNITIES

As the nation's leader in EMS services, AMR is uniquely and exceptionally qualified to provide professional growth opportunities to all employees, in all areas. AMR would like to provide these opportunities to the current and future workforce in Napa County.

Developing the next generation of leaders is critical for the long-term success of any organization, especially one such as AMR, which is labor-driven and strives to promote from within whenever possible. The practice of developing our own leaders has many benefits, which includes providing a career path for our employees by using our internal bench strength (locally and nationally) and eliminating the steep learning curve experienced by outside hires. Additionally, understanding the line job in conjunction with superior leadership skills provides field staff the critical support and guidance they need to perform at their best.

We recognize that transitioning into a leadership role requires augmented skills and tools as well as ongoing training to support specific organizational/county needs. AMR has developed and tailored several unique programs that are available in a variety of platforms and learning environments such as Leadership, Education and Development University (LEAD U) and our Accelerated Development Program (ADP) which is designed to prepare high-potential employees for advanced leadership roles.

Each leadership position within Napa County offers courses to be completed for not only proposed personnel but also newly promoted leaders to ensure that he/she has the fundamental tools to be successful. AMR's Leadership Succession Planning Program encompasses these positional educational requirements. This program is tiered learning specific to each leadership level — Supervisor, Manager, Director, General Manager, and CEO.

Leadership Educational Elements

- **Supervisor Level**
  - Interdepartmental/cross-program exposure
  - Local leadership/professional development seminars
  - Development Dimensions International (DDI) management courses
  - Leadership Development Program (LEAD U)
- **Manager Level**
  - Seminars
  - Community college courses (such as finance for non-financial professionals
  - DDI Intermediate Interactive Management Program
  - LEAD U (including didactic modules/sessions)
- **Director Level**
  - Industry-wide conferences
  - Continuing education courses, such as DDI
  - Seminars
  - Business development/sales/negotiation training
  - Finance for non-finance professionals
  - LEAD U (including didactic modules/sessions)
- **General Manager**
  - Executive education programs at business schools/colleges
  - Industry-wide conferences
  - DDI courses
  - LEAD U (including didactic modules/sessions)
- **CEO Level**
  - Executive education programs at business schools/colleges
  - Personal development and advancement seminars
  - DDI Interactive Management Program
  - LEAD U (including didactic modules/sessions)

LEAD U

AMR believes in promoting from within. All members of our leadership team have participated in our company's "LEAD U" training curriculum, which provides an overview of all areas of our local operations and instructs in supervisory skills, such as conflict resolution and how to provide effective feedback.

Accelerated Development Program (ADP)

AMR's Accelerated Development Program (ADP) provides our leaders with mentors in higher-level management positions. ADP participants use their mentors as an information resource for questions and problems, and they learn new management skills by shadowing their mentors as they go about their daily duties. The purpose of ADP is to provide a vehicle for employees to more rapidly gain the skills and experience they need to promote and to provide a pool of qualified internal applicants for openings that occur in the leadership ranks.

Over the course of 24-36 months, the ADP participant creates and completes an individual development plan, consisting of educational and experiential activities targeted at developing expertise in areas identified during their personal assessment.

AMR's Leadership Succession Planning Program

The Leadership Succession Planning Program details specific educational requirements and provides the necessary courses for all leadership positions to ensure that proposed leaders and newly promoted individuals have the tools they need to be successful. Ongoing education is essential if our leaders are to stay on top of workforce challenges and solutions. We work closely with several organizations, including MHN and DDI, to provide the educational resources they need.

Passport to Success

Passport to Success is a career-growth program designed to help employees prepare themselves to take on new roles in the organization in both leadership and non-leadership positions. It offers an opportunity for team members to explore alternative career paths and enhance their skills for advancement.

Depending on the passport topic or career module selected, the employee is paired with a mentor with demonstrated technical expertise in one of the following areas:

- Business Development
- Compliance
- Clinical and Educational Services
- Dispatch
- Accounting
- Fleet Services
- Human Resources
- Information Technology
- Operations
- Billing Services

Participants graduate from the program once all developmental activities for their chosen passport have been successfully completed.

Continuing Education Opportunities

Finally, AMR encourages all employees to continually enhance their skills and give themselves the foundation to achieve greater job satisfaction and opportunities. We offer a broad range of CE classes designed to enhance their experience.

D. MANAGEMENT

1. COMPETITIVE CRITERION: KEY PERSONNEL

SYSTEM ENHANCEMENTS FOR NAPA COUNTY

- *AMR commits to giving first consideration for employment to the County's incumbent EMS workforce*
- *No other provider offers compensation and benefits that compare to AMR Napa County's proposed package. Our benefits package stands out as one of the most comprehensive coverage plans in the EMS industry. AMR Napa County is committed to providing the incumbent employees our benefit package which will provide the highest level of health care for themselves and their families.*
- *Our Napa County key management personnel are some of the most qualified and experienced EMS leaders in the Nation and will meet or exceed all RFP criteria.*

a. Minimum Requirements – Key Personnel

Proposers shall identify the individuals who will fill the key leadership positions for Napa County. Provide resumes for the individuals. If the positions have not been filled for Napa County, provide the job descriptions that will be used for the positions that include minimum qualifications and scope of responsibilities.

Identify out-of-county leadership personnel who will be actively involved in the Napa County operations. Include their resumes, qualifications, and scope of responsibilities.

AMR'S MANAGEMENT STRUCTURE

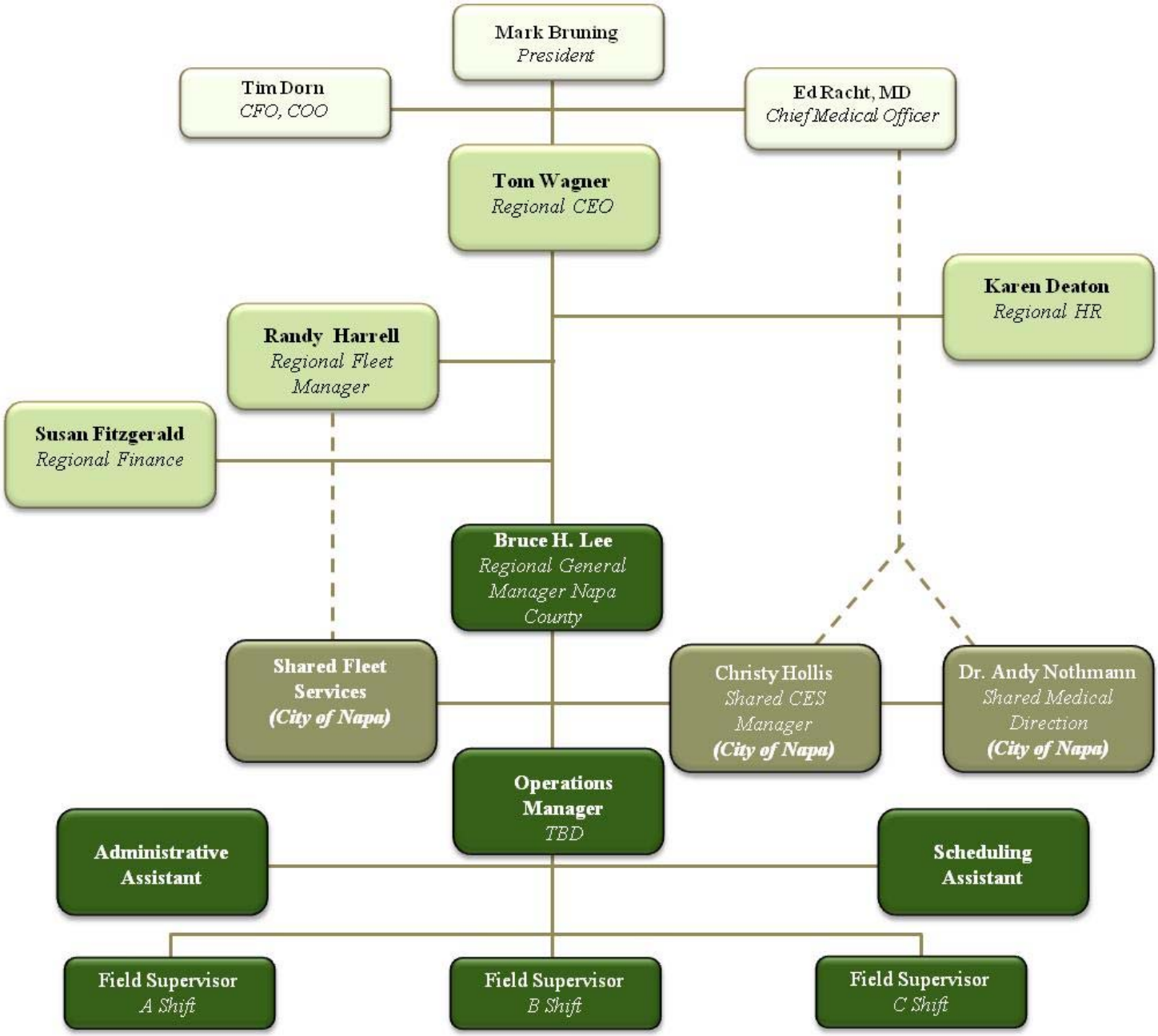
We have selected one of the finest leadership teams to manage the Emergency Medical Services for Napa County. Our team is comprised of dedicated individuals who have defined high standards and benchmarks as examples for those they lead.

AMR currently offers Napa County advantages that cannot be found with any other provider. We will also guarantee to interview and consider for ***potential employment opportunities all incumbent managers and supervisors***.

The expert team members that we have described in this section are dedicated to providing the best quality services for the patients of the County of Napa. They will offer continued support and oversight throughout the period of this contract. Resumes for AMR's management staff may be located in the "Exhibits Proposal" as ***Attachment No. 10.***

MANAGEMENT STRUCTURE ORGANIZATIONAL CHART

Below, we have provided an organization chart illustrating the management structure for the Napa County contract.



Local Team

BRUCE H. LEE, *GENERAL MANAGER*

Bruce H. Lee is currently a General Manager for American Medical Response (AMR) in Northern California. AMR is a leading innovator and provider of emergency medical transportation products and services across the nation.

Formerly, Bruce was the President & CEO of Verihealth, Inc., and a successful regional ambulance and healthcare company based in Petaluma, California.

Bruce has an extensive background in EMS, including leadership positions in both public and private sectors. Before his appointment to Verihealth, Bruce was EMS Director of the Santa Clara County Emergency Medical Services Agency, a position which he held for over 5 years. During his tenure at Santa Clara County, he was responsible for the management and oversight of a complex EMS and trauma system, and many medical disaster preparedness programs. Prior to his appointment with Santa Clara County, Bruce was the Regional EMS Administrator for the Coastal Valleys EMS Agency, a three-county EMS consortium including Sonoma, Mendocino and Napa counties.

From 1990 to 1993, Bruce served as a senior project manager with Halliburton Corporation/ Brown and Root Services. While at Halliburton, Bruce completed a number of emergency management assignments with government and private industry clients in the U.S., Middle East and Taiwan. From 1985 to 1990, Bruce was the Director of the Office of Emergency Management for the County of Santa Barbara, California; and, formerly a field paramedic and training officer at the University of California, Santa Barbara.

Bruce has a Bachelor of Arts Degree in Health Services Administration from Saint Mary's College and graduated from the Daniel Freeman Hospital School for Paramedics in Los Angeles. He is a Past President of the Emergency Medical Services Administrators Association of California (EMSAAC). In 2006, Bruce was appointed by Governor Schwarzenegger to serve as a member on the State of California Commission on Emergency Medical Services. He served 4 years on the Commission, including 2 years as Chair. In 1990, Bruce received the California Governor's Office Award for Excellence in Emergency Management from Governor Deukmajian. In 2008, Bruce was recognized as EMS Administrator of the Year by the California EMS Authority and received a Meritorious Service Award by the Director.

OPERATIONS MANAGER

This position will be filled after contract award and before contract start-up.

CHRISTY HOLLIS, *CLINICAL EDUCATION MANAGER (CITY OF NAPA EMPLOYEE)*

Christy is a highly qualified Physician's Assistant, a graduate from Stanford University School of Medicine. She will jointly oversee our Napa City Fire and AMR quality programs as the Clinical Education Manager. In this role she will be supported by our regional and national CES teams, Field Training Officers (FTOs) and our in-house instructors. Christy will be responsible for the clinical component of our quality program, under the guidance of our local joint Medical Director, Dr. Andrew Nothmann.

ANDREW C. NOTHMANN, M.D., *LOCAL MEDICAL DIRECTOR (IN PARTNERSHIP WITH NAPA FIRE, CITY OF NAPA EMPLOYEE)*

Andrew (Andy) C. Nothmann, M.D., MS, FACEP is a practicing board certified emergency physician at Queen of the Valley Medical Center in Napa, CA. He is currently the Medical Director for the Napa Valley Emergency Medical Group and the Napa Fire Department. Dr. Nothmann is a contributing member of numerous EMS committees within Napa County and is highly respected by his peers and local paramedics, EMTs, and firefighters.

Regional Team

TOM WAGNER, *NORTHERN CALIFORNIA CHIEF EXECUTIVE OFFICER*

Tom has successively helped high-performance systems achieve extraordinary levels of performance in areas important to both system customers and communities served, including clinical quality, customer service, and employee satisfaction. A former evaluator for the Oklahoma State Baldrige Quality Award, he has rare insight into the daily focus necessary to achieve maximum results.

Tom's leadership has inspired significant advances and industry firsts, including the implementation of one of the first EMS electronic patient care records systems and the introduction of one of the first CPAP clinical protocols. As chairman of the Quality Steering Committee of the Emergency Medical Services Authority of Oklahoma (EMSA) and a founding member of Paramedics

Plus LLC, Tom worked with medical directors and EMSA to help make cardiac survival rates in that area some of the best in the country.

Much of Tom's EMS career has involved the development and maintenance of close working relationships with fire-based first responders and other system stakeholders. He is currently responsible for AMR's operations in 19 counties across Northern and Central California where we also enjoy excellent working relationships with county EMS agencies and fire departments. Tom holds an MBA and BS degree as well as being a member of the American College of Healthcare Executives Regional Advisory Committee.

KAREN DEATON, REGIONAL HUMAN RESOURCE MANAGER

As Human Resource (HR) Director for AMR in Northern California, Karen oversees all HR activities in 19 counties within the region. This includes employment, union activities relating to grievances/bargaining and collective bargaining agreement interpretation, policy and procedure implementation and interpretation, employee issues, management resource and ensuring compliance with state and federal laws.

Karen has over 20 years of HR experience, including extensive knowledge in specific areas such as recruitment and retention, training and development, employee relations, mediation and advocacy, employment law and a strong knowledge of unions giving Ms. Deaton the insight to maintain the needs of American Medical Response Northern California.

ROB GARRETT, REGIONAL RISK AND SAFETY MANAGER

Rob is responsible for maintaining regulatory compliance with federal and state agencies and corporate regulations through establishing and monitoring written programs for our Central and Northern California Regions. He plays a key role in incident investigations and loss recovery. Rob has 18 years experience in the EMS industry. He has had six years of safety management experience for AMR.

RANDY HARRELL, AMR REGIONAL FLEET MANAGER

Randy is responsible for the San Francisco Bay Area fleet operations covering five counties with over 350 vehicles. He maintains strict compliance to the California vehicle, state and local codes and company policies through regular on site audits and monitoring of the Periodic Maintenance program in the company software program RTA. He has over 30 years in vehicle maintenance and management experience, has been

a member of the International Fire Chiefs Maintenance Council, NFPA 1071 Standard for Emergency Vehicle Technicians, served on the Emergency Vehicle Technician Validation Committee and a long time member of the California Fire Mechanics Association.

National Team

MARK BRUNING, AMR PRESIDENT

Mark is responsible for leading the successful implementation of AMR's strategic and operational initiatives company-wide. His direct reports include AMR's Regional Chief Executive Officers, including Mr. Wagner, and other key AMR executive and support staff. Previously, Mark served as Chief Operating Officer of AMR's Central Division where he was widely acclaimed for his efforts to improve and streamline customer service at the local level.

Involved in EMS for more than 28 years, Mark has worked as a Paramedic, Supervisor and a variety of operational leadership positions including Vice President in the company.

He holds an MBA from the Kellogg School of Management at Northwestern University in Evanston, Ill. He has served as the President of the Emergency Medical Services Association of Colorado (EMSAC). In 2005, he was awarded the Peg Hamilton award by the EMSAC Board of Directors for outstanding service to the Association and its members.

TIM DORN, CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER

Tim is responsible for finance and accounting, including capital budgeting, expense control and financial reporting for the AMR organization. He also provides guidance and assistance to AMR’s local operating units to align operating costs to existing reimbursements as well as establishing pricing for numerous 911 and inter-facility ambulance services nationwide. He has served in similar roles for the past 15 years with the company at Divisional and Regional levels. Prior to joining AMR, Tim held senior financial positions in the casualty insurance and investment banking industries. He holds a bachelor’s degree in Finance from Arizona State University and an MBA from St. Mary’s College of California.

EDWARD RACHT, M.D., AMR *CHIEF MEDICAL OFFICER*

Edward M. Racht, M.D. is AMR's Chief Medical Officer. Involved in EMS and healthcare systems for more than 20 years, Dr. Racht most recently served as the Chief Medical Officer and Vice President of Medical Affairs for Piedmont Newnan Hospital in Metro Atlanta, Ga. Prior to this, he served as Medical Director for the Austin/Travis County EMS System, the Richmond Ambulance Authority and multiple career and volunteer EMS Agencies in Texas and Virginia.

Dr. Racht is a Clinical Associate Professor of Emergency Medicine at the University of Texas Southwestern Medical School in Dallas. In 1999, he was appointed as the first Chairperson of the State of Texas EMS & Trauma Advisory Council and served as Chair until 2008.

Attestation:

__X__ ***AMR*** **understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.D.1.a**

b. Higher Levels of Commitment – Key Personnel

Provision of on-going training for key managers and development programs for EMS managers and supervisors offered to those personnel at no cost. While there is no specific program regarding the exact content of the development program, managers should receive training similar to the content provided in the American Ambulance Association's Ambulance Service Manager Certificate Program.

LEADERSHIP EDUCATION AND DEVELOPMENT UNIVERSITY (LEAD U)

LEAD U is designed as a framework to provide leadership development for the AMR's key managers, including the Napa County management team. The goal is to foster and promote AMR's values, philosophy, mission, policies and practices while providing direction and structure for ongoing leadership development.

The educational strategies within LEAD U include Instructor led seminars, self directed on-line training available on the Ninth Brain Suite and through the Aspen Learning Management Server as well as workshops facilitated by DDI certified AMR instructors. The LEAD U learning curriculum is provided through the ninth brain suite.

Ninth Brain Suite

In 2006, AMR began using The Ninth Brain Suite, a family of online software that streamlines staff training, improves record-keeping, and centralizes communication. It gives our team real-time control over our entire organization.

Our team uses several features of the Ninth Brain Suite web-based platform to support training and education, quality management, complaint and incident tracking, safety, employee satisfaction, and other vital processes. The LEAD U learning curriculum includes the following:

The Supervisor 100 Series

Within the first six months of a new supervisor's appointment, they participate and complete the Supervisor 100 Series covering:

- History of EMS
- Overview of AMR and the Supervisor Role
- Communication
- Fundamentals of Quality Improvement / Key Performance Indicators (KPI)
- Conflict Resolution
- Decision Making
- Performance Management
- Building Trust
- Employment Law
- Financial Accounting
- Business Development
- Clinical Education Services
- Human Resources
- Government Relations
- Safety and Risk
- Patient Services
- Fundamental of System Status Management

The AMR Leadership Foundation Series 110 (presented by DDI certified AMR instructors):

In concert with the Supervisor 100 series, we offer development programs:

- **ESSENTIALS OF LEADERSHIP:** This base course teaches leaders to get results through people skills. During the course, participants gain the necessary tools for a successful "leadership journey". Learners acquire a set of proven interaction skills, discover seven Leadership Imperatives key to meeting today's challenges, and realize their roles as a catalyst to inspire others to act
- **BUILDING AN ENVIRONMENT OF TRUST:** There is a crucial link between trust and business success. Leaders must realize the power of trust as a business tool. Leaders learn how to avoid the trust traps and take action to create an environment in which people take risks, identify and solve problems, and work together to sustain a high level of trust
- **RESOLVING CONFLICT:** Leaders learn how to recognize when a conflict is escalating and minimize the damage by using the most appropriate resolution tactic – regardless of which stage a conflict is in. Leaders also learn the true cost of conflict to an organization and techniques for handling even the most challenging conflict related discussion

The AMR Strategic Leadership Series 210 (presented by DDI certified AMR instructors):

- **BOOSTING BUSINESS RESULTS:** In this course, leaders learn a proactive strategic process to apply and leverage their leadership skills to realize business objectives. Leaders identify a project or task that requires the effective use of newly learned leadership skills to achieve or enhance success. Leaders also determine goals and measurement methods that help track and demonstrate their results
- **RETAINING TALENT:** This course helps leaders understand their critical role in retaining organizational talent. They identify what it takes to keep employees engaged and how to conduct "quick check" discussions for retaining these valuable employees. By taking a proactive approach to retaining people and encouraging open and honest discussion, leaders can create an environment in which people feel valued and satisfied in their jobs
- **MAKING EFFECTIVE DECISIONS:** This course helps leaders master a systematic approach to making better and faster decisions that will result in improved performance

The AMR Leadership Self-Development Series 910 – available online DDI via Aspen Learning Management Server:

- **DELEGATING FOR PRODUCTIVITY AND GROWTH:** To maintain a motivated workforce leaders must become catalysts who transfer responsibility and authority. Leaders learn skills for successfully matching people, responsibility, and authority to maximize involvement, productivity, motivation and growth for individuals, groups and the organization
- **INTERACTION SKILLS FOR SUCCESS:** This course presents the basics of working well together, reduce wasted time, lessen conflict, and influence interactions in a positive way. The leader will be able to manage both business and personal interactions
- **ADAPTING TO CHANGE: THIS** course develops the confidence and skills needed to face change and welcome it as an opportunity to grow and learn. When employees adapt quickly, the entire organization becomes faster, more flexible, and better able to answer the demands of an increasingly competitive marketplace

The purpose for this program is to provide a centered, developed curriculum for each supervisory/professional level and ensure a baseline of knowledge and skills at each level.

The program is self-directed. Participants have the opportunity to pace themselves through the program; assignments do not need to be completed in any specific order or time frame.

Participants are encouraged to come up with their own learning plan that meets their needs, because it is understood that individual knowledge skills do vary from person to person. Some of the assignments in the program are self-study and some are offered seasonally, regional, or require completion of activities outside of AMR.

Our objective is to prepare employees to take on new leadership roles and provides the opportunity to show their motivation, competency and assist decision-makers with evaluating those ready for advancement and promotion.

Stability of the Contractor's leadership team directly correlates with the continuation of the performance of the EMS system. The Proposer may describe how it will ensure continuity and reduce managerial turnover in the system.

PROFESSIONAL GROWTH OPPORTUNITIES

A well-defined career path is a key element of long-term job satisfaction and the ability to retain highly motivated, professional management leaders. AMR is well-aware of our responsibility to provide opportunities for all our employees that allow them to grow and develop within the organization. We are

highly focused on providing these opportunities, and the results speak for themselves. Job satisfaction is enhanced for long-term valuable employees when they use their management and leadership experience, wisdom, and invaluable expertise in their day-to-day jobs within the organization.

Employee retention

We have worked hard over the years to improve job satisfaction for our Northern California area employees and are pleased to present statistics proving that our efforts work.

As an example, AMR's yearly turnover rate for 2010 was 5.84%, considered one of the lowest in our industry. In addition, 20 percent of our employees have been with AMR Northern California for more than **18** years, testament to our work environment and conditions.

E. EMS System and Community

System Enhancements for Napa County

- *Lake Berryessa and other hard to serve areas---AMR will develop a comprehensive operational plan, in coordination with CAL Fire, EMS aircraft providers and other key public safety agencies, to ensure cost-effective paramedic and ambulance transport coverage in this rural recreational use area. Furthermore, we will commit to placing EMS resources at the Lake during high use recreational periods or as determined necessary by local officials.*
- *AMR proposes to pay a subsidy of $30,000 per year to Angwin Community Ambulance to assure that BLS ambulance service is maintained and enhanced to EMT-A in future years, through a subcontract with AMR.*
- *AMR proposes to implement a 24/7 ALS level non-transport QRV to be strategically located in the up-valley area of the County.*
- *AMR proposes to support the volunteers of Angwin Community Ambulance in upgrading their certification and level of service to EMT-Advanced (EMT-A)*
- *AMR will commit to working very closely with the Air Ambulance and ALS Rescue providers to assure a seamless and responsive system for air resource utilization.*
- *AMR will initiate discussions with local first responder agencies regarding a collaborative, county-wide continuing education program which will serve first responders and ambulance personnel.*
- *AMR will provide all fire departments with one-for-one restocking of disposable BLS and ALS medical supplies after each call.*
- *AMR will purchase and maintain a Bantam MCI Trailer manufactured by Disaster Response Solutions, or equivalent.*
- *AMR will work with Napa County EMT and Paramedic training institutions to provide educational opportunities for their students on our ambulances within the County and beyond.*
- *Assist the American Canyon Fire District in upgrading its level of service to ALS First Responder.*
- *AMR will purchase eight (8) AEDs in support of the County's Public Access Defibrillator (PAD) Program. At least three (3) of these AEDs will be located within the City of Napa.*
- *As part of the deployment plan, it is AMR's intent to station a number of ambulances strategically located in fire houses throughout the County.*
- *AMR is fully committed to enhancing the EMS mutual aid and surge response capacity within the County, and has developed a conceptual algorithm to demonstrate recommendations.*
- *AMR will identify appropriately trained and qualified staff to participate on local government public information (PIO) and education teams to represent EMS in a unified fashion.*

SYSTEM ENHANCEMENTS FOR NAPA COUNTY

- *AMR will commit to working collaboratively with Napa County OES, EMS Agency, police chiefs, fire chiefs and other system partners to develop strategies for responses to Mass Casualty Incidents (MCIs) and other disaster events. We will assign representatives to all related committee meetings, and actively participate in disaster drills and exercises.*
- *We will reach out to the Public Health Division and actively participating on various committees and forums they feel would be appropriate. We will provide EMS response and patient care data as needed and as appropriate, including supplemental data for syndromic surveillance.*
- *During times of public health emergencies, AMR will actively support the functions of the Health Officer by providing EMTs, paramedics and CCT nurses as additional staff at community care and vaccination centers.*
- *AMR will provide operational and training support for the implementation of tactical medicine programs within the local law enforcement community.*

1. THE ANGWIN AND LAKE BERRYESSA SERVICE AREAS

a. Minimum Requirements – Angwin and Lake Berryessa Service Areas

(1) Proposers should educate themselves regarding the current operational protocols relating to areas served by Angwin Ambulance.

AMR regional managers have spent considerable time and effort orienting themselves to the Angwin Ambulance program. AMR managers have participated in Angwin EMS community meetings and surveyed the diverse geographical area within their response zone. We also understand the important role that the Angwin volunteer ambulance service plays within the community and the lifesaving services this program has provided over many years.

(2) Each Proposer must develop and provide a comprehensive plan to ensure cost effective paramedic coverage and ambulance transport in the Angwin and Lake Berryessa service areas. The Contractor may subcontract with qualified agencies located in the County (i.e. Angwin Ambulance, Cal-Fire, etc.) as described in Section IV.F.5.

AMR understands the challenges of providing timely ALS level services to the rural areas of the County including the Angwin community and Lake Berryessa. AMR will develop a comprehensive operational plan, in coordination with numerous stakeholders and service providers, to ensure cost-effective paramedic and ambulance transport coverage in these hard to serve areas.

We propose the implementation of an ALS Quick Response Vehicle (QRV) program to supplement the current Angwin Community BLS ambulance service. AMR intends to enter into an agreement with Angwin Community Ambulance Service for BLS transport services within their response zone supplemented by our ALS QRV unit. This combines service will provide high quality ALS service while recognizing and supporting the value og Angwin's community based ambulance service. . Furthermore, AMR intends to enter into a Memorandum of Understanding (MOU) with Cal Fire for service coordination in the Lake Berryessa and surrounding areas.

(3) The Contractor will assume responsibility for payments to qualified subcontractor agencies.

AMR understands that certain subcontracts will require a fee-for-service arrangement. Specifically, AMR proposes a fee payment of $30,000 per year as a level of service subsidy to Angwin Community Ambulance. This payment will be included within a subcontract with Angwin and renewed / reassessed on a year-to-year basis.

(4) Proposers are not required to negotiate an agreement with subcontractor agencies prior to the award of the Agreement. It is sufficient for a Proposer to describe the nature, purpose, and functional details of the proposed arrangements. The Proposer will be considered to have made an irrevocable offer to operate on the terms described. The successful Proposer must negotiate in good faith to effectuate an agreement.

To summarize AMR proposes to develop and negotiate the following sub contractual agreements, subsequent to award of the contract:

- **ANGWIN COMMUNITY AMBULANCE SERVICE –** this subcontract will include the provision of BLS ambulance services to be coupled with AMR's ALS services and EMS Air Ambulance Services (as required and medically appropriate) for the existing service areas of Angwin and Lake Berryessa.

- **CAL FIRE –** This MOU or subcontract will include the provision of non-transport BLS first responder services, in coordination with Angwin BLS ambulance services and AMR's ALS services, within remote service areas of the County.
- Other subcontracts may be developed with other entities as determined appropriate to achieve the best level of service possible, as approved by the County EMS Agency.

Attestation:
__X__ **AMR understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.E.1.a**

b. Higher Levels of Commitment – Angwin and Lake Berryessa Service Areas

(1) Proposers may propose other reasonably achievable strategies to be undertaken at the Contractor's expense that would likely materially increase the availability of ALS response in the Angwin and Lake Berryessa area. Strategies could address protocols with first responder agencies, training, internships, staging of paramedics or other resources in closer proximity to the community, etc.

AMR proposes the following strategies and services to increase the availability of ALS level of care and response in the Angwin and Lake Berryessa area:

- **QUICK RESPONSE VEHICLE (QRV) –** AMR proposes to implement an ALS level non-transport QRV to be strategically located in the up valley area of the County. This QRV will be staffed with one paramedic on a 24 hours per day, seven days per week basis. The QRV will respond along with the Angwin BLS ambulance on 9-1-1 calls requiring this level of service. The QRV will be fully equipped with ALS supplies and will be outfitted with MCI / disaster response resources. The QRV will respond into the Angwin area (as a priority) or any other area in this section of the County that requires primary or secondary response resources (i.e. as a second-in unit on an MCI or in front of an extended ETA on an ALS ambulance. This QRV will be stationed and/or posted at a location to be determined within the St. Helena or Deer Park volunteer fire station areas.
- **EMT-A UPGRADE FOR ANGWIN AMBULANCE –** AMR proposes to support the volunteers of Angwin Community Ambulance in upgrading their certification and level of service to EMT-Advanced (EMT-A). As part of the support, AMR will agree to fund all direct, non-payroll costs, associated with training program. AMR will work with the Angwin Ambulance Board to determine the most appropriate and cost-effective training resource for this effort. AMR will also provide ride-alongs (within Napa County and other areas within Northern California) and other clinical

experience opportunities for the Angwin volunteers to assurance the retention of clinical knowledge and skill proficiency. It is anticipated that this upgrade will take approximately 1.5 years to successfully implement.

- **AIR AMBULANCE SERVICE COORDINATION –** AMR will commit to working very closely with the Air Ambulance and ALS Rescue providers to assure a seamless and responsive system for air resource utilization. This is a particular importance within the hard to serve areas, as well as for MCI events. Specifically, AMR will discuss air resource utilization (from the operational perspective) with the primary providers of services (CALSTAR, REACH and CHP) to assure effective and medically appropriate utilization. Air resource utilization will be consistent with the EMS Agency policy on EMS Aircraft and will follow existing ICS/fire service authorities for dispatch.

(2) The Contractor is may enter into a cooperative arrangement with Cal Fire to provide a response vehicle and driver to support the paramedic ALS coverage at Lake Berryessa during summer weekends and holidays. This arrangement is similar to prior arrangements made between Cal Fire and the County. The Contractor will be responsible for negotiating and entering into any such agreements that are to be effective during the term of the Agreement and for paying compensation agreed upon.

Any such agreements to provide ALS level care to meet Response Time requirements are subject to approval by the County. A letter from Cal Fire is included in Appendix 10 that expresses the agency's willingness to work with the Contractor to negotiate arrangements for coverage at Lake Berryessa as well as provide a location for the Contractor to establish a post in St. Helena, if so desired by the Contractor. Proposers need not enter into actual negotiations with Cal Fire; if a Proposer determines to commit to a cooperative arrangement as described in this paragraph, it is only necessary to state that commitment and describe the terms on which the Proposer is willing to cooperate in the Proposal.

AMR understands the challenges presented by the seasonal call variances at Lake Berryessa. We also understand that even though call volume has decreased in recent years in this area, there are a number of development options currently under consideration that could cause call volume to increase in the future. In this regard, AMR will commit to working very closely with Cal Fire, law enforcement, and other public safety organizations to ensure that the best level services are provided as could reasonably expected. As necessary, AMR will enter into any such agreement that will allow for the on-site deployment of ALS resources during periods of expected peak call volume.

2. SUPPORTING IMPROVEMENT IN THE FIRST RESPONSE SYSTEM

a. Minimum Requirements – First Response System

(1) Exercise its best, good faith efforts to maintain positive working relationships with all first response agencies across the County;

POSITIVE WORKING RELATIONSHIPS WITH FIRST RESPONDERS

AMR understands that the best patient outcomes come from an integrated system that works well together to care for patients. AMR's proposal includes a range of collaborative programs, including but not limited to, joint continuing education opportunities and efficient re-stocking of supplies for Napa County EMS first responders.

AMR understands the importance of a strong, supporting partnership between our personnel and local first responders in Napa County. We look forward to working with local first responder agencies in the years ahead to support and build a successful 9-1-1 system for Napa County.

(2) Make continuing EMS education services available without cost to all first responders across the County at the level prevailing in the industry;

CONTINUING EMS EDUCATION SERVICES FOR FIRST RESPONDERS

Upon contract award, AMR will initiate discussions with local first responder agencies regarding a collaborative, county-wide continuing education program which will serve first responders and ambulance personnel. We will jointly explore the best location to hold the training, the topics to be covered, and how each agency will play a role in providing instructors.

AMR looks forward to working with local agencies to determine specialized proficiencies they believe to be essential to efficient and competent field operations, and developing continuing education courses to address those proficiencies. By using Training in Motion (TIM), we can offer distributed EMS training throughout the county minimizing the cost to first responder agencies. Prior to implementation of service,

AMR will execute an agreement with all first responder agencies regarding a collaborative continuing education program. This program will be at no cost for first responder agencies.

AMR will enthusiastically provide continuing education programs to all local first responder agencies. These programs include but are not limited to:

- First Responder Course
- Access to AMR's Infection Control & Exposure Programs
- Partnership in Advanced Training with Local Flight Services
- Mass Casualty Incident (MCI) Drills and After-Action Reporting and Reviews
- Ambulance Operations Orientation
- Supporting Local Fire Department through Joint Community Outreach Programs
- Respiratory, Stroke and Cardiac Care Awareness
- Community Flu Prevention

(3) Restock at the Contractor's cost basic life support supplies utilized on a one-for-one basis, based on utilization on calls by first response agencies;

RESTOCKING OF BLS SUPPLIES FOR FIRST RESPONDERS

We will provide all fire departments with one-for-one restocking of disposable medical supplies after each call, **at no cost** to the fire agency. Depending on the desires of each individual fire first responder agency, we will deliver supplies to a central location or to individual fire stations. Our experience with just-in-time inventory systems allows us to thoroughly manage this process to ensure providers have the supplies they need to care for patients while controlling inventory costs.

(4) Maintain ALS disaster trailers throughout the County;

ALS DISASTER TRAILER FOR NAPA COUNTY

AMR recognizes the importance of ensuring that additional medical supplies and equipment are readily available locally to respond to incidents in Napa County at a moment's notice. As such, AMR will purchase and maintain a **Bantam MCI Trailer** manufactured by Disaster Response Solutions. This trailer is capable of treating a minimum of 25 patients.

An added advantage to utilizing this trailer is that all of the California DMSUs were also manufactured by Disaster Response Solutions with the same modular type system. AMR will agree to maintain state or county owned supplies as necessary to further this resource capacity.

This will ensure seamless integration if one of our DMSUs from another AMR operation is utilized through the mutual aid system on a large scale incident in Napa County. As an additional offering, AMR commits to maintaining a Napa DMSU should the County acquire this valuable asset.

(5) Provide internship opportunities for paramedic, EMT-Advanced and EMT students, giving preference to students from training programs located in Napa County; and

INTERNSHIP OPPORTUNITIES

A unique strength and capacity of AMR within Northern California is our ability to provide internship opportunities for paramedics, EMT-A and EMT students at numerous operational locations. We will give space available preference to students from training programs located in Napa County.

AMR will invite and encourage Napa County EMT and Paramedic students who will be interns in the local EMS system to attend our classroom orientation program. With this approach, they can gain an understanding of EMS system requirements in the classroom. Then, during their field internship, they can focus primarily on the clinical skills. This will allow EMS interns to maximize their time spent onboard one of our units on clinical skills coaching and assessment. We are eager to provide time on ambulances to fulfill all training and internship requirements for our first responder partners as well as other physician, EMT, and paramedic training programs. Our policy is that we will schedule ride-along time for any local first responder who may request it. This policy also applies to all other EMS system participants.

(6) Contractor shall designate from among its employees a single individual as its contact person/liaison for the First Response agencies within the Service Area

AMR will designate its Napa County General Manager, Bruce H. Lee, as its single individual point-of-contact / liaison for the First Response agencies within the service area.

Attestation:
__X__ **AMR understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.E.2.a**

b. Higher Levels of Commitment – First Response System

(1) Restock ALS supplies for agencies committing to provide ALS first response within their service areas. This would be effectuated through separate agreements with these first responder agencies. Proposers would need only to agree to their role in a restocking program – as noted above, it is not necessary to obtain an agreement prior to Proposal submission.

RESTOCKING AND MANAGEMENT OF ALS SUPPLIES FOR FIRST RESPONDERS

AMR will be glad to offer an ALS restocking program to Napa County ALS first responders, **at no cost** to the fire agency. This program will not include narcotics and certain durable goods.

Our company's program enhances the system's capabilities, ensures efficiency and reduces down time for ambulances and first responder units. AMR we will also offer fire services access to our national purchasing programs for significant cost savings for items that may not be covered in the ALS resupply program.

AMR's goal is to always accomplish the exchange of equipment and supplies with as little disruption as possible to our partnered first responders. All supplies will be exchanged on a one-for-one basis, and whenever possible the exchange will be accomplished on scene.

If patient care or circumstances at the scene prevent an on scene exchange, AMR will make the exchange in one of the following ways:

- In the event a first responder is transported with a AMR ambulance, the exchange can take place when the crew member is picked up by the first responder apparatus or transported back to the fire station by AMR
- In the event the first responder apparatus finds itself on another call or in contact with another AMR on-duty ambulance, any AMR on-duty ambulance will provide the exchange, providing it doesn't place the ambulance in an "out of service" equipment and supply level
- An AMR supervisor can deliver the equipment and supplies
- A first responder crew can present themselves at AMR's station during business hours and be restocked upon request

AMR will maintain a Napa County resupply depot in the county which shall be capable of providing replacement equipment 24-hours a day, 7-days a week.

As an additional offering, AMR will offer all Napa County fire agencies access to our national purchasing contracts. As the single largest of EMS supplies, AMR has access to significant discounts from recognized vendors such as McKesson Medical and Physio Control. Discounts on durable equipment provides fire departments with substantial cost savings.

AMR's Commitment to Napa County

AMR constantly looks for innovative ways to provide our first responder partners with additional support. We will be glad to ensure Napa County Fire Departments have access to AMR's national purchasing program allowing for substantial savings in medical supply costs.

Investments in First Response System through public / private partnerships

AMR is excited to propose some innovative and forward-thinking partnerships with a number of governmental agencies and other private entities within Napa County. These partnerships have been designed to provide both cost-efficiencies to the system and service enhancements for patient care. A summary of the proposed partnerships is included below:

- **ALS Partnership:** We propose to immediately assist the American Canyon Fire District in upgrading its level of service to ALS First Responder. This upgrade in first responder services would provide improved ALS response time performance in this response zone, and at the same time provide response time efficiencies for the ambulance contractor in meeting responsive time compliance. AMR has budgeted $40,000 annually in support of this upgrade, in the first year of the contract. We are prepared to increase this funding in subsequent years if more service and cost benefits can be derived from the partnership. We understand that American Canyon Fire is already prepared with licensed ALS fire personnel to move forward with this important service upgrade. In order to document the performance details of this partnership, AMR will draft and execute a MOU with American Canyon Fire, subject to the approval of the County EMS Agency.
- **EMT-Advanced Partnership:** AMR sees a tremendous opportunity for the development of an EMT-A program within Napa County. We propose to move forward with the EMT-A program by immediately developing a work plan, to include funding support and timelines, to implement this intermediate level of service within the County. This level of certification, recently approved by the

State of California through it regulatory process, could be implemented in specific areas of Napa County in order to enhance levels of service in a very cost-effective manner. This level of service is appropriately utilized in lower call volume areas to assure that adequate knowledge and skill proficiencies are maintained within a limited scope of practice. In this regard, AMR is proposing to support the implementation of an EMT-A program within the community of Angwin, and in other up-valley fire jurisdictions including the Cities of Calistoga and St. Helena, and County Fire (Cal Fire). This support is intended to include funding the funding of training costs and equipment, and other reasonable costs to be determined during contract negotiations. Working with the providers and County EMS Agency, we will determine the most appropriate training institution with an approved curriculum to conduct the educational program(s). AMR also proposed paramedic and EMT training through our operating unit National College of Technical Instruction (NCTI). NCTI is the largest private EMS educational institute in the nation. NCTI offers EMT and paramedic training, and EMS continuing education for paramedics, EMTs and other health care professionals in locations across the country

- **BLS/ALS Re-Supply System for First Responders:** AMR will develop and manage a one-for-one BLS and ALS re-supply system for all first responder agencies, at no cost to the first responder. Narcotic supplies and certain durable supplies will not be included in this program.
- **AED / PAD Donations:** AMR will purchase eight (8) AEDs in support of the County's Public Access Defibrillator (PAD) Program. At least three (3) of these AEDs will be located within the City of Napa. The AED units will be placed in areas of need as determined by the County Public Health Department. Four (4) units will be purchased during the first year of the contract and an additional four (4) units will be acquired in the second year of the contract. The units purchased will be compatible with all monitor-defibrillators used on ALS units within the County. This donation by AMR also includes the training and maintenance support necessary for compliance to the PAD Program.
- **Unified / Shared Medical Direction:** As stated previously in this proposal, AMR intends to partner with the Napa City Fire Department for this important clinical leadership service. This partnership will provide an opportunity for important standardized of clinical oversight as well as derive cost-efficiencies for the system.
- **Unified / Shared Clinical Education and Training Manager:** As stated previously in this proposal, AMR intends to partner with the Napa City Fire Department for this important clinical

leadership service. This partnership will provide another opportunity for important standardized of clinical oversight as well as derive cost-efficiencies for the system.

- **Fleet Maintenance Services:** As stated previously in this proposal, AMR intends to partner with the City of Napa Fleet Services Department to maintain our new Sprinter ambulance and support vehicle fleet. This partnership will provide a local, responsive, and quality-oriented solution to fleet maintenance work and provide cost-efficiencies for the system.
- **Fire House Stationing of AMR Primary Ambulance Units:** It is AMR's intent to station a number of ambulances strategically in fire houses throughout the County, consistent with the system status management and posting plan. The specific fire house will be identified prior to contract start-up. This partnership is subject to the approval of the fire jurisdiction and agreement of appropriate funding levels for lease of space.
- **Fire House Staging of Back-up Ambulances for Mutual Aid and Disaster Response:** AMR is fully committed to enhancing the EMS mutual aid and system surge capacity within the County. In this regard, we propose to stage two (2) older yet well maintained ambulance units, above and beyond our new proposed fleet, at selected fire houses within the County. Fire house selection and staffing arrangements will be decided jointly between the Fire Chiefs Association and AMR.
- **Mutual Aid Enhancement:** AMR proposes to subcontract with verihealth, Inc., for 911 ALS system mutual aid coverage. This mutual aid arrangement could also be applied to improve IFT responses for high acuity / time critical ALS patient transports. It is our understanding that verihealth has already submitted a permit application to be a provider of IFT ambulance services within Napa County. Our subcontract with verihealth will be presented to the County EMS Agency for review and approval.
- **Public Education and PIO:** AMR will identify appropriately trained and qualified staff to participate with local government public information (PIO) and education teams to help represent EMS in a unified fashion.
- **Collaborative Strategies for Disaster and Mass Casualty Events:** AMR will commit to working collaboratively with Napa County OES, EMS Agency, police chiefs, fire chiefs and other system partners to develop strategies for responses to Mass Casualty Incidents (MCIs) and other disaster events. What differentiates AMR from other organizations is that we have the resources and proven capabilities to help our local team maintain local service levels, even during large-scale deployments in response to disasters. In addition to our neighboring California resources, we can move resources from our surrounding Bay Area operations to assist our Napa operations. We are in

an extremely unique situation to bring as many resources needed to support Napa County during times of a declared disaster. AMR's proven track record of handling large volumes of responses during and after major catastrophes is unmatched in the industry, not just in California but throughout the United States. AMR is one of the only EMS organizations in the world that has the resources to provide massive disaster response while continuing to provide full services in our local communities. For major federal declared disasters, AMR is also well prepared and will work collaboratively with the County and all system partners to perform hazard recognition, symptom surveillance and reporting, on-scene medical stand-by, and transport and redistribution of patients to free-up receiving hospital and bed space. We have additional assets that may be used for a variety of secondary functions that may include distributing immunizations, staffing shelters and emergency departments, as well as setting up mobile medical units.

- **AMR's Support of tactical medicine within the law enforcement community:** AMR will provide operational and training support for the implementation of tactical medicine programs within the local law enforcement community. A tactical medicine guidance document was recently produced and approved by the California EMS Commission and the POST Commission. At the direction of local law enforcement, AMR will assist with the implementation of various elements of the tactical medicine guidance.
- **Public Health Emergencies:** AMR will actively support the functions of the Health Officer by providing EMTs, paramedics and CCT nurses as additional staff at community care and vaccination centers.

3. SUPPORT OF NAPA FIRE'S PARAMEDIC PROGRAM

a. Minimum Requirements – Support of Napa Fire's Paramedic Program

Contractor shall respond to all emergency ambulance requests originating within the City of Napa. Napa Fire Department paramedics also respond to most emergency medical requests. The Napa Fire paramedics initiate patient care and continue providing patient care and monitoring to the receiving hospital. The Contractor shall provide transportation of the patients and the Napa Fire Department paramedics treating the patients to the receiving facilities. However, there will be occasions when the City fire paramedics are encumbered or not the closest responder. In addition, under current protocols, the City fire paramedics do not continue to provide patient care and monitoring if the receiving hospital is outside the City of Napa. For these reasons, the Contractor shall be required to provide primary ALS response, care, and transport for all responses under the Agreement within the city limits. The Contractor must also agree to accept responsibility for the provision of such care and monitoring in the event the LEMSA and the City of Napa agree on a change in the current protocols providing for the retention of patient responsibility by City paramedics after the arrival of Contractor's ambulance.

AMR understands and appreciates the fact that Napa Fire Department has a long standing commitment to providing quality paramedic level services within their jurisdiction. AMR intends to support and further this mission in many ways. Furthermore, AMR understands how current treatment and transportation protocols are established and will agree to work within these parameters.

AMR agrees to accept responsibility for the provision of ALS care and monitoring in the event that the County EMS Agency and the City of Napa agree on a change in the current protocols for the retention of patient responsibility by City paramedics after the arrival of AMR's ambulance.

Attestation:
__X__ **Proposer understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.E.3.a**

b. Higher Levels of Commitment – Support of Napa Fire's Paramedic Program

Examples of ways in which a Proposer may demonstrate a higher level of commitment in this area may include but are not limited to those described below. The Proposer may work with the City to identify locations within the City that are hard to reach for fire response and work out a coverage arrangement where the Contractor may provide primary EMS response. Other offerings may include specialized joint training, shared specialty teams, or other activities to integrate training, quality management, and personnel.

AMR is committed to working with the City of Napa to enhance their paramedic and EMS delivery services in various ways. Specifically, AMR recommends the following enhancements:

- The Napa Fire Department, due to the positioning of current resources and fire houses, is challenged to provide adequate response times in certain areas in the west side of the City, specifically the area of Browns Valley Road. In this regard, AMR proposes to create a system status management plan that designates a priority post location in this area. Furthermore, it is understood that the incumbent ambulance provider leases a station in this area that could be utilized by a new provider. It would be our intent to acquire the lease on this station prior to start-up.
- AMR will agree to provide ALS level supply exchange (with the exception of narcotics) for the City's paramedic program, free of charge.

4. HEALTH STATUS IMPROVEMENT AND COMMUNITY EDUCATION

a. Minimum Requirements – Community Education

Contractor shall annually plan and implement a definitive community education program, which shall include: identification of and presentations to key community groups which influence the public perception of the EMS system's performance, conducting citizen CPR training events, participation in EMS week and other educational activities involving prevention, system awareness/access, and appropriate utilization of the EMS system. Proposers shall describe their planned community education program.

AMR'S PUBLIC EDUCATION INITIATIVES

AMR will not only serve as Napa County's private ambulance provider, but will serve as the County's reliable and long-term community partner in public education and safety. Through this partnership, AMR will be responsive to the Napa community by providing first-aid support at area events.

AMR OFFERS NAPA COUNTY A CONSISTENT HISTORY OF COLLABORATIVE COMMUNITY EDUCATION INITIATIVES THAT CONTRIBUTE TO THE HEALTH, SAFETY, AND WELL-BEING OF EACH COMMUNITY WE SERVE.

We will develop a robust annual plan and implement campaigns that are targeted at identified local needs, based on our review and analysis of local data.

We don't do our work in isolation. Instead, we partner with local stakeholders to share and analyze data, identify local needs, and develop and deliver targeted community education campaigns. Because we come in contact with numerous individuals through our responses to medical emergencies, as well as our participation at community events, we are able to significantly expand the impact of local community outreach inititiaves.

We commit to providing definative, collaborative community education initiatives and campaigns in Napa County that are tangible, measurable, and focused on identified local needs.

Under the new contract, we will deploy the following strategies to achieve these objectives:

- Develop, publish and target community business and citizen forums to share through interactive presentations the value of early recognition of a medical emergency, how to access 9-1-1, and what to expect you're the EMS responders.
- Presentations targeted to at risk audiences focused on prevention such as car seat safe installation, bike helmet use, asthma and diabetic resources, etc.
- Participate in community education forums, taskforces including city and county leadership forums focusing on educating and keeping information available on improving public perception

and understanding the value of a quality EMS partner.

- Analyzing the data we collect through our MEDS ePCR system and identifying trends regarding the types of calls we respond to and the geographic locations of those calls
- Designated talented and passionate caregivers who will focus on designing and delivering programs in Napa County in response to identified local clinical and safety trends
- Ongoing collaboration with local stakeholders to share data and assessments, and partner in developing and delivering targeted community education campaigns

- Continuous monitoring of our campaigns, using outcome data to drive future decisions regarding the types of programs we offer
- Involving our field personnel in community outreach campaigns to expand their impact
- Immediate implementation of proven initiatives, such as citizen CPR, Public Access Defibrillator (PAD) programs, and medical coverage for large events
- Engage our Napa County cities in “HEART Safe Community” initiatives
- Early recognition and free CPR training classes through the communities
- Development of targeted campaigns, such as recognizing and responding to life threatening emergencies and disaster preparedness
- Offering in-services on prevention and wellness topics to personnel at local health care facilities
- EMS caregiver appreciation forums for “Saves”, delivering babies, STEMI and Stroke quality outcomes, in addition to recognizing our teams during National EMS week, Dispatcher and Nurse appreciation celebrations.

- Tracking, responding and publishing consumer feedback regarding our services
- Ensuring that the EMSA and Board of Supervisors receives regular updates regarding our community education campaigns and system outcomes

Local Community Needs

AMR brings our experience delivering community education programs to numerous communities across the Bay Area and around the nation, yet we understand the importance of developing programs that are ***targeted at identified local needs*** and ***delivered in partnership with other EMS system stakeholders***. We look forward to working with the EMSA and other EMS system stakeholders to deliver community education programs that we can monitor and measure, and thus demonstrate that they make a real difference in the community's health and wellness. Further, we are eager to provide ambulance demonstrations during health fairs, career fairs, Public Safety Awareness Day, school 'read-in" programs and senior awareness programs.

Standby at Special Events

AMR commits to providing coverage for special events in Napa County. Through our experience serving numerous communities, we have found that by partnering with organizers of large community events, we can develop a plan to manage medical emergencies, as well as non-emergency first aid needs – without compromising the EMS system's ability to respond to other calls. We will meet with event organizers to evaluate their needs, and then deploy resources during their event, such as Paramedics on foot, on bicycles, at a first aid booth, or deployed with an ambulance. We look forward to working with the local Chamber of Commerce's' and event organizers.

Community Education Focus

A first key step in delivering community education campaigns in Napa County is assigning responsibilities, objectives and specific deliverables in this important area of focus.

We will establish and publish a goal oriented annual plan to ensure success and collaberation of our community education campaigns, as well as partnering with other EMS system stakeholders to ensure that the campaigns are targeted at identified local needs. This liaison will be responsible for analyzing EMS-related data for Napa county, identifying trends, building community education campaigns to address identified trends, and then using data to assess and report on the effectiveness of our community education programs. As community education campaigns are developed for Napa County, he or she will have access to information about best practices in community outreach programs from our other operations around the nation.

Because we recognize that we are part of a larger EMS system team, our caregiver liaisons will collaberatively. He or she will be tasked with meeting regularly with other EMS and public health stakeholders in Napa County, sharing data and assessments regarding local trends, and collaborating around development of community education campaigns that target specific audiences and meet the needs of Napa County residents.

They will seek opportunities to partner with other local agencies in developing and delivering community education, as well as measuring the impact of those campaigns and sharing success stories with the community. In addition, they will attend and/or participate in local task forces dedicated to community education.

Together the leadership team will also be reponsible for recruiting our **field personnel** caregivers to participate in our community education campaigns. Our employees have a passion for EMS, and they want to make a difference in their community by responding to urgent needs, and by focusing on prevention whenever possible. Through their involvement in our community education campaigns, they will have the opportunity to spend time with local residents in different settings, and not just in critical emergency response to a 9-1-1 call. They can teach CPR classes, make presentations at local schools, participate in child safety-seat checkpoints, or share fall prevention tips with seniors. By involving our caregivers in our community education campaigns, we can ensure that the campaigns have a much broader impact.

AMR will promote opportunities for involvement to our caregivers, recruit individuals to participate, provide orientation regarding community outreach strategies, and ensure that our personnel have the tools they need. For example, we will develop print materials that our field personnel can distribute at local events. They will also disseminate information regarding community education success stories through our employee "Fast Facts" newsletter, which in turn will inspire other personnel to be involved in community outreach.

Our **Clinical and Educational leadership** will also play an important role in our community education campaigns. They will provide much of the data needed to identify local health and safety trends, and they will assist in data analysis so that community education campaigns are truly responsive to local needs. In addition, they will provide training to our employees regarding our outreach and prevention efforts, such as what educational materials we carry onboard our ambulances, and when to hand them out to patients and family members.

Immediate Implementation of Proven Programs

A key priority of our community education initiatives will be implementing programs in response to identified local health and safety trends – with a focus on prevention. However, we commit to implementing proven community education programs on the first day of the new contract. We know these programs benefit every community, and we look forward to implementing them in Napa County.

Citizen CPR and PAD Programs

Research shows that one of the essential components of survival from cardiac arrest is bystander CPR. In each community we serve, we teach AHA-recommended CPR classes, providing students and residents with the opportunity to complete Friends and Family CPR classes (rather than obtain CPR certification).

In Napa County, we will offer CPR classes each year in each Board of Supervisors district, ensuring that we hold

CPR classes in a wide range of locations. We will offer classes in English and Spanish, and we commit to partnering with community groups to offer CPR classes in other languages, if needed.

In addition, we commit to purchasing up to four Automated External Defibrillators (AEDs) for placement in Napa County each year. In partnership with the EMSA and the Fire agencies, we will donate the AEDs to local organizations. Whenever possible, we will register them with the Public Safety Answering Point (PSAP), so when a call comes in from that location, the dispatcher can tell the caller where to find the AED and provide immediate intervention instructions. In addition, we will offer AED training to local businesses, highlighting that this training is sponsored by the EMSA PAD Program.

The training will follow federal AED guidelines and include site assessment, AED implementation, response, and deployment.

We will collaborate with the EMSA and other local agencies to determine high-need locations for AED placement, based on an analysis of cardiac arrest data. For example, we may determine a high need for an AED in a senior center or large event venue.

Every Fifteen Minutes

Once young people start high school and approach the age where they can drive, they benefit from a safety and awareness program offered in many communities, known as the *Every Fifteen Minutes* program. AMR already partners in numerous Bay Area communities to offer this program with local first responders and Mothers Against Drunk Driving (MADD). Its focus is educating high school students about the dangers of driving under the influence. The program involves staging a mock multi-vehicle collision caused by a student drunk driver. Students and parents have reported that this experience is emotionally powerful and that the program changed their views on driving under the influence of drugs and alcohol. Our partners in delivering this program typically include local police and fire departments, as well as the California Highway Patrol.

Vial of Life Program

AMR will initiate a local Vial of Life campaign for Napa County. The goal of the program is to help individuals provide vital health information to rescuers, which can make the difference in surviving a medical emergency, especially with high-risk groups. The Vial of Life program is designed to provide pertinent medical information to emergency personnel (first responders, Paramedics, and hospital staff).

The vials consist of a CD size plastic envelope with a magnet, for easy placement on the refrigerator. The envelope contains a page on which individuals can fill in their medical history, existing medical conditions, allergies, medications, physician, and emergency contact information. Do Not Resuscitate documentation may be added to the envelope and be readily available to rescuers.

The program provides an opportunity for individuals and their families to focus on preparedness and taking responsibility for the people they love. Together, they can proactively gather the information, keep it updated, and ensure it is visible on the refrigerator. Keeping it visible not only helps responders find it quickly, but provides a reminder to individuals and their families to keep the information up to date.

This low cost public health campaign has been used for many years in numerous communities. AMR's involvement includes providing information about the campaign at community events, making presentations to local organizations, and distributing the vial envelopes and related forms. For example, we routinely make presentations about the Vial of Life program to senior groups, for staff at board and care facilities, and to groups serving individuals with special needs. We train our personnel to look for the Vial of Life when they respond to a home, and we partner with local first responder agencies on awareness education for their employees. A sample community education insert regarding the Vial of Life program can be found in our "Exhibits Proposal Binder" as ***Attachment No.18.***

Learn at Lunch Program for Local Area Hospitals

As with any successful partnership, on-going and effective communication is key. To promote open dialogue and create collaborative training opportunities aimed at promoting the quality of care and service, AMR proposes to routinely host a "Learn at Lunch Program" for local area hospitals within Napa County. This training is convenient for hospital staff and contributes to fostering continuously improved relationships among our personnel and hospital staff.

Attestation:
__X__ **Proposer understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.E.4.a**

b. Higher Levels of Commitment – Health Status Improvement and Community Education

Proposer may offer to undertake projects that shall demonstrably improve the health status in the community. Health status improvement programs targeted to "at-risk populations" may include but are not limited to: seat belt use, child safety seat use, bike safety program, participation in NTHSA Safe Communities Program, 911 awareness, gun safety, hunting safety, drowning prevention, equestrian accident prevention, senior safety program, home hazard inspection program.

As a higher level of commitment, we will reach out to the Public Health Division and actively participating on various committees and forums they feel would be appropriate. We will contribute our FirstWatch syndromic surveillance data to a variety of public health initiatives and projects in the interest of community wellness. This data could bring significant new information for the management of acute and chronic diseases, as well as provide timely data reports for bio-terrorism monitoring. Please note that the FirstWatch product is described in Section **B. Operations** of this proposal.

In addition, AMR will provide or contribute to the following programs:

DATA-DRIVEN HEALTH STATUS IMPROVEMENT INITIATIVES AND COMMUNITY EDUCATION

Data and community trends will drive our community education efforts. The decisions we make regarding community education will be based on data from our own operations, as well as information shared with us by other EMS and public health stakeholders.

We will examine trends regarding the types of calls we respond to, and the geographic location of those calls. This will allow us to target our campaigns to identified local needs. As an example, in Contra Costa County, we analyzed data regarding falls, including the gender and age of the victims, and the time of year and nature of the fall. We identified a significant increase in falls during winter months, by men over age 60. Through a closer look at this data, we found that many of those falls were a result of men cleaning out rain gutters and hanging holiday lights. We then developed a fall prevention campaign targeted at this audience. It included distributing information to seniors groups, asking if the Fall Prevention Coalition would like us to make a presention regarding fall prevention. Many presentaions were made to diverse audiences from seniors to home health caregivers and political forums. The Power Point presentation is avalable upon request.

We also asked them to partner with us in distributing information to seniors regarding common causes for falls and prevention tips. (A sample fall prevention campaign flyer can be found in our "Exhibits Proposal Binder" as ***Attachment No.18)***

A year after we initiated our fall prevention health improvement campaign in Contra Costa County, we analyzed data to determine if there had been a decrease in falls, and we included this data in our annual Health Initative Project for a report to the local EMS Agency and County Board of Supervisor in partnership with the Fall Prevention Coalition. A copy of our 2009 "Tracking and Preventing Falls in Contra Costa County" Health Intiative project can be found in our "Exhibits Proposal Binder" as ***Attachment No.18.***

Based on the overall benefit to citizens, and providing the Napa stakeholders equally value this intiative we would propose to implement this campaign and data collection during our first year of operations.

Another Health improvement intiative we would propose with proven results is a community engagement program for effective immediate CPR and AED intervention. Though the CPR training outreach plan is described above, together with our public safety partners we would collect specific data to measure effectiveness, frequency and geography of cardiac arrest intervention. 2010 "Cardiac Safety in Contra Costa County." This Health Intiative project can be found in our "Exhibits Proposal Binder" as ***Attachment No.18.***

IMPLEMENTATION IN RESPONSE TO DATA ANALYSIS

During the first six months of the new contract, AMR will focus on capturing and analyzing local health and safety data, and collaborating with local stakeholders to develop community education programs targeted at identified local needs. Thus, while we will implement specific programs on the first day of our new contract (described above), we will also develop targeted community outreach campaigns in response to local data, and we will seek out ways to partner with local agencies to support their initiatives. In the years ahead, we will continuously evaluate public health data, as well as the effectiveness of our outreach campaigns, and based on that analysis, we will work to improve and update our community education programs.

In response to our data analysis and collaboration with local stakeholders, we anticipate that we will implement new community outreach initiatives and participate in existing local community education campaigns that will address the following health and safety needs:

- **IS YOUR NUMBER UP CAMPAIGN** – reminding residents that their address should be clearly visible so responders can find them, and providing education regarding turning on exterior lights after calling 9-1-1.

- **MAKE THE RIGHT CALL, 9-1-1 CAMPAIGN –** helping residents recognize the signs and symptoms of heart attacks, strokes, and other life threatening emergencies, so they are better prepared to promptly call 9-1-1.
- **2-1-1 CAMPAIGN –** spreading awareness regarding calling 2-1-1 to get information regarding shelters, food banks, and other community assistance.
- **CHILD SAFETY SEAT CHECKPOINTS –** partnering with local public safety agencies in these efforts, including providing additional staffing for checkpoints.
- **BLOOD PRESSURE CHECKS –** offering free checks at community events.
- **SCHOOL-BASED PROGRAMS –** discussions regarding how the local EMS system functions, what constitutes an emergency, how to use 9-1-1 to access emergency services, and what to expect from first responders and ambulance personnel, along with ambulance tours and demonstrations of medical procedures such as splinting, taking vital signs, and immobilization of a person on a backboard.
- **SEASONAL EVENTS –** participating in local community education events for example: National Heart Month in February, Earthquake Preparedness Month in April, National EMS Week each May, Disaster Preparedness Month in September, and Memory Walk and National Breast Cancer Awareness Month in October.
- **DISASTER PREPAREDNESS –** raising awareness regarding how to be ready for a disaster and how to create a readiness checklist on topics such as having printed phone numbers to call for help, knowing where your exits are located, and knowing what resources to keep on site.
- **EMS AND HEALTHCARE CAREER EXPLORATION –** focused on introducing young people to this exciting career opportunity through schools, community forums and networking.

Raising Community Awareness

A key part of any successful community education campaign is awareness. In addition to the strategies described above, we will raise community awareness regarding health and safety topics through targeted communication strategies. Our goal is to enhance understanding of how to prepare for and prevent health and safety issues, as well as how the EMSA and other stakeholders play a vital role in community education.

Public Safety Announcements

AMR's will partner with our EMS partners to develop Public Safety Announcements (PSAs) and distributing them to local media outlets. As with our other community education initiatives, our PSAs will be targeted at identified local needs.

Print materials

AMR will work with the EMSA and the County Medical Director to create and distribute materials regarding injury and disease prevention, as well as chronic disease self-care information. We will also create and distribute information regarding career opportunities in EMS through the high schools, college and other venues. Through our participation in community events, we will have ongoing opportunities to distribute these materials to Napa County residents.

Reports to EMS Agency

AMR recognizes that a key part of our community education initiatives is providing regular reports to the EMSA regarding our programs, the value-added to our citizens and their outcomes. We commit to providing monthly reports to the EMSA. The EMSA can use portions of these reports to raise awareness regarding the many ways it is involved in overseeing community education initiatives.

Local Pride in Education

AMR has long-standing relationships in the communities we currently serve. This is not because we work in these areas but because we are residents of these communities, the communities are home to us. We are excited to make Napa County our home and will take every opportunity that we can to provide education to members of the community, for little or no cost.

Additional courses we plan to provide include but are not limited to the following:

- When to call 9-1-1
- Disaster Planning
- Every 15 minutes Program
- How to recognize Heart Attack and Stroke Symptoms
- What Do they Do? (Ask a Paramedic)

PROGRAMS FOR NAPA COUNTY CAREGIVERS

AMR will offer a range of educational programs to our Napa County health care partners – programs that we already offer throughout the Bay Area communities we serve. Many of these programs will focus on the educational needs of personnel who work at skilled nursing and assisted living facilities. They will include:

- **CIVIC GROUP TALKS** – AMR will provide speakers to various community groups. Topics covered will include, but not be limited to: when and how to call EMS, what to do before EMS arrives, billing/insurance reimbursement issues, Do Not Resuscitate (DNR) education and first aid/accident prevention.
- **CPR CERTIFICATION –** Instruction includes Adult, Child, and Infant CPR, as well as AED use and Foreign Body Airway Obstruction treatment.
- **FIRST AID REFRESHER CLASSES –** This class covers signs and symptoms of a heart attack, stroke, and diabetic emergencies. Also included in this class are basic assessments (head to toe), bleeding control, respiratory emergencies, and splinting of extremities.
- **FALL PREVENTION/FIRST AID FOR THE FALL VICTIM –** Instruction includes prevention of falls and treatment for a victim.
- **RESPIRATORY DISTRESS –** This in-service covers the signs, symptoms, and initial treatment of patients with acute respiratory distress.
- **CARDIAC DISTRESS –** Instruction includes signs, symptoms, and initial treatment of patients with acute cardiac distress.
- **DISASTER PREPAREDNESS –** We work with residents and facility managers to help them prepare their facility for a disaster.
- **CULTURE DIVERSITY AWARENESS PROGRAM** which we would develop together with our Public Health partners targeting clinical trends, focus group knowledge bases and feedback opportunities for caregivers. This training would be incorporated for all field and administrative personnel.
- **INTRODUCTION TO EMS –** This in-service is designed to educate personnel regarding the difference between 9-1-1 EMS and Basic Life Support transportation services. When to call 9-1-1 and what to expect.

5. LOCAL EMS TRAINING SUPPORT

a. Minimum Requirements – Local EMS Training Support
A healthy EMS system requires the continuous infusion of new caregivers. The Contractor shall offer educational opportunities for EMT students to ride and observe on the Contractor's ambulances. The Contractor shall also provide preceptors and internship for paramedic students enrolled in local community colleges and private programs. Contractor will make these the observation, internship, and preceptors available on a priority basis to local training program students and those residing or working in Napa County. Proposer shall describe how it intends to meet the minimum requirements listed above.

AMR recognizes that local training institutions are a critical source for system talent, and we will provide preferential ride-along services for all approved Napa County EMT and paramedic training programs at no cost to the school or individual student. AMR will assign a liaison to the training institutions in order to coordinate and prioritize student involvement. AMR will also participate on any teaching institution advisory board or committee to assure integration of our resources into their educational programs.

b. Higher Levels of Commitment – Local EMS Training Support

(1) Commit to the provision of clinical exchange opportunities. Examples might include: 1) the Contractor's paramedics and EMT staff could participate in hospital clinical experiences, as defined in protocols developed by or in collaboration with the LEMSA;

Through our local Medical Director, AMR will reach out to the medical community and local hospitals to develop exchange programs for clinicians. These programs will facilitate a better understanding of patient care between the hospital environment and the pre-hospital environment. Benefits of this clinician exchange could include the following:

- *Endotracheal Intubation skill enhancement, Pediatric Assessment, Other lesser (infrequently) used skills*

To further promote on-scene cooperation among agencies, AMR proposes to sponsor joint leadership training for AMR and first responder agency supervisors and managers. Essential Management training and Leadership training are two sessions of the California Fire Chiefs EMS Leadership Academy that AMR would recommend for the consideration of area fire chiefs. AMR will also host a countywide EMS Leadership Summit on strategic planning, public-private partnerships, risk management, and other topics deemed valuable by the Executive Steering Committee

(2) Offering to integrate the Contractor and county training program resources, providing instructors, recruiting students, or facilitating employment opportunities for graduates.

AMR will enthusiastically offers to integrate our resources with those of the County and City programs in the interest of providing qualified instructors, recruiting students or facilitating employment opportunities within the community.

Attachment No. 1: Business Licenses

- *American Canyon Business License*
- *City of Napa Business License*

Attachment No: 2: AMR 5 Year Litigation History

Attachment No: 3 Reference Letter

- *Contra Costa County, CA*
- *San Mateo County, CA*
- *Sonoma County, CA*
- *City of Jackson, MS*
- *City of Riverside, CA*
- *City of Arlington, TX*

Attachment No. 4: AMR's Audited Financial Statements (2008-2009)

Attachment No. 5: Bank of America Reference Letter

Attachment No. 6: Capital Equipment List

Attachment No. 7: EVOC Training Outline

Attachment No. 8: AMR's HIPAA Training Manual

Attachment No. 9: Code of Conduct Manual

Attachment No. 10: Key Management Resumes

Attachment No. 11: CES Manager Job Description

Attachment No. 12: AMR's Compassionate Care Program

Attachment No. 13: FirstWatch Overview

Attachment No. 14: Quick Response Vehicle / Supervisor Vehicle Specification Sheet

Attachment No. 15: LifePak 15 & LIFE NET Brochure / StrykerPro Power Cot Specification Sheet

Attachment No. 16: AMR's Fatigue Policy

Attachment No. 17: Health, Safety & Risk Program Manual Table of Contents

Attachment No. 18: Community Education Insert – Vial For Life

Attachment No. 18: Fall Prevention Campaign Flyer

Attachment No. 18: Health Initiative for Tracking and Preventing Falls

Attachment No. 18: Health Initiative for Cardiac Arrest

Attachment No 19: AMR Team Authored Articles

Attachment No. 20: ArcGIS Extensions Brochre

CITY OF AMERICAN CANYON

April 18, 2011

American Medical Response, West
William A. Sanger
1670 Las Plumas Ave Bldg H
San Jose, CA 95133

Re: Conditions on Business License for American Medical Response, West

Dear Business Owner,
Your application for a business license for American Medical Response, West located at 4100 Paoli Loop Rd. in American Canyon has been approved with the following conditions:

.

1. *Must comply with all Federal, State and local environmental regulations. – Public Works Dept. (Lou Leet 647-4521)*
2. *Only domestic discharge allowed to sanitary sewer. Keep receipts for medical disposal waste. – Wastewater Treatment Plant (Pam Konoval 647-4544)*
3. *Subject to annual Fire & Life safety inspection completed at predetermined inspection date. - Fire District (Stuart Blakesley 551-0650)*

If you have any questions about the above conditions, please contact the appropriate department to inquire more information directly. Compliance with these conditions is required under Municipal Code 5.04.150. Failure to comply with the conditions could result in revocation of your Business License under Municipal Code 5.04.100. For additional Business License information please contact the Business License Coordinator at 707-647-4354.

Sincerely,

Laura Banta
Business License Coordinator

Cc: File, Business No. 03143
Planning Division

04-20-11 14:51 RCVD

4381 Broadway Street, Suite 201, American Canyon, CA 94503 • (707) 647-4360 • FAX (707) 643-2355 • www.cityofamericancanyon.org

Call (707) 647-4369 • Hablamos Español • Nagtatagalog po kami

BUSINESS LICENSE CERTIFICATE

Licensed business to be conducted in conformity with and subject to the provisions of the ordinances of the City of American Canyon and the laws of the State of California. ***Not valid unless certified for the full amount of the license.***

CITY OF AMERICAN CANYON

4381 Broadway, Ste. 201, American Canyon, CA 94503
Finance Department - (707) 647-4354

BUSINESS NAME: American Medical Response, West

BUSINESS LOCATION: 4100 Paoli Loop Rd
American Canyon, CA 94503

BUSINESS OWNER(s): William A. Sanger

AMERICAN MEDICAL RESPONSE, WEST
1670 LAS PLUMAS AVE BLDG H
SAN JOSE, CA 95133

AMERICAN CITY OF CANYON INCORPORATED 1992

Business Classification: Ambulance Transport

Total Fee: $104.00

Special Conditions:

Business License Number: 03143

Effective Date: January 01, 2011

Expiration Date: December 31, 2011

Laura Ann Barta

Signature — Business License Coordinator

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE

NOT TRANSFERABLE

04-20-11 14:51 RCVD

CITY of NAPA
BUSINESS LICENSE

LICENSE TERM	EXPIRATION DATE	LICENSE NUMBER
QUARTERLY	6/30/11	29964

VALID ONLY AT BUSINESS LOCATION PRINTED BELOW

BUSINESS LOCATION 930 SOUTH A ST SANTA ROSA

BUSINESS TYPE MEDICAL TRANSPORTATION

AMERICAN MEDICAL RESPONSE WEST
EMSC
930 SOUTH A ST
SANTA ROSA CA 95404

LICENSE ISSUED FOR REVENUE PURPOSES ONLY — NOT A PERMIT TO OPERATE A BUSINESS IN VIOLATION OF CITY ORDINANCE OR STATE LAW.

REMOVE THIS PORTION BEFORE POSTING IN A CONSPICUOUS PLACE

AMERICAN PACE SETTER SYSTEMS (530) 621-3688

AMR West 5yr Litigations

Legal Entity	Claim Status	Date Claim Opened	Coverage Description	Unit Name	State of Claim
American Medical Response West	C	7/2/2007	Professional Liability	Stanislaus/Turlock - Operations	CA
American Medical Response West	C	3/9/2006	Professional Liability	Contra Costa County BLS - Operations	CA
American Medical Response West	C	3/23/2006	Professional Liability	Santa Barbara - Operations	CA
American Medical Response West	C	3/24/2006	Professional Liability	Tulare County - Operations	CA
American Medical Response West	C	4/19/2006	Professional Liability	Shasta / North Valley - Operations	CA
American Medical Response West	C	1/25/2007	Professional Liability	Stanislaus/Turlock - Operations	CA
American Medical Response West	C	5/2/2006	Professional Liability	Alameda County BLS - Operations	CA
American Medical Response West	C	4/19/2006	Professional Liability	Tulare County - Operations	CA
American Medical Response West	C	4/27/2006	Professional Liability	San Joaquin/Calaveras - Operations	CA
American Medical Response West	C	6/20/2006	Professional Liability	Sonoma - Operations	CA
American Medical Response West	C	5/30/2006	Professional Liability	Contra Costa County BLS - Operations	CA
American Medical Response West	C	1/11/2007	Professional Liability	Alameda County BLS - Operations	CA
American Medical Response West	C	6/20/2006	Professional Liability	Contra Costa County BLS - Operations	CA
American Medical Response West	O	5/21/2009	Professional Liability	Santa Clara County BLS - Operations	CA
American Medical Response West	C	12/28/2006	Professional Liability	Tulare County - Operations	CA
American Medical Response West	C	7/10/2006	Professional Liability	Santa Barbara - Operations	CA
American Medical Response West	C	7/28/2006	Professional Liability	Santa Barbara - Operations	CA
American Medical Response West	C	4/14/2010	Professional Liability	Santa Clara County ALS - Operations	CA
American Medical Response West	C	7/13/2006	Professional Liability	Alameda County BLS - Operations	CA
American Medical Response West	C	7/28/2006	Professional Liability	Contra Costa County BLS - Operations	CA
American Medical Response West	C	7/28/2006	Professional Liability	Santa Barbara - Operations	CA
American Medical Response West	C	8/16/2006	Professional Liability	Santa Barbara - Operations	CA
American Medical Response West	C	9/20/2006	Professional Liability	Contra Costa County BLS - Operations	CA
American Medical Response West	C	9/13/2006	Professional Liability	Santa Barbara - Operations	CA
American Medical Response West	C	9/8/2006	Professional Liability	Alameda County BLS - Operations	CA
American Medical Response West	C	9/8/2006	Professional Liability	Sonoma - Operations	CA
American Medical Response West	C	9/8/2006	Professional Liability	Sonoma - Operations	CA
American Medical Response West	C	9/13/2006	Professional Liability	Alameda County BLS - Operations	CA
American Medical Response West	C	9/14/2006	Professional Liability	Santa Barbara - Operations	CA
American Medical Response West	C	11/1/2006	Professional Liability	Santa Clara County BLS - Operations	CA
American Medical Response West	C	10/25/2006	Professional Liability	Alameda County BLS - Operations	CA
American Medical Response West	C	11/1/2006	Professional Liability	Contra Costa County BLS - Operations	CA
American Medical Response West	C	2/7/2007	Professional Liability	San Joaquin/Calaveras - Operations	CA
American Medical Response West	C	4/14/2010	Professional Liability	Santa Clara County ALS - Operations	CA
American Medical Response West	C	4/14/2010	Professional Liability	Stanislaus County - Fleet	CA
American Medical Response West	C	3/19/2007	Professional Liability	Stanislaus/Turlock - Operations	CA
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American Medical Response West	C	4/14/2010	Professional Liability	Alameda County ALS - Operations	CA
American Medical Response West	C	9/14/2007	Professional Liability	Alameda County BLS - Operations	CA
American Medical Response West	C	11/5/2008	Professional Liability	Contra Costa County BLS - Operations	CA
American Medical Response West	C	8/25/2008	Professional Liability	Sacramento County - Operations	CA
American Medical Response West	C	10/8/2007	Professional Liability	Alameda County BLS - Operations	CA
American Medical Response West	O	2/8/2011	Professional Liability	Santa Barbara - Operations	CA
American Medical Response West	C	2/11/2008	Professional Liability	Alameda County BLS - Operations	CA
American Medical Response West	C	11/24/2008	Professional Liability	Contra Costa County BLS - Operations	CA

American Medical Response West	C	3/10/2008	Professional Liability	Yolo County - Operations	CA
American Medical Response West	C	5/8/2008	Professional Liability	Stanislaus/Turlock - Operations	CA
American Medical Response West	C	4/14/2010	Professional Liability	Alameda County ALS - Operations	CA
American Medical Response West	C	9/5/2008	Professional Liability	San Joaquin/Calaveras - Operations	CA
American Medical Response West	C	10/6/2008	Professional Liability	Alameda County BLS - Operations	CA
American Medical Response West	C	10/27/2008	Professional Liability	San Joaquin/Calaveras - Operations	CA
American Medical Response West	C	11/17/2009	Professional Liability	San Francisco - Operations	CA
American Medical Response West	C	12/9/2008	Professional Liability	Stanislaus/Turlock - Operations	CA
American Medical Response West	C	4/14/2010	Professional Liability	Tulare County - Operations	CA
American Medical Response West	O	8/4/2010	Professional Liability	Alameda County ALS - Operations	CA
American Medical Response West	C	9/1/2009	Professional Liability	Santa Cruz - Operations	CA
American Medical Response West	C	9/22/2009	Professional Liability	San Joaquin/Calaveras - Operations	CA
American Medical Response West	C	11/24/2009	Professional Liability	Santa Cruz - Operations	CA
American Medical Response West	O	10/28/2010	Professional Liability	San Joaquin/Calaveras - Operations	CA
American Medical Response West	O	12/2/2009	Professional Liability	San Joaquin/Calaveras - Operations	CA
American Medical Response West	O	8/31/2010	Professional Liability	Santa Clara County ALS - Operations	CA
American Medical Response West	O	10/11/2010	Professional Liability	Alameda County ALS - Operations	CA
American Medical Response West	O	11/30/2010	Professional Liability	Alameda County ALS - Operations	CA
American Medical Response West	O	12/6/2010	Professional Liability	American Medical Response of Southern California, dba American Medical Response	CA
American Medical Response West	O	12/16/2010	Professional Liability	Sacramento County - Operations	CA
American Medical Response West	C	3/14/2006	Workers Compensation	Stanislaus County - Operations	CA
American Medical Response West	C	4/5/2006	Property Damage	Stanislaus County - Operations	CA
American Medical Response West	C	4/5/2006	Bodily Injury	Stanislaus County - Operations	CA
American Medical Response West	C	4/12/2006	Workers Compensation	Contra Costa County - Operations	CA
American Medical Response West	O	4/7/2006	Workers Compensation	Placer County - Operations	CA
American Medical Response West	C	4/12/2006	Workers Compensation	Santa Clara County - Operations	CA
American Medical Response West	C	4/12/2006	Workers Compensation	Contra Costa County - Operations	CA
American Medical Response West	C	3/5/2007	Workers Compensation	San Francisco - Operations	CA
American Medical Response West	O	5/19/2006	Workers Compensation	Santa Clara County - Operations	CA
American Medical Response West	O	5/23/2006	Workers Compensation	Alameda County ALS - Operations	CA
American Medical Response West	C	6/3/2009	Bodily Injury	Santa Clara County IFT - Operations	CA
American Medical Response West	C	6/9/2006	Workers Compensation	Alameda County ALS - Operations	CA
American Medical Response West	C	7/11/2006	Property Damage	Santa Clara County - Operations	CA
American Medical Response West	C	8/16/2006	Bodily Injury	Santa Clara County - Operations	CA
American Medical Response West	O	8/14/2009	Workers Compensation	San Joaquin - Operations	CA
American Medical Response West	O	3/26/2007	Workers Compensation	Stanislaus County - Operations	CA
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American Medical Response West	C	8/18/2006	Workers Compensation	Stanislaus County - Operations	CA
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American Medical Response West	O	9/13/2006	Workers Compensation	Alameda County ALS - Operations	CA
American Medical Response West	C	10/16/2006	Workers Compensation	PBS - Modesto - Accounts Receivable/Bill	CA
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American Medical Response West	C	10/25/2006	Workers Compensation	Contra Costa County - Operations	CA
American Medical Response West	C	10/26/2006	Workers Compensation	Sonoma - Operations	CA
American Medical Response West	O	11/3/2006	Workers Compensation	CCT Bay/Coast - Operations	CA
American Medical Response West	C	12/4/2006	Workers Compensation	Marin County - Operations	CA
American Medical Response West	C	12/1/2006	Bodily Injury	Sonoma - Operations	CA
American Medical Response West	C	11/15/2006	Property Damage	Alameda County ALS - Operations	CA
American Medical Response West	C	10/26/2007	Bodily Injury	Alameda County ALS - Operations	CA
American Medical Response West	O	12/5/2006	Workers Compensation	CCT Bay/Coast - Operations	CA

American Medical Response West	C	9/2/2010	Bodily Injury	Alameda County IFT - Operations	CA
American Medical Response West	C	9/16/2010	Property Damage	Alameda County IFT - Operations	CA
American Medical Response West	O	1/9/2007	Workers Compensation	Santa Clara County - Operations	CA
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American Medical Response West	O	2/27/2007	Workers Compensation	PBS - Modesto - Accounts Receivable/Bill	CA
American Medical Response West	C	4/26/2007	Workers Compensation	Stanislaus County - Operations	CA
American Medical Response West	O	4/17/2007	Bodily Injury	San Joaquin - Operations	CA
American Medical Response West	O	4/11/2007	Workers Compensation	Alameda County ALS - Operations	CA
American Medical Response West	C	4/18/2007	Workers Compensation	Contra Costa County - Operations	CA
American Medical Response West	O	10/25/2007	Bodily Injury	Contra Costa County - Operations	CA
American Medical Response West	O	5/3/2007	Workers Compensation	San Joaquin - Operations	CA
American Medical Response West	C	8/23/2007	Bodily Injury	Contra Costa County - Operations	CA
American Medical Response West	C	6/22/2007	Workers Compensation	Santa Barbara - Operations	CA
American Medical Response West	C	7/10/2007	Workers Compensation	CCT Bay/Coast - Operations	CA
American Medical Response West	C	7/11/2007	Workers Compensation	Stanislaus County - Operations	CA
American Medical Response West	C	7/16/2007	Workers Compensation	NCTI West Coast - Administration	CA
American Medical Response West	O	7/16/2007	Workers Compensation	PBS - Modesto - Accounts Receivable/Bill	CA
American Medical Response West	O	8/22/2007	Workers Compensation	Bay Radio - Communications	CA
American Medical Response West	C	9/7/2007	Property Damage	Santa Clara County - Operations	CA
American Medical Response West	C	9/10/2007	Bodily Injury	Santa Clara County - Operations	CA
American Medical Response West	O	10/15/2007	Workers Compensation	Santa Barbara - Operations	CA
American Medical Response West	C	9/21/2009	Bodily Injury	Placer County - Operations	CA
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American Medical Response West	O	6/4/2008	Workers Compensation	Santa Clara County - Operations	CA
American Medical Response West	O	6/27/2008	Workers Compensation	Tulare County - Operations	CA
American Medical Response West	C	9/10/2008	Workers Compensation	PBS - Modesto - Accounts Receivable/Bill	CA
American Medical Response West	O	8/26/2008	Workers Compensation	Santa Clara County - Fleet	CA
American Medical Response West	O	8/28/2008	Workers Compensation	Tulare County - Operations	CA
American Medical Response West	O	11/6/2008	Workers Compensation	Alameda County ALS - Operations	CA
American Medical Response West	O	9/11/2008	Workers Compensation	Contra Costa County - Operations	CA
American Medical Response West	C	1/27/2009	Workers Compensation	PBS - Modesto - Accounts Receivable/Bill	CA
American Medical Response West	O	4/8/2010	Bodily Injury	Alameda County ALS - Operations	CA
American Medical Response West	O	11/12/2008	Workers Compensation	Sacramento County - Operations	CA
American Medical Response West	O	11/12/2008	Workers Compensation	Sacramento County - Operations	CA
American Medical Response West	O	11/19/2008	Collision	Placer County - Operations	CA
American Medical Response West	O	12/18/2008	Bodily Injury	Placer County - Operations	CA
American Medical Response West	O	1/16/2009	Bodily Injury	Placer County - Operations	CA
American Medical Response West	C	12/1/2008	Bodily Injury	Monterey - Operations	CA
American Medical Response West	O	12/4/2008	Workers Compensation	Alameda County ALS - Operations	CA

American Medical Response West	O	1/6/2009	Workers Compensation	Sacramento County - Operations	CA
American Medical Response West	C	2/9/2009	Property Damage	Santa Clara County - Operations	CA
American Medical Response West	O	2/18/2009	Bodily Injury	Santa Clara County - Operations	CA
American Medical Response West	C	2/3/2009	Workers Compensation	Sacramento County - Operations	CA
American Medical Response West	C	2/9/2009	Property Damage	West Region Support - Administration	CA
American Medical Response West	O	2/17/2009	Bodily Injury	West Region Support - Administration	CA
American Medical Response West	O	2/16/2009	Workers Compensation	Santa Clara County IFT - Operations	CA
American Medical Response West	O	7/16/2009	Property Damage	Santa Clara County IFT - Fleet	CA
American Medical Response West	O	3/25/2009	Workers Compensation	Placer County - Operations	CA
American Medical Response West	O	4/7/2009	Workers Compensation	Monterey - Operations	CA
American Medical Response West	C	5/6/2009	Workers Compensation	Santa Barbara - Operations	CA
American Medical Response West	O	4/14/2009	Workers Compensation	Sonoma - Operations	CA
American Medical Response West	O	4/24/2009	Workers Compensation	PBS - Modesto - Accounts Receivable/Bill	CA
American Medical Response West	O	4/29/2009	Workers Compensation	Alameda County ALS - Operations	CA
American Medical Response West	C	5/18/2009	Workers' Compensation	Marin County - Operations	CA
American Medical Response West	C	8/3/2009	Property Damage	Contra Costa County - Operations	CA
American Medical Response West	C	8/30/2010	Bodily Injury	Contra Costa County - Operations	CA
American Medical Response West	O	7/1/2009	Workers' Compensation	Stanislaus County - Operations	CA
American Medical Response West	O	8/5/2009	Bodily Injury	Sacramento County - Operations	CA
American Medical Response West	C	8/7/2009	Medical Payments	Sacramento County - Operations	CA
American Medical Response West	O	9/8/2009	Bodily Injury	San Francisco - Operations	CA
American Medical Response West	O	11/4/2009	Bodily Injury	San Joaquin - Operations	CA
American Medical Response West	O	11/24/2009	Workers' Compensation	Santa Clara County IFT - Operations	CA
American Medical Response West	O	11/18/2009	Workers' Compensation	Monterey - Operations	CA
American Medical Response West	O	11/23/2009	Workers' Compensation	Stanislaus County - Operations	CA
American Medical Response West	O	1/13/2010	Workers' Compensation	Alameda County ALS - Operations	CA
American Medical Response West	O	1/27/2010	Workers' Compensation	Alameda County ALS - Operations	CA
American Medical Response West	O	3/24/2010	Workers' Compensation	Sonoma - Operations	CA
American Medical Response West	O	6/8/2010	Bodily Injury	Contra Costa County - Fleet	CA
American Medical Response West	C	5/3/2010	Property Damage	Contra Costa County - Fleet	CA
American Medical Response West	O	5/21/2010	Workers' Compensation	Alameda County IFT - Operations	CA
American Medical Response West	O	7/8/2010	Workers' Compensation	Bay Radio - Communications	CA
American Medical Response West	O	8/24/2010	Workers Compensation	Contra Costa County - Operations	CA
American Medical Response West	O	10/20/2010	Bodiliy Injury	Contra Costa County - Operations	CA
American Medical Response West	O	11/19/2010	Workers Compensation	Contra Costa County - Operations	CA

WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

ART LATHROP
EMS DIRECTOR

JOSEPH BARGER, M.D.
MEDICAL DIRECTOR

CONTRA COSTA
HEALTH SERVICES

CONTRA COSTA
EMERGENCY
MEDICAL SERVICES

1340 Arnold Drive, Suite 126
Martinez, California
94553-1631
Ph (925) 646-4690
Fax (925) 646-4379

May 15, 2011

Ty Cook, EMS Coordinator
Napa County
Health and Human Services Agency, Public Health Division
2344 Old Sonoma Road, Building G
Napa, CA 94559

RE: Letter of Reference Documenting Substantial Compliance

Dear Mr. Cook:

As Acting EMS Director of Contra Costa County Emergency Medical Services Agency, I have oversight authority over American Medical Response (AMR) in Contra Costa County. I am very familiar with their performance and have worked closely with their management team and organization for more than four years.

AMR has been in substantial compliance with this County's standards including response-time requirements for the last six years since the start of our current contract. I believe AMR meets and/or exceeds the minimum credentialing standard as required in the Napa County RFP, and I have read the section of the credential submission to which this endorsement relates.

Please contact me with any questions or if you need additional information.

Sincerely,

Pat Frost, RN, MS, PNP
Acting EMS Director

SAN MATEO COUNTY
HEALTH SYSTEM

May 11, 2011

Ty Cook, EMS Coordinator
Napa County Health and Human Services Agency
2344 Old Sonoma Road, Building G
Napa, California 94559

RE: Letter of Reference Documenting Substantial Compliance

Dear Mr. Cook:

The San Mateo County EMS Agency has monitored and overseen AMR's performance under contract as an exclusive emergency ambulance provider to San Mateo County since 1990.

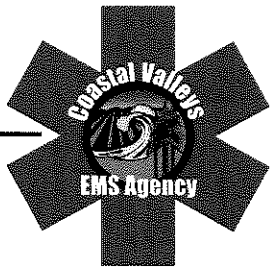
AMR is in substantial compliance with this Agency's standards. Having read the section of the credential submission to which this endorsement relates, I believe AMR meets and exceeds the minimum credentialing standard required in Napa County's RFP.

Sincerely,

Sam Barnett
EMS Administrator

Coastal Valleys EMS Agency

Serving Mendocino, Napa and Sonoma Counties



May 16, 2011

Ty Cook, EMS Coordinator
Napa County
Health and Human Services Agency, Public Health Division
2344 Old Sonoma Road, Building G
Napa, CA 94559

RE: Letter of Reference Documenting Substantial Compliance

Dear Mr. Cook:

As the Emergency Medical Services Coordinator for the Coastal Valleys Emergency Medical Services Agency, I have oversight responsibility for American Medical Response (AMR) in Sonoma County. I am very familiar with their performance and have worked closely with their management team and organization for more than 18 years.

AMR has been in substantial compliance with this County's standards including response-time requirements throughout the current Franchise Ambulance Agreement contract cycle which began in July 2009. Prior to this most current Franchise Ambulance Agreement, AMR also demonstrated substantial compliance with the contract standards of two prior Franchise Ambulance Agreements over a period of 18 years from July 1991 through June 2009. I believe AMR meets and/or exceeds the minimum credentialing standard as required in the Napa County RFP, and I have read the section of the credential submission to which this endorsement relates.

Please contact me with any questions or if you need additional information.

Sincerely,

Kent Coxon, EMS Coordinator
Coastal Valleys EMS Agency

Mendocino County Office	Napa County Office	Sonoma County Office
1120 South Dora Street	2344 Old Sonoma Rd., Bldg. G	475 Aviation Blvd, Suite 200
Ukiah, CA 95482	Napa, CA 94559	Santa Rosa, CA 95403
707-472-2785 Office	707-253-4341 Office	707-565-6501 Office
707-472-2788 FAX	707-259-8112 FAX	707-565-6510 FAX

HINDS COUNTY, MS

OFFICE OF EMERGENCY MEDICAL SERVICE

P. O. BOX 686
JACKSON, MISSISSIPPI 39205

Phone: (601) 968-0900 rbryant@co.hinds.ms.us

To: Mr. Ty Cook, EMS Coordinator, Napa County, California

From: Ray Bryant, EMS Coordinator, Hinds County, Mississippi

Date: April 26, 2011

Subject: Letter of reference for American Medical Response

A member of the management team at our local AMR operation has asked me to provide you a letter of reference about AMR's work in our county for the past 20 years. I understand AMR will present my letter to you as part of the company's effort to become your 9-1-1 ambulance contractor. As EMS coordinator for the Hinds County Board of Supervisors, I am happy to attest that our county and AMR have a strong relationship.

I was asked to note that our county has approximately 250,000 residents and includes the state's capital, Jackson, which has a population of close to 170,000. Our county is the most populous in Mississippi and Jackson is the state's largest city. However, Hinds County is not totally urbanized; indeed, a substantial portion of our county is quite rural.

AMR came to our county in 1992 by purchasing a company called Mobile Medic Ambulance Service. Mobile Medic had come to Hinds County the year before by winning our county's RFP. I have served as the county's appointed EMS coordinator, overseeing our contractor's performance versus our contract terms, since Mobile Medic / AMR began serving Hinds County.

Since 1992, AMR has been our sole provider of both emergency and non-emergency ambulance service countywide. We have a highly detailed contract with AMR that contains numerous specific performance requirements. Our response time requirements are among the most demanding in the Southeast. Over the past two decades, AMR has rarely faltered in meeting its obligations, including compliance with our response time standards.

AMR has played a key role in a number of disasters in our area, including a substantial tornado strike in our county barely a week ago. As with previous disasters in our county (including Hurricanes Katrina and Gustav and a larger tornado strike in 2008), AMR immediately staffed several additional ambulances to meet the sudden increased need for extra paramedic service.

County officials very seldom hear complaints about AMR. Should an issue come up, we know our local AMR managers well and we can rely on them to address the matter in a straightforward, effective manner. Further, AMR in our area is known for supporting a variety of civic causes. The company is widely thought of as a "good corporate citizen." In the aftermath of Katrina and Gustav, AMR kept numerous extra ambulances on duty for an extended period.

In sum, Hinds County and our local AMR operation have had good ties for many years and, due to major disasters, we in county government have come to appreciate AMR more as a national concern. Thus, I can, without reservation, encourage Napa County to give AMR strong consideration for your 9-1-1 contract. Should you need more from along these lines, please contact me at the phone number or email address above.

CITY OF RIVERSIDE

Office of the City Manager - Administration

May 17, 2011

Ty Cook, EMS Coordinator
Napa County
Health and Human Services Agency, Public Health Division
2344 Old Sonoma Road, Building G
Napa, CA 94559

Dear Mr. Cook,

I am pleased to share my perspective regarding service provided to residents of the City of Riverside by American Medical Response.

AMR has served Riverside for many years, bringing decades of caring and expertise to their lifesaving work on behalf of our 300,000 residents. As our City has grown, AMR has effectively adapted its service delivery model to meet the changing needs of our community which is spread over nearly 90 square miles and ranges from sprawling citrus groves in the Greenbelt area, to historic districts, to modern residential developments, to the City's densely populated urban core. In strong partnership with the Riverside Fire Department, AMR has melded its organization into the fabric of this dynamic community.

AMR is also a valued member of the local business sector, providing hundreds of high paying jobs and supporting the vitality of our regional economy. AMR executives and employees are also actively involved in local charities, foundations and boards. They share their time, energy and resources to support many of the activities and causes that enrich the lives of Riverside residents.

Based upon my experience in working with AMR, I recommend the organization as a provider of ambulance service and as a business partner.

Cordially,

Belinda J. Graham
Assistant City Manager

3900 Main Street • Riverside, California 92522 • (951) 826-5553

ARLINGTON

May 2, 2010

TO WHOM IT MAY CONCERN:

I understand that our ambulance provider, American Medical Response, is submitting a proposal to provide service to your area. AMR has asked us to provide a letter of support.

I serve as the contract administrator over AMR for the City of Arlington, Texas. AMR has provided our ambulance service since October 1, 2001 when they were initially awarded the exclusive contract. A second exclusive contract term began on October 1, 2008 after a competitive bid process. AMR has met our needs as an ambulance provider. Although not perfect, any shortcomings are aggressively addressed to ensure alignment between their performance and contractual and administrative expectations. The partnership that exists between the Arlington Fire Department and American Medical Response stands as a bright example of a successful public/private provider relationship.

I gladly offer my support for AMR and would recommend them. Please let us know if we can provide additional information.

Sincerely,

Jim Self
Assistant Chief

EMSC'S AUDITED FINANCIAL STATEMENTS

We have enclosed our Audited Financial Statements for 2008-2010 on this CD. On our proposal CD's it is located in a separate file titled: EMSC Audited Financial Statements.

Bank of America
Merrill Lynch

Corporate Debt Products

January 25, 2010

Jason Standiffird
6200 S. Syracuse Way St. 200
Greenwood Village, CO 80111

RE: Bank Letter

American Medical Response, Inc through their parent, AMR Holdco Inc. (Parent), has maintained a banking relationship with us for at least fifteen years, dating back to their prior parent company Laidlaw. In February 2005, the Parent established a large credit facility in the low nine-figure range. Bank of America, N.A. is the administrative agent for this secured credit facility, provided to the Parent by a group of lenders (the "Credit Facility"). January 25, 2010, the amount available for withdrawal under the credit agreement is in the high eight figure range.

The availability of funds under the Credit Facility is subject to conditions that (a) the Parent not be in default under the terms of the Credit Facility and (b) the Parents's representations and warranties contained in the agreement governing the Credit Facility be true and correct in all material respects as of the date of the borrowing.

Please note that the information set forth in this letter is subject to change without notice, and is provided in strict confidence, without any responsibility or liability on the part of Bank of America, N.A., its affilitates, or any of its or its affiliates' directors, officers, or employees. Bank of America, N.A. undertakes no responsibility to update the information set forth in this letter.

Very truly yours,

Robert Klawinski

Robert Klawinski
Senior Vice President
BANK OF AMERICA, N.A.

Tel: 980.388.2478

Bank of America, N.A., NC1-007-17-19
100 North Tryon Street, Charlotte, NC 28255

Recycled Paper

Wachovia Bank, N.A.
9580 Regency Square Boulevard
2nd Floor
Jacksonville, FL 32225

WACHOVIA
A Wells Fargo Company

March 10, 2011

To whom it may concern:

Please accept this letter as confirmation that American Medical Response has been a client of Wells Fargo Bank N.A. since September 26, 1980, and since that time has complied with Wells Fargo's Depository Agreement and Regulations.

If you need any additional information, please contact me, Terella Williams at (904) 722-6377.

Sincerely,

Terella L. Williams, AVP
HealthCare Treasury Sales Analyst

Capital Equipment Plan – Napa 9-1-1 Proposal

Purpose	Equipment Description	Cost	Count	Cost
Vehicles				
AMR Tx - Prim AMB	Amb - Sprinter	$ 88,000	10	$ 880,000
AMR Tx - Supervisor	Amb - Chevy Tahoe	$ 52,800	1	$ 52,800
QRV	Amb - Chevy Tahoe	$ 52,800	1	$ 52,800
Medical equipment				
AMR Tx - Prim AMB	MedTronic LP-15 Monitor/Defib/Pace	$ 29,064	10	$ 290,640
AMR Tx - Supervisor	MedTronic LP-15 Monitor/Defib/Pace	$ 29,064	1	$ 29,064
QRV	MedTronic LP-15 Monitor/Defib/Pace	$ 29,064	1	$ 29,064
AMR Tx - Prim AMB	Stretcher - Power Pro	$ 8,918	10	$ 89,184
			-	
AMR Tx -Prim	Styker Stair Chairs	$ 2,541	10	$ 25,407
AMR Tx - Prim AMB	Suction units	$ 450	10	$ 4,500
QRV	Suction units	$ 450	5	$ 2,250
Communications Equipment:				
AMR Tx - Prim AMB	Motorola CDM-1250 VHF Radio (fire)	$ 1,090	10	$ 10,900
AMR Tx - Supervisor	Motorola CDM-1250 VHF Radio (fire)	$ 1,090	1	$ 1,090
QRV	Motorola CDM-1250 VHF Radio (fire)	$ 1,090	1	$ 1,090
AMR Tx - Prim AMB	Motorola CDM-1250 UHF Radio (fire)	$ 1,090	10	$ 10,900
AMR Tx - Supervisor	Motorola CDM-1250 UHF Radio (fire)	$ 1,090	1	$ 1,090
QRV	Motorola CDM-1250 UHF Radio (fire)	$ 1,090	1	$ 1,090
AMR Tx - Prim AMB	Motorola HT-1250 Portable VHF	$ 800	18	$ 14,400
AMR Tx - Supervisor	Motorola HT-1250 Portable VHF	$ 800	1	$ 800
QRV	Motorola HT-1250 Portable VHF	$ 800	1	$ 800
AMR Tx - Prim AMB	Napa MDC	$ 2,900	10	$ 29,000
AMR Tx - Supervisor	Napa MDC	$ 2,900	1	$ 2,900
QRV	Napa MDC	$ 2,900	1	$ 2,900
AMR Tx - Prim AMB	ePCR/hardware	$ 3,700	10	$ 37,000
AMR Tx - Supervisor	ePCR/hardware	$ 3,700	1	$ 3,700
QRV	ePCR/hardware	$ 3,700	1	$ 3,700
AMR Tx - Prim AMB	STEMI H/W & S/W	$ 359	10	$ 3,590
AMR Tx - Supervisor	STEMI H/W & S/W	$ 359	1	$ 359
QRV	STEMI H/W & S/W	$ 359	1	$ 359
Additional CAPEX - 5 Yr	Dispatch Option 3 CapEx			$ 96,800
Leasehold Improvements	TBD	$ 20,000	1	$ 20,000
	Total annual depreciation expense			**$ 1,698,177**

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HEALTH INSURANCE PORTABILITY &

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HIPAA

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ACKNOWLEDGEMENT FORM

Introduction

What is HIPAA?

HIPAA is short for the Health Insurance Portability and Accountability Act of 1996. Through HIPAA, Congress provides federal protection for the privacy and security of patient health information. The HIPAA regulations provide guidance on privacy, security and transactions and code sets.

Privacy

The HIPAA Privacy Rule contains rules for the protection of patient health information and for patients' rights related to that information. HIPAA also requires us to implement policies for protecting patient health information and to permit patients to exercise their rights.

Security

The HIPAA Security Rule requires that we implement physical and technical safeguards to protect the security of electronic patient health information**.**

Transactions and Code Sets

The HIPAA Transactions and Code Sets Rule standardizes the way we send and receive billing information on the patients we treat.

Taken together, these three HIPAA Rules are designed to facilitate the development of a uniform computer-based health information system, while protecting the privacy and security of our patients**'** health information**.**

What is Covered

HIPAA requires covered entities, including certain health care providers such as AMR and other health care companies**,** to protect the privacy and security of Protected Health Information (PHI). This type of information can be in oral, written or electronic form. PHI includes demographic or other identifying information that:

- Is created or received by covered entity;
- Relates to the past, present or future physical or mental health condition of an individual**,** provision of care to an individual; or the past, present or future payment for the provision of care to an individual**; and**
- Identifies the individual; **or**
- Provides a reasonable basis to believe the information can be used to identify the individual.

Administrative Requirements

Privacy Officer

To help ensure compliance with the HIPAA Privacy Rule, we have a Privacy Officer who is responsible for developing and implementing our HIPAA compliance program. The Privacy Officer is responsible for developing and implementing privacy policies and procedures, receiving complaints regarding our privacy practices and providing further information about our privacy practices.

If you have any questions regarding our privacy practices, please contact the Privacy Officer or a member of the Ethics & Compliance Department.

You may also call the toll-free HIPAA Helpline number: (888) 828-7284.

Privacy Policies and Procedures

We have established a comprehensive set of HIPAA policies and procedures to guide all employees and to ensure compliance with HIPAA and its regulations. These policies are available to review on the AMR website.

Enforcement and Compliance

Any employee who violates HIPAA may be subject to sanctions, up to and including termination of employment. If you have a good faith belief that the HIPAA regulations may have been violated, you have an affirmative obligation to report any suspected violation to the Privacy Officer or a member of the Ethics & Compliance Department. Anyone, including our patients, who believe that we are not complying with the applicable requirements of HIPAA, may file a complaint with the Department of Health and Human Services ("DHHS"). HIPAA establishes civil and criminal penalties for violations of HIPAA. Criminal penalties include up to $250,000 for each violation and up to 10 years in prison.

We will not take any retaliatory action against any individual who in good faith reports a potential HIPAA violation.

Preemption

The HIPAA Privacy Rule establishes a uniform "floor" for protecting the privacy of PHI. The HIPAA Privacy Rule preempts, or overrides, state laws that are contrary to, and that are less protective than the HIPAA Privacy Rule. State laws related to the privacy of health information that are more protective than the federal rule will remain in effect. Generally, a state law is "more protective" when it provides greater privacy protection for the individual who is the subject of the information or provides the individual with greater rights in his or her PHI.

Patient Rights

Notice of Privacy Practices and Patient Rights

The HIPAA Privacy Rule gives individuals the right to be informed of our privacy practices and their privacy rights. It requires that we provide patients with a written notice describing our privacy practices.

We must make a good faith effort to obtain a written acknowledgement from the patient

Q & A: Privacy Practices and Patient Rights

Q. Are we required to provide the Notice of Privacy Practices to "wheelchair car" patients?

A. Yes. It is AMR's policy to distribute the Notice of Privacy Practices to every patient we transport regardless of the type of transport. We must also obtain a written acknowledgment from the patient of the receipt of the Notice.

of receipt of the notice. In the event that the patient is unable to sign or we are otherwise unable to obtain a written acknowledgment, we must document the reason why we were unable to obtain the acknowledgment from the patient.

All AMR medical transport personnel should distribute this Notice of Privacy Practices to every patient we transport. This includes ambulance and wheelchair car transports.

Right to Access

The HIPAA Privacy Rule gives individuals the legal right to see and obtain a copy of their own PHI for as long as we maintain the information. In general, we must follow these rules:

- Allow an individual to inspect or obtain a copy of the PHI no later than 30 days after receiving the request.
- All requests for access to PHI must be made in writing.
- All written requests for access to PHI must be kept with the medical record for as long as we maintain the record.

Right to Amend

The HIPAA Privacy Rule gives individuals the right to amend their own PHI. For example, an individual who learns that someone else's health information is mistakenly in her chart may request that the record be amended to note that this information is not hers**.** The individual has this right for as long as the covered entity maintains the information.

We may deny an individual's request for amendment; for example, if we determine that we did not create the information, that the information would not be available for inspection because the individual does not have a right to access it, or that the record is accurate and complete**.**

- All requests for amendments must be submitted in writing.
- The Medical Director for each operational area or region will be responsible for reviewing the request and will make the final determination to accept or deny the request.
- The Medical Director will then provide the patient with a written explanation of our decision**.**
- We must respond to an amendment request within 60 days after receiving the request**.**
- The patient has the right to appeal the decision.

Q & A: Right to Amend

Q. Who is responsible for deciding if we will amend a patient's Patient Care Report (PCR)?

A. When a patient requests an amendment to his or her PCR, it is the responsibility of the Medical Director to review the request and determine if an amendment is warranted. The Medical Director is also responsible for communicating the decision to the patient.

Right to Request Restrictions and Alternative Methods of Communication

The HIPAA Privacy Rule gives individuals the right to request restrictions on the uses or disclosures of their PHI. For example, an individual may request that a particular medical procedure be kept confidential and not shared with other providers. Although we are not required to agree to such a restriction, if we enter into an agreement to restrict, we must abide by the agreement, except in emergency circumstances.

The HIPAA Privacy Rule also gives individuals the right to request that communications of PHI be made by alternative means or at alternative locations. For example, an individual may request that we call them at work instead of at home.

We must accommodate all reasonable requests and may not require an explanation from the individual as to why they are making such a request.

Right to Receive an Accounting of Disclosures

Individuals have the right to receive an itemized list of **certain** disclosures of their PHI that we made during the six years prior to the date that the individual requests the accounting, including disclosures to or by business associates. Generally, we must provide the individual with an accounting within 60 days after receiving such a request. We must include:

- the date of each disclosure;
- the name and, if known, the address of the organization or person who received the information;
- a description of the information disclosed; and
- a statement of the purpose of the disclosure.

Because we are required to provide individuals with an accounting of disclosures, we must document certain disclosures we make.

Use and Disclosure of PHI

Permitted Uses and Disclosures

The HIPAA Privacy Rule limits when and how we may use and disclose PHI.

- We "use" PHI when we internally access, share, examine, or analyze PHI**.**
- We "disclose" PHI when we release, transfer, or give access to PHI to another entity.

For treatment, payment, or healthcare operations, (TPO) we may use and disclose PHI without the individual's permission. Healthcare operations include a wide range of activities, including, for example, conducting quality assessment and improvement activities, reviewing the competence of health care professionals, conducting training programs, conducting or arranging for medical review or legal services, business planning and development and business management and administrative activities.

Q & A: Privacy Practices

Q. Is it correct that although we may provide treatment without patients' consent, we must obtain written acknowledgment from patients of their receipt of the Notice of Privacy Practices?

A. Yes. Covered entities are required to give patients the Notice of Privacy Practices and receive a written acknowledgment of receipt of the notice. However, if we render treatment and are unable to obtain written acknowledgment of receipt of our Notice of Privacy Practices, we must document our attempt and the reason why we were unable to get the acknowledgment from the patient.

In addition to uses and disclosures related to treatment, payment or healthcare operations, under certain circumstances [more fully discussed in our HIPAA Policies and Procedures] we are permitted to use or disclose PHI without the patient's written authorization in the following circumstances.

- Uses and disclosures required by law
- Uses and disclosures for public health activities
- Disclosures about victims of abuse, neglect or domestic violence
- Uses and disclosures for health oversight
- Disclosures for judicial and administrative proceedings
- Disclosures for law enforcement purposes

- Uses and disclosures about decedents
- Uses and disclosures for cadaveric organ, eye or tissue donation purposes
- Uses and disclosures for research purposes
- Uses and disclosures to avert a serious threat to health & safety
- Uses and disclosures for specialized government activities
- Disclosures for workers' compensation

In addition, while we are not required to obtain the patient's written authorization first**,** we are required to give the individual the opportunity to object to the following types of disclosures:

- Uses and disclosures for facility directories
- Uses and disclosures to family members and other individuals involved in the patient's care or payment for that care

Before we use or disclose PHI for any other purpose, we must first obtain the patient's written authorization. The HIPAA Privacy Rule requires that certain information be included in the written authorization. To ensure we capture all of the required information, we have developed a standard HIPAA Authorization Form that should be completed prior to any uses or disclosures of PHI outside of those listed above. These Authorization Forms may be obtained through the Ethics & Compliance Department.

Minimum Necessary

When we use or disclose PHI, we must make reasonable efforts to limit the use or disclosure of PHI to the minimum amount necessary to accomplish the purpose of the permitted use or disclosure. This includes uses and disclosures made for purposes of payment and healthcare operations.

When we disclose PHI to another healthcare provider for treatment purposes, including oral disclosures, we are not subject to the minimum necessary standard. For example, an EMT or paramedic is not required to apply the minimum necessary standard when discussing a patient's medical condition with an emergency department physician at a hospital.

Incidental Uses and Disclosures

The HIPAA Privacy Rule is not designed to keep healthcare providers from talking to each other or to their patients. Incidental uses or disclosures of PHI that occur as a result of an otherwise permitted use or disclosure are not considered violations of the HIPAA Privacy Rule provided that we have taken reasonable precautions to safeguard the information. Reasonable precautions may include:

- speaking quietly when discussing a patient's condition with family members in a waiting room;
- avoiding use of a patient's name in public hallways and elevators;
- avoiding discussion of the patient's condition with bystanders.

Q & A: Incidental Uses and Disclosures

Q. Can healthcare providers engage in confidential conversations with other providers or with patients, even if there is a possibility that they could be overheard?

A. Yes. The HIPAA Privacy Rule is not intended to prohibit providers from talking to each other and to their patients. The regulation recognizes that oral communications often must occur freely and quickly in treatment settings. These types of disclosures are considered "incidental disclosures." Thus, healthcare providers may engage in communications as required for quick, effective, and high quality healthcare.

Multiple patient transports should not be standard operating procedure. They should be used only when waiting for a separate vehicle could adversely affect a patient's medical condition.

Ambulance Ride Alongs – Third Riders

Due to the HIPAA Privacy Rule, AMR has adopted a policy that prohibits ambulance ride alongs, or "third riders." This includes all members of the media, AMR employee family members or anyone else who is not directly involved in the treatment, payment or healthcare operations of the patient. Individuals who are enrolled in a formal EMT and paramedic training programs, clinical personnel such as nurses and physicians who receive ambulance patients at facilities, and any individual permitted by law to ride along may do so in accordance with appropriate AMR Safety/Risk policies. All exceptions to this policy must receive prior written approval by the Chief Compliance Officer and Privacy Officer.

Safeguarding the PHI of current and former employees

Under the HIPAA Privacy Rule, our colleagues and former employees have a right to expect privacy and confidentiality when it comes to their own healthcare. Co-workers and former co-workers of covered entities have the same privacy rights that any other individual has under the HIPAA regulations. In the event a colleague, co-worker or former employee needs to be transported or is a patient at a facility for medical or psychological treatment**,** we must continue to follow the HIPAA Privacy Rule. We must use the same measures to protect his or her confidentiality as we would any other patient. This means that we must not use or disclosure the PHI in any way that we would not otherwise be permitted to do without the patient's authorization. In addition, we must follow the minimum necessary requirements to limit disclosures of PHI to anyone not directly involved with the patient's care. We must also refrain from mentioning the presence or condition of this person to any other co-worker or colleague.

Videotape and/or Photographs of PHI

All employees must not, and may not allow anyone else**,** including members of the media, a third party vendor or any other employee, to videotape or photograph any aspect of our operations without prior written notice to the Chief Compliance Officer and prior written authorization of the individual who may be the subject of the PHI. Such conduct could be considered an impermissible use or disclosure of PHI and a violation of the HIPAA Privacy Rule. This applies to AMR ride-alongs, clinical training and other activities for purposes other than treatment, payment and healthcare operations.

Business Associates

We routinely hire other companies and consultants to provide services for us that may involve the use or disclosure of PHI. These entities are called "business associates." We must obtain satisfactory assurance that the business associate will appropriately safeguard the information.

Q & A: Business Associates

Q. Would a healthcare provider need a Business Associate Agreement with every insurance company to which it sends bills?

A. No. A Business Associate Agreement is required only when a third party is providing certain services or performing functions on our behalf that involve the use or disclosure of PHI. Insurance companies that are paying healthcare claims for services that we render are not considered to be doing so on our behalf (rather, it is on behalf of the patient) and, therefore, business associate contracts are not required with such entities.

This will normally take the form of a written agreement called a "Business Associate Agreement" that prohibits the business associate from using or disclosing the information other than as permitted or required by the agreement.—

Law Enforcement

The HIPAA Privacy Rule does not expand current law enforcement access to PHI. Your state privacy laws may be more protective than the federal HIPAA regulations. If that is the case, continue to follow your state privacy laws.

Q & A: Physical Privacy and Security

Q. Does HIPAA require emergency departments to be retrofitted, to provide private rooms, and soundproof walls to avoid any possibility that a conversation is overheard?

A. No. The HIPAA Privacy Rule and Security Rule do not require these types of structural changes be made to facilities. The Rules require only that covered entities make reasonable efforts to prevent uses and disclosures not permitted by the Rule.

Even in cases when the Privacy Rule permits disclosure to law enforcement, we must follow the Minimum Necessary Standard.

The HIPAA Privacy Rule permits disclosure of certain PHI (e.g. name, address, birth date, social security number, blood type, type of injury, date and time of treatment and a description of distinguishing features) to law enforcement officials without the patient's authorization for identification or investigative purposes.

We may also disclose PHI about a crime victim to law enforcement officials if the victim agrees to the disclosure, or, if the individual is unable to agree we receive certain representations from the law enforcement official.

In addition**,** when possible, we must obtain permission from persons who have been the victim of domestic violence or abuse before disclosing information about them to law enforcement unless the disclosure is otherwise required by law.

Under the HIPAA Privacy Rule, we may disclose PHI to law enforcement officials as required by law or in response to:

- a court order, a court-ordered warrant, or a subpoena or summons issued by a judicial officer;
- a grand jury subpoena; or
- an administrative request, such as an administrative summons or a civil investigative demand that meets specific standards.

We must also confirm the subpoena contains a “Certificate of Satisfactory Assurances” from the attorney requesting the PHI that the requesting attorney has made a good faith attempt to provide written notice to the patient or patient’s personal representative of the intent to request the PHI, and that the patient is aware of the request for PHI. The Certificate must also state that either the patient had no objections, or any objections have been resolved prior to the subpoena being submitted.

HIPAA Security

Just as the HIPAA Privacy Rule protects the privacy of PHI in oral, written and electronic form, the HIPAA Security Rule focuses only on safeguarding the security of electronic PHI, or EPHI. Safeguarding EPHI is everyone's responsibility.

Pursuant to the HIPAA Security Rule, we will:

- implement reasonable and appropriate administrative, technical, and physical safeguards that ensure the confidentiality, integrity and availability of the electronic PHI the entity collects, maintains, creates or transmits;
- protect against reasonably foreseeable threats to the security or integrity of the information such as unauthorized access, alteration, deletion or transmission of the EPHI; and
- protect against any reasonably anticipated uses or disclosures of the information that are not permitted or required by the Privacy Standards.

The following is a list of practices that we employ to comply with the HIPAA Security Rule.

Access to Secured Areas

You should report any observed or suspected incidents to your manager, Medical Director or designated Information Systems personnel immediately.

Virus Protection

You should take precautions to prevent and detect the introduction of any type of viruses or other malicious software.

NEVER open any files or macros attached to an e-mail from an unknown, suspicious or untrustworthy source. Delete these attachments immediately, then "double delete" them by emptying your Trash (Deleted Items Folder, Recycle Bin, and so on.) Keep in mind that viruses are often sent by someone pretending to be someone you know or trust.

Passwords & Password Protection Standards

- A poorly chosen password may result in the compromise of our entire corporate network. As such, you are responsible for taking the appropriate steps to select and secure your passwords.
- Do not use the same password for AMR accounts as for other non-work access, for example, personal ISP account and benefits.
- Where possible, do not use the same password for various work access needs.
- Do not share AMR passwords with anyone who should not have access to your network logon information.
- All passwords are to be treated as sensitive and confidential information.
- Keep passwords confidential and secure and do not share accounts.
- Authorized users are responsible for the security of their passwords and accounts.
- User-level passwords should be changed every 45 days.

Q & A: Communication Devices

Q. Does the HIPAA Security Rule require encryption of wireless or other emergency medical radio communications that can be intercepted by scanners?

A. No. The HIPAA Security Rule does not require that we make these types of electronic communication changes. We must implement reasonable safeguards to limit incidental, and avoid prohibited uses and disclosures.

PDA's and other hand held electronic devices

Any type of hand held electronic device that is used to store, transmit or create EPHI must be properly safeguarded to ensure the integrity of the data. Take steps to protect the device from theft or loss.

- Remember that your conversations and written communications about patients are private.
- Be aware of who is around you in elevators, airports and restaurants.
- Sensitive information such as PHI should be encrypted and/or password protected.

ACKNOWLEDGMENT OF HIPAA TRAINING AND COMPLIANCE FORM

I certify that I have received HIPAA training and the HIPAA Training Manual. I have read it and I understand that it represents some of my responsibilities as an employee, officer or director (as applicable) of the Company.

I understand that I have access to a toll-free HIPAA Helpline number, (888) 828-7284, to answer any questions about HIPAA requirements or HIPAA compliance issues. I also understand that I have an affirmative obligation to report any suspected violation to the Privacy Officer or a member of the Ethics & Compliance Department.

Please sign and return this form to your supervisor or manager. It will be sent to the Ethics & Compliance Department and a copy will be placed in your personnel file.

Name (Print): _____

Company: _____

Position Title:_____

Last four digits of SS#: _____

Employee ID #: _____

Location: _____

Hire Date: _____

Signature: _____

Today's Date: _____

CODE OF BUSINESS CONDUCT AND ETHICS

VITAL SIGNS

EMSC

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Letter from the Chief Executive Officer

Dear Employees:

We are proud to introduce *Vital Signs* – the Code of Business Conduct and Ethics for Emergency Medical Services Corporation (EMSC). *Vital Signs* contains key policies for conducting business both legally and ethically. EMSC is committed to providing high quality services to patients and customers, following the law, and encouraging that we all act with the utmost integrity. These important goals are vital to the ongoing success of our business.

We have chosen to name our Code of Business Conduct and Ethics *Vital Signs* in recognition that each of the policies addresses work place activities vital to the health of the Company's operations. Each policy in this Code describes what is expected and gives guidance to help meet both legal requirements and our internal ethical expectations. This Code applies to all of us. We must all adhere to the specific policies.

You are required to be familiar with and understand the Code of Business Conduct and Ethics policies, as violation of these principles may subject you to corrective action and/or termination of employment. Therefore, we encourage you to use the Code as a reference resource whenever you feel the need to do so. If you have questions or concerns about what actions to take, contact your supervisor. If you do not feel comfortable approaching your supervisor, you may contact the Ethics and Compliance Department or if you prefer to report an issue anonymously, call the Ethics & Integrity Helpline number at (877) 835-5267. We are committed to our employees and will work diligently to ensure that questions and issues brought to the attention of the Ethics and Compliance Department directly or through the Helpline will be kept confidential and that there will be no retaliation for asking questions or raising good faith concerns regarding possible improper conduct.

While no formal guidance can replace an individual's sense of good judgment, this Code should help you evaluate and address most issues and assure the fitness of the vital actions required for maintaining honest and ethical conduct.

Thank you for your support and your commitment to continually choosing to do the right thing ... the right way.

Sincerely,

William A. Sanger
Chairman and Chief Executive Officer

A Message from the Ethics & Compliance Department

This Code of Business Conduct, *Vital Signs*, is an important component of EMSC's Ethics and Compliance Program. The Ethics & Compliance Department's mission is "to advance operational goals by promoting ethical leadership and providing compliance guidance." Our intent in developing the Code was not only to document the Company's legal and ethical compliance requirements, but also to encourage each one of us to regularly think about our actions and the consequences of our behavior in the work place. We hope in so doing, that we can help promote and develop strong business leaders that will continue to uphold the Company's commitment to ethics and legal compliance.

Vital Signs provides information about our business standards and the laws and regulations that apply to our Company's activities. Each one of us is responsible for following the policies in this Code and for seeking guidance and direction when he or she is unsure of the propriety of any course of action.

Q & A: Code of Business Conduct and Ethics

Q: I already reviewed a Code of Business Conduct and Ethics upon hire and signed an acknowledgement form. Why do I have to read this again and attend another training session?

A: As compliance with the Code is a condition of initial hire and as a condition to continued employment with the Company, we believe that it so important that each of us on a routine basis should be required to revisit and re-read the Code. In addition, the Code is reviewed and revised by the executive management team on a periodic basis. Therefore, these refresher training sessions are conducted to serve as a reminder that we all understand our responsibility to do the right thing … the right way.

While it is impossible to include the full body of applicable law in this document, *Vital Signs* provides guidance for expected ethical behavior. As many issues included in this Code are broad and complex, we will attempt to provide additional guidance through a variety of means, including training and education, policies and procedures, and direction from managers, supervisors and legal counsel.

Be alert and sensitive to situations that could result in improper, unethical or illegal conduct. If you have any questions about the information in *Vital Signs* or for any compliance related issue – ask the question – get the answer! You should:

- Consult *Vital Signs*
- Speak to Your Supervisor
- Contact the Ethics and Compliance Department at (303) 495-1240
- Call the Ethics and Integrity Helpline at (877) 835-5267, which is available 24 hours a day, seven days a week

Thank you for your commitment to the ethical values vital to the Company's reputation and success.

Very truly yours,

The Ethics and Compliance Department

NOTES:
(1) ***Vital Signs*** is not, and may not be construed as, a contract of employment or any other type of contract or an assurance of continued employment.
(2) In order to make reading the Code a little easier, we have used the term employee(s) to refer to every person and entity that works for the Company as an employee or independent contractor and the term Company to refer to EMSC and any of its subsidiaries, or companies managed by them.

We Act Responsibly Toward Each Other and Our Patients/Customers

Following and Using the Code

This Code has been named *Vital Signs*, as a reminder to continually monitor and check our own workplace behavior against the standards set by the Code. *Vital Signs* has been approved by the Board of Directors and is considered a vital part of our Company's integrity. Therefore, everyone – all members of our workforce including full-, part-time and per diem employees, officers and directors of the Company and its subsidiaries and managed entities, as well as consultants and contractors providing services for these entities – must support the Company's efforts to comply with laws and maintain ethical standards.

The Code is made up of the key compliance policies that apply to all of us. We have tried to include as much compliance guidance as possible to assist you when faced with potential compliance questions. However, no one document can possibly cover every issue. Many of the policies set forth in this Code are further addressed in written operational policies and procedures. In addition, please remember that the Ethics & Compliance Department and the full management staff are available to help you.

Compliance with the Code is mandatory. Any violation of the Code may result in corrective action, up to and including termination. Employees who are aware of Code violations and fail to report the violations to the Company may also be subject to corrective action.

Reporting Suspected Violations

If you believe or suspect a violation has been committed, it is your duty to report your concern. The first person you may want to talk with is your supervisor. If, however, you are uncomfortable going to your supervisor, you should contact the Ethics & Compliance Department by calling (303) 495-1240.

We have also established the Ethics and Integrity Helpline at (877) 835-5267, which is available 24 hours a day, seven days a week where you may report potential issues anonymously. Confidentiality will be maintained to the extent it is possible to do so.

Investigating Suspected Violations and Prohibiting Retaliatory Behavior

We are committed to making sure that compliance issues receive sufficient and appropriate attention. Every call, question and concern is taken seriously. It is the Company's policy to review, investigate and address these issues so that we can make sure that our conduct is compliant with relevant laws and so that we can promptly correct any problem. The Company prohibits retaliation against anyone who raises a good faith legal or ethical issue or helps with a compliance investigation. "Getting even" behavior will never be tolerated.

Q & A: Complaint Resolution

Q: What happens if I am not satisfied with the resolution of a complaint I placed to the Helpline?

A: There may be times that the Ethics & Compliance Department has investigated and resolved a situation that may not be the resolution you would have identified, or the Company has determined the concern is not contrary to Company policy. If you continue to have concerns after a resolution has been provided, please report your concerns back to the Helpline for additional review.

Respecting Patient Rights and Privacy

We respect the confidential nature of our patients' health information. Therefore, we must comply with all federal and state health information privacy laws. Generally, unless otherwise permitted or required by law, we must not use or disclose patient health information without the patients' authorization. The laws concerning the privacy and security of health information are very broad and cover many of our business activities. We have adopted a number of additional policies and procedures directly related to these issues and have also developed a separate Training Manual to address the specific privacy and security requirements adopted as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Maintaining an Appropriate Workplace Environment

The Company strives to comply with all laws, regulations and policies related to employment-related activities, and expects its employees to abide by these laws and regulations. The Company has a comprehensive set of policies related to employment practices and compliance with employment related laws and regulations which address issues such as: diversity, harassment, workplace violence, substance abuse, health and safety. Please consult the Human Resources Handbook for applicable Company policies.

We Strive to Comply with Laws and Regulations

The healthcare industry is highly regulated. All individuals must abide by the laws and regulations impacting the healthcare industry or be subject to disciplinary action up to and including employment and/or contract termination. While the Company does not expect any single individual to understand all details of these very technical and complex healthcare laws, rules and regulations, you are expected to be knowledgeable about and comply with the laws and regulations that apply to your job responsibilities and to seek guidance when questions arise.

Abiding by EMTALA

The Emergency Medical Treatment and Active Labor Act ("EMTALA"), and its state law equivalents regulate patient assessment and treatment at a hospital when the patient comes to the hospital with the belief that he or she has an emergency medical condition. EMTALA also includes specific rules regarding patient discharge and/or transfer.

Many hospitals have specific rules and guidelines with respect to their EMTALA obligations. In addition to complying with the hospital policies, all hospital-based physicians must follow EMTALA in providing medical screening examinations and/or necessary stabilization to all patients, regardless of their ability to pay. All necessary financial information should be obtained AFTER the patient has been stabilized. This information may also be obtained during care as long as no delay occurs.

Submitting Accurate Claims for Services

We must submit appropriate and accurate claims to all patients and third party payors for medical services provided. This means that we must accurately document medical services provided, seek reimbursement only for those services which are medically necessary and actually performed, and we may not submit claims for services that are excessive or otherwise not legally reimbursable. We also must not submit false, fraudulent or misleading claims to any payor.

Maintaining Appropriate Financial Relationships with Referral Sources

There are various state and federal laws governing patient referrals. Anti-kickback laws regulate offers, payments, solicitations and receipt of anything of value in exchange for referring, furnishing or recommending federally funded business. There are also state and federal laws governing patient referrals by physicians, such as the Stark Law. The Stark Law, when applicable, prohibits physicians from referring patients, reimbursable by federal funds, to an entity providing "designated health services" if the physician or a member of the physician's immediate family has a financial relationship with the entity, unless an exception applies.

Always Act with Integrity Before, During and After any Investigation

- Do not destroy documents or information in anticipation of a request for those documents from a government agency or court;
- Do not alter documents or records;
- Do not lie or make misleading statements to government investigators during any investigation; and
- Do not pressure anyone to hide information or provide false or misleading information to government investigators.
- Documents and information include both paper and electronic forms of storage, such as computer file, e-mails, voicemails etc.

We may not offer, solicit or receive any type of compensation (including kickbacks, bribes or rebates) in return for referring, furnishing or recommending services to patients that are reimbursable by the federal government. Similarly, physicians may not refer Medicare patients to an entity providing "designated health services" if the physician or a member of the physician's immediate family has a financial relationship with the entity, unless the Legal Department or Ethics & Compliance Department has determined that the referral arrangement does not violate applicable law.

Interacting with Government Employees and Cooperating with Government Investigations

It is illegal to give anything to a government official or employee in order to influence that government official or employee to use his/her government position and power to help the Company. Not only must we refrain from this activity, we must also avoid the appearance of inappropriate influence. Employees may not buy lunches, give gifts or do anything that directly or indirectly benefits government officials without prior approval from the Ethics & Compliance Department.

It is Company policy to cooperate with government investigations. Both the Company and employees have the right to be represented by legal counsel during any government investigation or inquiry. This means that *you* have the right to have an attorney present during questioning whether that questioning occurs during business hours or away from Company property. If you are contacted by a third party in connection with a governmental investigation or you learn of a governmental investigation, immediately contact the Legal Department or the Ethics & Compliance Department.

Maintaining Eligibility to Participate in Government Healthcare Benefit Programs

The federal government and many state and local agencies pay for some of the services that our Company provides to patients. Individuals and/or entities may be debarred or suspended from participating in federal or state programs for various reasons including inappropriate use of federal or state funds. These individuals and/or entities are published on the "Excluded Parties List System" and the Office of the Inspector General's "List of Excluded Individuals/Entities."

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Comply with Laws and Regulations, Continued

The Company will not knowingly employ or contract with any individual or business, with or without pay, which is on the Excluded Lists as debarred, suspended or otherwise ineligible to participate in the Company's business endeavors.

We take proactive steps to check the government's list of excluded and debarred providers to ensure that no employees have been placed on the list during employment. Employees have a duty to inform the Company of any change in their eligibility to participate in government programs. Consultants and contractors must be eligible to contract with the Company, and must operate in accordance with our Code of Business Conduct that governs ethical corporate behavior and which precludes the hiring of excluded, debarred or ineligible persons or entities.

Dealing Fairly with Others and Engaging in Appropriate Marketing Activities

The Company is committed to fair competition and to honest dealing with customers, suppliers, competitors and employees. Employees shall not engage in unethical business practices as a means to win business, such as stealing trade secrets or proprietary information from competitors, offering bribes or kickbacks or harassing a competitor's employees. We will market our services honestly and adhere to antitrust and trade regulations that encourage competition.

Q & A: Conflicts of Interest

Q: I am in a position to decide which vendor receives a contract from the Company. My spouse owns one of the businesses bidding for the contract. Is it a conflict of interest to participate in the decision making process?

A: Generally it is a conflict of interest for you to use your position within the Company to influence decisions that would directly or indirectly allow you or a family member to profit from those decisions. For example, if you, a family member or close personal friend own a business that either currently provides services to the Company or is bidding to provide services to the Company, it would be viewed as a potential conflict of interest for you to be involved in the decision making process to hire them due to the possibility that your decision may also provide you with personal monetary gain.

We Avoid Conflicts of Interest

Limiting Acceptance of Inappropriate Gifts or Other Benefits and Maintaining Appropriate Outside Financial Interests

Business decisions must always be made in the best interests of the Company and not motivated by personal interest or gain. Employees should not participate in any activities or enter into relationships that conflict or appear to conflict with their Company responsibilities. It is a conflict of interest for an employee to make any profit or personal gain as a result of his or her position with the Company, apart from the Company's compensation and benefits programs. Company employees shall not be used to help with personal business during business hours. Employees must avoid and promptly disclose potential conflicts of interest. Waivers or exceptions to any conflict of interest must be approved in writing by the General Counsel.

Keeping Personal Political Activities Separate from Company Activities

It is important to keep separate your personal political activities from Company activities. The Company has specific procedures regarding all political contributions and those procedures must be strictly followed in order to comply with laws that restrict the use of Company funds, property and services in connection with elections. Employees must receive prior approval by the Ethics & Compliance Department and Government Relations Department for any political activity that could be characterized as sponsored or supported by the Company, such as making political contributions or using employee work time or Company resources on political campaigns.

No type of political contribution should ever be included on any expense account. For example, in general, the cost of fund-raising and/or tickets for political functions are considered political contributions, and therefore may not be included on expense reports, even if business is discussed.

Under no circumstances are local petty cash funds, draft accounts or other Company funds to be used for contributions to federal, state or local political campaigns.

Some examples of possible Conflicts of Interest include:

- Awarding business to a consultant or entity owned or controlled by a family member;
- Owning (or possessing a significant ownership interest in) an entity which is a competitor or supplier of the Company;
- Providing charitable contributions to entities where an employee or family member has an interest;
- Receiving loans or guarantees of an obligation from a customer or vendor; and
- Accepting a gift that influences a decision with respect to a specific vendor or customer.

We Protect Company Property

Using Company Property

Company Property, as a general rule, should only be used to further the Company's business, unless you receive prior approval for another use by your manager. When we refer to Company Property, we mean all the resources we use to conduct our business such as the physical spaces and facilities, materials, supplies, equipment, the services that the Company pays for to support its activities and the Company information that we use to do our jobs.

Some examples of Company property are our offices, vehicles, telephones, paging equipment, copying machines, work supplies, computers.

Company Property should be used wisely and never needlessly wasted. We also need to take precautions to protect it from misuse or theft. In order to ensure that property is being used in compliance with our policies and the law, the Company retains the right to gain access to Company Property at any time, without notice. This means that we may take actions such as monitoring, opening, inspecting, or copying any Company property, including accessing electronic communications transmitted or received through the Company's systems.

Q & A: Proprietary Information

Q: I recently created a training presentation for my staff that includes graphics and other creative options. Can I use this presentation for personal business or take it with me if I begin working for another company?

A: No. All work product created by you in the course of conducting Company business is the property of the Company. The Company hired and paid you for your knowledge, experience and creativity. Anything that you have created for the Company cannot be used elsewhere without prior permission. The information is owned by the Company and is therefore proprietary.

Safeguarding Confidential and Proprietary Information and Trade Secrets

Much of the information that employees have access to and use in the course of business has been developed by or for the Company and is extremely valuable and necessary in helping the Company operate successfully. This information, including our trade secrets, is confidential and proprietary information and generally is not available to others.

Examples of confidential or proprietary information are pricing structures, contract terms, proposals, business plans, processes, personnel information, customer or patient information, passwords and other information that either the Company has not released publicly or which is copyrighted and not available for use by other companies.

Good judgment should always be used whenever disclosing this type of information to other Company employees or to individuals outside of the Company. If you have any concerns, you should

Q & A: Confidential Information

Q: I generate a report on a routine basis. This report contains personal information such as name and social security number. I do not need to retain it. How should I discard it?

A: Unless management has instructed you to retain all documents (paper and electronic) as a result of a government or internal investigation the report should be retained or discarded in accordance with the Company's document retention policy. Confidential documents that are discarded should be shredded or destroyed so that the information contained in the report cannot be reconstructed.

contact the Legal Department prior to disclosing information in order to determine if there are any restrictions on disclosure.

Sometimes the Company receives a subpoena or other type of legal request for certain information. The Company has developed specific procedures for releasing information in response to subpoenas and legal inquiries. For legal reasons, it is very important that these procedures be followed. Any requests for information under these circumstances should be immediately directed to the Legal Department.

By its very nature, confidential information is compromised if it is made public. Therefore the requirement to safeguard this type of information remains an ongoing obligation, even if your employment with the Company should end.

Keeping Accurate Books, Records and Reports about the Company

The Company's books, records, and reports must be truthful and accurate and properly maintained in compliance with Company policy, federal, state and local laws. The failure to maintain accurate books, records and reports may expose the Company and employees to significant civil damages, substantial criminal fines and other penalties. We expect every employee to take responsibility for the integrity of information that is included in business documents, whether that information is financial, operational, statistical or other business data. You must not intentionally enter, record or report false, misleading or inaccurate information.

Employees are expected to cooperate fully with any compliance investigation and with both internal and outside auditors. Cooperation is defined as providing unrestricted access to the employee's book records, and source documents related to any review conducted at the direction of the Chief Compliance Officer, or the Internal Auditor. Under no circumstance should any employee, on his or her own, or under the direction of a director, officer or other employee, take any action to coerce, manipulate, mislead or fraudulently influence any internal auditors or outside auditors retained by the Company.

All complaints regarding accounting, internal accounting controls, auditing and other financial matters from any source are received, retained, and investigated by the Chief Compliance Officer and Internal Audit and reported to the Board of Directors or a committee thereof.

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Protect Company Property, Continued

Restricting Use of Inside Information

We shall comply with all applicable federal and state securities laws, relating to buying or selling stock in our Company. In the normal course of the business, we may become aware of material, non-public information (Inside Information) regarding the Company, as well as other companies with which we do business. The Company has adopted an insider trading policy (the "Insider Trading Policy") which will be available on our website and which employees should review. The following is a summary of the Insider Trading Policy:

The following conduct is strictly prohibited:

A. "Insiders" include employees, officers and directors of the Company, as well as the Company's outside advisors, agents, contractors and other third parties with access to Inside Information. Under the Insider Trading Policy, Insiders, members of their immediate families, or any trusts over which the Insider has control, may not buy or sell EMSC securities or securities of any other publicly-held company, while in possession of Inside Information obtained during the course of employment. This prohibition applies even if the decision to buy or sell is not based upon the Inside Information.

B. Insiders in possession of Inside Information, may not (a) disclose the Inside Information to anyone other than those individuals associated with the Company who need to know the information to conduct their job duties; or (b) offer tips, opinions or recommendations regarding Inside Information, to any other individual, including family members, friends, vendors, suppliers or customers, who may trade EMSC securities. Even outside of the trading context, Insiders are required to maintain the confidentiality of Company information.

C. The Company considers it improper for any Insider to engage in speculative transactions with EMSC securities. Therefore, Insiders are prohibited from engaging in the following with respect to EMSC securities: (a) buying or selling publicly traded options, warrants and other derivatives; (b) engaging in short sales; (c) engaging in hedging transactions; or (d) margin purchases of EMSC securities.

Additional restrictions, including those applicable to individuals subject to the SEC's Section 16 reporting requirements and other employees with regular access to Inside Information, are described in the Insider Trading Policy. These policies will continue to apply to any individual whose relationship with the Company terminates as long as the individual possesses Inside Information. If you have any questions about Insider trading, you should contact the Company's General Counsel.

Acknowledgment and Conflicts of Interest Disclosure Form

I certify that I have received a copy of *Vital Signs* – EMSC's Code of Business Conduct and Ethics. I have read *Vital Signs* and I understand that it represents my responsibilities as an employee, officer or director (as applicable) of the Company.

I agree to fully comply with the standards, policies, procedures and other provisions of the Company.

I understand that I have an obligation to report any suspected violation of the Company's standards, policies, procedures and other provisions. I understand that the Company has provided me with access to a toll free Ethics & Integrity Helpline number to answer any questions I may have and/or allow me to report any suspected violations.

I certify that I have read and understand the Code of Business Conduct and Ethics section entitled CONFLICTS OF INTEREST and that:

_____ I have no conflicts of interest.

_____ I request assistance in determining whether I have a Conflict of Interest.
If you checked this box please describe below.

I further certify that:

_____ I DO NOT have knowledge of any violations of this Code of Conduct at this time.

_____ I DO have knowledge of a violation of this Code and the violation is described below or will be reported to the Ethics & Compliance Department as soon as possible.

_____

_____

_____

_____

Please sign and return this form to your supervisor or manager. It will be sent to the Ethics & Compliance Department and a copy will be placed in your personnel file.

Name (Print): _____

Company: _____

Position Title: _____ Last four digits of SS#: _____

Employee ID #: _____ Location: _____

Signature: _____ Today's Date: _____

Emergency Medical Services Corporation
6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111
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BRUCE H. LEE
General Manager

Bruce.lee@amr.net
(650) 823-8643

EXPERIENCE

American Medical Response, 2011 - present
veriHealth, Inc., President & CEO, 2009 - 2011
County of Santa Clara, Public Health Dept. 2004-2009
County of Sonoma, Health Services Dept., 2000-2004
Rural/Metro Medical Services Corporation, 1998-1999
American Medical Response, 1993-1998/1999-2000
Halliburton NUS Corporation, 1990-1993
County of Santa Barbara, Office of Emergency Management, 1985-90
University of California, Santa Barbara, Police Dept., 1980-1985

PROFESSIONAL QUALIFICATIONS

American Medical Response – General Manager – For Northern California operations, responsible for the development and the on-going success of 911 and inter-facility transportation markets; with particular focus on the Napa County EMS RFP and associated aspects of local market development. Responsible for budget development and oversight, proposal team management, operations implementation and permit/contract compliance. On the executive leadership team, contributes on corporate business development innovations group and customer relationship team.

veriHealth, Inc. – As the President & Chief Executive Officer of verihealth, responsible for the overall leadership and success of all company operations and divisions, including ambulance services, verihealth Training Institute, RoutineMD/home healthcare services, and Advanced Practice Group (APG) consulting services. Lead growth of company to an increase of over 60% in service volume and 40% in net revenues in one year period. verihealth, a regional leader in high quality specialized healthcare services, is a privately held company with approximately 150 employees and is based in Petaluma, CA.

County of Santa Clara/Public Health Dept./EMS Director – As an executive manager within the Public Health Department, responsible for the leadership, oversight and management of complex EMS and trauma system, including 12 acute care hospitals, 3 trauma centers, 8 ambulance providers, 14 fire department ALS providers, annual EMS call volume of approxiately 95,000 calls for service. Chair and/or lead many committees and work groups; Responsible for medical quality assurance of Emergency Medical Dispatch services; Responsible for management of EMS Agency, including the supervision of 12 professional staff, including an EMS Physician Medical Director, Trauma Nurse Manager, EMS Coordinators, EMS Specialists, health educators, and clerical staff; Implemented first organized Stroke Care system in Calfornia, and instrumental in the design and implementation of STEMI (cardiac) care system; Responsible for managing operational aspects of medical disaster services, including oversight of the Public Health Department Emergency Operations Center, influenza pandemic planning (essential services component), homeland security,

bioterrorism and natural hazard preparedness. Served as Interim OES Director for the County of Santa Clara, County Executive Office,for approximately 6 months.

County of Sonoma/Public Health Dept./Regional EMS Administrator - responsible for management of three-county EMS Agency region (Mendocino, Napa and Sonoma Counties). Areas of responsibility include regional EMS service oversight, medical disaster preparedness, multi-casualty planning, trauma system regulation, base hospital oversight, ambulance and fire provider oversight, medical direction oversight, grant project management, budget development and oversight; Responsible for development of countywide Bioterrorism and Public Health Preparedness Emergency Response Plan (including West Nile Virus and Influenza Pandemic Plans); Chair Sonoma County Healthcare Alliance Emergency Department Overcrowding Task Force; Coordinate/Chair BT Task Force meetings; Responsible to Public Health Officer and supervision of 12 employees.

Rural/Metro Medical Services Corporation - Area General Manager - for North Texas operations, responsible for oversight of all ambulance operations in the region. Responsible for managing medical transportation operations in approximately eight counties and fourteen cities. Oversight responsibility for approximately 300 employees and 50 ambulances. Project Manager for successful competitive bid process for Forth Worth MedStar-911 ambulance system.

American Medical Response - Director of Operations - for Sonoma and Marin Counties, California, and Denver, Colorado operations, responsible for managing ambulance operation with $20 to $30 million annual budgets. Sonoma County operation includes ALS primary 911 response, and Critical Care Transport. Responsible for oversight and management of high performance ambulance contract, public and governmental relations, budget development and oversight, and labor relations.

Halliburton NUS Corporation – Executive Consultant and Project Manager - responsible for managing various emergency management projects for industry and government. Projects included response plan and procedure development for jurisdictions and facilities, exercise design and evaluation, Emergency Operations Center (EOC) design and evaluation, Incident Command System (ICS) development, community alert and warning system evaluation, development of public information/education materials, and the development of training programs to support disaster preparedness efforts. Projects included work in Taiwan (ROC), Saudi Arabia, and the various locations in the US.

County of Santa Barbara - Director of the Office of Emergency Management - responsible for all programs, projects, disaster plans and contracts associated with the Operational Area Emergency Services Organization. Responsible for all aspects of emergency management: hazard assessment, mitigation, response, and recovery. The Operational Area included six cities and the county operating in a unified program. Key programs included hazardous materials, medical disaster management, and earthquake planning. Supervised staff of ten and numerous project consultants, and managed a budget of approximately $2 million.

University of California, Santa Barbara - EMS Operations Supervisor and field paramedic, responsible for managing paramedic ambulance and sea rescue services for the University Police Department. Responsible for revising and exercising the campus disaster plan; Chaired the Emergency Medical Services Coordinating Committee for the Santa Barbara Olympic Village, 1984 World Olympics, and developed a multi-casualty plan for the site.

COMMUNITY PROFESSIONAL ASSOCIATIONS

Former Commissioner and Chair, Commission on Emergency Medical Services, State of California (appointed by Governor Schwarzenegger); Member, Board of Directors, Peninsula Stroke Association; Past President and Board Member, EMS Administrators Association of California; Board Member, Peninsula Stroke Association; Past Board Member and Chair, Redwood Empire Communication and Dispatch Authority (REDCOM); Past President, American Heart Association, Santa Barbara County Chapter; Chairman; Member, Board of Directors, American Red Cross, Santa Barbara County Chapter; Member, Board of Directors, American Red Cross, Sonoma County Chapter; Past Member, Board of Directors, United Way, Sonoma and Mendocino Counties.

EDUCATION

Bachelor of Arts Degree, Health Services Administration,
Saint Mary's College, 2001
Environmental Studies, University of California, Santa Barbara, 1976-80
Biological Sciences, University of Denver, 1973-76
Certificate of Completion, Paramedic Training, Daniel Freeman Memorial Hospital, 1978
Biological Sciences, University of Denver, 1973-1975

SPECIAL TRAINING

Planning for Nuclear Power Emergencies, Harvard University
Public Information Officer Training, Calif. Specialized Training Institute (CSTI)
Damage Assessment and Recovery, CSTI/FEMA
Haz Mat Emergency Management, CSTI
Executive Emergency Preparedness, FEMA-Maryland
Various levels of NIMS, SEMS and ICS training

PROFESSIONAL PRESENTATIONS

"ICS and Industry", Petro-Safe Conference, Houston, Texas; "Industrial Emergency Management, A Practical Approach", ASSE International Conference, Minneapolis, Minnesota; "A Primer on Medical Volunteer Disaster Reserves and Table Top Exercise," and, "Mass Fatality Planning for Pandemic Influenza," NACCHO/APC Preparedness Summit, Washington, D.C.

SPECIAL AWARDS

Recipient of the State of California Governor's Award for Excellence in Emergency Services; Recipient of the AMR West President's Award for Excellence in Management; Recipient of the California EMS Administrator of the Year Award.

Christy Hollis, PA-C, EMT-P, MMS
Dublin, CA 94568

EDUCATION

Physician Assistant	Stanford University School of Medicine Primary Care Associate Program, 2008.
M.M.S.	Master of Medical Science, St. Francis University 2008.
Calif. State Paramedic	Northern California Training Institute, 2005.
B.A.	Bachelor of Arts in Psychology, California State University, Hayward, 2004.

LICENSURE and CERTIFICATIONS

Physician Assistant	Exp. 9/12
NCCPA certification	Exp. 12/11
Drug Enforcement Admin License	Exp. 10/11
California State Paramedic	Exp. 8/11
American Heart Association CPR	Exp. 5/11
Advanced Cardiac Life Support	Exp. 6/12
International Trauma Life Support	Exp. 6/13
Pediatric Advanced Life Support	Exp. 1/13

WORK EXPERIENCE

2010-present	Emergency Department PA-C: Eden Hospital, Castro Valley, CA.
2009-present	Emergency Department PA-C: Sutter Tracy Community Hospital, Tracy, CA.
2009-2010	Emergency Department PA-C: Sutter Delta Medical Center, Antioch, CA.
2007-2008	PA Student: Family practice, ob-gyn, pediatric, in-patient, surgery, and emergency medicine rotations.
2007-present	Paramedic Lab Instructor: Northern California Training Institute, Livermore, CA.

2006-2007	Anatomy & Physiology Instructor: Northern California Training Institute, Livermore, CA
2005-2006	Paramedic: Pre-hospital emergency medicine. American Medical Response, Stanislaus County, CA.
2004 -2005	Northern California Training Institute Paramedic Program, and Berkeley Fire Department Paramedic Internship
2000-2007	Emergency Medical Technician: American Medical Response, Alameda County, San Leandro, CA

VOLUNTEER WORK

2006- present	Northern California Training Institute. Career education and guidance for high school students. Alameda County, CA.

REFERENCES

Available upon request.

Andrew C. Nothmann MD, MS, FACEP

Employment:

11/00 – 12/04: Emergency Department(ED) Physician, Kaiser Hospital, Oakland, CA
03/01 – 10/05: ED Staff Physician, VacaValley Hospital and Northbay Medical Center, Vacaville and Fairfield, CA
05/02 – Present: ED Attending Physician and Clinical Instructor in Emergency Medicine, Highland General Hospital, Oakland, CA
07/03 – Present: ED Attending Physician, Queen of the Valley Medical Center(QVMC), Napa, CA
01/07 – Present: Partner, Napa Valley Emergency Medical Group

Education:

Residency Training: Board Certified in Emergency Medicine
07/98 – 07/01: Highland General Hospital – Emergency Medicine Residency, Oakland, CA
07/97 – 06/98: University of Connecticut – Emergency Medicine Residency, Hartford, CT

Medical School: Doctor of Medicine
09/93 – 06/97: St. Georges University School of Medicine, Grenada, West Indies

Graduate School: Masters Degree in Physiology
07/91 – 05/92: Georgetown University, Washington, DC

Undergraduate: Bachelor of Arts in Psychology
09/87 – 05/91: Georgetown University, Washington, DC

Professional Associations:

American College of Emergency Physicians, National and California Chapter
California Medical Association
Napa County Medical Society

Administrative:

2005- 2007: Chair, Emergency Dept. Quality Assurance Committee, QVMC
2007- 2009: Base Station Medical Director, QVMC
2007- 2009: Vice Chair of Trauma, QVMC
2009- Present: Medical Director, Napa Valley College, Paramedic Program
2010- 2011: Vice-Chair, Department of Family Medicine/Emergency Medicine
2011- Present: Medical Director, QVMC Emergency Department
2011- Present: Chairman, Department of Family Practice/Emergency Medicine
2011- Present: Medical Director, Napa City Fire Department

Licensure and Certifications:

ABEM Certification Through: 12/31/12, California Medical License # A67299, DEA- Current

AMERICAN MEDICAL RESPONSE

TOM WAGNER

REGIONAL CHIEF EXECUTIVE OFFICERS
NORTHERN CALIFORNIA

As Division Chief Operating Officer, Mr. Wagner is responsible for ensuring that AMR's Northern California Operations receives all the support and resources it needs to successfully fulfill all the commitments we've made in this proposal. Mr. Wagner began his pre-hospital care management career serving San Mateo County in his native California more than a decade ago as one of the founders of BAYSTAR MEDICAL SERVICES. During his years as Director of Operations and Managing Director of BayStar, Mr. Wagner implemented industry-leading patient care and customer and employee service practices that reduced turnover, increased customer satisfaction, and improved the business' sustainability.

Subsequently, Mr. Wagner became one of five founders of PARAMEDICS PLUS, and served as Chief Operating Officer for EMSA of Oklahoma, the first and flagship model for that company's two high performance public utility model systems. At Paramedics Plus, Mr. Wagner hired the initial management team and developed and implemented ongoing CQI programs and daily performance analysis meetings to improve system clinical and operational performance. These practices which provided a benchmark for this proposal resulted in the Oklahoma Governor's Award for Commitment to Quality, the state's quality award based on the Baldrige Criteria for Performance Excellence. They also facilitated two 5-year contract extensions and significant profits in excess of the contracted profit cap that were returned to the EMS Authority to benefit the community. Mr. Wagner is proud to be able to offer Napa County and its EMS stakeholders the level of services, partnership, and leadership team described in this proposal.

EXPERIENCE

American Medical Response and Predecessor Companies

Northern California Division Chief Operating Officer	2006-Present
Vice President of Operations, EMSA Oklahoma	1997-1998
Managing Director, Medtrans	1995-1997
Director of Operations, Baystar Medical Services	1991-1995

Paramedics Plus

Chief Operating Officer, EMSA Oklahoma	1998-2006

Oklahoma Governor's Award for Commitment to Quality

Hartson Ambulance, Supervisor of Operations, EMT 1985-1991

EDUCATION

University of Phoenix
MBA
University of California, San Diego
Bachelor of Science in Biology

PROFESSIONAL ASSOCIATIONS & AFFILIATIONS

Member, American College of Healthcare Executives

KAREN DEATON

HUMAN RESOURCES DIRECTOR

Office: 510-895-7631 / Fax: 510-895-7639 / E-mail: Karen_Deaton@amr-ems.com

PROFESSIONAL BIOGRAPHY:

As Human Resources Director for American Medical Response in Northern California, Ms. Deaton is responsible for oversight of all Human Resources activities. These duties include managing the Human Resources team, employment, union activities relating to grievances/bargaining, policy and procedure implementation and interpretation, serious employee issues and ensuring compliance with state and federal laws.

Ms. Deaton brings over 20 years of Human Resources experience to her role as director. Her in-depth experience gives Ms. Deaton a well-rounded perspective into all the aspects associated with her position. Her solid business background with knowledge in specific Human Resources areas such as staff recruitment and retention, training and development, employee relations, mediation and advocacy, employment law and a strong knowledge of unions has given Ms. Deaton the insight to maintain the needs of American Medical Response Northern California.

WORK EXPERIENCE

American Medical Response

Human Resources Director	2007 to Present
Human Resources Manager	2004 -2006
Human Resources Generalist	1995 - 2004

Diversified Capital

Human Resources/ Office Manager	1990 - 1994

Alliance Mortgage

Office Manager	1988 - 1990

Rainbow Funding

Office Manager	1983 - 1998

EDUCATION:

Ohlone College, Fremont, CA — 1981-1983

Business Administration

ORGANIZATIONAL MEMBERSHIPS:

California Chamber of Commerce

AMERICAN MEDICAL RESPONSE

Robert T. Garrett

Manager

Safety & Risk Management

Mr. Garrett is responsible for maintaining regulatory compliance with federal and state agencies and corporate regulations through establishing and monitoring written programs for our Central and Northern California Regions. He plays a key role in incident investigations and loss recovery. Mr. Garrett has 18 years experience in the EMS industry. He has had six years of safety management experience for AMR.

EXPERIENCE

American Medical Response

Manager, Safety & Risk	2005 – Present
Field Supervisor—Colorado Springs, CO	2004 – 2005
Field Training Officer — Colorado Springs, CO	2003 – 2005
Paramedic—Colorado Springs, CO	2001 – 2005

Beuco, Inc., St Charles, MO

Sr Salesman — St Charles, MO	2000 – 2001

L.E. Cox Medical Center, Springfield, MO

Paramedic — Springfield, MO	1996 – 2000

LIFE EMS, Kalamazoo, MI

Field Trainer/Sr Paramedic — Kalamazoo, MI	1994 – 1996

Mall City Ambulance, Kalamazoo, MI

Emergency Medical Technician- Basic — Kalamazoo, MI	1992 – 1994

United States Air Force, Reese AFB

2nd Lieutenant, Student Pilot	1991 – 1992

EDUCATION

Central Missouri State University, Warrensburg, MI Master of Science, Aviation Safety Management	1998 – 1999
Kalamazoo Valley Community College, Kalamazoo, MI Paramedic Certification	1992 – 1994
Texas Tech University, Lubbock, TX Bachelor of Science, Human Development and Family Studies	1985 – 1990

PROFESSIONAL ASSOCIATIONS & AFFILIATIONS

Leadership Pikes Peak, Class of 2006

American Society of Safety Engineers

Aircraft Owners and Pilots Association

CREDENTIALS

ASP, Associate Safety Professional

NREMT-P, Nationally Registered Paramedic

EMT-P, State of Colorado, State of Nevada, State of South Dakota

FAA Commercial/Instrument Pilot Certification

RANDY HARRELL

4783 Victoria Ave ♦ Fremont, CA 94538 ♦ (H) 510.657.5629 ♦ (C) 510.714.7004 ♦ r_harrell@sbcglobal.net

PROFESSIONAL PROFILE

Regional Director / General Manager / Fleet Maintenance Manager

Excellent Knowledge of Heavy Duty Engines ♦ Strict Compliance ♦ Management Training

Motivated, intelligent Regional / Service Manager with an extensive track record of adeptly managing productive and performance-driven service & fleet maintenance operations, processes and procedures while constantly creating and implementing methods to increase efficiency and productivity. Proactive leader also highly skilled in training and supervising teams toward achieving company production goals while maintaining full compliance with business and government guidelines and regulations. Multi-talented operations manager with vast experience in operations, project management, problem solving, new business development and heavy duty industrial and vehicle engine repairs. Competent leader with willingness and ability to energetically perform multiple responsibilities with a hard-working mentality which produces results, translating into greater company efficiency, productivity and profits.

Selected Career Highlights

- Successfully increased new business segment in first year by $3 million. *[Stewart & Stevenson]*
- Grew labor sales from $3 million to $8 million, with a 22% net profit. *[Stewart & Stevenson]*
- Started a new business within the corporate business structure of several companies – which included marketing, invoicing, hiring, training and creating and implementing internal procedures. *[American Bus Repair, LLC]*
- Transformed a failing and recently-acquired business into a profitable venture by developing effective and successful procedures which fit a retail business into an operational business with little aid from the corporate structure. *[American Bus Repair, LLC]*
- Effectively supervised 60 productive and efficient technicians. *[Stewart & Stevenson]*

Areas of Expertise

- Heavy Duty Engine & Fleet Repairs
- Troubleshooting
- Compliance Auditing
- Staff Hiring/Training
- Vehicle Maintenance
- OSHA, EPA, CARB Laws
- New Business Development
- Employee Safety
- Communication
- Goal Achievement
- Operations Management
- Quality Assurance

Professional Job Summary

American Bus Repair, LLC *(Subsidiary of MV Transportation.)* *Alameda, CA*

Director of Retail Sales / General Manager **2007 – 2011**

Directed the start-up of this new retail business within an operational business. Oversaw and managed the following departments: Body Shop, Bus Repairs, DPF Cleaning, and MV Excess Fleet Management. Research and develop processes for billing and invoicing customers. Collect and review receivables and invoices from vendors. Schedule and assign work flow, write estimates, oversee billing and payroll work with vendors, and advise upper management regarding business development. Manage field service technicians and interact with larger company divisions on necessary repairs. Hire and fire employees. Attend trade shows to market new business and develop marketing tools, website layout and brochures. Develop all company protocols and procedures, including marketing and management materials.

(Continued, page two)

Oversee the parent companies excess fleet stored at present location. Store used vehicles and monitor the usability of vehicles. Aid in the selling of vehicles or scrapping the iron. Successfully passed the DMV tests for application process and also become a Vehicle Vin Verifier, being bonded to fill out the DMV paper work for parent company and customers who purchase new vehicles.

MV Public Transportation *Fairfield, CA*

Northwest Director of Maintenance **2004 – 2007**

Supervised 25 company divisions which consisted of a total fleet of over 850 vehicles (including the first Hybrid fleet in Northern California). Worked with division clients on purchasing new equipment and then auditing the new vehicle purchases. Aided in planning start ups of new operations business in various cities, including hiring shop managers and technicians. Performed monthly audits of the facilities for compliance to OSHA laws and company policies, along with current EPA regulations and Highway Patrol / DOT inspections. Hired staff members, including maintenance managers and mechanics. Developed and began four new company locations. Transformed negative client relationships into positive ones. Improved maintenance department facilities through a successful audit process.

Stewart & Stevenson *San Leandro, CA*

Largest Detroit Diesel & Allison distributor in the world – with over 3,500 employees, 40 locations and revenues exceeding $1 billion in sales.

Distributed Energies Systems (DES) Operations Manager **1993 – 2004**

Oversaw the operations of five company locations in California. Hired mechanics and staff members. Implemented EPA rulings and obtained Air Quality Board Permits. Analyzed and troubleshot large engine failures and site problems.

Fire Apparatus Product Manager *(Corporate Position)*

Expanded 9 out of 30 branches to include a fire maintenance apparatus. Developed a fire apparatus training manual and PM inspection forms. Trained sales staff, as well as service and parts personnel, on the fire apparatus. Represented company at regional and national trade shows.

Western Region General Service Manager

Managed seven service departments located in the Western region. Expanded technicians from 32 to 60 in Northern California. Trained four new service managers on software procedures. Supervised an office of 12 staff members. Developed a policy and procedure manual for service departments. Oversaw warranties for dealers of Detroit Diesel & Allison. Negotiated transit contracts for various companies – including Sam Trans, Wheels and AC Transit. Successfully negotiated three union contracts.

Viking Freight Systems / FedEx *Milpitas, CA*

Service Manager / Detroit Diesel, Cummins and Allison Dealer **1988 – 1993**

Managed the service and machine shop departments. Developed a service code manual and maintained price lists. Held company meetings regarding P&L statements. Negotiated a contract for San Francisco Municipal Transit.

Education & Professional Development

- **Ohlone Jr. College** ♦ Fremont, CA *Associate of Arts ♦ General Arts*
- **Industrial Training:** Warranty Processing for Detroit Diesel, Cummins & Allison, CHP B.I.T. Program, Detroit Diesel Engine Overhaul, Allison Transmission Overhaul, Failure Analysis, Series 60 EGR 2004, Ricon & Braun ADA Wheelchair Lift Training, Haz Mat & SPPC Certified.
- **Memberships & Certificates:** Board Member Apparatus Maintenance Section, International Association of Fire Chiefs, Committee Member for NFPA-1071 (Technician Qualifications), Emergency Vehicle Technician Validation Committee, Detroit Diesel & Allison Guild Member, Certified Compressed Natural Gas Tank Inspector, Various ASE Certifications, Certified EVT Aerial Inspector

(Extensive technical and professional education and references list provided upon request.)

MARK E. BRUNING

6200 South Syracuse Way, Suite 200 303-495-1220
Greenwood Village, CO 80111 mark.bruning@amr.net

SUMMARY OF EXPERIENCE

Health care executive with more than 27 years at American Medical Response (AMR) and its predecessor company, providing emergency medical services management for AMR serving municipalities, hospitals, skilled nursing facilities, health care plans and other customer segments. Experience includes development of high performance teams, creating new service lines, building start-up ambulance operations, implementing numerous EMS system design enhancements and turning around underperforming operations. A strong strategic thinker and team builder with expertise in:

- Operations Management
- Business Development
- Government Relations
- EMS System Design
- Financial Management
- High Performance Contract Management
- Mergers and Acquisitions
- Strategic Planning

PROFESSIONAL EXPERIENCE

American Medical Response, Inc. **Greenwood Village, CO**

President *May 2009 - Present*
Executive Vice-President *January 2008 - May 2009*

Responsible for leading the successful implementation of AMR's strategic and operational initiatives at the nation's largest ambulance service with annual revenue of $1.4 B, 17,500 employees and over 3,000 ambulances. This role has full P&L responsibility and reports to the CEO and Chairman of the Board for parent company, EMSC. Direct reports include AMR's regional chief executive officers and other key AMR executive and support staff.

- Achieved significant year-over-year EBITDA improvement with increased focus on executing strategies using well defined operating metrics and more integrated cross functional solutions.

American Medical Response **Colorado Springs, CO**

Chief Operating Officer – Central Division *January 2007 – January 2008*

Provided senior leadership for a 16 state area in the U.S. as the company restructured in late 2006. Eliminated organizational redundancies and achieved greater decentralization to further enhance local service levels. Reported directly to the EMSC President and Chief Operating Officer, with responsibility for growth, service and profitability of AMR's Central Division.

- Achieved significant year-over-year (YOY) EBITDA improvement in the new Division's financial performance, improving from 10.1% in 2006 to 12.9% YTD in 2007.
- Completed a successful integration of a $46M ambulance acquisition in St. Louis, leading a cross functional team from both companies while retaining a strong local brand combined with back office efficiencies utilizing AMR synergies.
- Improved YOY employee attrition from 25% in 2006 to less than 16% YTD through division-wide implementation of employee development and supervisory training programs such as successful conflict resolution and leadership skills.
- Successful wins in two new markets through competitive request for proposals (RFP) for 911 ambulance service in Colorado and Kansas.
- Retained 100% of non-emergency hospital contracts, including our largest state-wide health system contract in Colorado.
- Created a new public-private partnership in Boulder County, utilizing both cost and revenue sharing to reduce risks and increase profitability.
- Achieved a company leading safety loss record through Q3, improving all targeted safety metrics YOY for both number of incidents and dollars.
- Participated in successful lobbying efforts at the state level in Missouri to win approval of a 15% Medicaid increase for ambulance reimbursement as well as subsidy increases totaling more than $500,000 for our Central Kansas Operations.

Vice President of Operations, Rocky Mountain-Plains Division — *November 1999 – December 2006*

Created and executed a multi-year strategic plan to reposition the 17 operations within the Rocky Mountain - Plains Division as the leader in pre-hospital 911 and non-emergency ambulance service, for customer service, contract compliance, clinical excellence and market share. Responsible for growth, service and profitability of AMR's $105 million division in a six state area.

- Turned around an underperforming division and achieved profit targets after the first full year in the Division. Established a strong record of regularly achieving YOY EBITDA growth on a consistent basis.
- Created and implemented the strategic plan to integrate remote data entry and pre-billing with centralized back-end accounts receivable functions at a time when the company was centralizing these services.
- Successful retention of over 90% of 911 contracts over a seven year period.
- Achieved greater than an 85% retention rate for non-emergency contracts in the Division.
- Created and implemented a patient demographic data capture tracking and trending tool that improved billing accuracy and revenue collection, ultimately reducing returned mail 23% and increasing cash collections by 18%.
- Coordinated and responded to numerous complex requests for proposals (RFP) with a 70% success rate.

- Co-chaired a two year national cross-functional team, leading to the development of the in-house electronic patient care reporting platform, now the largest and most successful application in the industry.
- One of three vice-presidents selected nationally in the inaugural Accelerated Development Program (ADP), a CEO mentoring and growth initiative, designed to internally develop and promote senior leadership.
- Achieved national accreditation for both dispatch and operations for our division in six areas, one of only nine ambulance services in the world with such designation.
- National Ambulance Service of the Year by NAEMT in 2006 for Colorado Springs Operations – the first such award for a national company.

- Oversaw the development of the company's first formal bariatric (morbidly obese) transport ambulance system, later featured in numerous publications and on the Discovery Channel, as a safe and dignified transport alternative to special needs patients. This unit prototype has been further refined and is now deployed in over 30 operations nationwide and the Federal Government is considering a new line of business reimbursement through the Centers for Medicare and Medicaid Services.
- Raised over $1M in support of the Colorado Paramedic training programs through our Team EMS philanthropic efforts.

Director of Operations, Southern Colorado *March 1997 - November 1999*

- Positioned and won AMR's inaugural Colorado Springs high performance contract through a 12 month competitive process.
- Consolidated Pueblo and Canon City Operations following acquisition of the major competitor.
- Responsible for growth and profitability of AMR's western and southern Colorado Operations.
- Consolidated three communication centers into one, realizing a savings of $200 thousand per year.

Director of Operations, Metro Denver *November 1995 – March 1997*

- Responsible for operations and financial management of the largest ambulance service provider in the State of Colorado, serving more than two million citizens.
- Reorganized a large, underperforming and problem-ridden business operation to restore customer service focus and employee retention.
- Managed new product development, pricing and sales.
- Created and implemented an AMR core account customer service plan.
- Created and implemented a new hospital based critical care transport and flight paramedic program.

Director of Operations, Colorado Springs *April 1994 – November 1995*

- Managed strategic planning and capital budgets for all southern Colorado operations.
- Developed and implemented policies and procedures in four separate operations, resulting in standardized and consistent reporting as later required for national accreditation.
- Enhanced relationships with other former competitor operations and leadership at AMR, which helped to build relationships across all operating groups.

- Created a unique community service hospice program emulated throughout the country and recognized by the industry's highest community service award – American Ambulance Association AMBY award.

1983 - 1994 **A-1 Paramedic Services** **Colorado Springs, CO**

Operations Manager, Operations Supervisor, Field Training Officer, Paramedic and EMT, Colorado Springs *June 1993 – November 1995*

- Supervised and managed high performance City-County ambulance service. Responsible for complete operations performance including personnel, service, control, revenue, expenses and local government relations.

- Managed the initial consolidation of the chief competitor and successfully integrated two disparate workforces and cultures.
- Served government contractors and other healthcare customers.
- Functioned as a field paramedic and training officer, holding numerous teaching certifications.
- Led an operational transition following the purchase of A-1 by American Medical Response in 1994

1976 - 1981 **United States Navy** **Various Duty Stations**

Aviation Ordinanceman Petty Officer Second Class

- Recognized for outstanding performance from VP-6 for passing the Navy's nuclear technical proficiency inspection (NTPI) with zero deficiencies. Honorable discharge from the Navy at the end of my service.
- Completed two western pacific deployments of six months each, traveling extensively throughout numerous countries and military installations and gaining tremendous opportunities for observing increased cultural diversity and interaction with foreign civilian and military personnel.
- Stationed in Barber's Point, HI with Patrol Squadrons 6 and 17, active in the base and community through a local running club and assorted volunteer civic organizations.
- Trained in aviation electronics and ordinance at the NATTC in Millington, TN and the Naval FRAMP program in Moffitt Field, CA.

EDUCATION

A.S. General Science	Pikes Peak Community College	June 1983
B.S. Management of Human Resources	Colorado Christian University	May 1993
MBA	Northwestern University , Kellogg Graduate School of Management	December 2007

PROFESSIONAL ORGANIZATIONS/AWARDS

Columnist for EMS-1 on-line magazine, EMS Management Topics, 2007 - 2008

Northwestern Alumni Association, 2007 - Present

Emergency Medical Services Association of Colorado, President, 6/2006 – 6/2008, Board Member 2002 - 2006

2005 "Peg Hamilton" Outstanding Board Service – Emergency Medical Services Association of Colorado

Medical Advisory Board, 9Health Fair 2002 - 2005

American Ambulance Association, Reimbursement Task Force, 2004 - 2007

National Association of Emergency Medical Technicians – Administrator, 2006 – Present

Colorado Neurological Institute, Stroke Advisory Committee, 2004 – 2008

Leadership Pikes Peak, Alumni Association, Graduate 1995, Selection Committee '96 – '99, Member 2002 - Present

Colorado Association of Commerce and Industry – Member, 2004 – Present

Colorado Springs Executives Association – Member, 1997 – Present

Pikes Peak Community College Paramedic Training Program Advisory Committee – Member 1999 – 2002

Pikes Peak Area Trauma Advisory Committee – Committee Co-Chair and Member, 1999 – 2003

National Registry of EMT's and Paramedics – Paramedic, 1986 - 2002

International Association of Fire Chiefs – Member – 2003 - Present

2006 National ALS Ambulance Service of the Year, Colorado Springs Operations (Organization Award) - NAEMT

2006 Wall of Success Inductee – Pikes Peak Community College

2004 "Spirit of St. Anthony" Award (Organization Award) – St. Anthony Hospital Foundation

2001 Colorado State Ambulance Service of the Year, Colorado Springs Operations (Organization award) – CDPHE

2000 Kind Company of the Year, Colorado Springs, Colorado Springs Operations – Kindness Campaign

1999, 2006 Philanthropic Organization of the Year, El Paso County, Colorado Springs Operations (Organization award) – Colorado Springs Chamber Foundation/El Pomar Foundation

1995 Outstanding Community Service Program of the Year for "Sentimental Journey" - American Ambulance Association

1995 Citizen Service Award – Donald Westcott Fire Protection District

1987, 1989, 1990 Employee of the Year - A-1 Paramedic Services, Inc.

TIMOTHY DORN

CHIEF FINANCIAL OFFICER

Office: 925-454-6024/ Fax: 925-454-6008/ E-mail: Tim_Dorn@amr-ems.com

PROFESSIONAL BIOGRAPHY:

Mr. Dorn is responsible for financial planning, management, and reporting activities for AMR, Inc. His primary focus is on the pricing of services, expense control, and utilization of resources. He is responsible for ensuring overall performance, including budget and contractual compliance. In addition, he develops finance objectives, including short- and long-range programs, and formulates plans to meet these objectives. He has considerable expertise in Medicare reimbursement.

EXPERIENCE

American Medical Response

Chief Financial Officer and Chief Operating Officer American Medical Response	2009 to Present
Chief Financial Officer American Medical Response	2007 to 2008
Regional Vice President of Financial Operations Northwest – Plains Region	1999 to 2006
Divisional Director of Financial Operations Northern California and Hawai´i	1997–1999
Regional Controller Denver, CO	1993–1997

AzStar Casualty Company

Senior Vice President, Phoenix, AZ	1986–1992

The 1129 Investment Group

Securities Principal, Phoenix, AZ	1985–1988

Gregg-Miller & Associates

Controller, Phoenix, AZ	1982–1986

EDUCATION

Arizona State University, Bachelor of Science, Finance

St. Mary's College, Morago, CA, Masters in Business Administration

Edward MacLeod Racht M.D.

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PERSONAL INFORMATION

Date of Birth:	October 9, 1958
Place of Birth:	Niagara Falls, New York
Citizenship:	United States
Marital Status:	Married (Cheryl Piche' Racht)
Children:	Son, Harrison MacLeod Daughter, Taylor Mary Son, Brandon Piche'
Home Address:	82 Jolie Lane Sharpsburg, Georgia USA 30277 (Home) 678.909.4757 (Mobile) 678.857.9848 ed@racht.net
Business Address:	Chief Medical Officer American Medical Response 6200 South Syracuse Way, Suite 200 Greenwood Village, Colorado 80111 (Office) 303.495.1202 edward.racht@emsc.net

LICENSURE

State of Virginia	(Active)	#0101039033
State of Texas	(Active)	#J9789

CERTIFICATIONS

National Board of Medical Examiners, 1985

Diplomate, American Board of Internal Medicine, 1988

Basic Cardiac Life Support Provider

Advanced Cardiac Life Support Regional Faculty

Advanced Cardiac Life Support National Faculty

Advanced Cardiac Life Support – Experienced Provider Course Director

Advanced Trauma Life Support Provider

Advanced Pediatric Life Support

Basic Trauma Life Support Medical Director

Prehospital Trauma Life Support Medical Director

Neonatal Resuscitation Provider

EDUCATION

Emory University School of Medicine, Atlanta, Georgia; 1980-1984	M.D.
Emory University, Atlanta, Georgia; 1976-1980	B.S. Biology

AWARDS AND HONORS

Texas EMS Inductee - Trauma and Acute Care Foundation Hall of Fame 2008

Governor's EMS & Trauma Advisory Council - *Journey of Excellence* Award 2008

American College of Emergency Physicians - *Hero of Emergency Medicine* Award 2008

Thelma Lemley Lifetime Achievement Award, Greater Houston EMS Council 2007

Champion of Trauma System Legislation 2003, Texas Trauma Coordinators

AWARDS AND HONORS (cont'd)

American Heart Association Paul D. Ledbetter MD Physician Volunteer of the Year Award 2004

EMS Transformer, Fitch Management Academy 2000

Regional Volunteer of the Year, American Heart Association Capital Area Division 2000

Texas EMS Medical Director of the Year, 1999

Phoenix Lifesaving Award, Austin EMS 1998

Governor's Award for Outstanding Operational Medical Director, Nominee 1994

Best Faculty Teacher, MCV Department of Medicine 1993-1994

Best Attending Award, MCV Class of 1992

William Harrison Higgins Award in Medicine, MCV, 1987

Mortar Board, Emory University, Atlanta, Georgia, 1978-1980

Omicron Delta Kappa, Emory University, Atlanta, Georgia, 1978-1980

DVS Senior Honor Society, Emory University, Atlanta, Georgia, 1979-1980

POSTDOCTORAL TRAINING

1985 - 1987	Resident in Medicine, Medical College of Virginia Hospitals, Richmond, Virginia.
1984 - 1985	Intern in Medicine, Medical College of Virginia Hospitals, Richmond, Virginia.

ACADEMIC APPOINTMENTS AND WORK EXPERIENCE

2010 – Present	Chief Medical Officer American Medical Response
2008 – 2010	Vice President of Medical Affairs Chief Medical Officer Piedmont Newnan Hospital
1995 – 2008	Medical Director Austin / Travis County Emergency Medical Services System
2005 – 2008	Alternate Health Authority, City of Austin / Travis County Health and Human Services Department

2000 - 2001	Interim Executive Director, Austin Emergency Medical Services Austin, Texas
1989 - 1995	Associate Chief, Medicine Section of Emergency Medical Services, Medical College of Virginia, Richmond, Virginia.
1991 - 1995	Intensive Care Unit Bed Control Physician, Medical College of Virginia Hospitals.

Academic

2005- Present	Faculty, National Medical Directors Course and Practicum, National Association of EMS Physicians
2004 – Present	Clinical Associate Professor of Emergency Medicine University of Texas Southwestern Medical School
2002 – 2004	Clinical Assistant Professor of Emergency Medicine University of Texas Southwestern Medical School
1987 - 1988	Clinical Instructor of Medicine, Medical College of Virginia, Richmond, Virginia.
1988 - 1995	Assistant Professor of Medicine, Medical College of Virginia, Richmond, Virginia.
1991 - 1995	Course Director, Emergency Medicine Clerkship, MCV School of Medicine.
1992 - 1995	Course Coordinator, General Practice Dental Residency Emergency Rotation.
1997 - Present	Reviewer, *Prehospital Emergency Care*
1997 - Present	Reviewer, *Academic Emergency Medicine*
1998 – 2008	Editorial Board, *EMS Best Practices Newsletter*
1998 – 2001	Faculty, National Fire Service Staff and Command Course
2003 – Present	Editorial Board, Journal of Emergency Medical Services (JEMS)

Emergency Medical Services

1998 – 2000	EMS Physician Consultant, The Polaris Group, Atlanta, Georgia
1998 – 2001	Medical Director, Texas Department of Public Safety SWAT Team
1997 – 2000	Medical Team Manager, Texas Task Force 1 - Urban Search & Rescue Team

1997 – 1999	Medical Advisor, Capital Area Planning Council 911 Emergency Medical Dispatch Program
1997 – 1999	Medical Director, Oak Hill Fire Department EMS Education Program
1996 – 2001	Medical Director, Travis County Sheriff's Office Tactical Medic Team, Austin, Texas
1994 - 1995	Medical Director, Richmond Police Department SWAT Team, Richmond, Virginia
1992 - 1995	Medical Director, New Kent County Volunteer Fire Department, Providence Forge, Virginia
1990 - 1995	Medical Director, Richmond Ambulance Authority, Richmond, Virginia
1990 - 1995	Medical Director, Richmond Department of Fire and Emergency Services, Richmond, Virginia
1989 - 1995	Medical Director, Providence Forge Volunteer Rescue Squad, Providence Forge, Virginia
1987 - 1995	Medical Director, Henrico Volunteer Rescue Squad, Sandston, Virginia
1993	Medical Director, Virginia DARE Bicycle Race, Richmond, Virginia
1994	Medical Director, State of Virginia EMT-B Pilot Program
1994	Medical Director, State of Virginia EMT - I Pilot Program

<u>International Emergency Medical Care</u>

1999	Course Co-Director, Symposium on Prehospital Trauma Management. San Salvador, El Salvador
1995 - 2002	EMS Partnership developer and coordinator, Moscow, Russia - Austin EMS Training Center - Moscow, Russia American International Health Alliance, Washington, D.C.
1993 - 1995	Emergency Medicine Partnership coordinator, Vladivostok, Russia - MCV Hospitals Healthcare Partnership American International Health Alliance, Washington, D.C.
1993 – 1997	Emergency Medicine Task Force coordinator, American International Health Alliance, Washington, D.C.

1994	Advanced Cardiac Life Support Invited Course Instructor, Murmansk, Russia
1994	Evaluator of Emergency Care Curriculum, EMS Task Force, AIHA, Yerevan, Armenia
1994 - 2000	Consultant to The World Bank on Emergency Medical Services development in the former Soviet Union
1993 - 1995	American Medical Director, Vladivostok Emergency Training Center, Vladivostok, Russia

Other

1989 - 1995	Physician Reviewer, Medical Society of Virginia Review Organization, Richmond, Virginia
1989 - 1995	Physician Consultant, TDS Healthcare Systems Corporation, Atlanta, Georgia

PROFESSIONAL ASSOCIATIONS

American College of Physician Executives

Physician Executives of Georgia

American College of Emergency Physicians / Texas College of Emergency Physicians

Travis County Medical Society

Texas Medical Association

National Association of Emergency Medical Services Physicians

Emergency Medical Services Physicians of Texas

National Association of Emergency Medical Technicians

COMMITTEES

2010 – Present	Institutional Review Board, National Academies of Emergency Dispatch
2009 – Present	State of Georgia Emergency Medical Services - Medical Director Advisory Committee

2008 – Present	Take Heart America Board of Directors - Finance Committee
2008 – 2009	Consultant, Committee on Emergency Medical Services and Trauma – Texas Medical Association
2007 – 2008	Appointee, FEMA Regional Advisory Council, Region 6
2007 – Present	EMS Committee – State Firemen's and Fire Marshal's Association of Texas
2006	Air Medical Task Force of the National Association of State EMS Officials, National Association of EMS Physicians, Association of Air Medical Services
2006 – Present	Board of Directors, Commission on Accreditation of Ambulance Services
2005 – 2008	Austin Community College Paramedic Program Advisory Board
2005 – 2008	Medical Advisor, National Highway Traffic Safety Administration EMS Educational Standards development project
2005 – 2006	Austin Heart Foundation Board of Directors
2004 – 2005	American Heart Association, ECC Committee, ACLS Subcommittee
2003 – Present	Medical Advisory Board, 24-7 EMS
2003 – 2005	Health Commissioner Appointee - State of Texas Preparedness Coordinating Council
2001 – Present	Scientific Advisory Board, Vidacare Corporation
2002 – Present	Airway Education & Research Foundation Advisory Board
2001 – 2003	NAEMSP Terrorism Response Ad Hoc Committee
2001 – 2002	Chairperson, American Heart Association (Texas Affiliate) Acute Event Task Force
2001 – 2002	American Heart Association, Texas Affiliate Board of Directors
2002 – 2007	Advisory Board, National Center for Early Defibrillation
1999 – 2008	Chair, Governor's EMS and Trauma Advisory Council, State of Texas (appointed by the Governor)
1999 – 2001	Legislative Committee, Texas College of Emergency Physicians

2000 – 2003	Chair, National Association of EMS Physicians Operational EMS Task Force
1999 – 2000	AED Ad Hoc Committee, American Heart Association, Texas Affiliate
1999 – 2000	Chairperson, Chain of Survival Task Force, Capital Area Division of the American Heart Association
1998 – 1999	Member, State of Texas EMS Committee
1998 – 1999	Member, State of Texas Medical Director Committee
1998 – 2001	Co-Chair, City of Austin / Travis County EMS Transition Team
1997 - 2005	Board of Directors. Capital Area Division of the American Heart Association
1999	- President-elect
2000	- President
1996 – 1999	Austin Area Erase Hepatitis B Committee
1996 – 1999	Capital Area Division of the American Heart Association, Healthcare Site Committee
1996 – 2008	EMS Committee, Texas College of Emergency Physicians
1995 – 2000	Brackenridge Hospital Multidisciplinary Trauma Committee, Austin, Texas
1995 – 2008	Interagency Disaster Council, Austin, Texas
1994 - 1995	Multidisciplinary Research Oversight Team, Virginia EMS Violence Grant
1994 – 1995	Board of Directors, Performance Improvement Research Associates, Palm Harbor, Florida
1994 - 1995	Board of Directors, Virginia Chapter of the American College of Emergency Physicians
1993 - 1994	Program Co-Director, Emergency Cardiac Care Update, Richmond, Virginia
1993 - 1995	Medical College of Virginia Neuroscience Center Committee
1993 - 1994	MCV School of Medicine LCME M-IV Subcommittee
1992 - 1993	Physician User Group, Hospital Information Systems, MCV Hospitals

1991 - 1995	Chair, McDade Award Committee, Virginia Chapter of the American College of Emergency Physicians
1992 - 1995	Chair, Human Resources and Training Committee of the Governors Advisory Board for Emergency Medical Services, State of Virginia
1992 - 1993	Graduate Medical Education Policy Committee, Medical College of Virginia
1992 - 1995	Board of Directors - Old Dominion Emergency Medical Services Alliance
1992 - 1995	Chair, Protocol Task Force, Old Dominion Emergency Medical Services Alliance Medical Control Board
1992 - 1995	Governors Advisory Board for Emergency Medical Services, State of Virginia
1991 - 1993	Chair, Internship and Residency Recruitment Subcommittee, MCV Hospitals
1991 - 1995	Henrico County EMS Advisory Board, Henrico County, Virginia
1991 - 1992	Advanced Life Support Subcommittee, State of Virginia, Division of Emergency Medical Services
1991 - 1995	EMS Committee - Virginia Chapter of the American College of Emergency Physicians
1994 - 1995	- Chair
1990 - 1995	Founder, Central Virginia Disaster Committee - Pre-hospital and Hospital Component, Richmond, Virginia
1990 - 1995	Chair, Medical College of Virginia Hospitals Disaster Committee
1990 - 1995	Old Dominion EMS Alliance Medical Control Committee, Richmond, Virginia
1989 - 1995	Founder and Chair, Medical College of Virginia Hospitals Code Blue Committee
1989 - 1990	Old Dominion Emergency Medical Services Alliance Strategic Planning Committee
1989 - 1990	Medical College of Virginia Hospitals Radiation and Hazardous Materials Emergency Response Committee
1989 - 1990	University Senate; Virginia Commonwealth University; Richmond, Virginia

1989 - 1993	Director, Intern Recruitment, Department of Medicine, Medical College of Virginia
1989 - 1995	State of Virginia EMS Medical Control Committee
1988 - 1989	Psychiatry Emergency Task Force, Medical College of Virginia Hospitals
1987 - 1995 1992 - 1993	City of Richmond Local Emergency Planning Committee, Richmond, Virginia - Vice Chair
1987 - 1995	Richmond Area Medical Control Committee, Richmond, Virginia
1987 - 1988	Richmond Hospital-Based Community-Wide Disaster Planning Work Group of State Task Force on Emergency Medical Response Disaster Planning, Richmond, Virginia
1986 - 1987	Graduate Medical Education Housestaff Council, MCV Hospitals
1985 - 1987	Medicine Housestaff Council, Medical College of Virginia, Richmond, Virginia

SCIENTIFIC PAPERS

Charles J. Lick, MD; Tom P. Aufderheide, MD; Robert A. Niskanen, MSEE; Janet E. Steinkamp, MA; Scott P. Davis, MD, FCCM; Susan D. Nygaard, RN; Kim K. Bemenderfer, NREMT-I; Louis Gonzales, EMT-P; Jeffrey A. Kalla, NREMT-P; Sarah K. Wald, BA; Debbie L. Gillquist, EMT-P; Michael R. Sayre, MD; Susie Y. Osaki Holm, MPH; Dana A. Oakes, BS; Terry A. Provo, EMT-P; Ed M. Racht, MD; John D. Olsen, MD; Demetris Yannopoulos, MD; Keith G. Lurie, MD. Take Heart America: A comprehensive, community-wide, systems-based approach to the treatment of cardiac arrest. Crit Care Med 2011 Vol. 39, No. 1.

Nichol G, Aufderheide TP, Eigel B, Neumar RW, Lurie KG, Bufalino VJ, Callaway CW, Menon V, Bass RR, Abella BS, Sayre M, Dougherty CM, Racht EM, Kleinman ME, O'Connor RE, Reilly JP, Ossmann EW, Peterson E; Regional systems of care for out-of-hospital cardiac arrest: A policy statement from the American Heart Association. American Heart Association Emergency Cardiovascular Care Committee; Council on Arteriosclerosis, Thrombosis, and Vascular Biology; Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation; Council on Cardiovascular Nursing; Council on Clinical Cardiology; Advocacy Committee; Council on Quality of Care and Outcomes Research.
Circulation. 2010 Feb 9;121(5):709-29. Epub 2010 Jan 14.

McGinnis K, Judge T, Nemitz B, O'Connor R, Bass R, Bishop B, Kim D, Kupas D, Rupert D, Eroe E, Racht E, Brown G, Wikle G, Murray J, Delgado J, Hutton K, Sahni R, Rogers S, Pickering T, Cone D. Air Medical Services: Future Development as an Integrated Component of the Emergency Medical Services (EMS) System. A Guidance Document by the Air Medical Task Force of the National Association of State EMS Officials, National Association of EMS Physicians, Association of Air Medical Services. Prehosp Emerg Care 2007; 11(4) 353-368.

Davidoff J, Fowler R, Gordon D, Klein G, Kovar J, Lozano M, Potkya J, Racht E, Saussy J, Swanson E, Yamada R, Miller L. Clinical evaluation of a novel intraosseous device for adults: prospective 250 patient, multi-center trial. Journal of Emergency Medical Services 2005;30(10):suppl 20-23.

Brice JH, Pirrallo RG, Racht E, Zachariah BS, Krohmer J. Management of the violent patient. Prehosp Emerg Care. 2003 Jan-Mar;7(1):48-55. Review.

Racht EM. Pitfalls in airway management. Journal of Emergency Medical Services 2002; 27(3):28-42.

Wayne MA, Racht EM, Aghababian RV, Kudenchuk PJ, Ornato JP, Slovis CM. Prehospital management of cardiac arrest: How useful are vasopressor and antiarrhythmic drugs? Prehosp Emerg Care 2002;6:72-80

Asaeda G, Cummins RO, Eckstein M, Racht EM, White RD. Heart to heart talk. Round table discussion. J Emerg Med Serv JEMS. 2001 Aug;26(8)S6-7.

Racht EM. Prehospital 12-Lead ECG. An evolving standard of care in EMS systems. Emerg Med Services 2001; 30(5):105-107.

Pepe PE, Swor RA, Ornato JP, Racht EM, Blanton DM, et.al. Resuscitation in the out-of-hospital setting: Medical futility criteria for on-scene pronouncement of death. Prehosp Emerg Care 2001; 5:79-87.

Poses RM, McClish DK, Smith WR, Huber EC, Clemo LW, Schmitt BP, Alexander D, Racht EM, Colenda CC. Results of report cards for patients with congestive heart failure depend on the method used to adjust for severity. Ann Intern Med 2000;133:10-20.

Taylor R, Racht EM. An old drug with new tricks. Amiodarone hits the streets. Journal of Emergency Medical Services 2000; 25(5): 60-74

Kudenchuk PJ, Racht EM. Pharmacologic treatment of cardiac arrest. Prehosp Emerg Care 1999; 3:279-282.

Bissell RA, Seaman KG, Bass RR, Racht EM, Gilbert C, Weltge AF, Doctor M, Moriarity S, Eslinger D, Doherty R. Change the scope of practice of paramedics? An EMS / Public Health policy perspective. Prehosp Emerg Care 1999; 3:140-149.

Bissell RA, Seaman KG, Bass RR, Racht EM, Gilbert C, Weltge AF, Doctor M, Moriarity S, Eslinger D, Doherty R. A medically wise approach to expanding the role of paramedics as physician extenders. Prehosp Emerg Care 1999; 3:170-173.

Ornato JP, Doctor ML, Harbour LF, Peberdy MA, Overton J, Racht EM, Zauhar WG, Smith AP, Ryan KP. Synchronization of time pieces to the atomic clock in an urban emergency medical services system. Ann Emerg Med April 1998; 31: 483-487.

Poses RM, De Saintonge MC, McClish DK, Smith WR, Huber EC, Clemo LW, Schmitt BP, Alexander-Forti D, Racht EM, Colenda CC, Centor RM. An international comparison of physicians' judgements of outcome rates of cardiac procedures and attitudes toward risk, uncertainty, justifiability, and regret. Med Decis Making 1998; 18: 131-140.

Poses RM, McClish DK, Smith WR, Chaput de Saintonge DM, Huber EC, Clemo FL, Schmitt BP, Alexander-Forti D, Racht EM, Colenda CC 3rd, Centor RM. Physicians' judgments of the risks of cardiac procedures. Differences between cardiologists and other internists. Med Care. 1997 Jun;35(6):603-17.

Poses RM, Smith WR, McClish DK, Huber EC, Clemo LW, Schmitt BP, Alexander-Forti D, Racht EM, Colenda CC, Centor RM. Physicians' survival predictions for patients with acute congestive heart failure. Arch Intern Med 1997;157:1001- 1007.

Poses RM, Smith WR, McClish DK, Schmitt BP, Racht EM, Clemo FLW, et.al. What are my chances, Doctor? - physician's judgements of the probability of survival and recovery for patients with acute congestive heart failure. J Gen Intern Med 1994;9:64

Poses RM, Smith WR, McClish DK, Schmitt BP, Racht EM, Clemo FLW, et.al. What becomes of the broken hearted? - Short term recovery of patients with acute congestive heart failure. J Gen Intern Med 1994;9:34

Ornato JP, Shipley J, Powell RG, Racht EM. Inappropriate electrical countershocks by an automated external defibrillator. Ann Emerg Med. 1992 Oct;21(10):1278-82.

Ornato JP, Shipley JB, Racht EM, Slovis CM, et al. Multicenter study of a portable, hand-size colorimetric end-tidal carbon dioxide detection device. Ann Emerg Med 1992; 21(5):518-23.

Gonzalez ER, Peterson MA, Racht EM, Ornato JP: Dose-response evaluation of oral labetalol in patients presenting to the emergency department with accelerated hypertension. Ann Emerg Med 1991; 20(4):333-8

Gonzalez ER, Ornato JP, Garnett AR, Racht EM, et. al. Dose-dependent vasopressor response to epinephrine during CPR in humans. Ann Emerg Med 1989; 18(9):920-926.

Ornato JP, Levine RL, Young DS, Racht EM, Garnett AR, Gonzalez ER: The effect of applied chest compression force on systemic arterial pressure and end-tidal carbon dioxide concentration during CPR in human beings. Ann Emerg Med 1989; 18(7):732-737.

Polk RE, Healy DP, Hahai J, Racht EM: Effect of ferrous sulfate and multivitamins with zinc on absorption of ciprofloxacin in normal volunteers. Antimicrobial Agents and Chemotherapy 1989; 33(11):1841-44

Healy DP, Sahai JV, Sterling LP, Racht EM: Influence of an antacid containing aluminum and magnesium on the pharmacokinetics of cefixime. Antimicrobial Agents and Chemotherapy 1989; 33(11):1994-97

Heckerling PS, Tape TG, RS Wigton, Hissong KK, Leikin JV, Ornato JP, Racht EM, et al. Clinical prediction rule for pulmonary infiltrates. Ann Int Med 1990; 113(9):664-70.

McMahan S, Ornato JP, Racht EM, Cameron JL. Prehospital multiagency evaluation of the pharyngeo-tracheal lumen (PTL) airway. Prehospital and Disaster Med. 1992; 7(1):13-18.

SCIENTIFIC ABSTRACTS

Gonzalez ER, Ornato JP, Garnett AR, Levine RL, Young DS, Karlix JL, McClung BK, Racht EM. Dose-dependent vasopressor response to epinephrine during CPR in humans. Journal of the American College of Cardiology 1988; 11:42A.

Healy DP, Sahai J, Sterling BS, Polk R, Racht EM. Influence of Al/MG-containing antacids (A) on the pharmacokinetics (PK) of cefixime (C). American Clinical Pharmacology and Therapeutics. 19th Annual Meeting of the American Society for Clinical Pharmacology and Therapeutics, Nashville, TN, March 10, 1989, abstr. PIIC-2.

Gonzalez ER, Bahal N, Racht EM, Hansen LA, Ware D, Bull D, Ornato JP, Lehman ME. Comparison of morphine by high-dose intermittent intravenous injection versus patient-controlled analgesia in the emergency department treatment of patients with sickle cell crisis. Ann Emerg Med 1990; 19:4, Abstract 102.

Gonzalez ER, Bahal N, Racht EM, Hansen LA, Ware D, Bull D, Ornato JP, Lehman ME. Comparison of morphine by low-dose intermittent intravenous injection versus patient-controlled analgesia in the emergency department treatment of patients with sickle cell crisis. American College of Clinical Pharmacy 11th Annual Meeting. Ann Emerg Med 1990; 19:474.

Ornato JP, Shipley JB, Racht EM, Slovis CM, Pepe PE, et al. Multicenter study of a portable, hand-size colorimetric end-tidal carbon dioxide detection device: Ann Emerg Med 1992; 21:5.

Levine RL, Ornato JP, Racht EM, Gonzalez ER. Hemodynamic effect of increasing acceleration of chest compression during cardiopulmonary resuscitation in Man. Ann Emerg Med 19:4, Abstract NO. 155; presented at the Society of Academic Emergency Medicine 1990 Annual Meeting, Minneapolis, Minnesota, May 24, 1990.

McMahan S, Ornato JP, Racht EM, Cameron JL: Prehospital, multiagency comparison of the pharyngeotracheal lumen (PTL) airway tube. Ann Emerg Med 19:4, Abstract No. 18; 1990; Presented at the Society of Academic Emergency Medicine 1990 Annual Meeting, Minneapolis, Minnesota, May 23, 1990.

EDITORIALS

Ornato JP, Racht EM, Fitch JJ, Berry JF. The Need for ALS in Urban and Suburban EMS Systems. Ann Emerg Med (Editorial) 1990; 19(12):1469-70.

Racht EM: *My buddy, Craig*. Journal of Emergency Medical Services 2005; 30(2):102.

POSTER PRESENTATION

Gonzalez ER, Ornato JP, Garnett AR, Levine RL, Young DS, Karlix JL, McClung BK, Racht EM. Dose-dependent vasopressor response to epinephrine during CPR in humans. Atlanta, Georgia: 37th Annual Scientific Session (ACC abstract # 1417); March 28, 1988.

Wood IB, Racht EM, Coll WE, Kinsey KA. A comparison of ambulance driving times with and without lights and sirens. Fort Myers, Florida: National Association of EMS Physicians 2001 Annual Meeting; January 19, 2001.

TEXTBOOKS

Racht EM, Taylor DO, Ornato JP, Gonzalez ER: Cardiovascular Emergencies. Drug Therapy in Emergency Medicine, ed. JP Ornato and ER Gonzalez. Churchill Livingstone Publ (New York), 1990.

Racht EM, Reines HD: Medical Oversight. Prehospital Systems and Medical Oversight ed. AE Kuehl. The CV Mosby Company (St. Louis), 1994.

Racht EM, Ornato JP: Foreword to Paramedic Protocols ed. REJ Westfal. The McGraw-Hill Companies, 1997.

Ornato JP, Racht EM, Fitch JJ, Berry JF: Evolving systems and standards. ALS in urban and suburban EMS systems. Prehospital Care Administration; Issues, Readings, Cases. ed. JJ Fitch. Mosby Yearbook Publishing (St. Louis), 1995.

Racht EM: Indirect Medical Oversight. Prehospital Systems and Medical Oversight ed. AE Kuehl. Kendall/Hunt Publishing Company (Iowa), 2002.

Racht EM: Foreword to Fundamentals of Basic Emergency Care, 2nd edition ed. Beebe & Funk. Thomson Delmar Learning, 2005

Pepe PE, Copass MK, Fowler RL, Racht EM: Medical Direction of Emergency Medical Services Systems. Emergency Medical Services: Clinical Practice and Systems Oversight ed. DC Cone. Kendall/Hunt Publishing Company (Iowa), 2009.

Eckstein M, Racht EM Pepe PE: Termination of Resuscitation in the Out-of-Hospital setting. Emergency Medical Services: Clinical Practice and Systems Oversight ed. DC Cone. Kendall/Hunt Publishing Company (Iowa), 2009.

Racht EM: Foreword to Foundations of Paramedic Care, volume 1 ed. Beebe & Myers. Delmar Cengage Learning, 2010

AMERICAN MEDICAL RESPONSE
POSITION DESCRIPTION

JOB TITLE: CES Manager **APPROVED BY:**
DEPARTMENT: Clinical & Educational Services **APPROVED DATE:** 12/06
REPORTS TO: General Managers **FLSA STATUS: Exempt**

SUMMARY: Reporting to the General Manager, the CES Manager will provide oversight, direction and evaluation of the delivery of clinical patient care services in the out-of-hospital setting by administrating the clinical quality improvement and quality assurance activities, training and continuing educational needs as determined by evaluation, and related processes of continuous quality improvement to enhance clinical services.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

- Administration of a standardized and organized system of Clinical Quality Improvement designed to provide timely and thorough evaluation of all clinical patient care services provided.
    - CQI-QA Committees with MD involvement
    - Peer Chart Review-
    - Clinical KPI
    - Controlled Substance Plans- for each operating unit
    - County CQI Plans- for each operating unit
    - FTEP & Internship programs and processes
    - CISM Programs
    - Research Involvement- Management
    - Clinical Data Systems

- Primary liaison with medical directors to provide continuity within the region for clinical initiatives, implementation of leading edge technology and scientific research projects.
    - Studies such as ROC and SUDS which transcend county boundaries
    - AMR Clinical Leadership Council

- Perform and coordinate internal audits for compliance with controlled substance and CQI Plans and annual Clinical and Safety Audits.

- Monitor automated clinical databases containing detailed information about clinical patient care services provided.
    - MEDS – Business Object Reporting
    - Quick Net Systems
    - Clinical KPI

The statements in this document are intended to describe the general nature and level of work performed by individuals assigned to this classification. They are not intended to be construed, as an exhaustive list of all responsibilities, duties, and skills required of personnel so classified. This document in no way constitutes a contract of employment. American Medical Response reserves the right to modify position descriptions, policies, or any other procedural documents at any time, for any reason, without prior notice.

- Monitors automated (Ninth Brain) and other systems of certification tracking and compliance training related to both internal and external requirements.
    - Certification required by medical directors
    - State Certifications
    - Required county specific training
    - Agency required training

- Administration of organized programs of continuing education for EMTs, Paramedics, Nurses. Such programs would be designed and coordinated to meet annual or bi-annual educational requirements for maintenance of certification or licensure of such personnel.

- Participates and functions as liaison for AMR in county, regional, state and or federal committees, groups, projects related to quality improvement and assurance.

- Monitors and ensures all mandatory reporting regarding clinical issues and actions occurs to all regulatory agencies and entities both internal and external.

- Manages and facilitates approval process and coordination and monitoring of all field and data research requests and projects.

- Provide coordinated oversight of all field internship program requests and management processes to include intern and preceptor records.

- Development of clinical department policies/procedures.

- Preparation of strategic plans (short and long term).

- Preparation of departmental annual objectives.

- Preparation of periodic reports concerning department activity. Project and anticipate budgetary impact.

- Coordinate and direct the activities of the CES staff applying fundamentals of leadership and supervision while promoting teamwork.

- Provide consultation and guidance on the detection, analysis, and improvement of individual or system factors found to affect patient care.

- Perform or coordinate fair and impartial investigation of clinical incidents, personnel matters, complaints, and ensure their timely resolution.

- Address complaints and resolve problems

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- CISM Program- Provide CISM training, educate management, field and communications center employees on CISM processes and work with allied agencies to provide joint CISM services to local EMS systems.

SUPERVISORY RESPONSIBILITIES:

- Comply with all employment laws and support affirmative action/equal opportunity and diversity goals.

- Manage local CES Specialists, CQI coordinator and clinical data analysts to ensure continuity of processes and priorities throughout our region.

MINIMUM QUALIFICATIONS:

High school diploma or GED. Minimum of 18 years of age. Three years experience in out-of-hospital care within the last 5 years, experience working with adult learners in a vocational setting and two years experience in an administrative or management level position are all requirements. Experience in developing strategic plans, as well as a bachelor's degree in a health related field or education is preferred. Effective oral, written and interpersonal communication skills. Current Paramedic certification is preferred. Provider and or Instructor Level in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Basic Trauma Life Support (BTLS), as well as other teaching disciplines, are also desirable. Extensive familiarity with personal computers and ability to type at a minimum of 40 words per minute. Proficiency with software programs such as Windows Microsoft Office applications, as well as experience or education in statistics and data management is preferred.

PHYSICAL REQUIREMENTS:

Occasionally: Walking inside, carrying no greater than 100 pounds, kneeling, stooping, bending, leaning.
Frequently: Hearing/listening, clear speech, touching, typing.
Constantly: Sitting, seeing.

MENTAL REQUIREMENTS:

Occasionally: Analyzing, simple math skills, judgment, decision making.
Frequently: Simple writing.
Constantly: Simple reading, clerical.

STRESS FACTORS:

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Occasionally: Repetitive tasks, high pressure.
Frequently: Intense tasks.

EQUIPMENT USED:

Occasionally: Digital paging terminal, facsimile, calculator, copy machine, stapler, 3 hole punch, stamping, sharpener, switchboard, printers.
Frequently: Computer/typewriter, keyboard, telephone.

WORKING ENVIRONMENT:

Occasionally: Works with others, extended day.
Frequently: Works alone, face-to-face contact with others.
Constantly: Works around others, verbal contact with others, inside.

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Corporate Policy on Compassionate Care

CORPORATE ETHICS & COMPLIANCE PROGRAM

Policy No.:30700

Drafted by: **Corporate Ethics & Compliance Dept.** **Date Drafted:** **24-Sept-98**

Revised by: **Outside Counsel & AMR Personnel** **Date Revised:** **Jan 2007**

Approved by:

I. INTRODUCTION

A. Subject to the availability of resources, AMR may provide free or reduced cost health care services from time to time to uninsured or underinsured patients who are unable to pay for these services. In order to do so, AMR has established this Corporate Policy on Compassionate Care (the "Policy") to ensure that the decision to provide free or reduced cost health care services and supplies is based upon uniform and objective criteria.

B. Compassionate Care shall refer to the provision of free or reduced cost health care services by AMR and AMR's employees to uninsured or underinsured patients who are unable to pay for these services. Compassionate Care shall not include cash payment in any form, such as the payment of any individual's health insurance premiums, or free goods not otherwise furnished in the ordinary course of AMR's operations.

C. AMR also has established this Policy to verify that recipients of Compassionate Care receive these free or reduced cost health care services and supplies in compliance with AMR's charitable intent.

D. Patients requesting Compassionate Care ("Applicants") will be considered on a first-come, first-served basis. The total number of patients receiving compassionate care at the same time will be at the discretion of the Business Unit.

E. All questions regarding this Corporate Policy on Compassionate Care shall be directed to Ethics & Compliance Department.

II. PROCESS FOR REQUESTING AND REVIEWING REQUESTS FOR COMPASSIONATE CARE

A. Decisions to provide Compassionate Care shall be made on a case-by-case basis.

B. Decisions to provide Compassionate Care shall be based solely upon the information that the Applicant (or another authorized party on the Applicant's behalf) is required by this Policy to supply to AMR.

C. Applicants requesting Compassionate Care must provide AMR with the following:

1. The Applicant's most recent tax return, or other documentation of the Applicant's net income for the most recent year;

2. Information regarding the Applicant's current income status; and

3. Information regarding the Applicant's insurance status, including:

a. the name of the insurance company;

b. the name of the policy holder;

c. the policy number;

d. the effective date of the policy; or

e. a statement certifying that the Applicant is uninsured.

D. All information provided by an Applicant to AMR regarding a request for Compassionate Care will be kept confidential by AMR's employees.

III. DETERMINATIONS REGARDING REQUESTS FOR COMPASSIONATE CARE

A. AMR will provide Compassionate Care to an Applicant only if the following criteria are met:

1. The Applicant's net income for the previous year is equal to or less than the state defined hardship level, as evidenced by the Applicant's most recent tax return or other documentation;

2. The Applicant has no current source of income in an amount equal to or greater than the state defined hardship level; and

3. AMR has determined that the Applicant is uninsured or underinsured

B. If the Designated Personnel determine that the Applicant does not qualify for Compassionate Care, then they shall:

1. Complete a Compassionate Care Certification Form (**See Attachment A**), indicating that the criteria for Compassionate Care have not been met. The Compassionate Care Certification Form should be filed with the Patient Care Report; and

2. Notify the Applicant, in writing, of this determination.

C. If the Designated Personnel determine that the Applicant qualifies for Compassionate Care, then they shall:

1. Complete a Compassionate Care Certification Form indicating that the income threshold level has been met, that the Applicant is uninsured or underinsured and recommend the level of Compassionate Care to be provided. The Compassionate Care Certification Form should be filed with the Patient Care Report; and

2. Notify the Applicant, in writing, after final approval of the determination and advise the Applicant of the recommended amount of Compassionate Care (**See Attachment A**).

IV. OBLIGATIONS OF AMR PERSONNEL

A. Under no circumstances will AMR's employees, or anyone acting on behalf of AMR, offer any Compassionate Care to AMR's patients, or potential patients, unless specifically authorized under this Policy.

B. AMR's employees shall not advertise the availability of Compassionate Care in any way, except to advise individual patients or physicians of the availability of such care upon inquiry or upon the impression or knowledge of the employee that a particular patient may qualify for Compassionate Care.

C. Such advice by an employee shall be limited to a statement that Compassionate Care is available at AMR, but only under the strict criteria set forth in this Policy, and that for further information, the patient or physician should contact the Division Chief Operating Officer.

ATTACHMENT A
COMPASSIONATE CARE CERTIFICATION FORM

I certify that _____ has met the criteria for Compassionate Care set forth in **AMR's Corporate Policy on Compassionate Care, Policy No. 30700.**

I certify that _____ has NOT met the criteria for Compassionate Care set forth in **AMR's Corporate Policy on Compassionate Care, Policy No. 30700.**

I certify specifically to the following.

(1) In reviewing _____ request for Compassionate Care, I followed only the criteria specified in **AMR's Corporate Policy on Compassionate Care, Policy No. 30700.**

(2) _____, ___meets/___ does not meet, the income requirement for Compassionate Care.

(3) _____ is uninsured or is underinsured.

(4) I have attached a copy of the income and insurance information provided by the Applicant to this form.

I recommend that $_____ of Compassionate Care be provided by AMR to _____.

_____
Date

_____
Signature

_____
Print/Type Name

FirstWatch - Situational Awareness and Early Warning Software

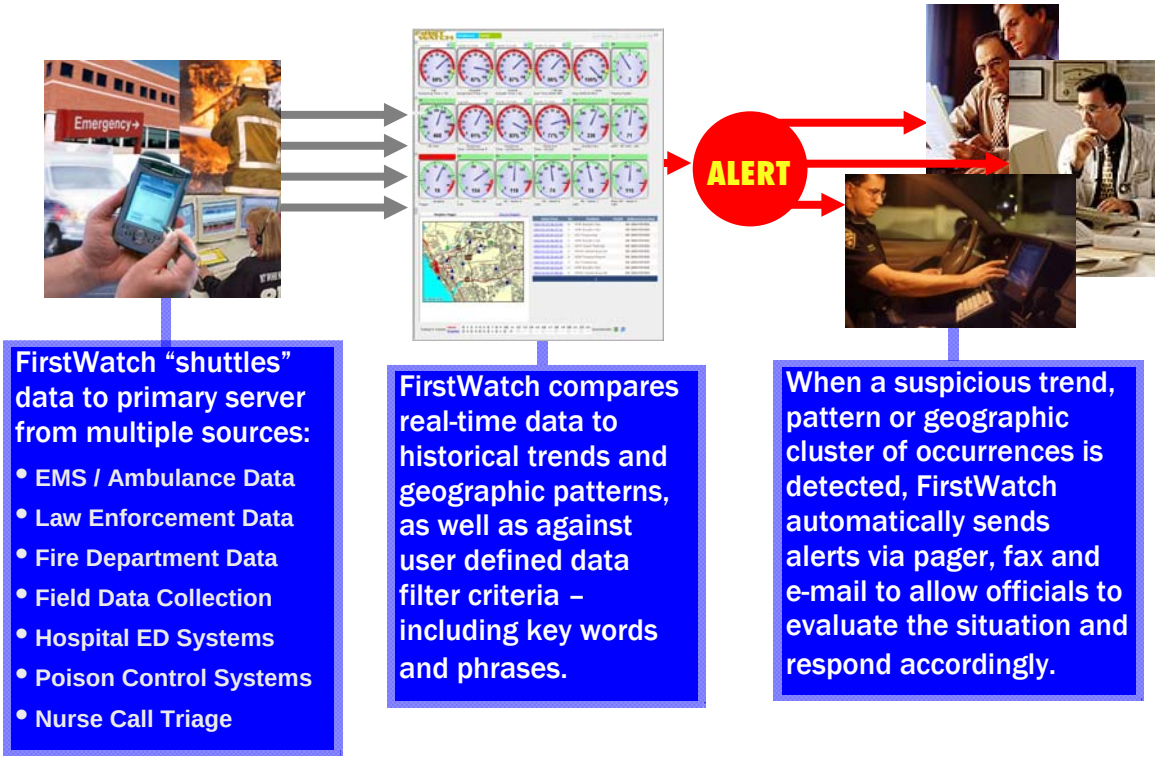
FirstWatch® is a real-time, web-based, commercial off-the-shelf (cots) situational awareness dashboard, data surveillance and early-warning software system.

Developed in 1999, FirstWatch was originally deployed in Kansas City, Missouri as a custom-built utility to monitor for trends and patterns in 9-1-1 call center data that could indicate a possible WMD or Bioterrorism occurrence.

Since 1999, FirstWatch has been deployed and is LIVE in 30 states and provinces (representing 100+ metro areas and more than 230 Public Safety Agencies). FirstWatch is currently protecting more than 77,000,000 people across the US and Canada.

Once FirstWatch is configured to work with an agency's existing data sources, FirstWatch will allow authorized users to securely monitor for statistically significant occurrences in user-defined criteria—from a situational awareness, homeland security, public health or operational standpoint.

How does FirstWatch software work?



Once a concerning volumetric or geographic trend (or pattern) is detected, the FirstWatch system will automatically alert user-defined personnel by sending summary call charts and a map showing geographic distribution of occurrences (including reports with details) via email, pager, or fax.

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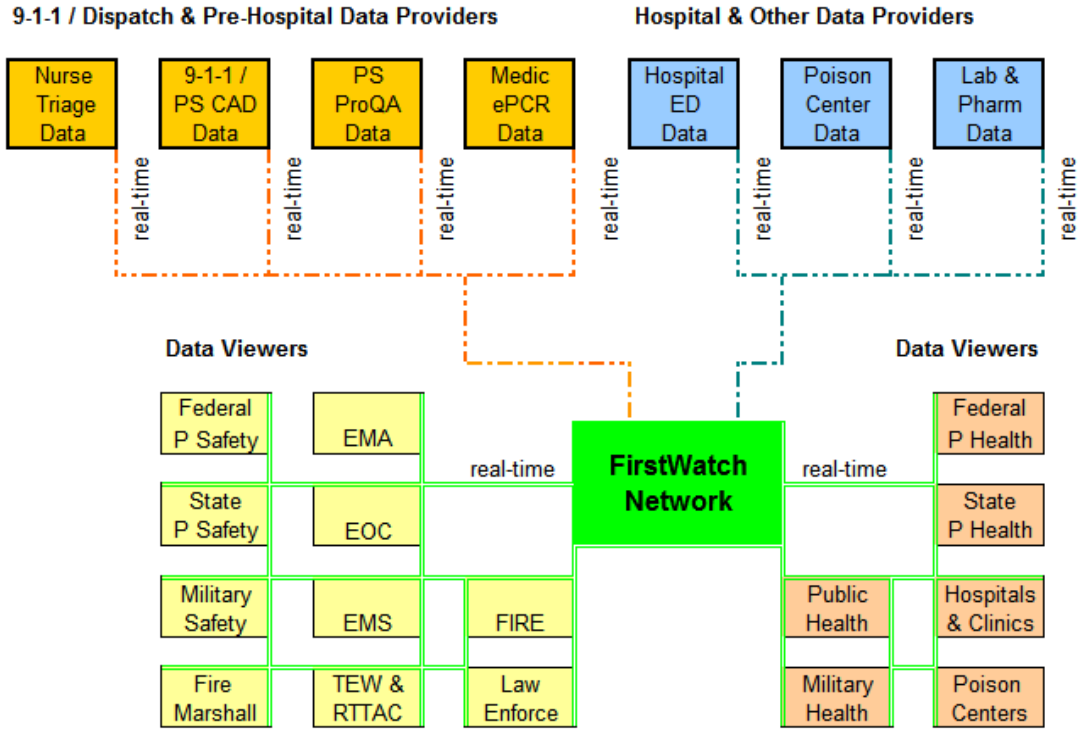
FirstWatch - Situational Awareness and Early Warning Software (cont.)

Alerted personnel can use the real-time FirstWatch information to determine the nature and significance of the occurrence, and take appropriate steps to warn and protect the public (as well as first responders), if necessary.

FirstWatch is currently providing Public Safety and Public Health agencies with real-time situational awareness and data surveillance information by monitoring 9-1-1 (Police, Fire and EMS) data sources such as Computer Aided Dispatch (CAD) and ProQA, as well as Poison Control Center data, Paramedic Field data (EPCR data) and Hospital ED data. Soon FirstWatch will also begin monitoring additional data sources such as: Nurse Call Triage data and Hospital Diversion data.

Who are typical Data Providers, Data Viewers and Alert Recipients?

FirstWatch Data Providers can be public safety or public health teams that have existing data sources. They can use FirstWatch to share views of real-time data and / or automated alerts with other agencies within (or outside of) their local, regional or state operational areas.



Real-time Views, Trigger (filter) criteria and Automated Alerts can be controlled by authorized users

FirstWatch was designed to aggregate data, from multiple agencies with disparate (or similar) data sources, to provide authorized users from Public Safety, Public Health & Homeland Security with not only automated alerting, but a true real-time situational awareness perspective across geopolitical boundaries and operational areas.

www.firstwatch.net

FirstWatch 322 Encinitas Blvd., Suite 100, Encinitas, CA 92024 p 760-943-9123 f 760-942-8323

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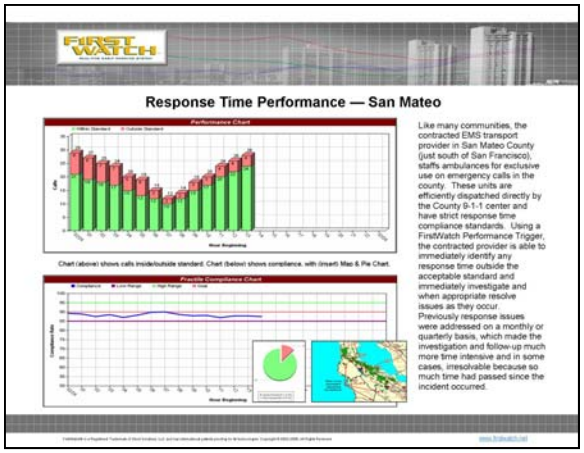
FirstWatch Dashboard & Trigger Examples

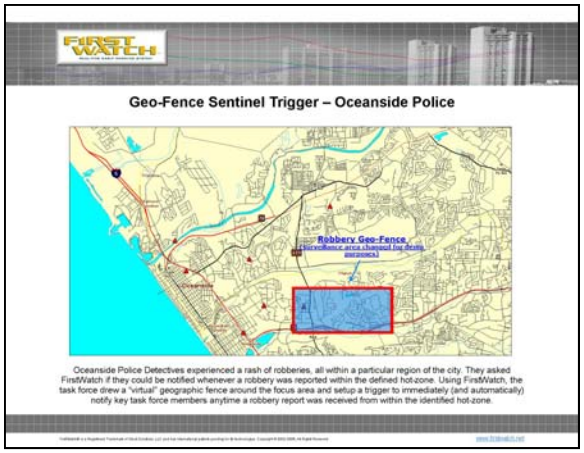
The following FirstWatch Dashboard, Trigger and Enhancement Module examples are based on actual usage from agencies that have deployed FirstWatch across the United States & Canada.

Real-time Dashboards for fast & easy Trend Analysis

EMS, Fire and Police Performance & Operational



Public Safety, Public Health & Homeland Security



For more information and to schedule an online demonstration please contact us at: 760.943.9123 or via email to: info@firstwatch.net

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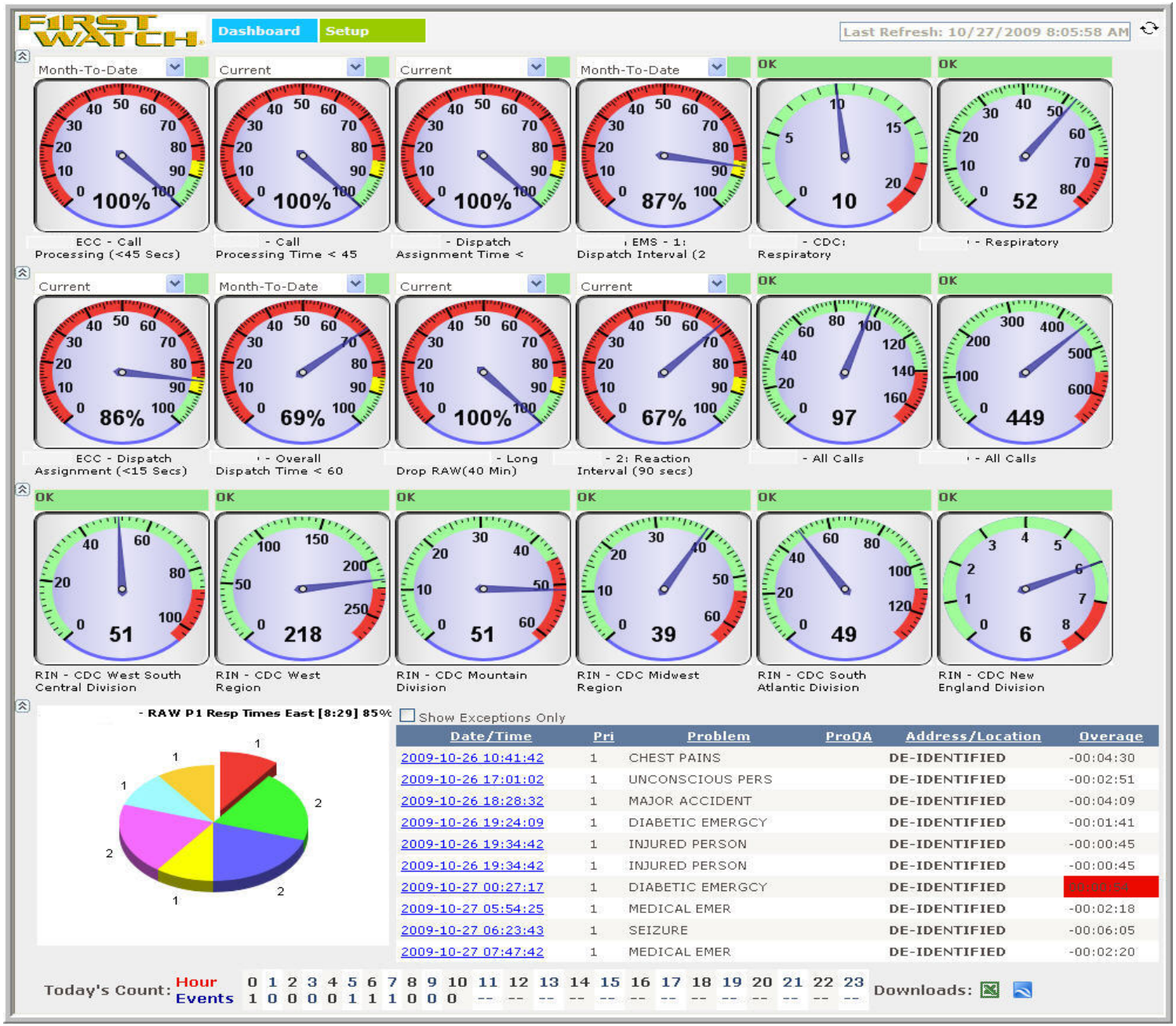
Real-Time Performance, Operational & Trending Dashboards



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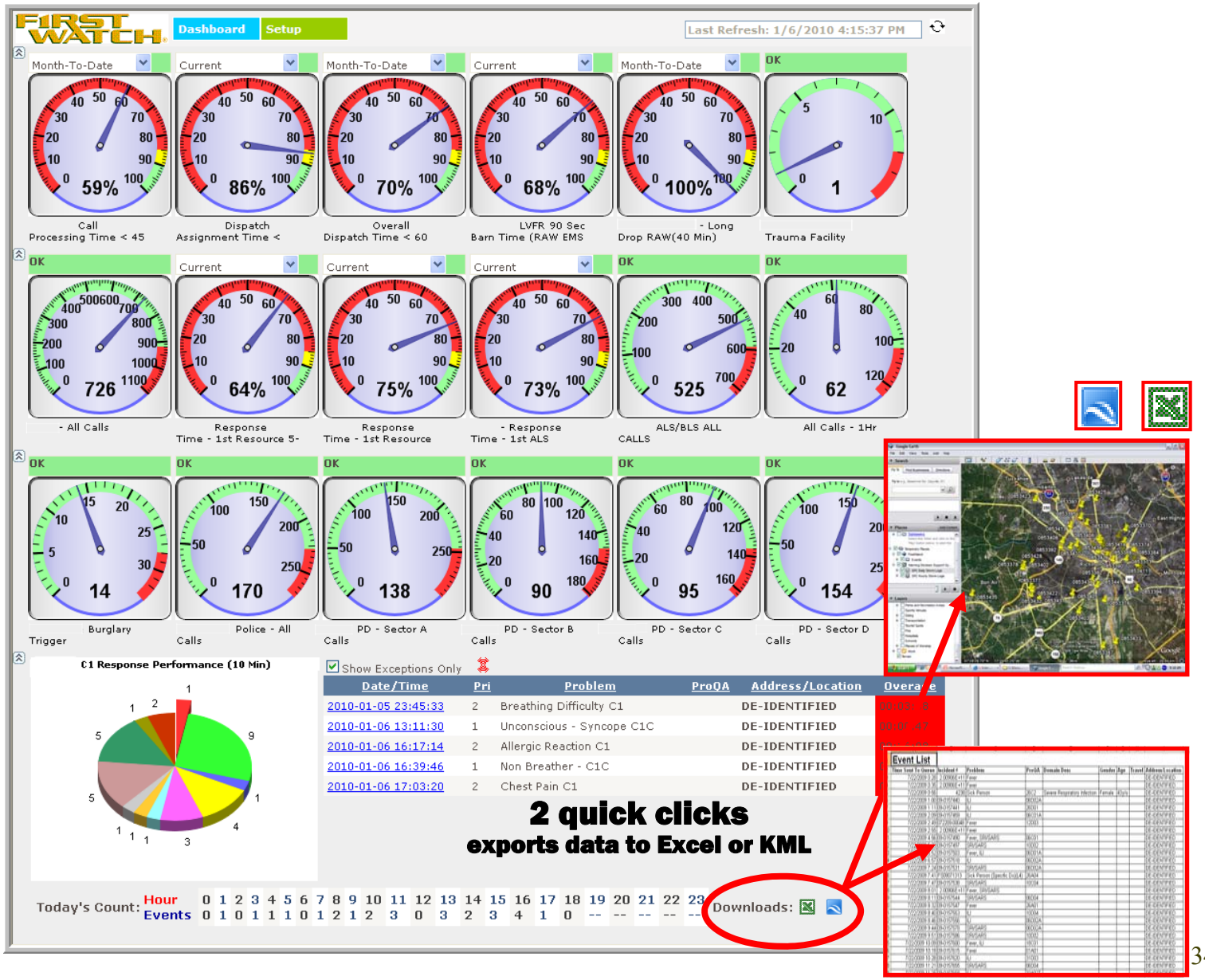
Interactive FirstWatch Dashboards offer fast & easy data views and drill-downs into detailed data displayed as Charts, Graphs, Maps

You can easily export data to KML, Excel or SQL Reporting Services, for further analysis



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Real-Time Dispatcher / Call-Taker Performance

Dispatch Performance Current Call Information

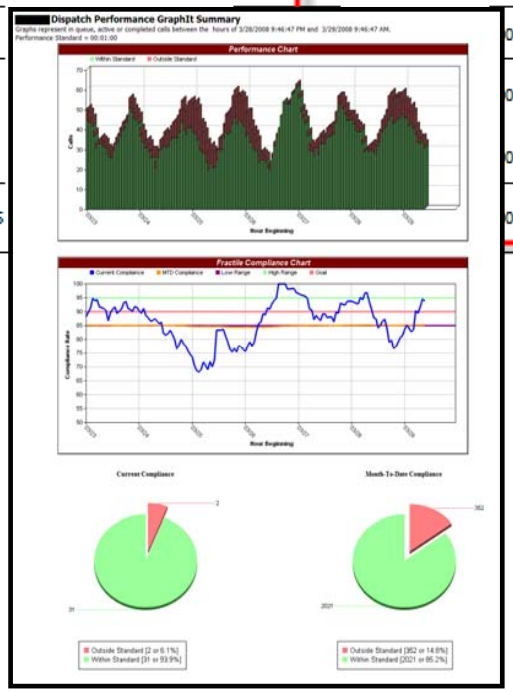
Calls displayed represent active or performed calls between the hours of 4/8/2008 7:55:38 AM and 4/8/2008 7:55:38 PM.
Performance Standard = 00:01:00

Data and Report from the FirstWatch ™ Internet Server

GC	Geo Valid	Time Sent To Queue	Problem	ProQA	Response #	Unit	Address/Location	Dispatcher	Create To Dispatch	Outside Standard
	✓	4/8/2008 8:13:25 AM	Falls		25460	5223			00:04:17	Yes
	✓	4/8/2008 8:33:47 AM	Diabetic Problems		25467	00988			00:00:09	No
	?	4/8/2008 8:55:48 AM	Heart Problems / A.I.C.D.		25470	01197			00:00:22	No
	✓	4/8/2008 9:01:34 AM	Hemorrage / Lacerations		25472	3050			00:00:34	No
	✓	4/8/2008 9:04:23 AM	Falls		25473	01039			0:00:21	No
	✓	4/8/2008 9:48:11 AM	Unknown Problem (Man Down)		25480	5223			0:00:12	No
	✓	4/8/2008 10:23:33 AM	Abdominal Pain / Problems		25483	00975			0:00:17	No
	✓	4/8/2008 10:24:44 AM	Traffic/Transportation Accidents		25484	GAEMS			0:00:31	No

De-identified information

De-identified information



When measured against pre-defined standards, dispatch related time intervals captured via CAD system operation may be used as Key Performance Indicators. In this instance, a CAD computed elapsed time of 4 minutes, 17 seconds, representing the dispatch interval between “clock start” and “clock stop” is noted to have exceeded the user-determined 60 second standard. Using FirstWatch, appropriate administrative personnel can be alerted in real time when current and/ or month-to-date dispatch elements, calculated as a percentage of overall compliance goals, exceed user-set baselines.

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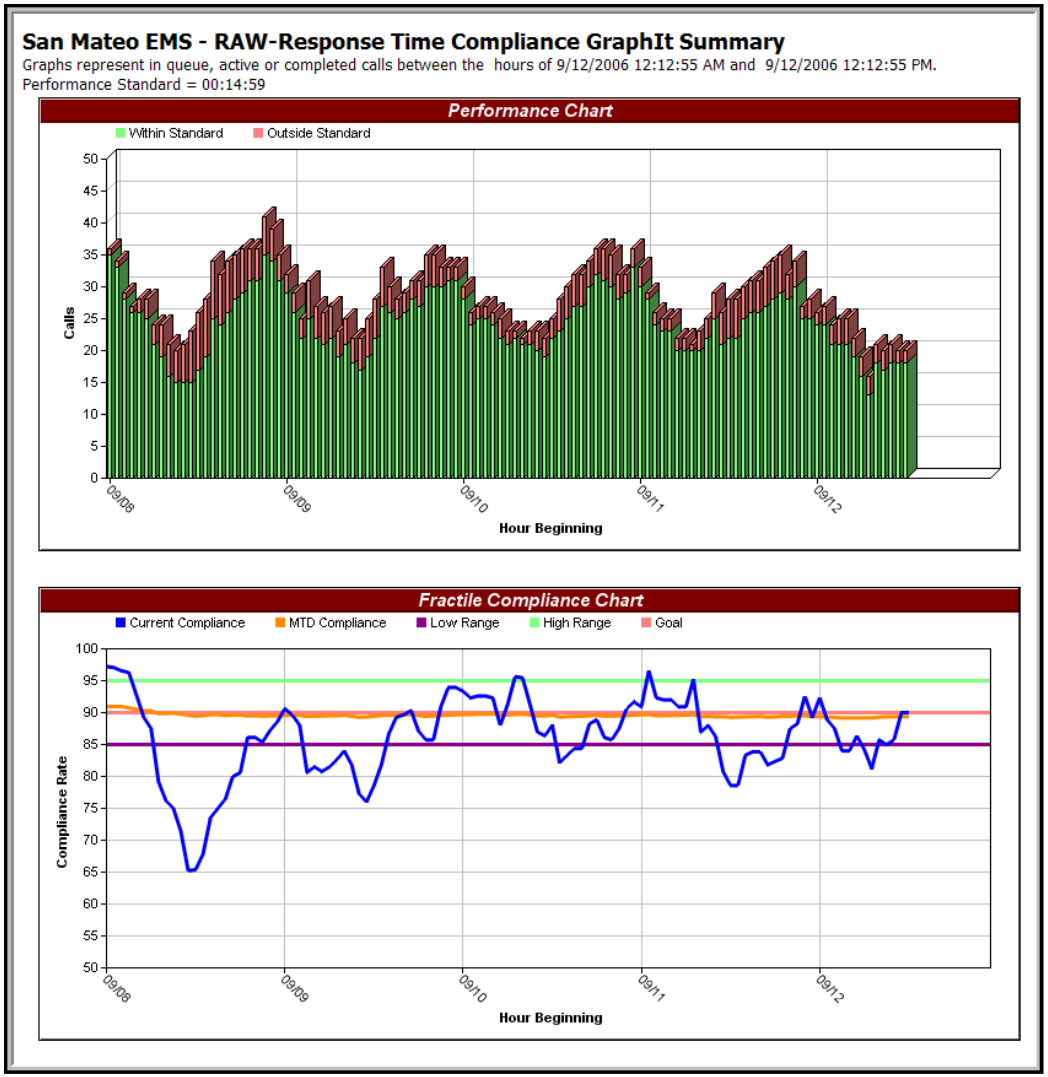
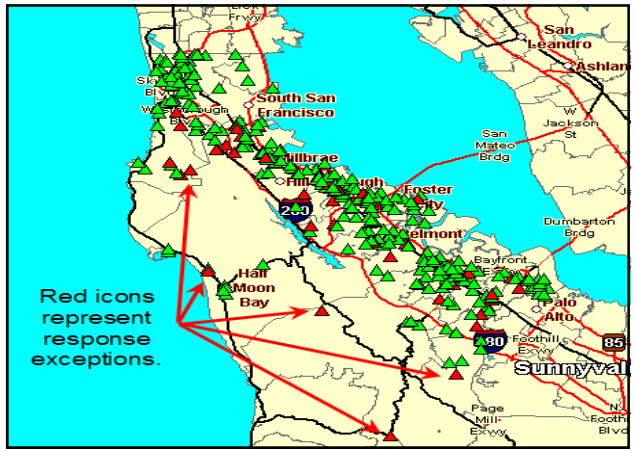
Response Time Performance



Like many communities, the contracted EMS transport provider in San Mateo County (just south of San Francisco) staffs ambulances for exclusive use on emergency calls in the County. These units are efficiently dispatched directly by the County 9-1-1 center and have strict response time compliance standards. Using a FirstWatch Performance Trigger, the contracted provider is able to immediately identify any response time outside the acceptable standard, immediately investigate and (when appropriate) resolve issues as they occur. Previously, response issues were addressed on a monthly or quarterly basis, this made the investigation and follow-up much more time intensive and, in some cases, irresolvable because so much time had passed since the incident occurred.



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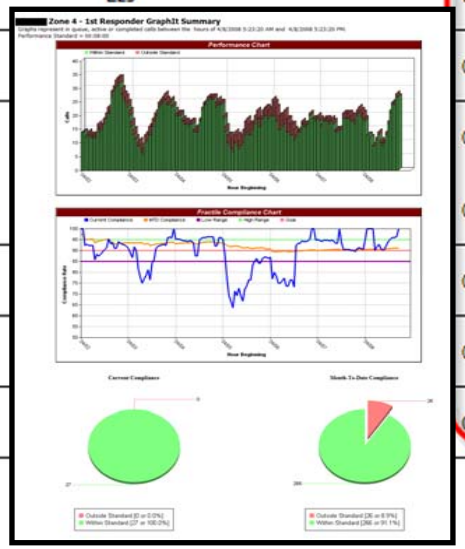
Response Time Performance, by Zone or Sector

In this example, CAD generated time stamps for defined response components are computed for a single specified Fire/EMS response zone and are measured against a user-defined standard (8 minutes, 90 % of the time). When response goals are not met, real-time alerts are automatically transmitted to pre-identified personnel accountable for agency performance objectives.

Zone 4 - 1st Responder Current Call Information

Calls displayed represent active or performed calls between the hours of 4/8/2008 5:23:20 AM and 4/8/2008 5:23:20 PM.
Performance Standard = 00:08:00
Data and Report from the FirstWatch ™ Internet Server

Outside Standard	Time Sent To Queue	Problem	ProQA	Response #	Unit	Address/Location	Assign To Enroute	Assign To Scene	Create To Dispatch
No	4/8/2008 6:13:19 AM	Traffic Accident (L1)	29D02f	023064	E44		00:02:28	00:04:27	00:06:55
No	4/8/2008 6:27:23 AM	Diabetic Problems (L1)	13C01C	023070	E37		00:02:44	00:02:44	00:05:28
No	4/8/2008 7:12:34 AM	Diabetic Problems (L1)	13C01	023077	E23		00:02:31	00:02:52	00:05:23
No	4/8/2008 7:34:49 AM	Unc/Fainting (Non Trauma)(L1)	31D01	023079			00:02:29	00:03:30	00:05:59
No	4/8/2008 7:45:11 AM	Traffic Accident (L1)	29B01	023080			00:04:14	00:02:33	00:06:47
No	4/8/2008 7:57:17 AM	Traffic Accident (L1)	29B06	023082			00:02:51	00:01:59	00:04:50
No	4/8/2008 8:36:06 AM	Traffic Accident (L1)		023086			00:03:13	00:03:19	00:06:32
No	4/8/2008 10:12:56 AM	Breathing Problems (L1)	06D03A	023094			00:02:07	00:01:47	00:03:54
No	4/8/2008 11:10:07 AM	Convulsions / Seizures (L1)	12D02	023103			00:01:52	00:02:18	00:04:10



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Out of Chute / Station Compliance

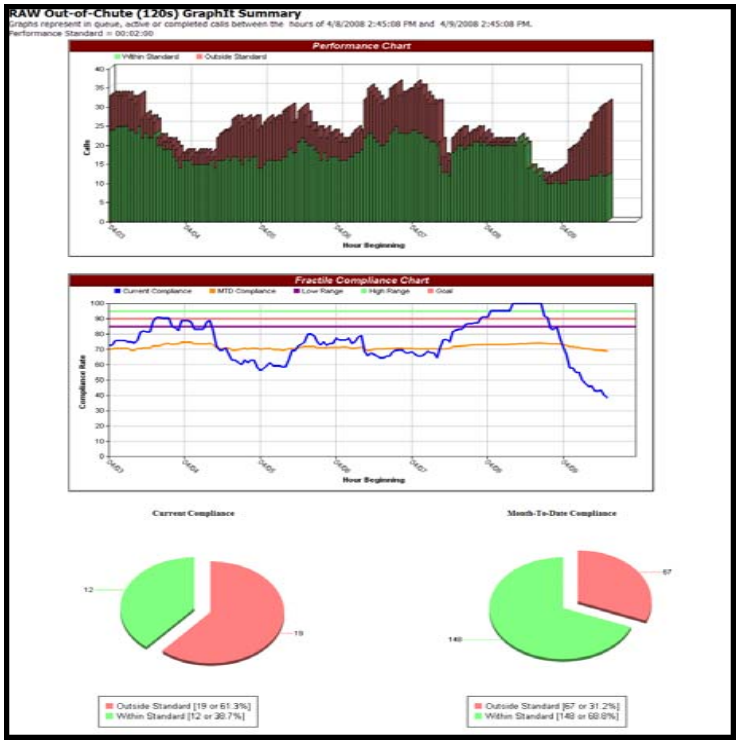
RAW Out-of-Chute (120s) Current Call Information

Calls displayed represent active or performed calls between the hours of 3/27/2008 7:48:13 AM and 3/28/2008 7:48:13 AM.
Performance Standard = 00:02:00
Data and Report from the FirstWatch™ Internet Server

Geo Valid	Time Sent To Queue	Problem	ProQA	Response #	Unit	Address/Location	Chute Time	Outside Standard ▲
?	3/27/2008 8:50:53 AM	XNTR-XNTR		2008-13210	E22		00:01:45	No
C	3/27/2008 11:34:58 AM	24D04-24D04 OB/3RD TRI BLEED		2008-13243	E14		00:01:26	No
C	3/27/2008 12:16:49 PM	10D01-10D01 CP/RESP DISTRESS		2008-13254	E14		00:01:41	No
C	3/27/2008 2:33:28 PM	06D01-06D01 SOB/RESP DISTRESS		2008-13268	E16		00:01:04	No
C	3/27/2008 3:30:29 PM	29D02-29D02 MVU HIGH MECHANISM		2008-13276	E16		00:01:08	No
C	3/27/2008 3:34:41 PM	X1020-X1020		2008-13278	E14		00:01:20	No
C	3/27/2008 4:02:38 PM	21B01-21B01 POSS DGR BLEED		2008-13280	E15	De-identified information	00:01:46	No
C	3/27/2008 4:20:49 PM	31D01-31D01 UNC @ END OF CALL		2008-13281	E16		00:01:25	No
?	3/27/2008 4:27:24 PM	5-SINGLE ENGINE RESPONSE		2008-13283	E15		00:00:33	No
?	3/27/2008 5:40:02 PM			2008-13292	E16		00:01:07	No
?	3/27/2008 5:58:15 PM	17A01-17A01 FALL/NON DGR AREA		2008-13296	E15		00:00:51	No
?	3/27/2008 6:21:43 PM	2-TRAFFIC COLLISION		2008-13299	E22		00:01:58	No
C	3/27/2008 7:00:11 PM	1GSV-GUNSHOT/SHOOTING VICTIM		2008-13305	E16		00:01:07	No
?	3/27/2008 7:17:15 PM	5TF-TRANSFORMER FIRE		2008-13307	E16		00:01:51	No
C	3/27/2008 9:03:42 PM	06E01-06E01 SOB/INEFFECTIVE BREAT		2008-13327	E16		00:01:22	No
?	3/27/2008 10:15:52 PM	01C02-01C02 ABD PAIN/F FAINT 12TO50		2008-13338	E14		00:01:36	No
?	3/27/2008 5:58:15 PM	17A01-17A01 FALL/NON DGR AREA		2008-13296	BR23		00:03:05	Yes
?	3/27/2008 9:41:08 PM	5APD-ASSIST PD		2008-13331	E22		00:13:29	Yes
C	3/28/2008 12:05:18 AM	5ALA-LIFT ASSIST		2008-13345	E14		00:02:18	Yes
C	3/28/2008 12:23:59 AM	06D01-06D01 SOB/RESP DISTRESS		2008-13347	E15		00:02:01	Yes
C	3/28/2008 1:56:21 AM	19R-ALARMS RINGING - RESIDENTIAL		2008-13353	E21		00:02:45	Yes
?	3/28/2008 3:08:26 AM	XEMT-XEMT		2008-13361	E14		00:02:22	Yes
C	3/28/2008 6:35:42 AM	5EF-EXTINGUISHED FIRE		2008-13365	E22		00:02:16	Yes

Total Responses: 23 **Within Standard: 16** **Outside Standard: 7** **Compliance: 69.57%** **Average: 00:02:11**
Standard: 00:02:00

Performance and Operational Triggers provide real-time views and automated alerts to Command Staff accountable for response time related performance. In this example, FirstWatch monitors an "Out of Chute" time constructed of CAD generated time stamps between dispatch "time to queue" and squad "responding." Supervisory personnel are automatically alerted when Out of Chute times exceed the user-defined baseline (2 minutes in this case).



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Inter-Facility Contract Compliance

	Status	Current Compliance	Current %	MTD Compliance	MTD %	Logged In
BLS On Demand	OK	38/50	76	45/62	72.58	---
BLS Scheduled	OK	39/49	79.59	51/57	89.47	---
CCT On Demand	OK	52/58	89.66	49/55	89.09	---
CCT Scheduled	OK	15/17	88.24	16/18	88.89	---

CCT Scheduled Current Call Information

Calls displayed represent active or performed calls between the hours of 4/1/2008 5:45:07 PM and 4/8/2008 5:45:07 PM.
Performance Standard = 00:15:00
Data and Report from the FirstWatch™ Internet Server

Geo Valid	Time Sent To Queue	Problem	ProQA	Response #	Unit	Address/Location	Arrive Over Requested	Outside Standard
✓	4/8/2008 10:26:02 AM	CCT		04082008-0002876	BLS46	De-identified information	De-identified information	No
✓	4/8/2008 10:26:02 AM	CCT		04082008-0002875	CCN1			No
✓	4/8/2008 12:08:55 PM	CCT		04082008-0002888	BLS47			No
✓	4/8/2008 12:08:55 PM	CCT		04082008-0002887	CCN2			No
✓	4/8/2008 3:45:44 PM	CCT		04082008-0002902	CCN3			No

Inter-facility transports are an essential function for many EMS providers. Many private ambulance providers adhere to stringent response time requirements for their contract hospitals. As such, delayed pickup times can not only slow down system performance, but they can cost lives and diminish profitability for an organization. These KPI Triggers provide real-time monitoring of contract hospital pick up and can be measured against requested or promised pickup times. Automatic notifications can be generated for all response times that fall outside of the designated response time goal.

The Status Page Dashboard (to the left—gray box) provides a snapshot of current and month-to-date compliance without the need to invest human re-sources to run lengthy reports. Instead the minutes old view from FirstWatch can provide a quick look at 'how you are doing today' as well as charts, graphs and maps that offer greater detail on what has happened in the last 12 or 24 hours. With the FirstWatch Analysis Tool, you can look retrospectively to see how you performed against goal, last week, last month, last quarter—or year-to-date.

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Free Text Analysis and Automated Alerting

FirstWatch can also analyze user-defined free text using keyword or phrase inclusion, exclusion, and regular expressions rules. Comprehensive trend analysis or sentinel event notifications can be generated using FirstWatch Free Text Triggers. In this case, the customer is using free text rules to mine and analyze fever related events.

FreeText Setup: [redacted] Fever - FreeText

+ Larger Font | + Smaller Font FreeText Search

Matched	Categories	Event	Date/Time	Free Text
Y	Fever	2566587	4/8/2008 6:33:36 PM	[De-Identified]
Y	Fever	2566619	4/8/2008 7:19:08 PM	[De-Identified]
Y	Fever	2566642	4/8/2008 7:51:37 PM	[De-Identified]
Y	Fever	2566644	4/8/2008 7:54:39 PM	[De-Identified]

<-- From: 4/8/2008 6:33:36 PM To: 4/8/2008 7:54:39 PM --> Show Matched Only Rows to Return: 10

Categories	Keywords/Phrases	EXCLUDED Keywords/Phrases	Regular Expression:
Fever	Fever fièvre febrile hot skin high temp SHIVERING REALLY HOT hot to touch elevated temp	afebrile no fever Fever UNK INABILITY unk fever denies fever UNK IF Fever NO OUTBREAKS OR Fever	\bFever\b|\bfebrile\b|\belevated temp\b|\bhigh temp\b|\bhot to touch\b|\bREALLY HOT\b|\bhot skin\b|\bfièvre\b|\bSHIVERING\b

Keyword/Phrase: Add

EXCLUDED Keyword/Phrase: Add

Remove Remove Update Regular Expression

Incident Drill-down

ProQA(tm)

Incident Details

fwCust_ID	47	Time_FirstCallTakingKeystroke	4/8/2008 11:29:56 AM
ID	2566206	Time_CallEnteredQueue	4/8/2008 11:31:48 AM
FWTimeStamp	4/8/2008 10:12:11 AM	Time_CallTakingComplete	4/8/2008 11:33:42 AM
Response_Date	4/8/2008 11:29:56 AM	Time_CallClosed	4/8/2008 1:09:39 PM
Master_Incident_Number	08-0076670	Time_First_Unit_Assigned	4/8/2008 11:33:20 AM
Agency_Type	EMS	Time_First_Unit_Arrived	4/8/2008 11:44:56 AM
Jurisdiction	[redacted]	Cancel_Reason	
Division	SE	Call_Disposition	01 - Incident Complete
Response_Area	44 Station	EMD_Used	1
Problem	Interfacility-B	CIS_Used	
Priority_Number	4	Determinant	33C06T
Location_Name	[De-Identified]	ProQA_CaseNumber	0008058754
Address	[De-Identified]	Call_Is_Active	0
Apartment	[De-Identified]	CreatedbyPrescheduleModule	
City	[redacted]	Caller_Type	Nurse
State	[redacted]	Location_Type	[redacted]
Postal_Code		Priority_Description	3-Bravo
County	[redacted]	ClockStartTime	4/8/2008 11:29:56 AM
Longitude	[De-Identified]	MultiAgency_Ptr	
Latitude	[De-Identified]	Calc_Latitude	[De-Identified]
Time_PhonePickUp	4/8/2008 11:29:48 AM	Calc_Longitude	[De-Identified]

FW FreeText (TM)

Categories: ILI
Free Text: [De-Identified]

Server Time: 4/8/2008 5:51:49 PM PT

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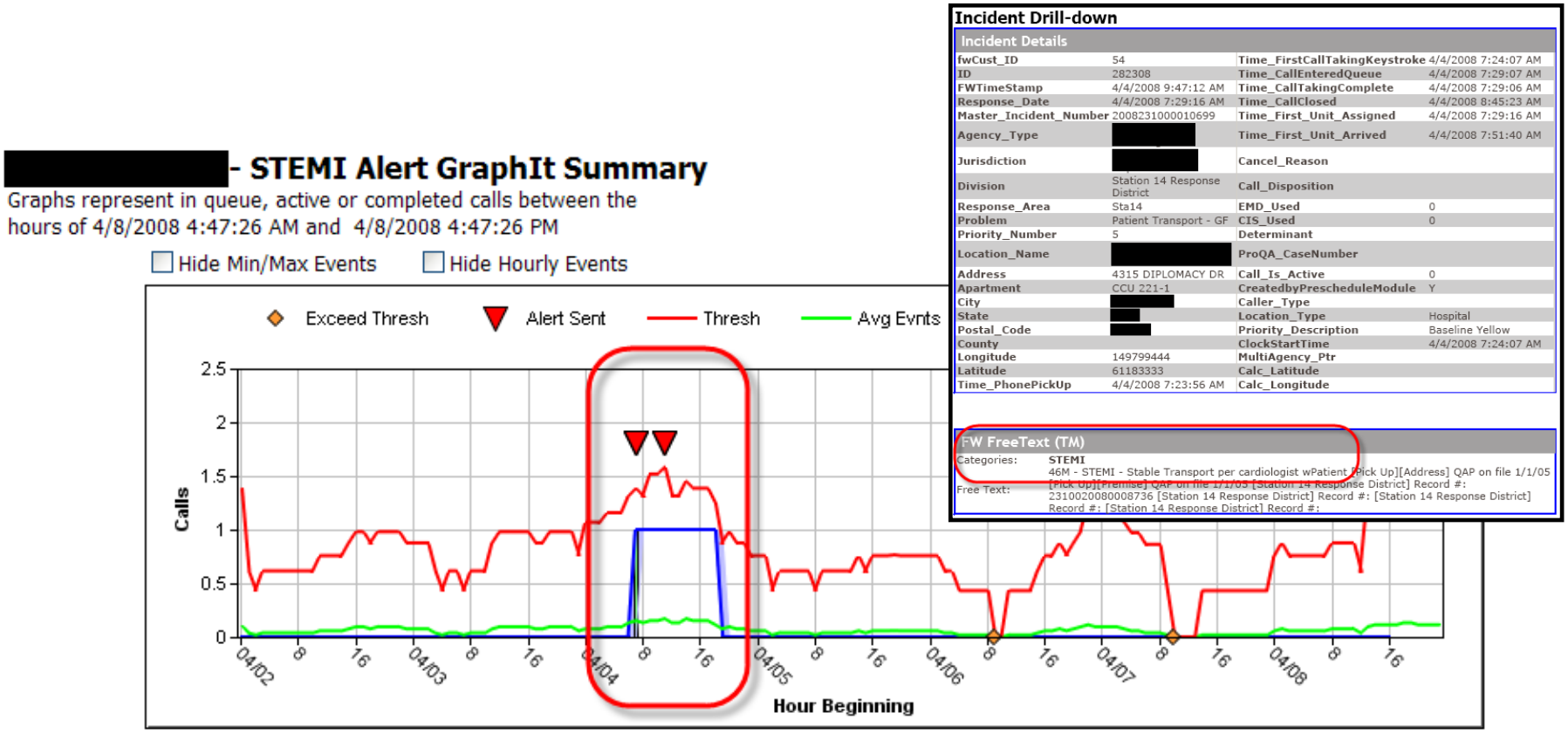
STEMI Alert and Incident Drill-down

When EMS Medical Directors requested notifications for all STEMI's within their jurisdictional area—our savvy EMS customers turned to FirstWatch! Now real-time STEMI data views, incident drill downs, maps, charts are generated on the fly and automated alerts are sent out as soon as STEMI criteria is met, as defined within their system. Further evolution of the STEMI Trigger could include automated notifications of Hospital ED and Catheterization Lab teams.



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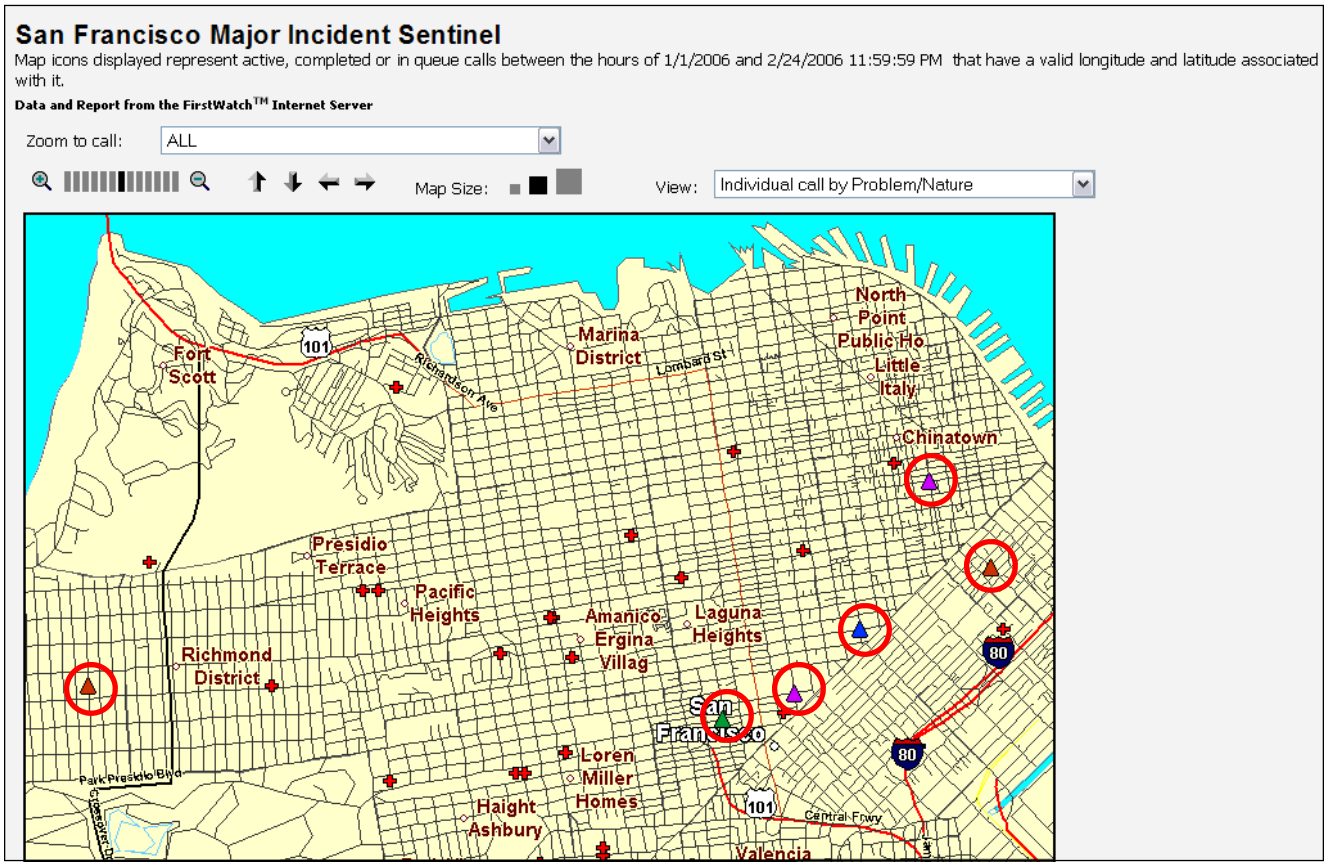
San Francisco – MCI



San Francisco City and County officials needed a way to be notified in real-time of any major Mass Casualty Incident (MCI) within the City. San Francisco Fire and EMS responses vary greatly in a community like San Francisco, so the agency needed a FirstWatch Trigger that could watch for a complex set of criterion. The FirstWatch MCI Trigger constantly scans for events where a certain number of units (and specific types of apparatus) are assigned and arrive on scene, while filtering out other types of calls. Once the criterion indicates an MCI, alerts are sent to notify the specified authorized City and County officials.

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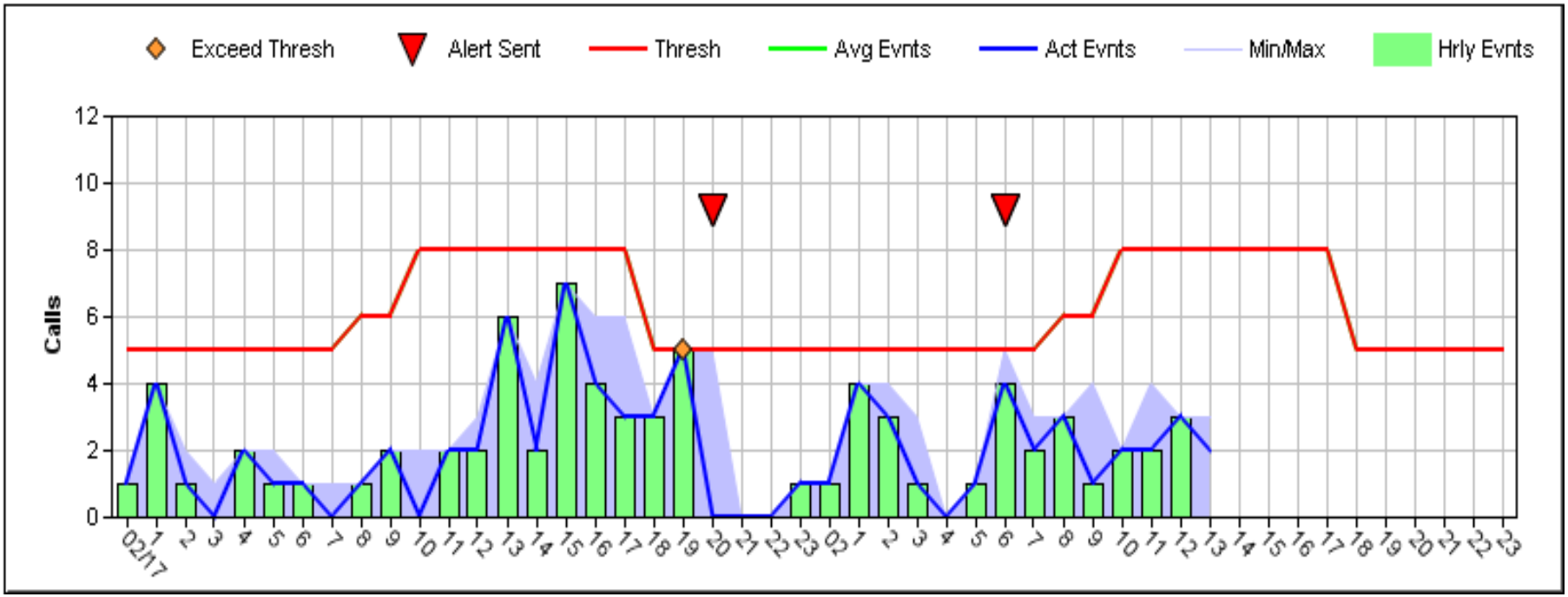
High Volume Activity Sentinel – Bowling Green



Using FirstWatch, managers with Bowling Green Kentucky's EMS system created a Trigger to alert them when resources are being stretched too thin. The High Volume Sentinel Trigger alerts designated EMS managers when certain dynamic call volume thresholds are exceeded (based on their staffing model). FirstWatch enables EMS managers to quickly make assessments and decisions (based on real-time data) to add additional team members as needed to handle the increased call volume.

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ePCR Compliance – Charleston EMS

Charleston ePCR Compliance Current Call Information

Calls displayed represent active or performed calls between the hours of 2/23/2006 2:16:00 PM and 2/24/2006 2:16:00 PM.

Data and Report from the FirstWatch™ Internet Server

No ePCR

ePCR	Time_Assigned	Time_ArrivedAtScene	Pri	Problem	Call Disposition	Response #	Unit
	2/23/2006 2:51:48 PM	2/23/2006 3:02:10 PM	5	Sick Party NPS	Patient Transported	00099255	M02
	2/23/2006 3:05:44 PM	2/23/2006 3:12:45 PM	4	Medical Alarm	Patient Assist	00099256	M19
	2/23/2006 3:11:08 PM	2/23/2006 3:17:25 PM	4	MVA - Injuries	Patient Transported	00099257	M18
	2/23/2006 3:39:03 PM	2/23/2006 3:42:20 PM	5	Sick Party NPS	Non-Transport	00099262	A30
	2/23/2006 3:36:32 PM		5	Sick Party NPS	Non-Transport	00099261	M12
	2/23/2006 3:41:54 PM	2/23/2006 3:48:10 PM	3	Sick Party-Cardiac Hx	Patient Transported	00099263	M14
	2/23/2006 4:38:01 PM	2/23/2006 4:42:47 PM	3	Diabetic -Charlie Override	Patient Transported	00099265	M01

Every EMS agency understands the importance and necessity of maintaining adequate documentation of all patient encounters, but there are times when due to the normal busy nature of the job some reports are not completed/submitted right away. Using FirstWatch, Charleston EMS created a Trigger to ensure an electronic patient care report (ePCR) is completed for each response where a crew arrived on scene. FirstWatch integrates data from Charleston's CAD & ePCR systems and provides a real-time quality assurance check that allows them to identify when a report is missing. This tool ensures that all reports are turned in for 100% compliance before the crew finishes their shift.

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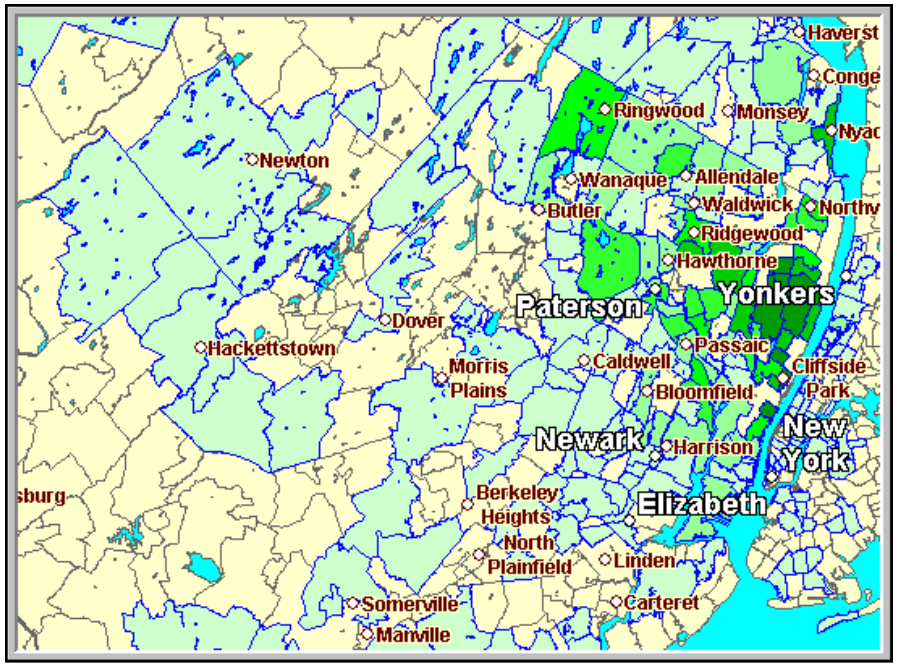
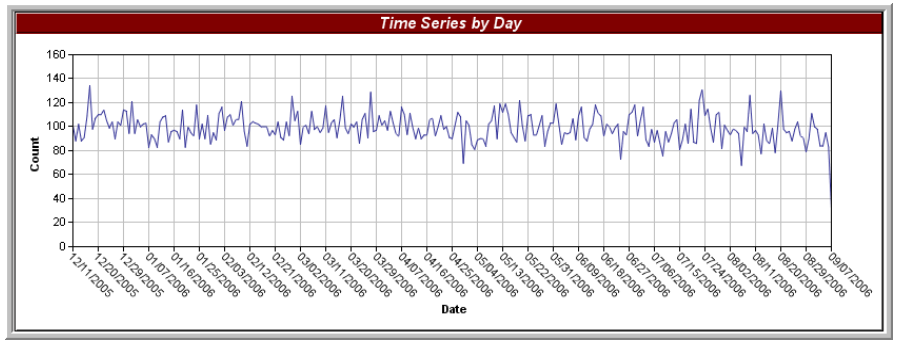
Real-time analysis of Hospital, Poison Control and other data





In addition to monitoring 9-1-1 data, FirstWatch can be rapidly and easily deployed to monitor a variety of existing data systems including Hospital, Clinical, Poison Control Center and Paramedic Electronic Patient Care Reports (ePCR). Our flexible approach lets FirstWatch integrate directly (via read only) with existing data systems or receive data pushed from a system using HL7, FTP, Web Services, or other acceptable methods.

FirstWatch can compile and merge data from multiple sources for analysis based on user defined criteria. To add to the flexibility of monitoring data, FirstWatch has free-text analysis tools designed to search through triage and diagnostic fields for clinical information with the built-in ability to handle misspellings, abbreviations and other coding systems like ICD9 and SNOMED.

These free-text tools also include several key attributes including the ability to build “regular expressions” that search for words and phrases in relation to other words. Using regular expressions improves syndrome grouping by programmatically accounting for the myriad of language variations.

The FirstWatch free-text tools allow authorized users to make instantaneous modifications to the program on-the-fly. Another strength of the FirstWatch Network is the ability to build your own free-text analysis package from scratch, or to import (or build) off a shared analysis package from other current users.

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Emergency Preparedness

When disaster strikes, the dissemination of accurate and up-to date information from the front lines becomes ever more crucial. When hurricane Katrina devastated the gulf coast in 2005, State and Federal authorities struggled to get accurate and timely information from the scene. FirstWatch is able to bridge that information gap by allowing agencies to share identified or de-identified 9-1-1 call information with regional and federal emergency management organizations in real-time. In 2006, when hurricane force winds pounded the San Francisco Bay area, FirstWatch worked in the background and was able to share a real-time perspective of the storm's impact based on where the calls were coming from, nature of the call and number of calls taken. Whether a short lived storm or a major disaster like an Earthquake, Hurricane, or Wildfire, FirstWatch can provide officials with a front-line perspective of the impact with real-time information.

Rain, winds pound Northern California

Northeast, Great Lakes remain cold

Tuesday, February 28, 2006; Posted: 9:42 a.m. EST (14:42 GMT)

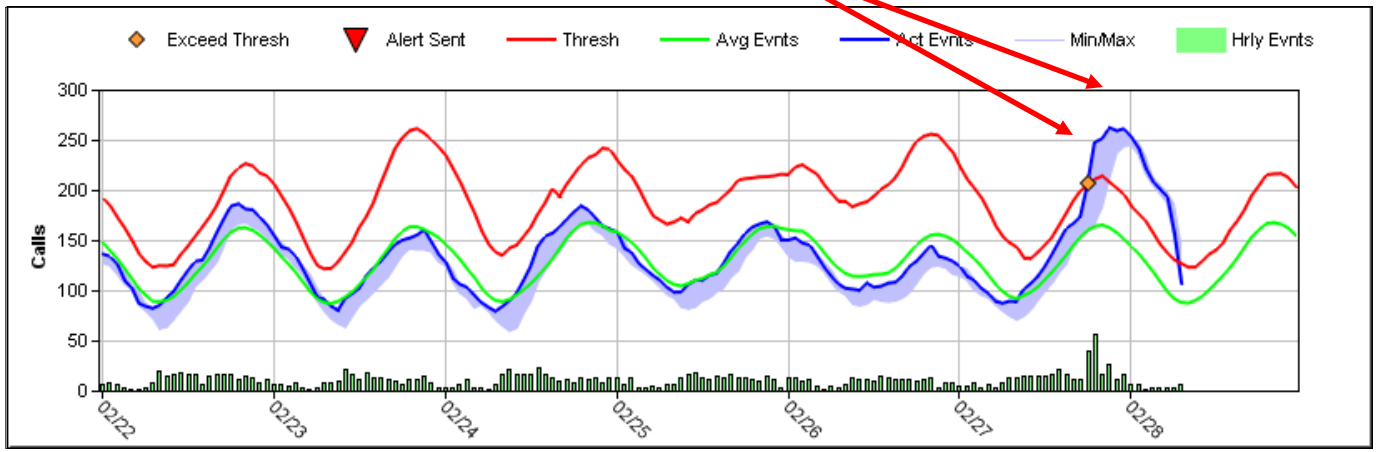
SAN FRANCISCO, California (AP) -- A storm bringing wind gusts of nearly 100 mph and heavy rains toppled trees, power lines and a 30-ton construction crane Monday night.

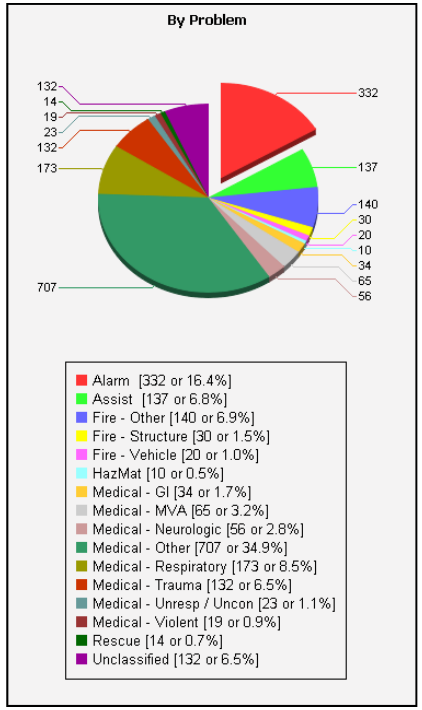
More than 100,000 Pacific Gas and Electric Co. customers were without power as of 11 p.m. Monday night, PG&E spokeswoman Jana Schuering said.

Most of the power outages were reported

The continental United States as seen at 6:30 a.m. ET.

FirstWatch Chart (below) outlines Spike in Emergency Responder activity during the height of the storm.





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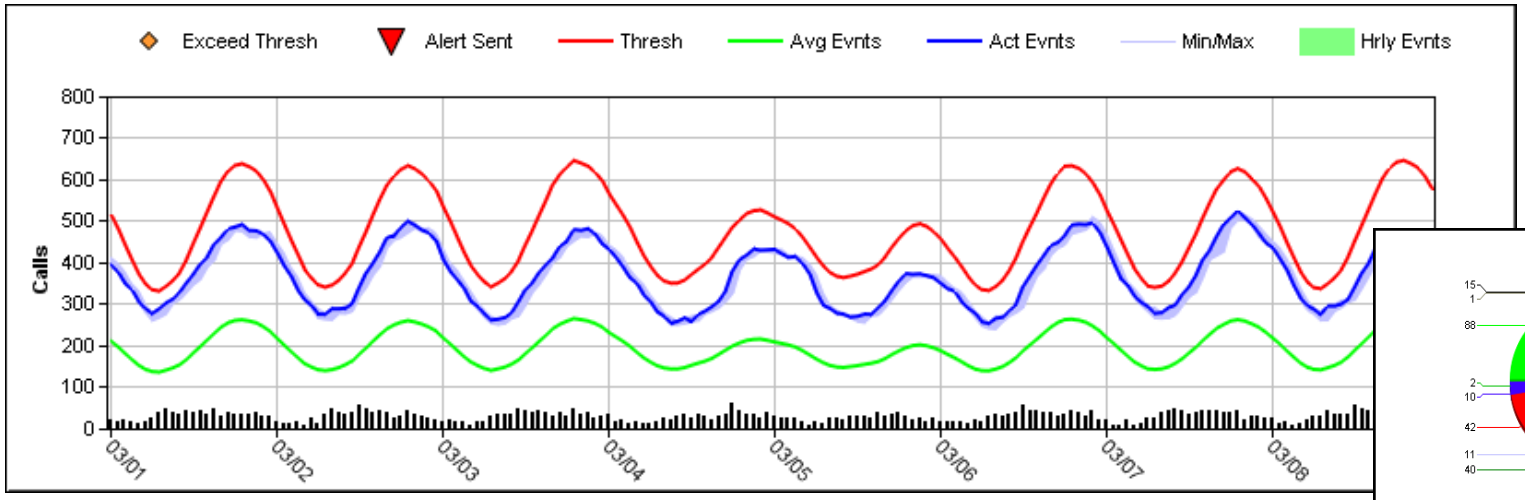
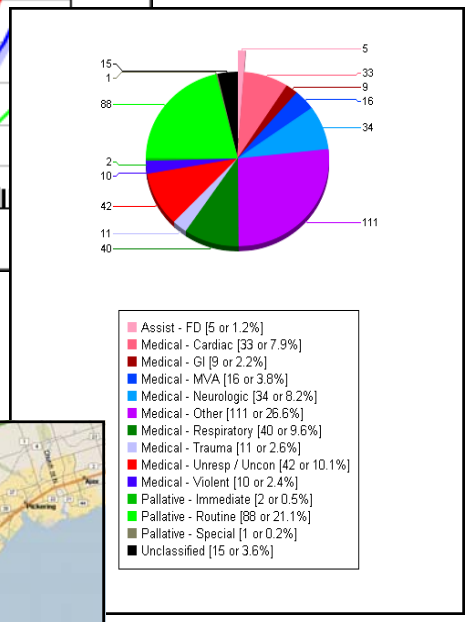
Pandemic Driven International Deployments





Toronto EMS is Canada's largest EMS agency, providing all emergency and non-emergent transports for the regions 2.5million.

With the deployment of FirstWatch in Toronto, officials have a new tool providing real-time information relating to Canada's largest EMS agency. Toronto's configuration of FirstWatch includes monitors for gastrointestinal, respiratory problems, sudden illness/death, neurological, chest pain and non-emergent "palliative" care transports of the sick throughout the community's elaborate health care system. These FirstWatch Triggers are designed to provide an early indicator for a community particularly sensitive after their experience with Severe Acute Respiratory Syndrome (SARS).

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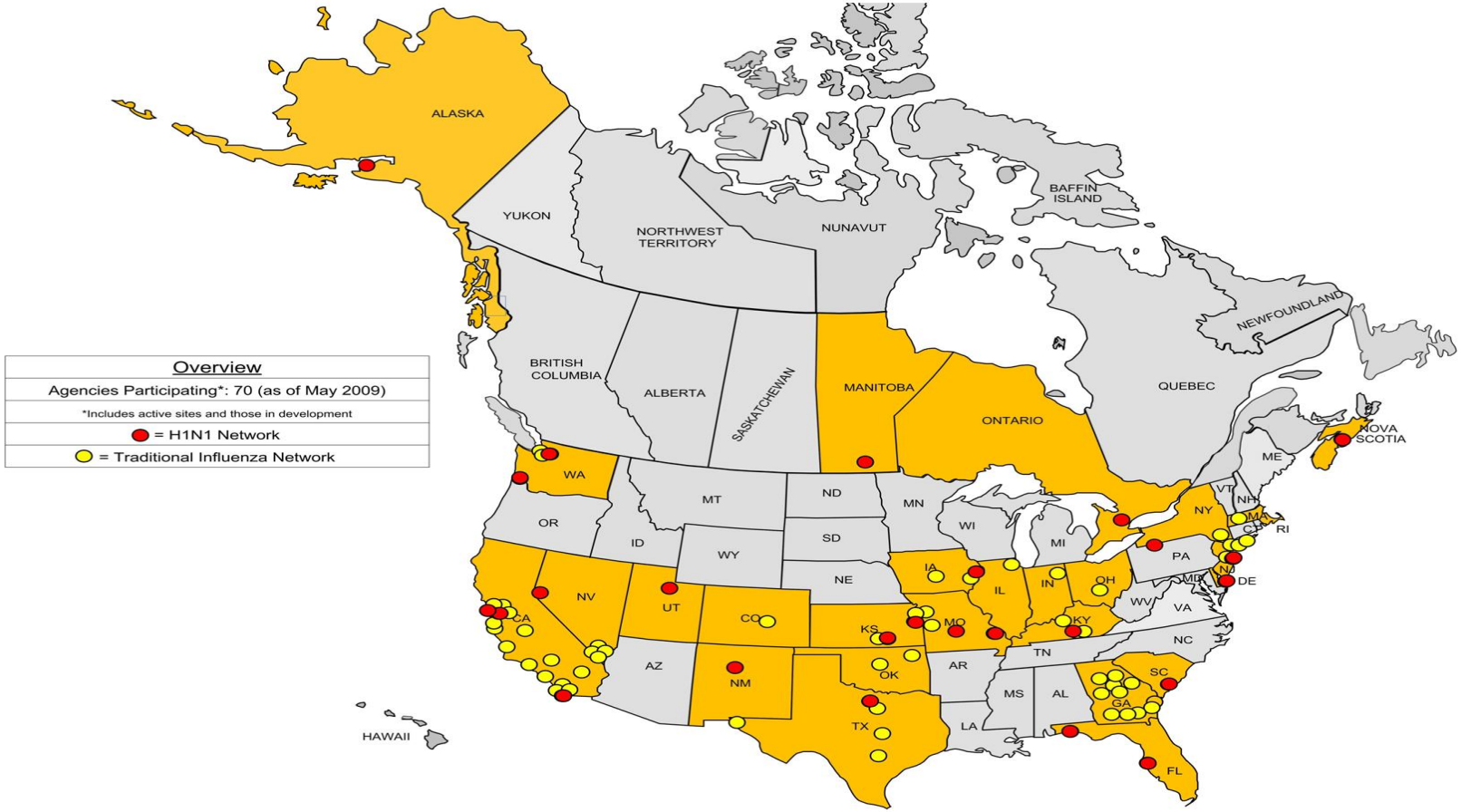
Regional Influenza Network (RIN) & H1N1 Triggers



Public health officials from 28 states & provinces are tracking potential flu outbreaks by monitoring live calls to 9-1-1 Public Safety Dispatch Centers. Epidemiologists are monitoring for spikes in “flu-like symptoms” including respiratory problems, abdominal pain, headache and other indicators associated with possible H1N1 flu cases. The FirstWatch RIN & H1N1 Triggers monitor these symptoms whether they appear in a local jurisdiction, in regional geographic clusters, or across the entire population. The built-in ability to aggregate data from different cities in real-time makes the RIN & H1N1 Triggers an even more powerful and timely tool.

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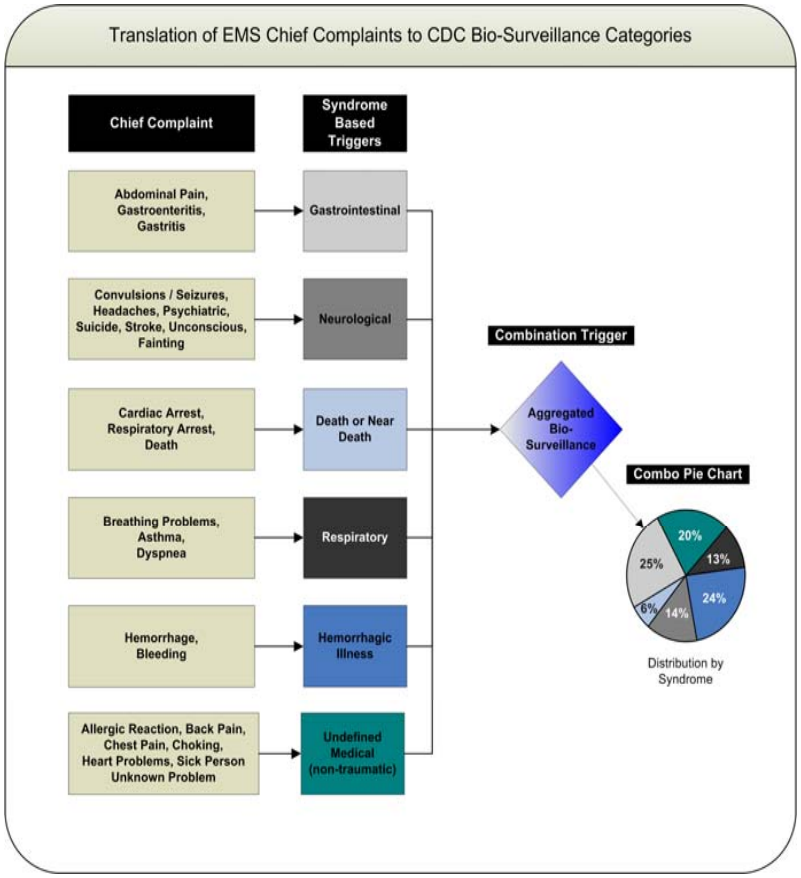
Bioterrorism (BT)



Using Public Safety 9-1-1 call data for bioterrorism (BT) and health surveillance has created a new awareness of the value of emergency pre-hospital data. FirstWatch, a pioneer in Public Safety 9-1-1 call data analysis, has been actively monitoring real-time 9-1-1 call data since 1999. Now processing more than **35,000** real-time Public Safety encounters daily from systems throughout North America, FirstWatch is the largest real-time network of its kind.

Public Health Officials recognize that information from multiple data sources is required to develop the best assessment of a community's overall health. Public Safety 9-1-1 data brings a number of distinct benefits providing a very unique and timely perspective. Typically the geographic area covered by a 9-1-1 system is very large, many times comprised of a multi-city or county area. Other data sources, such as hospital emergency department data, represent a much smaller geographic footprint. Additionally, 9-1-1 data is processed in a very timely manner, typically within one or two minutes. Once processed, the 9-1-1 information includes not only specific chief complaint criteria, but also includes a geographically specific location which can be used to provide a precise location for the patient. The combination of a large service area, timeliness of information, and geographically validated location data (via FirstWatch) offers health officials a valuable situational awareness tool.

Patient information collected during a 9-1-1 call can vary from agency to agency. However, users of the Priority Dispatch ProQA, an automated expert algorithm system software, can gather a variety of health data including age, sex and acuity to categorize a patient into almost **300 condition determinants**. ProQA provides additional value by ensuring consistency in the call screening process where each incident is processed the same way.

FirstWatch is the only organization integrating real-time Command and Dispatch (CAD) data with ProQA data in a seamless interface. The system also includes supplemental screening tools designed to screen for exposure to Chemical, Biological, Radiological or Nuclear exposure (CBRN) and symptoms associated with severe respiratory syndrome, including information relating to recent travel to high risk locations. Public Safety and 9-1-1 teams are on the front lines of health emergencies, and FirstWatch provides real-time analysis and alerting.

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FirstWatch Fire Trigger Examples

RAW Performance Triggers/Time Compliance Analysis:

•**Dispatch Time** – used to monitor the time it takes dispatchers to dispatch the initial call against a time standard.

•**Out of Chute/Reflex Time** – used to monitor the time it takes units to respond once they've been assigned / dispatched to an incident.

•**Response Time** – used to monitor the response time for an incident. There are many variables to start and stop clock times.

•**Time on Task** – used to monitor the total time a unit is on a call from time assigned/dispatched to the time the go is available or the call is cleared.

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FirstWatch Fire Trigger Examples (cont.)

Sentinel Event Detection Triggers:

- Suspicious fire activity
- Dumpster fire
- Grass/brush fire
- Vacant building
- Smoke investigation
- Vehicle fire
- Boat
- Tree
- Arson
- Fireworks
- Tree
- Transformer/Pole
- Illegal Burn
- Explosions
- Terrorism Sentinel

Situational Awareness Triggers:

- Strike Team assignment
- Hazmat/Chemical
- Task Force Request
- Arson Investigation
- Multi-Alarm Fires
- Commercial Structure
- Residential Structure
- Swift Water Rescue
  > X Engines responding

Trend/Pattern Analysis:

- Suspicious Fire Activity
- Suspicious Activity Analysis

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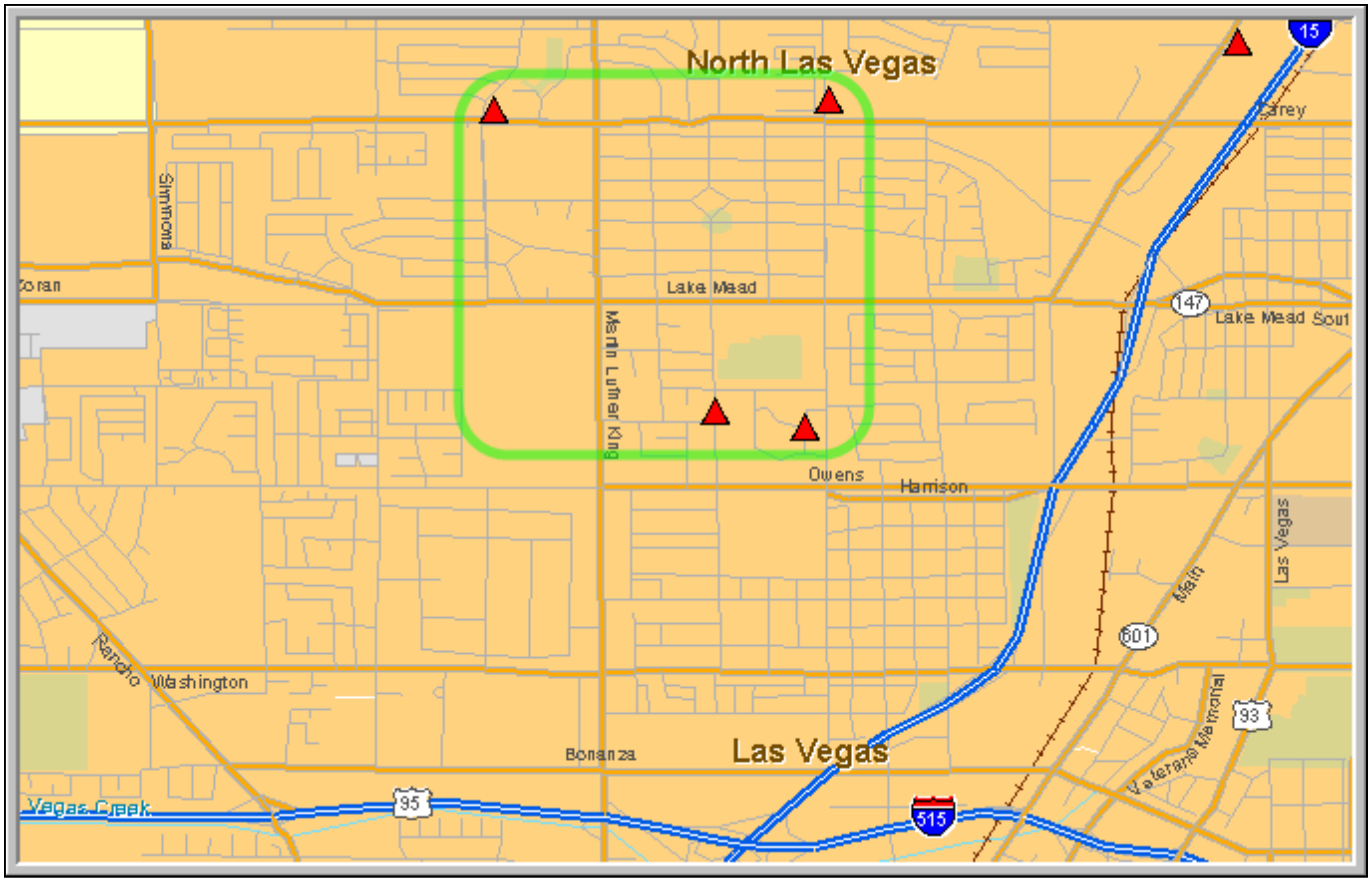
Arson Alert — Las Vegas



Officials in Las Vegas use FirstWatch to monitor for suspicious activity related to possible arsons. This FirstWatch Trigger looks for volumetric increases or geographic clusters of suspicious fire activity such as: dumpster fires, grass fires and vehicle fires. Fire officials are keenly aware that juvenile fire setters may escalate their dangerous behavior. This Arson Trigger is designed to quickly alert officials (in real-time) to suspicious patterns before trends escalate.

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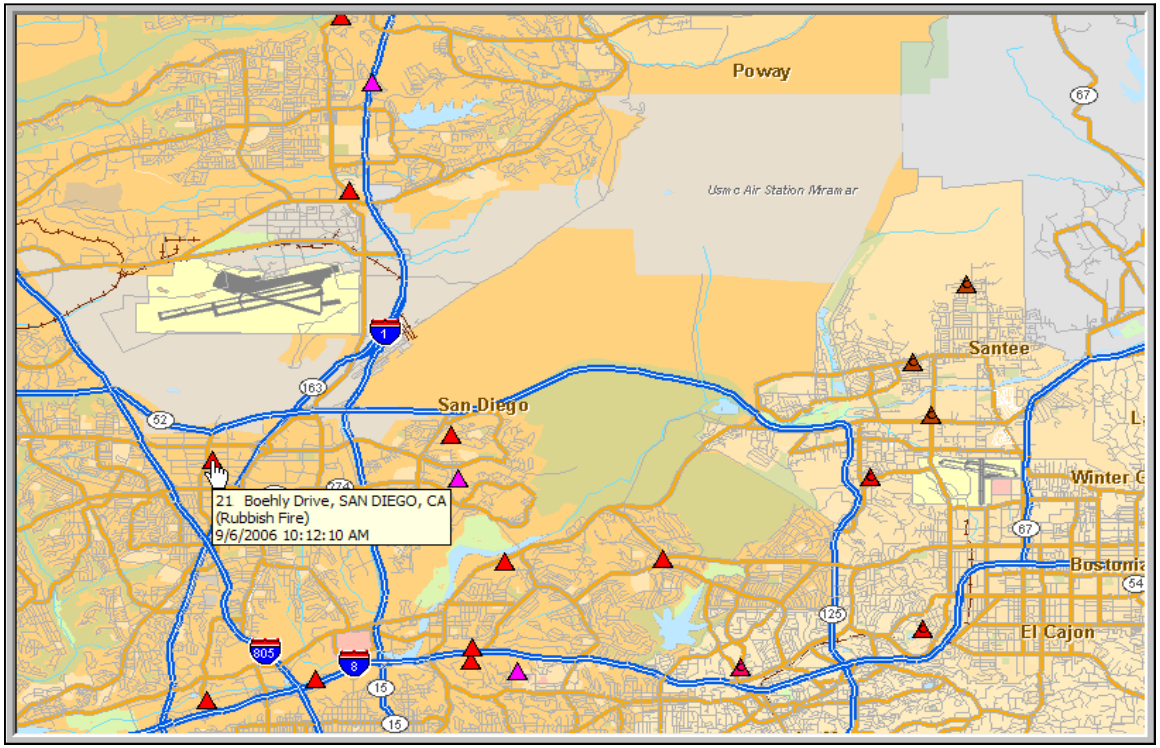
All Fires Trigger – San Diego County

Like many Southern California communities, San Diego is subject to ferocious wildfires that often impinge on the expanding urban areas of the county. Using FirstWatch, San Diego Fire Officials can view real-time information on all active fires across the county. FirstWatch pulls data from 9-1-1 centers serving the cities of San Diego, Oceanside and two regional JPA multi-jurisdictional 9-1-1 centers, serving 20 different agencies across San Diego County.

The All Fires Trigger pulls data from all four 9-1-1 centers (in real-time) across San Diego County and provides a single view of all active fire calls, including alerts indicating when shared assets such as wildfire strike teams, are committed to other scenes. This Trigger also allows the centers to gather real-time information from fire incidents along jurisdictional borders that often result in calls from concerned citizens.

This map (right) shows all reported structure, vehicle, wild land or other types of fires, by pulling real-time data from multiple agencies across San Diego County.



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Law Enforcement Trigger Examples

- **RAW Performance Triggers/Time Compliance Analysis:**

  - **Dispatch Time** – used to monitor the time it takes dispatchers to dispatch the initial call against a time standard.

  - **Enroute Time** – used to monitor the time it takes units to respond once they've been assigned / dispatched to an incident.

  - **Response Time** – used to monitor the response time for an incident. There are many variables to start and stop clock times.

  - **Time on Task** – used to monitor the total time a unit is on a call from time assigned/dispatched to the time the go is available or the call is cleared.

- Sector Calls (A, B, C, D)
- Demand Analysis
- Operational, Command Staff or Supervisory Sentinel

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Law Enforcement Trigger Examples (cont.)

Sentinel Event Detection Triggers:

- Hot Prowl Sentinel
- Robbery Sentinel
- Shots Fired
- Bomb/Explosion Sentinel – Free Text
- High Profile Location Sentinel
- Homeland Security Sentinel
- Major Incident Sentinel (>X units assigned)
- Amber Alert
- Officer Involved
- Shooting/Stabbing/Death
- Home Invasion – Geo-Fence Sentinel
- Pediatric Drowning

Trend/Pattern Analysis:

- BMV (Burglary in Motor Vehicle) – Geo-Cluster
- Auto Theft Analysis
- CAPERS Analysis
- General Nuisance Analysis
- Sex Crimes Analysis
- Vice Analysis
- Suspicious Activity Analysis

Situational Awareness Triggers:

- All Calls
- Situational Awareness
- Auto Theft
- Fights
- Prowler
- Robbery
- Sex Crimes
- Suspicious Activity
- Transportation
- High Profile Location Situational Awareness
- Mass Casualty Incident (MCI) >X units on scene
- Public Order
- Changeable Address Search
- Address Alert
- Free Text—Hot Alert
- Free Text—Watch List
- Free Text—Vehicle Description
- Free Text—Partial Plate

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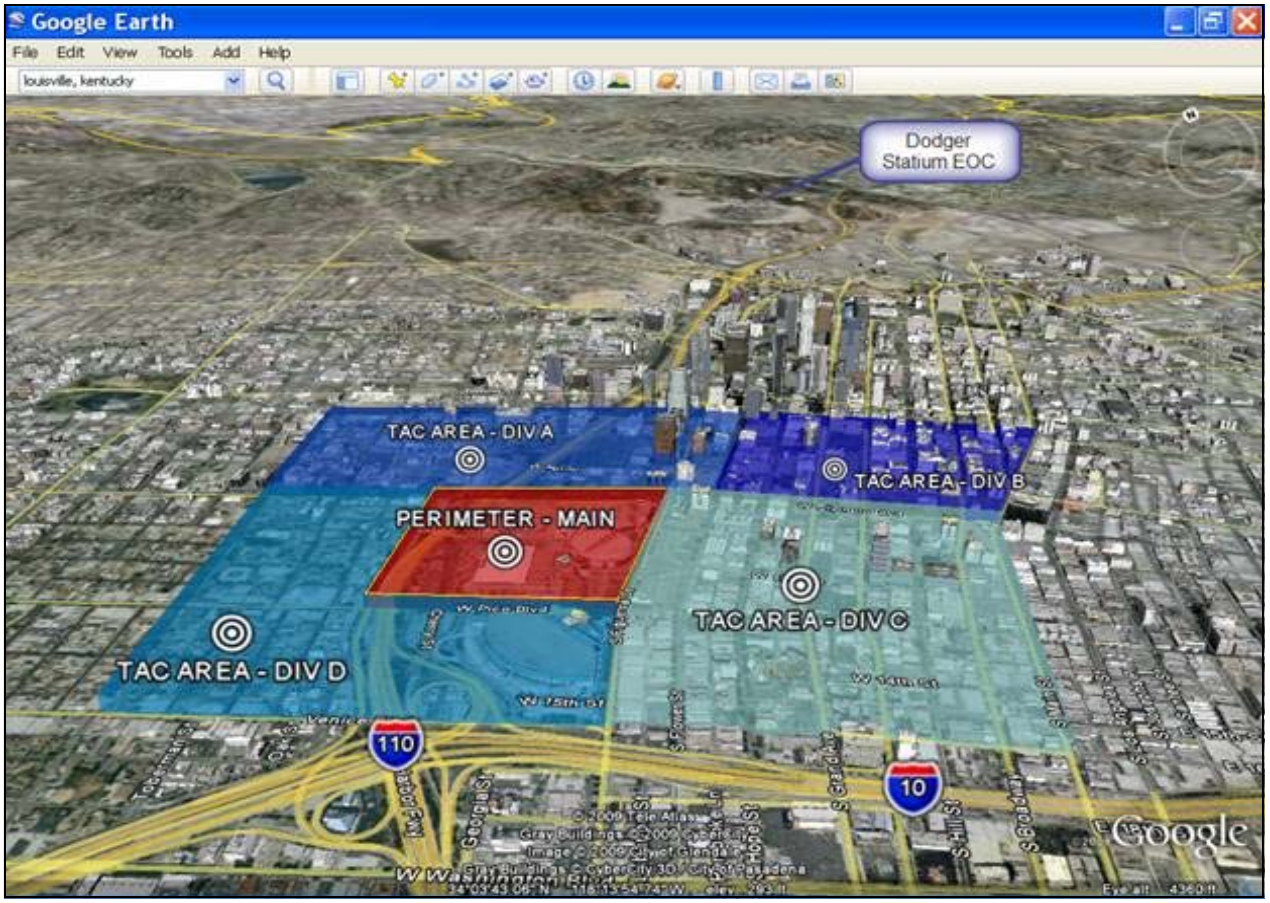
High Profile Location / Geo-Fence Triggers—Los Angeles



The City of Los Angeles Fire Department used FirstWatch KML export (into Google Earth) to set-up views of Special Event Tactical (TAC Areas) for the Michael Jackson Memorial Events. This view helped the Fire Teams within their Departmental EOC, as well as providing a real-time tool for the teams located within the primary City of Los Angeles EOC and remote mobile command post.

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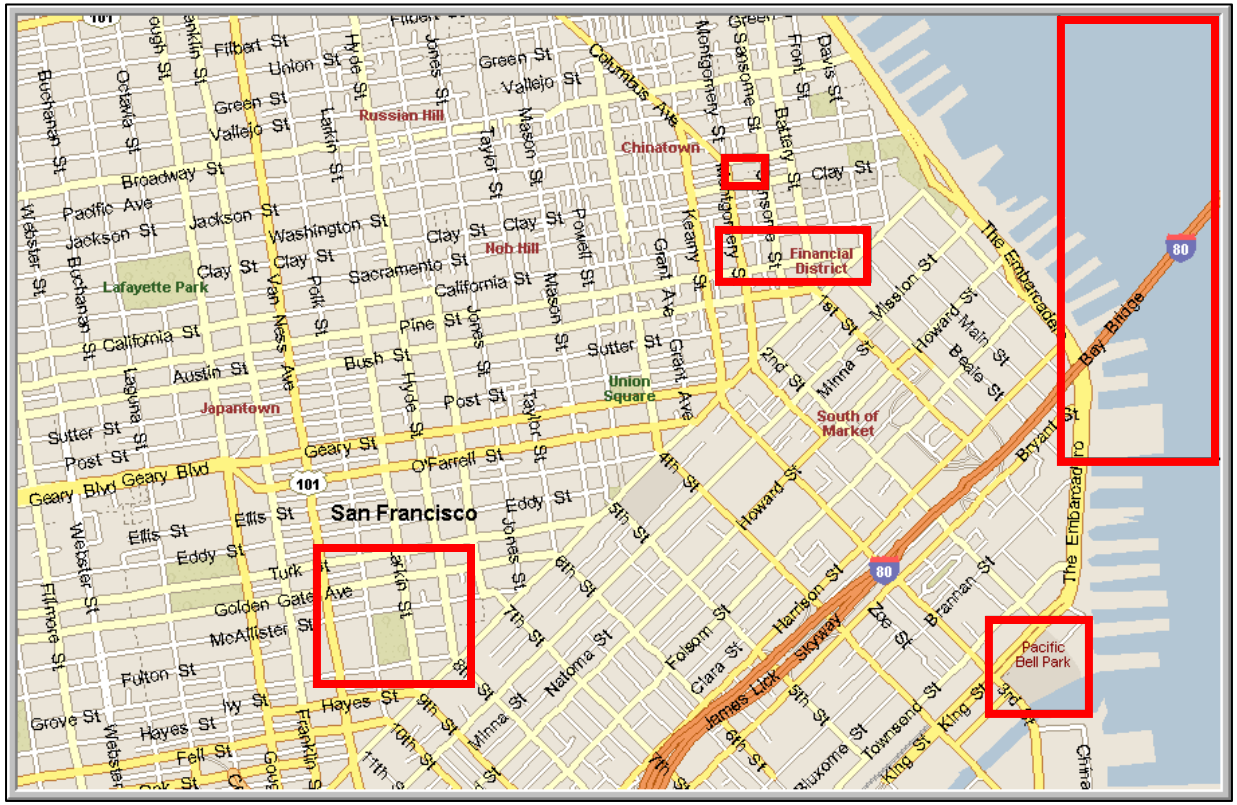
High Profile Location / Geo-Fence Triggers—San Francisco



The City of San Francisco includes a number of highly recognizable landmarks known throughout the world as well as other landmarks that are integral parts of the government and economy. The Golden Gate Bridge, Trans America Pyramid, United Nations Building, Federal Courthouse and the Financial District are a few of the monitored areas. Using FirstWatch Geo-spatial Analysis, officials are able to place a geo-fence (or perimeter) around specific landmarks with the intent of being notified of significant events or activities around any of the designated landmarks or districts. This Trigger provides a situational awareness perspective to rapidly notify officials of events occurring within any of their high profile zones.

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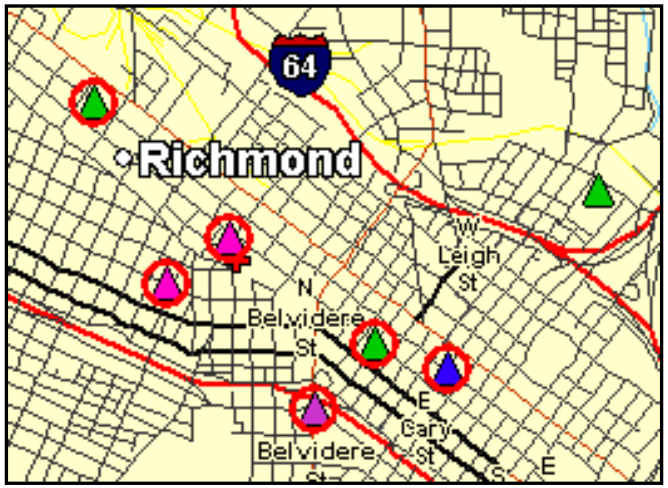
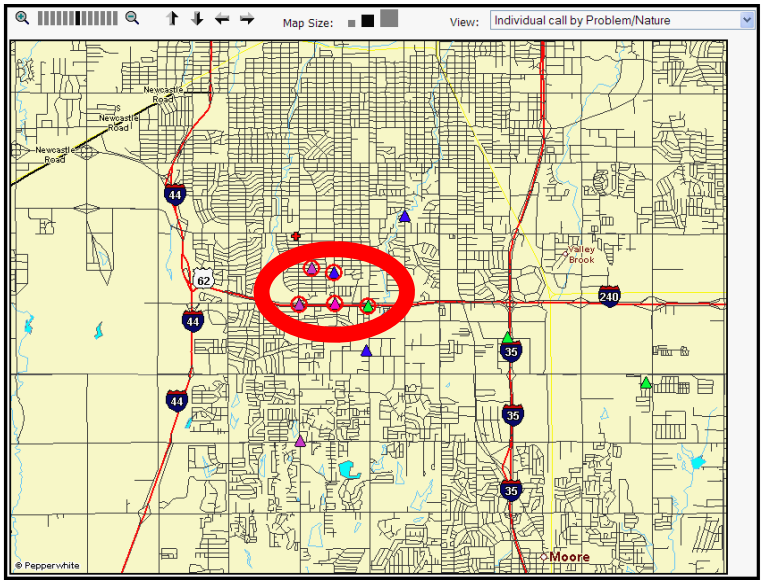
Geographic Clusters of Incidents, by Incident Type





FIRSTWATCH Bioterrorism (All Regions: Count, STA, CUSUM) (Combo2) Current Call Information

Calls displayed represent active or performed calls between the hours of 6/23/2005 4:57:00 PM and 6/24/2005 4:57:00 AM

Data and Report from the FirstWatch™ Internet Server

GC	Time Sent To Queue	Pri	Problem	ProQA	Response #	Unit	Address/Location	Trans
●	6/23/2005 4:53:04 PM	2	263N - Sick Person	26A01	0526666	484	From **RAA**	1
●	6/23/2005 4:57:01 PM	0	1CP-CHEST PAINS		2005-24363		From **Heartland**	1
●	6/23/2005 5:05:56 PM	1	311Y - Unconscious/Fainting	31D03	0526670	476	From **RAA**	1

Active/Recent Geo-Clusters

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Police Call Response Time Trigger — Plano PD

Plano PD Call Response Times Current Call Information

Calls displayed represent active or performed calls between the hours of 3/30/2008 9:18:43 PM and 3/31/2008 1:18:43 PM.

Data and Report from the FirstWatch™ Internet Server

Time Sent To Queue	Problem	Pri	Response Area	Unit	Asgn2Arr	Asgn2C	R2C	Call Disposition
3/30/2008 9:21:51 PM	Suspicious Person-P	2	Beat D5	4C	00:08:59	00:45:33	00:50:21	N9- No Report/ Compl Contacted
3/30/2008 9:21:51 PM	Suspicious Person-P	2	Beat D5	3C3	00:08:59	00:00:29	00:50:21	N9- No Report/ Compl Contacted
3/30/2008 9:21:51 PM	Suspicious Person-P	2	Beat D5	3C2	00:08:59	00:37:31	00:50:21	N9- No Report/ Compl Contacted
3/30/2008 9:22:19 PM	Traffic Stop-P	2	Beat C5	3C	00:00:00	00:10:31	00:10:31	CT - Clear Traffic Stop
3/30/2008 9:27:22 PM	Threats-P	2	Beat D5	3D6	00:16:38	00:33:48	00:42:25	N9- No Report/ Compl Contacted
3/30/2008 9:27:45 PM	Reckless Damage-P	3	Beat A4		00:00:00	00:00:00	00:02:41	N2- Duplication of Call
3/30/2008 9:27:48 PM	Traffic Accident/Prop Damage-P	3	Beat A4	3A1	00:05:46	00:38:20	00:41:39	R2- Offense Report
3/30/2008 9:27:48 PM	Traffic Accident/Prop Damage-P	3	Beat A4	3A	00:05:46	00:40:32	00:41:39	R2- Offense Report
3/30/2008 9:29:18 PM	Investigation-P	3	Beat D3	3D6	00:11:13	00:00:53	00:42:27	N9- No Report/ Compl Contacted

FirstWatch recognizes the need for tracking response times on law enforcement calls as well as EMS calls. The response time report includes calculations of the time the call is assigned to the time the officer arrives on scene, the time the call is assigned to the time the call is completed, and the time the call comes into the dispatch center to the time the call is completed. Self-initiated calls are filtered out to enable a more accurate picture for those calls dispatched.

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Police Hot Alert — Free Text Analysis

FreeText Setup: Oceanside Hot Alert

+ Larger Font | + Smaller Font FreeText Search Print this Page

Matched	Categories	Event	Date/Time	Free Text
N	764665		2/24/2006 5:50:41 AM	RP STATES HE IS AFRAID OF THE CIRCUMSTANCES IN THE APT.....WHEN ASKED WHAT WAS GOING ON HE STATED HIS ROOMMATE WAS OUT OF CONTROL..... [redacted] RP BEING VERY EVASIVE... BOLOD [SECTOR 3] Record #: 1 [redacted] RP NOW STATES THAT HIS ROOMATE [redacted] THREW THE RP AGAINST THE WALL AND LAMP CAUSING A LACERATION TO THE RPS. WRIS... 1142....BOTH SUBJS HBD ....NEG WPNS 6D 2 DETAINED 6D ,,,BOTH SUBJS 647F, NO PROSECUTION DESIRED
N	764666		2/24/2006 5:57:50 AM	# [redacted] # 29....# 3 [redacted].....#4 [redacted]..... DEA AND RP.....WILL NOT NEED ASSISTANCE OR GOING EMERGENCY TRAFFIC UNLESS PORBLEMS MAY ARISE....
				# [redacted]....715 HRS [SECTOR 1] Record #: 1

<-- **From:** 2/24/2006 5:50:41 AM **To:** 2/24/2006 1:19:29 PM --> Show All **Rows to Return:** 100 Query Again

Categories	Keywords/Phrases	EXCLUDED Keywords/Phrases	Regular Expression:
Hot Alert	Riot Crips Bloods Murder Hostage Pursuit mutual aid AMBER Alert Gun shot wound Threat to kill	ROAdwY Marriot ROAdwAY	

Keyword/Phrase: Add

EXCLUDED Keyword/Phrase: partial plate xyz-12 Add

Remove Remove Update Regular Expression

FirstWatch provides Oceanside crime analysts with a free-text sentinel tool to help them quickly receive alerts on key words or phrases contained in notes/comments received during the call-taking process. The text tool provides investigators with a dynamic way to target specific events and situations (on-the-fly) that are not normally classified during the initial report. Searching through notes/comments from an incident, the trigger can automatically look for information relating to gang activity, partial license plates, information on wanted vehicles, amber alerts, pursuits and more. One of the key real-time benefits of FirstWatch Free Text Trigger is that investigators can deploy or update new analysis/surveillance criteria in a matter of minutes.

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Briefing Reports, by Sector — Plano PD

The Sector Triggers are presented at daily briefings or officers may log into FirstWatch and check the status of the previous 16 hours prior to shift. This enables oncoming shifts to see the activity that has occurred as well as what is in progress.

	Status	Std Dev	STA	CUSUM	Geo Cluster	Logged In
Plano PD - Sector A Calls	OK	85/131	---	---	---	---
Plano PD - Sector B Calls	OK	54/106	---	---	---	---
Plano PD - Sector C Calls	OK	70/107	---	---	---	---
Plano PD - Sector D Calls	OK	114/139	---	---	---	---

Plano PD - Sector A Calls Current Call Information

Calls displayed represent active or performed calls between the hours of 3/30/2008 8:50:34 PM and 3/31/2008 12:50:34 PM.

Data and Report from the FirstWatch™ Internet Server

GC	Geo Valid	Time Sent To Queue	Pri	Problem	Response Area	Address/Location	Call Disposition
	✓	3/30/2008 8:50:43 PM	2	Traffic Stop-P	Beat A5	96 Nancy Lane	CT - Clear Traffic Stop
	✓	3/30/2008 8:57:22 PM	2	Assist Fire Department-P	Beat A1	106 Clawson Drive	N9- No Report/ Compl Contacted
	✓	3/30/2008 8:57:35 PM	3	Traffic Accident/Prop Damage-P	Beat A1	210 McKeage Way	R1- Accident Report
	✓	3/30/2008 9:03:14 PM	3	Investigation-P	Beat A3	86 ProQA Avenue	CI-Clear Self Init. Investig
	✓	3/30/2008 9:07:11 PM	3	Runaway-P	Beat A5	213 Sharp Lane, 126, Plano	R2- Offense Report

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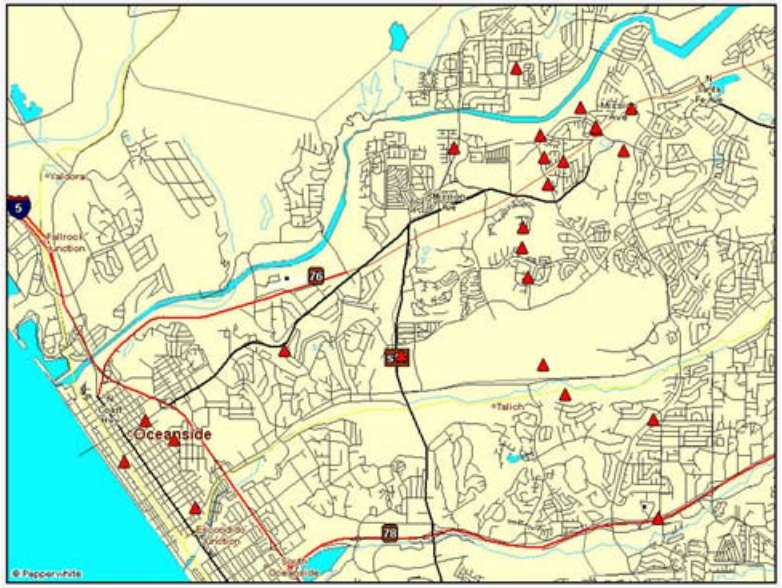
Gang Related Sentinel — Oceanside PD

Oceanside PD - Gang Related Sentinel Current Call Information

Calls displayed represent active or performed calls between the hours of 3/25/2008 and 3/31/2008 11:59:59 PM.

Data and Report from the FirstWatch™ Internet Server

Geo Valid	Time Sent To Queue	Pri	Problem	ProQA	Incident #	Address/Location
✓	3/25/2008 7:59:26 AM	4	Tagging 594 Report		0800033387	203 Academy Blvd
✓	3/25/2008 8:14:31 AM	4	Tagging 594 Report		[illegible]	90 Solutions Blvd
✓	3/26/2008 11:23:36 AM	4	Tagging 594 Report			
✓	3/26/2008 12:24:38 PM	5	CKAREA Check Area			
✓	3/26/2008 5:06:49 PM	3	602 Trespassing			
✓	3/26/2008 5:28:31 PM	5	FYI For Your Info			
✓	3/26/2008 5:45:47 PM	4	Tagging 594 Report			



Law enforcement agencies throughout the United States deal with gang activity and have special units assigned to monitor events. Task forces at Oceanside requested a trigger specific to the monitoring of such events. This Trigger was designed to search call comments for key words and call types associated with local gangs. As is depicted in the map view, officers can visually identify areas with strong gang activity.

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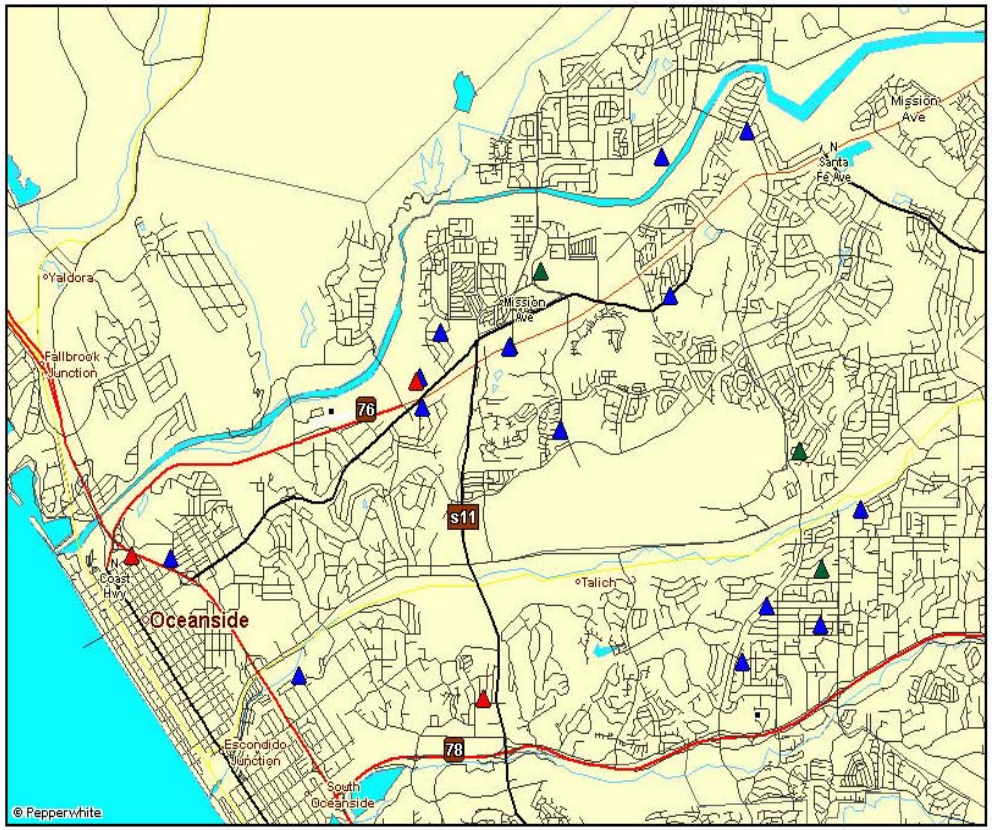
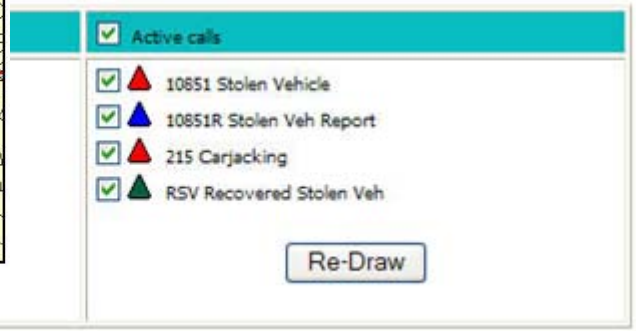
Auto Theft Trigger — MapShot, Oceanside PD



The map plotting feature of FirstWatch Triggers enables users to have a visual correlation of what and where calls are occurring. Using the Auto Theft Trigger, tracking not only stolen vehicles but also locations of the recovered stolen vehicles has helped officers to pinpoint high-risk areas. This particular Trigger includes LOJACK and Vehicle Tampering in addition to Stolen Vehicle Information.



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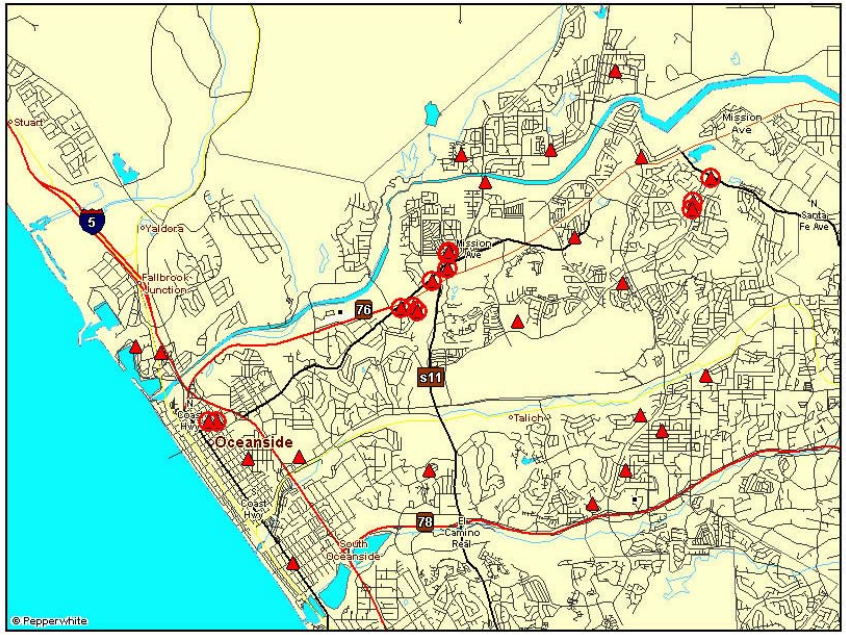
Stolen Vehicle Sentinel Trigger — Oceanside PD

Oceanside Police Stolen Vehicle Current Call Information
Calls displayed represent active or performed calls between the hours of 3/25/2008 10:41:04 AM and 4/4/2008 10:41:04 AM.
Data and Report from the FirstWatch™ Internet Server

GC	Geo Valid	Time Sent To Queue	Pri	Problem	ProQA	Incident #	Address/Location
●	✓	3/26/2008 3:54:45 PM	2	10851R Stolen Veh Report		0800033859	247 NENA Bridge
●	✓	3/26/2008 11:30:57 PM	2	10851R Stolen Veh Report		0800034033	275 Balestracci Parkway
●	✓	3/27/2008 8:55:48 PM	2	10851R Stolen Veh Report		0800034396	7 Clawson Drive
●	✓	3/29/2008 2:18:17 AM	1	215 Carjacking		0800034965	81 Farber Avenue
●	✓	3/30/2008 1:01:33 PM	2	10851R Stolen Veh Report		0800035564	205 Clawson Stre
●	✓	3/30/2008 1:19:49 PM	2	10851R Stolen Veh Report		0800035572	282 Microsoft Co
●	✓	3/30/2008 1:48:11 PM	2	10851 Stolen Vehicle		0800035578	282 Microsoft Co
●	✓	3/30/2008 4:02:30 PM	2	10851R Stolen Veh Report		0800035610	122 Irene Road
●	✓	3/30/2008 4:59:34 PM	2	10851R Stolen Veh Report		0800035620	52 Cooper Highw
●	✓	3/31/2008 12:31:06 AM	2	10851R Stolen Veh Report		0800035766	220 HiTech Highv
●	✓	3/31/2008 4:07:09 AM	2	10851R Stolen Veh Report		0800035792	93 NEMA Lane
●	✓	4/1/2008 3:47:33 PM	2	10851R Stolen Veh Report		0800036323	49 NENA Parkway
●	✓	4/2/2008 1:43:42 PM	2	10851 Stolen Vehicle		0800036660	192 NEMA Street
	✓	3/25/2008 11:29:30 AM	2	10851 Stolen Vehicle		0800033429	199 Surveillance

Besides being notified of events, geo-fences have been established to visually represent 3 or more calls that occur within a ½ mile diameter during a surveillance period of 10 days.



Because auto theft can include other call types, analysts at Oceanside recognized the need to identify stolen vehicle type calls separately. For this particular Trigger, they are notified every time there is a stolen vehicle call. Through the alerting, other local law enforcement agencies are kept abreast of any stolen vehicle activity occurring.

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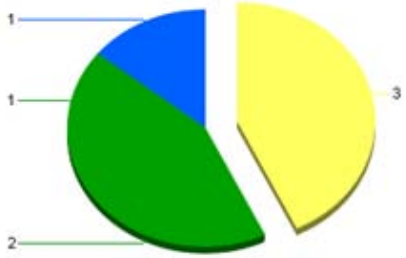
Location Type Calls — Plano PD

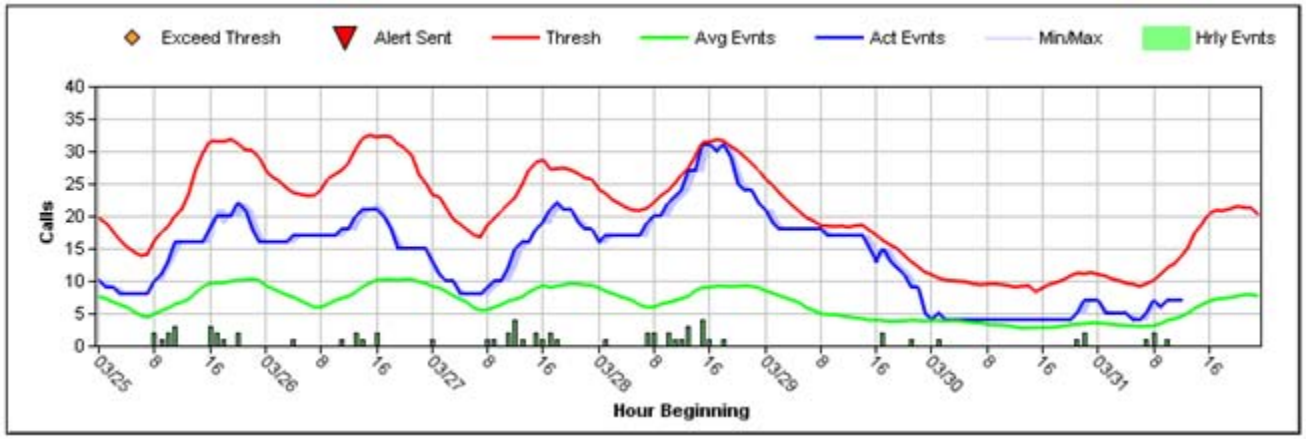
Plano PD - School Calls Current Call Information

Calls displayed represent active or performed calls between the hours of 3/30/2008 4:27:54 AM and 3/31/2008 12:27:54 PM.

Data and Report from the FirstWatch™ Internet Server



- P2 - Traffic Stop-P [3 or 42.9%]
- P3 - Investigation-P [2 or 28.6%]
- P3 - Theft-P [1 or 14.3%]
- P4 - Criminal Mischief-P [1 or 14.3%]



The location of call activity can be just as important as the call itself. Plano analysts requested a Trigger to be based on calls that occur at schools. The primary objective is to monitor those calls related to narcotics on school grounds. However, other types of activities can be helpful in identifying on-going issues at particular locations.

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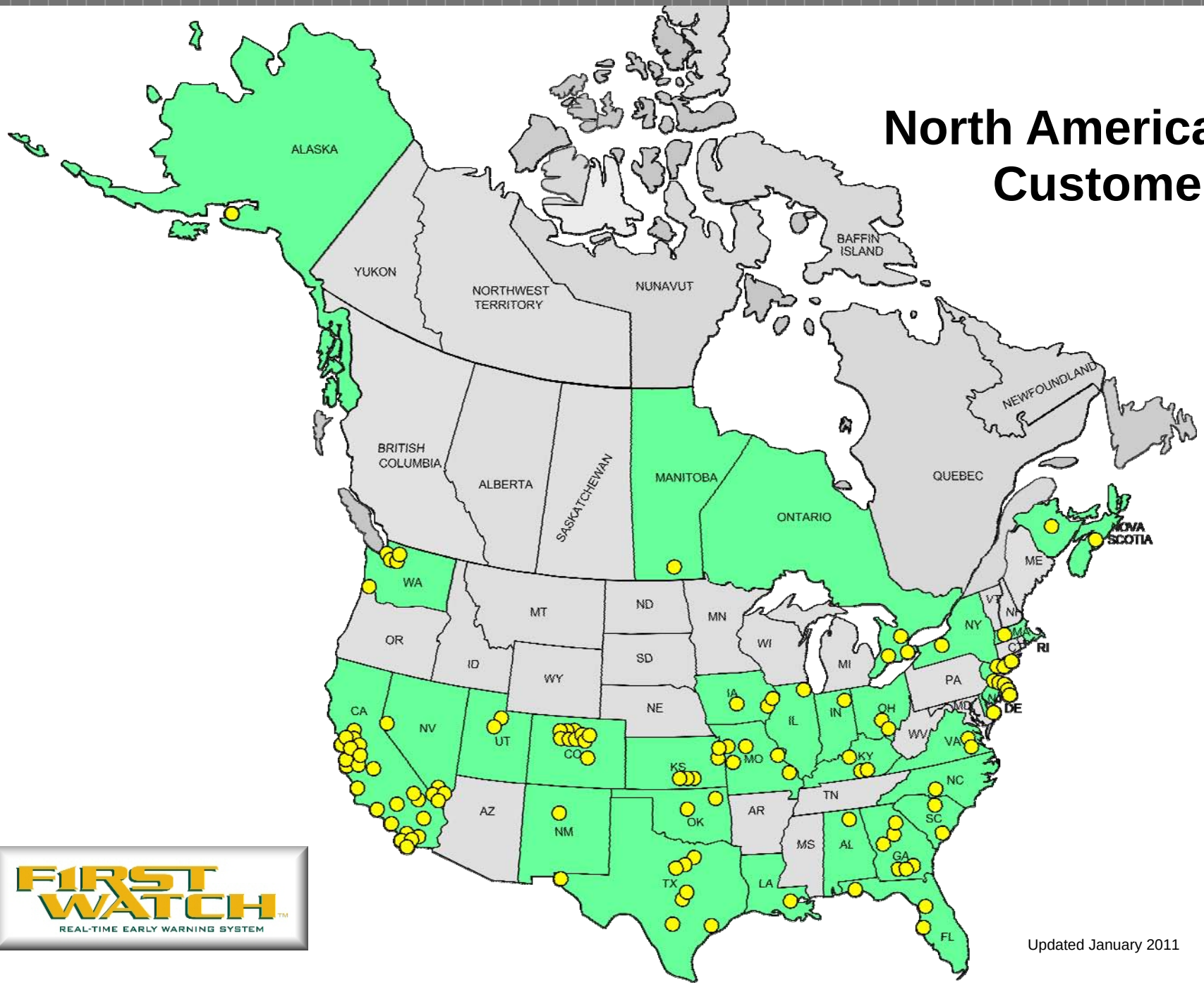
North American Customers



Updated January 2011

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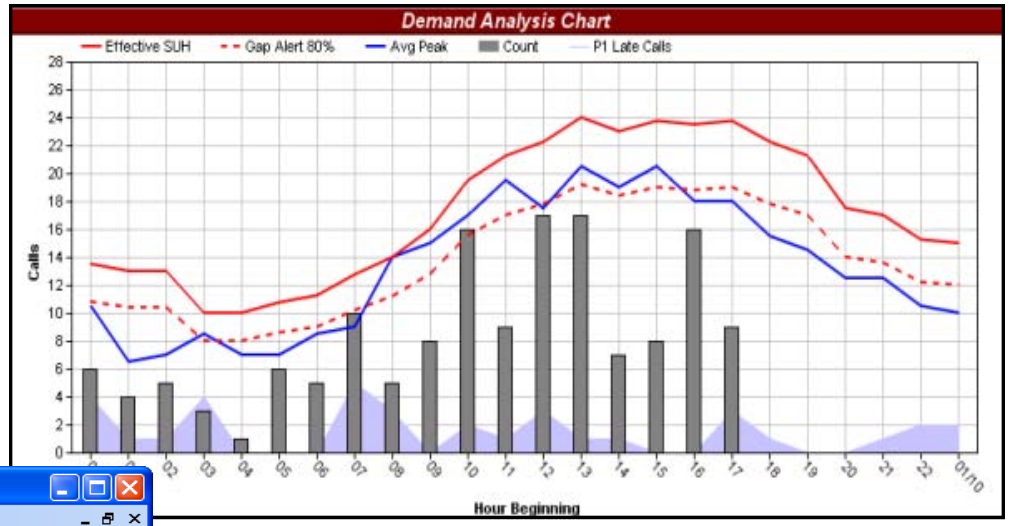
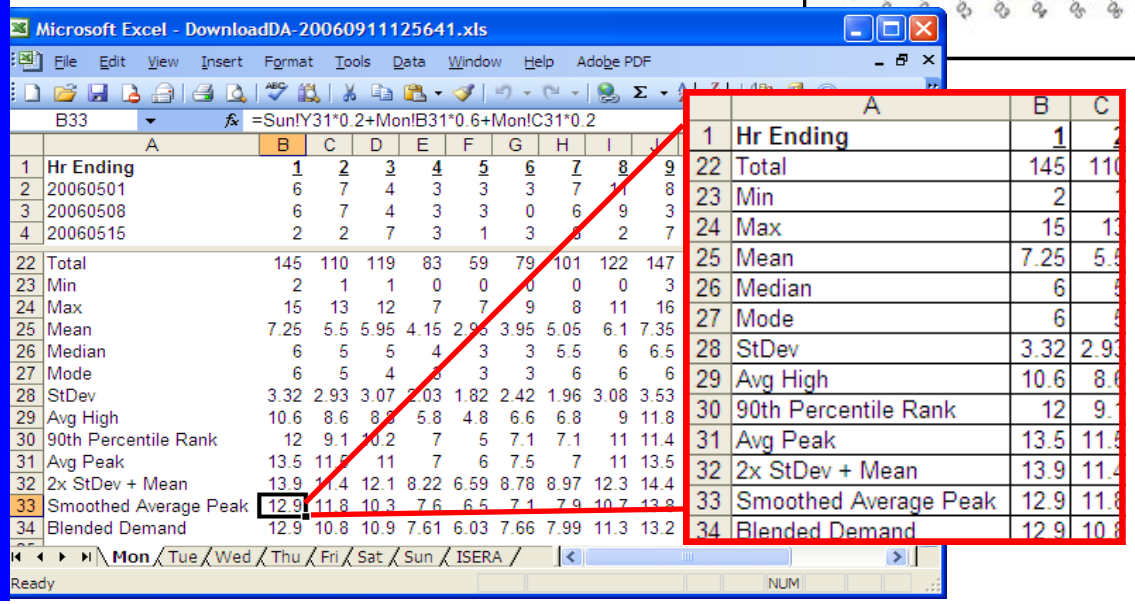
FirstWatch Enhancement Module

Real Time Demand Analysis Tool

One of the many challenges faced by agencies is making the most effective use of the resources they have available. A common way to forecast needs for staffing, scheduling and resource deployment is to analyze historical patterns of demand for service, both by day of week and hour of day and geographically. This time proven approach is referred to as "Demand Analysis." Variations of this approach have been used for more than 20 years all around the world. In the past, the process of compiling and creating a complete temporal and geographic Demand Analysis was tedious, time-consuming, and too often, very manual.





	A	B	C	D	E	F	G	H	I	J
1	Hr Ending	1	2	3	4	5	6	7	8	9
2	20060501	6	7	4	3	3	3	7	11	8
3	20060508	6	7	4	3	3	0	6	9	3
4	20060515	2	2	7	3	1	3	5	2	7
22	Total	145	110	119	83	59	79	101	122	147
23	Min	2	1	1	0	0	0	0	0	3
24	Max	15	13	12	7	7	9	8	11	16
25	Mean	7.25	5.5	5.95	4.15	2.95	3.95	5.05	6.1	7.35
26	Median	6	5	5	4	3	3	5.5	6	6.5
27	Mode	6	5	4	5	3	3	6	6	6
28	StDev	3.32	2.93	3.07	2.03	1.82	2.42	1.96	3.08	3.53
29	Avg High	10.6	8.6	8.8	5.8	4.8	6.6	6.8	9	11.8
30	90th Percentile Rank	12	9.1	10.2	7	5	7.1	7.1	11	11.4
31	Avg Peak	13.5	11.5	11	7	6	7.5	7	11	13.5
32	2x StDev + Mean	13.9	11.4	12.1	8.22	6.59	8.78	8.97	12.3	14.4
33	Smoothed Average Peak	12.9	11.8	10.3	7.6	6.5	7.1	7.9	10.7	13.8
34	Blended Demand	12.9	10.8	10.9	7.61	6.03	7.66	7.99	11.3	13.2

	A	B	C
1	Hr Ending	1	2
22	Total	145	110
23	Min	2	1
24	Max	15	13
25	Mean	7.25	5.5
26	Median	6	5
27	Mode	6	5
28	StDev	3.32	2.93
29	Avg High	10.6	8.6
30	90th Percentile Rank	12	9.1
31	Avg Peak	13.5	11.5
32	2x StDev + Mean	13.9	11.4
33	Smoothed Average Peak	12.9	11.8
34	Blended Demand	12.9	10.8

FirstWatch has created real-time, dynamically updated and calculated Demand Analysis Module which offers views of select customer data. The Demand Analysis calculations in the data can be downloaded into an Excel spreadsheet, *with all formulas intact*. We're working to enhance the Demand Analysis module by adding a Demand Consumption-based approach, as well as addressing geographical demands by creating up-to-the minute problem/solution maps for each hour of the day and each day of the week and/or other user-defined intervals.

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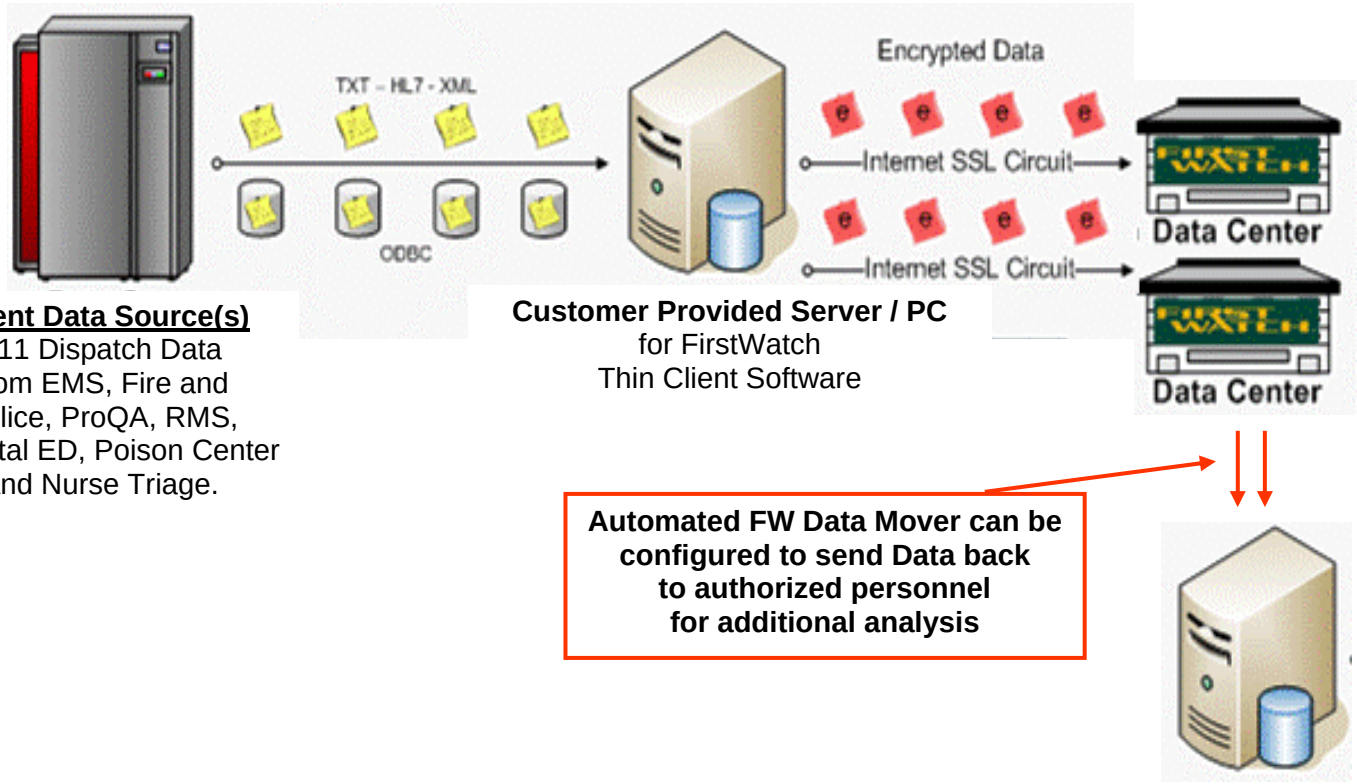
FirstWatch Enhancement Module

FW Data Mover (FTP) Tool



Client Data Source(s)
911 Dispatch Data
from EMS, Fire and
Police, ProQA, RMS,
Hospital ED, Poison Center
and Nurse Triage.

Customer Provided Server / PC
for FirstWatch
Thin Client Software

Automated FW Data Mover can be configured to send Data back to authorized personnel for additional analysis

FirstWatch offers our automated FTP Data Mover Tool for agencies that would like to have the raw (or processed) Data sent back to them so they can do additional Data Analysis using systems already in place with Public Health. FTP processes are prescheduled to occur once a day, or as frequently as every few minutes—depending on how mission critical the additional data analysis is to a Public Safety, Public Health or Homeland Security team.

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FirstWatch Enhancement Module

EMS Transport & Hospital Status Dashboard

Clark County - Hospital Transport Status
1/12/2010 5:11:43 PM

Nevada - Southern Region	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
Boulder City Hospital	0	0		
Centennial Hills Hospital	0	0		
Desert Springs Hospital	0	1	21:04	21:04
Mountain View Hospital	0	1	39:51	39:51
North Vista Hospital	0	0		
Southern Hills Hospital	0	0		
Spring Valley Hospital	1	1	21:03	21:03
St Rose - San Martin	1	1	29:34	29:34
St Rose De Lima	0	1	31:30	31:30
St Rose Siena	0	1	24:00	24:00
Summerlin Hospital	0	1	59:22	59:22
Sunrise Hospital	1	7	21:39	42:11
U.M.C.	0	1	14:51	14:51
Valley Hospital	1	0		

Nevada - Southern Region #2	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
Mesa View Hospital	0	0		
Mike O'Callaghan (Nellis AFB)	0	0		
Western Arizona Regional Medical Center	0	0		

Clark County - Specialty Hospitals	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
Summerlin Childrens	0	0		
UMC Trauma	0	0		
UMC-Children's	1	0		
West Care	0	0		

Many communities are constantly challenged with hospital surge issues that tie up emergency units dropping off patients at local hospitals.

As hospital turn-around times grow longer, emergency units are unavailable to respond to other emergencies, creating a serious problem.

Working with FirstWatch, Clark County developed a dashboard showing all active patient transports in the County. This EMS Transport Status Dashboard pulls data from 4 different EMS Dispatch Centers. The dashboard lists each primary hospital, showing how many units are currently en-route to, or at each facility.

Additionally, the Dashboard provides: count of units transporting to and arrived at each hospital; average elapsed time and maximum time at hospital; visual warnings; by hospital / pre-defined counts and time thresholds; summary and detailed view of each hospital; custom sorting by hospital, allowing each hospital to see transports & times.

Result: improved care to patients, and faster turn-around times for emergency units.

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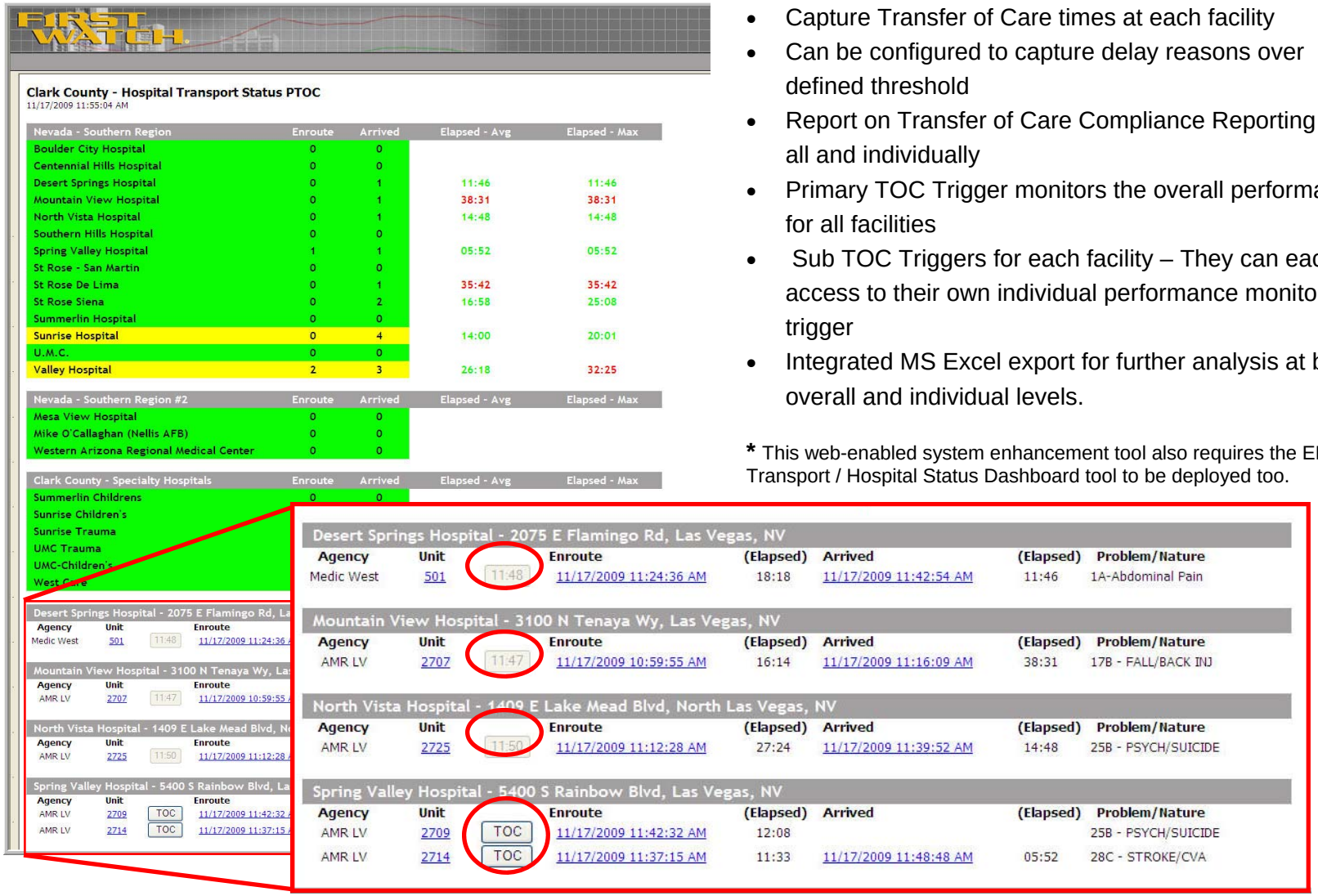
FirstWatch Enhancement Module

Patient Transfer of Care (TOC) Tool *



Clark County - Hospital Transport Status PTOC
11/17/2009 11:55:04 AM

Nevada - Southern Region	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
Boulder City Hospital	0	0		
Centennial Hills Hospital	0	0		
Desert Springs Hospital	0	1	11:46	11:46
Mountain View Hospital	0	1	38:31	38:31
North Vista Hospital	0	1	14:48	14:48
Southern Hills Hospital	0	0		
Spring Valley Hospital	1	1	05:52	05:52
St Rose - San Martin	0	0		
St Rose De Lima	0	1	35:42	35:42
St Rose Siena	0	2	16:58	25:08
Summerlin Hospital	0	0		
Sunrise Hospital	0	4	14:00	20:01
U.M.C.	0	0		
Valley Hospital	2	3	26:18	32:25

Nevada - Southern Region #2	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
Mesa View Hospital	0	0		
Mike O'Callaghan (Nellis AFB)	0	0		
Western Arizona Regional Medical Center	0	0		

Clark County - Specialty Hospitals	Enroute	Arrived	Elapsed - Avg	Elapsed - Max
Summerlin Childrens	0	0		
Sunrise Children's				
Sunrise Trauma				
UMC Trauma				
UMC-Children's				
West Care				

Desert Springs Hospital - 2075 E Flamingo Rd, Las Vegas, NV

Agency	Unit		Enroute	(Elapsed)	Arrived	(Elapsed)	Problem/Nature
Medic West	501	11:48	11/17/2009 11:24:36 AM	18:18	11/17/2009 11:42:54 AM	11:46	1A-Abdominal Pain

Mountain View Hospital - 3100 N Tenaya Wy, Las Vegas, NV

Agency	Unit		Enroute	(Elapsed)	Arrived	(Elapsed)	Problem/Nature
AMR LV	2707	11:47	11/17/2009 10:59:55 AM	16:14	11/17/2009 11:16:09 AM	38:31	17B - FALL/BACK INJ

North Vista Hospital - 1409 E Lake Mead Blvd, North Las Vegas, NV

Agency	Unit		Enroute	(Elapsed)	Arrived	(Elapsed)	Problem/Nature
AMR LV	2725	11:50	11/17/2009 11:12:28 AM	27:24	11/17/2009 11:39:52 AM	14:48	25B - PSYCH/SUICIDE

Spring Valley Hospital - 5400 S Rainbow Blvd, Las Vegas, NV

Agency	Unit		Enroute	(Elapsed)	Arrived	(Elapsed)	Problem/Nature
AMR LV	2709	TOC	11/17/2009 11:42:32 AM	12:08			25B - PSYCH/SUICIDE
AMR LV	2714	TOC	11/17/2009 11:37:15 AM	11:33	11/17/2009 11:48:48 AM	05:52	28C - STROKE/CVA

- Capture Transfer of Care times at each facility
- Can be configured to capture delay reasons over defined threshold
- Report on Transfer of Care Compliance Reporting over-all and individually
- Primary TOC Trigger monitors the overall performance for all facilities
- Sub TOC Triggers for each facility – They can each access to their own individual performance monitoring trigger
- Integrated MS Excel export for further analysis at both overall and individual levels.

* This web-enabled system enhancement tool also requires the EMS Transport / Hospital Status Dashboard tool to be deployed too.

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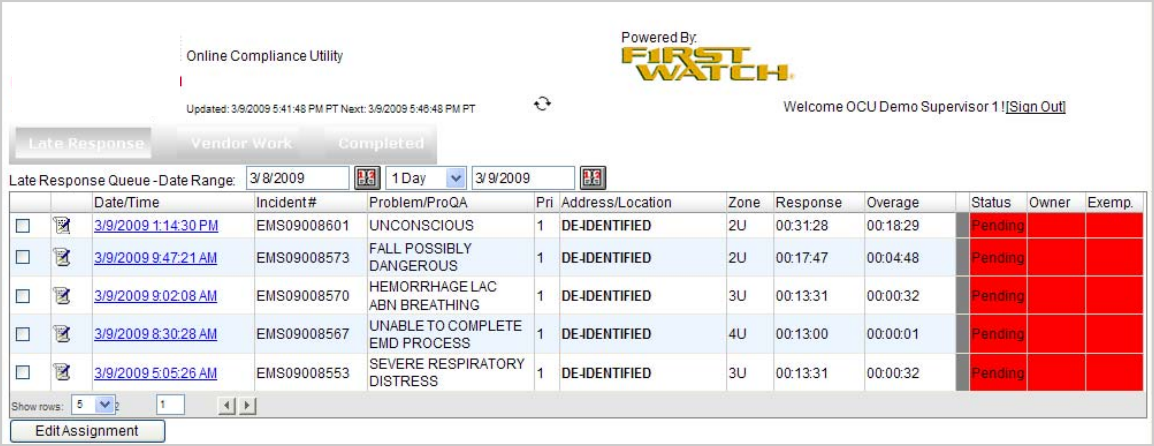
FirstWatch Enhancement Module

Online Compliance Utility (OCU) Tool

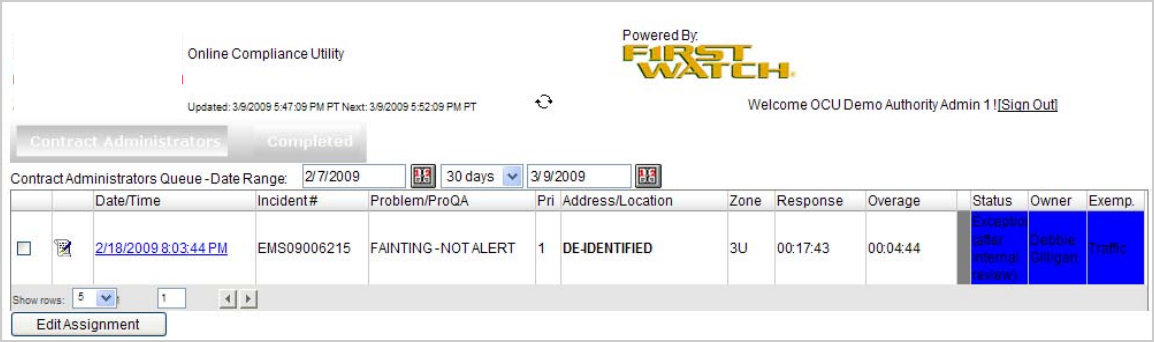
Provider Queue Example



OCU is a web-enabled collaboration tool for use by Providers and Authorities to simplify and manage contract compliance for exceptions and exemption reporting. The web-based FirstWatch tool provides interactive queues with a consistent look and feel for both the provider and the authority, which allows for an on-line review of late runs based on business rules. Capable of capturing late response analysis, supporting documentation and attachments, and flexibility for staff input.

Once the provider records have been updated with supporting information the provider can submit their requests for approval/ denial to the authority. The authority will then have the ability to approve, deny or request additional information back to the provider. The online compliance utility allows for near real time reviews of information so users don't have to wait until the end of month to do compliance reporting; late responses can be analyzed as events take place in the system.

Authority Queue Example



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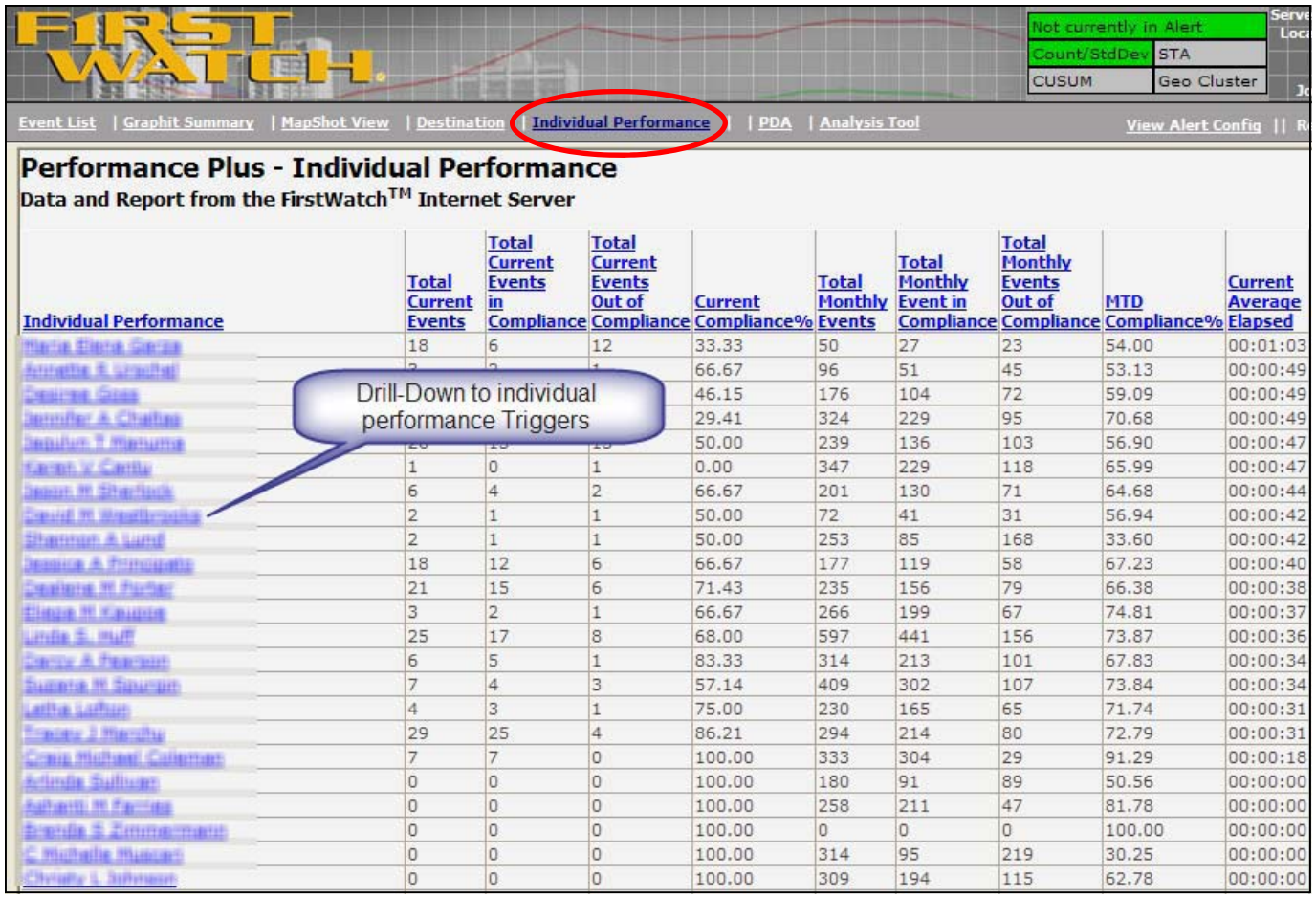
FirstWatch Enhancement Module

Performance PLUS (detailed drill-down) Tool



Performance Plus - Individual Performance

Data and Report from the FirstWatch™ Internet Server

Individual Performance	Total Current Events	Total Current Events in Compliance	Total Current Events Out of Compliance	Current Compliance%	Total Monthly Events	Total Monthly Event in Compliance	Total Monthly Events Out of Compliance	MTD Compliance%	Current Average Elapsed
[illegible]	18	6	12	33.33	50	27	23	54.00	00:01:03
[illegible]	[illegible]	[illegible]	[illegible]	66.67	96	51	45	53.13	00:00:49
[illegible]	[illegible]	[illegible]	[illegible]	46.15	176	104	72	59.09	00:00:49
[illegible]	[illegible]	[illegible]	[illegible]	29.41	324	229	95	70.68	00:00:49
[illegible]	[illegible]	[illegible]	[illegible]	50.00	239	136	103	56.90	00:00:47
[illegible]	1	0	1	0.00	347	229	118	65.99	00:00:47
[illegible]	6	4	2	66.67	201	130	71	64.68	00:00:44
[illegible]	2	1	1	50.00	72	41	31	56.94	00:00:42
[illegible]	2	1	1	50.00	253	85	168	33.60	00:00:42
[illegible]	18	12	6	66.67	177	119	58	67.23	00:00:40
[illegible]	21	15	6	71.43	235	156	79	66.38	00:00:38
[illegible]	3	2	1	66.67	266	199	67	74.81	00:00:37
[illegible]	25	17	8	68.00	597	441	156	73.87	00:00:36
[illegible]	6	5	1	83.33	314	213	101	67.83	00:00:34
[illegible]	7	4	3	57.14	409	302	107	73.84	00:00:34
[illegible]	4	3	1	75.00	230	165	65	71.74	00:00:31
[illegible]	29	25	4	86.21	294	214	80	72.79	00:00:31
[illegible]	7	7	0	100.00	333	304	29	91.29	00:00:18
[illegible]	0	0	0	100.00	180	91	89	50.56	00:00:00
[illegible]	0	0	0	100.00	258	211	47	81.78	00:00:00
[illegible]	0	0	0	100.00	0	0	0	100.00	00:00:00
[illegible]	0	0	0	100.00	314	95	219	30.25	00:00:00
[illegible]	0	0	0	100.00	309	194	115	62.78	00:00:00

The FirstWatch ***Performance PLUS*** module allows for drill-down into performance criteria specific to units, people, shifts, stations, or other predefined variables. Performance Plus uses a combination of user-defined Primary and Sub-Triggers for measuring, monitoring and automating notifications of performance compliance at the overall system wide and now at the various individual levels.

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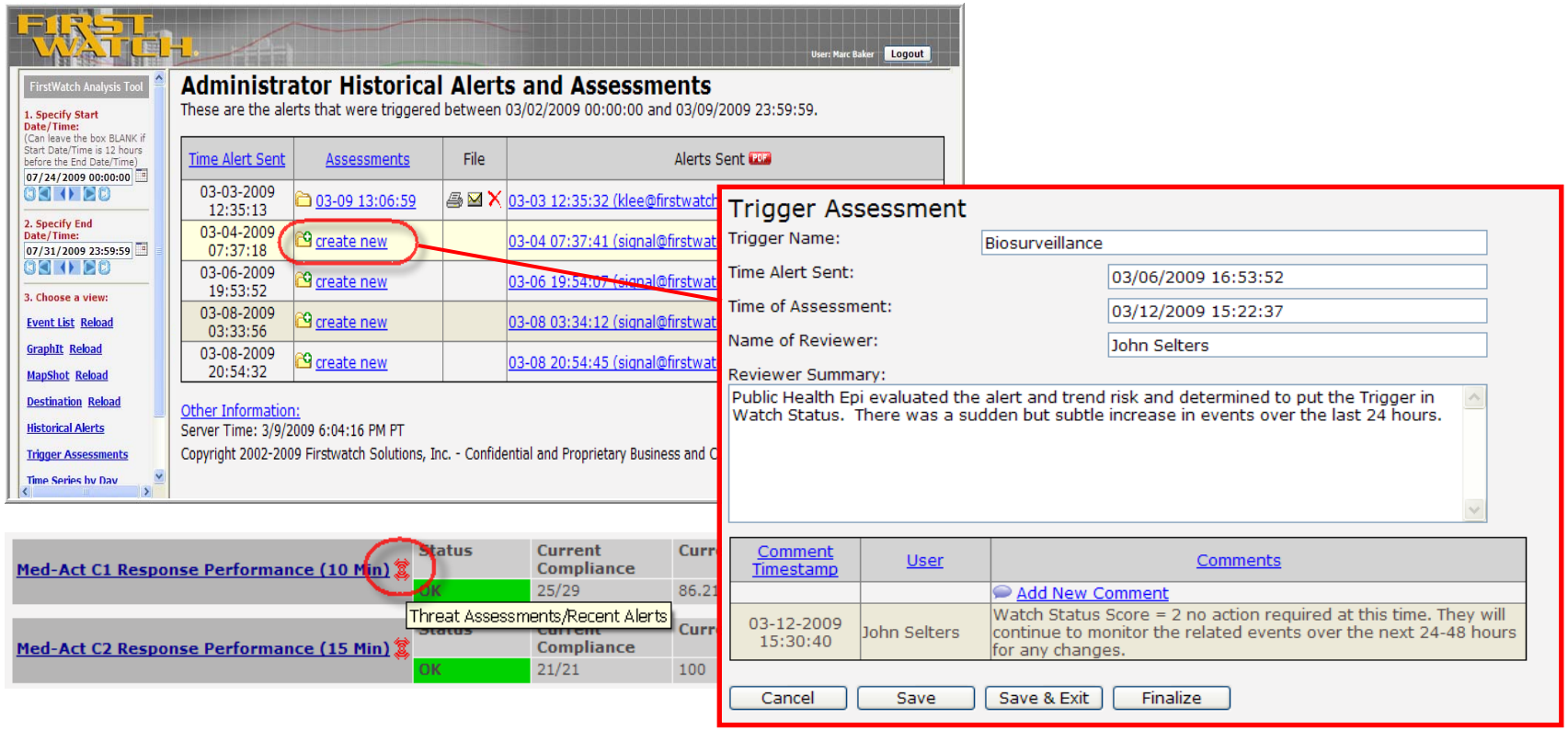
FirstWatch Enhancement Module

Custom Threat Assessment Tool / Incident Write-Back Tool



The Trigger Assessment tool is included with the base FirstWatch System – a logical extension of the FirstWatch system; this tool will provide authorized users the ability to associate narrative information with Triggers or Trigger alerts. User can benefit by entering and tracking information related to specific Trigger data points, alert assessments, alert acknowledgments or general information, which will become a part of the FirstWatch records. The information is easily retrieved for viewing and can be printed or emailed for distribution.

An enhanced version of the Trigger Assessment Tool can be provided at cost. The enhanced version will provide custom forms to allow for user defined questions and responses.

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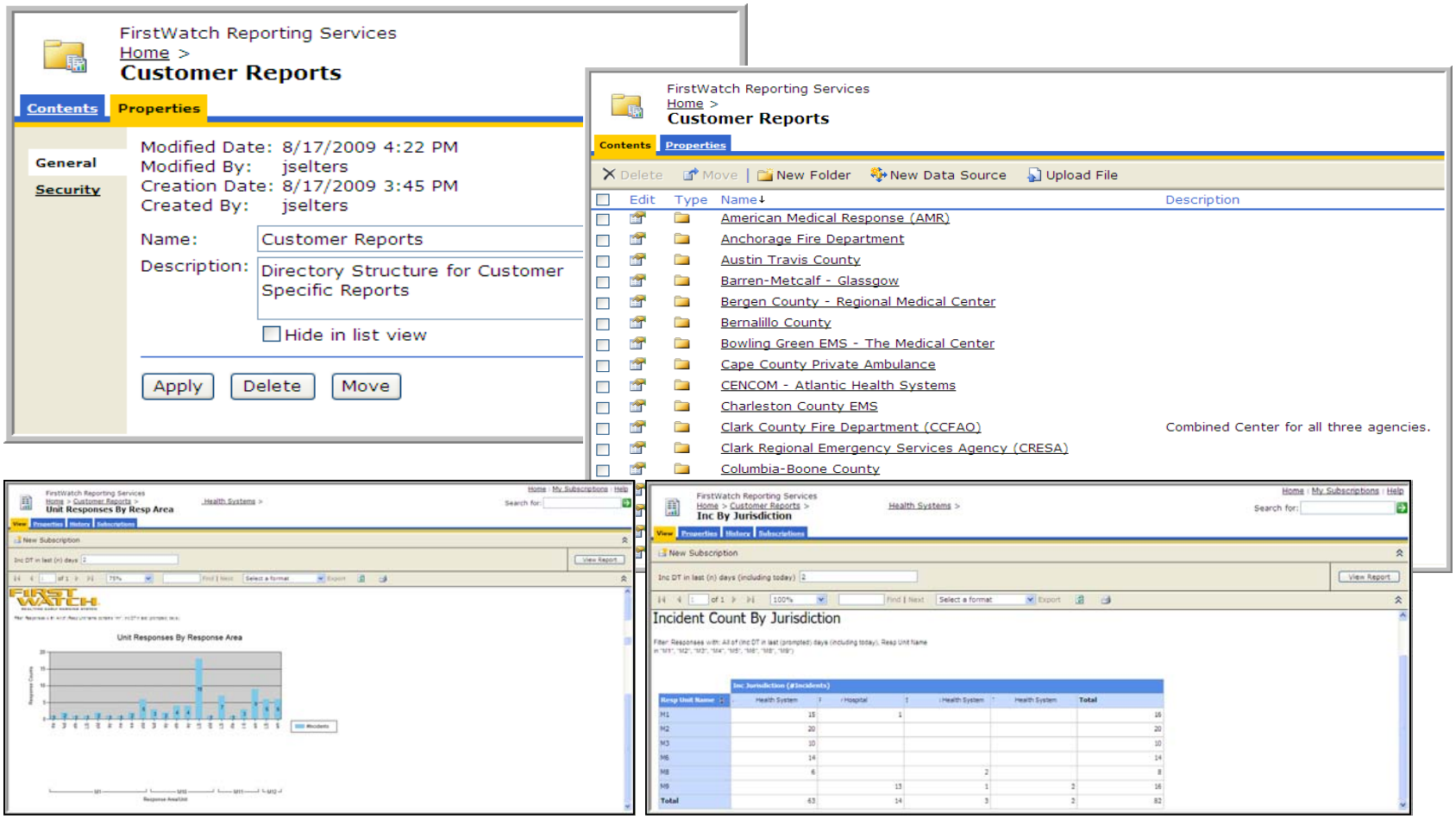
FirstWatch Enhancement Module

Upgraded SQL Reporting Services Tools



Having the ability to allow authorized users to set additional user-defined parameters against their data from within the FirstWatch system. Basic Report tool will be included for customers, but Custom / Enhanced SQL Reporting Services Tools and assistance can be provided (for additional cost—based on project) by FirstWatch. New features and tools will be made available as they are developed, based on contracted customer report development projects.

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To schedule your demo of FirstWatch please contact us.

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For additional information on FirstWatch Dashboards, Triggers, Enhancement Modules, Case Studies, Press Coverage, Research Articles and Funding via Grants, please visit us online at: **www.firstwatch.net**

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2012 **FORD FLEX**

Flex Limited. Bordeaux Reserve Red Metallic. Available equipment.

Surrounds 7 with a serious sense of open space.

STANDARD FEATURES

- Air conditioning
- Audio – AM/FM stereo/single-CD player with MP3 capability and 6 speakers
- Audio – Auxiliary input jack
- Cabin air filter
- Easy Fuel® capless fuel filler
- Engine – 3.5L Duratec® V6
- Fog lamps
- Leather-wrapped steering wheel with cruise control and secondary audio controls
- MyKey® owner controls feature
- Power windows and door locks with one-touch-up/-down driver's side window feature
- Powerpoints (4)
- Privacy glass (2nd row, 3rd row and lifgate)
- Reverse Sensing System
- Seats – 1st-row cloth buckets with 6-way power driver's and 2-way manual front-passenger seat with fold-flat seat back
- Seats – 2nd-row 60/40 split bench with autofold on smaller section
- Seats – 3rd-row fold-in-floor 50/50 split bench
- Transmission – 6-speed automatic
- Wheels – 17" painted aluminum
- Wiper-activated headlamps

SELECT OPTIONS[1]

- 2nd-row floor console
- 2nd-row refrigerated console
- Active park assist
- All-weather floor mats
- All-wheel drive (AWD)
- Audio – Audio System from Sony with 12 speakers
- Audio – Sirius Satellite Radio
- Contrasting roof
- Dual-Head Restraint DVD Entertainment System
- Ford SYNC®
- Multipanel Vista Roof™
- Roof-rack side rails
- Seats – 2nd-row 40/40 reclining
- Seat – 3rd-row one-touch PowerFold® and tumble 50/50 split fold-down with tailgate feature
- Wheels – 20" bright-painted aluminum with P255/45R20 all-season BSW tires

OPTIONAL PACKAGE

- Class III Trailer Tow Package (53G): Includes 4-/7-pin connectors and trailer wiring harness, engine oil cooler (3.5L non-EcoBoost™), hitch receiver, tire mobility kit, and trailer sway control

FLEET EXCLUSIVE

- Engine block heater (41H)

[1]Available on select series. Restrictions may apply. See your dealer for details. [2]Includes 5.0-cu.-ft. rear cargo well. [3]Based on 2011 model year ratings. [4]Figures achieved using premium fuel. [5]Additional charge. [6]New for 2012.

SELECT EQUIPMENT GROUP CONTENT[1]

- Engine – 3.5L EcoBoost V6
  - All-wheel drive (AWD)
  - Dual exhaust with chrome tips
  - Electric power-assisted steering
  - Transmission – SelectShift Automatic™ with paddle shifters
  - Wheels – 20" bright-painted aluminum with P255/45R20 all-season BSW tires
- Leather-trimmed seating
  - Audio System from Sony
- Multipanel Vista Roof
  - 2nd-row refrigerated console
  - Seats – 2nd-row heated captain's chairs
  - Wheels – 20" bright-painted aluminum with P255/45R20 all-season BSW tires
- Convenience Package: Includes 110-volt AC power outlet, memory feature for driver's seat and sideview mirrors, heated sideview mirrors, power-adjustable pedals with memory, power liftgate, and security approach lamps
- Titanium Package: Includes 20" polished aluminum wheels, black beltline molding, black fog lamp bezels, black-chrome grille, black-chrome liftgate appliqués, blacked-out headlamps and taillamps treatment, body-color door handles, front illuminated scuff plates, Charcoal Black leather-trimmed seats with Alcantara® Gray suede inserts, Tuxedo Black Metallic-painted mirror caps, Tuxedo Black Metallic-painted roof, unique alloy metallic-painted interior accents, and unique interior circle check appliqués

SAFETY & SECURITY

- AdvanceTrac® with RSC® (Roll Stability Control™)
- Airbags – Driver and passenger front-seat side
- Airbags – Safety Canopy® System with side-curtain airbags and rollover sensor
- Accessory delay
- Battery saver
- Brakes – 4-wheel disc with Anti-Lock Brake System (ABS)
- LATCH – Lower Anchors and Tether Anchors for Children
- Illuminated Entry System
- Personal Safety System™ for driver and front passenger – Includes dual-stage front airbags, safety belt pretensioners, safety belt energy-management retractors, safety belt usage sensors, driver's seat position sensor, crash severity sensor, restraint control module and Front-Passenger Sensing System
- SecuriCode™ invisible keypad
- SecuriLock® Passive Anti-Theft System
- SOS Post-Crash Alert System™
- Tire Pressure Monitoring System (excludes spare)

DIMENSIONS AND CAPACITIES

EXTERIOR (in.)	
Length	201.8
Wheelbase	117.9
Width – Excluding mirrors	75.9
Including mirrors	88.8
Mirrors folded	80.1
Height	68.0
Liftover height	29.6
Cargo rear opening height	31.1
Cargo rear opening width at floor	38.9
INTERIOR (in.)	
1st Row	
Head room	41.8
Shoulder room	58.4
Hip room	55.5
Leg room	40.8

INTERIOR (in.)	
2nd Row	
Head room	40.5
Shoulder room	58.1
Hip room	55.0
Leg room	44.3
3rd Row	
Head room	38.7
Shoulder room	50.8
Hip room	41.1
Leg room	33.3
CAPACITIES (cu. ft.)	
Cargo volume – Behind 1st row	83.2
Behind 2nd row	43.2
Behind 3rd row	20.0[2]
Fuel (gal.)	18.6
Seating	6, 7

EXTERIOR COLORS[1]

- White Platinum Metallic Tri-coat[5]
- White Suede
- Ginger Ale Metallic[6]
- Earth Metallic
- Bordeaux Reserve Red Metallic
- Red Candy Metallic Tinted Clearcoat[5]
- Kona Blue Metallic
- Ingot Silver Metallic
- Tuxedo Black Metallic

INTERIOR COLORS[1]

- Medium Light Stone
- Charcoal Black
- Charcoal Black/Gray Alcantara Suede

ENGINES

	3.5L Duratec V6	**3.5L EcoBoost V6**
Horsepower (hp @ rpm)[3]	262 @ 6,250	355 @ 5,700[4]
Torque (lb.-ft. @ rpm)[3]	248 @ 4,500	350 @ 1,500–5,250[4]

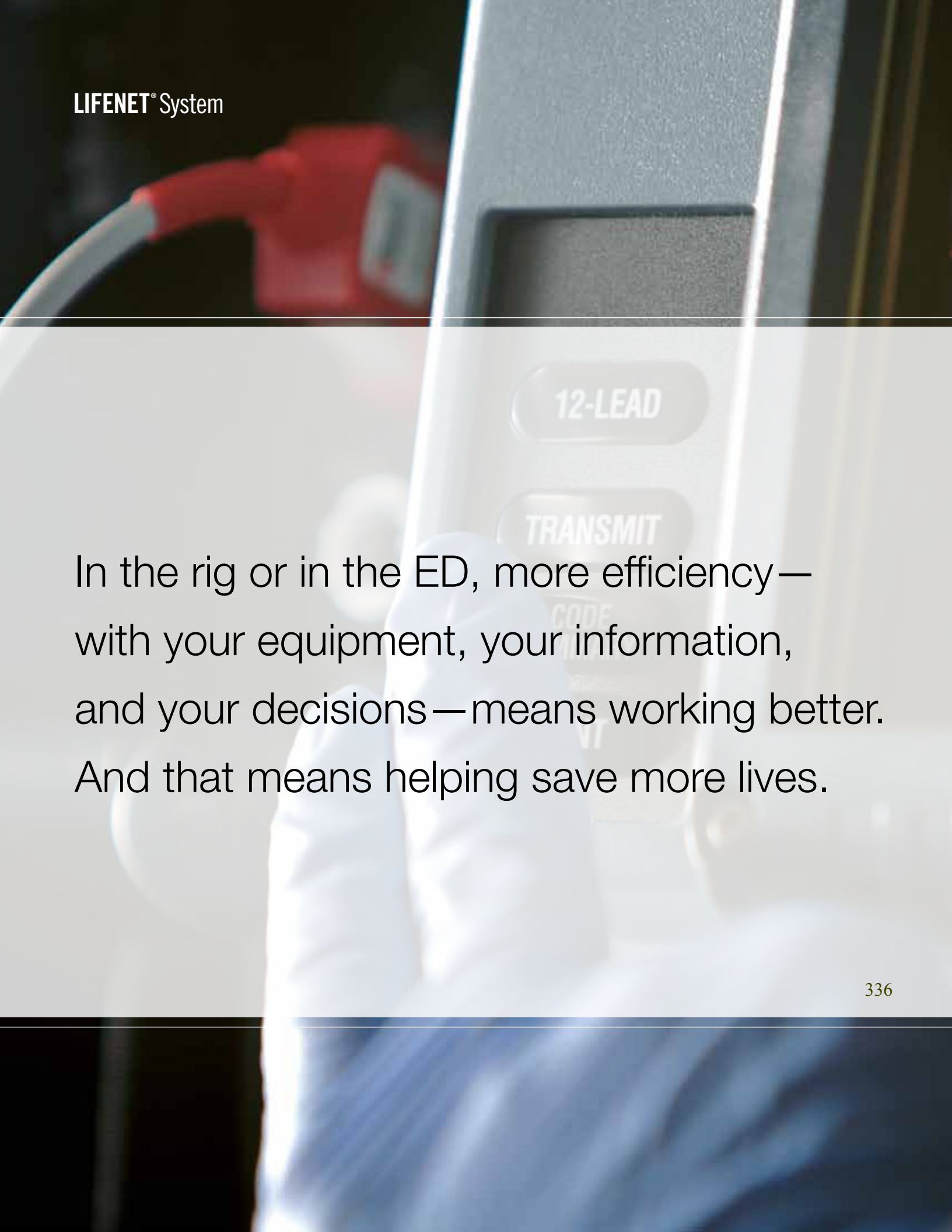
EPA-ESTIMATED FUEL ECONOMY[3]

	3.5L Duratec V6	**3.5L EcoBoost V6**
FWD	17 city/24 hwy/19 combined mpg	—
AWD	16 city/22 hwy/18 combined mpg	16 city/21 hwy/18 combined mpg[4]

PHYSIO CONTROL

PRODUCT BROCHURE

LIFENET® System



In the rig or in the ED, more efficiency—with your equipment, your information, and your decisions—means working better. And that means helping save more lives.

LIFENET System 5.0: The next generation of efficiency and patient care is here.

With innovative technology and the most advanced functionality in the market, LIFENET System 5.0 is a comprehensive web-based network that seamlessly mobilizes data to increase efficiency across the care continuum and deliver critical information to help your care teams reduce time to treatment.

With LIFENET 5.0, your EMS crews have trusted tools for streamlining their response protocol and making a greater impact on in-hospital patient care. Your hospital clinicians have detailed advance notice of a patient's arrival and an unrivaled set of emergent data for managing their care. And a more efficient community of responders—empowered by the ability to share important information across devices and organizations—can stay connected to superior decision support as they work to save lives.

LIFENET 5.0 is the latest LIFENET System technology from Physio-Control. For more than 50 years, Physio-Control has delivered innovative devices and technologies designed specifically with the needs of first responders and clinical care providers like you in mind. We've applied that experience—and the input of hospital and prehospital professionals who use our tools in the real world every day—to help LIFENET System 5.0 deliver critical insight and improved patient care for your organization.

The LIFENET System portfolio of advanced, proven tools and professional services spans the entire continuum of care.

When caregivers can do more, organizations run better.

Response teams—in the field or in the hospital—are focused on saving patients' lives, and the technology they use should help them provide treatment faster and more efficiently. With a subscription to LIFENET 5.0, your EMS or hospital organization gets a powerful web-based platform that makes work more efficient, helps reduce time to treatment and allows you to keep your focus where it belongs—on patients, not technology.

On site with patients, EMS teams can rely on LIFENET 5.0 to increase the effectiveness of the data they gather, without the burden of managing the technology. The ePCR data integration features of LIFENET 5.0 give them the power to capture more information on patient status—including vital signs, patient ID and chief complaint information—and then use the simple LIFENET PC Gateway-interface to add that data to their hospital-bound 12-lead ECG. When medics are ready to submit their final event report to the hospital, LIFENET ePCR Delivery lets them use their existing, trusted LIFENET connection from the field to deliver it as a PDF to be easily stored or printed.

At the hospital, LIFENET Alert consolidates all EMS transmissions on a patient into a single record, quickly providing a clearer progression of patient status without adding additional data management steps for your staff. That means more time for planning and preparing the right treatment, faster transfer of care, and ensuring that patients are sent to the most appropriate department. And because clinicians already have access to critical prehospital 12-lead data via LIFENET 5.0, there's no need to spend time duplicating processes when the patient arrives.

Once a STEMI patient is in the hands of the hospital care team, LIFENET OnePush—unique to LIFENET 5.0—provides automated protocol activation and team member notifications, helping clinicians respond more quickly and reducing their workload.

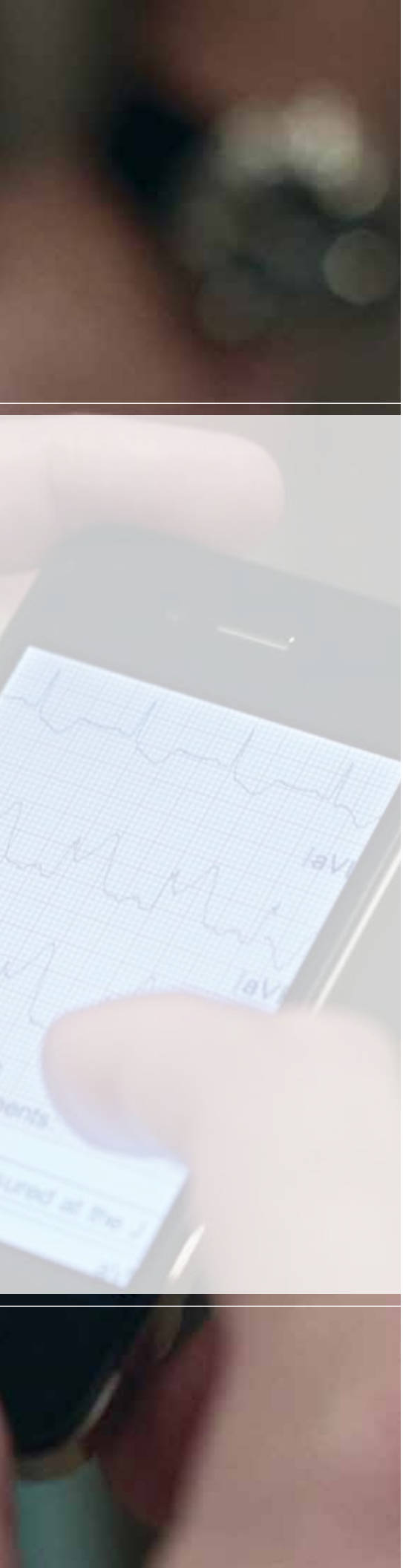
Comprehensive	LIFENET 5.0 goes far beyond simple data transmission, providing a full suite of tools that connect pre-hospital and hospital environments, delivering a higher level of data for immediate care intervention and post-event review, and helping manage the technology assets that help save lives.
Seamless	Physio-Control operates the data centers that support LIFENET 5.0, providing high security and data redundancy, and relieving EMS and hospital IT organizations of hosting, management, and support burdens.
Mobile	The new LIFENET Consult feature makes LIFENET 5.0 a uniquely mobile solution, allowing remote clinicians to perform consults and add decision support value no matter where they are.
Efficient	By collecting additional ePCR information from EMS teams and sending it along with 12-lead ECG data, LIFENET 5.0 helps reduce time to treatment and improves efficiency in today's increasingly crowded and time-critical emergency department environment.
Dependable	LIFENET is proven, trusted Physio-Control technology, from the same manufacturer of defibrillator/monitors that hospitals and EMS organizations rely on every day in critical lifesaving situations.

Connecting information and teams, across devices and regions.

Working remotely shouldn't limit caregivers from providing their vital expertise. With LIFENET Consult, an interactive iPhone® application new with LIFENET 5.0, a hospital-based clinician now can interact with a remote physician to speed critical decisions such as identifying a STEMI, activating air support, rerouting to a PCI facility, and more.

Using devices from different manufacturers should never stop care teams from giving patients their best chance of survival either. Unlike any other communication system available today, LIFENET 5.0—with its innovative LIFENET Adapter technology—allows hospitals to standardize on one system and receive 12-lead ECGs from the field regardless of defibrillator/monitor manufacturer. That means a more seamless transition in care between EMS teams and the hospital, and a greater opportunity for clinicians and decision makers to establish efficient regional systems of care—a growing priority that Physio-Control recognizes and supports.

LIFENET 5.0 provides a variety of options to meet the connectivity needs of EMS teams as they respond to patients and communicate with hospitals. Whether they choose to use existing ePCR data connections, cellular broadband modems or Wi-Fi gateways, LIFENET 5.0 makes it possible for them to transmit critical data seamlessly, effectively, and securely.



What's new in LIFENET 5.0

LIFENET Consult

- Mobile application for the iPhone
- Allows clinicians to perform remote consults and provide remote decision support
- Enables rapid response to emergent patient data
- Increased clinical efficiency

LIFENET OnePush

- Automated protocol activation
- Contacts all necessary roles at once, from cardiologist to cath lab to pharmacy
- Reduces clinician burdens and decreases workload
- Build-your-own activation list
- Automatically time-stamps specified events
- Notification options via email, text, or LIFENET Alert

LIFENET ePCR Delivery

- EMS is able to deliver ePCR reports via the LIFENET System
- Uses the existing LIFENET infrastructure
- Allows EMS to meet timelines efficiently
- Direct delivery to hospital
- Provided in electronic and/or printed format

Enhanced Data Collection

- Gather more data about patients in pre-hospital environment
- Automatically capture data from ePCR applications*
- Data automatically sent to hospital with every 12-lead ECG
- Collect more hospital data points directly within LIFENET Alert
- Help collect registry data elements

LIFENET Asset

- Enhanced device data displayed on LIFENET website
- View device readiness and receive alerts to changes in device readiness
- Manage setup options
- Monitor device usage
- Manage and deploy device software updates according to your own schedule

** Requires ePCR vendors to implement LIFENET SDK 9.0*

More efficient care, and the tools to manage it.

For an EMS organization, equipment is an essential investment in the effectiveness of response teams and the success of patient care. But because that equipment spends its time away from a central base—in a rig, being used to save patients—it can be challenging to manage. LIFENET 5.0, with new web-based LIFENET Asset, uses a simple dashboard view that makes it easier to track the status of equipment—from location to battery life to usage—upload necessary software updates, and manage setup options, even across a fleet of devices.

LIFENET 5.0 also makes data transmission and analysis from those devices more powerful for EMS teams. LIFENET Connect lets crews utilize their wireless connection to transmit LIFEPAK 12 and LIFEPAK 15 monitor data into CODE-STAT™ software to help strengthen quality assurance and improvement initiatives focused on cardiac arrest response. CODE-STAT works with LIFENET 5.0 to facilitate post event reviews by providing clear summary data and detailed case data to give EMS organizations a better picture of their responses to codes. This valuable feedback can dramatically improve efficacy of code response and CPR, and assist organizations in determining where to direct training resources, which specific areas to target for improvement and how they can help their teams meet performance goals.

For hospitals, where connectivity and managing data is a constant focus, LIFENET Archive and LIFENET Export provide flexible solutions that allow hospitals to store 12-lead ECG and vital signs reports locally and send 12-lead ECG data to their electronic record systems.

Clinical Management

LIFENET Transmission Subscription
Core transmitting subscription for EMS. This allows EMS agencies to get their LIFEPAK device onto the LIFENET System so that it can transmit (device gateway also required, sold separately).

LIFENET Alert Subscription
Core receiving subscription for hospitals. This allows hospital-based care teams to receive information from the field, either through LIFENET Alert, text messages, or emails.

LIFENET Referral Hospital Subscription
Core receiving subscription created specifically for referral hospitals. This allows referral hospitals to receive information from the field and share that data with PCI-capable hospitals to alert care teams of an incoming patient.

LIFENET Alert
Software included as part of the LIFENET Alert subscription that is downloaded on a hospital's existing Windows® PC. This allows hospital-based care teams to receive alerts and emergent data related to incoming patients.

LIFENET Consult
Mobile application to provide remote physicians with consult and decision support tools.

LIFENET OnePush
Software that allows care teams to quickly activate protocols and distribute associated alerts.

LIFENET Adapter
Software installed on third party 12-lead management systems allowing 12-lead ECG images from competitive devices to be sent through the LIFENET System. This allows hospitals to standardize on one system to receive information and alerts from the field.

Operational and Data Management

LIFENET Asset
Web-based tool to track equipment, manage setup options across an entire fleet, and update device software.

LIFENET Archive
Allows storage of 12-lead ECG data on a local Windows machine.

LIFENET Connect
Allows patient case data to be sent to CODE-STAT software directly from the LIFEPAK device through the same device gateway used to transmit 12-lead ECGs. This allows medics to send data to CODE-STAT software directly from the ambulance.

LIFENET Export
Allows hospitals to export the information they received from the field into their downstream record management systems. Data can be exported directly into GE MUSE or other applications, such as Philips® TraceMaster, that can import image files.

LIFENET PC Gateway
Software installed on a computer (i.e., a tablet PC) that can receive information from a LIFEPAK device and send that information to the LIFENET System using the computer's existing Internet connection. This allows EMS teams to either manually enter additional patient information to attach to a 12-lead or data can automatically be attached from ePCR application.

CODE-STAT Software
Post-event review software which allows users to play back cases and provides access to continuous ECG data, chest compressions, and CPR statistics. This powerful QA/QI tool can help organizations meet AHA guidelines.

DT EXPRESS Software
Software used to download data from LIFEPAK devices into a computer.

LIFENET ePCR Delivery
Allows EMS crews and hospital teams to work more efficiently by delivering patient reports directly to the hospital via the LIFENET System.

Physio-Control Products and Services

Defibrillators/Monitors

LIFEPAK CR® Plus
Automated External Defibrillator

LIFEPAK® 1000
Defibrillator

LIFEPAK® 15
Monitor/Defibrillator

LIFEPAK CR® Plus Automated External Defibrillator

Featuring the same advanced technology trusted by emergency medical professionals—yet simple to use—the LIFEPAK CR Plus AED is designed specifically for the first person to respond to a victim of sudden cardiac arrest. Unlike AEDs with complex prompts and limited energy for defibrillation, the fully automatic LIFEPAK CR Plus AED combines an easy two-step operation, just the right level of guidance, and the capability to escalate to 360 joules when needed.

LIFEPAK® 1000 Defibrillator

The LIFEPAK 1000 Defibrillator is a powerful and compact device designed to treat cardiac arrest patients and provide continuous cardiac monitoring capabilities. Built-in flexibility allows the *1000* to be programmed for use by first responders or professionals and enables care providers to change protocols as standards of care evolve. A large, intuitive screen displays graphics and ECG readings that are clear and easy to read from any angle and in bright sunlight. The most rugged AED in the LIFEPAK fleet, you can carry the *1000* with confidence into the harshest environments.

LIFEPAK® 15 Monitor/Defibrillator

The LIFEPAK 15 monitor/defibrillator is the new standard in emergency care for ALS teams who want the most clinically innovative, operationally innovative and LIFEPAK TOUGH™ device available today. The *15* integrates Masimo Rainbow® SET® technology that monitors SpO2, carbon monoxide and methemoglobin, includes a metronome to guide CPR compressions and ventilations and provides an option to escalate energy to 360J. An entirely new platform, the *15* is powered by Lithium-ion battery technology, incorporates the SunVue™ display screen for viewability in bright sunlight, and data connectivity to easily and securely collect and send patient information. The *15* has a similar form factor and user interface with the LIFEPAK 12 defibrillator/monitor which will ease transition and training costs.

CPR Assistance

LIFEPAK® 20e
Defibrillator/Monitor

LUCAS™ Chest
Compression System

LIFEPAK® 20e Defibrillator/Monitor

Building on the design of its predecessor, the LIFEPAK 20e defibrillator/monitor is compact, lightweight and easy to rush to the scene or use during transport. The *20e* is highly intuitive to use, putting early, effective defibrillation into the hands of first responders. The *20e* skillfully combines AED function with manual capability so that ACLS-trained clinicians can quickly and easily deliver advanced therapeutic care. Clinically advanced and packed with power, the *20e* uses Lithium-ion battery technology that provides extended operating time for transporting patients from one area of the hospital to another and includes ADAPTIV™ biphasic technology up to 360 joules.

LUCAS™ Chest Compression System

Designed to provide effective, consistent and uninterrupted compressions according to AHA Guidelines, LUCAS can be used on adult patients in out-of-hospital and hospital settings. Maintaining high-quality hands-free compressions frees responders to focus on other lifesaving therapies and enables them to wear seatbelts during transport. Available in both air-powered and the newer battery-powered version.

Connection and efficiency in the service of better care.

Choose the comprehensive LIFENET System 5.0 from Physio-Control and give your organization the power to share critical emergent data among responders, increase the efficiency of your care teams, and deliver better care to the patients who need it.

Contact a Physio-Control sales representative today at 1.800.442.1142 or visit www.physio-control.com to learn more.

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GDR 3307894_B

stryker®

EMS Equipment

Power-PRO™ powered ambulance cot

RUGGED

Because lives depend on it™.

Power-PRO™ powered ambulance cot

power to reduce the risk of injury

Field studies show that the Stryker Power-PRO could save your EMS team from lifting as much as 3,000 pounds per crew member, every shift.

Larger Patient Surface
Easily accommodates taller patients. Maximizes space between patient and operator.

Power-PRO

Shown with optional accessories

Extensive input and feedback from pre-hospital care professionals has qualified the need for an ambulance cot that reduces the amount of manual lifting caregivers experience on a day to day basis.

- **Innovative battery powered hydraulic system raises and lowers the patient with the touch of a button**
- **Easy to use manual back-up system provides complete cot operation in the event of power loss**
- **Foot end mounted DEWALT® Battery System is accessible and easily changed in any situation**
- **Retractable head section allows cot to be shortened in any height position for maximum versatility**
- **Exclusive automatic high speed retract feature reduces load and unload times**

Foot end controls
Located on upper and lower lift bars accommodate different size operators.

Head and Foot End Lift and Grip Section
Unmatched ergonomics. Lifting handles optimized to 30°, the most operator-preferred position.

Hydraulic Lift System
Battery powered hydraulic lift system with manual back-up for operator confidence.

700lb
capacity

Oversized Wheels
Less force required to roll.

Power raise and lower
using your finger, not your back

Fold Down Siderails
A RUGGED innovation. Fully operational in confined spaces.

Pneumatic Backrest
A RUGGED innovation. Provides superior operator control.

Retractable Head Section
Delivers 360° mobility in any height position.

Lift-Capable Safety Bar
Assures handling confidence. Reduces lift height for smaller operators.

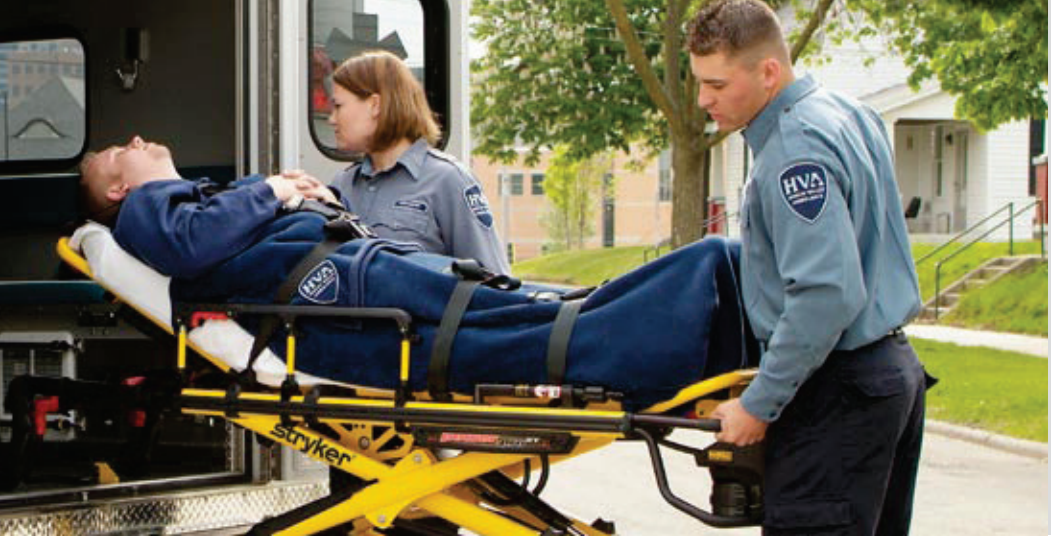
Patented X-Frame
Proven reliability. Will **NOT** hot drop.

Settable Load Height with Jog Function
A RUGGED exclusive. Adjusts to fit your ambulance.

X-Frame Guards
Protects X-frame from ambulance bumper contact.

Electrical and Mechanical Safety Certifications

CE CLASSIFIED c UL us 87VL IPX6 IEC-60601



Reduce Load and Unload Times
Our exclusive high speed retract system will reduce your load and unload times. When the cot senses that the weight is off the wheels, the base will fully retract in 2.4 seconds when the "minus" button is depressed.

Pneumatic Backrest
A RUGGED innovation. Provides superior operator control.

Fold Down Siderails
A RUGGED innovation. Fully operational in confined spaces.

Retractable Head Section
Delivers 360° mobility in any height position.

Lift-Capable Safety Bar
Assures handling confidence. Reduces lift height for smaller operators.

Patented X-Frame
Proven reliability. Will **NOT** hot drop.

Settable Load Height with Jog Function
A RUGGED exclusive. Adjusts to fit your ambulance.

X-Frame Guards
Protects X-frame from ambulance bumper contact.

Warranty
- Two years complete cot (one year soft goods)
- Three years X-Frame components
- Three years limited powertrain
- Lifetime on all welds

* Extended warranties available

RUGGED

DEWALT BATTERY SYSTEM

MADE IN U.S.A.

DEWALT® is a registered trademark of Black & Decker Inc.

Features

1 **Textured Hand Grips**
Textured hand grips at the head and foot end provide a durable non-slip surface for operator control.

2 **Battery Level Indicator**
Keeps operator informed of power status and flashes red when the battery needs to be changed.

3 **Hour Meter**
Indicates how many hours the cot has been in operation for preventive maintenance purposes.

4 **Built-in Pull Handle**
Offers maximum operator control during transport and stows out of the way when not in use.

5 **Shock Position**
Trendelenburg positioning to 15 degrees for maximum versatility and patient comfort.

6 **Battery and Battery Release Control**
Accessible and easily changed in any situation.

7 **Manual Back-up Release Handle**
Allows complete cot operation in the event of power loss.

8 **Power Controls**
Contoured control buttons assist the operator with touch recognition for ease of operation.

9 **Lower Lifting Bar**
Provides maximum versatility for different sized operators.

Raise and Lower Patients with the Touch of a Button

Operator injuries result from a culmination of strain and lifting. Our innovative powered ambulance cot is designed to lift the patient weight with the touch of a button and not your back.

Features

Marine grade hydraulic system
Provides reliable operation in harsh conditions.

Hand clearance
Hand clearance around the litter frame for operator safety.

Built-in pull handle.
Offers maximum operator control during transport and stows out of the way when not in use.

In-Fastener Shut off
Automatically disables cot when locked in the cot fastener system for safety.

Industrial Grade 24V DEWALT® Battery System
Powers the cot thru 20 complete calls.*

Lift capable safety bar
Assures handling confidence while reducing lift height for smaller operators.

Retractable Head Section
Delivers 360° mobility in any height position.

Retractable head section with safety bar. Conveniently located release handles retract the head section into the cot. Safety bar release keeps hands free from cot mechanism for safety.

• Battery life may vary depending on patient weight and environmental conditions.

Specifications

Model Number	6500
Height[1] (infinite height positioning between lowest and highest position)	
Highest Position	41.5" (105 cm)
Lowest Position	14" (36 cm)
Length	
Standard	81" (206 cm)
Minimum	63" (160 cm)
Width	23" (58 cm)
Weight[2]	120lbs (54 kg)
Wheels	
Diameter	6" (15 cm)
Width	2" (5 cm)
Articulation	
Backrest	0° - 73°
Shock Position	+15°
Max. Weight Capacity	700 lbs (318 kg)
Minimum Operators Required	
Occupied Cot	2
Unoccupied Cot	1
Recommended Fastener System	
Floor Mount	Model 6370 or 6377
Wall Mount	Model 6371
Recommended Loading Height[3]	Up to 36" (91 cm)

[1] Height measured from bottom of mattress at seat section to ground level.

[2] Cot is weighed with 1 battery and without mattress and restraints.

[3] Can accommodate load decks up to 36". Load wheel height can be set between 26" and 36".

Stryker reserves the right to change specifications without notice.

In-service video included with each order.

The Power-PRO is designed to conform to Federal Specification for the Star-of-Life Ambulance KKK-A-1822D

The Power-PRO is designed to be compatible with competitive cot fastener systems.

Patents Pending

Lifting Demands & Impact of Power

- Stretcher operations account for 60-70% of all poundage lifted during a shift.
- Powered stretcher us can result in 250-300 fewer pounds lifted per crewmember per call.
- A 10-transfer shift can result in 2,500-3,000 fewer pounds lifted by each crewmember.
- Additional benefits of powered stretcher use may include reduced fatigue, positive medic disposition and better resource allocation.

Optional Features

Equipment Hook

Head End Storage Flat

Backrest Storage Pouch

- **Heavy duty two- or three-stage IV poles** (patient right or left)
- **Permanent or removable oxygen bottle holders** (head or foot)
- **Sealed flat mattress**
- **Premium mattress**
- **Dual wheel locks**
- **Head extension**
- **Pillow**
- **Equipment hook**
- **Backrest storage pouch**
- **Head end storage flat**
- **Base storage net**
- **DEWALT® battery charger** (12v, 110v, and 220v models available)

stryker®

Joint Replacements

Trauma, Extremities & Deformities

Craniomaxillofacial

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Medical History

- ❒ Alzheimer's Disease / Dementia
- ❒ Arthritis/Fibromyalgia
- ❒ Cancer, Type: _____
- ❒ Cardiac (heart)
  - ❒ CABG/Heart Surgery
  - ❒ Pacemaker
  - ❒ Defibrillator
  - ❒ CHF (Congestive Heart Failure)
  - ❒ Irregular Heart Rhythm
  - ❒ Hypertension (↑ blood pressure)
- ❒ CVA (stroke)
- ❒ Diabetes
- ❒ Hepatitis / Liver Disease
- ❒ GERD / Ulcer Disease
- ❒ HIV-AIDS
- ❒ Renal Failure (kidney problems)
- ❒ Respiratory
  - ❒ COPD
  - ❒ Asthma
- ❒ Seizure
- ❒ Sickle Cell Disease
- ❒ Surgery (please specify below)

_____

_____

_____

- ❒ Tuberculosis
- ❒ Thyroid Disease
- ❒ Other (please specify below)

_____

_____

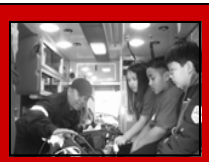
_____

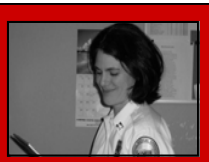
- ❒ Hearing Difficulties
  - ❒ Hearing Aid, Right / Left
- ❒ Vision Difficulty
  - ❒ Glaucoma
  - ❒ Cataracts
  - ❒ Other: _____

VIAL OF LIFE

Important Family Health Information
In case of emergency, call 911

Saving Lives, Everyday





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American Medical Response of Contra Costa County
5151 Port Chicago Hwy, Suite A
Concord, CA 94520
Operations: 1-888-267-6591; Dispatch: 1-888-650-5486

Emergency Medical Information

Date Completed: / /

Name: **DOB:** / /

Current Address:

Current Phone Number: ( ) -

Social Security Number:

Languages Spoken (other than English):

Primary Insurance Company:

Policy Number:

Secondary Insurance Company:

Policy Number:

MediCal / Medicare Number:

Emergency Contact:

Relationship: **Phone Number:** ( ) -

DNR/POLST? ❒ Yes ❒ No
Power of attorney for health care? ❒ Yes ❒ No
(please include a copy of all paperwork)

Current Medications & Herbal Supplements	Dosage

Allergies to Medications

Visit SENIOR FALL Prevention

DID YOU KNOW …..

AMERICAN MEDICAL RESPONSE PARAMEDICS & EMTS RESPOND TO MORE SENIOR FALLS DURING THE MONTHS OF OCTOBER, DECEMBER & JANUARY IN CONTRA COSTA COUNTY

Partner with AMR Today!

Take the Necessary Precautions to Protect your Patients

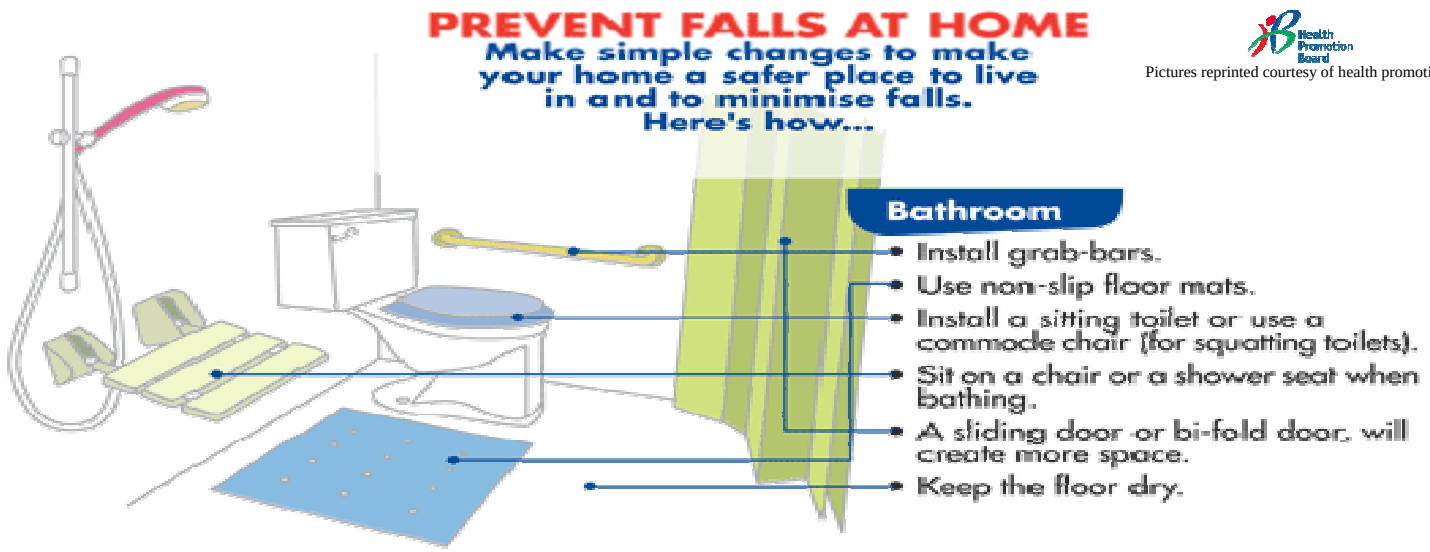
American Medical Response, the premier leader in pre-hospital care, strives to heighten awareness in Contra Costa County to help reduce accidental falls among our senior population. Most accidents are preventable, so please read the following tips to help prevent accidental falls among Contra Costa County's senior population this season. Our goal at AMR is to educate and heighten awareness to aid our seniors' to keep their independence by living independently!

- ***Pre-hospital data reflects Contra Costa County citizens over the age of 80 are at a higher risk to have an accidental fall during the months of October, November, December and January.***
- ***In Contra Costa County, pre-hospital data gathered indicates the city of Walnut Creek and Concord recorded the highest number of ambulances dispatched to reported falls at persons residents, assisted living or skilled nursing facility.*** *(note these cities have a higher per capita ratio)*
- ***Facilities should be on heightened awareness in the months of October, November and December***
- ***AMR crews responded to 2,000 accidental falls throughout Contra Costa County from January through December of 2005 that occurred at a person's residence, assisted living or skilled nursing facility.***
- ***More than half of all falls AMR crews responded to resulted in some form of physical trauma and an individual's inability to live independently***

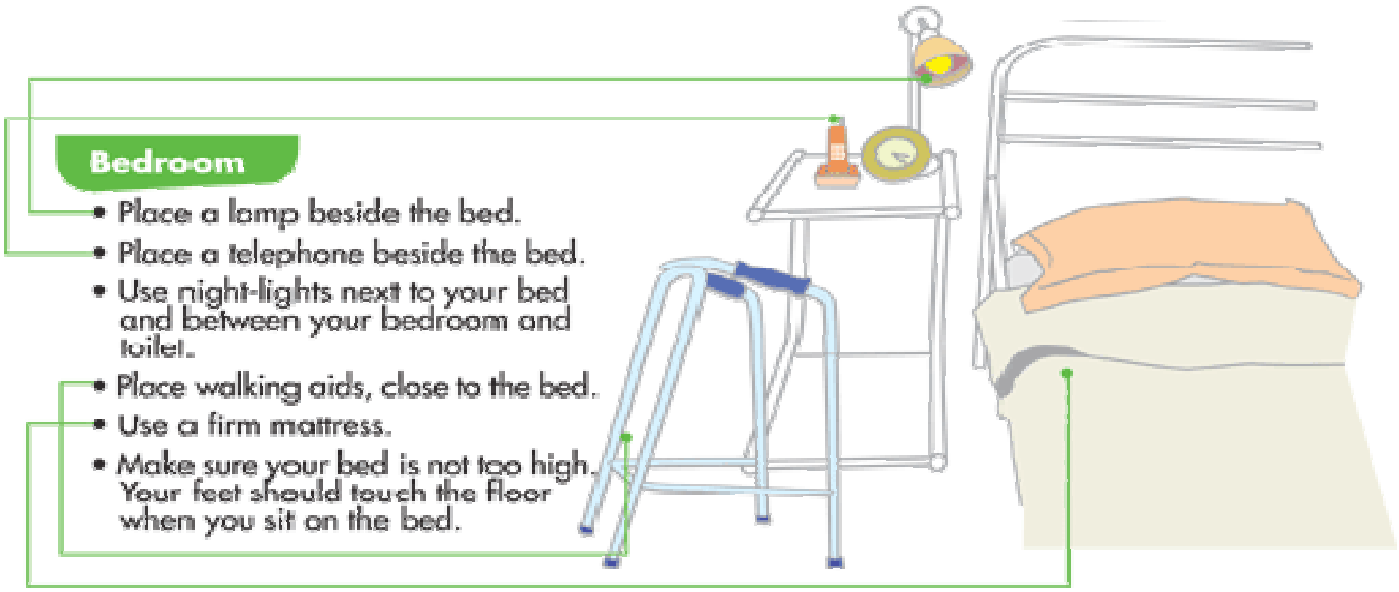
For more information, please contact:
Christopher Eberle
Community Outreach Coordinator

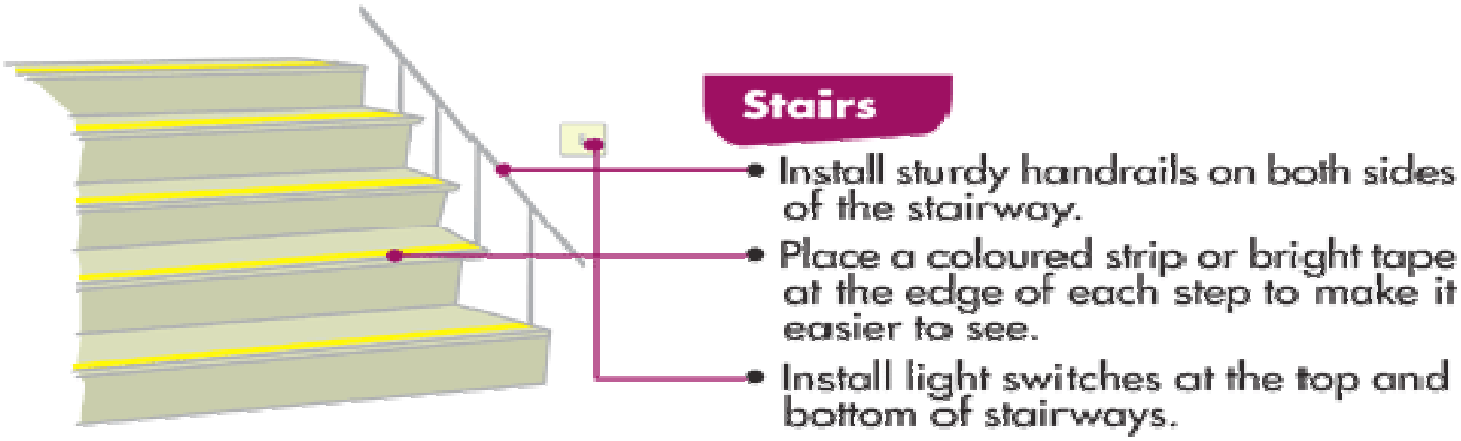
American Medical Response
5151 Port Chicago Highway
Concord, California 94520

Remember little falls can create big life long problems.

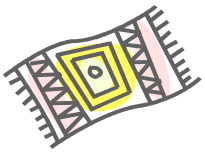


Pictures reprinted courtesy of health promotion board





Get yearly eye exams



Throw rugs should have non-skid backing

Watch out for pets

Watch out for rain and slick walk ways

“Tracking and Preventing Falls in Contra Costa County”

American Medical Response

Health Improvement Project

by

Joanne Leibe, Community Outreach Coordinator

&

John Harke, Data Analyst

Contra Costa County EMS Contract year October 2008-2009

Synopsis

American Medical Response (AMR) gathered pre-hospital data from its Electronic Patient Care Reports (ePCRs) in 2006, and re-examined the same parameters in 2008, to identify patients most likely to sustain a preventable falls. This year, we have examined the data through June 2009 to determine if further changes have occurred and gain insight into the effectiveness of our Fall Prevention Program.

Of the 4,357 falls recorded over the past year and a half (January 2008 to June 2009) the data indicated adults between the ages of 83 and 88 years of age to be the most likely to experience a fall. Of the falls reported, more than two thirds were women. The data also shows 2,059 (47.25%) of the falls reported occurred in a person's home or residence. The cities of Walnut Creek, Concord and Richmond recorded the highest number of falls. There is a surge of falls between 9am and 6pm. The most common paramedic primary impression for a fall is "Blunt Injury".

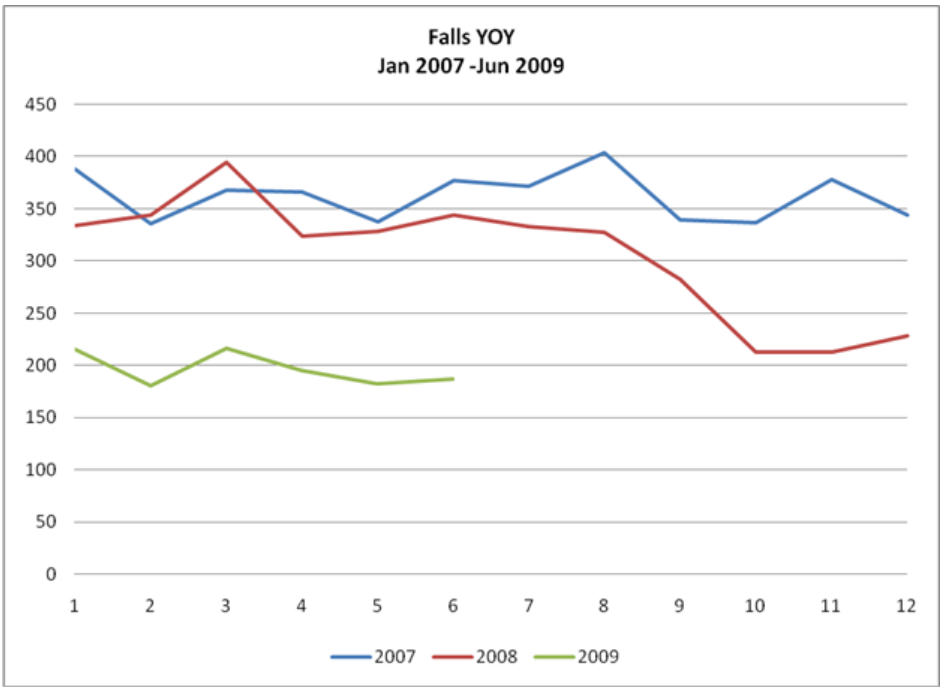
A brief history

In 2005, AMR launched a Senior Fall Awareness campaign to educate at risk Contra Costa County residents and prevent injuries occurring from those falls. In September 2008 AMR published "***Senior Falls Revisited***", which examined the effectiveness of prior education and current education, and whether it had provided benefit to the individuals AMR serves. This project reviewed the data collected initially in 2006, and matched it to the same parameters through June 2008. Based on our findings in 2008, it appeared to only have had minimal impact. Convinced that we were making a positive impact on falls in Contra Costa County, we reviewed the same data parameters through June 2009.

Research and Findings

Among older adults, falls are a serious public health problem. In the United States, one of every three persons over age 65 falls each year [1,2] and two-thirds of those who fall, do so again within six months [3]. As requested in VIII.E.2 of the Contra Costa County EMS contract, the impact of AMR's Health status improvement program is statistically demonstrable. Contra Costa County has seen reduction in the number of falls over the last year and a half (Figure 1). After examining the same criteria as previous years, Contra Costa County AMR ePCR data revealed there were a total of 1,177 falls reported in 2009 from January to July, notably less than the 2,206 during the same time period in 2008 and 2,357 in 2007 (Figure 1). This year marks a 50% reduction in falls since 2007.

Figure 1



According to the Center for Disease control national statistics, 15,800 people sixty five and older died from injuries related to falls in 2005[4]. About 1.8 million people 65 and older were treated in

emergency departments for nonfatal injuries from falls, and more than 433,000 of these patients were hospitalized[4]. Contra Costa County AMR ePCR data shows that out of the sample size of the past year (June 2008 to June 2009) the age at which a person is most likely to suffer a fall is 85 (Figure 2), and those 65 and older face an increased risk. This mimics data collected from Contra Costa County AMR ePCR data from 2005 (Figure 3). Identifying an "at risk" population of people who suffer from falls in Contra Costa County also satisfies section VIII.E.1 of the Contra Costa County EMS contract, which states that AMR's Health status improvement programs target an *"at risk population*."

Figure 2

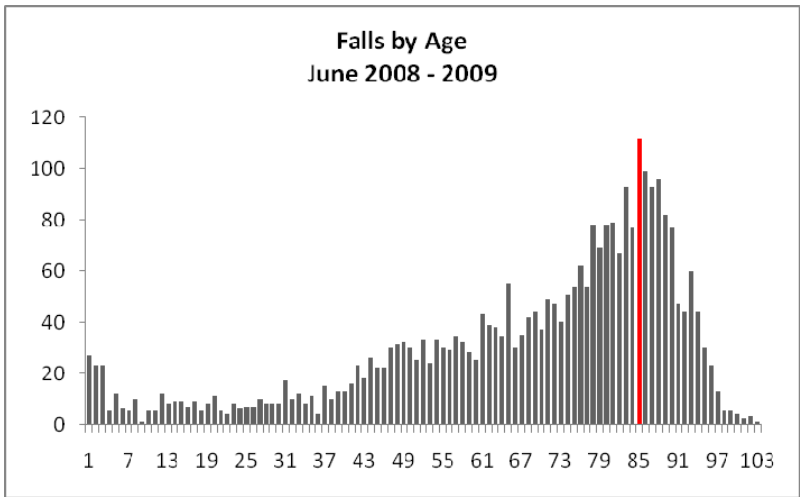
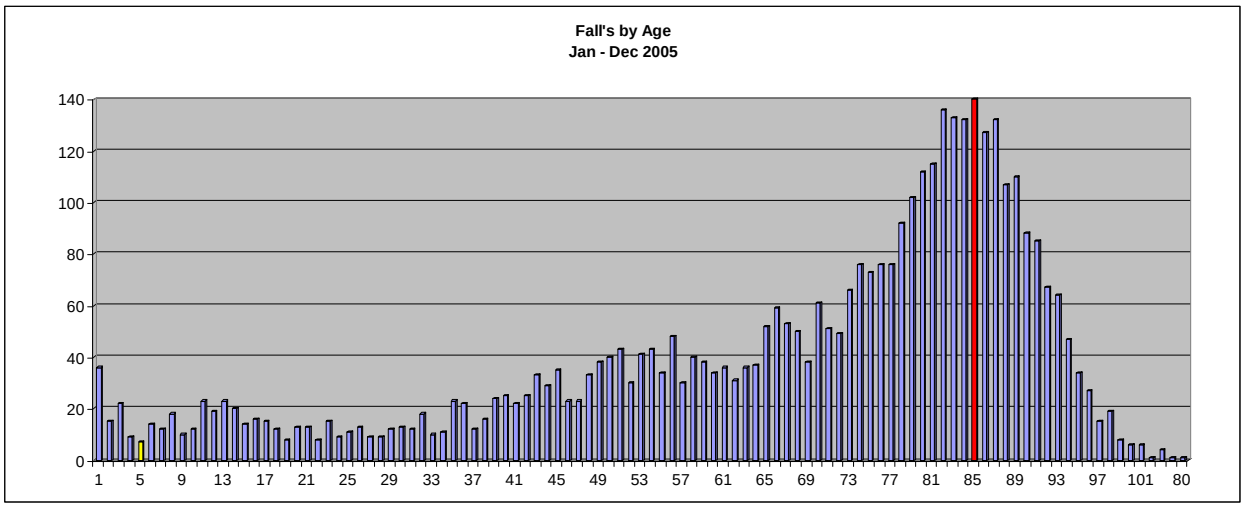


Figure 3



From January 2007 to June 2009, AMR responded to significantly more calls where women had fallen (Figure 4). This was not significantly different from the January 2006 to June 2008 data (Figure 5) where number of recorded calls where men had fallen was roughly a third of what it was for women. However, this data does not take into account length of lifespan differences between men and women. According to the Center for Disease Control and Prevention, the fall fatality rate in 2004 was 49% higher for men than for women[4]; women are 67% more likely than men to have a nonfatal fall injury[4].

Figure 4

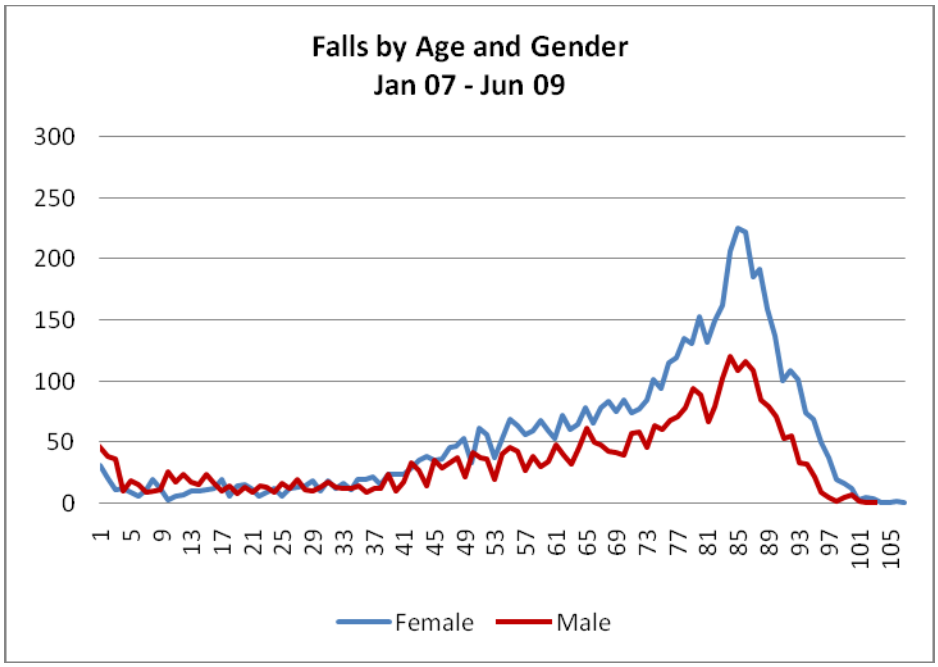
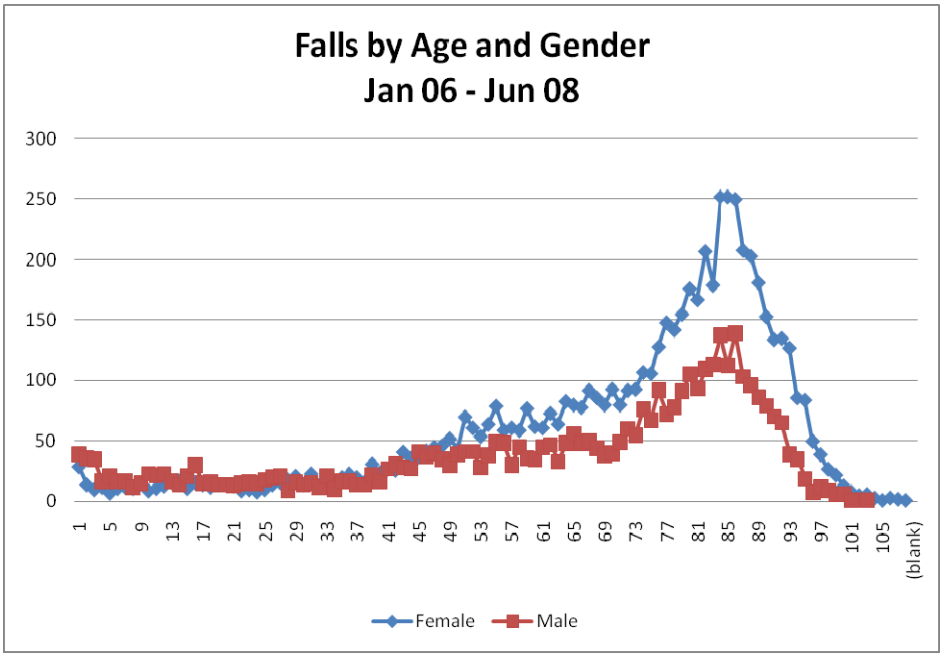


Figure 5



According the data derived from Contra Costa County AMR's ePCR system, falls are most likely to take place in a home or residence (Figure 6). From January 2007 to June 2009, AMR recorded 2059 falls in Contra Costa County that took place in a home or residence. According to the Center for Disease Control and Prevention, the causes of falls can be divided into two categories: personal factors and environmental factors. Personal factors include muscle weakness, balance problems, limited vision, and taking certain medications such as tranquillizers or antidepressants [5, 6, 7]. These factors are roughly unchanged based on environment. Environmental factors, which include home hazards such as clutter, loose rugs or other tripping hazards, poor lighting, especially on stairs, and not having stair railings or grab bars in the bathroom[8], are most present in the home environment.

Other places in Contra Costa County where falls took place were in business and commercial areas (218 falls) as well as Skilled Nursing Facilities and Nursing Homes (223 falls) (Figure 6). This data roughly resembles that from January 2006 to June 2008 (Home/Residence is has the greatest

number of falls, followed by SNF/Nursing Home and Business/Commercial); however, the numbers of falls are lower in the recent data.

Figure 6

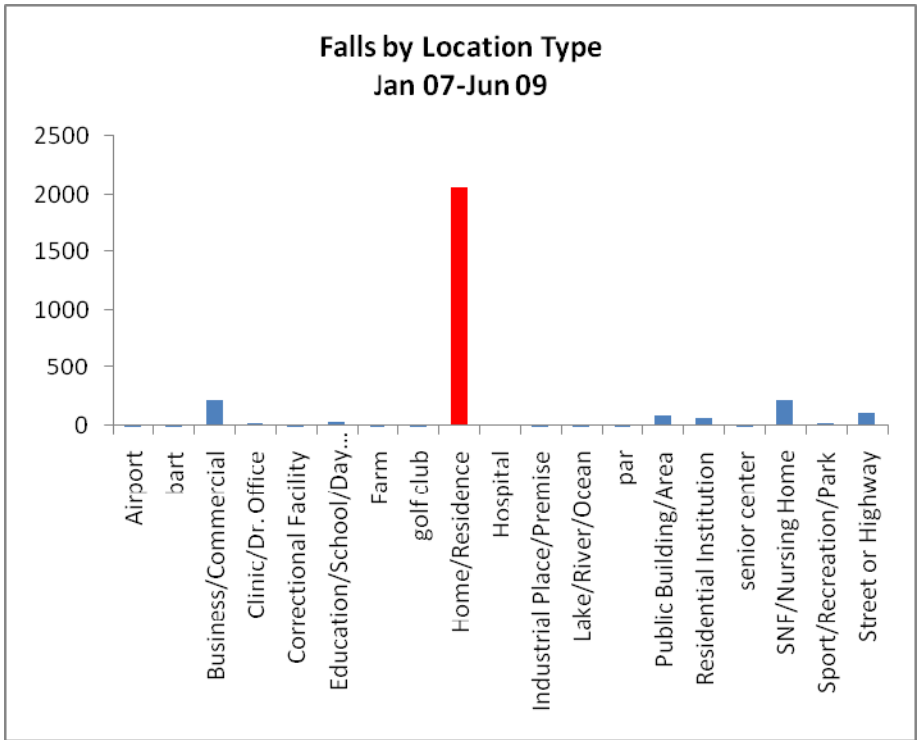
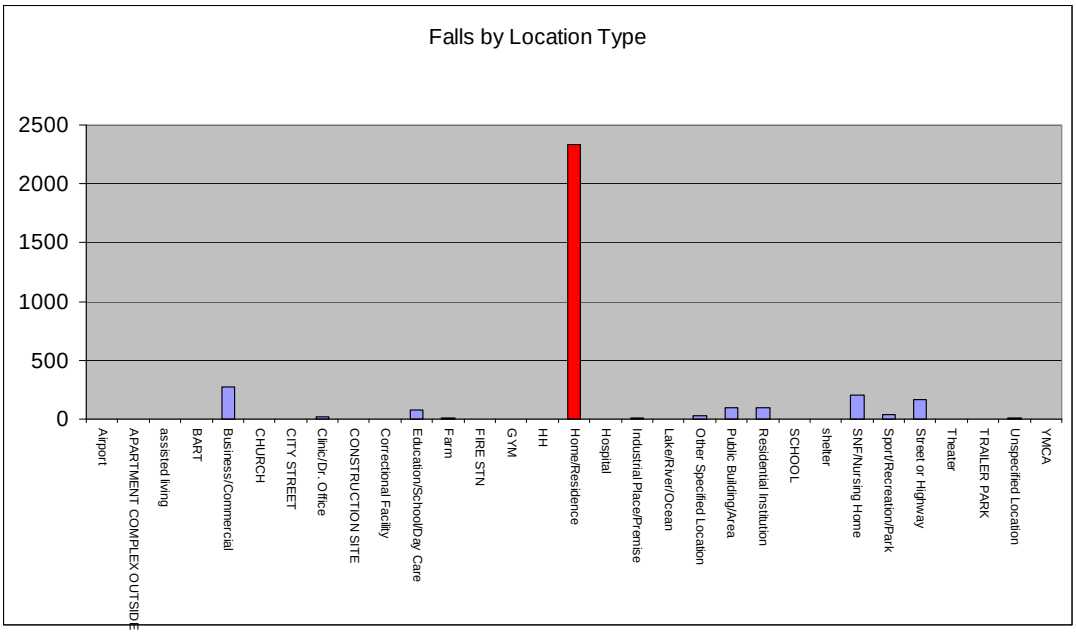


Figure 7



According to the data obtained from Contra Costa County AMR's ePCR data, the cities of Walnut Creek, Concord and Richmond recorded the highest number of falls (Figure 8). The city of Walnut Creek suffered the most falls at 1011, followed closely by Concord at 882 and Richmond at 705. The distribution of falls throughout Contra Costa County differs only slightly from the data collected in 2008 for the same year and a half time period (Figure 9). This consistency can be attributed to the high senior population in these areas; Richmond, Concord and Walnut Creek were also in the top 4 cities for highest percentage of AMR code 3 responses according to a 2007 report, having 13%, 13.7% and 9.8% respectively.

Figure 8

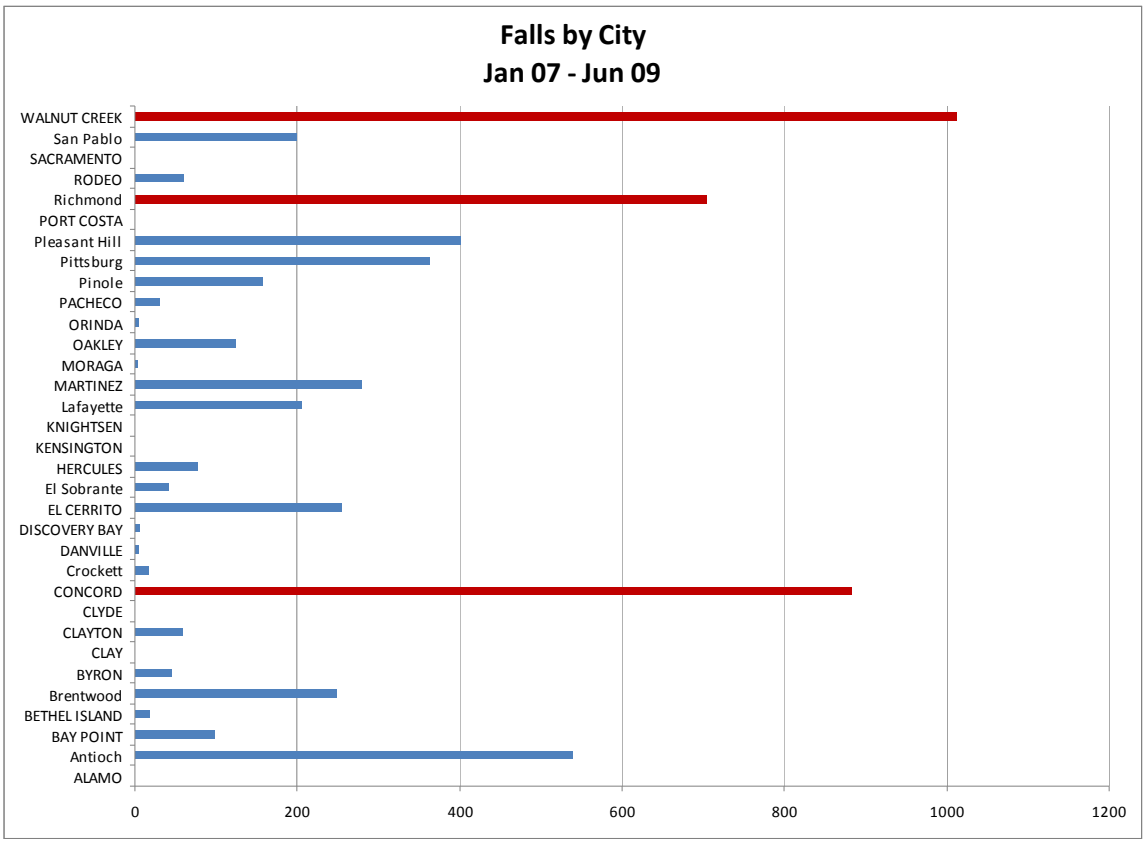
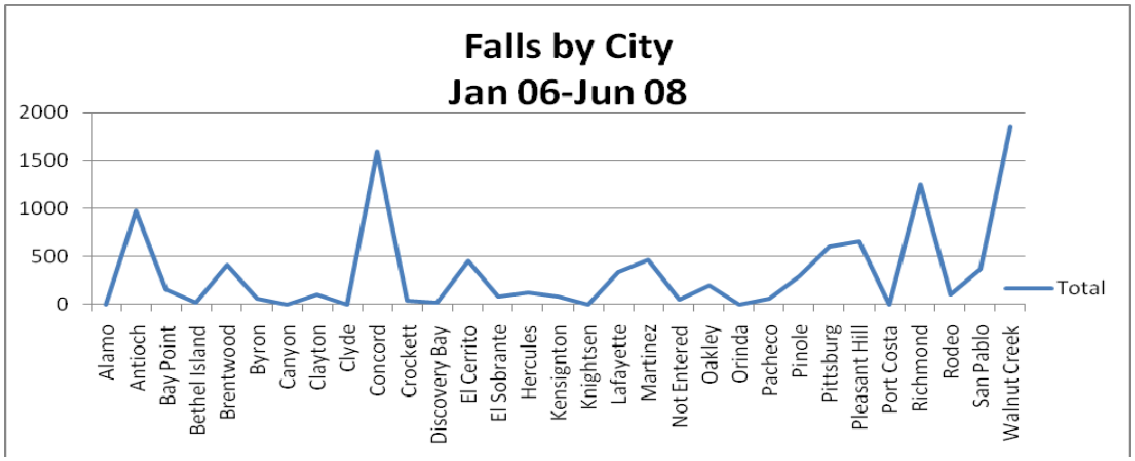


Figure 9



Contra Costa County also sees a spike in the number of fall related calls at 10:00am and 1:00pm (Figure 10). Similar spikes are noted in the January 2006 to June 2008 data, though they appear less pronounced (Figure 11).

Figure 10

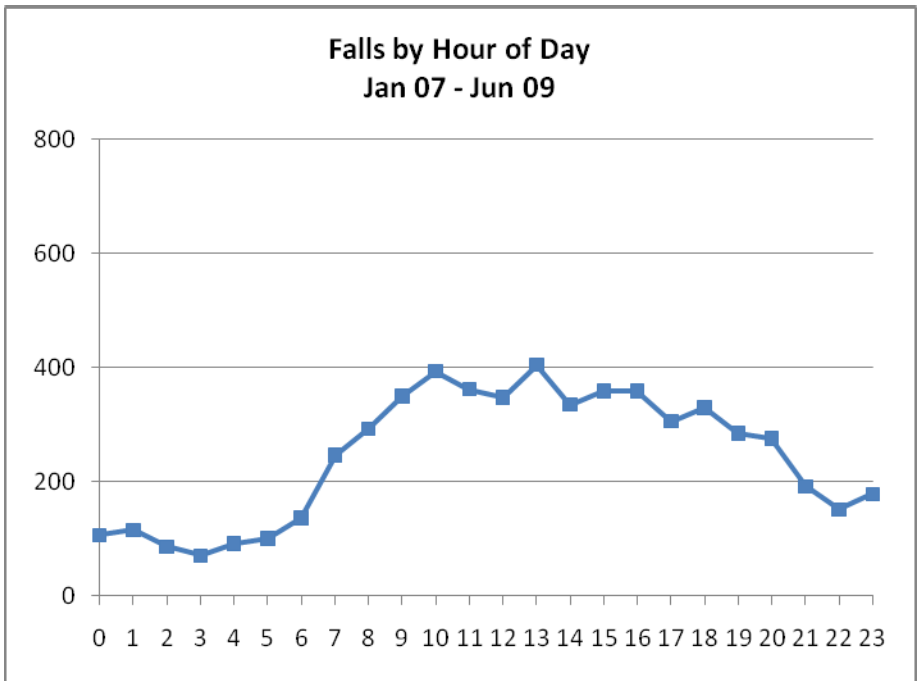
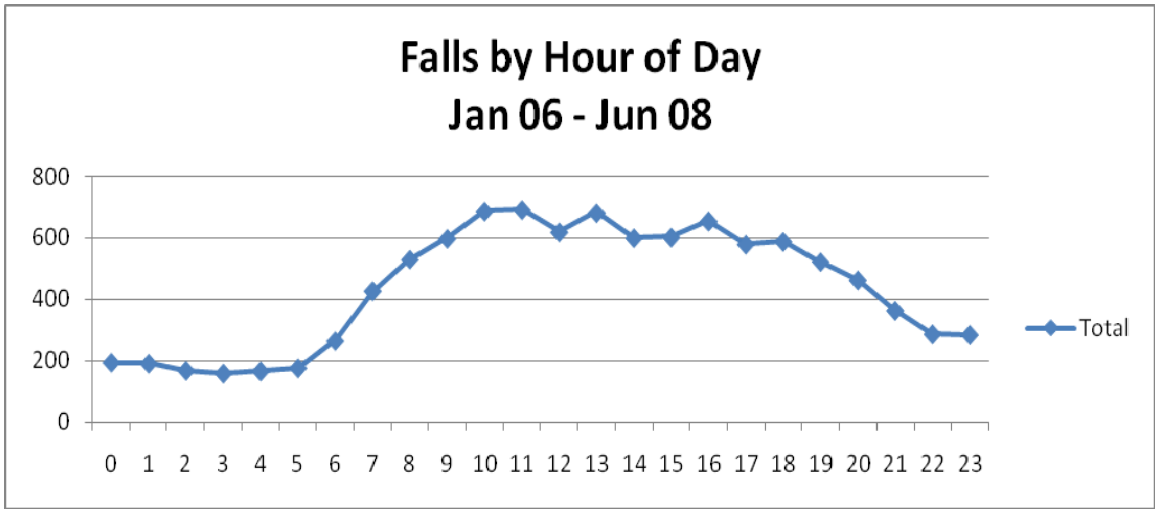
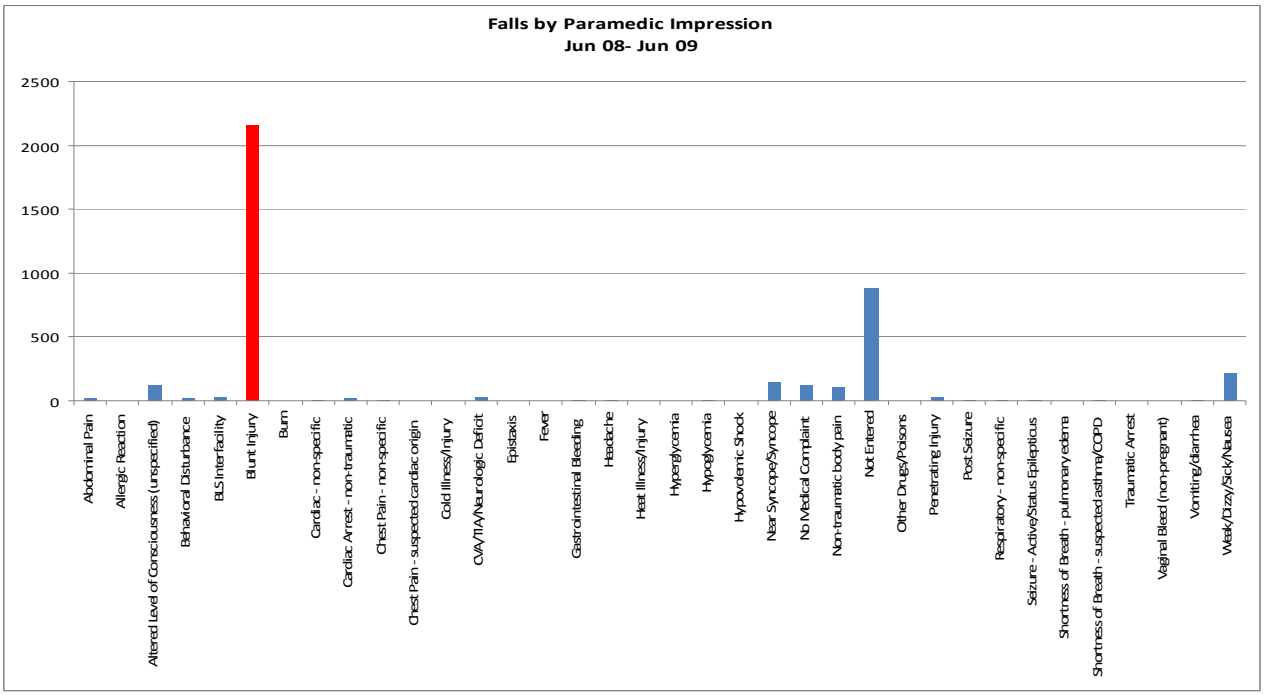


Figure 11



According to AMR ePCR data, the most common paramedic impression is "Blunt Injury", which was the impression for 2157 falls or 87.7% (Figure 12). Twenty to thirty percent of people who fall suffer moderate to severe injuries such as bruises, hip fractures, or head traumas[9]. These injuries can make it hard to get around and limit independent living. They also can increase the risk of early death[10]. Falls are the most common cause of traumatic brain injuries, or TBI[11]. In 2000, TBI accounted for 46% of fatal falls among older adults[12]. Most fractures among older adults are caused by falls[13] and the most common fractures are of the spine, hip, forearm, leg, ankle, pelvis, upper arm, and hand[14]. Even if no injury is derived from the fall, many people who fall develop a fear of falling. This fear may cause them to limit their activities, leading to reduced mobility and physical fitness, and increasing their actual risk of falling.[15]

Figure 12



Community Outreach

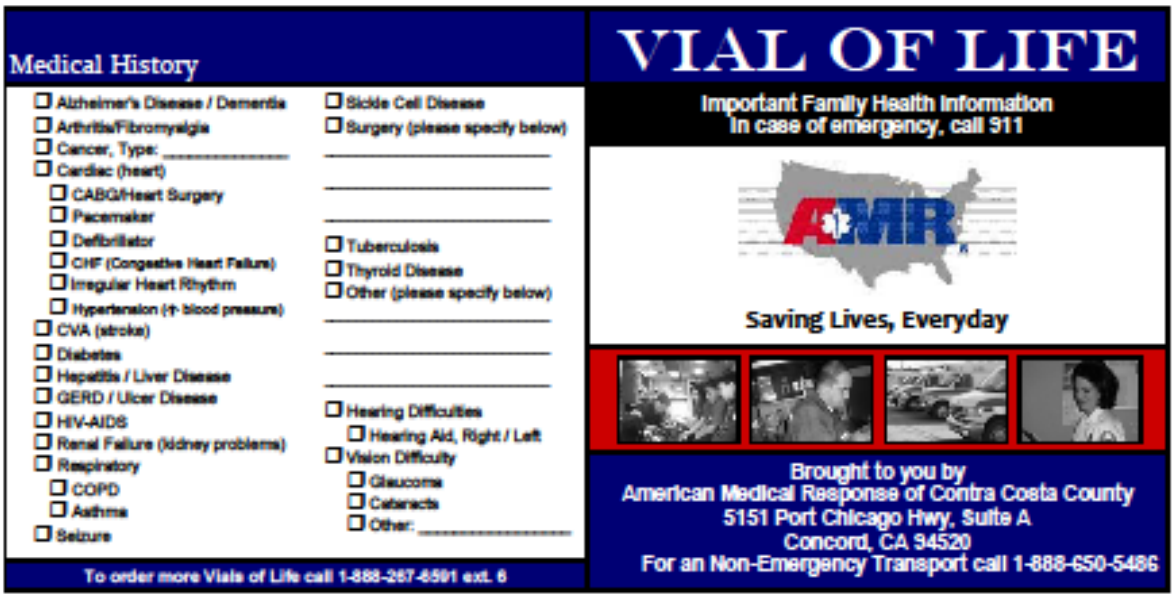
Beginning in October 2008, AMR has been an active participant in the Contra Costa Fall Prevention Coalition. The Contra Costa Fall Prevention Coalition is a public and private partnership with representatives from local agencies and organizations, and spearheaded by Meals on Wheels. Their mission is "to reduce preventable injuries, loss of independence, costs and deaths associated with falls among seniors and people with disabilities by raising awareness and developing fall prevention programs in Contra Costa County." AMR sits on both the Medication Management Sub-Committee and Training and Education Sub-Committees, and subsequemtly has been able to take a frontline approach to decreasing falls in Contra Costa County.

The Training and Education subcommittee has created a door hanger (Figure 13) made for distribution to seniors homes. This targets both categories of factors that cause falls, personal and environmental.

Figure 13

The Medication Management subcommittee has used AMR's "Vial of Life" as a tool to inspire seniors to check their medications for unwanted interactions, a "personal factor" that can cause a fall. The Vial of Life (Figure 14), a tool used by First Responders and AMR's paramedics to rapidly gain information about their patient, contains space for a list of medications (Figure 15). The Medication Management Subcommittee created a website (www.myvialoflife.org) which explains the use of Vial of Life, as well as encourages seniors to take their list of medication to a local pharmacy for a free "drug interaction" check.

Figure 14



Medical History

- ☐ Alzheimer's Disease / Dementia
- ☐ Arthritis/Fibromyalgia
- ☐ Cancer, Type: _____
- ☐ Cardiac (heart)
  - ☐ CABG/Heart Surgery
  - ☐ Pacemaker
  - ☐ Defibrillator
  - ☐ CHF (Congestive Heart Failure)
  - ☐ Irregular Heart Rhythm
  - ☐ Hypertension (↑ blood pressure)
- ☐ CVA (stroke)
- ☐ Diabetes
- ☐ Hepatitis / Liver Disease
- ☐ GERD / Ulcer Disease
- ☐ HIV-AIDS
- ☐ Renal Failure (kidney problems)
- ☐ Respiratory
  - ☐ COPD
  - ☐ Asthma
- ☐ Seizure
- ☐ Sickle Cell Disease
- ☐ Surgery (please specify below)

_____

_____

_____

- ☐ Tuberculosis
- ☐ Thyroid Disease
- ☐ Other (please specify below)

_____

_____

_____

- ☐ Hearing Difficulties
  - ☐ Hearing Aid, Right / Left
- ☐ Vision Difficulty
  - ☐ Glaucoma
  - ☐ Cataracts
  - ☐ Other: _____

To order more Vials of Life call 1-888-267-6591 ext. 6

VIAL OF LIFE

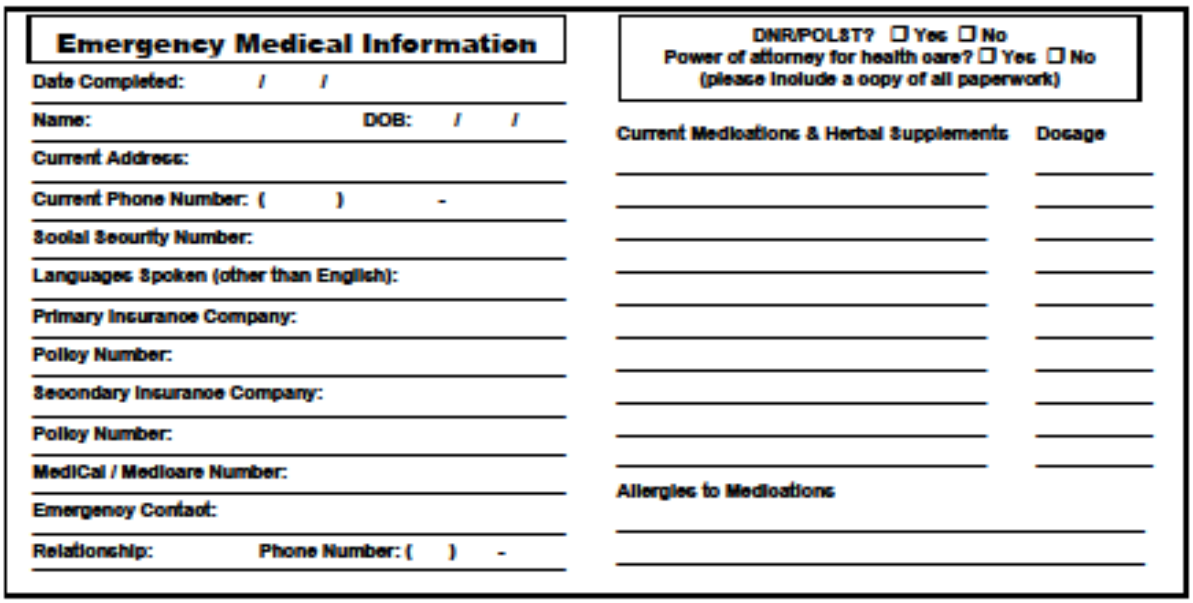
Important Family Health Information
In case of emergency, call 911

AMR

Saving Lives, Everyday

Brought to you by
American Medical Response of Contra Costa County
5151 Port Chicago Hwy, Suite A
Concord, CA 94520
For an Non-Emergency Transport call 1-888-650-5486

Figure 15



Emergency Medical Information

Date Completed: / /

Name: DOB: / /

Current Address:

Current Phone Number: ( ) -

Social Security Number:

Languages Spoken (other than English):

Primary Insurance Company:

Policy Number:

Secondary Insurance Company:

Policy Number:

MediCal / Medicare Number:

Emergency Contact:

Relationship: Phone Number: ( ) -

DNR/POLST? ☐ Yes ☐ No
Power of attorney for health care? ☐ Yes ☐ No
(please include a copy of all paperwork)

Current Medications & Herbal Supplements	Dosage

Allergies to Medications

_____

_____

AMR has also been an integral part in the partnership to declare September 21st through September 25th Fall Prevention Awareness Week in Contra Costa County (Figure 16). AMR sent

personnel to personally receive the proclamations from individual cities in the county at City Council and Board of Supervisor Meetings. The declaration was met with much support.

Figure 16

Future Strategies

AMR will continue to educate men and women, 65 years of age or older as falls are the leading cause of injury deaths and serious injuries in this age group (4).

To follow a project that has taken off in Alameda County, AMR plans to implement a BLS Provider Script on Fall Prevention. This project will target seniors returning home after being hospitalized after a fall (Figure 17).

Figure 17

CONVERSATION SUGGESTIONS FOR BLS TRANSPORTS OF OLDER ADULTS FROM FACILITY TO HOME

This conversation is appropriate to have with the patient and/or their care providers.

We have some information that will help you identify services that you may find helpful while you are recovering. There are also resources and information to help care givers. Many of the services are provided by the county and are low-cost or free of charge.

Adult Day Services and Caregiving packet

We've included a booklet that gives you information about transportation options that will come in handy if you need assistance getting around the county. It's broken down by city so you can see what's available to you locally.

Access Alameda

It's also important to understand that because you've been (ill/injured) your risk for having a fall is greater until you have completely recovered. We have some additional information that will help you understand how to lower your risk of falling.

Falls Manual

It's very important to make sure that you completely understand which medications you should be taking and how to take them.

Suggestions for understanding your medications include:

- ✓ Talk to your doctor or pharmacist about medications you were taking before you were in the hospital
  - ➢ Should you continue taking them in addition to any new meds you were sent home with
- ✓ Make a list of all your medications – including any herbal remedies and over the counter medications *(show Medication Management Form)*
  - ➢ Take the list to a pharmacist and ask them to review it – they are happy to help
  - ➢ Always take the list with you to doctor's appointments so he/she can cross off medications that you no longer need
  - ➢ Ask your doctor or pharmacist to answer the questions listed on the back of the form
- ✓ Never mix any new medications (including over the counter) unless you have talked to your doctor or pharmacist first
- ✓ Always take medications exactly as described by your doctor or pharmacist
- ✓ If you don't completely understand how to take a med, call your doctor or pharmacist
- ✓ If a new medication makes you feel ill, call your doctor immediately

Medication Management Form & Med Mgmt booklet

For more information about services available to you call Adult & Aging Services

Senior Information and Assistance Magnet

In connection with the BLS Provider Script, AMR also plans to hand out referral cards for the Fall Prevention Coalition's Home Safety Check service. The example below (Figure 18) is a card used by Contra Costa County Fire.

Figure 18

AMR, in partnership with the Fall Prevention Coalition, plans to create an initiative like the Heart Safe Community Initiative by creating "Fall Free Zones". The Heart Safe Community Initiative, created my the American Heart Association, rates communities in how well they are prepared to handle a Sudden Cardiac Arrest. Communities are given points for their preparedness in the "Chain of Survival". The Fall Free Zones will function in a similar way, but will target the causes of falls, like uneven sidewalks.

Summary

AMR will continue to partner with local agencies to prevent falls in Contra Costa County. It is inspiring how much headway has been made in the past year in reducing Falls in Contra Costa County, and we are honored to be at the forefront of spreading awareness in the community we serve.

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“Cardiac Safety in Contra Costa County”

American Medical Response

Health Improvement Project

by

Joanne Leibe, Community Outreach Coordinator

&

John Harke, Data Analyst

Contra Costa County EMS Contract year October 2009-2010

Synopsis

American Medical Response (AMR) gathered pre-hospital data from its Electronic Patient Care Reports (ePCRs) in 2008, 2009 and 2010. We have examined the data through June 2010 to determine if changes have occurred, gain insight into the cardiac calls in Contra Costa County and into the effectiveness of our Automated External Defibrillation Program and Community CPR Classes.

A brief history

In 2005, AMR launched its Automated External Defibrillator and Community CPR Donation program. Each year AMR donates 25 AEDs and 30 CPR Classes to the citizens of Contra Costa County.

Research and Findings

According to the American Heart Association, Survival from sudden cardiac arrest is directly linked to the amount of time between the onset of sudden cardiac arrest and defibrillation. If no bystander CPR is provided, a victim's chances of survival are reduced by 7 to 10 percent with every minute of delay until defibrillation. As requested in VIII.E.2 of the Contra Costa County EMS contract, the impact of AMR's Health status improvement program is statistically demonstrable.

Contra Costa County AMR ePCR data revealed that the number of 911 calls has declined since 2008 (Figure 1), dropping almost 1000 calls per 6 month period from 2008 to 2010. The same downward trend is seen in the number of cardiac calls (Figure 2), were there is a 700 call drop from the second half of 2008 to first half of 2010.

Figure 1

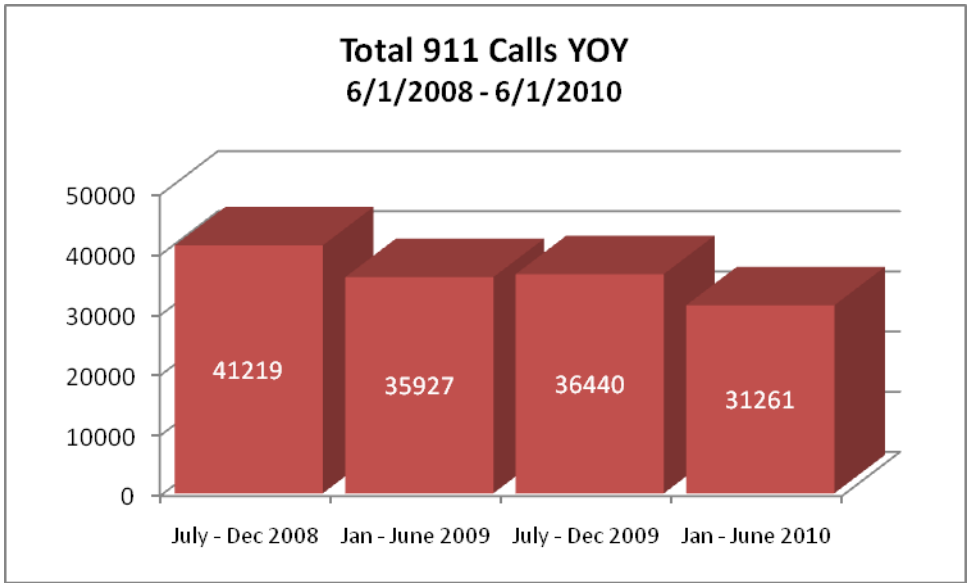
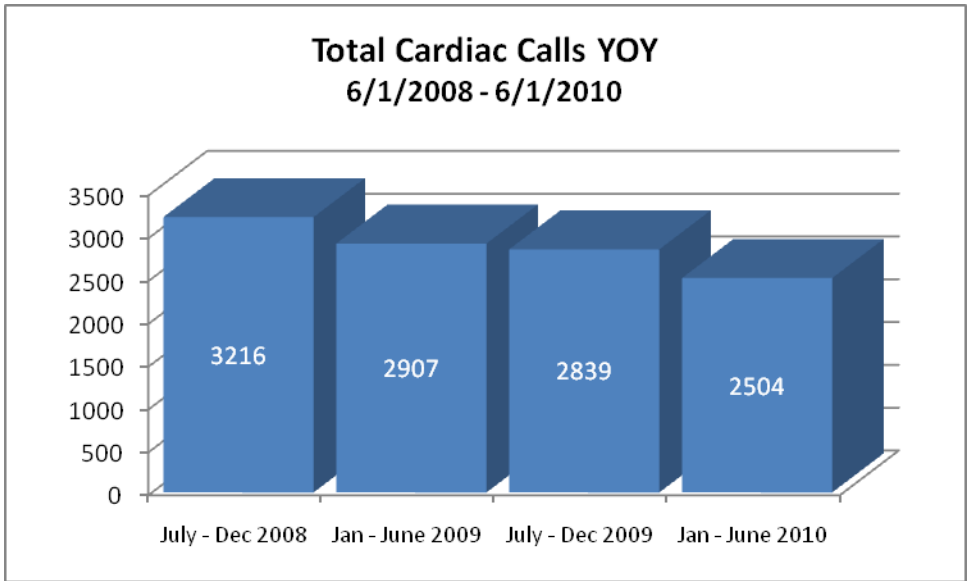


Figure 2



More than 50% of the 911 calls were for people over the age of 60 years old (Figure 3).

Figure 3

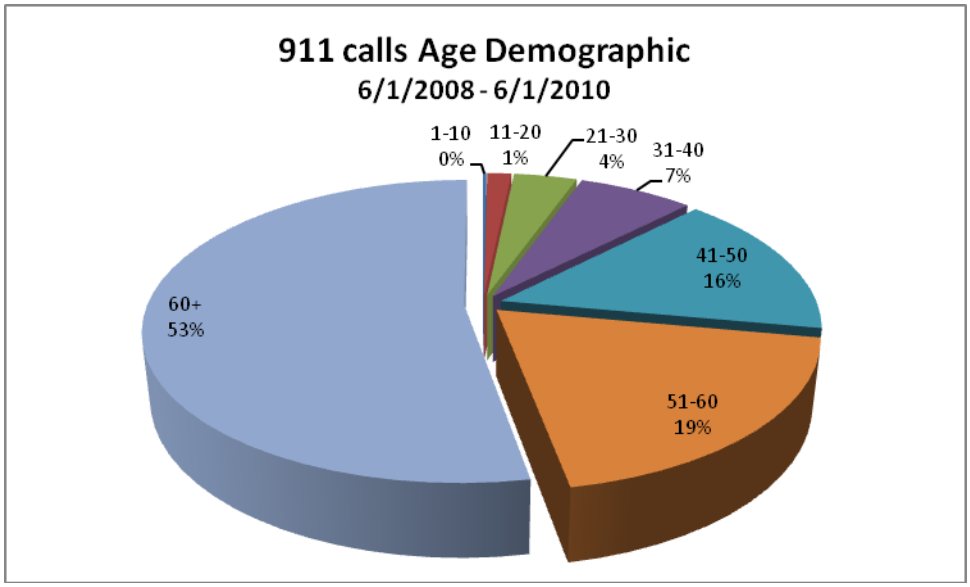


Figure 4

From July 2008 to June 2009, AMR responded to significantly more calls where women had suffered a cardiac event (Figure 4). This discrepancy is also shown when the data is broken down into 6 month periods (Figure 5). However, this data does not take into account length of lifespan differences between men and women.

Figure 5

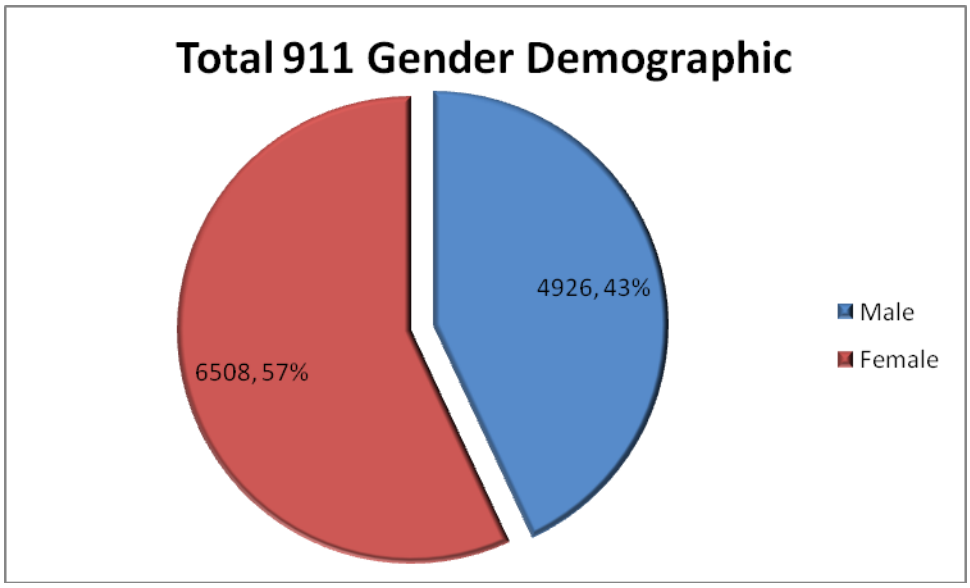
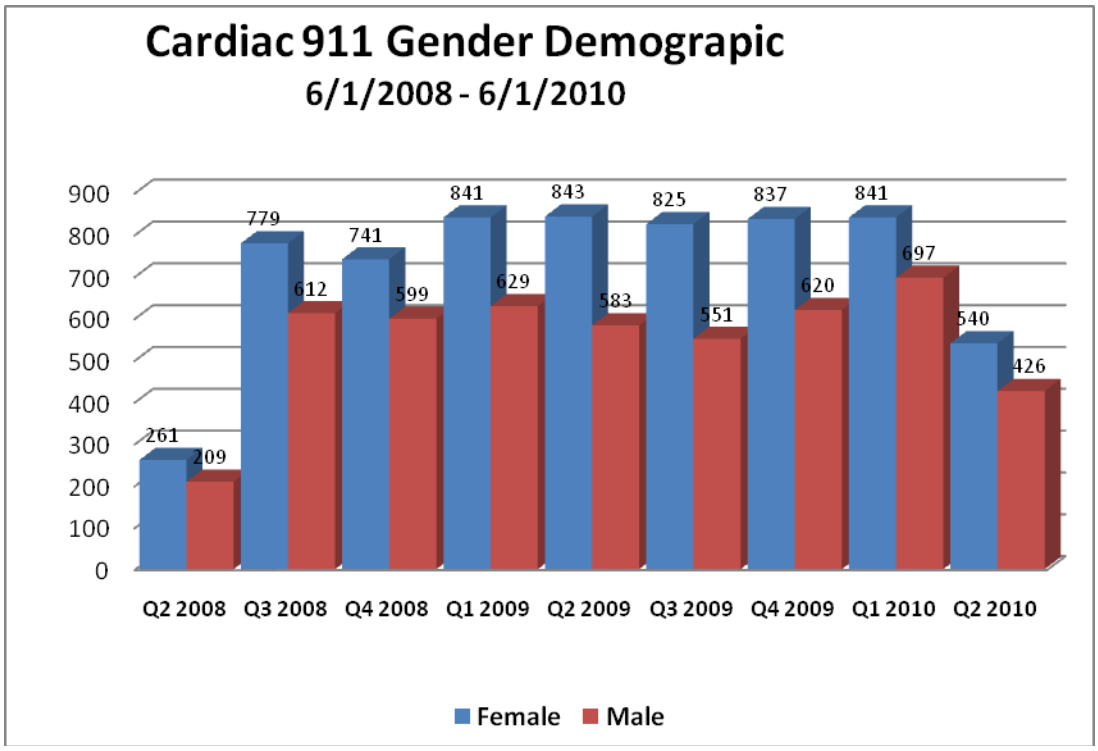
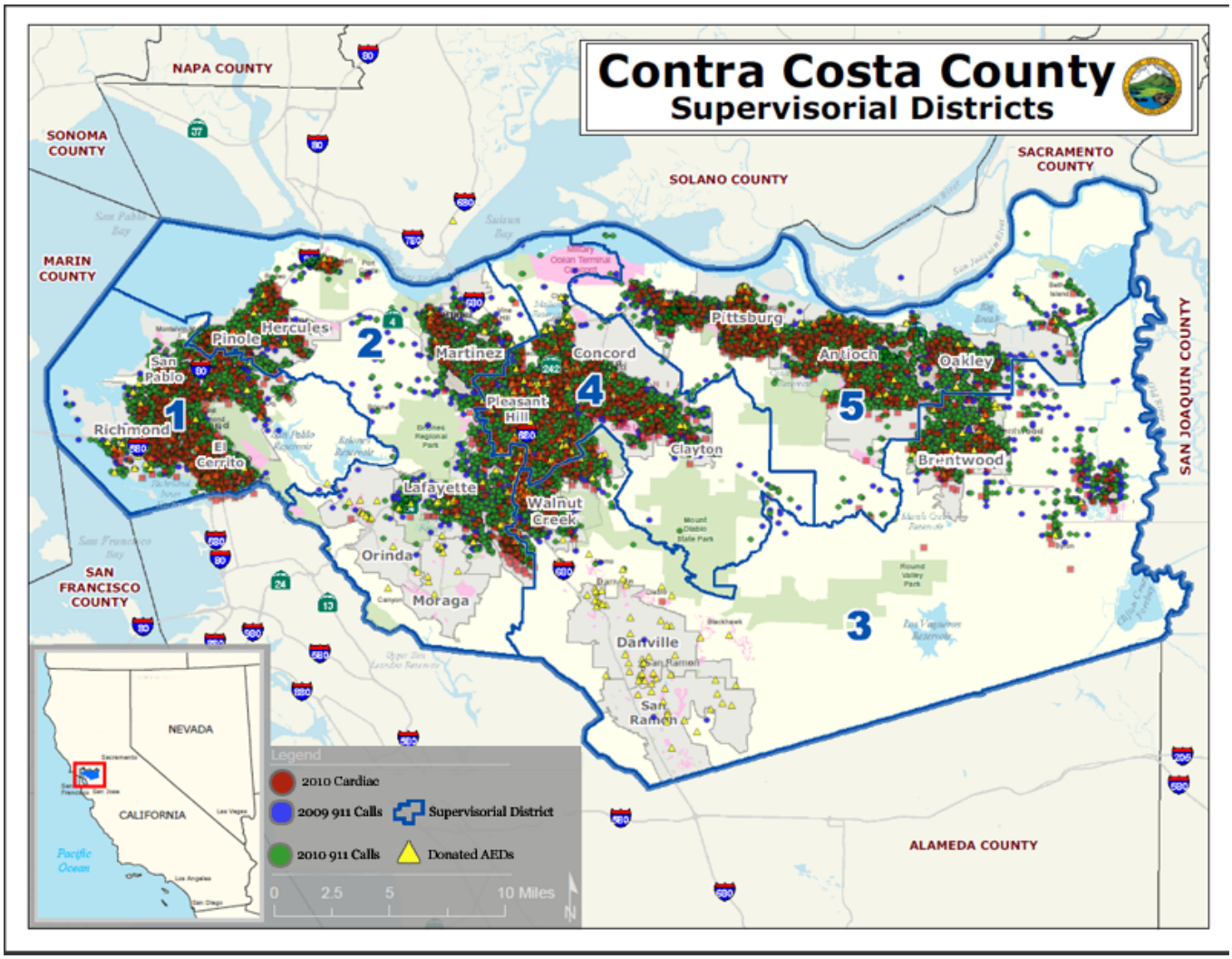


Figure 5



Since October of 2005, AMR has donated 118 AEDs to public organizations in the areas of Contra Costa County that it serves. Figure 6 shows a map of all the AEDs that are registered with the county (both donated and purchased), in addition to 911 and cardiac calls from AMR ePCR data.

Figure 6



Community Outreach

Beginning in October 2005, AMR has actively strived to increase the survival rate of cardiac events. According to the American Heart Association, "effective bystander CPR, provided immediately after sudden cardiac arrest, can double or triple a victim's chance of survival." (http://www.heart.org/HEARTORG/CPRAndECC/WhatisCPR/CPRFactsandStats/CPR-

Statistics_UCM_307542_Article.jsp). AMR has provided CPR Classes throughout Contra Costa County to increase the survival rate of the citizens we serve. In 2009, AMR provided 36 CPR classes to locations around the county.

Additionally, AMR has actively recruited public facilities that would benefit from having AEDs.

Future Strategies

AMR will continue to provide free Community CPR Classes and donate AEDs to public organizations throughout Contra Costa County.

AMR has recently partnered with the Darius Jones Foundation, an organization created by Monique Bradley, the mother of Darius Jones, a 16 year old who passed away from Sudden Cardiac Arrest during a basketball tournament. Together, we will focus on placing AEDs in high schools though out the County. AMR supplied AEDs to both the Mount Diablo and West Contra Costa School Districts in 2009. In 2010, we will focus on Liberty Union School District in Brentwood.

The Heart Safe Community Initiative, created my the American Heart Association, rates communities in how well they are prepared to handle a Sudden Cardiac Arrest. Communities are given points for their preparedness in the "Chain of Survival". AMR has actively supported the Heartsafe Initiative by supplying communities with CPR classes and AEDs, and will continue to do so in 2010.

Summary

AMR will continue to partner with local agencies to prevent increase the survival from Sudden Cardiac Arrest in Contra Costa County.

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