



# FACE SHEET

## EXHIBIT A FACE SHEET

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

This is a proposal to contract with Contra Costa County to provide emergency medical and ALS interfacility ambulance services.

**Name of Proposer:** Contra Costa County Fire Protection District

**Db:** \_\_\_\_\_

**Type Of Organization:** ☐ Corporation ☐ LLC ☐ Partnership ☒ Other Fire Protection District,  
formed and existing under the laws of the State  
of California

**Date Founded Or Incorporated:** 12 / 29 / 1964

**Legal Address:** 2010 Geary Road

Pleasant Hill, California 94523

**Phone:** (925) 941 - 3300 ext.: \_\_\_\_\_ **Fax:** (925) 941 - 3319 (Required For Notification)

**Federal Tax Identification Number:** 94-6000509

**Contact person:** Jeff Carman

**Title:** Fire Chief

**Phone:** (925) 941 - 3501 **E-Mail:** jcarm@cccfd.org

**Address For Mailings:** (If different from above):

**Authorized Signature:** \_\_\_\_\_

**Date Submitted:** 4 / 22 / 15

**Print Name:** Jeff Carman

**Title:** Fire Chief



EXHIBIT A  
FACE SHEET

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

This is a proposal to contract with Contra Costa County to provide emergency medical and ALS interfacility ambulance services.

Name of Proposer: American Medical Response West

Dbas: American Medical Response (AMR)

Type Of Organization: ☒ Corporation ☐ LLC ☐ Partnership ☐ Other \_\_\_\_\_

Date Founded Or Incorporated: 05/27/1992

Legal Address:

6200 South Syracuse Way

Suite 200

Greenwood Village, Colorado 80111

Phone: (877) 244-4890 ext.: \_\_\_\_\_ Fax: (303) 495-1466 (Required For Notification)

Federal Tax Identification Number: 77-0324739

Contact person: Thomas Wagner

Title: Regional Chief Executive Officer, AMR West

Phone: (952) 602-1300 E-Mail: thomas.wagner@amr.net

Address For Mailings: (If different from above):

5151 Port Chicago Highway

Concord, California 94520

Authorized Signature: 

Date Submitted: 05/07/2015

Print Name: Thomas Wagner

Title: Regional Chief Executive Officer, AMR West



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# SECTION 1. EXECUTIVE SUMMARY

## ***The delivery of Emergency Medical Services is evolving in Contra Costa County.***

The present and future needs of Contra Costa County's Emergency Medical Services (EMS) presents unique opportunities for innovation and resource alignment. In response to these opportunities, Contra Costa County Fire Protection District (CCCFPD) is delighted to submit a proposal to become the Exclusive Operator for Emergency Ambulance Services for Contra Costa County (hereafter referred as the "County"). As the primary bidder, we recognized the power of existing system leaders and have strategically aligned with American Medical Response West (AMR) through a subcontracting agreement. Together, our organizations form **Contra Costa County Fire and EMS, or "the Alliance."**



**Contra Costa  
County Fire and  
EMS - the Alliance**

***Never before has the County's EMS system been fully-integrated as presented by Contra Costa County Fire & EMS - the Alliance. This system design offers innovative and collaborative enhancements that will positively impact the overall system performance and quality of patient care.***

We found AMR to be best suited to join us in serving the County because they have been providing reliable, sustainable EMS services as your local provider for many years. Their experience as your current provider, along with their successful record of accomplishment locally and nationally was integral in our decision to form the Alliance. In addition, we already have an established and trusted relationship with AMR because we respond together. Therefore, it makes sense that we would leverage our combined resources and expertise to execute on identified/needed operational improvements, increasing quality of care and decreasing costs for the County.

Both our organizations have paved the way for historical improvements in the County's EMS System. We have shared the roads together and both possess an intimate understanding of emergency medicine in the County. Together, no other provider can match our combined existing infrastructure, organizational leadership, customer service, or commitment to public protection. These distinguishing attributes, along with experienced caregivers and local knowledge, make clear that Contra Costa County Fire and EMS is the logical solution for pre-hospital care in the County.

***For the purpose of this proposal and for the ease of review, we will refer to ourselves as Contra Costa County Fire and EMS or the Alliance. This terminology shows our intent to combine the resources of our two entities (CCCFPD and AMR) to deliver integrated solutions to the County. Henceforth in this proposal, we will only reference CCCFPD and AMR in sections that required full transparency or if we specifically refer to items that are trademarked or proprietary to one of the organizations.***



## On the Road Together: A Rich History of Service and Experience

Our history, both independently and jointly, prove our longstanding investment to improve and serve the County. We understand the delicate balance of emergency medicine practice and effective and timely EMS system delivery. The Alliance represents the County's most established and essential response organizations. We have an extensive history of taking every opportunity to advance the quality and level of First Response and EMS for hundreds of thousands of families and individuals who live, work, and recreate in the County.

As a Fire Protection Services agency, we have been a reliable, respected public safety provider for over **50 years**, dating back to the merger between the Central Fire Protection District and the Mt. Diablo Fire Protection District. As a local EMS provider, we have nearly **70 years** of experience through predecessor companies. Collectively, the Alliance brings over **120 years** of unmatched service and experience in the County.

Furthermore, our commitment to hire and retain competent personnel paints a picture of our historical growth to meet the needs of the community. Since our inception, our Fire Protection Services organization has grown significantly, currently staffing **335** personnel of which **101** are Paramedics and **158** EMTs, operating out of **24** fire stations. As a reliable, sustainable local EMS services provider, our local operations currently employs approximately **275** paramedics and EMTs and handles an average of **80,000** ambulance calls annually. Across the Alliance, we have over **500** personnel, meeting the needs of the sick and injured in the County.

Through the years of service, we have gained invaluable experience serving the County while continually evaluating our operational standards and practices to ensure excellence in all-hazards service. Additionally, we have developed strong relationships with the Local Emergency Medical Services Authority (LEMSA), patients, government officials, citizens, healthcare providers, and many of the individuals for whom we have provided care.

## An Integrated Alliance Forms to Share Reliable Resources

The Alliance will work hand-in-hand with the County and LEMSAs, to offer **full system integration for the community**. This level of cohesion will blend all of our strengths to maximize the level of support provided to the community. This integrated system will achieve the following features and enhancements:

- Single-source dispatch
- Integrated oversight for first response and transportation
- Consistent training for all providers
- Common and shared language and response culture
- Eliminate redundancy in service
- Single command structure
- Collective approval of operations, logistics, planning, and finance activities
- Cooperative response environment
- Shared facilities, reducing response costs, maximizing efficiency, and minimizing communication breakdowns
- One (1) consolidated Incident Action Plan (IAP) for responders

### AT-A-GLANCE

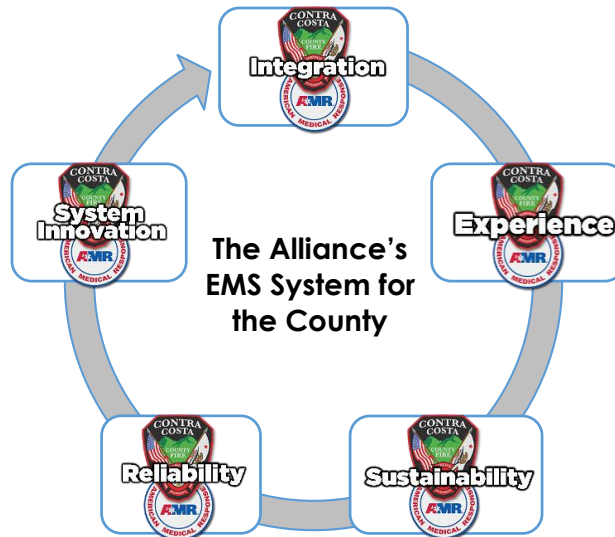
**24** Fire Stations  
**335** Fire Personnel  
**275** Paramedics and EMTs  
**80,000** Ambulance Calls  
**Over 120** Years of Combined Service



## An Innovative and Sustainable Solution for the Future of Contra Costa County

Ultimately, this next generation EMS model is designed to ensure the County's patients safe and timely medical care and transportation while creating a positive patient experience through caregivers and responders who are trained to provide comfort during the most vulnerable times of need. Regardless of any challenges we may face, the Alliance will strategically resolve them together.

Our vision for Contra Costa County EMS is a system that is **Sustainable, Reliable, Integrated, Innovative, and Experienced**. Throughout our proposal, we focus on this vision as the framework for our future system management.



Our EMS experience in the County uniquely positions us with capabilities that extend beyond the RFP requirements. We know and understand the citizens of Contra Costa County, the structure and landscape of the communities, the healthcare system, and the culture of the region. This familiarity qualifies us as a beneficial, long-term contributor to the continued sustainability of the local EMS system. A few of the benefits of selecting us as your EMS partner include the following:

- **Unparalleled Local Experience and Workforce** – Our extensive history and proven track record of meeting response time standards in the County uniquely positions us to build upon our success and better serve the needs of the County. In addition, our personnel are intimately connected to the community because the County is their home. Compassionate and receptive to the needs of the County, we will invest in the trust built throughout our longstanding partnership.
- **Tenured, Dedicated Leadership Team** - Our leadership team consists of a group of highly qualified, dedicated, and experienced individuals who live and work in the local community, delivering hands-on customer service and care. During our decades of providing services in the area, our dynamic and experienced local leadership team has proven its commitment and will ensure that we provide successful prehospital patient care for the County's residents and visitors in the years ahead.
- **System Innovation** – We are a pioneer of implementing new, innovative technology that is designed and proven to improve operational and clinical practices. As your partner, we will remain dedicated to investing capital in technology and equipment to guarantee we have long-term, sustainable solutions for the constant changes in healthcare. Through this dedication, we will ensure exceptional EMS services, providing you with world-class patient care in a compassionate and financially responsible manner



## A Higher Level of Commitment to the County

We also understand the importance of reviewing a provider's experience, financial stability, available resources, and commitment and dedication to the community. We kept this in mind when we developed our proposal, showcasing our commitment to the County now and in the years ahead. Throughout our proposal, we highlight value-added solutions that not only align with the RFP's Competitive Criteria, but also display our higher level of commitment to the County.

As you read through our responses to your RFP requirements, please note our "Contra Costa County Higher Level of Commitment Callouts" (an example pictured to the right). These callout symbols align with our vision for the future of EMS in the County, while bringing attention to sections of our proposal that highlight our higher level of commitment as your provider.



As an authorized representative of the bidding entity, CCCFPD, I am legally authorized to contractually bind the firm. With this Executive Summary, CCCFPD specifically affirms its full understanding and acceptance of all terms set forth in the RFP, including the financial projections in our proposal. We certify the completeness and accuracy of all information supplied. We have not violated any conflict of interest statutes or ordinances. Our proposal is a firm and binding offer to perform the services stated under the conditions specified.

We view this opportunity to submit a proposal as both a privilege and a responsibility. With experienced local caregivers and responders, a knowledgeable leadership team, and a customer-focused organization with regional and national expertise, we are confident that we will be an enthusiastic and collaborative partner with the County. We encourage you to contact us with any questions or concerns and are happy to meet in person to discuss our proposal and/or elaborate on any particular aspects of our submittal. We are truly honored to submit this proposal to become the County's Exclusive Operator for Emergency Ambulance Services.

Respectfully submitted,

---

**Name:** Jeff Carman  
**Title:** Fire Chief  
**Phone:** 925-941-3500  
**Email:** jcarm@cccfd.org



# SECTION II. SUBMISSION OF REQUIRED FORMS

## A. INSURANCE CERTIFICATES

### CCCFPD Insurance

We have provided a letter and our insurance certificate as **Exhibit No. 1** of this proposal's Exhibits Binders.

### AMR Insurance

For a copy of AMR's current insurance certificate, please refer to **Exhibit No. 1** of this proposal's Exhibits Binder.





## B. DEBARMENT & SUSPENSION CERTIFICATION

### 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:** Contra Costa County Fire Protection District

**Proposer Signature:** 

**Title:** Fire Chief

**Date:** 4/22/15



## 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:** Thomas Wagner

**Proposer Signature:** 

**Title:** Regional Chief Executive Officer, AMR West

**Date:** 05 /07/2015



## C. REFERENCES

Company Name:	Contra Costa County
Address:	1340 Arnold Dr. #126
City, State, Zip Code:	Martinez, CA 94553
Contact Person:	Patricia Frost, RN, MS, PNP
Telephone Number:	( 925 ) 313 - 9554
Service Provided:	9-1-1 ALS
Dates/Type of Service:	11 / 3 / 1997 ,

Company Name:	Napa County
Address:	2344 Old Sonoma Road, Building G
City, State, Zip Code:	Napa, CA 94559
Contact Person:	Dr. Karen Smith
Telephone Number:	(707 ) 253 - 4270
Service Provided:	9-1-1 ALS and IFT ALS
Dates/Type of Service:	1 / 2 / 2012 ,

Company Name:	San Joaquin County
Address:	San Joaquin County EMS Agency, P.O. Box 220
City, State, Zip Code:	French Camp, CA 95231
Contact Person:	Dan Burch
Telephone Number:	(209 ) 468 - 6818
Service Provided:	9-1-1 ALS and BLS
Dates/Type of Service:	05 / 1 / 2021 ,



Company Name:	San Mateo County
Address:	225 37th Avenue
City, State, Zip Code:	San Mateo, CA 94403
Contact Person:	Nancy LaPolla, EMS Administrator
Telephone Number:	( 650 ) 573 ____ - 2 921 ____
Service Provided:	9-1-1 ALS
Dates/Type of Service:	<u>1</u> / <u>1</u> / 1999,

Company Name:	Sonoma County
Address:	Coastal Valley EMS Agency,
City, State, Zip Code:	195 Concourse Boulevard, Santa Rosa, CA 95403
Contact Person:	Bryan Cleaver, EMS Administrator
Telephone Number:	( 707 ) 565 ____ - 6501 ____
Service Provided:	911 ALS and ALS IFT Services
Dates/Type of Service:	<u>6</u> / <u>30</u> / 2016,

Company Name:	Sierra-Sacramento Valley EMS Agency
Address:	5995 Pacific Street
City, State, Zip Code:	Rocklin, CA 95677
Contact Person:	Victoria Pinette, Regional Executive Director
Telephone Number:	(916) 625 1702
Service Provided:	ALS & BLS
Dates/Type of Service:	<u>12/16/2015</u>



## D. INVESTIGATIVE AUTHORIZATION-INDIVIDUAL

### EXHIBIT D INVESTIGATIVE AUTHORIZATION – INDIVIDUAL

The undersigned, being Fire Chief (title) for Contra Costa County Fire Protection District (entity), which is a prospective Contractor to provide Emergency Ambulance Services to Contra Costa 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 Contra Costa 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: 4/22/15

Individual Name

### ACKNOWLEDGEMENT

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

*See attached  
Acknowledgment*

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: \_\_\_\_/\_\_\_\_/\_\_\_\_



# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

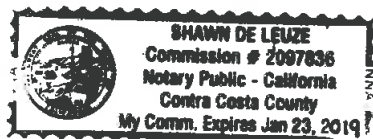
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of Contra Costa )  
On 4/22/2015 before me, Shawn deLeuze Notary Public  
Date Here Insert Name and Title of the Officer  
personally appeared Jeff Carman  
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.

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 [Signature]  
Signature of Notary Public

Place Notary Seal Above

## OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

### Description of Attached Document

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_



**EXHIBIT D**  
**INVESTIGATIVE AUTHORIZATION – INDIVIDUAL**

The undersigned, being CEO (title) for AMR West (entity), which is a prospective Contractor to provide Emergency Ambulance Services to Contra Costa 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 Contra Costa 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: 05 / 07 / 2015

Individual Name Thomas Wagner

**ACKNOWLEDGEMENT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

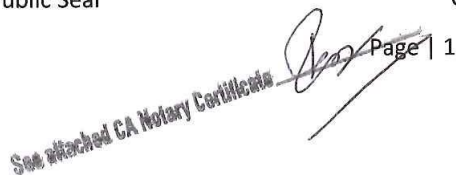
On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public in and for said County and State, personally appears \_\_\_\_\_ to me known to be the person described herein and who executed the foregoing Affirmation Statement, and acknowledged that he/she executed the same 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 attached CA Notary Certificate  
Page | 1





**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

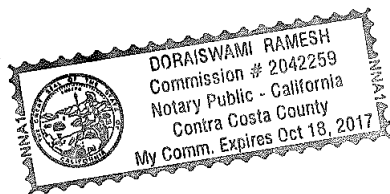
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
 County of contra costa )  
 On 05-08-2015 before me Doraiswami Ramesh, Notary Public  
Date Here Insert Name and Title of the Officer  
 personally appeared Thomas Wagner  
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.

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 [Signature]  
Signature of Notary Public

*Place Notary Seal Above*

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

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Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_ Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_ ☐ Corporate Officer — Title(s): \_\_\_\_\_

☐ Partner — ☐ Limited ☐ General ☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact ☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator ☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_ Signer Is Representing: \_\_\_\_\_





## E. INVESTIGATIVE AUTHORIZATION-ENTITY

### 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:** Contra Costa County Fire Protection District

**Authorized Representative (Signature):** [Signature]

**Authorized Representative (Printed):** Jeff Carman

**Title:** Fire Chief

**Date:** 4/22/15

### ACKNOWLEDGEMENT

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

*See attached  
Acknowledgment*

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:   /  /



**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

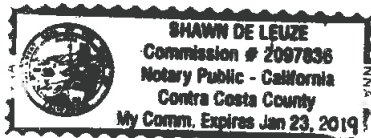
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of Contra Costa )  
On 4/22/2015 before me, Shawn DeLeuze Notary Public,  
Date Here Insert Name and Title of the Officer  
personally appeared Jeff Carman  
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.

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

Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

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☐ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

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



**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):** [Signature]

**Authorized Representative (Printed):** Thomas Wagner

**Title:** Regional Chief Executive Officer

**Date:** 05 / 07 / 2015 TW 2015

**ACKNOWLEDGEMENT**

**STATE OF** \_\_\_\_\_

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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*See attached CA Notary Certificate* [Signature]



CIVIL CODE § 1189

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

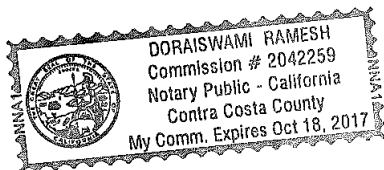
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of contra costa )  
On 05-08-2015 before me Doraismami Ramesh, Notary Public  
Date Here Insert Name and Title of the Officer  
personally appeared Thomas Wagner  
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.

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 [Signature]  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_  
Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

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

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



## SECTION III. QUALIFICATION REQUIREMENTS

### A. ORGANIZATIONAL DISCLOSURES

#### 1. Organizational Ownership & Legal Structure

In the spirit of transparency and to display our compliance with all specifications listed in Section III. Qualifications Requirements, A. Organizational Disclosures, we have provided detailed responses for both organizations that form the Alliance - CCCFPD and AMR.

##### **CCCFPD's Organizational Ownership & Legal Structure**

CCCFPD is legally organized under the California Fire District Law of 1987 (Health & Safety Code §13800, et seq.) and is a dependent special district governed by the County Board of Supervisors acting as the Board of Directors. CCCFPD was formed in 1964 after merger of Central Fire Protection District and the Mt. Diablo Fire Protection District. CCCFPD is funded primarily through its own share of property tax revenues with supplemental funding through charges for services in certain business areas such as cost recovery for certain emergency responses and fees or permits charged through the fire prevention bureau.

##### **AMR's Ownership & Legal Structure**

The legal entity in alliance with CCCFPD for this proposal is American Medical Response West (AMR West), a California corporation doing business as American Medical Response (AMR). AMR West is a wholly-owned subsidiary of American Medical Response, Inc. (AMR, Inc.), a Delaware corporation which was established in August 1992 and is nationally headquartered in Greenwood Village, Colorado. AMR West was incorporated on May 27, 1992 and is regionally headquartered in Livermore, California.

#### 2. Continuity of Business

##### **CCCFPD's Continuity of Business**

Contra Costa County Fire Protection District (CCCFPD) is the legal name of the entity bidding on this contract. CCCFPD is a special district formed in 1964 after merger of Central Fire Protection District and the Mt. Diablo Fire Protection District. Since then, CCCFPD has grown in part through the merging of other fire agencies that have become a part of our organization.

##### **AMR's Continuity of Business**

American Medical Response West ("AMR West") is the legal name of the entity in alliance with CCCFPD. AMR West was incorporated as PMI Acquisition Corp in California on May 27, 1992. The name was changed to American Medical Response West on November 5, 1992. Our organization grew in part through the acquisition and consolidation of various ambulance companies, dating back to 1959. As a result, we have had many prior DBA names during our history, and as time has passed, we have transitioned legacy DBA names to either American Medical Response or AMR.



### 3. Licenses & Permits

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#### CCCFPD's Licenses & Permits

CCCFPD is a fire protection district existing under the laws of the State of California, specifically Health and Safety Code 13800, et seq., also known as the Fire Protection District Law of 1987. Therefore, as a government agency, CCCFPD is not obligated to obtain a business license in Contra Costa County.

#### AMR's Licenses & Permits

AMR fully attest, with no exception, to our future compliance with all required business and professional licenses, permits, and certificates. AMR has provided a copy of our current business license for Contra Costa County as **Exhibit No. 2**.

### 4. Government Investigations

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#### CCCFPD's Government Investigations

CCCFPD is not the subject of any current government investigations. CCCFPD represents and certifies that it has not been convicted of any conduct that constitutes grounds for mandatory exclusion as identified in 42 U.S.C. § 1320a-7(a). CCCFPD further represent and certify that they are not ineligible to participate in Federal health care programs or in any other state or federal government payment program. If the County has questions or needs more information, we are happy to provide that information upon request or make our counsel available.

#### AMR's Government Investigations

Information on legal related matters is publicly available at the U.S. Securities and Exchange Commission's website <http://www.sec.gov/edgar.shtml> by reviewing the 10K filings, 10Q filings and other filings of our ultimate parent company, Envision Healthcare Holdings, Inc. (symbol: "EVHC" or search "Envision Healthcare"). The information below relates to AMR and its subsidiaries nationwide. If County would like to discuss these matters in more detail or needs clarifications, we are happy to provide more information or make ourselves and/or our counsel available to discuss at your convenience.

Like others in the industry, AMR and its subsidiaries have from time-to-time 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. Additionally, local AMR operations receive inquiries from state and local health departments, EMS bureaus, and other regulators regarding vehicle inspections, personnel and other day-to-day operational matters. AMR has cooperated with these authorities and resolved their inquiries. AMR and its subsidiaries have not been sanctioned or fined by any federal or state authorities but have paid administrative assessments to state and local agencies from time-to-time related to vehicle inspections, personnel and other day-to-day operational matters.

For the past three years we have listed non-routine and formal matters with government agencies as follows: (i) we received a subpoena from the Federal Aviation Administration in February 2013 related to our operations as an indirect air carrier and relationships with Part 135 direct air carriers and we produced documents to the FAA; and (ii) we received a subpoena from



the New Hampshire Department of Insurance in November 2013 related to ambulance services provided to insureds involved in motor vehicle accidents, and in March 2014, we were notified that the investigation was concluded and closed.

AMR and its subsidiaries represent and certify that they have not been convicted of any conduct that constitutes grounds for mandatory exclusion as identified in 42 U.S.C. § 1320a-7(a). AMR and its subsidiaries further represent and certify that they are not ineligible to participate in Federal health care programs or in any other state or federal government payment program.

AMR and its subsidiaries compliance policies and Code of Conduct are available at <http://www.amr.net/About-AMR/Corporate-Compliance.aspx>. If the County has questions or needs more information, we are happy to provide that information upon request or make our counsel available.

## 5. Litigation

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### CCCFPD's Litigation

Over the years and in the ordinary course of business, CCCFPD has been involved in litigation and have had claims made against us, principally relating to auto accident and workers compensation claims. An abstract of all litigation (open and closed) for the last five years can be found as **Exhibit No. 3**. For privacy, confidentiality and settlement agreement reasons, we have included summary information only and have provided the information in the manner in which we track the information which does not include the court or case number.

As of the date of this submission, we believe there is no outstanding or pending litigation that would affect our ability to fully perform all requirements of the RFP. 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 and will not have a material effect on the operations or the services that we would provide under this RFP. If the County has questions or needs more information, we are happy to provide that information upon request or make our counsel available.

### AMR's Litigation

Over the years and in the ordinary course of business, AMR and its subsidiaries have been involved in litigation and have had claims made against us, principally relating to professional liability, auto accident and workers compensation claims. An abstract of all litigation nationally (open and closed) for the last five years can be found as **Exhibit No. 3**. For privacy, confidentiality and settlement agreement reasons, we have included summary information only and have provided the information in the manner in which we track the information which does not include the court or case number.

As of the date of this submission, we believe there is no outstanding or pending litigation that would affect our ability to fully perform all requirements of the RFP. 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, AMR 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. If the County has questions or needs more information, we are happy to provide that information upon request or make our counsel available.





## B. EXPERIENCE AS SOLE PROVIDER

### 1. Demonstrate Capability in Lieu of Experience

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CCCFPD has provided EMS services in the County for over 50 years and is the single largest provider of ALS response services in the County, serving nearly 60% of the population. We currently provide all aspects and essential functions as specified in the RFP with the exception of the transportation component, which is identified in the Fitch modernization report as one of the least important when evaluating patient outcomes.

When a 9-1-1 call is received in the County, the call is transferred to CCCFPD's communications center, which functions as the secondary PSAP. Once the call is transferred, CCCFPD Dispatchers, who are specially trained in EMD call screening and processing, dispatch the appropriate resources for that incident. Dispatchers continually monitor the active incidents as well as the overall system needs and utilize a "system status management" model to ensure appropriate coverage of all first responder resources.

As the largest ALS first responder agency, the CCCFPD maintains an EMS Division that provides the same level of quality processes as the incumbent ambulance provider. In the proposed EOA, first responders in the County responded to over 77k calls in 2013. Of those, 58,911 were transported to local emergency departments. CCCFPD is qualified to bid this RFP based upon their experience of providing emergency medical services for a population of over 600,000 individuals. This includes all components of the EMS system management with the exception of transportation. To better position our organization, CCCFPD has aligned with AMR (referred to as "the Alliance") to provide an integrated EMS system program that cannot be matched by any other provider.

### 2. Comparable Experience

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Through the Alliance, we have built and continue to cultivate a solid reputation as the leading provider of Advanced Life Support (ALS) services throughout the nation. We are the industry leader in ability to leverage the industry-leading expertise and financial support of our national resources, paired with devoting 100% of our local operations to serving the specific needs of the County's patients, residents, and visitors. This aspect, alongside our collaboration with EMS stakeholders and community partners, is among the numerous qualities that differentiate us from all other providers.

To demonstrate our comparable services, we have provided reference letters attesting to our dependability providing the requested services from comparable contracts as **Exhibit No. 4**. If the County desires to see more letters, we will happily provide upon request.





## Selected Comparable Services

The Alliance has extensive experience providing the highest quality ALS services to residents and visitors in diverse areas, some of which are similar to the County. We consistently meet and exceed the contract-required response time compliance. The following outlines service areas similar to the County for which we currently and successfully manage emergency 9-1-1 ALS services under performance-based contracts:

### Contra Costa County

**POC:** Patricia Frost, RN, MS, PNP  
**Title:** EMS Administrator  
**Address:** 1340 Arnold Dr. #126, Martinez, CA 94553  
**Phone number:** 925-313-9554  
**Type and Level of Service Provided:** ALS  
**Population:** 900,000

**Description:** In Contra Costa County, we provide emergency medical transportation services to the citizens and visitors of the County. Through predecessor companies, we have maintained a strong presence in the County for nearly 70 years. Over the years, our operational footprint has grown significantly. We currently employ approximately **275** Paramedics and EMTs and handle an average of **80,000** ambulance calls annually.

In addition to providing emergency medical transportation, our County operation has been active participant in the community, providing medical standby services to local events as well as supporting and sponsoring local health initiatives and programs.

### Napa County EMS

**POC:** Brian Hendrickson  
**Title:** Health Officer  
**Address:** 2344 Old Sonoma Road, Building G  
Napa, CA 94559  
**Phone number:** (707) 253-4270  
**Type and Level of Service Provided:** 9-1-1 ALS and IFT ALS  
**Population:** 150,000

**Description:** In Napa County, we provide emergency and non-emergency medical transport services to all of Napa County, CA. Founded in 2012, our Napa County operation employs approximately 80 paramedics and EMTs and handles on average 14,000 calls annually.

Our Napa County operation offers state-of-the-art STEMI and stroke care programs, as well as Basic and Advanced Life Support training courses for EMS professionals. This operation is also working on developing an intermediate level EMT program for volunteer fire agencies.



## Sonoma County

**POC:** Bryan Cleaver

**Title:** EMS Administrator

**Address:** Coastal Valley EMS Agency, 195 Concourse Boulevard, Santa Rosa, CA 95403

**Phone number:** 707-565-6501

**Type and Level of Service Provided:** 911 ALS and ALS IFT Services

**Population:** 485,000

**Description:** Sonoma Life Support AMR is the contracted provider of paramedic ambulance services to an exclusive operating area in central Sonoma County stretching from Penngrove through Larkfield and Freestone through Kenwood. The service area is broken into six geographic zones to ensure services are equitably distributed to the entire community. We serve approximately 80% of the overall Sonoma County 911 EMS calls.

We provide emergency and non-emergency paramedic and ambulance services to more than 2,400 patients each month. Emergency services are provided under a performance based Exclusive Operating Area (EOA) contract with the County of Sonoma. Dozens of requirements are met on a daily, monthly and annual basis. Response times are monitored daily and reported to the Coastal Valleys EMS Agency. Since starting the current service agreement in 2009, SLS consistently met and exceeded the contractual requirements each month.

In addition to emergency services, SLS provides non-emergency BLS, ALS and CCT inter-facility transportation between hospitals and other medical facilities. We provide specialized event standby services for many of the county's special events, such as the Sonoma County Fair, Gran Fondo, AMGEN Tour of California, Wine Country Century, Santa Rosa's Rose Parade and Festival and many other community events. In partnership with the area's law enforcement agencies we provide assistance managing and transporting combative subjects and collecting blood for analysis by the state's crime labs. A partnership with the Santa Rosa Fire Department allows our agencies to deliver lifesaving advanced life support care to the community in a prompt and efficient manner. A dynamic deployment system ensures rapid responses to all of the all areas we serve. We are currently in our third consecutive EOA agreement, having served the area consistently since 1991.

Under a separate agreement, AMR provides management, staff and daily operations of the Redwood Empire Dispatch Communications Center (REDCOM). This 9-11- (secondary PSAP) dispatch center receives and dispatches more than 31,000 EMS and Fire calls annually to agencies across the county.

### 3. Government Contracts

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Through the Alliance, we offer a depth of experience with ambulance service government contracts that is unmatched by any other provider. We currently have over **170** 9-1-1 contracts with cities, counties, and special districts nationwide. On the following page, we have provided a list of our ambulance service government contacts operated in the state of California.



Emergency Ambulance Service Government Contracts						
Community Served	Contracting Entity	Types/Level of Service	Approx. Population Served	Contract Term	Dollar Amount Agreement (annual)	Exclusive (Yes/No)
<i>Contra Costa County</i>	Contra Costa County	911 ALS	900,000	12/31/2015	\$38,000,000	Yes
<i>Alameda County</i>	Alameda County	ALS, BLS, CCT	1,050,000	10/31/2011	\$51,000,000	Yes
<i>Napa County</i>	Napa County EMS Agency	9-1-1 ALS and IFT ALS Services	150,000	1/31/2017	\$7,600,000	Yes
<i>Monterey County</i>	Monterey County	ALS and CCT	425,000	1/31/2017	\$15,000,000	Yes
<i>Placer County</i>	Placer County	ALS and BLS	250,000	12/16/2015	\$16,900,000	Yes
<i>San Benito County</i>	Hollister County	ALS	55,000	6/30/2019	\$1,800,000	Yes
<i>San Joaquin County</i>	San Joaquin County	ALS and BLS	685,000	4/30/2021	\$33,500,000	Yes
<i>San Mateo County</i>	San Mateo County	ALS	725,000	6/30/2019	\$30,000,000	Yes
<i>Santa Barbara County</i>	Santa Barbara County	ALS,BLS, and CCT	425,000	12/31/2017	\$18,700,000	Yes
<i>Santa Clara County</i>	Santa Clara County	ALS	1,800,000	6/30/2011	\$40,000,000	Yes
<i>Santa Cruz County</i>	Santa Cruz County	ALS	270,000	12/31/2015	\$8,600,000	Yes
<i>Sacramento County</i>	Sacramento Metro Fire District	ALS and BLS	600,00	Evergreen	\$7,500,000	No
<i>Sonoma County</i>	Sonoma County	911 ALS and ALS IFT Services	485,000	6/30/2016	\$16,000,000	Yes
<i>Stanislaus County</i>	Stanislaus County	ALS and BLS	520,000	4/30/2018	\$25,000,000	Yes
<i>Tulare County</i>	Tulare County	ALS and BLS	450,000	06/30/2019	\$6,000,000	Yes
<i>Yolo County</i>	Yolo County	ALS and BLS	200,000	02/1/2019	\$11,600,000	Yes

## 4. Contract Compliance

Like others in the industry, in their day-to-day operations we have been involved in contract disputes with customers, vendors, payers, patients and others. For the last 10 years, we have not had any non-routine and formal contract related disputes.

If the County has questions or needs more information, we are happy to provide that information upon request or make our counsel available.



## C. DEMONSTRATED RESPONSE TIME PERFORMANCE

In the spirit of transparency and to display full compliance with all specifications listed in Section III. Qualifications Requirements, C. Demonstrated Response Time Performance, we have provided detailed responses for both organizations that form the Alliance - CCCFPD and AMR.

### CCCFPD's Demonstrated Response Time Performance

In the interagency agreement with the LEMSA, our service plan outlines that we shall endeavor to assure paramedic response to 90% of emergency medical calls in our jurisdiction within 10 minutes of dispatch for those calls categorized as requiring emergency paramedic level response according to emergency medical dispatch protocols. Below, we have provided a table that displays evidence of CCCFPD's five (5) years of compliance to that standard.

Incident	YR	Code3	Central_90	Central_Count	East_90	East_Count	West_90	West_Count	Total_90	Total_Count
All	2014	code 3	00:08:59 (18360)	20583	00:09:01 (16853)	19085	00:08:43 (6988)	8232	00:08:57 (42201)	47900
All	2013	code 3	00:09:00 (17912)	20052	00:09:03 (16150)	18311	00:08:29 (7056)	8206	00:08:57 (41118)	46569
All	2012	code 3	00:08:24 (18285)	20295	00:08:51 (16128)	18249	00:08:27 (7017)	8238	00:08:35 (41430)	46782
All	2011	code 3	00:08:03 (17880)	19774	00:08:32 (15501)	17558	00:07:50 (6731)	7799	00:08:12 (40112)	45131
All	2010	code 3	00:07:54 (18161)	19948	00:08:23 (15434)	17571	00:07:50 (6698)	7827	00:08:04 (40293)	45346
All	2014	code 2	00:12:06 (3396)	4823	00:11:48 (2602)	3502	00:11:03 (1347)	1724	00:11:51 (7345)	10049
All	2013	code 2	00:12:11 (3768)	4661	00:11:56 (2780)	3496	00:10:40 (1325)	1623	00:11:52 (7873)	9780
All	2012	code 2	00:10:59 (3945)	4712	00:11:41 (2735)	3306	00:10:39 (1307)	1573	00:11:10 (7987)	9591
All	2011	code 2	00:10:50 (3784)	4547	00:11:17 (2621)	3161	00:10:09 (1308)	1560	00:10:56 (7713)	9268
All	2010	code 2	00:10:37 (3794)	4589	00:10:51 (2520)	3142	00:09:47 (1334)	1603	00:10:35 (7648)	9334

Data	YR	Code3	Central_90	Central_Count	East_90	East_Count	West_90	West_Count	Total_90	Total_Count
EMS	2014	code 3	00:08:59 (17424)	19526	00:09:01 (15642)	17754	00:08:43 (6418)	7368	00:08:57 (39484)	44648
EMS	2013	code 3	00:09:00 (16867)	18891	00:09:03 (14740)	16760	00:08:29 (6257)	7076	00:08:57 (37864)	42727
EMS	2012	code 3	00:08:24 (17254)	19163	00:08:51 (14843)	16858	00:08:27 (5999)	6849	00:08:35 (38096)	42870
EMS	2011	code 3	00:08:03 (16958)	18768	00:08:32 (14213)	16177	00:07:50 (5866)	6601	00:08:12 (37037)	41546
EMS	2010	code 3	00:07:54 (17181)	18853	00:08:23 (14248)	16273	00:07:50 (5774)	6562	00:08:04 (37203)	41688
EMS	2014	code 2	00:12:06 (802)	923	00:11:48 (642)	733	00:11:03 (357)	397	00:11:51 (1801)	2053
EMS	2013	code 2	00:12:11 (1437)	1571	00:11:56 (967)	1099	00:10:40 (411)	449	00:11:52 (2815)	3119
EMS	2012	code 2	00:10:59 (1533)	1673	00:11:41 (982)	1099	00:10:39 (386)	440	00:11:10 (2901)	3212
EMS	2011	code 2	00:10:50 (1480)	1607	00:11:17 (881)	1000	00:10:09 (370)	411	00:10:56 (2731)	3018
EMS	2010	code 2	00:10:37 (1470)	1598	00:10:51 (831)	951	00:09:47 (406)	437	00:10:35 (2707)	2986



## AMR's Demonstrated Response Time Performance

In addition, AMR has maintain compliance with all requirements during their time as your EMS provider. For example, from January 1<sup>st</sup> of 2014 to December 31<sup>st</sup> of 2014, their response time compliance in the County was **94.10%**. As a leading provider of emergent and non-emergent medical transportation, all of our operations adhere to stringent response time requirements as part of the commitment to the communities we serve. Please see the list of Urban, Suburban and Rural communities that are similar to the County below.

Urban, Suburban, and Rural Communities January 1, 2014 - December 31, 2014	Exclusive Operating Area (EOA)	Population	AMR Compliance
Contra Costa County	YES	900,000	94.10%
Napa County	YES	150,000	97.58%
San Mateo County	YES	718,451	93.90%
Santa Cruz County	YES	270,000	91.90%
Placer & Shasta Counties	YES	750,000	91.22%

To further demonstrate our capabilities, we have provided examples of our Response Time Compliance reports as **Exhibit No. 5**.

In addition, you can view our response time compliance in the County at our website by visiting the following URL:

**<http://amrcontracosta.com/#/system-performance/response-time-data/>**



## D. DEMONSTRATED HIGH LEVEL CLINICAL CARE

### Quality Improvement for Consistent, High Quality Clinical Care

Through our years of dedicated service, we have consistently demonstrated high level of clinical care in the County. We pledge to remain committed to an operation of clinical sophistication, high levels of performance and positive patient outcomes.

To achieve this commitment, we will utilize our proven and reliable Quality Improvement (QI) program. The fundamental objective of this program is to improve the quality of care delivered to our patients. We are committed to the highest EMS performance possible and employ advanced, award-winning strategic planning and performance management techniques. Our expertise in these disciplines has been helpful in developing the current systems in place in the County as well as throughout California and the United States. Our program is built from a systematic assessment of core performance metrics and clinical guidelines, as defined by the LEMSA, California EMS Authority, and National Association of EMS Officials. We also respect the capabilities and desires for accountability and planning processes of our colleague EMS and public safety organizations, and our QI program will interface, and work collaboratively, with LEMSA to be responsive to current and ongoing needs of the system.

Our overall approach to QI includes four key segments following:

- **Segment I:** Developing a Foundation of Care
- **Segment II:** Monitoring the Care
- **Segment III:** Local Quality Management Talent
- **Segment IV:** The PDSA Cycle

We have developed and implemented a process that encourages collective problem identification and solutions from all levels of our organization and the California community. Our locally-based Quality Improvement and Education Team will administer this process under the ongoing guidance of our local Medical Directors.

For a quality program to support high-performance, it must provide people with the education, resources, timely support needed for quality service and patient care. This is best accomplished through observation, review, discussion, and the exchange of ideas when areas for improvement have been identified. We match educational offerings to systemic issues and individual caregiver needs, based on leading indicators, ensuring effective and efficient behavior management.

#### Segment I: Developing a Foundation of Care

The first step in our QI 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, evidence-based practice guidelines, clinical and operational policies, performance scorecards, and continuing education.



The goal of our training methodology is to ensure our field personnel have the training, tools, and performance expectations to meet the demands of high-performance EMS service. We begin with our new hire selection and skills verification process and our comprehensive orientation program. Once out of orientation, it is imperative that we support our “learning organization” and provide ongoing training and education to keep our personnel at the forefront of EMS care. In addition to standardized initial training, we have a learning management system that streamlines certificate management and access to online continuing education for our personnel. Our Quality Improvement and Education Team will utilize this system to distribute locally developed courses created for the specific needs of our personnel. We welcome input from the LEMSA in creating the curriculum for these courses.

## Segment II: Monitoring the Care

We use a variety of monitoring tools to evaluate our services and identify clinical and customer service issues, allowing us to develop the most effective solutions to ensure the best possible patient care and customer service. Our objective is to verify and document clinical competency and performance improvement activities. The key monitoring and identification tools we use are:

**Data Collection and Analysis.** Our clinical data is generated from our MEDS electronic Patient Care Report (ePCR) system. This NEMSIS Gold compliant system allows for rapid real time and retrospective identification of issues at the individual level as well as overall system performance as it pertains to clinical practice. MEDS is capable of sending messages to supervisors and even caregivers notifying them of quality issues such as failure to use EtCO<sub>2</sub> with an advanced airway. This system also gives immediate notification of any sentinel event to clinical and operational leadership. Our data collection system is designed to fit any data reporting requirements set by the County, giving applicable personnel real-time access to hundreds of customized reporting metrics.

**Peer Review.** We schedule periodic peer review sessions, where our personnel retrospectively evaluates their colleagues’ cases to identify trends or issues. The review focuses on non-punitive approaches to education and system redesign to decrease the perceived threat of openly discussing challenging situations.

**Field Supervisor Evaluations.** EMS Field Supervisors, selected for their leadership role based on clinical performance, spend a majority of their time in the field, allowing them to observe personnel directly as they are caring for patients and interacting with the public. The EMS Field Supervisors respond on calls with field personnel crews to observe, evaluate, and provide support, as well as to review patient care reports for completeness, accuracy, and compliance to local protocols.

## Segment III: Local Quality Management Talent

Every member of our leadership team plays a key role in our performance improvement process. In the County, this responsibility starts with the Fire Chief. As our leader, he is responsible for setting strategic direction in conjunction with LEMSA and LEMSA’s Medical Director. He gives direction to our local leadership and operations team, who is supported by our Quality Improvement and Education Team and the EMS field supervisors. This group will work collaboratively to streamline our local operation with the aid of local resources such as our Field Training Officer’s (FTOs) and various regional and national clinical experts.



The following committees and personnel play a key role in fulfilling our clinical and operational missions:

**Quality Steering Committee.** A key component of other successful partnerships has been the establishment of a Quality Steering Committee. This committee would be chaired by the Fire Chief and AMR's General Manager. They will be supported by our operations personnel and Quality Improvement and Education Team. To ensure a system-wide approach, this committee will also consist of the local Medical Director, various County representatives, and local hospital staff. Activities for the Committee include reviewing system performance in all key areas, generating ideas for improvement projects, and guiding and monitoring progress on improvement projects. Our overall focus is on system-wide performance for our patients and for the community.

**Field Training Officers (FTOs).** Our FTOs play an important role in our quality program. Selected through a formal interview process, the FTOs currently function under the guidance and direction of our Quality Improvement and Education Team. 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 caregivers. In addition, the FTO role provides advancement opportunity for people seeking leadership experience and career development.

#### Segment IV: The PDSA Cycle

We have adopted the Plan/Do/Study/Act (PDSA) cycle, a simple framework for responding to opportunities for performance improvement. All of our performance improvement projects evolve through the PDSA cycle, described in detail below.

**Plan.** The Plan step involves identifying the goal for improvement. In other words, what are we trying to accomplish? We identify interventions that might improve overall performance and measure the degree of improvement. Emphasis is on small, incremental projects where results can be gathered and theories tested quickly. This small, rapid-sequence testing framework is based on the successful work of the Institute of Healthcare Improvement (IHI).

**Do.** The Do step tests the intervention proposed and measures the results.

**Study.** The Study step compares the actual results of the intervention with those that were expected. In this step, we learn whether or not the test had desired results.

**Act.** Finally, the Act step follows quickly after the study step. If the intervention had the desired effect, the appropriate action is 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.





## SECTION IV. CORE REQUIREMENTS

### A. TWO SERVICE PLANS ARE TO BE ADDRESSED

Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.A.

### B. CONTRACTOR'S FUNCTIONAL RESPONSIBILITIES

#### 5. Basic Services

#### 6. Services Descriptions

Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.B. (1.-2.)

### C. CLINICAL

#### 1. Clinical Oversight

#### 2. Medical Oversight

Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.C. (1.-2.)

#### 3. Minimum Clinical Levels and Staffing Requirements

Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.C.3.



Through the Alliance's experience serving the County, we currently maintain all minimum clinical levels and staffing requirements as specified in the RFP. As your partner, we will continue to meet or exceed these standards.

## **Ambulance Staffing Requirements**

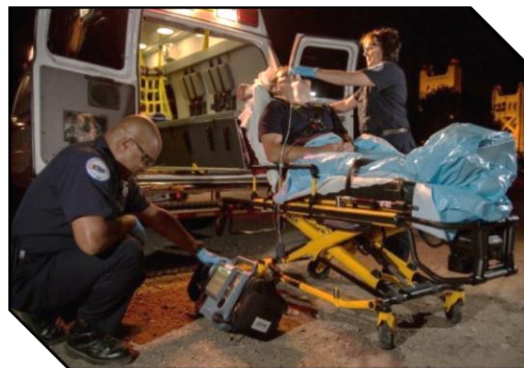
We agree to staff a minimum of one (1) state licensed and locally accredited Paramedic and one (1) California EMT-Basic for all transport units responding to requests from the County designated PSAPs. This Paramedic will be the ultimate responsible caregiver for all patients and will accompany patients in the back of the ambulance during transports as required by protocol.

## **Personnel Licensure, Certification & Training Requirements**

The success of any EMS system depends on the skill, experience, and character of its Paramedics, EMTs, and managers. All of our ambulance personnel responding to medical requests will be appropriately licensed, accredited, and credentialed to practice in the County. We strive not only to recruit and retain the best EMS personnel in the nation, but also seek to recruit a diverse workforce that reflects the areas we serve. We will retain copies of current and valid licenses and/or certifications on file at all times for all emergency medical personnel in the County. Our County personnel will be required to complete and maintain many of the following training programs and certifications:

### **Required Trauma Training**

We commit to maintaining the current County policy to have all County Paramedics and Advanced EMTs certified in Pre-hospital Trauma Life Support (PHTLS), International Trauma Life Support (ITLS) or a comparable training approved by the EMS Medical Director(s). This commitment will occur upon hire, and all credentials are tracked in our credentialing database, currently handled by an online management system. We will retain records of the training documentation and valid certifications of all PHTLS or ITLS qualified Paramedics performing services under this Agreement.



### **Required Pediatric Training and Performance**

We commit to maintaining to continue to staff each ALS ambulance with a minimum of one (1) paramedic certified in Pediatric Education for Prehospital Personnel (PEPP) or Pediatric Advanced Life Support (PALS). This commitment will occur upon hire, and all credentials are tracked in our credentialing database, currently handled by an online management system. We will retain records of the training documentation and valid certifications of all PEEP or PALS qualified Paramedics performing services under this Agreement.



## Required Institute of Healthcare Improvement (IHI) Certificate of Patient Safety, Quality and Leadership

We commit that our Quality, Clinical and Supervisory personnel will complete an IHI Open School online certificate in Patient Safety, Quality and Leadership. This commitment will occur upon hire or within eighteen (18) months for current personnel, and all credentials are tracked in our credentialing database, currently handled by an online management system. We will retain records of the training documentation and valid certifications for specific personnel under this Agreement. Currently, our Quality Improvement and Education Team has completed this program.

## Company & EMS System Orientation & On-Going Preparedness

We will ensure all new personnel are properly oriented before responding to an emergency medical request. Our new hire orientation will include, at minimum, the following:

- Contra Costa County EMS system overview
- EMS policies and procedures including patient destination, trauma triage, and patient treatment protocols
- Radio communications with and between the ambulance, 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 surrounding areas
- Ambulance equipment utilization and maintenance
- Continual orientation of customer service expectations, cultural awareness, performance improvements and billing and reimbursement processes.

Below, we have provided a description of our baseline orientation program that is currently utilized in the County.

Once selected for employment, each new employee undergoes a comprehensive orientation program, which includes approximately ten days or 80 hours of classroom and hands-on instruction in company policies and procedures, local protocols, and legal and compliance issues as well as specialized safety and risk management and disaster training. In addition, personnel spend time as a third person on the ambulance and are mentored by Field Training Officers (FTO) for up to 240 hours to ensure practical application and evaluation of all aspects of ambulance operation. Subjects addressed during orientation include the following:

- |   |  |
|---|--|
| • Company Structure Philosophy, Mission, and Values | • Harassment-Free Workplace                            |
| • Quality Improvement Program (CQIP)                | • Medical and Legal Guidelines                         |
| • Injury and Illness Prevention Program             | • Emergency Vehicle Operations (EVOC) 16 Hour Training |
| • MCI Training & ICS/NIMS Training                  | • Customer Service                                     |
| • Critical Incident Stress Management               | • Mobile Data Terminal Instruction and Communication   |
| • Workplace Health and Safety                       | • Dementia and Elderly Citizen Training                |
| • Violence in the Workplace                         | • New Contract Equipment Training                      |
| • Diversity in the Workplace                        | • EMS System Overview                                  |



- 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, Checkout, and Troubleshoot
- Local County Geography Overview
- Hazardous Materials and Weapons of Mass Destruction

## Preparation for Multi-Casualty Incidents

### *Training*

All EMS Field Supervisors are trained in accordance with the Incident Command System, MCI response, Strike Team leader, and hazmat operations. We will provide ICS Medical Command Levels 300 and 400 training to all of our EMS Field Supervisors. All supervisors will attend one (1) disaster exercise and two (2) hours of disaster training per year. Management will be trained in accordance with NIMS (100, 200, 300, 400, 700, 800) to provide staffing to Incident Command and EOC posts. Field staff will be trained in PPE, Hazmat Awareness, NIMS (100, 200, 700, and 800), two (2) hours of additional disaster training per year, and attend two (2) hours of annual disaster training to ensure interoperability with Fire and Law enforcement and one (1) annual Communications Center evacuation drill.

Additionally, our New Hire Academy includes 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 will be trained in their roles and responsibilities under the Contra Costa County Multi-Casualty Incident Medical Response Plan and will be prepared to function in a medical role under the Incident Command System. In preparation for an MCI, AMR develops partnerships and collaborative training as well as run drills. We work seamlessly with incident commanders to ensure that the best patient care is provided under various field conditions and circumstances.

## Assaultive Behavior Management Training

We agree to provide our personnel with the training, knowledge, understanding, and skills to effectively manage patients with psychiatric, drug/alcohol or other behavioral or stress related problems. 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 assaultive management training—a course called “Defusing the Assaultive Behavior”—is based on assessing four different levels of behavior, 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 what happens when the trainee is unprepared and frightened in a situation. While our focus remains on identifying and diffusing situations and personality traits of individuals with assaultive behavior, we teach proven techniques to ensure violent situations are handled safely for the patient, bystanders, and all responders on scene.



## Driver Training

Following the classroom component, Emergency Vehicle Operating Course (EVOC) students move into eight (8) 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 EVOC instructors. Students experience the forces involved in actual maneuvers and learn the characteristics of the vehicles. The EVOC instructors provide feedback on their performance, begin to incorporate real experience lessons, and give students ample time to practice their new skills. Training objectives for this part of the module include the following:

- **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 serpentine

Our EVOC program is designed to instill in personnel 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.

## Infection Control

Our actions and philosophy about safety and communicable disease prevention go above and beyond industry norms because we think of our personnel' 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 maintain a set of ongoing practices to further reduce risk of infection and re-infection including the following:

- 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 training includes instruction on how to handle and provide timely, proper treatment of blood and airborne pathogens as well as contact exposures.



## Critical Incident Stress Management

Through the Alliance, we maintain a group of peer counselors with specialized training in Critical Incident Stress Management (CISM) to be available for personnel who need help following stressful and/or traumatic events. EMS Field Supervisors will remain as the first point of contact for any issues. CISM is initiated by call-type in our computer-aided dispatch system, or by request of employee. Immediately following notification of an incident where they may be needed, a CISM team member and/or Supervisor responds 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. Personnel 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.

## Homeland Security

We train our personnel to recognize and safely responds to 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. Our Supervisors and management personnel are trained in ICS levels for medical command ICS 300 and ICS 400, and as an enhancement for this proposal, we require all personnel to be trained in ICS 100, 200, 700, and 800 within 90 days of hire. Our training conforms to the National Incident Management System (NIMS) for training and operational purposes.

## HIPAA Compliance

We are committed to strict compliance with all local and federal regulations regarding billing and collection. Reflecting our long-standing commitment to protecting the privacy of the patients we treat and transport, we have established a comprehensive HIPAA compliance program related to safeguarding protected health information (PHI). The requirements for protecting patient privacy continue to evolve with the implementation of state privacy statutes and the recently enacted HITECH Act. Our 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 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 personnel
- A dedicated HIPAA Helpline number to report concerns or questions available to all personnel, patients and customers and vendors
- State-of-the-art information technology systems with encryption capabilities to protect the electronic patient data maintained by our organization



## Compliance

We transport patients each day. These transports range from emergency 9-1-1 calls and specialized critical care transports to non-emergency wheelchair transports. It is imperative to us that our personnel are committed to ensuring compliance with all of the regulatory requirements related to operating a company. The center of this commitment is the existence of the Ethics & Compliance Program. This program is implemented by the Ethics & Compliance Department and is tasked with providing personnel, contractors and third party vendors with the education and information needed to comply with the complex healthcare regulations as well as the tools needed to compete for business with the highest level of business ethics and integrity.

### *Ethics & Compliance Program*

The Ethics & Compliance Program is based on the seven (7) elements of an effective compliance program published by the Federal US Sentencing Guidelines as well as the recommended guidelines by the Department of Health and Human Services. Our program is in accordance with the OIG Compliance Program Guidance for Ambulance Suppliers. The program includes the following:

- The existence of a Chief Compliance Officer to implement, monitor and evolve the Ethics & Compliance Program
- Compliance Policies and Procedures that provide all personnel with information on regulatory requirements and appropriate business practices and procedures
- A Code of Business Conduct and Ethics, called *Vital Signs*
- Education and training programs for all personnel including general compliance, HIPAA, Code of Conduct, and job specific training related to billing, dispatch, communications and the anti-kickback statute
- Monitoring and auditing processes to ensure compliance with all billing regulations including Medicare, Medicaid and CHAMPUS regulations;
- An Ethics & Integrity Helpline for personnel to report potential concerns anonymously
- Disciplinary action and accountability for personnel determined to have violated compliance policies and procedures
- Open lines of communication between personnel and management to assist with questions and potential concerns

These program elements help the Ethics & Compliance Department prevent, detect, and mitigate compliance issues within the company as well as provide its personnel with the necessary tools to conduct themselves with the highest level of professionalism.

For additional information or questions regarding our Ethics & Compliance Program, please feel free to contact our Chief Compliance Officer, Mr. Ross Ronan at (303) 495-1263.



## D. OPERATIONS

### 4. Operations Overview

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#### a) Emergency Response Zones

Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.D.1.a.

Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.D.1.a.

#### b) All Emergency and Non-Emergency ALS Ambulance Calls

#### c) Primary Response to Isolated Peripheral Areas of the EOA

#### d) Substantial Penalty Provisions for Failure to Respond

Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.D.1. (b.-d.)

### 5. Transport Requirement and Limitations

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Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.D.2. (a.-b.)

### 6. Response time Performance Requirements

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#### a) Description of Call Classification

#### b) Response Time Performance Requirements

Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.D.3. (a.-b.)





## a) Summary of Response Time Requirements

### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.D.3.c.

### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.D.3.c.

## 7. Modifications during the Term of Agreement

## 8. Response Time Measurement Methodology

### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.D.4 and IV.D.5. (a.-i.)

## 9. Response Time Exceptions and Exception Request

### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.D.6. (a.-c.)

## 10. Response Time Performance Reporting Procedures and Penalty Provisions

### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.D.7. (a.-b.)

## 11. Fleet Requirement

## 12. Coverage and Dedicated Ambulances, Use of Stations/Posts

### Attestation:

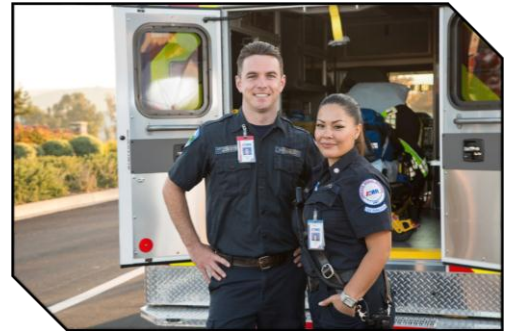
☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.D. (8.-9.)



## E. PERSONNEL

### 1. Treatment of Incumbent Work Force

A key benefit of selecting the Alliance is that the County will retain the incumbent workforce who have built and maintained strong relationships throughout the County. Because most of our personnel live and work in the communities we serve, they are passionate about providing professional, courteous service at all times. Also, we pledge to continue to seek to recruit and retain the best personnel in the nation. We are dedicated to providing our personnel with a work environment built on respect, integrity, and service. This is evident by our high retention rates.



Employee retention begins with recruiting the most highly qualified individuals to fill the roles required. In most of our communities, we have “waiting lists” of potential personnel. People want to work for our companies because of our reputation in the industry, our employee-centered programs, a competitive wage and benefit package, and management’s commitment to providing a quality place to work - no matter where or when they work.

### Compensation & Benefits

The Alliance will offer to our employees a compensation and benefits package designed to attract and retain highly qualified field personnel and communications center personnel. We have provided information on our compensation and benefits package in the following response.

Our workforce and their families will enjoy the ability to select benefits that meet their individual and family needs. In addition to our benefits package, we offer the incumbent workforce compensation consideration based on time served with the current employer. Our wages, earnings and benefits are considered among the most competitive offered by medical transportation providers. Our core benefits package for full-time personnel includes the following:

- Medical, dental, and vision plans, with dependent coverage available
- The majority of employee healthcare coverage cost is assumed by our organization
- Life insurance and accidental death and dismemberment insurance at two times the employee’s annual base salary, with the option to purchase supplemental coverage
- Company-paid long-term disability insurance and optional short-term disability insurance
- Paid time off, escalating with years of service
- A flexible spending program, allowing personnel to use pre-tax dollars to pay for dependent care and qualified healthcare expenses
- Eligibility for personal leaves of absence for education purposes
- 401(k) retirement plan with an employer match



All full-time and part-time personnel also receive the following benefits:

- In-house continuing education available through sponsored courses
- Uniform sets, as well as replacement uniforms
- Employee Assistance Program (EAP) to support employees with family issues and financial concerns
- Critical Incident Stress Management Program to mitigate the personal and professional impact of critical incident stress
- A Web-based employee portal, which provides employees with not only information and an on-line store, but also interactive training modules, benefits management services, and electronic communities for mutual support

## Paid Leave

We offer paid leave to our employees; there are a number of ways to use paid leave:

- **Paid Time Off (PTO):** Paid time off is granted to all of our full-time employees. Accumulation of paid time off can range from two weeks per year for newly-hired employees and up to six weeks per year for an employee who has been with the company for more than 11 years. As one of the leading health care providers in the nation, we acknowledge 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 PTO time 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 Year's Day, Martin Luther King, Jr Day, 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:** We recognize all leaves allowed by law, including medical, family, military, bereavement, jury duty, and personal. According to applicable state and federal law, we provide 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

Our comprehensive benefits package and exceptional wages provide our team members with a total compensation value that is extremely competitive, ensuring employee satisfaction and workforce stability in the County.



## Employee Assistance Program

We are involved in a variety of programs designed to support the mental well-being of our personnel and their families. These programs are provided at no cost to eligible personnel. All personnel and their immediate family members are entitled to use this assistance program. The Employee Assistance Program (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 24/7.

The EAP also provides life-management consultation services in a variety of areas, including federal tax consultation, legal matters, and financial problems. In addition, it acts as a supplement to other mental-wellness programs, such as the chemical dependency recovery programs, included in the health plans described previously.

## Employee Input & Recognition

We will hold monthly open forums to hear concerns from the local workforce. We make it clear that the opinions of our team members truly matter and take every step to address ongoing ideas and concerns presented by personnel. For any specific issues within our operations that may not be addressed in the open forums, we will utilize Guiding Teams, which was discussed earlier in our proposal. This program empowers our personnel to bring forward new ideas and collaborate in ways that will bring renewed energy and excitement to our local operation. Our personnel often go above and beyond the scope of their everyday responsibilities, and we value, encourage, and celebrate this level of initiative. Both the company leadership and peers recognize crews that provide exemplary service, and their efforts are highlighted in our monthly employee newsletter as an example for others to follow. These crews also often receive commendations from local government agencies and community service organizations.

## Extracurricular Activities

Our management provides personnel with the opportunity to build relationships outside of the workplace. Examples of employee relation efforts include the Running Team, competitive food challenges, and various charity events that benefit the local community in which personnel work and live. Below, we have provide examples of our extracurricular activities.

- Running Team (developed in conjunction with the Change of Pace Foundation)
- Competitive nutrition challenges
- Heart Walks
- Cancer Walks
- Toys for Tots
- CPR Challenge
- Feed a Needy Family
- Home for Christmas
- And various charity events that benefit the local community in which personnel work and live



One example of recent community classes and training is our involvement in the CPR World Challenge. The numbers are staggering. Every year, almost **350,000** Americans are victims of Sudden Cardiac Arrest (SCA). Research has shown that if more citizens were trained in CPR, more people would live. We saw that as a challenge, and on May 21, 2014, in honor of EMS Week, **80** of our operations in **40** states and two international operations in India and Trinidad and Tobago hosted the second annual World CPR Challenge. Our teams trained an astounding 61,883 people, including 1,000 individuals in the County.

The goal of the World CPR Challenge was to train as many people as possible in compression-only CPR in one day. We accomplished that goal, and in so doing made the communities it serves a little safer. Our teams trained more than 60,000 people how to save lives using compression-only CPR, a new technique that does not require mouth-to-mouth resuscitation.

Compression-only CPR takes a short time to learn and has been shown to improve Sudden Cardiac Arrest (SCA) survival rates. Our caregivers trained people at schools, businesses, YMCAs, and numerous other locations. They trained elementary school students, teens, adults, and grandparents. Training was provided in small groups by the thousands.



**Attestation:**

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.E.1.

2. Character, Competence and Professionalism of Personnel
3. Internal Health and Safety Programs
4. Evolving OSHA & Other Regulatory Requirements
5. Discrimination Not Allowed

**Attestation:**

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.E.(2.-5.)

## **F. MANAGEMENT**

### **1. Data and Reporting Requirements**

**Attestation:**

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.F.1. (a.-d.)



## G. EMS SYSTEM AND COMMUNITY

1. Participation in EMS System Development
  2. Accreditation
- 

**Attestation:**

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.G. (1.-2.)

3. Multi-Casualty/Disaster Response
  4. Mutual Aid and Stand-by Service
- 

**Attestation:**

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.G. (3.-4.)

5. Permitted Subcontracting
  6. Communities May Contract Directly for Level of Effort
- 

**Attestation:**

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.G. (5.-6.)

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

**Attestation:**

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.G. (7.-8.)



## H. ADMINISTRATIVE PROVISIONS

### 1. Contractor Payments for Procurements Costs, County Compliance Monitoring, Contract Management, and Regulatory Activities (Plan B only)

**Attestation:**

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.H.1.

### 2. No Subsidy System

**Attestation:**

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.H.2.

As your partner, we will not be requesting a subsidy for this contract.

#### Plan A vs. Plan B

The EMS Modernization Project Report issued June 2014 (Conducted by Fitch & Associates) outlined several issues that “could” make the current system unsustainable. One of the items listed was the closing of an area hospital that would greatly impact the EMS system and ambulance task times. Since that time the system has in fact seen such a closure with an increase in required ambulance unit hours to remain compliant. For this and other reasons listed below, CCCFPD and AMR believe that Plan “A” represents the best option for the residents and visitors of the County.



Our submission under Plan “A” provides shorter response times than provided for under option B and we believe that is what the public wants and demands. Our submission addresses the concerns that the LEMSA has for system sustainability, while simultaneously providing what the public wants in their ambulance delivery model, which is an efficient, cost-effective emergency response. Our plan is designed to meet the public’s desire and does not require any subsidy from the County.

We have also provided a Plan “B” that includes longer response times for responding ambulances, thus decrease the cost of providing the service through reduction of unit hours. We would like to highlight that this plan comes at a significant cost to not only the patient that is required to wait longer for the arrival of the ambulance but also the County’s first responders from all agencies as they will be required to remain on scene until the ambulance arrives. This includes all first responder such as fire, police, sheriff and highway patrol. Diminished resources due to increased response times for transport providers is not in the best interest of any of the County’s stakeholders. Our submission of Plan “A” provides for all the needs identified in the modernization report at no cost to the County.



**Attestation:**

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.H.2.

### 3. Contractor Revenue Recovery

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**Attestation:**

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.H. 3. (a.-b.)

#### 4. Federal Healthcare Program Compliance Provisions

#### 5. State Compliance Provisions

#### 6. Billing/Collection Services

#### 7. Market Rights

#### 8. Accounting Procedures

#### 9. County Permit.

#### 10. Insurance Provisions

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**Attestation:**

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.H. (4.-10.)

Through the Alliance, we meet all insurance requirements specified in the RFP.

### CCCFPD's Insurance

CCCFPD has provided a copy of our certificate of insurance as **Exhibit No. 1** of this proposal's Exhibits Binders.

### AMR's Insurance

AMR offers a full range of insurance coverage to reduce the financial risk to the company and our contracted customers, exceeding the minimum RFP requirements in several areas. Our professional liability coverage is \$20 million per occurrence and \$20 million aggregate, and our general liability coverage is \$3 million per occurrence and \$6 million aggregate. We maintain medical malpractice coverage in the form of a \$20 million excess policy with a \$3 million SIR. Our auto policy has a \$5 million combined single limit and \$10 million aggregate, and our worker's compensation policy is for statutory limits plus a \$1 million employer's liability policy. All of our policies have deductibles or self-insured retentions that are higher than \$10,000. We do not provide copies of the policies, as it is against our company policy to do so because of the proprietary nature of the information that they contain. For a copy of our certificate of insurance, please see **Exhibit No. 1**.





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:**

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.H. (10.-16.)

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

**Attestation:**

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.H. (17.-23.)

**24. General Provisions**

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We have thoroughly reviewed and agree to all general provisions of the contract, taking no exceptions.

**Attestation:**

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section IV.H.24 (a.-o.)



## SECTION V. COMPETITIVE CRITERIA

### A. CLINICAL

#### 1. Competitive Criterion: Quality Improvement

##### a) Minimum Requirements – Demonstrable Progressive Clinical Quality Improvement

###### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.A.1.a.

Through the experience of the Alliance, we are committed to the operation of a comprehensive clinical quality improvement process guided by quality leadership. The fundamental objective of this program is to continually monitor and improve the quality of care delivered to our County patients.

LEMSA sets standards and defines the clinical indicators for the entire EMS system in collaboration with First Responders, receiving hospitals, and the Contractor. We are committed to provide the most robust EMS data and to supporting LEMSA's quality monitoring. We have processes in place to ensure that we provide the Core Measures data. In addition, we will continue to work with LEMSA to develop improvement plans. We look forward to working with the County caregivers and commit to the same collaboration, cooperation and commitment to clinical excellence we have demonstrated in practice and describe here.

We are committed to clinical excellence that incorporates high performance standards using advanced, evidenced-based techniques. For example, all STEMI, Stroke, Pediatric, Burn, and Trauma activations are audited. Feedback is provided to the Paramedic who authored the report and feedback is provided for either improvement or encouragement to continue the same standard of care and documentation.

Another example is our commitment in the collection and review of CPR analytic data for sudden cardiac arrests. This is completed by evaluating CPR annotations that are conducted by LEMSA and reviewed by our clinical coordinator(s). The CPR annotations are then scored, and sent out to the field personnel with feedback provided. An incentive program has been developed to reward those personnel who show above average performance in resuscitations. The communities that are ready to utilize the powerful combination of physiologic data collected from our monitor/defibrillators and performance data, are able to transmit ECGs to a cloud based application where CPR quality is assessed and metrics (the CPR Quality report) returned to the clinical leaders and crews in a short turnaround period. Our expertise in cardiac arrest as well as other disciplines has helped us to develop the current systems that will be used to demonstrate ongoing clinical quality improvement in the County. We will follow the lead of LEMSA and respect the capabilities and desires for accountability, sharing of responsibility and data, and planning processes of our colleague EMS and public safety organizations.

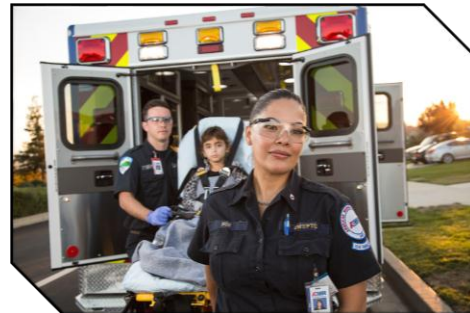


## Clinical Quality Improvement Program

Our overall approach to clinical quality management includes the following four key segments:

- **Segment I:** Developing a Foundation of Care
- **Segment II:** Monitoring the Care
- **Segment III:** Local Quality Management Talent
- **Segment IV:** The PDSA Cycle

We will continue to work with LEMSA and all system participants to implement and maintain a comprehensive CQI program. As your partner, we have developed and maintained a customizable process that encourages collective problem identification and solutions from all levels of our organization, including the County EMS community. Our Quality Improvement and Education Team will administer this process under the guidance of LEMSA Medical Directors and our Medical Directors, with ongoing input from our Quality Steering Committee.



For a CQI program to support a high-performance system, it must provide people with the education, resources, and the support needed for quality service and patient care. This outcome is best accomplished through observation, data collection, review, discussion and the exchange of ideas when areas for improvement have been identified. We match educational offerings to systemic issues and individual caregiver needs, based on leading indicators, ensuring effective and efficient behavior management.

### *Segment I: Developing a Foundation of Care*

Our first step in our quality process is to provide personnel with expected performance standards and ensure they have the tools they need to preplan their response to given situations, incidents and patient conditions. We do this through written patient care protocols, evidence-based practice guidelines, clinical and operational policies, performance scorecards, and continuing education and training.

During the new hire selection process and comprehensive orientation training program, we ensure our field staff have the training, tools, and performance expectations necessary to meet the demands of high-performance EMS service. Once out of orientation, it is imperative that we create a “learning culture” and provide ongoing training and education to ensure our caregivers remain at the forefront of EMS care. We offer a catalog of clinical and operation learning opportunities on a myriad of topics that are available from our SuccessFactors platform.

There are different learning opportunities in SuccessFactors, including high quality resuscitation skills, Crew Resource Management during Resuscitation (Pit Crew) current status of targeted temperature management for cardiac arrest victims, and the importance of bystander CPR including assertive dispatcher-assisted CPR instructions.



In addition to video-based educational content, we have a company-wide learning management system that streamlines certificate management and access to online continuing education for our personnel. Our Quality Improvement and Education Team will utilize this system to distribute locally-developed courses created for the specific needs of the personnel of the County.

### *Segment II: Monitoring the Care*

Our CQI program is designed specifically to ensure every patient receives the best care and customer service possible. To do this, we utilize a variety of monitoring tools to evaluate our services and identify clinical issues, allowing us to develop the most effective solutions and ensure the best possible patient care.

The key monitoring and identification tools we use are the following:

- **Data Collection and Analysis** – Our clinical data is generated from our MEDS/ePCR system. Our Medical Directors and Quality Improvement and Education Team have access to the monthly performance improvement measurement tools, which currently track core measures for the Things that Matter, our current set of process improvement metrics. This NEMSIS-compliant ePCR system allows for rapid real time identification and retrospective review of individual-level issues and overall system performance. MEDS is capable of sending messages to supervisors and even caregivers notifying them of quality issues such as failure to use EtCO<sub>2</sub> monitoring with an advanced airway. This system also gives immediate notification of any sentinel event to clinical and operational leadership. Our data collection system is designed to exceed data reporting requirements set by LEMSA.
- **Field Training Officer (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 caregivers. Documentation excellence is currently one of our major initiatives.
- **Observation and Evaluation** -- Field supervisors, selected for their leadership role based on clinical performance, 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. EMS Operation Managers and EMS Field Supervisors will follow up with the Quality Improvement and Education Team on observed issues as well as address these issues with personnel.
- **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. Customer surveys are mailed to our patients and entered into a database to enable trend recognition and provide feedback to our personnel.

### *Segment III: Local Quality Management Talent*

Every member of our leadership team plays a key role in our quality management process. In the County, this responsibility starts with Fire Chief. As the key leader for our Contra Costa County operation, the Fire Chief will lead our management team, setting strategic direction in conjunction with our local Medical Directors and key LEMSA personnel. Supporting the Fire Chief is our Operations leadership personnel and Quality Improvement and Education Team, who will work collaboratively to streamline our local operation and will be supported by local resources such as our Field Training Officer's (FTOs) and various regional and national clinical experts. Moreover, our quality improvement processes involve all our caregivers and responders.



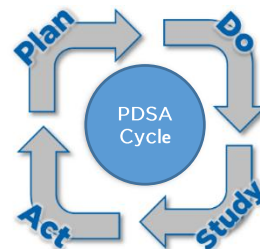
We provide care to the same patient, even if we do wear different uniforms. The following committees and personnel play a key role in fulfilling our clinical mission:

- **Quality Steering Committee:** A key component of other successful partnerships has been the establishment of a Quality Steering Committee. This committee would be chaired by the Fire Chief and AMR's General Manager as well as supported by our operations personnel and Quality Improvement and Education Team. To ensure a system-wide approach, this committee will also consist of the local Medical Director, various County representatives, and local hospital staff. Activities for the Committee include reviewing system performance in all key areas, generating ideas for improvement projects, and guiding and monitoring progress on improvement projects. Our overall focus is on system-wide performance for our patients and for the community.
- **Peer Review Committee:** All of our personnel 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 caregivers. Peer involvement is an important component of engaging personnel. By having personnel 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 frontline caregivers, these personnel often hold the key to innovative solutions for challenging issues
- **Field Training Officers (FTOs).** Our FTOs play an important role in our CQI program. Selected through a formal interview process, the FTOs currently function under the guidance and direction of our Quality Improvement and Education Team. 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 personnel, assist in teaching in-service education programs, and provide ongoing field observation and mentoring for our caregivers. In addition, the FTO role provides a promotional opportunity for people seeking leadership experience and career development

#### Segment IV: The PDSA Cycle

We have adopted the Plan/Do/Study/Act (PDSA) cycle, a simple framework for responding to opportunities for improvement. All of our process improvement projects evolve through the PDSA cycle.

- The **"Plan"** step involves identifying the goal for improvement. In other words, what are we trying to accomplish? We identify interventions that might improve overall performance, as well as metrics that measure the degree of improvement. Emphasis is on small, incremental projects where results can be gathered and theories tested quickly. This small, rapid-sequence testing framework is based on the successful work of the Institute of Healthcare Improvement (IHI)
- The **"Do"** step tests the intervention proposed and measures the results
- The **"Study"** step 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
- Finally, the **"Act"** step responds quickly after the study step. If the intervention had the desired effect, the appropriate action is 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





## b) Higher Levels of Commitment – Quality Management

Through the Alliance, we are the only provider that can offer the County a proven and reliable quality management program. This experience equips our personnel with a unique understanding and familiarity of the County's citizens' needs, affording us the opportunity to effectively evaluate our current CQI program and make appropriate adjustments as needed.



In addition, the Alliance's integrated approach offers the County pathway management from the moment a call is received by our dispatcher to the moment a patient is transported safely to the hospital. Through our shared methodologies and resources, this integrated approach will enhance our quality management and our ability to ensure a positive patient experience, while meeting or exceeding the County's emergency ambulance service needs. Below and on the following pages, we have outlined our higher levels of Commitment for Quality Management.

### Commitment to a Comprehensive Model of Quality Management

As noted in the RFP, the majority of American EMS systems limit their quality management processes to retrospective evaluation of patient care reports. Even more problematic, is that some EMS systems limit their review to a "put out the fire" approach where cases are only reviewed when a concern has been raised, usually by an outside agency or hospital.

We are presently building an internal CQI approach that favors prospective and concurrent review in addition to retrospective. Current targets include high-frequency, high-risk cases such as cardiac arrest, stroke, STEMI and severe trauma as well as low-frequency high-risk cases, such as pediatrics or endotracheal intubation. Retrospective review is performed as a combined effort between our Quality Improvement and Education Team and Medical Directors.

Our CQI program is fundamentally designed to evaluate and optimize structure, process and outcome, i.e. the Donabedian model. Prospective and concurrent review is performed by our Quality Improvement and Education Team and Medical Directors, through education and identification of areas of potential need, as well as during active ride-along and field response by our medical director. We have found these to be a powerful tool in helping us to identify potential opportunities for education and improvement that are otherwise not detectable by simple chart review. This extra level of physician involvement in the field with crews has been invaluable for our CQI process and has been very well received by the crews. It also is the only way to fully evaluate the structure, processes and outcomes of our system. A clear picture of a system's complexities cannot be gleaned from simple review of data.

In addition to intensive review with crews in whom opportunity for improvement has been identified, we are also directing educational efforts at high yield topics to improve the quality of the system at large. For example, two (2) of our KPI metrics are compression fraction and rate in cardiac arrest. The evaluation process includes reviewing the cardiac arrest assessment reports provided to us by the LEMSA, determining the quality based on those metrics, and then performing focused reviews with the crews who performed the patient care, particularly when an opportunity for improvement has been identified. Simultaneously we have ongoing educational efforts to the department at large to reinforce the importance and rationale behind the quality measures that we are using. These reviews are performed in person with the crew at their station and attended by our Medical Directors and Quality Improvement and Education Team. We are finding that this type of near real-time feedback is welcomed by the crews.



Additionally, we are in the process of developing a comprehensive review program that will incorporate EMSA Core Measures as well as local protocol adherence. This review process will include formulated Microsoft Excel worksheets that will measure fractal and percentile performance. To facilitate this program we are working to create a pathway to populate treatment data into the worksheets to create weekly comprehensive reports.

We recognize that a shift has occurred in first response and pre-hospital care, and with the introduction of Paramedics in the Fire Service, we have transitioned from being a group who provides first aid as a secondary added value to being licensed and accredited healthcare professionals. As such we are held to a high standard of care.

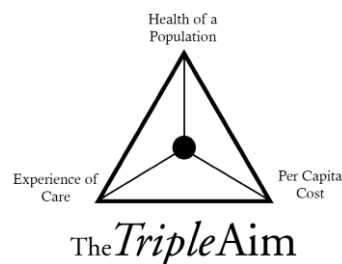
Responder and patient safety are always the first priority when responding to and managing any emergency. Training, education, communicable disease policy, medical waste management, immunizations, annual physicals and personal protective equipment are several ways in which we provide for the safety of our personnel and patients. Our approach to safety includes the safety of all responders. This outcome is achieved by a Company Officer serving as the Incident Commander on all calls, maintaining situational awareness at every scene. This model will not only be continued but enhanced through the Alliance, with the ultimate goal of increasing the safety of everyone.

The healthcare system is in the midst of a comprehensive structural overhaul in the United States. At the same time, essential services need to remain intact to provide continuity of care during this major renovation. We are also under pressure to derive greater value for the resources devoted to their service delivery model. Aging populations, increased longevity, and chronic health problems are not going to go on hiatus while a new system is developed. We recognize that our all hazard service has moved us into the field of healthcare and we are proud to assume the identifier of healthcare professionals. It is going to be essential to maintain the ability to continue to provide quality care while we evolve to define a more efficient model of service. In the meantime, we will remain the constant safety net that much of the public relies on for entrance into the healthcare system.

### *Approach*

We are in a unique position where our longstanding presence in the community, along with our valuable organizational foundation and infrastructure can be the cornerstone of a more efficient delivery system emphasizing the Triple Aim. We believe that we need to address all three of the Triple Aim dimensions at the same time.

The IHI Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance. It is IHI's belief that new designs must be developed to simultaneously pursue all three dimensions of the "Triple Aim":



- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of health care





We can improve the health of populations by leveraging our ability to partner with other healthcare departments within the County that will allow for identification of target populations and help define system aims and measures that are adapted to meet local needs and conditions. For the Alliance to do this work effectively, it is important to harness a range of community determinants of health; empower individuals and families; substantially broaden the role and impact of primary care and other community based services; and, assure a seamless journey through the whole system of care throughout a person's crisis. This narrowing down of redundant providers will create an opportunity to carry those patient experiences and outcomes to their healthcare records through advanced technological processes. It is important to emphasize that we will work collaboratively with other essential services, not in place of. We offer a 24 hour standing workforce who has the capacity to fill in the gaps after traditional staffing hours and on weekends making essential services and follow up much more simple to achieve.

Our role in reducing the per capita cost of healthcare will be realized by taking advantage of future community paramedic models where paramedics can make proactive scheduled visits to chronic or recent hospital discharge patients, thus reducing the need for transport for an emergency room visit. Savings will be experienced by the reduction of ambulance transports. Those dollar savings are in line with CMS efforts to reduce total health care cost.

### *Benefits to an Approach in Line with the IHI Triple Aim*

Organizations and communities that attain the Triple Aim will have healthier populations, in part because of new designs that better identify problems and solutions further upstream and outside of acute health care. Patients can expect less complex and much more coordinated care and the burden of illness will decrease. Importantly, stabilizing the Alliance and its EMS delivery model will provide a robust system that will not only provide for the daily system needs but will build in a depth of service that will meet the needs of abnormally high demands and disaster services. Additionally, community service programs such as citizen CPR, pre-season cardiac screening for high school and college athletes, and partnerships with prevention programs will come together to achieve overall better health for our communities.

To deliver on the Triple Aim, our approach to EMS delivery is based on reliability, customization, access, and coordination of care. We will work towards effectively delivering the Triple Aim by providing a tiered implementation of this service which will include the following:

- Unity of command – to streamline communication and patient care
- Establishing working relationships with other public health providers – to improve overall community health
- Integration communication and resource tracking – reduce overall system cost
- To continue the use of first responder squads – to improve patient care and reduce overall system cost





### *Institute for Healthcare Improvement (IHI) Open School*

Developing the next generation of leaders is critical for the long-term success of any organization, especially one such as the Alliance, which is labor-driven and strives to promote within whenever possible. Within 18 months of contract commencement, all full-time staff dedicated to quality management and education will complete the IHI Open School Basic Certificate. Currently, our Quality Improvement and Education Team have completed IHI Open School program. As your partner, we will continue to enroll our personnel in this program.

The IHI Open School program is designed to advance healthcare improvement and patient safety competencies in the next generation of health professionals worldwide. Launched in September 2008, the IHI Open School provides students of medicine, nursing, public health, pharmacy, health administration, dentistry, and other allied health professions with the opportunity to learn about CQI and patient safety. The online, educational community features a growing catalog of online courses, extensive content and resources, and a network of local chapters that organize events and activities on campuses around the world. We will enroll our Quality Improvement and Education personnel, EMS Operations Managers, EMS Field Supervisors and FTOs in the IHI Open School program.

### **Technology Advancements**

As your partner, we are positioned to offer the County the following:

#### *Fire MEDS*

Our San Mateo operation is in the implementation stages of a new, innovative ePCR data collection software called “Fire MEDS.” The program software was designed by recognized external software development companies, supported by our development team and most importantly guided by a team of local fire paramedic first responders. The goal of this program was to create first responder-specific ePCR data collection software that enables the ability to document and share data with the transporting agency’s MEDS ePCR platform. Additionally, this software operates on Apple iPad hardware, enhances user experience, and supports clinical reporting.



Fire MEDS will benefit first responders in the following ways:

- User friendly design
- Fast - PCR completion flows logically with the care provided
- Photo integration into the ePCR of trailing documents such as the ECG
- Data reporting for clinical improvement functions and electronic viewing of the ePCR
- Capability if desired to complete ePCR on-scene and transmit
- Capability to facsimile transmit ePCR to hospital
- Meets NEMSIS 3 GOLD standard of data collection

If awarded the contract, we are willing to implement a similar program with all Contra Costa County fire agencies who respond in the EOA.



## Tableau

Our business intelligence-reporting interface, Tableau is a powerful data visualization and analytics software program that is central to our compliance-reporting system. Tableau gives us the ability to respond to dynamic situations in real-time with data-driven decision-making and allows our front-end managers to report a variety of different elements within the system that are not typically captured in a regular reporting system including data, billing, and payroll. The following are some key benefits of Tableau:

- Creation of meaningful and actionable representations of complex data from multiple sources.
- Addresses challenges ranging from real-time operations management to retrospective performance reporting, to include national KPI reporting
- Analyzes CAD data so we can better understand the root causes of compliance issues
- User-friendly and intuitive

Tableau's variety of capabilities has numerous positive impacts on our overall performance, but ultimately will ensure that we continue to exceed the County's needs.

## Other Quality Management Measures

Through the Alliance, we are able to maintain and evolve the quality management programs in practice in the County. The RFP encourages proposers to exceed minimum requirements, especially in Clinical Quality management. Our expanded scope of clinical quality management exceeds the minimum requirements in several important ways, beginning with the aspects suggested in the RFP and ending with six (6) enhancements unique to the Alliance:

- AMR Foundation for Research and Education (AMR FRE)
- AMR Medicine™, which serves as a philosophy of clinical care for our patients. Through the Alliance, we strive to ensure our patients receive the best evidenced-based care.
- Pairing Clinical Performance Indicators with Education Systems
- Incorporation and Pursuit of National Quality Recognition Programs including the Baldrige Award and Institute for Healthcare Improvement Initiatives such as "Open School."
- Partnership in the HeartRescue Project, a five-year commitment to improve survival from sudden cardiac arrest in the communities we serve. This partnership is accompanied by a 5-year grant from the Medtronic Foundation, the philanthropic arm of the Medtronic Corporation. Grant funds are used to improve survival from sudden cardiac arrest in the communities served by AMR. The County would be eligible to apply for a grant if so desired.
- Project, a five-year commitment to improve survival from sudden cardiac arrest 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. This mindset brings robust national and local resources together in executing clinical quality improvements. We bring the full scope and scale of our performance management programs and processes to achieve clinical excellence in the County.



## **AMR Foundation for Research and Education (AMR FRE)**

We have recently established the AMR Foundation for Research and Education (AMR FRE). This 501c3 foundation is funded both by grant funds awarded to us and by charitable donations from individuals and organizations. The AMR FRE funds are used to support personnel who wish to conduct and present individual research projects at local and national EMS meetings, and to foster educational opportunities, such as some of the programs offered by the Institute for Healthcare Improvement.

## **AMR Medicine™ – Our National Program for Medical Excellence**

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 every community we serve. Every initiative, program, and process we implement is aimed to improve the overall health of our patients; at all times, they are our number one focus.

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 has proven to be extremely valuable in the County.



The advantage of our national size and diversity is that it allows for significant expertise in all facets of the art and science of out-of-hospital care. Emphasizing our commitment to continually use best practices to improve our patient care, our team will continue to be supported by, and will become part of, 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 our operations in other communities to assist with program implementation. Examples include the implementation of the Cardiac Arrest Registry to Enhance Survival (CARES) data initiative, which links process measures to actual patient outcome, and the evaluation of advanced airway techniques and devices. The groups themselves are composed of designated leaders from operations all over the country. Unique in the industry, these groups provide an unparalleled resource to all operations.

### ***Clinical Leadership Council***

The Clinical Leadership Council (CLC) is composed of clinical and educational services leaders representing all regions within our company, including a few of our key personnel, and key representatives from our 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 quality improvement initiatives 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.



## Research Partnerships

We have partnered with multiple academic institutions to participate in emergency medical services research. For example, in March 2014, the following evidence-based guideline for EMS was published in Prehospital Emergency Care with input from AMR's national clinical leaders, "An Evidenced-Based Prehospital guideline for External Hemorrhage Control: American College of Surgeons Committee on Trauma." We have collaborated with Dr. Daniel Patterson from the University of Pittsburgh on clinical safety initiatives, with Drs. Dan Spaite and Ben Bobrow on the ACTIONS study to improve survival from sudden cardiac arrest. Additionally, we support research in local practices that has assisted many local operations to develop research presentations for the Society of Academic Emergency Medicine and the National Association of EMS Physicians.

Our active participation in research underscores their collective commitment to contributing to the science that drives the out-of-hospital practice of medicine. We are the only National EMS provider partner in the Medtronic Foundations HeartRescue Project. This project assembles the nation's leading emergency and resuscitation experts committed to improving how Sudden Cardiac Arrest (SCA) is recognized, treated and measured in the United States. As a partner in the HeartRescue Project, we support local clinical activities pertaining to cardiac arrest improvement and communities in which we have a presence are eligible to apply for a HeartRescue grant.

In collaboration with local communities and customers, these national leadership groups have contributed greatly to the planning and oversight of some 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
- 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 of replacing tanks

## Pairing Clinical Performance Indicators with Educational Systems

We have studied effective adult learning processes and has tailored its educational and staff development strategies to fit the needs of learners at various stages in their development.

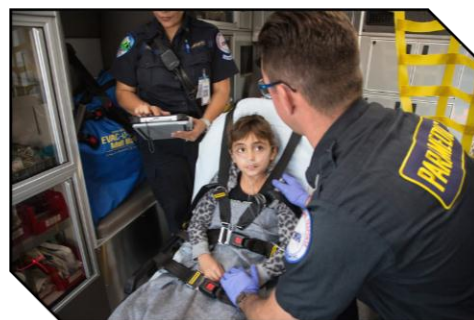
Classic approaches to continuing education assume the learner possesses the base knowledge and skills to effectively deliver care, but has lost some of the specifics or details over time. Classic continuing education re-exposes the learner to the initial training curricula. Our continuing education model offers some of this as it is the baseline, but advances further recognizing this type of training is limited in value. Through the Alliance, we will utilize the foundation of our continuing education program.



Adult professionals want to learn what is relevant to them, and are bored with repeating what they already know. To address this need, we have developed a continuing education model that uses our CQI process to identify problem areas or opportunities for improvement and lets those topics drive the education curricula. When observations of key performance indicators identify a system-wide issue; we adjust the CME training schedules and online content and provide instruction on the topic to all caregivers in the system. This pairs the clinical indicators with locally-derived educational content throughout the local EMS operation.

In addition to our group continuing education training, we also use one-on-one training opportunities through our Field Training Officers (FTOs) and Field Supervisors. Our FTOs and Supervisors function as facilitators and coaches, working collaboratively with our care-givers to identify opportunities for improvement and implement learning objectives and performance improvement plans that lead to professional development. Learning opportunities are available for interested individuals in the form of the IHI Open School as well as by participating in mentored improvement projects.

A key factor in this model is problem identification and reliable feedback. Individualized performance report cards are needed for optimal benefit. Report cards compare individual caregiver performance to that of their peers, as well as benchmarking performance against comparable practices in the community and our network. We are developing the scorecard and report card systems necessary to pair individual performance indicators and educational content, and we will continue to introduce these programs to County caregivers should we be awarded the contract.



## **Incorporation and Pursuit of Quality Recognition Programs**

As further evidence of our commitment to embody a quality-focused organization, we commit to include the County in our application for the prestigious California Quality Award, the state's version of the Malcolm Baldrige National Quality Award, within the first three (3) years of the start of a new contract. We will utilize the Malcolm Baldrige Quality Program as a model to guide the organization's quality efforts and to evaluate progress in the County.

In March of 2011, we were the first EMS provider to win the California Council on Excellence Prospector Award, which followed the Malcolm Baldrige National Quality Award Criteria. Through our experience with Baldrige, we have learned how to effectively and efficiently meet our mission and achieve our visions.



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



### *GOLD Stevie Award*

We were awarded a GOLD Stevie® award in the category of “Corporate Social Responsibility Program of the Year in Canada and the U.S.A.” for its 2013 World CPR challenges. For the County, we will continue to serve our communities through our existing health initiatives and programs, such as our CPR Challenge as well seek to develop new programs that are designed to improve the health of community.

### *Mission Lifeline® Emergency Medical System (EMS) Recognition Award*

We were the recipient of the 2014 Mission Lifeline® Emergency Medical System (EMS) Recognition. This award acknowledges the work, training and commitment by Ambulance agencies and Medical First Responders (MFRs) to improve overall quality of care for the STEMI patient, by directly influencing the STEMI System of Care.

### *“Caring for Maria”-- Experience with the IHI Quality Improvement Process*

In December 2013, our National Leaders presented the first EMS-based improvement project “Caring for Maria” at the Institute for Healthcare Improvement National Forum. *Caring for Maria* employs 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.

The IHI improvement project process uses the concept of the Triple Aim as the framework for the approach to optimizing health system performance. In this approach, it is necessary to simultaneously pursue three dimensions of the Triple Aim:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of healthcare

In most healthcare settings today, no one is accountable for all three dimensions of the IHI Triple Aim. For the health of our communities, the health of our populations, and the health of our all our patients, we need to address all three of the Triple Aim dimensions at the same time.

### *Five-Year Commitment to improve survival from sudden cardiac arrest in the communities we serves*

In 2012, we became a full partner and the only EMS-based partner in the Medtronic Foundation’s HeartRescue Project, along with five others. The original HeartRescue partners include the University of Arizona, University of Pennsylvania Resuscitation Science Center, University of Minnesota Resuscitation Consortium, Duke University, and University of Washington, including Seattle Medic One and King County.



The HeartRescue Project is a concerted effort by experts in resuscitation science to improve the survival rate from sudden cardiac arrest. The project's approach is to build on decades of best practices at the bystander, pre-hospital, and hospital levels, combining them under one program in order to expand geographic reach. The key elements include the following:

- Publicly stated/measurable goals (a 50-percent increase in survival rates over five years in funded geographies)
- A common set of data elements used to measure performance and outcomes
- State-based reach, to include every size of community
- Highly collaborative environment, bringing together leaders, influencers, and hundreds of stakeholders in each state
- A focus on incremental system quality improvement via demonstrable, data-driven evidence
- A commitment to sharing information and publishing results

As a partner in the HeartRescue project, we strive to bring all of its practices and its communities into the Cardiac Arrest Registry to Enhance Survival to allow measurement, benchmarking, and improvement of local Sudden Cardiac Arrest (SCA) survival rates. Additionally, the program offers our HeartRescue grants to communities in which we have a presence. HeartRescue's list of partners can be found on the HeartRescue Project's webpage at the following URL:

**<http://www.heartrescueproject.com/heartrescue-program/heart-rescue-project-partners/index.htm>**



## 2. Competitive Criterion: Clinical and Operational Benchmarking

### a) Minimum Requirements—Clinical and Operational Benchmarking

#### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.A.2.a.

#### *Clinical & Operational KPIs*

Our commitment to capture, mine, analyze and operationalize data is embedded in our culture. We have thoroughly reviewed and agree to provide the 18 KPIs listed in the RFP.

#### **Periodic Report**

We will provide the County with all elements of information requested, at least monthly, to ensure their ability to benchmark KPIs against standards. We will also commit to working with the County and LEMSA to develop KPIs as needed to ensure the evolution of targeted and effective patient care.

We will also work with LEMSA to determine an appropriate reporting schedule for protocol compliance. Using treatment bundles for specific protocols and through data extraction from MEDS, these reports will allow us to determine compliance with specific protocols, including protocol challenges. Through the use of our Clinical Data Analysts and CAD Data Analysts, we are able to develop new and custom SQL reports, which is currently the most accepted program for interrogating relational databases. These reports can be created on an as-needed basis and can be constructed to run automatically on a daily, monthly or other interval basis, as required. LEMSA will continue to have the ability to actively oversee the system performance through the use of our MEDS system and will be able to pull data as required to meet their reporting needs.

### b) Higher Levels of Commitment—Clinical and Operational Benchmarking

With the overall system approach to patient care as defined by our proposed CQI system, we will significantly expand system-based benchmarking processes that includes not only clinical care, but also a variety of other elements that indicate overall system performance.





## Additional Benchmarking

Clinical benchmarking allows us to evaluate our performance as compared to other systems state and nationwide, provided that we all use the same metrics. We are currently gathering data for the following clinical measures which are core measures from the state EMSA and therefore can be compared to other systems statewide:



- Scene time for trauma (TRA-1)
- Direct transport to a trauma center (TRA-2)
- Aspirin for Chest Pain (ACS-1)
- 12 Lead EKG performance (ACS-2)
- Scene time for STEMI (ACS-3)
- Direct transport to a STEMI center (ACS-5)
- Out of hospital ROSC, survival to ED and Hospital discharge (CAR-2, CAR-3, CAR-4)
- Glucose for suspected stroke (STR-2)
- Scene time for stroke (STR-3)
- Direct stroke center transport (STR-5)
- Beta agonist for Adult or Pediatrics (RES-2, PED-1)
- Pain intervention and response (PAI-1, PAI-2)
- Intubation success, End Tidal CO<sub>2</sub> measurement (SKL-1, SKL-2)
- Ambulance Response times by zone, Dry runs (RST-1, RST-2, RST-3)

In addition to state core measures, we have other agency measures, for example:

- Documentation of prehospital stroke score, i.e. LAMS, FAST, Cincinnati by prehospital providers
- Survival to hospital discharge in out of hospital arrest with CPC 1 or 2
- Early epi cycles 1, 2 and 3. (NEMSIS E18\_01)
- Correct delay in intubation for 3 cycles
- Compression rate for CPR
- Compression fraction for CPR
- Standard for the installation, maintenance, and use of Emergency Services Communications Systems (NFPA 1221)
- Standard for the organization and deployment of fire suppression operations, emergency medical operations, and special operations to the public by career fire departments (NFPA 1710)

While not all of these metrics are required, nor are all of them able to be benchmarked on a wide scale as they are not measured by all systems, they are some of the measures we use as indicators of higher performance, or an optimized system. For example, there is evidence to support that early epinephrine might improve outcomes in non shockable cardiac arrest. Likewise, there is evidence that delaying intubation for three (3) cycles (or more) might improve outcomes in cardiac arrest.



Furthermore, there is growing and very strong interest in utilizing EMS to selectively route a subset of stroke patients to Comprehensive Stroke Centers, bypassing Primary Stroke Centers, to receive early interventional therapy. We have begun looking at not only the frequency, but also the accuracy with which our crews are performing a prehospital stroke scale, as well as documented the “time last seen normal” as these two (2) assessments will be the key determinants in the destination of such patients.

Superior medical outcomes are critical to establishing community peace of mind and confidence in the value of their overall investment in the EMS system. Therefore, we utilize outcome-based metrics over process-based metrics. Outcomes provide a clearer “bottom-line” objective for goal setting. Process-based measures, especially input measures such as resources consumed and cost, are also important for management. We consequently use a mix of process and outcome metrics in our KPIs.

### Commitment to Technology and Personnel

Our commitment to benchmarking KPIs extends to and is evidenced by our investment in technology skilled data analysts.

Through the Alliance, we will utilize a comprehensive suite of tools to gather the data needed for our system performance reports and statistical analyses, and to ensure compliance with medical protocols. These tools include the MEDS ePCR system for every ambulance, a CAD program, and Medical Priority Dispatch Systems™ (MPDS™) /ProQA™ telephone triage systems for the Communication Center. These robust tools and combined with our IT talent, provide a reliable platform for advanced data warehousing and management.

In addition, we employ dedicated Clinical Data Analysts and CAD Data Analysts, who have attained the Structured Query Language (SQL) Developer competency level. Clinical data and CAD data are two distinctly different databases, which is why we maintain separate analyst positions, rather than diluting competency by trying to have one person do all.

### Proposed Higher Level Benchmarking Process

Like the County, we are committed to using patient-focused performance metrics to drive clinical care improvements. As such, we are proposing to enhance our current benchmarking system by working with the County to share metrics with EMS agencies and hospitals to add additional benefit to the local system. With our experience in collecting data, we have the potential to review the impact of systems of care on chronic health-needs patients. Likewise, we can look at patient satisfaction and experience methodologies used elsewhere in the country to implement a fully transparent review of patient perceptions of our care in the local community. This collaborative approach to performance measurement is beneficial for the following key reasons:

- It ensures that the entire system is working together around care that benefits patients
- It ensures focus throughout the organization on initiatives that actually improve clinical care
- It enables open discussion about performance, benchmarking with other out-of-hospital communities, and identification of best practices and areas for improvement



## High Impact Clinical Conditions – Things that Matter

We will aggressively focus significant efforts on high impact clinical conditions identified through a comprehensive review of medical literature by the Alliance and non-Alliance 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	
<b>Goal:</b>	<ul style="list-style-type: none"> <li>Improve the safety and efficacy of airway assessment and intervention</li> </ul>
<b>Strategies:</b>	<ul style="list-style-type: none"> <li>Training, improved airway decision making, increased use of capnography and CPAP</li> </ul>
<b>Metrics:</b>	<ul style="list-style-type: none"> <li>Intubation frequency per 100,000 cases</li> <li>Capnography utilization</li> <li>Adequacy of patient intubation and ventilation as measured by EtCO<sub>2</sub>, SpO<sub>2</sub>, and RAPS score</li> </ul>
Resuscitation	
<b>Goal:</b>	<ul style="list-style-type: none"> <li>Optimize cardiac resuscitation strategies to improve long-term survival from cardiac arrest</li> </ul>
<b>Strategies:</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Metrics:</b>	<ul style="list-style-type: none"> <li>Cardiac arrest survival</li> <li>Operational participation in the CARES registry (results shown below)</li> <li>Operational participation in the Heart Rescue initiative that promotes community-wide approach to resuscitation</li> <li>MDLG/CLC/NEET evaluation and recommendation regarding resuscitation approaches such as hypothermia, mechanical CPR, ResQPod, etc.</li> </ul>
STEMI / Stroke	
<b>Goal:</b>	<ul style="list-style-type: none"> <li>Early recognition of STEMI/Stroke, early activation of community resources, patient transport to most appropriate specialty center</li> </ul>
<b>Strategies:</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Metrics:</b>	<ul style="list-style-type: none"> <li>STEMI/Stroke Benchmark report based on Consortium of US Metropolitan Municipalities’ Medical Directors composite scoring</li> </ul>
Respiratory Distress	
<b>Goal:</b>	<ul style="list-style-type: none"> <li>Appropriate evaluation and safe management of patients complaining of shortness of breath</li> </ul>
<b>Strategies:</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Metrics:</b>	<ul style="list-style-type: none"> <li>Respiratory distress and CHF Benchmark reports based on Consortium of US Metropolitan Municipalities’ Medical Directors composite scoring</li> <li>Increase in the percentage of patients whose acuity improves during the prehospital encounter as measured by EtCO<sub>2</sub>, SpO<sub>2</sub> and RAPS score</li> </ul>



Severe Trauma	
<b>Goal:</b>	<ul style="list-style-type: none"> <li>Early recognition of severe trauma with early activation of community resources, patient transport to most appropriate specialty center</li> </ul>
<b>Strategies:</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Metrics:</b>	<ul style="list-style-type: none"> <li>Significant trauma benchmark report based on Consortium of US Metropolitan Municipalities' Medical Directors composite scoring</li> </ul>
Management of Pain and Discomfort	
<b>Goal:</b>	<ul style="list-style-type: none"> <li>To reduce patient pain and discomfort</li> </ul>
<b>Strategies:</b>	<ul style="list-style-type: none"> <li>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</li> </ul>
<b>Metrics:</b>	<ul style="list-style-type: none"> <li>Creation of business rules in ePCR system</li> <li>Creation of national data report on pain/discomfort relief</li> <li>Patient satisfaction</li> <li>Identification of best practices within operations with best data</li> <li>PDSA process to implement best practices</li> </ul>
Patient Safety	
<b>Goal:</b>	<ul style="list-style-type: none"> <li>Improve the safety of EMS evaluation, care, and transport</li> </ul>
<b>Strategies:</b>	<ul style="list-style-type: none"> <li>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)</li> </ul>
<b>Metrics:</b>	<ul style="list-style-type: none"> <li>Completion of PFCA training during new-hire orientation</li> <li>Operational dry-run/non-transport goals and performance</li> <li>Patient drop and vehicle accident rates (already monitored)</li> <li>Establishment of a process for identifying cases to review for adverse events based on trigger conditions (as described by the Institute of Healthcare Improvement)</li> <li>Creation of an integrated patient safety report that incorporates patient drops, vehicle accidents, and adverse events</li> </ul>

### *CARES Data Initiative*

The CARES Data Initiative program links process measures to actual patient outcome, and the evaluation of advanced airway techniques and devices. In 2014, we produced a **10.7%** overall survival rate (485 patients). Our overall survival rate meets the national average. We also produced a witnessed survival rate (Utstein Survival) of **33.8%**; and a Witnessed, bystander CPR survival rate (Utstein Bystander Survival) of **34.9%**. In addition, our bystander CPR rate was **37.9%**.





## Improving Patient Health & Outcomes - Collaboratively

With this contract and through the Alliance, the current CQI program will continue to evolve and take into account the Just Culture approach, which supports our clinical culture that is built around the specific needs of the local EMS system. We are offering to collaborate with the County to develop a clinically sophisticated program that responds to local leadership priorities, evaluates patient care using valid and meaningful data, and seeks to produce actual improvements in the health of patients system-wide. This collaboration will be targeted towards the following:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of healthcare

To succeed, CQI in the County's system cannot be "supplied" by the Alliance, but must be developed and maintained in careful collaboration with County and LEMSA. By definition, local priorities, local disease burdens, and local clinical practices will drive the detail of this program. However, we offer to strong local and national experience from other EMS systems, expertise in clinical care, and capable infrastructure to achieving the system's goals and protecting its patients.

In this section, we seek to display to the County what will be possible and what our approach will be, knowing that the detail and priorities will be established through active collaboration.

## Assessing Compliance with Medical Protocols

The key to ensuring compliance with medical protocols is the development of robust protocol-based KPIs monitored through our industry leading Institute of Health Improvement (IHI)-based CQI model, which we are offering as an enhancement to this proposal. We will work with LEMSA and the Medical Director to ensure that all protocols are updated regularly and communicated to our crews in the field, with the appropriate KPIs updated in the system. By monitoring the compliance of treatment bundles through the MEDS program we are able to recognize areas of opportunity within the current system as well as identify protocols that may have compliance issues.

Additionally, we will offer LEMSA a database with continually updated information on changes being made to medical protocols by EMS systems that we currently serve across the nation. The database will provide the LEMSA Medical Director with a fast, easy-to-use tool to track changing trends in medical protocols and ensure the system is fully informed as protocols evolve nationally. Likewise, we would like to include in this database the LEMSA protocols so that EMS systems we serve can also benefit from its improvements and evolution. Only the Alliance can offer such a step up in the sheer scope and quality of information that can be provided to drive real evidence-based change.



## Taking a Step Up In Patient Care

We are currently collaborating with the IHI, and we have refined and simplified our CQI approach with a focus on making measurable improvements that benefit patients clinically, improve their experience of care, and control costs. This new “Triple Aim” approach to CQI places patients – the people we serve -- at the center of the model, as they remain our purpose and the focus of our vision, our values, and our actions. The program has three main components:

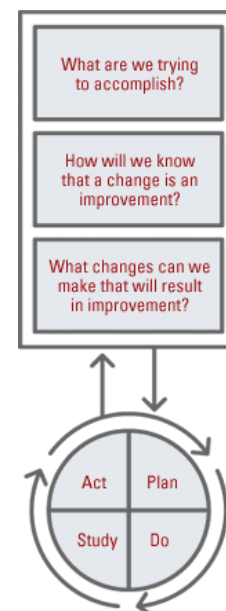
- Improvement Projects
- KPI Monitoring
- Management of Unusual Occurrences (UO)

We are offering this industry-leading quality management program as an enhancement to the system currently in place. Not only will it fully meet and exceed the requirements of the system today, but also those of the future, for all elements of the operation, from the time the call comes in to the communications center to the time the patient arrives at the hospital. The system is designed to evolve as we evolve as a mobile health care provider, taking the best in CQI practices and enhancing them through the ongoing practice of medicine.

We look forward to developing this program in conjunction with LEMSA and participating in the growth and development of the local EMS system. We also look forward to using the three (3) components of the IHI Triple Aim Quality Program to provide a unique opportunity not only for further development for the County, but also to communicate the system’s successful programs to other EMS communities we serve.

Part of the model is the **Plan, Do, Study, Act (PDSA)** approach. We propose to work with LEMSA to test improvements on the smallest possible scale and refine the improvements before they are implemented across the system. This commitment will allow for a more effective system-wide implementation of new protocols with the assurance that they are producing the results intended. This approach involves the following:

- **Plan for the test.** The key part of planning is to make a prediction of the expected results from the test
- **Conduct the test.** During this phase we carry out the test and gather results/observations
- **Study the results.** Here we compare the actual results of the test with the prediction made during the planning phase
- **Act** on the comparison of the results with the prediction and the observations from the test. Based on what we learn we will either adopt this as a good practice to implement, adapt the plan to produce better results and conduct another PDSA cycle, or abandon the practice as something that does not work





Another part of the IHI model, UOs, individual situations that require a comprehensive investigation to understand the nature of what has happened. UOs are initiated through contact from patients, the public, system partners, through our near-miss self-reporting system, and chart review. If a UO is identified, our team will immediately notify LEMSA's Medical Director and work with him to conduct an investigation. We will prepare a report on the results of the investigation describing what happened and any recommendations for improvement, in line with our Just Culture approach. Once the recommended improvements are in place, the case will be closed and a follow-up assessment will be scheduled to make sure that the improvements are sustained.

This process is illustrated in the following diagram:



## National Benchmarking

Through the Alliance, we will utilize clinical metric scorecards that are designed to focus our crews on providing better patient care. These scorecards will be made available to the County as part of our CQI plan. The scorecard is built around the following seven common themes in EMS, which has been incorporated into seven 'Things that Matter':

- Safe & Effective Maintenance of Airway and Ventilation
  - (We ensure optimal airway patency, ventilation, and oxygenation)
- Reduction of Pain and Discomfort
  - (We enhance patient comfort and reduce pain)
- Relief of Respiratory Distress
  - (We relieve respiratory distress and optimize ventilation and oxygenation)
- Cardiac Arrest Resuscitation
  - (We focus on prompt, appropriate and effective resuscitation)
- Recognition and care of Ischemic Syndromes
  - (We rapidly recognize and appropriately care for STEMI & Stroke)
- Effective and Timely Trauma Care
  - (We are timely and efficient in our recognition and treatment of severe trauma)
- Ensuring Safe Patient Care and Transport
  - (We ensure that patients are safe while in our care)

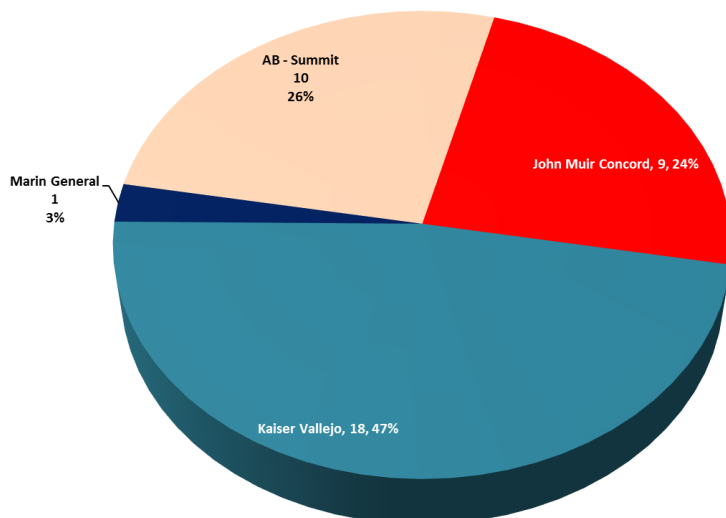
These metrics are displayed by local practice sites on a scorecard that allows baseline development and sets expectations for accountability for documentation, CQI, and outcomes. The scorecards are customizable by location and begin by analyzing data and displaying it on a dashboard in performance bands. Run charts are developed as data accumulates, and goals are established to facilitate improvement.



Below are examples of local charts that are currently available for our operations. These can be customized over time to meet system oversight needs:

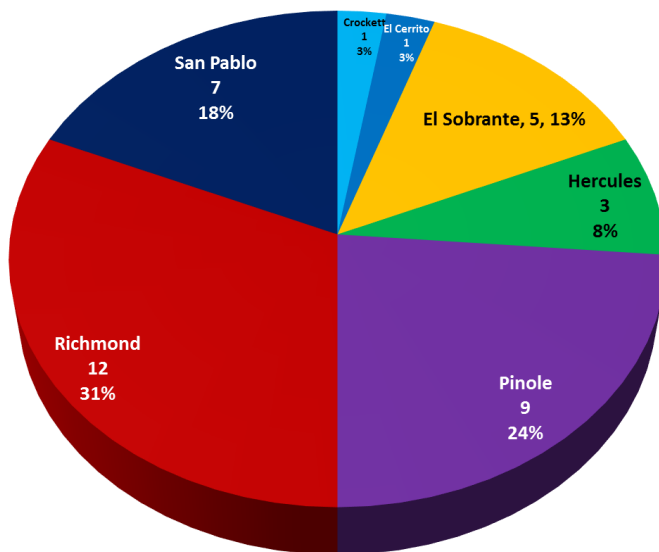
### STEMI Alerts - Transport Destinations

West Contra Costa County  
8/7/2014 7:00 AM to 3/31/2015



### STEMI Alerts - Incident Cities

West Contra Costa County  
8/7/2014 7:00 AM to 3/31/2015



An additional benefit of MEDS implementation, and the PIM tool, is our ability to benchmark local system performance against any other area of our operations nationally. We are proposing to offer this tool, which is updated monthly, to the County office to allow for system benchmarking against other operations nationwide.





## EMS-CAHPS

We are proposing through the Alliance to continue to actively measure the patient experience with our care in the County system using a validated patient experience satisfaction survey based on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey tool.



Standardized consumer experience metrics are an increasingly important component of value-based health care evaluation and compensation. Over the past decade, healthcare system and provider accountability for the patient experience and responsibility for transparent reporting has become an expectation of organizations and individuals involved in patient care. EMS as an industry has typically been slow to implement any such metrics, and where customers were surveyed, the survey tools have been un-identified and cannot be compared directly to other health care organizations.

The HCAHPS survey tool is nearly universally implemented to collect patient experience ratings for hospital in-patients. It is also now nationally reported by Medicare to permit consumers to directly compare local hospital choices against local, state and national metrics via the Medicare.gov website. Although many elements of the HCAHPS tool are not applicable to EMS, and conversely, important EMS measures are not included, using as much as possible of this validated tool will move EMS into an appropriate position to be considered another valuable component of the continuum of healthcare. For this reason, we have developed a survey instrument based on HCAHPS but relevant for EMS.

Through the Alliance, this survey is currently available to the County. In 2014, we sent out 5,321 surveys, receiving 638 patient responses. We will continue to utilize this tool as it has proven to be extremely valuable in allowing both the Alliance and the local system to demonstrate clearly superior patient experience ratings using a believable and recognizable tool accepted by all elements of the healthcare system.

## Non-Clinical Key Performance Indicators

We recognize the essential importance of subjective patient experience satisfaction as a measure of EMS quality. Since many EMS patients do not face immediately life-threatening events, how they felt about the care they received by the EMS caregivers is as relevant as “scientific” or clinical measures. Thus, through experience, we know monitoring customer satisfaction will be a key indicator for measurement in the County system. We also believe that employee satisfaction is a clear indicator of the system health and the type of care our patients are receiving.



The following are examples of non-clinical KPIs that we are proposing to continue to monitor for the County:

#### **Customer Satisfaction KPIs**

- Example questions collected and monitored from customer surveys:
  - Did the Paramedics Arrive Quickly?
  - Did the Paramedics Act in a Concerned and Caring Manner?
  - Did the Paramedics Explain What They Were Doing and Why?
  - Pain, Difficulty Breathing, or Discomfort Improvement
  - Overall Care and Service Rating

#### **Human Resources/Employee Satisfaction KPIs**

- Shift Holdovers Per Week
- Turnover Rate
- Turnover Factors/Employee Satisfaction

#### **Community Health Partnership KPIs**

- 9-1-1 calls for patient conditions targeted in community health awareness programs. Examples could be:
  - Elderly falls
  - STEMI transports
  - Early onset stroke transports
- Number of Community Health Improvement Activities
- Home inspections
- Fall prevention for Seniors
- Track annual fire injuries/fatalities

#### **Fleet KPIs**

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

#### **Safety KPIs**

1. Employee Injuries per 10,000 payroll hours
2. Vehicle collisions per 100,000 miles travelled

#### **Unusual Occurrences and Complaints KPIs**

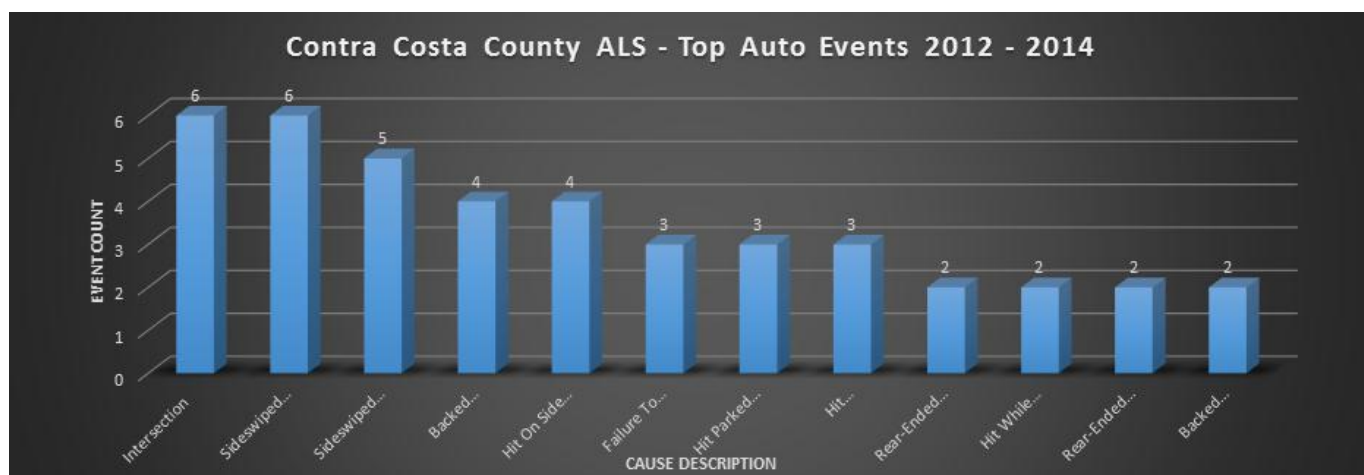
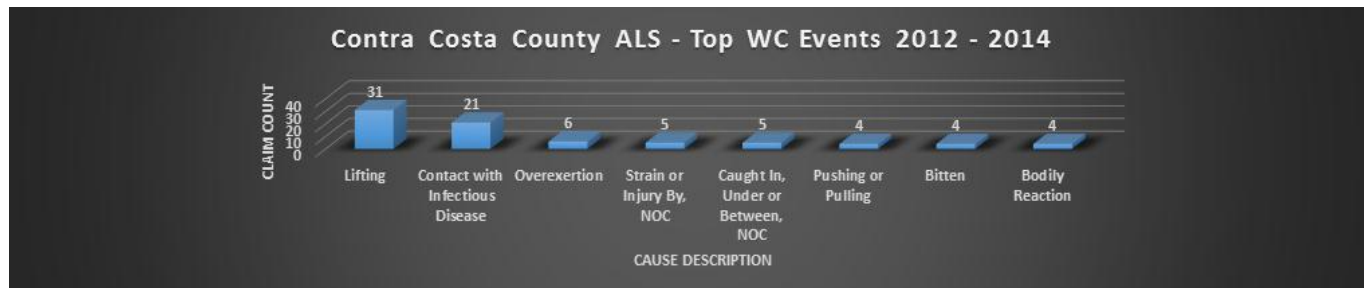
1. UOs and Complaint

#### **Financial Sustainability KPIs**

1. Unit Hour Utilization Ratio
2. Net revenue per transport



We currently monitor a number of these KPIs, including employee injuries and type of vehicle accidents, as illustrated in the following charts:



## Operational Key Performance Indicators

We also reviews our operational KPIs on a regular basis. Operational benchmarking begins with establishing standards by which we can effectively monitor changes that are made to improve outcomes such as response times, time at the scene of an incident, and total time on a task. The result should be an efficient use of resources available.

These standards will be established in our local SSP, which will be used by all operational functions including Communications, Caregivers, and EMS Operations Managers, to efficiently run the system on a daily basis. System status management (SSM) is the deployment of ambulances on an hour-to-hour and day-to-day basis using demand analysis from the previous 20 weeks of call data. The result is a system of “post” locations placing ambulances closest to the calls while moving resources based on call locations.

Most of our ambulances are deployed using 12-hour rotations to maintain 24-hour coverage. This deployment uses each ambulance to its highest efficiency, minimizing the overall number of ambulances necessary and the amount of time an ambulance sits idle. In addition to these units, the system integrates 12-hour flex cars that increase ambulance coverage during peak volume. These resources make up the core of the scheduled ambulance in a given day or week.



All the plans, scheduling, and data analysis culminate to an orchestrated system of ambulances responding to calls with strategic movement of resources, allowing us to meet the established response times. This high-performance system requires monitoring with appropriate benchmarks designed to be measurable in an effort to improve outcomes.

### 3. Competitive Criterion: Dedicated Clinical Oversight Personnel

#### a) Minimum Requirements – Clinical Leadership Personnel

**Attestation:**

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.A.3.a.

One of the many benefits of the Alliance is a broader base of support for clinical oversight. We are currently expanding our KPI and benchmarks to allow us to perform more in depth analysis of the quality of care we provide as well as associated outcomes. Guided by the senior management of the Fire Chief, we are establishing a comprehensive personnel structure to ensure the oversight of organization-wide quality management and KPIs. Our Fire Chief's designee along with a leadership complement of Medical Directors, General Manager, Quality Improvement and Education Team, EMS Operations Manager, EMS Field Supervisors, Field Training Officers (FTO's), Data Analysts, as well as an on-call team of regional and national clinical experts will actively participate in sustaining the EMS quality management system. Job descriptions for all clinical quality personnel positions are included as **Exhibit No. 6**.

Our core clinical leadership personnel is comprised of our Medical Directors and our Quality Improvement and Education Team. These individuals will have very active roles in teaching, case review, and feedback. Our Chief Medical Director, Dr. Peter Benson, will lead our core clinical leadership personnel and will be responsible for aligning our medical direction with LEMSA and providing medical oversight to our system. Dr. Benson, who has practiced in the County for over ten (10) years, has a Master of Public Health (MPH) with formal training in epidemiology and biostatistics, and has authored several studies. He is experienced in systematic data analysis and able to lead the "analysis of performance data and conduct improvement projects."

Our Associate Medical Director is Dr. Gene Hern, is an attending physician at Highland Hospital in Alameda County, CA. He will support Dr. Benson and provide additional medical expertise and oversight for the entire system, while working closely with all local public safety agencies. He offers eight (8) years of experience practicing medicine in the County.

Our Quality Improvement and Education Team is comprised of two (2) individuals. The first member of this team is Greg Kennedy, who offers nine (9) years of experience in the County. Mr. Kennedy is responsible for monitoring tasks such as the on-going responsibility to review completed Patient Care Reports and data reports for adherence to proper protocols and to assure that best practices and standards that are taught in the classroom are being performed in the field. He reviews interventions, STEMI and CPR reports, and medicine administration, among other areas of care, to identify and correct any deficiencies. He also acts as the Education Nurse and is available to provide targeted one-on-one training to District EMTs and Paramedics.



The other leadership member of our Quality Improvement and Education Team is Joanny All, who offers over 15 years of service in the County, including 17 total years of urban and rural EMS experience. She will be responsible for the day-to-day management of the continuous quality improvement system as outlined below:

- A team of Field Training Officers (FTOs) and chosen field staff that help ensure performance standards, the implementation of successful training programs, continuous performance monitoring within the field, and participation in peer review audits
- A stringent screening program for new personnel, careful review of equipment needs, and physician-approved protocols
- A comprehensive orientation academy that is followed by FTO-facilitated field training, evaluation, and continued mentorship, as well as in-house continuing education programs
- Monitoring, coaching, and feedback by FTOs, Field Supervisors, and Clinical staff

We also have dedicated Clinical Data Analysts and CAD Data Analysts, who have attained the Structured Query Language (SQL) Developer competency level. The analysts will evaluate Patient Care Reports. Through the years of dedicated services, we have established a clinical quality management program that has proven extremely valuable in the County, serving individuals within its borders and from the surrounding commuter and medical facility populations. Our CQI is overridingly built on the belief that we can improve what we measure and monitor, ultimately ensuring that every one of our patients receives the best care possible. Additionally, we commit to eighty (80) hours per month for designated field personnel to participate in clinical improvement activities.

### International Institute of Health Open School

Developing the next generation of leaders is critical for the long-term success of any organization, especially one such as the Alliance, which is labor-driven and strives to promote within whenever possible. Within 18 months of contract commencement, all full-time staff dedicated to quality management and education will complete the IHI Open School Basic Certificate. Currently, our Quality Improvement and Education Team, Greg Kennedy and Joanny All, have completed IHI Open School program. As your partner, we will continue to enroll our personnel in this program.



The IHI Open School program is designed to advance healthcare improvement and patient safety competencies in the next generation of health professionals worldwide. Launched in September 2008, the IHI Open School provides students of medicine, nursing, public health, pharmacy, health administration, dentistry, and other allied health professions with the opportunity to learn about CQI and patient safety. The online, educational community features a growing catalog of online courses, extensive content and resources, and a network of local chapters that organize events and activities on campuses around the world. We will enroll our Quality Improvement and Education personnel, EMS Operations Managers, EMS Field Supervisors and FTOs in the IHI Open School program.



The table below provides an outline of the training topics provided.

Patient Safety
PS 100: Introduction to Patient Safety
PS 101: Fundamentals of Patient Safety
PS 102: Human Factors and Safety
PS 103: Teamwork and Communication
PS 104: Root Cause and Systems Analysis
PS 105: Communicating with Patients after Adverse Events
PS 106: Introduction to the Culture of Safety
PS 201: Partnering to Heal: Teaming Up Against Healthcare-Associated Infections
PS 202: Preventing Pressure Ulcers (professional catalog only)
Improvement Capability
CQI 101: Fundamentals of Improvement
CQI 102: The Model for Improvement: Your Engine for Change
CQI 103: Measuring for Improvement
CQI 104: The Life Cycle of a Quality Improvement Project
CQI 105: The Human Side of Quality Improvement
CQI 106: Mastering PDSA Cycles and Run Charts
CQI 201: Guide to the IHI Open School CQI Practicum (student catalog only)
CQI 202: Quality Improvement in Action: Stories from the Field
Quality, Cost, and Value
QCV 101: Achieving Breakthrough Quality, Access, and Affordability
Person- and Family-Centered Care
PFC 101: Dignity and Respect
PFC 102: A Guide to Shadowing: Seeing Care Through the Eyes of Patients and Families
PFC 103: Having the Conversation: Basic Skills for Conversations about End-of-Life Care
Triple Aim for Populations
TA 101: Introduction to Population Health
Leadership
L 101: Becoming a Leader in Health Care

## b) Higher Level of Commitment – Clinical Leadership Personnel

While our organizations recognize the need to manage clinical direction locally, we also believe it is important to share knowledge from clinical practices across the country. Our Clinical Leadership Personnel will have direct access to our national clinical team and can draw from best practices and lessons learned from practices across the country. The national team has members focused on specific areas we believe have the greatest opportunity to improve outcomes of patients in the communities we serve.



We are highly confident in the abilities of our team of clinical personnel. These individuals have a proven record of effectively communicating their extensive medical knowledge to the rest of our staff. This entails the regular distribution of clinical summaries with benchmarks for performance and evaluation, continuous measurement of cancelled call rates (including individual remediation for especially high rates), in-depth compassionate remediation for personnel needing improvement, and the retention of personnel over long-term periods, rather than eliminating staff from the workforce. Locally, these measures create strong clinicians who are dedicated to the communities they serve.

## **Innovative Offerings**

We also offer a variety of innovative opportunities for our clinical staff to build their skills and gain additional clinical knowledge, including the following:



### ***National Leadership Clinical Groups***

Emphasizing our commitment to continually use best practices to improve our patient care, our local team is supported by and is part of 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 our operations in other communities to assist with program implementation. Examples include the implementation of the CARES data initiative, which links process measures to actual patient outcome, and the evaluation of advanced airway techniques and devices. The groups themselves are composed of designated leaders from our operations all over the country. Unique in the industry, these groups provide an unparalleled resource to all operations.

### ***Medical Director's Leadership Group (MDLG)***

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 Director's Leadership Group (MDLG), which serves as a resource for all of our Medical Directors, is led by AMR's Chief Medical Officer, Edward Racht, M.D., and is comprised of selected Medical Directors from each region, and will include our team of Medical Directors for the County. By design, the members of this group represent diverse practice environments including urban, rural, frontier, academic, and private practice settings. In collaboration with the Clinical Leadership Council (CLC), described below, the MDLG provides guidance on the medical practice aspects of clinical excellence, including identification and integration of new clinical performance indicators.

The MDLG provides an internal "sounding board" for Physician medical directors to discuss complex issues with colleagues across the country. It also 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 practices. We offer LEMSA Medical Director to join our MDLG, improving communication and overall collaboration of our County operations.



## e-Grand Rounds

To maintain clinical excellence and provide updates on state-of-the-art medicine, we have instituted a monthly program called e-Grand Rounds. The e-Grand Rounds format encourages the invited presenter to showcase his/her information via live webinar in the first 45 minutes of the hour-long program. This is followed by an interactive discussion facilitated by a moderator. One of the goals of this unique program is to help our teams learn about cutting-edge medical, including the 'art' of implementing clinical science into daily operations. These seminars are recorded for later viewing by personnel unable to attend the live presentation. A list of the topics and class description is provided below.

e-Grand Rounds Recent Topics	
Topics	Speakers
<i>AHA Guidelines</i>	Dr. Ed Racht
<i>Sudden Cardiac Arrest</i>	Lynn White
<i>Care of the Prehospital Stroke Patient</i>	Dr. Ed Jauch
<i>Patient Safety</i>	Scott Bourn
<i>Capnography in the EMS World</i>	Dr. Baruch Krauss
<i>STEMI and 12-Lead EKG transmission</i>	Dr. Brian Hiestand
<i>Management of Pain and Discomfort in EMS</i>	Dr. Angelo Salvucci
<i>Update on Trauma Care in EMS</i>	Dr. Michael Cudnik
<i>EMS Quality Improvement</i>	Mike Taigman
<i>AMR Medicine Clinical Initiatives</i>	Dr. Racht, Scott Bourn, Lynn White
<i>2011 Field Triage Guidelines</i>	E. Brooke Lerner
<i>Dispatch-Assisted CPR</i>	Dr. Tom Rea
<i>On Scene Resuscitation</i>	Dr. Brent Myers
<i>The National Drug Shortage</i>	Dr. Ed Racht
<i>Traumatic Brain Injury</i>	Dr. Ben Bobrow
<i>Cardiac Devices Encountered by EMS</i>	Dr. Brian Hiestand
<i>Prehospital Hemorrhage Control</i>	Dr. Eric Ossmann
<i>Safety Stories: Creating a Culture of Safety</i>	Cathy Jaynes, Scott Bourn
<i>CPR Analytics and Quality of Resuscitation Care</i>	Rob Walker, Fred Chapman
<i>Great EMS Data: The Power to Answer Cool Questions</i>	Alan Craig
<i>Stroke</i>	Dr. Todd Crocco
<i>Capnography</i>	Dr. Jeff Goodloe
<i>Oxygen</i>	Dr. Mike Levy





### *E-Case Review*

As an innovator in clinical care, we developed and implemented a Web-based educational seminar in August 2012 called, E-Case Review. The one-hour webinar focuses on a single case presented by a local caregiver. Discussion about the case occurs locally in each participating practice and is followed by a 'mini lecture' by a national expert on the topic. The discussion is focused on the case itself, not on critiquing how the caregiver managed the case. Presenters find E-Case Review to be an informative and useful venue for learning more about the case, as well as how different locations will manage comparable patients. There are typically 50 to 70 participants reviewing five to seven individual practices in multiple states, and sometimes with guest experts from throughout the world.

### *Safety & Clinical Competition*

We believe that safety and clinical excellence must be considered together, and we aim to ensure that safety is always a component of any clinical training. To reinforce this approach, we host an annual Safety and Clinical Competition. The goal of the competition is to increase safety awareness among personnel while lifting patients and maneuvering ambulances, with and without patients on board, in a simulation of the surroundings and situations our EMS crews encounter on a daily basis. Participants also are evaluated in medical and trauma scenarios appropriate for their respective EMT certification. The friendly competition brings together personnel and reinforces and supports our operations in achieving safety and clinical excellence.

### **Alliance Policies & Procedures**



A workgroup is being assembled, through the EMS Committee, to align the response policies and procedures for the Alliance to assure that no conflicting direction is present. Furthermore, that document will be brought into alignment with the County's EMS Policy and Procedure manual to further guarantee a cooperative system approach to emergency medical response.

### **Methods for Communicating With Our Team**

Effective communication with the workforce is particularly important as well as challenging in EMS, where personnel are often in motion throughout much of the day. Our communication philosophy puts the burden on the quality/leadership team to reach out to personnel in ways that are engaging and easy to access.

Organizational excellence is a top priority for the Alliance. Top down leadership includes strategic planning, fiscal stability, customer service, accountability, and quality improvement throughout the organization. Several meetings occur weekly where the Fire Chief and other members of senior staff visit fire stations and operations to meet with the workforce in their own environment. These meetings provide the workforce face time with the Fire Chief and other leadership staff and allow for open, face-to-face, honest dialogue on the state of our organization and plans for the future.



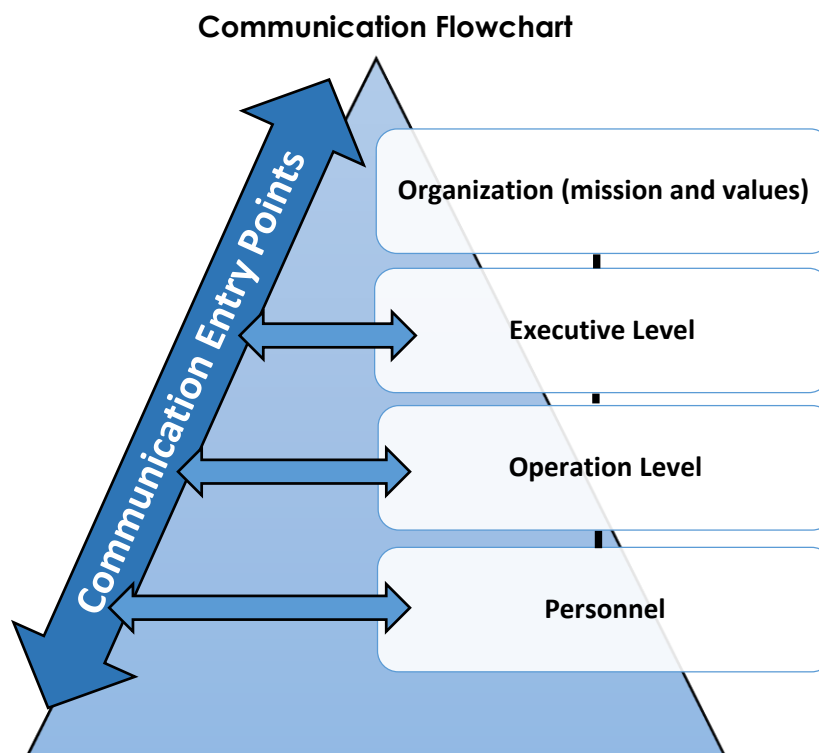
Additionally, each Battalion Chief is assigned a City that the organization protects. One of the responsibilities of that assignment is to attend monthly City Council or other relevant meetings to provide City official's access to a representative of the Alliance. This access provides for real time information exchange and facilitates communities trust in the service that we provide.

The EMS Battalion Chief is engaged in local, State, and National programs and conferences. Emergency Medical Care Committee, Medical Advisory Committee, Stroke committee, STEMI meetings, Pre-Trauma Advisory Committee are some of the local meetings attended. At the State level regular attendance occurs at the State Emergency Medical Services Commission as well as their annual conference. He also serves as the Deputy Director for the California Fire Chiefs EMS Section, Northern Branch and attends several annual conferences where EMS is the focus of study.

Lastly, he participates in National EMS Conferences where latest trends, best practices, and advanced topics such as Community Paramedics are the emphasis of discussion.

### Communication Process and Channels

Below, we have provided a communication flowchart the displays our value and appreciation for effective communication, whether it originates from our Executive Level down to our Personnel or from our Personnel up to our Executives.





To ensure we capture all effective communication that is essential to our success, we utilize a number of different communications channels, such as the following, for communicating the same information to make sure that our field crews receive information:

- True open-door policy where personnel are encouraged to bring issues and ideas to management regardless of the employee's level or status within the company/organization
- Individual company email / personal email
- TeleStaff – an electronic staffing management software suite
- Clinical E-rounds
- Regular town hall meetings
- Management ride-along in the field
- Posting on employee bulletin boards and break areas
- Cell phone / Pager
- Social networking sites
- Memos posted in public areas as well as placed into employee mailboxes
- Performance Improvement Tool (PIT), which allows for direct and contextual feedback directly to the creator of a specific ePCR
- Employee Portal – a wealth of information, educational material and self-service employee tools are located on the Envision Portal. From linking to training and compliance programs, to online education and much more, the Portal is a one-stop shopping source for our personnel
- Guiding Teams
- Peer Review Committee (more detail below)
- Quality Steering Committee (more detail on the following page)
- “Insight” Videos

### *Peer Review Committee*

All of our personnel 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 caregivers. Peer involvement is an important component of engaging personnel. By having personnel 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 frontline caregivers, these personnel often hold the key to innovative solutions for challenging issues.



## Quality Steering Committee

This committee consists of dedicated local caregivers, EMS agency staff including the LEMSA Medical Director, our Medical Directors, various First Responder representatives, and local hospital staff. Activities for the Committee include reviewing system performance in all key areas, generating ideas for improvement projects, and guiding and monitoring progress on improvement projects. Our overall focus is on system-wide performance for our patients and for the community.

## Methods for Assessing Efficacy of Communications

We want our communications to continue to effectively support the County's purpose to ensure patients receive the best possible pre-hospital care. One of the methods we use for assessing our effectiveness is monitoring changes in performance. Our operations across the country are now implementing CPR Quality Analytic programs. Using this program, our local operation can upload the continuous monitor recording to a Cloud-based application and receive back within 24 hours in most cases, an annotated report of CPR Analytics. Clinical leaders are using these to provide feedback to their crews on their performance during resuscitation, and they are powerful and sought-after learning tools. Currently the annotations are being done by the LEMSA and then sent back to us to provide feedback to the crews. We have taken it a step further and have added a reward program incentive for those that are high performers.

## Gathering Performance Data & Communicating to Personnel

We use our Performance Improvement Tool (PIT) to identify, assess and track CQI events. PIT seamlessly integrates with our MEDS ePCR system to quickly identify clinical trends and documentation deficiencies and provide real-time feedback to caregivers and supervisory staff. PIT provides the mechanism to deliver feedback directly to the caregiver, as well as a scorecard to show overall performance. If further review of a caregiver's performance is needed, PIT's Incident Tracking provides the ability to monitor, track and escalate incidents (see illustration on below). We propose to provide the LEMSA Medical Director access to this tool to assist in EMS system monitoring and further EMS system development.

The screenshot displays the PIT web application interface. On the left, there is a sidebar with navigation options: 'Practice Improvement', 'Flagged PCRs', 'Incidents', 'Reporting', and 'Surveys'. Below this, a list of categories with counts is shown: 'CLARK WA' (32), 'Cardiac Arrest' (32), 'Lesser Used Skills' (3), 'Other-Other' (1087), 'Respiratory Arrest' (9), 'Transfers With Missing Medical History' (77), and 'COWLITZ'. A search bar is also present. The main content area is titled 'Flagged PCRs' and features a 'Create Incident' button and a 'Filter' dropdown set to 'Not Reviewed'. A 'Refresh' button is also visible. Below these, a table lists individual incidents with columns for 'Reviewed By', 'Case #', 'Unit #', 'Date', 'Type of Call', 'Primary Impression', 'Gender', and 'Age'. The table contains 15 rows of data, with the first row showing Case # 4538380, Unit # 1607, Date 04/15/2014, Type of Call 911, Primary Impression 'Cardiac - Cardiac Arrest', Gender 'Male', and Age 64. The bottom of the interface shows a pagination bar with 'Page size: 15' and '32 items in 3 pages'.

Reviewed By	Case #	Unit #	Date	Type of Call	Primary Impression	Gender	Age
	4538380	1607	04/15/2014	911	Cardiac - Cardiac Arrest	Male	64
	4539242	1619	04/17/2014	911	Cardiac - Cardiac Arrest	Male	66
	4539261	1609	04/17/2014	911	Cardiac - Cardiac Arrest	Female	64
	4540225	1614	04/18/2014	911	Cardiac - Cardiac Arrest	Male	60
	4541332	1618	04/20/2014	911	Other - Other	Male	90
	4541103	1610	04/20/2014	911	Other - Other	Male	13
	4541345	1613	04/20/2014	911	Respiratory - Airway Obstruction - Full	Female	81
	4541502	1619	04/21/2014	911	Respiratory - Respiratory Arrest	M	70
	4542980	1617	04/23/2014	911	Cardiac - Cardiac Arrest	Male	59
	4545079	1623	04/27/2014	911	Cardiac - Cardiac Arrest	Female	94
	4545572	1620	04/28/2014	911	Cardiac - Cardiac Arrest	Female	34
	4545490	1605	04/28/2014	911	Neurological - Seizure	Male	54
	4545784	1624	04/29/2014	911	Cardiac - Cardiac Arrest	Female	77
	4545804	1610	04/29/2014	911	Other - Other	Male	90
	4545882	1606	04/29/2014	911	Cardiac - Cardiac Arrest	Male	64



Once an issue is identified, we select the method to communicate performance data and information with our team based on its urgency and/or time sensitivity. We focus on communicating performance information relevant for performance improvement, workplace morale, and employee growth and education, as shown in the following chart:

Performance Data Communication		
Performance Data	Type of Information	Frequency of Communication
<b>Composite Clinical Scores</b>	Percentage of patients treated in compliance with composite checklists	Included monthly in Performance Report for all crews and on data display in deployment
<b>Crew Chute Time</b>	The time between unit alerted and wheels turning	Ongoing real-time feedback for Supervisor to provide field coaching
<b>Customer Survey</b>	Quantitative and qualitative information from survey	Ongoing feedback to relevant personnel Summarized quarterly in Performance Report
<b>Unusual Occurrences</b>	Various including customer service-related and clinical	Immediate contact with relevant personnel and EMS Agency consistent with protocol
<b>Key Performance Indicators</b>	Control charts reflecting system-wide performance	Included monthly in Performance Report for all crews
<b>Response Time Performance</b>	Month-to-date-response time compliance	Daily notification to on-duty crews End of month performance reports

### Promotion of Legal & Ethical Behavior

Promotion of legal and ethical behavior is a top priority for our organization, beginning with the hiring process, which includes peer-interviews and thorough background checks. Our values of being “**Service, Teamwork, Professionalism, Leadership, Safety and Preparedness, and Integrity.**” all encompass ethical behavior. The Alliance offers extensive ethics component to our orientation program, along with online ethics classes and tests required for all personnel on an annual basis.

Our personnel are required to undergo corporate compliance training annually throughout their employment, new employee orientation and annually as well. Core to this programming is developing employee understanding and knowledge of the following:

- Cultural diversity
- Corporate Integrity
- HIPAA
- Patient Focused Care and Advocacy
- Workplace Violence and Prevention

As benefit to the Alliance, we have an ethics hotline number, is available 24 hours a day, seven days a week for personnel to call to express concerns and receive guidance. Alleged breaches of ethical behavior are fully investigated. If a breach is found, then immediate corrective action is taken, ranging from remediation to termination.



## Handling Adverse Events

We maintain a simple, straightforward process for managing adverse events that is integrated into our CQI process and incorporates the elements of Just Culture. Though adverse events are rarely identical, the process to receive, investigate, analyze and communicate should be similar so that vital pieces of an event are not missed.

Once we receive notification of an adverse event, we document the details of the event. The next step is to conduct a root cause analysis to determine if the issue is a system problem or isolated to a single employee. The analysis and decisions are not done in a vacuum, but rather in consultation with Operations, our Quality Improvement and Education Team, our Medical Directors, LESMA Medical Director, Safety and Risk Management, and the communications team. All decisions are fed back and appropriate actions taken.

In the event of an adverse event impacting members of the public, we will continue to work with the LEMSA to resolve the issue and ensure proper notification in a unified fashion.

## 4. Competitive Criterion: Medical Direction

### a) Minimum Requirements – Medical Direction

#### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.A.4.a

To assure adherence to the highest clinical standards, we offer a highly-qualified pair of Medical Directors –Dr. Peter Benson and Director Dr. Gene Hern - to lead and support our medical direction for the County. Under this structure, Dr. Benson will operate as our Chief Medical Director and Dr. Hern will support him as our Associate Medical Director. For further review of our Medical Directors, we have provided their CVs as **Exhibit No. 7**. Additionally, we have provided a contract/job responsibilities as **Exhibit No. 8**.

### b) Higher Levels of Commitment—Medical Direction

As your partner, we will follow the medical direction of LEMSA and collaboratively work with LEMSA’s Medical Director. In coordination with LEMSA, our Chief Medical Director Dr. Benson will provide continuous medical oversight for our entire system. Dr. Benson, who has practiced in the County for over ten (10) years, has a Master of Public Health (MPH) with formal training in epidemiology and biostatistics, and has authored several studies. He is experienced in systematic data analysis and able to lead the “analysis of performance data and conduct improvement projects.”





For the County, he will contribute to three (3) primary areas to effectively serve the County, which are the following:

**Quality Assurance** - Dr. Benson will actively oversee our ongoing CQI Program at the County. An active Quality Assurance Program is essential to a meaningful Education Program that prepares our personnel for all job duties/responsibilities.

**Educational Program** –Dr. Benson will continually assess education strengths and weaknesses of new hires as well as develop training programs for any identified deficiencies. New crews will be trained to meet our standards, including training regarding Life-Pak 15, CPAP, as well as national programs such as ACLS, PALS, ICS, ITLS, and others.

**Relationships with EMS Teams** - Dr. Benson’s medical direction is informed by his extensive experience working collaboratively with all levels of EMS staff, from first responders to Paramedics. To effectively maintain oversight of a program, our Medical Director places value in having a strong presence and approachable demeanor among EMS staff as both an educator and an ED physician who receives ambulance traffic.

In addition, Dr. Benson will be supported by our Associate Medical Director Dr. Hern, who is an attending physician at Highland Hospital in Alameda County, CA. He will be responsible for coordinating with Dr. Benson, providing additional medical expertise and oversight, as needed. Collectively, our Medical Directors offer over **18** years of medical experience in the County. Also, both of our Medical Directors are board certified in Emergency Medicine and have completed the NAEMSP Medical Director’s Course.

As a result of this collaborative medical approach, all personnel will benefit from an improved system integration, enhanced communications, and a higher continuity of care among the County’s emergency medical responders. Also, a team of Medical Directors will ensure availability to the needs of the County at all times.

## 5. Competitive Criteria: Focus on Patients and Other Customers

### a) Minimum Requirements— Focus on Patients and Other Customers

#### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.A.5.a.

#### Customer Access Hotline

We will establish a Customer Hotline that will connect customers directly with the on-duty EMS Field Supervisor, who will document the concerns and begin research immediately. In the event the caller leaves a message, the call will be returned within 30 minutes, 90 percent of the time. This hotline is especially helpful when there are concerns of lost or misplaced items that the patient had with them at the time of transfer over to the hospital staff. We will call back the customer within 24 hours to gather additional information to make sure we completely understand the concern.



Those timelines would only extend if we are not able to reach the customer, or if involved personnel are on vacation or otherwise unavailable within the 48 hour window. The phone number for this hotline will be publicized on our website, the local telephone directory, and disseminated to healthcare facilities, fire stations and other public safety agencies.

## Complaint Resolution

Complaints or concerns can be submitted from a variety of sources. Sometimes, they come in directly to an on-duty EMS Field Supervisor, or even sometimes to our Customer Service Advocate in the billing department. Regardless of the way of which the call is received, the research begins immediately with gathering of basic information such as call back number, name of the complainant, and nature of the issue and is immediately forwarded to a Supervisor for review.

All complaints in the County are received by our EMS Battalion Chief, who will receive the complaint either verbally or in writing. Once the complaint is received, his designee will call the complainant to obtain information and to review expectations for re-contact and feedback. Clinical care concerns or complaints are forwarded to our Quality Improvement and Education Team to review and investigate. The LEMSA Medical Director is contacted, and a review is completed by our Clinical team, or by the LEMSA Medical Director with our Quality Improvement and Education Team assisting. Findings are documented on a Clinical Meeting closure form. This form is forwarded to the LEMSA Medical Director office as well as to our Quality Improvement and Education Team.

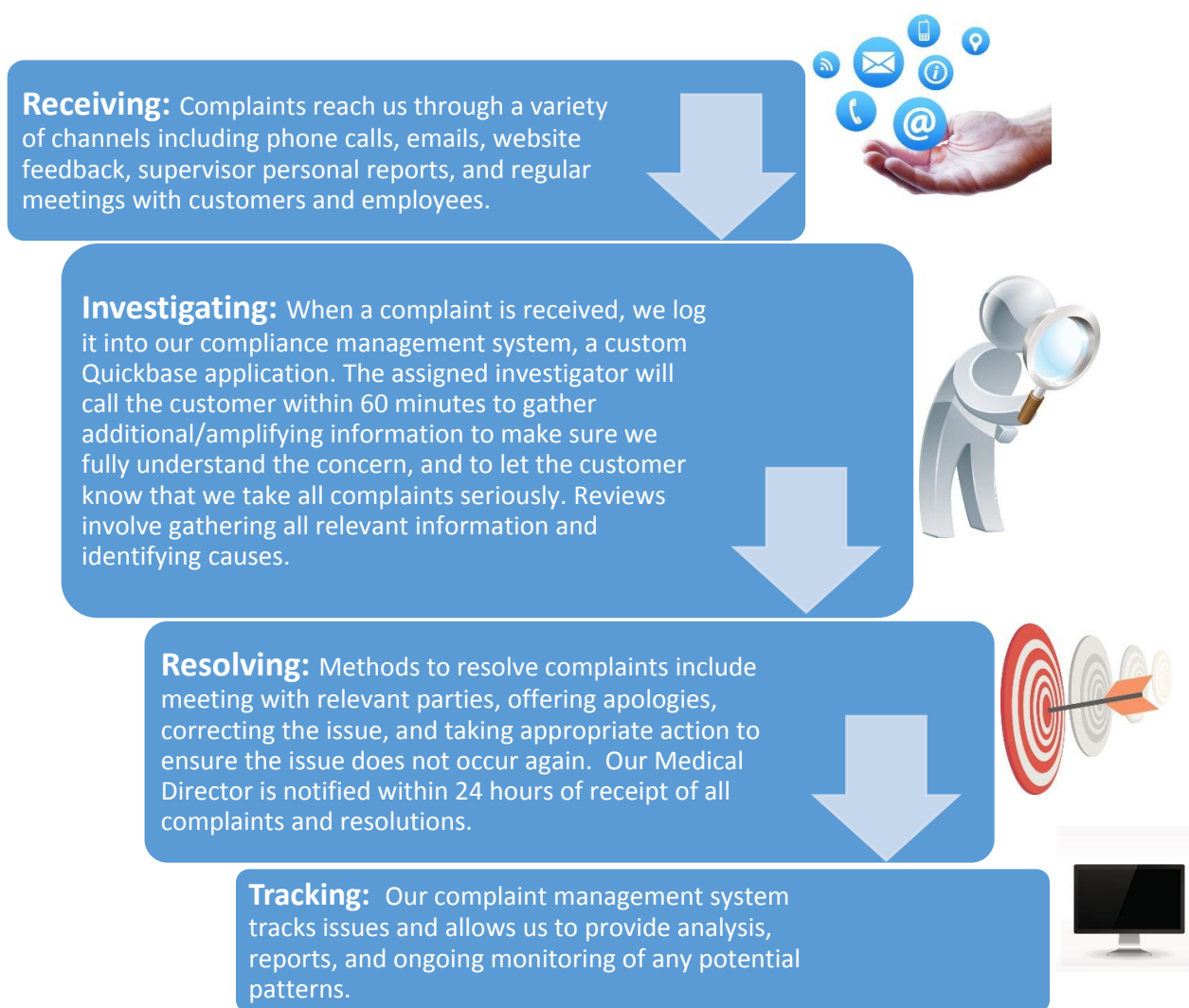
All customers are contacted at the completion of the review with our findings and resolution. All original documents are then sent to our Quality Improvement and Education Team for safekeeping and for entry into our tracking system, currently a Quickbase application. All local complaints also are entered into an Excel database as a back-up system. The Quickbase application allows us to trend complaints by crew member, as well as types of complaints.

Complaints that involve employee-employee issues may be forwarded on to the Human Resources department for review depending on the severity of the complaint. Although the Human Resources department maintains its files separately for confidentiality reasons, its staff will inform our Quality Improvement and Education Team of the type of review and the involved parties for entry into the excel database.





The following chart summarizes our Complaint Resolution process:



All complaints are logged and tracked electronically, and include the following information:

- Date of the complaint
- Calling party's name
- When contact was made with complainant
- Nature of the complaint
- Crew involved
- Action taken/resolution
- Date on follow up with customer

Additionally, all complaints are reviewed monthly at the CQI Steering Committee to identify trends and development of improvement action plans.



Over the years, our complaint tracking system and the subsequent analysis have produced several system changes and process improvements. For example, at one of our operations, a analysis of one of our operations showed an increase in complaints associated with the cost of ambulance transportation in January and February of 2013. We reviewed the information and compared with previous months and noted a similar rise in the beginning of 2012. Upon further analysis, including 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.

## **b) Higher Levels of Commitment— Focus on Patients and Other Customers**

### **EMS-CAHP**

We are proposing through the Alliance to continue to actively measure the patient experience with our care in the County system using a validated patient experience satisfaction survey based on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey tool.



Standardized consumer experience metrics are an increasingly important component of value-based health care evaluation and compensation. Over the past decade, healthcare system and provider accountability for the patient experience and responsibility for transparent reporting has become an expectation of organizations and individuals involved in patient care. EMS as an industry has typically been slow to implement any such metrics, and where customers were surveyed, the survey tools have been un-identified and cannot be compared directly to other health care organizations.

The HCAHPS survey tool is nearly universally implemented to collect patient experience ratings for hospital in-patients. It is also now nationally reported by Medicare to permit consumers to directly compare local hospital choices against local, state and national metrics via the Medicare.gov website. Although many elements of the HCAHPS tool are not applicable to EMS, and conversely, important EMS measures are not included, using as much as possible of this validated tool will move EMS into an appropriate position to be considered another valuable component of the continuum of healthcare. For this reason, we has developed a survey instrument based on HCAHPS but relevant for EMS.

Through the Alliance, this survey is currently available to the County. In 2014, we sent out 5,321 surveys, receiving 638 patient responses. We will continue to utilize this tool as it has proven to be extremely valuable in allowing both the Alliance and the local system to demonstrate clearly superior patient experience ratings using a believable and recognizable tool accepted by all elements of the healthcare system.



In addition, our billing and accounts receivable department will track customer feedback using its regular surveys. Shown on below, these surveys are mailed directly to patients along with service and billing invoices.



## Customer Experience Survey

Recently, you were taken to hospital by American Medical Response. We value your opinion! Please help us to improve our services by answering a few questions:

1. Did the ambulance crew treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

2. Did the ambulance crew listen carefully to you?

- Never
- Sometimes
- Usually
- Always

3. Did the ambulance crew explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

4. How clean was the ambulance?

- Dirty
- Not entirely clean
- Acceptably clean
- Very clean

5. Were you kept as comfortable as possible?

- Never
- Sometimes
- Usually
- Always

6. Did you feel your privacy was protected?

- Never
- Sometimes
- Most of the time
- Always

7. By the time you arrived at the hospital, did you feel better or feel worse, compared to when you first saw the ambulance crew?

- I felt a lot worse
- I felt somewhat worse
- No change
- I felt somewhat better
- I felt a lot better

8. If you had pain, did your pain change by the time you arrived at the hospital?

- My pain was a lot worse
- My pain was somewhat worse
- My pain did not change
- My pain was somewhat better
- My pain was a lot better
- Does not apply - I did not have any pain during this emergency

PLEASE TURN OVER....

9. If you had trouble breathing, did your breathing change by the time you arrived at the hospital?

- My breathing was a lot worse
- My breathing was somewhat worse
- My breathing did not change
- My breathing was somewhat better
- My breathing was a lot better
- Does not apply - I did not have any trouble breathing during this emergency

10. If you had nausea, did your nausea change by the time you arrived at the hospital?

- My nausea was a lot worse
- My nausea was somewhat worse
- My nausea did not change
- My nausea was somewhat better
- My nausea was a lot better
- Does not apply - I did not have any nausea during this emergency

11. If the ambulance crew gave you a medication, did they explain why you needed it in a way you could understand?

- Never
- Sometimes
- Usually
- Always
- Does not apply - The ambulance crew did not give me any medications.

12. Before giving you medications, did the ambulance crew describe what you might feel - such as pain or discomfort - in a way you could understand?

- Never
- Sometimes
- Usually
- Always
- Does not apply - The ambulance crew did not give me any medications.

13. When you arrived at the hospital, did the ambulance crew explain to you what would happen next in a way you could understand?

- Not at all
- Somewhat
- Quite well
- Very well

14. Using any number from 0 to 10, where 0 is the worst ambulance service possible and 10 is the best ambulance service possible, what number would you use to rate this ambulance service?

- 0 out of 10 - Worst ambulance service possible
- 1 out of 10
- 2 out of 10
- 3 out of 10
- 4 out of 10
- 5 out of 10
- 6 out of 10
- 7 out of 10
- 8 out of 10
- 9 out of 10
- 10 out of 10 - Best ambulance service possible

15. Would you recommend this ambulance service to your friends and family?

- Definitely no
- Probably no
- Probably yes
- Definitely yes

Please send us your survey using the FREE postpaid envelope we included in your mailing. Just drop in any mailbox!









## Website Feedback

As a public safety leader, we truly value our customer's feedback because it is a direct reflection of our service. To ensure we reach all of our customers, we designed a user-friendly, intuitive website that presents multiple communication channels for them to provide feedback. Below, we provided a few examples of the communication channels that are on our website.

- Telephone number
- Email address
- Service survey (as shown below)

**We Would Like To Hear Your Feedback**

Please rate the following

	 VERY SATISFIED	 SATISFIED	 SLIGHTLY SATISFIED	 SLIGHTLY DISSATISFIED	 DISSATISFIED	 VERY DISSATISFIED
Overall Customer Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dispatch Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response Time:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Firefighter Professionalism:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicated Clearly:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Met Expectations:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

First Name:

Last Name:

Address:

Email:

Phone:

Incident Date:

Comments:

## Customer Experience Training

Focusing on the customer is one of our core values. Selecting personnel who have a natural disposition to providing customer service is the first step in ensuring excellent customer service. To maintain this value we train all new hires in the customer experience and provide ongoing intensive customer service education.

During this course, we encourage personnel to think “outside the box” and to find creative ways to help patients while ensuring they stay within the bounds of our clinical and operational guidelines. We support personnel who find safe and effective ways to improve the circumstances of our patients.



As a result of these courses and our proven support of personnel who take the customer-focused approach to heart, our personnel feel empowered to make customer service decisions. Below, we have provided success stories from the utilization of our training course.

*One employee who participated in our customer service course was on a 9-1-1 call in which the patient was clearly distressed that the soiled sheets in her bedroom would smell on her return from the hospital. Acting on her own initiative, the EMT collected the patient's sheets and put them in the washing machine for the patient before transporting the patient to the hospital. This action resulted in the patient feeling much more comfortable leaving her residence.*

*Working with the fire department, the crew recognized the need for social services support that could only be offered by staff at one of the local hospitals. Although the patient had no medical needs that required hospital care, the team transported her to the hospital and arranged with social workers to help her with public assistance, including finding temporary housing for the patient.*

We value, encourage, and celebrate this level of initiative. Both the company leadership and peers recognize crews that provide exemplary service and their efforts are highlighted in our monthly employee newsletter as an example for others to follow. These crews also often receive commendations from local government agencies and community service organizations.

## Identifying Key Consumer Groups

We will continue to develop beneficial relationships with these customers to ensure effective interpersonal communication to quickly identify and resolve issues. Additionally, all members of our local management team have company-provided mobile phones to increase our availability to key customers and to quickly respond to customer service concerns. We participate in multiple regional and local EMS committees with other key customers where there are opportunities for direct feedback and conversation. In addition to patients, we have identified the following key customer groups, all of whom must remain convinced of our desire to serve the system to the highest possible level:

- Contra Costa County/LEMSA
- First Responders
- Healthcare organizations, including, but not limited to the following:
  - Hospitals
  - Clinics (primary care, urgent care, dialysis, other specialty)
  - In-patient treatment facilities (mental health, alcohol/drug dependence, County Jail)
  - Assisted living facilities
  - Adult foster homes



- Government elected officials
- Advocacy groups
- Insurance providers

## Board of Directors Meeting

We feel that patient experience is the single most sensitive indicator of the quality of our care and of our acceptance in the communities we serve. In addition to the proposed patient satisfaction survey, we want to hear directly from our patients and are proposing to continue to invite the public to quarterly community ‘town hall’ style meetings. We propose to provide the meeting venue as well as advertise the town hall meeting in the local press or other appropriate communication media one month before the meeting date. We will extend invitations to local First Responder agencies and health care facilities, and the meetings will be opportunities for local residents to interface with their local emergency health care providers and receive education on 9-1-1 access, CPR training, and so on.

In addition, we will participate in local EMS committees, other key customer meetings, and by developing personal relationships with key stakeholders in the system. In this way, we actively solicit feedback and are able to respond directly to our non-patient customers.

## Demographic Data Striation

Working collaboratively with LEMSA, we have recently partnered with Contra Costa County Medical Center to offer future integration with the EPIC software. While it is important to capture and analyze a broad range of data, it is also important to striate the data to determine if any segment of our patient population receives different levels or types of service.



With MEDS, CAD, and future integration with the EPIC healthcare software program being used by some local hospitals, we can measure key indicators and striate by gender, ethnicity, age and any number of geographic, demographic and socio-economic layers to determine if any group statistically varies from the norm of the overall population. Our approach to “community equity” goes beyond ambulance response times, and dives into the question of whether any population segments receive different levels of care, present with different clinical challenges, or any number of variations.



## 6. Competitive Criterion: Continuing Education Program Requirements

### a) Minimum Requirements—Continuing Education

#### Attestation:



\_\_\_\_\_ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.A.6.a

Our in-house comprehensive Continuing Education (CE) program ensures that our personnel stay abreast of advances in emergency medicine, maintain the clinical skills they need to provide superior patient care, and meet the evolving needs of the EMS system.

Our in-service training programs exceed California and LEMSAs recertification requirements, and will be provided to our personnel and to local First Responders at no charge. Our local Quality Improvement and Education Team will oversee the CE program and works closely with partners to ensure all our training, including in-service CE, OTEP and PCEP, meet the certification requirements and state regulations and needs, while being responsive to changes in local operational and clinical activities.

While the core of our CE program is designed specifically to exceed system requirements and proposed enhancements, it will be developed throughout the term of the contract in concert with the County, and in alignment with the findings of our comprehensive CQI program.

To help our personnel maintain all required certifications, we offer a variety of CE and certification classes throughout the year, allowing them to complete their educational training at their convenience and at no cost. The following is a list of just some of the courses that are available to our personnel and to system responders in 2015:

- ALS Support
- BLS Support
- Pediatric ALS Support
- International Trauma Life Support
- MCI/Start Triage review
- MEDS/Documentation classes
- Field /Base Communication Review
- Communicable Diseases

#### Certification Monitoring

All of our personnel are required to maintain their certifications as a condition of employment. We track all records, including training documentation and certifications in our credentialing database. This database is managed through a cloud-based human resources information system that is linked to our local scheduling software, ensuring that personnel, who have not yet completed their probationary status, are not allowed to be scheduled without being assigned to a field training officer until they successfully completed all phases of their training. Using this system, we can also plan and conduct the appropriate CE courses as needed to make sure all personnel continue to meet state requirements. We notify personnel well in advance of certification expiration and provide monthly updates regarding the status of their licenses and certifications.





## b) Higher Levels of Commitment— Continuing Education

### CE Connect—Custom Training for Contra Costa Personnel

The Alliance brings cohesive, collaborative and comprehensive training to the entire Contra Costa County EMS system, resulting in a progressive curriculum designed to enhance the knowledge of all personnel caring for the sick and injured. Our proposed enhanced continuing education (CE) offerings—CE CONNECT—exceed RFP requirements and create custom training for all Contra Costa County EMS personnel. In addition, we cover the costs of all courses and pay personnel to attend all mandatory courses, including Advanced Cardiac Life Support (ACLS), Prehospital Trauma Life Support (PHTLS), Pediatric Advanced Life Support (PALS), etc.

### Innovative Educational Methods

We recognize that current technology and leading edge partnerships allow for more opportunities to enhance our personnel's access to available training. Additional educational offerings will be provided to facilitate a more balanced educational experience for personnel.



### *Pre-Hospital Education & Evaluation Readiness Solutions Program (PEERS) Program*

We have collaborated with Cascade Healthcare Services (CHS) to implement the PEERS Program, a training management solution that integrates required continuing education training with quality improvement customized to our personnel and the area. CHS is accredited through the Joint Commission and authorized by the American Heart Association and provides medical staff and medical training services to Hospitals, Medical Centers, Medical Clinics, EMS authorities, Fire Departments, Federal, State and Local Government Agencies, including correctional facilities, and individuals in the community.

CHS hires local prehospital and clinically based instructors who represent all phases in the continuum of patient care. PEERS is a turnkey solution that immediately reduces liability while simultaneously improving the quality of EMS education provided. The PEERS Programs includes EMS Training Program Management, Infection Control, Paramedic Preceptor & Field Training Officer Workshops, Policy Updates and Continuous Quality Improvement, and State of the Art Mobile Simulation custom designed and built for the Alliance to use in the Contra Costa County system.

### *Web-based Learning Series: e-Grand Rounds and e-Case Review*

To maintain clinical excellence and provide updates on state-of-the-art medicine, we have instituted web-based educational seminar featuring a series of one-hour webinars.

- During **e-Grand Rounds**, the invited presenter showcases information via live webinar, followed by an interactive discussion facilitated by a moderator. One of the goals of this unique program is to help our teams learn about cutting-edge medical, including the 'art' of implementing clinical science into daily operations. A list of the topics and class descriptions can be found online via the following URL: <http://www.amr.net/e-GrandRounds>





- **E-Case Review** focuses on a single case presented by a local caregiver. Participants at multiple sites throughout the country view these webinars. Discussion about the case occurs locally among participating viewers and is followed by a 'mini lecture' by a national expert on the topic. The discussion is focused on the case itself, not on analyzing how the caregiver managed the case. Presenters find the format to be an informative and useful venue for learning more about the case, as well as how different locations will manage comparable patients. There are typically 50 to 70 participants reviewing five to seven individual sites in multiple states, and sometimes with guest experts from throughout the world. Presentations and more information can be found online at <http://www.amr.net/About-AMR/AMR-Medicine/e-Case-Reviews>

Both online learning series, are recorded for later viewing by personnel unable to attend the live presentation. We invite all area first responder agencies to participate in these seminars at no cost.

### *Learning Portal*

As an organization committed to the learning needs of our workforce, a learning portal has been developed to serve as a gateway for accessing the Learning Management System (LMS). The objective of the portal is to provide a one-stop solution for the personnel to get the answers to all the issues they face while accessing learning online. The portal will also provide personnel with the latest information on new releases of educational opportunities. The Learning Portal is a communication and knowledge hub with multiple information channels. The design is responsive and made for use on portable devices. Below is the list and description of the widgets:

- **"My Guide to the LMS"** - This includes How to Guides, FAQs, checklists for personnel on using the LMS. Allows search for reference materials within the system. The "FAQs" will present short answers for the frequently asked questions and the "How to Guide" has a video presentation to explain step by step action on common questions regarding the LMS
- **Spotlight** - A monthly feature presenting the focus of the month for continuing education
- **"Know Your Experts"** - Allows the personnel to seek expert advice and address questions on continuing education offerings. Using this widget questions can be communicated to subject matter experts within the organization. The site keeps the collection of questions answered earlier and shows this collection prior to typing a new query for the expert. Personnel can search for matching text in the collection of previously answered items or if not satisfied with the existing collection of question-answers they can type a new query to the expert
- **News & Announcements** - Posting of news/articles/announcements to enhance the learning of our workforce and familiarize them with various initiatives. This widget contains information in the form of images, video, text and links to internal and external sites
- **Education Programs** - Provides up to date information on training programs occurring periodically to include compliance, human resources, or IT security
- **Links** - Offers a list of links to connect with the LMS, social communication channel used for learning, and Education sites
- **Continuing Education Credit** - Consists of continuing education training programs offered to support licensure/certification renewal. Provides a list of the continuing education courses offered in the LMS. The site will show the program name and associated credits. When clicking on the name, the system opens a popup explaining the curriculum and the distribution of the credits by category



## Targeted Education Programming

Our local CQI findings form the basis of much of our CE program, as will our conversations with the LEMSA Medical Director and other responders in the system. We will continue to work closely with our system partners to update our offerings to meet current and evolving system care needs. We will also collaborate with LEMSA to create forward-thinking educational programming delivered in innovative ways to ensure that all system responders provide the highest level of patient care. The information we gather will help us to develop targeted educational programs that reflect the unique needs of the County, such as the following programs:

- Specialized education designed in cooperation with local trauma, STEMI, and stroke centers
- Annual hospice education
- Timely news-style CEU vignettes through our Learning Management System
- Protocol review sessions
- Initial and refresher 12-lead ECG courses
- Remedial training packages
- Posting of relative evidence-based articles and studies through social media

## Web-based Training

Using emerging technologies has made education more accessible for our personnel s. Utilizing a Web-based platform, each course will be geared toward knowledge enrichment and offer one or more specific methods to validate learning or course completion. We also offer several paid online courses that personnel must complete, including:

- |  |  |
|--|--|
| • Hazardous Communication  | • Prevention of Sexual Abuse   |
| • Fire Extinguisher Training                                       | • Understanding affirmative action                                     |
| • General Compliance Training                                      | • Supervising (non-union & union environment) - HR General Supervising |
| • Creating Professional Documentation                              | • Supervising: Union Basics - HR Union Fundamentals                    |
| • IT Security Training   | • General Business Knowledge   |
| • General Corporate Integrity Agreement (CIA) Requirements         | • Overview of the Alliance and Contra Costa County EMS System          |
| • General CIA - Code of Business Conduct and Ethics                | • Introduction to AMR Medicine   |
| • General CIA - General Compliance                                 | • Patient Focused Care and Advocacy                                    |
| • Harassment Prevention for personnel                              | • Things that Matter™  |
| • Harassment Prevention for leaders (Supervisory Training)         | • Quality and Performance  |
| • Workplace Violence Prevention                                    | • Documentation  |
| • Workplace Violence Prevention for Leaders (Supervisory Training) | • Safety Risk Management (SRM) 5199 California ATD                     |



- SRM Airborne Pathogens (three courses)-
  1. SRM Airborne Pathogens: Epidemiology (part 1)
  2. SRM Airborne Pathogens: Routes of Entry (part 2)
  3. SRM Airborne Pathogens: Control and Protection (part 3)
- SRM Bloodborne Pathogens Training
- Cleaning & Disinfection
- Handwashing
- Infection Control Nugget
- SRM Fire Extinguisher Nugget
- SRM Fire Extinguisher and Emergency Action Plan
- Lifting Techniques
- SRM HazMat Emergency Response
- HAZ COMM and GHS Training (Revised)
- Heat Illness - SRM
- Emergency Vehicle Operators Course (EVOC) Driving Policies and Emergency Vehicle Operation Laws
- EVOC Basic Driving
- EVOC Vehicle Dynamics and Backing Up
- EVOC Emergency Mode Driving
- EVOC Beginning of Shift Check
- EVOC Road Safety Nugget
- Information Technology Information Security Annual Training
- Just Culture

## Expanded Content Training

### *Disaster Training*

All EMS Field Supervisors who serve the County are currently trained in accordance with ICS, MCI response, Strike Team leader, and HazMat communications and hazardous materials response. They will also be trained in ICS 300 and 400 before the start of the new contract. Field staff will be trained in Personal Protective Equipment (PPE), Hazmat Awareness, and NIMS (100, 200, 700, and 800), plus two hours of additional disaster training per year.

### *Pit Crew Training*

The Pit Crew concept of resuscitation is intended to organize EMS responder's efforts towards improving patient resuscitation. Responders are most likely arriving at different times and from different agencies, needing to rapidly and effectively prioritize and provide the most critical elements associated with successful resuscitation. By learning the Pit Crew Concept roles, the responders should be able to more rapidly integrate themselves into a resuscitation effort.

Depending on the design and resources of the local EMS system a single individual may be the only responder initially available. However, if more resources are recruited an understanding of the Pit Crew Concept will help ensure timely and efficient integration into the resuscitation.

Whether it is one, two or many responders the goal of this concept is to facilitate each responder's knowledge of the priorities that will increase the chances of successful resuscitation.

We will offer to lead this program if desired by LEMSA and assist in the development of the curriculum.



## B. OPERATIONS

### 7. Competitive Criterion: Dispatch and Communications

#### a) Minimum Requirements— Dispatch and Communications

##### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.B.1.a

For the purpose of this contract, the Alliance will utilize a single medical dispatch solution at our Contra Costa Regional Fire Communications Center (CCR FCC) located in Pleasant Hill. CCR FCC is a state-of-the-art PSAP that services the majority of fire and EMS calls for all jurisdictions in the County, excluding San Ramon Valley, Richmond, and El Cerrito. In addition, the center operates as the hub for all fire and EMS resources including interacting with neighboring jurisdictions of Alameda County, the City of Richmond, and San Ramon Valley. By acting as the hub, the center is equipped to provide better situational awareness and communication within the County. This communications center meets and exceeds the minimum requirements outlined in the RFP.

#### b) Higher Levels of Commitment— Dispatch and Communications

As a higher level of commitment, we will offer the County the following:

- National Academy instructor for EMD classes
- Priority Dispatch EMD Advancement series (Continuing education available by CD subscription) to assist in meeting 24 hour continuing education requirements for all EMD certified personnel
- Access to Emergency Medical Dispatch Quality Assurance (EMD-Q) reviewers to assist with monthly QA call reviews

Below and on following pages, we have provided additional higher level of commitment offerings for Dispatch and Communications that will benefit the County.

#### Consolidated Dispatch Center

Traditionally, a fire agency and ambulance provider will operate two (2) independent systems, each system unaware of the coverage being provided by the other system or the commitment and drawdown of the other's resources at any one time. This independent approach has proven to be ineffective as it leads to miscommunication between the two (2) systems, and potential duplication of work, which can ultimately affect the patient's experience and/or outcome.



As a benefit to the County and to improve call processing times, the Alliance will operate through a consolidated dispatch center that will encompass fire and ambulance dispatch services. Utilizing this collaborative approach, ambulance dispatch personnel will be co-located at CCRFCC, providing improved situational awareness and instantaneous communication as well as enhanced coordination of resources and responses. Additionally, this approach will allow us to proactively identify potential issues in both systems, fire and EMS, enabling decision makers and dispatchers to distribute resources to improve gap management in times of peak demand.

All dispatchers are certified Emergency Medical Dispatchers (EMD) allowing our center to appropriately prioritize EMS calls using a medical priority dispatch system (MPDS), thereby matching the responding resource configuration with the level of service required, as well as the ability to facilitate pre-arrival instructions to the caller for CPR events or other emergencies where bystander intervention can have a positive effect on patient outcomes.

The CCRFCC is self-sustaining with an emergency power supply to support the center for long periods in the event that primary power is lost. The center has a large kitchen area and sleeping facilities to support our personnel on a daily basis as well as for long operational periods.

Ambulance and first responder resources are equipped with mobile data terminals or computers (MDT) and automatic vehicle location (AVL) which provides fire and EMS dispatchers, working together cohesively, to both see the real time resource coverage of the County. In addition, crews in the field are able to monitor response times, view locations of other adjacent resources, use GIS maps to provide for quicker response, see other responding resources in real-time to avoid potential emergency vehicle collisions, and help resolve potential gaps in coverage before it becomes an operational issue.

## **Dispatch Center Methodologies & Equipment**

### *East Bay Regional Communications System Authority*

We are a founding member of the East Bay Regional Communications System Authority (EBRCS). The system provides secure, robust, resilient, and redundant communications to all public safety agencies in Contra Costa and Alameda Counties. Additionally, our communications center maintains a VHF conventional repeated system as a backup in the event of the EBRCS failing or becoming overloaded. This system provides fire and EMS resources the ability to be agile and resilient in times of heavy system load or primary communication failure. Additionally, by including VHF capabilities in all of the ambulances, the units have better interoperability with other mutual aid resources from outside the county operational area who normally operate on a VHF system. For example, the ambulances will be able to communicate with State and mutual aid resources operating within the County for a wildland fire or large disaster.

### *TriTech Inform 5.5 CAD*

Multi agency delivery models typically require two (2) agencies to exchange information with a CAD-to-CAD interface. The interface is often a point of failure, and because it is shared between two (2) disparate CAD systems, the information may not



flow seamlessly. This outcome can cause the interface to provide incomplete information or simply “go down”, resulting in delays.

The Alliance will utilize TriTech Inform 5.5 CAD to manage all of the fire and EMS units, the call details, and accurate response time information. The information will be seamlessly passed from call takers and fire dispatchers, to ambulance dispatchers, to units in the field in near real time. Information, including dispatcher comments, changes of call type or location, and all other data, is shared comprehensively through the benefit of operating on the same system.

Utilizing the Tri-Tech Inform 5.5 CAD with a Live Move up Module or equivalent system status management tool, we are able to provide better coverage of EMS and fire resources. Utilizing a Live Move up Module will detect and display holes in unit coverage by listening to CAD in real time. This software enables dispatchers to instantly view weaknesses and strengths in coverage in real time. The algorithm utilizes statistics of the system for unit commit time and statistical call history.

We will provide each ambulance with a mobile interface into the CAD allowing the unit to accurately assign status and see call details with only a few second delay. This technology provides crews direct access to incident data as the dispatchers or units create the information. In addition to the mobile CAD interface, the ambulances will be equipped with automatic vehicle location (AVL). AVL provides dispatchers the ability to see the location of units with only a few seconds delay. The Tri-Tech Inform CAD recommends the closest unit by type and its calculated response time.

### *Navigation Software*

Referencing similar mapping information can be a challenge with separate agencies. We will enable all of the ambulance resources the ability to navigate utilizing turn-by-turn navigation software. This navigation software will be able to route units with turn by turn directions to a latitude and longitude point already verified by the CCRFCC CAD. This software provides a higher level of accuracy because the address has been verified with an up to date geodatabase file. The device can then route to a static point on the map without an address lookup. We will be sharing our mapping data digitally with all units in the field so that ambulances can see the same mapping layers as dispatchers and fire resources. This commitment puts all units on the same plane for situational awareness. The CCRFCC provides GIS resources to ensure maps are current and integration with CAD is working properly.

### *Interoperable Templates*

To benefit the County, we will provide improved interoperability with training, equipment, supplies, radios, radio channels, and operating procedures for all personnel. The first step to enhance interoperability for the County’s system will be in communications. We will be the primary dispatch center for both fire and EMS. This strategy will provide a better understanding of the call details between fire and ambulance dispatchers as well as field units. Additionally, radio configuration and channel configuration will provide full interoperability, allowing fire and EMS units to interoperate seamlessly as a cohesive unit.



## Mobile Data Terminals (MDT)

We agree to provide MDTs as described in the RFP. The MDT permits the communications center to track ambulance resources, send status changes electronically, and receive dispatch information electronically. With the use of MDT/AVL devices and voice communication systems, we will report key time indicators to LEMSA. Key time indicators will include, but will not be limited to, the following:

- Call received
- Start of response time measure
- Crew en route time
- On-scene time
- Cancellation time
- Transport time
- Hospital arrival time
- Unit available
- Call Taker performance
- Dispatcher performance
- EMD protocol compliance
- Emergency call answer times

We will serve as our point-of-contact (liaison) and will communicate with LEMSA key personnel to ensure we are continuously meeting the needs of the of the EMS system in the County. Our Epidemiologist along with LEMSA personnel will analyze and evaluate late calls to see where improvements are needed through a rigorous CQI program. We will provide all necessary resources to the LEMSA in order to assure that the communication system is well integrated and the performance requirements can be achieved

## Other Strategies to Reduce Response Times

For over 35 years, we have been utilizing System Status Management (SSM) techniques to ensure our emergency medical services models are successful. We use 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



Our SSM techniques ensure that we will meet and exceed all contractual response time requirements within this RFP. The following components are used to develop SSM analysis:

- The number of calls the system must respond to varies by time-of-day and day-of-week. This number 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) 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, and is 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

We propose to continue work with LEMSA to develop and build a SSM plan within the Tri-Tech CAD system that allows for rapid deployment and unit placement.

## 2. Competitive Criterion: Vehicles

### a) Minimum Requirements—Vehicles

#### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.B.2.a.

***All ambulances shall meet the standards of Title XIII, California Code of Regulations.***

All of our ambulances will meet the standards of Title XIII, California of Regulations.

***Ambulance vehicles used in providing contract services shall bear the markings of the County logo and "Contra Costa County Emergency Medical Services" in at least four (4) inch letters on both sides. Such vehicles shall display the "9-1-1" emergency telephone number and state the level of service, "Paramedic Unit," on both sides.***

All of our units will bear the markings of the County logo and "Contra Costa County Medical Services" in at least four (4) inch letters on both sides. Our vehicles will display the "9-1-1" emergency telephone number and state the level of service "Paramedic Unit" on both sides.





***Ambulance vehicles shall be marked to identify the company name, but shall not display any telephone number other than 9-1-1 or any other advertisement.***

Our units will advertise our company name and will not display any telephone number other than 9-1-1.

***Overall design, color, and lettering are subject to the approval of the Contract Administrator.***

We understand that the overall design, color and lettering of the units are subject to approval of the Contract Administrator. We will collaboratively work with the County to ensure any existing or new designs are approved.

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

Currently, through the Alliance, our operation maintains a fleet of **78** vehicles, including the following:

- 48 Type III state-of-the-art ambulances designed and equipped to provide Advanced Life Support, and a specialized Bariatric transport units (for patients in excess of 500 lbs)
- Five (5) Supervisor vehicles
- Sixteen (16) Battalion Chief vehicles
- Three (3) support vehicles
- Four (4) Disaster unit
- Two (2) Decon units

These vehicles were selected for many unique reasons. Of paramount importance is their ability to offer a comfortable and safe ride for patients and improved working conditions for our crews. In addition, through our existing partnership with Ford and American Emergency Vehicles, we are able to leverage our buying power to bring the best of ambulance manufacturing to our patients. Our fleet will continue to be equipped with leading edge safety features to ensure the safe transport of the sick and injured and to protect our caregivers.

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

We will replace all frontline dedicated units to the County once they reach five (5) years or 195,000 miles. Each week, our fleet team will document the vehicle mileage of every ambulance in our County fleet. We will 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. This system also allows us to track all repairs made and parts used by vehicle ensuring a detailed replacement/repair history for every vehicle.

***Each ambulance shall be equipped with GPS route navigation capabilities.***

All ambulance units dedicated in the County will be equipped at all times with GPS route navigation capabilities, tracked through the dispatch center.



## b) Higher Levels of Commitment— Vehicles

### Environmentally Friendly Ambulances

As your partner, we will transition to Sprinters or equivalent eco-friendly ambulances for replacement ambulances as the existing fleet reaches its maximum service life. The transition to environmentally-friendly ambulances will benefit our partnership by greatly decreasing exhaust, nearly doubling our miles per gallon with reduced costs in the service department.



### Safety Features

Hundreds of EMS providers are injured and killed each year because of traffic accidents. We understand the importance of safe vehicles and has taken numerous steps to ensure our units are the safest on the road. The County can rest assured that we will amend our safety specifications as federal safety requirements evolve. In addition to the minimum requirements, all of our ambulances include the following best-in-class safety features:

- The only modular body on the market that has been double- impact crash tested and certified. These are listed in the table on the following page.
- Modular body has been certified to more than 200% of minimum load test requirement
- All seat belts and anchorages bolted through metal
- Attendant seat provided with 3-point seat belt
- Squad bench seating provided with 6-point restraint system
- A detachable aviation quality restraint net installed at the head of the squad bench
- Antimicrobial grab handles
- Seamless upholstery to minimize contamination
- Emergency Start System with failsafe vehicle starting circuitry switch and dual reserve batteries
- High-conspicuity reflective exterior graphics
- Aggressive LED warning package
- Drive Cam or equivalent

Additional to primary fleet, we will maintain back-up that will remain available from large regional and national fleet as needed to supplement disaster response or special events in the County. Our selected fleet for the County not only will support green initiatives through improved fuel efficiency and pollution reduction technology but also will be outfitted with various safety- and industry-leading features, as highlighted in the table on the following page.



Ambulance Modifications for County Units	
Independent emergency starting system	Safety net at the head of the squad bench
Electrical circuits controlled by a circuit board system of 15-20 independent and interchangeable circuit boards	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, a safety feature to keep personnel safe while attending to the patients



### 3. Competitive Criterion: Equipment

#### a) Minimum Requirements—Equipment

##### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.B.3.a.

We will continue to comply with all equipment and supply requirements as listed in the RFP. We understand that we will remain responsible for all costs of maintenance including parts, supplies, spare parts and costs of extended maintenance agreements, and that LEMSA may inspect our ambulances at any time, without prior notice. Also, we will maintain all specific pediatric equipment requirements as specified. In addition, we agree to all penalty provisions outlined in this RFP.

##### A History of Compliant Equipment

As a public safety provider in the County, we offer a long-lasting history of compliant equipment. Long before LEMSA requirements, the original founding Fire Departments that currently make up our organization provided all of the equipment necessary to deliver emergency care. In 1922, the Fire Chief of the Martinez Fire Department, Chief Briones, purchased the first resuscitator after a drowning in the Alhambra Creek. It was called a Lung Motor. Over the years, this proactive commitment to EMS has continued. In 1997, we moved forward to deliver the best available service by leveraging its Measure H allocation to fund First Response Advanced Life Support. This effort has kept the County in line with the most progressive EMS systems in the Country.



As your partner, we pledge to continue to meet your needs and always equip our personnel with the appropriate resources to provide exceptional service and quality care. In addition, we will remain committed to actively seeking innovative equipment that is specially designed to improve patient outcomes.

#### b) Higher Levels of Commitment— Equipment

##### Seamless Equipment Integration



To ensure full integration, as well as a reliable service, the Alliance will utilize all of the same equipment and software platforms, which includes, but is not limited to our MEDS ePCR and Tri-Tech CAD system. This strategy will ensure personnel operate as a cohesive unit, allowing us to provide consistent and dependable pathway management of patient care from the time a call is received to the time the patient is transported to the hospital.



## Multi-EMS Data System (MEDS) Electronic Patient Care Recording (ePCR)

Through the Alliance, we will utilize the Multi-EMS Data System (MEDS) electronic patient care reporting (ePCR) system. 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 operations are secure in the fact that the system is well-understood and supported by national resources, and that troubleshooting assistance is available with one phone call if needed.



We will provide state-of-the-art ruggedized laptops to crews using MEDS. We currently deploy Panasonic tablet FZ-G1. 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 our 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 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 the following:



- 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
- 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
- The ability to auto-populate fields by pulling data from our billing system for 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 Clinical Quality Improvement functions through immediate access to PCRs, Ad-Hoc reports, and MEDS alerts



## Fire MEDS

Our San Mateo operation is in the implementation stages of a new, innovative ePCR data collection software called "Fire MEDS." The program software was designed by recognized external software development companies, supported by our development team and most importantly guided by a team of local fire paramedic first responders. The goal of this program was to create first responder-specific ePCR data collection software that enables the ability to document and share data with the transporting agency's MEDS ePCR platform. Additionally, this software operates on Apple iPad hardware, enhances user experience, and supports clinical reporting.



Fire MEDS will benefit first responders in the following ways:

- User friendly design
- Fast - PCR completion flows logically with the care provided
- Photo integration into the ePCR of trailing documents such as the ECG
- Data reporting for clinical improvement functions and electronic viewing of the ePCR
- Capability if desired to complete ePCR on-scene and transmit
- Capability to facsimile transmit ePCR to hospital
- Meets NEMSIS 3 GOLD standard of data collection

If awarded the contract, we are willing to implement a similar program with all Contra Costa County fire agencies operating in the EOA. Below we have provided a screenshot of this software.

The screenshot displays the Fire MEDS software interface on an iPad. The top status bar shows the time as 11:05 AM and the battery level at 99%. The app's header includes navigation icons for 'INCIDENTS & REPORTS', 'NOTES', and a status indicator, along with the date '05/05/2015', a 'HELP' icon, and the unit identifier 'test Unit E95'. The main interface is divided into two sections. On the left, a sidebar lists incidents categorized by 'TODAY' and 'YESTERDAY'. The 'TODAY' section lists two incidents: Case # DCF1500002540 at 235 ST CATHERINE DR and Case # DCF1500002537 at 2070 SULLIVAN AV. The 'YESTERDAY' section lists six incidents with their respective addresses. The right section, titled 'INCIDENT DETAILS', provides a form for editing the selected incident (Case # DCF1500002540). It includes fields for 'INCIDENT DATE' (May 5, 2015), 'CASE NUMBER' (DCF1500002540), 'UNIT NUMBER' (E95), and 'INCIDENT ADDRESS' (235 ST CATHERINE DR). Below these fields is a 'PATIENT CARE REPORTS' section with a '+ ADD' button. The interface is clean and functional, designed for use in the field.



## Innovative Equipment



We provide a wide array of innovative equipment and technology for our County personnel, patients, and partners. This includes, but is not limited to, the following:

### *LifePak 15*

An assistance to firefighters grant, combined with Measure H funds and the purchasing power of the Alliance, we were able to procure Physio Control LifePak 15 Cardiac Monitors and defibrillators for all First Response Advanced Life Support agencies in the County. In addition, the Alliance recently purchased 55 new Physio Control LifePak 15 for our EMS transport units. This monitor/defibrillator is a state-of-the-art, 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. Pre-hospital care providers 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 has 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.

### *EBRCS Portable Radio*

We will equip all of our County units with EBRCS Portable Radios. The EBRCS system provides secure, robust, resilient, and redundant communications to all public safety agencies in Contra Costa and Alameda County.



### *Stryker Stair-PRO*

Following a recent evaluation, we have decided to equip all of our 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 Power-Pro*

Following a study done by us and Western Michigan University in spring 2010 that showed a 62 percent reduction in back-injury claims, we are committed to the installation of Stryker's Power-PRO XT powered ambulance cots in our County units.



### *Mobile CAD*

Our supervisor unit will be equipped with a mobile CAD unit. This software will enable the supervisor to monitor all EMS system activity, as well as take care of scheduling in Telestaff, page field personnel, and communicate with on-duty units.





### *Vacuum Spine Boards*

We will continue to equip all of our County units with Evac-U-Splint. These devices provide spinal motion restriction more effectively and with greater comfort for the patient.



### *Compression Devices and other Medical Devices*

We routinely evaluates the efficacy of new medical devices to determine which new technology developments positively affect patient outcomes. Given the recent controversial discussion and lack of evidence supporting any benefit of automated compression over appropriately performed manual compression, we commit to biannual skills refresher and resuscitation for all system providers. We will also provide ongoing monitoring of compression density during every resuscitation attempt. In the future, should the scientific medical evidence determine efficacy of external cardiac compression devices or other medical devices, we will reevaluate the potential deployment of this equipment in the County EMS system.

## 4. Competitive Criterion: Vehicle and Equipment Maintenance

### **a) Minimum Requirements— Vehicle and Equipment Maintenance**

#### **Attestation:**

**✓ We understands and agrees to comply without qualification to provisions, requirements, and commitments contained in Section V.B.4.a.**

High-quality vehicles and on-going fleet maintenance will continue to play a critical role in the success of the County's EMS system. Rather than simply performing scheduled routine maintenance to keep our vehicles in superior condition, we will utilize our 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 the County.

- Each ambulance would be defined in the system, along with level data.
  - The ability to link “secondary” components (i.e., serialized medical equipment in back) with “parent” ambulances
    - “Secondary” components can have their own inspections
- All scheduled inspections and services are user-defined, customized to the ensure safety of patients.
  - 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 reports

## Fleet Maintenance program

At our operations, we staff four (4) full-time Automobile Service Excellence (ASE) accredited mechanics, who oversee our fleet maintenance facility’s daily operations. This facility provides services to a fleet of **nearly 60** vehicles, which includes the following:

- 48 Type III state-of-the-art ambulances designed and equipped to provide Advanced Life Support, and specialized Bariatric transport units (for patients in excess of 500 lbs)
- Five (5) Supervisor vehicles
- Three (3) support vehicles
- One (1) Disaster unit

Each day, our field crew EMTs and Paramedics stock, check, inspect, clean, test all equipment, and add their personal equipment before the vehicle is deemed ready for service. Staff members also clean each vehicle at the start of each shift and inspect it for any damage at the end of the shift. If there is any damage, they report this immediately and remove the vehicle from service as soon as possible. All units are inventoried daily using an inventory checklist. If any repairs are needed, an Equipment Failure Problem Report Form is completed. All costs of repairs and maintenance, including extended warranties, will fall under the expense of the Alliance.

Every 5,000 miles, our in-house mechanics will perform a systematic bumper-to-bumper inspection of our vehicles examining more than 190 parts, using a preventive maintenance inspection form. Our mechanics will review each preventive maintenance inspection form to ensure satisfactory completion of the required maintenance. The completed form becomes a permanent record providing a comprehensive vehicle maintenance history and serving as an example of our accountability. Our inspection process is based on research involving thousands of vehicles, enabling our company to determine the most effective interval for part replacement. This has allowed us to maximize the in-service time of our ambulances and reduce the risk of road failure. Maintenance is performed at the 15,000, 30,000 and 60,000 mile mark as well. Please see the table below for an overview of this maintenance schedule.



Preventive Maintenance At-A-Glance			
Services Every 5,000 Miles	Additional Every 15,000 Miles	Additional Every 30,000 Miles	Additional Every 60,000 Miles
•Lubrication	•Repeat 5,000-mile service and add items below	•Repeat 5,000- and 15,000-mile services and add items below	•Repeat 5,000-, 15,000- and 30,000-mile services and add items below
•194-point safety and mechanical inspection	•Replacement of fuel filter	•Rear differential service	•Replace belts
•Change oil and filter	•Transmission service		•Replace idler pulleys and tensioner
•Replace air filter			•Replace vacuum pump
<b>Batteries</b> – Test and inspect every service interval. Replace in sets of two if required.			
<b>Shocks</b> – Inspect every service interval and replace as necessary.			
<b>Universal Joints</b> – Inspect every service interval and replace as needed.			

## Maintenance Recordkeeping

For our operations, we utilize the Ron Turley Associates (RTA) Program, a commercial fleet maintenance software package to track maintenance and to evaluate our performance in both the ambulance and fire apparatus fleet. RTA 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 is 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 and fire apparatus– from the last oil change to any other repair performed – enabling them to be thorough, precise, and fully accountable in all future situations. Based on compiled data, our technicians can also predict part failures or end of useful life and provide the appropriate preventive maintenance specific to each ambulance. When ambulances and fire apparatus 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.



## b) Higher Levels of Commitment— Vehicle and Equipment Maintenance

### Manufacturer's Maintenance Standards

Below is our fleet maintenance procedures, from our Fleet Policy Manual. These procedures are in compliance and/or exceed the California Highway Patrol's standard for ambulances.

- Rotate tires during each PMI, or every 5,000 miles
- Replace front and rear tires when they measure 4/32 of an inch at the thinnest point of their tread
- Tires across an axle, under normal operating conditions, must be of the same model and tread design
- Tire tread depth across an axle will not measure or vary greater than 4/32 of tread height
- All tires/rims will have full steel valve stems. When original tires require replacement, valve stems will be converted as needed to 100 percent full steel valve

Additional procedures regarding inspection and documentation include, but are not limited to, the following:

- To conduct a proper brake inspection, all wheels must be removed during the PMI inspection. All brake components, hoses, lines, pads, rotors, fluids, must be inspected during a PMI interval
- To ensure brake wear is documented properly, all measurements will be recorded on Inspection Form CO-0021F-00  
Brake pads will be pulled and replaced when they measure 5/32 of an inch

### Bio-Medical Equipment Maintenance

Through the Alliance, we will utilize 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 maintenance based on manufacturer specifications and our policies and procedures. By following the manufacturer's recommended time schedule for PM, such as with Cardiac Monitors, we minimize the potential for equipment failure at a critical time.



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 rare 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. The EMS Operations Manager will immediately provide the unit with an identical replacement from our equipment storage cache, placing the ambulance back in service as rapidly as possible. The EMS Operations Manager then coordinates with the designated vendor to repair the equipment. Once repaired, the item is returned to the Alliance and placed in storage as reserve equipment.



We track all equipment failures through incident reports, which are sent to the EMS 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.

## Driver Training

Following the classroom component, Emergency Vehicle Operating Course (EVOC) students move into eight (8) 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 EVOC instructors. Students experience the forces involved in actual maneuvers and learn the characteristics of the vehicles. The EVOC instructors provide feedback on their performance, begin to incorporate real experience lessons, and give students ample time to practice their new skills.

Training objectives for this part of the module include the following:

- **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 personnel 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.



## Safety Features

Hundreds of EMS providers are injured and killed each year because of traffic accidents. We understand the importance of safe vehicles and has taken numerous steps to ensure our units are the safest on the road. The County can rest assured that we will amend our safety specifications as federal safety requirements evolve. In addition to the minimum requirements, all of our ambulances include the following best-in-class safety features:

- The only modular body on the market that has been double- impact crash tested and certified. These are listed in the table on the following page.
- Modular body has been certified to more than 200% of minimum load test requirement
- All seat belts and anchorages bolted through metal
- Attendant seat provided with 3-point seat belt
- Squad bench seating provided with 6-point restraint system
- A detachable aviation quality restraint net installed at the head of the squad bench
- Antimicrobial grab handles
- Seamless upholstery to minimize contamination
- Emergency Start System with failsafe vehicle starting circuitry switch and dual reserve batteries
- High-visibility reflective exterior graphics
- Aggressive LED warning package
- Drive Cam or equivalent

## Commission on the Accreditation of Ambulance Services (CAAS)

We agree to continue to meet and exceed maintenance standard as outlined in the Standards – Accreditation of Ambulance services published by the Commission on Accreditation of Ambulance services (CAAS). CAAS is an independent commission that promotes quality patient care in America's medical transportation system by establishing and maintaining comprehensive standards for the ambulance service industry.



CAAS accreditation is the “gold standard” in the ambulance industry, with standards that often exceed local and state regulations. To become accredited, ambulance providers must complete a comprehensive self-assessment and pass an outside review conducted by CAAS.

We have held CAAS accreditation for nearly eight **(8)** years in the County. Nationally, we have more operations accredited by CAAS than any other provider, with a total of **22** CAAS-accredited operations.

For a list of our CAAS accredited operations please visit <http://www.caas.org/caas-accredited-agencies>.



## 8. Competitive Criterion: Deployment Planning

### a) Minimum Requirements— Deployment Planning

#### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.B.5.a.

#### EMS System Design Considerations & Deployment

Through the Alliance, we will continue to offer a deployment plan built on our proven experience in meeting and exceeding response-time requirements, as we have done consistently over the years in both urban and rural settings. Our operational experience is supported by our use of evolving technology, techniques and tools in our drive to continually improve our system coverage to meet changing needs. We will continue to ensure a close collaboration with LEMSA and allied agencies to monitor and adjust our deployment to exceed the response-time requirements for the County.

In addition, the Alliance will further benefit the County by the achieving the following operational synergies:

- Enhanced deployment planning
- Effective utilization of resources
- Enhanced interoperable communication efficiencies
- Enhanced data collection and analysis capabilities

All deployment planning assumptions for the future contract have been based both on the historic information available and on our own research in the County. This section outlines our proposed contractual commitments to the County system and offers an overview of our deployment planning methodology.

#### Deployment Plan

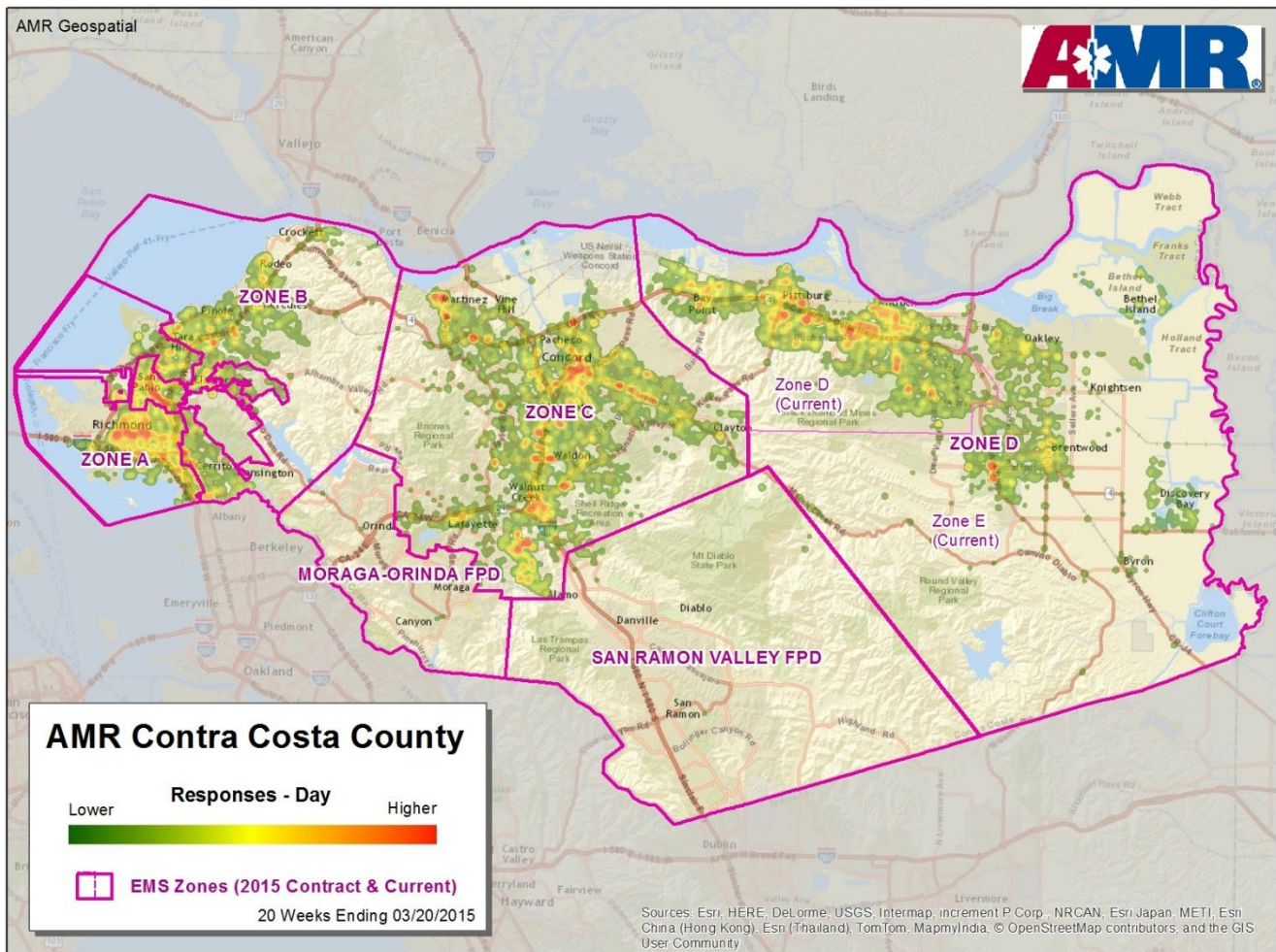
Our deployment plan for the County will ensure the closest ambulance will be sent to the call every time. Based on our experience, we are able to intimately understand the needs of County and develop a comprehensive deployment plan that will meet and exceed the expectations of the response time requirements. We will deploy 12-hour shift schedules for our initial deployment plan. This deployment allows us to more effectively match resources to the demands of the system and also provides flexibility along with a variety of schedules/work hours for our crews to choose from.

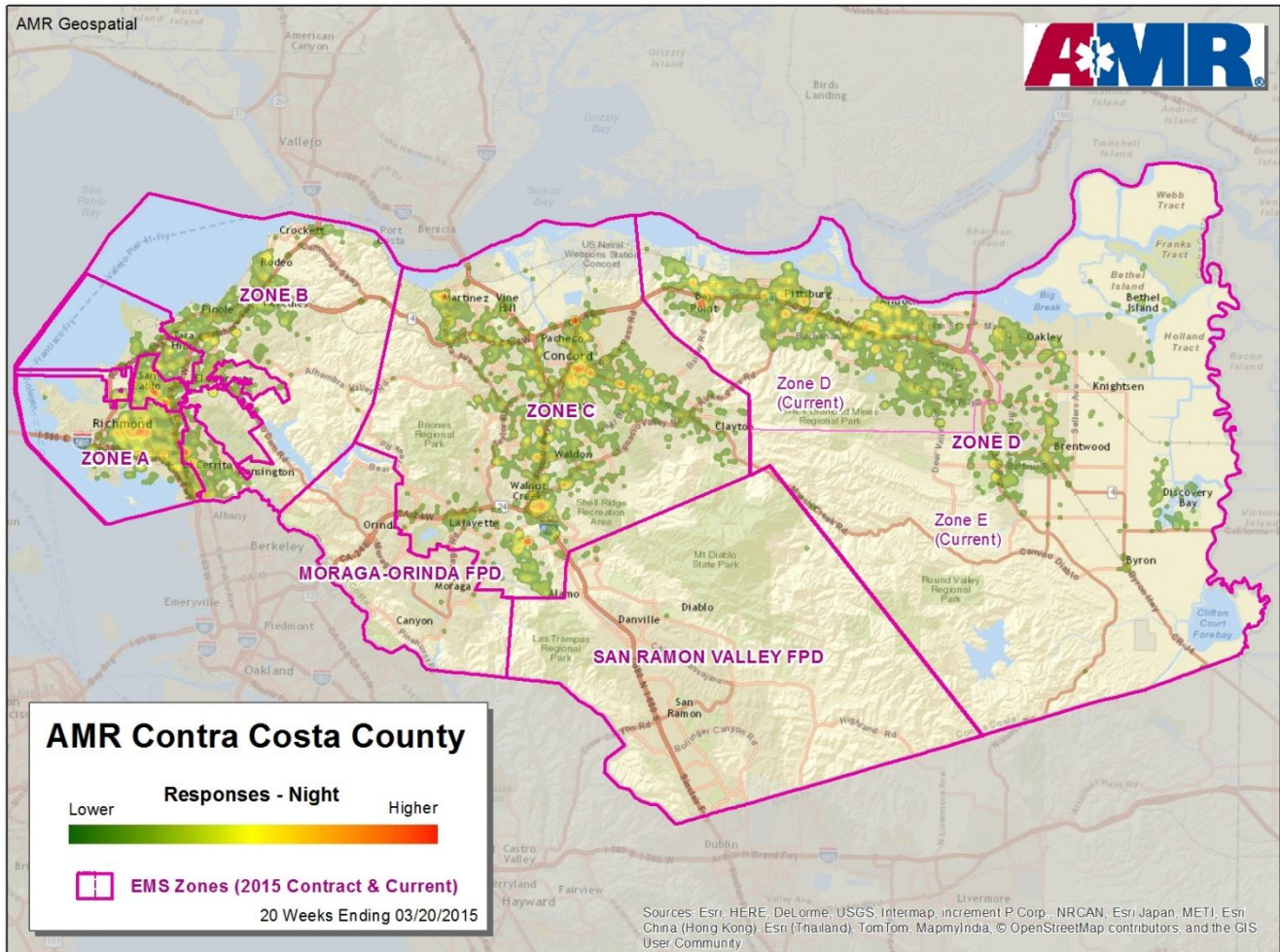




Our initial deployment plan for this contract includes **4,788** deployed ambulance unit hours per week. This is equivalent to the provision of at least **248,976** ambulance unit hours annually. Core (lowest) deployment will be **18** units, with a peak of **39** ambulances during the highest demand. As this is a performance-based contract and call demand is dynamic, we are committed to increasing units to match volume and contractual requirements. Analyzing the County call volume and hot spots, we will strategically deploy 12-hour units, with the ability of backfill, if needed.

Below and on the following pages, we have provided maps that display historical data from our responses during the day and night.

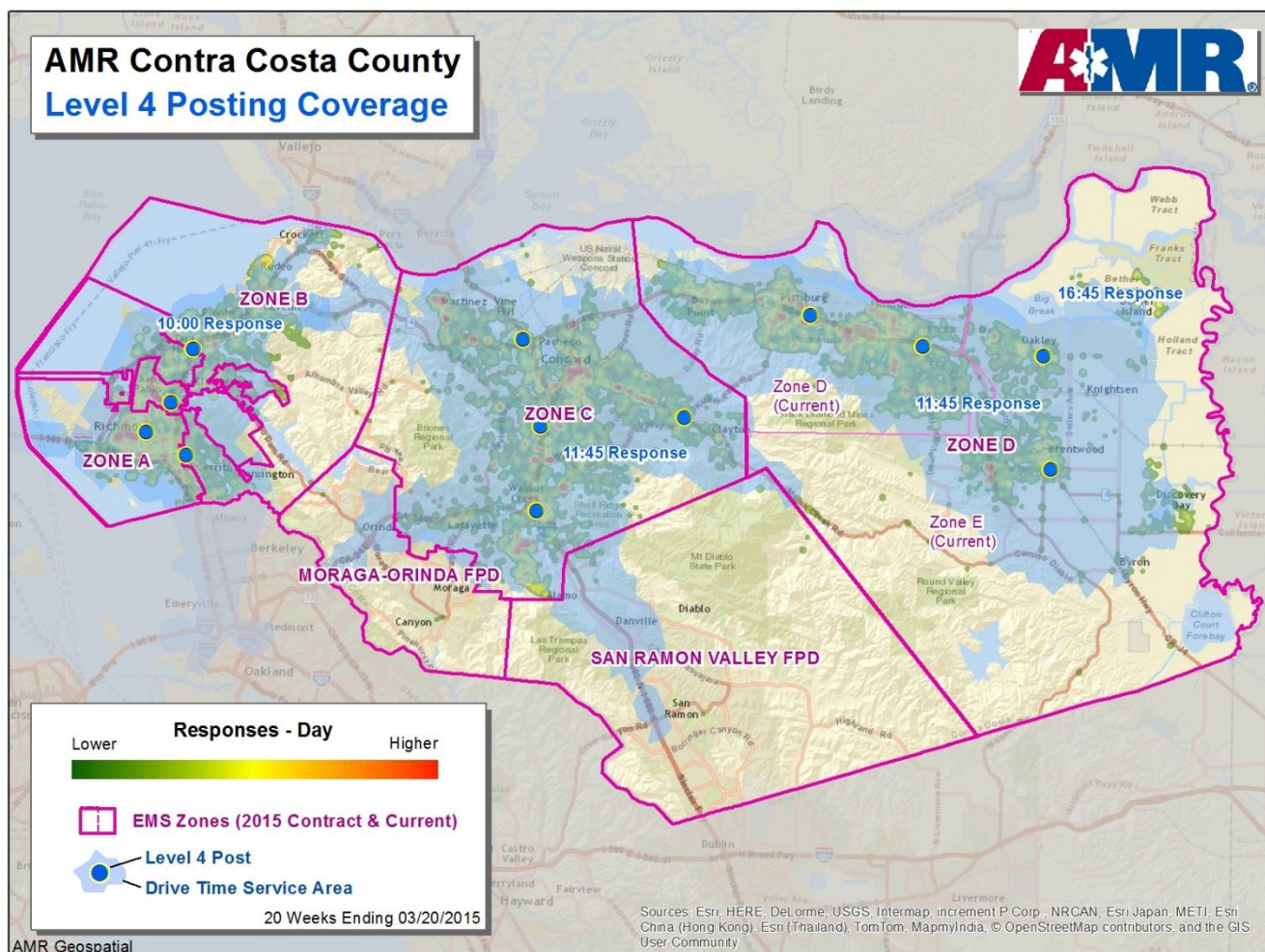


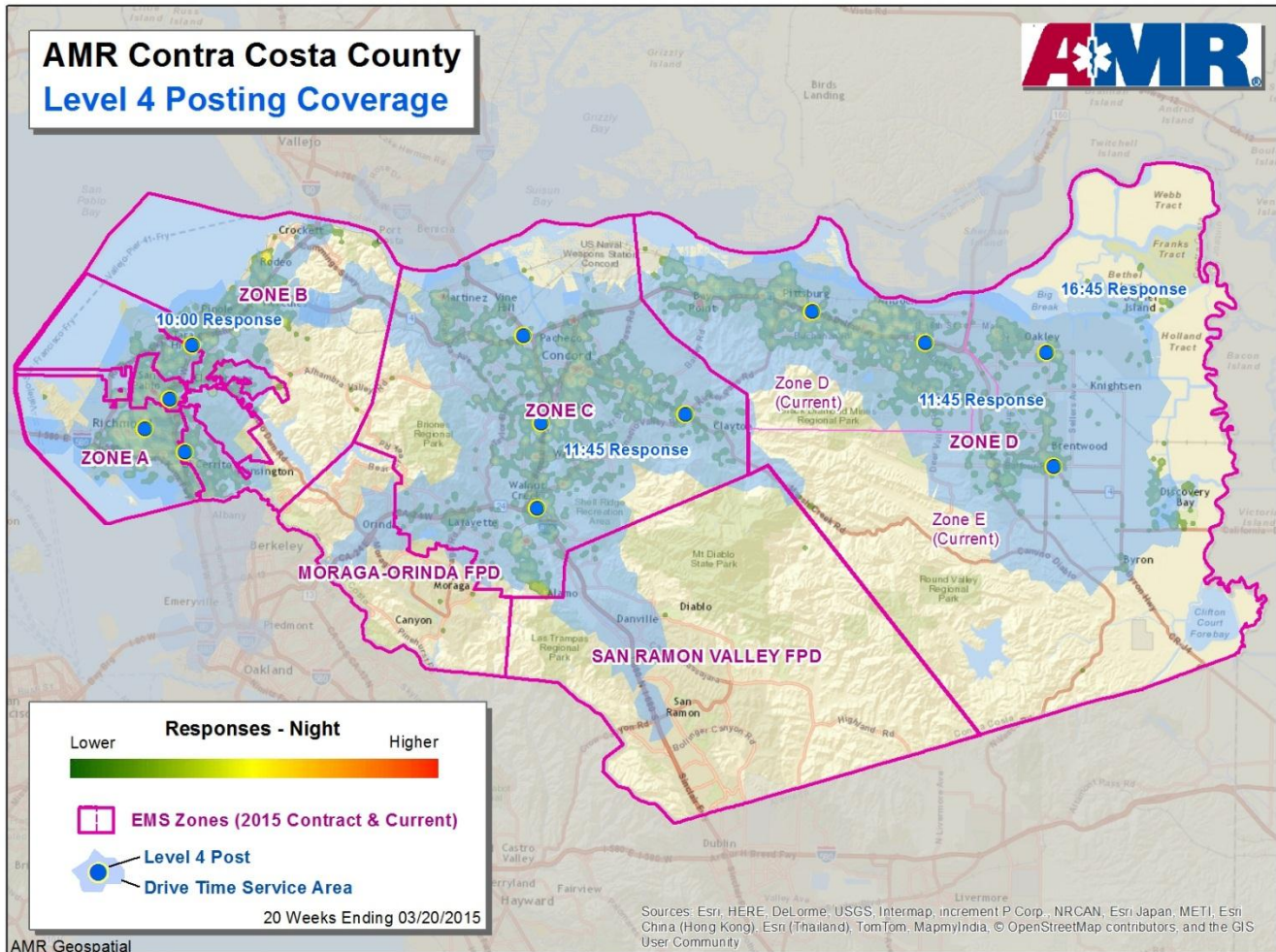






Below and on the following pages, we have provided maps that display historical data from our level four posting coverage for day and night.







Events that require an unplanned surge include MCI, unexpected high-call volume, and requested mutual aid into neighboring counties, such as Alameda, Solano, Marin, Napa, Sacramento, just to name a few. Additionally, we provide backup support for Moraga Orinda Fire Department.

Rather than wait for the industry-norm twenty week period to elapse to conduct a new demand analysis, we will immediately begin using our deployment modeling tools upon contract start. With these advanced tools, we do not have to wait the standard twenty weeks before re-analyzing demand and adjusting accordingly.

Our proposed SSM plan allows us to match our supply of available ambulances to County's demand for patient care requests, as outlined here, maximizing our UHU:

- **Geographical Coverage** – We place the correct number of on-duty units in the right location, flexibly relocating them to ensure optimum system coverage.
- **Demand Coverage**– The demand for services varies by hour-of-day and day-of-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 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. Our organization is at the forefront of SSM planning and has developed a proprietary process that incorporates the traditional methods of completing a demand analysis and much more. This process is used to determine the number of ambulances necessary to staff the system for each hour of the day. We strongly focus on the workload of all ambulance crews in the system. We define workload as all time spent on a call, beginning at time dispatched and ending when the crew is clear from the call. By evaluating each one-hour period and determining the number of active calls in each time period, each call and its real time to complete is represented very accurately, often across multiple hours of coverage.

Through the Alliance, we will utilize our web-based application Operations Planning and Analytics Platform (OPAP), which contains a number of data analysis and reporting tools that allows our management team to quickly and easily evaluate performance and changing demand, in a close to real time environment. We evaluate response time compliance for each hour of day and day of week and adjust staffing to fill any identified gaps. Because the target is response time compliance, not how many calls we run, we do not use the typical demand analysis to determine staffing. Rather, we identify the times of day and/or days of week that have experienced lower thresholds of response time compliance, and then adjust staffing to bring them up. Likewise, we analyze response time compliance by geographic sub areas to ensure that no area is underserved. By analyzing response times and deployment in this fashion, we ensure that no time of day, day of week, or area of the County receives inequitable service.

Once appropriately tuned to the system, our program produces very clear guidance to make sure we consistently have the appropriate resources to meet the demand and the performance targets. The more call data brought into the program, the better it gets.





## Deployment Plan Refinements

Upon analyzing our historical incident data, we engage our Regional and National expert resources to assist us in fine-tuning our deployment plan. These resources, in conjunction with our local operations management staff (with more in-depth local system knowledge), review this data and evaluate how our plan is working every day. Traditional approaches would generally dictate that new demand analysis studies be performed at least twice per year. We know from experience that seasonal variances and changes in system growth occur all of the time so our process is always working. This means that a new and slightly adjusted plan can become active, allowing us to make more frequent, small adjustments to our plan instead of big changes every six months. Other areas we look at to determine if our deployment plan needs modification are:

- Trending of late responses in any zone
- Month over month decreases to overall and zone compliance
- Feedback from caregivers and system partners
- Long term road construction that may be occurring

## Ambulance Locations/Posts

Our current posting plans were developed by our team using historical EMS data as the incumbent. As discussed above, collection and analysis of response time data will begin on the first day of the new contract. For any future posting refinements, CAD data will be collected and utilized to drive modeling tools and methods to ensure the optimum location of our units for all service levels.

Our team uses GPS technology in each vehicle to help identify and prioritize the post locations that best ensure our ability to exceed response-time requirements. To model posting plans, we define a particular service zone, map 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.



## Deployment Plan by Hour-of-Day and Day-of-Week

The table below represents our initial deployment plan for the County's system, by hour-of-day and day-of-week.

ALLIANCE UNITS DEPLOYED							
Contra Costa County							
Day & Time	SUN	MON	TUES	WED	THURS	FRI	SAT
12:00 AM	23	23	23	23	23	23	23
1:00 AM	20	20	20	20	20	20	20
2:00 AM	20	20	20	20	20	20	20
3:00 AM	20	20	20	20	20	20	20
4:00 AM	18	18	18	18	18	18	18
5:00 AM	18	18	18	18	18	18	18
6:00 AM	22	22	22	22	22	22	22
7:00 AM	22	22	22	22	22	22	22
8:00 AM	25	25	25	25	25	25	25
9:00 AM	29	29	29	29	29	29	29
10:00 AM	32	32	32	32	32	32	32
11:00 AM	33	33	33	33	33	33	33
12:00 PM	34	34	34	34	34	34	34
1:00 PM	37	37	37	37	37	37	37
2:00 PM	37	37	37	37	37	37	37
3:00 PM	37	37	37	37	37	37	37
4:00 PM	39	39	39	39	39	39	39
5:00 PM	39	39	39	39	39	39	39
6:00 PM	35	35	35	35	35	35	35
7:00 PM	35	35	35	35	35	35	35
8:00 PM	32	32	32	32	32	32	32
9:00 PM	28	28	28	28	28	28	28
10:00 PM	25	25	25	25	25	25	25
11:00 PM	24	24	24	24	24	24	24



## b) Higher Levels of Commitment— Deployment Planning

As a benefit to the County and to improve call processing times, the Alliance will operate through a consolidated dispatch center that will encompass fire and ambulance dispatch services. Utilizing this integrated approach, ambulance dispatch personnel will be co-located at CCRFCC, providing improved situational awareness and instantaneous communication as well as enhanced coordination of resources and responses. Additionally, this approach will allow us to proactively identify potential issues in both systems, EMS and fire, enabling decision makers and dispatchers to distribute resources to improve gap management in times of peak demand.



### Operations Planning and Analytics Platform

We have experience and knowledge of systems with potential problem areas. We are able to pinpoint causes and develop mitigation solutions using our quality improvement processes and technologies. Our newly developed web based Operations Planning and Analytics Platform (OPAP) was built for this purpose as well as to ensure we meet and exceed response time commitments even as population and call volume evolves.

The OPAP platform was built after over a year of extensive review of deployment best practices and with the involvement of a third party consulting firm. It is supported by a team of experienced CAD data managers, information technology programmers and reporting analysts. The platform imports data directly from the local CAD systems and is customized to local community response time criteria through the development of business rules.



The OPAP platform enables our operators to produce up to date system demand charting at the press of a button, any time, any day. Utilizing this data, we will adjust schedules, resources or posting as needed to ensure excellence in response time performance. We have produced positive results with OPAP demand charting system. One example involved a system suffering from poor on-time performance. Through the usage of OPAP demand charting and analysis, the system was able to identify that crew workloads were too high which was impeding our ability to be at adequate posting locations when being dispatched on the call. We made the appropriate adjustments which included a revised posting plan, schedule adjustments to improve responses in the late afternoon, and increased unit hours. These actions resulted in a decrease in crew workload, a better distribution of the workload throughout the day, fewer late calls, and much needed improvement in on time performance.





## Daily reviews & Demand Analysis

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 and Supervisors have the authority to quickly make changes and adjust the ambulance coverage plan as needed to eliminate or minimize the changes of additional late calls.

To assist our staff with their daily reviews, the OPAP platform provides a mechanism for detailed retrospective investigation of any call that does not meet specific and customizable criteria or response times. These calls are captured for review to ensure proper handling of response deployment, posting, routing, etc. Within the same system, the user can quickly research any call data, routing and response details to investigate delays for quick system adjustments or actions to ensure ongoing improved response time performance.

Below, we have provided a screenshot of OPAP.

	Broken Fields	Run Number	Unit	Response Date	Master Incident ID	Time Entered Queue	Locked	User Name
<input type="checkbox"/>	1			5/4/2015 9:19:11 PM	<a href="#">9380457</a>	5/5/2015 8:13:55 AM	<input type="checkbox"/>	
<input type="checkbox"/>	1	9362909	317	4/9/2015 1:47:07 PM	<a href="#">9362909</a>	5/5/2015 3:12:57 PM	<input type="checkbox"/>	
<input type="checkbox"/>	1	9380720	321	5/5/2015 11:00:55 AM	<a href="#">9380720</a>	5/5/2015 3:17:46 PM	<input type="checkbox"/>	
<input type="checkbox"/>	1	9380721	312	5/5/2015 11:00:55 AM	<a href="#">9380721</a>	5/5/2015 3:22:40 PM	<input type="checkbox"/>	
<input type="checkbox"/>	1			5/5/2015 11:30:00 AM	<a href="#">9380279</a>	5/5/2015 4:06:32 PM	<input type="checkbox"/>	

Page size: 5      6 items in 2 pages

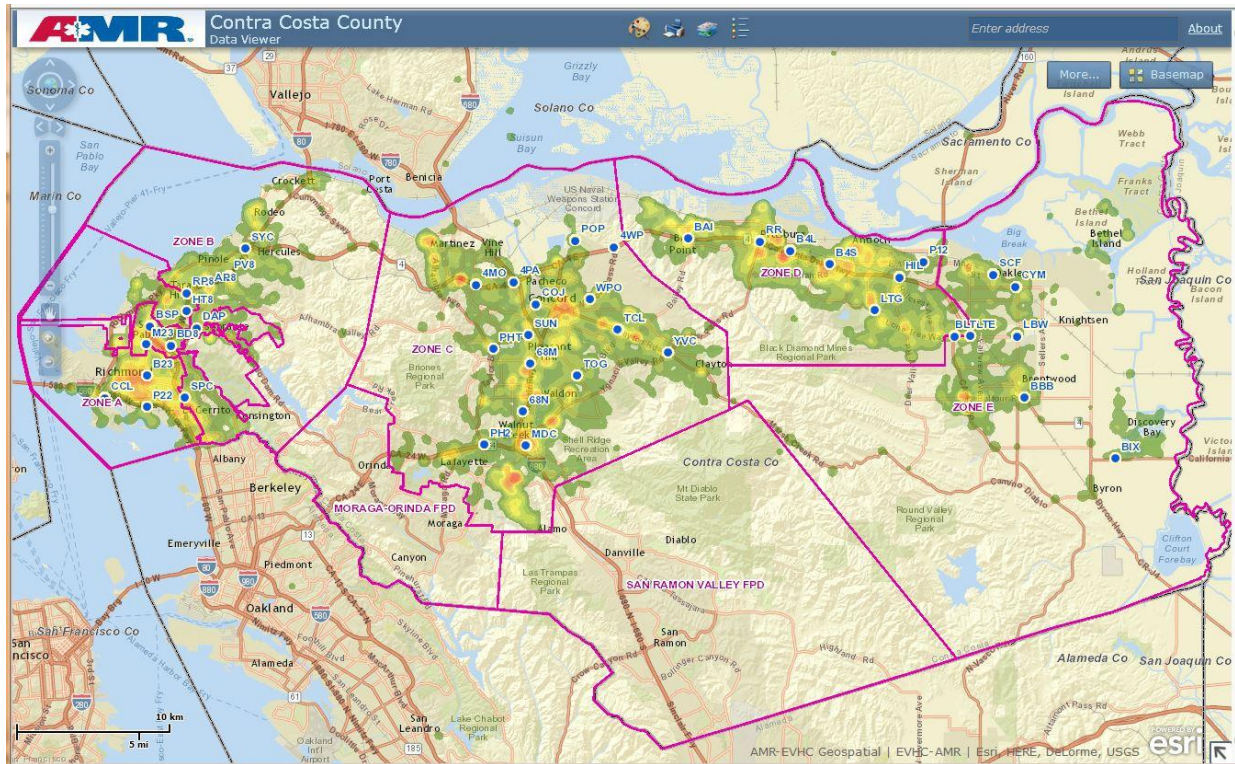
Note: To Submit a record, select it by placing a checkmark on the first column and then click the Submit button.

Submit

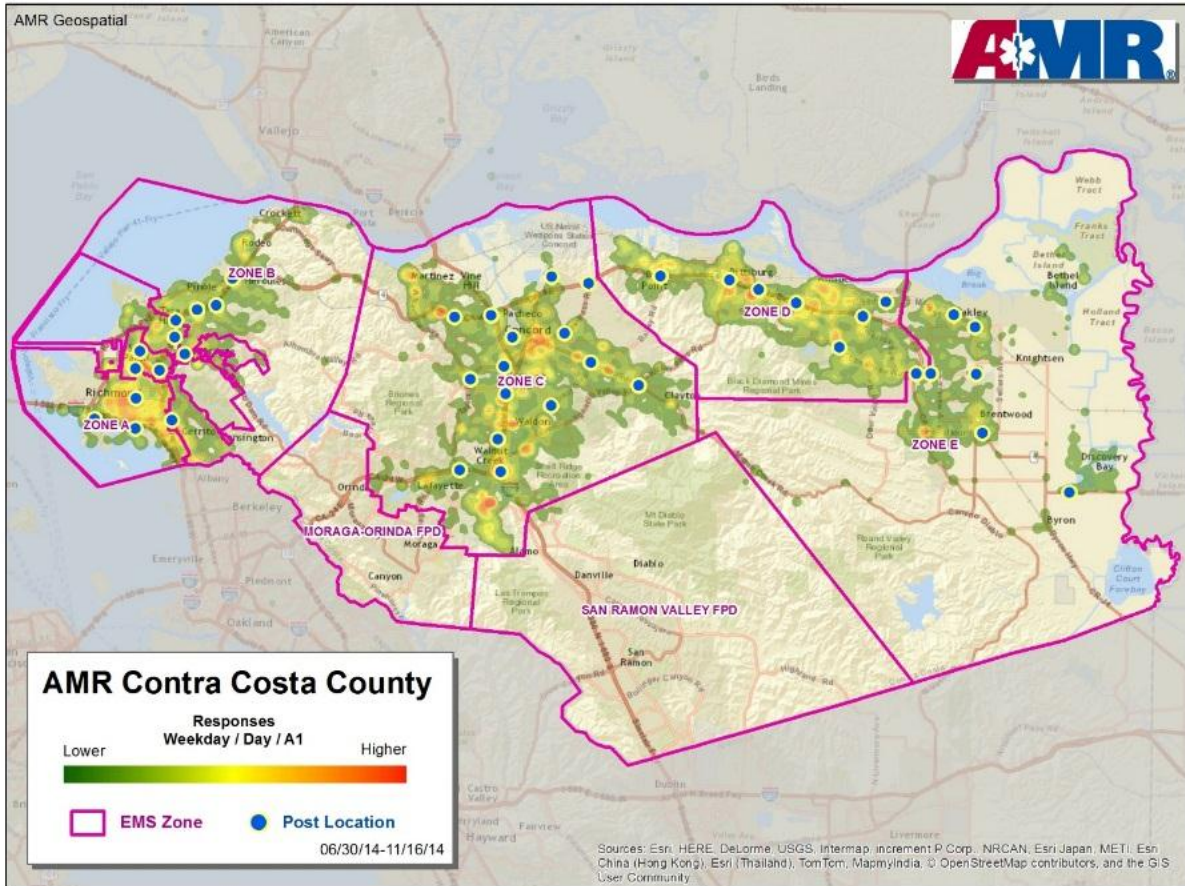
© 2013, American Medical Response. All Rights Reserved.      Version 0.95



Below and on the following pages, we have provided screenshots of server viewer app and mapping from our geographic information system.







## 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 and process improvement
- Adjust posting plans
- Adjust coverage plans
- Adjust employee work schedules
- Adding new resources to the system



## Criteria for Change

Compliance with response-time standards is just one of the criteria we use to decide if the coverage plan needs modification. With the data from our OPAP system 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 demand
- Effect of adverse weather events and local MCI responses
- Feedback from caregivers and system partners

When system changes are identified, our OPAP platform enables users to build custom schedules. A key feature of the OPAP schedule building software is the ability to graphically overlay new schedules with recent demand trends. This software allows us to accurately match the right amount of resources to the right times of day and day of week to ensure proper response time performance. For example, with the recent closure of Doctor's Medical Center, we strategically identified a trend in call demand through OPAP, which allowed us to shift unit hours to sufficiently meet our patient's needs.



## C. PERSONNEL

### 9. Competitive Criterion: Field Supervision

#### a) Minimum Requirements— Field Supervision

##### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.C.1.a.

We agree to provide an on-duty supervisor 24-hours per day, seven (7) days per week, within each geographic zone as required in the RFP.

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. We intimately understands this need and will continue to take pride in the fact that our County team will operate at all times under the direction of a highly-experienced and extensively-trained team of supervisors and captains.

Through the Alliance, we will provide nine (9) EMS Field Supervisors, who are credentialed as County Paramedics and staffed 24/7. These individuals will continue to carry full medical equipment and provide first response and patient care as needed.

Additionally, these EMS Field Supervisors are provided with the training and tools to monitor, evaluate, and improve the clinical care provided by paramedic and EMT personnel. Upon hire and consistently throughout employment, our supervisory team members are provided with local professional development opportunities, often in collaboration with regional leadership teams in neighboring counties. This provides them with both initial and ongoing education to our approach to field supervision and reinforces the key role our EMS Field Supervisors play within the hierarchy of our management team.

Also, our EMS Field Supervisors will attend monthly leadership team meetings and will remain in direct contact with the EMS Operations Managers. These individuals serves as an ongoing professional network 24/7.

To ensure our team is continuously prepared for any unforeseen event, our field supervisory personnel must successfully complete the Federal Emergency Management Institute Incident Command System (ICS) series 100, 200, 300 and 400, NIMS 700 and 800b.

##### **Observation & Evaluation**

EMS Field Supervisors are selected for their leadership roles based on performance and spend a majority of their time in the field, where they directly observe their colleagues caring for patients and interacting with the public. The EMS Field Supervisors respond on calls with field crews to observe, evaluate, and provide support. Any additional refreshment training is provided as necessary, at no cost to our team members.



## Exemplary Performance Standards

Below are some additional examples of the knowledge and skill qualifications held by our EMS Field Supervisors.

- The ability to effectively communicate organizational goals and objectives that drive outstanding clinical and operational performance
- The ability to evaluate, coach and remediate field personnel. Our dedicated EMS Field Supervisors ensure all field personnel maintain all State, County, and LEMSA-required certifications and accreditations (managed and tracked through a web-based platform)
- The provision of on-scene assistance for crews, as needed
- The ability to act as a coach, teacher or evaluator on multi-casualty incidents with the goal of reviewing each call for continuous improvement and compliance with existing policies
- The ability to assist in driving performance management
- Compliance with all employment laws and support of affirmative action/equal opportunity and diversity goals
- Participation as part of the unified command structure under the direction of the Fire officer during multi-casualty incidents and greater alarm fires.

### b) Higher Levels of Commitment— Field Supervision

We understand the importance of field supervision as it relates to the success of our operations. In this section, we have outlined our higher levels of commitment for Field Supervision.

### Robust Unified Command Structure

The Alliance offers the County a robust unified command structure that includes the following:



- Fire Chief
- One (1) Deputy Fire Chief
- Two (2) Assistant Fire Chiefs
- Four (4) shift Battalion Chiefs 24/7, 365 days per year
- One (1) EMS Chief
- One (1) General Manager
- One (1) EMS Operations Manager
- One (1) Training Chief
- One (1) Shift Safety Officer (Captain) 24/7, 365 days per year
- Four (4) Chief Officers are on call, within a 30 minute response time, each day in addition to the shift Battalion Chiefs on duty within the District
- Fire Prevention Bureau, including one (1) Fire Marshal, four (4) Captains, three (3) Fire Investigators, and sixteen (16) Fire Inspectors (all sworn peace officers).
  - Five (5) personnel trained to serve as Public Information Officers



- Each fire engine and ladder truck company is staffed with a Fire Captain for supervision
- Nine (9) EMS Field Supervisors
- One (1) Clinical Education Services Manager
- Two (2) EMS Quality Improvement and Education Team Coordinators
- One (1) Data Analyst / Epidemiologist
- One (1) Community Outreach Coordinator

We will continue to have a dedicated EMS Field Supervisor on duty in each section of the county, as well as an on-call response ready Chief 24/7. If necessary to supplement increased future operations, supervisory, and management staff will be added. For example, during holidays, three-day weekends, and other periods of increased call volume, we will add supervisory staff accordingly. We understand the importance of ensuring that our field supervisory team has the right tools to do its job effectively.

In this regard, the team is provided with supervisory vehicles, as well as a variety of other tools, including the following:

- MDTs with broad functions to monitor unit availability, status and current assignments
- Full spectrum/interoperable communication equipment for day-to-day supervision as well as disaster management
- In-City and out-of-area resource lists for personnel, vehicles, and equipment
- A wide array of MCI equipment, training manuals, and supplies
- An iPad with the Telestaff scheduling application to make schedule/staffing adjustments quickly

### **Participation in Regional Strike Teams & Disaster Medical Support Unit Deployment**

Our Contra Costa County Field Supervisory team will participate in Regional Strike Teams and Disaster Medical Support Unit Deployment as well as be highly knowledgeable and competent in the Contra Costa County MCI plan. Through continuous training, we will continue to offer the County a sophisticated approach to disaster management. We have an extensive network of local resources in this region, so we will continue to offer County the security of knowing that in the event of a major multi-casualty incident, our surge capacity from nearby areas can also be activated. All Alliance supervisory staff members will participate in Strike Team response and have been extensively trained at the Ambulance Strike Team Leader level for ambulances.



## 10. Competitive Criterion: Work Schedules

### a) Minimum Requirements— Work Schedules

#### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.C.2.a

We are committed to providing the optimal working conditions for all personnel. In this regard, we will meet and exceed all requirements related to work schedules and conditions. We will develop practical work schedules and shift assignments to provide reasonable working conditions for our ambulance personnel. Work schedules are designed to meet both system requirements and personal needs of everyday life.

We recognize 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. We 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.

#### Policy Regarding Fatigue Prevention

It is the responsibility of a company officer to continually monitor the status of their crew. Our personnel are provided exercise time and rest periods throughout their shifts. During down time and the hours of darkness, beds are provided for sleep.

Additionally, a field employee who feels that he or she is no longer able to perform the basic job responsibilities due to fatigue must immediately notify their supervisor. Once the on-duty supervisor is notified, the unit is immediately taken out of service and a replacement is identified. We also require the employee to document the following items so we may identify any contributing factors to the fatigue and resolve those issues.

- Time employee reported for duty
- Time the unit was placed out of service
- Number of calls completed during the shift
- Estimated number of hours spent in the ambulance during the shift
- Estimated number of hours of sleep obtained during the shift and prior to on duty time
- Other factors contributing to the fatigue to include outside employment
- Our leadership will relieve any crew member that in the opinion of management is fatigued or presents a risk to the safety and well-being of our 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
- No transport ambulance personnel will work a regularly scheduled shift of more than 12 hours.
- Personnel are discouraged from performing work at outside employers and directly reporting for shifts without adequate rest time



## b) Higher Levels of Commitment— Work Schedules

We understand that fatigue poses significant safety risks to both our personnel and the patients under their care. Our work schedules are designed based on analysis of call demand patterns in the community and the desires of personnel, taking into account human resource policies, labor laws, and the need to minimize on-duty fatigue.

In addition, we have an on-duty fatigue policy; personnel 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 are sufficiently rested.

We will continue to utilize Telestaff, an innovative scheduling system that acts as a tool to reduce unnecessary overtime, preventing our personnel from working beyond the maximum allowed shifts. Also, this scheduling system allows our personnel to manage their time off. We have seen repeated success in reducing employee fatigue through the use of this system.



## 11. Competitive Criterion: Internal Risk Management/Loss Control Program

### a) Minimum Requirements—Risk Management

#### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.C.3.a.

Through the experience of the Alliance, we have implemented and maintained an aggressive health, safety, and loss mitigation program that meets all requirements of this RFP. We currently engage in all LEMSA-required safety and risk mitigation activities and will continue to do so for this contract if awarded.

#### Health & Safety Program

It is for the benefit of everyone in the County's EMS system that our personnel are healthy and work in a safe and effective way, and that we maintain and introduce ever-higher standards of safety compliance. We have worked rigorously to develop a safety program that exhibits our commitment to the safety of our personnel, our patients, and the communities we serve and we are fully compliant with Federal and State OSHAs and other regulatory agencies. We are supported in these efforts by our local, regional and national safety leadership teams, and we work closely with our partners to address safety concerns that we can solve together. Our mission in safety and risk management is to understand both systems and behaviors that contribute to the risk in any given incident or situation; instead of simply reviewing and investigating, our ultimate goal is to eliminate the potential for a future occurrence.





Our safety program demonstrates our commitment to the safety of our personnel, our patients, and the communities we serve. Fully embedded in our CQI process, the program includes the following five (5) objectives and strategies for achieving safety:

- **Objective 1:** The Selection of Highly Qualified Personnel
- **Objective 2:** Loss Control through Exemplary Safety Policies and Programs
- **Objective 3:** Effective Personnel Education and Training
- **Objective 4:** Management and Employee Safety Accountability
- **Objective 5:** Continuous Review / Improvement and New Safety Initiatives

### Highly-Qualified Personnel

We are the only provider that offers the County a tenured, well-known workforce of highly qualified personnel. Because most of our personnel live and work in the communities we serve, they are passionate about providing professional, courteous service at all times.

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, our pre-screening also includes drug testing, with a zero tolerance policy in place as well as a stringent physical agility test specifically developed and validated for Paramedics and EMTs before being accepted for a position.

Our Physical Agility Test (PAT) is used as a standardized screening tool for pre-employment in EMS. It assesses various physical abilities required to perform the paramedic and emergency medical technician job duties. The weights and equipment used in the test are designed to simulate the physical abilities needed to lift and transport patients and equipment in the field. It is also used for current personnel returning from a leave of absence. The PAT has two (2) main purposes, which are the following:

- To measure the ability to perform the essential functions of the job
- To reduce health and injury risks for both personnel and patients

### Health, Safety, and Risk Management Program Manual

We will utilize a comprehensive set of injury and illness prevention policies, identified in our Health, Safety, and Risk Management Program Manual. This manual covers our Injury and Illness Prevention Program, Infection Control Program as well as our Risk Management Program. These programs have consistently reduced employee injuries and workers' compensation costs year after year.





## 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 our approach to basic safety and health management issues; and complies with applicable regulations
- **Safety Incident Reporting Policy:** Provides a structured approach to communications to ensure appropriate resources are engaged subsequent to a safety incident occurring in the workplace
- **Safety Inspection Policy:** Effectively assists personnel 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 and safe lifting practices, 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 our personnel comply with applicable vehicle safety laws and regulations. In some cases, the provisions of this policy require our personnel to meet higher performance standards than may be established by federal or state regulation, providing an enhanced margin of safety for our personnel, our 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 personnel 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 personnel reduce the risk of harmful exposure to hazardous substances in the work environment. The program outlines specific responsibilities for personnel who 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. Personnel 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 in accordance with GHS standards
  - 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 personnel 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 personnel who come forward with such complaints will not be subject to retaliation that would threaten their employment status



- **Compressed Gas Safety Policy:** Assists personnel 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 our facilities, vehicles and other work areas. In the County, 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
- **Infection Control Policy:** Provides a comprehensive infection control system that maximizes protection against communicable diseases for our personnel and patients
- **Employee Vaccination and Titer Policy:** Provides personnel with the policies and procedures needed to help reduce the risk of acquiring or spreading infectious disease through a robust vaccination program
- **Infection Control Training Policy:** Provides procedures needed to ensure reduction of occupational exposure to infectious disease
- **Infection Control Cleaning and Disinfection Policy:** Procedures designed to help reduce occupational exposure to infectious pathogens through the proper cleaning and disinfection of our buildings, ambulances, equipment and other environments where contact with infectious agents may occur
- **Sharps Exposure Prevention Policy:** Provides personnel with appropriate policies and procedures to help reduce the risk of contaminated sharps exposures
- **PPE for Infection Control Policy:** Policies and procedures designed to help reduce occupational exposure to infectious pathogens and decrease the likelihood of employee injuries caused by motor vehicles, construction vehicles and equipment while working near a roadway through the use of Personal Protective Equipment
- **Respiratory Protection Policy:** Policies and procedures that provide a structured approach to compliance with regulations designed to prevent occupational exposure to TB and other airborne transmissible pathogens
- **Post-Exposure Management Policy:** Processes that assist with reducing the risk of occupationally acquired infectious disease through the use of timely post-exposure evaluation and treatment procedures

### Incident Reporting, Investigation, & Corrective Actions

Our success in safety is partially due to our recognition that each incident provides an opportunity to learn more about how to reduce employee, patient, and organizational risk. In line with our overall approach to improvement, and our goal of introducing Just Culture as a natural evolution to our current system, we focus on identifying issues in an overall system setting and putting into place the required education and processes to provide solutions. By developing this culture, in which caregivers are taught how to recognize that mistakes are made, and feel able to report these mistakes – and have the issue remedied – in a non-punitive setting, we have been able to create a system in which people feel comfortable reporting incidents.

For an effective safety incident reporting system, it is essential that we gather information on every incident, no matter how small, that occurs within the organization. In 2010, we developed and implemented our Near Miss Reporting System, which is a voluntary, anonymous reporting capability that encourages field staff to report potential patient and employee safety events. Our goal with the near-miss reporting system is to capture the reports that have the biggest potential threat to the safety of our patients and caregivers and identify reasons and solutions, taking an analytical, non-punitive, system-based approach. Our near-miss reporting system is based on the 300/29/1 theory, in that for every 1 bad outcome there were 29 near-misses and 300 events that had the potential to be a near miss or bad outcome.



Through this system, combined with our robust data management system, STARS, we are able to collect data on every clinical and risk management incident, and we have additional channels – such as Equipment Failure Reports, to gather operational data. Through these channels, we gather all safety incident data, exceeding legal and OSHA requirements.

Our strict incident reporting standards allow our management team to respond immediately to adverse events, initiate a thorough investigation, implement mitigation measures, and carry out corrective actions in a timely fashion. In most cases, the process is handled by the local Operations Manager, who benefits from specialized training, job aids, form tools, and guidance provided by our Regional Safety and Risk Management staff, who are readily available for consultation 24 hours a day, seven days a week.

In addition, management and supervisory personnel discuss each incident during monthly meetings to ensure that sound incident investigation, management, and corrective action processes are used and properly documented. All information becomes part of our regular CQI program to allow for ongoing monitoring and corrective action as required. 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, personnel, and stakeholders
- **Investigation and documentation:** We have established strict incident reporting standards that allow our team to respond immediately to adverse events, initiate a thorough investigation, implement mitigation measures, and carry out corrective training in a timely matter. Our County operation (as well as several other cities) will utilize STARS, an electronic safety reporting system that provides daily, monthly, and annual tracking of collisions and workers' compensation claims. Users can categorize incidents by date, location, and type, body parts affected, equipment in use, and other parameters. Once entered, this data can be reviewed at local, regional, or national levels, allowing supervisory staff to recognize trends and improve safety measures and equipment accordingly. All information is made available to LEMSA and other applicable County personnel on a continuous basis
- **Ethics and 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 us 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. Our 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:** Through the Alliance, we will utilize a comprehensive set of injury and illness prevention policies, known as our Health, Safety and Risk Management Program Manual. This manual includes our Injury and Illness Prevention Program, Infection Control Program, and Risk Management Program



## b) Higher Levels of Commitment— Risk Management

We have several advanced safety procedures and programs in place that demonstrate our higher-level commitment to the well-being of our personnel, patients, and partners. Janice Nath-Studzinski is our Designated Safety Coordinator for the County, providing oversight of safety policies and procedures. She is supported by a Regional Safety and Risk Manager, 24/7.



In addition, a 24/7 Shift Training Captain (STC) is assigned to each shift. These individuals respond to all working fires, greater alarm incidents, MCIs, and other incidents when requested to fill the position of incident safety officer. In the Incident Command System, the safety officer is charged with the responsibility for assuring personnel safety, and to monitor and/or anticipate hazardous and unsafe situations. The safety officer is also responsible for assuring that exposure and injury reports are completed, assisting the District's Safety Officer with accident investigations, recommending policy changes related to improving safe operations, and for providing ongoing safety training of personnel.

Below, we have highlighted our Risk Management initiatives that will benefit the County.

### Rehabilitation Unit

Our fleet of staffed resources includes a Breathing Support Unit, also identified as BS-7. BS-7 also functions as an incident rehabilitation unit and is equipped with multiple shade canopies, large cool misting fans, chairs, ice chest with cold beverages, and a full advanced life support cache. This unit is staffed by an engine company with a minimum of one (1) paramedic and two (2) EMT's.

### Just Culture

It is incumbent on us to create a culture that ensures mistakes are rectified and lessons learned for the benefit of the patient and our caregivers. All too often in healthcare, mistakes are blamed on the individual when it is often the system that is at fault.

Through the Alliance, we model based on the principles of a Just Culture model, whereby caregivers are taught how to recognize that mistakes are made and feel able to report these mistakes – and have them remedied – in a non-punitive setting. Our approach to improvement clearly focuses on identifying issues in an overall system setting and putting into place the required education and processes to provide solutions. Just Culture is a natural building block to this approach and will become integral to the improvement model in all elements of our operation.



## Video Event Recorder

To ensure a higher level of safety for our teams and to assist in ongoing driver training, we will install a Video Event Recorder (VER) on all newly purchased ambulances. This device continuously monitors and captures risky driver behavior in real-time, providing an objective insight into how our drivers are complying with company policies and federal laws, while also providing a record of their driving behavior. With the use of this technology, we will improve our ability to reduce unsafe driving habits and implement corrective measures – before a collision occurs. Additional benefits on Video include:

- Reduced Agency Liability
- Improved Safety
- Useful In-Service Training (Post-Incident)
- Heightened Performance and Professionalism
- Simplified Incident Review & Reporting

The data being measured will be shared with the LEMSA further attesting to our commitment to a collaborative relationship.

## Recent Safety Changes

As a result of the work conducted by our national Safety Leadership Group, we have made a number of changes to our workplace guidelines and equipment to improve safety for our crews and patients. The following are a few of the recently refreshed programs:



### *Effective Personnel Education and Training*

Ongoing, stringent, and consistent education and training are keys to the success of our safety program. We begin developing and maintaining a safety culture for personnel from when they first arrive in orientation and continue the emphasis throughout their careers. This includes our safety training, including our extensive Emergency Vehicle Operations Course (EVOC).

### *Initial & Ongoing Driver Training*

On an average of 150 times a day, the Alliance's resources respond to calls for aid. The integrated dispatch center and response vehicles will have the ability to identify the locations of responding resources, potentially reducing the risk of responder collisions. To this end, we promote education as a key to safety. This initiative is particularly evident in our driver-training program, which includes 16 hours of employee training and four hours of refresher training every two (2) years.

Our comprehensive EVOC program presents the necessary classroom instruction, competency field training, and testing for new and existing drivers, and meets all EVOC goals and objectives. The program verifies proficiency in the understanding of emergency vehicle driving, as well as the practical application of that knowledge. It covers all applicable laws and regulations, as well as our local policies governing vehicle operations.



Topics covered during the eight-hour classroom portion of our driver-training program include the following:

- California State vehicle codes pertaining to emergency vehicle operation
- Case studies of emergency vehicle collisions and litigation
- Vehicle characteristics
- Defensive driving
- Placement of vehicles at emergency incidents
- Driving policies and procedures

Once personnel successfully complete the classroom component, they must complete a practical driving course behind the wheel of an ambulance. The practical phase covers low-forces maneuvering exercises that include backing, braking, and cornering in a controlled environment. The program focuses on emergency vehicle dimensions, operating dynamics, and an enhanced level of awareness of an emergency vehicle's influence on the behaviors of other motorists.

Our personnel learn strategies that allow them to drive defensively and protect themselves, their patients, and anyone else on the road. This hands-on experience also allows our field personnel to practice their driving skills, enhancing their ability to understand local traffic patterns, road and weather conditions, and the reaction of local drivers to emergency vehicles. This technique cannot be accomplished in a simple didactic setting, but must be accomplished through classroom and hands-on instruction.

Personnel are required to successfully complete the driver-training program before being assigned to work onboard an ambulance. Once initial training is completed, personnel continue to hone their driving skills as part of their FTEP.

### *National Safety Initiative*

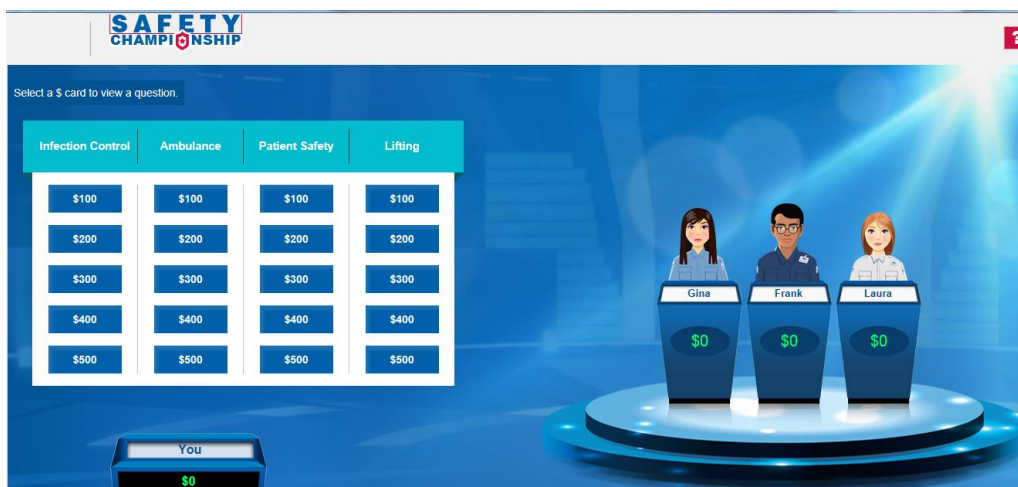
To build a culture of safety, it is essential to communicate expectations clearly and often to all personnel, using a variety of communication techniques. Our National Safety Initiative a variety of tools to promote safety and safe practices among our personnel on an ongoing basis.

Every month, our national Safety Leadership Group selects a different subject or safety point to present as a targeted message to personnel. 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.



Designed to be engaging and intuitive, we utilize the following tools to spread a safety initiative:

- **Framed posters and pictures** posted at all stations in a conspicuous location
- **Online training courses or “Safety Nuggets”** t focus on specific safety messages in short visually stimulating videos
- **Interactive safety games** on our Learning site to review or deliver safety messages



Safety topics are selected at the national level and are supported with a wide range of tools. Examples of recent safety topics include:

- Ergonomics
- Healthy lifestyles
- Blood borne pathogens
- Intersection safety
- Lifting techniques
- Stretching while on post
- Following distances
- Hazardous materials to reduce the risk of harmful exposure
- Compressed gas safety
- Fire prevention
- Emergency action
- Safe Practices

This structured approach improves the quality and quantity of ongoing communications. In addition, personnel all over the country receive the same information at the same time, ensuring widespread awareness of safety issues.

### **PAT**

In 2013, we released a new Physical Agility Test (PAT) to be used as a standardized screening tool for pre-employment in EMS. It assesses various physical abilities required to perform the paramedic and emergency medical technician job duties. The weights and equipment used in the test are designed to simulate the physical abilities needed to lift and transport patient and equipment in the field. It is also used for current personnel returning from a leave of absence. The PAT has two main purposes, 1) To ensure both new candidates and personnel returning to work can perform the essential functions of the job, and 2) To reduce health and injury risks for both personnel and patients.






### *Continuous Review / Improvement and New Safety Initiatives*

Safety is a key performance indicator for the Alliance 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. Central to these standards is our incident review program, which has been highly successful in reducing risks and improving workplace safety for our patients, personnel and stakeholders.

## 12. Competitive Criterion: Workforce Engagement

### **a) Minimum Requirements— Workforce Engagement**

#### **Attestation:**

 **We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.C.4.a.**

We continually strive to effectively communicate with our personnel and encourage behavior that reflects our mission, goals and values. This improved level of communication has proven to enhance job satisfaction and productivity, both at the employee and leadership levels.

#### **Annual Review Meetings**

The Alliance sits down with each employee individually to conduct an annual review. This review highlights the areas in which each employee excels as well as the areas where improvement can be realized. Areas subject to review include, but are not limited to, EMS systems knowledge, customer service, and professionalism. This review also give the employee a venue to put forth his or her ideas for system and policy improvements.

#### **Labor/Management Meetings**

Meetings between the management and labor teams occur no less than a quarterly basis. In this forum, the management team gives a briefing of facets that are going well with the operation, areas that need improvement, and the direction of the operation in the foreseeable future. Additionally, the labor team brings forth its areas of concern with the system, and discussions ensue on possible methods for system improvement.

#### **System Status Meetings**

System Status Meetings occur monthly between the leadership, EMS Field Supervisors, EMS Epidemiologist, and representatives from the Labor force. The purpose of these meetings is to discuss the effectiveness current deployment models and posting locations. Previous response data is brought to the meeting, areas of concern are noted, and both field personnel and representatives from management discuss avenues for improvement in the deployment plan.



## Health and Safety Committee

The Health and Safety Committee is comprised of operations management, CES management, logistics management, fleet management, and field employee representatives. This committee meets to discuss safety concerns noticed by any member of the organization plans for how to minimize the risk associated with these issues.

## Mandatory Trainings

In between two (2) and four (4) times a year we bring in every single front line employee for four (4) to six (6) hours of mandatory training. This training covers topics including annual protocol changes, general operational updates, as well as clinical feedback. In these trainings we are able to give direct accountable clinical feedback to our front line personnel. These data points include “Things That Matter”, and other various clinical metrics including intubation and IV success rates and AMA rates.

## Credentialing Support

Our personnel are required to fulfill all County and State credentialing requirements and to maintain them at all times to be eligible to work. We currently help personnel maintain their required licenses and certifications by providing ongoing training as well as certification and licensure tracking and reminders through our web-based data management platform.

## Credentials Maintenance Tracking

Our Quality Improvement and Education Team retains copies of current training and documentation of valid certifications for our Paramedics and EMTs through a web-based data management program on a cloud-based platform. We use an application to track upcoming certification expirations so we can notify personnel well in advance of the need to update their certifications and ensure that our field personnel hold all required certifications. We also 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, the online solution helps communicate us with our personnel, 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, individuals receive automatic email alerts regarding certification expirations, as well as reminders regarding upcoming courses that they need to complete or other actions to maintain their required licensure or certification.

Our leadership team follows up with personnel to ensure they maintain all licensing and certification requirements. In addition to credentials tracking, our web-based data management platform supports training and education, quality management, complaint and incident tracking, safety, OSHA compliance, and other vital processes.



Currently we utilize this online software solution for the following:

- Track work-related employee health issues and compliance with safety requirements
- Provide high quality online education to help personnel 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 personnel
- 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 personnel, supervisors, and administrators of pending and expired certifications/licenses with automated alerts
- Create custom reports

## Required Credentials

- **EMS Field Supervisors** must have a valid and up-to-date California Driver's License, DMV issued Ambulance Driver's License and DL-51 Medical Examiner's Card, Healthcare Provider CPR Card Paramedic certification from-the California Department of EMS, a Pediatric Advanced Life Support (PALS) or Pediatric Education for Prehospital Providers (PEPP) certification, an Advanced Care Life Support certification (ACLS), an International Trauma Life Support (ITLS) or Pre-hospital Trauma Life Support (PHTLS) certification, as well as have completed all LEMSA-required certifications. EMTs and paramedics also must complete The County EMS orientation and our New Hire Academy orientation and training program before they are eligible for work. In addition, EMS Field Supervisors are trained in accordance with the Incident Command System, MCI response, Strike Team leader, and hazmat operations. We will provide ICS Medical Command Levels 300 and 400 training to all of our County Field Supervisors. All supervisors will attend one (1) disaster exercise and two (2) hours of disaster training per year
- **Alliance Emergency Medical Technician** must have a valid and up-to-date California Driver's License, DMV issued Ambulance Driver's License and DL-51 Medical Examiner's Certificate, Healthcare Provider BLS CPR Card, and EMT certification from-the California Department of EMS
- **Alliance Paramedics** must have a valid and up-to-date California Driver's License, DMV issued Ambulance Driver's License and DL-51 Medical Examiner's Card, Healthcare Provider CPR Card Paramedic certification from-the California Department of EMS, a Pediatric Advanced Life Support (PALS) or Pediatric Education for Prehospital Providers (PEPP) certification, an Advanced Care Life Support certification (ACLS), an International Trauma Life Support (ITLS) or Pre-hospital Trauma Life Support (PHTLS) certification, as well as have completed all LEMSA-required certifications. EMTs and paramedics also must complete The County EMS orientation and our New Hire Academy orientation and training program before they are eligible for work
- **Dispatchers** must have a valid and up-to-date Emergency Medical Dispatcher certification
- **Fire Prevention Staff** must maintain current First Aid, CPR, AED certification
- **Fire Investigators** have a valid and up-to-date CPR, First Aid
- **Mechanics** have a valid and up-to-date Automotive Service Excellence Certification, CPR, First Aid



## Supporting Employee Skills

FTOs, EMS Field Supervisors, and our Quality Improvement and Education team coordinate the assessment, development, and maintenance of new skills for personnel in the workforce under the direction of the LEMSA Medical Director, and our Medical Directors. Methods of assessment include direct observation and patient care report audits. Methods of development include formal training and one-on-one coaching utilizing our patient simulation technology.

Developing and maintaining new skills is aided by practical application and ongoing performance feedback through a variety of mechanisms. These include system performance feedback on clinical composite scores, such as the Airway Checklist, and other relevant KPIs and individual performance feedback as appropriate.

## Diverse Workforce

Communities everywhere are increasingly rich in ethnicity. Society is filled with people of 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 served. Quality of care is something we believe in – the recruitment of personnel who represent a wide spectrum of cultures only enhances this.

Culture, race, and national origin are not the only factors that should be considered by companies creating diversity work plans. Through the Alliance, we have eagerly supported workforce diversity that includes gender, age, religion, and disability. Responding to challenges posed by a low number of minority applicants, we engage in minority recruitment activities at both local and national levels that include, but are not limited to, the following:

- 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

We pledge to meet the federal and state equal opportunity requirements during our hiring practices. These requirements specifically include:

- All advertising identifies the Alliance as an equal opportunity employer
- Annual training on sexual harassment, sensitivity and awareness; our vision statement that personnel 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



## Job-Posting Process

As a public safety leader in the County, we seek to recruit and retain the best personnel in the nation. Because most of our personnel live and work in the communities we serve, they are passionate about providing professional, courteous service at all times. As a corporation, we are dedicated to providing our personnel with a work environment built on respect, integrity, and service. This is evident by our high retention rates.

Employee retention begins with recruiting the most highly qualified individuals to fill the roles required. In most of our communities, we have waiting lists of potential personnel. People want to work for our company because of our reputation in the industry, our employee-centered programs, a competitive wage and benefit package, and management's commitment to providing a quality place to work-no matter where or when they work.

### *Recruitment/Employee Screening*

Our experience allowed us to build a program designed to support local recruiting efforts by developing the largest possible pool of qualified candidates. Our goal is to identify and attract the best pre-hospital medical professionals for long-term employment. We also seek to recruit a diverse workforce that reflects the communities we serve. All of our recruitment and screening practices are culturally sensitive and are an integral component of our hiring process. Our recruitment strategies include the following:

- A recruitment tool kit that includes a realistic preview of what our caregivers experience on the job with a focus on attracting individuals who understand and emphasize customer and patient satisfaction
- Employee referrals
- Relationships with local and national EMS training programs
- Partnerships with state employment offices and diversity organizations
- Internet advertisement on our website and industry websites
- Attachment booths at industry conferences and symposiums
- Participation in local job fairs
- Attendance at career fairs held at local educational institutions

## Workers' Rights

We have developed internal policies and procedures to protect our company's greatest assets, our personnel. These policies include an internal grievance procedure, as well as a Suggestions and Issue Resolution policy that allows for a review of personnel actions. These policies are captured in a variety of company publications, including the following:

- National Employee Handbook
- National Health and Safety Manual
- Local Standard Operating Procedures



## Workforce Harmony

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 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, biannual harassment training, recruiting from traditionally underrepresented groups, and ensuring our employee interview panel remains diverse. An online legal seminar takes place semiannually and includes competency-based testing to ensure knowledge transfer. 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.

## Minimizing Risks from Impairment

We are committed to a workplace that is free from alcohol and controlled substances. A drug-free workplace helps ensure a safe and healthy environment for personnel, patients and the overall community. We ensure the following for all personnel working in the County:

- We will issue a published statement notifying personnel 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 personnel for violations of such prohibition
- We will inform all personnel 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 personnel for drug abuse violations
- We will require satisfactory participation in a drug assistance or rehabilitation program, by any employee determined to be in violation of the contractor's drug and alcohol control policy
- We will impose a drug testing program that addresses both pre-employment drug screening and for-cause testing of personnel

Our personnel are prohibited from unlawful use, possession, manufacture, distribution, dispersion, or sale of controlled substances or illicit drug paraphernalia. Personnel 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 label. Personnel are not to knowingly misuse or abuse over-the-counter or prescription medications. Personnel must notify their leadership staff immediately if they are convicted under any criminal statute associated with drugs or alcohol.



## Drug Test Failure Criteria & Consequences

Any detectable presence of illegal or non-prescribed controlled substances, controlled substance metabolites, or controlled substance test adulterants will result in corrective action up to and including termination of employment.

## Employee Assistance Program

We understand the importance of providing intervention and treatment for personnel who need assistance or face life-threatening challenges. To support our personnel, we offer an Employee Assistance Program (EAP). In fact, we have recently re-designed our EAP to be more specific to public safety and issues one may face. For instance, our EAP provides the necessary resources for an individual who may experience post-traumatic stress syndrome. Also, our EAP is designed to help personnel with alcohol or other substance abuse problems, providing up to five (5) free outpatient counseling sessions each calendar year. If extended time is needed, personnel are referred to a care provider in their health benefits program.

Confidential EAP counseling includes early intervention and treatment support regarding alcohol and substance abuse issues, complementing our company's drug-free awareness program that educates personnel about alcohol and substance abuse issues.

## Self-Disclosure of a Drug / Alcohol Problem

Personnel are strongly encouraged to proactively inform their supervisor or a Human Resources representative if they have an alcohol or controlled substance abuse problem. If notified, we will conduct a review into the matter. The investigation 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 the Alliance 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 our organization.

Personnel 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, personnel participating in a last-chance agreement must agree and fully comply with all requirements established by the Alliance, LEMSA, and the LEMSA Medical Director.

## Allied Agency Training

We will continue to partner with other public safety agencies annually for drills that exercise the LEMSA's Multiple Casualty Incident Plan. The Division also participates with the County EMSA's Triage and Tracking Program. This program is designed to exercise various facets of a Mass Casualty Incident to include triaging high quantities of patients and tracking these patients as they "travel" through the county's EMS system. The ultimate goal of the program is to successfully reunite patients with their families in the aftermath of an actual large-scale casualty incident.





## **b) Higher Levels of Commitment— Workforce Engagement**

We are a paramilitary organization with a clearly defined organizational structure and chain of command. In terms of emergency operations, leadership and discipline, it is essential that these established lines are followed. However, Senior Staff, including the Fire Chief, maintain an open door policy that gives value to the voice of every member of the organization. From the formal chain of command to the Fire Chief's station meetings, daily opportunities exist for face-to-face, real time, open communication. Below and on the following pages, are a descriptions of programs we have in place to ensure workforce engagement.

### **Career Paths**

In accordance with all labor agreements and state law, it is the Alliance's intent to create a program in which employees of either division (CCCFPD or AMR) will have preferential standing with regards to employment at CCCFPD or AMR. Employees meeting specific requirements, training and other qualifying criteria will be provided with advanced standing within each companies hiring procedures in an effort to enhance available opportunities, both full and part time, to all employees within the Alliance.



### **Critical Incident Stress Management**

Through the Alliance, we maintain a group of peer counselors with specialized training in Critical Incident Stress Management (CISM) to be available for personnel who need help following stressful and/or traumatic events. EMS Field Supervisors and/or Fire Captains will remain as the first point of contact for any issues. CISM is initiated by call-type in our computer-aided dispatch system, or by request of employee. Immediately following notification of an incident where they may be needed, a CISM team member and/or Supervisor responds 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. Personnel 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.

### **Peer Support Committee**

We have performed a comprehensive assessment of our peer support program and resources and had determined that it needed to be updated. As a result, we have sent four (4) individuals to peer support counselling training and are rewriting our policy and procedures to address peer support.



## EMS committee

The EMS Committee is made up of six (6) members and is chaired by the EMS Battalion Chief. The group provides support and advisement, regarding EMS in the Alliance, to the Fire Chief through the chain of command. The primary goal is to improve patient care by way of improved work flow, organization, policy, and equipment.

There are two (2) distinct areas of focus: First Response and transport. An area of high concentration will be the workflow between these two (2) areas focusing on providing a better patient experience and a higher quality of care.

## EMS Field Supervisors Directive for Field Employee Acknowledgement

The EMS Field Supervisors are measured annually by how well and often they acknowledge field personnel for exceptional performance. The acknowledgement must be sincere and a result of specific acts; however, the form of acknowledgement can be innovative. A letter for the personnel file, a nominally valued gift card, the EMS Field Supervisor washing the ambulance for the employee, etc. are all past examples of acknowledgements of field employee excellence by the Division Captains.

## Trauma Bag Committee

This committee is a focus group that consists of both field representatives and management and is tasked with setting the standard for the equipment that each unit will carry in their Trauma/Med Bag. This group is driven mostly by the field with management oversight. The committee makes a determination for quantities and types of equipment that should be carried in the bag, which type of bag is most functional, and how the equipment will be stored for uniformity and functionality.

## Alternate Supervisor Program

We are committed to empowering field personnel that are interested becoming leaders in their own organization. The Lieutenant Program is an opportunity to take first steps towards leadership by filling the traditional "Supervisor" shift on days that the full time EMS Field Supervisors are not available. The Alternate EMS Field Supervisors undergo the LEAD U training program as well as ICS 100, 200, and 700. They meet with the EMS Field Supervisors quarterly to discuss pros and cons to the status quo, and to provide input on the direction of the company in the foreseeable future. The Lieutenants also meet quarterly in a separate format to discuss similar changes.

## Building a Higher Level of Interoperability

We believe that proactivity is one of the keys to being a seamlessly interoperable partner with the County's various fire and law enforcement agencies. We have recently brought in personnel from other Operations who specialize in forming this type of partnerships. Specifically, we have enlisted the help of Subject Matter Expertise that mitigated large scale disasters like the San Bruno Pipeline Explosion and the Asiana Plane Crash at the San Francisco International Airport.



Our Special Operations Unit for the Alliance proactively organized and conducted an active shooter drill at St. Mary's College on December 17<sup>th</sup> 2014 with various fire agencies in the County. We have donated its Regional Ebola Response Team to multiple training drills in 2014 local the county EMSA and various hospitals in the wake of the heightened Ebola precautions that same year. We are currently building a Tactical EMS subdivision of the Special Operations Unit that will be fit for implementation during the new contract.

We have also partnered with the County LEMSA to provide equipment and training to the local law enforcement agencies for rapid first aid treatment of officers shot or otherwise seriously wounded in the line of duty.

## **Communication and Unity**

We truly believe that the hallmark of a unified operation is effective, closed-loop, two way communication. To that end, the Alliance is constantly seeking ways new and innovative methods for establishing communication conduits. The forefront of our efforts are focused on structured quarterly discussions with a true cross-section of our workforce and management team. The work force's seniority list is broken into four equal groups, and five personnel from each group are chosen at random to attend the monthly meeting. The purpose of the discussion is to hear from a distinct yet complete cross-section of the workforce concerning what they feel is going well, what needs improvement, and what suggestions can be provided to implement positive change where needed. This group is also afforded the opportunity to hear directly from management about the direction of the division for the foreseeable future. The people selected for the monthly meeting change constantly so that no employee is invited for consecutive meetings, and field participation in the discussion is completely optional.

## **Field Training Officer (FTO) Program**

We strive to set a culture of peer-driven accountability within our organization. In order for this to happen we need a dedicated, passionate, clinically and ethically sound group of individuals to carry out this mission. Our high-functioning Field Training Officers (FTOs) fulfill this goal. We use our FTOs to teach our yearly clinical update classes, CPR courses, and other courses needed for EMT and Paramedic recertification. In their monthly FTO meetings they are dealt new equipment for testing, review of new procedures and general brain-storming about field operations. By receiving their expertise and gaining their buy-in we engage our workforce on a whole new level and gain the peer-driven accountability that is so valuable.

## **Field/Base Communication Review**

Field/Base Communication Review is a monthly course that is offered to front line staff and other allied agencies in the area (Fire and local hospitals). This course is currently taught by a FTO. This course reviews telephone calls that were made from the front line staff to the local base hospital (John Muir Walnut Creek). Through the review of these telephone calls that deal mostly with high level trauma injuries we are able to reflect on the clinical and operational aspects and engage all agencies county-wide to ensure excellence.



## Employee Feedback Surveys

Constructive feedback is crucial to make effectual and long-lasting change in any organization. Bi-quarterly we send out electronic surveys to our front line staff on various topics relating to operational efficiency to gain their opinion and feedback. These surveys have been extremely valuable to our division for two reasons. One, they show the front line staff that we value their opinions and that we care about their workplace satisfaction. Two, it allows us to get a real picture of what we need to improve overall as an organization. The more people we are able to reach will help us maximize our ability to make lasting change.

## Just Culture

It is incumbent on us to create a culture that ensures mistakes are rectified and lessons learned for the benefit of the patient and our caregivers. All too often in healthcare, mistakes are blamed on the individual when it is often the system that is at fault.

We are proposing to continue to utilize the Just Culture model, whereby caregivers are taught how to recognize that mistakes are made and feel able to report these mistakes – and have them remedied – in a non-punitive setting. Our approach to improvement clearly focuses on identifying issues in an overall system setting and putting into place the required education and processes to provide solutions. Just Culture is a natural building block to this approach and will become integral to the improvement model in all elements of our operation.

## Professional Growth Opportunities

As a leader in EMS services, we are uniquely and exceptionally qualified to provide professional growth opportunities to all personnel, in all areas. We will provide these opportunities to the current and future workforce in the County.

Developing the next generation of leaders is critical for the long-term success of any organization, especially one such as the Alliance, which is labor-driven and strives to promote within whenever possible. The practice of developing our own leaders has many benefits, which includes providing a career path for our personnel 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 with 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. We have developed and tailored several unique programs that are available in a variety of platforms and learning environments including Leadership, Education and Development University (LEAD U).

We will offer courses to the County staff in leadership positions to ensure that they have the fundamental tools to be successful. These offerings are for both proposed personnel and newly promoted leaders. Our 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 Regional CEO.



## *Leadership Educational Elements*

- ***Supervisor Level***
  - Interdepartmental/cross-program exposure
  - Local leadership/professional development seminars
  - Leadership Development Program (LEAD U)
  - SOAR Program
  - Continuing education courses
- ***Manager Level***
  - Seminars
  - Continuing education courses
  - Community college courses (such as finance for non-financial professionals)
  - LEAD U (including didactic modules/sessions)
  - SOAR Program
  - Fitch and Associates Ambulance Service Manager Program
- ***Director Level***
  - Industry-wide conferences
  - Continuing education courses
  - Seminars
  - Business development/sales/negotiation training
  - Finance for non-finance professionals
  - LEAD U (including didactic modules/sessions)
  - SOAR Program
- ***General Manager***
  - Executive education programs at business schools/colleges
  - Industry-wide conferences
  - Continuing education courses
  - LEAD U (including didactic modules/sessions)
  - SOAR Program
- ***Regional CEO Level***
  - Executive education programs at business schools/colleges
  - Personal development and advancement seminars
  - Continuing education courses
  - LEAD U (including didactic modules/sessions)
  - SOAR Program



## Continuing Education (CE) Opportunities

Finally, we encourage all personnel 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.

- Advanced Airway Assessment
- Capnography
- 12 Lead EKG Interpretation
- Pit Crew Resuscitation
- Continuous Positive Airway Pressure Devices
- High Performance CPR
- Hazardous Materials
- START Triage
- Recognizing ACS
- EZ-IO

## Cascade's Pre-Hospital Education & Evaluation Readiness Solutions (PEERS) Program

Cascade Healthcare Services is an organization of healthcare professionals providing real time, cost effective and patient care focused solutions for the staffing, training and health needs of our community.

For the County, we will utilize Cascade's PEERS Program which is a training management solution that integrates required continuing education training with quality improvement customized to our personnel and community served. Cascade hires local prehospital and clinical based instructors who represent all phases in the continuum of patient care. PEERS is a turn-key solution that immediately reduces liability; while simultaneously improving the quality of EMS education provided. The PEERS Programs include the following: EMS Training Program Management, Infection Control, Paramedic Preceptor & Field Training Officer Workshops, Policy Updates and Continuous Quality Improvement.



In addition, for the Alliance, we will be implementing a Mobile Simulation program that focuses on providers working together as a crew in a structured "real-time" environment with the emphasis on improving patient outcomes and enhancing providers current skill sets. We utilize state-of-the-art equipment that provides high fidelity feedback on critical skills including CPR and airway management and conclude the simulation drill with an extensive debrief of the simulation utilizing standard evaluation techniques and video documentation.



## 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 to provide the educational resources our leaders need.

## Article Share Program

On a regular basis, our leadership distributes recent and relevant articles from trade journals, websites and general business/management sources in an effort to provide thought provoking and forward-thinking material to Alliance managers and supervisors. These articles focus on topics such as personnel management, financial strategies, trends in EMS and medical care delivery, personal well-being, critical incident stress management and career development. Topics shared are also discussed during meetings and other gatherings of staff members.

## Reward and Recognition Programs

We take every opportunity possible to recognize and reward our personnel. One key component is our Employee Anniversary Program, which recognizes personnel for their years of service with our organization and acknowledges their contributions. This formal program includes the presentation of pins for years of service, as well as gift certificates and other items for key employment milestones. The following is a list of other reward and recognition programs offered through the Alliance:

- Points Program (Points for Swag)
- Annual holiday banquet and awards ceremony
- EMS Week celebrations
- Posting and filing of commendations in personnel files
- Nomination of outstanding personnel for local, state, and national EMS awards
- Posting of customer feedback cards and letters
- Stars of Life, sponsored by the American Ambulance Association
- National Employee Recognition Program for personnel to recognize their peers in relationship to our mission and values

## Focus Groups & Other Feedback Mechanisms

We perform several “quality checks” regarding employee satisfaction, including polling our personnel on their experiences and needs. Our goal is to show personnel that their input is valuable and will receive a response. We have also created focus groups where interested personnel help make positive changes in their work environment.





## Fast Facts Newsletter

We have developed a monthly newsletter entitled “Fast Facts”. This newsletter aids us in the engagement of the front line staff through general operational announcements, quick clinical tips, and recognition of a job well done for certain calls where personnel went above and beyond with their care. These newsletters maintain important communication between all levels of the organization.

## Envision Healthcare Charitable Foundation

The Envision Healthcare Charitable Foundation was founded in the wake of Hurricane Katrina in 2005. At that time, personnel from across our companies demonstrated an unwavering commitment to co-workers who were affected, donating generously to help those in severe need.

Since then, the Charitable Foundation has been able to provide financial assistance to hundreds of our co-workers following catastrophic events. In 2013, the Foundation assisted more than 87 personnel, including co-workers who experienced property losses from fires or floods, suffered the death of an employee or family member, or who were unable to work due to catastrophic illness. The Foundation depends almost entirely on the generosity of our co-workers for its funding and employee participation increases year over year.

### *How is “Severe Need” Defined?*

Personnel may be eligible for a grant up to \$10,000 for the following types of potential qualifying events:

- Death of employee or relative
- Uncontrollable loss of income resulting in potential loss of home
- Non-insured traumatic medical expenses
- Hospitalization or incapacitation of employee or relative, resulting in employee’s inability to work for more than seven days
- Complete home loss due to fire or other natural cause
- Any combination of the above

### *Where Does the Foundation Get its Funding?*

The EVHC Charitable Foundation relies almost entirely on the generosity of its personnel and affiliated physicians for funding. The Foundation incurs virtually no administrative expenses, as these are largely donated by the Corporation. Nearly 100% of the dollars donated by personnel are used to help fellow personnel in times of severe need. There are several ways to donate to Foundation. Personnel may make an ongoing commitment to helping our colleagues through a recurring or one-time payroll deduction. Personnel may also donate PTO/vacation time, which the Foundation will convert to cash at their regular hourly rate. Direct contributions by check to the Foundation are also accepted from personnel and private donors. **Since the EVHC Charitable Foundation’s inception in 2005, we have assisted over 700 personnel with grants totaling over \$1,200,000.**



## D. MANAGEMENT

### 13. Key Personnel

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#### a) Minimum Requirements—Key Personnel

##### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.D.1 .a.

The Alliance considers key personnel individuals who are directly responsible for ensuring the provision of services provided required by the contract.

For this contract, our key personnel will provide the County continuous operational and medical oversight for entire EMS system. Our proposed command structure will consist of a group of highly-qualified, dedicated individuals with decades of experience who stand ready to serve County at a moment's notice. Our leadership members have extensive experience in some of the most diverse and sophisticated EMS and public safety systems in the country—both geographically and demographically—uniquely qualifying them to execute the County's service requirements. Most of our key personnel have operated in the County for years, furthering ensuring our ability to seamlessly provide the requested services.

On the following pages, we have provided tables that illustrates our key personnel as well as out-state support. Additionally, we have attached resumes/CVs for our key personnel as **Exhibit No. 9**.



## Key Personnel

NAME	TITLE	RESPONSIBILITIES	YEARS OF SERVICE IN THE COUNTY
<b>JEFF CARMAN</b>	Fire Chief	<ul style="list-style-type: none"> <li>Oversight and leadership of the organization</li> </ul>	<ul style="list-style-type: none"> <li>Nearly Two (1.5)</li> </ul>
<b>LON GOETSCH</b>	Assistant Fire Chief, Operations Chief	<ul style="list-style-type: none"> <li>Oversight, management, and leadership of the Operations Division, including EMS and Training</li> </ul>	<ul style="list-style-type: none"> <li>Fifteen (15)</li> </ul>
<b>LEWIS BROSCHARD</b>	Assistant Fire Chief, Support Services Division	<ul style="list-style-type: none"> <li>Oversight, management, and leadership of the Contra Costa Regional Fire Communications Center</li> <li>Radio and telecommunications, Fire Department (FD) facilities, FD fleet services, FD logistics and supply</li> </ul>	<ul style="list-style-type: none"> <li>Eight (8)</li> </ul>
<b>JACKIE LORREKOVICH</b>	Chief of Administrative Services	<ul style="list-style-type: none"> <li>Administration, budgeting, and financial oversight; billing services</li> </ul>	<ul style="list-style-type: none"> <li>Seventeen (17)</li> </ul>
<b>MIKE JOHNSON</b>	General Manager	<ul style="list-style-type: none"> <li>Ensures operational needs and performance objectives are met and are in compliance with this contract as well as EMS regulations at all levels.</li> </ul>	<ul style="list-style-type: none"> <li>First year as he transferred from San Bernardino County</li> </ul>
<b>DR. BENSON</b>	Chief Medical Director	<ul style="list-style-type: none"> <li>Ensures medical direction aligns with LEMSA, while providing medical oversight for entire EMS system</li> </ul>	<ul style="list-style-type: none"> <li>Ten (10)</li> </ul>
<b>DR. HERN</b>	Associate Medical Director	<ul style="list-style-type: none"> <li>Working in coordination with Chief Medical Director</li> <li>Additional medical oversight and support for entire EMS system</li> </ul>	<ul style="list-style-type: none"> <li>Eight (8)</li> </ul>
<b>MIKE MARSH</b>	EMS Operations Manager	<ul style="list-style-type: none"> <li>Oversees the day-to-day county-wide operations and delivery of EMS services to the county</li> </ul>	<ul style="list-style-type: none"> <li>Fourteen (14)</li> </ul>
<b>JOANNY ALL</b>	Quality Improvement and Education Coordinator	<ul style="list-style-type: none"> <li>Oversight of our Clinical Quality Improvement Program</li> </ul>	<ul style="list-style-type: none"> <li>Fifteen (15)</li> </ul>
<b>DINO CRUZI</b>	Data Analyst	<ul style="list-style-type: none"> <li>Monitors, trends and predicts in relation to our system status readiness plan. Compiles all planning reports, clinical reports and trending</li> </ul>	<ul style="list-style-type: none"> <li>Four (4)</li> </ul>



## Out-of-State Support

NAME	TITLE	RESPONSIBILITIES
<b>SHANNON MARSHALL</b>	Regional Director of Clinical Services	<ul style="list-style-type: none"> <li>Regional oversight of clinical services</li> </ul>
<b>JENNIFER BALES</b>	Regional Safety & Risk Manager	<ul style="list-style-type: none"> <li>Regional oversight of safety and risk</li> </ul>
<b>KERI LIMPKIN</b>	Regional Human Resource Manager	<ul style="list-style-type: none"> <li>Regional oversight of human resources</li> </ul>
<b>RANDY HARRELL</b>	Regional Fleet Manager	<ul style="list-style-type: none"> <li>Regional oversight of fleet resources</li> </ul>

### b) Higher Levels of Commitment—Key Personnel

#### In-County Support Personnel

As a higher level of commitment, the Alliance offers additional key personnel to ensure we meet the County's needs. These individuals are located in-county and will provide support for our system, as needed.



NAME	TITLE	RESPONSIBILITIES	YEARS OF SERVICE IN THE COUNTY
<b>TOM WAGNER</b>	Regional Chief Executive Officer	<ul style="list-style-type: none"> <li>Regional oversight to support the local management team in all aspects of ambulance services execution and contract compliance</li> </ul>	<ul style="list-style-type: none"> <li>Nine (9)</li> </ul>
<b>BEN SMITH</b>	EMS Battalion	<ul style="list-style-type: none"> <li>Leadership, administration, and management of the EMS Division</li> </ul>	<ul style="list-style-type: none"> <li>Twenty three (23)</li> </ul>
<b>GREG KENNEDY</b>	Quality Improvement and Education Coordinator	<ul style="list-style-type: none"> <li>Oversight of our Clinical Quality Improvement Program</li> </ul>	<ul style="list-style-type: none"> <li>Nine (9)</li> </ul>
<b>SUSAN FITZGERALD</b>	Regional Financial Officer	<ul style="list-style-type: none"> <li>Regional oversight of finances</li> </ul>	<ul style="list-style-type: none"> <li>Eight (8)</li> </ul>



## Northern California 9-1-1 Network

Through the Alliance, our family of companies is unique in its ability to provide support to its local managers, thereby leveraging the strength of the organization as a whole and its individual talent. General Managers have the responsibility to guide execution of performance improvement initiatives. General Managers are supported by quality improvement staff, educators, managers and supervisors as well as the entire operations team. One of the most valuable aspects of our network, however, is in the counterbalancing of similarities in services and challenges and diversity between communities, which provides a fantastic laboratory for innovation, combined with a company culture of collaboration and an unparalleled network in Northern California EMS, with adaptability being a key advantage for our customers.

A great example of how this collaborative environment works is in the Northern California 9-1-1 EOAs that we serve. Our eight (8) General Managers meet regularly to discuss topics of both local and regional importance. In-person meetings are augmented by telephone, WebEx, email and cutting edge data sharing and information presentation tools. All of these executives are familiar with the inner workings and performance of their neighboring EMS systems. Problem solving is enhanced and the experience of the team members is amplified because of the diversity of EMS systems this management network serves. Customers have directly benefited from and commented on this strength. Not only do the West General Managers share a collaborative bond with one another, but also with EMS leaders in the LEMSA and other agencies. Everyone in the EMS system benefits from our professional network.

## Forum with other Fire Executives

We participate in a monthly forum with other fire executives to review operational practices and standards. This forum, which includes fire chiefs and operation chiefs, provides an opportunity to create standardizations that target issues or concerns that a specific operation(s) may be experiencing.

## Approach to Leadership Development

Through the Alliance and in collaboration with the County and LESMA, we will utilize a learning curriculum designed to prepare our key personnel for leadership positions and enhance their development as they progress within the organization. We are truly honored to play a part in grooming future EMS leaders, and believe a collaborative approach will benefit our partnership.

Once we have jointly established our learning curriculum, we will make our leadership development available to our personnel in a variety of platforms and environments. We will provide a core curriculum for each leadership level within the organization. The intent is to ensure a baseline level of knowledge and competency at each level and to provide a foundation to build upon for future growth. In addition, we regularly encourage our leadership team to participate in outreach to elected officials. We also encourage our personnel to participate in our recruiting efforts such as career fairs at community colleges and our community education campaigns.



Our leadership development program is continuously evolving in response to identified new challenges facing our leaders and our front-line personnel. Today's workforce is as diverse as it has ever been, and our goal is to ensure our leaders have—and build upon—the skills necessary to effectively coach, communicate, and recognize employee efforts. A few examples are the following:

- We will continue to send two (2) personnel annually to Ambulance Service Managers program conducted by Fitch and Associates
- We will continue to send personnel to local classes sponsored by Fred Pryor Seminars on leadership, finance and a variety of topics are attended by leadership
- We will continue to constantly distribute peer reviewed articles and books for continuing education purposes

Also, we offer various programs aimed at career growth such as, but not limited to the following:

- LEAD U
- Senior Leadership Internship Program
  - We have recognized the need to create a robust succession planning and leadership internship program to help ensure the continued success of the company. While still in its infancy, the company intends to continue development of this program quickly. The program seeks to identify employees who possess the will, skill sets and potential to advance within the company. The most important part of the program is providing these individuals with exposure, training and hands on experience within different disciplines throughout the organization. By doing this, the employee gets a feel for what it is like to work in these positions, and the company gets a brief glimpse at the employee's talents and abilities in this new setting. The goal is to create a pool of talented and motivated employees who are ready and willing to assume new leadership positions as they come available, and without any serious interruptions to our operations



## E. EMS SYSTEM AND COMMUNITY

### 14. Supporting Improvement in the First Response System

#### a) Minimum Requirements—First Response System

##### Attestation:

☒ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.E.1.a.

We share LEMSA's desire to increase collaboration with First Responders and ambulance services and we will continue to commit to the minimum requirements toward this aim. In fact, we are **60** percent of the first responders in the County and agree to provide the other 40 percent with the continued education opportunities listed in the RFP. Many of the listed RFP requirements are currently in place through the Alliance. Also, we have also extended invitations to multiple Law Enforcement agencies within the County to participate in quarterly EMS training for continued education and in support of their Tactical Programs. A few of our other examples of supporting the first response system include the following:

- We work in partnership with Los Medanos Community College to provide environments for EMT student ride-along opportunities. This partnership has been in place for over two (2) years and will continue into the future.
- We provide ride-along opportunities for the US Marshals Service to provide observation time for the Air Marshal Service.

#### Positive Working Relationships with all Responders

We understand the importance of a strong, supporting partnership between our personnel and local First Responders in the County. Should a problem arise on a call, EMS Field Supervisors are available 24/7 as the first line for problem resolution. The Supervisor is responsible for listening and documenting the situation in order to achieve the best possible resolution. We review all incident reports submitted by field or supervisory personnel, as well as any report coming in from a customer or allied agency. Incident reports are divided into two categories: clinical and operational. Our Operations Managers and Supervisory staff handle all operational incidents, coordinating the investigation and follow-up activities. When necessary, the General Manager is consulted or will assume control of highly sensitive or serious investigations. Clinical incidents are reviewed and investigated by our Quality Improvement and Education Team, Medical Directors and/or our regional and national clinical leadership staff if needed.





## Continuing EMS Education Services for all Responders

We will provide a collaborative, integrated, state-of-the-art, County-wide continuing education program to serve First Responders and ambulance personnel. We will collaborate with all parties to jointly explore the best location to hold training, the topics to be covered, and how each agency plays a role in providing instructors. The methodology to the program is as follows:

- Meet with all Responder agencies and identify key system participants
- Collaboratively perform a needs assessment for near and long term training needs. Our unique data collection process and performance metric monitoring allow us to identify specific targeted areas of emphasis. That data is then used on a prospective basis to measure the impact of the educational intervention.
- Establish an immediate orientation to our resources and equipment
- Establish a schedule to be provided to all First Responders meeting training needs based on needs assessment information

We look forward to continuing to build relationships with local agencies to determine specialized proficiencies they believe to be essential for efficient and competent field operations, and developing continuing education courses to address those proficiencies. We strive to create educational programs that are engaging, reflect the current state of the science and are professionally rewarding and practical in their approach. We will execute an agreement with any First Responder agencies who desire to participate in a collaborative continuing education program.

This program will be at no cost for Responder agencies and may include, but is not limited to the following:

- Emergency Medical Responder (formerly first responder) course
- Access to our Infection Control and Exposure Programs
- Partnership in advanced training with local flight services
- Mass Casualty Incident (MCI) drills and after-action reporting and reviews
- Ambulance operations orientation
- Respiratory, stroke and cardiac care awareness
- Community flu prevention
- CISM joint training

## Restocking of Supplies for First Responders

We will continue to provide the local agencies with one-for-one restocking of disposable medical supplies after each call, at no cost to the fire agency. Depending on the desires of the agency, we deliver supplies to a central location or to individual fire stations. Our experience with 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.



## Internship Opportunities

A unique strength of the Alliance is our ability to provide internship opportunities for Paramedics, and EMT students at numerous operational locations. As always, we will give space available preference to students from training programs located in the County.

We will invite and encourage 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 their 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 requests it. This policy also applies to all other EMS system participants.

### b) Higher Levels of Commitment—First Response System

#### Collaborative Alliance

Our desire to best meet the needs the County and actively support the first response system is apparent through the collaborative Alliance with your current EMS provider. Through the Alliance, our organizations will benefit the County in the following ways:



- Unified Command Structure
- Enhanced Interoperable Communications
- Equipment Utilization
- Shared Training Opportunities
- Expanded Services
- Improved Data Collection and Analysis

Again, we are confident that the Alliance will lead to best patient outcomes as the result of an integrated system that works well together to care for patients. Our personnel will always follow NIMS/ICS standards for scene management. Additionally, our proposal includes a range of collaborative programs, including but not limited to, joint continuing education opportunities and efficient restocking of supplies for the County First Responders.



## Investments in First Response System

We are excited to propose new innovative and forward-thinking relationships with governmental agencies and other private entities within County, designed to provide both cost-efficiencies to the system and service enhancements for patient care. A summary of the proposed offerings are included below.



- **First Responder Continuing Education and Skills Check-off:** We are willing to provide check-off services to local First Responders or skills competency testing at no cost
- **Consolidated Dispatcher Center:** To improve call process time, the Alliance will operate through a consolidated dispatch center that will encompass fire and ambulance dispatch services. Utilizing this collaborative approach, ambulance dispatch personnel will be co-located at CCRFCC in Pleasant Hill, providing improved situational awareness and instantaneous communication as well as enhanced coordination of resources and responses. Additionally, this approach will allow us to proactively identify potential issues in both systems, fire and EMS, enabling decision makers and dispatchers to distribute resources to improve gap management in times of peak demand
- **Shared Computer Charting and Data Platform:** We intend to both work from the MEDS platform for pre-hospital care reporting. This software will allow streamlined access for chart review, comparative analysis and one stop data mining and analysis by concerned parties
- **Advancing BLS First Responders Capabilities:** If approved by the LEMSA and involved entities, we are willing to develop, train and assist with the implementation of enhanced BLS provider care. This would include the deployment of Epi-Pens for allergic reactions, Albuterol for respiratory care and aspirin for cardiac patients
- **Shared Purchasing Power:** Through the Alliance, we maintain national purchasing contracts with Ford, Leader, American Emergency Vehicles, McKesson and Physio-Control as well as other selected vendors to supply our vehicles and equipment. As your partner, we will lend our purchasing power to all system participants to offset the cost of investing in new equipment and technology, such as cardiac monitors, AEDs, and respiratory equipment. These national relationships also assist us while repairing and identifying issues in our everyday equipment. In fact, we are currently in the process of standardizing our equipment across all operations, which will streamline this process. If we notice a trend of issues with a certain piece of equipment, it is recorded and stored on an electronic Equipment Failure/Replacement Form. Our large-scale purchasing power allows us to submit these identified trending failures directly to the manufacturer. Often times, the manufacturer will dispatch a team of equipment technicians to every operation and resolve the problem at its source. While other organizations may have some type of group purchasing arrangements, no other EMS organization is afforded discount pricing at the level of ours. An example of this is when we used our national contract for LP-15s and saved more than \$350,000, representing significant savings for the system. Additionally, we possess government contracts that can be levied as a system cost savings




- **Collaborative Strategies for Disaster and Mass Casualty Events:** We will commit to working collaboratively with County, LEMSA, police chiefs, sheriff's office, local hospitals and other system partners to develop strategies for responses to Mass Casualty Incidents (MCIs) and other disaster events. What differentiates us 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 County resources, we can move resources from our surrounding operations to assist our County operations. We are in an extremely unique situation to bring as many resources as needed to support the County during times of a declared disaster. Our proven track record of handling large volumes of responses during and after major catastrophes is unmatched in the industry, not just in Northern California, but throughout the United States. We are 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.
- **Catastrophic Disasters Responses:** For major Federal declared disasters, we are also well prepared and will work collaboratively with 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 including distributing immunizations, staffing shelters and emergency departments, and setting up mobile medical units.
- **Tactical Operations:** The demand for EMS responders to have an increased role in tactical Law Enforcement Tactical Operations is increasing. The Alliance has 19 personnel who have completed an 80 hour tactical paramedic course delivered by the International School of Tactical Medicine. This is the only program recognized by the California EMS Authority.
- **Public Health Emergencies:** We 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. Our experienced team members will remain available to assist with County and regional health incidents, as well as provide training to the County First Responders and other applicable agencies for the proper handling of local emergencies, disasters, and other unforeseen events affecting the County public.
- **Fire Executives Forums:** We participate in a monthly forum with other fire executives to review operational practices and standards. This forum, which includes fire chiefs and operation chiefs, allows an opportunity to create standardizations that eliminate future issues or concerns.
- **First Responder Billing Services Program:** If an agency opts to perform first responder services, we will bill their first responder fees on their behalf, which will ultimately reduce their administration burden and reduce costs.



## 15. Health Status Improvement and Community Education

### a) Minimum Requirements—Community Education

#### Attestation:

 We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.E.2.a.

We commit to continue to exceed the minimum requirements outlined for Community Education. As your partner, we will continue to provide health initiatives and outreach programs that go beyond the services required as an EMS provider.

To display our commitment to the community, we will allocate \$300,000 under Plan A, exceeding the RFP requirement, and \$300,000 under Plan B, as required by the RFP.

#### Commitment to the Community

We take pride in its 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 with our new contract, we will also develop targeted community outreach campaigns. 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, will work to improve and update our community education programs.

In response to our data analysis and collaboration with local stakeholders, we will implement community outreach initiatives and participate in existing local community education campaigns.

Some examples of these campaigns in the County's region may include the following:

- **Compression-Only CPR:** One recent community outreach campaign launched in the fall of 2012 was an effort to teach Compression-Only CPR to community residents. This simple CPR technique takes only 60 seconds to teach and eliminates mouth-to-mouth resuscitation, allowing a wider audience to learn this life-saving skill
- **Pool Safety Day:** is a drowning prevention event that occurs during the beginning of the summer at two locations, Pruitt Ranch Waterpark Antioch and YMCA in Pleasant Hill
- **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
- **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, National EMS Week each May, Disaster Preparedness Month in September, and Memory Walk and National Breast Cancer Awareness Month in October, as well as Safe Halloween campaigns
- **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
- **Youth Cardiac Health Screening:** The purpose of this program is to detect potential abnormalities of the heart and possibly prevent an unexpected death within our community. The EKG machine scans the hearts of adolescents ages 14-24, the cardiologist reviews and the student is sent away with life changing information. The screening process is quick, painless, non-invasive and free
- **Community Wellness Fairs:** A free resource fair to educate the community on a variety of health issues and concerns.
- **Flu Shot Clinic:** Utilizing our local operations and our partnership with Rite Aid, we will provide free flu shot clinics prior flu season

### 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 LEMSA and other stakeholders play a vital role in community education.

### Print Materials

We will work with the LEMSA Medical Director to create and distribute materials regarding injury and disease prevention as well as chronic disease self-care information. (Drowning Prevention, Injury Prevention, Bicycle Safety etc.) We will also create and distribute information regarding career opportunities in EMS through the high schools, colleges and other venues. Through our participation in community events, we will have ongoing opportunities to distribute these materials to County residents.

### Reports to EMS Agency

We recognize that a key part of our community education initiatives is providing regular reports to LEMSA regarding our programs, and the value they add to our citizens and their outcomes. We commit to providing regular reports to the LEMSA. The LEMSA 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

We have long-standing relationships in the communities we currently serve. This is not only because we work in these areas, but also because we are residents of these communities, the communities are home to us. We have always placed an emphasis on community involvement. Although we strive to improve the health and safety of the community, community involvement does not always focus on these areas. Here are just a few of the activities that we have sponsored and/or supported over the past few years.

- **School Ambulance Demonstrations** consist of a hands-on tour of an ambulance. This not only alleviates the possible fear of the ambulance for children but also spurs interest in possible careers in healthcare
- **Every 15 Minutes** is a program designed to teach teenagers the dangers of drunk driving given based on the concept that every 15 minutes someone is killed due to a drunk driver. Annually we have provided multiple ambulances and an Operations Supervisor to support this valuable learning experience totaling 12 hours of time for the day of the event. Additionally, the our Management team provides many hours of planning in the process of assisting with coordinating multiple agencies such as local law enforcement, fire agencies, high school groups, and volunteers
- **National Night Out** activities are quite popular in the Contra Costa County community. One night each year we will participate with local law enforcement and community groups to take back the night. Multiple convoys of patrol cars, fire engines, and our ambulances will visit local communities to highlight the resources that are there to protect the health and safety of the community
- **Local Health Fairs.** We will participate in local annual health fairs providing a variety of health related information. This information includes prevention of prominent health issues such as diabetes, heart disease, and stroke. Also local parades and festivals, such as Seafood Festival, Pleasant Hill Fourth of July Parade, Brentwood Corn Festival, Lafayette Art And Wine Festival, San Pablo Cinco De Mayo Parade, Memorial Day Boat Patrol, and many more
- **Fire Station Open House.** We will actively participate in Fire Station Open Houses. These open houses provide an opportunity for our EMTs and Paramedics to interact with the community with a hands-on demonstration of the ambulance and its equipment





## Educational Programs for Contra Costa County Caregivers

We offer a range of educational programs to Contra Costa County' healthcare partners as well. Many of these programs focus on the educational needs of personnel who work at skilled nursing and assisted living facilities. They include the following:

- **Civic Group Talks:** We 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:** We will 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

Hospitals play a significant role in the EMS system and it is important to us that we maintain strong working relationships with the acute care hospitals in the County. We want the hospitals within 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.



## b) Higher Levels of Commitment—Health Status Improvement and Community Education

### Community Outreach Coordinator

As a higher level of commitment, we will provide a Community Outreach Coordinator. This full-time staff member will lead our health status improvement and community education in the County. Additionally, they will coordinate and oversee all County community outreach programs that we participate in.



### Navigator

As your partner, we offer our Navigator program provides a perfect fit for ensuring that the most vulnerable in the community do not fall through the cracks of an evolving local healthcare environment and is **frequently thought of as reducing high-user 9-1-1 calls**. By working with local care providers—hospitals, community health clinics, primary physicians, mental health teams, and addiction management specialists—we apply specific program modalities that respond to the priorities identified by the community itself and by the healthcare teams that serve it.

Navigator staff participate in both a standardized national MIH Foundations education program and in locally defined, site-specific training that bonds us to each new community we serve and to the local providers we will work with. We have no “one way” of providing MIH services, but rather a process for allowing the local environment to shape and redefine the optimal mix of navigation, direct care, referral, and patient education to achieve the community’s goals.

### SAVE Program

We participate in the SAVE program through California Fire Foundation. Through the SAVE program, the California Fire Foundation aims to provide immediate short-term support in the aftermath of a fire or other natural disaster to displaced victims. Working together with the California Fire Foundation, the fire service in California is distributing gift cards, in the amount of \$100, to eligible victims of fires or other natural disasters so they may purchase basic necessities such as food, clothing or medicine. SAVE cards are carried by all Battalion Chiefs.

### Resource Packets

We are offered a unique opportunity to meet customers in their own environment, many times that is the home. It is during these interactions where we get a genuine sense of the needs of individuals or families. Each Unit is equipped with a Resource Packet that includes information of vital services offered throughout the County. For example, literature that is provided by Aging and Adult Services, Fall Prevention, Poison Control to name a few are included. In the event that our personnel identifies a potential need, they will provide the household with valuable information and may assist in “connecting the dots” to facilitate the appropriate help.



## Health Status Improvement & Community Education

As a higher level of commitment, we will reach out to the Public Health Division and actively participate on various committees and forums they deem appropriate. This involvement could bring significant new information for the management of acute and chronic diseases, as well as provide timely data reports for bio-terrorism monitoring.

## Data-Driven Health Status Improvement Initiatives & Community Education

Data and community trends drive our community education efforts. The decisions we make regarding community education are based on data from our own operations, as well as information shared with us by other EMS and public health stakeholders.

We examine trends regarding the types of calls we respond to, and the geographic location of those calls. This allows us to target our campaigns to identified local needs. As an example, in California, 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 by men over age 60 during winter months. 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. This campaign included distributing information to seniors groups, asking if the Fall Prevention Coalition would like us to make a presentation regarding fall prevention. Many presentations were made to diverse audiences from seniors to home health caregivers and political forums. The presentation is available upon request.

We also asked them to partner with us in distributing information to seniors regarding common causes for falls and prevention tips. A year after we initiated our fall prevention health improvement campaign, we analyzed data to determine if there had been a decrease in falls, and we included this data in our annual Health Initiative Project for a report to the local EMS Agency and County Board of Supervisor in partnership with the Fall Prevention Coalition.

### *Local Community Needs*

We bring our experience delivering community education programs to numerous communities across 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 LEMSA 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.



### *Compression-Only CPR*

In honor of Emergency Medical Services Week, 140 operations in nearly 40 states and two international operations in India and Trinidad and Tobago hosted the first-annual World CPR Challenge. Our teams trained more than 54,000 people, including 570 in the County on how to save lives using compression-only CPR, a new technique that does not require mouth-to-mouth resuscitation. During the second-annual World CPR Challenge, we hosted 175 events across 28 states, training an astounding 61,883 people, including 1,000 individuals in the County.

Participants in the event were trained in compression- only CPR by our paramedics, EMT's and other caregivers. More than 175 separate training events were held around the country.

### *Safety Jam*

We are interested in bringing our successful Safety Jam™ event to the County. Safety Jam is a free to the public event offered and coordinated by our personnel and conducted in a fun, festival-like environment. Safety Jam was started in 2013 with the goal of the event is to minimize traumatic brain injuries from riding and boarding. The event ultimately improves the health and wellbeing of the communities we serve. The event offered free bicycle and skateboard helmets on a first come first serve basis to children in the community. The helmets were sized and properly fit along with education on proper use. The first event had contests, free hot dogs, as well as several bicycles and skateboards given away through drawings. This event accomplished with the help of partners such as local hospitals and area businesses. The 2013 event impacted nearly 300 area youth with a total attendance of over 500 people.

The second annual event attendance was over 2,000 people. At this event, 627 bicycle and skateboard helmets were sized and given away, a bicycle rodeo was held, fire safety education offered by local fire departments, water safety education offered by the local dive rescue team, electrical safety education and much more. The event gave away 53 bicycles, 28 skateboards and fed hot dogs to over 1100 people all free of charge. 38 sponsors and 22 exhibitors came together in the hope of increasing child and family safety in our community.



### *Additional Community Partnerships*

- Enlist our hospital partners to participate in Cardiac Arrest Registry to Enhance Survival (CARES) to measure community OHCA survival rates
- 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 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 programs
- 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 the County community in “HEART Safe Community” initiatives
- 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 LEMSA receives regular updates regarding our community education campaigns and system outcomes

### **Access to Grant Opportunities**

Due to our governmental structure, we have the ability to search and review various grant opportunities. We will continue to seek grants that will aid in our ability to provide exceptional services in the County.

### **Standby at Special Events**

We commit to providing standby coverage for special events in Contra Costa County, including free coverage for public safety events. 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, at a first aid booth, or deployed with an ambulance. We look forward to continuing to work with the local Chambers of Commerce, Contra Costa County Fairs, Contra Costa County high schools, parades and other event organizers.



## F. INTEGRATION WITH HEALTHCARE PROVIDERS

### 16. West Side Healthcare District Area

#### a) Minimum Requirements—Collaboration with Healthcare Providers

**Attestation:**



\_\_\_\_\_ We understand and agree to comply without qualification to provisions, requirements, and commitments contained in Section V.F.1.a.

We are committed to further collaborating and enhancing our relationships with local healthcare providers within the EOA and the County. Through the Alliance, we have established and maintained relationships with all hospitals in the County. For example, a few of these are, but not limited to the following:

- John Muir (we currently hold a contract for non-emergency transport)
- Contra Costa County Medical Center
- Contra Costa County Health Department
- Kaiser Hospital
- Sutter Delta Medical Center
- And other hospitals/facilities requested by patient.

#### b) Higher Levels of Commitment— Collaboration with Healthcare Providers

Below we have outlined a few of our higher levels of commitment for this section.

#### Out-of-Hospital Electronic Healthcare Record - MEDS

As your partner, we will utilize the Multi-EMS Data System (MEDS) electronic patient care reporting (ePCR) system, which will operate as out-of-hospital electronic healthcare record. 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 operations are secure in the fact that the system is well-understood and supported by national resources, and that troubleshooting assistance is available with one phone call if needed.





We will provide state-of-the-art ruggedized laptops to crews using MEDS. We currently deploy Panasonic tablet FZ-G1. 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 our 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 our 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 the following:

- 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
- 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
- The ability to auto-populate fields by pulling data from our billing system for 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 Clinical Quality Improvement functions through immediate access to PCRs, Ad-Hoc reports, and MEDS alerts

## EPIC language

Working collaboratively with LEMSA, we have recently partnered with Contra Costa County Medical Center to offer future integration with the EPIC software. While it is important to capture and analyze a broad range of data, it is also important to strigate the data to determine if any segment of our patient population receives different levels or types of service.



With MEDS, CAD, and future integration with the EPIC healthcare software program being used by some local hospitals, we can measure key indicators and strigate by gender, ethnicity, age and any number of geographic, demographic and socio-





economic layers to determine if any group statistically varies from the norm of the overall population. Our approach to “community equity” goes beyond ambulance response times, and dives into the question of whether any population segments receive different levels of care, present with different clinical challenges, or any number of variations.

## **Commitment to Healthcare Providers**

We are committed to our local healthcare providers and supporting their medical transportation needs. We are willing to meet with healthcare providers in County and discuss solutions that our organization can provide. In addition to providing medical transportation, there may be opportunities to establish unique programs that will help with the healthcare providers’ throughput efficiencies. For example, we have a program in place with Kaiser Hospital that if we transport a Kaiser patient to a non-Kaiser facility due to medical condition or necessity, we permit Kaiser’s medical staff access to our MEDS ePCR to facilitate and process the patient.

## **Feasibility Study**

For the last year, Dr. Benson, our Chief Medical Director, has been performing a feasibility study that has looked at alternative models of care to our elderly (Rossmoor) population. The results of his project suggest that an alternative model of urgent outpatient based midlevel (PA or NP) or physician care, can successfully prevent visits to the ED, or even EMS calls from occurring in the first place. He has met with the hospital on several occasions and there is significant interest on their end. We have applied previously for a CMS grant to fund a community paramedicine project, and are preparing to pursue additional community paramedicine projects.

Other collaborative efforts involving cardiology, neurology and trauma services, that are currently being considered include potential for physician field response in an advanced ground unit with advanced capabilities such as blood transfusion, chemical extrication, RSI, trauma care (resuscitative endovascular balloon occlusion of the aorta (REBOA), transfusion, field amputation) and innovative emergency care upon ED arrival, such as PCI for refractory cardiac arrest, or ED ECMO. Potential partnerships include but are not limited to: Fall Prevention, Asthma Awareness, Public Health, Pre Season Athletic screening and others.

We are confident that together we can improve the patient experience of care (including quality and satisfaction) in many ways. With the recent introduction of above initiatives, advancements in technology, and a 24-hour professional workforce, we are poised to take advantage of all of these components to deliver care in alternate environments.

We have earned the trust of the public by taking care of their needs in their homes for decades. By addressing a systematic approach to change where consistency and continuity of care is provided through the Alliance, critical gaps in patient information will be eliminated and the goals of healthcare information exchange will be addressed.



## Expanded Mobile Integrated Healthcare Services

One of the current hot topics in EMS system design is the Community Paramedic Program. Several EMS organizations have begun to experiment with the concept of expanded scope Community Paramedic Programs that can mitigate gaps in current system resources. We have embarked on similar pilot programs in many locations with great success for improving care, while reducing healthcare costs. Once approved in California, the program will offer service lines focused on difficult-to-serve patients with a high risk of repeat episodic care events. The following is a brief description of the services we propose based upon identified needs:



### *Ambassador*

Ambassador provides experience-focused **transition-to-home services**. These services can include transport to residence, prescription fulfillment and delivery, medication reconciliation, re-connecting the patient with family and social supports, and communicating with the patient's primary physician to reestablish routine surveillance and care. Where a patient has ongoing needs before traditional home care commences, Ambassador can provide follow-up visits or call center telephone contacts to ensure successful reintegration in the home, identify patient experience gaps, etc.

### *Continuum*

Continuum provides longitudinal **inter-professional medical care at home**. Continuum is a family of multi-provider inter-professional in-home medical care programs most often focused upon reduction of avoidable readmission and unrecognized patient deterioration. While not all readmissions are avoidable, they are a disappointment to patients and providers alike. Our experience is that simple interventions immediately after discharge and in the days following resolve key issues leading to an unexpected return to the emergency department or to in-patient care. Continuum programs can reduce cost in post-discharge patients through patient-specific care plans designed to prevent relapse, avoidable emergency department visits, and preventable readmission.

### *Sentinel*

Sentinel provides support services to **home hospice programs** 24 hours a day, seven days a week. Additionally, Sentinel offers program-specific niche intervention services for home hospice patients, their families, and caregivers when changes in patient condition occur or when unexpected needs arise. By rapidly placing a Sentinel specialist provider at the patient's side, we provide rapid event assessment and immediate communication with the patient's normal hospice team member to enhance on-scene support and allow an informed decision by the hospice team as to whether an off-hours or unplanned visit is needed.

Sentinel interventions would depend on the scope of the program and could range from remaining with the patient until the hospice team can reach the scene, assisting family in understanding the patient's condition, adjustment of supportive care measures, and more.