

APPENDIX 1

Manual

for

ALS Provider Candidates

and

Field Training Officers

This document includes:

Criteria for successful completion of the Field Training Program

Performance Guidelines for ALS Provider Candidates and Field Training Officers

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Section 1. (For ALS Provider Candidates and FTOs)

1.1. Purpose, Goal and Objectives

PURPOSE: This manual describes the techniques that Field Training Officers, FTOs, will use when instructing and evaluating ALS Provider Candidates. It also describes the criteria Candidates must fulfill to successfully complete the Field Training Program. The purpose of this manual is two-fold. First, the manual establishes guidelines (rules of conduct) for both Candidates and FTOs. Secondly, it serves as a reference document that contains the answers to many frequently asked questions.

GOAL: ALS Provider Candidates must fulfill the requirements outlined in this manual in order to successfully complete the Field Training Program. Field Training Officers are expected to follow the guidelines set forth in this document whenever they provide instruction and evaluation to Candidates. The goal is to establish performance expectations (of both Field Training Officers and Candidates) that present a comprehensive educational opportunity to every ALS Provider Candidate.

OBJECTIVES: Candidates and Field Training Officers should use information contained in this manual to help them:

- Understand terminology that is unique to this process of instruction and evaluation,
- Understand the criteria for satisfactory performance of various EMS skills,
- Understand the techniques used to document Candidate (skill) performance,
- Understand the criteria for satisfactory (overall score) management of a patient-contact,
- Understand the criteria for successful completion of the Field Training Program.

OVERVIEW:

The method for field training Candidates is designed to be consistent from one Field Training Officer to another. Instructors use the same methods of instruction and evaluation during:

- 1) Observation Phase
- 2) Peer Instructional Phase
- 3) Instruction Phase
- 4) Evaluation Phase

A Candidate will sometimes require prompting during a patient contact. These prompts are documented on a critique form. The assigned instructor monitors the number(s) and type(s) of prompts throughout the Field Training Program. A Candidate who consistently requires an excessive amount of prompting will not successfully complete the program.

Remediation will be considered for a Candidate who is not meeting the criteria for successful completion of any portion of the Field Training Program.

Refer to *Section 2* of this manual for more detailed information regarding criteria for successful completion of the Field Training Program.

1.2. Definitions

EMS	Emergency Medical Services
OEMS	State of Florida's Office of Emergency Medical Services
Field Training Officer (FTO)	An employee who teaches and evaluates ALS Provider Candidates in the pre-hospital environment.
Candidate	An employee of KWEMS that is being evaluated to work for KWEMS.
Critique	Form used to document Candidate performance.
Questionnaire	Form used by a Candidate to evaluate the performance of their Field Training Officer. The Candidate may also use this form to submit questions or suggestions related to the Field Training Program.
Daily Log	Envelope with pre-printed form that logs the Candidate's activities and secures all clinical paperwork within for the assigned rotations.
Manual for ALS Provider Candidates and Field Training Officers	Document that defines the performance requirements for ALS Provider Candidates and Field Training Officers.
Competency	Ability to do something well. The various competencies are found in Section 2 of the <i>Critique</i> form.
Critical Competency	A competency that is considered "critical" to the Candidate's ability to manage patient care. These competencies are shaded gray on the <i>Critique</i> .
Satisfactory	A skill-performance that is within acceptable parameters.
Unsatisfactory	A skill-performance that is not within acceptable parameters. Documentation must include a specific explanation of unsatisfactory performance.
Standing Orders Test	A test that is given by an authorized Field Training Officer. This test is designed to measure a Candidate's knowledge of the standing orders, and is administered to all ALS Providers before they are permitted to practice ALS for Key West EMS.
Differential Diagnosis	The identification of probable diseases or conditions based on the patient history, assessment and physical examination; a.k.a. field impression.
Multi-task	The concurrent operation of two or more processes by one person.
Field Training	That portion of instruction and evaluation of an ALS Provider Candidate that is devoted to patient care in the out of hospital environment.
Training Coordinator	Officer in charge of all aspects of training for Key West EMS.
Field Training Coordinator	Officer in charge of the Field Training Program for Key West EMS. Reports directly to the Training Coordinator.
Priority One (1)	A patient suffering from an immediate life or limb threatening injury or illness.
Priority Two (2)	A patient suffering from a potentially life or limb threatening injury or illness.
Priority Three (3)	A patient suffering from an injury or illness that requires medical attention but does not immediately or potentially threaten life or limb.
Priority BLS	A patient that is suffering from an injury or illness that does not require ALS intervention, and does not immediately or potentially threaten life or limb.

Team Member (TM)	Candidate that is being evaluated only on the performance of individual skills.
Team Leader (TL)	Candidate that is responsible for managing patient care.
Prompt	Stimulus used by a Field Training Officer to improve or correct a Candidate's performance.
Delegation	The assignment of a task to a team member and the subsequent monitoring that the task is completed in a timely and safe manner.
CityEMS	City of Key West
KCITYEMS	Key West EMS

1.3. Completion Guidelines (by Section) for *Field Critique Form*

Section 1. Required Information

- 1.1. Candidate name
- 1.2. FTO name
- 1.3. Incident number
- 1.4. Date patient was assessed
- 1.5. Priority of patient
- 1.6. Patient age and sex
- 1.7. Chief complaint of patient
- 1.8. Patient's presentation – include pertinent mechanism of injury and/or history of present illness

Section 2. Scoring of Competency Indicators

- Score of 3 indicates satisfactory performance of a competency indicator.
 - ++ - Indicates exceptional performance (beyond entry level provider) of a competency indicator.
- Score of 2 indicates unsatisfactory performance of a competency indicator, although parts of the competency were performed satisfactorily.
- Score of 1 indicates unsatisfactory performance of a competency indicator.
- Each competency has space for an explanation of unsatisfactory performance. Candidates should refer to an FTO's "comments" when developing an action plan.

Elapsed Time:

Certain competencies have space allotted for documentation of elapsed time. Failure to complete a skill or competency within the specified time frame may be cause for the Candidate to receive an unsatisfactory score.

2.1. Scene / Multi

Scene management includes scene safety, need for triage, and coordination of resources. The Candidate will be required to delegate tasks and perform skills. Skill performance often must be accomplished simultaneously with task delegation and history gathering. This skill is referred to as "multi-tasking".

2.2. Initial (assessment and treatment)

The Candidate must complete the initial assessment and manage the patient appropriately. The Candidate has **thirty (30) seconds** to assess and address any problems found during the initial assessment. Refer to the *Critique* form for interventions related to the initial assessment.

2.3. History

(CC) Patient's chief complaint, (HPI) history of present illness, and (PMH) past medical history. The Candidate must gather all pertinent information relative to the patient's complaint and/or presentation.

2.4. Physical Exam

The Candidate must complete a physical examination on each patient. This exam will include all pertinent exam procedures indicated by the patient's complaint and/or presentation. A list of prompt items for commonly used exam procedures is included on the *Critique* form.

2.5. Protocols / Standard of Care

The patient must receive treatment that is in accordance with the local standard of care. The acceptable standard of care is outlined in the *State of Florida ALS Standing Orders*.

2.6. Re-assess

Change in the patient's condition may result from interventions or continuation of a disease or injury process. The Candidate must re-assess the patient for change in condition. Some changes in condition occur quickly. The Candidate will be required to re-assess in less than five minutes whenever there is a precipitous change in patient condition.

2.7. Change of Therapy

Change in the patient's condition may require change in therapy. The Candidate must implement or delegate appropriate changes of therapy in a timely manner.

2.8. Professionalism / Affective Behavior

The Candidate must fulfill the responsibilities for professional conduct as outlined in the *Manual for ALS Provider Candidates and Field Training Officers*.

2.9. Communication

The Candidate is responsible for establishing and maintaining effective communication with the patient and other personnel, as well as with all other persons during the patient contact as needed.

2.10. Skill

This competency is used to document performance of skills. Some examples of skills are: stretcher use, stair chair operation, assessment of vital signs, use of an airway adjunct, defibrillation, medication administration, or spinal immobilization.

2.11. Verbal Reports (Radio Report and Transfer of Care)

The Candidate is required to contact medical control, give a concise and accurate report, and request orders as needed. This skill may be delegated when appropriate. The Candidate is also required to give a complete report and transfer patient care to the appropriate staff member of the receiving medical facility.

2.12. Written Report

The Candidate is required to provide complete documentation of patient assessment and treatment on a State of Florida EDIN report. Reports should include all pertinent patient information as well as information required for quality improvement data fields. The Candidate is also required to complete a Health EMS billing form for every transported patient. This also includes obtaining patient signatures when feasible.

Section 3.

3.1. Overall Score

The Candidate receives a score (satisfactory/unsatisfactory) for their overall performance during the patient contact.

3.2. FTO Comments

The Field Training Officer uses this part of the *Critique* to write additional comments regarding performance of a competency or skill. Comments should be objective, and define why the performance of a competency was

satisfactory or unsatisfactory. The instructor can place the number of the competency in front of the written comments. For example:

(2) Candidate failed to assess for obstructed airway (tongue) and did not place an oropharyngeal airway. Completion of initial assessment and placement of oral airway was accomplished by the FTO.

The FTO should use this section to document an action plan. The action plan will consist of specific recommendations that are intended to improve the Candidate's performance.

3.3. Candidate Comments (**The Candidate is strongly encouraged to complete this section**)

The Candidate should use this space to respond to scores or comments entered on a *Critique*.

For example:

(2) I was holding the patient's airway open with a jaw thrust and had sent another person for an airway -- if the FTO had not intervened, I could have completed the initial assessment and treatment without his help.

The Candidate *must* document any significant difference of opinion (between him/her and the FTO) prior to signing the form. Differences of opinion that are not supported by documentation in the Candidate's comments section will be viewed as unsupported allegations.

3.4. Signatures: (FTO and Candidate) & Date

The FTO must sign the *Critique* once all other sections of the form have been completed.

The Candidate must read and sign the *Critique*. The Candidate's signature indicates only that the Candidate has read the form. The signature does not indicate that the Candidate agrees with the scores or comments of the Field Training Officer. Once the Candidate has signed the *Critique*, they should enter the date.

1.4. Assigned Tasks

As a Candidate enrolled in the Field Training Program, you have the responsibility to:

- Arrive at the designated work site at least fifteen (15) minutes prior to the normal shift change. The Field Training Officer is to document time of arrival on the Instructor Checklist.
- Prepare a run log form for the shift and attach the log to a stocked clipboard.
- Initiate equipment and vehicle inspections. This duty may be relieved, or temporarily suspended, by the Field Training Officer.
- Complete assigned documentation in a time-appropriate manner. Such documentation would include:
 - KWEMS run log forms
 - KWEMS billing forms
 - Patient care reports
 - Vehicle maintenance reports
 - Medical equipment checklists
 - Medication checklist
 - Narcotic checklist
- Assist in re-stocking of medical supplies and equipment unless otherwise assigned.
- Assist with maintenance and cleaning of the vehicle and medical equipment. Duty to perform other job-related tasks may be cause for the Candidate to be excused from maintenance and cleaning duties at the discretion of their Field Training Officer.
- Speak with your FTO prior to completing your shift and leaving the building.
- Complete study assignment given by the FTO to improve or enhance competency performance.
- Initiate activities to effectively use "down-time."

1.5. Professional Conduct and Affective Behavior

As a Candidate enrolled in the Field Training Program, you have the responsibility to:

- Speak and act in a calm manner. The FTO must document inappropriate behavior. This behavior may be documented on either of these forms: *Field Critique* or *Instructor Checklist*.
- Assist the employee who is in the role of team leader.
- Avoid conflict with other health care and emergency service personnel. If a Candidate's disagreement is related to patient-care, the Candidate must make every effort to resolve the disagreement in an unobtrusive manner. Public disagreements slow delivery of care and are unprofessional. Ultimately, the highest medical authority is responsible for the patient care and therefore must be deferred to by the Candidate.
- Treat the patient with respect. The Candidate should answer questions posed by the patient and be prepared to explain their actions.
- Be honest and courteous when interacting with the patient, family members, bystanders, and other emergency service providers.
- Be receptive to constructive feedback. Occasionally, a Candidate will have a difference of opinion (with the Field Training Officer) that has not been resolved to their satisfaction. The Candidate should document the issue or problem, and contact the Field Training Coordinator.
- Accept responsibility for their actions. The Candidate should not make excuses to explain why he/she did something incorrectly, or why he/she failed to accomplish a skill that needed to be performed. It is in the Candidate's best interest to accept responsibility. Time is more wisely invested developing a plan of corrective action than being used to make excuses.
- Adhere to the policies and procedures of Key West EMS.
- Preserve patient confidentiality.
- Maintain a professional appearance by adhering to the policy and procedure manual of Key West EMS.

1.6. Elapsed Time Guidelines

- ❑ Patient care must be accomplished in a timely manner. The FTO is ultimately responsible for care of the patient and must ensure that assessments and therapies are completed within reasonable time frames.
- ❑ The FTO must document elapsed time for the following skills and for scene times. Examples of maximum allowable elapsed times are:
 - Initial Assessment 30 seconds
(from time of initial patient contact by the Candidate to completion of verbal report)
 - Initial Interventions 30 seconds
(from time of deficit detection, until the Candidate physically intervenes)
(exception: 15 second limit for manual re-position of the airway)
 - Protocols/Standard/Care 3 minutes
(from time of initial patient contact until Candidate begins appropriate treatment regimen)
 - Re-assess 5 minutes
(from time of initial patient assessment)
 - Change of Therapy 30 seconds
(from recognition of change until Candidate begins appropriate therapy)
 - **On-Scene Time (medical) (from time of arrival to departure) 15 minutes
 - **On-Scene Time (trauma) (from time of arrival to departure) 10 minutes
- ❑ It is both the right and the responsibility of the FTO to modify elapsed time requirements in the presence of mitigating factors. If the FTO deviates from the written *Elapsed Time Guidelines*, he/she should provide a clear justification of that decision. The Candidate is not held accountable for time limits that are more stringent than those described above.

1.8. Field Training Officer's Checklist

Candidate: _____ **FTO:** _____

Time of Arrival: _____ **Time of Departure:** _____

- | | | | |
|-------------------------------------|--------------------|----------------------|-----------|
| 1. Attire and equipment: | Satisfactory _____ | Unsatisfactory _____ | |
| 2. Equipment Checks | Satisfactory _____ | Unsatisfactory _____ | N/A _____ |
| 3. Documentation (logs) | Satisfactory _____ | Unsatisfactory _____ | N/A _____ |
| 4. Re-stocking | Satisfactory _____ | Unsatisfactory _____ | N/A _____ |
| 5. Cleaning / Maintenance | Satisfactory _____ | Unsatisfactory _____ | N/A _____ |
| 6. Completes self-study assignments | Satisfactory _____ | Unsatisfactory _____ | N/A _____ |
| 7. Effectively uses down-time | Satisfactory _____ | Unsatisfactory _____ | N/A _____ |
| 8. Relieved for end of shift | Satisfactory _____ | Unsatisfactory _____ | |
| 9. Affect / Professional Conduct | Satisfactory _____ | Unsatisfactory _____ | |

FTO Comments: _____

Candidate Comments: _____

Signatures:

FTO _____ Date _____

Candidate _____ Date _____

Section 2. (For ALS Provider Candidates and FTOs)

2.1. General Criteria for Successful Completion of Training

The Candidate may have a question or comment about the material found in this manual. These questions and comments should be submitted, in writing, to the Field Training Coordinator. The Field Training Coordinator will respond within five (5) business days.

Candidates should use any comments documented on their *Field Critiques* as recommendations for an action plan. An action plan is a directed, or self-directed, thought process used to improve or correct performance.

2.1.1. Verbalization:

The Candidate is responsible for verbalizing activities during the patient contact to the Field Training Officer. For example: immediately following completion of chief complaint and initial assessment, the Candidate might tell the instructor "The airway is patent, breathing is fast and shallow with equal chest rise. I want to apply oxygen 15 L/M by non-rebreather, the pulse is fast, regular, and strong, the skin is pale in color, warm and dry. The patient is alert and oriented; and the complaint is chest pain".

The Candidate's verbalization of the initial assessment and appropriate therapy (oxygen) serve to inform the FTO that the Candidate completed the assessment and initiated appropriate initial interventions.

The FTO may acknowledge (verbally or physically) that he/she has heard questions and answers related to chief complaint, history of present illness, and past medical history. Whenever an FTO gives these cues, the Candidate will not be expected to repeat this information to the FTO.

The FTO will generally see the Candidate perform physical exams and skills. The Candidate is, however, responsible for reporting the results of the exams and skills.

Example:	(lung sounds)	"clear except for crackles in both bases"
	(blood pressure)	"122 over 78"
	(med admin.)	"I'm giving one sublingual Nitroglycerin"
	(chest/breathing)	"equal chest rise, accessory muscle use and retractions"

The FTO is responsible for observing, prompting and documenting Candidate performance (histories, exams, skills). However, the responsibilities of patient care occasionally make it impossible for the FTO to witness all components of a Candidate's performance. The Candidate's verbalization ensures that the FTO does not miss parts of the Candidate's performance.

The FTO may be distracted and not witness performance of a skill. The Candidate may not receive a satisfactory grade if they have not verbalized the procedure and the result.

Occasionally, the FTO will ask the Candidate to explain the thought processes that caused him/her to pursue a certain course of action. This is done to ensure that the FTO understands the decision-making process used by the Candidate.

2.1.2. Prompts:

Prompts are an integral part of the instruction and evaluation process. A Field Training Officer will use prompts to improve a Candidate's performance (i.e., scene management, medical history questions, exam procedures, treatment regimens or skill performance). Prompts benefit the patient by ensuring that care is not delayed. Prompts are designed to help the Candidate perform skills properly, and to perform those skills at the most appropriate time within the assessment and treatment sequence.

Prompts made by the Field Training Officer will be documented on the *Critique* form. The Field Training Coordinator will use this data (numbers and types of prompts) to look for trends in performance.

Example: The Candidate (first week / instruction phase) accurately reports that the airway is compromised by the tongue ("has fast and shallow snoring respirations") – but does not undertake manual control of the jaw or call for an airway adjunct. The FTO asks the Candidate if he can do anything to help the patient. The Candidate performs a jaw thrust, calls for a nasal airway adjunct and oxygen at 15 L/M via non-rebreather, and completes the initial exam. In this situation, the patient receives care that is timely and appropriate, and the Candidate receives a satisfactory grade for the *initial* competency.

Although a competency or skill *may* be graded satisfactory (with prompt), the FTO has discretion in the grading process. A

Candidate who requires more than two prompts will generally receive an unsatisfactory evaluation. A Candidate who receives more than two similar (repetitive) prompts for the same skill, on successive patient contacts, will generally receive an unsatisfactory evaluation.

Example: The Candidate has noted shortness of breath (chief complaint, tachypnea, bradypnea, accessory muscle use, retractions, etc.) during the initial assessment for four patients in a two-week period. The Field Training Officers have documented that prompts were required for application of oxygen therapy on each of these patients. The Candidate is in the instruction phase of the Field Training Program and the Field Training Officers each scored the *initial / primary* competency as "satisfactory with prompt for oxygen therapy". The Field Training Coordinator will: review the *Field Critique* forms, note the recurring problem, change the scoring to unsatisfactory for the last two patients, advise the Candidate of the scoring change, assist the Candidate with additional action plan strategies, and advise all Field Training Officers that this Candidate has demonstrated a recurring deficiency. Further, the Field Training Coordinator may adjust scoring.

Performance of a competency or skill that is successfully completed with the aid of a prompt may be scored unsatisfactory, at the discretion of the FTO. The Candidate will receive an unsatisfactory score whenever prompts are given for a critical competency, during the evaluation phase(s). The only exception is when the Candidate's assessment and treatment regimen are within acceptable parameters (see: Elapsed Time) but the FTO prompts for faster skill performance to provide more expeditious care to an unstable patient.

2.1.3. Documentation:

The Candidate is responsible for documenting, on the *critique* form, any unresolved difference of opinion between him/her and the Field Training Officer.

2.1.4. Remediation:

Remediation (for the purposes of this educational program) means instruction designed to correct unsatisfactory performance of one or more specific skills. The Field Training Officers routinely remediate ALS Provider Candidates. The FTO is required to give every Candidate immediate verbal feedback for every patient contact. The FTO is also required to document this feedback on the *Critique* form. These processes provide a built-in remediation for this program's process of instruction and evaluation.

The primary goal of remediation is to give the Candidate a mechanism to improve his/her performance.

A Candidate will receive remedial instruction (remediation) whenever a competency is not performed correctly. Listed below are a few generic examples of unsatisfactory performance that would be cause for remediation:

- ❖ Competency performance is incorrect (ex: face mask of BVM applied upside down).
- ❖ Competency performance exceeded allowable time parameters.
- ❖ Candidate was having difficulty managing multiple tasks simultaneously.
- ❖ Candidate exhibited unacceptable affective behavior.
- ❖ Sequencing of assessment and treatment skills, or competencies, is unacceptable.
- ❖ Treatment regimen was not appropriate.

Remediation provided to a Candidate during the Field Training Program will routinely incorporate *at least three* of the following types of remedial interaction:

- ❖ Verbal prompts (given to a Candidate).
- ❖ Physical prompts (given to a Candidate).
- ❖ Documentation of prompts (given to a Candidate).
- ❖ Verbal feedback (given to a Candidate, following a patient contact).
- ❖ Written recommendations for performance improvement (given to a Candidate).
- ❖ Placement (of a Candidate) into a specific period of remediation.

For example: The Candidate receives: 1) a verbal prompt for applying oxygen, 2) verbal feedback about the reason for this prompt (following the patient contact), 3) documentation on a *Critique* that this prompt occurred.

2.1.5. Verbal prompts:

Field Training Officers will use verbal prompts such as "oxygen", "past history", "lung sounds?", or "what protocol are you going to follow?" in an effort to induce satisfactory performance.

2.1.6. Physical prompts:

Field Training Officers will use physical prompts in an effort to induce satisfactory performance. An example of such a prompt would be when an FTO uses a pre-arranged signal (cupped hand over FTO's face) to prompt the Candidate to give the patient oxygen via non-rebreather mask.

2.1.7. Documentation of prompts:

Field Training Officers are required to document any prompt (verbal, physical, or inadvertent) that occurs during a patient contact. The Candidate will review this documentation at the time he/she reviews the *Critique* from that patient contact. The Candidate should use this documentation to develop an action plan. The Training Coordinator will use accumulated documentation (an accumulation of *Critique* from multiple patient contacts) to determine if there is a developing pattern of unsatisfactory performance. When a pattern (of similar prompts) is detected, the Field Training Coordinator will assist the Candidate in developing a formal plan for remediation.

2.1.8. Verbal feedback:

Field Training Officers will give the Candidate verbal feedback, as soon as possible, following a patient contact. This feedback is not intended to be comprehensive in nature. Verbal feedback is intended to address portions of the preceding patient contact that require immediate attention. Patient contacts frequently occur with little time between incidents. On those occasions that contacts occur in rapid succession, the FTO will be unable to complete a written *Critique* before the next contact is underway. Verbal feedback ensures that the Candidate has enough information to allow him/her to adjust their performance on the subsequent patient contact. The goal is to eliminate repeated mistakes. The FTO must clearly inform the Candidate that a patient contact is satisfactory or unsatisfactory prior to the end of the shift.

2.1.9. Written recommendations (*action plan*):

Field Training Officers should make recommendations for performance improvement in the "FTO Comments" section of the *Critique*. The Field Training Director makes recommendations for improvement after review of *Critique* has indicated a pattern of performance that requires extensive remediation. These recommendations are generally included in periodic written evaluations that will be given to the Candidates.

2.1.10. Placement into Remediation Phase:

If the Candidate is unable to demonstrate satisfactory performance following the culmination of verbal prompts, physical prompts, documentation (*Critiques*), verbal feedback, and written recommendations, the Field Training Coordinator will place the Candidate into a formal "Remediation Phase".

The Candidate will be removed from the instruction/evaluation phase and placed in a "remediation phase". This phase will not exceed two (2) weeks in length. Once remediation is completed, the Candidate will be moved back into either: the instruction phase, or the evaluation phase. Continued unsatisfactory performance, following remediation, may result in dismissal from the program. All field training phases are limited to a finite amount of time. If a Candidate is unable to successfully complete a phase of training due to time lost to remediation, that Candidate will receive a failing grade.

Occasionally, a Candidate receives large numbers *and* a large variety of prompts. This Candidate will not be eligible for a formal process of remediation. The formal process for remediation is designed to address deficiencies in one, or two, specific skills.

2.2. Criteria for successful completion of Field Training

2.2.1. Standing Orders Exam

Each Candidate is required to successfully complete an ALS *Standing Orders Exam* before they may enter the Field Training Program. This test will be administered during the Observation Phase, but must be done before the beginning of the Instruction Phase. Eighty percent (80%) is the required minimum passing grade. If a re-test is necessary, the Field Training Coordinator will administer it. Only one (1) re-test is permitted for the exam.

2.2.2. Observation/Instruction Phase (Observation 12 hours, Instruction 48 hours)

The instruction phase of the field training is composed of two parts. The first part is the one-shift period during which the FTO serves as a template for the Candidate. The FTO serves as the team leader during this period. In that role, the FTO demonstrates to the Candidate how they are to perform in the field. The FTO may also choose to allow the Candidate to act as team leader.

The FTO will provide a large amount of instruction and direction during the observation phase. The purpose of this period is to demonstrate to the Candidate the roles and responsibilities they will assume as a team leader. This observation period allows the Candidate to see the parameters within which he/she must perform, in order to be successful in the Instruction Phase.

The second part of the Observation/Instruction Phase is the (approximately) two-week period during which the FTO will no longer assume the role of team leader. The Candidate will act as the team leader. During this period, the FTO will still provide direction in the form of feedback and prompting. When necessary, the FTO will prompt the Candidate to improve skill performance.

During this approximate two-week period, a *Critique* will be completed on each patient contact. A satisfactory or unsatisfactory grade will be assigned to each form. A Candidate may still achieve a satisfactory grade even if he/she was prompted during the course of patient contact. The FTO, however, always has the discretionary authority to score any prompted skill performance as unsatisfactory.

During both the Instruction and Evaluation Phases, the Candidate will receive prompts that are designed to improve assessment and treatment skills. These prompts are also designed to help Candidates develop a "rhythm" in the field environment and to expedite delivery of patient care. All prompts must be documented on the appropriate *Critique*. While the Candidate is in the Instruction Phase, competencies that require prompts may be scored (as satisfactory or unsatisfactory) according to the number of prompts on a single patient contact. The number of repetitive prompts which the Candidate has received may affect scoring. More than two (2) repetitive prompts (repeated prompts for a certain skill, occurring on different patient contacts) will be cause for an unsatisfactory score. Documentation of more than two (2) separate prompts on one patient contact will also be cause for an unsatisfactory score.

Inadvertent (unsolicited) prompts, by persons other than the FTO, will occur. Scoring may be impacted by these prompts. The FTO will consider the impact of these prompts before scoring the patient contact.

Unlike the Observation Phase, the Instruction Phase is based on Patient Contacts. For successful completion of the Instruction Phase, a Candidate will need to have a satisfactory percentage rating of 80%.

2.2.3. Evaluation Phase (48 Hours)

Following successful completion of the Instruction Phase, each Candidate will then move to the Evaluation Phase of the Field Training Program. Ideally, the FTO will serve primarily as an evaluator of each Candidate's performance. There will be little intervention by the FTO unless necessary to ensure that the patient receives timely and appropriate care. Candidates will alternate in the team leader and team member roles if there are two Candidates on a unit. A prompt given during the evaluation phase *may* result in an unsatisfactory score if the prompt was to correct an error that was critical to patient care. Generally, whenever a Candidate is prompted more than one time (for critical competencies only) he/she will receive an unsatisfactory overall score.

It is recommended that a Candidate obtain the following patient contacts during this phase of Field Training

- At least 10 patient contacts, Priorities 1, 2, 3, or BLS combined, with at least a 90% success rate.

Failure to properly complete the initial assessment and initial interventions on any Priority 1 patient may result in a case review by the Field Training Coordinator. Following the case review, the Field Training Coordinator may recommend that the Candidate be dismissed from the program.

During this phase, the Candidate must successfully manage at least two patients from each of the following patient categories: respiratory, trauma, cardiac, altered mental status, and geriatric. A patient may qualify for more than one category.

Extensions: A Candidate may be extended in any of the phases of the Field Training Program. Extensions can only be arranged by and at the discretion of the Field Training Coordinator.

Priority 1:

Successful completion of the Field Training Program requires that each Candidate manage a pre-determined number of Priority 1 patients. Successful management of these complex situations provides the most definitive measure of the student's ability to provide acceptable patient care to unstable patients. Typically, management of Priority 1 patients involves: short scene times, rapid decision-making, rapid accomplishment of skills, and decisive use of personnel.

Encounters with Priority 1 patients are not frequent.

Some examples of typical Priority 1 patients are:

- CHF requiring CPAP, medications (Albuterol, NTG, vasopressors), or volume fluids,
- Multi-system trauma with significant hypotension and/or GCS less than 11,
- Trauma patients requiring needle decompression, with an ET_{CO2} > 15 mmHg,
- Cardiac arrest patients with return of spontaneous circulation,
- Patients requiring additional treatment for hypotension or respiratory compromise,

Responsibility for classification:

Occasionally, a Candidate will not have the opportunity to manage a significant amount of Priority 1 patients. The Field Training Coordinator and the Field Training Division may elect to waive the requirements for Priority 1 patients. This would most likely occur when a Candidate has managed more than five (5) Priority 2 patients, but has had a limited opportunity to manage Priority 1 patients.

2.3. Routing of Paperwork

During the Field Training Program, there are four types of documents generated every shift.

1. The FTO generates a *Field Critique* form for each patient contact, whenever the Candidate is in a TL or TM role.
2. The FTO generates a *Daily Log* form (every day) to document the number, and type, of patient contacts.
3. The FTO generates a *Daily Checklist* to document Candidate behaviors that occur outside of patient contacts.
4. The Candidate completes a *Questionnaire* each tour. This is an important tool for evaluating the performance of the Field Training Officers.

Items 1 through 4 are to be secured within an envelope at the end of each day. The Field Training Officer will then sign his/her name on the *Daily Log* form. It is the responsibility of the Candidate to collect all paperwork at the end of each shift. It is the responsibility of the Field Training Officer to deliver paperwork to the Field Training Coordinator at the end of each shift.

2.4. Grievance Procedure

The Field Training Program is designed to provide a structured environment. The intent is to afford the Candidate an opportunity to successfully complete the program. A situation may occur; however, that disrupts the Candidate's progress. Examples of such situations include, but are not limited to:

- (Perceived) personality clash with a Field Training Officer,
- (Perceived) harassment by the FTO or other EMS provider personnel,
- (Perceived) physical threat to the Candidate,
- (Perceived) lack of confidentiality on the part of the FTO,
- (Perceived) scheduling that is deemed, by the Candidate, to be unfair.

If the Candidate has been exposed to such a situation, he/she should first attempt to resolve the conflict through discussion with their Field Training Officer. Both the Candidate and the FTO should document the nature of the conflict. They should also document any efforts made to resolve the problem. The Training Coordinator should then be contacted within twenty-four (24) hours. If the Training Coordinator is not available, the Field Training Coordinator should be contacted.

If the Candidate has been unsuccessful in resolving the issue, or if he/she does not believe they can safely attempt resolution, the Training Coordinator should be contacted immediately. If the Training Coordinator is not available, the Field Training Coordinator should be contacted.

The Candidate may believe the issue has not been adequately addressed (by representatives of the Training Division). In such an instance, he/she should consult with the Captain of Operations.

Similarly, if the Candidate believes that an action taken by the Training Coordinator is unacceptable, the Captain of Operations should be contacted. If there is no satisfactory resolution, the Candidate should consult the *Key West EMS EMS Policy and Procedure Manual* and utilize other available resources.

2.5. Receipt Page (for Candidates)

The guidelines included in this *Manual for ALS Provider Candidates and FTOs* were developed, in part, to benefit Candidates. This manual should be retained throughout the course of the Candidate's field training process. It should serve as a reference guide for the ALS Provider Candidate.

Candidate (please print): _____
First Middle initial Last

My signature below indicates that I have received a copy of the *Manual for ALS Provider Candidates and FTOs*.

(Signature of Candidate) Date: _____

Witness: _____
(Signature)

Title: _____ Date: _____
(Job title of witness)

Section 3. (For Field Training Officers)

3.1. Purpose, Goal, Objectives

PURPOSE: The purpose of this section of the *Manual for ALS Provider Candidates and FTOs* is to establish guidelines that should be used when Field Training Officers are teaching and evaluating Candidates. The guidelines in Section three (3) are to be used in conjunction with those found in Section one (1), and Section two (2), of this manual.

GOAL: Use of the guidelines found in the *Manual for ALS Provider Candidates and FTOs* will promote thorough and instruction and evaluation of Candidates. The goal is to establish performance expectations that present a comprehensive educational opportunity to every Candidate. This goal must be accomplished without compromising standards of patient care. Most of those standards are defined in the *State of Florida ALS Standing Orders*.

OBJECTIVES: FTOs should use the information contained in this manual to help them:

- Understand the general operational guidelines for Field Training Officers.
- Understand the terminology that is unique to this process of instruction and evaluation.
- Understand the criteria for satisfactory performance of skills and competencies.
- Understand the techniques used to document skill performance.
- Understand the criteria for satisfactory management of a patient contact.

The FTO acknowledges receipt of this manual by signing the receipt page of this document. Once the FTO has signed and dated the receipt page, he/she should remove the page from the manual. The receipt page should then be delivered to the Field Training Coordinator.

3.2. FTO Selection Process

The FTO selection process will ensure that only the most experienced employees will be chosen. The minimum rank able to apply to the FTO program is Corporal. The FTO position will not be given automatically to any position or rank; anyone who wants to be an FTO must apply and meet the requirements.

To apply for the position of FTO, you must have the following:

1. The rank of Corporal or above.
2. A written recommendation from your immediate supervisor.
3. A written recommendation from a current FTO.
4. Favorable QA/QI history.
5. A letter of intent stating why you want to become an FTO, in 500 words or less.

If you can meet the above requirements, you should turn them into the Training Director, who will process your application.

If you are selected, you will be required to do the following before you can act as an FTO:

1. Read this document in its entirety.
2. Take a short class on the FTO program with the Training Director.
3. Take and pass, with a 90% or higher, State of Florida BLS and ALS Protocol test.
4. Take and pass, with an 80% or higher, KWEMS / Vanguard Policy and Procedure test.
5. Agree to and sign the FTO Responsibilities Agreement.

FTOs will be subject to random evaluations and inspections during the training process. All FTOs will maintain the highest level of professionalism at all times. FTOs should be well versed in all company policies and procedures, and able to answer any questions a new employee might have.

3.3. Guidelines for Field Training Officers

As a Field Training Officer for the Key West EMS, you are responsible to:

- ❑ Be familiar with the *Manual for ALS Provider Candidates and FTOs*.
- ❑ Apply the guidelines set forth in the *Manual* when teaching and evaluating Candidates. The FTO should pay particular attention to Section 2 of the *Manual*. Section 2 reiterates techniques used to teach and evaluate Candidates. The FTOs should recognize the guidelines and techniques included in Section 2. Each FTO has been exposed to this material in FTO workshops and in FTO continuing education classes. The material is included in this manual, in part, as a reminder to the FTO. The FTO should prompt the Candidate whenever the Candidate's skill performance is at risk of being: incomplete, incorrect, or too slow. The FTO's first responsibility is to make sure that all patients receive care that is timely and appropriate. By using "prompts", the FTO gives the Candidate the opportunity to perform all pertinent skills in a time-appropriate manner.
- ❑ Complete all required documentation. Refer to: Section 1, and Section 2, of this *Manual*.
- ❑ Teach Candidates. There will be occasions when a Candidate is not involved in patient care, or in other duties related to the Field Training Program. In such an instance, the FTO should make themselves available to review material related to the Candidate's course of studies.
- ❑ Identify the Candidate's areas of weakness. Whenever feasible, the FTO should devise a plan of self-study that the Candidate can use to address these weaknesses. When time permits, the FTO may suggest that the Candidate utilize "down time" to conduct this regimen of self-study.
- ❑ Ensure that each patient receives care consistent with the various standards that apply to EMTs working within the Delaware EMS system. Whenever a Candidate fails to provide appropriate care, the FTO must assume the role of team leader.
- ❑ Not release information regarding patients or Candidates to any person or agency that is not directly involved in the Key West EMS Field Training Program.
- ❑ Not substitute his/her own personal "standard of care" when use of an approved (Standing Orders) protocol is appropriate to the care of any patient.
- ❑ Not allow personal preference or bias to be a factor in the process of instruction and evaluation. If an FTO cannot perform an impartial evaluation on a particular Candidate, he/she should request the Field Training Coordinator to remove this student from his/her schedule.
- ❑ Teach the Candidate how and when to multi-task. Multi-tasking is an essential competency for Candidates. A Candidate delegating skills (such as vital signs, or breath sounds) while he/she takes medical histories is an example of failure to accomplish multi-tasking. Except in cases of necessity, delegations such as these will constitute unsatisfactory performance. A Candidate asking his partner to set-up an IV or apply monitor leads while he completes vital signs, breathe sounds and histories would be an example of effective multi-tasking. The FTO should use prompts to provide this instruction.
- ❑ Use only the forms developed by the Field Training Division.
- ❑ Be specific when documenting unsatisfactory performance. "Prompt items" have been included in the various competencies of the *Critique*. These items are designed to reduce the amount of writing an FTO has to do.

Prompts can be documented by circling both the word "prompt" and the appropriate "prompt item" for that respective competency.

- Encourage and instruct the Candidate to verbalize. The FTO needs to know what the Candidate is thinking at all times. This knowledge will allow the FTO to preempt potential Candidate mistakes and oversights. The result will be improved care for the patient and less potential for liability for all EMS providers.
- Always wear a clean and pressed uniform with all awards, decorations, name plate, badge, and rank insignia present.
- Discourage negative comments that relate a bad image of Key West EMS.
- Always ride in the back of the ambulance on every call to provide Candidate evaluation, as well as to never switch out with your partner, or allow non-FTOs to critique a Candidate.

3.5. Receipt Page (for Field Training Officers)

The guidelines included in this *Manual for ALS Provider Candidates and FTOs* were developed, in part, to benefit FTOs. This manual should be retained. It should serve as a reference guide for the Field Training Officer.

FTO (please print): _____
First Middle initial Last

My signature below indicates that I have received a copy of the *Manual for ALS Provider Candidates and FTOs*.

(Signature of Field Training Officer) Date: _____

Witness: _____
(Signature)

Title: _____ Date: _____
(Job title of witness)

APPENDIX 2

Key West EMS

Patient Satisfaction Service Standards

At Key West EMS, we believe the secret to patient care is caring for the patient. Satisfied patients are why we are in healthcare. The best way to care for our patients is to begin by caring for ourselves, and each other. The way we treat each other within the Key West EMS team and client sites sets the tone for how we treat our patients, our guests, and our team members. We need to treat each other with courtesy, respect and kindness. This won't happen without the full commitment of each one of us. I there fledge to provide and uphold the following service Standards:

1. Smile!

- Smile warmly and introduce yourself.
- Make eye contact.
- Welcome patients/customers in a friendly manner.
- Rudeness is never acceptable.
- Apologize for problems and inconveniences.
- Thank patients/customers for choosing (Name of Hospital) .

2. Telephone and Elevator Etiquette:

- When answering calls make sure to identify your department and yourself by name.
- Ask callers how may I help you.
- Ask permission to place a caller on hold.
- Keep pager on vibrate.
- Allow patients and visitors the right of way in elevators, hold door open for those trying to enter the elevator.
- Politely ask other to wait for next elevator if transporting patients on bed or stretcher.
- Always practice Patient Confidentiality, including clinical discussions, in the elevators and all public areas.
- Use the elevator as an opportunity to make a favorable impression; acknowledge with a nod or smile to fellow passengers
- Make room for others on an elevator by holding the door or "door open" button for them.

3. Accident Free Environment:

- Follows all policy and procedures for emergency alarms.
- Report any hazardous or suspicious things/people to security immediately.
- Use protective dress wear.
- Return all equipment to its proper place.
- Pick up and dispose of any litter you find.
- Clean up spills and debris immediately.
- Place any equipment or supplies on one side of the hallway in patient care units
- Keep exits clear

4. No Waiting:

- Acceptable waiting time for a scheduled appointment is 10 minutes; for a non-scheduled visit, every effort will be made to see the patient within an hour.
- Apologize if there is a delay.
- If delay is over an hour, update the patient within an hour.
- Apologize if there is a delay.
- If delay is over an hour, update the patient and/or nurse about the status at least every 30 minutes.
- Update family members at least hourly while a patient is undergoing a procedure.

5. Dress Professionally:

- Always wear ID badge, keeping name and photo clearly visible.
- Take pride in your personal appearance.
- Make sure your uniform is clean. Neatly pressed and always have your shirt firmly tucked in.
- Never chew gum or eat while interacting with patients or customers.
- Never smoke on hospital grounds or in view of patients.

6. Address Patient's Needs:

- Address the patient by name.
- Do not leave floor until patients requests have been conveyed to appropriate caregiver.
- Address each patient with a proper introduction and your name. "Good afternoon Mr. Jones, I am (your name) from (Hospital) Ambulance Service, if there is anything I can do to make your trip more comfortable, please let me know.)
- Before leaving the patient, ask, "is there anything else I can do for you"?
- Always leave with your name and closing remark: "thank you Mr. Jones for choosing (Hospital) Emergency Medical Services, it has been a pleasure to help you today."
- Before leaving the patient, assure they have been introduced or understand who will be continuing their care.

7. Respect Patient's Privacy:

- Always knock before entering a patient's room
- Interview patients in privacy, close curtains or doors when available
- Never discuss clinically related issues in public area, or in presence of others, including other family members unless the patient gives you permission
- Provide blanket, sheets, robe, second gown to make sure the patient feels comfortable and that their privacy is respected.

8. Direct Communication:

- If someone appears to need directions, offer to help.
- Escort patients/customers to their destination, or get someone else to immediately escort them.
- Provide explanation about patient care using easily understood and appropriate language.
- Collaborate with other caregivers to reinforce the information provided to patients.
- Avoid technical or professional jargon.

9. Speak Positively!

- Treat everyone like a VIP, because everyone is important.
- Smile warmly and introduce yourself by name and title.
- Extend a warm greeting.
- Use positive body language.
- Listen to what the patient/customer is saying, and offer feedback if appropriate.
- Speak positively about the hospital and its affiliates to make our patients feel safe.

10. Team Work!

- Work together!
- Appreciate one another as a team member and professional in the medical field.
- Learn from one another's experiences and suggestions.
- Treat others, as you would want to be treated yourself, especially in public or in front of patients.
- Communicate with one another if you have a concern or suggestion.
- Always strive to improve and learn.
- Enjoy doing your job and making a difference in the care of a patient!
- Empower yourself as not just a caregiver, but ambassador to make a difference and a positive lasting impression for the hospital!
- Wear your uniform with respect and realize the importance of your role as an ambassador of the hospital.
- Have pride in the job you do!

Key West EMS Standard Operating Procedure #??

Field Training			
DATE ISSUED 11/1/2008	DATE EFFECTIVE 07/19/10	DATE EXPIRES NON-EXPIRING	PAGE 1 - 1

POLICY: Field Training

PURPOSE: To set up a process that allows an employee to gradually become comfortable with their EMT-Basic skills and knowledge before becoming a cleared Emergency Medical Technician.

PROCEDURE: The following is an outline of the 5 levels an EMT/Paramedic candidate must go through in order to become a cleared EMT/Paramedic. These levels are established so that each level builds a candidates experience, knowledge, and comfort level. All of the requirements of each level must be attained prior to proceeding to the next level.

Level 1

Prerequisites: Copies of Florida State and Nationally Registered EMT Basic and Paramedic certification submitted

Candidate rides as a third person and observes. Candidate does not perform any EMT skills

Level 2

Prerequisites: Field Training Officer signs off check list

Candidate will assist Field Training Officer in patient care and begin to understand associated paperwork with each incident. This will help build on the EMT Basic and Paramedic skills and gradually show the Candidate how to apply their knowledge to the field

Level 3

Prerequisites: Field Training Officer signs off on check list

Candidate will begin the Instructional Phase of the Field Training Program. In this level, the candidate will be the primary attendant on the crew. They will be evaluated and instructed by the Field Training Officer. During this level, the Candidate is allowed 2 prompts per incident prior to receiving an unsatisfactory grade

Level 4

Prerequisites: A letter of recommendation from their Field Trainer stating they have successfully completed the Instructional Phase and sign off on the check list

Level 5

Prerequisites: Successful completion of the Key West Street Test (SOP#???)

Candidate will be a cleared Driver for all incidents

ISSUED BY:

Coordinator Key West EMS

Key West EMS Driver Training Check Off Sheet

Name: _____

	Date	Required Initials
Cleared EMT/Paramedic		
CEVO/EVOC		
Level 3 Sergeant Recommendation		
Cone Test		
Back boarded Ride-a-long		
Level 4 Sergeant Recommendation		
Level 4 SGT/FTO Recommendation		
Emergency Mode Shift		
Test Recommendation		
Written Streets Test		



“AIDET”

Represents five fundamentals of providing excellent service!



A - Acknowledge

- Greet
- Make Eye Contact
- Smile
- Talk to your patient!
 - Ask “Is there anything I can do for you?”
 - Knock before entering and wait for permission to enter.
 - Respect Privacy
 - Anticipate needs



I - Introduce

- Yourself
- Your Team
- Your Department
- Your Title
 - Promote Teamwork and coordination of care
 - Take pride in your department and colleagues



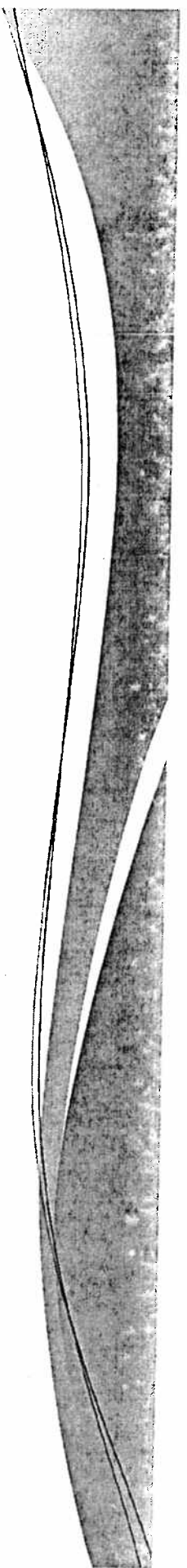
D – Duration

- Give estimated time you believe you will be with your patient.
 - i.e. – ...my partner and I will be here to take care of you till we arrive at _____.”
- Give an accurate time expectation that will surely be met.
- Under promise and over deliver .



E - Explanation

- Provide Explanation of what may be occurring
- Provide explanation of options and why we may need to take them for further consult at an ER.
- Ask patient family or colleague if they have any questions.
- Provide visual or written materials when possible.



T – Thank You

- Thank the patient
- Thank the family
- In EMS end experience on positive note:
 - “Your nurse “Nancy” will be in shortly to speak with you. I hope you feel better is there anything else I can do for you before we leave?”

APPENDIX 3

VANGUARD HEALTH CARE MANAGEMENT Inc.

FINANCIAL STATEMENTS

DECEMBER 31, 2009

VANGUARD HEALTH CARE MANAGEMENT, LLC

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Supplementary Information	
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VANGUARD HEALTH CARE MANAGEMENT Inc
BALANCE SHEET
December 31, 2009

ASSETS

CURRENT ASSETS:

Cash and Cash Equivalents	\$	26,496,116
Accounts Receivable		785,091
		<hr/>
Total Current Cash Assets	\$	27,812,207
Contractual Value (total contract values)	\$	51,772,002*

LIABILITIES AND MEMBERS' EQUITY

CURRENT LIABILITIES:

Deferred Income	\$	2,985,774
Accrued Expenses	\$	419,172
		<hr/>
Total Current Liabilities	\$	704,946
MEMBERS EQUITY	\$	
Total Liabilities and Members Equity	\$	1,861,656

**Total Value of Contracts if fulfilled on terms as agreed*

See accountants' compilation report attached.

VANGUARD HEALTH CARE MANAGEMENT Inc
BALANCE SHEET
December 31, 2008

ASSETS

CURRENT ASSETS:

Cash and Cash Equivalents	\$	26,496,116**
Accounts Receivable		785,091
		<hr/>
Total Current Cash Assets	\$	27,812,207
Contractual Value (total contract values)	\$	51,772,002*

LIABILITIES AND MEMBERS' EQUITY

CURRENT LIABILITIES:

Deferred Income	\$	2,985,774
Accrued Expenses	\$	419,172
		<hr/>
Total Current Liabilities	\$	704,946
MEMBERS EQUITY	\$	
Total Liabilities and Members Equity	\$	1,861,656

**Total Value of Contracts if fulfilled on terms as agreed*

*** This includes all 401K, Benefits, Insurance, Cash, Investments Patients and Technology*

See accountants' compilation report attached.

VANGUARD HEALTH CARE MANAGEMENT Inc.
STATEMENT OF INCOME AND MEMBERS' EQUITY
FOR ESTIMATE DECEMBER 31, 2009

ANNUAL OPERATING REVENUE	\$	26,496,116
OPERATING EXPENSES:		
Payroll and Payroll Taxes	\$	<u>19,981,886</u>
GROSS PROFIT	\$	6,514,250
GENERAL AND ADMINISTRATIVE EXPENSES		696,871
NET INCOME	\$	5,817,379
MEMBERS EQUITY AT BEGINNING OF YEAR		n/a
Distributions		n/a
MEMBERS EQUITY AT END OF YEAR	\$	<u>2,413,154</u>

See accountants' compilation report attached.

VANGUARD HEALTH CARE MANAGEMENT Inc
STATEMENT OF INCOME AND MEMBERS' EQUITY
FOR YEAR ENDED DECEMBER 31, 2009

CASH FLOWS FROM OPERATING ACTIVITIES:

GROSS INCOME \$ 26,496,116

NET INCOME AFTER EXPENSES \$ 5,817,379

ADJUSTMENTS TO RECONCILE NET INCOME TO NET
CASH PROVIDED BY OPERATING ACTIVITIES:

Amortization \$ 97,652

(Increase) decrease in assets:

Accounts Receivable \$ 71,000
Security Deposit (6,501)

Increase (decrease) in liabilities:

Deferred Income 32,110
Accrued expenses and other liabilities 63,801

NET CASH PROVIDED BY OPERATING
ACTIVITIES 3,110,025

CASH FLOWS FROM INVESTING ACTIVITIES:

Purchase and development of new software (61,018)

NET CASH USED IN INVESTING ACTIVITIES (61,018)

CASH FLOWS FROM FINANCING ACTIVITIES:

Member's Distributions (398,711)

NET CASH USED IN FINANCING
ACTIVITIES (398,711)

NET INCREASE IN CASH \$3,374,792

CASH AND CASH EQUIVILIANTS,
BEGINNING OF YEAR 739,231

CASH AND CASH EQUIVILIANTS,
END OF YEAR (including reserves) \$ 7,114,023

See accountants' compilation report attached.
VANGUARD HEALTH CARE MANAGEMENT, LLC
SUPPLIMENTRY INFORMATION
SCHEDULE OF GENERAL AND ADMINISTRATIVE EXPENSES
FOR YEAR ENDED DECEMBER 31, 2009

AUTO EXPENSE	\$	25,654
AUTO LEASE EXPENSE		5,876
ADVERTISING		6,611
AMORITIZATION EXPENSES		29,091
BANK CHARGES		3,911
COMPUTER EXPENSES		31,976
CONSULTING FEE EXPENSES		97,001
DUES AND SUBSCRIPTIONS		2,187
EMPLOYEE BACKGROUND CHECKS		15,981
EQUIPMENT RENTALS		3,411
FINES AND PENALTIES		1,091
GIFT EXPENSES		11,456
HOSPITAL AND AMBULANCE EXPENSES		49,888
INSURANCE		51,158
LICENSES, FEES AND PERMITS		3,114
MEALS AND ENTERTAINMENT		37,908
MEDICAL EXPENSES AND EMPLOYEE WELFARE		18,038
OFFICE EXPENSES		36,872
OFFICE SUPPLIES		37,102
PAYROLL PROCESSING FEES		7,911
PRINTING AND POSTAGE		6,415
PROFESSIONAL FEES		37,765
RENT EXPENSES		65,198
REPAIRS AND MAINTENANCE		21,987
TELEPHONE AND COMMUNICATIONS EXPENSE		31,215
TRAINING AND SEMINARS		4,754
TRAVEL EXPENSE		15,110
UNIFORM EXPENSE		6,224
WEBSITE AND GRAPHIC DESIGN		34,901
TOTAL	\$	<u>691,908</u>

See accountants' compilation report attached

APPENDIX 4

<p>Policy #: 300-06</p> <p>Issue Date: 07/19/10</p> <p>Effective Date: 07/19/10</p> <p>Replaces: (previous plan)</p> <p>Revised: 07/19/10 (01)</p>	<p style="text-align: center;">Key West Emergency Medical Services</p> <p style="text-align: center;"><u>POLICY STATEMENT</u></p> <p style="text-align: center;">*** Quality Assurance / Quality Improvement ***</p>
---	--

Purpose: To develop and implement a dynamic process by which to evaluate and improve the emergency care and customer service provided by the EMS Department.

Responsibility: EMT/EMT-P Field Staff, SYSCOM, Program Management, and Director of Operations.

Administration: The Director of Operations and administration shall be responsible for the administration of this policy.

I – QUALITY ASSURANCE TEAM:

A Quality Assurance Team shall be assembled for each program. The team will be led by the Program Coordinator or Supervisor and will consist of ≥ 3 members contingent on the call volume of the program. All members of the quality assurance team must be comfortable with the BLS protocols, state regulation, and the QA/QI process prior to joining the team. The agency Medical Director is the ultimate authority and shall be present at all meetings as available. Any issue that requires medical oversight or resolution shall be submitted to the Medical Director in writing. The committee should meet no less than once a month and as often as it requires to meet the goals and objectives of this policy.

II – PROTECTED HEALTH INFORMATION:

“Individually identifiable information; linking a person’s health information to their identity.”

Protected Health Information may be disseminated and used in conjunction with QA/QI activities as per federal HIPAA law: (Reference section: 45CFR 164.512)

“A covered entity may disclose PHI to a health oversight agency for said oversight activity authorized by law including audits; civil administration or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative or criminal proceedings or actions; or other activities necessary for appropriate oversight in the health care system”

All patient information shall be maintained confidential outside of the QA/QI process. The results of QA review are protected and should not be discussed outside of the process. Any person found divulging PHI or QA results in a careless or malicious manner; or for any reason unrelated to the business of the QA/QI committee will be subject to disciplinary action up to and including suspension or termination. In addition, law enforcement may be contacted as appropriate.

III - ASSESSING QUALITY:

Continuous Quality Assurance: Any calls meeting the following criteria require Quality Assurance review and sign off by a Coordinator:

- BLS/ALS - Critical patients, including cardiac arrest. (Random sampling $\geq 50\%$ if call review criteria exceeds 100 calls / month)
- SCTU – All examples of poor patient outcome, any call where ALS skills were initiated by the attending SCTU nurse enroute, and a random sampling. Calls reviewed must be ($\geq 10\%$) of all calls in the review period.
- Refusal of medical care and / or transport;
- Transport of an EDP where restraints were used;
- Any call where an unusual incident occurred;
- Any State Reportable Incident including:
 - Patient injured while in the care of the transporting crew;
 - Any injury to the staff, while on duty, requiring hospitalization or treatment at an ED;
 - Any MVA resulting in the hospitalization or treatment at an ED of any of the persons involved;
 - Any instance where a crewmember acts outside their scope of practice;
 - Any instance where the patient, crew or other person acted outside the law. This includes but is not limited to: child abuse, elder abuse, domestic violence, and/or the utilization of physical behavioral restraints outside of protocol.

Random Quality Assurance: $\ll 5\% \gg$ of all calls not meeting the above criteria shall be reviewed for quality assurance on a random basis to ensure the overall quality of the care provided.

Targeted Quality Assurance: The Director of Operations shall identify criteria for targeted quality assurance studies. The criteria will focus on a single aspect of emergency care or customer service (e.g.: emergency care of respiratory diseases, bone fractures, burn care, etc.). Focused audits shall usually last for the period between committee meetings.

IV - EVALUATION OF CARE:

Care will be evaluated based on the following criteria:

- Response time.
- Complete patient assessment conducted as appropriate.

- Adherence to patient care protocols.
- Patient care provided is appropriate to the presenting problem(s) and patient complaint(s)?
- Accuracy, completeness, and legibility of PCR documentation.
- Patient outcome (as available).
- All other information obtained as required.
- *Any other aspect of care or customer service not provided to the benchmark standard of the program.*

V - FEEDBACK & QUALITY IMPROVEMENT:

Red Flag Incidents: *Incidents where actual or potential harm could have been suffered by the patient, crew or other persons.* These incidents require immediate disclosure to the Program Coordinator and Director of Operations. The staff involved must be immediately removed from service until such time as they have been fully remediated. Any corrective action of a "Red Flag Event" must be re-evaluated and documented to ensure that the issue was substantially resolved.

Near Miss Incidents: *Incidents where an action by the staff did not meet the benchmark standard of the program, equipment failure, or some other occurrence caused a potential harm to the patient or other persons.* These incidents must be addressed with the staff directly within 48 hours of discovery.

Outlier: *Incident that falls outside the accepted benchmark standards, accompanied by a documented reason for the anomaly.* These calls will not be considered in the overall QA/QI report, but may be used for critique and training.

Other Corrective Actions:

The Quality Assurance Team will report their findings to the Program Coordinator and Director of Operations on a periodic basis or in real-time as appropriate. A copy will be made available to the Program Medical Director upon request. Based on the findings of the QI process, the Field Training Officers, Program Management and other staff may provide feedback to the staff in several ways, including but no limited to:

- Provide FTO 'shadowing' of staff who require remediation.
- Utilize on-line courses to educate staff on new treatment methods.
- Coordinate mass training sessions to address deficiencies that are systemic in nature;
- Conduct focused trainings designed to target a small group with a specific deficit.
- Disseminate memos to the staff to educate or notify of a particular deficiency found.

Re-evaluation:

Red Flag incidents and pervasive behaviors must be re-evaluated to ensure that the program's benchmark standards will be met. All other corrective actions may be re-evaluated at the discretion of the program manager.

Scheduling the QA Process:

The QA process should be on-going to identify red flag incidents / near miss incidents in a timely manner. QA/QI Committee meetings should be held on a regular schedule based on call volume and overall need, but will not be held less than four times a year (quarterly). Additional meetings may be held to address specific incidents.

Issued by:

Kevin J. Wallis
Chief Executive Officer
Key West Emergency Medical Services

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I. Introduction

High quality emergency medical services are based on achieving a delicate balance between outstanding medical care, operational excellence and financial responsibility. The proposal contained in these pages represents over 100 years of accumulated experience and is forward looking in its perspective and design.



Unlike a traditional ambulance provider, Vanguard Healthcare Management is a leader in innovative healthcare and EMS designs. We provide all the operational, financial and managerial underpinnings necessary to develop and run high quality, customized ambulance and EMS solutions to municipalities, hospitals and not for profit agencies in a multitude of markets.

Whereas an ambulance company can give you an ambulance we deliver a true Emergency Medical Services system based upon nationally accepted standards of performance and quality which is grounded in sound business practice. In addition to unparalleled quality our systems have deliver value and allow for us to reinvest in the communities we serve.

Stakeholders

Unlike a traditional for profit company, Key West Emergency Medical Services (KWEMS) sm is a not for profit EMS corporation. As a result of this structure the actual entity is owned not by Vanguard Healthcare or any other agent it is instead owned by the community of Key West Florida. All assets which have been paid for, all revenues and all systems ultimately are the property of Key West Emergency Medical Services and as such the Community of Key West. In these types of companies often there are identified “*stakeholders*” or agents within the community which have a vested interest in the overall success of the enterprise. These “*stakeholders*” can vary widely but in the case of KWEMS they might include the City of Key West, City Fire Department, Police Department,

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and Lower Keys Medical Center not to mention the operator and manager Vanguard Healthcare management. We would also include as “*stakeholders*” members of the community at large and as such would ask for community representation on the Board to ensure that the needs of the greater citizenry are being recognized and addressed by Key West Emergency Medical Services.

HIGHLIGHTS of the Key West Emergency Medical Services

- Established as a community owned, transparent EMS Corporation developed using nationally accepted EMS standards.
- Six new dedicated modular ambulances for Key West Emergency Medical Services and four wheeled drive EMS Chief’s unit.
- Operation of a shuttle to provide non emergency transport for patients who require transport to Lower Keys Medical Center or to physician’s offices 8 hours a day five days a week. This system would pick up patients throughout the City and deliver them safely to medical appointments as available. It will also reduce the often systematic abuse of prehospital care units for routine transports. This service would be no charge to the residents of Key West.
- Each ambulance unit to be staffed by Florida Certified Paramedics.
- ALL EMS units are to be powered by locally produced and recyclable BioFuels. Rather than relying on tradition polluting diesel fuel, Vanguard Healthcare operates its ambulances using BioFuels which are lower in cost and better for the environment.



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- Medically equipped Segways for high population areas as well as four wheeled drive ATV's for beach patrols during peak seasons. EMS Bike Teams can also be an effective tool and would be employed and

available as necessary. With regular postings and patrols.

- ALL New medical equipment, stretchers and facilities.
- New community image with new logos, standardized employee image and uniforms.

This is the launch of Key West Emergency Medical Services!

- Subsidy is capped and cannot exceed the mutually agreed charity care of 25% of total EMS transports. Based upon data provided the subsidy would be capped at a do not exceed of \$200,000 or a reduction in costs to the City of Key West of up to \$574,000 per year. The City could pay less annually but would not pay any more than \$200,000 per year. This is specifically applied to charity care for compliance purposes.
- Excess revenues (profits) would be redistributed to the Community through the City of Key West and or the subsidy for charity care paid by the City would be reduced or repaid based upon system revenues and profits.
- Electronic Patient Care Records and laptops installed in all ambulances.
- “Drive Cam” or “Road Safety” systems to monitor all ambulance driving and training programs in Emergency Vehicle Operations (EVOC) or Certified Emergency Vehicle Operations (CEVO) training.



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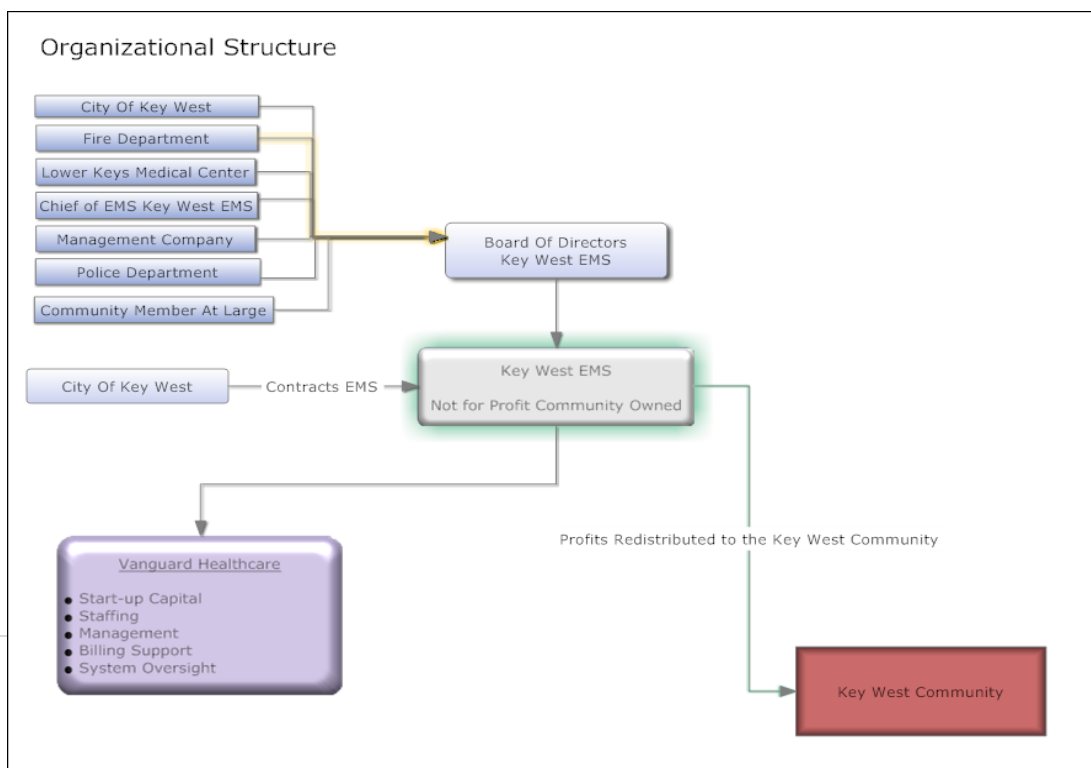
- Fleet Eyes Systems in all Vehicles to monitor vehicle locations real-time, speed and will aid in system status management.
- The entire EMS system would operate using nationally accepted system status management programs in operation by Vanguard EMS agency's throughout our service area. This would supplement the grid system and allow for dispatch of the closest unit to the scene of the emergency.
- All financial, quality and operational matters would be transparent and systems of accountability and measures would be adopted to ensure the highest levels of system integrity. All would be a matter of community record and available for review by any agency.
- Free Life Guard ARC training programs to assist in monitoring of all City Beaches at no cost to the City of Key West.
- Development of, in association with the local school districts, a *"CPR in the Schools Program"* with the goal of having every high school student in Key West, Fl graduate with a valid CPR certification also at no cost to the City of Key West.
- Development of a police based CPR/AED program whereby we would place 3 AED's into police cars per year as well as providing the necessary training for their proper use. This would be at no cost to the City of Key West. This would supplement the existing first responder program operated by the Fire Department of Key West.
- Annual research grant awards to physicians and other healthcare professionals to support and publish research EMS research highlighting the unique EMS system of Key West.



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- EMS Journeyman program allowing local high school students in the greater south Florida area with the ability to “ride along” with Key West EMS and learn more about the field of EMS. This may open them to job opportunities and careers in EMS or healthcare.
- Full service continuing medical education program for all employees providing clinical care.
- Independently audited corporate compliance and program financials program.
- Secured online electronic record systems, reporting and tracking systems for City and stakeholders.
- Online and telephone customer service inquiry and complaint program with unique reference # for follow up, tracking, reporting and resolution.
- Patient call back program- staffed by a registered nurse the program is designed to determine if patients are compliant with care plans and have the necessary transport to and from physician appointments.

A. Organizational Structure



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Set up as a completely stand alone organization this Non for Profit corporation would be the primary EMS provider for the City of Key West. The EMS agency would be overseen by a Board of Directors that is made up of fire department officials, city officials, EMS experts and community members at large. The organizations daily operations would be managed and staffed by Vanguard Healthcare while the oversight of operations would report directly to the City Manager or his designee to ensure the organization is meeting the clinical and operational standards set by the board of directors. All funds for staffing and management would be paid by the not for profit and NOT the City of Key West.

Vanguard Healthcare will assist the not for profit to secure the necessary equipment to the City of Key West by providing startup capital. Payments will be made for equipment from receivables and

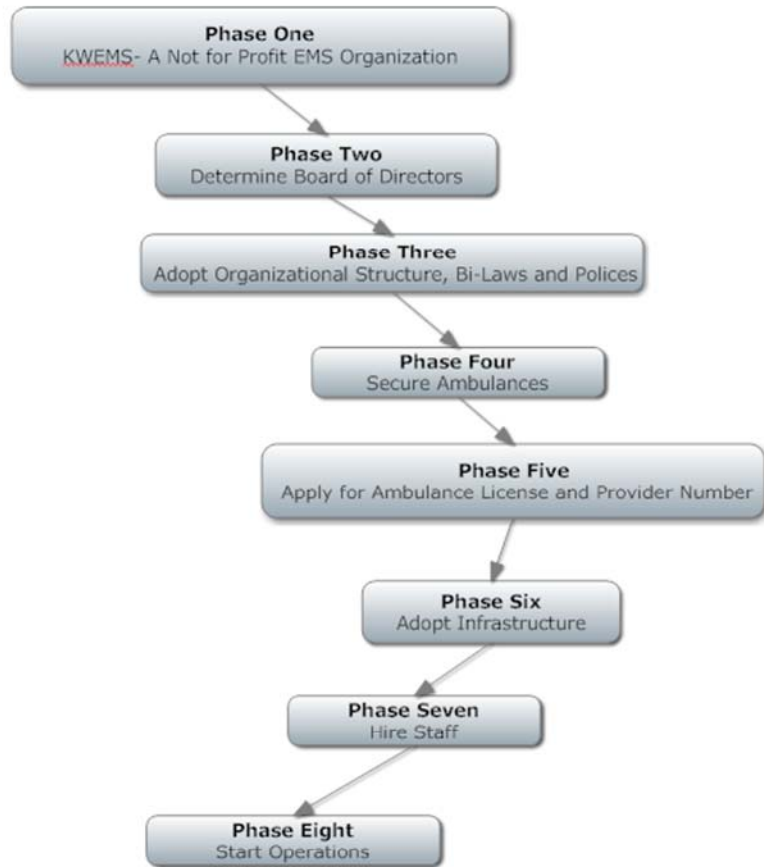


paid as money is received by the not for profit corporation. The City of Key West will not be responsible for the financial support of the Not for Profit Corporation beyond that it pays for bad

debt and charity care associated with patient care. The Not for Profit corporation would bill and collect and any expenses would be paid directly through Key West Emergency Medical Services. Any excess revenues would either reinvested in the EMS system or distributed to the stakeholders and the City of Key West.

B. Deployment Plan

Deployment Plan



As a high performance EMS system the proper deployment and transition of the system is of critical importance and needs the upmost attention. The transition would start from the moment the bid is awarded in order to ensure we can maximize the transition time and ensure that once the transition is completed that we are able to start from day one as a high performance EMS operation.

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Phase One – KWEMS- A Not for Profit EMS Organization

- Key West Emergency Medical Services (KWEMS) exists as a not for profit corporation and has been filed with the State of Florida and Monroe County as required by the RFP and would be transferred should Key West Emergency Medical Services be the vendor selected. Key West Emergency Medical Services has applied for a trademark through the US patent and trademark office and exists as a service mark until formally granted trademark status.

Phase Two – Determine Board of Directors

- The Board of Directors for the newly formed EMS agency will be selected by a team of city officials and final selection will be at the approval of the City Manager and the Mayor's office. A five member Board will be selected to sit on the board in addition to the Chairman of the Board who should be a representative of City Government. One representatives from the Fire Department ; one representative from Vanguard Healthcare; the organization medical director; one representative from the Police Department; one representative from Lower Keys Medical Center; and one representative community at large.

Phase Three – Adopt Organizational Structure, Bi-Laws and Polices

- Organization structure will be adopted in order to ensure the organization will maintain integrity and proper clinical and organization oversight. EMS Command staff will report to the Chief of EMS within the organization. The Chief of EMS will report to the Chief Executive Officer of KWEMS and the Board of Directors. All bi-laws, policies and procedures will require final approval from the Chief of EMS, Chief Executive Officer and Board of Directors prior to implementation.

-

Phase Four – Secure Ambulances

- Vanguard Healthcare would help to secure six new ambulances and dedicate them at no cost to the City of Key West through Key West Emergency Medical Services. Leases would be arranged through the Not for Profit and any expenses for medical equipment, fuel, insurance and the like would be paid directly by the not for profit community EMS organization. All leases and startup capital would be guaranteed by Vanguard Healthcare Management. The ambulances would be lettered to reflect their dedication to Key West Emergency Medical Services.

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Phase Five – Apply for Ambulance License and Provider Number

- Working with the City of Key West and Monroe County, Key West Emergency Medical Services EMS would apply for an ambulance license through the State of Florida Department of Health operating under the CON held by the City of Key West or with their assistance through Monroe County Florida. In addition we would apply for a Medicare and Medicaid provider number so that the Not for Profit could bill and collect for services rendered.

Phase Six – Adopt Infrastructure

- The Not for Profit would lease space adequate space to station the necessary ambulances, technology and support structure to operate Key West Emergency Medical Services. A complete computer aided dispatch center would be built to dispatch all EMS operations in the City of Key West would be coordinated with the City Dispatch System operated by the Police. The system would allow for the gathering of data and provide redundancy should the primary dispatch system suffer downtime or a systematic failure.

Phase Seven – Hire Staff

- Vanguard Healthcare would provide staffing for Key West Emergency Medical Services and all uniforms, ambulances etc. would be lettered to reflect their dedication to the City of Key West and Key West Emergency Medical Services. All managers and staff would be provided by Vanguard Healthcare and every effort would be made to hire existing EMS staff should KWEMS be selected as the successful vendor.

Phase Eight – Start Operations

- Beginning, January 1, 2011 the system would assume EMS and ambulance Operations for the City of Key West.

The above represents only a brief outline and a detailed deployment plan will be prepared prior to any program launch and be shared with the stakeholders. Appendix B represents the TOC for the Deployment Plan which each program managed by VG is given.

C. High Performance EMS Model

Key West Emergency Medical Services a Not for Profit community oriented organization, will be driven by a mission to provide high quality service and outstanding patient care as a high performance emergency medical service provider. As a high performance organization, KWEMS plans to meet and achieve national standards for clinical performance and sophistication.

Benchmarking with other national similarly sized EMS systems KWEMS using its Q3 quality assurance and performance improvement model will work to achieve and



exceed national standards for clinical patient outcomes and procedure success. Clinical performance is only one area of the high performance model that KWEMS will follow.

Operational economic efficiency, response time reliability and community accountability is what will drive the organization to be a leading regional EMS provider with a driven model for success on all levels.

As a community organization driven to provide the best possible service to the residents and visitors of the City as well as meet all the operational goals set by our Board of Directors, the goal of operational economic efficiency is of utmost importance. An operation that is based on lean performance and accountability while not jeopardizing clinical and operational performance will be driven by constant oversight by the Board of Directors, Chief Executive Officer, Chief of EMS Operations and independent clinical, operational and financial review. All clinical care will be reviewed by a medical review committee Chaired by the Medical Director for KWEMS in association with Lower Keys Medical Center. Reliability and accountability are two functions as a community high performance organization that will be

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part of our core mission. The community must be able to know that a when they need EMS service, KWEMS will be there for them and we will not only strive to meet but exceed the set clinical and operational benchmarks. These benchmarks when met will instill trust by the community and provide nationally accepted measures by which to evaluate performance.

Performance Benchmarks

1. Response Times
2. Documentation
3. Customer Service
4. Medical Protocol Adherence
5. Medical Procedure Audits (Intubation, IV Skills, Medication Calculations)
6. Driving Protocol Adherence
7. Physician Medical Review and Call Audits

II. Clinical Performance

A. Medical Director



It is KWEMS's intention to contract with Lower Keys Medical Center for Medical Direction and Control directly through Lower Key's Emergency Department.

In addition, KWEMS will also receive additional medical direction from Vanguard Healthcare's current Medical Director-Dr. James Flowers (CV attached).

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Dr. Flowers is the Chairman of the Department of Emergency Medicine at St. Francis Hospital in Wilmington, DE and a Board Certified Emergency Medicine Specialist with over 25 years of EMS and emergency medical experience. A graduate of LaSalle University, Philadelphia (BA) and the University of Osteopathic Medicine and Health Sciences, Des Moines (DO) Dr. Flowers went on to complete his MBA from St. Josephs University in Philadelphia.

Licensed to practice medicine in Pennsylvania, New Jersey, Delaware, Florida, Maryland, New York and North Carolina, Dr. Flowers is also a member in good standing and a fellow of the American College of Emergency Physicians as well as a Fellow in the American College of Osteopathic Emergency Physicians.

In addition to his work as a clinical provider and emergency physician throughout New Jersey and Pennsylvania, Dr. Flowers served as the Vice President and Chief Medical Officer of St. Agnes Medical Center in Philadelphia, PA as well as President and Chief Executive Officer of the St. Agnes Continuing Care Center. He has worked extensively as an emergency physician throughout the United States. He is currently the medical director for the Wilmington DE EMS system operated by Vanguard Healthcare.

B. Medical Protocol Compliance Process

Progressive medical protocol and online physician medical control is the key to operational clinical excellence in a high performance EMS system. In order to ensure our medical protocols and treatment of our patients are followed and adaptable to new trends in pre-hospital care Key West EMS will use two key components to ensure compliance and protocol improvements. Using the Q3 process of quality assurance we continually monitor all the patient care that is provided by our service including tracking of any protocol deviation

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made in treatment of a patient. With use of a leading electronic patient care medical record, KWEMS will be able to almost instantly identify any patient protocol deviation so we are able to immediately address the situation. Immediate indemnification allows the education process of protocol compliance to become easier than the traditional paper based records in use by Key West today. Using an establish electronic record system such as SANSIO Paramedics in the field can capture essential clinical data and document necessary patient care treatments. This data can be reviewed and audited electronically in near real time by a medical review board established by KWEMS in association with Lower Keys Medical Center and our medical control.



In addition all of our ALS protocols are entered into our electronic system to help prevent protocol deviation by the assistance of real time electronic protocol assistance as you are treating the patient. Once a treatment protocol is selected the ALS provider has the opportunity to bring up the entire protocol to help guide them in medication dosage, protocol options and medical alternatives that may not be frequently used but still remain an option with proper online physician control for pre hospital treatment of the patient. Medical compliance is of upmost importance in the quality assurance program and one that we use a multitude of systems to ensure compliance, education and advancement of our own protocol management into the future (Appendix 1).

C. Clinical Credentials of Field Personnel

During the term of the contract two paramedics shall staff all units functioning in an EMS capacity. As required in the RFP, all units operating in the system will be certified to the ALS level.

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Separate units, still certified at the ALS level, will be designated for non-emergency transports only and may be staffed with 2 paramedics should it be deemed necessary.

All Paramedics in Vanguard's employ must exceed State requirements and in most cases adhere to the requirements of the National Registry of EMT-Paramedics. All staff members are required to participate in a regular peer call review, which is held monthly, as well as regularly scheduled monthly EMS tactics and training drills. These drills ensure that all aspects of clinical care are delivered at the highest standards of clinical quality in the industry.

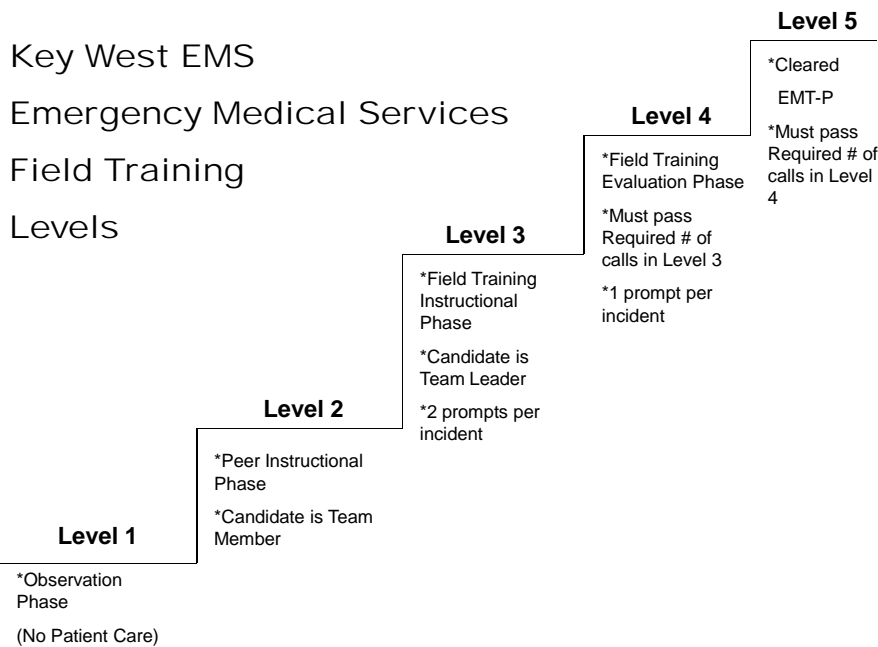


Above and beyond the clinical qualifications identified above, Paramedics in the system will be required, within the first 12 months of the contract period, to sit for both the National Registry of EMT's Paramedic examination. Any EMT-B's in the system will be required to sit for the same National Registry Exam at the BLS level.

All clinical staff must undergo clinical competency reviews each year in core competencies such as IV placement, medications and drugs as well as endotracheal intubation and are evaluated and tested to ensure clinical excellence.

Below is a general field training process before paramedics and EMT's can operate within KWEMS. In each case employees are assigned preceptors and are evaluated on a number of quality and performance benchmarks. These benchmarks are adjusted as necessary and can vary based upon local needs and those identified within the general system reviews. Preceptors give feedback to employees and training programs are often built around issues identified during the field training process.

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A detailed outline of all clinical training can be viewed in on the KWEMS website at www.keywestems.com and appendices with tables of contents are provided at the end of this proposal. (Appendix 2).

Required Credentials and Education

Prior to hire, Paramedics are required to have the following certifications: CPR, ACLS, BTLs, PHTLS, PALS/PEP/PPPC, HAZMAT response, Blood Borne Pathogens, Bioterrorism and ICS training at levels 100,200,700 and 800. KWEMS in association with Vanguard will provide this training to staff members at no cost to the City by utilizing one of Vanguard’s certified instructors and will extend the program to provide quarterly continuing education to all City employees, first responders and volunteers who may be interested may also attend any classes. Regular educational and certification audits are conducted by the Human Resources Department to ensure compliance with clinical and training standards. (Appendix 2)

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D. Medical Equipment and Supplies

All ambulances proposed for the system are manufactured by American Emergency Vehicles (AEV) and are Type III ambulances. All vehicles are custom designed to maximize dependability, functionality, and serviceability. Each unit will contain a mobile data terminal tough book computer for electronic patient care reporting (EPCR) inputting. In addition to the supplies and equipment required by the State of Florida for ventilation and airway equipment, monitoring and defibrillation, immobilization, bandages, communication, obstetrics, and infection control, all ambulances will have but are not limited to the following equipment/technology:

- SANSIO HealthEMS electronic patient care reporting (EPCR) via tough book laptop computers
- Stretcher – *Stryker Stretcher*
- Defibrillator- *LifePak 15*
- Suction Units- *Compact Suction Unit*
- Integrated Motorola Radio Communication System- integrating Motorola base repeater system, Motorola mobile radios and Motorola portable radios.
- Laerdal Compact Suction Unit
- Bird Transport Ventilator
- Alaris Three Channel IV Pump
- Safe Vehicle Operations-*DriveCAM*. System monitors and records vehicle operating parameters focusing on unsafe driving techniques such speeding and high vehicle g-forces caused by rapid accelerations, hard decelerations and high speed



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turns. System provides audible alerts to driver when are unsafe conditions or techniques are read allowing drive time to take safe corrective action. If alerts are ignored an exception report is generated and forwarded to coordinator.

- Vehicle Tracking- FLEETEYES Automatic Vehicle Locator (AVL). AVL uses GPS technology to remotely track individual vehicle locations. The device combines GPS technology, cellular communications, street-level mapping, and an intuitive user interface, with the ostensible goal of improving fleet management and customer service.

E. Financial Reserve for Clinical Upgrades

APPENDIX 3

F. Quality Improvement Program Process

To be effective, EMS systems must operate within specific standards and guidelines to ensure overall program quality and adherence to protocol. All personnel must participate in regularly scheduled Q3-Quality Education, Quality Patient Care, Quality Review- programs that will help them to meet system expectations. All programs are audited bi-annually by KWEMS in association with Vanguard Healthcare Management as well as outside reviewers of the medical advisory committee to ensure they are compliant with all current rules and regulations.



KWEMS employs and will have on site at KWEMS a QA/QM manager who are familiar with protocols and standards for KWEMS, Vanguard Healthcare and Florida State protocols and standards. A full time QA coordinator will teach these protocols and standards to

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field staff so that infield personnel can identify patients who have the potential to suffer adverse outcomes or may be flagged during the QA/QM process. Using quality management tools such as our Quality Performance Logistics package, SCAN Health and advanced clinical evaluation tools we will review 100% of ALS calls and track performance measures and provide rapid system feedback to management, regulators and medical providers to ensure overall quality and compliance. We develop regional key performance indicators to measure operational and financial performance trends at every level of our operations. Using nationally accepted programs we can utilize “best practices” and continuously improve our monitoring tools and data analysis systems. All such reviews and results will be available for secure viewing on the company website upon completion. (Appendix 4)

G. In-Service Training

In any programs established in partnership with Vanguard Healthcare, the company employs a full time onsite educator whose responsibility it is to interface with our national education team to ensure that all providers receive regular in-service training.

Vanguard and by association KWEMS will require staff members assigned to programs to participate in the following programs. In most cases these training sessions are scheduled as four monthly sessions to ensure that all staff can attend. As these trainings are required by contract with Vanguard, all employees are paid to attend these training sessions.

1. **Required Educational Programs** – Prior to hire, Paramedics are required to have the following certifications: CPR, ACLS, BTLIS, PHTLS, PALS/PEP/PPPC, HAZMAT response, IS-700, and ICS at the 100,200, 400 and 800 levels. Vanguard will provide this training to staff members at no cost to the City by utilizing one of Vanguard’s certified

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instructors and will extend the program to provide quarterly continuing education to all City employees, first responders and volunteers who may be interested.

2. **Monthly Call Review-** This is a dynamic program designed to be proactive and identify potential problems clinical or otherwise which may result from any aspect of EMS operations. The program is chaired by the Medical Director and the educational coordinator and is an interactive and positive method for improving the quality of care. These programs are held monthly.
3. **EMS Drills-** These drills are often done in cooperation with other agencies such as Fire, Police or Disaster professionals. They are designed to test our program responses to both routine emergencies such as motor vehicle crashes or wide ranging disaster scenarios. A minimum of one drill is held monthly.
4. **Documentation and Compliance-** As part of our drive to ensure regulatory compliance, all staff members are taught how to properly document patient care. This program operates as an extension of our regular QA/QM programs but ensures that both our firm and the hospital partner are in full compliance with State and Federal requirements. These programs are held monthly.
5. **Total Quality Improvement and Mission-** This education module is conducted regularly in our orientation but is taught six times per year. This program helps to motivate staff members to best represent the organization and help advance the mission of the organization in the community. It teaches personal responsibility, respect of patients and

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co-workers, and ensures that no staff member loses sight of our purpose as we provide care in the community. As a portion of that training, staff members are taught to be quality management minded and to help identify potential shortfalls in the system and where they can take action to avoid wider problems within the system.

6. **Risk Management/Driver Safety-** All employees must complete an approved emergency vehicle operator program prior to hire. This can include CEVO or EVOC and must be certified. These programs are taught 6 times per year. In addition, staff must participate annually in a risk management program that covers everything from proper lifting techniques to biohazards through identifying potential hazards and a safety first program. We take risk management and avoidance very seriously and as such we make the proper investments to ensure complete compliance and to avoid problems before they become more serious.

7. **Online Education-** Staff members have access to a 24 hour online education program operated by Vanguard Healthcare Management which provides State and National level CEU's to all employees. Every Vanguard staff member is required to complete 40 CEU hours of online education per year. This is paid in full by Vanguard Healthcare and generally exceeds all State and regional requirements.

H. **Employee Recruitment, Screening and Orientation**

Recruitment of employees will be centered on incumbent employees, local private providers, local volunteers, and Vanguard employees who are interested in a program transfer to KWEMS.

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All employees will undergo a rigorous background check that includes education and certification, criminal background, OIG (Office of the Inspector General) as required by the Joint Commission as well as motor vehicle and driving records review. All hires must have a driving record free of any moving violations for the previous twenty-four months. In addition, all employees will undergo drug screenings and it is KWEMS's intention that all employees will be medically cleared for duty through Lower Keys Medical Center employee health program and benchmarks. KWEMS will pay Lower Keys Medical Center to provide this screening service.

Once offered employment, new employees must complete a two-day orientation program that includes all the basic employee related information such as benefits as well as policy and procedures, tables of organization etc. In addition, employees are tested at their level of care, which is to say Paramedics are tested clinically on everything from basic skills (IV, ET Intubation, Drug Administration etc.) In addition, all BLS skills including CPR are retested to ensure that new hires meet the standards of both Vanguard Healthcare Management and national standards.

These rigorous programs are overseen by the Medical Director, Clinical Coordinator and medical and the regional educator. New hires must pass BOTH a clinical and written test before completing orientation. Failure to complete this testing may result in termination and may apply prior to hire.

Once all clinical skills have been evaluated and employees meet the clinical testing requirements to begin employment they must ride as a third for up to three weeks with a clinical preceptor who must sign off on skills as they are performed in the field. It is the role of the Clinical Coordinator, the Regional Educator and the Preceptor to verify that clinical providers at the ALS and BLS levels are able to perform the necessary clinical skills and that

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they adhere to policy and protocol regarding care and treatment. These CORE competencies are attached to this RFP response as and are evaluated annually and signed off directly by the KWEMS Medical Director.

All program employees will complete Vanguard's own Corporate and EMS orientation programs as well as a customized KWEMS orientation specific to the City. These programs include modules on diversity training, sexual harassment, safe-lifting techniques, OSHA, and HIPPA. Additionally all field employees must complete a Certified Emergency Vehicles Operations course (CEVO) approved by the National Safety Council or Emergency Vehicle Operations (EVOC). It is mandatory that employees complete all programs and courses outlined above prior to their first day in the field.

Compensation and Benefits

All employee compensation will be based on experience and the current market rate of pay for paramedic's, managers, transport coordinators, and clerical staff in the region. In addition, all employees are entitled to additional compensation and benefits listed below.

- Health/Vision/Dental Insurance
- 401-K employer matched program
- Supplemental Insurance program (AFLAC etc..)
- Life Insurance
- Tuition Assistance programs
- Employee Assistance programs

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I. Integration of Key West Fire and Police Departments and First Responder

It is the intention and desire of KWEMS that the Key West Fire and Police Departments accept a seat on the Board of Directors of the non-profit corporation and such as become a direct stakeholder in the successful operations of the system. In addition, KWEMS intends to work with the Key West Fire and Police Department in cooperative drilling and training, emergency preparedness and mass casualty training. Building upon the successful first responder program in place with the Fire Department KWEMS will donate Automatic Advisory Defibrillators to the Police and Fire Department as necessary and provide training at no cost to either department or the City of Key West.

J. Incorporation of Lower Keys Medical Center in Service Delivery Method

It is the intention and desire of KWEMS that Lower Keys Medical Center will accept a seat on the board of directors of the non-profit corporation and such as become a direct stakeholder in the successful operations of the system. In addition, KWEMS intends to contract with Lower Keys Medical Center for medical direction and control. In doing so Lower Keys Medical Center will have direct input in deployment of services, medical protocols, quality improvement and quality maintenance and management, clinical credentialing and ongoing program reporting and development. Lower Keys Medical Center will have direct access to all secured online tracking and reporting systems. Any utilization of Lower Keys Medical Center is based on a fee for service basis and would be included in all budgeting and financial projections.



III. Human Resources

A. Employee Work Schedules

Individual staff members will work either three 12 hour or four 8 hour tours per week based on monthly availability and work schedule. All shifts will be schedule one month in advance based on the submitted availability. Employees will have 24/7 web access to schedules, openings, requests for changes and special events.



B. Health and Safety Programs

All employees will be mandated to complete a rigorous orientation including all OSHA components as well as Vanguard’s internal OSHA training and risk management programs. In addition, during EMS orientation all employees must complete safe lifting training, FIT testing, certification in Emergency Vehicle Operations training, Blood Borne Pathogens training and all other OSHA components included in Vanguard’s EMS orientation which will be the basis of the KWEMS training program. As identified earlier, all health and safety programs are a component of our orientation and active ongoing risk management and in-service training which are required to maintain employment. In the program proposed under the Key West EMS structure, Health and Safety training is ongoing throughout the year.

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C. Re-employment of Current Workforce

It is the desire of KWEMS and Vanguard Healthcare, acting as the staffing agent in this response, to recruit and retain the incumbent EMS workers currently employed by AMR or working within the City. Vanguard believes this is mutually beneficial to all involved and will allow for smooth transition to the proposed new structure of EMS services in the City. As identified earlier, with the establishment of a regional training and education center in Key West we can train employees and offer real world education and training to potential new employees. This allows us to fulfill our desire to be an economic engine providing a source of new employment to the area.



All employees will be required to meet the requirements for hire as identified in the employment sections of this RFP response. In addition, all employees must meet the hiring standards as identified by Key West EMS as owner of the service.

IV. Customer Service Monitoring and Development

A. Program Development

KWEMS intends to provide superior customer satisfaction, service, and feed back and will build a secure reporting system utilizing Vanguard Healthcare's customer service/communications center and KWEMS secure online inquiry platform. Patients, residents, and visitors will have access to both local and toll free customer service hotlines as well online inquiry or complaint submission 24 hours, 7 days per week.

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In addition, 25% of all patients not making an inquiry or complaint will receive patient satisfaction surveys via mail and phone the results of which will be maintained in the patient satisfaction module of the KWEMS website.

B. Mechanisms, Record Keeping, and Time Frames for Resolution of Customer Service Inquiries (non-billing)

KWEMS will make available to all residents and visitors a local and toll free hotline available 24 hours, 7 days per week for any patient inquiries or complaints. In addition, residents and visitors will have 24/7 access via the KWEMS website to securely submit inquiries or complaints. All persons making inquiries and complaints will receive a response related to their concerns within 24 hours of their initial request. All inquiries or complaints whether taken via telephone or online will receive a unique reference # allowing for HIPPA compliance and can be used for easy referencing and follow up. Each unique reference number will be logged into the KWEMS online reporting system and real time tracking and resolutions will be available to City and any stake holders given secured access.

V. Fleet and Equipment Issues

A. Number of Vehicles Needed

The system fleet will consist of a minimum of Six American Emergency Vehicles (AEV) Type III Modified ambulances, one command/supervisor SUV and two all terrain four-wheel drive vehicles for beach response and two medically equipped Segway's for high population patrols.



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B. Ambulance and Equipment Maintenance Practices

A full-time fleet/equipment supervisor or quartermaster will be assigned to the proposed system to monitor and provide regular maintenance. Through utilization of the vehicle and equipment maintenance modules contained in the proposed CAD the fleet/equipment supervisor will be able to track equipment and vehicle usage and mileage. Mandatory maintenance and service alerts will be provided by the CAD to the fleet/equipment supervisor every 3,000 miles for vehicles and every 90 days for equipment. The fleet/Equipment supervisor is responsible for ensuring all vehicles receive service at the time of the alert and that vehicles are appropriately cycled in and out of service so unit levels are maintained.

In addition, vehicle and equipment alert and maintenance requests are available to all field personnel via the CAD maintenance modules. All alerts are sent to the Fleet/equipment supervisor and it will be their responsibility to remedy any issues while maintaining unit and equipment levels. Additionally, it is our desire, that all equipment will be inspected and cleared through the Medical Director and the Lower Keys Medical Center Bio-Medical Engineering Department prior to use on a fee for service basis. This will further allow the hospital be involved in the system and to ensure that all equipment meets patient care standards.

All ambulances will be designed specific to the needs of the regional EMS system and the City of Key West.

All equipment and ambulances undergo regular maintenance and must pass all necessary safety requirements as dictated both by Vanguard's own internal processes as well as those identified by the State of Florida and the City of Key West.

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C. Equipment Replacement

All equipment will have a minimum of one back up unit in stock for continuing redundancy and immediate replacement if or when needed. In addition, the proposed system would be operating four units daily with two back units available at any time. Should for any reason more vehicle or equipment resources be needed Vanguards has replacement processes in place with AEV and all equipment vendors for replacement product availability within 48 hours of request.

VI. Billing and Collections

A. Billing Processes to Maximize 3rd Party Payments

The proposed billing and collections process for the system will be consistent with the generally accepted policies of the Centers for Medicare and Medicaid. The system will be structured as an internal department of KWEMS and as such all billing will be submitted under KWEMS provider numbers and all revenue will be collected by KWEMS. All patient care reporting will be done via the SANSIO HealthEMS EPCR platform. The billing system will interface with our EPCR system by generating billing reviews that include diagnosis codes, medical necessity measurements, and compliance monitoring to allow for expedited billing and submission and in turn expedited collections. These systems as well as our online financial and operational reporting systems will allow for real time tracking and review of billing and collections that will be made available online in a secured platform to City administrators and stakeholders.



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In the proposed structure Key West EMS will bill at the appropriate service level and the appropriate carrier and/or patients. Since the proposed structure eliminates guaranteed direct subsidy from the City it is in Key West best financial interest to ensure expedited and accurate billing as well as maximize collections and reduce any fees paid for charity care by the City of Key West.

B. Mechanisms, Record Keeping, and Time Frames for Resolution of Customer Service

Inquiries (billing)

Key West EMS will make available to all residents and visitors a local and toll free hotline available 24 hours, 7 days per week for any patient inquiries or complaints regarding billing or payments. In addition, residents and visitors will have 24/7 access via the Key West EMS website to securely submit inquiries or complaints as well submit payments via credit card or check for any services provided. All persons making inquiries and complaints regarding billing or payments will receive a response related to their concerns within 24 hours of their initial request. All inquiries, complaints, and payments whether taken via telephone or online will receive a unique reference # allowing for HIPPA compliance and can be used for easy referencing and follow up. Each unique reference number will be logged into the KWEMS's online reporting system for customer service and financial reporting and will be securely accessible to designated City officials and stakeholders.

C. Examples of Transport Collections Audits

Vanguard Healthcare functioning as the staffing and management agent for KWEMS will oversee the billing and collections of the service and has been highly successful in establishing maximized billing and collections outcomes for their clients, some of which are referenced below (Appendix G).

VII. Organizational Experience and Key Personnel

A. Experience Providing Similar Service

City of Hackensack, New Jersey

Description of Services Provided: Hackensack University Medical Center in partnership



with Vanguard Healthcare Management successfully transitioned a municipal fire based EMS services to a hospital-based program. The partnership provides primary 911 to the residents of the City of Hackensack New Jersey with a population with ranges from approximately 50,000 full time residents to over 95,000 during normal business hours Monday through Friday. The service responds to an excess of 6,000 911 calls per year.

Contact: Steve Lo Iacono –City Manager

65 Central Avenue Hackensack, NJ 07602

Phone: 201-646-8059

Contact: Sergeant Brian Corcoran-Hackensack Police Department

Phone: 201-646-7777

City of Garfield, New Jersey

Description of Services Provided: Hackensack University Medical Center in partnership

with Vanguard Healthcare Management successfully transitioned a private ambulance (Rural Metro) based EMS services to a hospital-based program. The partnership provides primary 911 to the residents of the City of Garfield, New Jersey with a population with ranges from approximately 35,000 full time residents to over 55,000 during normal

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business hours Monday through Friday. The service responds to an excess of 3,500 911 calls per year.

Contact: Chief Kevin Amos –Garfield Fire Department

Phone: 973-478-8500 extension 102

Bergen County, New Jersey-MICCOM Mutual Aid Network

Description of Services Provided: Many of Vanguards “EMS network” hospitals provide active mutual aid services on a 911 basis to communities throughout Bergen County, New Jersey. These include but are not limited to Elmwood Park, Paramus, Totowa, Maywood, Little Ferry, Hackensack, Lodi etc. In the 2007 calendar year hospital ambulance and EMS Services such as HUMC, Pascack Valley Hospital and Englewood Hospital responded to over 12,000 911 responses under the mutual aid umbrella this is above and beyond the services provided to the Cities of Garfield and Hackensack.

Contact: Laura Cima, RN VP Nursing HUMC

Phone: 201-996-2310

City of Wilmington, Delaware-St. Francis Hospital

Description of Services Provided: Working in partnership with St. Francis Hospital in Wilmington and Catholic Health East a 40 hospital network based in Newtown, PA we successfully transitioned a private ambulance service under the control of the Wilmington Fire Department. The service supports primary EMS responses to the City of Wilmington and New Castle County which has a combined population of over 120,000 residents. The service operated as an extension of St. Francis Hospital and transports over 19,000 patients

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a year with annual responses in excess of 25,000 911 calls per year. This system is overseen directly by the Wilmington Fire Department and is completely analogous to the proposal made under this RFP response. It should also be noted that City wide response times have dropped by over 18% with an average response time of less than 6 minutes for all response levels and system operates profitably on a month to month basis.

Contact: Chief Willie J. Patrick -Wilmington Fire Department

Phone: 302-576-3152

Shore Memorial Hospital-Mutual Aid System to Coastal Communities

Description of Services Provided: Working in partnership with Shore Memorial Hospital in Somers Point, NJ we successfully designed a mutual aid response system to support local volunteers in servicing patients in and around the beach communities in Atlantic County including the planning and implementation of dedicated beach response units.

Contact: Fran Morrison, Administrative Director-Shore Memorial Hospital

Phone: 609-653-3794

B. On-Site and Off-Site Personnel

John S. T. Gallagher



The first member of our team is Jack S. T. Gallagher the former Chief Executive Officer of the \$4.3 billion dollar North Shore LIJ Health System and the Chairman of Vanguard's Board of Directors.

This system, the third largest non-profit provider health system in the United States operated a 40 ambulance fleet and provided transport and EMS system for Long

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Island and in New York City. As part of his strategic vision, the ambulance program was created to support the growing network of 17 hospitals throughout the service region. Jack will work with administration as needed to help them achieve their strategic vision and navigate the complex waters of health care and ambulance service delivery. He holds a BA from Holy Cross College and an MPH from Yale University.

Kevin J. Wallis



Mr. Wallis is Chief Executive Officer of Vanguard Healthcare Management. With over fifteen years of progressive executive management experience and an educational background in health systems research and education, he is well suited to ensure that the new CRMC EMS System becomes a regional leader in the delivery of high quality health care. Mr. Wallis received his Bachelors Degree from the State University of New York, Stony Brook and received his Masters Degree in Public Health from New York Medical College. He completed his study as a paramedic at Westchester Community College and actively worked as a paramedic for over 12 years. He completed the coursework for his Doctorate in Health Systems Research and Education from Touro University (TUI University) and is awaiting acceptance of his dissertation and the awarding of his Doctorate in 2010.

Mr. Wallis gained his technical and operational understanding of the industry when, during college, he served as a member of the Critical Care Transport Team and as a flight paramedic in association with the State University of New York at Stony Brook, University Medical Center and the Suffolk County, NY Police Department. As Director of Health Policy for the University Medical Center at Stony Brook and the State University of New York, Stony

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Brook, he gained an understanding of the operational aspects of dealing with large health systems. As Administrative Director of Emergency Medicine for the North shore Health System in Manhasset, NY, he gained a working knowledge of the relationship of medical transport with large hospital systems. His direct knowledge of running a medical transport business comes from his position as the CEO of Regional Health Group, a New York City based ambulance group that contracted with major university hospitals and operated EMS ambulances in the New York City EMS system for Mount Sinai and NYU Medical Centers. Mr. Wallis and Ryan Greenberg have worked together for over 10 years and built Vanguard Healthcare management into a firm with nearly \$30 million in revenues per year. He has served as Chief Executive Officer of Vanguard for seven years.

Ryan P. Greenberg



Ryan P. Greenberg is Vanguard Healthcare's President. He has nearly 15 years of progressive EMS and Transport experience up to and including NYC EMS as well as private based ambulance services and public safety (utility) models. He will be responsible for working with the implementation team to apply the established Vanguard programs and seamlessly merge them into the CRMC culture and operations. He has been responsible for building programs for a range of clients including Hackensack University Medical Center, The city of Hackensack, St. Francis Hospital and the City of Wilmington, Pascack Valley Hospital, Englewood Hospital and Medical Center, Trinitas Hospital, Catholic Health Care as well as clients throughout MA, RI and NY. He holds a Bachelors Degree from Babson College and a MBA from Seton Hall University.

John Waite-Vice President for Operations



John Waite is the Director of Operations for Vanguard Healthcare and has nearly 25 years of EMS and ambulance experience that includes NYC EMS as well as EMS throughout New York State. He serves on the National Disaster Medical Assistance Team through the Department of Health and Human Services.

John Waite enjoyed a nearly 10 year career with the NYS Department of Health Office of EMS as a regulator and investigator managing a territory that included NYC, Long Island and the Hudson Valley.

**James J. Flowers DO, MBA FACEP-
Chief Medical Officer**



Dr. Flowers is the Chairman of the Department of Emergency Medicine at St. Francis Hospital in Wilmington, DE and a Board Certified Emergency Medicine Specialist with over 25 years of EMS and emergency medical experience. A graduate of LaSalle University, Philadelphia (BA) and the University of Osteopathic Medicine and Health Sciences, Des Moines (DO) Dr. Flowers went on to complete his MBA from St. Josephs University in Philadelphia.

Licensed to practice medicine in Pennsylvania, New Jersey, Delaware, Florida, Maryland, New York and North Carolina, Dr. Flowers is also a member in good standing and a fellow of the American College of Emergency Physicians as well as a Fellow in the American College of Osteopathic Emergency Physicians.

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In addition to his work as a clinical provider and emergency physician throughout New Jersey and Pennsylvania, Dr. Flowers served as the Vice President and Chief Medical Officer of St. Agnes Medical Center in Philadelphia, PA as well as President and Chief Executive Officer of the St. Agnes Continuing Care Center. He has worked extensively as an emergency physician throughout the United States.

Jared Shapiro NREMT-P, MPH- Director of Emergency Preparedness and Disaster Management

Jared Shapiro serves as Vanguard Healthcare's Director of Emergency Planning and Disaster Management. He is currently assistant Chief of the Woodcliff Lake Fire Department and a Regional Representative for the Division of Emergency Preparedness for New York State. In this role, Jared oversees the emergency and disaster plans for hospitals throughout the Hudson Valley of New York. He is certified as a provider and instructor of many State (NY and NJ) as well as Federal programs. His training and teaching includes: Incident Command (All Levels), HAZMAT, Blood Borne Pathogens, all levels of Emergency Medical Services. He is currently certified as a Paramedic and works actively on the MICU based at Hackensack University Medical Center. Prior to joining Vanguard and the State of New York, Jared was the Coordinator of Emergency and Disaster Management for St. Barnabas Healthcare System of New Jersey.

Additional On-Site Leadership/Supervision/Training-

KWEMS intends to hire and re-employ as much of the current ALS workforce as possible. That being the stated goal, to be effective a workforce should be inspired and prepared. The proposed structure uses a system of team building programs that allow employees to participate in self management and program improvement. They system will provide all staff with ongoing medical education as well as teambuilding seminars and

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programs for self-development. These programs will help workers to realize their potential and make ongoing positive contributions to the EMS system in the City of Key West. A significant portion of our Employee Enhancement Program is to recognize potential and offer all employees the ability to advance their managerial skills. One of our managerial education programs is our Impact Managerial Academy Course (I-MAC). I-MAC courses are taught to help expose current field staff some of the basic managerial skills they may need to advance in EMS or healthcare management. In addition to providing employees with superior benefits, educational support, managerial training and involvement on corporate programs, Vanguard will provide an employee support program to allow them to cope rigors of daily EMS work. The goals of these exercises are to create a positive and motivated workforce, to incorporate employee suggestions and to communicate effectively with management to ensure an outstanding operation.

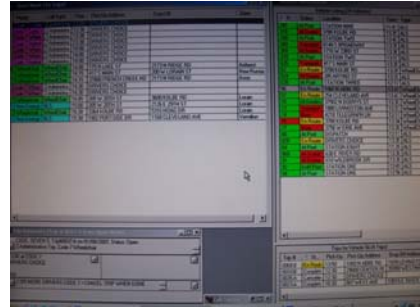
A. **Provision of Insurance**

Under the proposed structure the KWEMS system will fall under an umbrella of insurance coverage. At all times the insurance requirements of the RFP in terms of coverage amounts will be maintained. Specifically, as the staffing agent Vanguard Healthcare will maintain Workers Compensation Insurance, Employee Dishonesty/Fidelity Coverage, General Liability Coverage, and Auto Liability coverage for any vehicles not directly owned by Key West EMS. Vanguard and KWEMS will name all stakeholders as an additionally insured on all policies. KWEMS as operator of the license will maintain Vehicle Insurance on all fleet vehicles and General Liability Coverage for the Key West EMS system.

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B. Method of Providing Required Reporting for Performance Measurements

KWEMS will utilize SANSIO HealthEMS and RightCAD Zoll data reporting systems to coordinate, organize and store all operational and financial data electronically. All reporting requirements contained in the RFP will be included and available through these platforms. In addition, KWEMS will interface all required reporting to its organization website.



Through utilization of the KWEMS website all designated City officials and stake holders will have 24/7 secure access to all required operational and financial reporting via secured administrator section of the website requiring a unique individual login and password.

C. User Fee Information

KWEMS proposes a bundled user fee that covers transport and all supplies (including oxygen, soft supplies, and any drugs administered) of \$725 per BLS or \$900 per ALS transport plus \$13.25 per mile.

D. Term of Offer

KWEMS proposes a term of 3 years with the possibility of two- two year renewals for the provision of services required in the RFP.

E. Proposed Design of Company Web Page



Serving Paradise And Its Visitors

KWEMS will establish a comprehensive web portal for with separate access portals for employees, city officials and stakeholders, and patients, residents, and visitors. The site will contain general information related to KWEMS services, office hours,

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contact information and location as well information and electronic applications for any job openings or interested candidates. The employee portal will provide access to scheduling tools, human resources information, policies and procedures, and payroll and benefit tracking. The City official and stakeholders portal will provide secure access vial unique login and password to real time operational data and reporting, customer service reporting and tracking, as well financial reporting including expense, accounts receivable, billing and collections. The patient resident and visitor's portal will provide for secure inquiry and complaint logging generating unique reference number for ease of follow up and resolution.

F. **Justification for subsidy**

KWEMS and Vanguard Healthcare are not proposing a set subsidy payable by the City regardless of collections but propose a flat fee per indigent call of \$300 per uninsured transport to be reconciled on a quarterly basis capped at \$300,000 annually. This capped financial contribution is necessary, given the projected volume, in order to meet the service requirements outlined in the RFP and cover all financial requirements of operations, while ensuring all residents and visitors can receive the same level of care regardless of their ability to pay.

Currently the City projects an uninsured rate of 25% of total projected transport volume of approximately 4,000 annually equaling a projected total of 83 uninsured patients per month, 249 uninsured transports per quarter, and 1000 annually. Key West EMS proposes that at the commencement of the contract the City pay \$300 per indigent call on a quarterly projected basis or \$74,700 for the first operating quarter and then an additional projected subsidy for the second operating quarter as calculated by charity care. At the conclusion of the first 180 days, which will allow for an adequate timeframe for maximum collections KWEMS will reconcile all collections of the uninsured. Any collections received from the first quarter volume from

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uninsured patients would be discounted off the next quarterly indigent payment. This process would continue throughout the term of the contract and would include an annual review and/or reduction or addition to the projected indigent payment based on the previous year's total indigent volume.

Through the use of a CAP- the City of Key West will be assured that they will only pay a maximum of \$300,000 per year which is a \$474,000 annual reduction over the current service payments but may in fact pay less should the number of charity cases be fewer than projected. These payments will be included in the overall profitability of the service when determining whether there is an excess profit to be distributed to the community. Should charity figures be higher than those proposed here in the RFP response the City of Key West will not be responsible to cover any costs above the CAP.

G. Demonstrated financial capabilities to complete performance requirements

Appendix 3

H. Who is Vanguard Healthcare

Vanguard Healthcare management is a staffing and management firm with operations throughout the north east United States. We provide all forms of Emergency Medical Services at all levels of care including Paramedic, EMT- Basic, Intermediate, Registered Nurses and Specialized Critical Care. We provide routine transport services as well as 911 Emergency Responses to populations in excess of 1,000,000 people each year. We typically partner with Hospitals and integrated Health System as well as Municipalities to develop customized EMS and ambulance solutions. We are NOT a cookie cutter, we take a highly customized approach and develop systems that are designed to meet the needs of the communities they serve. Most

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any firm can deliver an ambulance to respond to 911 calls but Vanguard ensures that the services we deliver operate at the highest levels of quality and are based upon nationally accepted standards.

The model we are proposing for the City of Key West we believe will serve as the best model because it is flexible requires that Vanguard put direct investments into the proposed system and creates a truly integrated solution that could be modified to meet the growing needs of the Key West community. Using a Not for Profit EMS corporation with stakeholders allows for flexibility, transparency and accountability. It also allows the City of Key West to dramatically reduce their costs and potentially participate in any profits by distributing them to the community annually.

If Key West EMS and Vanguard are selected as the vendor for the City, we can guarantee that your EMS system will look better, operate more efficiently and better reflect your community than any other vendor. We have built system like the one we are proposing for the City of Key West dozens of times and in each case they operate at near flawless levels. Response times are below the national average and quality and patient care are at the highest in the industry.

Who is Vanguard Healthcare? We are your partner in caring for the needs of your community. We are there for our clients and just as importantly for our patients. It is our pleasure to serve all those who call upon us in a time of crisis. We are committed to our industry and our community.

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I. Conclusion

In summary, we would like to thank you for considering Vanguard Healthcare Management and Key West EMS to provide Emergency Medical Services to the City of Key West, Florida.

The proposal we have developed for this RFP response is customized to the needs of the City of Key West. As it is flexible the City can opt to select those components it determines to be desirable, everything from the composition of the Board of Directors to the designs on the ambulances can be changed to reflect the City's requirements. All funds required to operate Key West Emergency Medical Services will be provided by Vanguard Healthcare Management an operator of customized ambulance services in the United States. Unlike other providers that provide a more general approach, Vanguard as a partner with the City of Key West has opted to develop a system which is highly customized to the needs and the image of Key West.

In addition to high quality ambulance services, Key West EMS proposes to deliver a number of value added services and education which will increase the value the City and its residents receive. Rather than a provider of EMS, Key West EMS is an active part of the community of Key West. The system will interface with City Government and Departments such as the Fire and Police Department. KWEMS will coordinate with State and Local disaster response systems to ensure the resources are on site and ready when they are called upon in crisis. Working with Lower Key's Medical Center for medical control as well as other essential services brings the hospital closer to the system and makes them a stakeholder. Lastly, we would look to the community to have representation on the KWEMS Board because we want to ensure that meet the needs of the community we serve and that those needs are always front and center to any service we deliver.

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The RFP response is financially responsible and reduces overall costs to the City of Key West by more than 55% and any subsidy is based on charity care delivered. This means that any subsidy would be capped at \$300,000 and could be less but would never be more. This method is compliant with both Federal and State regulations and ensures that all residents who call on KWEMS in time of need receive the finest care available. The financial transparency continues throughout the operation and all finances would be public record and all profits would be reinvested in the City of Key West to better the community.

We view our RFP response as a partnership with the City and people of Key West. We want to build the best system which addresses the needs of the City and make long term commitments to the community at large. Only through this partnership and an investment on the part of Vanguard Healthcare Management and KWEMS can we hope to deliver services in a high quality and responsible manner.

