COLLIER COUNTY
PUBLIC SAFETY AUTHORITY (PSA)
AGENDA
October 14, 2015 – Wednesday
9:00 am
Collier County Government
3299 Tamiami Trail East, 5th Floor, Naples, FL 34112

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1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

2. NEW MEMBER INTRODUCTION

3. AGENDA AND MINUTES

    a. Approval of Today's Agenda
    b. Approval of the September 9th Meeting Minutes

4. OLD BUSINESS
    a. Performance Measures Update – Ron Myers

5. NEW BUSINESS
    a. Report on Assisted Living and Skilled Nursing Facilities meeting – Lavigne Kirkpatrick
    b. North Collier Fire District
    c. Community Outreach
    d. Next Actions

6. STAFF REPORTS
    a. BCC Discussion
    b. November Meeting: County Holiday

7. PUBLIC COMMENT
8. BOARD MEMBER DISCUSSION
9. ESTABLISH NEXT MEETING DATE
    a. TBD at 9:00 am
       IT Training Room, 5th Floor

10. ADJOURNMENT

MINUTES OF THE OF THE COLLIER COUNTY PUBLIC SAFETY AUTHORITY MEETING

Naples, Florida, September 9, 2015

LET IT BE REMEMBERED, the Public Safety Authority in and for the County of Collier, having conducted business herein, met on this date at 9:00 A.M. in REGULAR SESSION at Collier County Government, 3299 Tamiami Trail East, 5th Floor, Naples, Florida with the following members present:

Chair: Janet Vasey, Citizen Representative (by phone)
Vice Chair: Ronald Myers, Citizen Representative
Gary McNally, Citizen Representative
Lavigne Kirkpatrick, Citizen Representative
Vacant

ALSO PRESENT: Maria Franco, Administrative Assistant, EMS
Walter Kopka, Chief, EMS
Tabatha Butcher, Assistant Chief, EMS
Dan Summers, Division Director
Vanessa Grant Oliver, Ambitrans
Alan Skavoneck, Ambitrans
Burt Saunders, Ambitrans
Steve Epright, Just Like Family
Elisabeth Nassberg, Just Like Family
Joseph Debellis, Just Like Family
Jeff Page, Greater Naples Fire
Natalia Rey, Just Like Family
Chuck Bacon, NCFD
Jorge Aguilera, NCFD
Jodi VanSickle, NCFD
David Stedman, EMS
Dennis Vasey, (by phone)

1. **Call to Order**
   Mr. Myers called the meeting to order at 9:13am. A quorum was established.

2. **Agenda and Minutes**
   a. Approval of Today's Agenda
   Mr. McNally moved to approve the Agenda. Second by Ms. Kirkpatrick. Carried unanimously 4 – 0.

   b. Approval of Minutes
   Mr.*McNally moved to approve the August 12th Meeting Minutes. Second by Ms. Kirkpatrick. Carried unanimously 4 – 0.*

3. **Old Business**
   a. Performance Measures Update
   - Emailed all members updated graphs with current information.
   - All agreed to proceed to Phase II of the data collection.

4. **New Business**
   a. Just Like Family COPCN
   - In evaluating this request the members considered whether the standards for approval of a COPCN, as included in Collier County Ordinance 04-12, were met by this request.
   - The PSA submitted two sets of questions to Just like Family and they responded. Just Like Family provided a presentation and PSA members asked questions. PSA members addressed personnel issues, including paramedic and EMT training and certification, medical equipment on vehicles and vehicle inspections.
   - The major issue discussed at the meeting concerned Public Necessity (Ordinance 04-12)
     -- CCEMS is called to transport patients between hospitals
     -- If CCEMS didn't provide these transports, they would have greater ambulance availability for emergencies.
     -- If patients were transported from hospitals more quickly, ambulance off-load wait-times for CCEMS could be reduced.
     -- Letters from hospital CEOs expressed a need for additional service.
     -- Private Class 2 transport is less expensive than CCEMS transport, so the public would benefit if private service was expanded.
     -- Representatives from Ambitrans expressed concern whether there was insufficient demand for post-hospital transports to support another Class 2 Transport operator.
     -- Just Like Family said it is a small, local operator that would fill in the gap –just one ambulance planned initially.
     -- Expected growth in population and Assisted Living and Skilled Nursing Facilities under construction will increase future demand for these services.
     -- Competition makes free enterprise better, and entry should not be restricted when

people are falling through the cracks.
- *Ms. Vasey moved to approve the COPCN request, Second by Mr. McNally. The vote was 3 to 1, with Mr. Myers dissenting, expressing concern about the demand for services and financial aspects of the COPCN operation.*
- Ms. Vasey agreed to draft the recommendation letter to the BCC.

b. 2016 Schedule
- All agreed to keep the meetings monthly for now.

c. Next Actions

5. Staff Reports

a. Chief Kopka gave an update on EMS operations.
- Narc Diversion from February in Media Release
- Monthly hospital meeting
  a. Update on beds status
  b. New facility Nov 7th
  c. Increasing Staff
  d. Patient offload times
  e. Medical Society posting reports
  f. Flyer with clinics out to public

b. Station 76 currently under construction.

6. Public Comment

7. Board Member Discussion

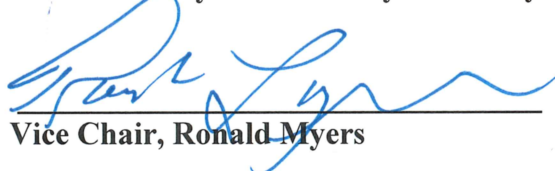
8. Establish Next Meeting Date

a. October 14, 2015

9. Adjournment

There being no further business for the good of the County, the meeting was adjourned by order of the chair at 10:39 A.M.

Collier County Public Safety Authority



Vice Chair, Ronald Myers

These minutes approved by the Board/Committee on 10/14/15
as presented ✓ or as amended ___________.

Collier County Public Safety Authority

October 7, 2015

Dear Commissioners,

The Public Safety Authority (PSA) conducted a review of the Just Like Family Certificate of Public Convenience and Necessity (COPCN) Request for Class 2 Transport for post-hospital transfers.

In evaluating this request, we considered whether the standards for approval of a COPCN, as included in Collier County Ordinance 04-12, were met by this request.

The PSA submitted two sets of questions to Just like Family and they responded (enclosures 1 and 2). At our September 9th meeting, Just Like Family provided a presentation and PSA members asked questions. PSA members addressed personnel issues, including paramedic and EMT training and certification, medical equipment on vehicles and vehicle inspections.

The major issue discussed at the meeting concerned Public Necessity (Ordinance 04-12) – "That there is a public necessity for the service." The discussion points are summarized below.

- CCEMS is called to transport patients between hospitals – averaging 23 per month since January – demonstrating a need that could possibly be met by an additional private sector transporter (enclosure 1b).
- If CCEMS didn't provide these transports, they would have greater ambulance availability for emergencies.
- If patients were transported from hospitals more quickly, making beds available faster, ambulance off-load wait-times for CCEMS could be reduced.
- It was stated to the PSA that patients on oxygen are being transported in taxis or personal vehicles when they should have Class 2 transport. Post hospital counts (enclosure 1b) do not capture these statistics.
- Letters from hospital CEOs (Appendix F of the Just in Time COPCN Request) expressed a need for additional service.
- Since private Class 2 transport is less expensive than CCEMS transport, the public would benefit if private service was expanded (enclosure 1a).

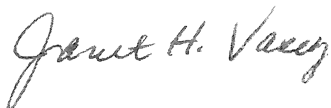
• Representatives from Ambitrans, the only current Class 2 Transport Operator in Collier County, expressed concern whether there was insufficient demand for post-hospital transports to support another Class 2 Transport operator. Ambitrans serves Southwest Florida with 26 ambulances and 200 employees.
• Just Like Family said it is a small, local operator that would fill in the gap – one ambulance planned initially – and could handle transports pushed to CCEMS and patients with oxygen that are using unsafe vehicles.
• Expected growth in population and Assisted Living and Skilled Nursing Facilities under construction will increase future demand for these services.
• Competition makes free enterprise better, and entry should not be restricted when people are falling through the cracks.

After considering all aspects of the review, the PSA recommended approval of the Just Like Family COPCN Request. The vote was 3 to 1, with the dissenting view expressing concern about the demand for services and financial aspects of the COPCN operation (enclosure 3).

In addition to recommending approval of this COPCN Amendment, the PSA is providing the written questions posed to Just Like Family and their responses (enclosures 1 and 2) along with the dissenting member's Minority Opinion (enclosure 3), so you can review the issues in more detail, prior to making a decision.

If you have any questions regarding the PSA review, please feel free to contact me.

Respectfully,



Janet Vasey
Chair, Public Safety Authority

Enclosure 1 PSA Questions and Responses
Enclosure 2 PSA Questions and Responses
Enclosure 3 PSA Minority Opinion

Cc: Collier County Manager

Public Safety Authority

Minority Vote Regarding Just Like Family

Ronald L. Myers, Vice Chairman

September 17, 2015

To whom it my concern:

The PSA met on September 9, 2015. It discussed an application for a Certificate of Public Convenience and Necessity (COPCN) for Class 2 Advanced Life Support in Collier County submitted by Just Like Family. I casted the only NAY vote for the following reasons:

Collier County elected to operate as a "Limited Franchise" model for its Emergency Medical Services (EMS) system over two decades ago. It is County-owned and operated as an all ALS, single treatment and transport provider. This system design maximizes revenue opportunities and has proven to be the most financially efficient system design for EMS at the national level. A similar decision was also made regarding the licensing process for non-emergency private providers. Both ALS and BLS providers are expected to be high performance providers. They are measured using fractal response times and with 90% reliability for all calls or requests for service.

CCEMS' cost per transport is more than $908 (excluding its debt service). While CCEMS is an effective system, it still requires additional tax dollars, beyond their collected user fees, to sustain its operational cost.

It is critical that both government and private providers understand the financial aspects of the marketplace. The private ambulance sector is a low-margin business that has to focus on being effective and cost *efficient*. Private providers would achieve a more reasonable profit line if they, too, had access to tax dollars to subsidize the non-paying customers. Private providers must survive strictly from user fees (billings) and cash collected to fund their operations. Sudden and unforeseen operational failures have been known to occur in undisciplined markets with too many providers. This actually occurred in Collier County in 2011 when its then-licensed provider unexpectedly relinquished its license and departed the county.

The current private provider, AmbiTrans, was granted its license in October 2011. They have invested and grown with the County's needs. They are reporting better than 95% on-time performance for inter-facility transports. CCEMS is required to make less than one transport per day for inter-facility transfers. CCEMS is generally requested for faster response times for more urgent patients or when AmbiTrans is unable to arrive within thirty minutes of the caller's request.

Public Safety Authority

Minority Vote Regarding Just Like Family

Ronald L. Myers, Vice Chairman

CCEMS receives monthly reports from AmbiTrans for completed transports. When asked by the PSA, no formal complaints were received about AmbiTrans in the past year.

As you may be aware, I have over 40 years experience in the private ambulance sector and have co-owned two large ambulance services. In addition, I serve on the National Advisory Council for the National Academy of Ambulance Coders (NAAC). It is essential to fully comprehend Medicare, Medicaid and third party insurance coverage requirements for ambulance reimbursement for long-term success.

Insurance companies routinely challenge initial invoices for proper mode of transport. The patient must meet the "medical necessity" criteria rules for non-emergency transports. If that does not occur, payments are denied. If a patient could be transported by "other means," those payments will also be rejected.

Medicare has recently been auditing private ambulance companies and the ***hospitals*** that order the transfer of patients. If the sending and receiving facilities are owned by same healthcare group, Medicare has been challenging those claims for payment. Attached is a scanned article (May 2, 2015) regarding Jacksonville, Florida hospitals and a federal prosecutor's lawsuit.

Also attached are the fee schedules for reimbursement from Medicare and Medicaid. The American Ambulance Association, through multiple surveys and working with Centers for Medicare and Medicaid Services (CMS), reports that Medicare's reimbursement rates does not cover the cost for providing ambulance service. In addition, most private providers are experiencing 90 to 125 days to collect their invoices.

Competition is often seen as beneficial and generally makes any provider perform better. However, I view the EMS 9-1-1 sector and the non-emergency provider market more as a "Public Utility." If there are too many infrastructures to support, someone has to pay that cost, and it often leads to "anemic" providers.

The COPCN does not require a financial model to reflect how a new applicant forecasts their planned cash flow for the first year of operation. JLF did submit a Profit & Loss statement from their parent company from January 1 through May 1, 2015. This reflected a 10.8% net income, ($312,577). The parent company is a nurse registry organization, and it appears that this will be how the new operation will be supported. Considering that CCEMS' fully loaded cost to operate a 24-hour unit is close to $1,000,000 per year, I have serious concerns how this applicant will perform financially.

Public Safety Authority

Minority Vote Regarding Just Like Family

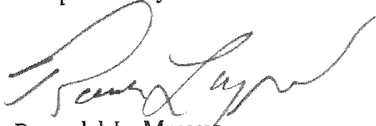
Ronald L. Myers, Vice Chairman

JLF has no experience as a private ambulance provider, nor do they have a Medicare and Medicaid provider numbers to date for Part B reimbursement. Their rate schedules mirror those of AmbiTrans. They claim they are the "going market rates." They also plan on obtaining hospital agreements with discounts off of their published rates.

If the Board of County Commissioners considers approving this application, I highly suggest considering requiring a performance bond and/or a letter of credit naming the County as the recipient. This would make licensed providers properly notice the County within a reasonable timeframe if they decide to exit the market. This requirement would also give the County some financial support and time to find a replacement provider. Obviously, language and price values would have to be discussed before implementing a performance bond. If a provider goes out of business or fails without notice, CCEMS could be negatively impacted and deflect them from their primary obligations as the only 9-1-1 treatment and transport provider.

Personally, I do not see a proven need, because AmbiTrans provides a high level of service without any supporting tax dollars.

Respectfully submitted,



Ronald L. Myers
Vice-Chairman
Public Safety Authority

Attached:
Article related to Jacksonville Hospital
Medicare fee schedules
Medicaid fee schedules

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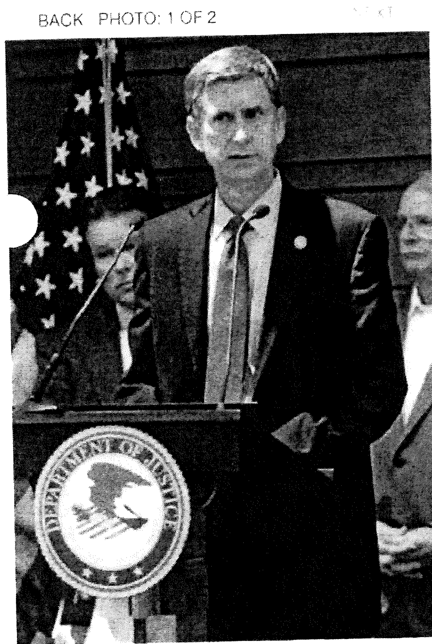
eEdition

Lawsuit against hospitals sending patients home in ambulances could have nationwide impact

By Derek Gilliam Sat, May 2, 2015 @ 10:36 pm | updated Sat, May 2, 2015 @ 11:10 pm

BACK PHOTO: 1 OF 2



Bruce Lipsky
Bruce.Lipsky@jacksonville.com--09/30/13--Acting United States Attorney A. Lee Bentley, III announced the indictment of Aaron M. Richardson with a number of federal offenses including the attempted murder of U.S. District Judge Timothy J. Corrigan at the Federal Courthouse on Monday, September 30, 2013 in Jacksonville, FL. (Florida Times-Union/Bruce Lipsky)

A federal prosecutor in Jacksonville has developed a legal strategy that could have hospitals across the country on the hook for billions of dollars in unnecessary ambulance services.

U.S. Attorney A. Lee Bentley III said a group of Jacksonville hospitals has agreed to reimburse the federal government for ambulance companies' inappropriate billing despite the hospitals not receiving direct financial gain.

The legal strategy allows the government to sue because the hospitals were the cause of the fraudulent billing by calling the ambulance services to take patients from the hospital to their residence and provided the necessary forms to bill federal health care programs, according to the U.S. Attorney's Office.

The total amount of the settlement is about $7.5 million.

The hospitals agreed to reimburse the government $6.25 million for non-emergency ambulance rides. An ambulance service agreed to pay $1.25 million.

However, Baptist Medical Center officials believe the organization did nothing wrong and "fundamentally disagree" with the allegations.

"The government's position essentially forces hospitals to become knowledgeable about complicated federal regulations applicable to ambulance companies," said director of public

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relations Cindy Hamilton. "It puts the focus on reimbursement, not patient care."

"The appropriate mode of transport should be determined by the attending physician, based professional assessment of the patient's clinical needs," she said.

Baptist settled the lawsuit to avoid the inconvenience and expense of lengthy litigation, Hamilton said.

The settlement does include language that the hospitals and ambulance companies do not admit fraudulently billing federal health care programs.

At least one of the operators of an ambulance service in the lawsuit is calling the government's actions a "federal money grab" that's bankrupting companies nationwide.

"We will continue to maintain to our dying breath that we are innocent," said Michael Assaf, president of Liberty Ambulance. "It's happening all over the nation. This is a federal money grab in our opinion."

He said he's refuted every claim the federal government has presented to him. He said the federal prosecutor who is working these cases even told him that ambulance billing for federal health care programs is one of the most difficult systems to navigate.

Recently, the U.S. attorney's offices in South Carolina and New Jersey shut down about a dozen ambulance companies in those states with large settlement agreements.

Liberty Ambulance is the only company involved in the lawsuit that hasn't settled with the U.S. Attorney's Office.

The hospitals included in the lawsuit are: Baptist Medical Center Downtown, Baptist Medical Center South, Baptist Medical Center Beaches, Baptist Medical Center Nassau, Memorial Hospital Jacksonville, Orange Park Medical Center, Specialty Hospital Memorial Health, ʼke City Medical Center and UF Health Jacksonville.

St. Vincent's Medical Center and the Mayo Clinic did not have the same problems with ambulance transport as the other Northeast Florida hospitals, according to the U.S. Attorney's Office.

The two largest, private ambulance companies in Jacksonville — Century Ambulance and Liberty Ambulance — also were sued. Century settled and agreed to pay $1.25 million over five years.

John Glover, chief executive officer at Century Ambulance, said his company fully cooperated with the government during the investigation. He said Century is looking at this as a constructive process and company officials meet weekly with hospital officials to discuss how to make sure they are in compliance with federal health care program billing practices.

"Health care fraud is a serious matter and it is not tolerated by Century, period," he said. "We do business the right way."

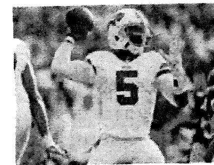
Jason Mehta, an assistant U.S. attorney, began the federal investigation into Medicare fraud by Jacksonville ambulance companies in 2011 after a whistle-blower lawsuit was filed by Shawn Pelletier, an EMT since 1998 who worked for Century from 2004 to 2006 and Liberty from 2007 to 2009.

Pelletier said he witnessed documents being falsified for the purpose of billing Medicare or Medicaid during his employment at both companies, according to the lawsuit.

Mehta said as he began pulling information from the ambulance companies, he noticed the majority of the non-emergency ambulance rides originated from the hospitals. Most of those des ended at a nursing home. He said the other most common transport from a hospital in

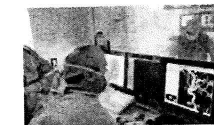
RECOMMENDATIONS FOR YOU

Walkers urged to stay off St. Simons Island beach as big gator swims in surf

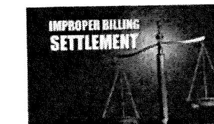

Fantasy Week 1: Start or sit Bills QB Tyrod Taylor?

'Walking' no longer a guarantee for Duval students who don't graduate

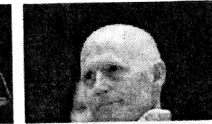
Good News: Terry Parker is being transformed


Baptist Health proposes $80 million hospital in Clay County with 100 beds

Orange Park hospital ranks highest in Florida, U.S. for cost mark-ups



Federal multimillion-dollar settlement reached with Jacksonville


Kansas, Texas governors back Florida Gov. Rick Scott's suit against the

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JUST IN

Man suffers gunshot wound to shoulder in Westside Saturday night

an ambulance ended at the patients' residences.

The next most common destination was to another hospital, Mehta said.

He said there are also reasons for a hospital to use an ambulance service to transport a patient home, but when he cross-referenced those rides with available medical records, the U.S. Attorney's Office deemed the vast majority were not needed.

Mehta said although the hospitals didn't gain financially from billing Medicare, they did gain indirectly by removing patients who had already been treated, allowing for rooms to be filled quicker with new patients.

Baptist countered that it is often faster to transport a patient by family, friend or taxi.

The other hospitals also contend they did nothing wrong.

"It is important to note that UF Health Jacksonville did not receive any payments for transportation or ambulance services and did not charge federal payers for any services, which were central to the lawsuit," the hospital said. "UF Health Jacksonville only makes requests for transportation services. As a condition of the settlement, UF Health Jacksonville has not admitted to any wrongdoing or violation of applicable laws but has agreed to provide additional guidance and education to employees involved in requesting ambulance services."

HCA Healthcare owns four of the hospitals sued by the federal government — Memorial Hospital, Orange Park Medical Center, Specialty Hospital Memorial Health and Lake City Medical Center.

"Our goal is to do what is best for our patients — including post-discharge transport, whether by ambulance or not," spokeswoman Ilyssa Drumm said. "There are complex Medicare rules that govern the appropriateness of when ambulance companies may bill for such transport if the patient is deemed well enough to travel in a cab or van. This settlement addresses that issue for certain former patients, and we are pleased the matter is resolved."

Mehta said since the U.S. Attorney's Office lawsuit became public, the expenses of ambulance transport has decreased by one-third in the Jacksonville area and many of the hospitals have began voucher programs for taxi services.

Mehta said ambulance companies filing fraudulent claims is a nationwide issue. He said while federal health care program expenses are increasing, the rate at which ambulance transport expenses are increasing is about twice the rate of other expenses.

In fact, this type of ambulance transport — a minimum of $150 per ride — cost the U.S. government $250 million during a six-month span in 2014, according to Mehta.

Bentley, the U.S. attorney for the Middle District of Florida, said the total hospital liability could be in the billions as the statute of limitations for this type of crime goes back six years.

Mehta described trying to fix the problem in arcade-style terms using Whack-a-Mole as an example.

"You hit one and three more popped up," he said about past investigations. "This has unplugged the machine."

Derek Gilliam: (904) 359-4619

9:35am

St. Augustine Beach boy, 11, hospitalized after getting hit by vehicle Saturday night

10:33pm

Mark Woods: Here's to you, die-hard Jaguars fan

10:35pm

Mission Continues gives time, supplies to active duty, civilian veterans

9:31pm

'I knew I could beat it': 11-year-old OakLeaf cancer survivor back to school, baseball

10:09pm

'Walking' no longer a guarantee for Duval students who don't graduate

9:43pm

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Collier County

2015 Medicare Fee Schedule

Descrpition	Procedure Code	Medicare Approves	Medicare Pays (80%)	Diff.
Basic Life Support (Non-Emergency)	A0428	$ 230.81	$ 184.65	$ (46.16)
Basic Life Support (Emergency)	A0429	$ 369.30	$ 295.44	$ (73.86)
Advanced Life Support (Non-Emergency)	A0426	$ 276.97	$ 221.58	$ (55.39)
Advanced Life Support (Emergency)	A0427	$ 438.54	$ 350.83	$ (87.71)
Advanced Life Support (ALS-2)	A0433	$ 634.73	$ 507.78	$ (126.95)
Specialty Care Transport	A0434	$ 750.13	$ 600.10	$ (150.03)
Mileage (per loaded mile)	A0425	$ 7.27	$ 5.82	$ (1.45)

Collier County

2015 Medicaid Fee Schedule

Description	Procedure Code	Medicaid Payment
Basic Life Support (Non-Emergency)	A0428	$136.00
Basic Life Support (Emergency)	A0429	$136.00
Advanced Life Support (Non-Emergency)	A0426	$190.00
Advanced Life Support (Emergency)	A0427	$190.00
Advanced Life Support (ALS-2)	A0433	$250.00
Specialty Care Transport	A0434	$295.00
Mileage (per loaded mile)	A0425	0.00

*As of June 1, 2014, Medicaid Managed Care plans have not been paying out-of-county mileage, nor have they been paying Medicare co-pays.

Questions on the Just Like Family COPCN Class 2 Advanced Life Support (ALS) Transfer Application

Requirements for Approval

Collier County Ordinance 04-12, granting a Certificate of Public Convenience and Necessity (COPCN), states: "The Board of County Commissioners shall not grant a certificate unless it shall find, after public hearing and based on competent evidence that each of the following standards has been satisfied."

The following questions relate to satisfying each of the 4 required standards. The standards are identified in quotations. Questions are for Just Like Family unless addressed to CCEMS.

1. "That there is a public necessity for the service."
a. "The extent to which the proposed service is needed to improve the overall EMS capabilities of the County."

You have stated that there is a need to provide additional post-hospital medical transfer service for ALS and BLS patients. Your letters from hospital CEO's and Directors (Appendix F) support this assessment.

They state: 'There is a heavy demand for transports' and the potential that, 'if additional transport services are added, the dynamics of the admission and discharge processes improve significantly for all stakeholders' and help 'local healthcare providers improve throughput . . .'

This last issue relates to the large patient backups in the Emergency Departments last season. Hospitals were unable to admit new patients until current patients were discharged.

Question for CCEMS: Chief Kopka, you participated in discussions with the hospitals to alleviate this problem, since it seriously impacted the wait-times for unloading EMS patients. Did these discussions address whether hospital delays could be reduced if patients leaving the hospital had faster Class 2 transport? What is your opinion?
For the most part ambulance offloads are due to lack of available beds or lack of medical staff. In the situation that the hospital was waiting for a post hospital transport service to transfer a patient, and that service was busy- having another service available may free up a bed quicker- and possible decrease ambulance offload times.

Question for CCEMS: CCEMS currently provides post-hospital transfers when a private Class 2 contractor is not available. How many post-hospital medical transfers did EMS provide during the last year (August 2014 to July 2015)? Please identify whether they were routine or emergency.
Attached spreadsheets. Note- EMS only does emergency transports.

b. "The effect of the proposed service on existing services with respect to quality of service and cost of service."

Several letters (Appendix F) addressed the advantages of having a 'choice' and 'affordable additional options' as well as 'multiple transportation options.'

Question: You have provided a Schedule of Rates. How do your prices compare to prices charged by others currently providing this service (private and EMS)?

- *I have attached rates from Just Like Family Concierge Medical Transport, Collier County and Ambitrans for your review. Please note pricing for our service is the same as Ambitrans and far less than EMS.*

		JLF Concierge Medical Transport	***Ambitrans***	**Collier EMS**
Code	***Service Description***	***Rate***		
A0428	*BLS Rate (Non-emergency)*	*$ 395.00*	*$ 395.00*	*$ 700.00*
A0429	*BLS Rate (Emergency)*	*$ 425.00*	*$ 425.00*	*$ 700.00*
A0426	*ALS (Non-emergency)*	*$ 395.00*	*$ 395.00*	*$ 700.00*
A0427	*ALS (Emergency ALS Level 1)*	*$ 500.00*	*$ 500.00*	*$ 700.00*
A0433	*ALS (ALS Emergency Level 2)*	*$ 725.00*	*$ 725.00*	*$ 750.00*
A0434	*Specialty Care Transport Rate*	*$ 900.00*	*$ 900.00*	*$ 800.00*
A0425	*Mileage (Per loaded mile)*	*$ 10.00*	*$ 10.00*	*$ 12.25*
A0999	*Oxygen*	*$ 45.00*	*$ 45.00*	

c. "The effect of the proposed service on the overall cost of EMS service in the county."

Questions for CCEMS: You have been providing this post-hospital transport when necessary to meet the demand. One hospital CEO suggested: 'The effects of having a second option may also contribute to more appropriate use of 911 services and improve EMS's ability to manage true emergencies.'

As stated in the reply above in the situation that the hospital was waiting for a post

hospital transport service to transfer a patient, and that service was busy- having another service available may free up a bed quicker- and possible decrease ambulance offload times.

How would this new transport affect EMS operations? Would this allow CCEMS to keep units available for emergency calls and affect response times?

d. "The effect of the proposed service on existing hospitals and other health care facilities."

Question: As mentioned earlier, several hospital CEOs were supportive of your proposed service. Have any of the local healthcare facilities, such as assisted living and nursing care facilities, addressed the need for your transport services?

- *Most definitely. In fact, we currently have at least a dozen contracts to bill Collier County facilities for NEMT that keep us rather busy. They have all requested services for patients who need additional BLS services that our company has declined due to our pending COPCN. In addition, there was a recent roundtable discussion held on August 28th at Avow hospice where mechanics of patient discharge, transports, and EMS off-load times were discussed with many administrators from the ALF and nursing home community. It is our belief that a common thread in the talks was the need to streamline the transport process.*

e. "The effect of the proposed service on personnel of existing services and the availability of sufficient qualified personnel in the local area to adequately staff all existing services."

Question: You have requested to provide 'post-hospital medical transfer services for routine and emergency ALS and BLS patients.' What type of post-hospital emergency transports do you anticipate?

- *If you are specifically speaking of post hospital emergency transports they would most likely be hospital to hospital. E.g. NCH-NN ER to NCH-DT ICU.*

Question: How many ambulances are you planning to provide? How many paramedics do you plan to hire? Are you hiring EMTs also? Do you have these qualified personnel on staff?

- *In our startup phase we will have one ambulance in service. We anticipate growing that number as demand increases.*

- *Yes, we plan on using Paramedics and EMT's and currently have some on staff and some resumes on file for hire once we receive our COPCN. We plan on using a flexible scheduling pattern of eight or twelve hour shifts to accommodate the work schedules of the Paramedics and EMT's so the exact number of staff is difficult to provide at this time. We can assure you we will meet or exceed all*

state required staffing guidelines.

2. "That the applicant has sufficient knowledge and experience to properly operate the proposed service."

Question: You are contracting with Dr. Tober to be your Medical Director. Will he be providing additional training, quality assurance reviews, etc. for your paramedics?

- *Steve Epright, Medical Transport Director's background of training at EMS and Quality Assurance will oversee the training of our Paramedics and EMT's. Dr Tober will approve and oversee the training plan. All calls will be reviewed through our quality assurance program.*

Ordinance 04-12 requires that your paramedics "must work with a Collier County EMS ambulance for a sufficient length of time pursuant to subsection (8) for the County's Medical Director to properly judge the paramedic's capability." Will your paramedics train on CCEMS ambulances annually?

- *No. We are not contracting with Collier County for medical direction. We are contracting with Dr. Tober privately as Medical Director much like the situation already in place with Ambitrans and Dr. O'Leary.*

Question: What level of drugs will you carry on your vehicles? The full range of drugs carried by CCEMS or something less? How will your paramedics gain experience with these medications?

- *CCEMS is a 911 response service. It is our belief that to carry all medications used by CCEMS is overkill for a class 2 provider. We will conform to all state standards for medications used on ALS vehicles.*

3. "That, if applicable, there is an adequate revenue base for the proposed service."

Question: Have you investigated the reimbursement for your transport service provided by medical insurance companies and Medicare/Medicaid? Some insurers pay CCEMS significantly less than billed amounts and there are a large number of uncollectible accounts each year.

- *Yes. We have interviewed numerous billing firms to handle our BLS and ALS billing needs. We have decided that outsourcing our billing to an experienced company with an excellent reputation and understanding of the industry and Medicare was the best way to start our company. The company we are working with hand selects their clients as well and provides education to the community's providers in addition to our company on how to correctly bill Medicare for our services. We feel this service will help not only our company bill correctly but also benefit the residents of Collier County.*

4. “That the proposed service will have sufficient personnel and equipment to adequately cover the proposed service area.”

Question: You plan to operate 24/7, serving Collier County. Please address where your personnel and equipment will provide service in Collier County. Will you cover the entire county, out to Everglades City and Marco Island, or will you concentrate on a smaller area?

- *We plan on providing service to all residents of Collier County and have no plans to concentrate on a specific area. Our service will be determined by the patients and medical community needs. We have no intention of leaving any area of Collier County out of our service.*

Thank you for your responses.

Janet Vasey
8/24/15

Date Range	In County	Out-Of County	Total Ambitrans Transports	Collier EMS Inter-Facility Tx's	%
January 2015	297	89	386	20	4.93%
February 2015	332	115	447	28	5.89%
March 2015	416	141	557	37	6.23%
April 2015	344	142	486	32	6.18%
May 2015	312	138	450	21	4.46%
June 2015	331	122	453	12	2.58%
July 2015	328	147	475	15	3.06%
August 2015			-		
September 2015			-		
October 2015			-		
November 2015			-		
December 2015			-		
Year-To-Date Totals	**2,360**	**894**	**3,254**	**165**	4.83%
	72.53%	27.47%	100.00%	0.78	Avg. Tx. Per Day

**Source: Reports forwarded to Ambitrans by Chief Kopka*

Mr. McNally,

Here are the answers to the best of our ability at this time. The following documents have been attached:

a) Collier County EMS Common Protocol
b) Job descriptions for EMT's and Paramedics
c) Concierge Medical Transport Performance Appraisal
d) State of Florida BLS and ALS ground unit equipment list.
e) Zoll Equipment Checklist Application

1. Written medical protocols, written Training Program, Quality Assurance and forms for daily equipment checks.
   - As a startup business in the BLS and ALS transport industry there are tasks which must be taken in order. One of those tasks is placing a Medical Director under contract after acquiring a COPCN. When discussing written protocol, specific training policy and specific equipment it must be remembered that all of these decisions originate with the Medical Director.
   - We can speak in only in generalities at this time, but we plan to use the Collier County Common Medical Protocol with changes or additions that complement the inter-facility transport industry. We have attached a copy of the Collier County 2015 EMS Common Medical Protocol for your review.
   - Just Like Family Concierge Medical Transport takes issues of quality very seriously and will do everything required by Florida state statute and Collier County protocol to assure a quality EMS system is put in place.

2. Job description for BLS and ALS transport personnel
   - Attached

3. Job performance review sheets for BLS and ALS personnel
   - Attached

4. Written training program
   - Training Plan overview attached

5. Written training documents for recertification program
   - We plan to keep records of training documents on file, this is covered thoroughly in Florida state statute as one of our requirements.
   - It is not our responsibility to recertify EMT's and Paramedics. 64J-1.008 Emergency Medical Technician and 64J-1.009 Paramedic is the mechanism for recertifying EMT and Paramedics in the state of Florida.
   - We will require all EMT's and Paramedics to keep their certification up to date as required by the state of Florida.

6. Shift requirements
    - Since expanding our company to the BLS/ALS arena we have employed and collected many applications from local EMT's and Paramedic's wishing to participate in our program. We anticipate using 8,12, and 24 hour shifts specifically hoping to compliment local off duty EMS and firefighter's schedule so they can work part-time for our company.

7. Written agreements with clients to prove Financial security
    - We do not have written agreements with hospitals or facilities to provide BLS or ALS transportation at this time because we are still in the process of applying for our COPCN. We have contracts, relationships and do business with almost all of the hospitals and Assisted and Independent Living Facilities in Collier County between Just Like Family Home Care and Concierge Transport Services (NEMT). This has given us a great opportunity to educate the community about what our plans are and talk about future agreements or contracts. There is definitely a need and the response has been extremely positive due to our existing reputation in the community and being a locally based company.

8. Complete readable equipment list the Ambulance will be stocked with and contracts for equipment that requires PM and calibration.

Excerpt from Collier EMS Ordinance
Vehicles and Equipment. Each Operator's vehicles shall be equipped with the proper medical and emergency equipment as jointly agreed to by the medical director of each licensed provider and the laws of the State of Florida.

- I have attached excerpts from 64J-1.002 Basic Life Support Service License – Ground, and 64J-1.003 Advanced Life Support Service License – Ground, which detail equipment carried required to be carried on BLS and ALS ground vehicles. It is our policy to meet or exceed these standards. Again equipment lists are finalized after protocol review with a contracted Medical Director
- On the issue of calibration we are in the process of developing a contract with Riley's Emergency Medical Equipment Repair. http://rileymedrepair.com/. This will be finalized after the Medical Director has approved the purchase of specific models of equipment.
- I have listed the FL BEMS list of equipment where calibration or testing is required by statute.

III. MEDICAL EQUIPMENT FOR TESTING (Chapter 64J-1, F.A.C., and KKK-A-1822)

- 1. Installed suction. (Transport only)
- 4. Blood pressure cuffs: infant, pediatric, and adult.
- 14. Portable oxygen tanks, "D" or "E" cylinders, with one regulator and gauge.

- Each tank must have a minimum pressure of 1000 psi, and liter flow at 15 liters per
- minute.
- 17. Hand operated bag-valve mask resuscitators, adult and pediatric accumulator,
- including adult, child and infant transparent masks capable of use with
- supplemental oxygen.
- 18. Portable suction, electric or gas powered, with wide bore tubing and tips which
- meet the minimum standards as published by the GSA in KKK-A 1822E
- specifications.
- 26. Installed oxygen with regulator gauge and wrench, minimum "M" size cylinder
- (minimum 500 PSI) with oxygen flowmeter to include a 151pm setting,
- (not required for non-transport vehicles.) (Other installed oxygen delivery systems,
- such as liquid oxygen, as allowed by medical director.)

9. Form for daily equipment checks
   - We are planning to install the Zoll "Rescue-net Dispatch" program within the next two months. As a part of this program "Zoll Vehicle Checklist" will be added to all of our vehicles hand held devices. There will be no paper checklist.
   - You can review the app at Zoll Checklist

10. Written testing exams for verification of BLS and ALS proficiency
    - It is my opinion that written testing for BLS/ALS proficiency is not effective. After almost 40 years in the field my view on written testing is that it only measures the ability of a person to pass a test. I would rather use a training and quality assurance program that measures proficiency in every day practice and provide constant feedback to our EMT's and Paramedics to fine tune daily performance.

EMERGENCY MEDICAL TECHNICIAN

PURPOSE

The purpose of this job description is to perform technical and specialized work functions associated with providing quality medical care to all members of the community.

ESSENTIAL FUNCTIONS

The following duties are normal for this position. The omission of specific statements of the duties does not exclude them from the job description if the work is similar, related, or a logical assignment for this job description. Other duties may be required and assigned.

Responds to calls, reads maps; drives ambulance, uses most expeditious route and observes traffic ordinances and regulations.

Observes and assists Paramedics performing medical care; receives instructions and training from Paramedics.

Evaluates scene upon arrival; determines nature and extent of illness or injury; takes pulse, blood pressure, and visually observes changes in skin color; assists Paramedics in determination regarding patient status by interpreting diagnostic signs.

Assists Paramedic in establishing priority for care; initiates basic life support procedures according to established standing orders.

Renders appropriate emergency care, based on competency level such as, Cardiopulmonary Resuscitation (CPR), spinal immobilization, providing oxygen, triage, assesses the effects of treatment.

Uses medical equipment, based on competency level, follows infectious disease protocol; practices proper disposal of biohazard waste.

Reassures patients and bystanders; avoids mishandling patient and undue haste.

Assists in lifting, carrying, and transporting patient to ambulance and on to a medical facility.

Observes patient en route and administers care as directed by published protocol.

Reports verbally and in writing observations about and care of patient at the scene and in-route to facility; provides assistance to hospital staff as required; documents all activity conducted in assigned position.

Prepares for, attends, and testifies in courtroom hearings and judicial proceedings as required.

Prepares, decontaminates, inspects, inventories, repairs, and/or maintains medical equipment and supplies, first aid materials, and vehicles for safe operation; tests all equipment on a regular basis and checks for future readiness.

Responds to questions, complaints and requests for information/assistance from the general public, patients, fire, law enforcement, and medical personnel, various agencies, employees, officials, supervisors, or other individuals.

Inventories and restocks ambulance and station supplies and equipment; orders and maintains sufficient amount to ensure adequate availability to perform daily tasks.

Inventories and restocks ambulance and station supplies and equipment; orders and maintains sufficient amount to ensure adequate availability to perform daily tasks.

Maintains current field and code manuals, policy and procedures, employee handbooks, various maps, addresses, and related material for reference and/or review; reads medical journals and other professional literature; maintains professional affiliations.

Attends in-service training as required to remain knowledgeable of departmental operations, to promote improved job performance, and to stay current with changing emergency medicine techniques, state/municipal policies, procedures, codes and laws.

Prepares and/or receives a variety of forms, logs, requests, records, reports, correspondence, and other documents associated with daily responsibilities of this position; reviews, completes, processes, approves, forwards, maintains, and/or takes other action as appropriate; prepares and maintains files and records.

Operates a personal computer, printer, calculator, copy and facsimile machines, telephone, radio, or other equipment as necessary to complete essential functions, to include the use of word processing, or other system software.

ADDITIONAL FUNCTIONS

Performs miscellaneous duties and administrative tasks such as station cleaning and general housekeeping, scheduling maintenance, answering the telephone, taking and relaying messages, and basic grounds maintenance.

Operates an assigned motor vehicle; maintains cleanliness of and fuels vehicle; checks tire inflation and fluid levels; requests or schedules service and/or repairs as needed.

Substitutes for co-workers during their temporary absence; provides guidance, training, and/or assistance to other company personnel.

Performs other related duties as required.

MINIMUM QUALIFICATIONS

Vocational/Technical degree with training emphasis in emergency medicine including Emergency Medicine Technician-Basic. Must possess and maintain a valid Florida Driver's License with any applicable endorsements and maintain eligibility requirements and endorsement. Must attain and maintain valid state license as an EMT. Must attain and maintain valid Cardiopulmonary Resuscitation (CPR) and EVOC (Emergency Vehicle Operation Course) certifications. May be required to attain and maintain other certifications as related to position or for specialized areas of assignment. Fingerprinting required.

PERFORMANCE APTITUDES

Data Utilization: Requires the ability to review, classify, categorize, prioritize, and/or analyze data. Includes exercising discretion in determining data classification, and in referencing such analysis to established standards for the purpose of recognizing actual or probable interactive effects and relationships.

Human Interaction: Requires the ability to assist persons by action or interaction in carrying out specialized medical, therapeutic, counseling, or related procedures.

Equipment, Machinery, Tools, and Materials Utilization: Requires the ability to operate and control the actions of equipment, machinery, tools and/or materials requiring complex and/or rapid adjustments, or to assemble, combine, or process complex and/or sensitive materials.

Verbal Aptitude: Requires the ability to utilize a wide variety of reference, descriptive, advisory and/or design data and information.

Mathematical Aptitude: Requires the ability to perform addition, subtraction, multiplication and division; ability to calculate decimals and percentages; may include ability to perform mathematical operations with fractions; may include ability to compute discount, interest, and ratios; may include ability to calculate surface areas, volumes, weights, and measures.

Functional Reasoning: Requires the ability to apply principles of rational systems; to interpret instructions furnished in written, oral, diagrammatic, or schedule form; and to exercise independent judgment to adopt or modify methods and standards to meet variations in assigned objectives.

Situational Reasoning: Requires the ability to exercise judgment, decisiveness and creativity in situations involving evaluation of information against measurable or verifiable criteria.

ADA COMPLIANCE

Physical Ability: Tasks require the ability to exert heavy physical effort in heavy work, with greater emphasis on climbing and balancing, but typically also involving some combination of stooping, kneeling, crouching, and crawling, and the lifting, carrying, pushing, and/or pulling of moderately heavy objects and materials (20-50 pounds); may occasionally involve heavier objects and materials (up to 100 pounds).

Sensory Requirements: Some tasks require the ability to perceive and discriminate colors or shades of colors, sounds, odor, depth, texture, and visual cues or signals. Some tasks require the ability to communicate orally.

Environmental Factors: Performance of essential functions may require exposure to adverse environmental conditions, such as dirt, dust, pollen, odors, wetness, humidity, rain, fumes, smoke, temperature and noise extremes, hazardous materials, fire, unsafe structures, heights, confined spaces, machinery, vibrations, electric currents, traffic hazards, bright/dim lights, toxic agents, human bites, explosives, water hazards, violence, disease, pathogenic substances, or rude/irate customers.

Just Like Family Concierge Medical Transport is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, Just Like Family Concierge Medical Transport will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

PARAMEDIC

PURPOSE

The purpose of this job description is to perform technical and specialized work functions associated with providing quality medical care to all members of the educating the community on emergency medical procedures, and meeting the established goals of the company.

ESSENTIAL FUNCTIONS

The following duties are normal for this position. The omission of specific statements of the duties does not exclude them from the job description if the work is similar, related, or a logical assignment for this job description. Other duties may be required and assigned.

Responds to calls, reads maps; drives ambulance, uses most expeditious route and observes traffic ordinances and regulations.

Evaluates scene upon arrival; determines nature and extent of illness or injury; takes pulse, blood pressure, and visually observes changes in skin color; makes determination regarding patient status by interpreting diagnostic signs.

Establishes priority for emergency care; initiates basic and advanced life support procedures according to established medical protocol.

Renders appropriate emergency care, based on competency level, to stabilize the patient such as Cardiopulmonary Resuscitation (CPR), spinal immobilization, providing oxygen, triage, and administration of intravenous drugs or fluid replacement as directed by physician; assesses the effects of treatment.

Uses medical equipment, based on competency level, such as but not limited to, defibrillator, and electrocardiograph, performs endotracheal intubation to open airways and ventilate the patient.

Follows infectious disease protocol; practices proper disposal of biohazard waste.

Reassures patients and bystanders; avoids mishandling patient and undue haste.

Complies with regulations in handling deceased; notifies authorities; arranges for protection of property and evidence at scene.

Determines appropriate facility to which patient will be transported; reports nature and extent of injuries or illness to that facility; requests instructions/directions from hospital physician or emergency department.

Assists in lifting, carrying, and transporting patient to ambulance and on to a medical facility.

Observes patient en-route and administers care as directed by the medical director according to published protocol.

Reports verbally and in writing observations about and care of patient at the scene and in-route to facility; documents all activity conducted in assigned position.

Prepares for, attends, and testifies in courtroom hearings and judicial proceedings as required.

Prepares, decontaminates, inspects, inventories, repairs, and/or maintains medical equipment and supplies, first aid materials, and vehicles for safe operation; tests all equipment on a regular basis and checks for future readiness.

Communicates effectively.

Inventories and restocks ambulance and station supplies and equipment; orders and maintains sufficient amount to ensure adequate availability to perform daily tasks.

Maintains current field and code manuals, policy and procedures, various maps, addresses, and related material for reference and/or review; reads medical journals and other professional literature; maintains professional affiliations.

Attends in-service training as required to remain knowledgeable of departmental operations, to promote improved job performance, and to stay current with changing emergency medicine techniques, state/municipal policies, procedures, codes and laws.

Prepares and/or receives a variety of forms, logs, requests, records, reports, correspondence, and other documents associated with daily responsibilities of this position; reviews, completes, processes, approves, forwards, maintains, and/or takes other action as appropriate; prepares and maintains files and records.

Operates a personal computer, printer, calculator, copy and facsimile machines, telephone, radio, or other equipment as necessary to complete essential functions or other system software.

ADDITIONAL FUNCTIONS

Performs miscellaneous duties and administrative tasks such as station cleaning and general housekeeping, scheduling maintenance, answering the telephone, taking and relaying messages, and basic grounds maintenance.

Operates an assigned motor vehicle; maintains cleanliness of and fuels vehicle; checks tire inflation and fluid levels; requests or schedules service and/or repairs as needed.

Substitutes for co-workers during temporary absence of same; provides guidance, training, and/or assistance to other personnel.

Performs other related duties as required.

MINIMUM QUALIFICATIONS

Vocational/Technical degree with training emphasis in emergency medicine including Paramedic Curriculum. Must possess and maintain a valid Florida Driver's License with any applicable endorsements. Must attain and maintain valid Florida state license as a Paramedic. Must attain and maintain valid Cardiopulmonary Resuscitation (CPR), Advanced Cardiac Life Support (ACLS), and EVOC (Emergency Vehicle Operation Course) certifications. Fingerprinting required.

PERFORMANCE APTITUDES

Data Utilization: Requires the ability to review, classify, categorize, prioritize, and/or analyze data. Includes exercising discretion in determining data job description , and in referencing such analysis to established standards for the purpose of recognizing actual or probable interactive effects and relationships.

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Situational Reasoning: Requires the ability to exercise judgment, decisiveness and creativity in situations involving evaluation of information against measurable or verifiable criteria.

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Environmental Factors: Performance of essential functions may require exposure to adverse environmental conditions, such as dirt, dust, pollen, odors, wetness, humidity, rain, fumes, smoke, temperature and noise extremes, hazardous materials, fire, unsafe structures, heights, confined spaces, machinery, vibrations, electric currents, traffic hazards, bright/dim lights, toxic agents, human bites, explosives, water hazards, violence, disease, pathogenic substances, or rude/irate customers.

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Performance Review: Supervisor's Checklist

For the Supervisor: Retain this sheet

Prior to performance review meeting:

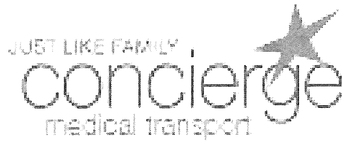
- ☐ Advise employee that performance review is due
- ☐ Provide the employee with a copy of the performance review form
- ☐ Ask the employee to rate his or her own performance
- ☐ Provide a deadline to submit the completed review form
- ☐ Set a time, date, and place for the performance review meeting

During the performance review meeting:

- ☐ Review all ratings with the employee and provide examples of specific performance
- ☐ Discuss each goal or objective established for the employee
- ☐ Clarify all areas of agreement and define areas of disagreement.
- ☐ Discuss all positive skills, traits, accomplishments
- ☐ Identify all areas where improvement is required
- ☐ Commend specific employee accomplishments
- ☐ Make and agree upon training and development recommendations
- ☐ Work with the employee to set specific goals for the next review period
- ☐ Discuss each goal or objective established for the employee
- ☐ Ask the employee if he/she has any questions or issues he/she would like to discuss.
- ☐ Reiterate expectations
- ☐ Thank the employee for his or her contributions and anticipated effort

After the performance review meeting:

- ☐ Complete the final performance review form, summarize results, and sign the form
- ☐ Obtain all required signatures
- ☐ Store the completed performance review in the employee's personnel file
- ☐ Continuously monitor progress and provide resources and support as necessary to help the employee achieve their goals



Performance Appraisal

Employee Name	____________________	**Supervisor Name**	____________________
Employee Title	____________________	**Supervisor Title**	____________________
Department	____________________		

Type of Appraisal:

☐ Annual ☐ Bi-Annual ☐ Interim* Due Date: ____________________

Appraisal Period (MM/DD/YYYY): From ____________________ Until ____________________

**Interim appraisals should be conducted for employees who are new to a position, those with previous unsatisfactory performance, or may be conducted when changes in supervision, position requirements, or employee performance occur. Merit increases are generally not considered during this evaluation period.*

Performance Ratings and Guidelines

5	**Distinguished**	Consistently and significantly exceeds expectations
4	**Excellent**	Consistently meets expectations and frequently exceeds expectations
3	**Satisfactory**	Regularly meets expectations
2	**Marginal**	Below competency expectations; although shows progress in achieving goals
1	**Unsatisfactory**	Development needs identified, significantly below expectations

SECTION I: ESSENTIAL FUNCTIONS AND EXAMPLES

This Section carries a weight of 50% of the overall appraisal. It is essential that the person doing the evaluation has extensive knowledge of the employee's position and duties. When listing the essential functions and examples, attach a sheet of paper if more is needed.

Essential job functions are usually taken from the employee's job description, and/or directly from the employee. If the employee has noticed that their job should contain an essential function not listed on the appraisal form or in the job description, then the job description and appraisal form should be updated accordingly.

Essential job functions outline the major functions and duties of an employee's position. Essential functions typically outline the mental requirements (i.e. organizing and planning), physical requirements (i.e. required to lift 40 pounds), and the working conditions (i.e., exposure to the outdoors, loud noises, chemicals, etc).

Instructions for Completion

1. **Complete the essential functions column:** Essential job functions are usually taken from the employee's job description, and/or directly from the employee.

2. **Employee and supervisor assess performance:** Both the employee and the supervisor should assess the employee's level or proficiency for each essential function and example using the provided rating scale of 5, 4,3,2,1. (See previous page for definition of each rating.)

3. **Employee submits ratings to supervisor:** After the employee has completed his/her portion, the form should be submitted to his/her supervisor for completion.

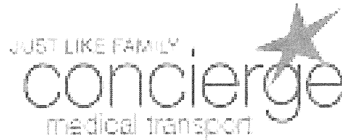
4. **Provide examples**: The supervisor should list specific work-related examples where appropriate and provide comments for each rating.

5. **Tally overall performance rating:** Sum the performance ratings provided by the supervisor and then divide that number by number of essential functions. Transfer this number to Section III in the designated area.

Essential Functions	Supervisor Comments	Employee Rating (1-5)	Supervisor Rating (1-5)
Function:			
Example:			
Function:			
Example:			
Function:			
Example:			
Function:			
Example:			

Function:			
Example:			
Function:			
Example:			
Function:			
Example:			

Section I Total **(sum of ratings divided by number of functions)** *Transfer this number to Section III. Only transfer the ratings given by the Supervisor.*	

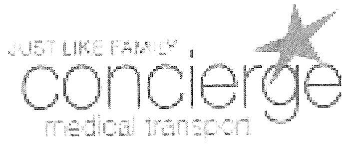


SECTION II: PERFORMANCE FACTOR ASSESSMENT *(To be completed by supervisor)*

Performance factors, also known as success factors, are competencies that are important to the company at a global level and may include skills such as planning and organizing, customer service, or teamwork.

Instructions for Completion

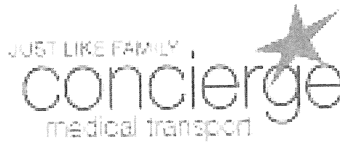
1. Add or modify the list of performance factors below to ensure that you have accounted for all factors that are important to your company. ***Note:*** *Employees in similar roles should be evaluated on the same set of performance factors.*
2. Assess the employee's level of proficiency for each performance factor. Cite specific work related examples ad/or comments.
3. Add the ratings together and divide by the total number of performance factors. Put the total in the box found at the end of this section. This section carries a weight of 50% of the overall Performance Appraisal.



PERFORMANCE FACTORS	RATING (1-5)	SUPERVISOR'S COMMENTS
1. **Planning and Organizing** - Ability to set goals and establish priorities; systematically implements strategies; effectively utilizes available resources; organizes own work (and work of subordinates, if appropriate); utilizes effective time management skills.		
2. **Effective Communication** - Expresses ideas/information so that they are understood, orally and in writing; listens actively to information presented by others; clearly expresses desired outcomes; keeps all appropriate parties informed.		
3. **Teamwork** - Works effectively as a member of a team; develops and maintains department work relationships; enhances level of mutual cooperation; contributes to the achievement of common objectives.		
4. **Commitment to Quality Improvement** - Seeks to improve quality in all aspects of work performance; conforms to the highest professional standards in achieving results; work is complete, accurate, on time and cost effective.		
5. **Initiative** - Actively influences events rather than passively accepting; is self-starting and self-disciplined; seeks out innovative approaches; follows up on planned actions, volunteers input, suggestions, and professional guidance as appropriate; seeks and seizes opportunities.		
6. **Decision Making/Analysis/Judgment -** Makes sound, logical decisions; accepts responsibility for decisions, maintains flexibility in changing situations; prioritizes problems for attention; makes use of all available resources, and selects appropriate course of action to achieve desired results.		

PERFORMANCE FACTORS	RATING (1-5)	SUPERVISOR'S COMMENTS
7. **Customer Service** - Demonstrates concern for clients within or outside the organization, effectively responding to their needs and problems.		
8. **Expense Control** - Demonstrates appropriate concern for budgetary constraints; optimizes return on expenditures and develops methods for cost control and reduction.		
9. **Dealing with Others** - Conduct in keeping with terms of the company philosophy; treats others, including peers, superiors, and subordinates, with respect, fairness and sensitivity.		
10. **Technical and Functional Expertise –** *(specific to the employee's role)*		

Section II Total **(sum of ratings divided by number of functions)** *Transfer this number to Section III.*	



SECTION III: PERFORMANCE APPRAISAL SUMMARY *(To be completed by supervisor)*

Transfer the Totals from Sections I and II and follow the calculation procedures below.

Section I	Essential Functions	X .50 =	Points
Section II	Performance Factor Assessment	X .50 =	Points
Section III	Add Totals from Section I and Section II for overall rating		Points

Performance Level based on overall rating above (check one):

4.5 –5	**Distinguished**	**Consistently Exceeds Expectations**: Employee displays, at all times, a constantly high level of factor related skills, abilities, initiative, and productivity
3.5 – 4.5	**Excellent**	**Often Exceeds Expectations**: Employee displays high level of factor related skills, abilities, initiative, and productivity, but not consistently, or with exception.
2.5 – 3.4	**Commendable**	**Meets Expectations**: Work output regularly achieves desired or required outcomes or expectations.
1.5 – 2.4	**Adequate**	**Some Improvement Needed**: Employee displays inconsistency in the performance of their job factors, and output frequently falls below acceptable levels.
1 – 1.4	**Poor**	**Major Improvement Needed**: Work output is consistently low, regularly fails to meet required outcomes, and error rate is high requiring repetition of duty or completion by others

Supervisor Comments:

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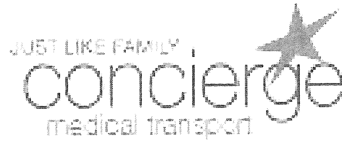

SECTION IV: SETTING PERFORMANCE GOALS

Use this section of the appraisal to set performance goals for the next review period. Goals should be **S**pecific, **M**easurable, **A**ttainable, **R**ealistic, and **T**ime bound.

Specific Goals	Measurable	Attainable/Realistic	Time-framed
Example: *Conduct 12 client satisfaction surveys*	*Surveys conducted*	*Two per month*	*6 Months*

Employee Comments:

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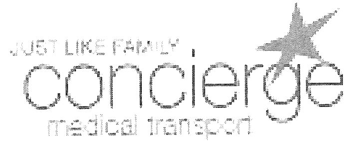


Employee Signature

I have read this Performance Appraisal, and my immediate supervisor has reviewed the contents with me.

_______________________________ _______________

Employee signature *Date*

Appraiser(s) Signature(s)

_______________________________ _______________

Appraiser Signature *Date*

_______________________________ _______________

Appraiser Signature *Date*

_______________________________ _______________

Appraiser Signature *Date*

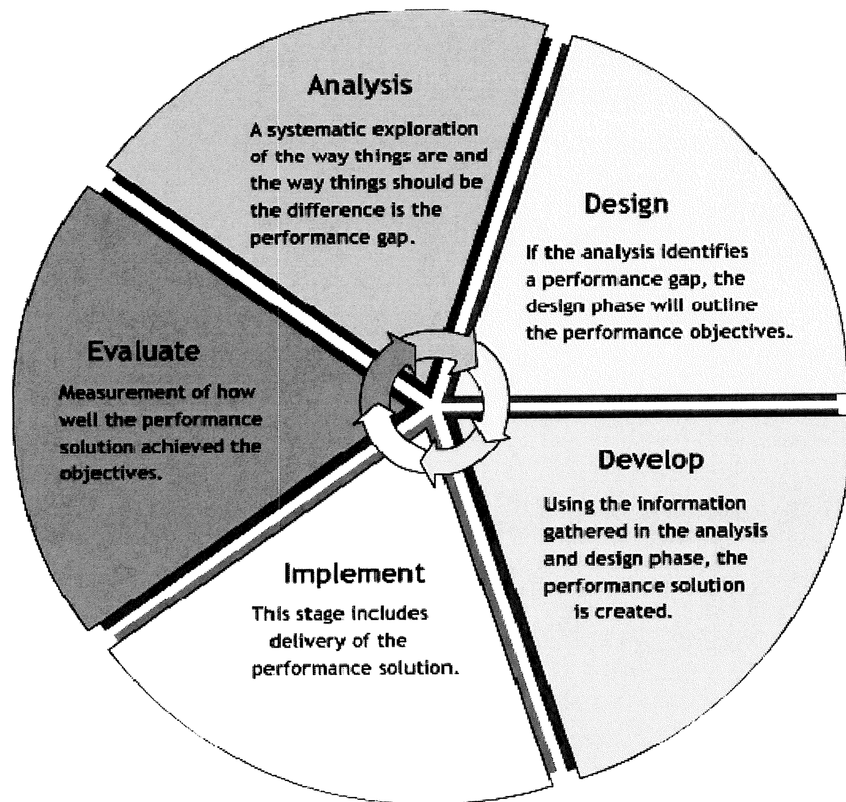
Training and Quality Assurance Program

September 2015

Our Training and Quality Assurance Program at Just Like Family Concierge Medical Transport is based on the ADDIE model. Below is a brief description and should be considered an overview. It should be remembered that all standards for EMT and Paramedic training originate with the Medical Director who derives authority through the State of Florida.

The ADDIE Model

ADDIE is an acronym for Analysis, Design, Development, Implementation, and Evaluation. This model guides you through the process of creating effective educational courses and materials for your audience. While there are variations of this model in the industry, the concepts are the same. As a professional, this model is more than just an acronym. It is a blue print for success.



The **Analysis** is the most important step in the process. It helps you to determine the basis for all future decisions. A mistake that many beginners make is not conducting a proper analysis at the beginning. It is this analysis that helps you identify your audience, limitations or opportunities, or other important points that will be useful in the design process.

The **Design Process** is the brainstorming step. This is where you use the information obtained in the analysis phase to create a program or course that meets the needs of your customer or audience. There are many forms of the design process and it can be very tedious at times. Testing your concepts in the design phase will save you time and money.

The **Development Phase** focuses on building the outcome of the design phase. This process consumes much of the time spent in creating a sound educational program or course. It includes

various steps such as initial drafts, reviews, re-writes, and testing. For larger corporations, this phase can involve numerous individuals to include subject matter experts (SME), graphic artists, and technical experts. For e-learning courses, this phase could require additional assistance for managing server space and technology.

The **Implementation Phase** includes more processes than simply presenting the materials developed. While the concepts and materials have been tested throughout the process, the implementation phase can uncover topics that require further development or re-design work. The processes for this phase vary based on the size of the organization, the complexity of the program or course, and the distribution of the materials. This includes such concepts as test pilots, train-the-trainer sessions, and other delivery methods to present the materials.

The **Evaluation Phase** plays an important role in the beginning and at the end of the process. Evaluation objectives reflect much of the discoveries found in the analysis process. These discoveries include the objectives and expectations of the learner. When looking at the process, you must avoid the thought that it is structured in a chronological order. Rather, the ADDIE Model is a continuous circle with overlapping boundaries.

Individual Training Plans (ITP) will be developed for all EMT's and Paramedics by the Medical Transport Director. The purpose of these plans is to provide the right training solution for each individual; keeping in mind that not all EMT's and Paramedics perform at the same level. So for example a newly graduated paramedic will be at a different performance level than a seasoned paramedic with EMS or fire department experience. This is part of the analysis, design and development phases.

All new employees at Just Like Family Concierge Medical Transport will take part in an initial orientation program (Implementation Phase). Again, per their ITP, the length and content of their orientation will be different. The orientation will include but is not limited to:

- Review of Medical Protocol
- Just Like Family Concierge Medical Transport Policies and Procedures
- Familiarization with our ambulances and equipment
- ePCR patient charting

All EMT's and Paramedics will take part in monthly in-service training approved by the Medical Director. CEU's will be issued for this training. This training can be delivered using:

- Classroom lecture
- Scenario based hands on training
- Online training programs
- Field training
- Recertification programs like CPR and ACLS will be made available as part of our regular training program

QUALITY ASSURANCE

Quality Assurance will be measured during the evaluation phase. All ePCR's will be reviewed both electronically and physically for medical protocol compliance.

TABLE I
GROUND VEHICLE
BLS MEDICAL EQUIPMENT AND SUPPLIES

ITEM QTY.

1. Bandaging, dressing, and taping supplies:
a. Adhesive, silk, or plastic tape – assorted sizes.
b. Sterile 4 × 4 inch gauze pads.
c. Triangular bandages.
d. Roller gauze.
e. ABD (minimum 5 × 9 inch) pads.
2. Bandage shears.
3. Patient restraints, wrist and ankle.
4. Blood pressure cuffs: infant, pediatric, and adult.
5. Stethoscopes: pediatric and adult.
6. Blankets.
7. Sheets (not required for non-transport vehicle.)
8. Pillows with waterproof covers and pillow cases or disposable single use pillows (not required for non-transport vehicle).
9. Disposable blanket or patient rain cover.
10. Long spine board and three straps or equivalent.
11. Short spine board and two straps or equivalent.
12. Adult and Pediatric cervical immobilization devices (CID), approved by the medical director of the service.
13. Padding for lateral lower spine immobilization of pediatric patients or quivalent.
14. Portable oxygen tanks, "D" or "E" cylinders, with one regulator and gauge. Each tank must have a minimum pressure of 1000 psi, and liter flow at 15 liters per minute.
15. Transparent oxygen masks; adult, child and infant sizes, with tubing.
16. Sets of pediatric and adult nasal cannulae with tubing.
17. Hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child and infant transparent masks capable of use with supplemental oxygen.
18. Portable suction, electric or gas powered, with wide bore tubing and tips which meet the minimum standards as published by the GSA in KKK-A 1822E specifications.
19. Extremity immobilization devices. Pediatric and Adult.
20. Lower extremity traction splint. Pediatric and Adult.
21. Sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel, and cord clamps or cord-ties.
22. Burn sheets.
23. Flashlight with batteries.
24. Occlusive dressings.
25. Oropharyngeal airways. Pediatric and Adult.
26. Installed oxygen with regulator gauge and wrench, minimum "M" size cylinder (minimum 500 PSI) with oxygen flowmeter to include a 151pm setting, (not required for non-transport vehicles.) (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director.)

27. Gloves – suitable to provide barrier protection for biohazards.	Sufficient quantity, sizes, and material for all crew members.
28. Face Masks – both surgical and respiratory protective.	Sufficient quantity, sizes and material for all crew members.
29. Rigid cervical collars as approved in writing by the medical director and available for review by the department.	
30. Nasopharyngeal airways, pediatric and adult.	
31. Approved biohazardous waste plastic bag or impervious container per Chapter 64E-16, F.A.C.	
32. Safety goggles or equivalent meeting A.N.S.I. Z87.1 standard.	One per crew member.
33. Bulb syringe separate from obstetrical kit.	
34. Thermal absorbent reflective blanket.	
35. Multitrauma dressings.	
36. Pediatric length based measurement device for equipment selection and drug dosage.	

TABLE II
GROUND VEHICLE
ALS EQUIPMENT AND MEDICATIONS

MEDICATION	WT/VOL
1. Atropine Sulfate.	
2. Dextrose, 50 percent.	
3. Epinephrine HCL.	1:1,000
4. Epinephrine HCL.	1:10,000
5. Ventricular dysrhythmic.	
6. Benzodiazepine sedative/anticonvulsant.	
7. Naloxone (Narcan).	
8. Nitroglycerin.	0.4 mg.
9. Inhalant beta adrenergic agent with nebulizer apparatus, as approved by the medical director.	

I.V. SOLUTIONS
1. Lactated Ringers or Normal Saline.

EQUIPMENT
(a) Laryngoscope handle with batteries.
(b) Laryngoscope blades; adult, child and infant sizes.
(c) Pediatric I.V. arm board or splint appropriate for I.V. stabilization.
(d) Disposable endotracheal tubes; adult, child and infant sizes. Those below 5.5 mm shall be uncuffed. 2.5 mm – 5.0 mm uncuffed; 5.5 mm – 7.0 mm; 7.5 mm – 9.0 mm).
(e) Endotracheal tube stylets pediatric and adult.
(f) Magill forceps, pediatric and adult sizes.
(g) Device for intratracheal meconium suctioning in newborns.
(h) Tourniquets.
(i) I.V. cannulae 14 thru 24 gauge.
(j) Micro drip sets.
(k) Macro drip sets.
(l) I.V. pressure infuser.

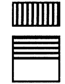
(m) Needles 18 thru 25 gauge.
(n) Intraosseous needles and three way stop cocks.
(o) Syringes, from 1 ml. to 20 ml.
(p) D.C. battery powered portable monitor with defibrillation and pacing capabilities, ECG printout and spare battery. The unit shall be capable of delivering pediatric defibrillation (energy below 25 watts/sec and appropriate equipment).
(q) Monitoring electrodes for adults and pediatrics.
(r) Pacing electrodes. Pediatric and Adult.
(s) Glucometer.
(t) Approved sharps container per Chapter 64E-16, F.A.C.
(u) Flexible suction catheters.
(v) Electronic waveform capnography capable of real-time monitoring and printing record of the intubated patient (effective 01/01/2008).

STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
BASIC LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)

Service Name: ____________________ **Inspection Date:** ____/____/____ **Phone:** (___)____-__________
County: ______________ **Type of Inspection:** ☐Initial ☐ Reinspection ☐ Random ☐ Complaint ☐Announced ☐ Unannounced
hicle Information: ☐Transport ☐Non-Transport **Unit#**_______ **Year/Make** __________ **Permit Type** ___________ **Permit#** _____________
.N______________________ **Tag#**____________________

Inspection Codes:
1 = Item meets inspection criteria.
1a = Item corrected during inspection to meet criteria.
2 = Items not in compliance with inspection criteria.

Rating Categories:
1 = Lifesaving equipment, medical supplies, drugs, records or procedures
2 = Intermediate support equipment, medical supplies, drugs, records or procedures
3 = Minimal support equipment, medical supplies, records or procedures



Name	EMT/PARA/DRIVER	CERTIFICATE NUMBER
1.		
2.		
3.		

Crew credentials: Section 401.27(1) And 401.281, F.S.

Minimum = One EMT and One Driver

I. VEHICLE REQUIREMENTS (Sections 316 and 401, F.S., Chapter 64J-1, F.A.C. and KKK-A-1822	
1. Exhaust System	
2. Exterior Lights:	
A. Head lights (high and low beam)	
B. Turn signals	
C. Brake Lights	
D. Tail Lights	
E. Back-up lights and audible warning device	
3. Horn	
4. Windshield wipers	
5. Tires	
6. Vehicle free of rust and dents	
7. Two-way radio communication – radio test	
A. Hospital (cab and patient compartment)	
B. Dispatch Center	
C. Other EMS units	
8. Emergency Lights	
9. Siren	
Two ABC fire extinguishers fully charged and inspected in brackets. Minimum ıbs each.	
11. Doors open properly, close securely.	
12. Rear and side view mirrors.	
13. Windows and windshield	
II. TRANSPORT VEHICLE REQUIREMENTS (Section 401, F.S., and Chapter 64J-1, F.A.C. and KKK-A-1822).	
1. Primary stretcher and three straps.	
2. Auxiliary stretcher and two straps.	
3. Two ceiling mounted IV holders.	
4. Two no-smoking signs.	
5. Overhead grab rail.	
6. Squad bench and three sets of seat belts.	
7. Interior lights.	
8. Exterior floodlights.	
9. Loading lights.	
10. Heat and air conditioning with fan.	
11. Word-"Ambulance" – sides, back and mirror image front.	
III. MEDICAL EQUIPMENT FOR TESTING (Chapter 64J-1, F.A.C., and KKK-A-1822	
1. Installed suction. (Transport only)	
. Items 4, 14, 17, 18 and 26 in section II must be tested.	
IV. MEDICAL SUPPLIES AND EQUIPMENT (Chapter 64J-1, F.A.C., GSA KKK-A-1822	
1. Bandaging, dressing and taping supplies:	
a. Rolls adhesive, silk or plastic tape.	
b. Sterile gauze pads, any size	
c. Triangular bandages	

Item	
d. Roller gauze	
e. ABD (minimum 5x9 inch) pads	
2. One pair of Bandage Shears	
3. One set each, patient restraints – wrist and ankle	
4. One each blood pressure cuffs: infant, pediatric, and adult.	
5. One stethoscope: pediatric and adult	
6. Blankets	
7. Sheets. (not required on non-transport vehicles)	
8. Pillows with waterproof covers and pillowcases or disposable single use pillows. (Not required on non-transport vehicles.)	
9. One disposable blanket or patient rain cover.	
10. One long spine board and three straps or equivalent.	
11. One short spine board and two straps or equivalent.	
12. One each adult and pediatric cervical immobilization device (CID), approved by the medical director of the service. This approval must be in writing and made available by the provider for the department to review.	
13. Set of padding for lateral lower spine immobilization of pediatric patients or equivalent.	
14. Two portable oxygen tanks, "D" or "E" cylinders, with one regulator and gauge. Each tank must have a minimum pressure of 1000 psi.	
15. Each transparent oxygen masks; adult, child and infant sizes, with tubing	
16. Set of pediatric and adult nasal cannulae with tubing.	
17. One each hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child and infant transparent masks capable of use with supplemental oxygen.	
18. One portable suction, electric or gas powered, with wide bore tubing and tips, which meet the minimum standards as published by the GSA in KKK-A-1822 specifications.	
19. Assorted sizes of extremity immobilization devices.	
20. One lower extremity traction splint. (Pediatric and Adult)	
21. One sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel and cord clamps or cord-ties.	
22. Burn sheets.	
23. One flashlight with batteries.	
24. Occlusive dressings.	
25. Assorted sizes of oropharyngeal airways. Pediatric and Adult	
26. One installed oxygen with regulator gauge and wrench, minimum "M" size cylinder. (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director. This approval must be in writing and available to the department for review.)	
27. Sufficient quantity of gloves – suitable to provide barrier protection from biohazards for all crew members.	
28. Sufficient quantity of each for all crewmembers – Face Masks – both surgical and respiratory protective.	
29. Assorted pediatric and adult sizes rigid cervical collars as approved in writing by the medical director and available for review by the department.	
30. Nasopharyngeal airways, French or mm equivalents (infant , pediatric , and adult	
31. One approved biohazardous waste plastic bag or impervious container per **Chapter 64J-1, F.A.C.** 31a. Pediatric length based measurement device for equipment selection and drug dosage	
32. One per crewmember, safety goggles or equivalent meeting A.N.S.I.Z87.1 standard.	
33. One bulb syringe separate from obstetrical kit.	
34. One thermal absorbent reflective blanket.	
35. Two multi-trauma dressings.	

GENERAL SANITATION (Section 401.26(2)(e), F.S.
I. Vehicle and Contents ☐ **Satisfactory** ☐ **Unsatisfactory**

Comments:

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I ›m aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and ›nalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: ______________________________ **Date:** ______________

Inspected By: ______________________________ **Date:** ______________

STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
ADVANCED LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)

Service Name: ______________________ **Inspection Date:** ____/____/____ **Unit No.**____________

Inspection Codes:
= Item meets inspection criteria.
= Item corrected during inspection to meet criteria.
2 = Items not in compliance with inspection criteria.

Rating Categories:
1 = Lifesaving equipment, medical supplies, drugs, records or procedures
2 = Intermediate support equipment, medical supplies, drugs, records or procedures
3 = Minimal support equipment, medical supplies, records or procedures

LS EQUIPMENT AND MEDICATIONS
(Reference Chapter 64J-1, F.A.C.)

MEDICATIONS	WT/VOL	QTY	
1. Atropine Sulfate			
2. Dextrose, 50 percent	25 gm/50ml		
3. Epinephrine HCL	1:1,000 1 mg/ml		
4. Epinephrine HCL	1: 10,000 1 mg/10cc		
5. Ventricular dysrhythmic			
7. Naloxone (Narcan)	1 mg/ml 2 mg amp.		
8. Nitroglycerin	0.4 mg spray pump		
9. Diazepam	5 mg/ml		
10. Inhalant, Beta Adrenergic agent with nebulizer apparatus, approved by medical director	In nebulizer apparatus		
IV SOLUTIONS MINIMUM QTY	MINIMUM AMMOUNTS		
1. Lactated Ringers or Normal Saline		In any combination	
Medical Equipment			
a. Laryngoscope handle with batteries			
b. Laryngoscope blades, adult, child and infant sizes			
c. Pediatric IV arm board or splint appropriate for IV stabilization			
d. Disposable endotracheal tubes; adult, child and infant sizes (Two each within the ranges 2.5mm – 5.0mm shall be uncuffed; range 5. mm – 7.0mm; 7.5mm – 9.0mm)			
e. Pediatric and adult endotracheal tube stylets.			
f. Pediatric and adult Magill forceps.			
g. Device for intratracheal meconium suctioning in newborns			
h. Tourniquets			
i. IV cannulae between 14 and 24 gauge			
j. Micro drip sets			
k. Macro drip sets			
l. IV pressure infuser			
m. Needles between 18 and 25 gauge			

MEDICAL EQUIPMENT (Cont.)		
n. Intraosseous needles 15 or 16 gauge and three way stop-cocks. As allowed by medical director.		
o. Syringes from 1 ml. To 20 ml.		
p. DC battery powered portable monitor defibrillator capable of delivering energy below 25 watts/sec with adult and pediatric paddles (or pediatric paddle adapters) and EKG printout and spare battery.		
q. Adult and pediatric monitoring electrodes.		
r. Pacing electrodes, if monitor or defibrillator requires.		
.		
s .Electronic waveform capnography capable of real-time Monitoring and printing record of the intubated patient		
t. Method of blood glucose monitoring approved by medical director.		
u. Pediatric length based measurement tape for equipment selection and drug dosage.		
v. Approved sharps container per Chapter 64J-1, F.A.C.		
w. Flexible suction catheters size 6-8, 10-12, and 14, French	One each	

Other ALS Requirements	
1. Standing orders – authorized by current medical director within last 24 months	
2. Controlled substances stored in a locked drug compartment.	
3. Controlled substance written vehicle log:	
A. Inventory conducted at beginning and end of shift.	
B. Log consecutively, permanently numbered pages.	
C. Log on each vehicle specifies:	
1. Vehicle unit or number;	
2. Name of employee conducting inventory;	
3. Date and time of inventory;	
4. Name, weight, volume or quantity and expiration date of each controlled substance;	
5. Run report no. (if administered);	
6. Each amount administered or disposed;	
7. Printed name and signature of administering Paramedic or other authorized licensed professional.	
8. Printed name and signature of person witnessing the disposal of each unused portion.	

Comments:

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: ______________________ **Date:** ____________

Inspected By: ______________________ **Date:** ____________

The provider's medical director may determine quantities. Quantities must be sufficient to meet the services protocols.

EMSA
Year Ended 6/30/15

Measurement		East (Tulsa)	West (OKC)
Payor Mix (receipts)	Medicare	32%	29%
	Medicaid	18%	16%
	Pvt Ins	28%	30%
	Other	4%	6%
	Subsidy	18%	19%
	Total	100%	100%
Payor Mix (billings)	Medicare	44%	45%
	Medicaid	21%	19%
	Pvt Ins	14%	16%
	Other	21%	20%
	Total	100%	100%
Transport Volume	Emerg	60,250	72,483
	Non-emerg	8,855	6,356
		69,105	78,839
	ALS	58,048	72,532
	BLS	11,057	6,307
		69,105	78,839
Cost Per Transport		384.95	389.01
Cost Per Unit Hr		153.48	152.46
Receipts Per Transport		349.35	372.25
Transports Per Unit Hr		0.40	0.39

Reproduced from the 2014 Coalition of Advanced Emergency Medical Service Providers (CAEMS) Benchmarking Survey.

Figure 39: Total Cost Per Unit Hour by Agency

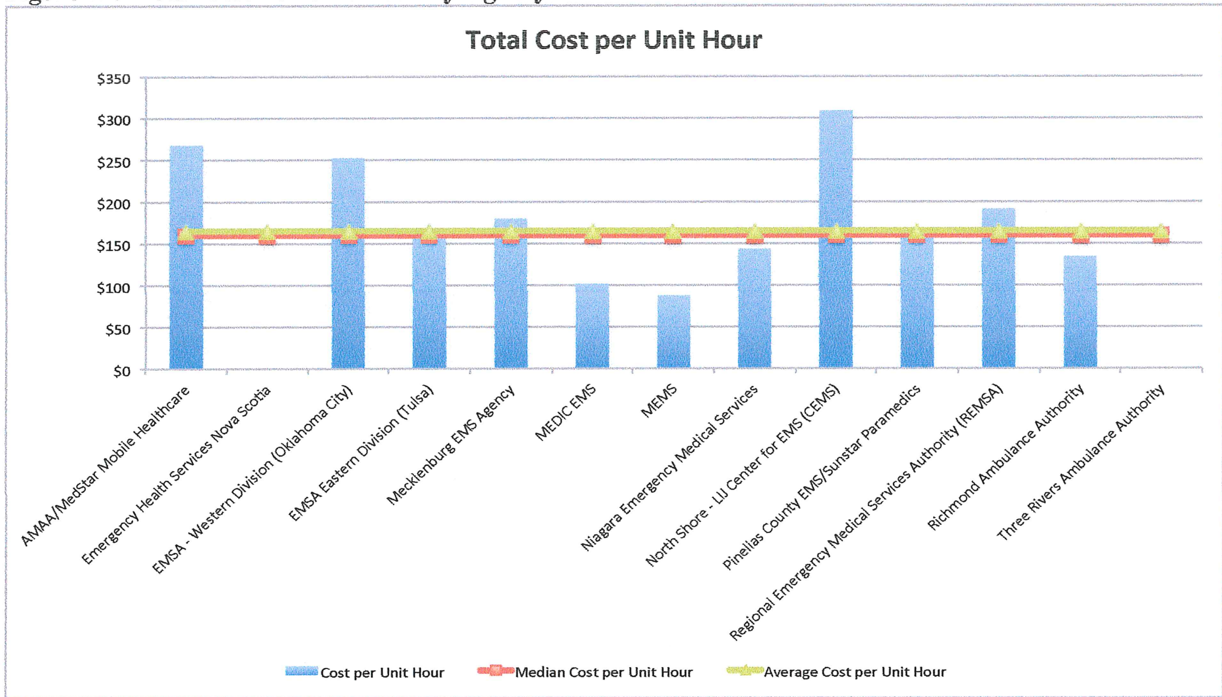


Figure 40: Total Cost per Transport