JUNE 2017

Response to Request for Proposal:

EMS OPERATIONAL AND FINANCIAL AUDIT
ANDERSON COUNTY, TN

Prepared by:

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CONSULTANT PROPOSAL

EMS OPERATIONAL AND FINANCIAL AUDIT
ANDERSON COUNTY, TN

TABLE OF CONTENTS

TAB A: INTRODUCTION

The Anderson County Government (herein after called "The County") has requested proposals from vendors to audit the operational and performance (financial) aspects of Anderson County Emergency Medical Services (ACEMS).

Fitch & Associates is pleased to respond to the request for proposals, such that Anderson County can determine what, if any, changes are needed for ACEMS to operate more efficiently and economically, in compliance with all policies, procedures and statutes and regulations.

We have reviewed the request for proposals, and have provided a detailed response capturing the desired elements of the audit. The *FITCH* team recognizes the importance of this project to the County and will work hard to objectively assess and benchmark the performance of all organizational, operational, and administrative components. We will identify implementable opportunities for improved efficiency and effectiveness, and provide future oriented options for sustainability.

Our firm is uniquely qualified to submit this response and perform the work required. Fitch & Associates has provided similar planning and analysis services for major cities, counties, and emergency service agencies throughout its more than 30-year history. Our team has extensive technical expertise across a wide variety of EMS system constructs and structures. We are known for delivering accurate reports with highly implementable recommendations within the agreed timeframes and budget.

We appreciate the opportunity to submit this response and look forward to talking with you more about how we can provide you superior services and value.

TAB B: VENDORS' BUSINESS INFORMATION

Fitch & Associates, LLC (*FITCH*) is a United States-based Limited Liability Company. It was established as a corporation in 1984 and converted to a Limited Liability Company in 1996. The firm is located in Platte City, Missouri, a suburb of Kansas City.

Fitch & Associates, LLC
Federal Tax Identification Number: 43-1780744
2901 Williamsburg Terrace, Suite G
Box 170
Platte City, Missouri 64079
Telephone: (816) 431-2600
Facsimile: (816) 431-2653

Anthony W. Minge, EdD is a partner of the firm and will be the project manager and primary contact for the project. Dr. Minge will act on behalf of the firm during contract negotiations and has the authority to legally bind the firm to any negotiated contract.

Anthony W. Minge, EdD
Partner
2901 Williamsburg Terrace, Suite G
Box 170
Platte City, Missouri 64089
Telephone: 816-431-6816
Email: aminge@emprize.net

Joseph (Jay) Fitch, Ph.D., president and founder of the firm, will be the project partner providing guidance and project oversite. He will have the supervisory role over the project manager.

Joseph J. Fitch, PhD
Founding Partner
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Platte City, Missouri 64089
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No sub-contractors will be used in this project.

TAB C: FIRM QUALIFICATIONS AND EXPERIENCE

1. Organizational History

Throughout it's over 30-year history, *FITCH* has earned credibility throughout the EMS industry by implementing innovative, customized solutions that cross both public and private sectors in the healthcare and public safety arena. From its office in Platte City, Missouri, the firm has consulted with more than 1,000 organizations in all 50 states, almost every Canadian Province and in more than 12 other countries. Projects have ranged from objective reviews, analysis and system design issues to detailed operational, financial and transition management consultation. *FITCH* has developed and managed on an interim basis, both ground- and air-EMS systems for multiple major communities around the world.

Figure 1 – *FITCH* Client identification map, North America

FITCH specializes in public safety/EMS consulting and has direct experience with assignments similar to that requested by Anderson County. Founded by Joseph J. Fitch, Ph.D. in 1984, partners Richard A. Keller (retired) and Christine M. Zalar joined the firm in 1985 as founding partners and since that time, the they have led the organization in management and development of some of the most diverse and innovative EMS systems in North America. Guillermo Fuentes and Anthony Minge became partners in the firm in 2012. The firm's resources blend EMS/healthcare management and clinical experience with expertise and extensive consulting assignments managed over the past three decades.

In addition to the partners, *FITCH* employs full-time senior associates and support staff members. The firm also regularly utilizes independent consultants who have been affiliated with the firm for many years. These resources provide expertise on matters as diverse as organizational psychology, accounting, economics, healthcare administration, public information and education, marketing research, emergency medicine, fire service administration and law enforcement.

FITCH'S on-going success is attributable to its experience, credibility and solid consulting methodologies developed and applied to reflect individual situations. System stakeholders are typically deeply involved in the consultation process. Our collaborative approach facilitates support for implementation and long-term system stability. Project research outcomes are identified within a framework that is community

specific and characterized as having absolute integrity with respect to comprehensiveness, objectivity and accuracy.

2. Qualifications and Expertise

Since its inception, *FITCH* has established a track record of helping organizations improve quality of care, decrease response times, increase financial effectiveness and strengthen public trust in EMS. At *FITCH*, we endeavor to advance the EMS profession as a whole. Our staff regularly participates in professional association activities, writes for trade journals, holds appointed board positions and serves as faculty for numerous EMS association conferences. Principals of the firm regularly participate in state, national and international EMS conferences as well as individual training and educational programs sponsored by provider organizations and trade associations.

FITCH understands the complexity of developing new EMS system designs, implementing feasibility studies and planning processes for cross utilization of multiple emergency services agencies, system specifications, RFPs and ambulance service agreements. Through planning, implementation and analysis of hundreds of projects, we have built a solid knowledge base regarding the costs of providing services, potential revenue recovery, funding options, clinical and human resource issues and the investigation of what works best in each unique community. Throughout its history, *FITCH* has investigated and created planning documents to define EMS systems, their performance requirements, accountability and safety-net provisions for the communities they serve. The firm has assisted countless communities in maneuvering complex dialogue and planning efforts resulting in long-term and sound EMS efforts.

FITCH frequently contributes to influential industry publications, including the *Journal of Emergency Medical Services (JEMS)*, *EMS Magazine*, *Best Practices in Emergency Services, EMS Insider*, *Fire Chief*, and the *Air Medical Journal*. As well, the firm contributed extensively to the American Ambulance Association (AAA) workbook, *Contracting for Ambulance Services*.

Principals with *FITCH* have authored such definitive texts on EMS management as *EMS Management, Beyond the Street* and the multiple editions of *Pre-hospital Care Administration*. *EMS Management* has been used as a text for both the United States' Fire Academy and the American Ambulance Association's (AAA) EMS management training programs. All three books were published by JEMS. *FITCH* principals have also written a number of member reports for the International City/County Management Association (ICMA) including *EMS in the ERA of Health Care Reform; The New EMS Imperative: Demonstrating Value; EMS in Critical Condition: Meeting the Challenge* and *911 Center Operations: Challenges and Opportunities.*

Demonstration of *FITCH'S* commitment to keep abreast of and contribute positively in a rapidly changing healthcare environment and the EMS/public safety sector includes involvement in more than 20 professional associations. We regularly present at conferences on EMS/public safety topics, worldwide. In addition, the firm annually coordinates and sponsors *Pinnacle Leadership Conference,* a leading EMS industry networking and education summit. We manage and conduct the Ambulance Service Manager's course for the American Ambulance Association. This program has provided EMS-specific training to over 1,000 ambulance service managers from the public and private sector over the past two-and-a-half decades. The firm developed and conducts the Communications Center Manager Course, a certification program for police, fire and EMS communications management personnel, on behalf of the National Academies of Emergency Dispatch.

Specific Project Strengths

FITCH'S specific strengths for this project are centered on the firm's ability to objectively conduct research, manage multiple project priorities and blend both expert and local resources while building

support for the outcome. Five key strengths include: time-tested methods; teamwork; timeliness; tangible results; and talented and experienced consultants.

Time-tested Methodologies
FITCH'S company experience combined with that of its individual consultants represent an unparalleled experience base for the tasks at hand. *FITCH* has been involved in approximately 1,000 consultations representing a diverse client base, including local governments, state and provincial governments, municipal, private, volunteer, fire departments, ambulance services, and hospitals.

Teamwork
Throughout its history, *FITCH* has stayed true to its core values by accomplishing projects using a collaborative approach. This approach offers high levels of involvement for system participants without compromising the independent or objective nature of the project.

Timeliness
FITCH is known for producing its work on time and on budget. Timeliness also involves consultant access and response times. Both are important in consulting, as they are in emergency services.

Tangibles
Tangible results in consulting mean developing solutions addressing the client's needs *and* providing recommendations, which are implemented. *FITCH* is known for developing innovative solutions to complex issues. Our recommendations and tangible work products have been implemented with greater frequency than those of any other EMS/public safety-consulting firm.

FITCH projects regularly involve detailed reviews of revenue and expenditure reports and budgetary processes. Our reviews include comparing Comprehensive Annual Financial Reports (CAFRs) to determine various fund balances, specifically for special revenue and proprietary funds. We look to establish multi-year trends to determine long-range funding sustainability of these operations. From the billing perspective, *FITCH* conducts exhaustive reviews of billing processes and the interface between internal billing personnel and field personnel. *FITCH* performs exhaustive and detailed reviews of billing and collection reports and interviews both internal billing/records staff, as well as, any outside contractor personnel. If deemed necessary, FITCH will conduct an audit of randomly selected patient records for compliance purposes.

3. Recent Relevant Projects

University Medical Center EMS, Lubbock, TX
602 Indiana Ave, Lubbock, TX 79415
The University Medical Center operates the regional (emergency only) EMS system in Lubbock, Texas including serving as a secondary PSAP within the 911 system. The firm recently completed a comprehensive EMS system review and developed a long term master plan. It was subsequently retained to support the development and accreditation of its EMS communications center and provide on-site management services.

The primary contact for this project is Jeffery Hill, Senior Vice President. He may be reached by phone at (806) 241-0348 or by email at Jeffrey.Hill@umchealthsystem.com.

Dallas Fire Department, City of Dallas Texas
1500 Marilla Street, Suite L1CS, Dallas, TX 75201
FITCH was retained by the City of Dallas to assist in its resolution of complex litigation. Subsequently, the Department retained the firm to develop a documentation-training program for its 1,000+ workforce.

The firm provided a high-level summary of future trends for response systems and evolution of community paramedicine to assist the department's leadership in formulating future strategies. In 2014, the City again retained the firm to conduct a comprehensive review of its communications center and develop a department-wide strategic plan for the enhancement of the EMS services it provides.

The contact for the City is Assistant Chief Daniel Salazar, Dallas, Texas Fire Department. He can be reached at (214) 671-8284 or Daniel.Salazar@dallascityhall.com.

Minnehaha County, South Dakota
415 N. Dakota Ave., Sioux Falls, SD 57104
The county retained the firm to objectively review its EMS system that included a governmentally operated communications system and multiple private and volunteer agencies. The system encompasses a suburban and rural county surrounding the largest City in the state. The outcome of the project was nearly 30 recommendations related to service and sustainability. According to a Chamber of Commerce newsletter article summary; "The Commissioners believe they received good value for their investment in this project and they now have a good roadmap for system improvement."

Contact for this project is Lynn DeYoung, Director, Minnehaha County Emergency Management, phone (605) 367-4290, ldeyoung@minnehahacounty.org

Advanced Medical Transport, Peoria, Illinois
1718 N. Sterling Ave., Peoria, IL 61604
Advanced Medical Transport (AMT) is a not-for-profit entity originally created by the City and County of Peoria and the hospitals of Peoria. Fitch & Associates was originally engaged to create this system's business structure and performance specifications in 1998. The Firm has represented the organization at varying points in its 30-year history including conducting reimbursement reviews, providing operational support, and strategic planning services facilitating its growth to a multistate EMS system. AMT operates without local tax subsidies. It has the distinction of receiving a perfect score in multiple reviews by the Commission on the Accreditation of Ambulance Services (CAAS).

The primary contact for this project is Andrew Rand, Executive Director. He can be reached at (309) 494-6220 or arand@amtci.org.

City of Bend Fire & EMS, Bend, Oregon
710 NW Wall St., Bend, OR 97703
The scope of service of the project was to analyze and recommend and appropriate fee structure for the EMS and Fire Prevention programs. FITCH was retained to provide a full service review of EMS and Fire Prevention services for the City for the purpose of identification of best practices, areas of improvement, strategic planning for efficiency in current and future operations, and provision of recommendation for rate structure. The agency and city council reported that the firm's analysis was the most in-depth study they have had and/or were aware of for any EMS agency.

The primary contact for the project was Chief Steve O'Malley. He can be reached at (541)-322-6300 or somalley@bendoregon.gov.

4. Disclosures

FITCH has not done previous nor is it doing current for Anderson County Government and its affiliated departments.

FITCH has no on-going business relationships with members, staff or employees of Anderson County Government.

FITCH has no family relationships with elected officials, staff or employees of Anderson County Government.

FITCH has no financially interested parties that have a former or current business or employment relationship with Anderson County Government.

There are no pending civil litigation, criminal investigation, or regulatory sanction that is pertinent to the services described herein involving *FITCH*. *FITCH* has not had any matters in which the firm has been found liable or guilty for any civil or criminal action, including any judgments or cases under appeal or regulatory sanctions. *FITCH* has had no significant losses or settlements involving the firm. *FITCH* agrees to disclosure of any litigation or investigation commencing after submission of a proposal in the form of a written statement to the Anderson County Audit Advisory Committee within fifteen (15) days of its occurrence. *FITCH* understands that failure to comply with the terms of this provision will disqualify the firm.

TAB D: TEAM MEMBERS AND STAFF QUALIFICATIONS

FITCH assigns a partner to every project to provide oversight, guidance, and assist with project work. The partner in intimately involved in the project from beginning to end, communicating regularly with the project team and the client. Some projects, due to their scope and complexity warrant the involvement of more than one partner. The backgrounds and experience of Dr. Fitch and Dr. Minge, combined with the associates and staff assigned to this project, will provide a unique and unparalleled level of expertise to ACEMS. The engagement of two partners in the project provides ACEMS with the security of high levels of oversight and coordination as well as guarantee of a back-up project manager, in the event one were needed, who will have intimate knowledge of the project throughout the entire process. The figure below provides a detail of the management, participants, roles, and duties for this project.

Figure 2 Key Project Staff

Staff Member	Position	Primary Responsibility
Joseph (Jay) Fitch, PhD	Founding Partner, Fitch & Associates, 31 years with the firm. Former EMS Director in St. Louis & Kansas City.	Provide project oversight and guidance, project recommendations, organizational change management strategies and strategic planning. Back-up Project Manager.
Anthony Minge, EdD	Partner, Fitch & Associates. 10 years with the firm. Former business manager for ground and air operations in Dallas and Spokane, extensive budgeting, healthcare finance, billing, and compliance expertise.	Project Manager, project direction & leadership, strategy development, practice evaluation, financial audits.
Skip Kirkwood, JD, EMT-P	Senior Consultant, 14 years with the firm– currently (retiring June 30) director of Durham County EMS, 33 year EMS career.	Response data analysis, mapping and deployment plan development; squad interactions, organizational structure analysis, management practices, quality improvement, hiring and retention, staffing, utilization and retention, training and education, fleet management, facilities utilization, dispatch services, technology utilization, fleet expenditures, general non-capital expenditures, safety, security and risk management, customer service, and staff salaries.
Dianne Wright, MPA	Senior Consultant, 19 years with the firm - Former CFO, Miami-Dade County Fire Dept.	Budget, financial analysis, forecasting – cost and savings analysis, asset management, equipment expenditures.
Melissa Coons, BS, CAC	Billing process analyst, 4 years with the firm – former assistant director for ambulance billing operations. Certified Ambulance Coder.	Billing practices and revenue collection analysis.

Biographical Summaries for each of the team are outlined below:

Joseph (Jay) Fitch, PhD – Founding Partner
Project Oversite – Back-up Project Manager
2901 Williamsburg Terrace, Suite G, Box 170
Platte City, MO 64079
816-431-2600
jfitch@fitchassoc.com

Dr. Fitch's areas of expertise include emergency services system design, business process improvement, change management, and project leadership. He has extensive experience with emergency service agencies and emergency services system design, communications, operations and implementation. Dr. Fitch will be involved in the research, development of innovative approaches and will regularly interact with the project team.

Dr. Fitch served as a police officer, firefighter, and paramedic prior to being named director of EMS for the City of St. Louis and subsequently in Kansas City. He is recognized as a public safety operation and systems design expert. Dr. Fitch is the author of one of the textbooks that have been used by both the United States Fire Academy and the American Ambulance Association. For more than a decade he served as chair of the board of directors of a suburban Kansas City municipal fire district.

Dr. Fitch co-authored the recent International City and County Management Association *InFocus Report* titled "Making Smart Choices about Fire and Emergency Medical Services in a Difficult Economy". Dr. Fitch received the Exemplary Service Award from the International Academies of Emergency Dispatch and he was the recipient of the 2014 Lifetime Achievement Award from the National Association of EMT's.

Anthony Minge, EdD – Partner
Project Manager
2901 Williamsburg Terrace, Suite G, Box 170
Platte City, MO 64079
816-431-2600
aminge@fitchassoc.com

Dr. Minge's responsibilities, in addition to client engagements, include the leadership of the MedServ Patient Accounts Services (MPAS) group, providing both accounts receivable and membership program management for clients.

Dr. Minge has an extensive background in healthcare finance specializing in managing billing and collections functions in multiple areas including pharmacy, home health, hospital, lab and ground and air medical transport. Prior to joining the firm, he was the business manager for Northwest Medstar in Spokane, Wash., one of the largest air medical programs in the Pacific Northwest. His background also includes serving as business manager of Children's Medical Center of Dallas, one of the nation's busiest children's specialty transport services.

Dr. Minge has been directly involved in the development and management of ground and air services for hospital based and stand-alone ambulance services for a number of years. He served as both finance committee chair and faculty for transport conferences and guest lecturer for coding and medical documentation training programs. He has served on state and regional advisory councils in Washington and Texas for ambulance services and safety/injury prevention committees.

Dr. Minge earned a Bachelor of Business Administration from Midwestern State University, Wichita Falls, Texas, and an MBA in Strategic Leadership from Amberton University in Garland, Texas, and a Doctorate of Education in Organizational Leadership from Argosy University in Dallas, Texas.

Dr. Minge oversees billing and revenue management audits, fee and service studies, and compliance audits for the firm and served as primary partner, assistant project manager, and key staff for multiple firm projects.

He has served as project manager for the following extensive projects of the firm that included detailed audits as part of the project(s):

City of Dallas
Dallas Fire Rescue (DFR)
Asst. Chief Daniel Salazar
1500 Marilla Street, Suite L1CS
Dallas, TX 75201
214-671-8284

The City engaged *FITCH* to assist with procurement of resources for the enhancement and evolution of the city's 911 fire and EMS dispatch center and to develop of a strategic plan for Dallas Fire Rescue operations. This project required the firm to do a full analysis of the utilization of resources including equipment and personnel, identify needs, assist in the procurement and implementation of a call response optimization program for dispatch, and develop a strategic plan for the current and ongoing operations of fire and EMS services in the City of Dallas. Management of the project has required the coordination of the firm's multiple content experts, communication with all levels of departmental leadership and city government and has included in-depth analysis and reporting on a myriad of operational and financial elements impacting fire and EMS operations.

City of Bend Fire & EMS
Chief Larry Langston
710 NW Wall St.
Bend, OR 97703
541-322-6300

The scope of service of the project was to analyze and recommend and appropriate fee structure for the EMS and Fire Prevention programs. This required a full cost analysis of the department's fire and EMS operations, and review and reporting with recommendation on program elements including, but not limited to, fleet, staffing, billing, budgeting, revenue collection performance, quality assurance and improvement, call response, customer service, salaries, and risk management. The project culminated with a well-received presentation to EMS leadership and City Council with endorsement of the City Manager to implement recommendations from the report.

University Medical Center EMS
Sr. VP Jeff Hill
602 Indiana Ave
Lubbock, TX 79415
(806) 241-0348

Dr. Minge served as co-project manager with Dr. Fitch on this project. A full service analysis of regional EMS system for Lubbock, Texas required a comprehensive full system analysis including financial, billing, compliance, budgeting, expenditures, fleet, maintenance, facility utilization, staffing, resource utilization, deployment, dispatch, leadership, training/education, risk management, and development of a long term strategic plan. Based on the report findings and recommendations, the firm was retained to

support the development and accreditation of its EMS communications center and provide on-site management services.

Skip Kirkwood, J.D., EMT-P
Site Assessment Coordinator/Operational Analysis
2901 Williamsburg Terrace, Suite G, Box 170
Platte City, MO 64079
816-431-2600
skirkwood@fitchassoc.com

Mr. Kirkwood works with the Firm's clients on special projects. He also serves as the EMS Director of the Durham County (NC) EMS Division, from where he will retire on June 30, 2017. Mr. Kirkwood is an attorney with a broad range of public safety experience. He formerly was Chief of Wake County (NC) EMS and a fire battalion chief at Tualatin Valley Fire & Rescue, serving suburban Portland, Oregon. Skip was responsible for the department's informatics division and successful CFAI accreditation. From 1991 until 1996, he served as Director of EMS and Trauma Systems for the State of Oregon.

His work with the Firm has been centered in researching and implementing operational and technology improvements for clients. Chief Kirkwood is a Past President of the National EMS Management Association, is an Adjunct Instructor in the graduate program in Emergency Health Services of the University of Maryland – Baltimore County and the George Washington University, where he teaches EMS Law and Policy. Mr. Kirkwood graduated with honors from Rutgers University School of Law. He holds the U. S. Fire Administration Executive Fire Officer certification, the Chief EMS Officer credential from the Centers for Public Safety Excellence, is a Fellow of the American College of Paramedic Executives, and is a member of the Board of Directors of the Commission on Accreditation of Ambulance Services.

Dianne G. Wright, MPA
Governmental Financial Project Coordinator
2901 Williamsburg Terrace
Suite G, Box 170
Platte City, MO 64079
816-431-2600
dwright@fitchassoc.com

Ms. Wright is the former Assistant Director of Fire-Rescue Services in Miami-Dade County, Florida. In that capacity for 10 years, she was the senior staff executive and Chief Financial Officer for one of the nation's largest and progressive fire-rescue departments. Ms. Wright enjoyed a 17-year career with Metro-Dade County. Her previous assignments were as the Division Chief for Finance/Public Services in the Public Works Department and as a Budget Analyst for the Office of Management and Budget.

In January 1998, Ms. Wright began consulting on a full-time basis and has been affiliated with *FITCH* for fire and EMS projects since that time. She also independently served as a consulting staff member to the Florida Governor's Financial Oversight Board from 1998 to 2004 during the City of Miami's financial crisis. Starting in 2003 through 2009, Ms. Wright was the financial and administrative project manager for the South Florida Urban Area Security Initiative (UASI) grant handling reimbursement and other reporting processes for this multi-million-dollar grant. She also performed as the key financial consultant for the incorporation processes of several south Florida municipalities.

Ms. Wright has worked successfully on numerous *FITCH* projects involving both large and small agencies. Her primary role on these projects has been to conduct financial reviews, provide overall project organization and situation report updates for both the consultant team and the client.

Melissa D. Coons, BS, CAC
Billing Analyst
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Suite G, Box 170
Platte City, MO 64079
816-431-2600
mcoons@fitchassoc.com

Mrs. Coons joined the firm in 2013 in the roll of Assistant Director of the MedServ Patient Account Services, the firm's sister company responsible for providing ambulance revenue management services. Upon the sale of MedServ Patient Account Services in 2015, her responsibilities transferred within the firm to billing and compliance consulting. She is a certified ambulance coder and maintains this credential through required annual training and has completed dozens of claims analysis reviews for both ground and air ambulance operations for the firm.

TAB E: WORK PLAN

We propose to begin work on the project within thirty (30) days of execution of the contract with the county. The first step in the project will be the firm's submission to the County Project Manager, of an Information and Data Request (IDR), which will specify items to be provided by the county to the firm. A sample IDR is included as Attachment 5 for reference.

Timelines for the deliverables specified in the RFP are as follows:

Final Work Plan: to be delivered thirty (30) days following the receipt of items specified in the project-specific IDR. An initial work plan will be provided based on initial project discussions with the Committee after the kickoff meeting. The final work plan will be adjusted as necessary based on the information provided in the IDR.

A sample work plan is included as Attachment 8.
Bi-weekly Status Reports: to be delivered on a bi-weekly basis beginning with the county's approval of the final work plan.

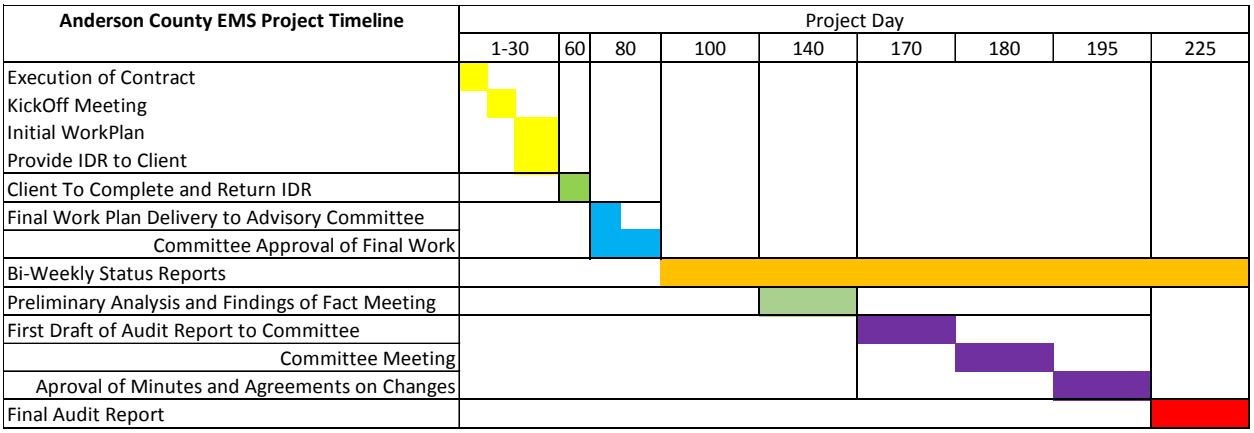
Preliminary Analysis and Finding of Fact Meeting: to be conducted sixty (60) days following the county's approval of the final work plan.

First Draft of Audit Report: to be delivered thirty (30) days following the completion of the Preliminary Analysis and Finding of Fact Meeting process.

1. First draft provided to Committee – 10 days prior to the meeting (D-10)
2. Committee meeting (D-0)
3. Approval of minutes and agreement on changes by county and the firm (D+15)

Final Audit: To be delivered (30) days following approval of minutes and agreement on changes to be incorporated, resulting from Preliminary Analysis and Finding of Fact Meeting, by the county and the firm.

The Project Timeline below provides a visualization of the time in days anticipated for project completion. This project timeline depends on ACEMS providing complete and usable information and data within the time allotted. Any delays in ACEMS providing data or requirements of FITCH to assist in the creation of reports required for provision of useful information could result in the need for adjustment to the project timeline.



FITCH will provide a final audit report that will provide ACEMS with a current analysis of all items listed in Section 4, Scope of Service and will identify opportunities, as applicable, to streamline and make them more efficient where available. Furthermore, *FITCH* agrees to all aspects of the Vendor's Obligations and Responsibilities, including the Deliverables, as outlined in Section 4.1 of the request for proposal. Finally, *FITCH* is also in agreement with the duties outlined in Section 4.2 County's Obligations and Responsibilities, with the exception of Section 4.5. *FITCH* wishes to propose that 10% of the fee be paid upon approval of the final work plan with 40% paid upon satisfactory submission of the Draft Report and the remaining 50% paid at project completion, identified as successful submission of the Final Audit.

A kick-off meeting to finalize the work plan and timeline are paramount to a successful study and the ability of *FITCH* to maximize the effectiveness of its team. At the kick-off meeting an overview to the approach of the project will be provided to stakeholders. Any final logistical and scheduling issues will be resolved during this phase.

Baseline information is collected from a variety of sources and is a central element of this project.

Baseline information typically includes the following:

- Previous studies and planning documents;
- Annual reports and records;
- Available response and deployment planning data;
- Budgets and expenditure reports;
- Billing, revenue management processes and documentation;
- Organizational charts and schedules;
- Documented policies and procedures;
- Relevant performance documentation, much of which will be identified and collected during the data request stage; and
- Additional documentation and other performance measures based on our experience conducting similar reviews.

Baseline data is collected utilizing an Information and Data Request (IDR) instrument to collect detailed information from the County, communications center, and contract stakeholders. The IDR has been used in hundreds of organizations over the last 30 years, but will be modified and targeted to meet the specific objectives of this project. Included in this document will be a Geo-Spatial Data request to allow the Firm to conduct a comprehensive demand analysis. Use of this instrument allows us to access key information about your system and compare your results to other organizations. The instrument is delivered electronically in PDF format with a defined deadline for completion. The IDR data is essential for shaping initial questions, guiding onsite planning, and shortening follow up requests for materials. Thorough and timely review, completion, and submission of the data expedite the completion of the project.

Comparing performance to internal and external benchmarks provides a useful framework for objectively evaluating the system. Fitch & Associates compares agencies along 50 unique benchmarks in six broad categories aligned with the Institute for Healthcare Improvement's Triple Aim goal to enhance the experience of care, understand costs, and improve outcomes. This *FITCH* analysis includes: Clinical Care; Operational Performance & Metrics; Fiscal Policies and Processes; Regulatory Environment; Community Engagement and Population Health Initiatives, and finally; Organizational Structure and Effectiveness. This will be accomplished through the information provided in the IDR, interviews with key stakeholders, analysis of relevant data sets and by direct observation.

Development of future options is an iterative process based upon the review of the current situation, organizational capabilities, and the service mandate. There is no cookie cutter approach. Options are developed based on the quantitative and qualitative research completed by the consultants. Findings and recommendations are summarized in a slide deck style report supported by additional data tables and materials.

Evaluation of options and decisions is the stage where the final report is presented in a briefing. This provides a framework to discuss the findings, recommendations, implementation strategies, and timeframes.

Detailed Methodology for Anderson County Described

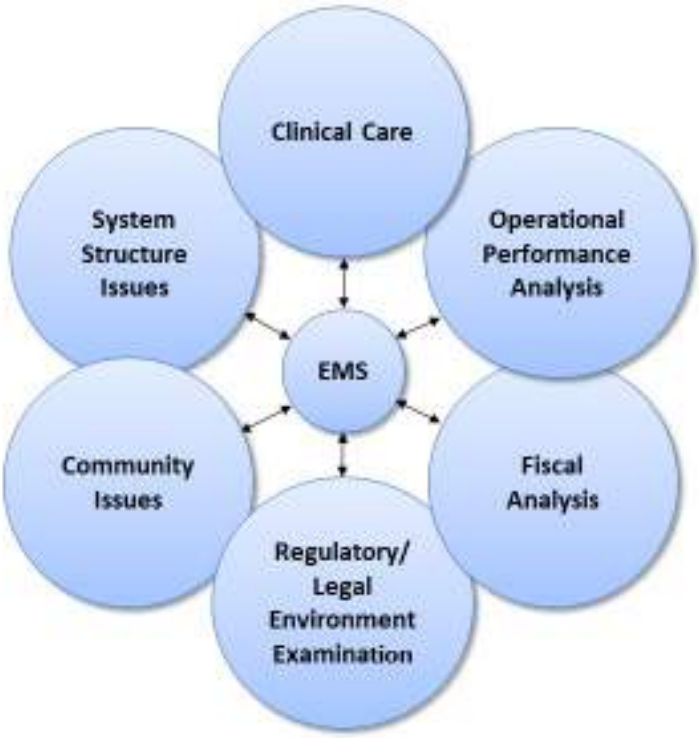
Our methodology is a disciplined and structured approach to managing projects. The ultimate purpose is to make defining, planning and controlling of projects a repeatable, consistent, and successful process. All phases of project management are addressed from inception to completion. This approach will be used to provide a framework for effective management and completion of this project, while providing sufficient flexibility to meet the unique needs of your organization.

Our proposed work plan reflects the key elements of the process. Key activities are clearly outlined and logically organized to produce specific deliverables within the defined period of time. We will review our progress against our work plan on a bi-weekly basis to ensure that we are progressing according to the plan. Any deviations will be flagged immediately and appropriate action taken, through discussion with you, to address issues. This progress will be reported bi-weekly to the Audit Advisory Committee in the form of oral reports, written Situation Reports (SitReps) and other forms of communication agreed upon by Fitch and the Committee, to included current status of the work being performed, any difficulties or special problems with proposed remedies, key issues confronted, and any problems in performance and estimated timeline progress. *FITCH* will keep the committee apprised of activities, status, and any problems, the committee will be provided time or opportunity to share insight and/or ask questions of *FITCH* to assist in the refinement of the project work plan and ACEMS needs. Additionally, *FITCH* will be in regular communication with the County Project Manager as needed outside these bi-weekly meetings and reports to ensure there are no errors in the interpretation of the data and factual findings.

To develop an optimal future state, a broad understanding of what exists and how it benchmarks to best practices is a foundational step. The assessment model we utilize is an objective process that engages stakeholders.

Our industry specific framework incorporates six major areas of inquiry including clinical care, operational performance analysis, fiscal analysis, regulatory/legal environment examination, community issues, and system structure issues. The framework acknowledges that state, regional, and local government entities; public safety agencies; medical facilities; physicians; nurses; paramedics; fire fighters; insurers; tax-payers; and many others must work together in order to provide the highest possible level of quality within available resources. Figure 3 on the next page provides a visualization of this concept.

Figure 3 – Assessment Model



The following points present the elements that are typically covered within the course of an audit. The specific criteria utilized in this project will be reviewed with the steering committee.

Clinical Care

- Protocol development process.
- Quality of clinical care (e.g., as measured by reasonable conformance to protocol).
- Base hospital activities.
- Level of service provided by various organizations.
- EMS-hospital handoffs.
- Training and continuing education.
- Physician involvement.
- Scores of practice.
- Medical audit/review process & use of findings.
- Clinical research.
- Medical protocols and procedures.
- Quality improvement and measurement systems.
- Medical direction and control issues.
- Patient/family-provider interaction.
- First responder issues.
- Certification and licensure requirements.
- Medical dispatch procedure.
- Nursing home response quality/transfer of the elderly.

Operational Performance Analysis Utilization Rates

- Deployment plans.
- Response times.
- Medical dispatch and communications.
- Receiving hospital system.
- Performance requirements and compliance.
- Workforce & Volunteer issues.
- Organizational structure and human resource leadership.
- Equipment and supply issues.
- Policies and procedures.
- Vehicles.

Fiscal Analysis

- System funding.
- Reimbursement issues.
- Cost avoidance opportunities.
- Budget review.
- Technology upgrade costs.
- Liability issues.
- Corporate overhead methodologies.
- Cost-benefit analysis of various functions.
- User fee structure.
- Labor agreements/compensation.
- Equipment capitalization.
- Funding sources.
- Industry financial reports and models.

Regulatory/Legal Environment Examination

- Contracts.
- Accountability.
- State legislation and regulations.
- Current ambulance plans.
- Agreements.
- Municipal regulations and ordinances.
- Other communities' experience.

Community Issues

- Community involvement.
- Expectations.
- Awareness.
- Historical satisfaction levels.

System Structure Issues

- Legislative issues.
- System management and services.
- Inter-agency coordination.
- Organizational structure option.
- Interest of the other services in integration.
- Legal and administrative authority.
- Service description and relationships.
- Potential enhancements inventory.
- System design issues.
- Leadership and organizational structure.

Approach to Data Collection

The consultants utilize four distinct approaches for the collection of data for the review:

1. **Information Data Request (IDR)**
   An Information Data Request (IDR) will be provided to the designated providers and completed during visits. This will provide the consultants with key data and information, and will also identify the records and reports, which they require.

2. **Examination of records and reports**
   This will, of course, begin with a review of any supporting documents for the provision of ground ambulance and communications services. It will include:

   - Review of any previous studies and planning documents;
   - Review of annual reports and records;
   - Review and analysis of available response data;
   - Budgets and expenditure reports;
   - Billing process review and probe sampling of documentation;
   - Detailed review of specific call data, derived from the computer-aided dispatch system and the ACEMS electronic patient care report records.
   - Detailed review of relevant performance documentation, much of which will be identified and collected during the questionnaire stage; and
   - Additional documentation and other performance measures based on our experience conducting similar reviews.

3. **Interviews**

Interviewees will include:

- County Officials
- Organizational Leadership
- Dispatch officials
- Individual medics, EMTs and volunteers (if any are involved)
- Educators/Quality Assurance and Improvement Coordinators
- Compliance Officer
- Revenue Cycle Management leadership and staff/billing vendor personnel
- Finance Department, CFO, County Auditor
- Information Technology
- Fleet Maintenance Personnel
- Area hospitals
- Other internal and external stakeholders

4. **Direct observation**

This approach will be used in at least two areas:

- Communications Center, where processes and systems, both formal and informal, will be observed; and
- Operations, including billing, where the processes, and systems will be observed from a crew perspective.

TAB F: ATTACHMENTS

Attachment 1: Non-Collusion Affidavit
Attachment 2: Drug Free Workplace Affidavit
Attachment 3: Insurance Coverage Affidavit
Attachment 4: Diversity Business lnformation (only required if applicable)
Attachment 5: Sample Information Data Request (IDR)
Attachment 6: Resumes
Attachment 7: See sealed envelope, marked "Sealed Cost Proposal- RFP# 4767 Cost Proposal”

Attachment 1-4

Required Forms

Attachment 1

Non-Collusion Affidavit

- This Non-Collusion Affidavit is material to any contract awarded pursuant to this bid.
- This Non-Collusion Affidavit must be executed by the member, officer, or employee of the bidder who makes the final decision on prices and the amount quoted in the bid.
- Bid rigging and other efforts to restrain competition and the making of false sworn statements in connection with the submission of bids are unlawful and may be subject to criminal prosecution. The person who signs the affidavit should examine it carefully before signing and assure himself or herself that such statement is true and accurate, making diligent inquiry, as necessary, of all other persons employed by or associated with the bidder with responsibilities for the preparation, approval, or submission of the bid.
- In the case of a bid submitted by a joint venture, each party to the venture must be identified in the bid documents, and an affidavit must be submitted separately on behalf of each party.
- The term "complementary bid" as used in the affidavit has the meaning commonly associated with that term in the bidding process and includes the knowing submission of bids higher than the bid of another firm, an intentionally high or noncompetitive bid, and any other form of bid submitted for the purpose of giving a false appearance of competition.
- Failure to file an affidavit in compliance with these instructions may result in disqualification of the bid.

Non-Collusion Affidavit

STATE OF Missouri

COUNTY OF ~~Platte~~ Clay

I state that I am (Title) President of (Name of My Firm) Fitch & Associates, LLC and that I am authorized to make this affidavit on behalf of my firm and its owners, directors, and officers. I am the person responsible in my firm to the price(s) and the amount of this bid.

I STATE THAT:

- The price(s) and amount of this bid have been arrived at independently and without consultation, communication, or agreement with any other contractor, bidder, or potential bidder.
- Neither the price(s) nor the amount of this bid and neither the approximate price(s) nor approximate amount of this bid, have been disclosed to any other firm or person who is a bidder or potential bidder, and they will not be disclosed before bid opening.
- No attempt has been made or will be made to induce any firm or person to refrain from bidding on this contract, or to submit a bid higher than this bid, or to submit any intentionally high or noncompetitive bid or other form of complementary bid.
- The bid of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive bid.
- (Name of My Firm) Fitch & Associates, LLC, its affiliates, subsidiaries, officers, directors, and employees are not currently under investigation by any governmental agency and have not in the last three years been convicted or found liable for any act prohibited by State of Federal law in any jurisdiction involving conspiracy or collusion with respect to bidding on any public contract, except as follows:

I state that (Name of My Firm) Fitch & Associates, LLC understands and acknowledges that the above representation are material and important and will be relied on by Anderson County in awarding the contract(s) for which this bid is submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from Anderson County of the true facts relating to submission of bids for this contract.

Representative's Signature

President
Title

Sworn to and subscribed before me this 28 day of June, 2017

Notary Public

My commission expires: 3/23/19

Sharon Conroy - Notary Public
Notary Seal, State of
Missouri - Clay County
Commission #15424512
My Commission Expires 3/23/2019

Attachment 2

DRUG-FREE WORKPLACE AFFIDAVIT

STATE OF Missouri

COUNTY OF ~~Platte~~ Clay

The undersigned, principal officer of Fitch & Associates, LLC, an employer of five (5) or more employees contracting with _____ County Government to provide construction services, hereby states under oath as follows:

1. The undersigned is a principal officer of Fitch & Associates, LLC (hereinafter referred to as the "Company"), and is duly authorized to execute this Affidavit on behalf of the Company.

2. The Company submits this Affidavit pursuant to T.C.A. 50-9-113, which requires each employer with no less than five (5) employees receiving pay who contracts with the state or any local government to provide construction services to submit an affidavit stating that such employer has a drug-free workplace program that complies with Title 50, Chapter 9 of the *Tennessee Code Annotated*.

3. The Company is compliance with T.C.A. 50-9-113

Further affiant saith not.

Principal Officer

STATE OF Missouri

COUNTY OF Clay

Before me personally appeared Christine Zolar, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the foregoing affidavit for the purpose therein contained.

Witness my hand and seal office this 28 day of June, 20 17.

Sharon Conroy - Notary Public
Notary Seal, State of
Missouri - Clay County
Commission #15424512
My Commission Expires 3/23/2019

Notary Public

My commission expires: 3/23, 20 19.

Attachment 3

INSURANCE COVERAGE AFFIDAVIT

The bidder awarded this bid or contract will maintain, at their expense adequate insurance coverage to protect them from claims arising under the Worker's Compensation Act, any and all claims for bodily injury and property damage to the Bidder and to Anderson County Government while delivery and service are being done. A certificate of insurance *must* be on file in the Purchasing Department before work may begin and must be maintained until work is completed.

Only the items marked with an "X" are applicable to this bid and or contract.

1.	☒	**Workers Compensation** **Employers Liability**	Statutory limits 100,000/100,000/500,000
2.	☒	**Commercial General Liability**	$1,000,000 per occurrence $2,000,000 aggregate
	☒	Occurrence Form Only	
	☒	Include Premises Liability	
	☒	Include Contractual	
	☒	Include XCU	
	☒	Include Products and Completed Operations	
	☒	Include Personal Injury	
	☒	Include Independent Contractors	
	☐	Include Vendors Liability	
	☐	Include Professional or E&O Liability	
3.	☐	**Business Auto**	$1,000,000
	☐	Include Garage Liability	$1,000,000
	☐	Include Garage Keepers Liability	
	☐	Copy of Valid Drivers License	
	☐	Copy of Current Motor Vehicle Record	
	☐	Copy of Current Auto Liability Declarations Page	
4.	☐	**Crime Coverages**	
	☐	Employee Dishonesty	
	☐	Employee Dishonesty Bond	
5.	☐	**Property Coverages**	
	☐	Builders Risk	
	☐	Inland Marine	
	☐	Transportation	

6. ☐ Performance Bond Required – A One Hundred Percent (100%) performance or an irrevocable letter of credit in favor of Anderson County Government at a federally insured financial institution. ***MUST*** be submitted before purchase order issued.

Certificate Holder Shall Be: Anderson County Government, Clinton, Tennessee, and shall show the bid number and title. Anderson County Government shall be named as an additional insured on all policies except worker's compensation and auto. Insurance carrier ratings shall have a Best's rating of A-VII or better, or its equivalent. Cancellation clause on certificate should strike out "endeavor to" and include a 30-day notice of cancellation where applicable. Any deviations from the above requirements ***must*** be disclosed to the Anderson County Purchasing Agent. Any liability deductibles or exclusions must also be disclosed. Exceptions can be granted if applicable.

Bidders Statement and Certification

I understand the insurance requirements of these specifications and will comply in full within **21 (twenty-one) calendar days** if awarded this bid and or contract. I agree to furnish the county with proof of insurance for the entire term of the bid and or contract.

Fitch & Associates, LLC
Vendor Name

Augustine M. Zalak
Bid Representative Name (Please Print)

Authorized Signature

15 June 2017
Date

Attachment 4

DIVERSITY BUSINESS INFORMATION

Definitions for Determining Minority, Women And Small-Owned Firms

The guidelines for determining minority, women and small-owned firms are defined as follows:

"MINORITY" means a person who is a citizen or lawful permanent resident of the United States and who is:

- Black (a person having origins in any of the black racial groups of Africa);
- Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race);
- Asian American (a person having origins in any of the original peoples of the Far East, Southeast
- Asia, the Indian subcontinent, or the Pacific Islands); or
- American Indian and Alaskan Native (a person having origins in any of the original peoples of North America).

"MINORITY BUSINESS ENTERPRISE" shall mean a minority business:
A continuing, independent, for profit business which performs a commercially useful function, and is at least 51 percent owned and controlled by one or more minority individuals; or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned and controlled by one or more minorities. Whose management and daily business operations are controlled by one or more of minority individuals. "Control" as used in the above clause, means exercising the power to make policy decision. "Operate," as used in the above clause, means being actively involved in the day-to-day management of the business.

"WOMEN BUSINESS ENTERPRISE" shall mean women business:
A continuing, independent, for profit business which performs a commercially useful function, and which is at least 51 percent owned and controlled by one or more women; or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned and controlled by one or more women. Whose management and daily business operations are controlled by one or more of such individuals. "Control" as used in the above clause, means exercising the power to make policy decision. "Operate," as used in the above clause, means being actively involved in the day-to-day management of the business.

DIVERSITY BUSINESS INFORMATION
ANDERSON COUNTY GOVERNMENT

NOTE: This form is to be submitted only by those who qualify. Bidders do not have to be a minority business to be considered.

IMPORTANT! NOTARY AND COPY OF CERTIFICATION REQUIRED

SECTION 6 – DIVERSITY INFORMATION

VENDOR/CONTRACTOR NAME: Fitch & Associates, LLC

Type of Company: (Check One)

(___) **Corporation** (___) **Partnership** (_X_) **Limited Liability** (____) **Sole Proprietor**

Is your company 51% Owned or Operated by a Minority Group? Yes ___ No X

If yes, check the ethnic category and indicate % of ownership:

- ☐ American Indian/Alaskan Native ____%
- ☐ African American ____%
- ☐ Hispanic ____%
- ☐ Asian/Pacific Islander ____%
- ☐ Other ____% _____(please indicate)

Please name the entity of certification: _____

Please provide copy of certification letter or certificate

I, HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature: _____ **OFFICER OF THE COMPANY**

Name: Christine Zalar **Title:** President

NOTARY ACKNOWLEDGEMENT:

STATE OF Missouri)

COUNTY OF Clay)

ON June 28 ,20 19, BEFORE ME, Sharon Conroy .

PERSONALLY APPEARED Christine Zalar , PERSONALLY KNOWN TO ME (OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE PERSON(S)WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE/ THEY EXECUTED THE SAME IN HIS/HER/THEIR AUTHORIZED CAPACITY(IES), AND THAT BY HIS/HER/THEIR SIGNATURE(S) ON THE INSTRUMENT THE PERSON(S), OR THE ENTITY UPON BEHALF OF WHICH THE PERSON (S) ACTED, EXECUTED THE INSTRUMENT.

WITNESS MY HAND AND OFFICIAL SEAL.

SIGNATURE OF NOTARY: _____

PRINTED FULL NAME OF NOTARY: Sharon Conroy

MY COMMISION EXPIRES: 3/23/19

Sharon Conroy - Notary Public
Notary Seal, State of
Missouri - Clay County
Commission #15424512
My Commission Expires 3/23/2019

Attachment 5

Sample Information Data Request (IDR)

FITCH
A ASSOCIATES

JUNE 2017

INFORMATION AND DATA REQUEST

PREPARED FOR:

ANDERSON COUNTY, TN

FITCH & ASSOCIATES

2901 Williamsburg Terrace ▪ Suite G ▪ Platte City ▪ Missouri ▪ 64079
816.431.2600 ▪ www.fitchassoc.com

INFORMATION AND DATA REQUEST

Information and Data Request

Table of Contents

I. DESCRIPTION OF PRE-HOSPITAL MEDICAL TRANSPORTATION SYSTEM

A. SERVICE AREA DESCRIPTION

1. How many square miles is the primary service area?

2. What is the population of the primary service area?

3. Describe the make-up of your service area (e.g. rural, suburban, metropolitan, urban, or a combination).

4. Attach a highway map of the area that clearly shows the base of operations, ambulance posts, and ambulance districts (if utilized), hospitals, primary nursing homes or other clients and the boundaries of the primary service area.

B. GOVERNMENTAL RELATIONS

1. Provide a copy of any local ordinances and regulations governing or licensing ambulance services.

2. Provide a copy of the state legislation, rules, and regulations governing ambulance services.

3. Describe the service's relationships with local governments.

4. Describe the process by which the rates or increases are approved.

C. ACCREDITATION

If accredited by the Commission on Accreditation of Ambulance Services (CAAS) or other accrediting body, please include;

1. Program Application or Program Information Form (PIF).

2. All correspondence from the accrediting body.

II. OPERATIONS

A. ACTIVITY LEVEL

1. How does your service primarily classify ambulance assignments? (e.g. emergency, and non-emergency, ALS and BLS, etc.) In what configuration do you staff each? (e.g. EMT/EMT, EMT/EMT-P)

2. Please complete the following information about call volumes. (If year is other than calendar, please indicate.)

REQUEST	2015	2016	Year to Date
Total Number of Responses			
Total Number of Transports			
Number of Emergency ALS-1 Transports			
Number of Emergency BLS Transports			
Number of Emergency ALS-2 Transports			
Total Number of Non-emergency Transports			
Number of Non-emergency BLS Transports			
Number of Non-emergency ALS-1 Transports			
Number of Specialty Care Transports			
Other			

If any calls are entered into the "other" column, please describe.

3. Is detailed response transport data available by district/zone, unit, and time of day? If yes, attach a sample report or describe briefly.

4. Describe any special geographic, environmental, population centers, or special events, which make providing emergency responses difficult.

5. What factors affect service demand levels?

6. Are there seasonal patterns and shifts in established patterns?

7. Describe the service's increase or decrease in annual volume over the past five years. What factors impacted these volume changes?

B. RESPONSE TIMES

1. When measuring response times, when does the clock start and stop?

START	Call receipt/Primary PSAP
	First keystroke primary PSAP
	Call receipt /Secondary PSAP
	First keystroke/Secondary PSAP
	Condition & location known/Secondary PSAP
	Call assigned to an ambulance
	Ambulance responding
	Other, please explain
STOP	Any emergency services unit (e.g. fire engine) arrives on scene
	Any ALS asset arrives on scene (e.g. supervisor)
	An ALS transport unit arrives on scene
	An ALS transport unit arrives at the patient's side
	Other, please explain

2. Do you measure averages or fractiles?

3. What is the schedule or frequency of the reviewing of response time performance?

4. Provide copies of any reports, which are prepared to monitor response times.

5. What were your service's response times last month for:

    a) Life-threatening emergencies?

    b) Non-life threatening emergencies?

    c) Non-emergencies?

    d) Scheduled transports?

6. Are there penalties for failing to meet response time compliance (please explain)?

7. Has there been a trend toward improvement or worsening of response times (please describe)?

8. What are the most common causes for delays in response times?

9. What process does the organization utilize to improve response time performance?

C. DISPATCH

1. Does the entire service area have access through a single designated emergency number (e.g., 911 or 7-digit)?

2. Who provides 911 and non-emergent (i.e., non-911/7-digit) call taking and dispatch?

3. If there is a primary and secondary PSAP(s), how would you describe coordination between PSAPs?

4. Do trained and certified emergency medical dispatchers answer emergency medical calls?

5. Do communications personnel perform protocol-based dispatching through a structured interrogation process?

6. Do communications personnel provide pre-arrival instructions through a structured process?

7. Does a trained medical director supervise the communication center?

8. Do you conduct regular case review? If so, how often?

9. If you conduct case review,

    a) How are cases selected?

    b) What is the minimum number per month?

    c) What special case review practices exist (e.g., customer complaint)

10. Include copies of the standard case review protocol or form and most recent report on case evaluation compliance?

11. How are units dispatched for 9-1-1 calls (e.g., direct dispatch of unit by 9-1-1 dispatchers, the service is notified to dispatch its own units, or other means)?

12. Does the service have access to enhanced 9-1-1 information (i.e., direct display of call back number and address)? Please describe.

13. How are crews alerted for calls (i.e. individual pagers, telephone, etc.)?

14. How is the need for first response determined and how are they notified and dispatched?

15. How is the dispatch center staffed (i.e., number of people by hour of day)?

16. What level of certification is required of the dispatch staff (e.g. paramedic, EMT, EMD, other)?

17. Does the 9-1-1 center have computer aided dispatch capability? If so, describe.

18. Does the EMS radio system allow for interoperability between system responders (e.g., EMS, fire, law enforcement)? Please describe.

19. Attach a complete description of dispatch center equipment and communications equipment carried on the ambulances.

D. DEPLOYMENT AND PRODUCTION CAPACITY

1. Are your personnel assigned regular shifts to cover?

2. How is shift scheduling determined (e.g., seniority shift bid)?

3. Attach current schedule and describe patterns and average hours worked per employee per week.

4. How often are schedules changed?

5. Do you have an on call schedule for your personnel?

6. What functions do the on call personnel fulfill?

7. Describe the process in place to manage unscheduled sick call or injury?

8. Are crews based at a specific location or do they "cruise" specified areas? (Enclose a copy of any deployment plan that you utilize.)

9. Are vehicles dedicated to one location or are they moved throughout the day?

10. Does your service utilize fixed posts or stations? How many? (If so, note on the map the location of posts.)

11. Are there non-transport (quick response) hours? If so, how many per week?

12. How many unit hours are utilized each week? (1 unit hour = 1 unit staffed for one hour)

13. How are the unit hours distributed throughout the day? Please complete the graphs in Attachment 1 for each day of a typical week.

14. What is the average cost per unit hour? (See worksheet - Attachment 2)

15. Do you feel that your service has excess unit hour capacity? Why?

16. Who responds to calls if the service's units are unavailable? How frequently does this occur?

17. Do written mutual aid agreements exist? (Attach copy of all mutual aid agreement(s).)

18. Is there a process to resolve EMS crew delays caused by the receiving facility or unit? (e.g. Emergency Department patient handover delays).

19. Is hospital diversion an issue? If so, please provide details including any relevant policies or procedures for diversion.

E. MEDICAL CONTROL

1. Is there a designated Medical Director/Advisor for the service?
   Provide name, affiliations, address, and telephone numbers.

2. Provide a copy of the medical director's job description (contract) and salary or describe his or her duties and responsibilities including number of hours per week dedicated to your EMS service.

3. Please indicate the qualifications possessed by your service's medical director:

   a) Licensed to Practice Medicine:
      YES NO

   b) Familiar with local/regional EMS Activity:
      YES NO

   c) Board certified in Emergency Medicine:
      YES NO

   d) Actively clinically practicing in Emergency Medicine:
      YES NO

   e) Completed an EMS fellowship (post-residency):
      YES NO

   f) Training or significant experience in the practice of out-of-hospital medicine:
      YES NO

   g) Training or significant experience in the provision of direct (on-line) and indirect (off-line) medical direction:
      YES NO

   h) Training or significant out-of-hospital experience in utilization of emergency patient care equipment, the spectrum of out-of-hospital skills (BLS & ALS), and communication Systems:
      YES NO

   i) Completed National Association of EMS Physicians Medical Director's Course or its equivalent:
      YES NO

4. Is the service's medical director the medical director for all communications, first response, and transport providers in the EMS system? Please describe.

5. Circle the letter indicating each function he or she performs. Using a 1-5 scale (5 high) rate his/her involvement in each area.

   a) Administrative consultation _____

   b) Training Advisor/Coordinator _____

   c) Primary Trainer/Instructor _____

   d) Routine incident report _____

   e) Regularly reviews tapes/conducts critiques _____

   f) Counsels crew members on poor judgment _____

   g) Has authority to discipline/suspend personnel _____

   h) Reviews system performance data _____

6. Are there written guidelines or protocols for field personnel in ALS situations? Please attach.

7. Are there written guidelines or protocols for field personnel in BLS situations? Please attach.

8. Are there written guidelines or protocols for physicians and/or nurses at the radio control point (base hospital or medical control hospital)? Please attach.

9. Are regular meetings held between service management and the officials of the receiving institutions? Please describe.

10. Typically, how does a nurse or physician at a receiving institution deal with what they feel is an inappropriate judgment by a crew?

11. Attach a completed sample of the written patient care or trip report (delete patient identification).

12. Who is in charge of the service's internal clinical quality assurance functions?

13. Describe in detail the quality assurance activities and provide any written policies or procedures. Please address both internal and external quality assurance programs.

14. What events or call types receive 100% or mandatory quality assurance review (e.g. pharmaceutical assisted intubation)?

15. Please list all of the regularly monitored clinical performance measures.

16. Please indicate if you track any of the following clinical measures: (If "yes" please list numerical index)

    a) In cases were defibrillation is indicated, average time from system contact to first shock.
    YES NO

    b) Percentage of patients meeting trauma criteria are transported to a trauma center.
    YES NO

c) Percentage of patients complaining of pain report decrease in the level of pain upon delivery to the emergency department.
YES NO

d) Percentage of suspected acute coronary syndrome patients received a 12-lead ECG.
YES NO

e) Percentage of suspected acute coronary syndrome patients received aspirin.
YES NO

f) Percentage of patients with suspected ST elevation myocardial infarctions that were transported to a hospital with emergency cardiac catheterization capabilities.
YES NO

g) Percentage of eligible patients who received oxygen.
YES NO

h) Percentage of unintended esophageal intubations.
YES NO

i) Utstein Cardiac Arrest Survival Rates.
YES NO

17. Attach copies of clinical performance measure definitions and the most recent reports.

F. EQUIPMENT

1. How many ambulances does your service have?

2. Attach a list of vehicles and major equipment showing cost, age, mileage, condition, use, and scheduled replacement.

3. Does the service have a preventative maintenance program? Describe.

4. Does the service have in-house mechanical support? Describe.

5. What criteria do you utilize to determine unit-operating costs?

6. What is the average maintenance cost per vehicle each month?

7. What are the average total fleet miles per month?

8. What is the average cost of vehicle operation per mile?

9. What expenses are included in the above calculation (#8)?

10. Describe any major accidents resulting in property damage, injury, or death in the last five years.

11. What is your rate of vehicle failure per 100,000 fleet miles?

12. What is your rate of vehicle collisions per 100,000 miles

G. PURCHASING & INVENTORIES

1. Who is responsible for the purchasing of medical supplies? Medical equipment? Major assets?

2. What is the company's policy on carrying inventories of regularly used materials or supplies?

3. Describe your supply process and how units receive and replace supplies.

4. Briefly describe the procurement procedures that are followed (i.e. authorized requisitions, purchase orders, receiving and supplier payment). Provide copies of the forms utilized.

5. Are any medical supplies or pharmaceuticals exchanged with hospitals? If so, describe items and process.

6. What is the total dollar value of medical supply inventories?

7. How are medical supplies on units and in storage areas accounted for?

8. What methods are used to account for drugs and medications? Describe.

H. INTERAGENCY COORDINATION

1. Does your service interact with first responders from other public safety agencies? If so, describe.

2. List all first responder agencies in the response area?

3. What is the level of training for first responders (e.g., first responder, EMT, ALS)?

4. Are first responders part of a coordinated response system & medically supervised by a single system medical director?

5. What are the response time expectations for first responder agencies? Are they externally monitored?

6. Are all primary first response units equipped with: AEDs? Oxygen? Epi-Pens?

7. What types of joint training activities occur, if any, between your service and other agencies?

8. Is there a system-wide disaster plan in place?

9. How frequently are disaster drills conducted?

III. HUMAN RESOURCES

A. PERSONNEL

1. Provide a list of employees by position including, certification level, years with service, full or part-time status, and approximate annual wage or salary cost of each.

2. What percentage of total wages are benefits? Describe benefits.

3. Comment, describe, or show where in other documents or attachments, information on the following items may be found:

   a) Employment, recruiting, and personnel policies and procedures

   b) Accident frequency and safety record

   c) Workers compensation claims

   d) Medical problems and sick leave frequency

   e) On-call scheduling and pay rates

   f) Wage and salary administration policies

   g) Any unfilled positions

4. Describe the trend over the past three years in these elements of the organization: (separate pages will be required)

    a) Absenteeism, accidents, grievances, and overtime

    b) Staff and management turnover

5. Are personnel affiliated with a labor organization? If so, which one? Please attach agreement.

6. Are any formal charges pending before federal/state labor agencies?

B. TRAINING

1. What are the training requirements for each position by the organization?

2. Is this training required before employment, on the job?

3. What is the number of EMT training hours required for licensure? Who trains?

4. Is there an intermediate level of licensure? (i.e. EMT-I, cardiac tech) What is the number of hours required for licensure? Who trains?

5. What is the number of EMT-paramedic training hours required for licensure? Who trains?

6. Who trains most of the organization's personnel? (college, hospital, etc.)

7. What type of pre-employment screening is utilized for prospective employees?

8. Describe any formal or informal job orientation program utilized.

9. Who is responsible for the in-house continuing education and training?

10. How are employees compensated for continuing education?

11. Describe any in-service training done by or required by the service or regulatory agency.

12. Are formal training records maintained? If so, attach a sample.

    a) Do you have a required number of CEU's? Do you track compliance?

    b) Do you track skills? (e.g. intubations, IV starts).

    c) Have you conducted National Incident Management System (NIMS) training and/or fully compliant with the NIMS Implementation?

V. ORGANIZATIONAL STRUCTURE AND MANAGEMENT

A. ORGANIZATION

1. Attach or describe the formal and informal organizational charts. Describe the informal reporting relationships, which do not directly conform to the formal organizational chart.

B. MANAGEMENT

1. In a short paragraph describe each of the key management functions, the names of persons in those positions, accredited degrees they have earned, management training attended, and length of time in the position.

2. Have there been any recent losses of management personnel? Why?

3. How many employees resigned voluntarily last year? How many were fired? Briefly describe the reasons for the resignations/terminations. How does this compare with the five year trend?

VI. FINANCIAL CONSIDERATIONS

A. FINANCE AND ACCOUNTING

QUESTIONS 1 - 14 MAY NEED TO BE ANSWERED BY THE FINANCE AND BILLING DEPARTMENTS.

1. Who functions as the Chief Financial Officer for the service?

2. What is the service's fiscal year?

3. Send copies of:

    a) Financial statements for the past three years

    b) The most recent financial reports

    c) A chart of accounts (if different from the financial statements) and a brief explanation of accounting practices.

4. Enclose a copy of the organization's detailed budget for this year and last year.

5. Describe the insurance the service has in effect in terms of type, extent of coverage, and deductibles.

6. Are there any charges pending against the organization by any federal or state agency?

7. Are there any civil proceedings or lawsuits pending or anticipated?

8. Is the organization in compliance with environmental, equal opportunity employment, and OSHA requirements?

9. Does your organization offer a subscription or membership program? If so please detail program including costs, revenues, number of members, etc.

BILLING AND COLLECTION

1. Comment on any trends in revenues including net income versus total billings.

2. What were gross patient charges: Net patient collections:

   a) Last fiscal year? a.

   b) Immediate previous year? b.

   c) This fiscal year to date? c.

   d) Last month? d.

   e) Other income e.
   (i.e. General Revenue funds)?
   If subsidies are involved, describe.

3. What is the <u>average</u> charge per patient?

		Base Rate	Mileage Charge
a.	**BLS Non-Emergency**	$_____	**$_____**
b.	**BLS Emergency**	$_____	**$_____**
c.	**ALS Non-Emergency**	$_____	**$_____**
d.	**ALS-1 Emergency**	$_____	**$_____**
e.	**ALS-2**	$_____	**$_____**
f.	**Specialty Care Transports**	**$_____**	**$_____**

4. Patient mix:

   a) Self pay _____%

   b) Insurance _____%

c) Medicare _____%

d) Medicaid _____%

e) Other indigent _____%

f) Average amount paid per trip - insurance? $_____

g) Average amount paid per trip - Medicare? $_____

h) Average amount paid per trip - Medicaid? $_____

5. What is the service's collection rate?

   a) For the last three months?

   b) Last fiscal year?

   c) How is the collection rate calculated? Describe in detail.

6. Is the collection rate available by: (If available, provide examples)

   a) Major insurers?

   b) By geographic area / district?

   c) By hospital of origin (transfers and discharges)?

7. What are the accounts receivable aging and value? (Please provide reports)

8. What are the service's days in accounts receivable? (Average daily charges divided into the total accounts receivable)

9. What is the service's estimate of contractual allowances for:

a) Medicare?

b) Medicaid?

10. Complete the following tables for each of the last three years:

2015

Month	Total Charges	Allowances & Adjustments	Cash Collections
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

2016

Month	Total Charges	Allowances & Adjustments	Cash Collections
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

2017 (Year to date)

Month	Total Charges	Allowances & Adjustments	Cash Collections
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

11. Has the service undergone a Medicare or Medicaid audit in the last five years? If so, when and what were the results?

12. Are billing activities automated? If yes, what type hardware and software? Provide a list or samples of all significant operational and accounting reports that are available with this system.

13. Describe (in days) the current billing and collection procedures. If a written description exists, attach, if not diagram.

14. Identify the number of full time employees dedicated to billing and briefly describe responsibilities.

15. Does the service use in-house collection activities? (i.e. letters, phone, other)

16. Does the service use an outside collection agency? If yes, of those accounts turned, what percentage is collected? If no, why not?

17. How are billing complaints handled?

18. What are current fees/charges for service? To whom is the invoice sent? (Attach a list including base rates and add-ons.)

19. Enclose a copy of the service's Medicare rate allowable rates for each level of service and mileage.

20. Has the organization developed a compliance program? Describe

21. Does the organization have a written billing and collection procedure manual?

22. Average mileage for transports (total miles charged divided by total number of transports).

VII. Customer Service, Accountability, & Education

1. How does a customer initiate a customer complaint? Please describe the process for managing customer complaints.

2. Does the service measure patient satisfaction? Please provide a recent report.

3. Is system performance data reported externally for public access? Please describe.

4. Describe any public education and intervention programs offered by the service? What at risk populations are targeted?

5. Are there defined goals and measures of success? Please describe.

6. Does the community have a public assess defibrillation program? Please describe

IDR Attachment 1

Ambulance Deployment Worksheet

FITCH & ASSOCIATES

VIII. Attachment 1 Ambulance Deployment Worksheet

Place the number of on-duty ambulances in the appropriate column for each hour of the day indicated.

Ambulance

	00:00-01:00	01:00-02:00	02:00-03:00	03:00-04:00	04:00-05:00	05:00-06:00	06:00-07:00	07:00-08:00	08:00-09:00	09:00-10:00	10:00-11:00	11:00-12:00	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-00:00
Monday																								
Tuesday																								
Wednesday																								
Thursday																								
Friday																								
Saturday																								
Sunday																								

Wheelchair

	00:00-01:00	01:00-02:00	02:00-03:00	03:00-04:00	04:00-05:00	05:00-06:00	06:00-07:00	07:00-08:00	08:00-09:00	09:00-10:00	10:00-11:00	11:00-12:00	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-00:00
Monday																								
Tuesday																								
Wednesday																								
Thursday																								
Friday																								
Saturday																								
Sunday																								

IDR Attachment 2

Unit Hour Cost Worksheet

FITCH
& ASSOCIATES

IX. Attachment 2 UNIT HOUR COST WORKSHEET

The following steps will enable you to calculate the number of unit hours your service provides each week. It will also calculate the productivity (transports per unit hour). The cost of providing a single unit-hour is also determined as the final step. Use the same one-month period for performing all of the calculations below.

1. Calculate the number of hours all ambulances are staffed and on duty for each week. (For example one ambulance on duty 24 hrs. a day, seven days a week will equate to 168 unit hours. 24 hrs. X 7 days = 168 unit hours. An ambulance staffed 8 hours, 5 days per week would provide 40 unit hours. 8 hrs. X 5 days = 40 unit hours.) Total all ambulance hours provided by your service.

   Total unit hours for one week = (A) _____ unit hours.

2. Determine the average number of transports per week. Take the average number of transports (not requests) for the month and divide by the number of weeks (this will not be an even number--for example a month with 31 days will have 4 3/7 weeks).

   Average transports per week = (B) _____ transports per week.

3. To calculate the unit hour productivity, divide the number of transports per week (B) by the number of unit hours (A).

   Unit hour utilization = (B) ÷ (A) = _____ transports per unit-hour.

4. Determine the expenses per week, by dividing the total expenses for the month by the number of weeks. The number of weeks should be identical to the number in "2". (Total expenses for the month ÷ number of weeks.)

   Total expenses for a week = (C) $_____ per week.

5. This allows the calculation of the total service cost per unit hour. To determine this, divide the total expenses for one week by the number of unit hours per week. (Total expenses per week (C) ÷ (A) Total unit hours)

   Cost per unit hour = (C) ÷ (A) = $_____ per unit hour.

IDR Attachment 3

Data Requirements for Geo Spatial Analysis

FITCH
& ASSOCIATES

X. ATTACHMENT 3 DATA REQUIRMENTS FOR GEO-SPATIAL ANALYSIS

Customer to supply:

MINIMUM BASE GIS MAPPING DATA FOR THE REGION SERVED to be provided in ESRI shape file (.shp) format. Local state-plane format compatible with incident data is preferred.

- City and county corporate limits (polygon files)
- Street centerline file – must be geo-codable and routable
  - Essential geo-coding data for each line segment (network files)
    - Left and right to-from addresses
    - Impedance data (speed limit, f-cost or t-cost, segment length)
    - Street name (with separate prefixes and/or suffixes as used in the jurisdiction)
- EMS stations or posts (point file)
- Fire stations (point file)
- Law enforcement facilities (point file)
- Hospitals (point files)
- Critical facilities per location emergency management designation (nursing homes, etc.)
- Schools (point file)
- Other relevant point files
- Waterways (polygon preferred, or line files)
- Railroads
- Other relevant line files
- Fire hydrants (point files, for fire clients only)
- Buildings > 2 stories in height (with occupancy use data) (fire clients only)
- Assessor parcel file (polygon file) including occupancy use and type if available

MINIMUM INCIDENT DATA BASE for each dispatched incident in the jurisdiction. Minimum one year of data is desired; three years is best. Best received in MS Excel format with fields properly formatted (e.g., date as date field, time as a time field, etc.). Use of delimited text files or other formats increases processing time and may result in additional client cost.

EMS – for each unit responding to an incident:

- Incident date
- Incident number (so that multiple unit responses can be identified)
- x-y coordinates compatible with local GIS data (state plane, etc.).
- Street address, jurisdiction, state, zip code
- Incident type (EMS, fire, police)
- Responding agency identifier (if multiple agencies responded)
- Type of unit (ALS ambulance, BLS ambulance, QRV, fire unit (engine, ladder, rescue), PD unit
- EMD categorization(s) or nature of EMS call (detailed, e.g., cardiac arrest, traffic crash, diabetic, etc.)
- Emergency or non-emergency
- Call source (911, private line, radio, CAD message, etc.)
- Time call received
- Time unit dispatched
- Time unit went en route to the incident
- Time unit arrived at the scene
- Time the crew arrived at the patient's side (if available)
- Time unit en-route to the hospital (if a patient was transported)
- Time unit arrived at the hospital (if a patient was transported)
- Transport destination (if a patient was transported)
- Number of patients transported by this unit (if a patient was transported)
- Response disposition (cancelled en route, cancelled at scene, patient refused, patient transported, etc.)
- Lights/siren used to the scene
- Lights/siren used during transport
- Time unit returned to service

IDR Attachment 4

Checklist for Submitted Materials

XI. Attachment 4 CHECKLIST FOR SUBMITTED MATERIALS

Question Number		Assigned Person	Complete
I.A.4.	Highway Map	_____	_____
I.B.1.	Local Ordinances and Regulations	_____	_____
I.B.2.	Copies of Licenses	_____	_____
I.C.1.	Accreditation Application or PIF	_____	_____
I.C.2.	Correspondence from Accrediting Body	_____	_____
II.A.2.	Report of Transport Data	_____	_____
II.B.4.	Response Time Reports	_____	_____
II.C.10	Case Review Protocol	_____	_____
II.C.19.	Description of Communications Equipment	_____	_____
II.D.3.	Field Personnel Work Schedule	_____	_____
II.D.8.	Deployment Plan	_____	_____
II.D.10.	Post Locations on Map	_____	_____
II.D.13.	Complete Attachment 1-Deployment Worksheet	_____	_____
II.D.14.	Complete Attachment 2-Unit Hour Cost Worksheet	_____	_____
II.D.17.	Mutual Aid Agreement	_____	_____
II.E.2.	Medical Director's Job Description/Contract	_____	_____
II.E.6.	ALS Protocols	_____	_____
II.E.7.	BLS Protocols	_____	_____
II.E.8.	Base Station Physician Protocols	_____	_____
II.E.11.	Completed Patient Care Report	_____	_____
II.E.13.	Quality Improvement Policies and Procedures	_____	_____
II.F.2.	List of Vehicles and Major Equipment.	_____	_____
II.G.4.	Procurement Procedures	_____	_____
III.A.1.	List of Employees	_____	_____
III.A.5	Labor Organization Agreement	_____	_____
III.B.12.	Sample Training Record	_____	_____
IV.A.1.	Formal Organizational Chart	_____	_____
IV.A.1.	Informal Organizational Chart	_____	_____
V.A.3.a.	Financial Statements for Last Two Years	_____	_____

V.A.3.b.	Recent Financial Reports	_____	_____
V.A.3.c.	Chart of Accounts	_____	_____
V.A.4.	Annual Budget	_____	_____
V.A.9	Subscription/Membership Program details	_____	_____
V.B.6.a.	Collection Rate Reports for Major Insurers	_____	_____
V.B.6.b.	Collection Rate Reports for Area/District	_____	_____
V.B.6.c.	Collection Rate Reports for Hospital of Origin	_____	_____
V.B.7.	Aged Accounts Receivable Report	_____	_____
V.B.12.	Billing and Collection Reports	_____	_____
V.B.13.	Billing & Collection Procedures (Diagram)	_____	_____
V.B.18.	List of Charges	_____	_____
V.B.19.	Copy of Medicare Charge Screen	_____	_____
VI.2	Patient Satisfaction Report	_____	_____

Attachment 6

Resumes

Anthony Minge, EdD – Partner
Project Manager
Joseph (Jay) Fitch, PhD – Founding Partner
Project Oversite – Back-up Project Manager

FITCH
& ASSOCIATES

Anthony W. Minge, EdD **2901Williamsburg Terr., Ste G**
Partner, Fitch & Associates **Platte City, Missouri 64079**

SUMMARY Mr. Minge is a proven managerial executive with extensive experience in financial, operational, and personnel management as well as planning, leadership and business development. His dynamic management and leadership characteristics combined with strong teaching, training, outreach, management, and marketing skills provide for market growth and development.

CAREER

Present **Partner**
Fitch & Associates **Platte City, Mo.**

2007 -2012 ***Senior Associate / Director of Patient Accounts***
Fitch & Associates / MedServ International **Platte City, Mo.**

- Provides business and financial management of patient accounts department responsible for processing more than 60,000 ground and air medical transport claims per year.
- Corporate Compliance Officer
- Develops accounts receivable management, policy and procedure, and protocol design for multiple ground and air services
- Developed electronic "dashboard" style reporting product.

2006 – 2007 ***Manager of Business Services***
Northwest Medstar **Spokane, Wash.**

- Provided business and financial leadership and management of the air-medical transport system of Inland Northwest Health Services
- Established and managed annual company strategic, operational and financial goals and objectives. Carried out operation/strategic objectives
- Responsible for expense management and cash flow including oversight of MedStar's patient accounts and multiple business service projects
- Established budgetary controls and implemented new business objectives that were instrumental in turning organization into a profit center within less than one year

2001-2005 ***Business Manager Transport Services***
Children's Medical Center of Dallas **Dallas, Texas**

- Assisted in program development, clinical, competitive and fiscal performance of the department
- Provided leadership to ensure success in analyzing and monitoring the internal and external environment effecting the department
- Designed and managed inter-department billing and collections team for all transports, significantly increasing department contributions to the hospital.
- Redesigned departmental operations creating a profit center from a cost center becoming second largest revenue generating center in the hospital
- Oversaw installation of new healthcare information management and billing system

1999-2001 **Supervisor, Patient Financial Services**
Children's Medical Center of Dallas **Dallas, Texas**

- Supervised Medicaid/Medicare collections team for hospital patient financial services unit.
- Developed strategic alliances with outpatient clinics and operations to educate each resulting in better billing and collection outcomes
- Developed working relationship between hospital and State/Government provider relations resulting in enhancement of billing operations and greater collections

1995-1999 ***Supervisor/Interim Manager***
Olsten Health Services **Irving, Texas**

- Designed and supervised first Medicaid and Medicare billing and collections team for Texas
- Developed training programs for infusion billing and collections
- Supervised and managed multi-state home health and infusion services 100+ person billing, collections and audit team
- Increased revenue and collections for home nursing and home infusion service divisions through education of staff, realignment of duties and process improvements

EDUCATION

Argosy University; Dallas, Texas 2016
Doctorate of Education
Organizational Leadership

Amberton University; Garland, Texas 2002
Master of Business Administration
Strategic Leadership

Midwestern State University; Wichita Falls, Texas 1994
Bachelor of Business Administration
Marketing

MEMBERSHIPS

- Association of Critical Care Transport
- American Ambulance Association
- Association of Air Medical Services
- Texas Ambulance Association (Supporting Member)
- Deep in the Heart of Texas Pediatric Neonatal Critical Care Transport Conference Committee Member and Faculty 2001 through 2005
- Member of 2005 Texas Medicaid/Texas Department of Health workgroup supporting hospital based transport programs and air medical programs
- Eastern Washington Trauma Advisory Council - Northwest MedStar Representative 2006/2007
  Eastern Washington Trauma Advisory Council - Injury Prevention Committee Member 2007

PUBLICATIONS

- "Healthcare Reform: "Is Your Agency the Coyote or the Road Runner?" EMS Insider January 2013
- *"*How Can I Increase Our Billing Receipts and Decrease Our Collection Time?", Best Practices in Emergency Services, August 2010 Vol. 13 No. 8, p. 9
- Co-authored, with Dr. Thomas Abramo, "2005 International Transport" Chapter for American Academy of Pediatrics
- "EMS leaders must treat employees equitably, not equally", The Leadership Edge – EMS1.com August 2015
- "Scrutiny of ambulance operations highlights need for compliance", Compliance Today, September 2016 (co-authored with Matthew Streger)

Joseph J. Fitch, PhD. **2901Williamsburg Terr, Ste G**
President, and Founder, Fitch & Associates **Platte City, Missouri 64079**

SUMMARY Known for a low-key, hands-on approach, Dr. Fitch frequently is involved in complex system design, organizational and operational issues. He is an expert in EMS operations, communications, finance and resource utilization. He has led consultations with a diverse array of domestic and international EMS clients. His responsibilities are centered upon improving system efficiency, enhancing financial performance, designing system status plans, and structuring agreements between public authorities and private contractors for the provision of emergency medical services. Dr. Fitch has received numerous honors including the Leadership Legacy Award presented by the International Association of EMS Chiefs and the Lifetime Achievement Award presented by the National Association of EMTs.

CAREER

Present ***Partner/Officer***

The Emprize Group, LLC

- Developed in 1997 as a response to changing client needs and industry trends, the Emprize Group consolidated multiple organizations that Fitch & Associates partners jointly held interests.

MedServ International, LLC

- Established in 1995 to provide management and operational services both abroad and domestically. MedServ also provides management and patient accounts services for ambulance and air medical services in more than 10 states.

1984 to present ***Founder and President***
Fitch & Associates, LLC **Platte City, Mo.**

- Provides consulting and turnkey management services to a wide variety of public safety, healthcare, government, and business organizations.
- Designs and implements programs enhancing effectiveness; improving productivity; and maximizing potential for organizations and individuals.
- Serves as an information resource for professional associations.
- Conducts the management certification programs for the International Academies of Emergency Dispatch and the American Ambulance Association.
- Serves as the Program Chair for the firm's annual *Pinnacle EMS Leadership Conference*.

1982-1984 ***President, Chief Operating Officer***
Medevac MidAmerica, Inc. **Kansas City, Missouri**

- Expanded a start-up company's sales to over $4 million in less than two years
- Served as Vice-President of parent corporation, Medevac, Inc., based in San Diego, Calif.
- Directed division managers to assure service quality and contract compliance, manpower planning, local marketing efforts, and interface with both healthcare and community organizations
- developed of new services, markets and acquisition candidates
- administered services-budgeting and cost analysis
- developed of short and long range operational planning and monitoring systems

1981 to 1982 ***Executive Director, ASI***

Metropolitan Ambulance Services Trust **Kansas City, Missouri**

Responsible for the operational reorganization/conversion of a private corporation acquired by a governmental entity to a public utility model ambulance system. This position subsequently moved to Medevac MidAmerica, Inc. following the competitive procurement conducted by MAST.

- enhanced clinical performance through education, quality assurance, supervision
- Implemented preventive maintenance, supply, and operational control systems.
- Implemented System Status Management to maximize utilization of resources.

1978 to 1981 **EMS *Chief (Director)***

Emergency Medical Services **City of St. Louis, Missouri**

Changed the system's reputation from being "one of the three worst cities in America for EMS" to being recognized as an innovative urban advanced life support service.

- Responsible for planning, coordination, and administration of the division
- converted the service from basic life support to an advanced life support variable staffed system
- Instituted a capital replacement program
- Developed administrative support systems to assure both daily operations and political support.

1974 to 1978 ***Paramedic, Senior Crew Chief***

Charleston County EMS **Charleston, South Carolina**

- Provided direct patient services
- Assigned special projects including instructor in the paramedic training program
- Served as the liaison to the Palmetto-Lowcountry Health Systems Agency.

1972 to 1974 ***Emergency Medical Technician***

Slattery Associates, Inc. **Washington, D.C.**

- Established and managed on-site emergency medical and safety center for major contractor during the construction of the L'Enfant plaza station within the metropolitan subway system

1971 to 1972 ***Police Officer***

Canton/LaGrange, Missouri

- Employed as a full time police officer in these two rural communities in Northeast Missouri
- Graduated, 110th Law Enforcement Academy, Missouri State Highway Patrol.

1970 to 1974 ***Firefighter/EMT***

Dunn Loring VFD **Fairfax County, Virginia**

- Served as a volunteer firefighter and Emergency Medical Technician
- Certified as firefighter and equipment apparatus operator.

EDUCATION

William Lyon University; San Diego, California Doctor of Philosophy Degree in Psychology Specialization in Organizational Development	1987
Webster College; St. Louis, Missouri Master of Arts in Public Administration	1978
Southern Illinois University; Carbondale, Illinois; at the Charleston, South Carolina Military Extension Campus Bachelor of Science Degree in Education	1977

LOCAL ELECTED OFFICES HELD

- Board Member and President, Weatherby Lake, Missouri, Fire Protection District, 1991-2007

PROFESSIONAL APPOINTMENTS & RECOGNITION

- Board Member, Secretary, 911 Wellness Foundation, 2015-present
- Lifetime Achievement Award, presented by the National Association of EMTs and sponsored by the National Registry of EMTS, 2014
- Leadership Legacy Award, International Association of EMS Chiefs, 2013
- Program Committee, International City and County Management Association, 2012-2013
- Adjunct Assistant Professor of Emergency Medicine, The George Washington University School of Medicine and Health Sciences, Washington, DC (2001-2011)
- Adjunct Graduate Faculty, (Organizational Leadership and Training) Royal Roads University, Victoria, British Columbia, Canada (1999-2002)
- Board Liaison, EMS Chiefs of Canada and American Ambulance Association (2001-2004)
- Editorial Board Member, Journal of Emergency Medical Services, San Diego, California. (2003- Present) previous term (1984-1987)
- Editorial Board Member, Best Practices in Emergency Services, San Diego, California. (2009- 2014)
- Member, American College of Healthcare Executives, Chicago, Illinois. 1993 to present.
- College of Fellows, National Academy of Emergency Medical Dispatch, Salt Lake City, Utah. Appointed in 1991 and 2000.
- Former Member of Board of Directors and President, Foxwood Springs Living Center (a not-for-profit retirement community of 800 persons, including skilled nursing facilities) Served two previous terms as President of Board and Chair of the Development Committee (1986-1995) (2000-2003).
- Adjunct Faculty, EMS Administration Program University of Maryland, Baltimore, Maryland (1991-1992).
- Instructor, Adjunct Assistant Professor, University of Kansas, Lawrence, Kansas (1984-85 & 1987-88).
- Subject Matter Expert, EMT-Paramedic National Standard Curriculum Revision Project. United States Government-Department of Transportation, through University of Pittsburgh. (1996-1998).
- Former member, Governor's Advisory Council, Department of Health, State of Missouri.
- Former Director, American Ambulance Association (Alternate).
- Former Director, National Association of Emergency Medical Technicians - Administrators Section.

PUBLICATIONS Books, Book Chapters and Monographs

- "The New EMS Imperative: Demonstrating Value" Item number [Item No. E-44001] (jointly authored with S. Knight, PhD and Keith Griffiths) In-Focus Report 47-1, (2015), Washington, DC: International City and County Management Association (ICMA)
- "Making Smart Choices about Fire and Emergency Services in a Difficult Economy," [Item No. E-43636] (jointly authored with Ragone, M. (2010). InFocus Report, 42(5), Washington, DC: International City and County Management Association (ICMA).
- "Volunteers" a chapter contribution in Medical Oversight of EMS, Edited by Robert R. Bass (Emergency Medical Services: Clinical Practice and Systems Oversight) Kendall Hunt Publishing Company, National Association of EMS Physicians (2009)
- "EMS Deployment and System Status Management" a chapter contribution in Paramedic Practice Today, Edited by B. Aehlert (St. Louis, Mo.: Mosby, 2009)
- "The Management Role of the Medical Director" a chapter contribution in I.J. Blumen & D.L. Lemkin (Eds.), Principles and Direction of Air Medical Transport. Salt Lake City, Utah: Air Medical Physician Association (2006).
- "EMS Volunteers" a chapter contribution for the Prehospital Systems & Medical Oversight, Edited by Alexander Kuehl, (St. Louis, Mo.: C.V. Mosby, 2005)
- "EMS in Critical Condition: Meeting the Challenge," [Item No. E-43338] (jointly authored with Keller, R.A., & Williams, D.M.) (2005). IQ Report, 37(5), Washington, DC: International City and County Management Association (ICMA).
- "Prehospital Care Administration: Second Edition," Editor (San Diego, Calif.: JEMS/KGB Media, 2004) 632 pages.
- "Prehospital Care Administration: Issues, Cases, and Readings," Editor (San Diego, Calif.: JEMS Publishing Co., Inc., 1995) 700 pages.
- "EMS Management" (jointly authored with Richard Keller, Douglas Raynor, and Christine Zalar). (San Diego, Calif.: EMS Publishing Company, Inc., 1993) Softcover, 432 pages.
- "Service First," with Doug Raynor, Ph.D., (Kansas City, Mo.: Fitch and Associates, Inc., 1989) Softcover, student workbook, 64 pages; accompanied by series of four videotapes.
- "Beyond The Street: A Handbook for EMS Leaders and Management" (San Diego, California: JEMS Publishing Co., Inc., 1987) Hardcover, 300 pages.

Major Articles –

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Attachment 7

Cost Proposal

See sealed envelope, marked
"Sealed Cost Proposal- RFP# 4767 Cost Proposal"

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Attachment 8

Sample Work Plan

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Sample Work Plan for County EMS Audit Project

Phase	Task		Scope	Internal Deliverable
1.0				
	1.01	Letter of engagement	Terms of consultant agreement	Project start date
	1.02	Develop preliminary workplan timeline	Reviewed by Agency leadership	Approved timeline
	1.03	Meeting with Agency leadership	Clarify expectations & workplan	Define stakeholder engagement
	1.04	Information Request Prepared	Stakeholder Agencies	Information due prior to any visits
	1.05	Confirm scope and focus	Meeting 1 with Steering committee	Meeting # 1
	1.06	Conduct "level 1" interviews	Typically 3-5 interviews	Issues Summary
	1.07	Review requested information	IDR	30 days after IDR is sent
	1.08	Technology Review	Baseline	Inventory & Gap Analysis
	1.09	Conduct "level 2" interviews	Individual interviews	Summary
	1.10	Review dispatch/EOC operations	Site visit to validate procedures	Summary of observations
	1.11	Review fiscal data (ECC)	Budgets, anticipated budgets	Summary
	1.12	Conduct online stakeholder survey	Staff plus key customers groups	Survey results summary
	1.13	Review shifts/staffing patterns	Describe implications	Issues list
	1.14	Present findings	Meeting #2 with steering committee	60 days
				60 days
2.0				
	2.01	Determine best practices	National database	Summary
	2.02	Compare ECC performances	Analysis	Summary
	2.03	Present findings	Meeting #2 with steering committee	80 days
	2.04	Analyze demographic trends	Historical and projected to 2020	Population projection to 2020
	2.05	Calculate historical utilization/volume	Calls per 1,000 population	Utilization curve
	2.06	Determine funding impacts	Analysis	Summary
	2.07	Determine regulatory impacts	Federal and state current and future impacts	Summary
	2.08	Environmental scan, SWOT & goals	Meeting #3 with Steering Committee	100 days
	2.09	Mission, vision & values review	Meeting #3 with Steering Committee	100 days
				100 days
3.0				
	3.01	Review inputs to date	Strategic plan creation	Summary
	3.02	Finalize SWOT/SOAR summary	Strategic plan creation	Summary
	3.03	Prepare draft scorecard	Plan creation	Scorecard
	3.04	Determine fiscal implications/priorities	Costing	High level
	3.05	Conduct stakeholder briefing	Steering Committee meeting # 4	summary 140 days
	3.06	Identify items of consensus	Modifications to future Strategic plan	Change summary
				140 days
4.0				
	4.01	Interim reporting		As noted on completion dates above
	4.02	Prepare draft recommendations report	Synthesis of above deliverables	Draft report
	4.03	Implementation timeframes summary	Steering Committee meeting # 5	170 days
	4.04	Draft project summary	Steering Committee meeting #5	180 days
	4.05	Client clarifications/modifications	Format & process modifications	195 days
	4.06	Present final report	Final document	225 days
				225 days

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