



CITY OF GARDEN GROVE

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PROPOSAL TO PROVIDE AMBULANCE TRANSPORTATION &
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A. ADMINISTRATION

1. Request for Proposal Submission Checklist

**City of Garden Grove
RFP S-1207
Ambulance Transportation and Billing Services**

Request for Proposal Submission Checklist

Proposer's Name _____
 Address _____
 Contact Person _____
 Title _____
 Phone Number () _____
 Email Address _____

This portion of the proposal is to be rated at a pass/fail, for mandated items, and yes/no for non-mandated items included. A fail mark in any one of the following criteria may be cause for disqualifying the entire proposal from further review. The determination to disqualify a proposal shall be in the sole discretion of the Fire Chief if it is determined to be in the City's best interest. It is in the Proposer's best interest to ensure that the proposal meets all of following proposal submission criteria.

Proposal was received by the Purchasing Agent prior to submission deadline. Pass Fail

| | Date | | Pass | Fail |
|--|------|--|--------------------------|--------------------------|
| 1. Attended mandatory proposal (pre-submission) conference held on Monday, January 19, 2017. | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Proposal included five (5) sealed copies with the original so marked and a CD. | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. SECTION B. EXPERIENCE, Item # 5, Page 36, 5 yrs. min | | | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>SPECIAL PROVISIONS & SECTION A. ADMINISTRATION</u> (Pages 12 & 35) of the RFP) | | | | |
|---|--|--|--------------------------|--------------------------|
| | | | Pass | Fail |
| 4. The following was submitted with proposal | | | | |
| a. Statement of Truth | | | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Bidder/Proposer Statement Regarding Insurance Coverage Req. | | | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Non-Collusion Affidavit (Must be Notarized) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Hold Harmless and Indemnification Clause | | | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Statement to provide additional information | | | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Right to audit letter | | | <input type="checkbox"/> | <input type="checkbox"/> |

PROPOSAL TO PROVIDE AMBULANCE TRANSPORTATION & BILLING SERVICES



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| <u>FORMAT & FORM</u> (Pages 9 & 35 of the RFP) | | Pass | Fail |
|--|---|--------------------------|--------------------------|
| 5. | The proposal format and table of contents strictly adheres to the table of contents, titles, and numbering convention employed in the Proposal Submission Form as follows: Section A. Administration (#1-8) Section B. Experience (#1-19) Section C. Operational Systems (#20-22) Section D. Patient Billing Systems (#23) Section E. Financial Analysis (#24-26) Section F. Vehicle Maintenance and Records (#27-31) Section G. Personnel Training and Records (#32-37) Section H. Patient Care/Transport System Design (#38-39) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Proposal packages are clearly marked with proposal name, submission deadline, Proposer name, address, and name and phone number of contact person. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Proposal Cover Letter. | YES | NO |
| 8. | Proprietary materials submitted separately. | YES | NO |


| <u>INSURANCE COVERAGE REQUIREMENTS</u> (Pages 10-12 of the RFP) | | Pass | Fail |
|---|---|--------------------------|--------------------------|
| 9. | Bidder/Proposer Statement Regarding Insurance Coverage Requirement was signed by Proposer certifying that insurance requirements are understood and will be met if awarded the contract within ten (10) City working days or City can proceed with the next highest scoring proposal. Proposer has agreed to provide the insurance with limits not less those required. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Alternate form of insurance approved by Risk Management. (this applies to self-insured providers only) | <input type="checkbox"/> | <input type="checkbox"/> |



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2. Cover Letter

Thank you for the opportunity to respond to the City of Garden Grove Request for Proposal to Provide Ambulance Transportation and Billing Services (RFP No. S-1206). Care Ambulance Service, Inc. (“Care Ambulance” or “Care”) acknowledges receipt and acceptance of Addenda 1, 2, and 3, and we included a copy of each Addenda here, as requested in Addendum 1, immediately following this Cover Letter. Care Ambulance does not take exception to any RFP requirements, including the RFP Addenda. In addition, we understand and agree that audited financials are only one indicator of financial responsibility and will provide the City with any additional requested information or documentation upon request regarding financial stability, or any other RFP requirement, to support the City’s or proposal review panel’s ability to render a decision.



Administration Highlights

- All Required Forms Completed
- Care Ambulance Acknowledges Receipt of Addenda 1, 2 & 3
- Care Ambulance Meets or Exceeds all RFP requirements
- Care Ambulance Takes No Exception to RFP Requirements



Care Ambulance staff proudly give back to their communities every day in partnership with first responder agencies throughout Orange and Los Angeles Counties.



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Whenever possible, we attempted to expressly state within the proposal our understanding and agreement with specific RFP stipulations; however, we would like to state upfront that *Care Ambulance understands and agrees with all RFP requirements, including Addenda, and takes no exception to any of the stated requirements.*

In response to the City's stated desire for innovative proposals that "create organizational synergies that will lead to improved patient care, system continuity, and cost containment," we offer some innovative system design and operational options for the City and Garden Grove Fire Department to consider. Above all else, Care Ambulance prides itself on developing customized service delivery models that meet each community's individual needs. We welcome the opportunity to discuss in person our proposal and the options we can offer the City of Garden Grove. If there is another option the City is interested in discussing, we are certainly welcome those discussions.

In the RFP, the City envisions a high-performance EMS system with a superior level of accountability for emergency 9-1-1 ambulance services provided under the command of Garden

Care Ambulance At a Glance

- Founded in 1969
- Subsidiary of Falck USA & Falck A/S
- Emergency & Non-Emergency Ambulance Service Provider
- CAAS-Accredited Since 1993
- California Award for Performance Excellence
- 250,000+ Responses Annually
- 292 Ambulances
- 1,027 Employees
- 100% Response Time Compliant
- Region's Most Experienced Leadership Team
- All Facilities in Place
- Established Vendor Relationships
- 0 Contract Defaults
- 0 Labor Disputes
- Financially Strong
- Experienced at Large Contract Implementation
- Committed to Customizing Patient Transport Solutions



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Grove Fire Department. As the current emergency 9-1-1 provider in the City of Garden Grove for the last 12 years, Care Ambulance has a sincere appreciation for, and a thorough understanding of, the City's goals in conducting the competitive RFP process. As the largest provider of ambulance services in both Orange and Los Angeles County, our proposal demonstrates that Care Ambulance is best situated to continue delivering the world-class, quality-driven, reliable and efficient Basic Life Support-level emergency medical response and ambulance transportation services delineated in the RFP. While we have been a proven partner to the City, including response time compliance that far exceeds the 90% compliance rate required in the RFP, Care would like to assert that we are eager to accommodate changes as envisioned by Fire Department leadership, and agree improvements can be made to enhance service to our fire agency partners and the Garden Grove community we serve. In addition to embracing the RFP requirements, we believe our proposal offers some innovative options for the City to consider.

Exceptional Qualifications

Care Ambulance Service has delivered quality and reliable ambulance service in Southern California for nearly 48 years. We have a proven track record of not only meeting but *exceeding* our contractual requirements. As the service provider for the last 12 years in Garden Grove, Care has been 100% compliant with all response time requirements. Operations-wide, Care Ambulance has never failed to fulfill a contractual obligation. We believe our steady growth over the years can be attributed to this reliable performance. Carl Richardson founded the company in 1969 with one ambulance. Today, Care Ambulance runs a fleet of 292 ambulances and provides emergency 9-1-1 ambulance services in dozens of Southern California cities. This year, we expect to conduct more than 250,000 responses. While other ambulance companies have expanded their market share through acquisition, Care's expansion is attributed purely to organic growth due to superior customer service and a solid record of performance. Today, Care Ambulance remains agile and adaptable, ensuring our ability to meet our partners' evolving needs as populations and local priorities inevitably shift over time.

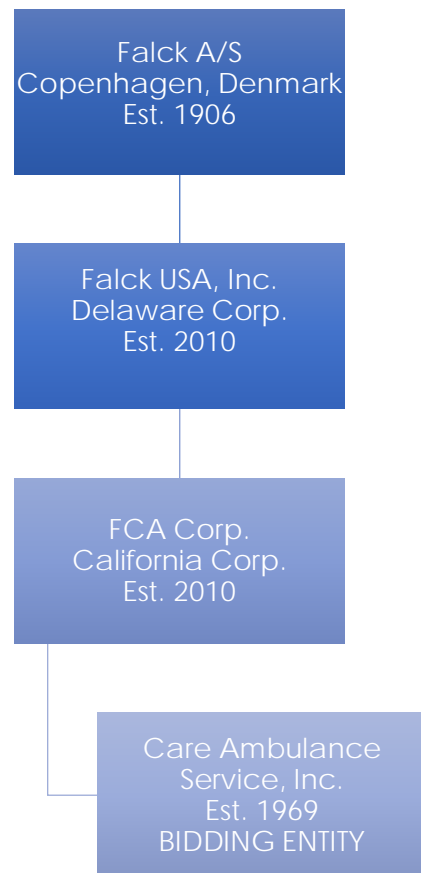


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While the company remains strongly rooted in the Southern California region and retains full local control and decision-making, Care Ambulance Service is a subsidiary of Falck USA, which is the U.S. operation of Falck A/S, based in Copenhagen, Denmark. With operations in 44 countries on 6 continents and a fleet of more than 2,500 ambulances, Falck is the world's largest medical transportation provider. Worldwide, the company responds to more than 4 million calls for emergency medical assistance every year. Falck A/S has more than 25,000 employees worldwide, more than 4,000 of whom are employed in the United States.

Falck made a commitment to own and manage Care Ambulance in a manner mindful of the needs of the local communities we serve, and has backed up that commitment. Falck is financially strong, with \$2.7B in assets and \$2.2B in revenue reported in 2015. The parent company has made a substantial financial commitment to Care Ambulance and the contracts we serve, to ensure our ability to fund startup operations and continue to provide the industry's highest level of service.

Pictured to the right is an illustration of the corporate legal structure.



With operations in 44 countries, Care's parent company, Falck, is the world's largest international medical transportation provider.



CITY OF GARDEN GROVE

Value-Driven, Nationally Accredited Organization



Care Ambulance’s commitment to quality service and operations-wide excellence is reflected in our achievement of CAAS accreditation. In 1993, Care became the *first ambulance service provider in the State of California* to receive CAAS Accreditation, signifying that Care’s service meets the ambulance industry’s “gold standard” in practices deemed to be essential in a modern EMS provider. CAAS standards often exceed those established by state or local regulations and are designed to increase operational efficiency and decrease risk and liability across the entire organization.

In addition to CAAS accreditation, Care Ambulance’s leadership team has established a corporate culture and strategic planning processes that promote continuous quality improvement. In 2012, Care Ambulance sought and was awarded recognition by the California Council for Excellence. The California Award for Performance Excellence (CAPE) recognizes organizations for meeting the stringent Baldrige performance excellence criteria. Achievement of this award illustrates Care’s sincere commitment to the company’s mission and values, which are not just mottos, but drivers of the business on a daily basis. In the application process, Care’s leadership team developed indicators deemed essential to Care Ambulance’s success. These “critical success indicators” form the foundation of the organization, and thus became known as the “Pillars of Care.”

Care Ambulance’s ‘Pillars of Care’





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Strong 9-1-1 Background & Experience

Care Ambulance Service has extensive experience delivering emergency medical services in collaboration with jurisdictional fire agencies in a wide variety of service areas similar to the City of Garden Grove. Care Ambulance Service has 138 years of combined experience in providing emergency ambulance services (ground transportation, ALS, BLS and billing services). All of Care's emergency ambulance service experience is local, with service in Orange or Los Angeles County, and includes 12 years of direct experience serving the residents and visitors of Garden Grove as the incumbent service provider.

A list of Care's current emergency 9-1-1 contracts is provided to the right. Through these contracts, Care has gained invaluable experience serving rural, suburban and metropolitan communities across the socioeconomic spectrum, each with its own response challenges. In addition, as the current service provider in the City of Garden Grove and many Orange County cities, Care has established relationships with the OC EMS Agency and the City's firefighter paramedics. Most Care EMTs are scheduled to work 24-hour shifts, so that their schedules mirror those of their

Emergency 9-1-1 Experience

Anaheim
Buena Park
Costa Mesa
East Los Angeles
Fountain Valley
Fullerton
Garden Grove
La Habra
San Clemente
Santa Ana
Orange County (EOAs B, C, D & E)
Seal Beach
Los Alamitos
Cypress
Stanton
La Palma
Irvine
Tustin
Villa Park
Laguna Woods
Laguna Hills
Aliso Viejo
Laguna Niguel
Lake Forest
Mission Viejo
Rancho Santa Margarita
San Juan Capistrano
Los Angeles County (EOA 6)
Artesia
Bell
Bell Gardens
Bellflower
Cerritos
Commerce
Cudahy
Hawaiian Gardens
Huntington Park
Lakewood
La Mirada
Maywood
Montebello
Norwalk
Paramount
Pico Rivera
Santa Fe Springs
Signal Hill
South Gate
Whittier



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firefighter-paramedic colleagues. Scheduling in this manner enhances communication, builds relationships and contributes to smooth patient care operations while on scene. We're proud of our record of service in Garden Grove and beyond. The fact that we have not only met but routinely surpassed the 90% response time requirement is testament to our proven performance.

Unparalleled Disaster/MCI Response Capabilities

Care Ambulance Service has the region's largest fleet and staffing resources available for immediate deployment during a multi-casualty incident (MCI) or disaster event. Multiple times each week, Care responds to MCIs. We have real-world experience quickly deploying the right assets to disaster events and integrating our services under the Incident Command Structure. Our leadership team and field personnel receive extensive, specialized disaster and MCI training that far exceeds minimum requirements. We also participate in all area drills to help solidify relationships with surrounding agencies, so that when an actual disaster event occurs, not a moment is lost; we know exactly where we need to be and what we need to do to support the overall response and help save lives. This level of preparedness, in combination with Care's unparalleled fleet, staffing and communications assets, ensures Care's ability to effectively respond to all large-scale transportation, natural disaster or terrorism events that may occur in the City of Garden Grove.

Precision Fleet & Equipment Practices

When someone calls 9-1-1 for help, the expectation is that a clean, properly equipped and well-stocked ambulance will arrive on scene. Care Ambulance takes this responsibility seriously, realizing that the reliability and condition of our vehicles and equipment reflect not only upon us, but the entire EMS system. We maintain ambulances and equipment in peak condition, meeting or exceeding all manufacturer and CAAS standards. To reduce out-of-service time and promote



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efficiency, Care Ambulance maintains a full-service maintenance facility with ASE-certified mechanics in the nearby City of Orange.

Care has a full-service maintenance facility in the City of Orange & employs ASE-Certified mechanics.

In addition, we're proposing *all new vehicles*, which will be under a full 200,000-mile, bumper-to-bumper factory warranty with Ford.

With regards to preventive maintenance, Care Ambulance takes a cue from the airline industry, conducting routine maintenance on an aggressive schedule to anticipate and prevent failures before they can occur. While it's impossible to prevent all vehicle failures, and every failure is a cause for concern, we're proud of our record: Care has a vehicle failure rate of only .001%. Our maintenance practices and innovative quality feedback loop help ensure that out-of-service time is kept to a minimum, and resources stand ready to respond to the next call for help.

Durable medical equipment is maintained in accordance with manufacturers' instructions and CAAS standards, and Care has established relationships with equipment vendors, such as Stryker, and McKesson for disposable supplies. Vehicle and equipment replacements are budgeted for on an annual basis as part of the strategic planning process, and Care Ambulance utilizes a cutting-edge Web-based electronic inventory and equipment/supply management system to efficiently maintain supply levels and track maintenance. These systems have been finely honed over the years, ensuring a response-ready fleet at all times. Serving so many communities enables Care to achieve further economies of scale, making the system even more efficient. In addition, we are happy to extend cost-efficient group purchasing power to our City partners for any supplies or equipment needed.



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Committed to Community Outreach

Care Ambulance offers one of the most comprehensive community outreach programs in the region. Community Service is one of the seven “Pillars of Care,” and we take seriously our unique opportunity to provide public education and positively impact the health and well-being of our neighbors. We understand that we have a valuable role to play in the broader continuum of care, and that preventing illness and injury is just as important as responding to it.



Care employee Priscilla Rodriguez with Elijah, who was so taken with Priscilla and the business of EMS, he’s now considering a career as a paramedic.

To this end, Care Ambulance employs a full-time Community Health Educator whose sole mission is to ensure we’re meeting the communities’ individual needs by providing targeted educational programs, including in the City of Garden Grove. For example, neighborhoods with large senior populations will necessarily need different programs than those communities with younger families. Because we know our communities so well, and utilize sophisticated data systems such as FirstWatch, we’re able to develop targeted education programs that make a significant difference in preventing death and

disability. Care often works in collaboration with municipalities, hospitals, non-profits, schools, law enforcement and fire agencies to combine efforts and maximize the impact of outreach efforts. We remain committed to developing innovative communications solutions, such as promoting events and causes via social media, and developing custom outreach programs for the City of Garden Grove, to the extent our participation is desired.

No other private ambulance service provider has done more to prevent & mitigate illness & injury in Orange County.



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Proven Hiring & Employment Practices

Care Ambulance provides equal opportunity in all of our employment practices.

Employment decisions and actions occur without regard to an employee's or candidate's race, color, religion, gender, national origin, ancestry, age, physical or mental disability, medical condition, marital

status, pregnancy, military or veteran status, genetic information, sexual orientation, gender identity, gender expression, or any other category protected by federal, state and local laws. We strive to recruit and retain a diverse workforce representative of the communities we serve.



Care Ambulance employees enjoy a diverse workplace reflective of the communities we serve.

Care Ambulance maintains staffing levels at 8% above peak demand to ensure our ability to staff ambulances.

Our goal is to maintain a staffing level of 8% above peak volume demands to ensure our ability to staff the schedule at peak demand. To attract and retain the brightest candidates, Care utilizes a 360-degree, two-phase candidate screening and orientation process. Phase One includes a general knowledge written test, a practical skills evaluation and a panel interview. Candidates also undergo an Avesta EMS and medical transportation behavior-based assessment. If the applicant successfully completes this phase, he/she progresses to Phase Two, where a tentative employment offer is extended, contingent upon successful completion of a background and motor vehicle record check, credential verification, drug screen and physical agility test.



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At that point, successful candidates move on to Care's intensive New Employee Orientation Program, which covers all aspects of the job. Care also offers a highly trained and professional Field Training Officer program. Care Ambulance Service is a designated Field Training and Evaluation Program (FTEP) training site, with Care's Field Training Officers (FTOs) being FTEP-certified. EMS-FTEP is a rigorous and voluntary national program developed by the National EMS Management Association. The program, which meets the validity requirements of the Equal Employment Opportunity Commission, is currently only offered by Care Ambulance.

With regards to in-service training and education, Care Ambulance is an American Heart Association-Authorized Training

Center and offers a wide variety of interesting, no-cost continuing education and practical skills courses, as well as 24/7 Web-based courses, to ensure staff have ample opportunity to broaden their knowledge and maintain their credentials.

Labor Satisfaction & Workforce Retention

We truly care about our employees, and strive to create a workplace environment that promotes employee satisfaction and, therefore, retention. Care Ambulance Service employs several

COMPREHENSIVE EMPLOYEE TRAINING PROGRAMS

- New Employee Orientation
- Field Training & Evaluation Program
- Driver Training
- In-House Continuing Education
- On-Line Education
- Annual Mandatory Training
- Orange County EMS System Training
- Field Training Officer Meetings
- Tailboard Training
- "Real-Time" QI
- Individual or Remedial Education
- Conference Attendance
- Management Development
- MCI, Disaster and WMD Exercises



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practices—from annual performance reviews, open-door policies and promote-from-within strategies, to regular employee recognition, team building events and annual employee surveys—to recognize our employees for the great work they do and foster job satisfaction. In addition to these proven management practices, Care Ambulance has protections built into the system to ensure our employees are not overly fatigued or overworked. We do not rely on routine overtime to staff our ambulances, and our scheduling system has built-in controls. Further, with the proposed addition of FirstWatch real-time performance monitoring in Garden Grove, we will be able to monitor workload by unit in *real time*, so that no team bears the brunt of a very busy shift, and workload can be distributed more evenly across the workforce. In almost 50 years of serving local communities, Care Ambulance Service has never experienced a labor dispute or service disruption due to labor issues.

In nearly 48 years, Care Ambulance has never experienced a labor dispute or service disruption due to labor issues.

We remain committed to these labor practices; however, in the highly unlikely event that a workforce disruption was to occur, Garden Grove is protected, because Care Ambulance has the ability to pull staffing resources from both our non-emergency transport operation as well as our sister operation, Falck Northern California in Petaluma, to ensure our 9-1-1 obligations are met. These same resources provide an extra layer of protection for the City in the event of a large-scale natural disaster or other catastrophic event. In addition, Care Ambulance maintains mutual-aid agreements with multiple agencies.



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Customer-Focused Service

Customer Service is one of the Pillars of Care, and a customer-minded culture is established on Day 1 of a new employee's training. Formal training is conducted upon hire and annually thereafter, with Field Training Officers working on a daily basis to set a good example. Care's dedicated Quality Manager and Dispatch Manager both conduct monthly audits of records and calls to assess how we're performing. Five percent of 9-1-1 transports are also surveyed to assess patients' perception of the experience, and results tracked for trends that suggest a training or process deficit on our part. Every inquiry or complaint received is tracked, and calls are returned immediately whenever possible. We're also proposing a customer service hotline number that will initiate a page to the 24/7 on-duty Operations Manager (Field Supervisor). Members of our management team are also available 24/7 to address any critical issues regarding patient care, EMS agency concerns or Garden Grove Fire Department concerns.

Care Ambulance conducts monthly audits of records & calls to assess
how we're performing.

Unparalleled Financial Stability

Care Ambulance Service has demonstrated the financial capability to successfully execute and sustain the proposed services in Garden Grove. All required documentation, including audited financial statements, a budgets and default protections are included in the proposal. Below we provide a summary of Care Ambulance's financial strength and planning in these areas:



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| SUMMARY OF FINANCIAL STRENGTH | | |
|--|--|--|
| ABILITY TO CARRY OPERATING COSTS | BUDGET HIGHLIGHTS | DEFAULT PROTECTIONS |
| <ul style="list-style-type: none"> • \$45.7M in Total Assets* • \$73.4M in Net Revenue* • Backed by parent company Falck A/S <ul style="list-style-type: none"> • \$2.7B in Assets* • \$2.2B in Revenue* • Audited Financial Statements, Attachment 8* • No commitments, liabilities, undisclosed losses, etc., which could impact Care’s credit worthiness or ability to carry operating costs <p><i>*Most recent year available 2015</i></p> | <ul style="list-style-type: none"> • Approximately \$1M Allocated for Capital Costs | <ul style="list-style-type: none"> • Meet or Exceed Insurance Requirements; |

Operational Systems/Transport System Design Proposal Summary

Care Ambulance agrees to provide the resources required in the RFP and will dedicated four(4) ambulances to the City of Garden Grove, as well as one non-dedicated “Frank Unit” during peak hours,” to ensure prompt response within the City. We’ve proposed a new ambulance station within the City of Garden Grove, and welcome the City’s participation in the selection of EMTs who will work on dedicated units. In addition to meeting or exceeding all RFP requirements, Care Ambulance offers a depth of ambulance resources unmatched in the County (150 units) that provide the City of Garden Grove with a level of surge protection that no other provider can offer.



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As the incumbent provider, Care Ambulance has all information systems (the CAD interface, ePCR, billing systems, etc.) in place and ready to continue uninterrupted service under a new Agreement. Further, Care Ambulance uses cutting-edge dispatch and real-time operations monitoring technologies to ensure our deployment plan is constantly updated to meeting the City's dynamic needs and populations and 9-1-1 demands change over time.

We believe we've met the City's challenge to offer innovations in system design that will improve service while realizing efficiencies with our proposal. Care is offering an *optional* alternative to the four (4) dedicated ambulances requested (as the three currently used already exceed the response time requirement). In place of a fourth dedicated ambulance, the City could opt to have a part-time Fire Fighter Paramedic Coordinator Position funded by Care to support EMS system data collection and



Operational System/System Design Highlights

- Care Will Meet or Exceed All RFP Requirements
- Four (4) Dedicated, New Ambulances
OR, alternatively...
- Option of Three (3) Dedicated, New Ambulances, Plus Funding for One (1) Part-Time FF Paramedic Coordinator Position
- One (1) Non-Dedicated North Orange County Peak Fire Reserve Unit from 11:00 to 21:00 Seven Days a Week
- Option for Ambulances to be Dispatched by Metro Net (Full Command & Control by Fire Department), with Reimbursement for Actual Costs
- ALS Equipment Provided on Every Ambulance
- On-Duty 24/7 Field Supervisor
- Parallel Work Schedules to Promote Cohesive Staffing
- FirstWatch Real-Time Operations Monitoring
- All Proposed Systems & Equipment Up Running Before Contract Start



patient-centered prehospital system improvements (discussed in Section 39. Proposed System Design).

In addition, we're also proposing to supply every ambulance with OCEMS Agency-approved ALS supplies (with the exception of controlled medications/narcotics) and equipment (monitors to be selected by Garden Grove Fire Department) to facilitate the prompt return to service of the Fire Fighter Paramedics. Further, our crews will work parallel shifts, and an on-duty Field Supervisor will continue to be available to Garden Grove Fire on a 24/7 basis, to promote cohesive field operations..

These are only a few highlights from our proposal. We thank you for taking the time to consider what Care Ambulance has to offer the City of Garden Grove. Above all else, we would like to reiterate that we welcome the opportunity to discuss our proposal in person and would be happy to answer any questions the Panel or City may have.

As requested in Addendum 1, Care Ambulance acknowledges receipt of RFP Addenda 1-3 with their inclusion in our proposal, beginning on the following page.



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ADDENDUM No. 1

Covering

CHANGE IN SPECIFICATIONS AND/OR PLANS

Date Issued: January 25, 2017
Date Effective: January 25, 2017
RFP No. S-1206
Contract: Provide Ambulance Transportation and Billing Services
INTENT

1. This addendum is issued prior to receipt of proposals to provide for modifications in plans and/or specifications. Acknowledgment of this addendum shall be made and cost for work included in proposer's submittal.

The following questions were asked at the mandatory pre-proposal conference. ***The City's responses can be found in bold and italicized font.***

1. QUESTION: Page 31 of the RFP – From the conference, I now understand that the contracting ambulance company, when appropriate, will bill an ALS rate established by the GG City Council and add that ALS rate to the company's BLS rate. Whatever is collected above the BLS rate is to be reimbursed to the City of GG. This same methodology applies to the non-resident fee.
RESPONSE: The above statement is correct, although proposers may submit alternative billing synergies that may make them more competitive in the proposal process.
2. QUESTION: The only other issue related to City reimbursement is the Medical Supply Reimbursement Fee. As we discussed today, as a provider of services to MediCare, all ambulance companies are subject to the requirements of the Federal anti-kickback statute found in the United States Social Security Act. As you may know, the anti-kickback statute makes it a criminal offense to knowingly and willfully offer, pay, solicit or receive any remuneration to induce referrals by a Federal health care program (Medicare). For purposes of the anti-kickback statute, remuneration includes the transfer of anything of value, directly or indirectly, overtly or covertly, in cash or in kind. The concern is the City of GG Fire Department is in the position to refer MediCare patients exclusively to the contracted ambulance company for ambulance transport and later billing for those services to Medicare. As such, the very best practice is to reimburse the City of GG Fire Department for the direct costs of expendable medical supplies but not to exceed the costs of those supplies.

PROPOSAL TO PROVIDE AMBULANCE TRANSPORTATION &
BILLING SERVICES



CITY OF GARDEN GROVE

Addendum No. 1 to RFP No. S-1206
January 25, 2017
Page No. 2

RESPONSE: All areas of the RFP and Agreement referencing expendable medical supply reimbursement, will be amended to read actual average cost up to \$32.66. Expendable medical supply cost will be reevaluated on an annual basis.

3. The contractor is hereby notified that Addendum No. 1 must be acknowledged and submitted as part of the proposal. Failure to do so could result in the City designating said proposal as "Non Responsive". All the terms and conditions of the PROPOSAL shall remain the same.

Issued by: *Sandra Segawa*
Sandra Segawa, C.P.M., CPPB
Purchasing Agent, City of Garden Grove



CITY OF GARDEN GROVE

ADDENDUM No. 2

Covering

CHANGE IN SPECIFICATIONS AND/OR PLANS

Date Issued: January 26, 2017
Date Effective: January 26, 2017
RFP No. S-1206
Contract: Provide Ambulance Transportation and Billing Services
INTENT

1. This addendum is issued prior to receipt of proposals to provide for modifications in plans and/or specifications. Acknowledgment of this addendum shall be made and cost for work included in proposer's submittal.

The following question was asked at the mandatory pre-proposal conference. ***The City's responses can be found in bold and italicized font.***

1. QUESTION: Please confirm that Audited Financial Statements will be the standard used by the City of Garden Grove to indicate the financial responsibility and solvency of a proposing ambulance company.

RESPONSE: Financial statements are one indicator of financial responsibility and solvency. Please do not limit the City to just one year of financial statements. If the financial statements give rise to additional inquiry, the City will need to request additional information to assess the financial responsibility and solvency of a contractor.

3. The contractor is hereby notified that Addenda No. 1 and 2 must be acknowledged and submitted as part of the proposal. Failure to do so could result in the City designating said proposal as "Non Responsive". All the terms and conditions of the PROPOSAL shall remain the same.

Issued by: *Sandra Segawa*
Sandra Segawa, C.P.M., CPPB
Purchasing Agent, City of Garden Grove



CITY OF GARDEN GROVE

ADDENDUM No. 3

Covering

CHANGE IN SPECIFICATIONS AND/OR PLANS

Date Issued: February 1, 2017
Date Effective: February 1, 2017
RFP No. S-1206
Contract: Provide Ambulance Transportation and Billing Services
INTENT

1. This addendum is issued prior to receipt of proposals to provide for modifications in plans and/or specifications. Acknowledgment of this addendum shall be made and cost for work included in proposer's submittal.
2. Pages 1, 3, 8 and 13, Proposal Submission Deadline, **Revise item as follows:** The Proposal Submission Deadline is hereby changed from 2:00 p.m., Monday, February 6, 2017 to a new Proposal Submission Deadline of 2:00 p.m., local time, Thursday, February 9, 2017.
3. Pages 8 and 14, Purchasing Submission Review, **Revise item as follows:** The Purchasing Submission Review is hereby changed from 2:15 p.m., Monday, February 6, 2017 to a new Purchasing Submission Review of 3:00 p.m., local time, Thursday, February 9, 2017.
4. The following questions were sent in regarding the Scope of Work. **The City's responses can be found in bold and italicized font.**
 1. On page 17 of the RFP in Section 3 a., there is a reference to another section in the RFP which we are requesting clarification on. The reference is to Section B (Experience questions #8 and #14(b) of their proposals. Question 1a: Would the City please clarify what section in the RFP does Section B #14(b) in reference to? **The reference is Section B. Experience, #14 on page 37.**
 2. On Page 20 of the RFP in Section 6 a, the RFP indicates that "Failure of the contractor to operate the ambulance service system in a manner which enables the Fire Department and the contractor to remain in compliance with the requirements of the City of Garden Grove Municipal Code . . . ". We understand the incumbent provider has historically provided the City's contracted ambulance service from the following locations:
 - CARE Garden Grove Ambulance 1 – Candlewood Suites, 12901 Garden Grove Blvd., Room #102, Garden Grove, CA

PROPOSAL TO PROVIDE AMBULANCE TRANSPORTATION & BILLING SERVICES



CITY OF GARDEN GROVE

Addendum No. 3 to RFP No. S-1206
February 1, 2017
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- CARE Garden Grove Ambulance 2 – Ramada Inn, 10022 Garden Grove Blvd., Room #102, Garden Grove, CA
- CARE Garden Grove Ambulance 3 – Best Western Motel, 13659 Beach Blvd., Room #110, Westminster, CA

Question 2a: Does the City of Garden Grove Municipal Code permit the operation of emergency ambulance service stations out of motels, and specifically, each of the (above described) existing CARE Ambulance motel-based operating locations used by CARE Ambulance to serve its current Garden Grove emergency ambulance contract?

Question 2b: Is each of the existing motel-based ambulance deployment locations currently used by CARE Ambulance to serve its current City ambulance contract in Garden Grove (as identified above) acceptable to the City as proposed operating locations for the dedicated ambulance units to serve the City in a proposer's proposal and resultant awarded contract with the City under the terms and conditions of RFP S-1206?

Question 2a: Title 9 of the Garden Grove Municipal Code does permit the operation of emergency ambulance service stations out of motels.

Question 2b: The operating locations for the dedicated ambulance units may be different locations than the locations established by the current provider, and may need to be different to accommodate the increased number of ambulance units dedicated to the City.

3. On page 28 of the RFP in item #19, the RFP indicates that “. . . City and Provider may meet and confer on the housing of ambulances and their crews on City property subject to rent or license fees payable to the City”.

Question 3a: Would the City please provide a listing and descriptions (including address and site description) of each such City property for which may be available to the selected Contractor so that such information may be included in a proposer's proposed operational plan, if so desired by each proposer? **At this time, the City has no intention of housing ambulances or their crews on City property, but wants to maintain the possibility of doing so in the future.**

4. On page 29 of the RFP in Section IV Supplies, Equipment, and Vehicles in item #2, the RFP indicates that the selected contractor shall maintain an Advanced Life Support inventory in each emergency ambulance operating within the City. Question 4a: Does this requirement apply to ambulances, other than the primary dedicated ambulances and the proposed reserve ambulances, (as referenced on Page 30 #7) such as the Contractor's backup ambulances for calls that exceed the capacity of the primary dedicated ambulances operating in the City during busy periods? **The ALS equipment requirement does not apply to backup ambulances that are used when the**

PROPOSAL TO PROVIDE AMBULANCE TRANSPORTATION &
BILLING SERVICES



CITY OF GARDEN GROVE

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four primary and/or reserve ambulances are committed on calls.

5. On page 29 of the RFP in Section IV Supplies, Equipment, and Vehicles in item #2, the RFP indicates that the selected contractor shall maintain an Advanced Life Support ("ALS") inventory in each emergency ambulance operating within the City and that the Brand, type and specifications of supplies and equipment shall be specified by the Garden Grove Fire Department to ensure compatibility. Question 5a: Would the City provide the proposers with the Fire Department's specified required ALS inventory list to include brand, type and specifications in advance of the proposal submission date to allow proposers to fully address these requirements in their proposals? **The required ALS inventory is that stated in OCEMSA Policies and Procedures #325.00, the supplies and equipment with the greatest expense and concern for compatibility are as follows:**
-ZOLL X Series Manual Monitor/Defibrillator with accessories and supplies
-EZ-10 G3 Power Driver with accessories and supplies

6. On page 29 of the RFP in Section IV Supplies, Equipment, and Vehicles in item #5, the RFP indicates that the selected contractor shall utilize the same ePCR software specified and used by the Garden Grove Fire Department. Question 6a: Would the City provide the proposers with the brand name of the ePCR software specified and used by the Fire Department in advance of the proposal submission date to allow proposers to fully address these requirements in their proposals? **The software the Garden Grove Fire Department is currently using for their ePCR's is Elite software by Image Trend.**

7. On page 30 of the RFP in Section IV Supplies Equipment and Vehicles in item #4 the RFP indicates that the selected contractor's ambulances must be equipped with Automatic Vehicle Locator System (AVL) hardware and software that interfaces with Metro Net. Question 7a: Would the City provide proposers with the brand name and model of the current AVL hardware and software competent currently used in vehicles monitored by Metro Net in advance of the proposal submission date to allow proposers to fully address these requirements in their proposals? **The AVL hardware being used by Metro Net is Sierra Wireless GX440, and the software is Firemobile.**

8. On page 31 of the RFP in Section V Financial Synergies in item #2 the RFP describes a Non-Resident Fee. Question 8a: Does the City intend for this fee to be charged on a separate invoice billed on behalf of the City by the Contractor to non-residents when the City's paramedic(s) perform a paramedic assessment on a non-resident? **The City does intend for this fee to be charged on a separate**



CITY OF GARDEN GROVE

Addendum No. 3 to RFP No. S-1206
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invoice and billed by the Contractor on behalf of the City when a paramedic assessment with a paramedic escort occurs on a non-resident.

9. Item #2 on page 31 of the RFP indicates that while the Contractor retains the \$387.35 fee collected, in turn the Contractor must reimburse City at least the equivalent amount of \$387.35. Question 9a: In such cases wherein the Contractor collects less than \$387.35 does the City intend for the contractor to make up the shortfall and pay the full amount of \$387.35 or only the equivalent amount of what it actually collects from each patient up to the full amount of the fee if so collected for this fee? **The City does not intend the Contractor to make up the shortfall and pay the full amount, but only the equivalent of the amount that is collected up to the full amount. The City does expect the Contractor to perform its due diligence when collecting fees on behalf of the City.**

10. Please confirm that the selected Contractor will be permitted to charge emergency ambulance rates at or below the applicable maximum emergency ambulance rates approved by those maximum rates set forth by either a resolution of the Orange County Board of Supervisors or the Garden Grove City Council to include the following line items:

- a. Emergency BLS Base Rate
- b. Mileage
- c. Oxygen (includes mask or cannula)
- d. Standby
- e. Expendable Medical Supplies
- f. ALS Fee (established by the City Council)
- g. Non-Resident Fee (established by the City Council)

Question 10a: Is the Contractor permitted to charge each patient for each such applicable maximum emergency rate line items (described above) rates set forth by either a resolution of the Orange County Board of Supervisors or the Garden Grove City Council? **Yes, the contractor is permitted to charge each patient for each applicable maximum emergency rates as set forth by either a resolution of the Orange County Board of Supervisors and/or the Garden Grove City Council.**

11. On page 38 of the RFP in Section C Operational Systems in item #22, there is a reference to two other items within that section of RFP which we are requesting clarification on. The reference in item #22 is regarding the text that reads: "items 16(a) and 16(b) above". We do not find these items within this section. Question 11a: Would you please clarify that the items meant to be referred to in item #22 on page 38 of the RFP are actually items 21(a) and 21(b)? **Yes, the items**

PROPOSAL TO PROVIDE AMBULANCE TRANSPORTATION &
BILLING SERVICES



CITY OF GARDEN GROVE

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meant to be referred to are items 21(a) and 21(b) on page 38, and not 16(a) and 16(b).

12. We are aware of a written opinion issued by the California EMS Authority (dated April 28, 2014) that indicates the City of Garden Grove is not eligible to conduct its own competitive process for the procurement of exclusive 9-1-1 emergency ambulance service and that the operating zone designated within the County of Orange EMS Plan, which encompasses the area within the incorporated boundaries of the City of Garden Grove, would continue to remain designated as a non-exclusive operating area until such time as the Orange County EMS Agency directly conducts and completes a competitive process for this operating area. Question 12a: Would the City consider issuing an addendum to this RFP which provides that the City will indemnify and hold harmless, any selected proposer who is awarded a resultant agreement pursuant to this RFP, during the life of such contract or any extensions thereof against any related antitrust claim that may be brought against the City and/or its contractor? **No.**

13. How is the 7% administrative billing service fee processed and collected? **Per #3 on page 31, Contractor shall maintain 7% of the ALS and non-resident fee actually collected on behalf of the City. It is not an additional fee that is billed to the patient. It is up to the Proposer to propose methods and mechanisms of providing billing services.**

14. Is the language contained in the sample agreement, Attachment D of the RFP, applicable as requirements in the RFP? **Attachment "D" is the Agreement. The language in the RFP and Attachment "D" is considered the minimum acceptable standard for the Scope of Work. Possible changes to the Scope of Work, based upon proposals, provided for in the Agreement, shall be executed by an addendum per Section 5 on page 49.**

15. Is the City able to provide the department's actual cost of medical supplies, either on a per-trip or per quarter roll-up basis? **The actual average cost of expendable medical supplies for fiscal year 15/16 was \$23.63 per transport.**

16. Will the City grant exemptions to be factored into the overall response time compliance rate of 90%, for valid reasons such as road closures, inclement weather, MCI's requiring multiple resources? **Exemptions are spelled out in Section III, page 24 of the RFP. Additional exemptions may be made on a case by case basis by the Garden Grove Fire Department Division Chief of Operations for unforeseen circumstances that are of no fault of the Contractor.**

PROPOSAL TO PROVIDE AMBULANCE TRANSPORTATION &
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17. Are the four (4) required ambulance units to be fully dedicated and staffed on a 24/7 basis, or is their scheduling flexibility with regard to historical demand patterns and as approved by the City? **The four (4) required ambulance units are to be fully dedicated and staffed on a 24/7 basis.**

5. The contractor is hereby notified that Addenda No. 1, 2 and 3 must be acknowledged and submitted as part of the proposal. Failure to do so could result in the City designating said proposal as "Non Responsive". All the terms and conditions of the PROPOSAL shall remain the same.

Issued by: 
Sandra Segawa, C.P.M., CPPB
Purchasing Agent, City of Garden Grove



CITY OF GARDEN GROVE

3. Statement of Truth, Attachment A

**ATTACHMENT A
STATEMENT OF TRUTH**

The Proposer acknowledges that is has read and fully understands all aspects of the RFP process, including, but not limited to, evaluation standards as set forth in this RFP package, and further agrees and understands that the City Council retains final authority to award the Agreement for emergency ambulance services for the City of Garden Grove.

I, the Proposer, declare, under penalty of perjury, that the information presented in this proposal is accurate and true to the best of my knowledge. I am aware that, should any information be found false, the City of Garden Grove may pursue any and all remedies authorized by law which shall include the right, at the option of the City of Garden Grove, of declaring any agreement made as a result thereof void.

| | |
|------------------------------|------|
| <u>IF SOLE OWNER:</u> | |
| Signature of Owner | Date |

| | |
|---|------|
| <u>IF PARTNERSHIP (JPA or merger):</u> | |
| Signature of Partner (General Partner) | Date |

| | |
|-------------------------------|--------------------------|
| <u>IF CORPORATION:</u> | |
| Signature of President | February 8, 2017 Date |
| Signature of Secretary | February 8, 2017 Date |



CITY OF GARDEN GROVE

4. Bidder/Proposer Statement Regarding Insurance Coverage Requirements,
Attachment B

ATTACHMENT B

**BIDDER/PROPOSER STATEMENT
REGARDING INSURANCE COVERAGE
REQUIREMENTS**

BIDDER/PROPOSER HEREBY CERTIFIES that he/she has reviewed and understands the insurance coverage requirements specified in the Request for Proposal for Ambulance Transportation and Billing Services.

BIDDER/PROPOSER HEREBY CERTIFIES that he/she will submit required requested insurance certificates and endorsements within ten (10) City working days of the original request or the City reserves the right to proceed with the next highest scoring Proposer in the process.

Should we/I be awarded the Agreement, we/I certify that we/I can meet the specified insurance coverage requirements, including insurance coverage of the subcontractors (if applicable), and agree to name the **CITY** and other additional insured as per the Agreement for the work specified. And we/I will comply with the provisions of Section 3700 of the Labor Code, which require every employer to be insured against liability for worker's compensation or to undertake self-insurance in accordance with the provisions of the code, before commencing the performance of the work specified. All insurance certificates and endorsements will be provided within ten (10) City working days of the original request or we/I understand that the City reserves the right to proceed with the next highest scoring Proposer in the process.

Care Ambulance Service, Inc.

Please Print (Person, Firm, or Corporation)

February 8, 2017

Signature of Authorized Representative

Date

Troy M. Hagen, Chief Executive Officer

Please Print (Name & Title of Authorized Representative)

(714) 288-3800; troyh@careambulance.net

Phone Number and Email

Insurance Certificates and Endorsements will be accepted via email and must be emailed to the following email address only: sandras@ci.garden-grove.ca.us. This is the preferred and quickest method of submitting insurance certificates and endorsements.

Insurance Certificates and Endorsements can also be mailed to: City of Garden Grove
Attention: Sandra Segawa
Purchasing Division
11222 Acacia Parkway
Garden Grove, CA 92840

NOTE: All insurance certificates and endorsements must be received by the City of Garden Grove Purchasing Division within ten (10) City working days of the original request or the City reserves the right to proceed with the next highest scoring Proposer in the process.



CITY OF GARDEN GROVE

5. Non-Collusion Affidavit, Attachment C

ATTACHMENT C
NON-COLLUSION AFFIDAVIT

STATE OF CALIFORNIA

ss.

County of Orange

Troy M. Hagen, being first duly sworn deposes and says that he is Chief Executive Officer of Care Ambulance Service, Inc. the party making the forgoing proposal that such proposal is not made in the interest of or on behalf of any undisclosed person, partnership, company, association, organization or corporation; that such proposal is genuine and not collusive or sham; that said Proposer has not directly or indirectly induced or solicited any other Proposer to put in a false or sham proposal and has not directly or indirectly colluded, conspired, connived, or agreed with any Proposer or anyone else to put in a sham proposal, or that anyone shall refrain from bidding; that said Proposer has not in any manner directly or indirectly sought by agreement, communication, or conference with anyone to fix the proposal price of said Proposer or of any other Proposer, or to fix any overhead, profit, or cost element of such proposal price or of that of any other Proposer, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in such proposal are true, and further, that said Proposer has not directly or indirectly submitted his proposal price or any breakdown thereof, or the contents thereof or divulged information or data relative thereto, or paid and will not pay any fee in connection therewith, to any corporation, partnership, company, association, organization, proposal depository, or to any member or agent thereof, or to any other individual except to any person or persons as have a partnership or other financial interest with said Proposer in this general business.

By: _____

[ATTACH NOTARY ACKNOWLEDGMENT]



CITY OF GARDEN GROVE

6. Hold Harmless Clause

Care Ambulance Service, Inc. hereby agrees to indemnify, defend (at the City's option), and hold harmless the City, its officials, officers, employees, representatives and City-designated volunteers from any and all claims, demands, actions, litigation, expense, defense costs or liability of any kind or nature (hereinafter "Claims") arising out of or in connection with contractor's officers, employees, representatives, products, and subcontractors performance, or failure to perform, under the Agreement, excepting only such Claims which arise out of the sole negligence of the City.

Troy Hagen, Chief Executive Officer

Date: February 8, 2017



CITY OF GARDEN GROVE

7. Statement to Provide Additional Information

Care Ambulance Service, Inc. will supply the City and/or the County any further information the City and/or the County determine to be necessary for an accurate determination of the Proposer's qualifications to perform the proposed services.

Troy Hagen, Chief Executive Officer

Date: February 8, 2017



CITY OF GARDEN GROVE

8. Right to Audit Letter

Care Ambulance Service, Inc. agrees to give the City the right to audit those documents or requests requested in the Submission Form, provided by Care Ambulance, and referred to in Care's Ambulance's submission.

Troy Hagen, Chief Executive Officer

Date: February 8, 2017



CITY OF GARDEN GROVE

B. EXPERIENCE

1. Name of Proposer

Include description of organization type: Corporation, Partnership, Limited Liability Company, Sole Proprietorship/D.B.A., etc.)

Care Ambulance Service, Inc.,
(Corporation, D.B.A.)

2. Name of Authorized Person

Name of the authorized person to contact regarding this proposal:

Contact Name: Troy Hagen

Title: Chief Executive Officer

Address: 1517 W. Braden Ct.

City/Zip Code: Orange, 92868

Phone: (714) 288-3800

Email: troyh@careambulance.net

3. Years in Business

State the number of years the Proposer has been in business under the present business name, as well as related prior business names.

Care Ambulance Service, Inc. has been in business under its present business name for nearly 48 years, since the company was founded in 1969.



Experience Highlights

- 47 Years of Experience
- 12 Years of Proven Experience as Provider in Garden Grove
- CAAS Accredited
- 250,000+ 9-1-1 Responses Annually
- Extensive Real-World MCI Response Experience & Advanced Training
- All-New Ford Type III Ambulance Fleet & State-of-the Art Equipment
- 24/7 On-Duty Field Supervision
- Experienced at Staffing Large Systems
- Never Experienced a Labor Dispute
- Proven History of Customer Service



CITY OF GARDEN GROVE

4. Business Owners

List the name, address, and share of ownership of all owners of the Proposer.

| Care Ambulance Service, Inc. Business Owners | | |
|--|--|--------------------|
| Name | Address | Share of Ownership |
| Falck USA, Inc. | 21540 30 th Drive SE, Suite 250, Bothell, WA 98021 | 88.56% |
| D & A Richardson Living Trust | 30950 Rancho Viejo Road, Suite 155, San Juan Capistrano, CA 92675 | 5.00% |
| Richardson Family Trust | 30950 Rancho Viejo Road, Suite 155, San Juan Capistrano, CA 92675 | 5.00% |
| William T. Weston | 6041 Vane Circle, Huntington Beach, CA 92647 | 1.10% |
| Ben Baker | 7245 Cari Ct., Eastvale, CA 92880 | .34% |

5. Years of Experience

State the number of years of experience the Proposer has had in providing emergency ambulance services (ground transportation, ALS, BLS, and billing services—minimum of 5 years is required for consideration of proposal.

Care Ambulance Service has 138 years of combined experience in providing emergency ambulance services (ground transportation, ALS, BLS and billing services). All of Care’s emergency ambulance service experience is local, with service in Orange or Los Angeles County, and includes 12 years of experience providing emergency ambulance services in the City of Garden Grove in partnership with Garden Grove Fire Department.

Care works very hard to maintain excellent relationships with our EMS Agency and fire department first responder agencies. We embrace the philosophies of interagency



CITY OF GARDEN GROVE

cooperation, tailoring our services to meet the needs of each partner, whether in the area of emergency ambulance response, communications, record-keeping, billing or community outreach. Regardless of the request, we strive to ensure our partners' needs are met.



Our successful programs of integrating our services with fire agencies in both Orange County and Los Angeles County exemplifies Care's proven experience. For example, through a competitive bid to provide services to the Los Angeles County Fire Department, Montebello Fire Department and Santa Fe Springs Fire Department, Care Ambulance prevailed against the incumbent provider. Using our solid and proven formula for dedicating 24-hour ambulances and crews to specific cities and fire agencies, *Care*

Ambulance has exceeded all contract requirements during the 10-year term. By teaming local area firefighters / paramedics with our dedicated EMT staff, the County has strengthened the patient care "response-chain." This public-private partnership, with all agencies' professionals working together on a regularly scheduled basis, has reduced ambulance response times, increased scene communications between responders and resulted in better patient care. This serves as only one example of our commitment to developing customized solutions that suit each City or fire agency's specific needs. We are committed to doing the same in Garden Grove.

Details of Care's 9-1-1 experience commensurate in size or scope with that required in this RFP are summarized below. As evidenced here, Care has the proven EMS system experience to meet the City of Garden Grove's high-performance ambulance service needs.



CITY OF GARDEN GROVE

Garden Grove Fire Department

Population: 174,389

2016 Responses: 11,687

2016 Emergency Ambulance Transports: 8,513

Twelve (12) years of experience providing ALS and BLS ground ambulance transportation and billing services for City of Garden Grove. Three (3) dedicated EMT Basic Life Support ambulances, each staffed twenty-four (24) hours daily, seven (7) days per week. Care Ambulance provides BLS services, with ALS services provided by the Garden Grove Fire Department. All EMT personnel are assigned the same shift as Garden Grove Firefighters. Back up services are provided from Care's non-dedicated fleet of staffed EMT ambulances.



Anaheim Fire & Rescue

Population: 343,248

2016 Responses: 33,284

2016 Emergency Ambulance Transports: 18,175

Eighteen (18) years of experience providing ALS and BLS ground ambulance transportation and billing services for City of Anaheim. Seven (7) dedicated EMT Basic Life Support ambulances, staffed twenty-four (24) hours daily, seven (7) days per week. Care Ambulance provides BLS services, with ALS services provided by the Anaheim Fire Department. Each ambulance is stationed within a city fire station with all EMT personnel assigned the same shift as Anaheim Firefighters. Monthly rental fees are paid to the City of Anaheim for each ambulance station location. Back-up services are provided from Care's non-dedicated fleet of staffed EMT ambulances.





CITY OF GARDEN GROVE

City of Buena Park

Population: 82,155

2016 Responses: 6,350

2016 Emergency Ambulance Transports: 4,525

Seventeen (17) years of experience providing ALS and BLS ground ambulance transportation and billing services for City of Buena Park and Orange County Fire Authority. One (1) dedicated EMT Basic Life Support ambulance, staffed twenty-four (24) hours daily, seven (7) days per week. Care Ambulance provides BLS services, with ALS services provided by the Orange County Fire Authority. All EMT personnel are assigned the same shift as OCFA Firefighters. Back up services are provided from Care's non-dedicated fleet of staffed EMT ambulances.



Costa Mesa Fire & Rescue

Population: 111,918

2016 Responses: 9,794

2016 Emergency Ambulance Transports: 7,246



Eight (8) years of experience providing ALS and BLS ground ambulance transportation and billing services for City of Costa Mesa. Three (3) dedicated EMT Basic Life Support ambulances and one (1) back-up EMT Basic Life Support ambulance. All are staffed twenty-four (24) hours daily, seven (7) days per week. Care Ambulance provides BLS services, with ALS services provided by the Costa Mesa Fire Department. All dedicated EMT personnel are assigned the same shift as Costa Mesa Firefighters. Back-up services are provided from Care's non-dedicated fleet of staffed EMT ambulances.



CITY OF GARDEN GROVE

Fountain Valley Fire Department

Population: 56,464

2016 Responses: 4,855

2016 Emergency Ambulance Transports: 3,599

Eighteen (18) years of experience providing ALS and BLS ground ambulance transportation and billing services for the City of Fountain Valley. One (1) dedicated EMT Basic Life Support ambulance and one (1) back-up EMT Basic Life Support staffed ambulance. Both are staffed twenty-four (24) hours daily, seven (7) days per week. Care Ambulance provides BLS services, with ALS services provided by the Fountain Valley Fire Department. All dedicated EMT personnel are assigned the same shifts as Fountain Valley Firefighters. Monthly rental fees are paid to the City for each ambulance station location. Back-up services are provided from Care's non-dedicated fleet of staffed EMT ambulances.



Fullerton Fire Department

Population: 138,574

2016 Responses: 12,286

2016 Emergency Ambulance Transports: 7,168



Thirteen (13) years of experience providing ALS and BLS ground ambulance transportation and billing services for City of Fullerton. Three (3) dedicated EMT Basic Life Support ambulances, staffed twenty-four (24) hours daily, seven (7) days per week. Care Ambulance provides BLS services, with ALS services provided by the Fullerton Fire Department.

Each ambulance is stationed within a city fire station with all EMT personnel assigned the same shift as Fullerton Firefighters. Back-up services are provided from Care's non-dedicated fleet of staffed EMT ambulances.



CITY OF GARDEN GROVE

County of Orange – EOAs B, C, D and E:

One (1) year experience in each Orange County EOA providing ALS and BLS ground ambulance transportation and billing services for the Orange County Fire Authority. Specifics for each EOA are broken down below.



- o **EOA B** – Includes Cities of Cypress, La Palma, Los Alamitos, Seal Beach and Station.

Population: 137,155

2016 Responses - EOA B: 12,748

2016 Emergency Ambulance Transports – EOA B: 8,804

Types of Services Provided: Six (6) dedicated EMT Basic Life Support ambulances, each staffed twenty-four (24) hours daily, seven (7) days per week. Care Ambulance provides BLS services, with ALS services provided by the Orange County Fire Authority. All EMT personnel are assigned the same shift as OCFA Firefighters. Back-up services are provided from Care’s non-dedicated fleet of staffed EMT ambulances.

- o **EOA C** – Includes Cities of Irvine, Tustin and Villa Park

Population: 343,322

2016 Responses - EOA C: 18,212

2016 Emergency Ambulance Transports – EOA C: 12,212

Types of Services Provided: Six (6) dedicated EMT Basic Life Support ambulances, each staffed twenty-four (24) hours daily, seven (7) days per week and two (2) dedicated EMT Basic Life Support ambulances, each staffed twelve (12) hours daily, seven (7) days per week. Care Ambulance provides BLS services, with ALS services provided by the Orange County Fire Authority. All EMT personnel are assigned the same shift as OCFA Firefighters. Back-up services are provided from Care’s non-dedicated fleet of staffed EMT ambulances.



CITY OF GARDEN GROVE

- **EOA D** – Includes Cities of Aliso Viejo, Dana Point, Laguna Hills, Laguna Niguel and Laguna Woods
Population: 197,955
2016 Responses - EOA D: 16,057
2016 Emergency Ambulance Transports – EOA D: 11,044
Types of Services Provided: Five (5) dedicated EMT Basic Life Support ambulances, each staffed twenty-four (24) hours daily, seven (7) days per week and two (2) dedicated EMT Basic Life Support ambulances, each staffed twelve (12) hours daily, seven (7) days per week. Care Ambulance provides BLS services, with ALS services provided by the Orange County Fire Authority. All EMT personnel are assigned the same shift as OCFA Firefighters. Back-up services are provided from Care’s non-dedicated fleet of staffed EMT ambulances.
- **EOA E** – Includes Cities of Lake Forest, Mission Viejo, Rancho Santa Margarita, and San Juan Capistrano
Population: 261,231
2016 Responses - EOA E: 16,510
2016 Emergency Ambulance Transports – EOA E: 11,481
Types of Services Provided: Five (6) dedicated EMT Basic Life Support ambulances, each staffed twenty-four (24) hours daily, seven (7) days per week and two (2) dedicated EMT Basic Life Support ambulances, each staffed twelve (12) hours daily, seven (7) days per week. Care Ambulance provides BLS services, with ALS services provided by the Orange County Fire Authority. All EMT personnel are assigned the same shift as OCFA Firefighters. Back-up services are provided from Care’s non-dedicated fleet of staffed EMT ambulances.



CITY OF GARDEN GROVE

County of Los Angeles

City of Montebello and Santa Fe Springs – EOA #6

Population: 1,206,444

2016 Responses: 88,673 Responses

2016 Emergency Ambulance Transports: 64,464



Ten (10) years of experience providing ALS and BLS ground ambulance transportation and billing services for County of Los Angeles Fire Department and the Cities of Montebello and Santa Fe Springs. Sixteen (16) dedicated EMT Basic Life Support ambulances, each staffed twenty-four (24) hours daily, seven (7) days per week. In addition, thirty-eight (38) peak-demand ambulances staffed daily. Care Ambulance provides BLS services, with ALS services provided by the Los Angeles County, Santa Fe Springs and Montebello Fire Departments.

Total Experience

Population Served: 3,409,789

Number of 2016 9-1-1 Responses: 265,304

Contract Failures: None

6. Years Providing Emergency Ambulance Service Comparable to Garden Grove

List the number of years the Proposer has provided emergency ambulance service within a response area comparable to the City of Garden Grove area shown in the map on Page 6.

Care Ambulance Service has 65 years of combined experience providing emergency ambulance service within a response area comparable to the City of Garden Grove.

Following is a specific breakdown of Care’s emergency ambulance service within a response area comparable to the City of Garden Grove:



CITY OF GARDEN GROVE

| Contract | Yrs Exp. | 2016 Responses | 2016 Transports |
|--------------------------|------------|----------------|-----------------|
| City of Garden Grove | 12 yrs exp | 11,687 | 8,513 |
| City of Anaheim | 18 yrs exp | 33,284 | 18,175 |
| City of Costa Mesa | 8 yrs exp | 9,794 | 7,246 |
| City of Fullerton | 13 yrs exp | 12,286 | 7,168 |
| County of LA – EOA 6 | 10 yrs | 88,673 | 64,464 |
| County of Orange – EOA B | 1 yr exp | 12,748 | 8,804 |
| County of Orange – EOA C | 1 yr exp | 18,212 | 12,212 |
| County of Orange – EOA D | 1 yr exp | 16,057 | 11,044 |
| County of Orange – EOA E | 1 yr exp | 16,510 | 11,481 |

7. Contracts Completed During Last Five (5) Years

List the contracts completed during the last five (5) years showing the year, type of services, dollar amount of services provided, location and contracting agency.

| CONTRACTS COMPLETED DURING THE LAST 5 YEARS | |
|---|------------------------------------|
| Location / Contracting Agency | Years |
| City of Anaheim | September 1998 to Present |
| Type of Services Provided: | Dollar Amount: |
| Emergency 9-1-1 ambulance services | \$22,032,916 gross revenue in 2016 |
| Location / Contracting Agency | Years: |
| City of Buena Park | July 1999 to Present |



CITY OF GARDEN GROVE

| CONTRACTS COMPLETED DURING THE LAST 5 YEARS | |
|---|--|
| Type of Services Provided: Emergency 9-1-1 ambulance services | Dollar Amount: \$5,113,581 gross revenue in 2016 |
| Location / Contracting Agency: City of Costa Mesa | Years: September 2008 to Present |
| Type of Services Provided: Emergency 9-1-1 ambulance services | Dollar Amount: \$7,938,303 gross revenue in 2016 |
| Location / Contracting Agency: City of Cypress* | Years: July 16, 2009 – June 2015 |
| Type of Services Provided: Emergency 9-1-1 ambulance service | Dollar Amount: \$1,563,455 gross revenue in 2014 |
| Location / Contracting Agency: City of Fountain Valley** | Years: Feb. 1 1998 – Feb. 2011 |
| Type of Services Provided: Emergency 9-1-1 ambulance service | Dollar Amount: \$2,991,631 gross revenue in 2010 |
| Location / Contracting Agency: City of Fountain Valley | Years: Feb. 2011 – Present |
| Type of Services Provided: Emergency 9-1-1 ambulance service | Dollar Amount: \$4,511,824 gross revenue in 2016 |
| Location / Contracting Agency: City of Garden Grove | Years: September 2004 – Present |
| Type of Services Provided: Emergency 9-1-1 ambulance service | Dollar Amount: \$9,086,616 gross revenue in 2016 |



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| CONTRACTS COMPLETED DURING THE LAST 5 YEARS | |
|--|---|
| Location / Contracting Agency: City of La Palma* | Years: May 2005 – June 2015 |
| Type of Services Provided: Emergency 9-1-1 ambulance service | Dollar Amount: \$662,616 gross revenue in 2014 |
| Location / Contracting Agency: City of Los Alamitos* | Years: May 2009 – June 2015 |
| Type of Services Provided: Emergency 9-1-1 ambulance service | Dollar Amount: \$1,021,266 gross revenue in 2014 |
| Location / Contracting Agency: City of Seal Beach* | Years: May 2009 – June 2015 |
| Type of Services Provided: Emergency 9-1-1 ambulance service | Dollar Amount: \$2,312,676 in gross revenue in 2014 |
| Location / Contracting Agency: City of Stanton* | Years: May 2005 – June 2015 |
| Type of Services Provided: Emergency 9-1-1 ambulance service | Dollar Amount: \$2,438,357 gross revenue in 2014 |
| Location / Contracting Agency: County of Los Angeles – EOA 6 | Years: May 2006 – Present |
| Type of Services Provided: Emergency 9-1-1 ambulance service | Dollar Amount: \$91,689,209 gross revenue 2016 |
| Location / Contracting Agency: County of Orange – EOA B | Years: June 2015 – Present |



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| CONTRACTS COMPLETED DURING THE LAST 5 YEARS | |
|--|---------------------------------------|
| Type of Services Provided: Emergency 9-1-1 ambulance service | Dollar Amount: \$11,359,215 |
| Location / Contracting Agency: County of Orange – EOA C | Years: June 2015 – Present |
| Type of Services Provided: Emergency 9-1-1 ambulance service | Dollar Amount: \$15,924,356 |
| Location / Contracting Agency: County of Orange – EOA D | Years: June 2015 – Present |
| Type of Services Provided: Emergency 9-1-1 ambulance service | Dollar Amount: \$13,713,355 |
| Location / Contracting Agency: County of Orange – EOA E | Years: June 2015 – Present |
| Type of Services Provided: Emergency 9-1-1 ambulance service | Dollar Amount: \$15,839,578 |

**Denotes contracts that terminated in June 2015 but are now part of County of Orange – EOA B contract.*

***Denotes contract that terminated in February 2011 with City of Fountain Valley but is now covered under new contract with the City.*

8. Business Associates

List the name, address, and phone number of all organizations, corporations, firms, or persons with which the Proposer has been associated in business, as partners or business associates, within the last five (5) years. An affidavit from the Proposer stating non-conflict of interest will satisfy this requirement.

Care Ambulance Service, Inc. has not been associated in business, as partners or business associates, with any other organization within the last five (5) years.



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A signed Non-Collusion Affidavit (Attachment C of the RFP) is included previously in the proposal as Item No 5 (Non-Non-Collusion Affidavit, Attachment C). In addition, Care Ambulance makes the following affirmation that Care has no conflicts of interests in regard to this RFP process.

Non-Conflict of Interest Statement

I certify that neither I nor any member of Care Ambulance Service, Inc. has any personal or financial relationship with any offeror, or to a direct competitor of any offeror under consideration by this proposal evaluation committee.

Troy Hagen, Chief Executive Officer

Date: February 8, 2017



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9. List of Organizations of Which Care Holds a Controlling or Financial Interest

List the name(s) of all organizations, corporations, or firms for which the Proposer holds controlling or financial interest.

Care Ambulance Service, Inc. does not hold controlling or financial interest in any other organization.

10. Litigation

Explain, in detail, any previous or current litigation involving the Proposer, or any principal officers thereof, in connection with any contracts or proposals for emergency ambulance services.

Care Ambulance has been named as a defendant in eight (8) lawsuits filed by AmeriCare MedServices, Inc. (“AmeriCare”). In each of the suits, AmeriCare alleges that Care Ambulance and the other named defendants (the cities of Anaheim, Costa Mesa, Fountain Valley, Garden Grove, La Habra, Buena Park, and San Clemente) have, among other things, attempted to monopolize prehospital EMS in such cities and exclude AmeriCare from providing prehospital EMS services in the cities. Care Ambulance denies any and all wrongdoing, and is in the process of filing motions to dismiss each of the suits.

11. Failures or Refusals to Fulfill Any Emergency Ambulance Service Contract

Explain, in detail, any failure, or refusals, by the Proposer, to fulfill the requirements of a contract for emergency ambulance service.

Care Ambulance has never failed or refused to fulfill the requirements of any contract for emergency ambulance service; however, we have had to begin immediate emergency ambulance operations in multiple communities, following the failure of other providers.

In the City of Fullerton, after the immediate termination of their contracted provider, Care Ambulance assumed emergency ambulance operations in fewer than two hours. The transition went smoothly, and Care Ambulance continues to provide ambulance service to the City of Fullerton.



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In the cities of La Palma and Stanton, the contracted provider terminated their contract with both cities simultaneously and left both cities without services. Once again, Care Ambulance started immediate ambulance operations and continues to provide services to both of these communities.

Most recently, the contracted provider of EMT services to the City of Westminster and OCFA terminated their contract for service. Without fail, Care Ambulance started emergency operations and continues to serve the City.

12. Principal Individuals' Experience Providing Emergency Ambulance Service

Provide an explanation of experience in emergency ambulance services or similar experience of principal individuals of the Proposer's present organization.

Care Ambulance was started in the City of Garden Grove in 1969 by company founder, Carl Richardson. For the company's first 35 years of operations, Care Ambulance was headquartered in Garden Grove. Carl's vision was to grow his family-operated ambulance service to serve the growing demands for a quality ambulance provider in Orange County. Carl focused exclusively on providing exceptional customer service and timely ambulance services to the local acute-care and skilled-nursing facility market. While operating a local ambulance service, Carl and his wife Mary Ann, also raised their family in Garden Grove with eventually all three of their sons graduating from Garden Grove High School.

His three sons eventually went to work in the family business, learning about ambulance operations from fleet washing, patient care, dispatching to financial affairs. Armed with that knowledge and experience, two of Carl's sons, Dan and Rick Richardson purchased the business from their father in 1986. While Carl remained an active part of the business until his passing in 2010, Dan and Rick set out to make their own mark on the family business.

In 1993, under the direction of Dan and Rick, Care Ambulance applied for and was the first ambulance service in California to receive a national accreditation from the Commission on



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Accreditation of Ambulance Services. CAAS accreditation is awarded only after an exhaustive application process and on-site review by nationally recognized experts in emergency medical services. To date, Care Ambulance is one of relatively few ambulance services across the country to maintain this accreditation.

In 1998, Care Ambulance made the transition from being an exclusively non-emergency ambulance transportation provider to a provider of 9-1-1 emergency ambulance services. That year, Care Ambulance won the competitive processes to provide emergency ambulance services to the cities of Fountain Valley and Anaheim. In 1999, Care started 9-1-1 emergency ambulance operations in the City of Buena Park, following another successful RFP process.



In November, Garden Grove's Fire Chief recognized Care EMTs Micah Gonzales and Erick Padilla for demonstrating exemplary action to help others in the community during a fire at the Buddhist temple on Euclid St.

In 2003, Care continued to grow in the emergency ambulance sector by adding services to the City of Fullerton. And, 2004 was a banner year for Care Ambulance; we won the contract to provide services in the company's hometown of Garden Grove.

In 2005, Care Ambulance began providing emergency 9-1-1 services under emergency start-up conditions in the Cities of La Palma and Stanton.

In 2006, Care expanded emergency ambulance operations into Los Angeles County when the company won the contract to provide service for Exclusive Operating Area (EOA) 6. This service covers approximately 1 million residents and extends throughout the 22 cities / communities of South-East LA County.



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In 2008, Care began emergency ambulance operations in the City of Costa Mesa, followed in 2009 with emergency ambulance contract startups in Seal Beach, Los Alamitos and Cypress.

By 2010, Dan and Rick Richardson had shepherded Care Ambulance from a provider of non-emergency ambulance transport services to the largest provider of emergency ambulance services in Southern California. In December 2010, Dan and Rick transitioned most of the ownership of Care Ambulance to Falck USA, which preserved Care Ambulance's long-standing values and mission, and continues to operate Care Ambulance today.

In 2011, Care's first ambulance contract in the City of Fountain Valley expired. The City held a competitive bid, with Care prevailing as the contracted provider.

In 2012, the City of Santa Ana dissolved its fire department and consolidated with the Orange County Fire Authority. In dissolving its fire department, the City of Santa Ana discontinued providing



Falck USA & Falck A/S

Falck USA, parent company to Care Ambulance Service, is the U.S. operation of Falck A/S, headquartered in Copenhagen, Denmark. Based in Bothell, WA, Falck USA is the second largest ambulance service provider in the United States. Falck A/S is the world's largest international ambulance service provider, operating a fleet of more than 2,500 ambulances in 44 countries on 6 continents. Worldwide, Falck responds to more than 4 million calls for emergency medical assistance every year. Falck A/S has more than 25,000 employees worldwide, approximately 4,000 of whom are employed in the United States. The company is majority-owned by the private Lundbeck Foundation, which was established in 1954 to provide funding for research, including studies designed to further emergency medicine.



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ambulance services with city employees and contracted that essential service to Care Ambulance.

In 2015, following a ruling from the State of California EMS Authority, many cities contracting with the Orange County Fire Authority had to stop administering their own ambulance contracts and passed that contracting authority to the Orange County EMS Agency. For the first time in OC history, the OC EMS agency built Exclusive Operating Areas (EOAs) and released an RFP for emergency ambulance services for five zones. Care Ambulance was awarded four of the five zones, becoming the exclusive ambulance provider to the following zones and cities:

- EOA B – Cypress, La Palma, Los Alamitos, Midway City, Stanton and Seal Beach.
- EOA C – Irvine, Tustin and Villa Park.
- EOA D – Aliso Viejo, Dana Point, Laguna Niguel and Laguna Woods.
- EOA E – Lake Forest, Mission Viejo, Rancho Santa Margarita and San Juan Capistrano.



Most recently, in 2016, Care Ambulance began EMS contracts in the Cities of Westminster and San Clemente.

In summary, Care Ambulance has grown from a family operated ambulance company with a single ambulance providing only non-emergency ambulance transport to the largest provider of emergency (9-1-1) ambulance services in Southern California, with a fleet of over 300 ambulances, responding to over 265,000 annual requests for emergency (9-1-1) ambulance services.



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13. Major Equipment

List all major equipment to be used for the direct provision of services.

Care Ambulance Service will dedicate four (4) brand-new NFPA 1917-compliant Ford E350 Type III ambulances to the City of Garden Grove to ensure response reliability and Care's ability to meet or exceed contractual response-time requirements. These ambulances are fully equipped with the latest equipment and technology to meet the City's ambulance transportation needs. Offering innovative safety, efficiency and convenience features, all ambulances will be identically configured and stocked to ensure staff familiarization and response readiness. Care also offers the City unparalleled access to 150 additional ambulances that can be drawn from our Orange County operations, should demand unexpectedly surge or an MCI occur in the City.



MAJOR EQUIPMENT SUMMARY

- Four (4) New, NFPA 1917-Compliant Dedicated Type III Ambulances
- Stryker Stair Pro 6252 Stair Chair
- Stryker Power Pro XT Power Cot
- Stryker Expandable Patient Surface (XPS) for Bariatric Patient Comfort
- Stryker Power LOAD System
- Every Ambulance Bariatric Capable
- Philips HeartStart FR3 AED
- SSCOR VX-2 Portable Suction Unit
- CTL Laptop/Tablet PC for ePCR Documentation
- Image Trend Elite ePCR
- Fujitsu N1800 Wireless Scanner
- Specialized Pediatric Equipment
- Enhanced Personnel Safety Systems
- Falck Sirius Safe Driver Monitoring
- Standardized BLS Supply Inventory
- Established Relationship with McKesson
- Access to Care's Group Purchasing Power
- Equipment & Supplies Meet Title 13, California Code of Regulations & County Requirements



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The new vehicles will meet all applicable City and Orange County Codes and all applicable California Code of Regulations requirements. The ambulances were manufactured locally by Leader and are ready and waiting for deployment in the City



of Garden Grove. We would be happy to host Fire Department officials for ambulance tours, if desired. They will be custom-branded, in collaboration with the City, specifically for the City of Garden Grove. These vehicles integrate the industry's most progressive safety standards in accordance with the latest SAE, CAAS and the latest NFPA safety standards.

Please see Attachment 1 for vehicle line drawings and specifications.

ALS Equipment on Every Ambulance



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Care Ambulance will also equip each ambulance with a monitor/defibrillator of a make/model determined by the Garden Grove Fire Department, as well as other required ALS equipment and supplies (with the exception of controlled medication/narcotics, which will remain the responsibility of the Garden Grove Fire Department Paramedics), to facilitate the prompt return to service of paramedics following the completion of calls.

Care Ambulance Service's new, state-of-the-art Ford E350 Type III ambulances will each be stocked with the cutting-edge patient care equipment and supplies, including but not limited to the following durable medical equipment. As new technologies become available, superior equipment may be rolled out to ensure the best possible patient care throughout the contract term.



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Standard Durable Medical Equipment

Stryker Stair-PRO 6252 Stair Chair

Every Care ambulance is equipped with Stryker's Stair-PRO 6252 model stair chair with a unique tread system that facilitates the safe transport of patients down stairs without lifting. Other Stair-PRO 6252 Features include:

- Extendable head and foot end lift handles to support proper ergonomics;
- Good line of vision and personal space between the EMT and the patient;
- Positive locking for security and rigidity;
- Molded hand grips for better control;
- Thick-wall, square-channel aluminum frame for high strength and light weight;
- Durable powder-coated finish eliminates oxidation and facilitates easy decontamination – power washable; and
- Folds to compact size for convenient storage.



Stryker Power-PRO XT Cot

The industry-leading Stryker Power-PRO XT powered ambulance cot dramatically reduces strenuous lifting and the associated risk of back injury. Medics experience frequent spinal loading due to repetitive motions such as lifting, lowering, carrying and bending. Use of the Power-PRO XT has proven to reduce spinal loading, resulting in fewer injuries, lost or modified workdays, workers' compensation costs and increased recruitment and retention. Power-PRO XT Features include:



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- **Powered Hydraulics:** The innovative battery powered hydraulic system raises and lowers patients with the touch of a button. The Stryker Power-PRO XT sets the standard for superior performance and outstanding ergonomics.
- **Power Loss Back-up:** Easy to use manual back-up system provides complete cot operation in the event of power loss.
- **Easily Accessible Battery:** Foot end mounted Stryker SMRT battery is accessible and easily changed in any situation.
- **Retractable Head Section:** Allows cot to be shortened in any height position for maximum versatility.
- **High-Speed Retract:** Exclusive automatic high-speed retract feature reduces load and unload times.



Expandable Patient Surface (XPS) – Bariatric Solution



Every power cot in every ambulance will be outfitted with Stryker's Expandable Patient Surface (XPS) / Bariatric Transport Solution to accommodate patients of all sizes at any time. XPS provides an expanded patient surface area that's adjustable with 7 locking positions and includes a wider mattress that reduces transfer gap. This solution helps address growing obesity trends and supports a variety of patients and environments. Cots with XPS meet current tip stability standards for both patient and provider safety. They're easy to clean and engineered with a 6061-T6 aluminum core for durability. Standard features include:



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- Increased patient surface area
- Adjustability for patients and environments
- 7 locking positions
- Integrated into cot – Always there
- Easily retrofitted to existing compatible cots
- Enhanced safety built into release handles
- Durable aluminum over-mold design
- Mattress design reduces transfer gap
- Enhanced patient comfort
- Compliant with tip stability and dynamic crash certifications



Power-LOAD Cot Fastener System in All Ambulances



Every Care ambulance will be equipped with Stryker's innovative Power-LOAD cot fastener system, which improves operator and patient safety by supporting the cot throughout the loading and unloading process. The reduction in spinal load helps prevent cumulative trauma injuries. Features are fully compliant with the latest KKK and CAAS safety standards and include:



- Enhanced Occupant Safety: The Power-LOAD meets dynamic crash test standards for maximized occupant safety. It also minimizes



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patient drops by supporting the cot until the wheels are on the ground.

- **Wireless Communication:** The Power-LOAD cot fastener system wirelessly communicates with Power-PRO cots for ease of operation and maximum operator convenience.
- **Hydraulic Lift:** Ergonomically designed to reduce operator and patient injuries, Power-LOAD hydraulically lifts patients weighing up to 700 lbs. with the touch of a button.

Philips HeartStart FR3 AED

Care's ambulances are equipped with the Philips HeartStart FR3 AED, Philips' best professional-grade AED, including advanced features for emergency responders. Built for speed, the HeartStart FR3 automatically powers on when the user opens the carry case, so they can focus on pad placement. Pre-connected peel-and-place SMART Pads, with no foil pouch to open, reduce deployment time. As the smallest and lightest professional-grade AED available, the HeartStart FR3 weighs only 3.5 lbs. It's a rugged, reliable and ready-to-use AED.



SSCOR VX-2 Portable Suction Unit

The SSCOR VX-2® is a portable, powerful battery powered suction unit that's mounted inside each ambulance and used to provide onboard suction. A charging/retention bracket



connects the VX-2 to vehicle power at all times. With its variable regulator and gauge, outward facing controls, and drawing its power from the vehicle, the VX-2 is setup to provide suction in the ambulance. However, if portable suction is required at the scene, the VX-2 is

easily removed from the retention bracket and used as portable suction, drawing power from



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its battery. The VX-2 comes equipped with a battery care system, which insures the battery is charged to an optimal level, prevents deep discharge and indicates battery condition.

Specialized Pediatric Equipment

Care takes extra steps to ensure the entire ambulance fleet is equipped to support the proper care and safe transport of pediatric patients. Specialty equipment designed and built specifically for children is onboard every ambulance, including a customized child safety seat. This seat is routinely used and allows for the safe restraint and transport of non-critical pediatric patients or non-injured children of injured adults. For critically injured pediatric patients, Care Ambulance equips each ambulance with the following trauma equipment specifically for children, including:

- Child Passenger Safety Restraint System
- FernoTrac Pediatric Size Hare-Traction Splint
- LSP Infant/Pediatric Immobilization Board
- Patient Compartment Integrated Child Safety Restraint System



Care provides a wide complement of pediatric equipment to maximize safety.

ePCR Tablet & Image Trend Elite

EMTs will use CTL laptop/tablet PC for ePCR documentation. The tablet runs a full OS



(Windows) and is the ultimate productivity tool for mobile workers. With superior ergonomics, a brilliant sunlight-viewable screen, the H2 lets our field providers work virtually anywhere. The CTL delivers a complete



range of embedded wireless features including Wi-Fi, Bluetooth and 4G LTE broadband.



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Care Ambulance utilizes the Image Trend Elite electronic patient care record (ePCR) solution. Image Trend Elite is NEMESIS V3 compliant for both receiving and processing data, as well as collecting data. Please see Attachment 2 for more information on Image Trend Elite.



Fujitsu N1800 Scanner

For on-board patient documentation/information scanning capabilities, ambulances are equipped with the Fujitsu N1800 Scanner with wireless transmission capability. It offers fast scanning speeds of 20 pages per minute and true double-sided speeds of 40 images per minute in color, grayscale or black & white at 300 dpi. With a 50-page document feeder, the scanner features a large 8.4” touch screen high resolution (1024 x 768) display.



Care Ambulance served as a case study for Fujitsu’s scanning technologies.

Falck Sirius Safe Driver Monitoring System

Care Ambulance Service proposes to improve driver behavior and reduce risk to the system with the installation of a new and innovative on-board, computer-based safe driver/vehicle monitoring device in every ambulance. This cutting-edge, proprietary monitoring product, called Falck Sirius, provides real-time driver feedback and a complete overview of the system’s fleet and the driving habits, including event video of our vehicle operators. Falck Sirius was developed by Care’s parent company, Falck A/S, and is used to monitor safe driving practices in fleets throughout the world.





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The Falck Sirius EcoDrive transmission device (onboard computer) draws from different data sources to identify specific technical, mechanical, centrifugal and GPS parameters—the so-called uneconomic and technically relevant “events” for the established parameter values (min/max). Events are transmitted as feedback directly to the driver in real time and simultaneously to the web server. System-wide or individual driver reports can be generated to inform quality improvement activities.

Using Falck Sirius, Care can predict problems before they occur and optimize the utilization



Falck Sirius safe driver monitoring provides real-time feedback to Care’s drivers and informs quality improvement and training activities.

of each individual vehicle as well as each driver’s behavior. Data will be used to continually improve our driver training program and to provide individualized feedback and training to our crews. Monthly reports will be generated for every driver, so they understand their driving performance. In other operations, it has spurred a friendly competition among employees, as they “compete” for the safety driving record. In other operations, installation of Falck Sirius has resulted in 25%

fewer safety incidents and 7-8% reductions in fuel costs, because safe driving and efficiency go hand-in-hand.

Please see Attachment 3 for more information on proposed equipment.

Again, additional ALS durable medical equipment will be provided onboard, with make/model determined in cooperation with Garden Grove Fire Department. Consumable supplies are discussed beginning on the following page.



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Consumable Supplies

Care Ambulance Service maintains two large supply warehouses, one in the City of Orange and one in the City of Santa Fe Springs in Los Angeles County, that are stocked with necessary EMS supplies to fulfill contractual service obligations for a minimum of fifteen (15) days. For services to the City of Garden Grove, Care Ambulance will maintain an additional stock of appropriate supplies and equipment within each of Care's four (4) 24-hour stations.

In addition, Care maintains a national EMS supply account with McKesson.

McKesson is an EMS supply industry leader that understands the EMS business. Together, we have implemented supply ordering technology measures to help manage our supplies more effectively. These include:



- 1) McKesson SupplyManager: This Web-based application has allowed Care Ambulance to access and manage pharmaceutical and medical-surgical supply ordering and reporting information. This single, integrated Internet portal, which can be accessed at www.mckesson.com, allows Care to select, order and track all EMS supplies. Utilization of this application has created a one-stop to purchase for all EMS supplies and medications.
- 2) McKesson ScanManager: This inventory management system includes bar-code technology that allows Care to assemble orders and compile supply management information. EMS supply orders originate in our corporate supply warehouse, where our Daily Operations Managers scan bar codes to compile orders to be delivered to various ambulance stations. Creating orders at this source helps organize both our warehouse and ordering processes, driving down costs by reducing inventory



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fluctuations that cause overstocks, understocks and aging inventory. Management reports generated by the ScanManager system help to analyze purchasing trends and compile budget and forecasting information.

Flexible Delivery Schedules

With the McKesson Medical-Surgical 200,000 square foot distribution center strategically located in Chino, California, McKesson provides us with fast and reliable delivery solutions for EMS supplies. In most cases, we receive next-day delivery with shipping costs included in our product purchasing price.

Emergency Supply Operations

As long-term EMS supply partners, we have developed our own supply disaster delivery plan in collaboration with McKesson to ensure our ability to provide uninterrupted, continuous emergency ambulance operations, even in a longer-duration, large-scale area disaster.

Group Purchasing Power



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Care Ambulance Service is a subsidiary to Falck USA and Falck A/S, the world's largest international ambulance service provider, and this relationship has its advantages. Falck has negotiated competitive group purchasing rates on medical supplies and equipment to keep the local operations running efficiently and cost effectively. We would be happy to extend this purchasing power to Garden Grove Fire Department for the acquisition of medical equipment and non-exchanged supplies from our supplies where available. Our Supply Manager and leadership team will work collaboratively with the Garden Grove Fire Department to facilitate a purchase process as desired.

Care's current BLS supply list is provided on the following page. All safety and emergency care equipment will be maintained and carried in good working order throughout the contract



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term. For more information on Care's proposed durable medical equipment, please see the equipment brochures provided in Attachment 3.

Care's BLS and Ambulance Inventory List, including brand names, and the OCEMS Agency ALS inventory list, is provided for reference beginning on the following page.

Care Ambulance will equip each ambulance with a monitor/defibrillator & other ALS patient care equipment to facilitate the prompt return to service of Firefighter Paramedics.

PROPOSAL TO PROVIDE AMBULANCE TRANSPORTATION & BILLING SERVICES



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Care Ambulance Service BLS Inventory List

| Description | Brand | Qty | Description | Brand | Qty | Description | Brand | Qty |
|---------------------------|-----------------|------|------------------------------|-------------------|-----|----------------------------|-------------|-----|
| Adult BP Cuff | McKesson | 3 | Large O2 wrench | Hudson | 1 | Splint Cardboard (Arm) | McKesson | 4 |
| AED | Philips | 1 | Lysol | Lysol | 1 | Splint Cardboard (Leg) | Morison Med | 4 |
| Ambu Bag Adult | McKesson | 3 | Map Book | Thomas Brother's | 1 | Splint Cardboard (Wrist) | Morison Med | 4 |
| Ambu Bag Ped | McKesson | 2 | Mothers wax | Mothers | 1 | Splint KED | Ferno | 1 |
| Back Board | Iron Duck | 2 | N95 Mask (4ism) (8med) (4)L | Moldex | 4 | Splint Traction (Adult) | Ferno | 1 |
| Ballistic Vest | MSA | 2 | Naso Airway Kit | Teleflex | 2 | Splint Traction (Ped) | Ferno | 1 |
| Band Aids | McKesson | 25 | O2 Bag | First In | 1 | Ste-Block Head Immobilizer | Ste-Block | 10 |
| Bandage Compress | McKesson | 12 | O2 Cannula Adult | McKesson | 10 | Stair Chair (Stryker) | Stryker | 1 |
| Blanket | McKesson | 2 | O2 Cannula Ped | McKesson | 8 | Stephoscope | McKesson | 2 |
| BP Cuff | McKesson | 2 | O2 Main Flowmeter | McKesson | 1 | Sterile Water | Braun | 4 |
| BP Cuff Kit | Labtron | 1 | O2 Mask Infant | McKesson | 8 | Suction Cannisters | McKesson | 4 |
| Breakaway Flat | Ferno | 1 | O2 Mask Non-Rebreather Adult | McKesson | 10 | Suction Cath 08 fr | Kendall | 4 |
| Brush Coat | PGI Inc | 2 | O2 Mask Non-Rebreather Ped | McKesson | 8 | Suction Cath 10 fr | Kendall | 4 |
| Bullard USRX Fire Helmet | Bullard | 2 | O2 Regulator | Allied Healthcare | 1 | Suction Cath 12 fr | Kendall | 4 |
| Clipboard | Posse | 1 | O2 Tank D Cylinder | Spectrum | 4 | Suction cath 14 fr | Kendall | 4 |
| C Collar Bag | Laerdal | 1 | O2 Tank M Cylinder | Spectrum | 1 | Suction cath 18 fr | Kendall | 4 |
| C Collars Adult | Ambu | 10 | OB Kit | Motion Medical | 2 | Suction Tubing | McKesson | 4 |
| C Collars Ped | Ambu | 5 | OPA Kit | Berman Airways | 2 | Suction Wall mounted | Scor | 1 |
| Combine Dressing 8x9 | McKesson | 4 | Paper Sheet | McKesson | 20 | Tape 1" Transpore | McKesson | 3 |
| EPCR Tablet | Panasonic / CTL | 1 | Paper Towel Roll | Scott | 1 | Tape 2" Transpore | McKesson | 3 |
| ERG Book | DOT | 1 | Patient Care Report | Panda Printing | 20 | Tape 3" Transpore | McKesson | 3 |
| Fire Extinguisher | Amerex | 1 | Ped Immobilization Board | Iron Duck | 1 | Tire Dressing | Super Shine | 1 |
| Flashlight | Mag Lite | 1 | Pedimate | Pedimate | 1 | Tongue Depressors | McKesson | 25 |
| Fracture Pan | McKesson | 1 | Pelican Case (AED) | Laerdal | 1 | Tourniquet | McKesson | 2 |
| Gauze 3x3 | McKesson | 10 | Pen Light | McKesson | 1 | Towels (Cloth) | Aramark | 4 |
| Gauze 4x4 | McKesson | 60 | Petroleum Gauze | McKesson | 2 | Trauma Bag | First In | 1 |
| Gauze Roller | McKesson | 10 | Pillow | McKesson | 2 | Trauma Dressing 10x30 | McKesson | 5 |
| Glove L Nitrile | McKesson | 2 bx | Pillow Case | McKesson | 20 | Triage Tags | McKesson | 20 |
| Glove M Nitrile | McKesson | 1 bx | Pocket Mask (AED) | Laerdal | 1 | Triangle Bandage | McKesson | 4 |
| Glove XL Nitrile | McKesson | 2bx | Red bag | McKesson | 5 | UHF Care (Mobile) | Kenwood | 1 |
| Glucose Oral | Valeant | 2 | Restraints (Ankle) | Possey | 2 | Unit Cell Phone | Samsung | 2 |
| GPS | Garmin | 1 | Restraints (Wrist) | Possey | 2 | Unimal | McKesson | 1 |
| Gurney (Stryker) | Stryker | 1 | Safety Glasses | 3M | 4 | V-Vac Spare Cartridge | Laerdal | 1 |
| Hearing Protection | 3M | 2 | Sani Hands | PDI | 1 | V-Vac Kit w /tip and cath | Laerdal | 1 |
| Ice Pack | McKesson | 10 | Scanner | Fujitsu | 1 | Warning Triangles | SMC | 1 |
| Isolation Gowns | Kimberly Clark | 4 | Scissors (AED) | McKesson | 1 | Wash n Wax | OCCS Inc | 1 |
| Kidney Shape Emisis Basin | McKesson | 10 | Sharps Container | McKesson | 1 | Windex | Windex | 1 |
| Kleenex (Box) | Kimberly Clark | 1 | Sheer | McKesson | 1 | Work Gloves (Pair) | Shelby | 2 |
| Large Basin | McKesson | 6 | Sodium Chloride | Braun | 4 | Yanker Suction | McKesson | 6 |

PROPOSAL TO PROVIDE AMBULANCE TRANSPORTATION & BILLING SERVICES



CITY OF GARDEN GROVE



Orange County EMS Agency Policy/Procedure

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ADVANCED LIFE SUPPORT (ALS) UNIT MINIMUM INVENTORY

- I. **AUTHORITY:** California Code, Title 22, Div 9, sec 100170.a.2
- II. **APPLICATION:**
This policy describes the standardized drug and equipment inventory for an advanced life support (ALS) unit in Orange County. Title 8 CCR Section 5193, Bloodborne Pathogens, requires sharps injury prevention/ needleless products to be utilized when appropriate. All equipment and supplies must be latex free.
- III. **DEFINITIONS:**
FDA means U.S. Food and Drug Administration.
Optional means equipment, supplies, or pharmaceuticals that are not required in the minimum inventory, but which ALS providers are authorized to include in unit inventories.
OR means either equipment, supply, or pharmaceutical is appropriate and effective. It does not imply that both must be stocked in inventory, rather either or both can be stocked.
Preferred means recommended, but alternate listed equipment, supply, or pharmaceutical is equally effective.
- IV. **CRITERIA:**
This policy lists the minimum OCEMS ALS Unit equipment, supplies, and drug inventory required for OCEMS Accredited ALS personnel to perform their duties under base hospital or standing orders. The number or amount of each item and any addition to the inventory is at the discretion of the ALS provider and must reflect a specific unit's needs for its service area. Equipment, supplies, and drug inventory that is not part of the authorized Orange County ALS Scope of Practice is not permitted without formal approval of the Orange County EMS Agency and the California EMS Authority. Inventory for special ALS units (tactical, fireline, search and rescue) are defined elsewhere in OCEMS policy.

EQUIPMENT

| | |
|---|---|
| BAG-VALVE DEVICE WITH OXYGEN INLET AND RESERVOIR: | Adult Pediatric 15 mm patient connector |
| BANDAGE SCISSORS | |
| BREAKAWAY FLAT(OPTIONAL): | Vertically stable for full spinal immobilization |
| EXTRICATION SPLINT (OPTIONAL): | Horizontal flexible, vertical rigidity; stabilizes head, neck and back |
| BACKBOARDS: | X-ray transparent. Minimum of three straps (disposable straps, OPTIONAL). - Adult - (Pediatric backboard (OPTIONAL) |
| LARYNGOSCOPE: | Battery operated, quick change blades Handles: Adult and/or pediatric, with extra batteries or recharger Blades: Adult - curved/straight #3 and #4 recommended Pediatric - straight #1 and #2 (for direct laryngoscopy foreign body removal) Bulbs (extra, when using bulb equipped blades) |

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ADVANCED LIFE SUPPORT (ALS) UNIT MINIMUM INVENTORY

EQUIPMENT (continued)

| | |
|------------------------------------|--|
| MAGILL FORCEPS: | Adult and pediatric; closed tip |
| MONITOR / DEFIBRILLATOR: | Biphasic, adjustable output, defibrillator with oscilloscope (FDA approved) Defibrillator-pacer pads with functional cables and connectors ECG pads with functional cables and connectors Synchronizer: designed to deliver a synchronized defibrillating pulse, timed to avoid the T-wave of the cardiac cycle. 12-lead ECG capability with internal interpretation protocol to identify an acute myocardial infarction Transcutaneous pacing module End-tidal CO ₂ monitor with either single or continuous reading output Recorder: Must be able to produce a paper print out of high quality. Batteries/Charge Units as Main Power Source |
| RESUSCITATOR (OPTIONAL): | 40 L/min maximum delivery capability, portable, lightweight, minimum 6' length hose to head, constant flow valve 0-15 L/min demand valve head |
| SLIDING (TRANSFER) FLAT (OPTIONAL) | |
| SPHYGMOMANOMETER: | 20 to 300 mm Hg, dial with no pin stop Blood pressure cuffs Pediatric and adult cuffs Thigh cuff (OPTIONAL) |
| STETHOSCOPE: | Disposable or non-disposable diaphragm type |
| SUCTION UNIT: | Portable, with disposable canister |
| TOURNIQUET: | Manufactured, FDA approved |
| TRACTION SPLINTS: | Lightweight, portable: adult, pediatric (BARRIER PROTECTION ACCEPTABLE) |

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ADVANCED LIFE SUPPORT (ALS) UNIT MINIMUM INVENTORY

SUPPLIES

Airway adapters: standard 15mm ID X 22mm OD both ends
Airway, nasopharyngeal: 4.5mm - 9.0mm or adult and pediatric sizes
Airway, oral: Adult and pediatric sizes
Alcohol wipes
Arm board: short, with rigid insert, padded (BARRIER PROTECTION ACCEPTABLE)
Arm board: long, with rigid insert, padded (BARRIER PROTECTION ACCEPTABLE)
Atomizer for nasal administration of medications (OPTIONAL)

Bags (for trash)
Band-Aids (OPTIONAL)
Basin, emesis (BARRIER PROTECTION ACCEPTABLE)
Blanket, disposable
Burn dressing: Clean sheet or FDA approved burn covering

Cannulas, nasal oxygen: Adult and pediatric
Catheter, suction: sizes #6, #10, #14,
C-Collar, semi rigid: sizes: range of adult and pediatric sizes or adjustable
Cold packs, chemical (BARRIER PROTECTION ACCEPTABLE)

Combitubes®: Regular and Small Adult
OR
King® Airway: Sizes 3, 4, 5

CO₂ detector – End tidal CO₂ detector (colorimetric or as module integrated with defibrillator)

Dressings: abdominal (OPTIONAL)
eye pads (OPTIONAL)
gauze 4 in. x 4 in. / (2 in. X 2 in. OPTIONAL)
Kerlix or equivalent
Hemostatic (California EMS Authority approved) (OPTIONAL)
OP site* or equivalent, approx. 2" x 3" (for IV sites)

EID/EDD (Esophageal intubation detector device with 15 mm adapter)
ET tube: Assorted soft cuff (sizes 6.0, 6.5, 7.0, 7.5, and 8)
ET tube holders (OPTIONAL)

Flexible intubation guide

Gloves: Assorted sizes, including clean and sterile packaged
Glucose meter with non-expired test strips

Infant Transport Mattress, heated, consistent temperature not to exceed 110 degrees Fahrenheit (OPTIONAL)
Intraosseous (IO) needles with mechanical drill placement device (OPTIONAL)
IV catheters, over needle type: sizes 16, 20 gauge (sizes 18, 22 OPTIONAL); and 24 gauge for pediatric IVs
IV rate flow regulator
Infusion Pump, portable, FDA Approved (OPTIONAL)
IV tubing:
Macro drip, 15 drops/mL or 10 drops/mL
Micro drip, 60 drops/mL (OPTIONAL)
IV tubing must have at least two medication injection sites. Recommended tubing has a "Y" adapter.

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ADVANCED LIFE SUPPORT (ALS) UNIT MINIMUM INVENTORY

King® Airway: Sizes 3, 4, 5

OR

Combitubes®: Regular and Small Adult

Lancet (for glucose determination)

Lock, saline

Masks, disposable ventilation: sizes Neonate, infant, and child

Mask, oxygen non-rebreather: adult and pediatric

Mechanical chest compression device for CPR (OPTIONAL)

Nebulizer, Acorn type, with mouth piece and mask attachments

Needle-ARS type for chest decompression OR Needle chest decompression kit

Needle Cricothyroidotomy kit for approved Tactical Medical Units (OPTIONAL)

Needles with catheters, IV: sizes: 18 gauge, 20 gauge (21 gauge)

Needles for IM injection: sizes: 21, 23 gauge (25 gauge OPTIONAL)

Needle (sharps) disposal unit

OB kit with Bulb syringe

One-way 'flutter' valve (OPTIONAL)

Pediatric length-based resuscitation tape

Penlight/flashlight (OPTIONAL)

Personal protective equipment (OSHA compliant masks, gowns, gloves, eye shields)

Pulse oximetry device, may be incorporated within defibrillator

Razors, disposable

Restraints: Soft (Hard leather restraints, padded and quick release (OPTIONAL))

Solution, sterile; NS 1000 mL (for irrigation)

Stylette, malleable (for ET tubes)

Suction, tonsil tip; semi rigid or rigid, large bore (Yankauer suction tip)

Syringes sizes:

1 mL

3 mL

5 OR 6 mL

10 OR 12 mL

50 OR 60 mL (OPTIONAL)

Tape (paper, plastic hypoallergenic): assorted sizes and types

Thermometer; temporal, otic, or oral; electronic with disposable patient contact probes, FDA Approved (OPTIONAL)

Tourniquets, for facilitating IV placement

Tubing, oxygen connecting (OPTIONAL)

Underpads (CHUX®)/protective pads

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ADVANCED LIFE SUPPORT (ALS) UNIT MINIMUM INVENTORY

DRUG INVENTORY

| <u>MEDICATION</u> | <u>PREPARATION</u> |
|---|--|
| Adenosine | 12 mg/ 4mL vial or prefilled syringe; 6 mg/2 mL vial or prefilled syringe (OPTIONAL) |
| Albuterol (for nebulizer inhalation) | 3.0 mL (2.5 mg) of a 0.083% solution |
| Albuterol metered dose inhaler (OPTIONAL) | 18 gram canister (200 inhalation doses) (SINGLE PATIENT USE ONLY) |
| Amiodarone | 50 mg/mL, vial or prefilled syringe |
| Aspirin, chewable | 81 mg tablet individually packaged; OR 325 mg tablet individually packaged |
| Atropine | 1 mg ampule, vial or prefilled syringe 0.4 mg/mL, 20 mL vial (OPTIONAL) |
| Dextrose 10% | 250 mL IV bag, 10% solution |
| Diphenhydramine (Benadryl™) | 50 mg/mL, 1 mL single dose vial or carpject |
| Dopamine (OPTIONAL) | 400 mg/10 mL, 10 mL prefilled syringe/or 400 mg/5 mL vial; or 400 mg/250 mL D5W premixed bag |
| Duodote Autoinjector (OPTIONAL) | Prepackaged kit containing Atropine and 2-PAM |
| Epinephrine 0.1 mg/mL | 1 mg/10 mL prefilled syringe |
| Epinephrine 1.0 mg/mL | 1 mg/1 mL ampule 30 mL vial (OPTIONAL) |
| Epi Pen Auto Injector (OPTIONAL) | 0.3 mg Auto injector |
| Epi Pen Auto Injector Junior (OPTIONAL) | 0.15 mg Auto injector |
| Fentanyl OR Morphine sulfate | 100 mcg/2 mL vial 10 mg/10 mL, prefilled syringe or 4 mg/ 1 mL, carpject; or 10 mg/1 mL, 1 mL vial |
| Glucose, oral solutions | Various formulations |
| Glucagon | 1 mg ampule with diluent |
| Lidocaine 2% (OPTIONAL) | 100 mg / 5 mL, 5 mL prefilled syringe |
| Midazolam | 5 mg/1 mL vial or carpject |
| Morphine sulfate OR Fentanyl | 10 mg/10 mL, prefilled syringe or 4 mg/ 1 mL, carpject; or 10 mg/1 mL, 1 mL vial 100 mcg/2 mL vial |

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ADVANCED LIFE SUPPORT (ALS) UNIT MINIMUM INVENTORY

| | |
|--|--|
| Naloxone (Narcan®) | 0.4mg/mL or 0.5mg/mL /1 mL ampule or 10 mL vial; OR 0.8mg/2mL or 2mg/2mL/2 mL prefilled syringe or carpject; OR 4mg/0.1 mL preloaded nasal spray |
| Nitroglycerin | 0.4 mg/metered dose spray, 13.8 gm; OR 0.4 mg/tab, bottle of 25 tabs |
| Normal saline for nebulized inhalation | 10 mL prefilled syringe or vial without preservative |
| Normal saline | 1000 mL (1 liter) or 500 mL sterile IV bag (OPTIONAL: 250 mL sterile IV bag) |
| Ondansetron (Zofran®) | 4 mg oral dissolving tablet (ODT) or 4 mg/2 mL prefilled syringe or 4 mg/2 mL single dose vial |
| Sodium bicarbonate | 1mEq/mL, 50 mL prefilled syringe or 44.6 mEq/50 mL prefilled syringe |

Approved:

Handwritten signature of Sam J. Stratton in blue ink.

Sam J. Stratton, MD, MPH
OCEMS Medical Director

Handwritten signature of Tammi McConnell in blue ink.

Tammi McConnell, MSN, RN
OCEMS Administrator

Original Date: 1/31/1989
Reviewed Date(s): 9/02/2014, 10/03/2014, 8/21/2015, 6/20/2016, 9/01/2016
Revised Date(s): 8/21/2015, 6/20/2016, 11/1/2016
Effective Date: 11/1/2016

OCEMS Policy #325.00

Effective Date: November 01, 2016



CITY OF GARDEN GROVE

AFFIRMATION OF EQUIPMENT & SUPPLY REQUIREMENTS



Care Ambulance agrees that all emergency equipment and supplies shall be maintained in a “ready to use” condition as required by all applicable laws, regulations and/or procedures.

1. Care Ambulance shall equip each of the four (4) dedicated fulltime ambulances operating in the City as part of its standard inventory all supplies and equipment named in OCEMSA Policies and Procedures #325.00, Advanced Life Support (ALS) Unit Minimum Inventory. Brand, type and specifications of supplies to be specified by the Garden Grove Fire Department to ensure compatibility. Optional supplies and equipment named in the policy may be required. The Fire Department will provide and maintain all controlled substances and/or narcotics.
2. All equipment and supplies shall be readily available and accessible from the interior portions of the patient transportation compartment.
3. Care Ambulance shall maintain a stock or warehouse of appropriate supplies and equipment within the City for the purpose of re-stocking units in a timely manner.
4. Care Ambulance has demonstrated compliance and interoperability with the countywide electronic Prehospital care report (ePCR) program known as the Orange County Medical Emergency Data System (OC-MEDS). Care Ambulance fulfills this requirement by utilizing the same ePCR software used by the Garden Grove Fire Department.



CITY OF GARDEN GROVE

14. Three (3) Hospital Emergency Department References

List the name, address, and phone number of at least three (3) hospital emergency departments with which the Proposer has provided emergency ambulance services during the past twelve (12) months and which may serve as references.

University of California Irvine Medical Center

Contact: Maryle Olivier, RN, BSN, MICN, Base Hospital Coordinator

Emergency and Trauma Services

101 The City Drive South

Orange, CA 92868

Email: molivier@uci.edu

Phone: (714) 456-5876

Fax: (714) 456-6494

Pager: (714) 581-9106



Mission Hospital – St. Joseph Health

Contact: Laura Cross RN, BSN, MICN, CEN, Base Hospital Coordinator

27700 Medical Center Road

Mission Viejo, CA

Email: laura.cross@stjoe.org

Phone: (949) 364-1400 ext. 7904

Fax: (949) 364-4961



Orange County Global Medical Center

Contact: Ruth Clark RN MICN PHN BSN, Base Hospital Coordinator

1001 N. Tustin Avenue



PROPOSAL TO PROVIDE AMBULANCE TRANSPORTATION &
BILLING SERVICES



CITY OF GARDEN GROVE

Santa Ana, CA 92705

Email: ruth.clark@kpchealth.com

Phone: (714) 953-3489

Fax: (714) 953-3655

Pager: (714) 304-8426

Long Beach Memorial Medical Center

2801 Atlantic Avenue

Long Beach, CA 90806-1737

Contact: Samantha Gates, Pre-Hospital Care

Coordinator

Email: sverga@memorialcare.org

Phone: (562) 933-1461

Fax: (562) 933-2053



St. Jude Medical Center

101 E Valencia Mesa Dr.

Fullerton, CA 92835

Contact, Sheryl Gradney, BSN, MICN, Base Hospital Coordinator, Paramedic Services

Phone: (714) 992-3000, ext. 3617

Cell: (714) 319-5490



Note: A letter of recommendation from Laura Cross, the Base Hospital Coordinator at Mission Hospital, is provided on the following page.

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BILLING SERVICES



CITY OF GARDEN GROVE



Laura Cross
Base Hospital Coordinator
Mission Hospital
27700 Medical Center Rd.
Mission Viejo, CA 92691

January 27, 2017

To Whom this May Concern:

I am writing this letter to recommend the high quality services of CARE Ambulance. I have been working with CARE personnel for the last 2 years. The administrative team is responsive and timely when needs arise. The Field Managers round periodically and work with Mission to assure that the best quality of care is provided to our community. Front line personnel are professional, courteous and put the patient and family first.

I am confident about the services of CARE Ambulance Services and I can surely recommend their services. Feel free to contact me for any questions you might have.

Regards,

A handwritten signature in black ink that reads "Laura Cross".

Laura Cross, RN
949-364-1400 x 7904
laura.cross@stjoe.org



A Ministry founded by the Sisters of St. Joseph of Orange

mission4health.com



CITY OF GARDEN GROVE

15. List of All EMS System Experience

List the name, address, and phone number of all organized emergency medical service systems within which the Proposer has operated.

Care Ambulance has operated within the following EMS systems:

Orange County EMS Agency

Ambulance Services Provided: Emergency & Non-Emergency

405 W. Fifth St., Ste. 301A

Santa Ana, CA 92701

(714) 834-3500



Los Angeles County EMS Agency

Ambulance Services Provided: Emergency & Non-Emergency

10100 Pioneer Blvd.

Santa Fe Springs, CA 90670

(562) 347-1500



Riverside County EMS Agency

Ambulance Services Provided: Non-Emergency

4210 Riverwalk Parkway, Ste. 300

Riverside, CA 92505

(951) 358-5029



16. List of Commitments or Potential Commitments

List all commitments, and potential commitments which may impact assets, lines of credit, guarantor letters, or otherwise affect the Proposer's ability to perform the contract.



CITY OF GARDEN GROVE

Care Ambulance Service, Inc. does not have any commitments or potential commitments which may impact assets, lines of credit, guarantor letters, or otherwise affect our ability to perform the contract.

17. Care Ambulance's Management Team Experience

Describe the experience and qualification of the Proposer's management team (executive management, medical director, middle management, and supervisors) in the area of emergency ambulance services or related fields. Indicate how long each employee has been employed with the Proposer. (Include curriculum vitae for medical director).

Care Ambulance Service offers the region's most experience management team. These industry professionals have extensive experience successfully executing and sustaining large 9-1-1 contracts and would be directly responsible for ensuring the City of Garden Grove's satisfaction with Care's performance throughout the contract term.

Chief Executive Officer: Troy Hagen, 5 years at Care

With more than 28 years of EMS and medical service management experience, Troy Hagen, Chief Executive Officer, leads the on-site management team. Troy's background includes serving as an EMT, paramedic, volunteer firefighter, reserve deputy sheriff, flight medic, tactical medic, technical rescue commander, community paramedicine program coordinator and field supervisor. Prior to joining Care Ambulance, Troy helped create the incident command coursework for the State of Idaho and taught many classes across the state before FEMA developed a nationwide program. He also beta-tested the ICS training program for FEMA. He is a Type 3 Incident Commander and served on Idaho's Incident Management and Support Team. Troy's extensive experience and leadership in this arena helps ensure his team has the resources at their disposal to appropriately respond to MCIs and disaster events.



Troy Hagen, CEO



CITY OF GARDEN GROVE

Troy holds a Bachelor of Science degree in Biology and a Master's degree in Business Administration. He is a frequent lecturer and writer on EMS leadership and management topics, EMS finance, emergency preparedness and special event planning. He served as Medical Commissioner and Incident commander for the 2009 Special Olympic World Winter Games.

Troy was the 2010 Pinnacle Leadership Award winner, recognized for outstanding dedication to improving EMS and for his lead role in developing a whitepaper entitled "EMS Makes a Difference," published by the

U.S. Department of

Transportation. Troy is the Past-President of the National EMS Management Association (NEMSMA) and has served as the Finance Committee Chair for the National EMS Advisory Council (NEMSAC).

He is truly a hands-on manager who provides our on-site leadership team and employees with an open- door policy that encourages frequent interaction. Troy never expects anything from employees that he would not expect from himself, raising the quality bar at Care Ambulance.

Director of Operations: Bill Weston, 20 years at Care

Bill is responsible for Care Ambulance's emergency daily operations and has worked for Care for 20 years. He began his EMS career as an EMT and has current responsibilities for all emergency field operations, training, EMT hiring, risk management and fleet

Troy was the 2010 Pinnacle Leadership Award winner, recognized for his lead role in developing the "EMS Makes a Difference" whitepaper published by the U.S. Department of Transportation.



CITY OF GARDEN GROVE



Bill Weston
Director of Operations

maintenance. Bill directs and coordinates all emergency ambulance operations activities to optimize use of equipment, facilities and personnel.

He frequently acts as Care's representative before government commissions or regulatory bodies with regards to ambulance operations and is the current Vice President of the Ambulance Association of Orange County. Bill also serves as the Region One Disaster Transportation Coordinator and serves on the Regional Disaster Training Committee. At the State level, Bill serves on the California EMS Authority Ambulance Strike Team (AST) Task Force and other local disaster working groups. Bill holds both a Bachelor's of Science and a Master's in Business Administration.

Orange County Division Manager: Robert Viera, 21 years at Care

Robert joined Care Ambulance Service in 1996 and in 2007 was promoted to position of Orange County Division Manager. He supervises all Orange County ambulance operations and oversees his division's Operations Managers (Field Supervisors). Passionate about ensuring all personnel, vehicles and equipment are operated in a professional and efficient manner, Rob maintains strong agency relationships within the EMS system. He has completed industry-specific courses established by the AAA and extensive ICS training. He is a trained and experienced Ambulance Strike Team (AST) Leader.



Robert Viera, OC
Division Manager



CITY OF GARDEN GROVE

Director of Business Development and Government Affairs: Bob Barry, 17 years at Care

Bob Barry is Care’s Director of Marketing and Government Affairs. Bob is responsible for all Business Development activities, including contracting, marketing, sales and government relations. With over 30 years in the ambulance transportation industry, including 17 years at



Bob Barry, Director of Business Development & Government Affairs

Care, Bob has extensive experience in designing transport programs that help customers select the best provider to meet their needs and manage their risks.

Bob is actively involved in the ambulance industry and has served as Chairman of the Board of Directors of the California Ambulance Association. The CAA represents ambulance providers throughout the State of California and is dedicated to assuring the delivery of excellent pre-hospital care to the people of California by promoting recognized industry best practices.

Bob graduated from California State University Fullerton in 1987 with a degree in Business Administration.

Director of CCT Service: Mark Norman, 4 years at Care

With over 30 years of industry experience, Mark has managed numerous high-performance 9-1-1 contracts throughout the State of California. Mark has direct oversight of Care’s Nurse, Paramedic and RT programs along with managing Care’s Training Department. Mark has a proven track record in corporate leadership and community involvement.



Mark Norman, Director of CCT



CITY OF GARDEN GROVE

Director of Finance: Ali Mian, 7 years at Care



Ali Mian
Director of Finance

With more than 15 years of experience in focused Health Care Accounting and Finance, Ali Mian provides Care’s financial oversight. He leads the preparation and analysis of all financial reports and provides Care’s financial planning. He prepares and monitors Care’s budgets and provides on-going evaluation of the company’s financial management systems, including accounts payable and accounts receivable. Ali is a Certified Public Account (CPA) and holds a Master’s of Business Administration (MBA) degree.

Director of Communications & I.T.: Ben Baker, 18 years at Care

Ben Baker, Director of Communications, provides ambulance deployment management and Communication Center supervision. With 18 years of experience at Care, Ben is responsible for deployment planning and optimal crew staffing. He also monitors contractual compliance for our service areas, including quality indicators for continued improvement. Ben has implemented multiple improvements to enhance operational efficiency, producing outstanding results in both ambulance response time and quality of service. Ben is a “Black Belt” in Six Sigma Quality Improvement. He is an industry leader in maximizing the capabilities of our EMS computer-aided dispatching system.



**Ben Baker, Director
of Communications
& I.T.**



CITY OF GARDEN GROVE

Director of Human Resources/Compliance Officer: Mitch Felde, 9 years at Care



**Mitch Felde, Director
of HR/Compliance
Officer**

Mitch serves as Care's Director of Human Resources and Compliance Officer. Mitch joined Care in 2008 and has more than 30 years of experience in Human Resources. His background includes 12 years at First Interstate Bank, five years as Human Resources Manager at Southern California Bank and several years in HR Management at a local software development firm, a non-profit, and a real estate and mortgage company. Mitch's strong HR background brings focus to the importance of customer service and employee/management collaboration.

Manager City Revenue Cycle: Laura Vartanian, 19 years at Care

As Manager City Revenue Cycle, Laura provides an exceptional level of service to our patients and customers. She has extensive knowledge of the procedures and intricacies of all major insurance carriers, allowing Care to maximize third-party reimbursement and minimize patient expenditure. A Care employee for more than 19 years, Laura has participated in the development of fire agency reimbursement programs for the County of Los Angeles, Cities of Santa Fe Springs, Montebello, Anaheim, Buena Park, Costa Mesa, Fountain Valley, Fullerton, Garden Grove, La Habra, as well as the Orange County Fire Authority. Laura is considered an expert in the field of fire agency reimbursement and is often asked by fire agencies to assist with billing issues. She is proficient in ZOLL RescueNet Reporting and responsible for preparing the month-end Billing Success Indicators (BSIs), which Accounting uses to prepare the Financial



**Laura Vartanian,
Manager City
Revenue**



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Statements. She also conducts a variety of financial contract analyses. Laura has a Bachelor's of Science Degree from the University of Texas in Business Administration and Accounting and more than 30 years of accounting experience.

Director of Revenue Management: Loree Carey, 3 years at Care



**Loree Carey,
Director of Revenue
Management**

With more than 20 years of experience in revenue cycle management, Loree brings a fresh perspective and new ideas to help the billing office be more efficient and effective as the times change. Loree is responsible for managing the 90+ billing department employees with all processes ranging from the start of the bill all the way through payment and follow up. Shortly after joining the Care family, Loree became a Certified Ambulance Coder and makes sure to keep updated on changes surrounding reimbursement.

Medical Director: Freddy Sotelo, MD, MPH, 1 mo. at Care

Freddy Sotelo, MD, MPH, serves as Care's Medical Director. Our newest and a welcome addition to the team following the retirement of Care's former Medical Director, Dr. Sotelo ensures Care's staff operate within their scope of practice and in accordance with all company, County, and State of California requirements. Dr. Sotelo is also a key member of Care's QA/QI team, ensuring individual and system-wide education addresses specific areas of concern. Dr. Sotelo serves in the Department of Emergency Medicine at Long Beach Memorial Hospital and is a member of the UCLA



**Freddy Sotelo, MD, MPH
Medical Director**



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Emergency Department and Surgical Department Quality Improvement, Risk Management and Patient Safety Task Force. He completed his residency and MPH at UCLA.

Please see Attachment 4 for management team resumes and the curriculum vitae for Care's Medical Director.

18. Business Office & Communications Center Locations

List name and location of existing or proposed:

a) Business office location:

Address: 1517 W. Braden Ct. **City/Zip Code:** Orange, 92868

Phone: (714) 288-3800 **Fax:** (714) 289 3889

b) Twenty-four (24) hour dispatch/communication center:

Address: 1517 W. Braden Ct. **City/Zip Code:** Orange, 92868

Phone: : (714) 288-3888 **Fax:** (714) 288 3859

19. Personal, Business or Professional Licenses or Certificates

Attach any current personal, business or professional licenses or certificates (include copy of national accreditation certificate or certificates with relevance to this RFP and the provision of emergency ambulance services.)

a) *National Accreditation must be valid at time of submission to be recognized.*

b) *List the name, address, and phone number of at least three (3) Public Safety agencies with which the Proposer has provided emergency ambulance services during the past five (5) years. Please provide the agency name, contact person's name, phone number, email address and dates that the services are/were provided.*

Care Ambulance maintains all required business/professional licenses to continue providing service in the City of Garden Grove. Please see Attachment 5 for copies of Care Ambulance's current City of Garden Grove Business License, CHP Emergency Ambulance License and County of Orange Ambulance License.





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Voluntary Accreditations

Care Ambulance Service participates in several voluntary accreditation and nationally recognized quality improvement and safety programs to ensure we continually meet the industry's highest standards. These voluntary programs include, but are not limited to: Commission on Accreditation of Ambulance Services (CAAS) accreditation, The California Award for Performance Excellence (CAPE), American Heart Association Authorized Training Center designation, National Academies of Emergency Dispatch Certification, the National EMS Management Association's Emergency Medical Services Field Training and Evaluation Program (EMS-FTEP) and Six Sigma certification. Each of these programs distinguishes Care's service and dedication to excellence.

CAAS Accreditation

Care Ambulance's commitment to continuous quality improvement and performance excellence is reflected in our achievement of CAAS accreditation. In 1993, Care became the *first ambulance service provider in the State of California* to achieve CAAS Accreditation. CAAS was established to encourage and promote quality patient care in America's medical transportation system. Based initially upon the efforts of the American Ambulance Association, the independent Commission established a comprehensive series of standards for the ambulance service industry.



Accreditation signifies that Care's service meets the ambulance industry's "gold standard" in practices deemed by CAAS to be essential in a modern EMS provider. CAAS standards often exceed those established by state or local regulation and are designed to increase operational efficiency and decrease risk and liability across the entire organization. The accreditation process includes a comprehensive self-assessment and an



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independent external review by CAAS's industry experts. This independent process verifies that the County receives the highest quality emergency medical services available.

A copy of Care's current CAAS certificate, renewed in December of 2016, is provided on the following page. The company remains committed to maintaining this accreditation throughout the contract term.



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The Commission on Accreditation of Ambulance Services
Certificate of Accreditation

Care Ambulance Service, Inc.
Orange, California

The Commission on Accreditation of Ambulance Services presents this certificate of Accreditation in recognition of this service's voluntary compliance with the Commission's high standards. These standards have been established to encourage and promote improved quality patient care in the medical transportation system. This service has successfully completed a comprehensive external review to verify compliance with these national standards.

Issued: December, 2016

Owen Traynor, MD, Chair
Panel of Commissioners



Expires: January 31, 2020

Mark Postma, Chair
Board of Directors



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California Award for Performance Excellence



With an eye toward continual operational quality improvement, in 2012, Care Ambulance sought and was awarded recognition by the California Council for Excellence. The California Award for Performance Excellence (CAPE) recognizes California organizations for meeting the stringent Baldrige performance excellence criteria. The program has been in existence since 1994 and has helped hundreds of organizations improve performance. The criteria cover seven critical aspects of managing and performing as an organization, including: Leadership; Strategic Planning; Customer focus; Measurement; Analysis and Knowledge Management; Workforce Focus; and Operations Focus.



Verification of Care's CAPE Award is included on the following page.

PROPOSAL TO PROVIDE AMBULANCE TRANSPORTATION & BILLING SERVICES



CITY OF GARDEN GROVE



Dear Mr. Dovey:

Congratulations to you and Care Ambulance for receiving the 2012 California Awards for Performance Excellence (CAPE) Prospector Recognition.

Your 25-page application responding to the Baldrige Criteria for Performance Excellence was meticulously reviewed by two CAPE Senior Examiners, who have composed the Feedback Report included with your award.

We encourage you to continue your Baldrige journey and look forward to working with you in the future!

Best regards,

Megan O'Keefe
Director of Operations
California Council for Excellence

BOARD MEMBERS

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Chair, Strategic Planning
CHOC Hospital, Orange County

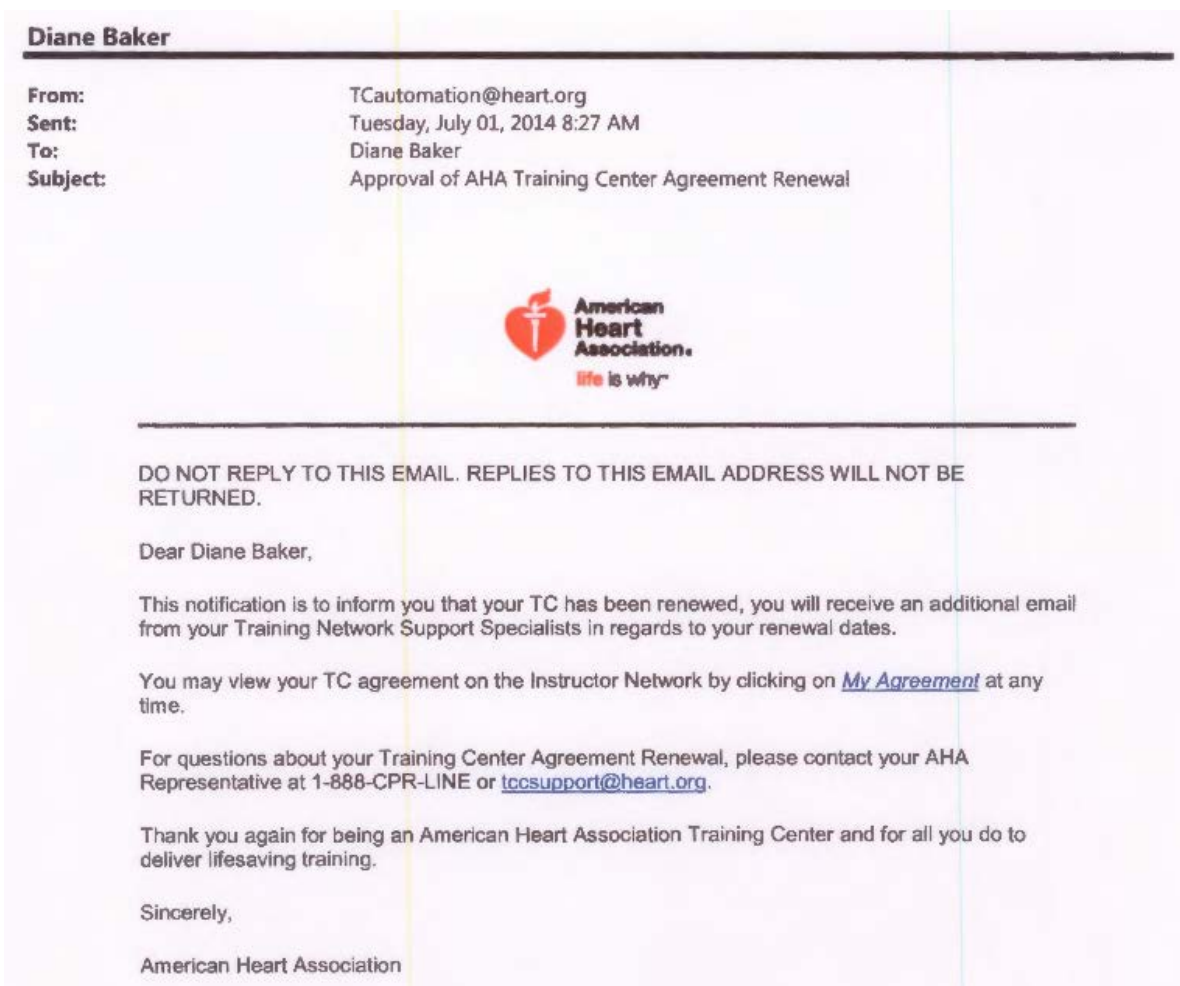
1835A S. Centre City Parkway, Suite 416, Escondido, California 92025
P. 858.486.0400 | E. cce@calexcellence.org | W. www.calexcellence.org



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American Heart Association Authorized Training Center

Care Ambulance operates an American Heart Association (AHA) Authorized Training Center with a state-of-the-art 3,000-square-ft. classroom, equipped for audio and digital presentations, and ample room for practical hands-on EMS training. Care trains and certifies approximately 1,200 people per year in CPR, including Care employees, law enforcement officials and citizen responders. Documentation for Care's current AHA Training Center Agreement is provided below. Renewal occurs this year, and the process is already underway.





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Emergency Medical Dispatch Certification

Care Ambulance's dispatchers are certified in Emergency Medical Dispatch (EMD). Certification by the International Academies of Emergency Dispatch (IAED) attests to the specific and highly specialized knowledge, skills and attributes of emergency telecommunicators, dispatchers, mentors, quality assurance/quality improvement specialists and instructors. It is an objective, measurable process for determining and validating the competency of individuals serving as lifelines for people needing emergency services.



The Emergency Medical Dispatcher (EMD) is an essential component of effective EMS systems. Proper and timely training as well as a sound Medical Protocol are what help EMDs deliver quality care to the calling public with emergency medical needs.



Exceptional emergency medical service begins with proper handling of the initial call to 9-1-1 for assistance. EMD Certification demonstrates that Care Ambulance employs the most skilled & knowledgeable emergency telecommunications & dispatchers.

Priority Dispatch's EMD Certification Course is the gold standard for EMD training. The course meets or exceeds all national criteria set by A.S.T.M., U.S. Department of Transportation, National Association of EMS Physicians and others.

EMS Field Training & Evaluation Program (FTEP)



Care Ambulance Service is a designated Field Training and Evaluation Program (FTEP) training site, with Care's Field



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Training Officers (FTOs) being FTEP-certified. This is a completely voluntary program. Care is the only local agency to adopt this rigorous program to ensure field personnel are fully ready to perform their duties prior to being released for service.

EMS-FTEP was developed by the National EMS Management Association and is based upon the “San Jose Model” field training and evaluation program that is ubiquitous in the law enforcement community. All of Care’s FTOs attend the FTEP training prior to assuming this important role in the organization. This helps ensure standardized and appropriate training of Care’s field workforce.

EMS-FTEP provides new FTOs with the greatest possible chance of success by providing a framework that assures they understand, develop and can demonstrate essential skills. It also contributes to Care’s ability to withstand legal and administrative challenges to employment decisions, and helps protect the EMS system from liability based on claims of negligent hiring, negligent retention, negligent entrustment and failure to train. The program meets the validity requirements of the Equal Employment Opportunity Commission (EEOC standard 1607.2 and .5(a)).

Six Sigma Training



Care Ambulance Services embraces the Six Sigma philosophy and utilizes those processes to improve service quality by identifying and removing the causes of service issues. Care employs a set of quality management methods, including statistical methods, and has created a special infrastructure of key staff within the organization, known as “Champions” (Black belts, Green Belts, Yellow Belts) who are experts in these methods. To date, Care Ambulance has more than 50 employees qualified as Yellow Belts, 23 employees qualified as Green Belts and 6 qualified as Black Belts.



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Contact Information for Public Safety Agencies

List the name, address, and phone number of at least three (3) Public Safety agencies with which the Proposer has provided emergency ambulance services during the past five (5) years. Please provide the agency name, contact person's name, phone number, email address and dates that the services are/were provided.

We have provided contact information for each public-safety agency (seven) with which Care Ambulance has provided emergency ambulance services during the past (5) years.

Anaheim Fire and Rescue

Dates of Service: September 1998 to Present

Randy Bruegman – Fire Chief

rbruegman@anaheim.net

201 S. Anaheim Boulevard, Suite 300

Anaheim, CA 92805

(714) 765-4000



Costa Mesa Fire and Rescue

Dates of Service: September 2008 to Present

Dan Stefano – Fire Chief

dan.stefano@costamesaca.gov

77 Fair Drive

Costa Mesa, CA 92626

(714) 754-5106



Fountain Valley Fire Department

Dates of Service: February 1998 to Present

Tony Coppelino – Fire Chief





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tony.coppolino@fountainvalley.org
10200 Slater Ave.
Fountain Valley, CA 92708
(714) 593-4436

Fullerton Fire Department

Dates of Service: November 2003 to Present
Wolfgang Knabe – Fire Chief
wknabe@fullertonfire.org
312 E. Commonwealth Ave.
Fullerton, CA 92832
(714) 738-6500



Garden Grove Fire Department

Dates of Service: September 2004 to Present
Tom Schultz – Fire Chief
toms@ci.garden-grove.ca.us
11301 Acacia Parkway
Garden Grove, CA 92840
(714) 741-5600



Los Angeles County Fire Department

Dates of Service: May 2006 to Present
Nick Berkuta – Battalion Chief EMS Section
nicholas.berkuta@fire.lacounty.gov
1320 N. Eastern Avenue





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Los Angeles, CA 90063
(323) 838- 2202

Orange County Fire Authority

Dates of Service: May 2005 to Present

Jeff Bowman – Fire Chief

jeffbowman@ocfa.org

1 Fire Authority Road

Irvine, CA 92602

(714) 573-6010



AFFIRMATION OF REQUIRED EXPERIENCE



With regard to specific RFP requirements, Care Ambulance expressly states:

- Care Ambulance has a minimum of five (5) years of experience as a contracted primary provider of 9-1-1 emergency ambulance services to a city, county or fire district with a minimum call volume similar to the City of Garden Grove, approximately 34 calls for service daily. Care Ambulance Service has 65 years of combined experience providing emergency ambulance service within a response area comparable to the City of Garden Grove, and in calendar year 2016 responded to an average of 726 calls daily for 9-1-1 emergency ambulance services.
- While Care Ambulance does provide contracts with local cities in which we lease EMT labor to the contracting agency, Care Ambulance did not use that experience in our daily call volume calculations.



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C. OPERATIONAL SYSTEMS

20. Dispatch System Description

Describe in detail the dispatch system to be utilized in the performance of the operational plan.

On an ongoing basis, Care Ambulance leverages several state-of-the art information systems, including the ZOLL RescueNet Dispatch system, to dispatch ambulances and improve response time reliability and performance on an hour-to-hour, 24/7, month-over-month basis. Dispatchers have constant awareness of the location and status of all available resources through integrated Automatic Vehicle Location (AVL) via My Premier GPS on the ambulances. Every ambulance reports its location to the server every 5 seconds. As soon as a 9-1-1 call drops into the computer system, RescueNet CAD looks at the last 5 seconds of real-time data and suggests the closest ambulance to the scene of the emergency. The computer ranks the ambulances in order of which units are closest to the emergency. This “ranking” constantly changes (every 5 seconds) as vehicle



Operational Systems Highlights

- Four (4) Dedicated, New Ambulances
- One (1) Non-Dedicated North Orange County Peak Fire Reserve Unit from 11:00 to 21:00 Seven Days a Week
- Option for Ambulances to be dispatched by Metro Net
- ZOLL RescueNet Dispatch
- ZOLL RescueNet Reporting
- Atlas Labs Reporting
- Crystal Reporting
- My Premier GPS
- Proprietary GIS Software
- ESRI – ARC GIS 10.3
- FirstWatch Real-Time Performance Monitoring
- Advanced System Status Management Systems



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locations change. The routing and call information is sent to the ambulance via Atlas Labs mapping. The crew is verbally and electronically notified of the emergency, and the best route based upon real-time traffic is immediately displayed in the ambulance. The ambulance driver does not have to enter any information to locate the call; the computer in the ambulance automatically and immediately knows the location of the emergency. The route is then mapped for the driver, and they promptly respond to the emergency's location.

Proprietary GIS Software with ESRI

Care employs computer programmers in the IT department, greatly enhancing the company's deployment data analysis capabilities. If an ambulance is sent to a call where the computer system knows the ambulance will not arrive within the contracted response time based on drive time and other response logic, the system will notify the Dispatcher and the Dispatch Manager that the ambulance responding to a certain emergency may be late to the call before the ambulance even starts moving toward the emergency. It is this type of technology that allows Care Ambulance's managers to take corrective action *before* there is an issue or a failure. This code, along with other code is written in standard programming languages (like Visual Basic), so any computer programmer can understand its language and make changes at a later date, if desired.

ESRI – ARC GIS 10.3 (Heat Map)



Care Ambulance Service uses ESRI heat maps to assist with deployment of ambulance resources. One can visually see where requests come in on Fridays from 13:00 to 13:59. One can compare data to ensure patterns are statistically significant and staff to those patterns.

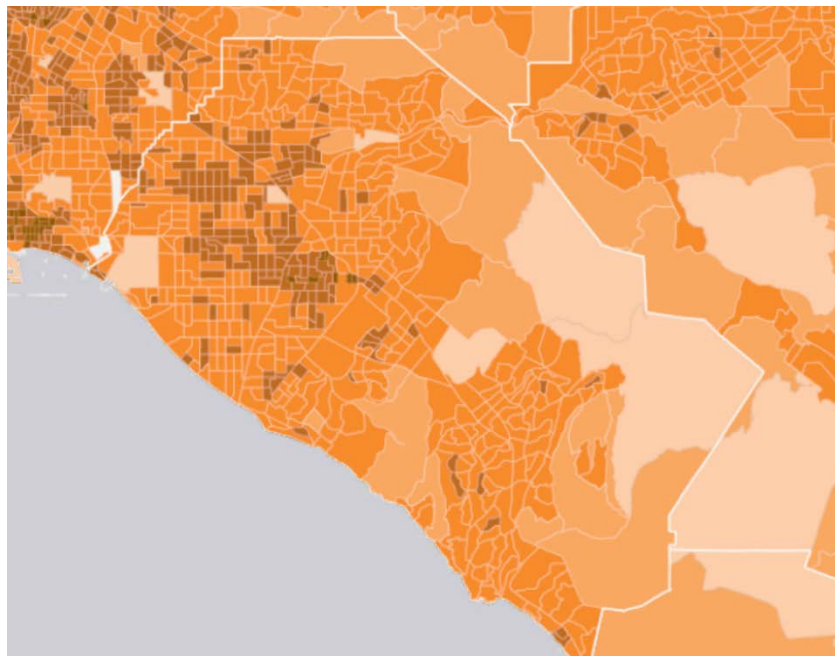


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Powerful ARC GIS software supports our System Status Management by supporting the development of plans that increase on time compliance. It provides a geographic view of call demand with fluctuating shades of color to signify call density, so that we know where the next calls are likely to happen.

Population density data (illustrated below) also contributes to our understanding of ambulance response demand. The population of Orange County can be viewed using ARC GIS.

Orange County Population Density



Dispatching of Ambulance Resources



Care Ambulance would like to propose a couple of options regarding the dispatch of the four (4) dedicated ambulances proposed to serve the City of Garden Grove:



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OPTION 1: Dispatched by Metro Net

If the Garden Grove Fire Department prefers to retain “command and control” of the four (4) dedicated Garden Grove ambulances, those resources could be dispatched by Metro Cities Fire in the same fashion that the City of Anaheim & the City of Fullerton are currently deployed.

OPTION 2: Dispatched by Care Ambulance Communications

The four (4) dedicated Garden Grove Ambulances will be dispatched by the Care Ambulance Service Communications Center. The ambulance resources will not be used to run calls in neighboring cities without the prior consent of the Garden Grove Fire Department, except in extreme cases of significant MVI scenarios. The following sections apply to option 2:

Please see Section H. for additional discussion of system design options in Garden Grove.

Essentially, we can customize a system that meets Garden Grove’s specific needs.

Regardless, a minimum of four (4) ambulances will be dedicated to the City to ensure thorough coverage on a routine basis, with Garden Grove also benefiting from Care’s large footprint and unparalleled local transport resources, in the event of an unexpected surge or MCI event in the City.

AFFIRMATION OF REQUIRED DISPATCH SYSTEMS



With regard to specific RFP requirements, Care Ambulance expressly states:

- 1) Care Ambulance already has in place an independent, redundant communication system between our dispatch center and the Metro Cities Fire Authority (MCFA), Metro Net Communications Center.



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- 2) This communication link allows for alarm, dispatch and response times to be based in the same set of time and is provided at Care's own cost.
- 3) Care Ambulance and the Garden Grove Fire Department have already agreed upon the definition of "response time" and that response time data is shared quarterly with Garden Grove Fire officials.
- 4) Upon receipt of a dispatch alert, Care Ambulance units respond Code 2 (expeditiously, but without lights and siren) unless otherwise advised by Metro Net or fire personnel on scene. All dedicated ambulance are dispatched by Metro Net.
- 5) Upon receipt of a dispatch request, Care Ambulance automatically provides the ambulance designator via CAD to Metro Net. In the future, Care Ambulance can announce the ambulance designator and response address via radio to Metro Net.

21. Ambulance Deployment System Description

Describe in detail how (Ambulance Deployment System) the following operational standards will be met and adhered to:

- a) Code 3-response Time (red lights and siren) shall not exceed 9 minutes and 59 seconds.*
- b) Code 2-response Time (expeditious response without red lights and siren) shall not exceed 14 minutes and 59 seconds.*
- c) Upon request for response, the emergency ambulance provider for the indicated response area shall have the responding unit en route within 2 minutes.*
- d) The emergency ambulance provider shall have a field supervisor immediately available by radio and stationed within the County of Orange on a 24-hour basis.*

Care Ambulance Service is the incumbent ambulance provider for the City of Garden Grove for emergency transportation and billing services. Over the life of the contract, Care has been 100% compliant with all aspects of the current contract, consistently exceeding all response time requirements. A complete and comprehensive study related to ambulance deployment is described below and addresses each of the RFP's requirements. This plan meets or exceed the RFP's response time compliance requirements and operational standards, as delineated in



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items a-d of item 21, listed above. Care Ambulance has a full-time Operations Manager (Field Supervisor) on duty and available via radio and cell phone, stationed within the City of Orange, on a 24-hour basis to ensure Garden Grove's EMS needs are promptly addressed around the clock.

As the incumbent provider, Care Ambulance currently serves the City of Garden Grove with (3) three 24-hour ambulances that are supplemented by non-dedicated North Orange County peak fire reserves called "Frank Units." To address the concerns expressed by the Fire Department in this RFP process, Care Ambulance proposes four (4) dedicated 24-hour ambulance resources. In addition, Care will staff a non-dedicated North Orange County peak fire reserve unit from 11:00 to 21:00 seven (7) days a week to support unusual peak demand that occurs on occasion.

Having had the privilege of serving as the Garden Grove contracted ambulance provider for the last 12 years, Care Ambulance has become exceptionally proficient at predicting the need for 9-1-1

ambulance requests and deploying to those specific needs by using both sophisticated information systems as well as practical system knowledge for resource planning. Many factors go into determining just how many ambulances are needed in a particular service area, and the need for ambulances constantly change depending on the time of day, day of week, month of year, weather conditions, population and other factors specific to the community.

Care Ambulance proposes four (4) dedicated ambulances for the City of Garden Grove & one (1) non-dedicated Frank Unit during the hours of 11:00 to 21:00 seven (7) days per week to support unusual peak demand.



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The City of Garden Grove encompasses businesses, hospitals, households and families that deserve the best from their 9-1-1 ambulance provider. Throughout the past 12 years, Care has a proven track record of always being in contract compliance and never failing to meet the response time requirements. The results of the Garden Grove deployment analysis clearly demonstrate that the response time standards can be met and exceeded with the proposed deployment strategies.

This deployment plan takes into consideration the size, demographics and other data specific to the City of Garden Grove. With a population of 175,140 people in the City of Garden Grove, Care ambulances responded to 10,829 medical incidents in the city last year, of which 8,105 resulted in medical aid transports. There were 13,870 total responses in the City of Garden Grove. Of those responses, 9,182 were ALS; 4,688 were BLS. Care Ambulance has considered the amount of time it takes to complete each of the outlined responses and has planned to exceed the number of ambulance resources needed accordingly. Mechanisms for determining demand are discussed below.

Mechanisms for Meeting Demand

Care Ambulance does not make deployment decisions on a whim; station locations and posting locations are methodically selected based upon the RFP/contractual requirements, combined with data analyses and a thorough understanding of the communities we serve. The research behind the schedule provided below is multifaceted. Care looks at a traditional demand calculation as a baseline for demand. However, there are several factors that the traditional demand calculation does not take into account, such as the likelihood a unit has enough down time while on a 24-hour shift. Our proposed initial schedule considers task time based on hour-of-day and day-of-week, the human factor and other “real-world” events that contribute to delays. All of these considerations equate to more unit hours on the road—but not just more unit hours, because additional unit hours alone do not equate to better on-



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time performance. Additional unit hours must be accompanied with an effective and efficient deployment plan to result in greater on-time compliance.

Care Ambulance uses a combination of static and dynamic vehicle deployment strategies to ensure we're best positioned to respond to the next call. We utilize historical demand history to help predict patterns of future 9-1-1 ambulance needs. We have developed a workforce culture that's supportive of strategies to best serve our community. Our crews are educated on our deployment techniques, and they understand that our performance is assessed on a call-by-call basis. Care's historical success in meeting or exceeding our response time performance requirements in Garden Grove and all of Orange County serves as a testament to the effectiveness of our deployment planning strategies.



Care Ambulance uses both static and dynamic vehicle deployment strategies to ensure crews are best positioned to respond quickly to the next call for help. Picture here, EMTs Ashlynn Martinez and John Dormer respond to a two-car crash during a recent rain storm.

To create the traditional demand calculations, Care used the information provided in the Garden Grove RFP along with 20 weeks (from 9/4/2016 to 1/21/2017) of actual data from the City of Garden Grove (as we are the incumbent provider) to calculate demand by hour-of-day and day-of-week. Additionally, Care Ambulance looked at call-volume patterns from city to city within the Orange County 9-1-1 system and found the pattern of 9-1-1 call volume was significantly similar based on time of day and day of week. One instance of these calculations for Fridays is outlined below:



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Garden Grove 9-1-1 Responses from 9/4/2016 to 1/21/2017

| Hour of Day - Friday's | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Min | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Max | 4 | 5 | 2 | 2 | 4 | 2 | 3 | 4 | 3 | 3 | 6 | 4 | 4 | 4 | 5 | 7 | 7 | 5 | 8 | 6 | 5 | 5 | 5 | 4 |
| Mean (Average) | 1.3 | 1.0 | 0.7 | 0.6 | 0.7 | 0.4 | 1.0 | 1.1 | 1.4 | 1.3 | 1.9 | 1.8 | 2.0 | 1.8 | 2.0 | 2.0 | 2.2 | 1.9 | 2.0 | 2.0 | 1.7 | 1.9 | 1.1 | 1.4 |
| Median | 1.0 | 1.0 | 0.5 | 0.5 | 0.0 | 0.0 | 1.0 | 0.5 | 1.5 | 1.0 | 2.0 | 1.5 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 1.0 | 2.0 | 2.0 | 1.0 | 1.0 |
| Mode | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 1 | 0 | 3 | 2 | 2 | 3 | 2 | 1 | 2 | 1 | 2 | 1 | 0 | 1 |
| StDev | 1.4 | 1.3 | 0.7 | 0.7 | 1.0 | 0.6 | 1.1 | 1.3 | 1.0 | 1.1 | 1.6 | 1.4 | 1.3 | 1.2 | 1.4 | 1.7 | 1.9 | 1.3 | 1.8 | 1.8 | 1.4 | 1.3 | 1.4 | 1.0 |
| Avg High | 2.6 | 2.2 | 1.6 | 1.4 | 1.8 | 1.0 | 2.4 | 2.6 | 2.6 | 2.0 | 3.6 | 3.6 | 3.4 | 3.0 | 3.4 | 4.0 | 4.4 | 3.4 | 3.6 | 4.0 | 3.4 | 3.6 | 2.6 | 2.2 |
| 90th Percentile Rank | 3.1 | 2.1 | 2.0 | 1.1 | 1.1 | 1.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.2 | 4.0 | 3.1 | 3.1 | 4.0 | 3.1 | 4.2 | 3.1 | 3.1 | 5.0 | 3.1 | 3.1 | 3.0 | 2.1 |
| Avg Peak | 3.5 | 3.0 | 2.0 | 2.0 | 2.5 | 1.5 | 3.0 | 3.5 | 3.0 | 2.5 | 4.5 | 4.0 | 4.0 | 4.0 | 4.0 | 5.5 | 6.5 | 4.0 | 5.5 | 5.5 | 4.0 | 4.0 | 3.5 | 3.0 |
| 2x StDev + Mean | 4.1 | 3.5 | 2.1 | 2.0 | 2.6 | 1.6 | 3.1 | 3.6 | 3.5 | 3.6 | 5.1 | 4.6 | 4.5 | 4.2 | 4.8 | 5.4 | 6.0 | 4.5 | 5.6 | 5.7 | 4.5 | 4.5 | 3.8 | 3.4 |
| Smoothed Average Peak | 3.2 | 2.9 | 2.2 | 2.1 | 2.2 | 2.0 | 2.8 | 3.3 | 3.0 | 3.0 | 4.0 | 4.1 | 4.0 | 4.0 | 4.3 | 5.4 | 5.8 | 4.8 | 5.2 | 5.2 | 4.3 | 3.9 | 3.5 | 3.0 |
| Blended Demand | 3.5 | 2.8 | 2.1 | 1.7 | 2.0 | 1.5 | 3.0 | 3.3 | 3.2 | 3.2 | 4.1 | 4.2 | 3.9 | 3.8 | 4.4 | 4.6 | 5.3 | 4.1 | 4.6 | 5.3 | 4.0 | 3.8 | 3.4 | 2.8 |
| 90th Percentile x 1.2 | 3.7 | 2.5 | 2.4 | 1.3 | 1.3 | 1.2 | 3.6 | 3.6 | 3.6 | 3.6 | 3.8 | 4.8 | 3.7 | 3.7 | 4.8 | 3.7 | 5.0 | 3.7 | 3.7 | 6.0 | 3.7 | 3.7 | 3.6 | 2.5 |

Using the Table: If one wanted to know the maximum number of ambulance requests that occurred during the 20-week period on Fridays during the 18:00 hour, one would look to the Friday chart above, look at column “18” and row “Max” to see **8 requests** were the maximum number of ambulance requests during the 18:00 hour on Fridays during this 20-week period.

We used the data described above to help determine the proper deployment of ambulance resources for the deployment plan. Below is a brief explanation of what each measurement in the table above represents:

Hour of Day – The hour of day, 13:00 would be 1:00 p.m., or the 13th hour of the day.

Min – The minimum number of ambulance requests received during a specific hour of the week during the 20-week period.

Max – The maximum number of ambulance requests received during a specific hour of the week during the 20-week period.

Mean (Average) – The average number of calls.

Median – The middle number in a sequence of numbers. Since there is an even number in our dataset, the median may be the mean of the two middle numbers.



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Mode – The number that is repeated the most often.

StDev – The standard deviation of the data over the 20-week period.

Avg High – The average high is a traditional demand calculation developed by Jack Stout. To determine, one would take the maximum value for the first 5 weeks, the second 5 weeks, the third 5 weeks, and the final 5 weeks, sum these values and divide by 4.

90th Percentile Rank – This 90th percentile is simply derived by using the percentile formula in MS Excel and setting the variable for the percentile to 0.90.

Avg Peak – The average peak is also a traditional demand calculation developed by Jack Stout. It is determined by taking the maximum value of the first 10 weeks, the maximum value of the final 10 weeks, summing the values and dividing by 2. We multiply this number by the average task time for that hour of the day & day of the week to provide a more realistic peak need of resources.

2x StDev + Mean – One demand calculation that was developed after the Avg High and Avg Peak is derived by multiplying the Standard Deviation by 2 and then adding it to the Avg Demand. The result generally provides a very conservative estimation of demand and is greatly affected by the variance in the data.

Smoothed Average Peak – The smoothed average peak is determined by using 20% of the adjusted average peak from the previous hour, 60% from the current hour, and 20% from the next hour.

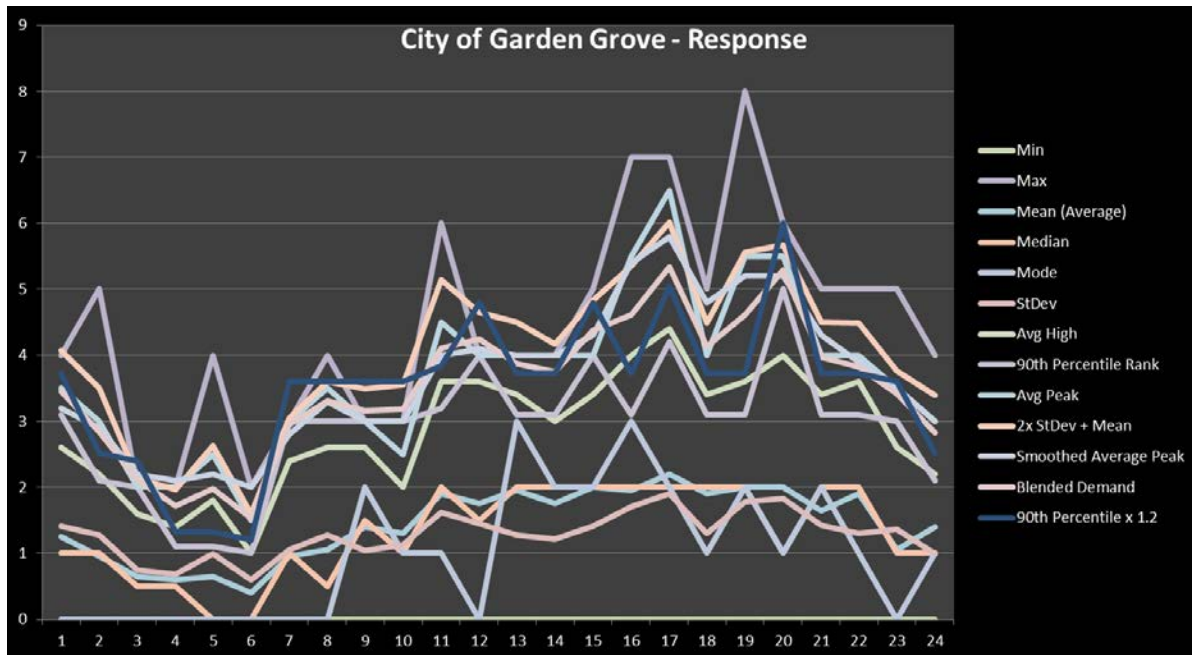
Blended Demand – The blended demand is the average of the 90th Percentile Rank, the 2x Standard Deviation + Mean, and the Smoothed Average Peak.

90th Percentile x 1.2 – This calculation is simply the 90th Percentile times 1.2.



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The calculations described above are represented in in the chart below. Care looks at all of the data for every day of the week when determining deployment. Examples of these calculations for Fridays during the 20-week dataset are as follows:



While all calculations are important and provide information about the data, the two calculations that have the greatest impact on determining the daily schedule are:

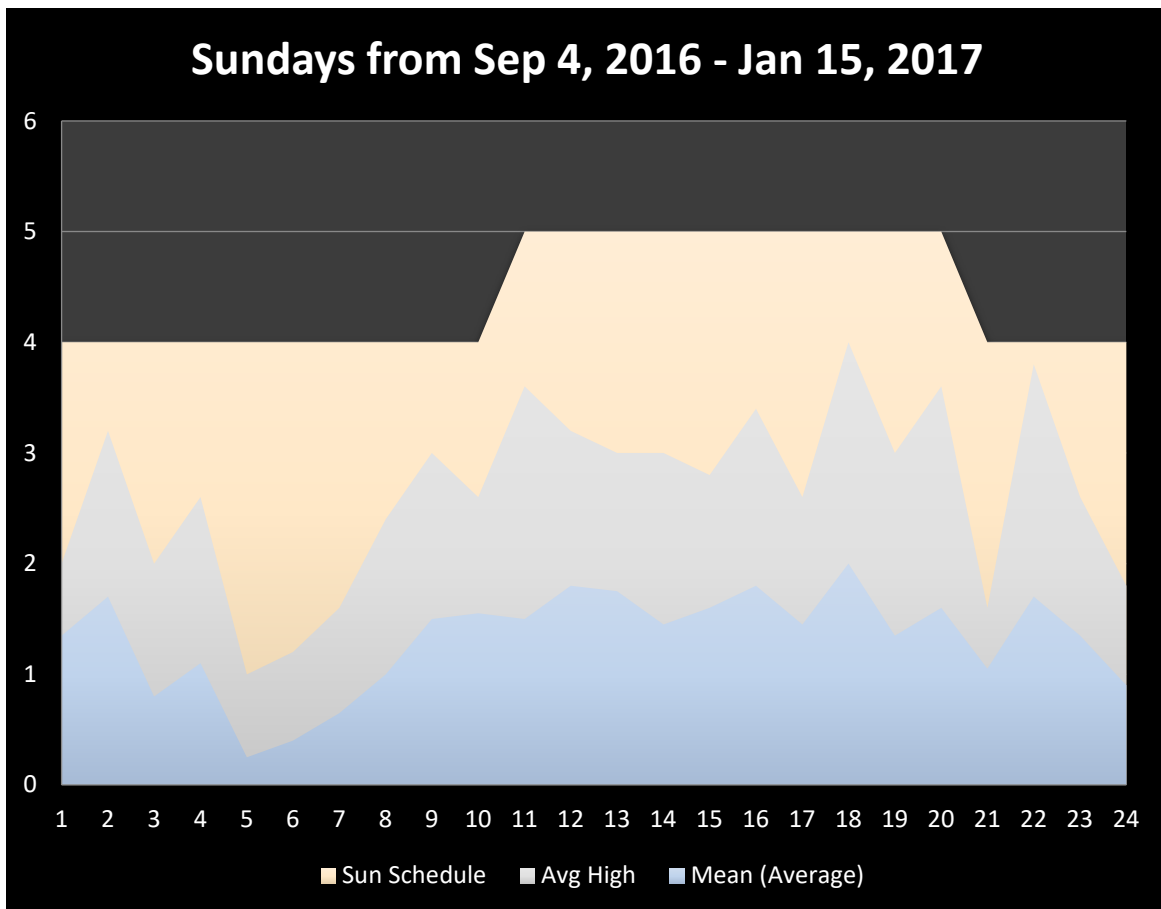
- Average High
- The Mean (Average)

These two categories interact with task time and other factors to create the proposed schedule for each day of the week. The final results are outlined in the daily graphs included below. The scheduled numbers of dedicated ambulances are represented by the purple shaded area. The “Average High” (of ambulance requests) is represented by the green shaded area. The “Average” number of ambulance requests is represented by the blue shaded area.



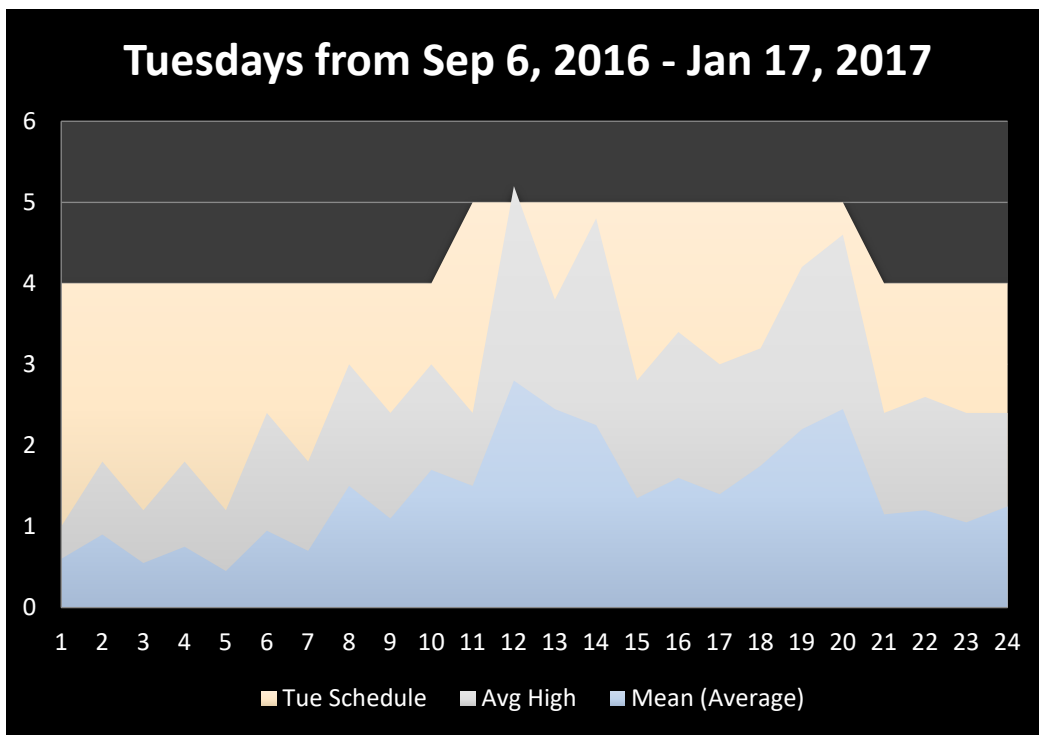
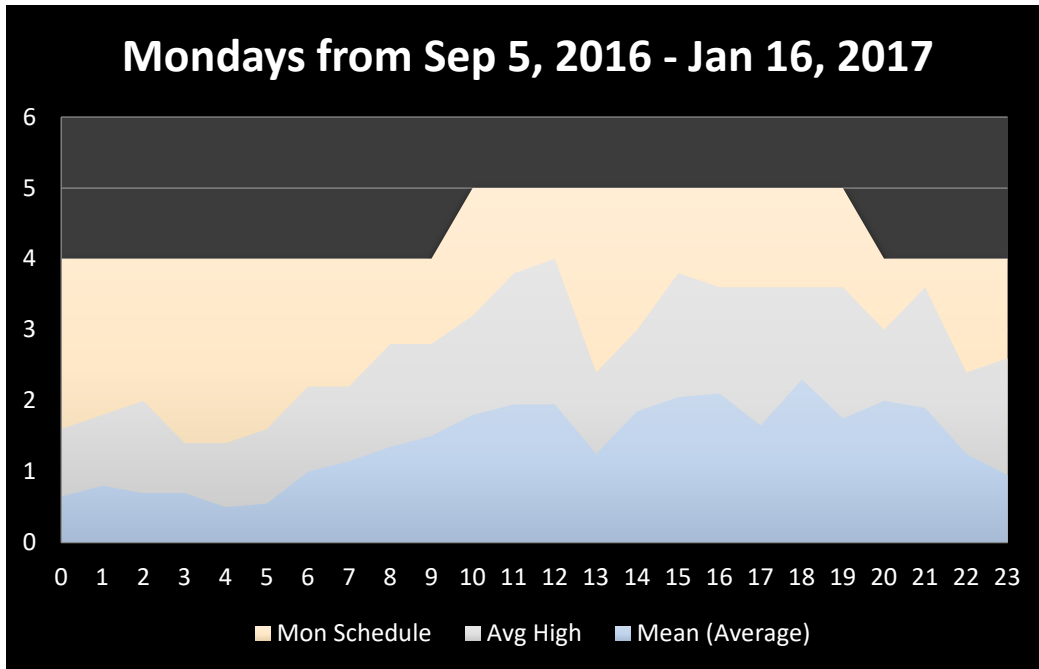
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As you can see in the daily graphs below, our proposed staffing plan far exceeds the “Average” demand and addresses the “Average High” that occurs more infrequently. In any case, it will be important to have back-up ambulance resources nearby for those times when the City’s needs exceed the four (4) dedicated units. As we saw in the max column during the 16:00 hour on Fridays there was a time where 8 ambulances were needed during a single hour of the day. It is for this reason; Care Ambulance will have a non-dedicated fire resource available at peak and will always back-fill dedicated resources to ensure the city is not left uncovered.



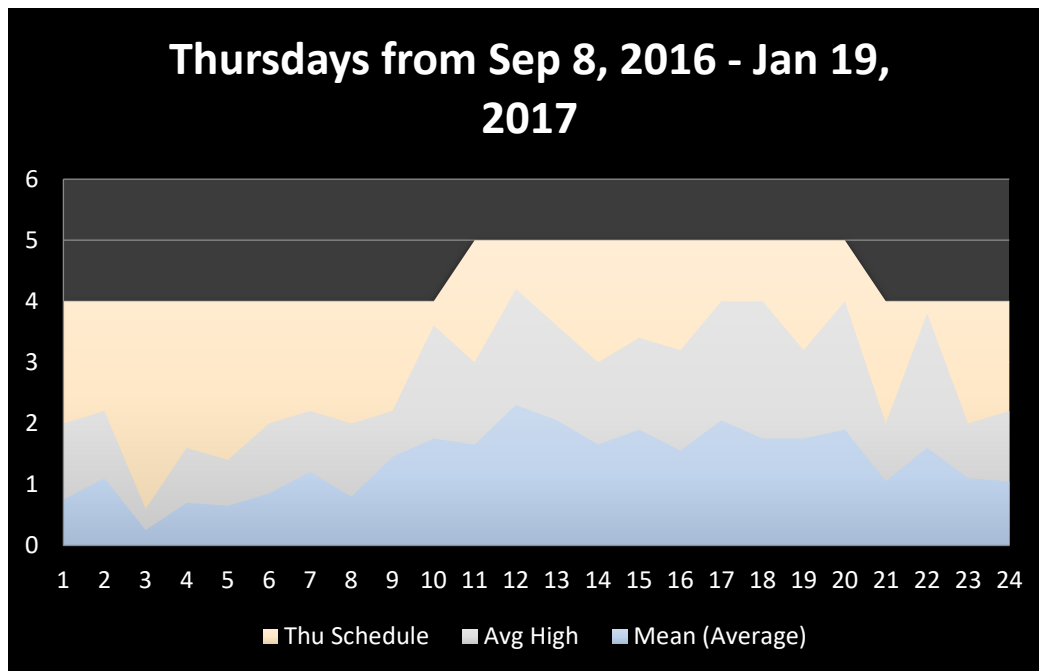
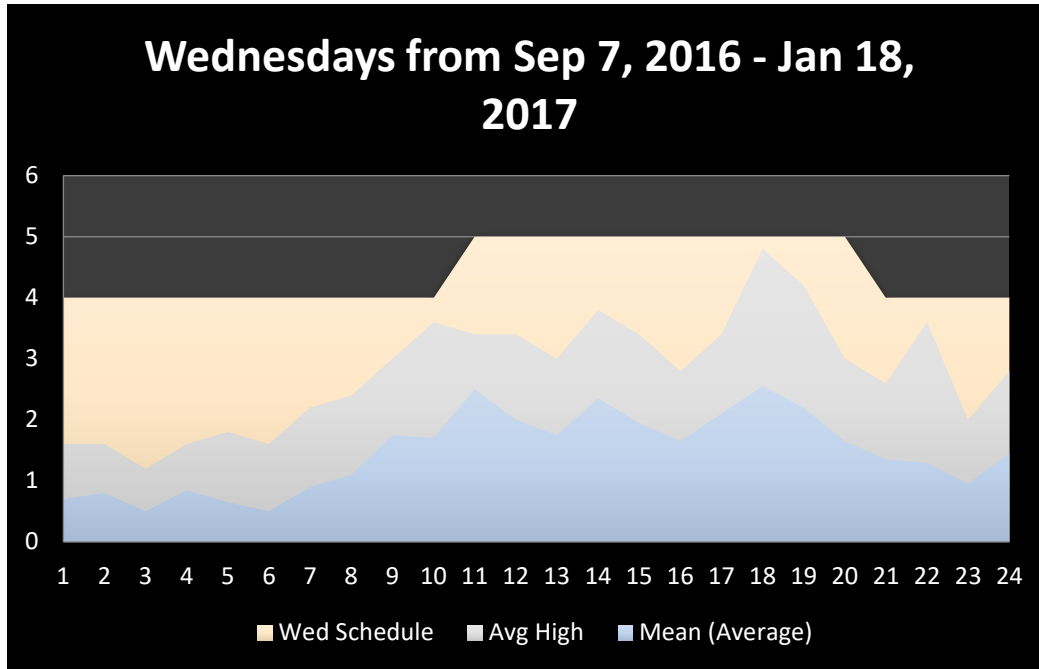


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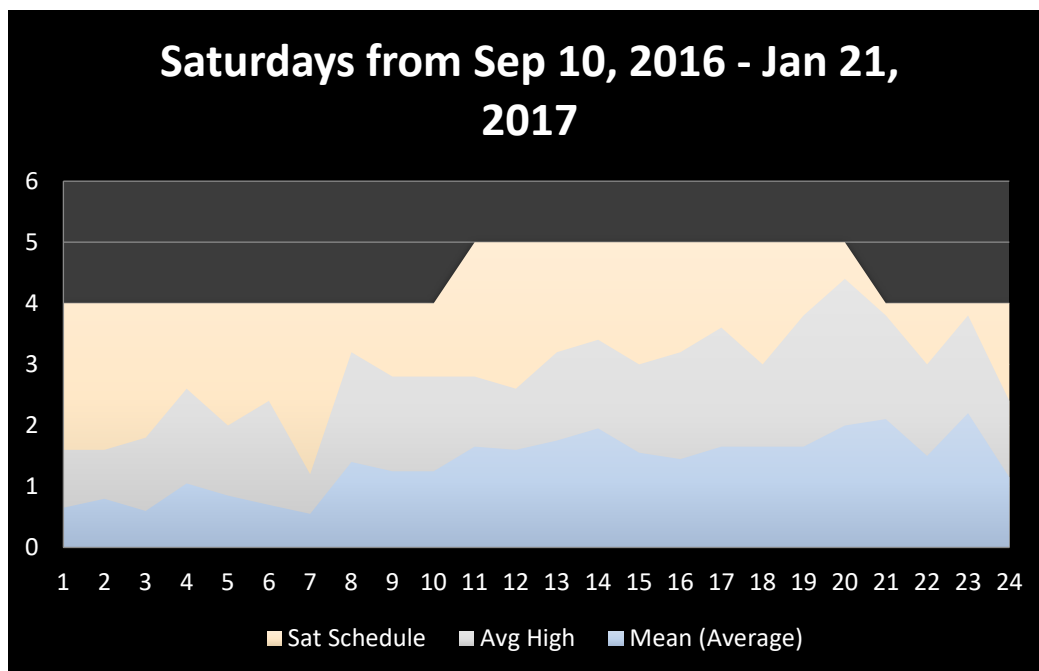
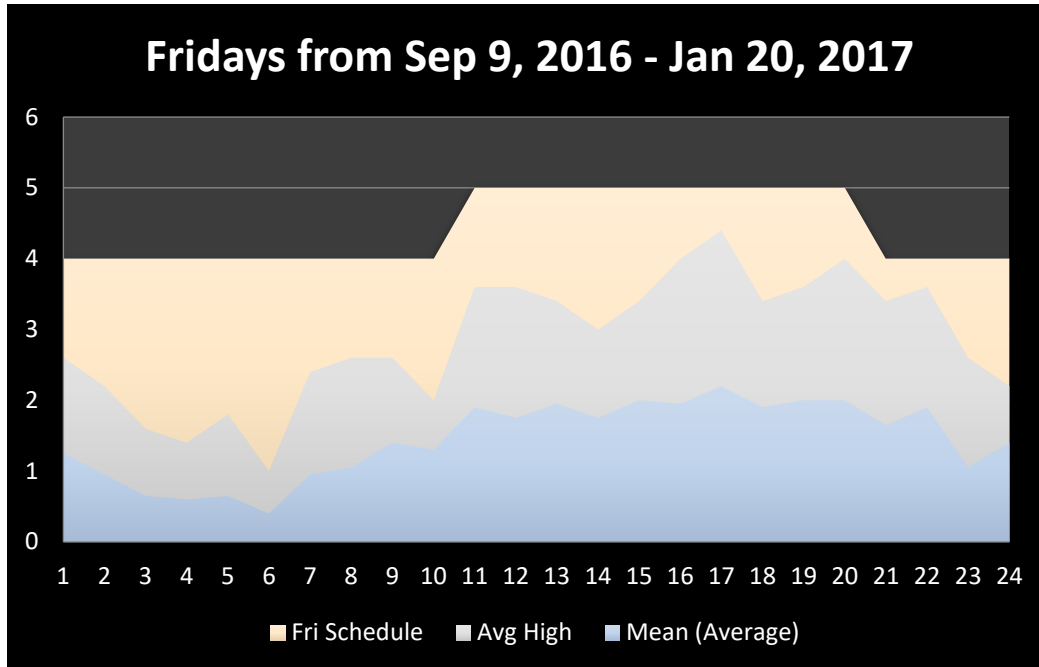


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The four (4) dedicated Garden Grove ambulances, the peak area fire back-up ambulance and the fleet of more than 50 additional nearby ambulances will far surpass the ambulance needs for the City of Garden Grove.

The traditional demand calculation was developed by industry expert Jack Stout. Looking at the time of day and day of week ambulances have been needed in the past is a great predictor of when ambulances will be needed at specific times of day and days of the week in the future. The number of allocated ambulances clearly covers the demand.

Staffing Strategies & Workload Monitoring

Care Ambulance and its employees are committed to providing the best possible care to our patients. As a result, patient care responsibilities are of primary concern and must be addressed in all situations. On occasion, this may require that adjustments in employees' schedules, hours and days of work occur as necessary to respond to patient care and other business needs. This may result in a need for employees to work overtime or to change other aspects of their schedules and days of work in some instances. Employees will be paid overtime compensation for any overtime work that is performed. The company regularly schedules employees for 24-hour



Care Ambulance has a large ambulance footprint in Orange County, with 150 licensed units. An additional 50 ambulances from Care's Non-Emergency operations is available for system backup & surge capacity any time the City of Garden Grove's 9-1-1 system needs it.



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shifts, and in no case may an employee work more than 48 consecutive hours. On any 24-hour shift (or longer) employees have access to a strategically located station that has sleeping, shower and kitchen facilities. On shifts shorter than 24 hours, employees will be positioned at stations where appropriate so they too will have access to station facilities throughout their shift. The deployment plan has been adjusted to minimize the amount of time an employee is posted outside of a station location. The company's ePRO scheduling system includes automated controls to prevent the scheduling of staff beyond the maximum hours allowed.

Care's ePRO scheduling system includes automated controls to prevent the scheduling of staff beyond the maximum hours allowed.

Real-Time Monitoring of Workload

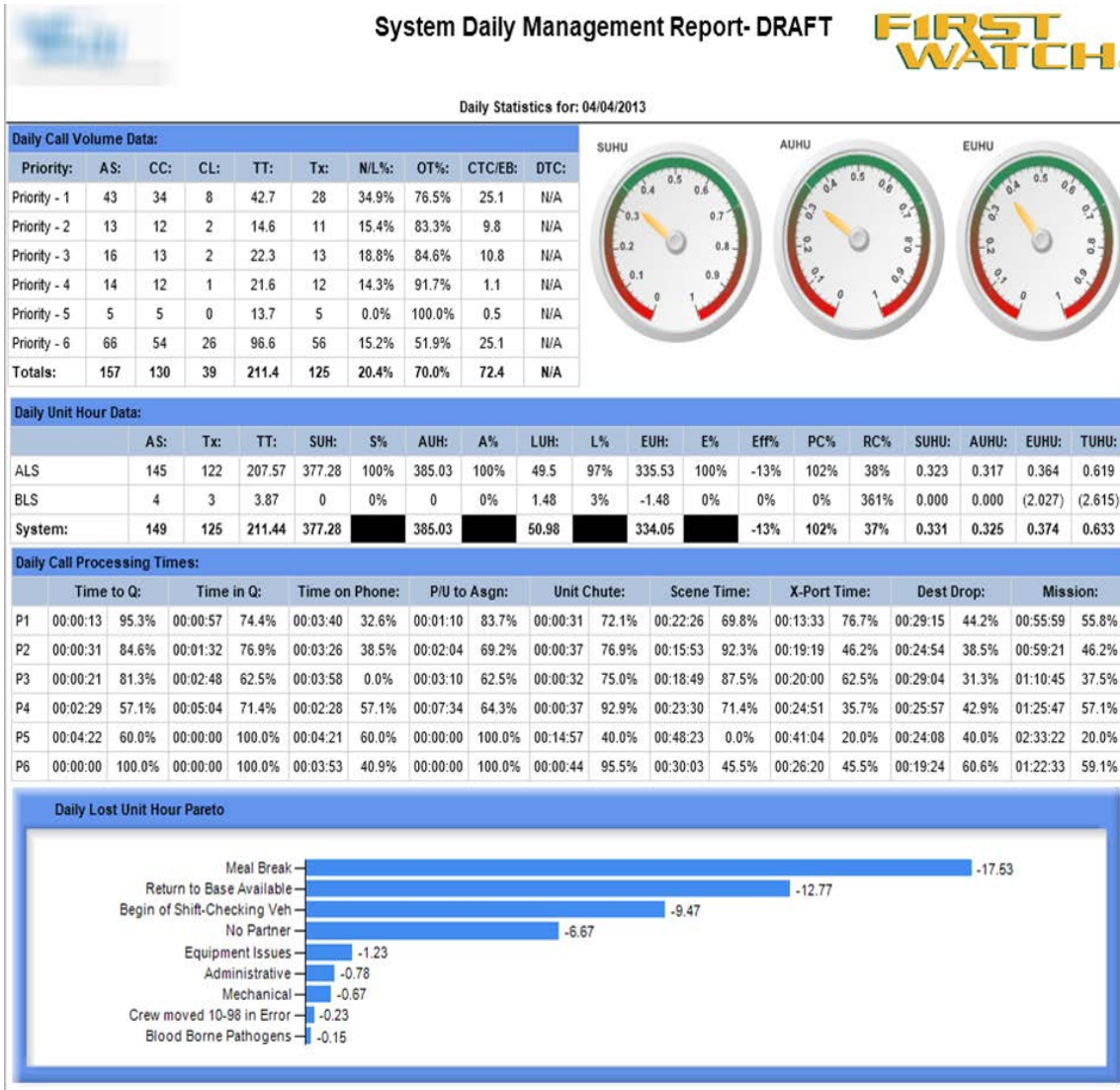


Care Ambulance utilizes FirstWatch to monitor employee workload in real time on a 24/7 basis to help reduce fatigue in the workforce. For instance, employees who are 8 hours into a 24-hour shift and working an extremely busy unit can be reassigned to a post that's historically less busy. This real-time monitoring of workload (and thus staff fatigue) enables Care to fine-tune our staffing plan and adjust the workload so that it's more evenly distributed across the workforce. Likewise, real-time monitoring and alerting minimizes crews posting out of station. Taking these measures reduces fatigue, enhances safety and improves employee job satisfaction. A snapshot of the First Watch System Daily Management Report is provided below for illustration.

PROPOSAL TO PROVIDE AMBULANCE TRANSPORTATION & BILLING SERVICES



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The FirstWatch System Daily Management Report indicates unit hour utilization and workload. The dashboard provides a user view of call volume data by call priority, as well as unit performance compared to Unit Hours.



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Dedicated Ambulance Station Locations

Care’s existing ambulance stations and proposed station are as follows:

| 24 Hour Station Locations | | |
|---------------------------------|--------------------------|------------------|
| Grove Ambulance 1 (Existing) | 12901 Garden Grove Blvd. | Garden Grove, CA |
| Grove Ambulance 2 (Existing) | 10022 Garden Grove Blvd. | Garden Grove, CA |
| Grove Ambulance 3 (Existing) | 13659 Beach Blvd. | Westminster, CA |
| Grove Ambulance 4 (Proposed) | 12781 Western Ave. | Garden Grove, CA |

Ambulance Posting Locations

Note: The following applies only if Garden Grove opts to have Care Ambulance Communications dispatch units. Please see Section H, Item 39, Proposed System Design for additional discussion on the possibility of having Metro Cities Dispatch Center dispatch Care’s dedicated units, so that Garden Grove Fire Department retain full control of the ambulance resources.

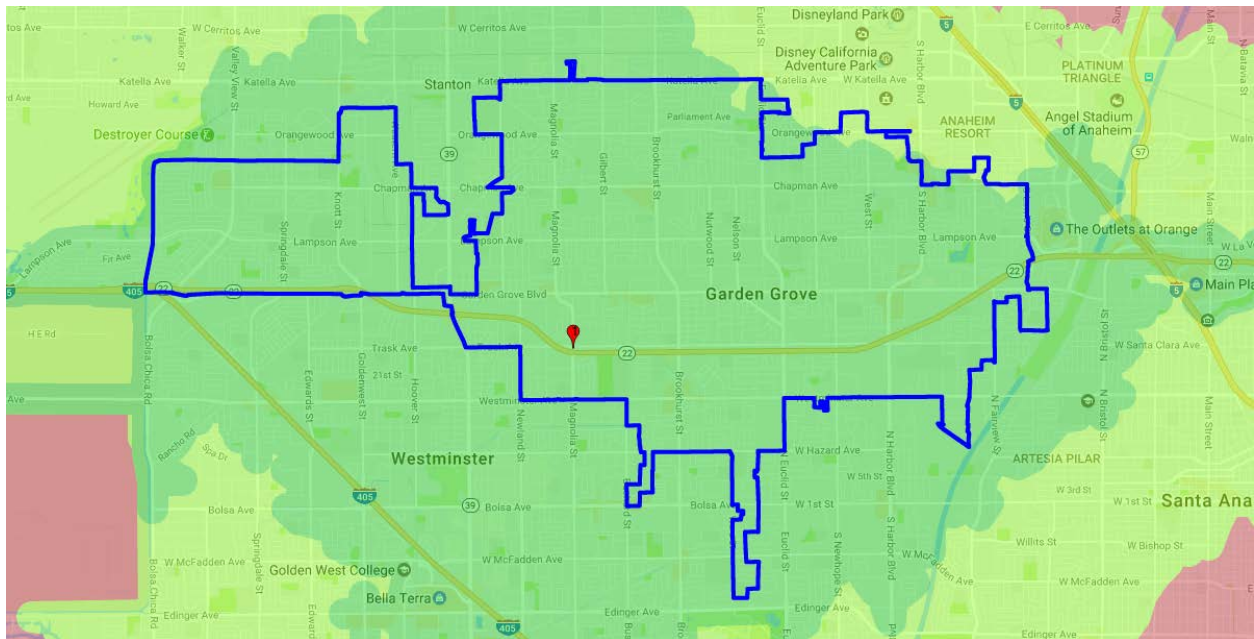
Posting of ambulance resources will be kept to a minimum. Based on current calculations, Care Ambulance has devised a deployment plan that will allow the EMTs to be posted at a station location over 90% of the time. These resources will be pulled to post on street corners only if the number of ambulances in the system dropped to a level 1.

The Deployment Plan “snapshot” illustrated below reflects the fluid deployment plan that Care will use on Fridays from 13:00 to 13:59. Each hour of each day has the potential for a different deployment plan to best meet response time requirements associated with the



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specific area. One can see when one (1) ambulances is available, the zone is 99% covered using the outlined posting locations.



Care Ambulance strategically positions ambulances based on time of day, day of week, and traffic conditions. The computer database will instruct the unit to post at Magnolia and Trask, as it provides the best coverage for response in the city at that particular time of day. An ambulance positioned at Magnolia and Trask can respond to the green areas within 9 minutes and 59 seconds. It can respond to the lime green areas within 14 minutes and 59 seconds, and the red area in more than 15 minutes.

Care runs both 9-1-1 and non-emergency calls in communities immediately adjacent to the City of Garden Grove. When neighboring resources are plotted on the map, the depth of resources that surround the region becomes even greater.



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System Status Management Strategies

Deployment planning is never really complete. Just as cities continue to grow and populations shift over time, so do deployment needs. The 24-hour system status management strategies that Care Ambulance employs have proven effective in our current service to Garden Grove, Orange County and in Los Angeles County. The strategies to



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cover a geographic area are fluid and ever changing depending on resource availability. These strategies include:

Abundant Ambulance Resources

The 24-hour stations are placed in strategic locations to effectively respond to ambulance requests based on past call history, population size and the geographical area. The crews'

scheduled shifts also mirror those of the fire departments, resulting in stronger partnerships between the firefighter-paramedics and their EMT colleagues. Ultimately, these stronger relationships lead to better inter-agency communication, smoother on-scene operations and a higher quality of patient care.

Minimum Ambulance Resource Availability

Care Ambulance makes every effort to staff emergency ambulance resources in such a way that they can handle all the call volume in their system; however, it is inevitable that an occasional emergency will occur that taxes the dedicated resources allocated to a system. Care has more than 50 other ambulance resources in the area that are staffed each day and available at a moment's notice to ensure we do not drop below minimum resource availability status in Garden Grove. We will make every effort to ensure the minimum number of ambulances are available at all times in the City of Garden Grove, no matter how busy the system becomes. *This strength cannot be overstated, as minimum staffing levels will continually be replenished with a very large back-up fleet of ambulances.* This tactical deployment of resources equates to every patient receiving a swift ambulance transport.



Care Ambulance employs several cutting-edge strategies and data systems to continually improve our response times.



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Managers Oversight



Managers Oversight is a proprietary software program that allows Care's managers in the field to have all of the information they need to make smart operational decisions in a mobile environment.

Information regarding calls in progress, real-time vehicle location and vehicle status are all available at managers' fingertips in the field. Each operations vehicle is internet-equipped and has the ability to follow-up with crew members in their area.

Investigative Power

Managers Oversight takes the time-consuming investigative work out of researching late calls. If an ambulance is late to a call, all of the call information is programmatically researched. Research results are automatically and immediately sent to the Field Manager and the Division Manager. This research examines the call from start to finish, accounting for every second. It automatically reports where the ambulance was supposed to be posted (based on System Status Management), where the ambulance was actually located, and provides a step-by-step view accounting for every second from the start of the call in the dispatch center to the end of the call, when the patient was transported to the emergency room. A map with a "breadcrumb trail" of the entire call is included in the data. We know if a response was late because of a missed turn, traffic or other circumstances, and we can incorporate such knowledge into our real-time operations management, dispatch planning and training programs to improve our performance.

Recordkeeping & Statistical Analyses

All call information is documented in RescueNet Dispatch and complete histories of all changes made to a call are captured in that database. Even if an individual simply "looks" at a call and does not make any changes to the record, the fact that a user recalled a trip is documented in the database. In addition to real-time alerts and monitoring of response time



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performance, the data are also analyzed on an ongoing daily, weekly, monthly, quarterly and annual basis. The larger data sets allow data analysts to identify patterns where improvements may be possible. For instance, RescueNet Reporting and Crystal Reports allow us to search all 9-1-1 response data in the Orange County system and easily see when we are most frequently late at a specific day of the week, a specific time of the day or in a specific geographic area. The results of this type of data mining are used to continually improve deployment and, ultimately, Care's response time performance.

FirstWatch Real-Time Monitoring



Care proposes to implement the entire suite of FirstWatch performance monitoring tools in Garden Grove. As discussed previously, FirstWatch is a cloud-based data aggregation, reporting and event alerting dashboard system that will monitor our on-time performance in real-time for the day, and for the reporting month by contractual priority, allowing our leadership team, the City and Fire Department leadership to have complete situational awareness regarding our operational performance. Having Garden Grove data in realtime will enable us to establish real-time alerts, promoting our ability to take proactive steps to quickly improve and potentially prevent a late call from occurring. More information on FirstWatch is included in Attachment 6.



My Premier GPS



My Premier GPS provides real-time locations of all ambulances in the fleet. This solution is fed straight to the Care Ambulance Service Communications center and can easily be forwarded to the Metro Net dispatch center as desired. The following illustration outlines the benefits of My Premier GPS and how it positively impacts the residents of the City of Garden Grove:



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Source: MyPremierGPS.net Product: Mobile OFFICE 4G Customer: Care Ambulance

- 1) **Internet Connectivity:** Share 4G access with scanners, computers, and other devices.
- 2) **Mobile OFFICE 4G Wi-Fi:** Connect electronics wirelessly up to 300 feet.
- 3) **Garmin / Android Messaging & Traffic Updates:** Send field employees messages and business information. Automatically route the workforce around traffic congestion.
- 4) **Bluetooth Access Point:** Using the optional Bluetooth technology for communication.
- 5) **Remote Device Management:** Premier modems are upgraded remotely and in vehicle devices can be accessed by personnel at Headquarters if desired.
- 6) **GPS Tracking:** GPS tracking is available in Real Time. Historical data of ambulance positions are easily retrievable. Data is saved indefinitely and is available for recall.
- 7) **Sensors & Triggers:** Connect the optional inputs and outputs for monitoring various vehicle functions, including Code 3 usage, panic alarms, G-Force events, or use of seatbelts. Sensors are available for almost any function, including compartment access, temperature, acceleration, or even radioactivity. Remotely trigger starting, lock/unlock.
- 8) **Low Battery Notifications & Monitoring:** The Premier Modem can report low voltage so the operator can take action before the vehicle becomes unusable.
- 9) **Upgradability:** Devices are on the fastest available Nationwide wireless networks.



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AFFIRMATION OF REQUIRED DISPATCH SYSTEMS



We are confident the thoroughly researched deployment plan presented here will not only meet but will exceed all of our contractual response time compliance requirements.

- 1) The following emergency ground ambulance response times are adhered to at a monthly compliance rate of at least 90%:
 - a. Code 3-response time (red lights and siren) shall not exceed 9 minutes and 59 seconds.
 - b. Code 2-response time (expeditious response without red light and siren) shall not exceed 14 minutes and 59 seconds.
 - c. For all responses, Care Ambulance has the responding unit enroute within 2 minutes and confirms via CAD with Metro Net when the unit has been dispatched.
 - d. If Care Ambulance is aware that the responding unit is delayed in their response for any reason, Metro Net is immediately notified and a notation is made by Care's dispatch staff on the run report and/or log.
 - e. It is the responsibility of Care to maintain awareness of street and freeway closures and/or repair to avoid unnecessary delays in response.
- 2) Exemptions to response time requirements may be made by the Fire Department Division Chief for Operations. To date, Care Ambulance has never requested a response time exemption.
- 3) For response reporting purposes, the geographic boundaries of Garden Grove shall be one (1) response area.



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- 4) Care Ambulance has a minimum of one (1) on-duty field supervisor immediately available by radio and stationed in the City of Orange on a 24-hour basis. Care's supervisor is available both through Care's dispatch center and Metro Net.
- 5) Care Ambulance operates a vehicle dispatch system on a 24 hour-a-day basis that is the following:
 - a. Located in the City of Orange.
 - b. Capable of primary and secondary communications.
 - c. Capable of data and voice communications with Metro Net.
- 6) All of Care's ambulance responses are in accordance with the California Vehicle Code.

All requests for emergency ambulance services received by Care Ambulance from other than a public safety agency within the City of Garden Grove are reported to Metro Net immediately.

22. Agreement with 90% Compliance

The Proposer shall include a statement that they agree to comply with items 16(a) and 16(b) above, with a (90%) ninety percent compliance in any one calendar month. For the purpose of deployment and reporting, there shall be one reporting area:

| | | |
|-----------------------|--------------|--------------------|
| <i>AREA BORDERS =</i> | <i>NORTH</i> | <i>CITY LIMITS</i> |
| | <i>SOUTH</i> | <i>CITY LIMITS</i> |
| | <i>EAST</i> | <i>CITY LIMITS</i> |
| | <i>WEST</i> | <i>CITY LIMITS</i> |

Care Ambulance Service, Inc. agrees to comply with items 16(a) and 16(b) of the RFP, and to meet or exceed the 90% compliance requirement in any one calendar month. We agree with the area borders delineated in the RFP. As the current provider, Care has been 100% compliant, consistently exceeding all response time requirements.



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Note: Please see Section H. Patient Care/Transport System Design for additional options on system design in Garden Grove.

AFFIRMATION OF DEPLOYMENT/RESPONSE & COMPLIANCE REQUIREMENTS



1. Care Ambulance provides monthly and quarterly reports to the Garden Grove Fire Department. Using elements from OC Meds and Image Trend Elite and Care's CAD system, these reports can include:
 - a. Time of dispatch alert from Metro Net
 - b. Dispatch time
 - c. Arrival time
 - d. Total response time (call alert to on scene time)
 - e. Average response time for each calendar month
 - f. Number of responses in excess of response time standards
 - g. The average number of minutes in excess of the standard
 - h. Any other dispatch or response system data requested by the Garden Grove Fire Chief
2. Continuous Quality Improvement (CQI) reporting: Care Ambulance agrees to meet with the Garden Grove Fire Chief, or his designee, to develop a CQI reporting process that will allow both parties to track Care's individual and system performance and develop service enhancements.



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AFFIRMATION OF ON-SCENE PROCEDURES



Care's personnel perform as a part of the patient care team and are able to perform all treatment modalities within their scope of practice, as defined by OCEMSA policies and procedures.

1. All Care EMT personnel are trained and exercised in Orange County Disaster response procedures, Multiple Victim protocols per the Orange County Fire Services Operational Area Annex.
2. All Care ambulance personnel work under the direction of the Incident Commander and/or the EMT-Paramedic in charge of the patient(s) and/or scene. They are trained to respond to the directions of such persons in a positive and affirmative manner.
3. Care's personnel are trained to inform the EMT-Paramedic and/or Incident Commander of any safety concern that might lead to additional injury to the victim or a responder.
4. Care personnel place their apparatus and equipment in a safe location and are mindful of the need for safe operations on the scene of an emergency.
5. Care personnel shall not participate in any firefighting or rescue operation.
6. Care personnel shall request a secondary response unit and/or the Field Supervisor immediately upon finding that their unit has suffered a mechanical failure or at the request of the Incident Commander. They shall likewise immediately inform the Incident Commander of any mechanical failure.
7. During a disaster, declared locally or in a neighboring jurisdiction, the normal course of business under the contract shall be interrupted from the moment the disaster situation is made known to Care by the Fire Department. Immediately upon such notification, Care Ambulance shall commit such resources as are necessary and appropriate, given the



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nature of the disaster, and shall assist in accordance with disaster plans and protocols applicable where the disaster has occurred.

Care Ambulance crews shall return Garden Grove Fire Department crew members and equipment to their apparatus in the field or stations upon completion of patient delivery to a designated facility.



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D. PATIENT BILLING SYSTEMS

The City of Garden Grove has imposed a \$387.35 charge per Advanced Life Support (ALS) transport, collected by the provider for a seven percent (7%) administration fee. Additionally, the provider collects for the City \$32.66 per transport expendable medical supplies and a \$387.35 non-resident fee.

23. Collection of Patient Care and Transportation Charges

Using this information, describe in detail how the Proposer would calculate, charge, and collect all applicable patient care and transportation charges. The Proposer is invited to design a financial system that will help the City maintain its cost-offsetting revenue, cover operational costs the Proposer, and provide a cost-effective service for the citizens.

Care Ambulance understands that public impression regarding the delivery of services reflects not only upon Care but on our public-safety partners and the City of Garden Grove. We take the responsibility to leave a positive impression with patients, their families and the public very seriously. Often, the last contact a patient has with an EMS provider is regarding the bill for services. As such, we take great care to ensure billing and collections are handled in a professional and compassionate manner. We are experts in maximizing insurance reimbursement to minimize, to the greatest extent possible, patients' out-of-pocket expenses.



Patient Billing Systems Highlights

- ZOLL RescueNet Billing
- In-House Billing Department
- Experienced Billing & Collections Professionals
- Compassionate, Ethical & Fully Compliant Billing Practices
- FirstWatch Monitoring of Billing Activities



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Currently Care Ambulance identifies, codes, bills and collects fees for the City of Garden Grove Paramedic Program. The fees identified by the City of Garden Grove are billed using a state-of-the-art billing and claims management process that has allowed Care Ambulance to succeed in this area and ensure the long-term sustainability of the City's EMS program. Importantly, unlike many private providers, *all billing and collections activities are conducted in-house by Care Ambulance employees*, rather than outsourced to an external party or even overseas. Our experienced, friendly claims management and billing team, coupled with Care's extensive managed care contracts, enables us to maximize payments in a customer-friendly manner that benefits our patients and, ultimately, the City of Garden Grove.

The following steps will ensure our billing system meets the City's expectations:

- 1) Care will meet with the Garden Grove Fire Department staff to finalize future ambulance and first responder rates designed to meet or exceed revenue currently realized by the City for the program.
- 2) Non-resident billing policies of the City will be incorporated into the final billing policies.
- 3) A new customized charge, billing and collection policy will then be sent to the City of Garden Grove for final approval.
- 4) For each 9-1-1 transport, Care Ambulance will generate an ALS/BLS first responder and transport charge.
- 5) Care will bill the services to any responsible payor in a timely fashion.
- 6) Care will pursue accounts through logical conclusion using industry standards for billing and collection with Garden Grove's philosophy of customer attentive and sensitivity to hardship cases.
- 7) Payments received will be carefully documented.



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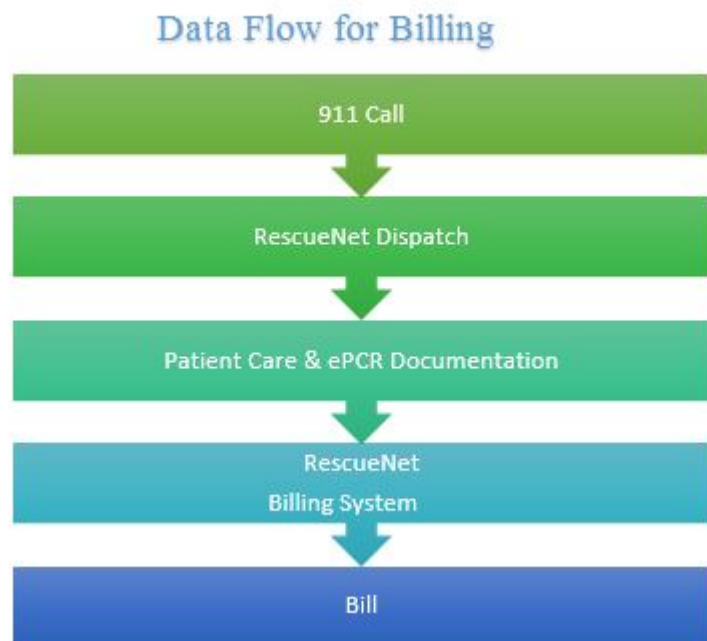
- 8) All funds received for services provided by the City of Garden Grove are forwarded monthly to the City along with a complete accounting to assure complete record keeping and the timely transfer of funds.

Should changes in the payment system require minimal or major re-engineering of the charge and billing system, Care will work with the City to establish creative, customer-sensitive methods to achieve the City's payment goals, while also ensuring compliance with all laws and regulations that govern those areas. All billing and collection processes will be completely outlined and subject to the City of Garden Grove approval prior to contract initiation.

Care Ambulance understands the difficult business of billing for EMS services. We agree to work cooperatively with the City of Garden Grove to maximize all revenues to the City, while providing customer-friendly service.

Billing System Administration

Care Ambulance Service conducts all billing and collection functions in-house through our Billing Department located at Care's headquarters on Braden Court in the City of Orange. Care currently utilizes the ZOLL RescueNet Billing system, which integrates with our RescueNet Dispatch system and the Image Trend Elite electronic patient care record





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(ePCR) system to ensure accurate patient care information is automatically captured for billing purposes.

The billing and data information process begins when Care receives a call for service. The run information is recorded in the RescueNet Computer Aided Dispatch (CAD) system, and it is one of the data elements for completion of an ePCR. Care's systems are fully integrated, and data are seamlessly transferred to the Accounts Receivable Management System. The CAD and ePCR contain all data associated with the transport, including any notes provided by the dispatcher.

The ePCR is completed by the crew at the time of the transport and includes all clinical, demographic and billing information obtained during the transport. The ePCR is sent securely encrypted in a wireless internet tunnel to Care's ZOLL Data Billing Systems at our headquarters in the City of Orange. A pre-billing audit of the documentation is identified and corrected by the crew, where applicable.

Process Flow & Timeframes for Collections

Each ePCR is routed in real time to a Biller who is familiar with the City rates and all applicable contractual obligations and regulations. The ticket is reviewed to determine services performed, and system codes associated with each service are assigned for input into the billing system. All supporting documentation that was obtained in the field by the EMTs is scanned in the ambulances and is electronically available to the Biller. Based on the ePCR and the scanned documents, the billing personnel concurrently determine the payor source and verify patient eligibility with third-party payors.



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At this point in the process, an initial bill is sent either electronically or on paper to the payor source. Medicare, Medi-Cal and many other insurers accept claims in electronic format. For those that do not accept electronic claims, a paper claim is generated and mailed.

Medicare

Medicare is divided into two sections, Part A and Part B. Part A Medicare pays for in-patient hospital care. Part B pays for non-hospital services, including ambulance services. Patients over the age of 65 or on disability are eligible for Medicare. Medicare pays 80% of approved charges minus any deductible or co-insurance. Medicare is billed electronically on a daily basis and payment is typically received via Electronic Funds Transfer (EFT) within 14-21 days. If Medicare denies the claim, the Explanation of benefits (EOB) is received electronically within 14-21 days. The Biller analyzes the denial code(s) to determine whether to appeal with Medicare or bill the patient for the non-covered services. Any co-pay or deductible is billed to the patient or their other secondary insurance.

Patients that have Medicare as their only insurance will be billed for the balance after the Medicare payment is received.

Medi-Cal

Medi-Cal is also billed electronically on a daily basis. Patients with Medi-Cal cannot be billed for the balance after Medi-Cal pays. Care accepts Medi-Cal as payment in full. Medi-Cal payments are posted to accounts, and the balance is written off. Medi-Cal covers



Billing services are provided in-house at Care's headquarters in the City of Orange.



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transports to the hospital, hospital to a home/nursing home or transport from one hospital to another hospital.



Billing Representatives Jerveeta Spearman and Maura Lynum model Care Ambulance's 2016 EMS Week T-shirts.

Private Insurance

Patients with private insurance are billed at Care's full usual and customary charges. Secondary insurance is billed if the patient has two or more insurance policies. All accounts with insurance are worked following a schedule in RescueNet Billing.

Managed Care (HMOs, PPOs and IPAs)

Patients with health maintenance organization (HMO), preferred provider organization (PPO) or independent physician association (IPA), or

other managed care or fiscally responsible payors are billed at Care's usual and customary charges. If the plan or fiscally responsible party contracts with Care, then Care accepts the contracted payment as payment in full, less any required patient co-pay. If no contract exists, then Care may take collection action on those accounts that are not paid in full.

Many of these payors accept claims electronically through the Zirmed website. A batch is created in the RescueNet Billing and then uploaded and submitted to the Zirmed website on a daily basis. Claims issues are reviewed on a daily basis. Some issues are fixed electronically at the Zirmed website, and others are forwarded to the Insurance Biller for review and follow-up.

Payors that are billed on paper, such as Auto Insurance and Worker's Comp are set to fall into "Account Review" 60 days after the initial claim is sent. The Biller is responsible for



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contacting the insurance company for the claim status, at which time they will determine if an appeal is necessary, a retro authorization is required or the patient is responsible.

Private Pay

Only when a third-party payor is not identified does Care seek payment directly from the patient. The first invoice requests third-party payment information and asks the patient to contact our business office. A telephone number and a return envelope are provided. If a patient has no third-party coverage or is a private-pay patient, we ask the patient which alternative method is best, including most major credit cards. When no other means are found, Care has a liberal installment plan policy for payment arrangements. If the patient does not respond to the first invoice, a second is sent 21 days later. The third is sent 21 days after that. A final "Notice of Assignment" is sent 21 days later. The Account will fall to account review 10 days later, and then a Supervisor review 30 days later, at which time the collector is accountable to the Collections Manager.

Collections

Care works very hard to avoid sending bills to collections, making every effort to contact the individual and work through the process. If there is no response to the past-due notices, we attempt to contact the individual by phone. Skip tracing efforts are used in assisting to locate updated addresses and phone numbers for patients. An updated hospital face sheet is always requested on an account, and a documented phone call is attempted before an account is sent to collections. Accounts are referred to our collection agencies only after all other efforts to resolve the debt are exhausted.



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Compassionate Care Allowance

Occasionally, Care Ambulance encounters a patient who is unable to pay for his or her bill. We maintain a “Compassionate Care Allowance” for these patients with self-pay balances. Patients who can demonstrate insufficient assets or financial hardship may have their charges written off. They must submit a hardship letter with a copy of their most recent IRS Form 1040 for the write-off to be considered. All write-offs are reviewed and approved by the Billing Manager.

Please see Attachment 7 for more information on the ZOLL RescueNet Billing system.

Billing Quality Assurance

Care is constantly monitoring and evaluating its billing and collection processes in order to update and/or improve the systems. Mechanisms we use for evaluation, monitoring and updating include:

- Internal audits – Care’s parent company, Falck USA, conducts comprehensive quarterly audits of our billing and collections systems and practices.
- Trade Association Seminars and Classes - Both the American Ambulance Association and the California Ambulance Association provide annual conferences dedicated to billing and collection practices and innovations. We send Billing Supervisors to both events.
- Billing Seminars and Coder’s Certification Classes - The law firm of Wolfberg, Wirth, and Page are the recognized national experts in ambulance billing compliance. Annually, Care sends Billing Supervisors to the billing seminar and three Billers to the “Certified Ambulance Coder” class.
- Software Updates - Our billing software provider, ZOLL (RescueNet), provides constant monitoring of the system and frequent updates.



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- Billing QI - Care has recently purchased the billing QI utilities provided by FirstWatch (described below).

FirstWatch Billing Monitoring Enhancement



CARE
innovation

Care Ambulance utilizes FirstWatch to continuously monitor and improve our billing activities related to four areas, as described below:



- Quality (CAD, or field paperwork)
- Process / Production
- Mix (transport and payor)
- Results

Quality related alerts / variations

- Gross revenue per transport: Material variations would indicate a change in mix, missing or variation in line item charge types.
- Average miles per transport in total and by transport type: Variation can indicate a CAD default problem, billing data entry problem or field documentation problem.
- Occurrence % of a charge type, by transport type (O₂, supplies, other where applicable): Variation can indicate quality issues in data entry (billing, CAD or field paperwork). Variations in this area would also be reflected in a change in gross revenue per transport.
- Returned Mail / Denials: Indicative of poor data entry or poor field documentation.



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Production / Process Monitors

- CAD to ePCR reconciliation: Proves completeness of records and maximizes billing events
- Unapplied cash balances, by payor type: Identifies incomplete support of cash received that will need follow-up, or poor cash posting practices
- Time from date of service to invoice out the door (consider by payor type): DSO impact
- Billing task times: Date of Service to Verification, Verification to Billing, Billing to Invoice sent, etc.
- Time of cash received to cash application, or monitoring of most recent full day cash posted (consider by payor type): Timeliness issues can improperly state customer account balances and extend the month end process.

Mix Monitors

- % of all transport types: Variations can be caused by coding and data entry errors or PCR quality issues that can cause down coding, thus reducing revenue opportunities. Transport mix changes can be legitimate, but must be validated and understood.
- % of payor mix changes (Medicare, Medicaid, private insurance, contracts, self-pay): Variations can be caused by poor communication/CAD or field documentation. Impacts would be more work for verification process, lengthened collection cycle, and/or increased self-pay categories that would then negatively impact collection rate if not followed up correctly.

Results

- Cash collections by payor type (daily and month to date)



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- Waterfall Cash Report / Month end cash collections by payor type, by actual service date: This supports collection rates used by payor type or on a consolidated basis. This report should also be a trended report.
- Cash yield per transport, by payor type, (consider by facility): Demonstrates net cash by payor type trend which can be important if collection rates are dropping in an environment of increased gross rates per transport (which would be normal).
- A/R Aging trends: % of A/R over 90 days, in total and by payor type.

Care's implementation of FirstWatch monitoring in our Billing operation demonstrates our ongoing commitment to continual quality improvement.

Please see Attachment 6 for more information on FirstWatch real-time quality assurance monitoring.

AFFIRMATION OF BILLING SYNERGIES



With regards to RFP billing requirements and desired synergies:

1. Advanced Life Support (ALS): Care Ambulance acknowledges that the City presently provides paramedic Advanced Life Support (ALS) services for such service calls to residents and non-residents. The City does not receive 100% reimbursement for such services. Accordingly, Care Ambulance identifies codes, bills and collects fees on behalf of the City for emergency paramedic services rendered by the City. Care Ambulance remits all funds collected on behalf of the City during the immediately preceding calendar month. Upon receipt of payment, Care Ambulance pays the City the difference



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between what would have been paid for ALS transport verses what would have been paid for BLS transport.

2. **Non-Resident Fee:** The City presently provides paramedic services (not always requiring transport) to residents and non-residents. The City has a non-resident fee of \$387.35 for such paramedic assessment services. Accordingly, Care Ambulance identifies codes, bills and collects non-resident fees on behalf of the City for emergency paramedic assessment services rendered by the City. Care Ambulance remits all funds collected on behalf of the City during the immediately preceding calendar month.
3. In consideration of this billing service, Care Ambulance shall receive an administrative fee of seven percent (7%) of those City / ALS and non-resident fees actually collected or to waive all administrative fees in consideration for dispatching services provided to Care Ambulance by the Garden Grove Fire Department and/or Metro Net.
4. Care Ambulance transmits all fees due to the City for ALS and non-resident service on a monthly basis with a report including, but not limited to, total amount of ALS calls, amount invoiced, amount collected, amount of write-offs, amount of balance due and totals for the month and year to date.
5. **Medical Supply Reimbursement Fee:** Care Ambulance will reimburse the Fire Department on a quarterly basis the actual average cost up to \$32.66 for each patient transported by ambulance (BLS or ALS, resident or non-resident) for expendable medical supplies regardless of what is actually collected from the patient, even if such amount is zero (0).



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E. FINANCIAL ANALYSIS

24. Audited Financial Statements

Attach audited financial statements and/or documents to indicate financial responsibility and solvency, inclusive or current assets, liabilities, and net worth. (Financial statements and documents will be held as confidential proprietary information and disclosed only for the purpose of evaluation.) All certifications should be by an Independent Certified Public Accountant. 'Independent' is defined within the scope of this document to mean a Certified Public Accountant or Accounting firm in which none of the Certified Public Accountants, or its employees have a financial interest in the ambulance company, serve on the Board of Directors of the ambulance company, or receive monetary payment or service reimbursement from the ambulance company other than for Certified Public Accounting related accounting functions.

Care Ambulance Service has the financial capability to successfully execute and sustain the proposed services in the City of Garden Grove.

All required RFP documentation, including audited financial statements, are addressed in this section, as required. Care Ambulance reported \$45.7M in assets in 2015 and \$73.4M in net revenue.



Financial Analysis Highlights

- Unparalleled Fiscal Strength & Security
- \$45.7M Assets in 2015
- \$73.4M Net Revenue in 2015
- Backed by parent company Falck A/S
 - \$2.7B in Assets in 2015
 - \$2.2B in Revenue in 2015
- Audited Financial Statements Attached
- Accounting Policies Included with Financial Statements
- \$940,000 Allocated for Capital Costs
- No commitments, liabilities, undisclosed losses, etc., which could impact Care's credit worthiness or ability to carry operating costs
- Proposed Operating Budget Provided



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While Care Ambulance is financially strong and has the resources to sustain service in Garden Grove without financial support from its parent company, Care is fully backed by parent company Falck A/S, which reported more than \$2.7B in assets and \$2.2B in revenue in 2015, the most recent audited financials available. With more than 100 years of emergency response experience, Falck A/S, is privately held and



Care Ambulance's parent company, Falck A/S, is the largest international provider of medical transportation, with operations in 44 countries on six continents. Falck USA is the nation's second largest medical transportation provider.

financially strong, offering the City of Garden Grove peace of mind in the knowledge that the ambulance service provider they have selected to provide this critical public safety service is completely stable. Further, to its core, Falck is committed to improving lives through better healthcare; Falck A/S is majority owned by the private Lundbeck Foundation which was established in 1954 for the purpose of providing funding for scientific research, including innovative studies designed to further EMS and emergency medicine.

In accordance with the RFP, audited financial statements indicating Care Ambulance's financial strength and stability are provided in Attachment 8. The most recent audited fiscal year available is 2015. All certifications are made by a fully independent Certified Public Accountant. For reference, we also provided a Falck Annual Report Summary in U.S. dollars as Attachment 9. Financial Statements for Falck (2015 being the most recent) are available online at www.falck.com/en/company/financials.

We would be happy to provide any further information upon request.



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25. Financial Statements for Last Fiscal Year

All financial statement(s) should be for the last fiscal year unless the current fiscal year closes out ninety days (90) from the date of the RFP, in which case, the prior fiscal year's statements would be accepted.

Audited financial statements for the most recent fiscal year available, 2015, are provided in Attachment 8.

Care Ambulance understands and agrees with Addendum No. 2 that financial statements are one indicator of financial responsibility and solvency. Care will not limit the City to just one year of financial statements. If the statements give rise to additional inquiry, Care will be happy to provide the City with additional information to assess the financial responsibility and solvency of Care.

26. Proposed Operating Budget

Attach a copy of the Proposer's "Proposed Operating Budget" for the service to be provided in this submission. Include costs for:

- a) Personnel*
- b) Vehicles*
- c) Medical equipment and supplies*
- d) Capital expenses (New for this project)*
- e) Proportionate share of ongoing expenses*
- f) Include estimated revenues based on analysis made above.*

Care Ambulance's proposed operating budget, addressing items a-f, for the services to be provided in response to this RFP is provided on the following page.

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| | Annual Costs |
|---|---------------------|
| <u>Revenue</u> | \$ 2,853,000 |
| Operating Expenses | |
| Wages - EMT | \$ 1,224,000 |
| Benefits & Payroll Taxes - EMT | \$ 367,000 |
| Workers Compensation | \$ 61,000 |
| Fuel | \$ 68,000 |
| Ambulance Supplies | \$ 119,000 |
| Repairs and Maintenance | \$ 51,000 |
| Ambulance Depreciation | \$ 106,000 |
| Ambulance Equipment Depreciation | \$ 40,000 |
| Ambulance Insurance | \$ 12,000 |
| Uniforms | \$ 17,000 |
| Ambulance Licenses | \$ 4,000 |
| Substation leases | \$ 72,000 |
| Billing Personnel expenses | \$ 213,000 |
| Dispatch Personnel expenses | \$ 85,000 |
| Admin /Overhead charges | \$ 179,000 |
| <u>Total Cost</u> | \$ 2,618,000 |
| <u>Net Operating Income</u> | \$ 235,000 |
| <u>Capital Costs</u> | |
| Ambulance Cost | |
| \$185,000 x 4 | \$ 740,000 |
| ALS Equipment | |
| \$40,000 x 4 | \$ 160,000 |
| ePCR/IT Equipment | |
| \$10,000 x 4 | \$ 40,000 |



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F. VEHICLE MAINTENANCE AND RECORDS

27. Name and Location of Vehicle Maintenance Facility

Name and location of vehicle maintenance facility (contracted facility and facility owned and operated by the Proposer) and name of person that is knowledgeable concerning the Proposer's maintenance records.

All regularly scheduled preventive maintenance is performed at Care's Braden Court headquarters in the City of Orange. The maintenance facility is 4,800 square feet and offers four (4) garage bays, two (2) 15,000-lb capacity hydraulic lifts and a touch-less car wash. Bill Weston, Care's Director of Operations, is knowledgeable concerning the maintenance records, which will be available for review upon request by the City.



Vehicle Maintenance & Records Highlights

- Care Ambulance Will Maintain All Vehicles & Equipment Throughout the Contract Term, Meeting or Exceeding Manufacturer Recommendations
- Established Relationships with Vehicle & Equipment Vendors
- 4,800 sq. ft. In-House Maintenance Facility in Orange
- Stringent Preventive Maintenance Schedule & Daily Inspection Processes

28. Name and Location of Electronic Repair or Service Facility

Name and location of electronic repair or service facility (radio, cellular, vehicle locator system, and other communication systems) and name of person that is knowledgeable concerning the Proposer's maintenance records.



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Care Ambulance's electronic repair/service facility is Radio Service, Inc., co-owned by Allen Lyon, who is knowledgeable concerning Care's electronics maintenance records. Contact information is as follows:

Radio Service, Inc.

Co-Owner: Allen Lyon

144 E. Emerson Ave.

Orange, CA 92865

Phone: (714) 890-3150

Email: allen.radioservice@verizon.net



29. List of Front-Line Emergency Ambulance Vehicles

List the front-line emergency ambulance vehicles that will be used to service the City of Garden Grove. Indicate the unit #, age and mileage of each ambulance to be utilized for the Agreement. (Mileage is defined at the time of proposal submission.)

Care Ambulance Service will dedicate four (4) brand-new Ford E350 Type III ambulances to the City of Garden Grove to ensure response reliability and Care's ability to meet or exceed contractual response-time requirements. These ambulances are already delivered and in



Care's Orange County inventory. They are fully equipped with the latest equipment and technology to meet the City's ambulance transportation needs. The ambulances will be branded in collaboration with the City of Garden Grove. The illustration above is simply a mockup for demonstration purposes; the actual vehicle design will be approved by the City of Garden Grove.



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Listed below is specific unit information on these new proposed dedicated new vehicles.

| ALL-NEW FORD 2017 MODULAR TYPE III | | | | |
|------------------------------------|---------|--------------|-------|---------|
| UNIT | LICENSE | VIN | | MILEAGE |
| 513 | CARE513 | 1FDWE3FS0HDC | 22561 | 87.8 |
| 514 | CARE514 | 1FDWE3FS9HDC | 22560 | 86.3 |
| 515 | CARE515 | 1FDWE3FS4HDC | 21378 | 82.9 |
| 516 | CARE516 | 1FDWE3FS0HDC | 18252 | 81.8 |

A letter indicating delivery of these brand-new vehicles is provided on the following page. Please see Attachment 1 for vehicle drawings and specifications.



Care Ambulance recently took delivery of dozens of brand-new type III ambulances, four of which have been allocated to the City of Garden Grove contract.

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LEADER

Emergency Vehicle Mfg.

To: Bill Weston
Care Ambulance Service
1517 West Braden Court, Orange, CA

1/19/2017

Dear Bill

Leader Industries is pleased to report that we have delivered the following ambulance units to you:

- 2016 Ford Type III Modular style ambulance, VIN # 1FDWE3FS0HDC22561
- 2016 Ford Type III Modular style ambulance, VIN # 1FDWE3FS9HDC22560
- 2016 Ford Type III Modular style ambulance, VIN # 1FDWE3FS4HDC21378
- 2016 Ford Type III Modular style ambulance, VIN # 1FDWE3FS0HDC18252

With very minor additions, each of these units can be modified here at Leader Industries to meet the requirements of NFPA 1917 – Standard for Automotive Ambulances.

Please let me know if you have any other questions.

Thank you
Gary DeCosse
Engineering Director
Leader Industries

10941 Weaver Avenue, South El Monte, CA 91733 - (626) 575-0880 - Fax (626) 575-0286



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30. List of Reserve Emergency Ambulance Vehicles

List of reserve emergency ambulance vehicles that will be used to service the City of Garden Grove during the term of the Agreement. Indicate the unit #, age, type and mileage of each vehicle.

Below is a complete list of Care’s entire fleet of 292 ambulances. The proposed dedicated units are highlighted in light blue; any of the 288 other vehicles may be used as reserve emergency ambulance vehicles in Garden Grove at some point during the term of the Agreement.

| Unit # | Vehicle Information | | | | | Odometer Reading Mileage As Of | Vehicle Type |
|--------|---------------------|-------|----------------|--------------|-------|--------------------------------------|--------------------|
| | Year | Model | License Number | Vin Number | | | |
| 516 | 2017 | Ford | CARE516 | 1FDWE3FS0HDC | 18252 | 81.8 miles | Modular - Type III |
| 515 | 2017 | Ford | CARE515 | 1FDWE3FS4HDC | 21378 | 82.9 miles | Modular - Type III |
| 514 | 2017 | Ford | CARE514 | 1FDWE3FS9HDC | 22560 | 86.3 miles | Modular - Type III |
| 513 | 2017 | Ford | CARE513 | 1FDWE3FS0HDC | 22561 | 87.8 miles | Modular - Type III |
| 512 | 2017 | Ford | CARE512 | 1FDWE3FS4HDC | 24071 | Brand New | Modular - Type III |
| 511 | 2017 | Ford | CARE511 | 1FDWE3FS6HDC | 16120 | Brand New | Modular - Type III |
| 510 | 2017 | Ford | CARE510 | 1FDWE3FS8HDC | 16121 | Brand New | Modular - Type III |
| 509 | 2017 | Ford | CARE509 | 1FDWE3FS5HDC | 17369 | Brand New | Modular - Type III |
| 508 | 2017 | Ford | CARE508 | 1FDWE3FS7HDC | 18278 | Brand New | Modular - Type III |
| 507 | 2017 | Ford | CARE507 | 1FDWE3FS5HDC | 18277 | Brand New | Modular - Type III |
| 506 | 2017 | Ford | CARE506 | 1FDWE3FS5HDC | 18280 | Brand New | Modular - Type III |
| 505 | 2017 | Ford | CARE505 | 1FDWE3FS8HDC | 21139 | Brand New | Modular - Type III |
| 504 | 2017 | Ford | CARE504 | 1FDWE3FS1HDC | 21144 | Brand New | Modular - Type III |
| 503 | 2017 | Ford | CARE503 | 1FDWE3FS2HDC | 22562 | Brand New | Modular - Type III |
| 502 | 2017 | Ford | CARE502 | 1FDWE3FS4HDC | 24068 | Brand New | Modular - Type III |
| 501 | 2017 | Ford | CARE501 | 1FDWE3FS3HDC | 21145 | Brand New | Modular - Type III |
| 500 | 2017 | Ford | CARE500 | 1FDWE3FS6HDC | 21379 | Brand New | Modular - Type III |
| 499 | 2017 | Ford | CARE499 | 1FDWE3FSXHDC | 01684 | Brand New | Modular - Type III |
| 498 | 2017 | Ford | CARE498 | 1FDWE3FS8HDC | 16118 | Brand New | Modular - Type III |
| 497 | 2017 | Ford | CARE497 | 1FDWE3FSXHDC | 16119 | Brand New | Modular - Type III |
| 496 | 2017 | Ford | CARE496 | 1FDWE3FS7HDC | 16207 | Brand New | Modular - Type III |

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| Unit # | Vehicle Information | | | | | Odometer Reading Mileage As Of | Vehicle Type |
|--------|---------------------|-------|----------------|--------------|-------|--------------------------------------|--------------------|
| | Year | Model | License Number | Vin Number | | | |
| 495 | 2017 | Ford | CARE495 | 1FDWE3FS6HDC | 16215 | Brand New | Modular - Type III |
| 494 | 2017 | Ford | CARE494 | 1FDWE3FS1HDC | 00262 | Brand New | Modular - Type III |
| 493 | 2017 | Ford | CARE493 | 1FDWE3FS8HDC | 00260 | Brand New | Modular - Type III |
| 492 | 2017 | Ford | CARE492 | 1FDWE3FS2HDC | 00268 | Brand New | Modular - Type III |
| 491 | 2017 | Ford | CARE491 | 1FDWE3FS0HDC | 00267 | Brand New | Modular - Type III |
| 490 | 2017 | Ford | CARE490 | 1FDWE3FS4HDC | 16634 | Brand New | Modular - Type III |
| 489 | 2017 | Ford | CARE489 | 1FDWE3FS9HDC | 18279 | Brand New | Modular - Type III |
| 488 | 2017 | Ford | CARE488 | 1FDWE3FS9HDC | 16211 | Brand New | Modular - Type III |
| 487 | 2017 | Ford | CARE487 | 1FDWE3FS4HDC | 16214 | Brand New | Modular - Type III |
| 486 | 2017 | Ford | CARE486 | 1FDWE3FS7HDC | 16210 | Brand New | Modular - Type III |
| 485 | 2017 | Ford | CARE485 | 1FDWE3FS2HDC | 16213 | Brand New | Modular - Type III |
| 484 | 2017 | Ford | CARE484 | 1FDWE3FS0HDC | 16209 | Brand New | Modular - Type III |
| 483 | 2017 | Ford | CARE483 | 1FDWE3FS0HDC | 16212 | Brand New | Modular - Type III |
| 482 | 2017 | Ford | CARE482 | 1FDWE3FS9HDC | 16208 | Brand New | Modular - Type III |
| 481 | 2017 | Ford | CARE481 | 1FDWE3FS8HDC | 21142 | Brand New | Modular - Type III |
| 480 | 2017 | Ford | CARE480 | 1FDWE3FS4HDC | 21381 | Brand New | Modular - Type III |
| 479 | 2017 | Ford | CARE479 | 1FDWE3FSXHDC | 21143 | Brand New | Modular - Type III |
| 478 | 2017 | Ford | CARE478 | 1FDWE3FS2HDC | 21380 | Brand New | Modular - Type III |
| 477 | 2017 | Ford | CARE477 | 1FDWE3FS6HDC | 16635 | Brand New | Modular - Type III |
| 476 | 2017 | Ford | CARE476 | 1FDWE3FS0HDC | 16632 | Brand New | Modular - Type III |
| 475 | 2017 | Ford | CARE475 | 1FDWE3FS7HDC | 18264 | Brand New | Modular - Type III |
| 474 | 2017 | Ford | CARE474 | 1FDWE3FS9HDC | 18265 | Brand New | Modular - Type III |
| 473 | 2017 | Ford | CARE473 | 1FDWE3FS1HDC | 00245 | Brand New | Modular - Type III |
| 472 | 2017 | Ford | CARE 472 | 1FDWE3FS8HDC | 16202 | Brand New | Modular - Type III |
| 471 | 2017 | Ford | CARE471 | 1FDWE3FS3HDC | 16625 | Brand New | Modular - Type III |
| 470 | 2017 | Ford | CARE470 | 1FDWE3FS7HDC | 18250 | Brand New | Modular - Type III |
| 469 | 2017 | Ford | CARE469 | 1FDWE3FSXHDC | 18260 | Brand New | Modular - Type III |
| 468 | 2017 | Ford | CARE468 | 1FDWE3FSXHDC | 18257 | Brand New | Modular - Type III |
| 467 | 2017 | Ford | CARE467 | 1FDWE3FS8HDC | 18256 | Brand New | Modular - Type III |
| 466 | 2017 | Ford | CARE466 | 1FDWE3FS9HDC | 18251 | Brand New | Modular - Type III |
| 465 | 2017 | Ford | CARE465 | 1FDWE3FS9HDC | 18248 | Brand New | Modular - Type III |
| 464 | 2017 | Ford | CARE464 | 1FDWE3FS0HDC | 17358 | Brand New | Modular - Type III |

PROPOSAL TO PROVIDE AMBULANCE TRANSPORTATION & BILLING SERVICES



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| Unit # | Vehicle Information | | | | | Odometer Reading Mileage As Of | Vehicle Type |
|--------|---------------------|-------|----------------|--------------|-------|--------------------------------------|--------------------|
| | Year | Model | License Number | Vin Number | | | |
| 463 | 2017 | Ford | CARE463 | 1FDWE3FS9HDC | 17357 | Brand New | Modular - Type III |
| 462 | 2017 | Ford | CARE462 | 1FDWE3FS7HDC | 17356 | Brand New | Modular - Type III |
| 461 | 2017 | Ford | CARE461 | 1FDWE3FS2HDC | 17359 | Brand New | Modular - Type III |
| 460 | 2017 | Ford | CARE460 | 1FDWE3FS6HDC | 16196 | Brand New | Modular - Type III |
| 459 | 2016 | Ford | CARE459 | 1FDWE3FS7HDC | 16627 | Brand New | Modular - Type III |
| 458 | 2017 | Ford | CARE458 | 1FDWE3FS5HDC | 16626 | Brand New | Modular - Type III |
| 457 | 2016 | Ford | CARE456 | 1FDWE3FS8HDC | 16197 | Brand New | Modular - Type III |
| 456 | 2016 | Ford | CARE455 | 1FDWE3FS4HDC | 16195 | Brand New | Modular - Type III |
| 455 | 2016 | Ford | CARE454 | 1FDWE3FS1GDC | 26634 | Brand New | Modular - Type III |
| 454 | 2016 | Ford | CARE453 | 1FDWE3FS2GDC | 57357 | Brand New | Modular - Type III |
| 453 | 2016 | Ford | CARE453 | 1FDWE3FS4GDC | 57375 | Brand New | Modular - Type III |
| 452 | 2016 | Ford | CARE452 | 1FDWE3FSXGDC | 57378 | Brand New | Modular - Type III |
| 451 | 2016 | Ford | CARE451 | 1FDWE3FS8GDC | 57377 | Brand New | Modular - Type III |
| 450 | 2016 | Ford | CARE450 | 1FDWE3FS2GDC | 57374 | Brand New | Modular - Type III |
| 449 | 2016 | Ford | CARE449 | 1FDWE3FS0GDC | 57373 | Brand New | Modular - Type III |
| 448 | 2016 | Ford | CARE448 | 1FDWE3FS9GDC | 57372 | Brand New | Modular - Type III |
| 447 | 2016 | Ford | CARE447 | 1FDWE3FSXGDC | 57123 | Brand New | Modular - Type III |
| 446 | 2016 | Ford | CARE446 | 1FDWE3FS8GDC | 57122 | Brand New | Modular - Type III |
| 445 | 2016 | Ford | CARE445 | 1FDWE3FS1GDC | 57365 | Brand New | Modular - Type III |
| 444 | 2016 | Ford | CARE444 | 1FDWE3FSXGDC | 57364 | Brand New | Modular - Type III |
| 443 | 2016 | Ford | CARE443 | 1FDWE3FS8GDC | 57363 | Brand New | Modular - Type III |
| 442 | 2016 | Ford | CARE442 | 1FDWE3FS6GDC | 57362 | Brand New | Modular - Type III |
| 441 | 2016 | Ford | CARE441 | 1FDWE3FS6GDC | 57359 | Brand New | Modular - Type III |
| 440 | 2016 | Ford | CARE440 | 1FDWE3FS0GDC | 57356 | Brand New | Modular - Type III |
| 439 | 2016 | Ford | CARE439 | 1FDWE3FS6GDC | 13684 | Brand New | Modular - Type III |
| 438 | 2016 | Ford | CARE438 | 1FDWE3FSXGDC | 26633 | Brand New | Modular - Type III |
| 437 | 2016 | Ford | CARE437 | 1FDWE3FS8GDC | 26632 | Brand New | Modular - Type III |
| 436 | 2016 | Ford | CARE436 | 1FDWE3FS6GDC | 26631 | Brand New | Modular - Type III |
| 435 | 2016 | Ford | CARE435 | 1FDWE3FS2GDC | 25057 | Brand New | Modular - Type III |
| 434 | 2016 | Ford | CARE434 | 1FDWE3FS4GDC | 25056 | Brand New | Modular - Type III |
| 433 | 2016 | Ford | CARE433 | 1FDWE3FS2GDC | 25055 | Brand New | Modular - Type III |
| 432 | 2016 | Ford | CARE432 | 1FDWE3FS0GDC | 53081 | Brand New | Modular - Type III |

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| Unit # | Vehicle Information | | | | | | Vehicle Type | |
|--------|---------------------|----------|----------------|--------------|-------|--------------------------------|--------------------|--------------------|
| | Year | Model | License Number | Vin Number | | Odometer Reading Mileage As Of | | |
| 431 | 2016 | Ford | CARE431 | 1FDWE3FS9GDC | 53080 | Brand New | Modular - Type III | |
| 430 | 2016 | Ford | CARE430 | 1FDWE3FS2GDC | 53079 | Brand New | Modular - Type III | |
| 429 | 2016 | Ford | CARE429 | 1FDWE3FS0GDC | 53078 | Brand New | Modular - Type III | |
| 428 | 2016 | Ford | CARE428 | 1FDWE3FS9GDC | 53077 | Brand New | Modular - Type III | |
| 427 | 2016 | Ford | CARE427 | 1FDWE3FS7GDC | 53076 | Brand New | Modular - Type III | |
| 426 | 2016 | Ford | CARE426 | 1FDWE3FS5GDC | 53075 | Brand New | Modular - Type III | |
| 425 | 2016 | Ford | CARE425 | 1FDWE3FS7GDC | 54129 | Brand New | Modular - Type III | |
| 424 | 2016 | Ford | CARE424 | 1FDWE#FS5GDC | 34932 | Brand New | Modular - Type III | |
| 423 | 2016 | Ford | CARE423 | 1FDWE3FS3GDC | 34931 | Brand New | Modular - Type III | |
| 422 | 2016 | Ford | CARE422 | 1FDWE3FS1GDC | 34930 | Brand New | Modular - Type III | |
| 421 | 2016 | Ford | CARE421 | 1FDWE3FS5GDC | 34929 | Brand New | Modular - Type III | |
| 420 | 2016 | Ford | CARE420 | 1FDWE3FS3GDC | 34928 | Brand New | Modular - Type III | |
| 419 | 2016 | Mercedes | CARE419 | WDAPF3CC1G96 | 38433 | 16,386 | 1-31-17 | Modular - Type III |
| 418 | 2016 | Mercedes | CARE418 | WDAPF3CC3G96 | 36960 | 30,583 | 1-31-17 | Modular - Type III |
| 417 | 2016 | Mercedes | CARE417 | WDAPF3CC0G96 | 37371 | 26,075 | 1-31-17 | Modular - Type III |
| 416 | 2016 | Mercedes | CARE416 | WDAPF3CCXG96 | 38432 | 25,261 | 1-31-17 | Modular - Type III |
| 415 | 2016 | Mercedes | CARE415 | WDAPF3CC7G96 | 36959 | 19,137 | 1-31-17 | Modular - Type III |
| 414 | 2016 | Mercedes | CARE414 | WDAPF3CC8G96 | 38431 | 28,465 | 1-31-17 | Modular - Type III |
| 413 | 2016 | Mercedes | CARE413 | WDAPF3CC6G96 | 38430 | 29,713 | 1-31-17 | Modular - Type III |
| 412 | 2016 | Mercedes | CARE412 | WDAPF3CC5G96 | 36958 | 29,856 | 1-31-17 | Modular - Type III |
| 411 | 2015 | Mercedes | CARE411 | WDAPF3CCXG96 | 38429 | 45,637 | 1-31-17 | Modular - Type III |
| 410 | 2015 | Mercedes | CARE410 | WDAPF3CC8G96 | 38428 | 36,687 | 1-31-17 | Modular - Type III |
| 409 | 2015 | Mercedes | CARE409 | WDAPF3CC3G96 | 36957 | 27,095 | 1-31-17 | Modular - Type III |
| 408 | 2015 | Mercedes | CARE408 | WDAPF3CC8F96 | 28450 | 33,663 | 1-31-17 | Modular - Type III |
| 407 | 2015 | Mercedes | CARE407 | WDAPF3CC1F96 | 28449 | 23,267 | 1-31-17 | Modular - Type III |
| 406 | 2015 | Mercedes | CARE406 | WDAPF3CCXF96 | 28448 | 39,784 | 1-31-17 | Modular - Type III |
| 405 | 2015 | Mercedes | CARE405 | WDAPF3CC8F96 | 28447 | 29,637 | 1-31-17 | Modular - Type III |
| 404 | 2015 | Mercedes | CARE404 | WDAPF3CC6F96 | 28446 | 33,077 | 1-31-17 | Modular - Type III |
| 403 | 2015 | Mercedes | CARE403 | WDAPF3CC4F96 | 28445 | 29,484 | 1-31-17 | Modular - Type III |
| 402 | 2015 | Mercedes | CARE402 | WDAPF3CC2F96 | 28444 | 31,880 | 1-31-17 | Modular - Type III |
| 401 | 2015 | Mercedes | CARE401 | WDAPF3CC0F96 | 28443 | 32,419 | 1-31-17 | Modular - Type III |
| 400 | 2015 | Mercedes | CARE400 | WDAPF3CC9F96 | 28442 | 36,186 | 1-31-17 | Modular - Type III |

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| | Year | Model | License Number | Vin Number | Odometer Reading Mileage As Of | | | |
| 399 | 2015 | Mercedes | CARE399 | WDAPF3CC7F96 | 28441 | 32,012 | 1-31-17 | Modular - Type III |
| 398 | 2015 | Mercedes | CARE398 | WDAPF3CC6F96 | 28754 | 42,189 | 1-31-17 | Modular - Type III |
| 397 | 2015 | Mercedes | CARE397 | WDAPF3CC5F96 | 28440 | 36,910 | 1-31-17 | Modular - Type III |
| 396 | 2015 | Mercedes | CARE396 | WDAPF3CC4F96 | 28753 | 38,711 | 1-31-17 | Modular - Type III |
| 395 | 2015 | Mercedes | CARE395 | WDAPF3CC3F96 | 28338 | 38,793 | 1-31-17 | Modular - Type III |
| 394 | 2015 | Mercedes | CARE394 | WDAPF3CC1F96 | 28337 | 35,447 | 1-31-17 | Modular - Type III |
| 393 | 2015 | Mercedes | CARE393 | WDAPF3CCXF96 | 28336 | 29,600 | 1-31-17 | Modular - Type III |
| 392 | 2015 | Mercedes | CARE392 | WDAPF3CC8F96 | 28335 | 31,298 | 1-31-17 | Modular - Type III |
| 391 | 2015 | Mercedes | CARE391 | WDAPF3CC6F96 | 28334 | 29,767 | 1-31-17 | Modular - Type III |
| 390 | 2015 | Mercedes | CARE390 | WDAPF3CC4F96 | 28333 | 27,643 | 1-31-17 | Modular - Type III |
| 389 | 2015 | Mercedes | CARE389 | WDAPF3CC2F96 | 28332 | 26,844 | 1-31-17 | Modular - Type III |
| 388 | 2014 | Ford | CARE388 | 1GB3G2CL7F11 | 68560 | 26,461 | 1-31-17 | Modular - Type III |
| 387 | 2014 | Ford | CARE387 | 1FDWE3FS3EDB | 20988 | 42,130 | 1-31-17 | Modular - Type III |
| 386 | 2014 | Ford | CARE386 | 1FDWE3FS1EDB | 20987 | 56,714 | 1-31-17 | Modular - Type III |
| 385 | 2015 | Ford | CARE385 | 1FDWE3FS5FDA | 27004 | 47,920 | 1-31-17 | Modular - Type III |
| 384 | 2015 | Ford | CARE384 | 1GB3G2CL8F11 | 85917 | 46,303 | 1-31-17 | Modular - Type III |
| 383 | 2014 | Ford | CARE383 | 1FDXE4FS1EDB | 00149 | 44,102 | 1-31-17 | Modular - Type III |
| 382 | 2015 | Ford | CARE382 | 1FDXE4FS7FDA | 12482 | 41,869 | 1-31-17 | Modular - Type III |
| 381 | 2015 | Ford | CARE381 | 1FDWE3FS3FDA | 27003 | 47,947 | 1-31-17 | Modular - Type III |
| 380 | 2015 | Ford | CARE380 | 1FDWE3FSXFDA | 27001 | 51,755 | 1-31-17 | Modular - Type III |
| 379 | 2015 | Ford | CARE379 | 1FDWE3FS5FDA | 25043 | 53,292 | 1-31-17 | Modular - Type III |
| 378 | 2015 | Ford | CARE378 | 1FDWE3FS1FDA | 18817 | 47,196 | 1-31-17 | Modular - Type III |
| 377 | 2015 | Ford | CARE377 | 1FDWE3FSXFDA | 18816 | 43,450 | 1-31-17 | Modular - Type III |
| 376 | 2015 | Ford | CARE376 | 1FDWE3FS8FDA | 18815 | 47,100 | 1-31-17 | Modular - Type III |
| 375 | 2015 | Ford | CARE375 | 1FDWE3FS1FDA | 27002 | 53,160 | 1-31-17 | Modular - Type III |
| 374 | 2014 | Ford | CARE374 | 1FDWE3FSXEDB | 20986 | 45,480 | 1-31-17 | Modular - Type III |
| 373 | 2014 | Ford | CARE373 | 1FDWE3FS8EDB | 20985 | 46,182 | 1-31-17 | Modular - Type III |
| 372 | 2014 | Ford | CARE372 | 1FDWE3FS6EDB | 06874 | 53,164 | 1-31-17 | Modular - Type III |
| 371 | 2014 | Ford | CARE371 | 1FDWE3FSXEDB | 06845 | 56,043 | 1-31-17 | Modular - Type III |
| 370 | 2014 | Mercedes | CARE370 | WDAPF3CC4E95 | 62459 | 23,411 | 1-31-17 | Sprinter - Type II |
| 369 | 2014 | Chevrolet | CARE369 | 1GB3G2CG8E11 | 28862 | 53,345 | 1-31-17 | Modular - Type III |
| 368 | 2014 | Chevrolet | CARE368 | 1GB3G2CG9E11 | 28806 | 60,784 | 1-31-17 | Modular - Type III |

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| | Year | Model | License Number | Vin Number | Odometer Reading Mileage As Of | | | |
| 367 | 2014 | Chevrolet | CARE367 | 1GB3G2CG8E11 | 27162 | 60,928 | 1-31-17 | Modular - Type III |
| 366 | 2014 | Chevrolet | CARE366 | 1GB3G2CG2E11 | 27433 | 60,668 | 1-31-17 | Modular - Type III |
| 365 | 2014 | Chevrolet | CARE366 | 1GB3G2CG2E11 | 27492 | 55,505 | 1-31-17 | Modular - Type III |
| 364 | 2014 | Ford | CARE364 | 1FDWE3FS7EDB | 06849 | 56,294 | 1-31-17 | Modular - Type III |
| 363 | 2013 | Ford | CARE363 | 1FDWE3FS2DDB | 02786 | 142,121 | 1-31-17 | Modular - Type III |
| 362 | 2013 | Ford | CARE362 | 1FDWE3FS5DDB | 04290 | 79,594 | 1-31-17 | Modular - Type III |
| 361 | 2013 | Ford | CARE361 | 1FDXE4FS5DDA | 08430 | 31,890 | 1-31-17 | Modular - Type III |
| 360 | 2013 | Ford | CARE360 | WD3PE7CC6D57 | 80796 | 35,530 | 1-31-17 | Modular - Type III |
| 359 | 2013 | Ford | CARE359 | WD3PE7CC4D57 | 80795 | 29,852 | 1-31-17 | Modular - Type III |
| 358 | 2013 | Ford | CARE358 | WD3PE7CC6D57 | 78160 | 75,240 | 1-31-17 | Modular - Type III |
| 357 | 2013 | Ford | CARE357 | WD3PE7CC3D57 | 77189 | 67,255 | 1-31-17 | Modular - Type III |
| 356 | 2013 | Ford | CARE356 | WD3PE7CC2D57 | 75563 | 70,021 | 1-31-17 | Modular - Type III |
| 355 | 2013 | Ford | CARE355 | WD3PE7CC0D57 | 75562 | 77,450 | 1-31-17 | Modular - Type III |
| 354 | 2013 | Ford | CARE354 | WD3PE7CC9D57 | 74555 | 65,504 | 1-31-17 | Modular - Type III |
| 353 | 2013 | Ford | CARE353 | WD3PE7CC7D57 | 73470 | 17,809 | 1-31-17 | Modular - Type III |
| 352 | 2013 | Ford | CARE352 | WD3PE7CC2D57 | 72064 | 21,840 | 1-31-17 | Modular - Type III |
| 351 | 2013 | Ford | CARE351 | WD3PE7CC0D57 | 72063 | 54,534 | 1-31-17 | Modular - Type III |
| 350 | 2013 | Ford | CARE350 | WD3PE7CC6D57 | 71127 | 36,286 | 1-31-17 | Modular - Type III |
| 349 | 2013 | Ford | CARE349 | WD3PE7CC4D57 | 71126 | 54,786 | 1-31-17 | Modular - Type III |
| 348 | 2013 | Ford | CARE348 | 1FDXE4FS1DDA | 99583 | 52,132 | 1-31-17 | Modular - Type III |
| 347 | 2013 | Ford | CARE347 | 1FDXE4FSXDDA | 34005 | 85,942 | 1-31-17 | Modular - Type III |
| 345 | 2013 | Ford | CARE345 | 1FDWE3FS6DDA | 74894 | 88,292 | 1-31-17 | Modular - Type III |
| 344 | 2013 | Ford | CARE344 | 1FDSE3FS9DDA | 75165 | 78,288 | 1-31-17 | Modular - Type III |
| 343 | 2013 | Ford | CARE343 | 1FDXE4FSXDDA | 56465 | 96,440 | 1-31-17 | Modular - Type III |
| 342 | 2013 | Ford | CARE342 | 1FDWE3FS8DDA | 74895 | 114,384 | 1-31-17 | Modular - Type III |
| 341 | 2013 | Ford | CARE341 | 1FDWE3FS4DDA | 74893 | 96,465 | 1-31-17 | Modular - Type III |
| 340 | 2013 | Ford | CARE340 | 1FDWE3FS1DDA | 28235 | 104,010 | 1-31-17 | Modular - Type III |
| 339 | 2013 | Ford | CARE339 | 1FDWE3FSXDDA | 28324 | 66,211 | 1-31-17 | Modular - Type III |
| 338 | 2013 | Ford | CARE338 | 1FDWE3FS6DDA | 75169 | 65,576 | 1-31-17 | Modular - Type III |
| 337 | 2013 | Ford | CARE337 | 1FDWE3FS7DDA | 56466 | 93,444 | 1-31-17 | Modular - Type III |
| 336 | 2013 | Ford | CARE336 | 1FDWE3FS2DDA | 74892 | 104,853 | 1-31-17 | Modular - Type III |
| 335 | 2013 | Ford | CARE335 | 1FDWE3FS8DDA | 74895 | 87,287 | 1-31-17 | Modular - Type III |

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| | Year | Model | License Number | Vin Number | | Odometer Reading Mileage As Of | | |
| 334 | 2013 | Ford | CARE334 | 1FDWE3FS7DDA | 56467 | 72,689 | 1-31-17 | Modular - Type III |
| 333 | 2013 | Ford | CARE333 | 1FDWE3FS4DDA | 59097 | 81,056 | 1-31-17 | Modular - Type III |
| 332 | 2013 | Ford | CARE332 | 1FDWE3FS6DDA | 74894 | 81,160 | 1-31-17 | Modular - Type III |
| 331 | 2013 | Ford | CARE331 | 1FDWE3FS9DDA | 56468 | 66,450 | 1-31-17 | Modular - Type III |
| 330 | 2013 | Ford | CARE330 | 1FDWE3FS8DDA | 56465 | 82,348 | 1-31-17 | Modular - Type III |
| 329 | 2013 | Ford | CARE329 | 1FDXE4FS2DDA | 34001 | 98,766 | 1-31-17 | Modular - Type III |
| 328 | 2013 | Ford | CARE328 | 1FDWE35F23HB | 33029 | 97,669 | 1-31-17 | Modular - Type III |
| 327 | 2013 | Ford | CARE327 | 1FDWE3FS4DDA | 28321 | 160,210 | 1-31-17 | Modular - Type III |
| 326 | 2013 | Ford | CARE326 | 1FDWE3FS7DDA | 29480 | 164,724 | 1-31-17 | Modular - Type III |
| 325 | 2013 | Ford | CARE325 | 1FDXE4FS0BDB | 29928 | 127,721 | 1-31-17 | Modular - Type III |
| 324 | 2013 | Mercedes | CARE324 | WD3PE7CC9D57 | 68979 | 74,685 | 1-31-17 | Sprinter - Type II |
| 323 | 2013 | Mercedes | CARE323 | WD3PE7CC5D57 | 68977 | 70,274 | 1-31-17 | Sprinter - Type II |
| 322 | 2013 | Mercedes | CARE322 | WD3PE7CC1D57 | 68975 | 58,644 | 1-31-17 | Sprinter - Type II |
| 321 | 2013 | Mercedes | CARE321 | WD3PE7CC8D57 | 57729 | 67,265 | 1-31-17 | Sprinter - Type II |
| 320 | 2013 | Mercedes | CARE320 | WD3PE7CC9D57 | 58811 | 104,933 | 1-31-17 | Sprinter - Type II |
| 319 | 2013 | Mercedes | CARE319 | WD3PE7CC1D57 | 57720 | 80,404 | 1-31-17 | Sprinter - Type II |
| 318 | 2013 | Mercedes | CARE318 | WD3PE7CC7D57 | 57737 | 74,502 | 1-31-17 | Sprinter - Type II |
| 317 | 2013 | Mercedes | CARE317 | WD3PE7CC2D57 | 57144 | 98,686 | 1-31-17 | Sprinter - Type II |
| 316 | 2013 | Mercedes | CARE316 | WD3PE7CC8D57 | 47234 | 76,848 | 1-31-17 | Sprinter - Type II |
| 314 | 2013 | Mercedes | CARE314 | WD3PE7CC2D57 | 47231 | 103,632 | 1-31-17 | Sprinter - Type II |
| 313 | 2013 | Mercedes | CARE313 | WD3PE7CCXD57 | 47249 | 77,290 | 1-31-17 | Sprinter - Type II |
| 312 | 2013 | Mercedes | CARE312 | WD3PE7CC8D57 | 47248 | 111,323 | 1-31-17 | Sprinter - Type II |
| 311 | 2013 | Mercedes | CARE311 | WD3PE7CC0D57 | 47244 | 79,745 | 1-31-17 | Sprinter - Type II |
| 310 | 2013 | Mercedes | CARE310 | WD3PE7CC5D57 | 47238 | 87,358 | 1-31-17 | Sprinter - Type II |
| 309 | 2013 | Mercedes | CARE309 | WD3PE7CC3D57 | 47237 | 78,432 | 1-31-17 | Sprinter - Type II |
| 308 | 2012 | Mercedes | CARE308 | WD3PE7CC7C56 | 97795 | 79,732 | 1-31-17 | Sprinter - Type II |
| 307 | 2012 | Mercedes | CARE307 | WD3PE7CC7C57 | 00453 | 57,697 | 1-31-17 | Sprinter - Type II |
| 306 | 2012 | Mercedes | CARE306 | WD3PE7CC7C56 | 95609 | 76,525 | 1-31-17 | Sprinter - Type II |
| 305 | 2013 | Ford | CARE305 | 1FDXE4FS1BDB | 27783 | 124,867 | 1-31-17 | Modular - Type III |
| 304 | 2012 | Ford | CARE304 | 1FDWE3FS6CDA | 50416 | 101,259 | 1-31-17 | Modular - Type III |
| 303 | 2012 | Ford | CARE303 | 1FDWE3FSXCDA | 50421 | 180,419 | 1-31-17 | Modular - Type III |
| 302 | 2012 | Ford | CARE302 | 1FDWE3FS2CDA | 50414 | 113,832 | 1-31-17 | Modular - Type III |

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| | Year | Model | License Number | Vin Number | Odometer Reading Mileage As Of | | | |
| 301 | 2012 | Ford | CARE301 | 1FDWE3FS8CDA | 50412 | 94,058 | 1-31-17 | Modular - Type III |
| 300 | 2012 | Ford | CARE300 | 1FDWE3FS4CDA | 50417 | 106,836 | 1-31-17 | Modular - Type III |
| 299 | 2012 | Ford | CARE299 | 1FDWE3FS4CDA | 50415 | 170,388 | 1-31-17 | Modular - Type III |
| 298 | 2013 | Ford | CARE298 | 1FDWE3FS0CDA | 50413 | 115,854 | 1-31-17 | Modular - Type III |
| 297 | 2013 | Ford | CARE297 | 1FDWE3FS3CDA | 42841 | 238,960 | 1-31-17 | Modular - Type III |
| 296 | 2013 | Ford | CARE296 | 1FDWE3FS3CDA | 42838 | 120,650 | 1-31-17 | Modular - Type III |
| 295 | 2013 | Ford | CARE295 | 1FDWE3FS8CDB | 08977 | 118,273 | 1-31-17 | Modular - Type III |
| 294 | 2013 | Ford | CARE294 | 1FDWE3FS6CDB | 08976 | 117,201 | 1-31-17 | Modular - Type III |
| 292 | 2013 | Ford | CARE292 | 1FDWE3FS4CDB | 08974 | 92,535 | 1-31-17 | Modular - Type III |
| 291 | 2012 | Ford | CARE291 | 1FDWE3FS2CDA | 81971 | 150,555 | 1-31-17 | Modular - Type III |
| 290 | 2012 | Ford | CARE290 | 1FDWE3FS0CDA | 81970 | 103,174 | 1-31-17 | Modular - Type III |
| 289 | 2012 | Ford | CARE289 | 1FDWE3FS4CDA | 81969 | 120,720 | 1-31-17 | Modular - Type III |
| 288 | 2012 | Ford | CARE288 | 1FDWE3FS2CDA | 81968 | 113,530 | 1-31-17 | Modular - Type III |
| 287 | 2012 | Ford | CARE287 | 1FDWE3FS0CDA | 81967 | 141,916 | 1-31-17 | Modular - Type III |
| 286 | 2012 | Ford | CARE286 | 1FDWE3FSXCDA | 26264 | 76,751 | 1-31-17 | Modular - Type III |
| 285 | 2012 | Ford | CARE285 | 1FDWE3FS9CDA | 26269 | 118,648 | 1-31-17 | Modular - Type III |
| 284 | 2012 | Ford | CARE284 | 1FDWE3FS7CDA | 26266 | 118,428 | 1-31-17 | Modular - Type III |
| 283 | 2012 | Ford | CARE283 | 1FDWE3FS9CDA | 26272 | 129,596 | 1-31-17 | Modular - Type III |
| 282 | 2012 | Ford | CARE282 | 1FDWE3FS7CDA | 26271 | 108,726 | 1-31-17 | Modular - Type III |
| 281 | 2012 | Ford | CARE281 | 1FDWE3FS5CDA | 26270 | 113,038 | 1-31-17 | Modular - Type III |
| 280 | 2012 | Ford | CARE280 | 1FDWE3FS7CDA | 26268 | 116,406 | 1-31-17 | Modular - Type III |
| 279 | 2012 | Ford | CARE279 | 1FDWE3FS8CDA | 00035 | 162,179 | 1-31-17 | Modular - Type III |
| 278 | 2012 | Ford | CARE278 | 1FDSS3EL3CDA | 62279 | 42,414 | 1-31-17 | Modular - Type III |
| 276 | 2010 | Chevrolet | CARE276 | 1GB3G2CL8B11 | 28031 | 147,302 | 1-31-17 | Modular - Type III |
| 275 | 2010 | Chevrolet | CARE275 | 1GB3G2CL1B11 | 27979 | 153,501 | 1-31-17 | Modular - Type III |
| 274 | 2010 | Chevrolet | CARE274 | 1GB3G2CL8B11 | 27946 | 157,436 | 1-31-17 | Modular - Type III |
| 273 | 2010 | Chevrolet | CARE273 | 1GB3G2CL1B11 | 28209 | 151,074 | 1-31-17 | Modular - Type III |
| 272 | 2010 | Chevrolet | CARE272 | 1GB3G2CL5B11 | 28276 | 161,586 | 1-31-17 | Modular - Type III |
| 271 | 2010 | Chevrolet | CARE271 | 1GB6G2B65A11 | 26132 | 166,730 | 1-31-17 | Modular - Type III |
| 270 | 2010 | Chevrolet | CARE270 | 1GB6G2B64A11 | 25747 | 115,155 | 1-31-17 | Modular - Type III |
| 269 | 2010 | Chevrolet | CARE269 | 1GB6G2B6XA11 | 25445 | 118,034 | 1-31-17 | Modular - Type III |
| 268 | 2010 | Chevrolet | CARE268 | 1GB6G2B67A11 | 25225 | 130,654 | 1-31-17 | Modular - Type III |

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| | Year | Model | License Number | Vin Number | Odometer Reading Mileage As Of | | | |
| 267 | 2010 | Chevrolet | CARE267 | 1GB6G2B67A11 | 24124 | 151,027 | 1-31-17 | Modular - Type III |
| 266 | 2010 | Chevrolet | CARE266 | 1GB6G2B62A11 | 24435 | 172,376 | 1-31-17 | Modular - Type III |
| 265 | 2010 | Chevrolet | CARE265 | 1GB6G2B60A11 | 25180 | 156,402 | 1-31-17 | Modular - Type III |
| 264 | 2010 | Chevrolet | CARE264 | 1GB6G2B65A11 | 25210 | 146,255 | 1-31-17 | Modular - Type III |
| 263 | 2010 | Chevrolet | CARE263 | 1GB6G2B68A11 | 26092 | 180,500 | 1-31-17 | Modular - Type III |
| 262 | 2010 | Chevrolet | CARE262 | 1GB6G2B63A11 | 26128 | 125,125 | 1-31-17 | Modular - Type III |
| 261 | 2010 | Chevrolet | CARE261 | 1GB6G2B66A11 | 25393 | 165,628 | 1-31-17 | Modular - Type III |
| 260 | 2010 | Chevrolet | CARE260 | 1GB6G2B61A11 | 25978 | 144,374 | 1-31-17 | Modular - Type III |
| 259 | 2010 | Chevrolet | CARE259 | 1GB6G2B60A11 | 26054 | 149,324 | 1-31-17 | Modular - Type III |
| 258 | 2010 | Chevrolet | CARE258 | 1GB6G2B65A11 | 25594 | 175,052 | 1-31-17 | Modular - Type III |
| 256 | 2010 | Chevrolet | CARE256 | 1GB6G2B67A11 | 25824 | 133,932 | 1-31-17 | Modular - Type III |
| 255 | 2009 | Chevrolet | CARE255 | 1GBJG3161911 | 73140 | 141,378 | 1-31-17 | Modular - Type III |
| 254 | 2009 | Chevrolet | CARE254 | 1GBJG3165911 | 73982 | 197,740 | 1-31-17 | Modular - Type III |
| 253 | 2009 | Chevrolet | CARE253 | 1GBJG3165911 | 73030 | 224,290 | 1-31-17 | Modular - Type III |
| 252 | 2009 | Chevrolet | CARE252 | 1GBJG3163911 | 73916 | 177,906 | 1-31-17 | Modular - Type III |
| 251 | 2009 | Chevrolet | CARE251 | 1GBJG3162911 | 73082 | 165,644 | 1-31-17 | Modular - Type III |
| 250 | 2009 | Chevrolet | CARE250 | 1GBJG3161911 | 73073 | 201,624 | 1-31-17 | Modular - Type III |
| 249 | 2009 | Chevrolet | CARE249 | 1GBJG3165911 | 73013 | 155,025 | 1-31-17 | Modular - Type III |
| 246 | 2009 | Chevrolet | CARE246 | 1GBJG3163911 | 72295 | 176,235 | 1-31-17 | Modular - Type III |
| 244 | 2009 | Chevrolet | CARE244 | 1GBJG3164911 | 72127 | 224,190 | 1-31-17 | Modular - Type III |
| 243 | 2009 | Chevrolet | CARE243 | 1GBJG3163911 | 71941 | 198,590 | 1-31-17 | Modular - Type III |
| 242 | 2009 | Chevrolet | CARE242 | 1GBJG3162911 | 71865 | 187,890 | 1-31-17 | Modular - Type III |
| 241 | 2009 | Chevrolet | CARE241 | 1GBJG3160911 | 71606 | 204,061 | 1-31-17 | Modular - Type III |
| 239 | 2009 | Chevrolet | CARE239 | 1GBJG3167911 | 14643 | 185,439 | 1-31-17 | Modular - Type III |
| 238 | 2009 | Chevrolet | CARE238 | 1GBJG316X911 | 57647 | 160,578 | 1-31-17 | Modular - Type III |
| 237 | 2009 | Chevrolet | CARE237 | 1GBJG3167911 | 58142 | 161,111 | 1-31-17 | Modular - Type III |
| 236 | 2009 | Chevrolet | CARE236 | 1GBJG3168911 | 54651 | 172,155 | 1-31-17 | Modular - Type III |
| 235 | 2008 | Ford | CARE235 | 1FDXE45P58DB | 32071 | 80,522 | 1-31-17 | Modular - Type III |
| 234 | 2008 | Ford | CARE234 | 1FDXE45P08DB | 29045 | 140,875 | 1-31-17 | Modular - Type III |
| 232 | 2008 | Chevrolet | CARE232 | 1GBJG3167812 | 28463 | 220,223 | 1-31-17 | Modular - Type III |
| 230 | 2008 | Chevrolet | CARE230 | 1GBJG3164812 | 29702 | 203,286 | 1-31-17 | Modular - Type III |
| 226 | 2008 | Chevrolet | CARE226 | 1GBJG316x812 | 33625 | 195,677 | 1-31-17 | Modular - Type III |



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| Unit # | Vehicle Information | | | | | | Vehicle Type | |
|--------|---------------------|-----------|----------------|--------------|--------------------------------|---------|--------------|--------------------|
| | Year | Model | License Number | Vin Number | Odometer Reading Mileage As Of | | | |
| 225 | 2008 | Chevrolet | CARE225 | 1GBJG3168812 | 33302 | 219,893 | 1-31-17 | Modular - Type III |
| 224 | 2008 | Chevrolet | CARE224 | 1GBJG3163812 | 33823 | 200,677 | 1-31-17 | Modular - Type III |
| 220 | 2008 | Chevrolet | CARE220 | 1GBJG3165812 | 31619 | 181,939 | 1-31-17 | Modular - Type III |
| 219 | 2008 | Chevrolet | CARE219 | 1GBJG3165812 | 26257 | 213,039 | 1-31-17 | Modular - Type III |
| 218 | 2008 | Chevrolet | CARE218 | 1GBJG3162812 | 24739 | 210,305 | 1-31-17 | Modular - Type III |
| 217 | 2008 | Chevrolet | CARE217 | 1GBJG3169812 | 25743 | 233,955 | 1-31-17 | Modular - Type III |
| 214 | 2008 | Chevrolet | CARE214 | 1GBJG3160812 | 06885 | 210,189 | 1-31-17 | Modular - Type III |
| 212 | 2008 | Chevrolet | CARE212 | 1GBJG3162812 | 28645 | 220,432 | 1-31-17 | Modular - Type III |
| 210 | 2008 | Chevrolet | CARE210 | 1GBJG3169812 | 07131 | 174,899 | 1-31-17 | Modular - Type III |
| 209 | 2008 | Chevrolet | CARE209 | 1GBJG3164812 | 05979 | 186,534 | 1-31-17 | Modular - Type III |
| 208 | 2007 | Chevrolet | CARE208 | 1GBJG3169712 | 45859 | 180,807 | 1-31-17 | Modular - Type III |
| 207 | 2008 | Ford | CARE207 | 1FDXE45P18DA | 54369 | 110,551 | 1-31-17 | Modular - Type III |
| 203 | 2008 | Chevrolet | CARE203 | 1GBJG316X812 | 14556 | 145,547 | 1-31-17 | Modular - Type III |
| 201 | 2008 | Chevrolet | CARE201 | 1GBJG3165811 | 12260 | 227,363 | 1-31-17 | Modular - Type III |
| 187 | 2007 | Ford | CARE187 | 1FDWE35P37DA | 88124 | 214,761 | 1-31-17 | Modular - Type III |

31. Preventative and Regular Maintenance Program for Vehicles

Describe, in detail, the preventative and regular maintenance program for front line and reserve vehicles. Include average number of miles between services appointments and average turnaround times for front-line and reserve units. Also, include the location where the vehicle specification and maintenance records can be reviewed.

Care Ambulance Service will be responsible for all maintenance of ambulances, support vehicles and on-board equipment used in the performance of its work. All regularly scheduled preventive maintenance is performed at Care’s Braden Court headquarters in Orange. The maintenance facility is 4,800 square feet and offers four (4) garage bays, two (2) 15,000-lb capacity hydraulic lifts and a touch-less car wash.



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All ambulances and equipment are maintained in an excellent manner in accordance with the manufacturers' recommendations. Any ambulance, support vehicle and/or piece of equipment with any deficiency that compromises, or may reasonably compromise its function, is immediately removed from service and replaced. The appearance of ambulances and equipment impact customers' perceptions of the services provided.



An aggressive preventative maintenance schedule keeps ambulances in peak condition.

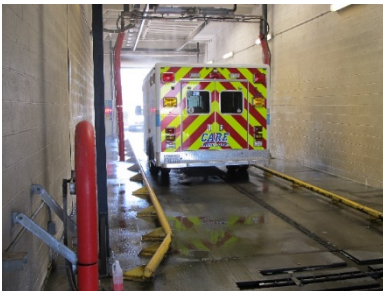
Therefore, any ambulance or piece of equipment that has defects, even significant visible but only cosmetic damage, is removed from service for repair without undue delay.

Care subscribes to the principle underlying aircraft maintenance programs; that is, mechanical failure is predicted to occur, and parts are replaced before actual failure. Our Fleet Manager and Fleet Technicians are tasked with the responsibility to maximize the availability of every vehicle in our fleet, 24 hours a day, 365 days per year. Our maintenance program is designed and conducted to achieve the highest standard of reliability appropriate to a modern high-performance ambulance service by utilizing appropriately trained personnel who are knowledgeable in the maintenance and repair of ambulances; developing and implementing standardized maintenance practices; and incorporating an automated maintenance program record keeping system.

To ensure maximum vehicle and system reliability, our Fleet Manager and Fleet Technicians are empowered to use the highest quality parts and subcontracted services for repairs beyond the scope of our standard preventive maintenance program. Care believes that our fleet care team must have the flexibility to do their job right the first time and must also have the support from our management team to do the job right.



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Care's on-site fleet maintenance facility includes a touchless carwash.

Our Preventative Maintenance Program has several goals. When crews begin their work shifts, any unnecessary time spent preparing a unit for service is essentially unproductive time. Maintaining response-ready vehicles that require minimum crew preparation time before entering the system is not only cost-effective, but substantially enhances morale. We strive to get our field employees quickly into service, so they can focus on their No. 1 priority: Patient care.

Employees have more respect for vehicles and equipment that are clean and well maintained. This has a further effect of enhancing the overall quality and delivery of pre-hospital medical care in the field. Care realizes that a quality fleet care program improves equipment through maintenance and

establishes appropriate relationships between field personnel and mechanical personnel. This relationship is reinforced through regular inspections, accountability, record-keeping and scheduled preventative maintenance.

Vehicle Maintenance Intervals

Care exceeds CAAS and manufacturer maintenance standards. Upon delivery of new vehicles, our fleet team thoroughly inspects each vehicle to ensure that all purchase specifications were met. Information from the inspection then becomes the baseline data to track repair and operating history for each vehicle. Once ambulances are placed into service, the following preventative maintenance schedules are strictly followed, as detailed in the inspection intervals provided below:



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Pre-Shift Inspection

Performed Before Each Shift

- Prior to the start of each shift, our ambulances undergo an inspection of fluids, and tire pressure and system components such as emergency lighting, non-emergency lighting and oxygen systems. Each ambulance is inventoried, restocked, and receives a detailed cleaning and sanitizing. Engine performance, transmission shifting, brake function and overall vehicle ride are checked. Field crews complete the electronic Pre-Shift Vehicle Inspection. If any deficiencies are found, the ambulance is removed from service until corrected.

Schedule A Inspection

Performed Monthly

- Every month, each ambulance in the fleet is inspected by one of Care's fleet mechanics. Each Schedule A inspection includes a checking of all fluid levels (oil, transmission, brake, power steering, coolant and washer reservoir); all tires and shock absorbers are inspected. Any deficiency is corrected before the ambulance is returned to service.

Schedule B Inspection

5,000 Mile Performance Interval

- Every 5,000 miles we thoroughly inspect major system components, including disassembly for visualization and system diagnostics. Batteries are load-tested, oil and filters changed, brakes inspected, fluid replacement, and tires rotated and balanced. These frequent, aggressive checks allow us to identify and resolve potential problems to preclude an in-service failure.

Schedule C Inspection

10,000 Mile Performance Interval

- This begins with a Schedule B Inspection. Highlights of the schedule C Inspection include fuel filter replacement, pitman arm inspection, air cleaner replacement and a detailed electrical system check.

Schedule D Inspection

20,000 Mile Performance Interval

- Added to a Schedule B and C Inspection, the Schedule D Inspection includes several checks such as a complete transmission service, cooling system service and an air conditioning service.



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Minimizing Vehicle Delays/Failures

Care Ambulance considers any vehicle maintenance issue that delays or prohibits a unit from responding to either an emergency or non-emergency request for service to be a “critical failure.” Critical failures can potentially mean the difference between life and death and are considered to be of extreme importance and given the highest priority.



Care Ambulance staff complete annual OC EMS ambulance inspections with the EMS Agency Inspector.

While most equipment or vehicle problems are addressed prospectively with our maintenance program, occasional equipment failures are inevitable.

Recognizing this, Care has developed a mechanical failure quality improvement loop to address failures for equipment and vehicles as part of our continuous quality improvement (CQI) plan.

When a mechanic identifies a problem, it is repaired immediately, and the problem is documented via an

electronic work order. The work order and a verbal report are submitted to the Fleet Manager. When field staff discovers a problem, the Fleet Manager and Communication Center staff is notified immediately. The ambulance is removed from service and another unit is assigned. An equipment failure report is completed by the crew and forwarded to the Fleet Manager for repair scheduling. This electronic form includes details related to mechanical and vehicle critical failures. The form provides information regarding how the vehicle/equipment was operating just prior to the incident, what happened, resolution documentation, and confirmation that the vehicle/equipment has been repaired and is once again operational.

The electronic form is immediately forwarded to the Fleet Manager who takes the necessary steps to evaluate the unit. The Fleet Manager determines if the nature of the failure can be



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repaired by Care’s internal Fleet Maintenance Department or whether the repair needs to be outsourced. If a repair can be made locally, the maintenance department repairs or replaces the affected parts and tests the ambulance or equipment to ensure it functions correctly. If the repair must be outsourced, the Fleet Manager will contact the appropriate vendor and ship the vehicle/equipment to the vendor for repairs.

Upon repair of the vehicle/equipment, the Fleet Manager conducts a series of tests to try and replicate the problem. If the vehicle/equipment works correctly and the failure cannot be replicated, then the vehicle/equipment is returned to service.

Once a unit is repaired and available, the Fleet Manager and Communication Center staff is alerted. The work order is entered into maintenance records and the operation’s department notified. The fleet maintenance staff also informs the field staff member that discovered the problems of the completed repairs. This is communicated directly or through company email. The mechanical failure Continuous Quality Improvement (CQI) loop informs staff on the status of repairs. This encourages employees to actively participate in spotting and resolving problems, assured that their efforts are neither wasted, nor ignored.



Care’s leadership team has worked hard to instill a sense of pride in operating clean and well-maintained vehicles and equipment.

Equipment Maintenance & Replacement Practices

Care’s business practice is to maintain all equipment per the manufacturer’s maintenance or inspection recommendations and to closely monitor the adherence to these timelines. The ePro software provides assistance in the coordination and scheduling of such preventative maintenance. Key dates are entered into the software regarding maintenance schedules for fixed or mobile assets. On a weekly basis, Care runs a report for the upcoming week to



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identify those assets that have maintenance or an inspection pending and the asset will be routed back to the central supply warehouse.

Care maintains service agreements with equipment manufacturers, who perform regularly scheduled maintenance and inspections on durable medical equipment. Equipment is replaced before it reaches the end of its life, based upon manufacturer recommendations, or at any time before the end of its expected lifecycle if it is deemed to be unsafe or beyond repair. Our Fleet and Supply personnel monitor for recall notifications, regularly communicate with equipment supplier representatives, and budget on an annual basis for equipment replacement costs.

Maintenance Record Keeping System

Care uses the ePro Fleet Comprehensive Fleet Management Toolset to manage vehicle maintenance schedules, repairs and maintenance costs. Having an accurate awareness of how valuable vehicle hours and resources are spent can be complex and time-consuming. ePro Fleet's automated maintenance record system simplifies this task. Its user friendly interface makes it easy to track fuel usage and maintenance costs, and automatically keeps track of preventive maintenance schedules based on miles or engine hours. Employees can easily report problems from the field and receive feedback as issues are resolved. Detailed reporting dashboards enable us to track operating costs per vehicle down to the mile. Features include, but are not limited to:



- Preventive maintenance alerts by mileage & engine hours
- Online problem reporting from crews



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- Detailed work tickets & task tracking
- Custom vehicle check-sheets
- Detailed maintenance cost reporting
- Fuel consumption & cost reporting

All vehicle records are maintained for the life of every vehicles and will be available for inspection by the City at any time at the company's Orange headquarters on Braden Court.

AFFIRMATION OF VEHICLE REQUIREMENTS



With regards to specific RFP vehicle requirements:

1. Care Ambulance has specified in our proposal the ambulance types, make, and mileage for all primary responding units and reserve units.
2. The four (4) dedicated full-time ambulances shall be dedicated solely to the City of Garden Grove and display City of Garden Grove branding. They shall not be subject to every day coverage for other agencies or internal private use, except as granted by the sole discretion of the Fire Chief.
3. The amount, type and specifications of vehicles included in Care's proposal shall be maintained throughout the life and term of any Agreement.
4. The ambulances must be equipped with 800 MHZ radios with encryption capability (on board and/or portable), navigation system, Automatic Vehicle locator System (AVL) hardware and software (GPS system) that interfaces with Metro Net.
5. All four dedicated ambulances shall meet or exceed the requirements of the California Highway Patrol, the Department of Transportation, OCEMSA and NFPA 1917.



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6. Care Ambulance has specified in our proposal the unit designation of the front line and reserve ambulances to be used in the City, the total number of ambulances that will be on duty during any given time of the day or night and Care commits to maintain that number and type of vehicles throughout the term of the Agreement.
7. All primary responding ambulances and reserve ambulances shall maintain a standard inventory of supplies and equipment.
8. Care Ambulance has described its driver-training program to prepare and maintain safe operations of our ambulances.
9. Care Ambulance has enumerated the status of the maintenance records of ambulances intended for use in the City, their availability for review, and commits to the maintenance of such records throughout the term of an Agreement. All ambulances shall be maintained in accordance to those schedules and records.
10. Disruption in service due to failure of ambulance maintenance shall be considered a “major breach” and shall be cause for immediate Agreement cancellation.
11. Any vehicle or equipment that has become unreliable due to mechanical failure shall be immediately replaced by Care Ambulance with a vehicle or equipment that meets the standards as enumerated herein.
12. Care Ambulance has specified in our proposal the vehicle maintenance and replacement schedules. Such schedules will be based upon total miles.



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G. PERSONNEL TRAINING AND RECORDS

32. Equal Employment Opportunity

Proposal shall include evidence of company adherence to Equal Opportunity Employment standards and policies.

Care Ambulance Service provides equal opportunity in all employment practices.

Employment decisions and actions occur without regard to an employee's or candidate's race, color, religion, gender, national origin, age, disability, marital status, military or veteran status, genetic information, sexual orientation, gender identity, gender expression, or any other category protected by federal,

state and local laws. This policy applies to all aspects of the employment relationship, including recruitment, hiring, compensation, promotion, transfer, disciplinary action and/or termination, layoff, return from layoff, leave of absence/return, and training. All such employment decisions are made without unlawfully discriminating on any prohibited basis. Care also maintains an Affirmative Action Plan. We consider it our responsibility to ensure equal employment by auditing and reporting systems meant to measure our progress toward achieving a workforce that is absent of discrimination.



Personnel Training & Records Highlights

- Care Ambulance provides Equal Employment Opportunity & Maintains an Affirmative Action Plan
- Care Provides the Region's most Comprehensive New Employee & Continuing Education Programs
- Expectations are Clearly Delineated & Communicated in Policies & Procedures
- Care Maintains Strict Screening & Employment Standards

PROPOSAL TO PROVIDE AMBULANCE TRANSPORTATION & BILLING SERVICES



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Provided below is evidence of our commitment to maintaining equal employment opportunity and workforce diversity. The report was run January 25, 2017.

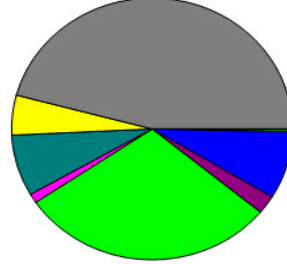
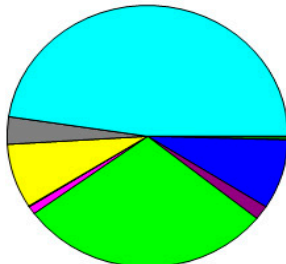
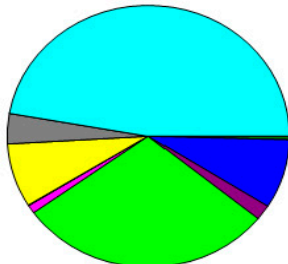
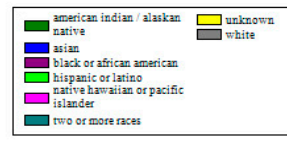
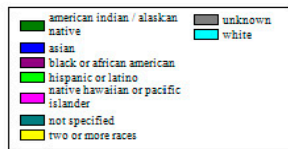
EEO Headcount

Care Ambulance Service Inc (B2661)

Page 1 of 1

| Class | Title | Employees | Male | | | | | | | Female | | | | | | | |
|-------|-------------------------------|-----------|-------|-----|-----|-----|----|-----|-----|--------|-----|----|-----|----|-----|-----|----|
| | | | W | B | H | A | I | N/H | T | W | B | H | A | I | N/H | T | |
| 11 | Exec/Senior Level Officials & | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12 | First/Mid-Level Officials & | 51 | 29 | 1 | 11 | 1 | 1 | 0 | 1 | 5 | 0 | 1 | 1 | 0 | 0 | 0 | |
| 2 | Professionals | 28 | 9 | 0 | 1 | 3 | 0 | 1 | 1 | 9 | 0 | 0 | 2 | 0 | 0 | 0 | |
| 3 | Technicians | 967 | 376 | 15 | 244 | 72 | 3 | 8 | 69 | 77 | 1 | 38 | 11 | 0 | 1 | 17 | |
| 5 | Administrative Support | 119 | 12 | 0 | 7 | 3 | 0 | 0 | 1 | 30 | 5 | 39 | 8 | 1 | 2 | 3 | |
| 6 | Craft Workers | 7 | 4 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7 | Operatives | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8 | Laborers and Helpers | 4 | 2 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total | | | Male | | | | | | | Female | | | | | | | |
| | Male | Female | Total | W | B | H | A | I | N/H | T | W | B | H | A | I | N/H | T |
| | 916 | 264 | 1180 | 436 | 16 | 267 | 79 | 4 | 9 | 73 | 121 | 6 | 78 | 22 | 1 | 3 | 20 |
| | 78% | 22% | | 48% | 2% | 29% | 9% | 0% | 1% | 8% | 46% | 2% | 30% | 8% | 0% | 1% | 8% |

* KEY: (W) = White; (B) = Black or African American; (H) = Hispanic or Latino; (A) = Asian; (I) = Indian; (N/H) = Native Hawaiian/Pacific Islander; (T) = Two Or More Races





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33. New Employee Training and Continuing Education Programs

Describe the Proposer's current programs utilized for training of new employees and for the continuing education of existing employees. Include the location of training records. Training records (Driver, Substance Abuse and EMT) may be requested for review.

A private ambulance service's new employee orientation, ongoing education and in-service training programs prove essential to ensuring quality. We believe Care Ambulance offers the most comprehensive training among private providers. All training records are maintained at Care Ambulance's Braden Court headquarters and will be available to the City upon request for review.

Care's in-service training program far exceeds Orange County EMSA requirements and is one of the most comprehensive programs offered by any ambulance service in Orange County. We also conduct extensive screening/hiring processes to ensure the highest quality new hires. The process requires applicants to successfully pass an EMT-basic written examination, skills examination, oral interview, pre-employment physical and drug screen, and a background check. Only those applicants who successfully pass all portions of the screening and employment process are offered positions.



Care employees attended Critical Incident Stress Management (CISM) training in December to help decrease the impact of responding to traumatic events.

After the extensive hiring process, Care provides employees with extensive education and training to ensure that the highest level of patient care and service are delivered to every customer, including our fire agency partners.



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Orientation to Care's Policies & Procedures

Because a new employee's most important learning takes place, and good work habits develop, during the formal training process, Care uses a 120-hour organized structure and rigid training format. Orientation begins on the first day of employment and ends when scheduled, without interruption. The orientation program is taught by our Training Manager and instructors, who maintain written documentation throughout the process.

The first week of training is spent in Care's classroom and provides a 360-degree introduction to the organization, covering of all aspects of Care's policies and procedures, ranging from compensation and benefits to clinical excellence. Course content is customized based upon the position; however, there are core policy and procedure classes that everyone attends. Standardized topics/activities include:

- Overview of Care Ambulance Service, Falck USA and Falck A/S
- Introduction of local, regional and corporate staff
- Completion of mandated forms, issuance of employee policy manuals and handbooks, explanation of benefits, anti-harassment training
- Customer Service Training
- Patient Lifting and Movement
- Gurney Operations
- Introduction to ePro+ scheduling, timekeeping procedures, messaging, etc.
- N95 Respirator Fit Testing for all field employees
- Corporate Compliance Training regarding HIPAA/OIG Compliance
- Introduction to Orange County EMS System
- Review of Orange County / Accreditation Protocols
- Introduction to Electronic Medical Records Software / Documentation Standards
- Review of Radio Communication Procedures



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- Mapping and overview of response areas / zones
- Daily Vehicle Check, Request for Maintenance, Supply Replacement
- Blood borne Pathogen / Infection Control / PPE Training
- Critical Incident Stress Management
- Patient Restraints
- Overview of Clinical Quality Assurance / Improvement
- Review of ICS/NIMS Structure (supplement to ICS courses)
- Hazardous Materials
- Remediation / Supplemental Training

During the next phase of the orientation process, the new EMT is assigned to a Field Training Officer (FTO) and rides as a third person in an ambulance. Basic skills are reviewed and tested. Training is continued until the EMT is deemed able to function as a primary partner. Below, we address in greater detail orientation and on-going preparedness training.

Employee Policy and Procedure Manuals

As a CAAS-accredited emergency ambulance provider, Care maintains a CAAS-approved Policy and Procedure Manual and separate Employee Handbook. During the first week of new employee orientation, all employees receive area-specific training related to Care's policies and procedures.

The Employee Handbook welcomes each new employee to Care Ambulance and provides an introduction to Care's Mission, Vision and Values (expressed as We Care), and an overview of Care's employment practices. The Employee Handbook discusses





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Care's on-the-job expectations, safety procedures, employee benefits, compensation and corporate compliance. Each employee is provided their own copy of the handbook and must sign an acknowledgment that they have received specific training related to the handbook.

Care's policy and procedure manual contains policies for ambulance company operations. We have specific sections for administration, EMT and CCT operations, finance and communications. Within our policy and procedure manuals are subsections which include the Safety Manual, Infection Control Manual and Aerosol Transmissible Disease Exposure Control Manual and Compliance Manuals.

Copies of Care's policy and procedures manuals are also kept online on Care Ambulance's network and are immediately available to all field staff employees through our ambulance ePCR computer tablets. (Copies of Care's specific manuals are available to the City at any time upon request.)

EMS System overview and EMS policies & procedures

Care is an approved County of Orange Health Care Agency Continuing Education (CE) Provider and is authorized by the OC EMS Agency to teach and certify EMTs in Orange County EMS Accreditation. Care teaches the Orange County EMS Accreditation to each new EMT employee and provides for their required certification.

The Orange County EMS Accreditation course is taught during the first week of new employee orientation and consists of 4 hours of documented training and actual skill verification. Training includes an Orange County EMS system overview with specific details on how the Orange County EMS system varies from adjacent County EMS systems. Training also covers EMS policies and procedures for Orange County with emphasis on the following components of the OC EMS Systems.



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Care's Orange County EMS system overview and OC EMS policy and procedure (Accreditation) course includes the following specific training:

- Review of OC EMS patient transport policies and treatment guidelines, including patient destination and Specialty ED Receiving Centers
- ALS set up procedures
- 12-lead ECG lead placement
- Monitor, maintain and adjust specific IV fluids, including:
 - Total Parenteral Nutrition (TPN)
 - Folic Acid
 - Thiamine
 - Multivitamins
 - Antibiotic, Antifungal or Antiviral agents
- Transfer of patients who have any of the following:
 - Nasogastric tubes
 - Gastrostomy tubes
 - Heparin locks
 - Hemodialysis shunts
 - Long-term central venous lines
 - Colostomy bags
 - Urostomy bags
 - Foley catheters
 - Feeding tubes



Policies and Care Ambulance's expectations regarding professional behavior are thoroughly covered during orientation.



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- Assisting with blood glucose determination
- Transport of patients with Fentanyl patches, Nitrobid, nitroglycerine patches or nitroglycerine paste
- Transport of patient with subcutaneous or intravenous implanted or external patient operated infusion pumps
- EMT skill verification station demonstration
- Tourniquet usage

Radio Communications

Care Ambulance understands the importance of vital radio communications and trains to ensure all employees always follow proper radio procedures. As the first ambulance provider in Orange County to participate in the County 800 MHz radio system, Care Ambulance worked cooperatively with members of the Orange County Sheriff's Communication staff to develop a training plan for approved ambulance providers.

Care Ambulance continues to utilize the training plan for the on-going training of new EMTs and dispatchers. The training plan covers areas of responsibility and radio operational procedures. Radio call procedures are discussed, and a typical radio transmission template is provided for each employee.

In addition, Care Ambulance has developed our own "Quick Guide" to 800 MHz radio operations. Using the format of a reference guide, we provide our employees with clear examples of how to properly communicate with the Orange County Fire Authority and Metro Net Fire Dispatch Centers.

In addition to Care's formal radio communications training, Care Ambulance takes the opportunity every quarter to participate in the County's assigned Med-9 testing plan. We



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use the quarterly Med-9 testing plan to ensure that our EMTs and dispatchers are familiar with radio communications procedures for communicating with the Orange County Sheriff's Communication Center (OCC) while simultaneously ensuring that each of our radios functions properly. We take great pride in our efforts alongside Orange County EMS staff to ensure that we provide effective radio communications.

Map Reading Skills

Fast and accurate map reading is essential to any timely ambulance response. To accomplish this, Care Ambulance heavily invests in digital mapping technology. Each ambulance in Care's fleet is equipped with a Garmin in-vehicle routing system and electronic mapping device. We developed our own custom software interface to link our Computer Aided Dispatch (CAD) computer to each ambulance in the field. The CAD geo-locates the address or location of each ambulance response, and then automatically transmits that information to the responding unit's Garmin electronic map. The Garmin then automatically displays the fastest route to the call for service using turn-by-turn directions and real-time traffic updates. This software solution has been so successful that Care Ambulance has allowed our software vendor to offer this solution to other police, fire and ambulance providers across the United States.



In the event the call for service does not automatically locate, EMT crews can still manually enter the address in the Garmin system for specific routing.

While mapping technology is certainly an excellent tool to ensure accurate routing to any call for service, there is still the possibility it can fail. For that reason, we also spend a great deal of training time dedicated to map reading skills, specifically to reading a Thomas Brothers' map and District Maps created for individual jurisdictions. New



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employees are taught how to locate key area landmarks and specific routes to area hospitals using the mapping grid system of rows and columns. Employees listen to a training lecture and then participate in several written exercises to verify their mapping skills.

Ambulance / Equipment Utilization & Maintenance

Psychomotor learning is the relationship between cognitive functions and physical movement. Proper training for ambulance and equipment utilization involves using both a motor and psychological component. These are skills that an EMT must be able to



Operations Manager Jerry Melendrez welcomes a class of new-hire EMTs to the Care ranks in 2016.

perform without having to think about how to perform the skill. Care Ambulance recognizes the importance of psychomotor learning and incorporates the National Registry of Emergency Medical Technicians (EMT) Basic skills sheets into our classroom environment for New Employee and Refresher Training.

In order to achieve a psychomotor learning environment, Care delivers a combination of traditional ambulance and equipment lectures with a practical hands-on experience. Specific ambulance and equipment utilization skills covered include:

- Safe patient handling and gurney operations
- Bleeding control and tourniquet administration
- BVM use
- AED deployment



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- Spinal backboard immobilization device and cervical collar usage
- KED use
- Pediatric restraint device usage
- Oxygen administration and oxygen adjuncts

Our New Employee Orientation program also covers daily equipment and vehicle inspection processes and documentation requirements.

Customer Service Training

Care Ambulance provides ongoing orientation and education related to customer service expectations, performance improvement and the billing and reimbursement process through a variety of venues, described in detail below. We will provide these programs throughout the contract term.

Annual Mandatory Training

Annual Mandatory Training is a requirement for all Care field employees. Topics such as customer service, billing and reimbursement, quality assurance / quality improvement, blood borne pathogens/infection control and patient care documentation are covered. Continuing education (CE) credit is given for those subjects that meet the criteria for CE approval. Employees who fail to attend annual mandatory training are removed from the employee schedule until the training is successfully completed.

Tailboard Training

Tailboard training is a written informative bulletin that is distributed to field personnel on a regular basis. It is distributed on-line as a required read to all employee via email and is stored on-line for reference. It is designed to be a quick, easy read. The Tailboard Training proves effective for addressing current issues of interest, including orientation



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and education related to customer service expectations, performance improvement and the billing and reimbursement processes.

We're Talking Training Video Series



This is Care's newest medium for communicating with employees and providing useful orientation and education materials. Care's training staff, working in concert with Care's QA/QI Department and the Medical Director, identifies areas for training improvement. Once an area for improvement is identified, a short training video is created on the subject. In the past, we have identified specific areas related to customer service expectations, performance improvement and the billing and reimbursement process. The "We're Talking Training" video is distributed on-line as a "required read" to all employee and is stored on-line for reference.

In-Service Training and Continuing Education Policies/Program

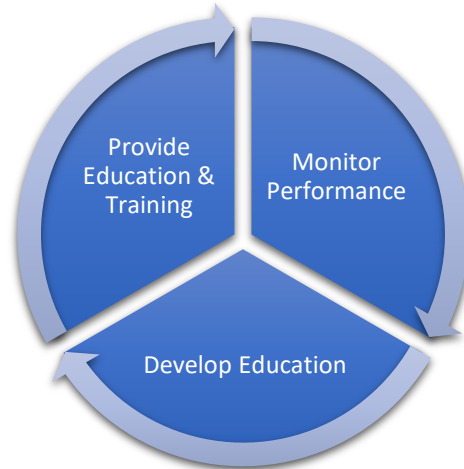
Care Ambulance Service has always had a commitment to and a reputation for service excellence. We firmly believe that our history of service excellence can be attributed to the Care Ambulance philosophy that employees are our most important asset. We treat employees as valuable customers and give them the tools to be successful. These tools include training and education, and we equip the employee to provide exceptional service to external customers.

Care offers a variety of in-house, no-cost in-service training programs, including on-line Continuing Education and In-Service training. We have our own state-of-the-art 3,000-square-ft. classroom, equipped for audio and digital presentations, with ample room for practical hands-on EMS training.



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We offer our field personnel ample opportunity on rotating schedules to meet or exceed Orange County EMS and State of California continuing education (CE) requirements. Care's in-service and CE programs comply with OCEMS and training requirements, and Care Ambulance is approved to provide CE units.



Care's EMT Training Manager, Gerardo Melendrez, is responsible for developing and overseeing our in-house EMT training program. Gerardo is an experienced EMT with more than 20 years of field experience. He has completed the EMS Educators Instructor's Course and has his California teaching credential. He coordinates all in-house training with a team of 20 different educators; each qualified to teach multiple subjects. Care's in-house educators are truly subject matter experts, providing expert training in Emergency Vehicle Operations, CPR and AED Usage, EMT Skills Instruction and Verification, Blood and Air Borne Pathogens, Incident Command Systems, and Hazardous Material Awareness, just to name a few. Many of Care's instructors have completed the National EMS Educators Instructor's Course or the State Fire Marshall Instructor 1a and 1b training certification programs.

On-Line Education

Care Ambulance pays for every field employee to be enrolled in the "Medic CE" on-line education program.



The program is explained to employees during the New Employee Orientation. Each employee is given their personal password to access the program. Medic-CE's EMS continuing education courses are prepared by physicians,



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paramedics and EMTs committed to educating other EMS professionals and are approved by the National Registry of EMTs (NREMT) for continuing education credits. Medic CE courses are also approved in the State of California and accepted in every county in California.

Medic CE offers classes with training concentrations in the following specific areas:

- Airway Management and Ventilation
- Medical Courses
- EMS Operations
- Patient Assessment
- Pediatrics
- Preparatory Courses
- Special Considerations, and
- Trauma

Care works cooperatively with our system partners to develop CE opportunities that truly meet the system's needs. Our continuing education program is fully integrated into Care's QA/QI process, and both individual and system-wide education is provided to promote skills competency as well as to address any identified weaknesses based upon customer feedback or QA/QI audits.

EMT Skills Competency Verification

Care Ambulance is authorized by the Orange County EMS Agency to provide State of California and EMT Skills Competency Verification. Care offers this testing program eight (8) times monthly. Testing sessions are open to all Care EMTs and EMTs from other providers or agencies. EMT Skills Competency stations include:



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- Patient examination, trauma patient
- Patient examination, medical patient
- Airway emergencies, NP/OP airways and suctioning
- Breathing emergencies, BVM, O₂ administration
- AED and CPR
- Circulatory emergencies, bleeding control and shock management
- Neurological emergencies
- Soft tissue injuries
- Musculoskeletal injuries, splinting, traction splint and KED usage
- Obstetrical emergencies, delivery, assessment and complications

In addition to in-house clinical education and skills verification, continuing education is provided via a variety of avenues, as summarized in the following table. All regularly scheduled in-house continuing education classes are open at no-cost to other EMTs and EMS partners. We will work with our partners to develop a convenient method of communicating upcoming course offerings on a regular basis.

| CARE CONTINUING EDUCATION OVERVIEW | |
|--------------------------------------|--|
| CONTINUING EDUCATION PROGRAM | DESCRIPTION |
| Driver Training | Mandatory annual refresher. Certified Emergency Vehicle Operator (CEVO III). Covers Road Safety vehicle monitoring. |
| In-House Continuing Education | Provided on a regular, rotating basis to accommodate shift schedules. Sufficient to meet or exceed all credentialing requirements. |



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| | |
|--|---|
| | <p>Open at <i>no cost</i> to all system partners. Continuing education classes are offered on a variety of subjects. Subjects such as Basic ECG Rhythm Recognition, Pharmacology, and Terrorism Awareness and Response are popular.</p> |
| On-Line Education | <p>Care provides Web-based training on a number of specialty topics.</p> |
| Annual Mandatory Training | <p>Annual Mandatory Training is a requirement for all field employees. Topics such as Blood and Airborne Pathogens, Emergency Vehicle Operations, Customer Service, Incident Command System, Hazardous Materials, and Patient Care Documentation are covered. Topics that are discussed in the QI Committee are also instructed during this time. Continuing Education credit is given for those subjects that meet the criteria for CE approval. Other mandatory training topics include Compliance and HIPAA.</p> |
| Orange County EMS System Training | <p>Mandatory upon hire.</p> |
| Field Training Officer Meetings | <p>Field Training Officer Meetings are held on a monthly basis. This is an opportunity to meet with all Training Officers at the same time. Each meeting has an agenda and an educational component. Field Training Officers can then share information with field employees.</p> |
| Tailboard Training | <p>This is a written informative training update that is distributed to field personnel on a regular basis. It is designed to be a quick,</p> |



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| | |
|--|--|
| | <p>easy read. The Tailboard Training is very effective for addressing current issues of interest and reinforcing safety practices.</p> |
| <p>“Real-Time” QI</p> | <p>Care leverages FirstWatch and FirstPass to monitor in near real-time specific critical clinical indicators. Should the ePCR document something that falls outside the expected norm, the Field Supervisor or QA/QI Manager will receive a real-time alert, so that they may respond to the scene or follow-up with the field provider that same day, while the call is still fresh, to discuss the circumstances and provide further education, if warranted.</p> |
| <p>Individual or Remedial Education</p> | <p>Individual education may be provided to strengthen an individual’s skills or knowledge in specific areas. Tools such as an Improvement Action Plan or provider-specific call monitoring via FirstPass are utilized.</p> |
| <p>Conference Attendance</p> | <p>Operations and Training personnel frequently attend EMS conferences. Any personnel that attend conferences are required to share information that was learned with other employees. Information can be shared in Annual Mandatory Training, Continuing Education Classes, Employee Company Meetings, Tailboard Training, or in small informal settings with employees.</p> |
| <p>Management Development</p> | <p>Managers and supervisors attend professional conferences and local training sessions. Some local training is facilitated by public providers or hospitals. Managers and supervisors also</p> |



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| | |
|---|---|
| | participate in an “Article Review” process where staff read a selected industry article or research study and meet to discuss its contents. |
| Local and Regional MCI, Disaster and WMD Exercises | Care participates in all available local and regional tabletop training and multi-agency exercises. |

Targeted Education to Address Local System Needs

Care takes pride in customizing education solutions specific to our EMTs and EMS system’s needs. We will utilize cutting-edge information systems, such as FirstWatch, Image Trend Elite ePCR and proprietary data systems, to monitor our performance on a 24/7 basis. Educational programs will be specifically coordinated with our QA/QI Manager to ensure we’re actually providing education that addresses specific weaknesses identified through the monitoring process. We also welcome feedback from our Garden Grove Fire Department partners to ensure our training is addressing any specific issues the department has identified.

Expanded Content of Training Program Offerings

In addition to providing continuing education programs that exceed the minimum requirements, Care offers expanded content in the following areas:

ALS/CCT Assist Course



Care provides an innovative ALS/CCT Assist course specifically designed to familiarize EMTs with ALS/CCT skills and equipment to help prepare them to

be better partners in the field. Content covers:

- Transport ventilator;



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- IV and IO therapy;
- Cardiac monitoring and manual defibrillation;
- Medication administration;
- and
- Intra-Aortic Balloon Pump safe handling.



Care’s specialized ALS/CCT Assist training for EMTs prepares them to be better partners in the field.

The program is both lecture-based and hands-on, including several skills stations (ECG acquisition, vent & IV pump setup).

Expanded ICS, WMD & CBRNE Training

Care’s staff is better prepared to assist our first responder partners and other agencies through enhanced ICS, WMD and CBRNE training that exceed RFP requirements, as detailed below:

| EMT | FIELD SUPERVISORS & OPERATIONS MANAGER |
|--|---|
| <ul style="list-style-type: none"> • ICS 100 • IS-700 NIMS • AWR-160 (WMD Awareness) • AWR-111 (EMS Concepts for CBRNE Events) | <ul style="list-style-type: none"> • ICS 100 • ICS 200 • ICS 300 • IS-700 NIMS • IS-800 NIMS • AWR-160 (WMD Awareness) • AWR-111 (EMS Concepts for CBRNE Events) |



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Ambulance Service Manager Program (ASM)



Care Ambulance sends frontline supervisory staff through the Ambulance Services Management training sponsored by Fitch & Associates and The Management Training Institute of the American Ambulance Association. The program is designed for aspiring, new and



experienced managers who wish to develop their leadership competencies and sharpen essential management skills. The ASM program is a certification course that provides a broad foundational curriculum, matching cutting-edge management theory with real-life practical applications.

Six Sigma Training



Care Ambulance has embraced the philosophy of Six Sigma and uses those processes to improve the quality of our services by identifying and removing the causes of service issues. We use a set of quality management methods, including statistical methods, and have created a special infrastructure of people within our organization, known as “Champions” (Black belts, Green Belts, Yellow Belts) who are experts in these methods. To date, Care Ambulance has more than 50 employees qualified as Yellow Belts, 23 employees qualified as Green Belts and 6 Black Belt qualified employees.

International Educational Experiences



Care’s parent company, Falck A/S, is the world’s largest provider of ambulance services. With operations in 44 countries, Falck affords the unique opportunity for EMTs and paramedics, as



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well as leadership personnel, to share in training and participate in practical internships within the international organization. Care has hosted colleagues from Denmark who “interned” in the United States and traveled to several operations throughout the country to learn about how EMS systems operate in America. Several members of our leadership team have also traveled to Denmark to observe and learn from their European colleagues. These educational experiences enable us to bring fresh perspective to our local operation.



As the world’s largest international ambulance service provider, Care’s parent company, Falck A/S, offers unprecedented opportunities for EMS staff to participate in international internships and training.

Training Support for System Partners

Care strives to be a supportive system partner and has a history of providing our training center for use at no cost to local agencies. Local agencies who utilize our Training facilities include the following:

- Orange County EMS Agency – EMS Week / No Fear Conference
- Orange County Health Care Agency
- Safe Kids Coalition
- Orange Police Department
- California Highway Patrol
- Local Area SWAT team
- Orange County Sheriff’s Department Search and Rescue
- Association of California Cities – Orange County



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Multi-Casualty Incident (MCI) Training

As the largest provider of emergency (9-1-1) ambulance services in Orange County, Care Ambulance Service responds to more than 200,000 calls annually. Many of our calls are routine responses, but multiple times each week we respond to multi-casualty incidents (MCIs). Our extensive real-world experience has taught us that MCI training reflects how well we respond to actual MCIs. For that reason, Care incorporates MCI and disaster training into all areas of our operations and within all departments in our company.



Care Ambulance EMTs Monica Jeong and Luis Lemus recently participated in an active shooter drill.

All of Care's new hire EMTs receive MCI and Incident Command Systems (ICS) training at the time of their new hire orientation. All Care employees are certified at the ICS-100 level and receive additional MCI training in Hazardous Materials Awareness training. This training is continued for Care's Operations Managers / Field Supervisors, who receive additional MCI training in the following classes:

- Incident Command Systems – ICS-200 – Basic ICS
- Incident Command Systems – ICS-300 – Intermediate ICS
- IS-700a – National Incident Management System (NIMS) Resource Management
- IS-800b – National Response Framework (NRF)
- AWR-160 (WMD Awareness)
- AWR-111 (EMS Concepts for CBRNE Events)



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- First Responder Awareness and Operations Course
- Ambulance Strike Team Leader

Care's Orange County and LA County Operational Division Managers and Director of Operations receive additional MCI training at the following levels:

- ICS-400
- Medical Unit Leader
- ICS-100 and ICS-200 Instructor
- Ambulance Strike Team (AST) Leader Instructor

In addition to classroom education, Care Ambulance takes every opportunity to exercise our operational MCI plans in local coordinated exercises and drills. Often, members of Care's operational team participate in MCI drill planning or act as evaluators during drills. When not working with other first responder or hospital partners on MCI training, Care also conducts our own annual MCI / disaster drills. These internal drills involve complete company training and drill participation.

Whether we are training with other EMS responders, hospital partners or simply with Care employees, Care regularly responds to and trains for our role in MCI responses.

Emergency Vehicle Driver Program

Care's comprehensive in-house emergency vehicle driver program includes the "Emergency Vehicle Operator Course National Standard Curriculum" and "Coaching the Emergency Vehicle Operator" courses. These programs provide the necessary classroom instruction, competency field training, and testing for new and existing drivers. Our program verifies proficiency in the understanding of emergency vehicle driving, as well as the practical application of that knowledge.



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Care's driver training program is taught by our own Safety Manager, Sergio Montoya. Sergio has been an EMT for 23 years and is a credentialed driver training expert. Care's driver's training program has become so successful that it has been adopted by some local area fire departments and ambulance providers.

Care's driver training program exceeds the performance standards established for the ambulance industry by the National Highway Traffic Safety Administration, Department of Transportation (NHTSA DOT), the National Commission on the Accreditation of Ambulance Services (CAAS), the California State Department of Motor Vehicles and the California Highway Patrol.

I wish I knew the name of the person driving your unit #335, yesterday, June 29, 2014 at 3:25 pm in Orange County, on the 405 freeway heading North (where 405 meets the 22 freeway). This person is an excellent driver. After the ambulance driver signaled and began entering the lane another driver cut from 2 lane over into the same lane the ambulance had already entered between the ambulance and another car. (The car was going about ~90 MPH) The ambulance driver held the vehicle steady because there was nowhere for the ambulance to go or the car. The ambulance driver when it was safe went back to the lane he originated in and then proceed to do the transition to exist the freeway. What an excellent driver.

Take care,
La Trice Jones
Contract Program Auditor
Los Angeles County Department of Health Services
Emergency Medical Services

Pre-Employment Driver Screening

Care's risk management approach to driving safety begins with the insistence on high-caliber personnel. Care requires all ambulance personnel to possess a valid California Driver's License, with all required certifications, and to remain compliant with all



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provisions of the California Vehicle Code. We perform an extensive background check of all ambulance applicants and ensure that no ambulance drivers have been convicted of or have pled nolo contendere to any crime involving a stolen vehicle, stolen property, violence, drugs or moral turpitude, fraud or misdemeanor or felony driving under the influence of alcohol or drugs.

Three-Phased Driver Training Program

Care's driver training program is a three-phased comprehensive instructional based program incorporating: classroom instruction (Phase 1), with a closed cone-course practice (Phase 2) and supervised, on-the-road practical experience (Phase 3). **Students are required to complete a minimum of fifty-six (56) hours of driving instruction.** This time may be extended if our trainer decides more experience or training is necessary before the trainee can operate an emergency ambulance on their own.

- **Phase 1 – Classroom Instruction**

Phase 1 consists of eight (8) hours of class instruction and covers the basic components of driving and emergency vehicle operations. The driver trainee is taught low-force driving techniques, vehicle dynamics, vehicle code law, due regard and Care's policies and procedures relative to ambulance operations. Specific topics covered in Phase 1 include: backing, lane changes, intersection and skid control, special awareness, following distances, fatigue recognition, on-scene vehicle placement, daily crew responsibilities and operator liabilities. The classroom session includes case-study reviews of actual emergency vehicle collisions and actions that could have been taken to avoid those collisions. The final component of the classroom experience is a fifty (50) question written exam. Examinations are submitted to the National Safety Council for independent grading.



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- **Phase 2 – Closed Cone Course**

Upon successful completion of Phase 1, the driver trainee moves to Phase 2, the Closed Cone Course.

The Closed Cone Course is conducted at Anaheim Stadium, under the watchful eyes of Care's certified driving instructors. **The course consists of eight (8) hours of practice**, where trainees hone their driving skills in a controlled



Care Ambulance trainees hit the Emergency Operations Cone Course at Angel Stadium as part of the driver training program. They will repeat the exercise until they get it right. (No cones were injured in the filming of this exercise.)

environment. During the cone course, trainees are required to demonstrate their ability to safely perform the following actions: safely drive their ambulance through a series of obstacles such as diminishing lanes; backing; evasive maneuvers; forward and reverse serpentines; controlled braking; and turning movements. Trainees are scored on their control of the vehicle and must score one hundred percent (100%) before proceeding to the next phase.

- **Phase 3 – Supervised Practical Road Experience**

Driver trainees must successfully complete both Phase 1 and Phase 2 of Care's driver training program before being assigned to work with a Field Training Officer (FTO) in our behind-the-wheel driving experience. **Phase 3 is forty (40) hours of supervised practical road experience** in which the trainee is paired with an FTO who continues to coach the trainee on an as-needed basis. This behind-the-wheel experience allows trainees to practice their driving skills in Southern California's unique driving environment, enhancing their ability to understand local traffic



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patterns, road and weather conditions and the reaction of other drivers to emergency vehicles.

Driver Training Remediation

Care's driver training program consists of a minimum of fifty-six (56) hours of instructor-led education. The program may be extended for trainees that have difficulty mastering a section of the program. If a driver trainee is unsuccessful in completing the program, remedial training is provided. If still unsuccessful, the trainee is removed from driver trainee status and returned to Ambulance Operations as an Ambulance Attendant.

Students are required to complete a minimum of fifty-six (56) hours of driving instruction. This time may be extended if our trainer decides more experience or training is necessary before the trainee can operate an emergency ambulance on their own.

Care Ambulance uses multiple mechanisms for integration of driver training into our ambulance operations, including accident and safety review boards, the Road Safety Computer System, Video Dash Cam Digital Recording and Annual Employee Performance Reviews.

Video Dash Cam Digital Recording

Care's newest method for integration of driver training into our ambulance operations is through our dash cam digital recording program. If a picture is worth a thousand words, then an actual dash cam video of any driving incident is priceless.

All of Care's newest ambulances are equipped with a Mobile Video Systems on-board digital event recorder. Mounted on the windshield behind the rearview mirror and on the rear of the ambulance, the system provides a digital recording on the front driver's view, ambulance cab interior and a view to the rear of the ambulance. Digital recording are



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stored on a locked computer hard-drive in the ambulance cab and can be viewed following an ambulance incident.

This unbiased view of actual events allows Care Ambulance to better shape our driver training programs and ensures a complete incident investigation.

Accident / Safety Review Committee

Any vehicle contact, no matter how minor, is properly investigated and the results of that investigation documented. A post-accident drug and alcohol test is conducted in accordance with Federal Department of Transportation (DOT) guidelines, and the incident is reviewed by Care's Safety Review committee, chaired by Care's Safety Manager. The Safety Committee is comprised of members of Care's operational team, field training officers and a Human Resources representative. The purpose of the Safety Committee is to review all safety incident or accidents to determine if the incident was preventable and what further training efforts can be undertaken to prevent future similar incidents.

Employee Performance Reviews

Scores from Care's Road Safety computer and results from a Safety Committee review are included in an employee's annual review. If Road Safety scores are below company standards, the employee is referred for additional drivers training.

34. Medical Director as a Training Resource

Describe how the medical director is utilized as a training resource for personnel.

The primary role of Care's Medical Director, Dr. Sotelo, is to ensure quality patient care. Care Ambulance believes that medical direction is a fundamental element of a quality ambulance service. Dedicated and qualified medical direction is required to ensure safe and quality patient care. The American College of Emergency Physicians (ACEP)



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believes that all aspects of an ambulance service, including BLS, ALS and CCT services, require the active involvement and participation of a qualified physician Medical Director.

Perhaps no role of the Medical Director is more important than taking a lead in quality improvement and training for an ambulance service. While these two processes are separate, they are intertwined and operate in parallel. Both processes must be fully integrated for medical oversight to be truly successful.



**Freddy Sotelo, MD,
MPH, Medical Director**

The first requirement of the Care Medical Director's oversight program is the setting of target goals for performance improvement. Through the establishment of protocols, policies and procedures, Care's field care givers are able to understand what is expected of them and what they need to do to meet Care's defined standard of care. Protocols, policies and procedures are used to identify the expected level of performance for Care personnel.

The purpose of Care's medical oversight is not only to achieve a defined performance level, but to also achieve improved patient care through the collection and analysis of data. This is accomplished through Care's cycle of Continuous Quality Improvement, which involves a continuous cycle of evaluation, identification of strengths and opportunities for enhanced employee training in areas needing improvement. Following employee training, goals and programs are then re-evaluated to determine whether improvement has been achieved.

Care's workforce is diverse, creative and committed to excellent patient care. Care's Medical Director, Dr. Sotelo, will be most effective by meshing his passion for patient care, medical science, ethical practice and professional development to the enthusiasm



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and dedication within Care's workforce. Dr. Sotelo strives to improve our company and service on a continual basis. That is how he best utilized as a training resource to the men and women of Care Ambulance.

Dr. Sotelo is a relatively new addition to Care Ambulance's team, joining the company in January following the retire of our former Medical Director. He's very enthusiastic about his new position and maintains an open-door policy and office hours in Orange, to ensure field personnel have access to him to ask questions or follow-up as needed. We're happy to have him as a new member of the Care team.

Please see Attachment 10 for a copy of Dr. Sotelo's CV.

35. Experience and Qualifications of Line Personnel

Describe the experience and qualifications of line personnel (drivers, attendants and dispatchers). This information should be based on the company's California area experience.

Formal job descriptions for the positions of EMT, Operations Manager (Field Supervisor), Operations Division Manager and Director of Operations are provided in Attachment 11. Job descriptions delineate the duties, qualifications, certifications and other requirements for each position.

Care Ambulance welcomes the participation of Garden Grove Fire Department members on the selection panel for ambulance crew members working on dedicated Garden Grove ambulances.

Optional Fire Academy Training Requirement



Should the City decide at some point that it would prefer for the EMT crews to be housed within the Garden Grove fire stations, Care Ambulance can modify job qualifications for EMTs dedicated to City



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service to require graduation from a State of California, Fire Marshal-recognized fire academy to facilitate cohesive operations.

36. Personnel Information Sheet

Complete the following Personnel Information Sheet:

| | Management | Line Personnel |
|--|------------|----------------|
| Number of Employees: | 50 | 977 |
| Average Time in Profession: | 13.1 years | 2.7 years |
| Average Time with the Proposer: | 11.3 years | 2.4 years |

37. Actual Monthly Report Form

Attach a copy of proposed or actual monthly report form to be utilized in obtaining Quality Assurance and Continuous Quality Improvement Information per response. This report is to include, but not be limited to:

- a) Personnel numbers
- b) Call alert, dispatch, en route, on-scene, and available times
- c) Compliance to set response criteria
- d) Mileage to scene and from scene to receiving center
- e) Services performed
- f) Supplies and equipment expended
- g) Patient information (to include name, address, chief complaint, medical status, vital signs, chief complaint, disposition, patient medical doctor, insurance company, escort status, etc.)
- h) Other areas you recommend

With the recent conversion of most Orange County EMS system providers, including the Garden Grove Fire Department and Care Ambulance, to the Image Trend Elite Electronic Patient Care Reporting (ePCR) system, the capture and reporting of EMS data is almost limitless. With the dual reporting capabilities of Image Trend Elite, both Garden Grove Fire and Care Ambulance have access to the same real-time data about EMS system performance.



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Using the report writer function of Image Trend Elite, Garden Grove Fire and Care Ambulance managers can easily gauge key EMS performance indicators and monitor QA/QI factors. Image Trend report writer has more than 100 standard reports, as well as easy-to-use ad hoc reporting, to support our efforts of turning EMS data into useful and actionable information.

Reports from Image Trend Elite include:

- Personnel numbers
- Cal alert, dispatch, en route, on-scene and available times
- Compliance to set response criteria
- Mileage to scene and from scene to receiving center
- Services performed
- Supplies and equipment used
- Patient information (including name, address, chief complaint, medical status, vital signs, disposition, patient medical doctor, insurance and escort status)

Care Ambulance will work cooperatively prior to contract implementation to identify the specific reports desired by Garden Grove Fire Department and/or the City of Garden Grove. We have also provided additional information below on some of the value-added aspects of Care's Quality Control practices, as well as a sample Quality Indicator reports. QA/QI Reports are highly customizable for Garden Grove. Essentially, anything captured in our CAD, ePCR or other information systems can be monitored, tracked, trended and reported to the degree desired for Garden Grove Fire Department leadership. We are happy to customize and provide the level of reporting desired and agree to finalize desired reports prior to the contract start date.

Sample reports are provided in Attachment 12, and a copy of Care's QA/QI Plan is provided at Attachment 13.



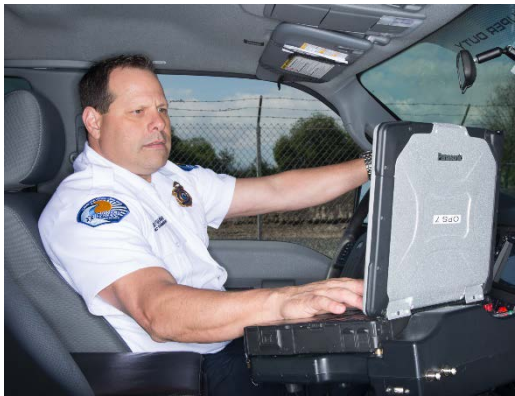
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Discussed below are some aspects of Care's QA/QI practices and reporting capabilities that we believe set our program apart from the competition.

Care Virtual Manager Interactive Quality Improvement Monitoring System



Care Virtual Manager (CVM) is a proprietary Care Ambulance Service software program that allows managers in the field to have all of the information they need to understand system performance at their fingertips in a mobile environment. Every Operations vehicle is Internet / Mobile Wi-Fi equipped. Information pulled from the ZOLL RescueNet CAD system regarding calls in progress, real-time vehicle location and vehicle statuses are all available remotely to every manager in the field, allowing them to have full situational awareness and to immediately touch base with their staff in the field, should it be warranted.



Care Virtual Manager (CVM) is a propriety software program that enables Operations Managers to simply and easily research late calls via their mobile phone or laptop.

Investigative Power

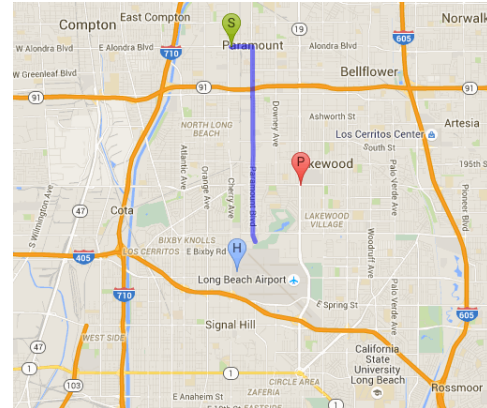
Care Virtual Manager takes the time-consuming investigative work out of researching late calls. If an ambulance is late to a call, all of the call information is programmatically researched. The results of the research are automatically and immediately sent to the Field Manager and the Division Manager. This research looks at the call from start to finish and accounts for every second. It automatically communicates

where the ambulance was supposed to be posted (based on System Status Management), where the ambulance was located, and provides a step-by-step view accounting for every



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second, from the initial contact in the Dispatch Center to when the patient is transported to the emergency room. A map with a “breadcrumb” trail of the call is also included in the data. With this system, we know if a response was late because of a missed turn, traffic or other circumstances, and incorporate such knowledge into our dispatch planning and training programs to improve performance. All call information is directly transmitted to the Manager on his/her cell phone and laptop minutes after the crew arrives on scene and well before they begin transport. This gives the Operations Manager time to drive to the destination and have a “face-to-face” with the crew, when needed.



A map view of the incident as seen by the Operations Manager: S = Incident Scene; P = Crew’s Assigned Post; H = Home Post

Care Virtual Manager in Action

Following is an example of how Care Virtual Manager works on a typical day:

- The crew arrives on scene at 07:48:24 (15 seconds late to the call);
- The on-duty Operations Manager receives an e-mail (see example, below) within 3 minutes of the crew arriving late;
- The system automatically performs the “time-consuming” call research, and sends results when appropriate; and
- The Manager clearly sees the crew’s out-of-chute time (32 seconds in this case). He/she can click on the map and see the “route” the crew took, how quickly they started “rolling” to the call and any other details they desire.

Below, is a sample Virtual Manager email alert sent to the Operation’s Manager.



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VIRTUAL MANAGER EMAIL ALERT - SAMPLE

| <u>ACTION</u> | <u>TIME STAMP</u> | <u>ELAPSED TIME</u> |
|-----------------|--------------------------------|---|
| Call Started: | 2/8/2016 3:04:11 PM | |
| Call Assigned: | 2/8/2016 3:05:03 PM | Dispatched Time (Seconds): 52 |
| Crew En Route: | 2/8/2016 3:05:07 PM | Out of Chute (Seconds): 4 |
| Amb. In Motion: | View TimeStamp | (Click link to see GPS when the ambulance starting moving towards the call) |
| At Scene: | 2/8/2016 | (Scene of incident designated by an "S" on the map) |

POSTING:

| | | |
|---|-------------------------|--|
| Home Post: | 0 STN Z36 - LAKEWOOD | (Home Post designated by an "H" on the map) |
| Assigned Post: | Z3 - DEL AMO & LAKEWOOD | (Posting Location crew assigned to designated by a "P" on the map) |
| Amount of travel time to assigned post: | 8 | (Minutes) |
| Distance from Post (Miles): | 1.54 | (Miles) |

RESPONDING CREW:

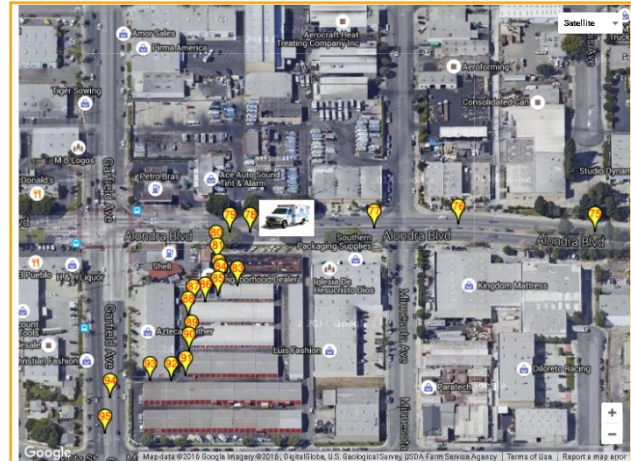
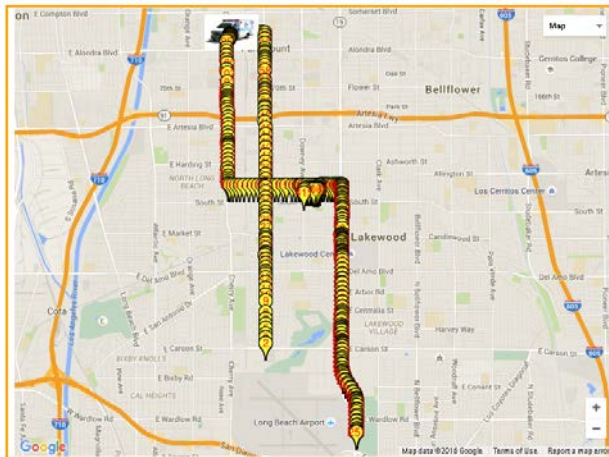
| | | |
|-----------------|------------|----------------|
| COBB, DIANE | 7144398535 | (Pager Number) |
| ROMERO, DAVID T | 7144394755 | (Pager Number) |

Virtual Manager's map views of calls are fully interactive. The Operations Manager can drill down for details from their phone, and select any portion of the map to zoom in for a closer look. With this data, it's easy to determine if a driver needs additional training in call navigation or with regard to delays in chute time, etc.



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A proven asset to Care's Quality Improvement program, Care Virtual Manager is extremely innovative, setting our program apart from others in the industry. We would be happy to provide a live demo upon request.



Pictured left: A call research view is available at any time during the call or after it is complete, as is the case here, with a breadcrumb trail displayed every 5 seconds.

Pictured right: One can zoom in and see exactly where the ambulance was overlaid on Google maps.

FirstWatch Real-Time Operations Monitoring/Alerting



Care Ambulance Services will utilize the entire suite of Stout Solutions' FirstWatch real-time performance monitoring tools. FirstWatch is already integrated with Care's data systems and provides complete, secure, auditable, HIPAA-compliant, third-party oversight and system transparency with regard to dispatch, communications, billing and ePCR data. FirstWatch is a vendor-neutral software application that will seamlessly interfaces with Care's ZOLL RescueNet Computer Aided Dispatch (CAD) and ImageTrend Elite ePCR system to monitor our performance in real time.





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If so desired, Care will provide designated Fire Department administrators with iPads loaded with a secure FirstWatch application, so they may monitor Care’s contract performance in the City of Garden Grove in real-time.

FirstWatch continuously monitors Care’s operational performance in real-time, providing full system transparency & accountability through 24/7 third-party oversight.

Specific dashboards and reporting tools can be customized for individual parties, so they are not overloaded with data but have access to the real-time operations or performance data that’s most important to them. The system is simple and intuitive to use and can be designed to track and report specific key criteria, as defined by the City, for contract compliance. It is even capable of tracking and calculating non-compliance charges, reducing workload on City staff.

FirstWatch allows user-defined criteria monitoring by hour of day/day of week (from a performance, operational, public safety or public health standpoint), and enables automated alerting based on user-defined thresholds within CAD or other optional data sources, such as the ePCR system. The system interfaces with the CAD utilizing ODBC connectivity and “read only access” to the underlying data source. FirstWatch doesn’t alter the underlying data source, i.e., it can’t make changes to the CAD data, etc., but rather synthesizes it into user-friendly dashboard, monitoring, alerting and reporting tools. Examples of monitoring capabilities include, but are not limited to:

- Real-time CAD data monitoring provides authorized users with the ability to securely drill-down into important CAD call data—on the fly—from any Web-enabled internet device;



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- Makes almost any CAD (or other data source) “interoperable”;
- Aggregates data for “big picture” regional view across city, county or provincial boundaries;
- Delivers automatic notification of individual calls, such as:
 - Incidents near or around high-profile locations (or special events)
 - 3 or more units on scene
 - Media notifications
 - Specified protocols/ clinical criteria
 - Any other user-defined criteria within CAD
 - Call-taking performance
 - Dispatch performance
 - Response time performance
 - Time on scene
 - Hospital drop times
 - Overall task times

Key Performance Indicators are presented on dashboards, so users can quickly and easily see the status of any dataset they wish to, and on any device that connects to the Internet. The system will provide the City with confidence in knowing that there is secure, third-party oversight and continuous monitoring of Care’s performance, including our documentation of response time criteria.

Examples of Key Performance Indicators that can trigger an automated real-time FirstWatch Alert for special review include, but are not limited to:

- AED usage
- Application of patient restraints



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- Pain Management, anytime a patient's documented pain rating is level 6 or higher with no intervention
- Single set of vital signs
- Extended response times
- MCI response
- Crew transporting BLS and upgraded to Code 3 to an ED
- Any negative impact on patient care/outcome as defined/captured in ePCR data
- Any specific Garden Grove EMS indicators and/or special study indicators



Care will provide key contract oversight personnel with secure FirstWatch access via new iPads to facilitate the real-time monitoring of Care's performance.

FirstWatch Online Compliance Utility



To facilitate real-time response time performance monitoring, and the simple and accurate management of response time exemption requests and approvals, Care will utilize the FirstWatch's Online Compliance Utility (OCU) in Garden Grove. In addition to other required notification/reporting methods, the FirstWatch OCU will enable designated City EMS officials to view in real-time secure, user-friendly response time performance dashboards. It enables our Operations team (and key City staff) to monitor on a 24/7 basis Care's resources in relation to call volume, staff utilization, chute times and other critical operation's data, so we may quickly and efficiently monitor and adjust our deployment resources at any time to ensure compliance with response time requirements and optimal performance in every community Care serves.



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The late call review/exemption request process can also be managed via the FirstWatch OCU on a rolling basis. This Web-based tool provides interactive queues (pictured below) that allow for an online review of late runs based upon the contract rules defined by the City. The OCU draws from Care’s data systems to capture late response analysis and supporting documentation and attachments, providing flexibility for staff input.

| Date/Time | Incident Number | Address/Location | Area | Pri | STD | Response | Overage | Status | Owner | Exemp | Fin Area | Fin Pri | Fin STD | Fin Response | Fin Overage | Radio Name | Responding Provider | City | Run Number | Cancel Reason | Ordering Facility | Orig Pri / Scene Pri | Code-2 | Code-3 |
|----------------------|-----------------|------------------|----------------|--------|----------|-----------|-----------|----------------------|-------|-------|----------|---------|---------|--------------|-------------|------------|---------------------|------|------------|---------------|-------------------|----------------------|----------------------|--------|
| 11/1/2015 1:56:07 AM | DE-IDENTIFIED | | Region B Urban | Code 2 | 00:15:00 | -00:10:07 | -00:25:07 | Correction Requested | | | | | | -00:20:08 | -00:35:08 | CARE 5413 | Care Amb | | 323626 | <NONE> | <911 | 2 - Emergency Code-2 | 2 - Emergency Code-3 | |
| 11/1/2015 2:48:23 AM | DE-IDENTIFIED | | Region E Urban | Code 2 | 00:15:00 | -00:20:03 | -00:35:03 | Correction Requested | | | | | | -00:27:48 | -00:42:48 | CARE 7122 | Care Amb | | 323825 | <NONE> | <911 | 2 - Emergency Code-2 | 2 - Emergency Code-3 | |

The FirstWatch Online Compliance Utility (OCU) simplifies the late call exemption request/review process and will enable the City to manage requests on a rolling basis at their convenience.

Once Care updates a record, we can submit requests for approval/denial directly to the responsible City party. They can then simply and easily review the call data and manage exemption requests via this Web-based tool at their convenience. As an enhancement to our current FirstWatch monitoring program, Care Ambulance will provide iPads to key oversight personnel, as determined by the City, loaded with the FirstWatch app and a secure login, so that they may monitor Care’s response time performance in near real time and/or conveniently manage exception/exemption requests at any time.

Dispatch Quality Control Via FirstWatch ‘Performance Plus’ Monitoring



Ongoing monitoring and analysis of the Communication Center process is necessary to ensure standards and compliance are achieved and sustained. In addition, it helps to identify areas that may require adjustments in the process and to determine the root cause of these problem areas that require adjustments. For this reason, Care Ambulance Service utilizes the



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FirstWatch Performance Plus utilities as an enhancement to FirstWatch’s standard Performance Triggers. While standard Performance Triggers are great at providing the overall compliance perspective, they do not provide compliance monitoring at the various individual or specific component levels. For example, FirstWatch’s standard Performance Triggers can monitor overall Priority 1 calls processed within 45 seconds, 90% of the time. However, they cannot measure or monitor the individual Call Taker’s performance against the same standard (John Smith’s performance). The Performance Plus module is designed to do just that, by analyzing both the overall and the specific components that make up the overall compliance. Automating these performance measures increases Care’s situational awareness and early detection of potential problem areas, which in turn allows for enhanced early mitigation, resulting in improved performance compliance and operational efficiencies.

Performance Plus uses a combination of user-defined primary and sub data “triggers” for measuring, monitoring and automating notifications of performance compliance at the overall system wide and now at the various individual levels. The Performance Plus module allows for drill-down into performance criteria specific to units, people, shifts, stations or other predefined variables. Features Include:

- Current and Month-To-Date monitoring for both overall and individual performance compliance using both Primary and Sub-Triggers.
- Overall and individual retrospective analysis from the FirstWatch Analysis tool.
- Drill-Down access to all Primary and Sub-Triggers (individual levels).
- Automated notifications - out of compliance notifications per event/call at both the overall and individual level.
- A definable number of individual data points per Primary Trigger (e.g. 50 Units equate to 50 Sub-Triggers).

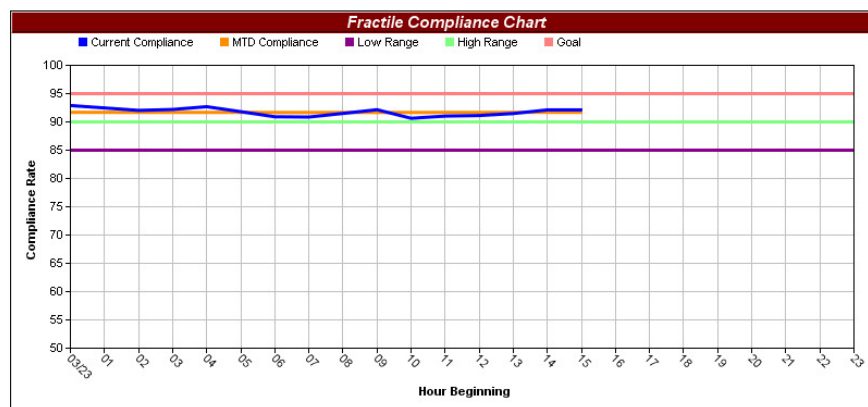
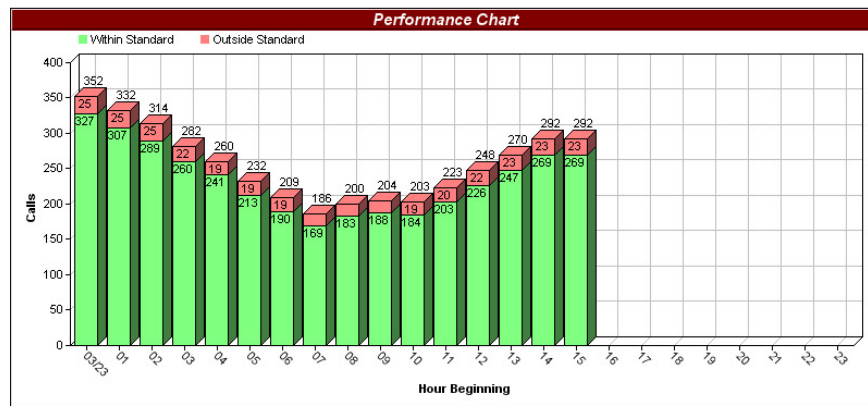


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- Near real-time monitoring for on-duty individuals through the FirstWatch Dashboard.
- User Defined Trigger Conditions – e.g. Time Standards, Criteria, Clock Start, Clock Stop (multiple Clock Stops), and Event listing columns.

The Primary Trigger will monitor the overall performance based on the key performance indicators that have been specified, while providing a new aggregated view of the overall individual performance compliance using the same defined criteria. On the following pages are examples of FirstWatch reporting capabilities.

Care Call Processing Time Graph – using a 30 second threshold, this graph looks at call taking performance.



PROPOSAL TO PROVIDE AMBULANCE TRANSPORTATION & BILLING SERVICES



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Care Ambulance - County of Orange Response and Transport Summary



Period: 02/01/2016 thru 02/29/2016

| Zone | Priority | Calls For Service | Calls For Service % by Zone | Cancel Enroute | Cancel AtScene | Calls Resulting in Transport | % Calls Resulting in Transport | Transport % by Zone | Total #Units Transporting | Avg Response Time | Avg Call Duration Non TX | Avg Call Duration TX |
|---|----------|-------------------|-----------------------------|----------------|----------------|------------------------------|--------------------------------|---------------------|---------------------------|-------------------|--------------------------|----------------------|
| OC EMS Region B Urban | Code 2 | 1080 | 20.04% | 104 | 217 | 759 | 70.28% | 20.38% | 768 | 00:08:44 | 00:04:24 | 00:51:53 |
| | Code 3 | 52 | 0.96% | 6 | 11 | 35 | 67.31% | 0.94% | 36 | 00:08:35 | 00:05:01 | 00:45:27 |
| Total OC EMS Region B Urban | | 1132 | 21.01% | 110 | 228 | 794 | 70.14% | 21.32% | 804 | 00:08:40 | 00:04:42 | 00:48:40 |
| OC EMS Region C Rural | Code 2 | 9 | 0.17% | 3 | 2 | 4 | 44.44% | 0.11% | 4 | 00:16:22 | 00:13:30 | 00:40:44 |
| | Code 3 | 4 | 0.07% | 0 | 1 | 3 | 75.00% | 0.08% | 3 | 00:16:16 | 00:10:28 | 01:08:10 |
| Total OC EMS Region C Rural | | 13 | 0.24% | 3 | 3 | 7 | 53.85% | 0.19% | 7 | 00:16:19 | 00:11:59 | 00:54:27 |
| OC EMS Region C Urban | Code 2 | 1511 | 28.04% | 150 | 367 | 984 | 65.78% | 26.68% | 1007 | 00:09:13 | 00:05:15 | 00:39:16 |
| | Code 3 | 47 | 0.87% | 2 | 6 | 39 | 82.98% | 1.05% | 42 | 00:07:51 | 00:02:57 | 00:48:28 |
| Total OC EMS Region C Urban | | 1558 | 28.91% | 152 | 373 | 1033 | 66.30% | 27.73% | 1049 | 00:08:32 | 00:04:06 | 00:43:52 |
| OC EMS Region D Rural | Code 2 | 1 | 0.02% | 1 | 0 | 0 | 0.00% | 0.00% | 0 | 00:24:57 | 00:24:57 | 00:00:00 |
| | Code 3 | 1 | 0.02% | 1 | 0 | 0 | 0.00% | 0.00% | 0 | 00:24:57 | 00:24:57 | 00:00:00 |
| Total OC EMS Region D Rural | | 2 | 0.04% | 2 | 0 | 0 | 0.00% | 0.00% | 0 | 00:24:57 | 00:24:57 | 00:00:00 |
| OC EMS Region D Urban | Code 2 | 1181 | 21.92% | 79 | 271 | 631 | 70.36% | 22.31% | 635 | 00:09:47 | 00:05:07 | 00:42:37 |
| | Code 3 | 31 | 0.58% | 0 | 10 | 21 | 67.74% | 0.56% | 22 | 00:07:34 | 00:07:22 | 00:43:47 |
| Total OC EMS Region D Urban | | 1212 | 22.49% | 79 | 281 | 852 | 70.30% | 22.87% | 857 | 00:08:10 | 00:06:14 | 00:43:12 |
| OC EMS Region D Wilderness | Code 2 | 1 | 0.02% | 0 | 0 | 1 | 100.00% | 0.03% | 1 | 00:11:13 | 00:00:00 | 02:02:01 |
| | Code 3 | 1 | 0.02% | 0 | 0 | 1 | 100.00% | 0.03% | 1 | 00:11:13 | 00:00:00 | 02:02:01 |
| Total OC EMS Region D Wilderness | | 2 | 0.04% | 0 | 0 | 2 | 100.00% | 0.06% | 2 | 00:11:13 | 00:00:00 | 02:02:01 |
| OC EMS Region E Rural | Code 2 | 21 | 0.39% | 2 | 4 | 15 | 71.43% | 0.40% | 16 | 00:13:25 | 00:05:47 | 00:53:25 |
| | Code 3 | 1 | 0.02% | 0 | 0 | 1 | 100.00% | 0.03% | 1 | 00:20:03 | 00:00:00 | 01:11:58 |
| Total OC EMS Region E Rural | | 22 | 0.41% | 2 | 4 | 16 | 72.73% | 0.43% | 17 | 00:16:44 | 00:02:54 | 01:02:42 |
| OC EMS Region E Urban | Code 2 | 1413 | 26.22% | 130 | 286 | 997 | 70.58% | 26.77% | 1004 | 00:09:25 | 00:04:52 | 00:45:14 |
| | Code 3 | 36 | 0.67% | 2 | 10 | 24 | 66.67% | 0.64% | 24 | 00:08:31 | 00:06:35 | 00:39:52 |
| Total OC EMS Region E Urban | | 1449 | 26.89% | 132 | 296 | 1021 | 70.46% | 27.41% | 1028 | 00:08:58 | 00:05:44 | 00:42:33 |
| OC EMS 911 Region Unknown | Code 2 | 1 | 0.02% | 0 | 0 | 1 | 100.00% | 0.03% | 1 | 00:15:18 | 00:00:00 | 01:28:09 |
| Total OC EMS 911 Region Unknown | | 1 | 0.02% | 0 | 0 | 1 | 100.00% | 0.03% | 1 | 00:15:18 | 00:00:00 | 01:28:09 |
| Total | | 5389 | 100% | 479 | 1185 | 3725 | 69.12% | 100% | 3764 | 00:12:25 | 00:06:25 | 00:53:24 |

This sample report shows Care 9-1-1 calls broken down by – calls for service; cancel en route; cancel at scene; response times, etc. This report is useful for revealing unit workload by area.



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FirstPass Real-Time Clinical Quality Assurance Monitoring/Alerting



FirstPass is an optional clinical QI upgrade to the FirstWatch suite that Care invests in. This near real-time clinical measurement and protocol monitoring enhancement module “watches” in real time on a 24/7 basis for deviations from expected medical protocols. Web-based and flexible in design, FirstPass is a workflow-driven tool that is highly customizable. It integrates with the Image Trend Elite ePCR system, quickly identifying and providing real-time alerts to designated managers concerning protocol deviations, incomplete “care bundles,” missing data elements or urgent patient safety issues. FirstPass allows Care’s clinical and leadership team to promptly address critical deviations from the expected norm, as captured in the ePCR or CAD, and provide feedback to the EMTs when the call is still fresh in their mind. Importantly, the system does not replace random or protocol-driven retrospective review of ePCRs, but it provides a safety net and powerful reporting tool for continuously monitoring both system-wide and provider-specific clinical performance.



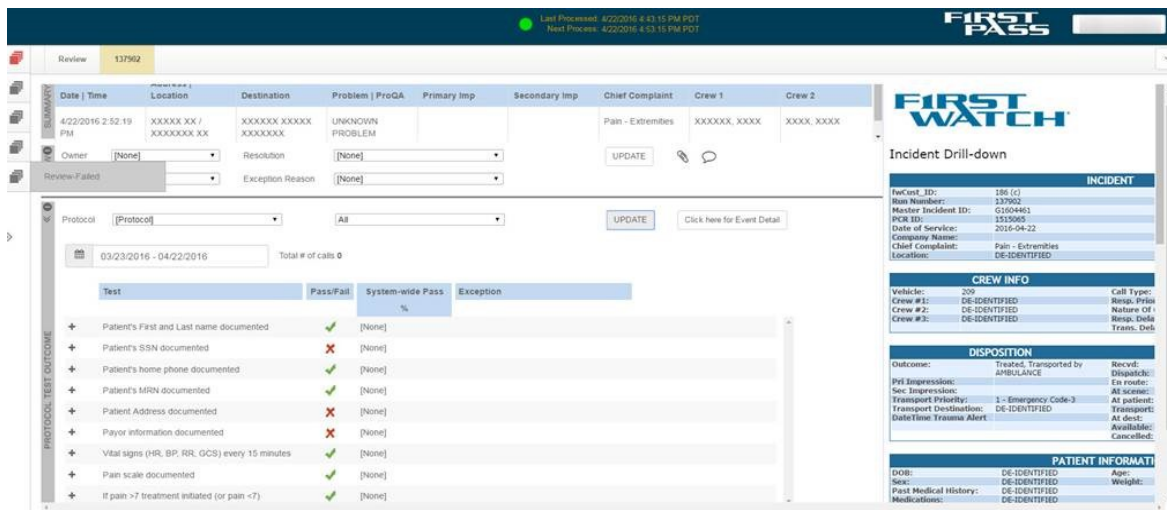
FirstPass’s real-time ePCR data monitoring provides authorized users with:

- A tool that enables automated real-time notifications if ePCR and CAD records do not sync, or if CAD incident number does not match an ePCR record;
- The ability to study any discrepancies between “what did we think the call was at dispatch vs. when the medic arrived and used the ePCR”;
- Secure access to important ePCR clinical information and the ability to drill down into important ePCR and CAD call data, from the same application—on the fly—from any Web-enabled internet device; and
- Automated alerts, based on Care’s or the City’s performance thresholds.



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Care currently monitors a large number of indicators both for internal QA/QI purposes and in support of our partners’ quality improvement efforts. We will work collaboratively with the City to the extent desired to implement customized quality metrics and real-time monitoring for protocols and all future City indicators. Importantly, the data will be available for review via a simple, secure Web interface to designated users on a 24/7 basis, providing complete system transparency. FirstPass will give the Fire Department access in real time to all QI indicators that the Care Quality Improvement Committee develops. It doesn’t replace desired or required monthly reporting or manual audits, but enhances Care’s Quality Control/Improvement by providing easily digestible dashboards and clinical performance data in near real time.



This FirstPass screen shot is of a call that requires review and indicates tests of the protocol that failed or need more information. To the right of the screen, the reviewer is able to view the actual ePCR record to verify information.

Please see Attachment 14 for more information on FirstPass.

Please see Attachment 13 for a copy of Care Ambulance’s formal Quality Assurance and Improvement Program booklet.

Additional sample reports are provided in Attachment 12.



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AFFIRMATION OF PERSONNEL REQUIREMENTS



With regard to RFP requirements regarding personnel:

1. Care Ambulance shall ensure compliance by all employees to all applicable provisions of:
 - a. The California Health and Safety Code
 - b. The California Vehicle Code
 - c. County of Orange Ordinance No. 3517
 - d. The County of Orange emergency medical services policies and procedures.
 - e. Chapter 5.10 (Ambulances) of Title 5 of the Garden Grove Municipal Code
 - f. All other applicable federal, state and local laws, regulations and statutes.
2. All response personnel shall have in their possession, at all times when on duty, applicable licenses, certifications or permits required for their specific job function as outlined in the requirements of the agencies and codes listed above.
3. Care Ambulance shall maintain a list of all personnel names and copies of their applicable licenses and certifications.
4. The Fire Chief or his designee may, at any time, request to inspect the licenses, certifications or permits of Care's response personnel.
5. Care Ambulance shall allow Garden Grove Fire Department members to be on the section panel for ambulance crews working within the City.
6. Care Ambulance shall be responsible to ensure that all personnel working in the City conform to company and City uniform and grooming standards, and present themselves in a positive and professional manner.



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7. Care Ambulance shall be responsible to ensure that none of our personnel are in possession of or under the influence of any alcohol, drugs, medications or any other chemical substance, the use of which may impair performance.
8. Care Ambulance has in place a chemical dependency awareness program and critical incident plan to deal with personnel demonstrating signs and/or symptoms of chemical dependency, emotional instability, or physical injury.
9. The Fire Chief may request Care Ambulance to participate in any joint training exercise to improve the capability and coordination of both agencies' response to a given emergency or disaster.
10. Care Ambulance shall ensure that all personnel working in the City be trained and exercised in Orange County Disaster response procedures.
11. Care Ambulance shall make available to the Fire Chief or his designee, upon request, the training records of all Care personnel responding to emergencies within the City.
12. Care Ambulance uses reasonable work schedules, shift assignments and provides adequate working conditions. Care utilizes management practices, which ensure that field personnel working extended shifts, part-time jobs, voluntary overtime or mandatory overtime are not exhausted to an extent, which might impair judgment or motor skills.
13. The Fire Chief may request, and Care Ambulance will comply, that certain personnel not be assigned with units responding into the City. Care will take all appropriate actions to deal with personnel based on documented complaints received from the Fire Department.
14. Care Ambulance shall ensure that all personnel working in the City, have personal protective equipment (PPE) as deemed appropriate by the Fire Chief.
15. Care Ambulance shall ensure that personnel and the four (4) dedicated full-time ambulances and related equipment shall be housed at locations approved in advance by the City's Fire Chief. Care Ambulance agrees to housing of ambulances and their crews on City property subject to rent or license fees payable to the City.



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H. PATIENT CARE / TRANSPORT SYSTEM DESIGN

38. Start-Up Plan

Describe in detail how you propose to start operations in a timely manner. Include any time frames or delays due to equipment, vehicle acquisition, locations, personnel hiring, and additional training if needed.

Care Ambulance has prepared a plan for implementation of service that exceeds the requirements of the Request for Proposal and assures uninterrupted quality ambulance services.

Care Ambulance is the incumbent emergency provider for the City of Garden Grove, currently providing fully compliant and nationally accredited emergency ambulance services to the residents and visitors of Garden Grove. Care offers the City of Garden Grove the benefits of an established organization that continues to



Start-Up Plan Highlights

- Prepared to Continue Seamless Service
- As Incumbent Provider, All Communications & Other Infrastructure Already in Place
- Highly Experienced Management Team
- All Contract Elements Will be In Place on or Before Contract Start Date
- Four (4) New Ambulances Already Purchased & In Stock, Waiting to Begin Service in Garden Grove
- Vendor Commitments in Place for ALS Equipment Prior to Contract Start
- Fourth (New) Ambulance Station Can be Retrofitted and Ready Within 4 Weeks of City Contract Approval
- Experts at Executing Smooth Contract Startup & Implementation



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exceed and improve upon performance expectations. All the incumbent service provider, all communications, operations, equipment, human resources, IT and other necessary infrastructure are in place to continue seamless service without interruption or delay.

In selecting Care Ambulance as the future provider for the City of Garden Grove, the community will experience no interruption of the excellent emergency ambulance services they already enjoy. Garden Grove city officials can count on a seamless continuation of stable, consistent and accountable services, without fear of service halts or concern for performance decline while a new provider learns on the job.

Care Ambulance has the infrastructure already in place to ensure a smooth startup of this contract. One of the true advantages Care Ambulance brings to the City of Garden Grove is seasoned management and experience with the City of Garden Grove, and the ability to focus on providing next-level emergency medical services in partnership with Garden Grove Fire Department. With Care Ambulance, officials can be certain they are working with a reputable, well-known firm that has a management team and implementation techniques that have been tested and proven.

Care's plan for continuation and enhancement of services includes the following:

- An experienced local workforce, with a knowledgeable local management team that is already in place with employees who are familiar with the City of Garden Grove Emergency Ambulance and Patient Billing Services program
- The ability to implement our operational plan on or before the contract startup date.

While other ambulance providers can only make promises of possible future service to the City, Care Ambulance has conclusively demonstrated performance excellence and reliability year over year in the City of Garden Grove.



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In the following section, we will detail our plan for a new contract implementation:

Equipment at Start-Up

Care Ambulance has already purchased, built and received the four (4) dedicated ambulances to serve the City of Garden Grove. In addition, Care has secured the necessary commitments from reputable vendors of Advanced Life Support (ALS) to ensure all required ALS equipment and inventory will be available for contract implementation. Having managed the procurement of vehicles and equipment for many comparable EMS systems, we are well prepared to execute the implementation of the Garden Grove contract and do not foresee any delays or inconveniences.

24-hour Ambulance Stations

Care Ambulance is currently operating in three (3) of Care's four (4) proposed stations for the Garden Grove contract. Care's newest proposed station, Grove Ambulance 4, is located at 12781 Western Ave. in Garden Grove and can be retro-fitted for ambulance operations within 4 weeks from City approval.

Provided on the following page is a GANTT chart with additional detail regarding Care's proposed Start-Up plan and the timeline for ensuring all requirements and deadlines are met prior to the contract start date.

We would be happy to discuss in person any further details regarding our startup plan.



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39. Proposed System Design

In considering all the previous questions together, discuss in detail the system design you propose. Take into account the priorities of clinical excellence, consistent response times, and state-of-the-art systems management. It is the stated desire of the Fire Department to contract with an emergency transport provider that can work with the Fire Department to create organizational synergies that will lead to improved patient care, system continuity and cost containment.

Care Ambulance Service is committed to working in partnership with Garden Grove Fire Department and the City of Garden Grove to realize organizational synergies that will lead to improved patient care, system continuity and cost containment. During the last 40 years, emergency medical services (EMS) in the United States have

experienced explosive growth. With the continuing evolution of the Affordable Care Act, the healthcare system is changing in unpredictable ways. As such, we believe it's an ideal



Proposed System Design Highlights

- Four (4) Dedicated, New Ambulances
OR, alternatively...
- Option of Three (3) Dedicated, New Ambulances, Plus Funding for One (1) Part-Time FF Paramedic Coordinator Position
- One (1) Non-Dedicated North Orange County Peak Fire Reserve Unit from 11:00 to 21:00 Seven Days a Week
- Option for Ambulances to be dispatched by Metro Net (Full Command & Control by Fire Department)
- ALS Equipment Provided on every Ambulance to Reduce Time Paramedics are Out of Service
- On-Duty 24/7 Field Supervisor
- GGFD Approval of Dedicated EMT Staff
- 150 Total Ambulances in OC fleet for Unparalleled Surge Capacity
- Coordinated Community Education/Outreach



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time for the City to partner with an experienced private provider who has the resources and experience to respond and quickly adjust to market forces as they evolve.

While we have a strong history of performance in Garden Grove, we understand the Fire Department's concerns as expressed in the RFP, and seek to offer innovative strategies to address those concerns. Previously in Section C. Operational Systems, we proposed dedicating and dispatching four (4) units for the City, ensuring these four response resources stay within the City of Garden Grove at all times. Here, we would like to propose an alternative system design that we believe capitalizes on the synergies the Department seeks by providing the City with greater control over ambulance resources.

Four (4) Dedicated Units Under the Command & Control of Garden Grove Fire

With this option, Care Ambulance would still provide four (4) staffed, stocked and licensed Basic Life Support (BLS) ambulances for exclusive use in the City of Garden Grove.



However, as an optional alternative to Care Ambulance dispatching the ambulances, as is the practice today, if so desired, these dedicated units would fall under the direction and full command and control of the City of Garden Grove Fire Department and Metro Net Dispatch Center on a 24-hour per day, 7-day per week basis.

EMTs assigned to these dedicated emergency transport ambulances may be approved by the Garden Grove Fire Department and shall be assigned to a 56-hour work week schedule, consistent with the standard Garden Grove firefighter schedule. This staffing



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pattern will allow for a more coordinated team effort and will provide the Fire Department with familiarity in staffing.

In addition to the four (4) ambulances dedicated to the City of Garden Grove, the City would continue to benefit from Care Ambulance's unparalleled depth of vehicle and staffing resources in Orange County, as well as the fact the City is surrounded by Care's exclusive service territory, ensuring mutual aid and fast emergency response from neighboring resources in the event of a mass-casualty or disaster event within City limits. In addition, fifty (50) non-emergency transport ambulances are available at any given time in the local area, and in total Care Ambulance has a fleet of 150 ambulances in Orange County—an *unparalleled level of local transport resources that no other provider can offer*.

While we believe four (4) dedicated ambulances will meet the City of Garden Grove's transport demands (see Item 21. Ambulance Deployment System Description for the methodology on how we conduct a demand analysis), in the event all dedicated ambulances are assigned to calls, Care Ambulance agrees to immediately deploy any necessary ambulances resources to the City of Garden Grove for the response. We agree to meet or exceed the RFP's response time requirements.

Stationing of Dedicated Ambulance Crews

Care Ambulance commits to the full-time dedication of four (4) emergency ambulances and crews for service to the City of Garden Grove. As such, Care commits that all four (4) of these crews shall be housed within facilities approved by the Garden Grove Fire Department.



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Communications Systems

Care further proposes to release to the City of Garden Grove Fire Department and Metro Net Dispatch Center the actual control of the dedicated ambulance resources and to allow our ambulance resources to be dispatched by the Metro Cities Dispatch Center. This will ensure that ambulance resources remain under the command and control of the Fire Department to function within their Incident Command System.

Care Ambulance agrees to reimburse the Garden Grove Fire Department all direct fair market costs associated with providing dispatching services to Care Ambulance. The challenge is in determining the direct fair market costs associated with dispatching an ambulance to an incident where fire department owned engines are also responding. In light of this, in both the Cities of Anaheim and Fullerton, both cities and Care Ambulance have agreed that the Metro Net dispatching and the billing and collection service are of like value, resulting in a fair and equitable exchange between the parties.

This type of like-value exchange arrangement has been reviewed by the Federal Department of Health and Human Services, Office of Inspector General (OIG) and found to be an acceptable program, provided the requisite intent was not to induce or reward referrals of Federal health care programs (OIG Advisory Opinion No. 05-07).

Support for Garden Grove's Fire Responder Program

Currently, when a Garden Grove Fire Paramedic accompanies a patient to the hospital in an ambulance, he/she utilizes the monitor/defibrillator and other ALS supplies from the fire engine or truck. This prevents the fire engine from immediately returning back to service as a paramedic unit. In addition, the engine or truck must follow the ambulance to the receiving facility to retrieve the fire department paramedic and equipment. These



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actions take firefighter paramedic personnel and equipment out of service longer than we believe is necessary.

Care Ambulance proposes to equip each dedicated ambulance with a complete set of ALS equipment as required by OCEMS policy. This will allow the paramedic to accompany an ALS patient to the hospital using a supplied monitor, with the paramedic only carrying his/her own drug box, enabling the fire engine or truck to immediately return back to service. Once the paramedic transport is completed, the dedicated Care Ambulance will then return the fire paramedic back to his/her station.

Pre-Hospital Supply Reimbursement

Per the RFP, Care Ambulance Service agrees to reimburse the City of Garden Grove for the cost of expendable medical supplies. Care agrees to reimburse the “actual average cost up to \$32.66” (in accordance with RFP Addendum 1) for each patient transported due to medical necessity as determined by the fire department’s medical authority. Care agrees to reimburse the City for pre-hospital supplies without regard to the collection status of the individual patient. Care Ambulance agrees to reimburse the Garden Grove Fire Department on a quarterly basis accompanied by a response audit showing date, time, Fire Incident number and patient name.

Group Purchasing



Care Ambulance has agreed to reimburse the Garden Grove Fire Department the actual costs of expendable medical supplies. As such, Care Ambulance has an interest in ensuring all costs associated with providing expendable medical supplies are contained. To accomplish this, Care Ambulance invites the City of Garden Grove to participate in Care’s group purchasing agreement with McKesson. The idea behind Care’s group purchasing agreement is to



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leverage the purchasing power of the group to obtain better pricing on the medical supplies we routinely purchase.

Commitment to Community Education in Garden Grove

Care Ambulance Service has been a “Community Oriented” service provider since 1969.

We recognize our unique responsibility to the public, and strive to be an outstanding community partner. Whether participating in organizations such as the local Chamber of Commerce, conducting education programs for children or supporting charities, Care works tirelessly to deepen our community involvement, support our system partners, and improve public health and safety. We believe that community service through public information and education forms the



foundation for excellent customer service. Both “Customer Service” and “Community Service” are among the company’s core “Pillars of Care,” which underlie everything we do. Care’s founder, Carl Richardson, instilled the guiding principles of “Take care of people, and they will take care of you,” and “We must always be good corporate citizens” into the roots of our organization. We operate from the perspective that public information and education are key to good corporate citizenship. To this end, each year Care dedicates nearly 1,000 hours of service to community events, public information initiatives and education programs for various groups within our service areas.

Most importantly, Care Ambulance is committed to working in partnership with Garden Grove Fire Department, the City of Garden Grove, law enforcement and other community organizations to identify where we may be supportive of current communication education endeavors, or how we may collaborate to address specific public health concerns within the City of Garden Grove.



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EMS 3.0 - A Dedicated Part-Time Paramedic Coordinator for Garden Grove Fire Department



CARE
Innovation

Our nation's healthcare system is transforming from a fee-for-service based model to a patient-centered, value-driven and outcome-based model. Emergency medical services (EMS) is uniquely positioned to support this transition and help achieve the Institute of Healthcare Improvement's (IHI) Triple Aim of:

- Improving the patient experience of care, including quality and satisfaction;
- Improving the health of populations; and
- Reducing the per capita cost of health care.

To realize the potential value of EMS in this new health care environment, EMS must undergo its own transformation to "EMS 3.0." Today, EMS in Garden Grove is provided in a joint partnership between the Garden Grove Fire Department and Care Ambulance. As a team, we provide a highly reliable assessment, treatment and transport of any patient in response to any emergency or episode of illness or injury.

We are moving into a data-driven world. We can use data to measure the performance of not only field providers, but entire EMS systems. We can measure the clinical interventions that EMTs and paramedics perform, along with the outcomes of our patients.

Imagine an EMS future, where the paramedics and EMTs are responding to an elderly patient with shortness of breath. In the connected world of EMS 3.0, those paramedics and EMTs might receive the patient's name, age and medical history while en route to the call. They could also know the patient's prescribed medications, assistive devices, recent



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doctor appointments and results of labs and tests, all before reaching the patient's home. With this information, we can better treat our patients.

The future of EMS in Garden Grove will include expanding scopes of practice for EMTs and Paramedics, shifting accountability for controlled medications and possibly a collaborative effort with a variety of community healthcare providers or agencies to deliver a broader spectrum of patient-centered treatment or preventative care outside of traditional acute-care hospitals.

One of the biggest challenges in moving forward with a new EMS vision is the collection and review of data needed to support such endeavors. Without a dedicated person for the collection and review of the data needed to support these new programs, the responsibility for EMS clinical oversight will fall on staff members already burdened with other important projects.

Care Ambulance recognizes that if we, collectively, are going to craft our new future and the future of EMS, clinical oversight with data collection and review will prove critical. To that end, Care Ambulance proposes to fully reimburse the Garden Grove Fire Department the total annual costs for a part-time Paramedic Coordinator position. As determined by the Garden Grove Fire Department, this position could be filled by a new-hire Registered Nurse, or an existing member of the Garden Grove Fire Department.

To accomplish the savings necessary to fund this position, Care Ambulance proposes an alternative to staffing a fourth unit as requested in the RFP. Under this scenario, Care Ambulance would continue to staff and fully dedicate three full-time, 24-hour ambulances for the City of Garden Grove. It's important to note that Care Ambulance currently deploys such a staffing model in the City of Garden Grove and achieves a *greater than 97% compliance standard* for all responses in the City. Instead of investing in a fourth ambulance crew, we can use those valuable healthcare dollars to invest in a



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Fire Department position focused on data collection and review to improve patient care, improve the health of populations and possibly reduce the climbing per capita cost of health care. We know conclusively that without data to support this transformation, none of these improvements are likely. We can invest in the future, today.

Care's proposal takes into account the priorities of clinical excellence, consistent response times and state-of-the-art systems management. We believe our experience and organizational synergies will lead to improved patient care, system continuity and cost containment. Again, this is only an alternative proposal for the City to consider. We are committed to providing the fourth dedicated unit, as envisioned in the RFP and delineated in our Ambulance Deployment System Description, in place of this funded part-time Paramedic Coordinator position should the City remain committed to having a fourth dedicated unit in the City. However, we believe this to be an innovative option that would bring additional value to the EMS program, so we're proposing it as an alternative for the City to consider.

Thank you

Thank you for the opportunity to present Care Ambulance Service's Proposal to Provide Ambulance Transportation and Billing Services for the City of Garden Grove. We look forward to the opportunity to meet in person to discuss our ideas and to answer any questions the Panel may have regarding our proposal. Please let us know if we can provide any additional information.



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ATTACHMENTS

Attachment 1: Vehicle Line Drawings & Specifications

Attachment 2: Image Trend Elite Electronic Care Report (ePCR) System

Attachment 3: Patient Care Equipment Information

Attachment 4: Leadership Team Resumes

Attachment 5: Business Licenses

Attachment 6: FirstWatch Real-Time Performance Monitoring

Attachment 7: ZOLL RescueNet Billing Information

Attachment 8: Care Ambulance 2015 Audited Financial Statements

Attachment 9: Falck A/S Financial Summary

Attachment 10: Medical Director Resume

Attachment 11: Line Personnel Job Descriptions

Attachment 12: Report Samples

Attachment 13: QA/QI Program Booklet

Attachment 14: FirstPass Real-Time Clinical Care Performance Monitoring